



Citizen-centred opportunities:

# Ambitions of 55+ Europeans in selected countries



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# SUMMARY

The growing number of individuals aged 55+ in countries all over Europe creates opportunities, challenges, and issues. One of the core challenges of EIT Health is to instigate a paradigm shift in healthcare to a citizen-centered approach. An essential first step for this is to not just involve the citizen, but actually providing healthcare that is based on the needs and circumstances of the older individual. As very little is known about what the heterogeneous population of European citizen wants, this reports sets out to be a first exploration of the needs, ambitions, and wishes of the European citizen of 55 years and older in 4 different countries, namely the Netherlands, France, Poland, and Portugal. The study focuses on five domains: work, finances, living situation, social contacts, and health. Online questionnaires were used to collect data in representative samples of the 55+ population from the Netherlands (n = 650), France (n = 603), Poland (n = 604), and Portugal (n = 636).

## Work

Older individuals' contribution to society related to work is changing: the number of older people who are involved and productive in paid and voluntary work is growing. When examining the role of work and retirement in older persons' lives, we found out that 25% to 50% of the retired participants is willing to start working again under their own conditions, such as working less hours. Participants that were still working showed a significant commitment to continue working, 65% to 90% of them would like to continue working after they reached the retirement age. For participants, working under their own conditions foremost included working fewer hours. Only a small percentage of the participants was prepared to accept significantly lower wages, although this seemed more acceptable for Dutch participants.

## Finances

Financial independence is an important need for older individuals. With regard to the responsibility for the costs of old age, participants foremost indicated that they are themselves responsible. However, a large part of the participants indicated that they also rely on their government for the

costs of old age. When faced with an unexpected great loss of income, a vast number of participants indicated that they would live thriftily, look for work, and use their assets. In the Netherlands and France most participants would live thriftily and in Poland and Portugal most participants would look for work. Differences between countries imply that national regulations on work and retirement might play an important role in how older individuals perceive their financial situation, their independence, and what actions they would take when they are confronted with a great loss of income.

## Living situation

One of the most important topics for older people is their living situation. More than 90% of the participants from the Netherlands, France, and Portugal wants to live independently for as long as possible. In Poland this percentage was somewhat lower, namely 82.3%. Other ambitions and wishes related to the living situation that were considered important by a large part of the participants from the different countries were: living in a neighborhood where both younger and older people live, continuing living with a partner when the partner or the participant himself or

herself has to move into a care or nursing home, and helping others in exchange for help in the future. When asked what they would do when living independently in their own home would become difficult, participants from all 4 countries indicated that they want try to keep living independently at all costs and in various ways, for instance by making changes to their home to be able to continue living there, searching for another place to live independently, or asking (grand)children for help.

## Social contacts

Older individuals' social networks are vulnerable to loss of family members and friends as the chance of this increases with age and declining mobility may lead to social isolation. Still we found that the majority of the participants is satisfied with the number of social contacts and that their satisfaction with this does not decline in the older age groups. Besides contact via the telephone, participants mentioned personal contact as an important method to maintain social contacts. Participants from the Netherlands, Poland, and Portugal indicated that they can often count on their friends and family for social support, while participants in France less often expect to be able to count on their friends and family for social support. In addition, social support was positively related to life satisfaction and self-perceived health.

## Health

Efforts to make healthcare more patient-centered have often proposed that such an approach would lead to more self-management among patients. Despite the fact that most participants indicated that they were not well prepared to consequences

of future health problems, more than 80% of the participants from the diverse countries indicated that they want to take initiative and responsibility for their own health as much as possible. Differences between participants' perceptions on other issues related to the self-management of health imply that expectations towards health and the responsibility for health may be explained by the difference in healthcare structure and financing in the 4 countries. Moreover, it seems that although participants are willing and wish to take initiative and responsibility for their own health, they are still on the search for appropriate ways and measures to do so.

## Conclusions

European citizens of 55 years and older are often seen and described as a problem in public debate, while it is actually a great achievement of our civilization that people can now lead active and rewarding lives to much higher ages. To contribute to active ageing and healthy living EIT Health is aiming for a paradigm shift in healthcare towards a citizen-centered approach. To increase our knowledge on what European citizens want, this study explored the needs, ambitions, and wishes of citizens from the Netherlands, France, Poland, and Portugal aged 55 years and older. The findings illustrate that these citizens highly value their independence and responsibilities related to their work, finances, living situation, social contacts, and health. In some ways they feel well-equipped to make these wishes and ambitions come true, but in other areas they seem to desire more concrete knowledge and offers. Knowledge of older individuals' needs, ambitions, and wishes may inform the development of healthcare solutions and innovations to enable older individuals to make their own plans and fulfill their ambitions.

# INTRODUCTION

Instigated by the demographic changes experienced throughout Europe, the growing number of older individuals in countries all over Europe has been one of the core influences in healthcare decision-making, allocation, and planning in the last decades. This has resulted in many valuable technological innovations and medical advances. With these demographic changes, however, chronic diseases instead of acute conditions have required more of our attention and resources. The challenge to shift the focus in healthcare from acute to chronic diseases has been on the agenda for some time now, but is challenging because it requires a different approach at all levels of healthcare, from the individual older person to the systemic level of the structure of healthcare and its delivery.

The driving force of EIT Health is to engender a paradigm shift in healthcare by explicitly aiming for a citizen-centred approach. An essential first step in such a shift is to not just involve the citizen, but actually producing a form of healthcare that is based on the needs and circumstances of the older individual. If we explore current research on older citizens, however, we soon discover that we know very little about these older individuals and their needs, attitudes, and wishes. This report sets out to be a first exploration of the needs, attitudes, and wishes of the European citizen of 55 years and older in 4 different countries, namely the Netherlands, France, Poland, and Portugal.

In this report, we shed light on several topics that align with the core challenges that EIT Health wishes to address. First, we consider active ageing by exploring engagement with life through work and social contacts. Second, we delve into what healthy living entails for older individuals by investigating their future wishes and needs in terms of finance and living: where and how would older individuals in an ideal world wish to live? Finally, we research current perspectives on care, by looking into perceived health, the relation

between health problems and the willingness to self-manage health.

With this report we aim to contribute to a citizen-centred approach that puts the wellbeing of older citizens at the focus of healthcare changes as well as the delivery of new products and services. It hopes to inspire those involved in the field of healthcare in its broadest sense to listen to older individuals. After all, it is only by aligning the necessary innovations to their wishes and needs, that we will reach what is needed; healthcare tailored to what seniors value most for their quality of life. Ultimately, to reach the overall goal of the EIT Health, to come to sustainable, citizen-centric healthcare, and to design more personalized solutions for individuals we need to understand what older individuals expect, what really matters to them, and how we can help them achieve a high degree of personal wellbeing. This also includes exploring which areas they like to be engaged with and in which they would like to seize opportunities for self-management. In this report, we aim to come to some first explorations for these and other issues that will allow sustainable, fitting, and citizen-centred healthcare.

The first chapter of this report focuses on how older individuals in the 4 countries view their work after retirement. Retired participants' perceptions on going back to work under their own conditions are described, as well as working participants' views on a flexible retirement approach. In the second chapter, older individuals' perceptions on their financial situation are under investigation. A comparison is made between the views of participants from the diverse countries on the responsibility for the costs of old age and how they would respond to an unexpected great loss of income.

The third chapter delves into older individuals' preferred living situation and the actions that they would undertake when it becomes difficult to continue living independently in their own home. Social contacts are described in the fourth chapter. Main topics are participants' needs with regards to social contacts, their preferred methods to maintain social contacts, and their perceived social support. The final chapter is on health, including participants' preparedness for future health problems and their perceptions with regard to self-management of health.



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# BACKGROUND OF THIS STUDY

## Survey design

This study came about after an initial survey in the Netherlands in 2013. The survey was developed explicitly taking into account the views of older individuals and aimed to integrate emic – of the studied group themselves – perspectives, ideas, and concepts as much as possible. We did this by holding eight focus groups with older individuals aged 55 in 4 different cities in the Netherlands, before the start of the survey. Of the 48 participants in the focus groups, 7 had a migratory background. During these focus groups we asked two main questions: first, how do you experience ageing? And second, what is important in your life? The focus groups led to the identification of themes that were considered important by older individuals during the ageing process. After this, we formulated questions based on the discussions in the groups. In the formulation of the questions, we stayed as close as possible to the phrasing of the older participants in the focus groups. The final survey consisted of 95 questions and was then organized digitally by a strategic market research agency, Trendbox.

Discussing our findings in the international context of EIT Health, we soon found that other countries struggled with similar questions as we did initially in the Netherlands: what do older individuals find important? What are their needs? How can we cater to those needs in healthcare and innovation? We therefore, together with our partners, set forth to develop additional surveys in three different countries, in France, Poland, and Portugal.

In France, we had a professional translator translate the Dutch survey. For reasons of comparativeness we refrained from re-developing the questionnaire itself. After the translation,

we asked two native speakers to crosscheck the survey both in terms of language and in terms of cultural applicability. After that, the survey was held in the first two weeks of December of 2016. A total number of 603 individuals participated.

In Poland, we set up a similar process to the survey in France. First, we translated the survey in Polish, then we cross-checked the survey with a professional translator and a social scientist. Both commented on the translation and the cultural appropriateness of the questions. Some answer categories were then adjusted. For the older age group, aged 75 years and older, instead of a digital survey we held the survey by phone to ensure that a sufficient number of 75 years and older participated in our survey. In total, 604 participants completed the survey.

In Portugal, we set up a similar process to Poland. First we translated the questionnaire, which was then crosschecked by a translator and a social scientist. As in Poland, we held telephone interviews with the participants of 75 years and older. The total number of participants in Portugal was 636.

## The participants

We aimed to have about half of the participants in the sample to be female. However, for the oldest age group there were more males than females participating in the Netherlands and France, whereas in Poland and Portugal there were more females among the 75+ participants (see figure A). This might have been related to the diverse techniques of interviewing in this older age group, in Poland and Portugal telephone interviewing, and in the Netherlands and France digitally interviewing.

The average age of the participants in the 4 different countries was about the same. In the Netherlands, the average was 69 years, in France 67 years, in Poland 66 years, and in Portugal 68 years.

Overall, participants felt healthy and satisfied with their lives (see figure B). For both the Netherlands and France, the vast majority of participants rated their overall health as very good or good (64.4%

and 60.1% respectively). For Poland and Portugal these percentages, despite still being the largest groups, dropped to 46.5% and 50%. Nevertheless, a very small minority chose the answer categories poor and very poor (6.3%, 8.9%, 14.8%, and 11.7% for the Netherlands, France, Poland, and Portugal respectively), despite reporting that they were on average under treatment for at least one of the common diseases (cardiovascular-, lung-,

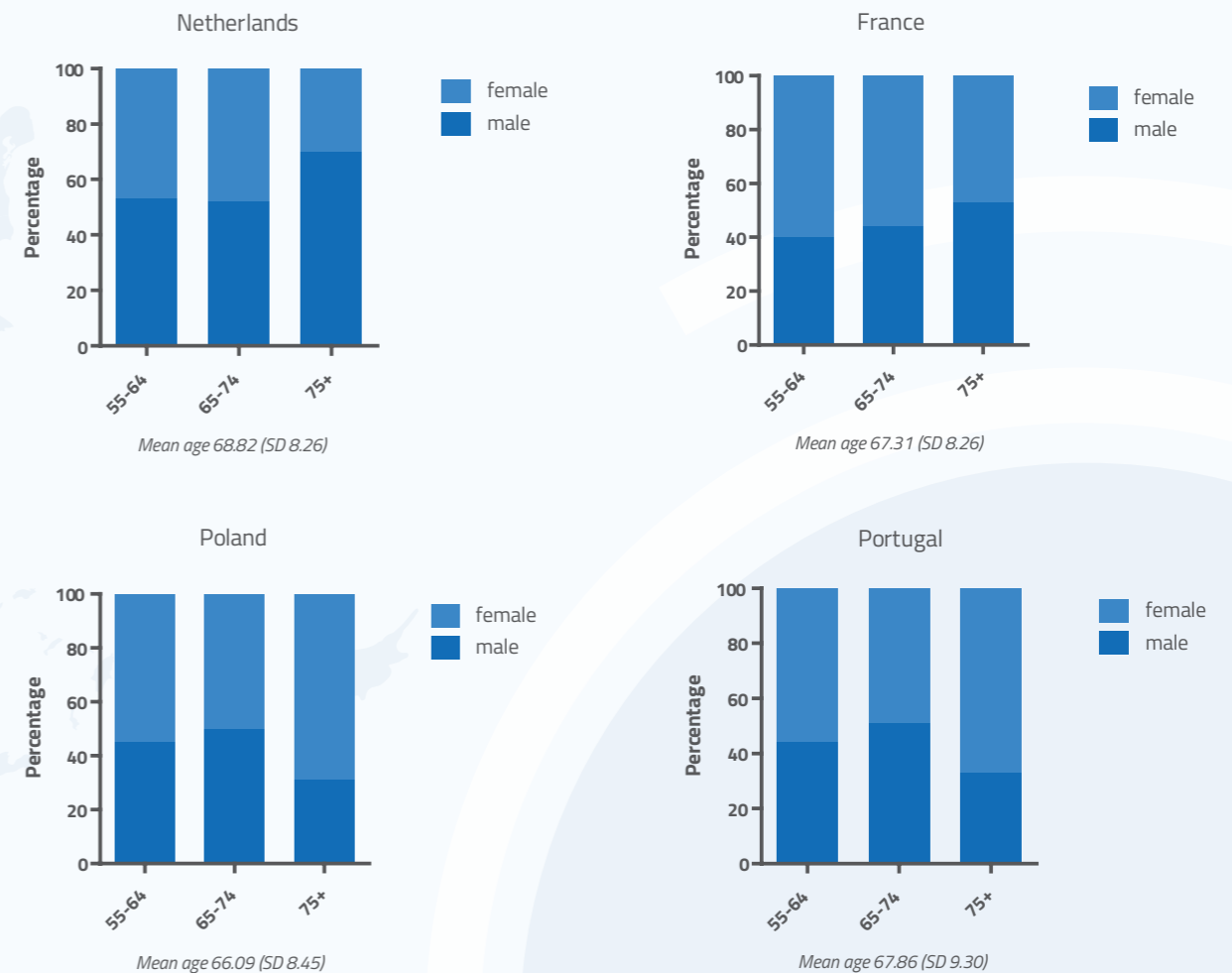


Figure A: Age and sex distribution in 4 countries

# 1. WORK

mental- or musculoskeletal diseases or cancer, in all countries). We did find a significant difference between the age groups, with older age groups on average being treated for a significantly higher number of diseases in all countries.

The average life satisfaction on a scale from 1-10, varied between 8 (the Netherlands and Poland) and 7 (France and Portugal). A minority indicated to be dissatisfied (5 or lower) with their lives.

In the Netherlands this concerned 6%, in France 16.6%, in Poland 22.4%, and 24.4% in Portugal, indicating that there are significant differences between the countries in how they evaluate their life. As can be seen in figure B, the range in the diverse countries was also different, in the Netherlands a clear peak can be observed at the median (and mean) 8, whereas in other countries the range is larger and spread wider.

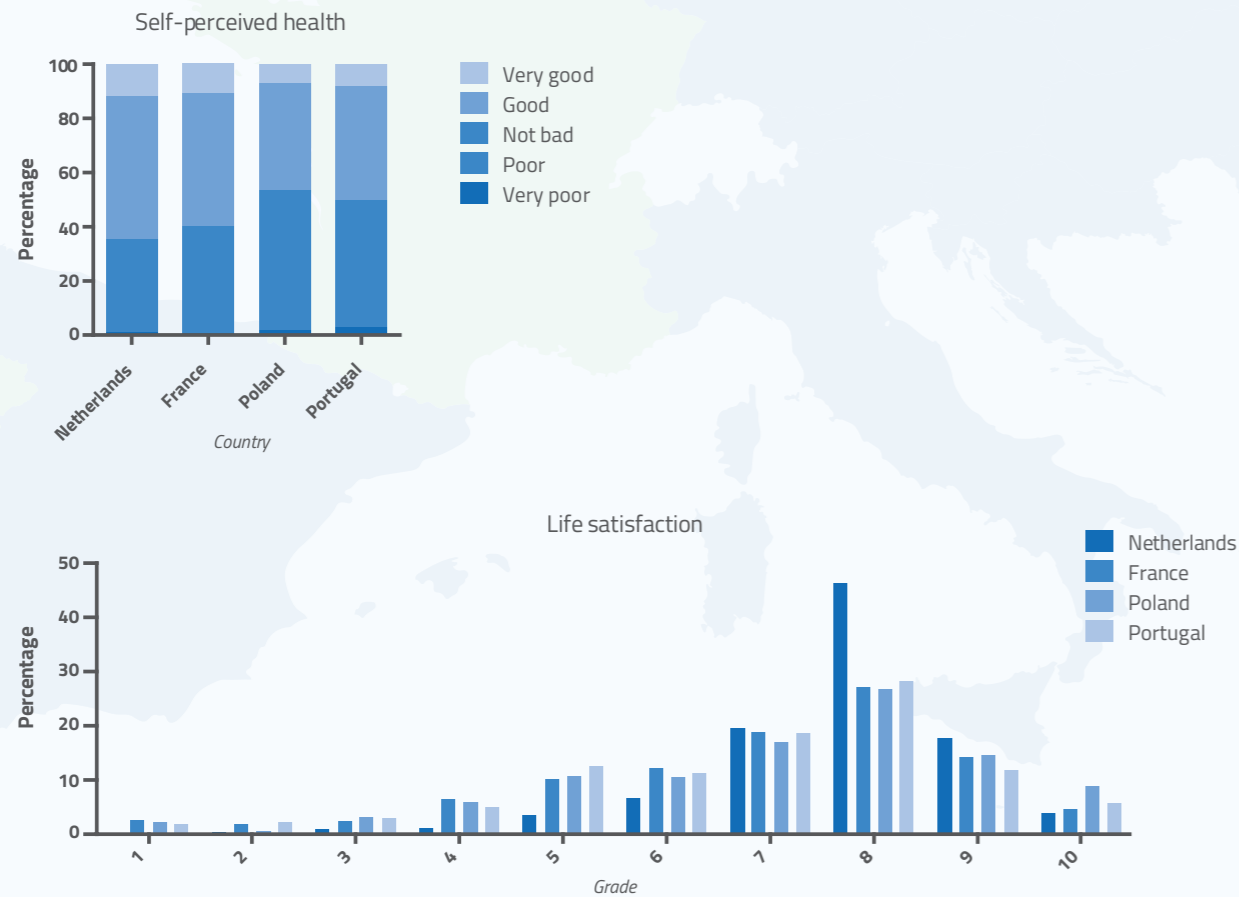


Figure B: Self-perceived health and life satisfaction in 4 countries

Engagement with life is in the literature usually described as consisting of two major components, work (or similar activities such as voluntary work or informal care) and social contacts. Work and retirement are important topics in the lives of people older than 55. They start to think about when and how to retire and they look forward to enjoying their free time. However, studies have also shown that some older individuals would like to continue working after they reached the retirement age, in their current job, another job, a voluntary position, or to provide informal care. Work is documented to provide structure to life and social contacts. There is still a lot of uncertainty about older individuals' perceptions on working after retirement and what factors might play a role with regard to making choices for later life. In this chapter, we compare the participants from the 4 countries on their perspectives on these topics.

## Retired participants

The vast majority of the participants of this study is already retired, in the Netherlands this concerned 77.2% of the sample, in France 77.6%, in Portugal 73.0%, and in Poland this was slightly lower at 64%. The lower percentage of retirees in Poland might be explained by the lower mean age of the participants and the higher retirement age, which is 67 in Poland compared to 65 years and 3 months in the Netherlands, 65 years in France, and 66 years in Portugal. Retired participants

were asked if they would like to start working again, if they could do this under their own conditions (e.g., working days, working hours). Participants could choose between the following answer categories: seize that opportunity, probably start again, probably not start again, and no way. For all countries a sizeable group would consider start working again (i.e., seize that opportunity or probably start again), in Poland and Portugal these percentages were the highest, with 51.6% and 46.7% respectively. In France 41.4% would consider this, whereas in the Netherlands this dropped to

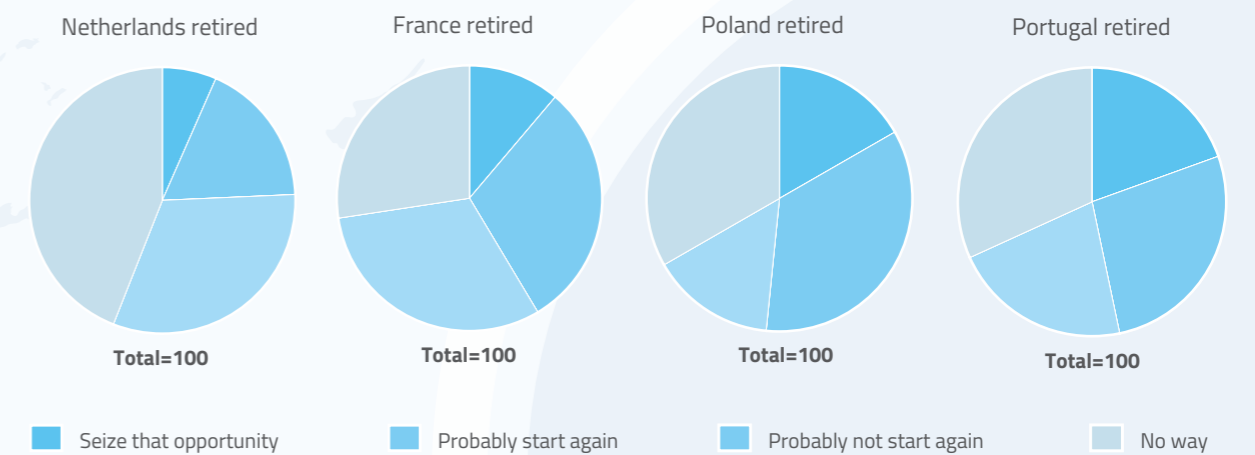


Figure 1.1: Work ambitions and wishes of retired participants

24.3% who would seize that opportunity or would probably start working again (see figure 1.1). In a further analysis, we explored whether age made a difference in how likely individuals would like to start working again. We found that in the Netherlands, Poland, and Portugal younger individuals were on average more positive to start working again than older individuals. In France, we did not find this effect. The retirees that indicated to be willing to work again under their

own conditions were then asked about two specific working conditions: working hours and salary.

In terms of working hours, in all countries the majority would like to work part-time (see figure 1.2). This was somewhat different in Portugal, where the opinions were more dispersed. In the Netherlands, France, and Poland quite large groups had a preference to work half a working week, i.e., 16-20 hours.

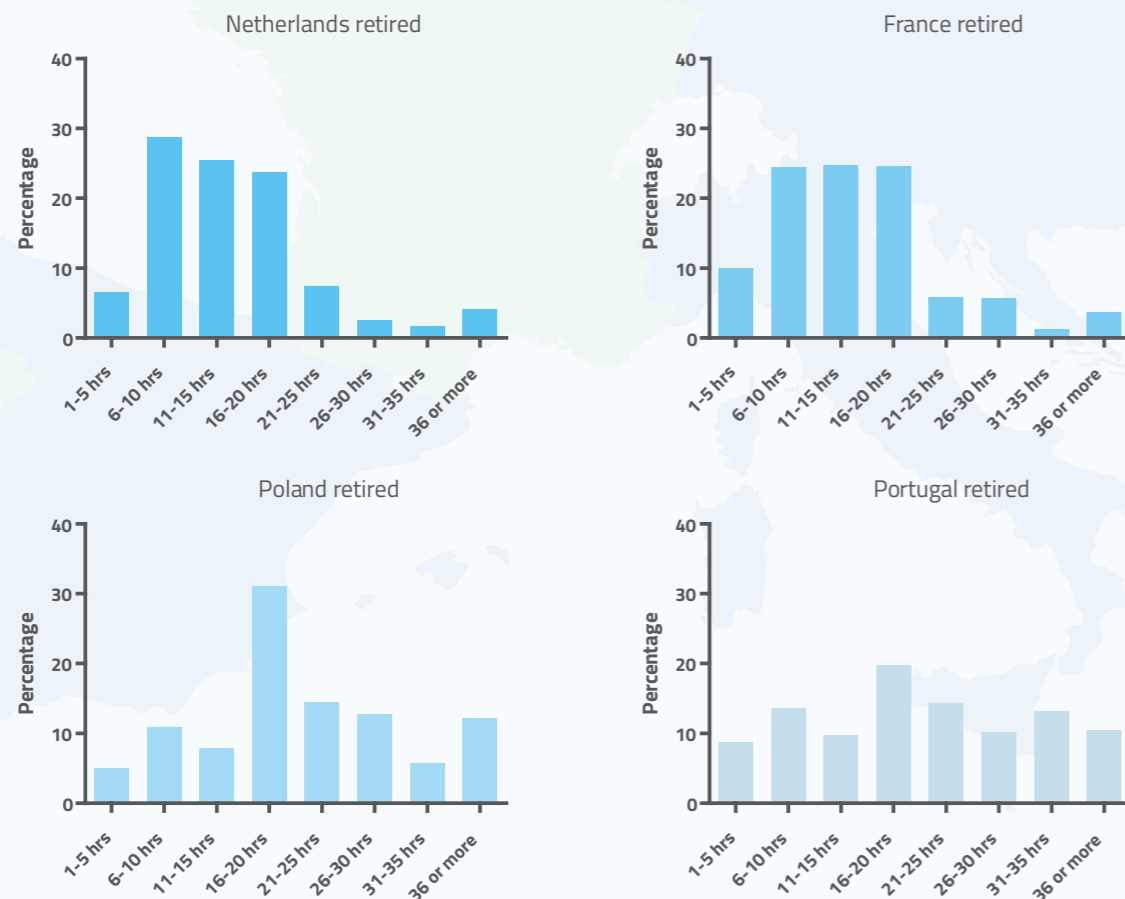


Figure 1.2: Working hours retired participants

In the Netherlands, individuals were prepared to forego quite a substantial amount of their original salary if they were to work again; 15.6% was willing to work for half the salary they originally earned, 11.5% for 10% or less. Only 5.7% did not wish to give up salary in exchange for work. In France, Poland, and Portugal, these attitudes were entirely different, 89.9%, 83.7%, and 88% respectively were unwilling to give up any salary to work again. Perhaps this may be related to higher retirement ages, or different retirement schemes.

following with 73.6%, followed again by France (66.2%) and the Netherlands (64.9%). It is striking to see that the desire for a continued working life among those still working is thus rather large. Among the currently employed participants, we found that there was no significant difference in how positive they were towards continuing working and their current age (see figure 1.3).

The difference between the percentage of retired participants that would like to start working again and the percentage of working participants that would like to continue working might be explained by the different perspective that both groups have towards work based on their working status. For instance, because retired people who leave the workforce have to cross a high threshold when they want to return. Generational differences might also play a role, as it seems that younger generations are more prone to continue working after the retirement age and flexible retirement is increasing in popularity. Differences in perceptions towards work and retirement between countries might be related to differences in national retirement systems.

### Working participants

Participants that were not yet retired were asked about their views on the opportunity for a more flexible retirement approach, for instance continuing working and/or continuing working fewer hours. Of those still working, a vast majority would either seize that opportunity or would probably take up the opportunity to continue working. In fact, in Poland no less than 86.5% would welcome an opportunity to continue to work, with Portugal

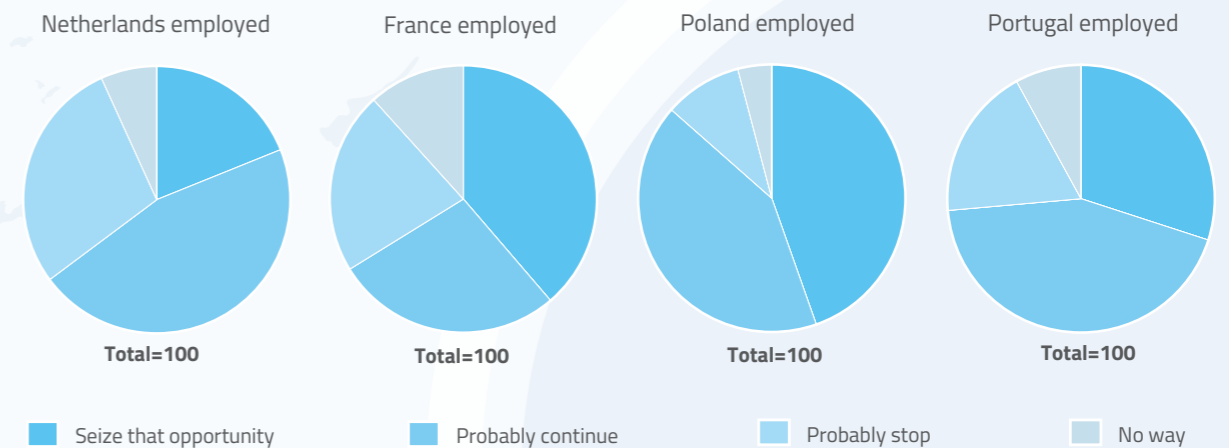


Figure 1.3: Work ambitions and wishes of working participants

## 2. FINANCES

In terms of conditions, working participants that indicated that they would like to continue working were asked whether they would like to work less hours or for less salary. In terms of hours, again the preference in the Netherlands



and France was for part-time employment, and the largest groups preferred 16-20 hours (see figure 1.4). In Portugal and Poland large groups also preferred the other options (e.g. working fulltime or 11-15 hours).

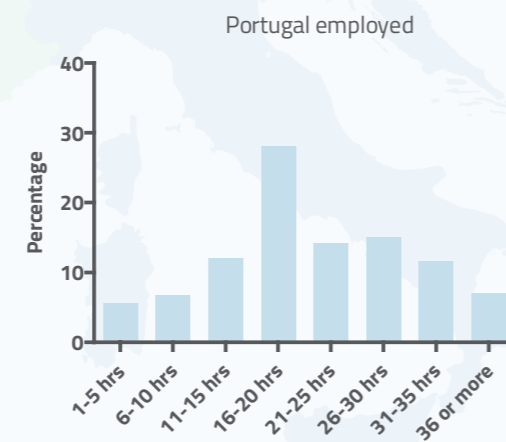
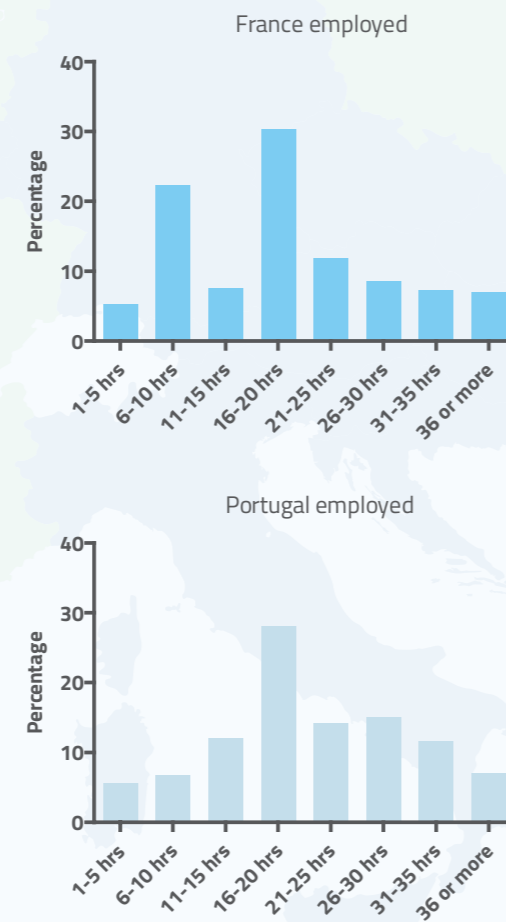


Figure 1.4: Working hours working participants

In the Netherlands, the largest group did not know how much salary they would be willing to forego in exchange to continue working (29.2%), 10.4% was willing to work for 50% or less, a similar percentage (9.4%) was willing to work for 25% less, and 9.4% did not wish to lower their salary to continue working. Again in France, Poland, and Portugal, this was entirely different, 91.9%, 80.6%, and

87.6% respectively did not wish to give up any salary to continue working. All in all, older individuals in the 4 countries seem to be quite willing to continue or start working again if they can work less hours. However, it seems that only in the Netherlands they are willing to also give up salary if given the opportunity to start or continue working.

Shifting arrangements in care and social security throughout Europe have given rise to novel ideas about solidarity. In Europe, a great variety exists on how late life is financed, and what expectations people have about who should carry the costs for later life. Older individuals' perceptions on these topics are under examination in this chapter. We compare the views of participants from the 4 countries on the financing of old age and additionally, how people would respond to a situation of an unexpected great loss of income.

### Responsibility for costs

To examine how older citizens in Europe look at the financing of later life, participants were asked if they perceive themselves responsible for the costs of their old age. In the Netherlands 40.9% of the participants indicated that they perceive themselves as responsible for these costs; in France this was 46.6%, in Poland 69.8%, and in Portugal 49.8%.

We also asked participants if they thought that the government is responsible for the costs of their old age. These percentages were somewhat lower, but still a large part of the participants felt this way; in the Netherlands 31.1%, in France 32.6%, in Poland 59.4%, and in Portugal 35.4% (see

figure 2.1). For Poland, this seems to indicate that there may be some sense of shared solidarity, as costs are expected to be covered by both the government and the older individuals themselves. The answers indicate that a reliance on the government for the costs of old age is still an important expectation in all 4 countries under study.

### Responses to loss of income

To examine how participants see the responsibility for their financial position, we asked how the participants would respond to an unexpected great loss of income. Most of them indicated that they would live thriftily, look for work, and use their

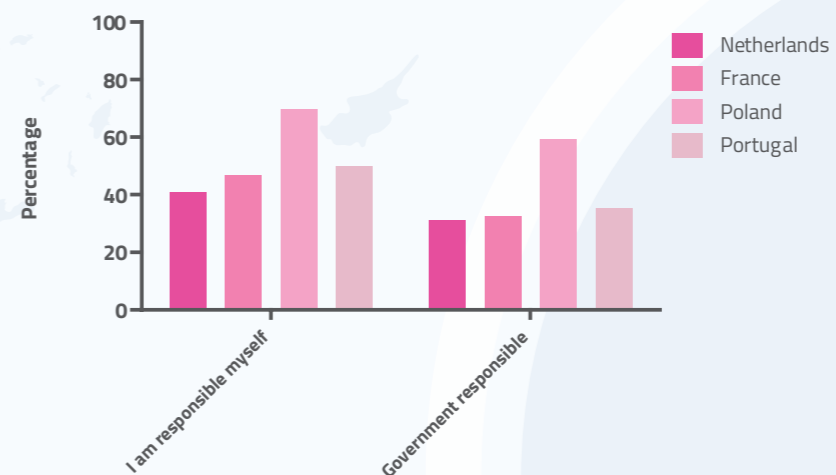


Figure 2.1: Responsibility for costs of old age



### 3. LIVING SITUATION

assets (see figure 2.2). In the Netherlands and France most participants would live thriftily (36.2% and 32.6% respectively) and in Poland and Portugal most participants would look for work (39.7% and 30.6% respectively). This may be the result of differing opportunities to be employed past a certain age in the diverse countries. In the Netherlands, for instance, many companies and non-profit institutions oblige their employees to retire at official state pension age and opportunities to take on work again might be limited. Participants from Poland and Portugal will often ask their (grand)children for help, while participants from the Netherlands and France will more likely monetize their valuable possessions. Participants from both the Netherlands and Poland indicated

that they do not worry too much about a case of an unexpected great loss of income, as they believe that their country has proper safety nets for these kinds of situations.

All in all, we see that differences in national regulations on work and retirement between the 4 countries might play an important role in how older individuals perceive their financial situation and what actions they would undertake when they are confronted with a great loss of income. Who they would turn to, the government or social contacts or rather themselves seems dependent on socio-cultural expectations and the existence of current arrangements for retirement funding.

The living situation is for older individuals one of the most important topics in later life. Age-related diseases can change older persons' perspectives on living, but also their wishes regarding to how and where they wish to live. Research indicates, however, that choices of living at later age are often given by sudden circumstances such as the passing away of a partner or a sudden loss of functionalities. Given the increasing length of life at later age more flexible living arrangements that can easily adapt to changes in circumstances – such as by removing thresholds or enabling intergenerational living – have come about in countries such as Sweden, Denmark, and the Netherlands. The wishes of older individuals about these arrangements have remained little researched, and the offer for such flexible living arrangements are still rather limited. To explore this topic in the Netherlands, France, Poland, and Portugal, this chapter focuses on older individuals' preferred living situation and the actions that they would undertake when it becomes difficult to continue living independently in their own home.

#### Preferred living situation

When we asked older individuals about their ambitions and wishes related to their living situation, in all countries a large percentage of participants indicated that they want to live independently for as long as possible (see figure 3.1). In the Netherlands and in Portugal the percentages were the highest, with 95.4% and 93.8% respectively. In France 91.9% would like to live independently for as long as possible and in Poland a somewhat smaller percentage of 82.3% indicated this. In addition to older individuals' perspectives, independent living is important from a societal perspective as long-term admissions in care or nursing home facilities place a high economic burden on collective funds. To enable older individuals to live independent as long as possible, technological and social innovations will become increasingly important.

Other ambitions and wishes related to the living situation that were considered as important by a large part of the participants from the different

countries were: living in a neighborhood where both younger and older people live, continuing living with a partner when the partner or the participant him- or herself has to move into a care or nursing home, and helping others in exchange for help in the future.

Living in a neighborhood where both younger and older people live was found to be important by many participants from Poland (76.8%). In the Netherlands, France, and Portugal a smaller percentage considered this to be important (64.3%, 44.2%, 51.3% respectively). This might be related to differences in the extent to which people in the 4 countries have contact with the people that live in their neighborhood. Participants from Poland and Portugal frequently indicated that they want to help others in exchange for help in the future, while participants from the Netherlands and France often mention that they want to accompany their partner if he or she has to move into an institutional setting. The wish to help others might also be socio-culturally influenced.

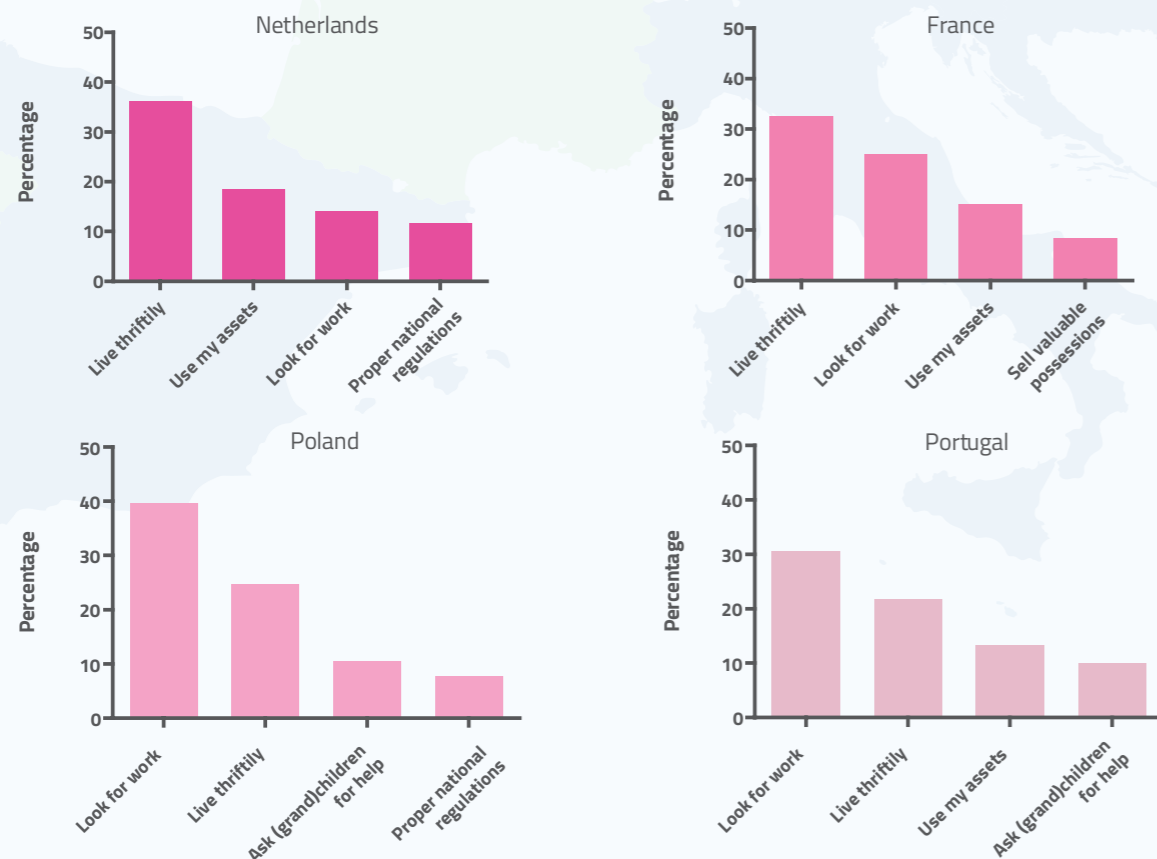


Figure 2.2: Responses to loss of income

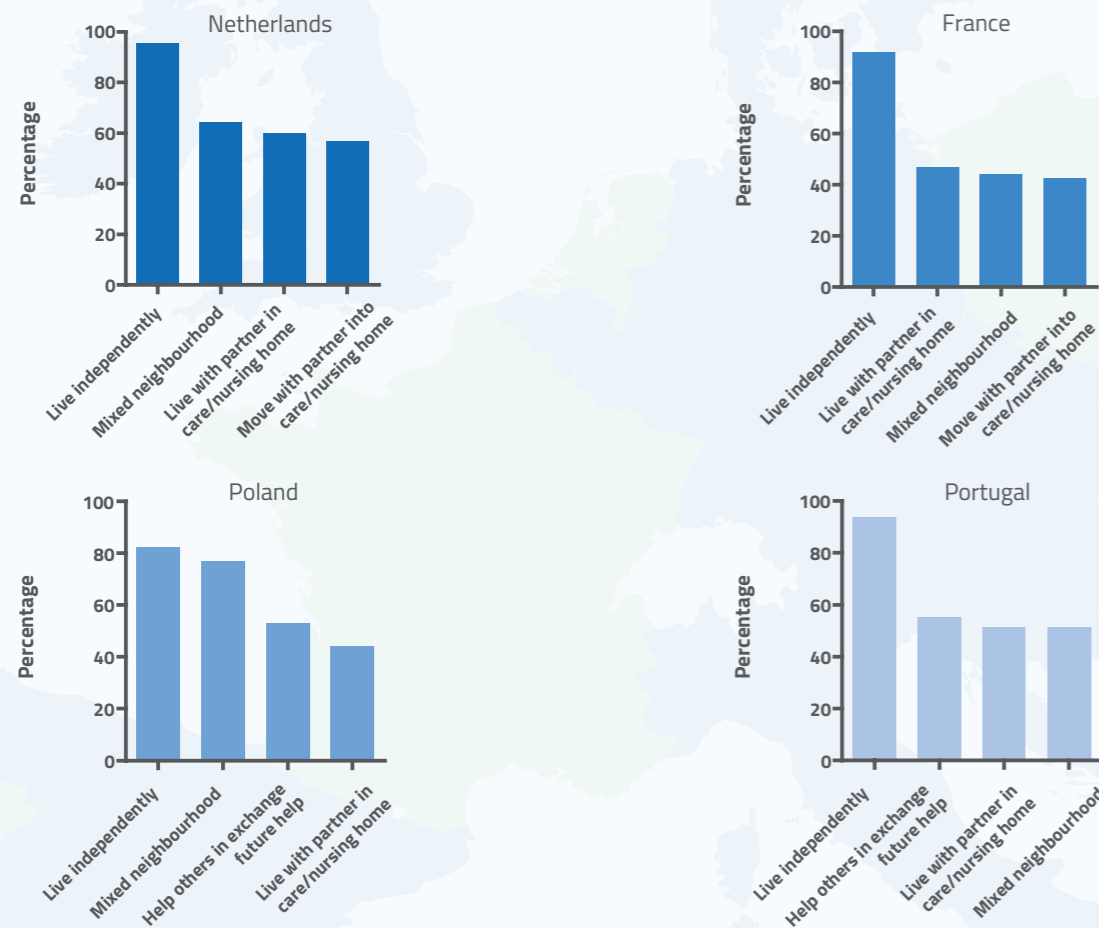


Figure 3.1: Living situation ambitions and wishes

### Considerations when living at own home becomes difficult

When asked what they would do when it becomes difficult to continue living independently in their own home, in all 4 countries participants indicated that they want try to keep living independently in many ways. More specifically, many participants indicated that they want to stay at their own home at any cost. In the Netherlands, France, and Portugal, about 25% of the participants expressed this, while

in Poland this percentage was somewhat lower, namely 21.4%. In the Netherlands, most participants indicated that they want to stay at their own home at any cost (25.1%), in France and Portugal most participants would look for another place to live independently (33.1% and 32.5% respectively), and in Poland most participants would turn to their (grand)-children for help to live independently in their own home (26.9%). The latter finding corresponds with the results described in the previous chapter, i.e., that participants from Poland are likely to ask their

(grand)children for help when they are faced with a great loss of income. This might be more culturally accepted in some countries than in others. Finding accommodation in a care or nursing home was participants' fourth option in France, Poland, and Portugal (11.3%, 10.4%, and 9.1% respectively), while in the Netherlands, participants would turn to the council for help to live independently in their own home (10%).

Again, in this chapter on older persons' living situation, differences in national regulations (for instance related to the shifting arrangements in care and social security) between the 4 countries might play an important role in what actions older individuals would undertake when it becomes difficult to continue living at home independently.

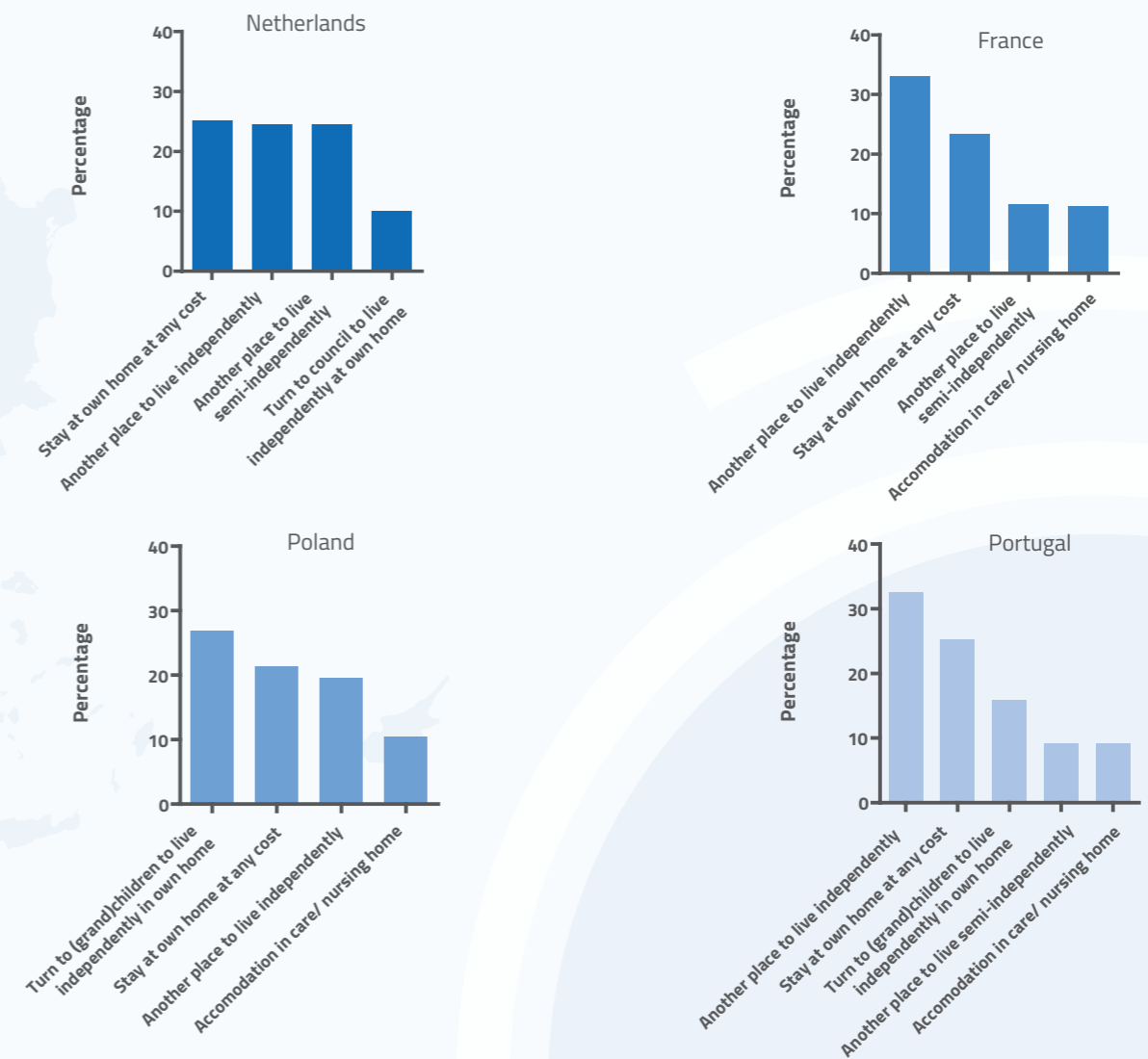


Figure 3.2: Considerations when living independently at own home is difficult

## 4. SOCIAL CONTACTS

Our health and wellbeing are largely determined by the quality of our social relationships. Specifically, having social contacts and receiving support have been related to a variety of positive outcomes during later life, including the most obvious ones such as less loneliness, higher life satisfaction, and more engagement with life, but also less evident ones namely lower risk of diseases and mortality. Older individuals' social networks may be threatened in various ways. The chance that family members and friends die increases with age and declining mobility of older people may also contribute to a deterioration in social life. In this chapter, we compare older individuals' needs with regards to social contacts, their preferred methods to maintain social contacts, and their perceived social support.

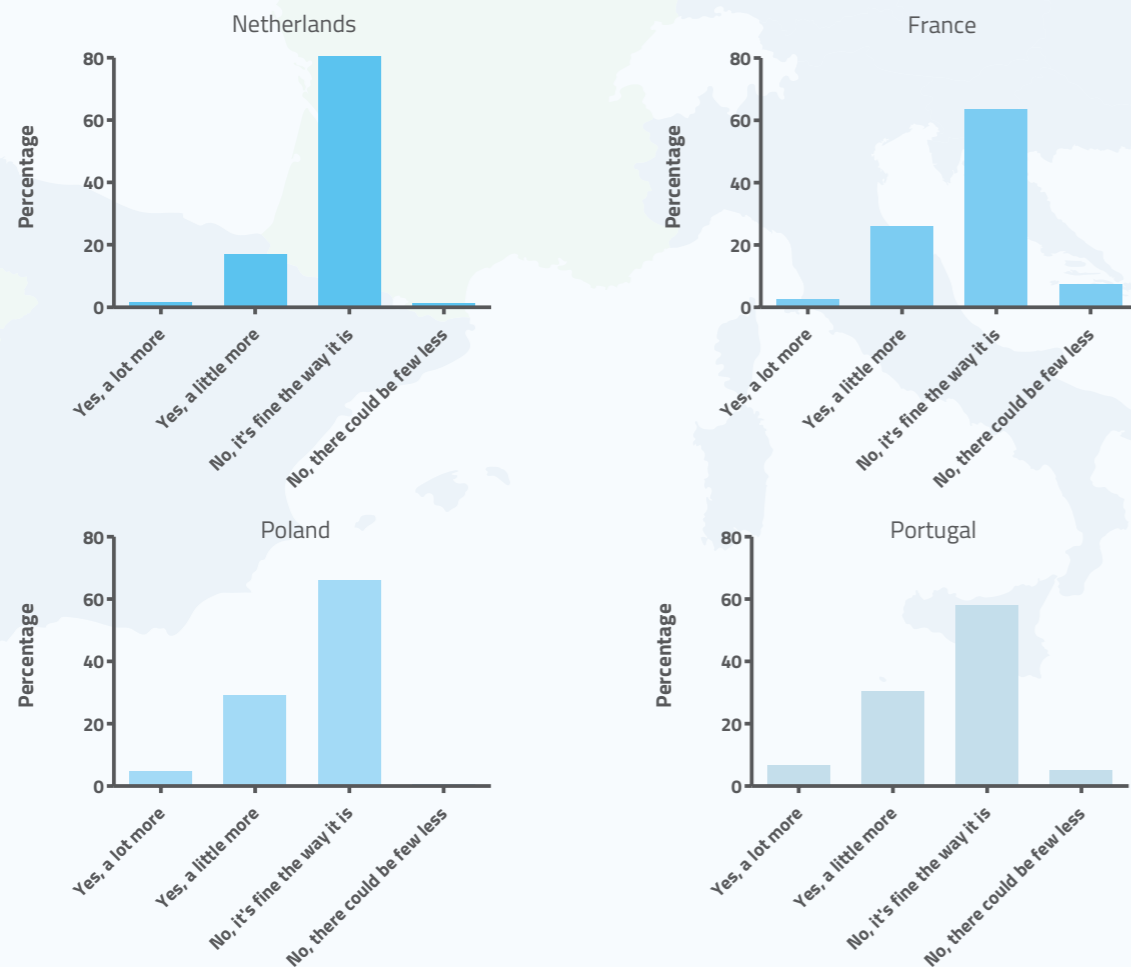


Figure 4.1: Social needs

### Social needs

The majority of the participants indicated that they have sufficient social contacts (see figure 4.1). The percentage of participants that felt this way was the highest in the Netherlands, with 80.3% of the sample indicating to be satisfied with the number of social contacts they have. In the other countries around 65% of the sample was satisfied with the number of social contacts, in France this concerned 63.7%, in Poland 65.8%, and in Portugal 58.1%. Satisfaction with the number of social

contacts does not decline in the older age groups. In fact, a trend towards increased satisfaction with age is shown in figure 4.2. This is a striking result, as older individuals probably more often have to deal with losses in their social network. The finding might be related to the shift from quantity to quality in social relationships when getting older. In all 4 countries, around 35% of the participants would like to have a little more social contacts and less than 10% would like to have a lot more social contacts or would like to have less.

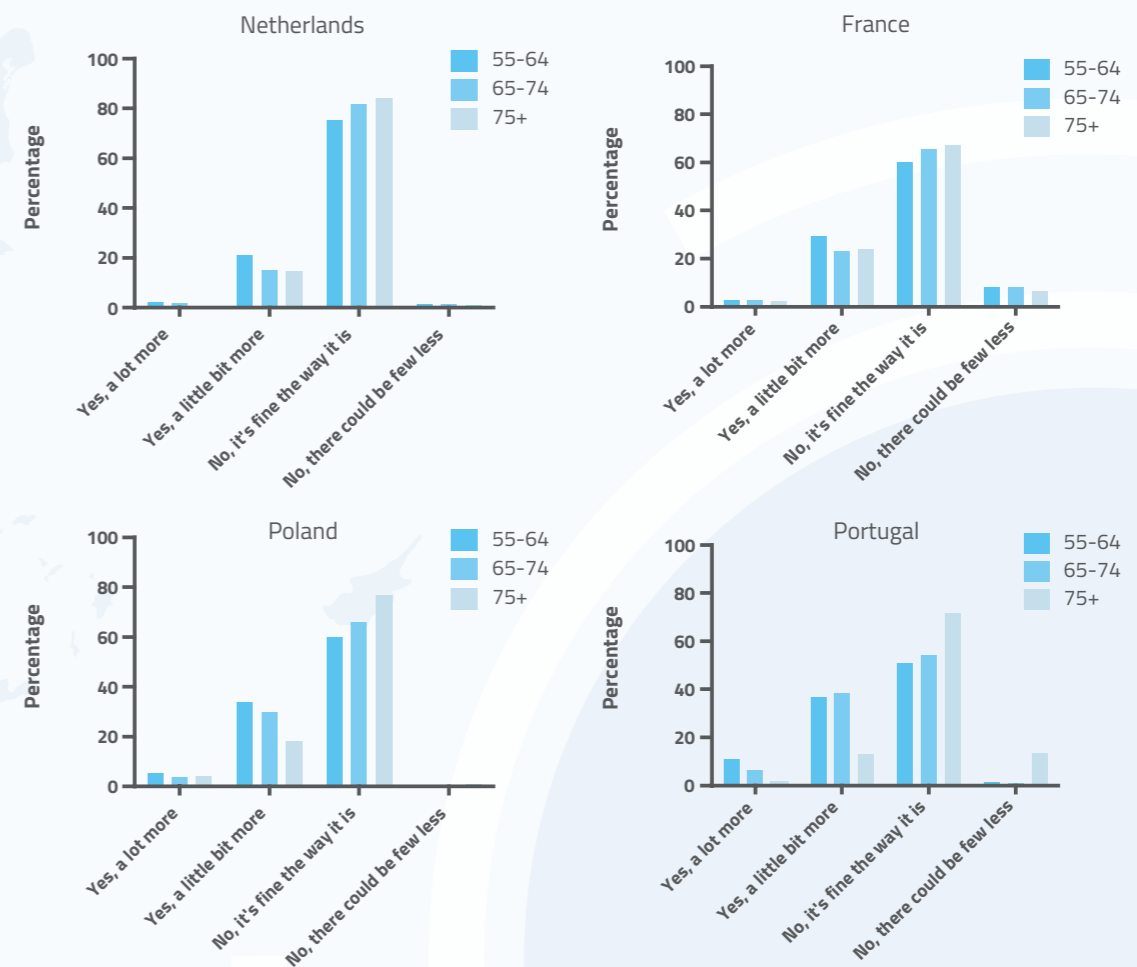


Figure 4.2: Social needs distributed by age

## Methods to maintain social contacts

The preferred method to maintain social contacts in France, Poland, and Portugal is via the telephone (55.3%, 71.1% and 63.4% respectively; see figure 4.3). In the Netherlands, the percentage of the sample that likes to maintain social contacts via the telephone is comparable (63.3%), but the preferred method to maintain social contacts is via visitors or visitors to my house, indicated by 80.3% of the

sample. This might be related to the importance of personal contact in the diverse countries, but can also be explained by the size of the country. In the Netherlands, the distances to other people are smaller than in France, Poland, and Portugal. When focusing on other preferred methods to maintain social contacts, we see that preferred methods are similar for the different countries, but in Poland contacts are more likely to be maintained via Facebook or other virtual social networks (38.9%).

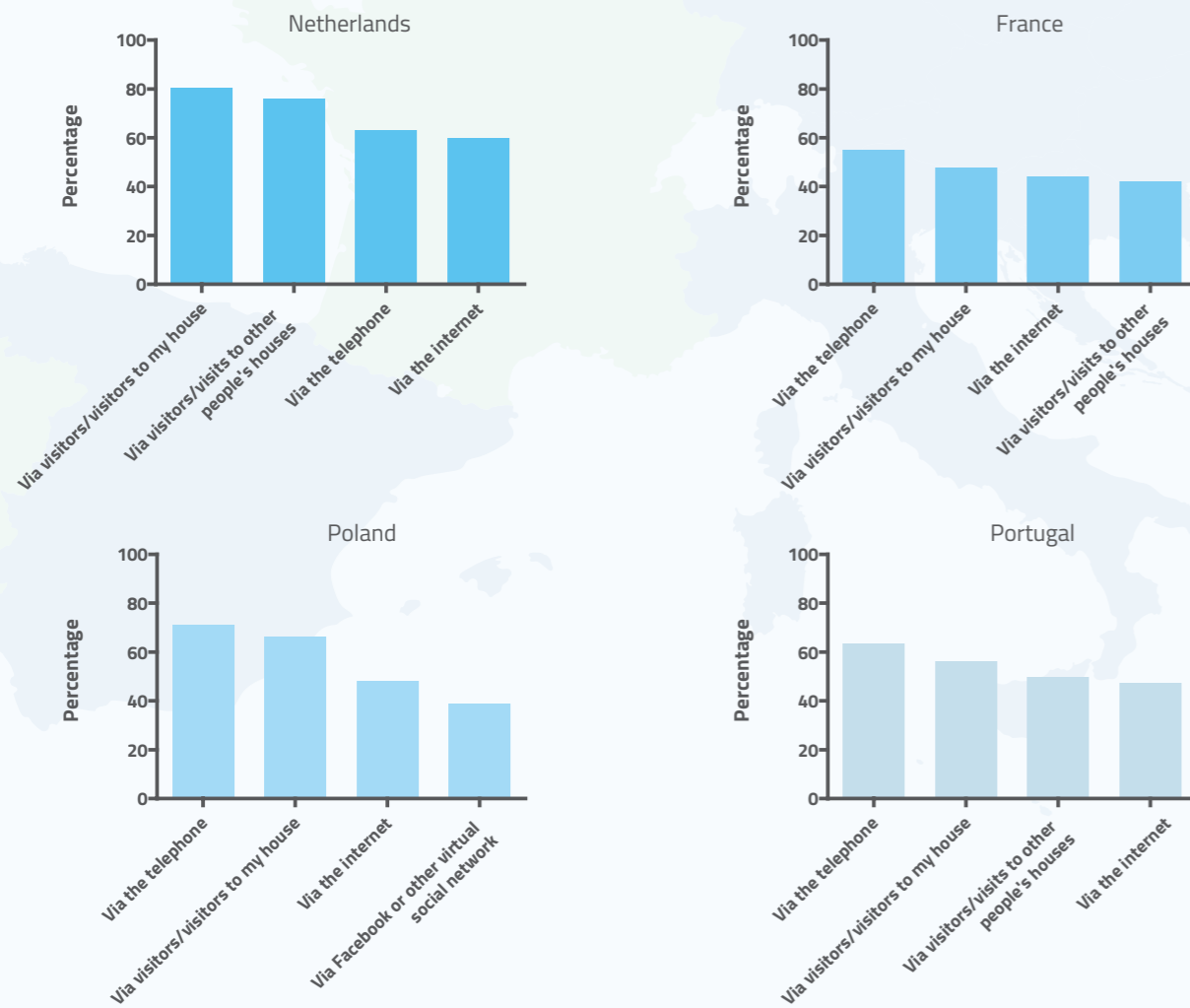


Figure 4.3: Preferred methods to maintain social contacts

## Perceived social support

To investigate perceived social support in the 4 countries, we asked participants to indicate to what extent they can count on their family and friends if needed. In the Netherlands this was formulated as one question, while in the other countries two different questions were posed. Participants could answer the social support questions on a scale from 1 (not at all) to 5 (always). In the Netherlands, participants indicated that they can often count on their family and friends if needed, as their mean score on social support was 3.97 (see figure 4.4). In Poland and Portugal, they can also count on their friends, but mean scores on social support from the family were even higher (3.98 and 4.16 respectively). In France, low mean scores on social support were found, with slightly higher mean scores on social support from friends (mean score on social support from family is 2.71 and mean score on social support from friends is 2.79). Indicating

that in France older individuals expect to be able to count less on their family and friends than older participants in other countries anticipate.

## Relationship between social support, life satisfaction, and health

In our data, we found that the social support that participants experienced was indeed positively related to how satisfied they are with their lives and how they perceive their health. In the Netherlands, social support from family and friends was related to higher life satisfaction and self-perceived health scores. In the Netherlands, social support from family and friends was related to higher life satisfaction and self-perceived health scores. In France, social support from both family and friends was related to higher life satisfaction, but not self-perceived health. In Poland and Portugal, social support from friends was related to higher life satisfaction and self-perceived health scores, while social support from family was only related to higher life satisfaction scores.

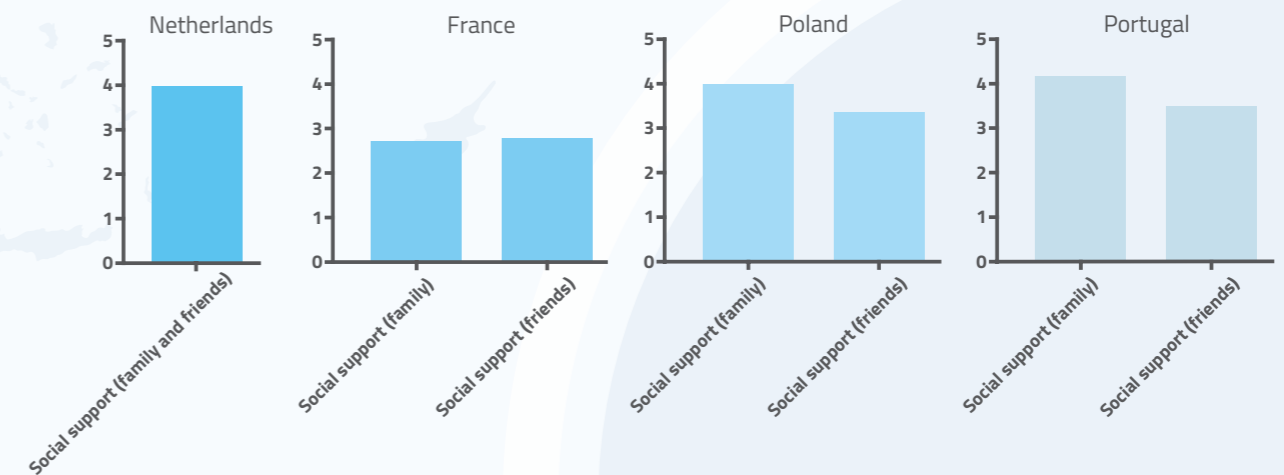


Figure 4.4: Perceived social support

## 5. HEALTH

Shifts in healthcare and efforts to make healthcare more patient-centered have often proposed that such an approach would lead to more self-management among patients. They are expected to increase patients' assertiveness, activity, and involvement in the management of their health and healthcare. In this chapter, we explore perceptions of older individuals on health and their willingness to prepare and self-manage their health. We compare participants' perceptions with regard to their health in the diverse countries. Main topics include participants' preparedness for future health problems and their perceptions with regard to self-management of health.

### Preparedness for future health problems

When participants were asked if they are prepared for the consequences of future health problems, most participants indicated that they were not prepared or that they were prepared to a limited extent (see figure 5.1). The highest percentage of participants that indicated to be well-prepared was found in France (21.6%), while the lowest percentage was found in the Netherlands (11.7%). In Poland and in Portugal respectively 17.8% and 19.7% of the participants indicated to be well-prepared.

In the Netherlands we also found the highest percentage that indicated not to be prepared (43.6%), and the lowest percentage was found for Portugal (19.6%). In France and Poland respectively 22.5% and 30.0% of the participants indicated not to be prepared. The divergence in preparedness between the 4 countries might be explained by the differences in healthcare structure and financing. For instance, in the Netherlands the government is instigating a shift towards more self-direction in care. However, the results on preparedness of the participants from the Netherlands imply that the shift is not yet realized at population level.

### Perceptions on self-management of health

Despite feeling not well-prepared for future health problems, more than 80% of the participants from the diverse countries indicated that they want to take as much as possible initiative and responsibility for their own health (see figure 5.2). This indicates that these older individuals did wish to take initiative and responsibility, but perhaps had a hard time realizing or thinking of concrete actions or initiatives since they indicated to feel not well-prepared. Other ambitions and wishes in relation to health that were found to be important were doing more for their own health, having new possibilities to make decisions about health, and being entitled to care and assistance. These results again imply a certain wish for more involvement and management of participants' own health. Participants from Poland and Portugal often indicate that they felt they are entitled to care and assistance based on what they have done in the past (75.3% and 76.0% respectively), while 37.6% of the sample from the Netherlands and 44.8% from France indicated this. This shows that perhaps expectations towards health and the responsibility for health differs between these countries, perhaps due to differences in healthcare structure and financing.

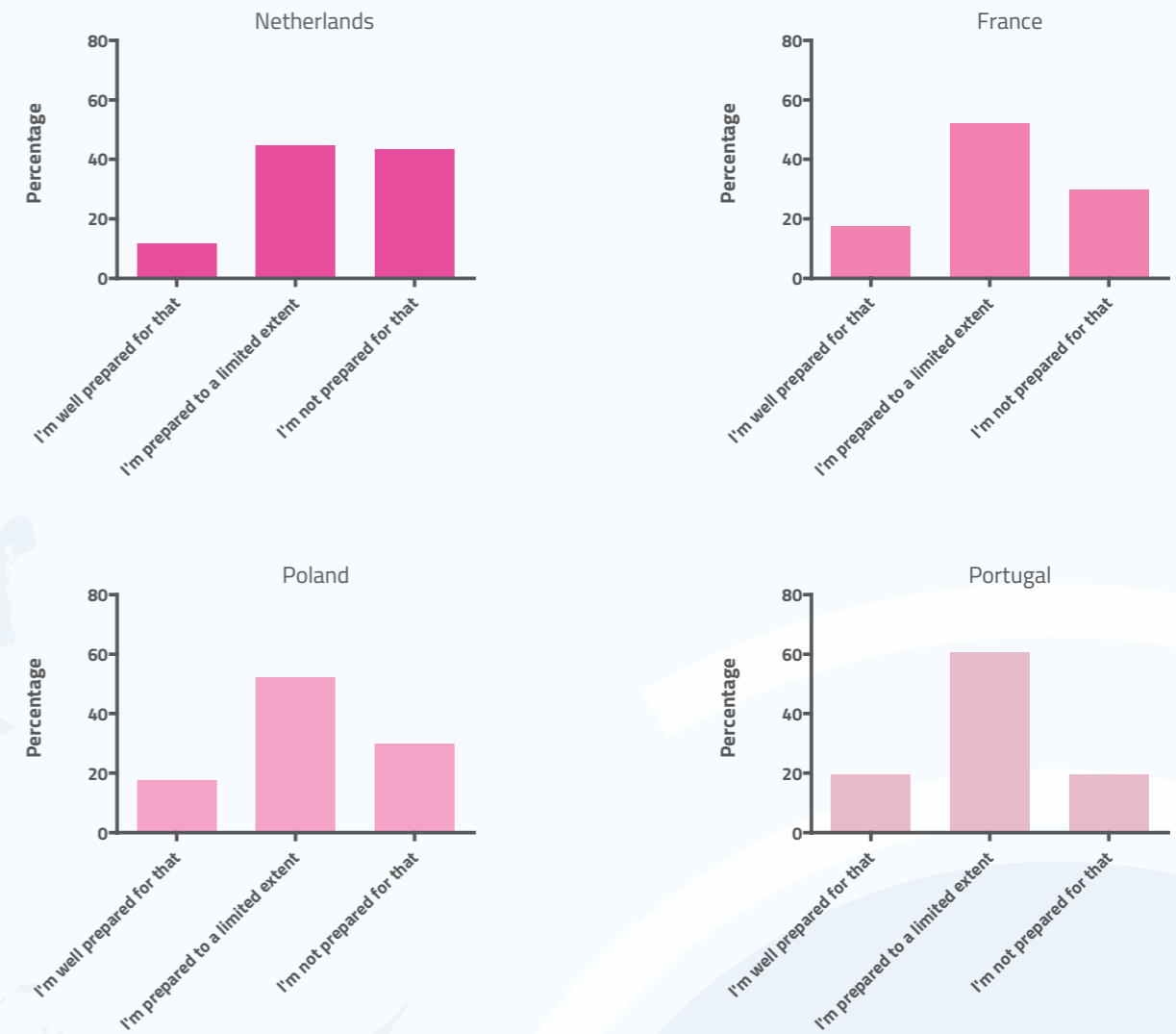


Figure 5.1: Preparedness for future health problems

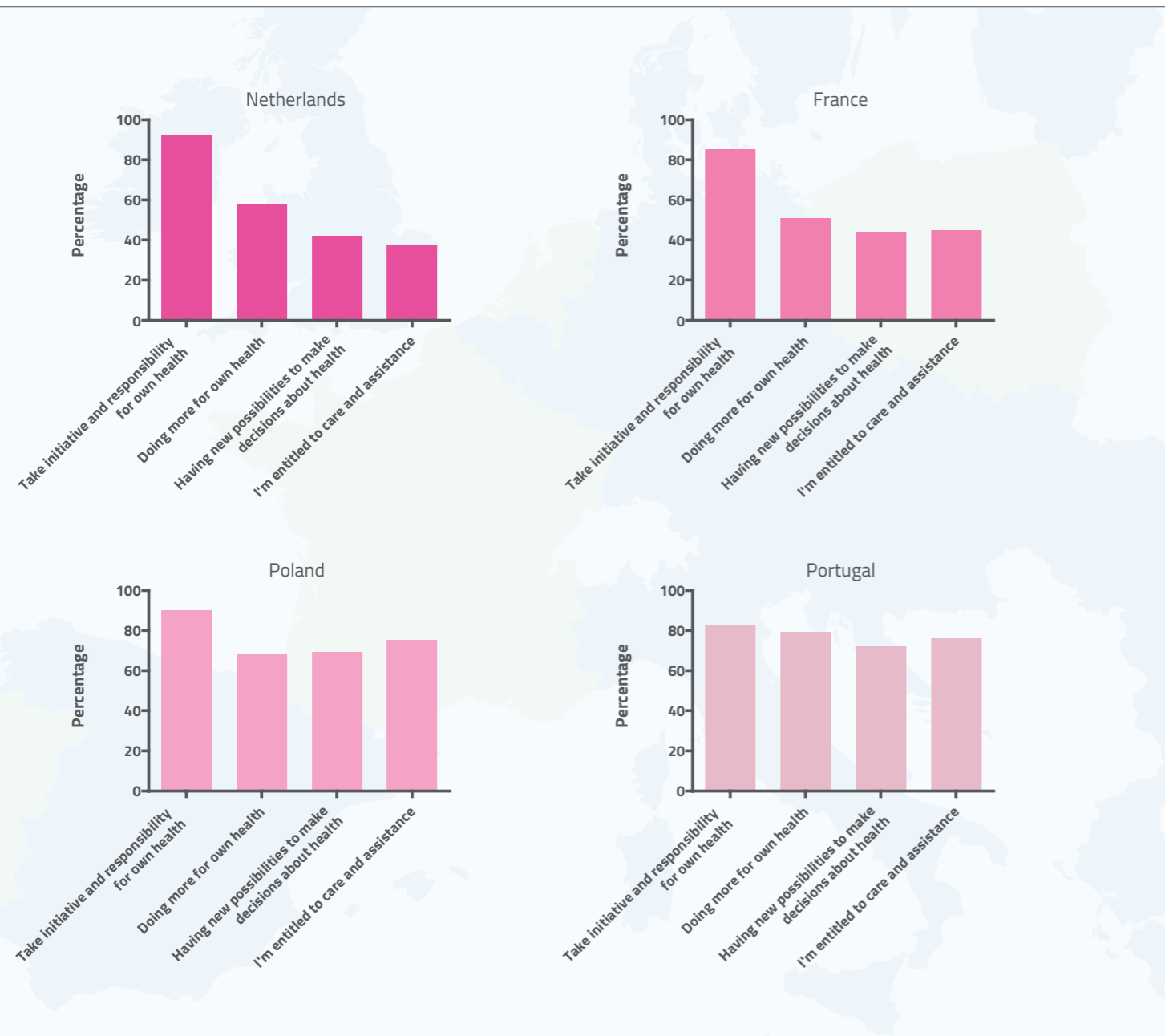


Figure 5.2: Perceptions on self-management of health

This study in the Netherlands, France, Poland and Portugal was conducted by Leyden Academy on Vitality and Ageing, in close collaboration with Leiden University Medical Center, in the context of the EIT Health Executive & Professional Education Programme, annex 2.2.1: Towards citizen-centred active ageing and well-being. The survey was developed by Leyden Academy on Vitality and Ageing, translated together with several partners in the respective countries, and executed by Trendbox and their partners.

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