Shades of grey

Ambitions of 55+

medical delta vitality

we add

Medical Delta
The Medical Delta consortium consists of world-class academic research institutions and regional governments. In collaboration with the industry and health care providers, Medical Delta offers solutions for the grand societal challenges resulting in a better quality of life for our citizens.

The Medical Delta VITALITY! programme
The Medical Delta VITALITY! programme provides a framework for addressing the societal challenges and opportunities of an ageing population, using the trans disciplinary capabilities of the academic institutions in Leiden, Delft and Rotterdam and their partners.

Inhoudsopgave

Shades of grey & ambitions of 55+

Summary of the report on the opinions, desires and needs of the Dutch 55+ population

The proportion of individuals aged 55+ in the population of the Netherlands is growing due to the lower birth rate and increased longevity. Additionally, the baby-boom generation is reaching pensionable age. This change in the population build-up creates opportunities, challenges and issues. Medical Delta, a collaboration between universities, local government and industries in the province of South Holland, intends to apply its expertise, insights and capabilities to support society and individuals to deliver innovative solutions for the ageing population. These activities are the subject of the VITALITY! programme. This programme intends to support the older generation by encouraging individuals to set and achieve realistic ambitions based on their own abilities and self-management. In the research presented here, we report on the views, attitudes and desires of the older generation as a starting point for the development of options, solutions and dedicated applications which could be developed by the Medical Delta partners. Apart from questions on some general issues the research was focused on four domains: work, self-management, housing and environment and social connectivity. Online questionnaires were used for the quantitative part of the research in a representative sample of 650 individuals from the 55+ Dutch population. The questionnaires were developed following qualitative research with focus groups. For the analysis, three age groups were formed; 55-64, 65-74 and 75+.

Work and finance

The contribution of the older generation to paid and voluntary work in society is changing: the number of older people who are involved and productive is growing. Work (paid or unpaid) plays an important role in people's fulfillment and societal involvement. However for some, remaining active at work is not always self-evident as is exemplified by the continuing debates on the pensionable age. Against this background we have sounded out the attitudes and desires of the 55+ generation. A large majority of the 55+ group who are still at work is largely positive about retiring from their job. Nevertheless, for some there is also a significant commitment to continue, provided people are allowed the opportunity to work under new, largely self selected conditions. This usually means working fewer hours and in a different, perhaps more advisory, role. In these circumstances people are prepared to accept significantly lower wages. Even among older people who are not currently working, there is a substantial group who are prepared to work again. Their numbers decrease with age. With respect to finances, people consider this an important responsibility and most people, from time to time, consider the consequences of a drastically lower income.

- 17% of people at work are negative about retiring from their job.
- Over 60% of people currently working are prepared to continue under their own conditions.
- Many people are prepared to accept a 25% salary reduction if they could determine their own working conditions.
- 25% of people not currently working would consider working again if they could determine their own working conditions.
- With regards to home finance, 40% of people, more so in the younger group, would value advice regarding financial decision making.

Self-management

Scientific evidence shows that when the older generation takes responsibility for their own health better outcomes are the result. Encouraging people to take more personal responsibility could also be a means of managing the care system for better results and keeping it affordable. We investigated to what extent the 55+ generation would be prepared to pursue this. It appears that taking a higher degree of responsibility for your own health and wellbeing is a priority for nearly everyone. However, to many it is unclear how to precisely achieve this responsibility. The preparedness to engage in greater self-management of health is present in a large majority of the panel. This group welcomes future availability of innovative options and solutions to improve the control of own health. Of course the instructions for the application of these should be made very explicit. The view that people are entitled to a high level of care is held particularly strongly in the older group. If health issues arise, this could act as an inhibiting factor for taking initiative.

- 97% of people consider it important to be responsible for their own health.
- Only 29% think they can achieve this should the need arise; the same percentage expect to be able to do more to monitor their own health.
- 72% would actively search for information if they were to encounter a new health problem, 87% are prepared to adapt their lifestyle in the face of this, 87% are prepared to carry out relevant measurements themselves and 71% are prepared to make decisions on medication based on these measurements.
- 59% agree with the statement: 'I am entitled to care based on what I have contributed in the past '.

Housing and environment

In the past the Netherlands has been a leader in specialized housing for the elderly. Currently new solutions are more heterogeneous and more geared to stimulate the older generation to continue to live independently. We have asked how the 55+ rate their housing and environment and how this is influenced by vitality and independence. The large majority of the 55+ generation is satisfied with their current housing situation. They want to remain living independently as long as possible and intend to take responsibility for decisions in this domain. The research identified a number of specific desires, the realization of which would require people to take the initiative themselves. A large proportion of the older generation is not yet considering the consequences of possible health or financial set backs in thinking about their future housing situation. Improving the availability of information and support with decision making on future plans is a desire in a significant part of our panel.

- 95% of people are satisfied with their housing and environment.
- 95% intend to live independently as long as possible.
- 97% consider it very important to have control and responsibility over their housing and environment.
- 47% are taking into consideration that, at some stage, they may have to move due to financial or physical problems.
- 51% would welcome advice with regard to future housing options.

Social connectivity

Recent scientific research has once more confirmed the high degree of importance of social contact for health and quality of life. With ageing, one likely looses close family members and friends due to illness or death. We have taken stock as to how the 55+ hope to avoid social isolation as a result of this. The older generation is generally satisfied with the amount of social contact they have. The need for more social contact does not increase in the higher age group, rather, it appears to decrease. The majority of people thinks that they can compensate for the loss of their partner with other social contacts. Furthermore, people are of the opinion that social contacts have to emerge spontaneously and are not something you can force to happen. The need for help in creating plans for this domain is felt to be less important than for the other domains.

- 80% of people have no need for more social contact; this does not increase with age.
- 90% consider finding and maintaining social contacts the responsibility of the individual.
- 90% believe that they can compensate for the loss of their partner or most important personal contact.
- 20% are of the opinion that social contacts should not emerge spontaneously but instead should be actively initiated.
- 28% are interested in help for making plans in this domain.

Conclusions

The ageing of the Dutch population is more often than not framed in the public debate as a problem, due to the perceived increase in the number of older people dependent on care and financial support. We would contend that the course of longevity over the past 200 years and the observation that we retain our functional health without disability for much longer also opens up new opportunities. It is a great achievement of our civilization that people can now live active and rewarding lives to much higher ages. This research illustrates that 55+ people view their independence and responsibility in these various domains very highly. Over and above this there appears to be a high degree of willingness to engage in new initiatives. There appears to be a significant challenge to support people in this and to facilitate people to make their own plans and fulfill their ambitions. In the interest of society, the current and future older generation, the Medical Delta with its VITALITY! programme is committed to take on this challenge.

Prof. L.J. van Vliet

Chairman

Medical Delta programme

Foreword

Advances in biomedical research and technology have given the prosperity and health of people in our society a tremendous boost. In the course of the past 200 years, our life expectancy has more than doubled, from about 40 years of age to beyond 80. We owe the majority of these additional years to prosperity and knowledge that provided a healthier living environment with sewer systems, clean drinking water and an adequate and healthy diet. During the past 50 years, biomedical science has added several years to our life expectancy. And it is certain that we will become even older. Through population studies, we have gained knowledge on the complex interaction between genetic predisposition and environmental factors in developing diseases such as cancer, cardiovascular disease and dementia. Thanks to research and affordable technology, new possibilities for prevention will come within reach.

Today´s innovations in healthcare demand a more integrated approach than health revolutions in the past. The marketing of penicillin, which kept millions of people alive, is a simple matter compared to the system changes we are currently facing. In order to utilize the expertise and technology that has now been developed, patients, doctors, healthcare providers, carers, companies, governments and health insurers have to jointly assume a new way of working. That is no easy task, but the partners collaborating in Medical Delta intend to take on the challenge.

Since 2005, Medical Delta parties have been cooperating on healthcare innovation with a scientific, social and economic impact. In 2012, Medical Delta management asked the Leyden Academy to set up the VITALITY! programme, which sheds light on the ageing issue from the perspective of opportunities and possibilities for the elderly. The VITALITY! programme seeks ways to bring about a change in the healthcare landscape of an ageing society. It provides scenarios for an integrated approach of healthcare innovation. With its many years of experience, Leyden Academy has developed its own innovative look at vitality, with which it has acquired its following throughout Europe. The Medical Delta VITALITY! programme it currently coordinates is well-embedded in all relevant parties within and beyond the region.

To pursue the vitality idea, we need to consult with each other first. Therefore I look forward to the publication of the results of this study on the motives of the older generation. As innovation parties, it gives us new inspiration for what we can do for the elderly, now and in future.

Prof. L.J. van Vliet, Ph.D.
Chairman, Medical Delta programme board

Prof. Rudi Westendorp
Director VITALITY! Programme

Within just a few generations, we have built up a society in which the course of people's lives has been turned upside down. Not long ago, old and grey was reserved for the 'happy few', and required a sizeable amount of luck. Now old age has become a certainty and only sheer chance can disrupt that new order. Once we become old, we also become increasingly older and a weekend is added every week. The first Dutchman to become 135 has probably already been born.

Foreword

This rapidly expanding life span is a formidable milestone, but at the same time, a frightening prospect as well. Does it mean that we have to continue for another forty years while incontinent, stiff, deaf and visually impaired? It may be a bizarre milestone. And of course it is not only about positive exceptions such as Mrs Calment, a French woman who reached the age of 122 in an inspiring way, but also about the average Dutch person who passes away thirty years before that.

When you listen carefully, people who are advanced in years say that growing old is hard work. Growing old is goes hand in hand with loss, sometimes suddenly and early, but increasingly slowly and later too. But loss will come nevertheless. You need to take proper measures and fortunately, older people in the Netherlands are usually capable of doing so. On average, they rate their quality of life as '8 out of 10'. Since this figure 8 does not always apply and does not apply to everyone, we need to invest in new ways to support people to maintain a high quality of life even when they are very old.

It is a public task to organize society in such a manner that as many people as possible can develop themselves. We support children in growing into self-confident, participating citizens. We also support adults with a congenital or acquired disability. In a similar way we also need to support elderly people with acquired disorders so that they can maintain their independence and remain in control of their own lives. While responsibility for the youngest – the 'green' pressure – has sharply declined in volume, responsibility for the oldest – the 'grey' pressure – continues to increase. Therefore, it is not the sum of the green + grey = total pressure that has drastically changed compared to past decades. It is the composition of the group that is shifting from young to old.

The results of the current study are not necessarily intended for the elderly themselves. They are the subject of the study! This study report should encourage everyone to face up to that 'awesome' prospect of a long and expanding life openly, actively and in perspective. The message is that we need to learn to work on and be able to look back on a 'rich' life. Vitality is thus the perfect solution for the ideal social issue of the 21st century.

Prof. Rudi Westendorp, Ph.D.

Director VITALITY! Programme


Live
Life

& Vitality

Our life expectancy has increased tremendously. Most people who turn 65 in the coming years will still have more than two decades ahead of them. Elderly people form a rapidly growing group of consumers who will impact our economy. This offers many opportunities and challenges, both economically and socially. Elderly peoples' needs and abilities should help determine how we organize our society in various areas such as housing and environment, healthcare, social participation and leisure activities.

There are tremendous opportunities for improvement and innovation in these areas. In some areas, health care for example, there is also talk of impending problems and shortages. A growing number of elderly people means an increase in the need for care, while the working population will decline in the coming years. The complex care for the group of elderly, who are frail, often with multiple disorders and limitations, also sets high demands. The universities of Leiden, Rotterdam and Delft, in cooperation with local governments and organizations within Medical Delta, have a tremendous potential of expertise, insights and research capacity to contribute to the necessary and desired innovations.

Before researchers can get started, however, it is important to listen carefully to what the elderly have to say in order to avoid investing money and energy into seeking solutions to non-existent problems. This study attempts to establish the needs and expectations of the elderly in four key areas: work, self-management, housing and environment and social connectivity.

The questions in this study were designed on the basis on the results of 8 focus groups. Here, too, we followed the principle that the first priority is to listen to the target audience. The questions were then submitted to an online panel of 650 people aged 55 and over. More information on the sample and study methods can be found on page 50 of this report. This section of the report covers the most significant results of the study. The guiding principle is our interpretation of the concept of vitality. After a brief introduction, we will examine the results from the four areas mentioned above.

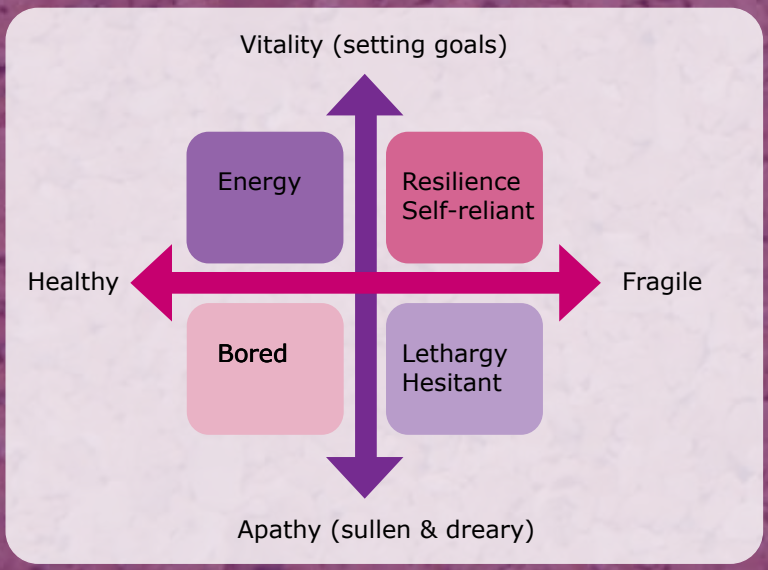
Vitality

Our thinking about the ageing of our population, is often based on the values and aspirations of middle-aged people. Health is defined based on 'objective' disease criteria. When considered from this perspective, 'healthy ageing' is reserved for virtually no one. The probability of having one or more physical ailments increases with age. At the age of 85, 90% of the people have physical or mental problems. But the good news is that half of these elderly people consider their well-being to be optimal. This discrepancy exists because elderly people are placed along the yardstick of middle age while the elderly people themselves have developed and adjusted their aspirations and values.

The vision developed by the Leyden Academy is therefore a departure from the reality of the elderly people themselves. A model has now been developed that better reflects the views and aspirations of various age groups. Aside from health, we also examine what we call 'vitality': the ability to set aspirations that are appropriate to the life situation and then achieving these self-made goals. This interpretation of vitality varies greatly among individuals and changes during the course of life. The model is therefore a welcome addition to the one-sided emphasis on physical functioning or objective 'health'. Figure 1.1 shows how vitality and health are interrelated.

Those who focus on the (future) elderly – and if all goes well, we will all belong to that group – would be well-advised to listen to the experiences of the present older generation. After all, they have already experienced the development we referred to earlier: wisdom comes with age. Of course there are differences and the current generation of people in their fifties will age in different ways from the 80-year-old of today. That does not mean that it would not be useful to reflect on what the elderly have to say when we develop new policy, care and technological innovations.

Figure 1.1



Health and vitality in this study

One of the characteristics of the ageing process is the increased risk of chronic disease. This also became apparent from the present study: people in their advanced years indicated having more chronic diseases such as cardiovascular disease and musculoskeletal disorders. However, it was difficult to objectively determine health in this study since medical records could not be used.

However, as described in the vitality concept presented above, health as perceived by the individual may be more important than the definition of health used in the medical world. This study shows that perceived health hardly differs in the individual age groups (see Figure 1.2). When we look beyond health alone and ask about quality of life, a very slight increase can even be seen over age (see Figure 1.3).

This illustrates the so-called 'disability paradox': from a medical point of view, people suffer more illness, but they do not perceive it that way. This is further illustrated in the question whether people feel hindered by their health problems in their daily activities and zest for life (see Figure 1.4). In other words, the older people become, the less important health problems appear to be for their zest for life.

Figure 1.2

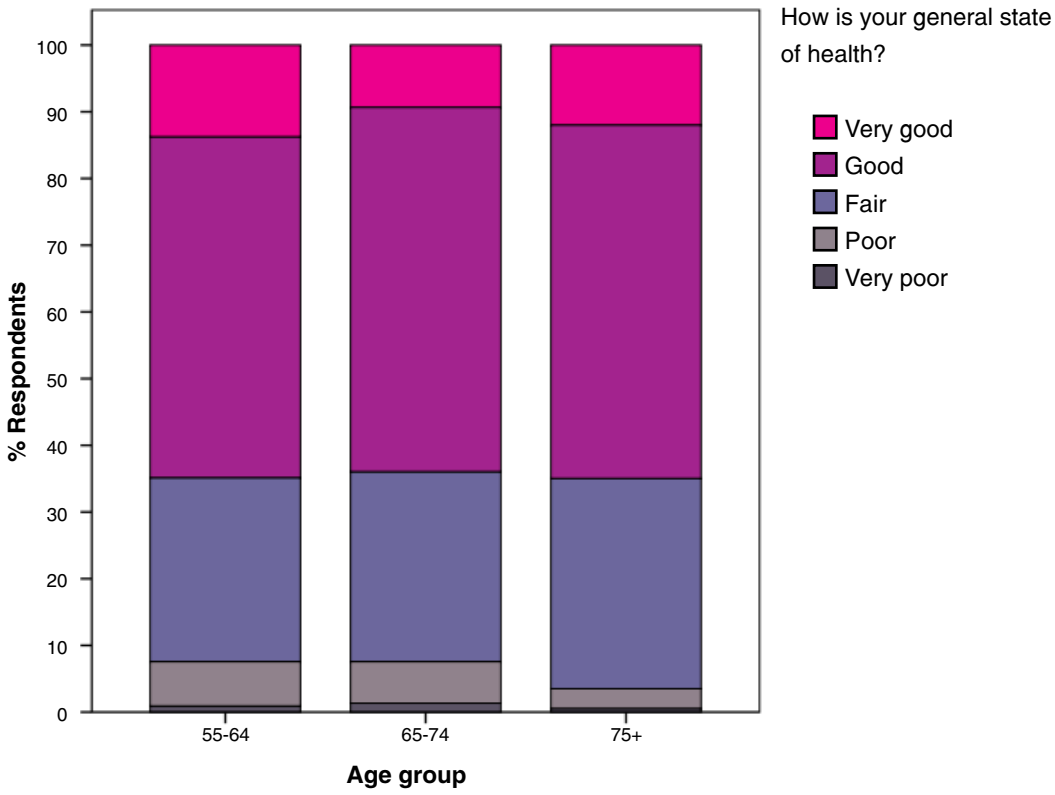


Figure 1.3

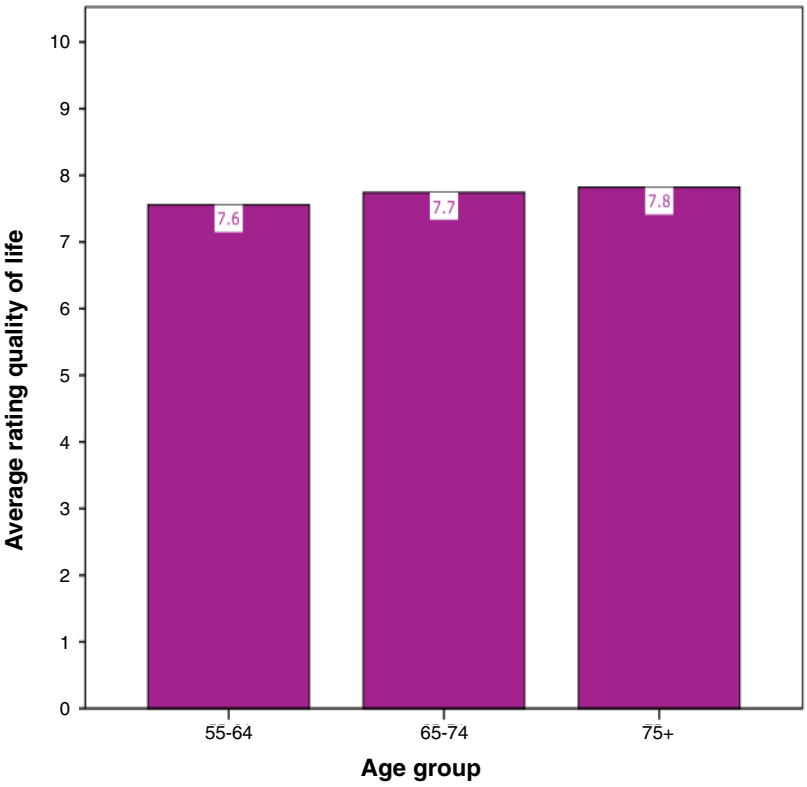
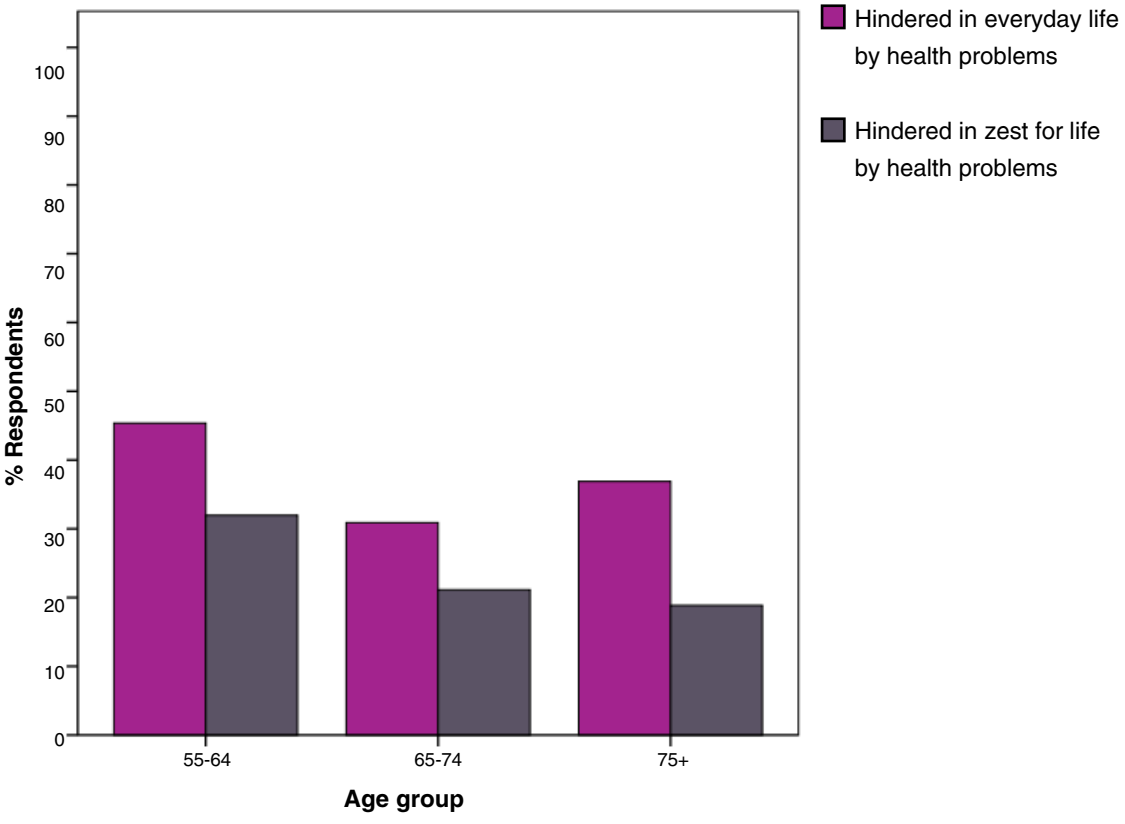


Figure 1.4



Fifteen percent is still a lot

As with other age groups, elderly people do not form a homogeneous group. This also emerges from the results of the study. For some questions, only a small percentage of the entire group answered that they somehow or other had a need for it. This might then create the impression that it is a minor issue. However, the total group of elderly is large and will continue to grow in the coming years. If 'only' fifteen percent ultimately make use of a certain service or product, this still represents a market of hundreds of thousands of people, in the Netherlands alone. It is also important to note that some data categories in this report have been combined to keep the data analysis and figures well-organized. This means that the two answer categories at the extreme ends have been combined into a single results category; for example, with some questions, 'not interested at all' and 'not interested' have been combined and 'very important' and 'important' have been converted into a single category.

Inspiration

The results of our study reveal a diverse picture of the elderly. One of the things that stands out in particular is the willingness of a large group of elderly to perform paid work (again) and accept lower wages than before, if necessary. Also striking is the large number of elderly people who would like to adjust their own medication based on test results. In contradiction to current care practice, the majority of elderly people chooses to continue to live with their partners if one of them should require intensive care in a nursing home.

The data also show that although health is an important condition in achieving some ambitions, it does not in and of itself determine how people feel and perceive it themselves. As predicted by the model we use (see box), health complaints do not stand in the way of a vital and happy old age. In the coming years, Medical Delta will search for ways to translate this insight into concrete innovations. We aim to have as many people as possible reach old age with a high quality of life, based on the desires and ambitions of the elderly themselves.

Work & finance

Since the Dutch Old Age (Pensions) Act and the pensionable age came into force in 1956, we find it self-evident that elderly people no longer perform (paid) work. This picture has been changing somewhat in recent years, and two trends come together here. Some elderly people are opting for a more active old age. After all, work is not only a burden but provides purpose, recognition and of course contact with other people. This can also be seen in our study. When additional money can be earned, renewed and continued participation in the work force becomes even more attractive.


65
De beste van 2011!
Flex-
2011

From a societal perspective, it may also be worthwhile to keep as many elderly people working as possible. Due to increased life expectancy and the post-war baby boomers who are now advancing in years, the percentage of elderly people in the total population is increasing. It is in everyone's interest that they continue to contribute actively to society. At the same time, the discussion on the pensionable age shows that for many people 'a quiet old age ' is one of the most important achievements of the twentieth century. There is still a lot of uncertainty about how the elderly perceive working after the age of 65 and at the opportunity to return to the work force in old age. What are the factors that play a role? We attempt to provide clarification with this study.

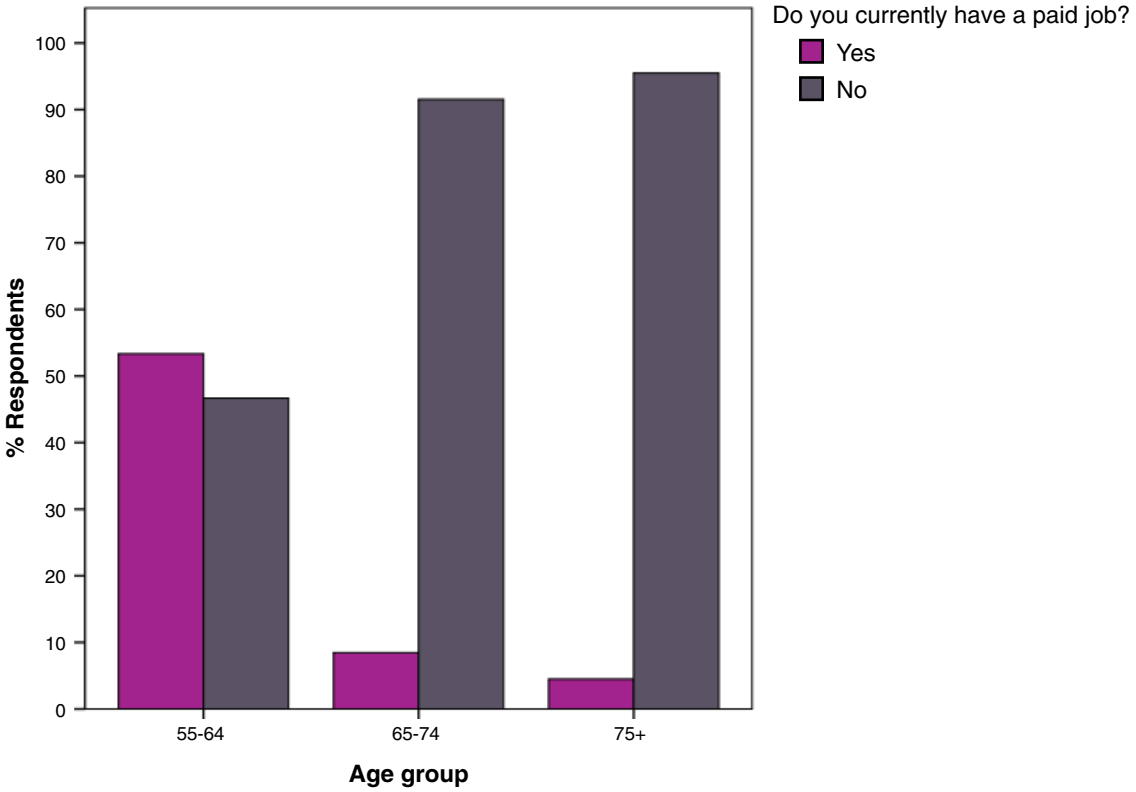
Working and non-working population

When interpreting the results of this part of the study it is important to bear in mind which part of the sample survey received a question. Some questions were asked of the entire group of 650 respondents, while others were only asked of those who are currently working or those who are currently without a job. Of course age also plays an important role in all these questions. Although some of those in the 75+ group still actively (wish to) participate in the work force, it would generally be expected that the enthusiasm for work to decreases with increasing age. But it is not that simple. It seems that after several years of retirement, some people feel an increasing need to return to work. Figure 2.1 shows the percentage of respondents who currently have a paid job.

Retirement?

The majority of the people over 55 who are still working see retirement as mainly positive. Most of the elderly people who do not work also experience it as predominantly positive (see Figures 2.2 and 2.3). Elderly people who experience retirement as positive also focus on the positive side of a life without work. Only a small percentage appears to be completely tired of work; the majority mention the opportunity to do other things such as hobbies, volunteer work and maintaining social contacts.

Figure 2.1



Back to work again

The fact that retirees enjoy their freedom does not mean that they rule out doing paid work again. A quarter of the respondents who are currently without a job would be willing to work again if they could work under their own specific conditions. A third of that group would even "seize the opportunity" although this number does decline with age (see Figures 2.4 and 2.5).

The phrase "on your own specific conditions" is also derived from the qualitative preliminary study. In those focus groups it appeared to be very clear that elderly people are favourably disposed toward having the freedom to plan their own time. They would not want to be tied down to a job again, in a position they often practiced for decades. When they used their imagination, they saw a world in which elderly people can serve younger generations with advice, including advice about work, based on their life experience and wisdom.

In the qualitative part of the study it also became clear that work can still be attractive. Although many people in the focus groups said they were happy to finally enjoy retirement, the positive features of work and the disadvantages of staying at home were also expressed. Obviously, work provides social contacts: "It's a pity I don't work anymore, because your world becomes smaller and I miss seeing my colleagues." The lack of a useful fulfilment of the day also seemed to disappoint some of the elderly: "I feel aimless without work", one participant said. Another sighed: "When you just sit at home, the day can be very long." This lack of daily routine emerged in the quantitative study among those who would want to return to work: 73% felt less a part of society and 56% missed the daily routine of work. Although money is an important incentive to return to work, the elderly people who would like to return to work are willing to accept lower wages: an average of about 29% of their former salary (see Figure 2.6).

Figure 2.2

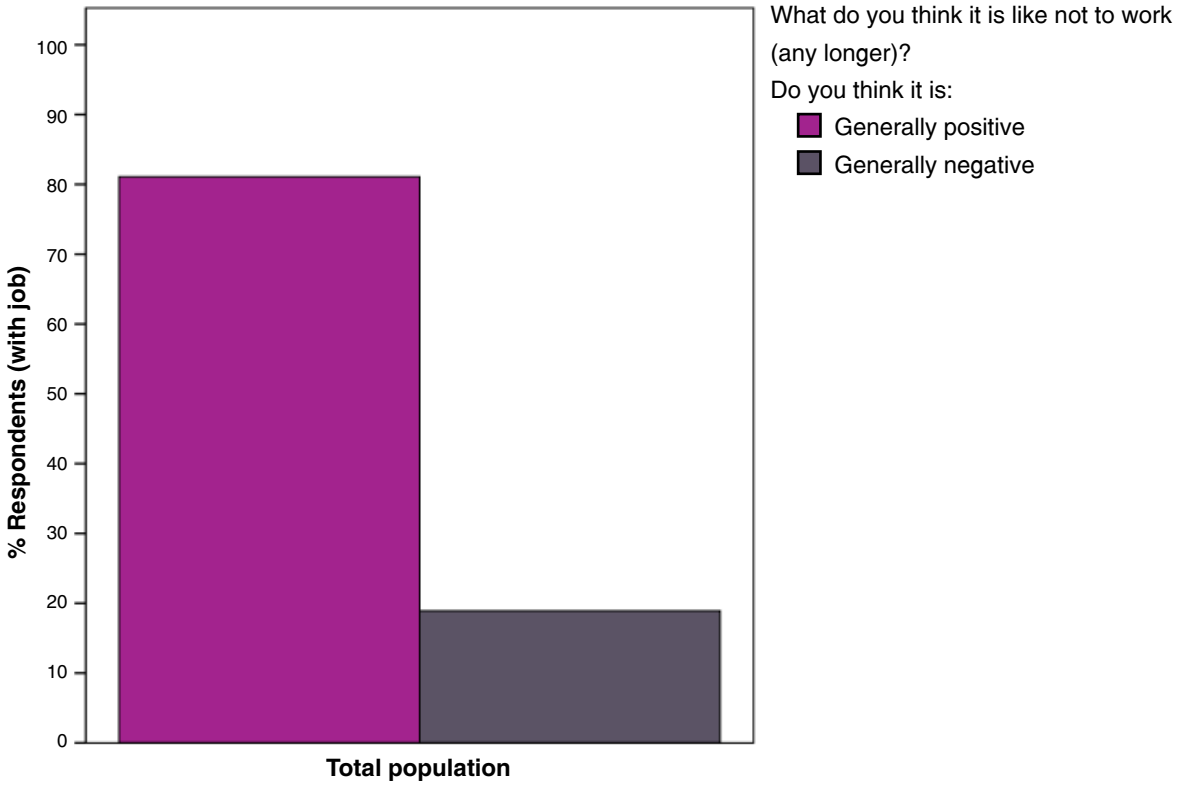


Figure 2.3

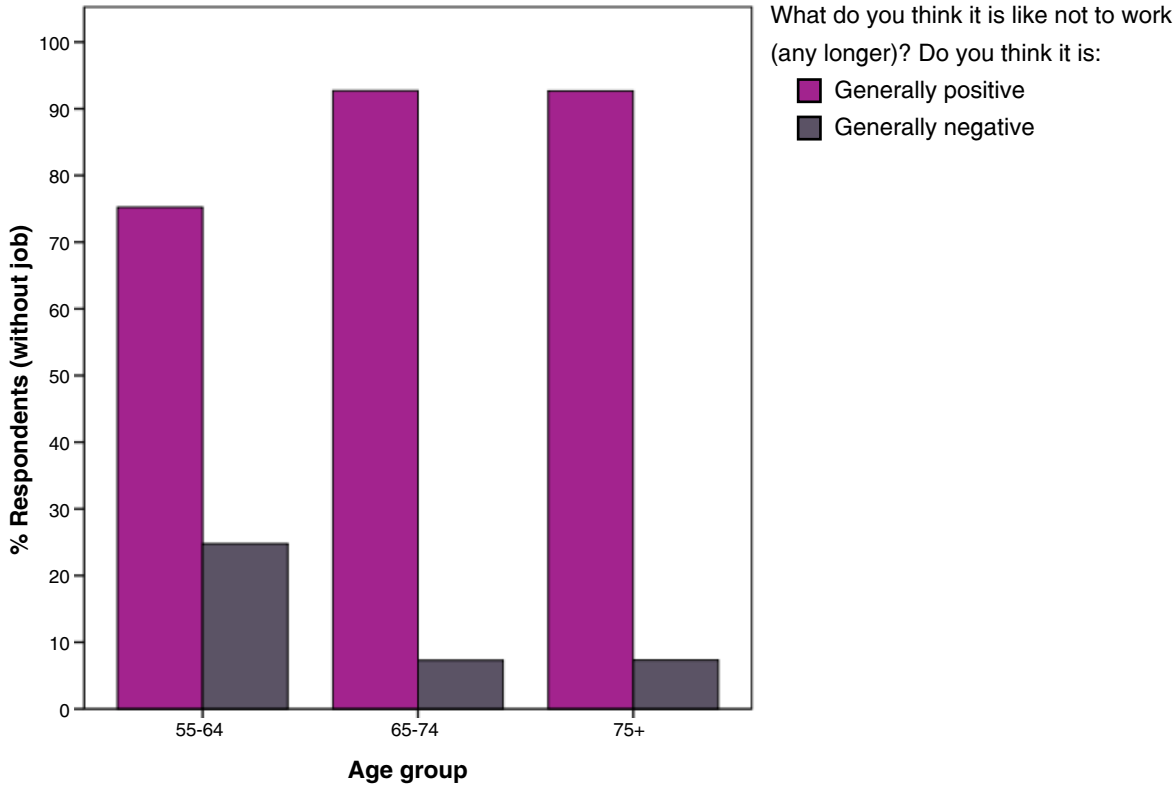
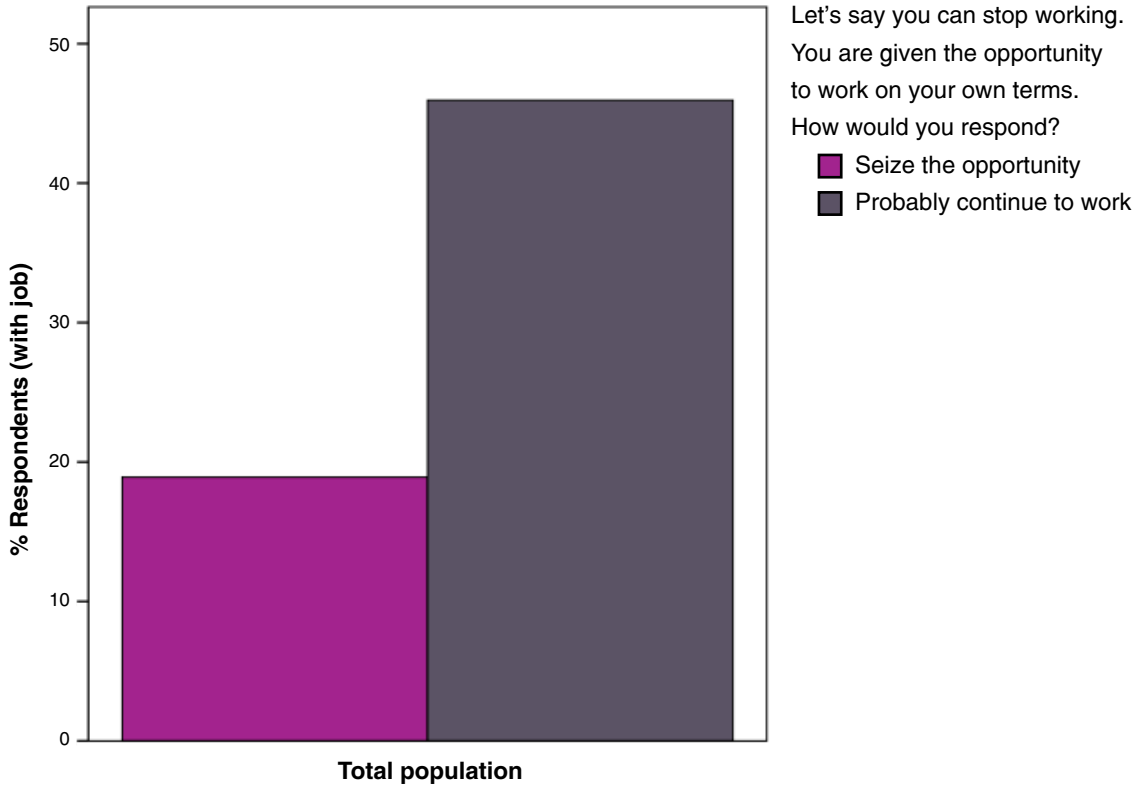


Figure 2.4

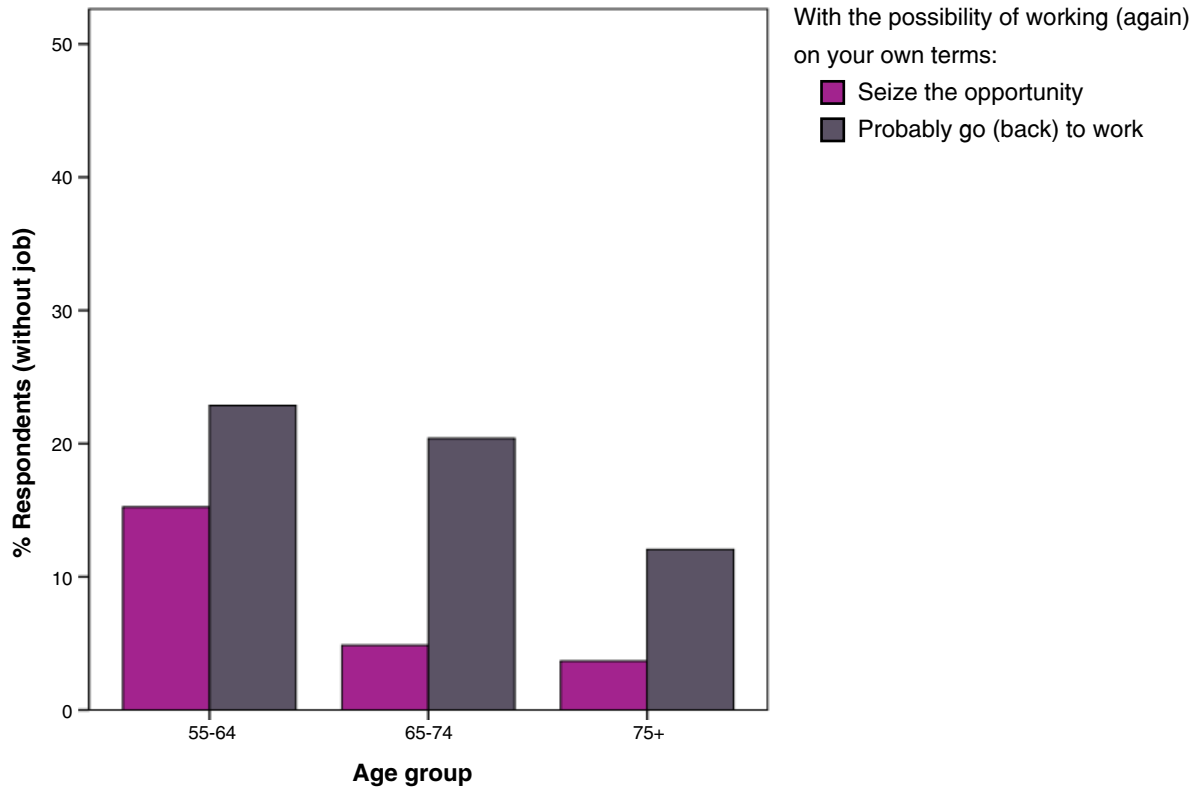


In reality, there are all sorts of limitations as experienced by the elderly in the focus groups. Employers see the elderly as relatively expensive, less flexible, less up to date on the latest developments and less capable of delivering top performance work. Such preconceptions and a variety of regulations make it difficult for the elderly to stay at work or get back to work. Those who leave the work force have to cross a high threshold when they want to return. Additionally, retired people tend to lose their former network. In short, the willingness to continue to work under specific conditions is relatively high, but many of the elderly do not see realistic opportunities to actually go back to work after their retirement. New organizational models in companies or more opportunities for the use of the elderly as freelancers could offer solutions.

Control and responsibility

As in other areas of life, there is a great need in work and finance for independence and personal responsibility. This is important for at least 94% of the respondents. Interestingly, the oldest respondents are more likely to answer this question with 'very important' than the slightly younger age groups. Most elderly people say that they occasionally or even frequently fear a negative scenario in which their income is drastically lower. Not everyone thinks in these terms, however. A significant part of the group rarely or never does so, despite their need for financial independence. In a further analysis, we examined the extent to which current health and quality of life had an influence on thoughts about negative scenarios. Elderly people who considered

Figure 2.5



their current quality of life to be less high worried more about negative scenarios. An association with poorer health is also evident, but it is less pronounced. Approximately a third of the group of respondents was open to advice on finance and work. Among the group of 55- to 64-year-olds, the interest in such advice was somewhat greater (see Figure 2.7).

Figure 2.6

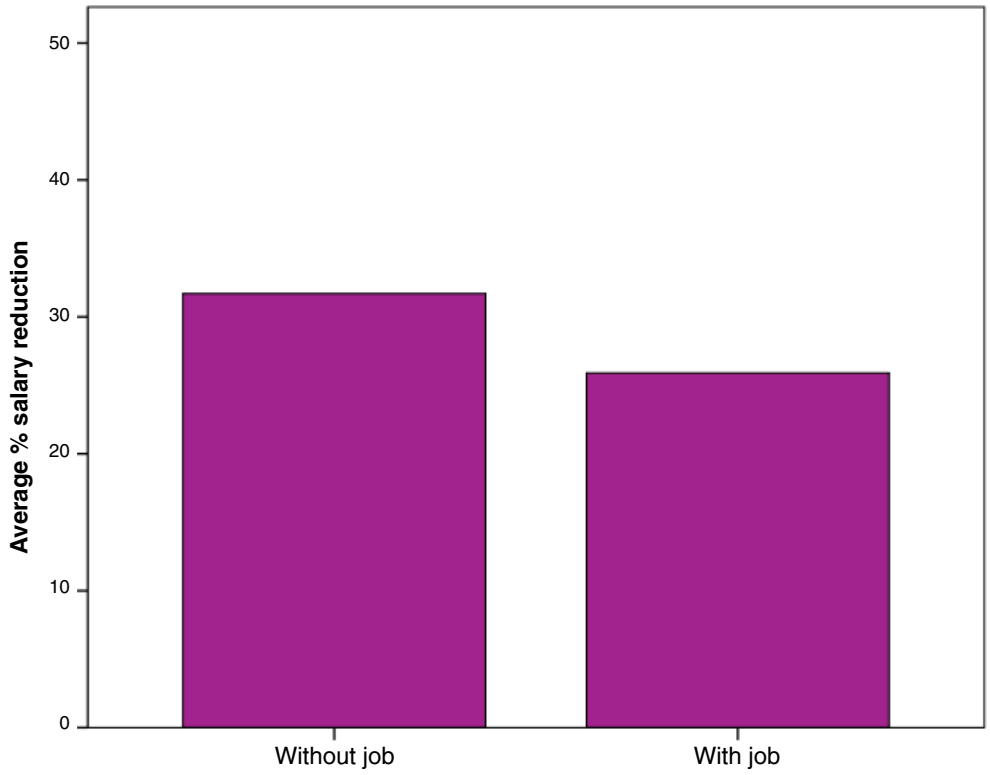
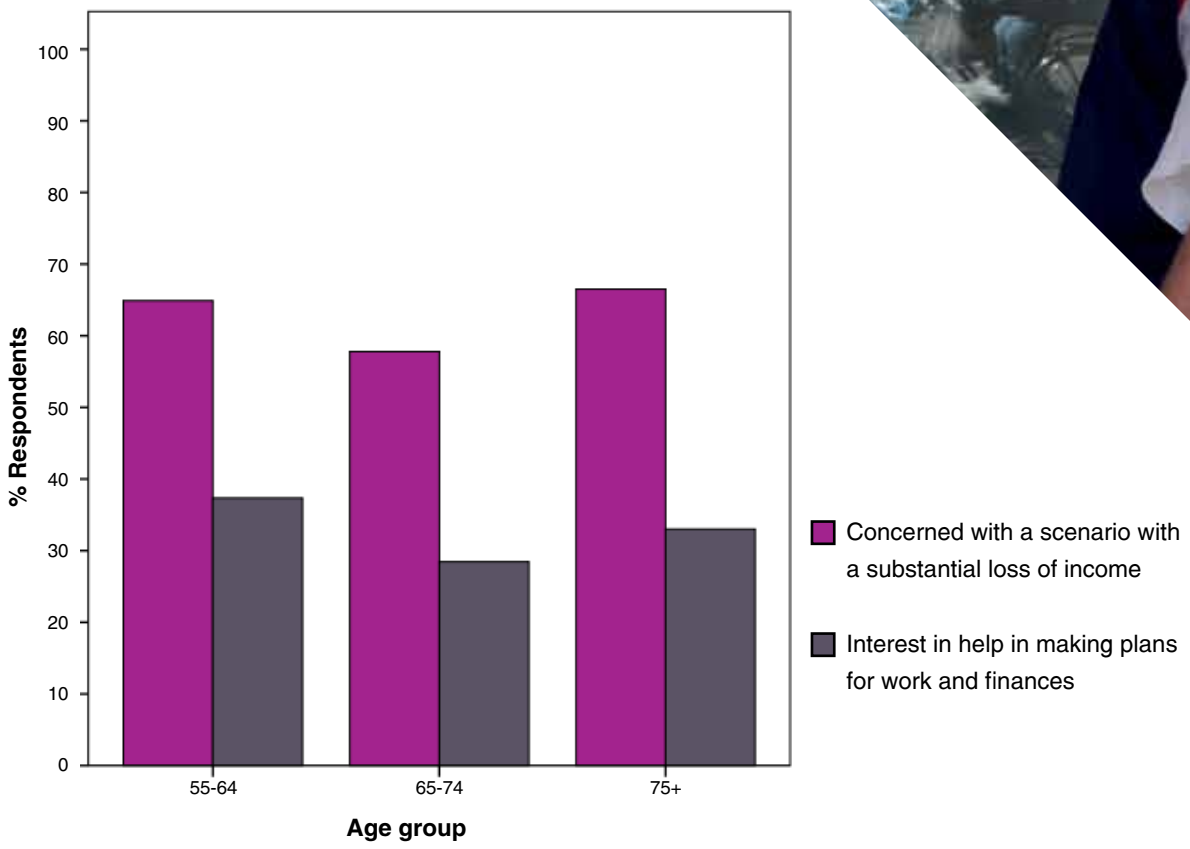
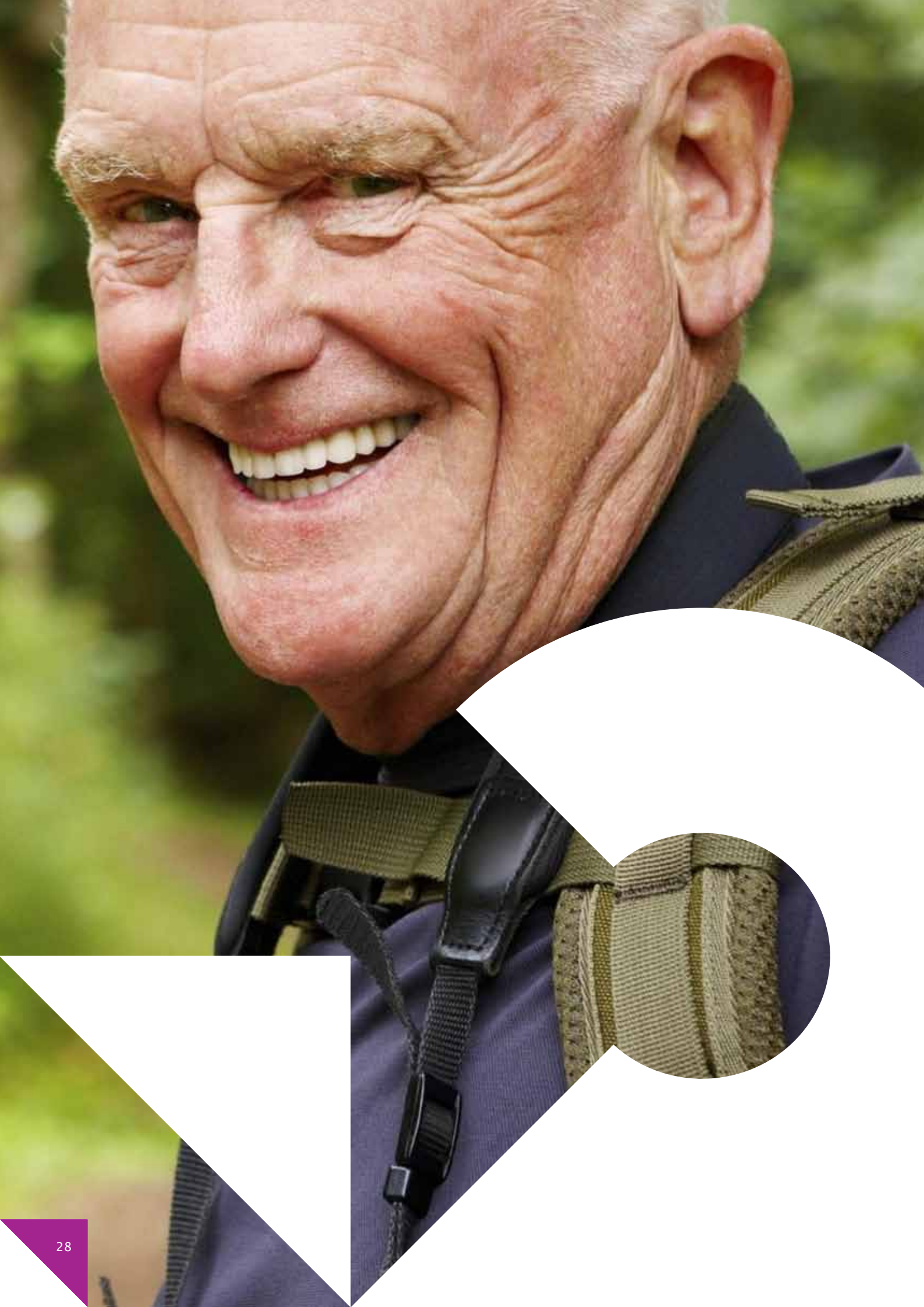


Figure 2.7


100
90
80
70
60
50
40
30
20
10
0
% Respondents
55-64
65-74
75+
Age group
Concerned with a scenario with a substantial loss of income
Interest in help in making plans for work and finances



Self-management

The way in which people deal with their health problems and the resulting need for care is changing. Whereas patients used to play a mainly passive role in the past, they are now more actively involved in their personal health. This is evident, for example, in the active search for information on the internet and other sources. Elder healthcare consumers are also generally more assertive and involved in their personal care, although this does not apply to everyone. Personal involvement and responsibility for one´s own health problems are a more recent development that is strongly stimulated by the Dutch government. It is expected that this development will contribute toward a better allocation of people and resources within the healthcare system.

Responsibility as the ideal

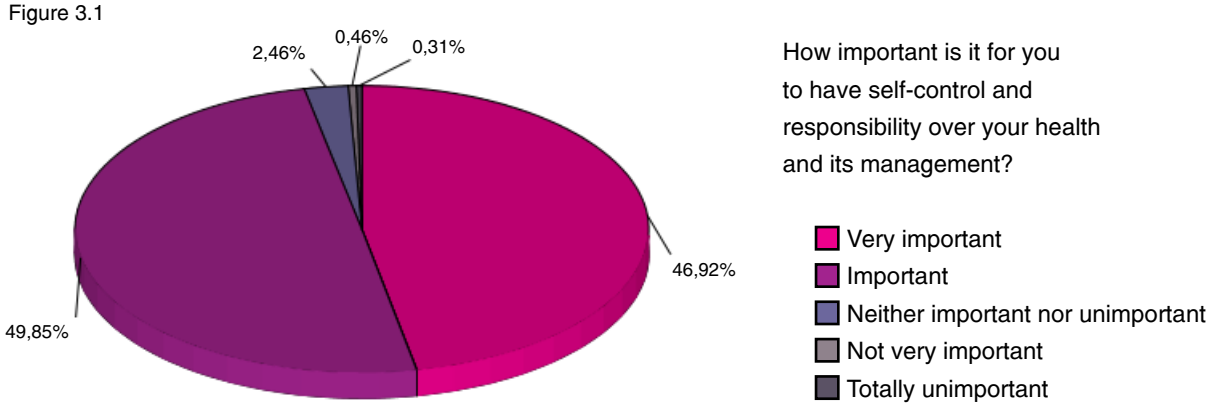
Interviews with focus groups clearly demonstrated that elderly people would like to be responsible for different areas of their lives for as long as possible. This responsibility does not end when they are physically incapable of doing everything themselves. “I feel responsible for that tree in my garden but I can’t prune it myself. If I hire someone to do it for me, it is still my responsibility.” The notion of personal responsibility is also evident in one´s personal health. One of the participants with diabetes in the focus groups: “I have diabetes and it is my responsibility to choose what I eat and how I deal with it.”

This picture of the elderly, who maintain optimal responsibility for their personal health, is clearly reflected in the quantitative part of our study. Almost everyone believed it was important to be in charge of their own health (see Figure 3.1).

Taking action

Self-management starts with a sense of one’s own responsibility but goes beyond that. To what extent are elderly people willing to take action for their health? The reactions from the elderly people in the focus groups showed that there is still some uncertainty regarding this issue. Many elderly people in

Figure 3.1

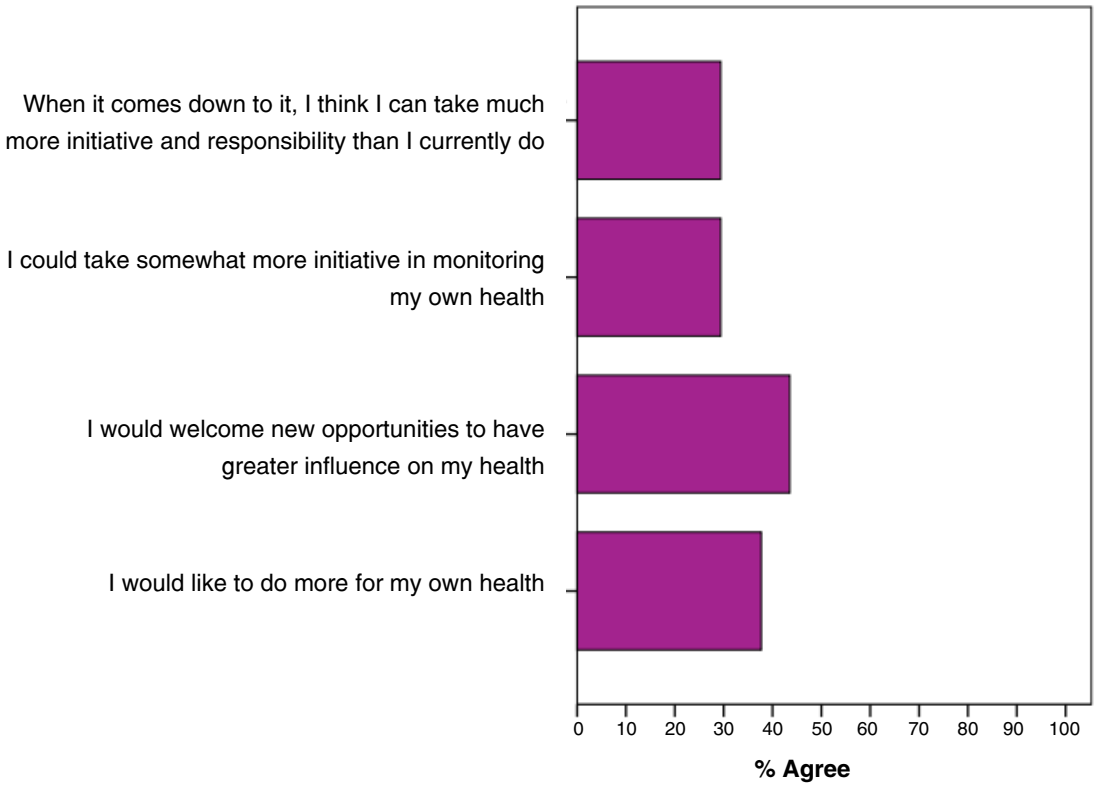


the focus groups saw the doctor as the most important authority for their health and decisions in the event of illness. A typical statement: “Would I have to figure out what is wrong with me myself? I would have to pretend to be a doctor and that would never be work. I wasn’t trained to be a doctor.” Using several examples, the possibilities for self-management were further discussed. There are now a variety of options for treating diabetes with insulin. A finger prick can be used to determine how much insulin should be injected or an automated system can be used to continuously measure the blood sugar and administer insulin. Many elderly people were somewhat hesitant to decide between these various options. They prefer to put that responsibility in the hands of the doctor. “I can’t decide between a pump and a finger prick myself,” was a frequently heard reaction. And even: “It seems dangerous to me. Ordinary people should not have to choose between one medicine and another.” However, interest rose when it became clear that they would be well-informed before they had to make a decision. For example, the advantages of self-diagnostics were recognized: “If you have good tests for it, all those trips to the GP could be avoided.” The qualitative study also showed the downside of an active mentality. People indicated that they sometimes felt ashamed that they were no longer able to do certain things themselves and were therefore too late in seeking appropriate help: “I’m so used to taking care of myself.”

Concrete options for self-management

The questionnaires also showed that the willingness to make one’s own decisions increases dramatically when elderly people are provided with good information about the various possibilities. When asked in general terms about the possibilities of doing more for their personal health, a relatively large number of neutral answers were given. Figure 3.2 shows that a minority indicated that they agreed with the statements. If concrete options for action are offered that correspond with the respondents´ knowledge and

Figure 3.2



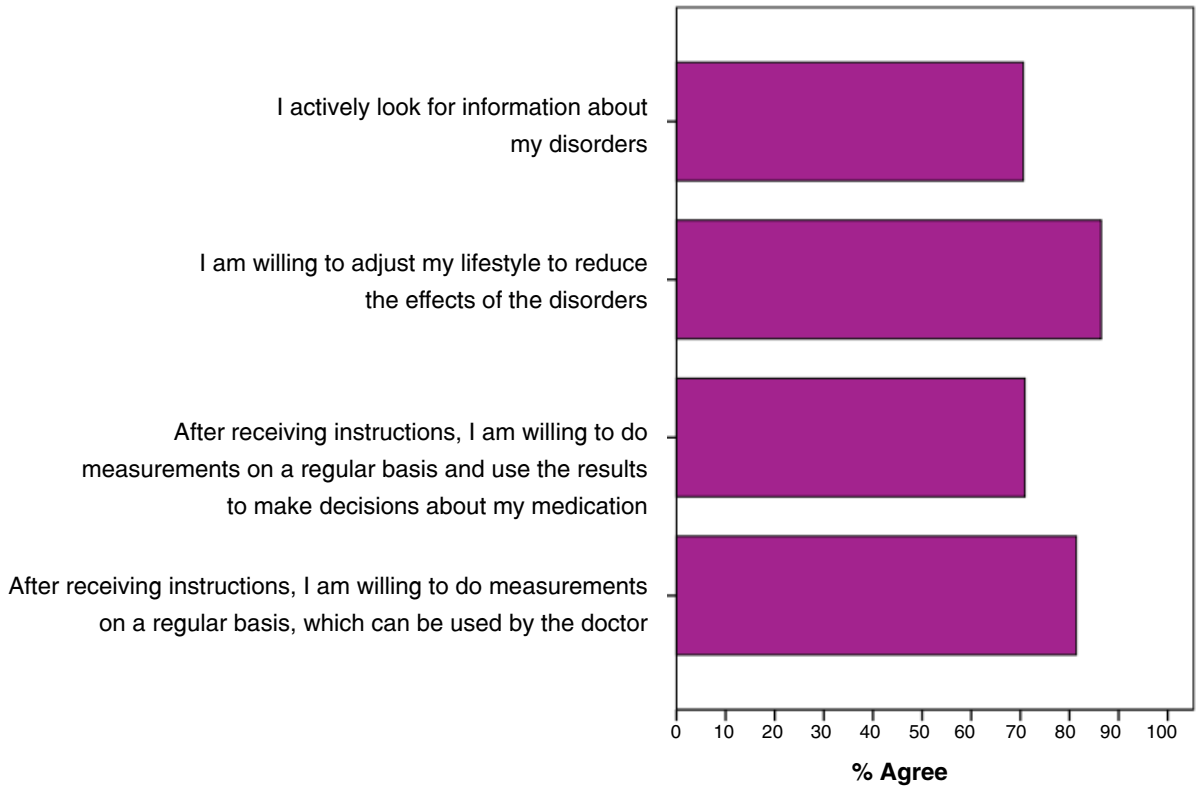
capabilities, people are willing to do a lot. This further emphasizes the importance people place on taking responsibility for their personal health. Then, the vast majority is no longer reluctant to 'play doctor'. A significantly large number of people appear to be willing to take their own measurements after instructions and to make their own decisions based on the results. Figure 3.3 shows the respondents' reactions when asked what they would do if they were being treated by a doctor for heart or lung disorders. A significant number appeared to be willing to actively self-manage, ranging from seeking information to making their own decisions on medication based on measurements.

Therefore, there appears to be a great willingness to take personal responsibility. The question whether people feel they are entitled to assistance and care serves as an important context here. Approximately two-thirds of the respondents agreed with the statement, 'Based on what I've done in the past, I am entitled to care and assistance as needed' (see Figure 3.4). This attitude need not stand in the way of self-management but nevertheless deserves attention.

Prepared for health problems?

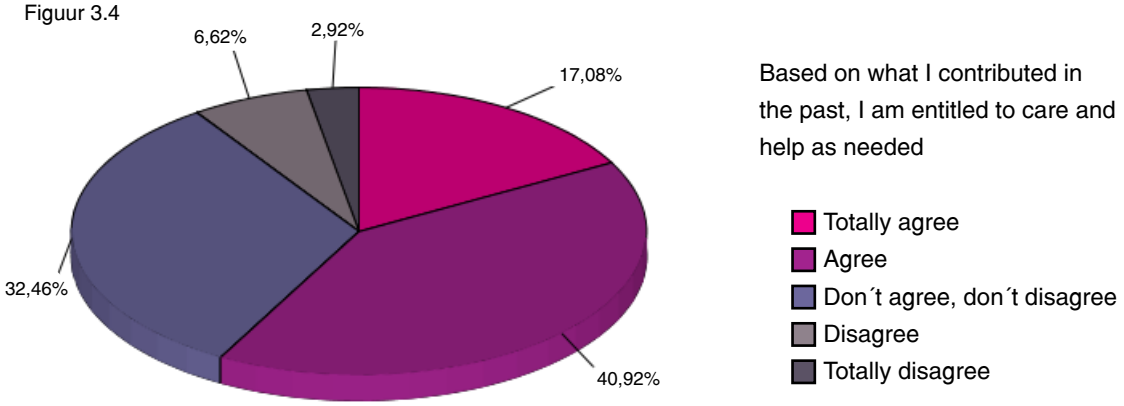
The study shows that approximately half of the respondents were prepared for future health problems to some extent (see Figure 3.5). Elderly people who indicate that their health is now very poor are significantly more likely than their contemporaries to be occupied with their health than those who consider their health to be good to very good. The same applies to elderly people who are being treated for health problems (of course some comprise the same group as those with poor health). Quality of life has a somewhat less clear impact on reflecting on future health problems. It appears that elderly people in the highest age group are relatively more often concerned about a scenario in which home care is withdrawn. Current political debates in this area may play a role in the answers

Figure 3.3

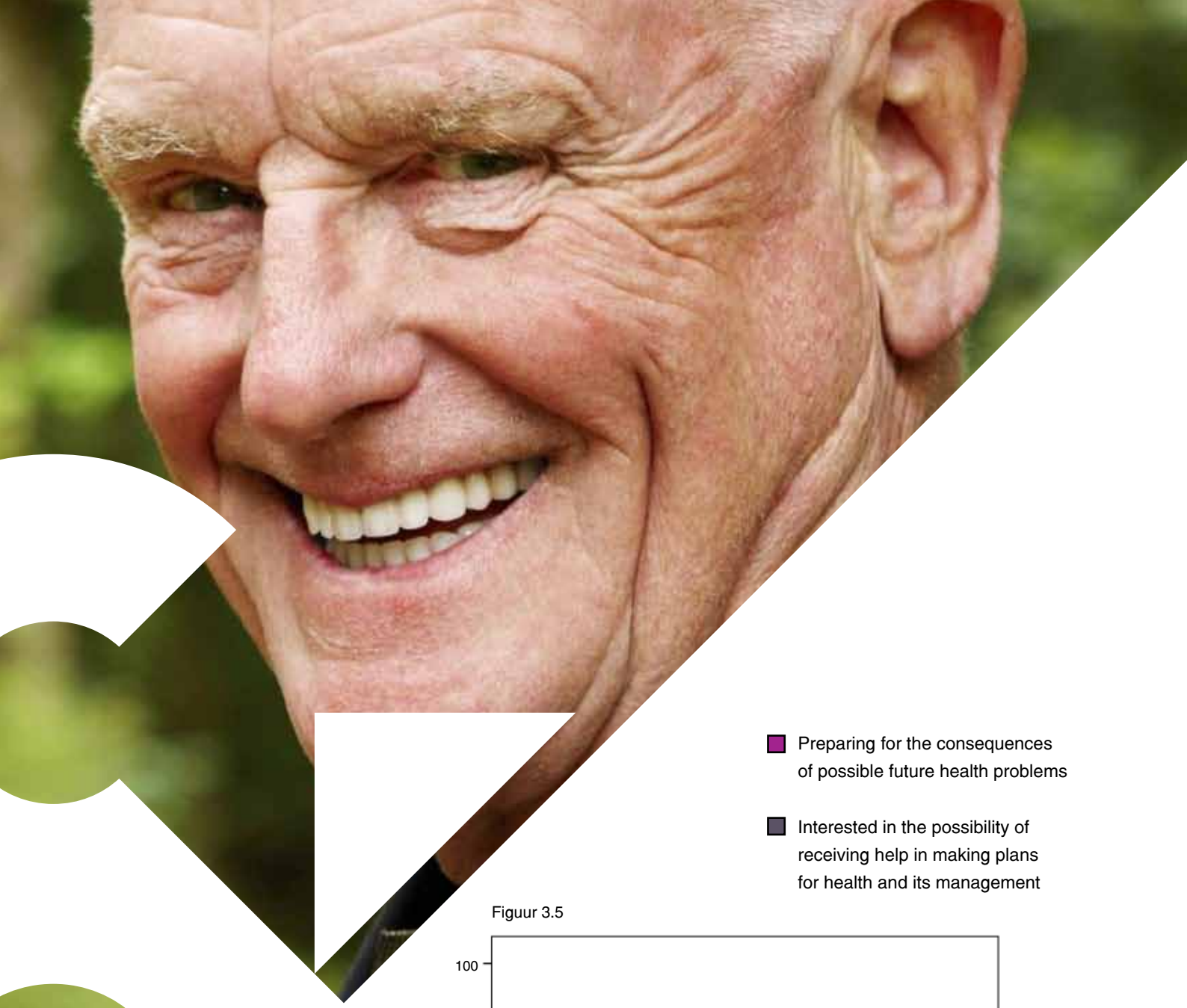


to this question. The qualitative study with the focus groups showed that there was a willingness to prepare for future health problems. In any case, it was easy to discuss with the elderly people how to deal with problems in future. There was a need for comprehensive information when a patient or partner had to take over tasks that had been performed by health care providers until that time. A statement by one of the participants says it all: “Initially, you would have to learn a lot of the medical side yourself. We cannot perform heart surgery. But you could learn how to bandage a wound.” This signifies a new challenge for professionals: developing better tools for self-management. The elderly of the future will have to be able and willing to learn a lot more than how to bandage a wound.

Figuur 3.4



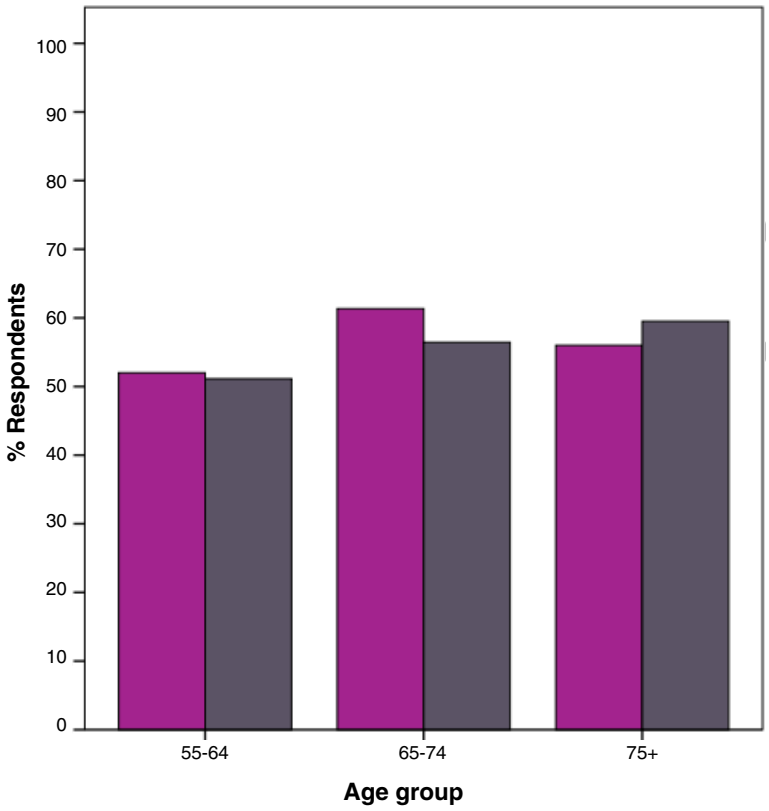
Our research shows that the ideal of personal responsibility is fundamentally important among the elderly in Dutch society. The willingness to take action increases greatly when concrete options for managing and influencing one´s own health are offered. These options must be well-embedded in information so the elderly truly feel they are competent to make decisions. Therefore, innovation-oriented research will need to focus on developing technologies and organizational models that support the elderly with health problems in their self-management.



Preparing for the consequences of possible future health problems

Interested in the possibility of receiving help in making plans for health and its management

Figuur 3.5



Housing & environment

The housing and environment of the elderly is an important factor in maintaining independence, social contacts and quality of life. From a societal perspective, it is important for people to continue to live independently in their own homes wherever possible. Long-term admission in facilities such as homes for the elderly and nursing homes places a high economic burden on collective funds. Moreover, a tight labour market in health care is expected in the coming decades. Therefore, a lot of consideration will be given to technological and social innovations enabling the elderly to continue to live independently longer.

Consideration can also be given to the organization and self-organization of the elderly at the neighbourhood level so that people can support and assist each other with their own knowledge, experience and talents. As revealed in the interviews with focus groups: “One person may be a good cook while another may be handy. Municipalities or community centres can bring people into contact with one another so they can use each other’s services. They can initiate this ‘counter’ for supply and demand.”

Elderly people should be taken into greater consideration when designing homes, neighbourhoods and residential areas. As a participant in the qualitative study described it: “Make sure that there are more single storey homes for the elderly, remove all the thresholds and place larger doors in normal houses.” Universities and companies are also developing ways to apply information and communication technology, for example, by bringing together supply and demand, and on the use electronic equipment in the home (home automation). Still, with all this planning, it remains important to first look at the needs, desires and current situation of the target group, the elderly.

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LOCARNO
GAZELLE

Satisfaction with current home

Among the group of respondents, satisfaction with their home was very high. When asked how satisfied they were with their home, as many as 95 percent of the older people replied that they were very satisfied to satisfied. Only a few were dissatisfied or very dissatisfied with their home, as shown in Figure 4.1.
The qualitative preliminary study clearly shows that elderly people are happy with their own home and would like to continue to live there as long as possible. They have often lived there for many years, built up memories and a network of neighbours and friends they are reluctant to leave behind. If they should leave, they fear that contact would quickly dwindle and it is hard to make new friends easily.

The older generation usually sees moving into a specially adapted home or retirement home as a compromise in terms of space and freedom of movement. The retirement home in particular appears to be a kind of nightmare for a large number of participants: “I see a retirement home as a kind of prison. All those identical little apartments.”
The image of how the previous generation of elderly lived frequently appears to be negative: “There is no way I would want to live in a tiny room like my mother had in her retirement home”. The answers to the questionnaires confirm this picture. Almost everyone wants to continue to live independently as long as possible. That conviction is even stronger in the highest age group (see Figure 4.2).

Figure 4.1

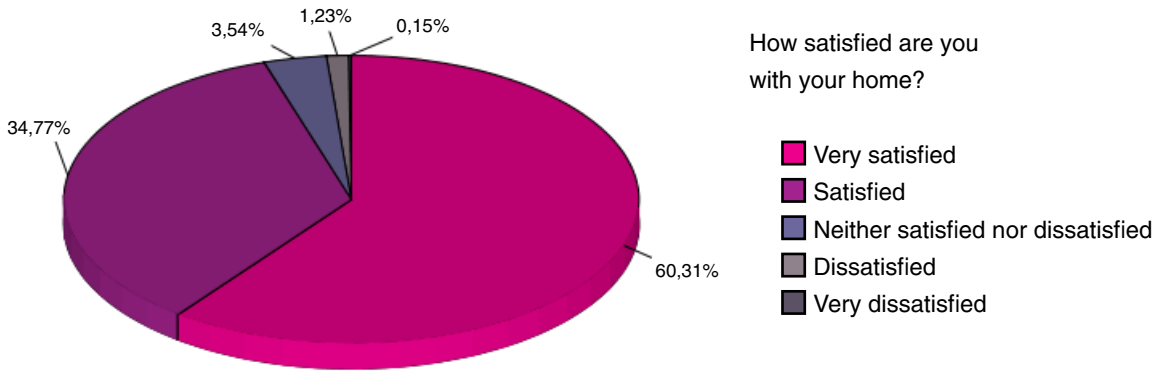


Figure 4.2

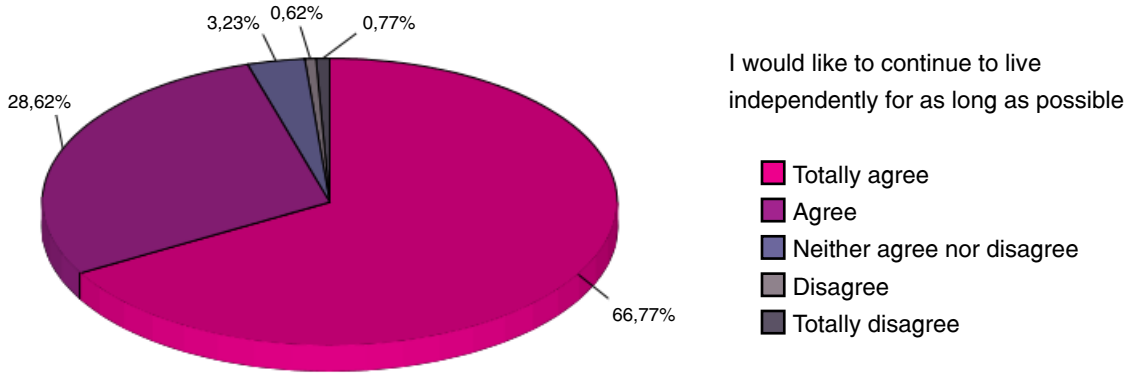
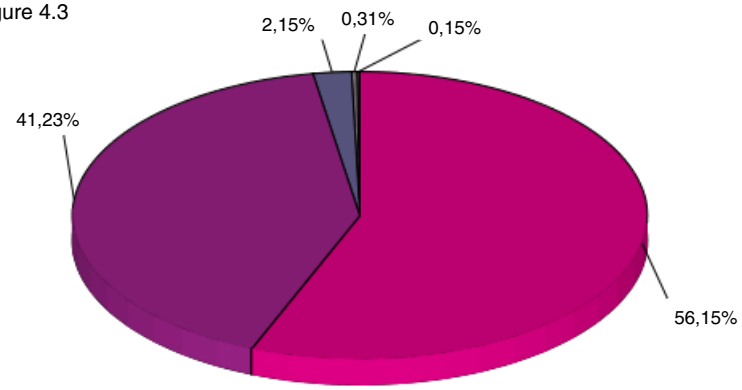


Figure 4.3



How important is it for you to have self-control and responsibility for important questions about your housing and living environment?

- Very important
- Important
- Neither important nor unimportant
- Not very important
- Totally not important

Various desires

Throughout the study, the respondents score the most uniformly on questions that deal with personal responsibility and maintaining control. That also applies for housing (see Figure 4.3).

What type of housing situation is preferable? The answers show diversity in types of housing and environment (see Figure 4.4). The least popular option is living with one's children, as used to be customary not so long ago. The interviews revealed that the desires of the next generation also need to be taken into consideration. As a participant in the group discussions expressed it: "You take your children´s freedom away. I might enjoy it, but I wouldn´t want to be a bother". The option of living with friends somewhere was also unpopular, although some of the somewhat younger elderly see that as an option. A large majority of elderly people would like to live in a neighbourhood with people of different ages. However, a significant group of elderly people also see the advantages of living in the proximity of contemporaries. As revealed in the interviews, they are positive about the opportunities offered by joint organization of care or exchange of help. However, the relatively large number of neutral answers to relevant questions also shows that many people are still unable to form a clear picture of this. Here, too, it is the elderly who are somewhat younger who are often positive about new, somewhat innovative variants of jointly organizing care.

Many ideas on future possibilities came to light during the preliminary study. Apparently, elderly people enjoyed dreaming up science fiction-like scenarios for the future, such as residential areas in which people are transported by moving walkways and houses that require almost no maintenance thanks to self-restoring paint. However, not everyone wants to be pampered like this: "If you're taken everywhere by moving walkway, you would have no exercise at all." The main theme that emerged from these interviews is the great diversity of wishes and opinions. Regarding further details on the housing environment, there was a great diversity of preferences, from urban to green and from busy to quiet. Most elderly people would like to have the most important facilities such as shops and public transportation within walking distance.

A proactive attitude

Some of the dreams and aspirations in housing are still very far from current reality. In some areas, however, our results indicate that action can already be taken since they involve changes that can be implemented in the present context and since they sometimes involve wishes that cannot be achieved overnight, such as cohabitation and organizing care with friends. For example, there is an unusually large number of elderly people who want to continue to live with their partner if one of the two needs to be admitted to a retirement home or nursing home. In the present situation there are very few facilities

Figure 4.4

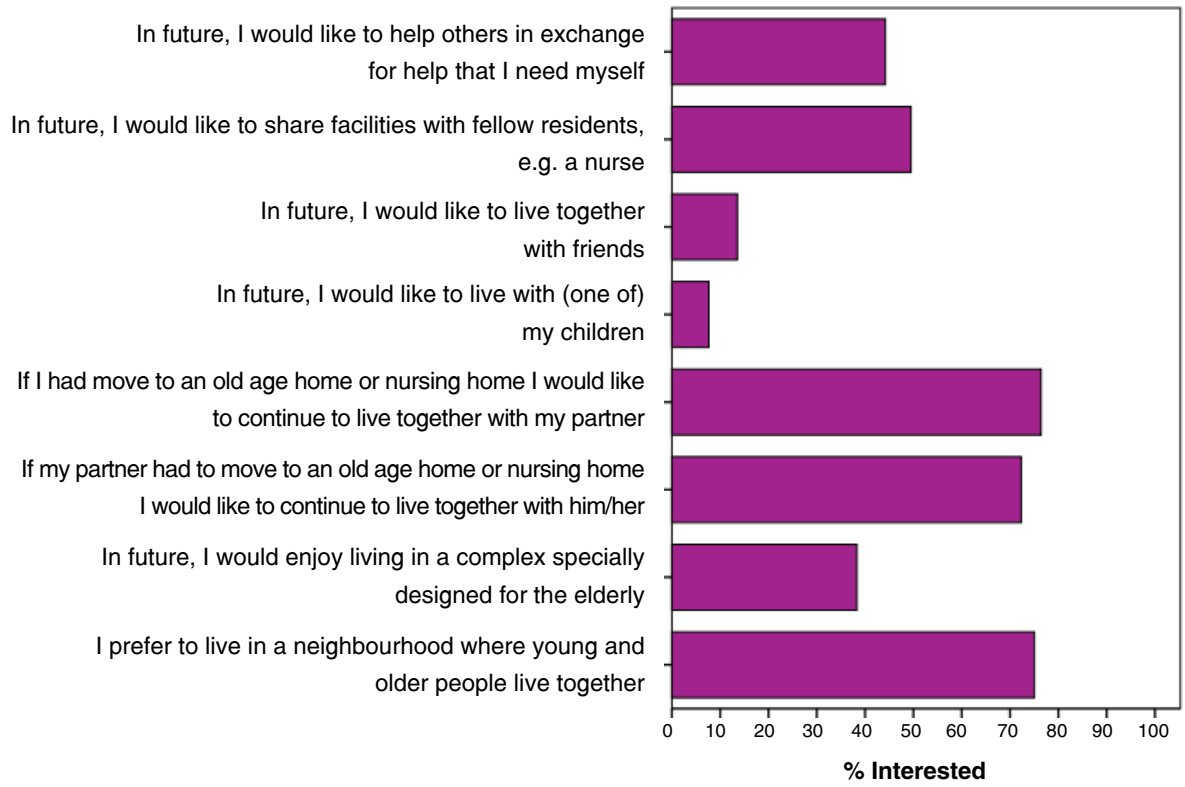
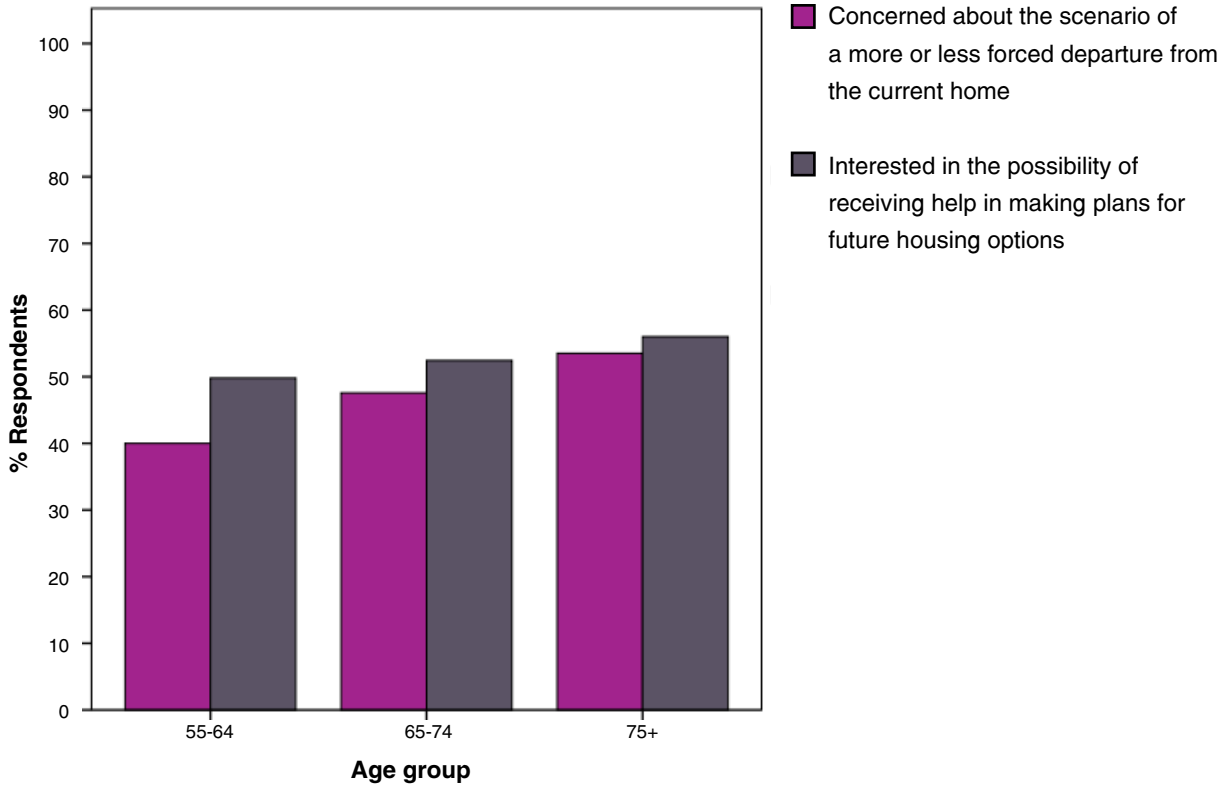


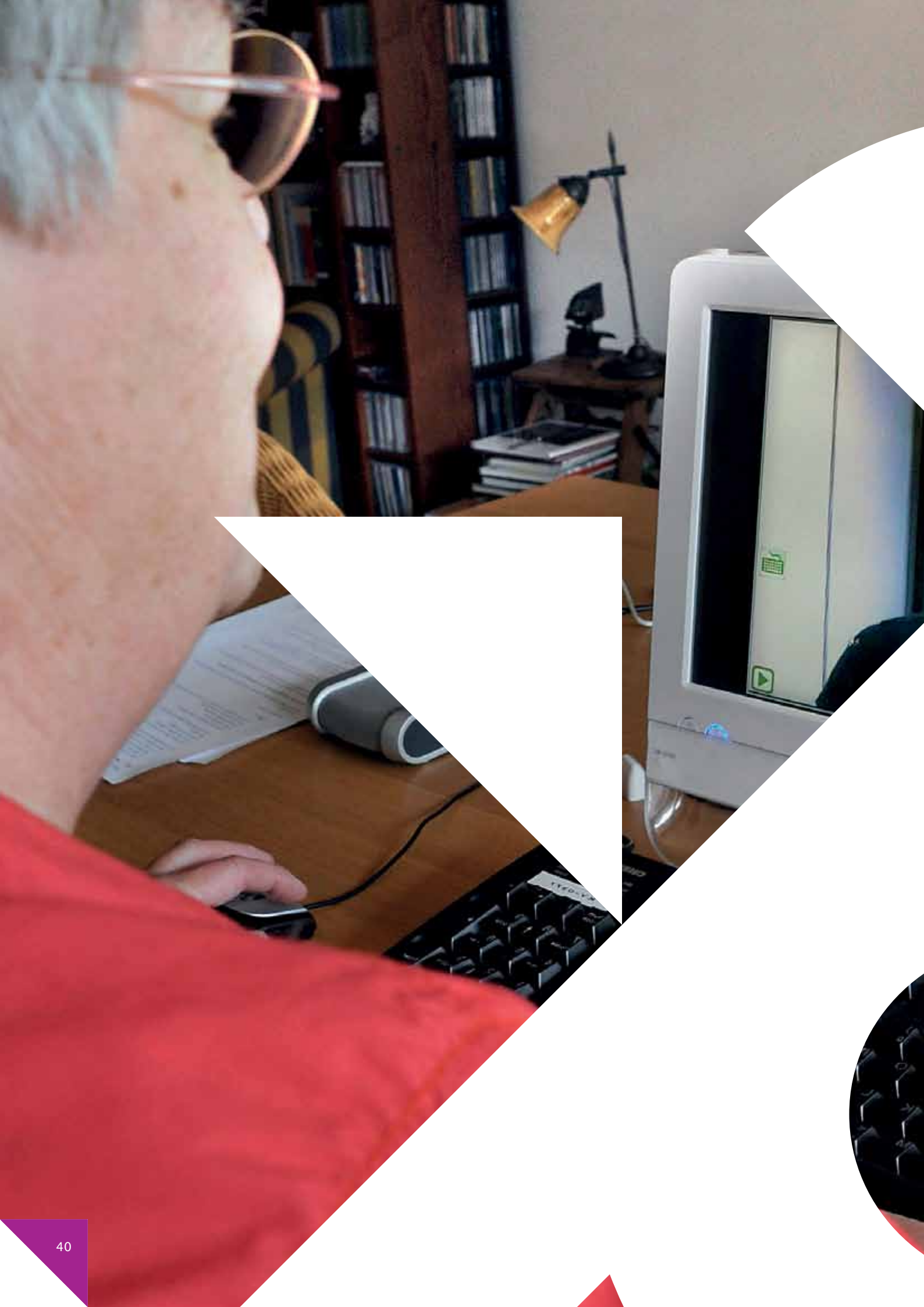
Figure 4.5



for long-term residence for the partner in retirement homes and nursing homes if the partner does not have a need for care him/herself. Hospitals are increasingly offering 'rooming in' (staying overnight with the partner who has been admitted), but this trend has not yet been seen in retirement and nursing homes. Other needs in housing and environment, sometimes in combination with care, also require long-term planning. It is important for elderly people to make proactive arrangements on time so that their housing needs can be met. Additionally, results show that it would be desirable for the various parties (health care providers, property developers and others) to consult with local authorities and of course the (future) elderly themselves on needs, bottlenecks and solutions.

Thinking about future problems

Elderly people think in varying degrees about their future housing and potential problems in this area (see Figure 4.5). It partly depends on age, but the preliminary interviews revealed that it is also a matter of character. Often, people are reluctant or unable to imagine what life would be like at a very high age. As one of the elderly people in the preliminary study said: "You don't know how long you will continue to be healthy or what awaits you in the future." The questionnaires show that particularly elderly people with a poor to mediocre quality of life and/or poor health status often think about negative scenarios in housing and environment. Financial considerations may also play a role in thoughts on a future living situation. For example, someone expressed his fear in the preliminary study: "We can no longer afford to live in this big house." Another suggested "maintenance on the house and the garden should be made affordable." Some have already taken declining mobility into account and have started looking for a single level home in the vicinity of shops and public transportation. More than half of the elderly generation rarely or never thinks about negative scenarios in which they can no longer stay in their own homes. As Figure 4.5 shows, however, it is an area in which people like to seek advice. Therefore, this is a potential market for researchers and companies.



Social & connectivity

Our health and well-being are largely determined by the quality of our social relationships. The social network among elderly people may be threatened in various ways. The chance that friends and family members die or disappear due to serious illness and mental decline increases as we age. The declining mobility of elderly people may also contribute to a deterioration in social life.

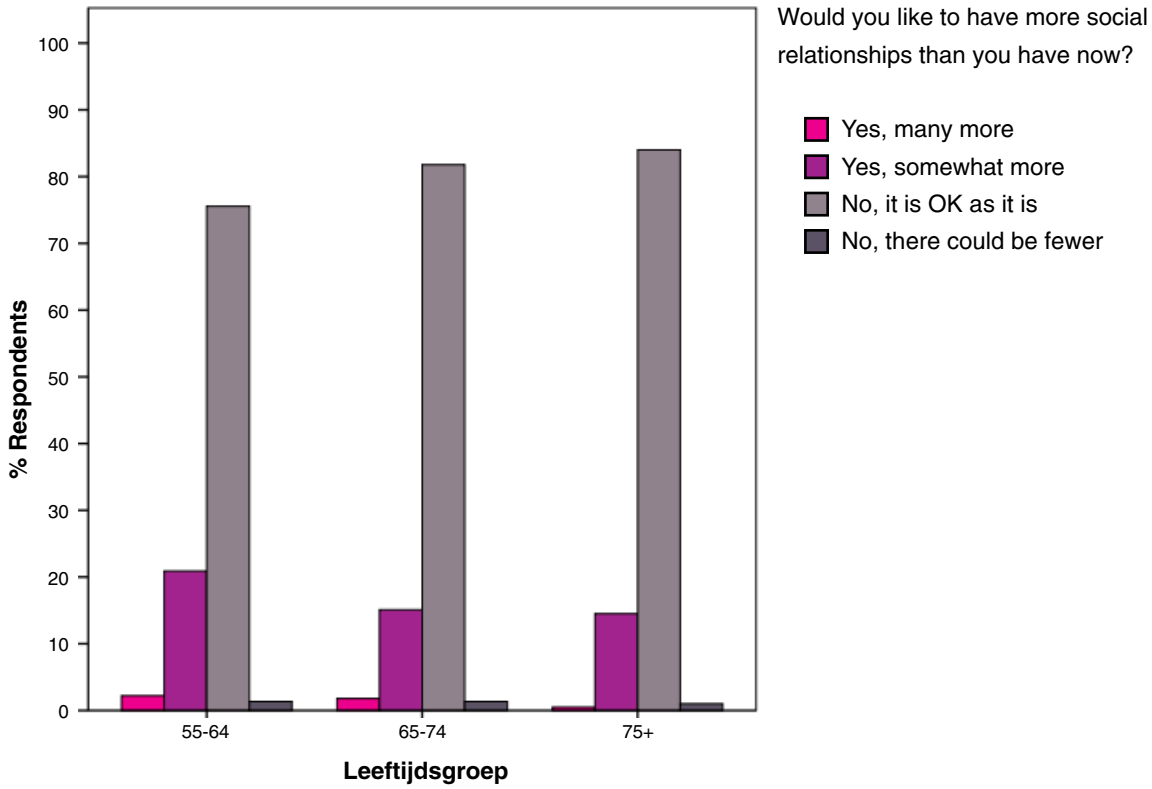
Loneliness is one of the major health risks, with all its consequences for well-being and physical and mental functioning. It appears to be an intractable theme since there are no easy solutions. Technology and science can help us stay independent longer, live better and continue to work longer. But social relationships are less easy to control and influence. This is also evident from the results of our study. Of course this is not a reason to abandon the problem of loneliness. Those who would like to tackle the problem of loneliness and declining social networks will find points of departure in this part of our study, but no direct interventions. There is a remarkably wide variety of answers. This suggests that a ‘one size fits all’ approach will have little chance of success.

High satisfaction with social relationships

First of all, the answers on the questionnaires show that eight out of ten elderly people, including those in the highest age group, say they are satisfied with the number of social relationships they have (see Figure 5.1). Satisfaction does not decline in the older age groups; this is a striking result, since they probably have to deal with the loss of important people in their social networks more often. The need for more social relationships is greater among those with a lower quality of life and also somewhat greater among those with poorer health. More than half of the elderly people are regularly concerned with what would happen if they lose their partner or close friends (see Figure 5.2). This percentage increases with age, when the possibility becomes more realistic. It is also higher among people who have a lower perception of the quality of their lives and/or their health. The qualitative study shows that people from the higher age groups realize that they lose people around them and that old friendships cannot be easily replaced by new contacts. They also have a greater need to reminisce together than people from the younger age groups. When elderly people think about the possibility of losing their partner or close contacts, most seem to expect that they will be able to deal with this loss. Therefore, there appears to be a great degree of resilience in the conceptions elderly people have with such a negative scenario. A small group, about 10 %, cannot see themselves getting over it (see Figure 5.2). Most seek help from existing contacts, such as children, family or existing friends, or focus on an existing hobby. Fewer people expect they will develop new activities, seek new friends or expand their social network online to deal with this loss.

Seeking help in making plans for a social life is somewhat more sensitive than other areas, such as housing. Nevertheless, more than a quarter of the older generation say they are interested. That percentage is even somewhat higher among the highest age group (see Figure 5.2)

Figure 5.1



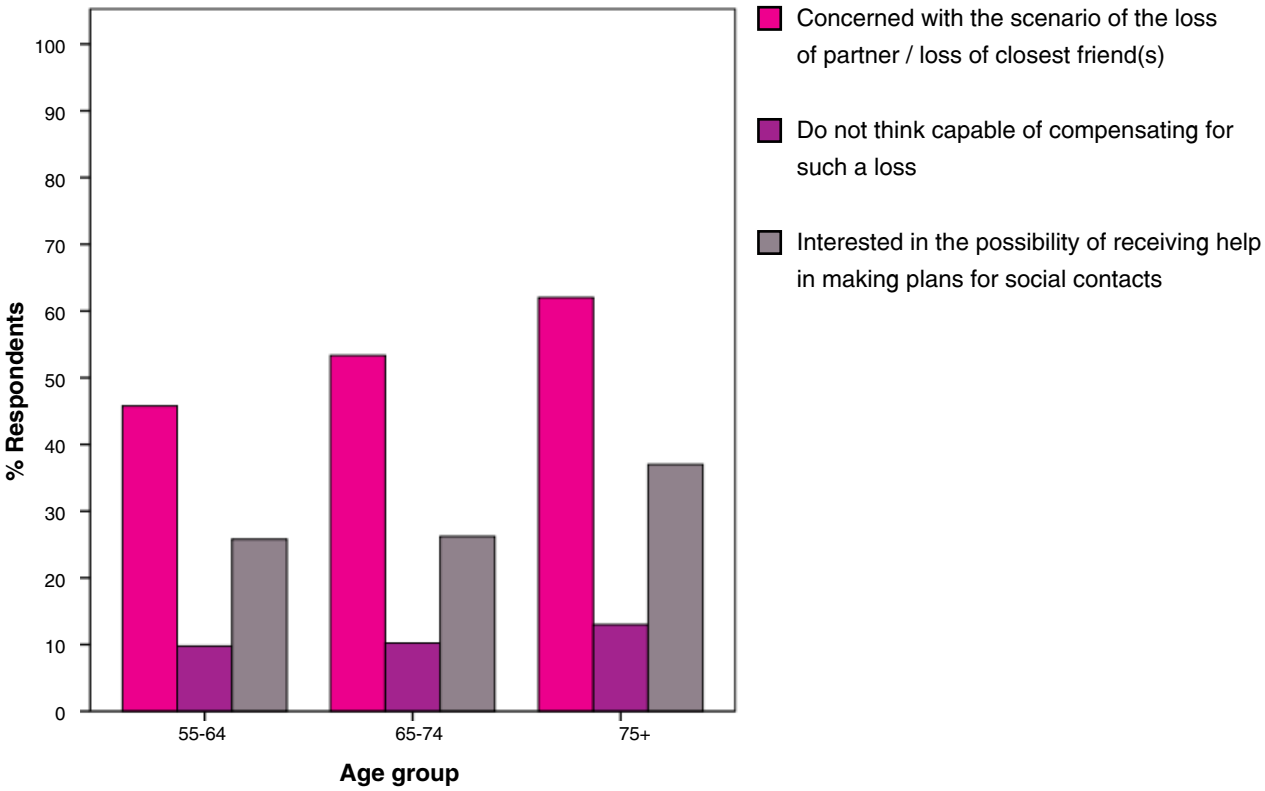
Personal contact is more valuable than internet or Skype

The interviews and answers to the questions show a great familiarity with ICT applications, from Skyping with grandchildren abroad to maintaining contact with distant relatives and friends via Facebook. It goes without saying that ICT is used in promoting social relationships and maintaining social networks. But how do elderly people see it? The answers to the questions show a mixed picture. For example, one question concerned ways to maintain contacts. Direct contact and visiting were also mentioned much more frequently. The qualitative study also showed that personal encounters were rated higher than exchanges through ICT applications. The focus groups also inferred that the use of internet for new contacts would be 'a bit sad'. This statement was presented in the study and provided mixed responses. Approximately a third agreed, a third was ambivalent and a third disagreed with this statement. A similar division emerged from the statements, 'Thanks to the internet I have more social relationships than in the past' and 'Thanks to the internet I can maintain social relationships more easily' (see Figure 5.3)

Should social relationships emerge spontaneously?

Interviews with the elderly often revealed that social relationships cannot be directed. Attempts at doing so are quickly seen as forced and fail to lead to close, long-term friendships. Friendships should arise naturally; the majority of the participants in the focus groups believed that friendships do not appear when you make a major effort to look for them.
A salient quote from one of the participants:
"I´d like to travel but I don´t have a companion. But I wouldn´t dream of placing an ad in the newspaper. That would be silly." Participants were often poorly informed about opportunities to make social relationships, such as elderly cafes. Others had tips for their contemporaries: "The GP told me about a foundation for people like me from

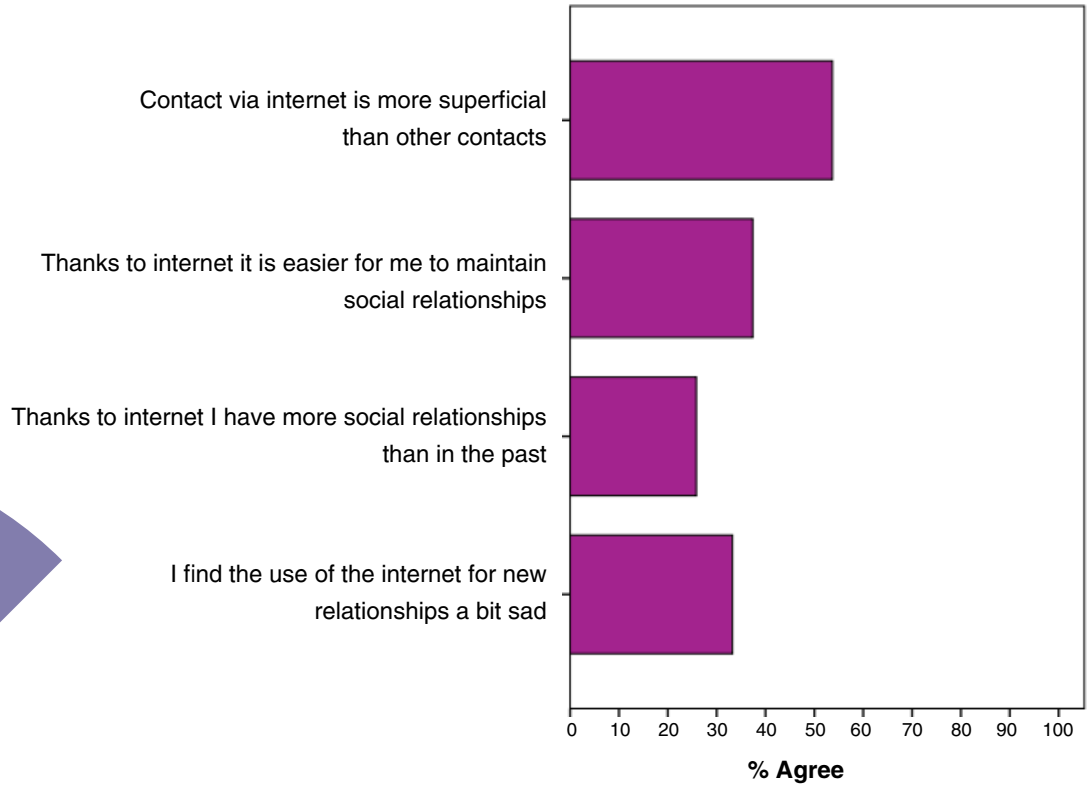
Figure 5.2



Indonesia. There are more of these foundations where you can find like-minded people, such as the Jewish foundation." "People with a dog always have contacts on the street. People in my neighbourhood walk their dogs at the same time and meet and chat." Ideas on setting up activities also developed on the spot: "Community centres could also organize a special hour for the elderly."

The answers to the questionnaires showed that about two-thirds of the elderly people believe that they are personally responsible for the quality of their social lives. A third was less certain about that or disagreed with the statement. Only a few people indicated that social relationships can be actively sought. Most still believed they should occur spontaneously (see Figure 5.4)

Figure 5.3



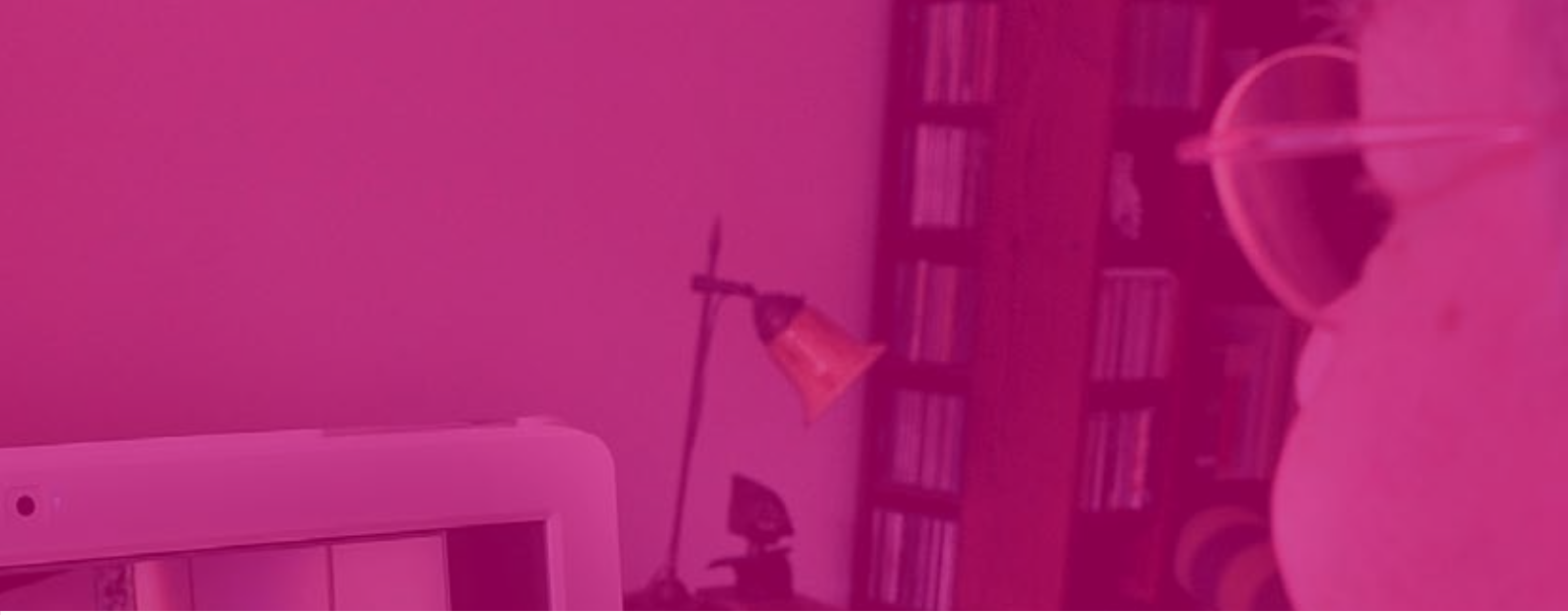
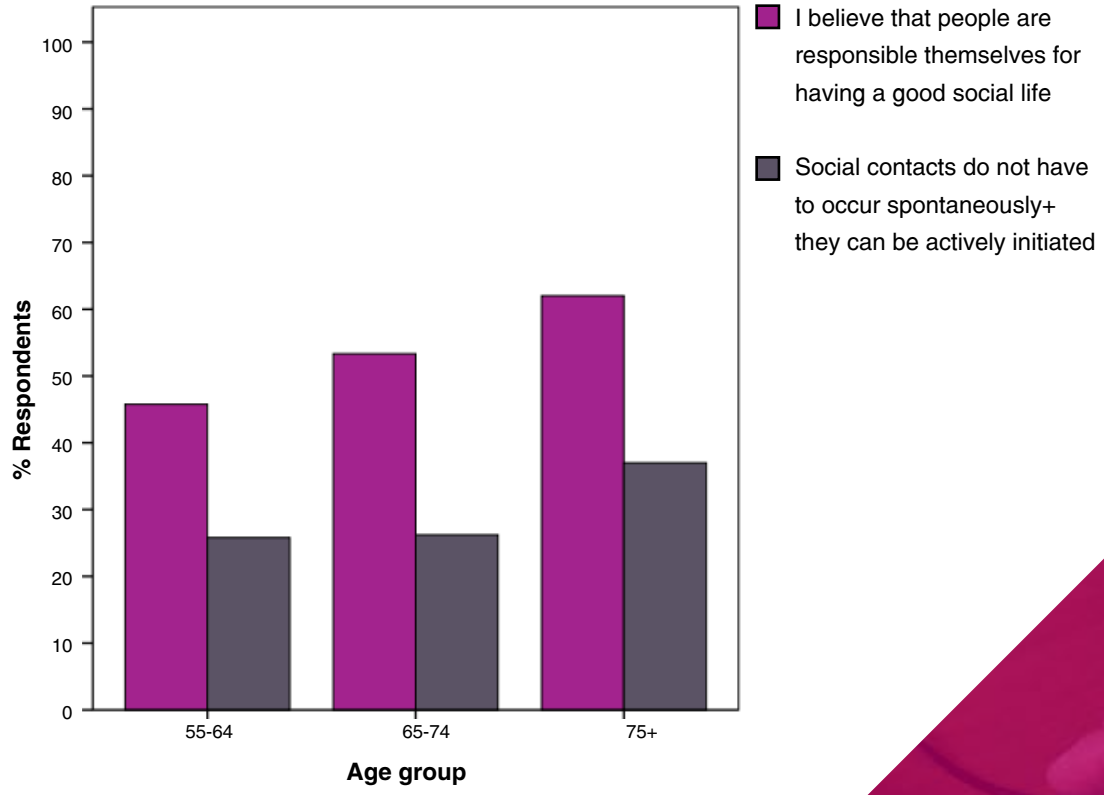


Figure 5.4


100
90
80
70
60
50
40
30
20
10
0
% Respondents
55-64
65-74
75+
Age group
I believe that people are responsible themselves for having a good social life
Social contacts do not have to occur spontaneously+ they can be actively initiated

Methods & Study population

The study consisted of two parts: a qualitative phase and a quantitative section. The fieldwork from both phases was conducted in the first quarter of 2013.

The qualitative phase consisted of 8 focus groups conducted with participants from the Amsterdam, Rotterdam, Leiden and Delft regions. Two age categories participated in the focus groups: 55-70 years and 70-85 years. Six of the 48 participants were of non-Dutch origin while 6 of the participants lived in an institutional setting. Aside from the general discussions on attitudes, aspirations and needs of the groups, the four themes (work, self-management, housing and environment and social connectivity) were also included during the focus groups.
The focus groups lasted approximately 2 hours and were videotaped and transcribed. This generated issues, key areas, questions and statements for the qualitative phase.

A representative sample of 650 persons (aged 55+) from the Dutch population was surveyed for the qualitative phase. The sample used was based on the National Panel from Trendbox based on the 'Gold Standard', the standard for weighing samples (see Table 6.1). The total sample was re-weighed based on the actual proportions within the 55+ population based on this standard. This means that the three age groups within that total each received their own numerical importance as well (see Table 6.1).

Table 6.1

55-64 years	47% of the whole
65-74 years	30% of the whole
75 years and older	23% of the whole
Weighing variables	Gender, age, region, household size

For the fieldwork, potential respondents were invited to participate by e-mail; they received access to the questionnaire through a unique password. The questionnaire consisted of 102 questions. Average completion time was 20 minutes. The following figures show the distribution of various characteristics of the 650 respondents displayed (Figure 6.1 through 6.6 for age, gender, education, income, region, housing and environment, respectively). This gives an impression of the composition of the study group. The relatively large number of men in the 75+ category is striking; this is probably due to the relatively high internet usage among this group.

Figure 6.1

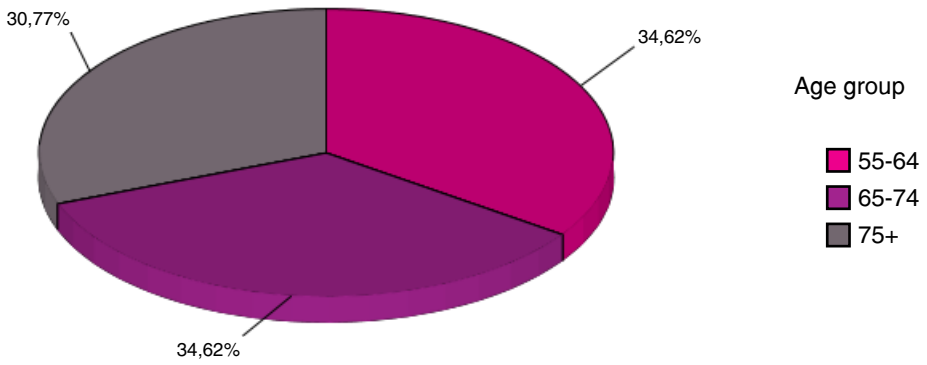


Figure 6.2

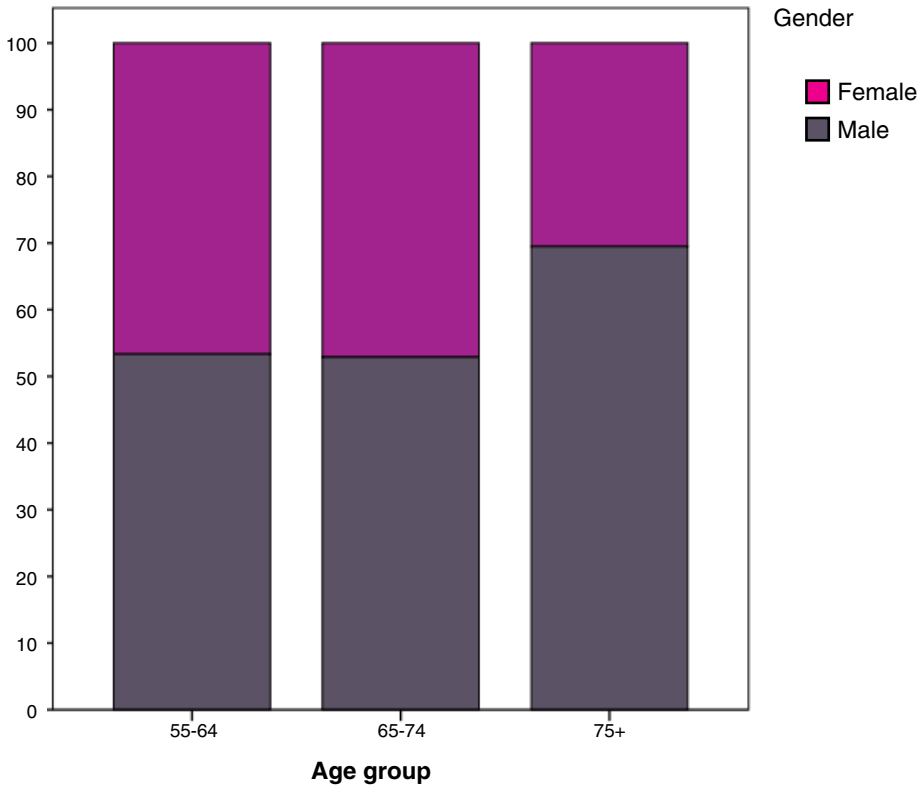


Figure 6.3

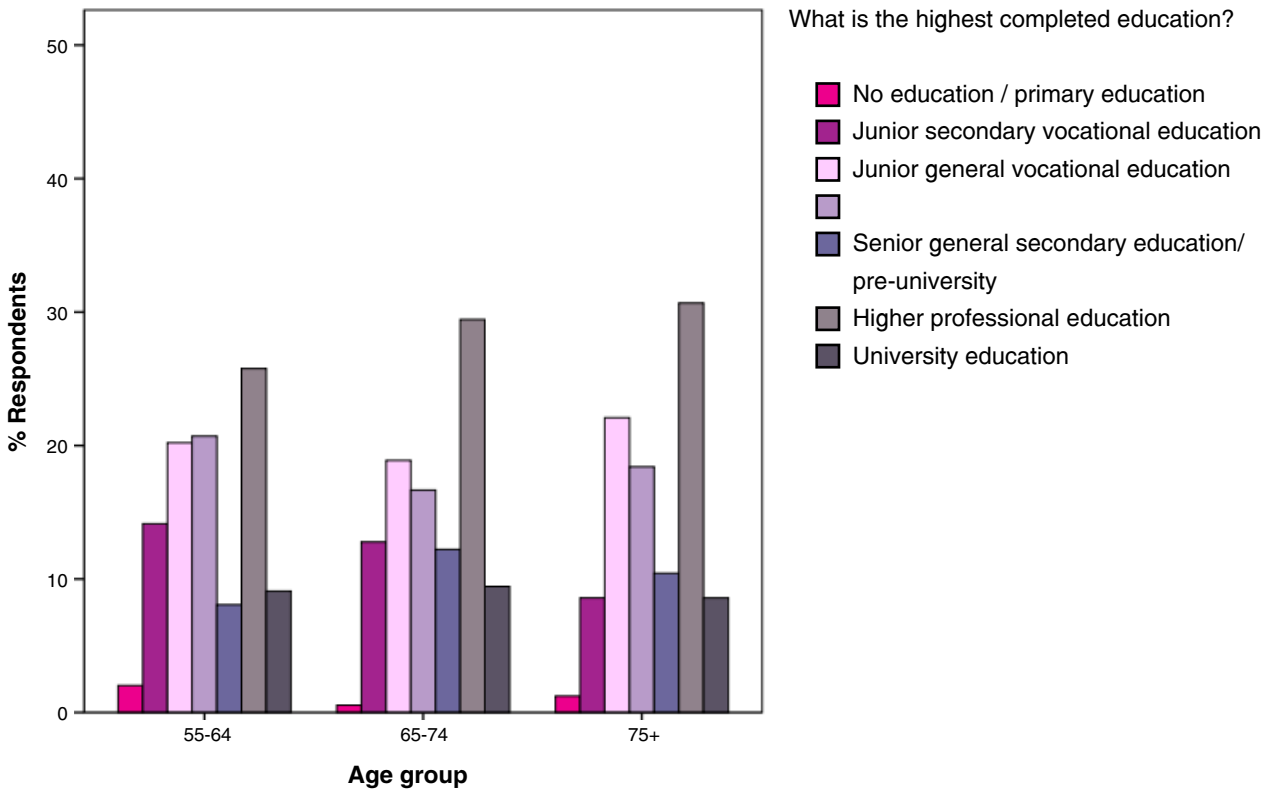


Figure 6.4

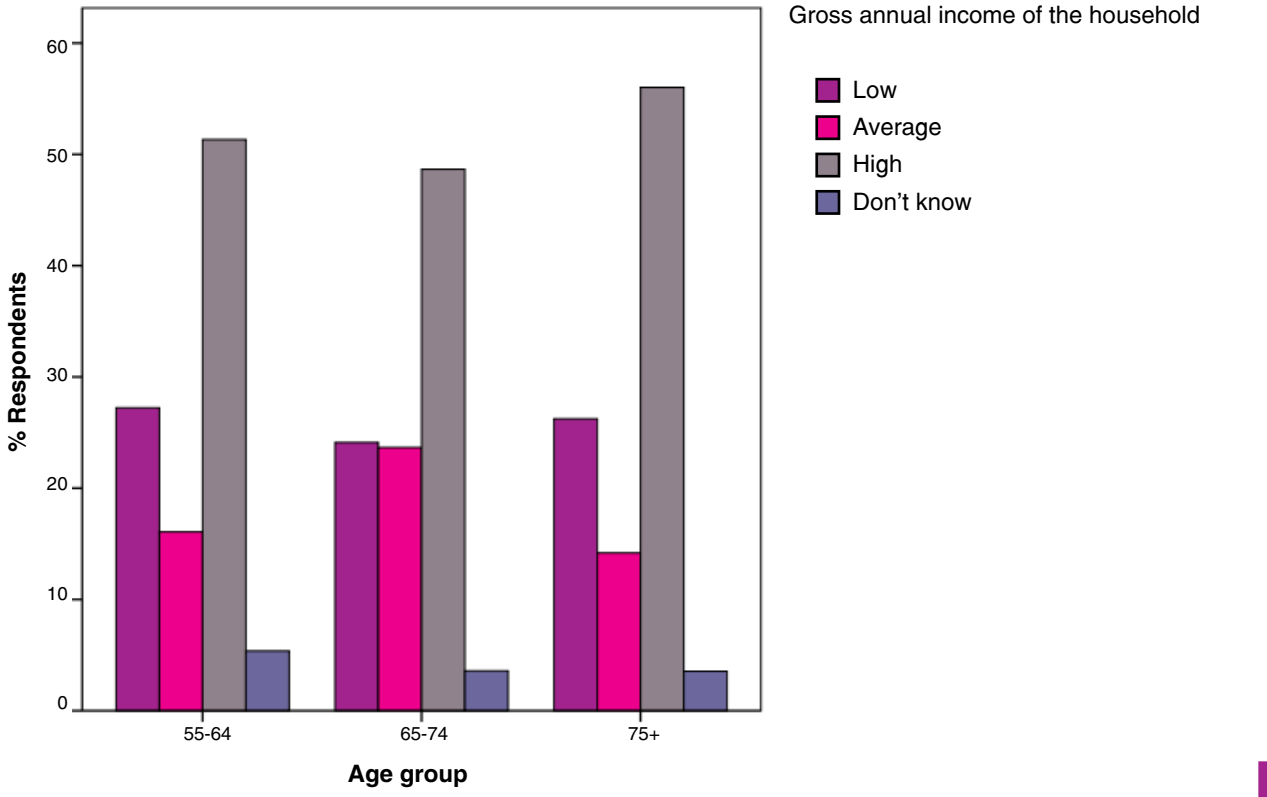


Figure 6.5

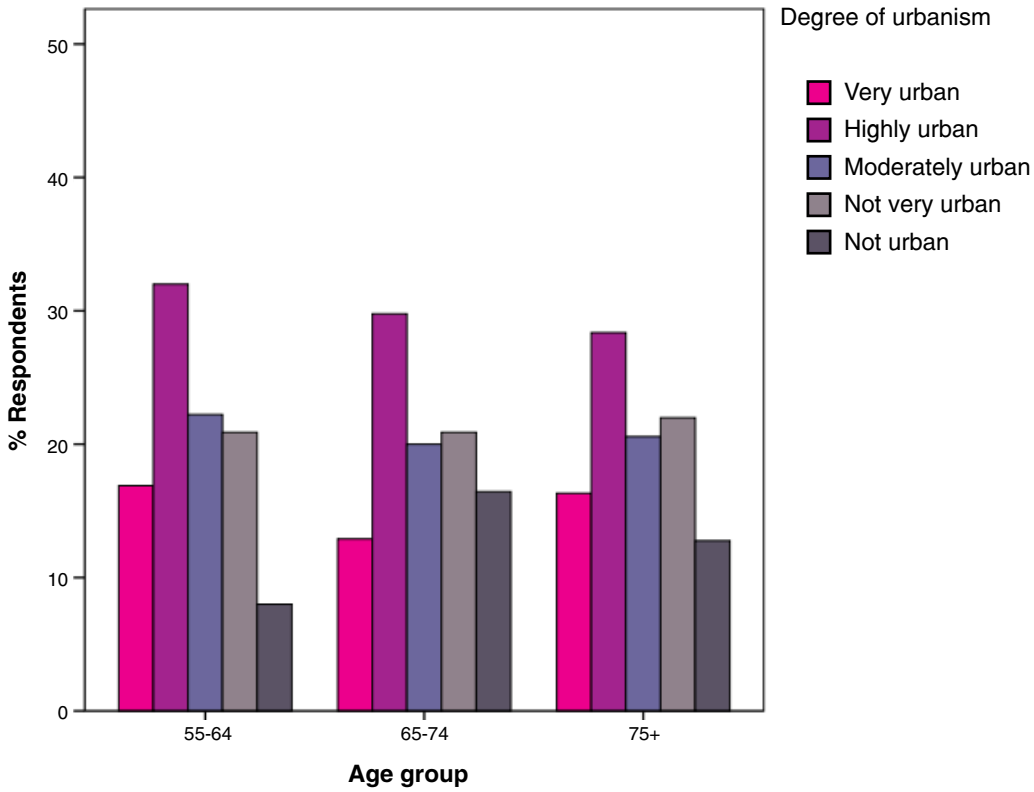
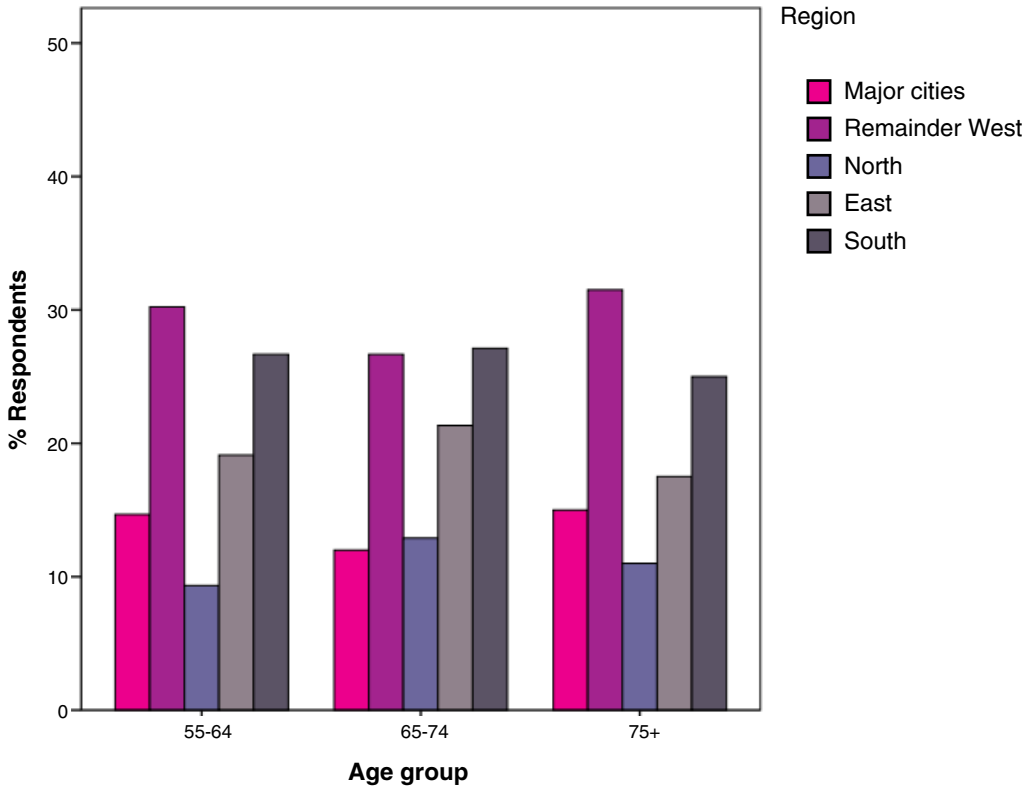


Figure 6.6



This market research was carried out by Leyden Academy on Vitality and Ageing and Trendbox and commissioned by Medical Delta.

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Leyden Academy

ON VITALITY AND AGEING

Leyden Academy on Vitality and Ageing is a knowledge centre established in 2008. The Leyden Academy offers education, researches and initiates developments in the field of vitality and ageing.

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