Ageing and determinants of long term care in Turkey

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What is Population Ageing?

Changes to the whole structure of a population

Measurements

Static
- Age Index
- Age dependency ratio,
- Percentage over 65+
- **Dynamic**: prospective ageing

- Societal/population level
- Linked to economic productivity (retirement)
- Individual's perception of ageing
  – What one can and can not do!
  – Expectations from and opportunities at old age
- Differentials by societal & individual factors
- Variations in health and wellbeing at older age is not random

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Review

An Evidence Review of Ageing, Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost

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Abstract: Turkey is transitioning from an ageing to aged population at a fast pace. This process requires immediate policy and practice planning and actionable strategies. Formulating and implementing such policies needs to acknowledge parallel demographic and socio-economic changes to ensure adequate resources and appropriate services are developed to enhance the growing older population's quality of life and wellbeing. Limited long-term care (LTC) provision, funding mechanisms and reliance on informal support primarily provided by women pose considerable challenges to all stakeholders, including the state, families and older people. This paper provides an evidence review on older people's status and their health and care needs, current LTC policies, provision and funding mechanisms in Turkey. It employs a mixed review methodology, making use of published statistics, indicators and literature. The study also adapts existing LTC funding estimation models to predict LTC cost for Turkey. The review highlights the increasing share of older people in Turkey, the fast pace of population ageing, and escalating health and LTC unmet needs. Older people are reported to have high levels of depression, loneliness and co-morbidity with regional, gender and educational differentials. The Turkish LTC and welfare models rely on the family, particularly women, in meeting increased demand. A hierarchical model with random intercept was implemented and estimated the LTC cost in Turkey to be 0.02% of GDP, acknowledging the high proportion of people at labour participation age range and low female employment levels.

Keywords: older people; ageing; Middle East; welfare model; social services; caregivers; health needs; LTC spending models; LTC cost

- Provides up-to-date evidence on:
  - Demand for LTC
  - Current LTC policies in Turkey
  - Estimate the economic implications of LTC demands
- Methods:
  - Statistical ageing indicators review
  - Literature review
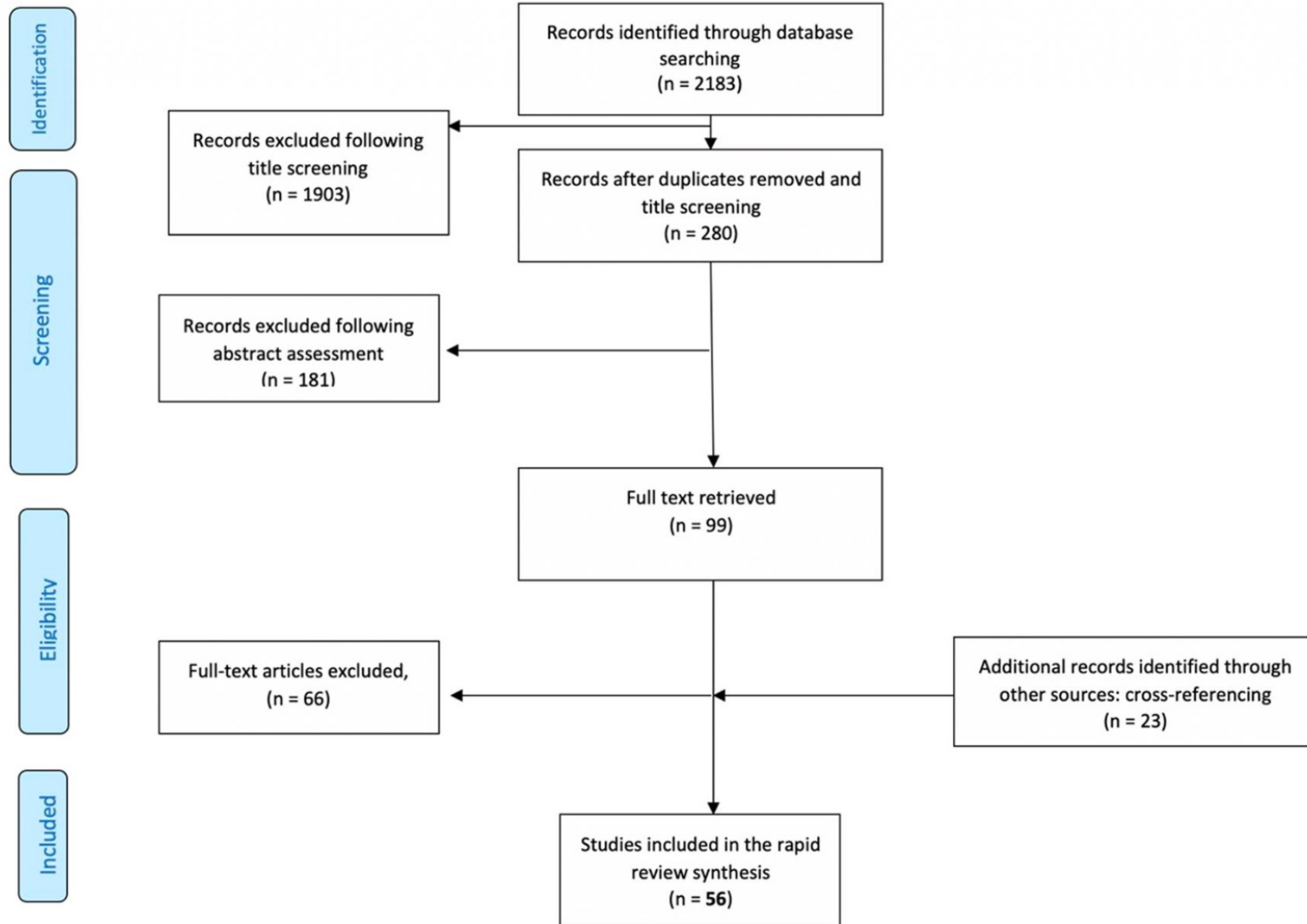 - Modelling the cost of LTC

Figure 1. Rapid review PRISMA flow diagram.

- Review questions
  1. Characteristics and state of older people, and determinants of LTC needs.
  2. Current LTC policies and provisions in Turkey.
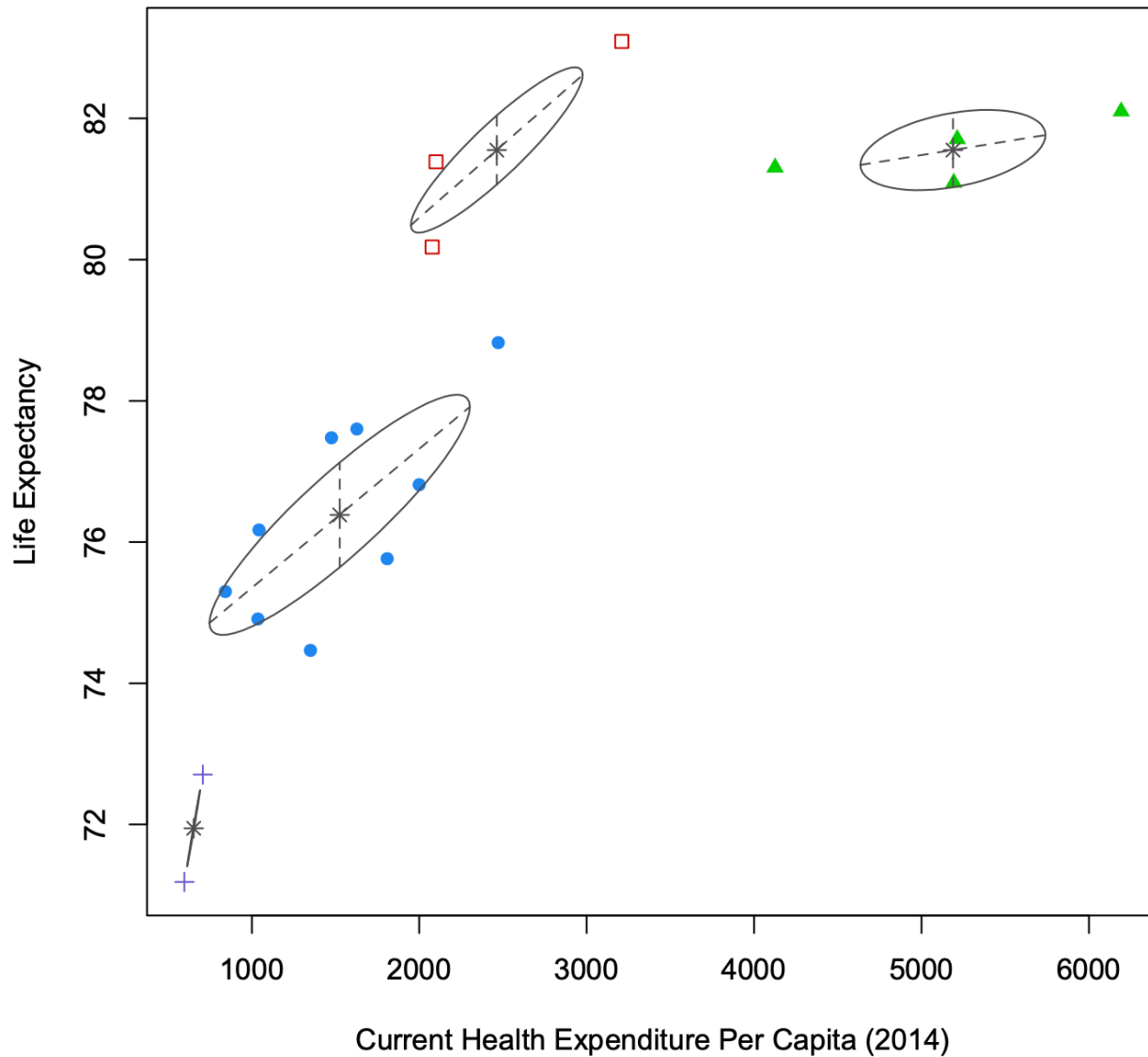 3. Financing and funding sources of LTC in Turkey.

Figure 2. Model-based clustering according to current health expenditure per capita and life expectancy.

Estimating the share of LTC expenditure of GDP as a function of:

1. Female labour force participation rate is used as a proxy for informal care provision.

2. GDP per capita represents the share of total productivity.

3. Age dependency ratio: the population aged 65 (OECD uses the 80 years threshold)

Improvement on a previous OECD model employing Bayesian methods.
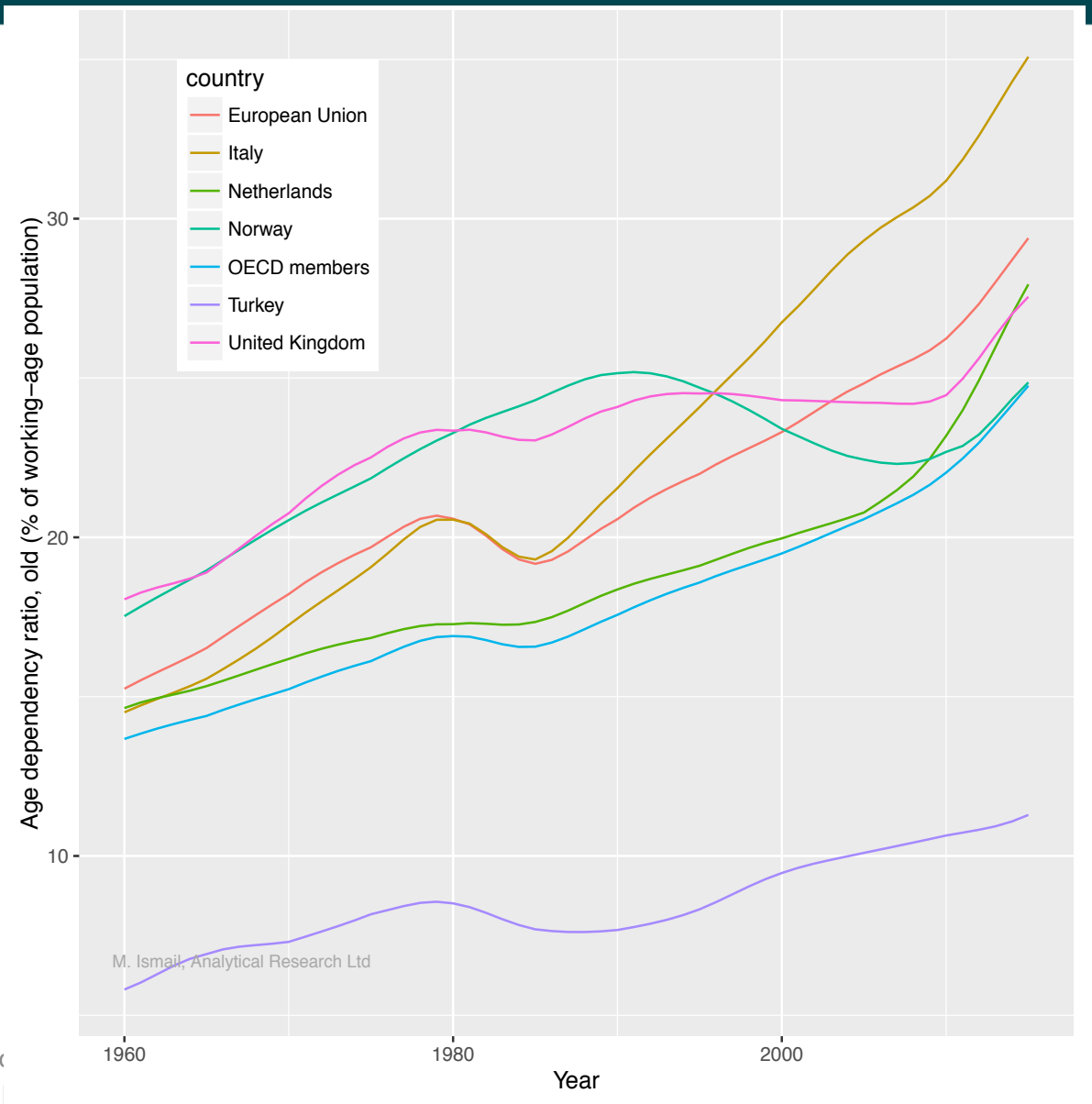
Population Ageing in Turkey

Left chart — Life Expectancy by Year

Y-axis: Life Expectency
X-axis: Year

country
- European Union
- Italy
- Netherlands
- Norway
- OECD members
- Turkey
- United Kingdom

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Right chart — Age dependency ratio, old (% of working-age population) by Year

Y-axis: Age dependency ratio, old (% of working-age population)
X-axis: Year

country
- European Union
- Italy
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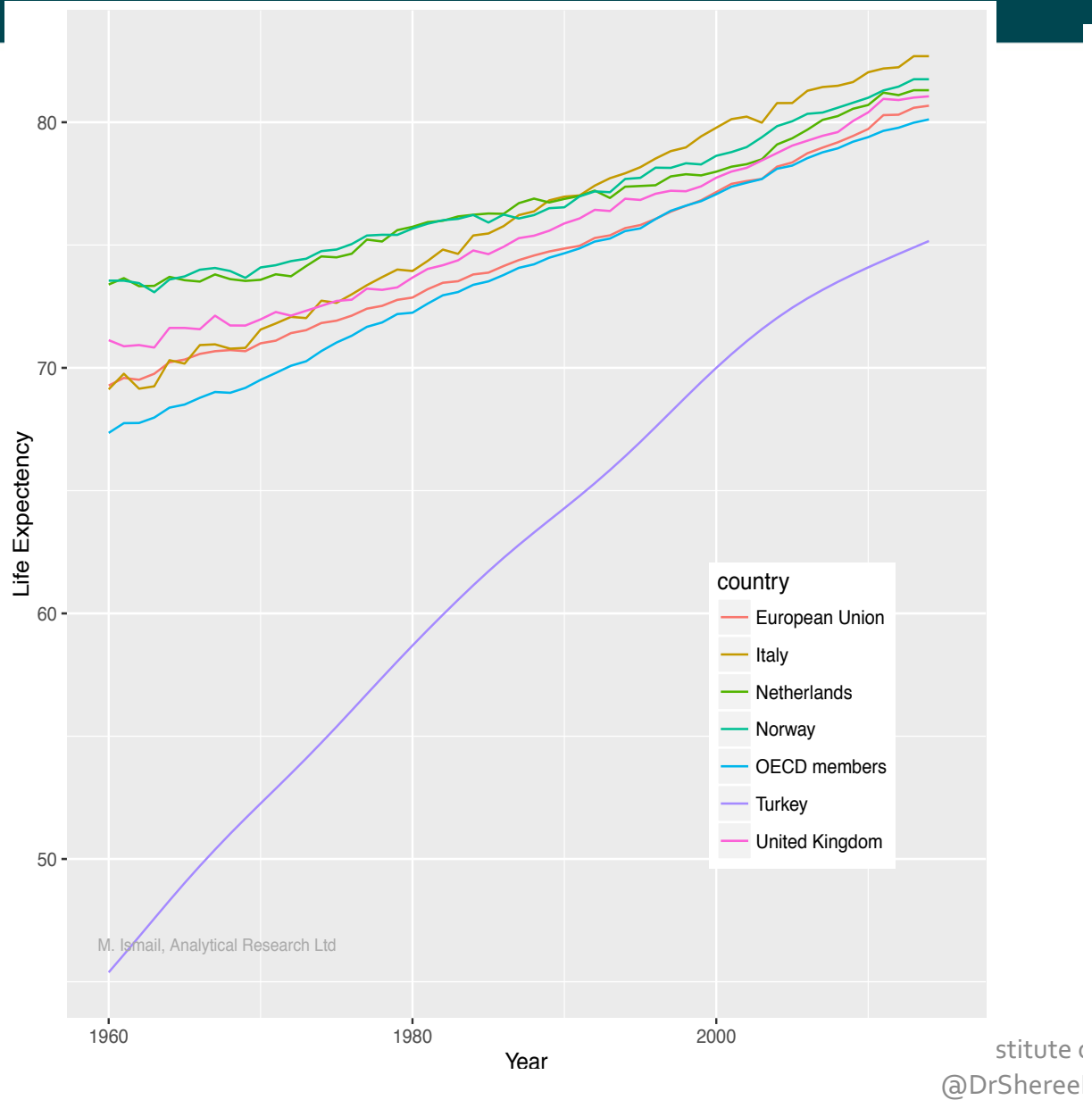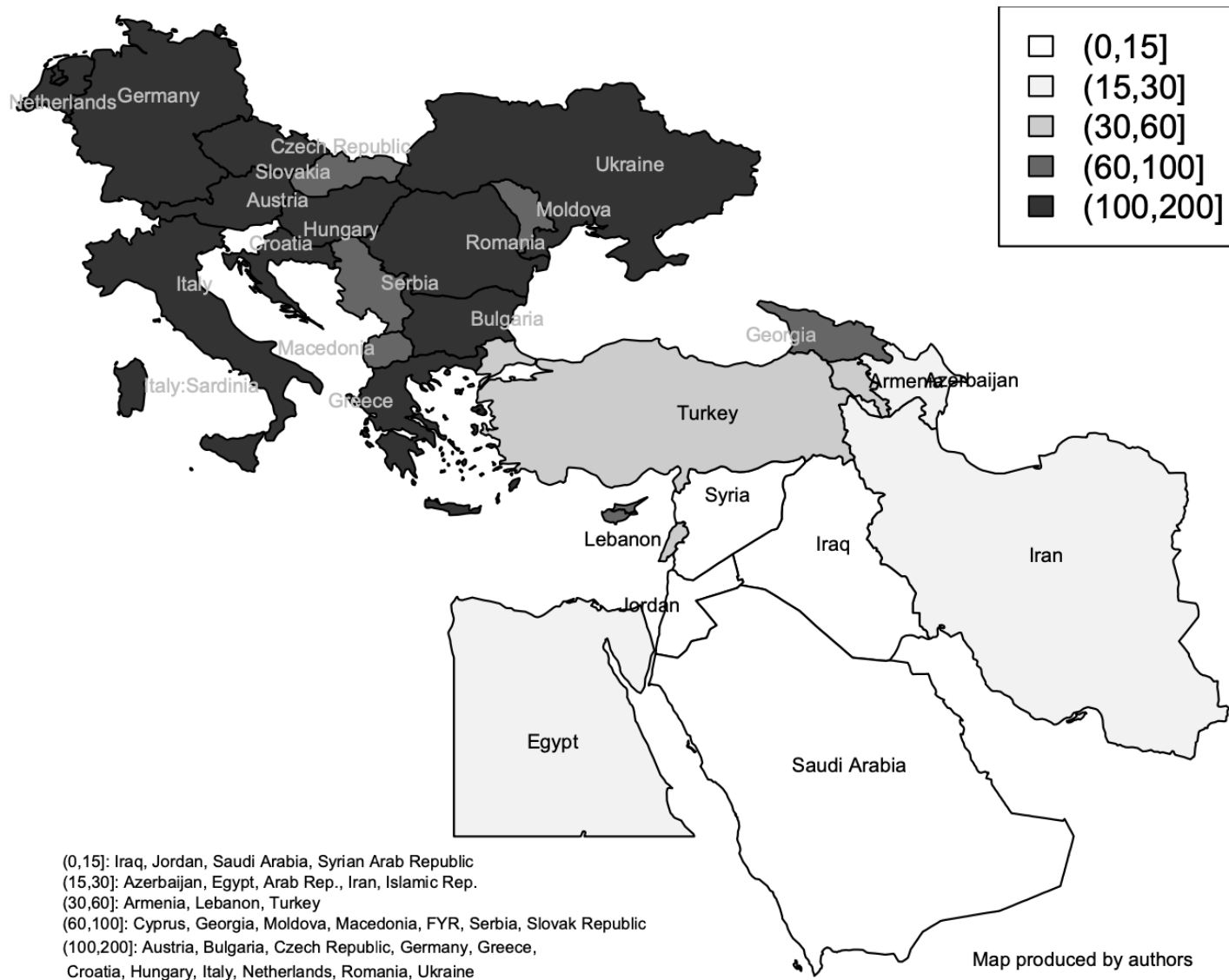
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Table 1. Ageing index and ageing index group in Turkey and surrounding countries.

Country	Population Aged 65 and Above (% of the Total Population)	Population Aged 0–14 (% of the Total Population)	Ageing Index	Ageing Index Group
Iraq	3.1	41.0	7.5	(0,15]
Saudi Arabia	2.9	28.6	10.0	(0,15]
Jordan	3.8	35.5	10.7	(0,15]
Syria	4.1	37.1	10.9	(0,15]
Egypt, Arab Rep.	5.2	33.2	15.7	(15,30]
Iran, Islamic Rep.	5.1	23.6	21.4	(15,30]
Azerbaijan	5.6	21.9	25.7	(15,30]
Turkey	7.5	25.7	29.4	(15,30]
Lebanon	8.1	24.0	33.9	(30,60]
Armenia	10.8	18.4	58.9	(30,60]
Moldova	10.0	15.7	63.3	(60,100]
Macedonia, FYR	12.3	17.0	72.7	(60,100]
Cyprus	12.8	16.6	77.6	(60,100]
Georgia	14.0	17.3	80.9	(60,100]
Slovak Republic	13.8	15.1	91.5	(60,100]
Ukraine	15.3	14.9	102.5	(100,125]
Serbia	17.1	16.3	104.8	(100,125]
Netherlands	18.2	16.5	110.3	(100,125]
Romania	17.3	15.5	111.6	(100,125]
Czech Republic	18.1	15.0	120.2	(100,125]
Hungary	17.8	14.6	122.4	(100,125]
Croatia	18.9	14.9	127.2	(125,150]
Austria	18.8	14.2	132.0	(125,150]
Bulgaria	20.0	14.1	141.6	(125,150]
Greece	21.4	14.6	146.5	(125,150]
Italy	22.4	13.7	163.5	(150,200]
Germany	21.2	12.9	164.8	(150,200]

Figure 3. Map of ageing index in Turkey and selected neighbouring countries.

Legend:
- □ (0,15]
- ▫ (15,30]
- ▨ (30,60]
- ▦ (60,100]
- ■ (100,200]

(0,15]: Iraq, Jordan, Saudi Arabia, Syrian Arab Republic
(15,30]: Azerbaijan, Egypt, Arab Rep., Iran, Islamic Rep.
(30,60]: Armenia, Lebanon, Turkey
(60,100]: Cyprus, Georgia, Moldova, Macedonia, FYR, Serbia, Slovak Republic
(100,200]: Austria, Bulgaria, Czech Republic, Germany, Greece, Croatia, Hungary, Italy, Netherlands, Romania, Ukraine

Map produced by authors

- Social & economic opportunities
- Social-determinants of health and wellbeing at old age
- Nested within other demographic dynamics (pop. growth & dividends)
- Socio-political structures
- Perceived age-related roles & duties

Population ageing trends in Turkey

- Currently a young nation; the median age of 29.8

- Rapid population ageing

- Population aged 65 or older will exceed 14% in two decades

Number and Share of Population Age 65 or Older

Population (in Millions)
Percentage of Total Population
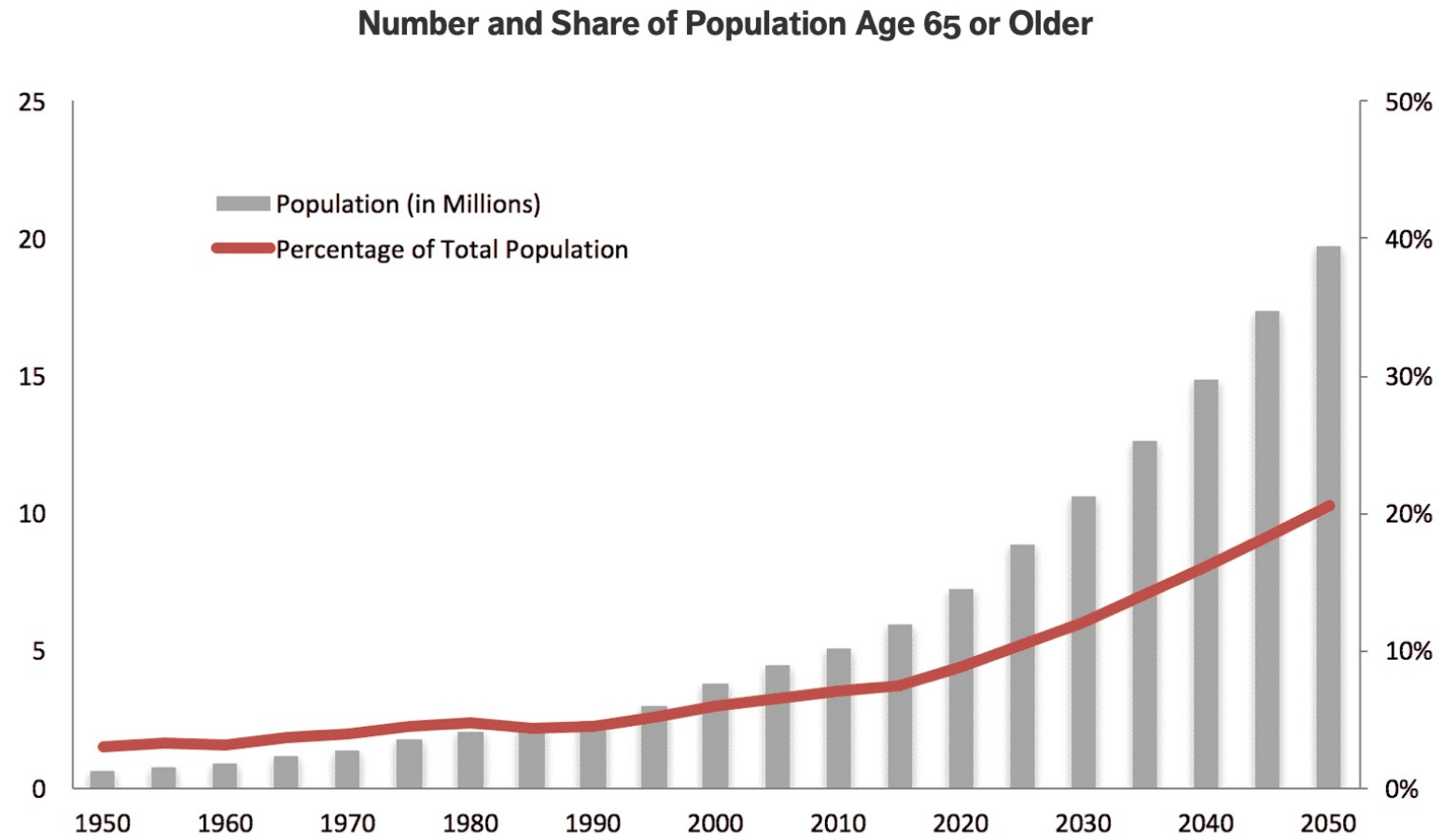
Source: UN Population Division

State of older people and LTC demand

➢ High levels of disease and risk factors among older people

 ➢ a high rate of obesity at 25%; an increasing prevalence of dementia from 2.7% in 2010 to 4% in 2014; high rates of restricted functions (65%); high levels of dependency in activities of daily living (18%); and severe frailty.

 ➢ Fastest ascending trends in years lived in disability (compared to several Asian and North African countries).

➢ Extended hospitalisation and use of emergency health services among older people.

➢ Significant health inequalities

 ➢ Gender (e.g. older women at higher risk of falls and other health indicators).

 ➢ Socio-economic status (e.g. education, wealth, disadvantaged).
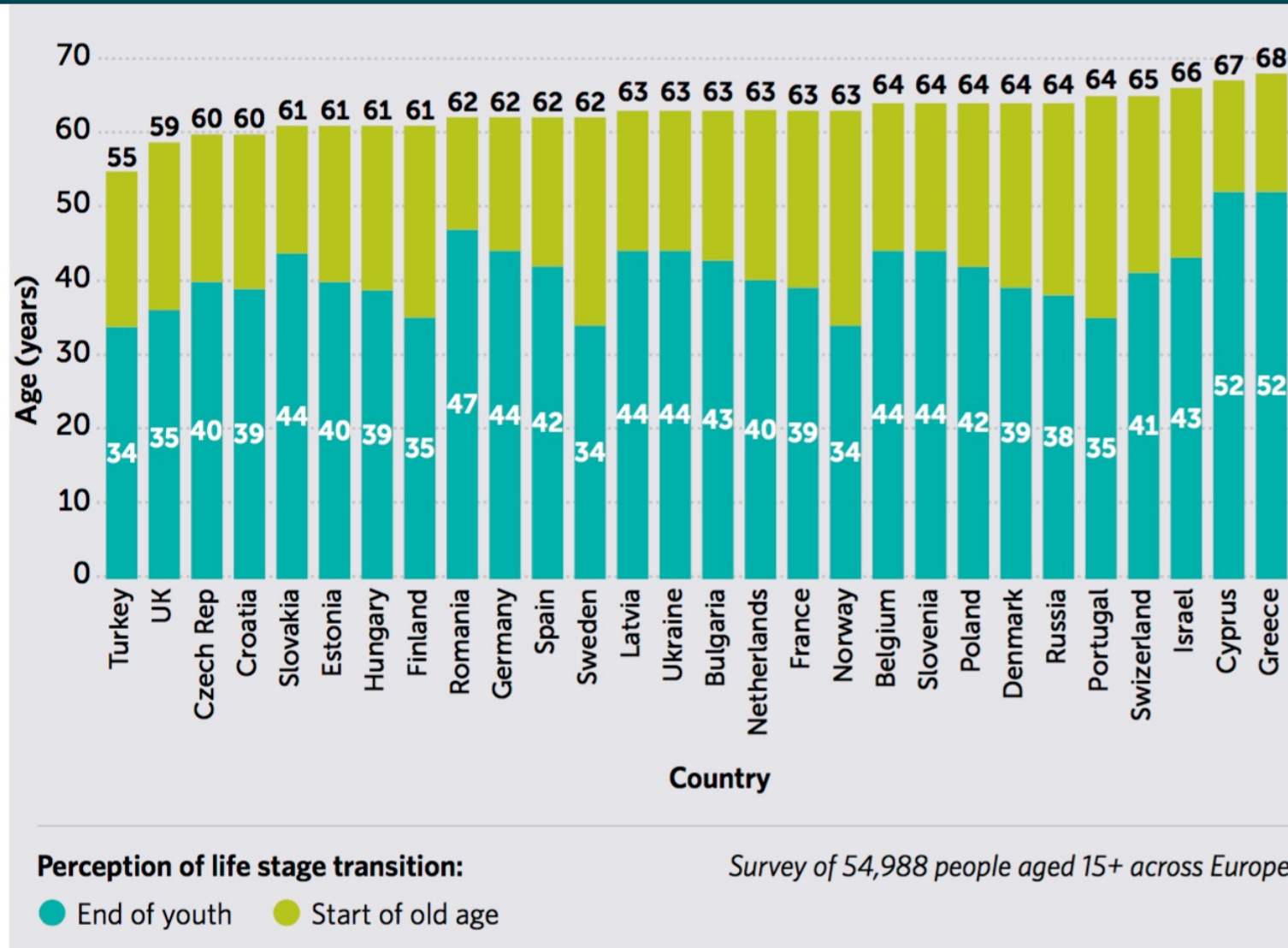
 ➢ Regions and rurality.

➢ Some improvements in the levels of unmet health needs since the Health Transformation Programme in 2003

  ➢ For older people, this was more pronounced since 2011

➢ Reasons for unmet needs among older people include

  ➢ Finding time due to work or family responsibilities; fear of health care professionals (or the unknown); attitude/culture of delaying seeking help.

➢ Loneliness rates are higher among older women

  ➢ Rates of widowhood & remarriage

  ➢ Associations between depression and loneliness

➢ Reliance on family for LTC is associated with an increased prevalence of abuse

  ➢ Perpetrators are often known to the victim (one study indicates 48% of cases the abuser was a child and 25% a spouse of the victim)

Ageism, Social Norms & Isolation

➤ Pre-existing & new perceptions

➤ Definitional challenges: what does 'ageism' mean in different contexts and settings?

    ➤ Benevolent and hostile elements

➤ Operates at different levels: cognition, emotional & actions

➤ Different components: stereotyping; prejudice and discrimination

➤ Intersectionality: age, disability, gender, race etc.

GLOBAL CAMPAIGN TO COMBAT AGEISM

GLOBAL REPORT ON
AGEISM

Perceived old age

Perception of life stage transition: End of youth ● Start of old age ●

Survey of 54,988 people aged 15+ across Europe

Welfare Model and LTC Provision in Turkey

Health Policies Institute of Türkiye, May 2022 @DrShereeHussein

Financing LTC in Turkey

➢ The literature did not identify any studies focusing specifically on financing LTC in Turkey.

  ➢ A small number of articles included scattered information on this topic.

➢ Current support mechanisms appear to stem from a social protection model

  ➢ usually means-tested or associated with pension schemes for formally employed individuals.

➢ Currently no comprehensive LTC programme.

  ➢ However, some new initiatives (recent and in progress)

➢ Responsibilities and provision of LTC are fragmented and distributed across different governmental departments

  ➢ the Ministry of Health, the Ministry of Family and Social Policies and the Ministry of Labour and Social Security, with local municipalities playing a pivotal role

Recent initiatives in the field of aged care/support

- ➢ 2013-2014: The Intergenerational Interaction Model for Active Life Project (AYNA)
    - ➢ Aimed to improve the social integration of older people through intergenerational social activities
- ➢ 2015-2017: Several relevant reports:
    - ➢ "Elderly Care Services Report in Turkey", "Turkish Cooperation Model in the Field of Social Services", "The Dementia Care Model Report".
- ➢ The Elderly Support Program (YADES):
    - ➢ 2016-2019; projects funded by municipalities; focused on community and home care; investing around 1.3M USD (2016-2017)
- ➢ Current work: piloting services & initiatives in 10 provinces

Modelling LTC cost in Turkey

Health Policies Institute of Türkiye, May 2022 @DrShereeHussein
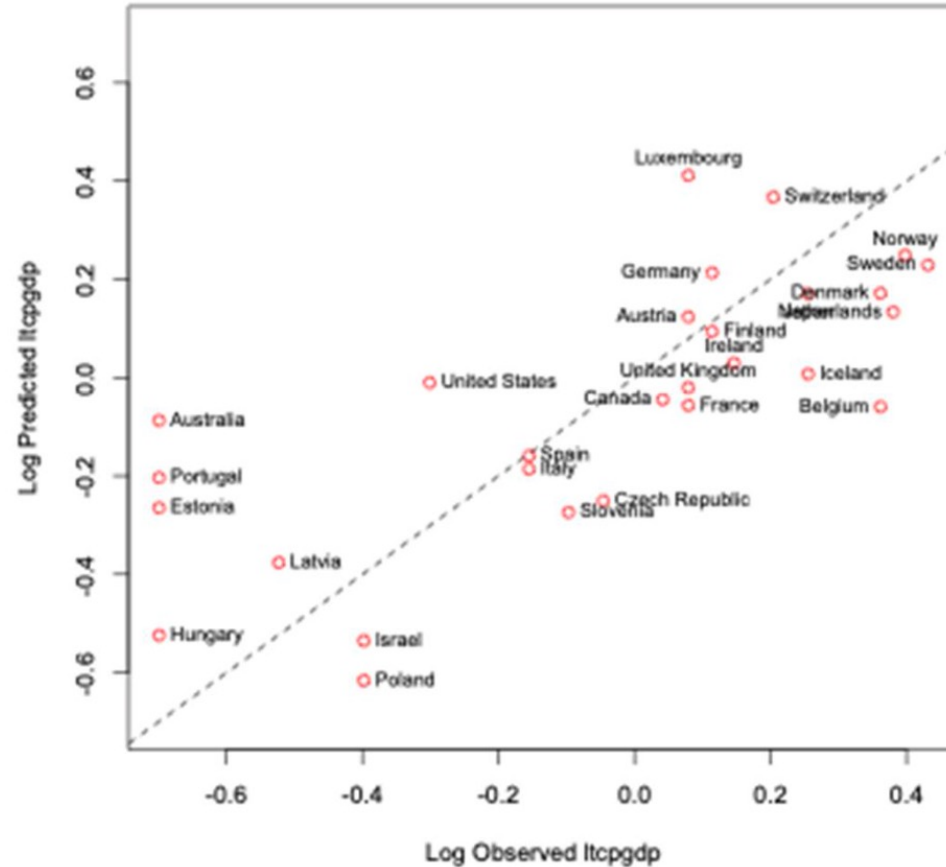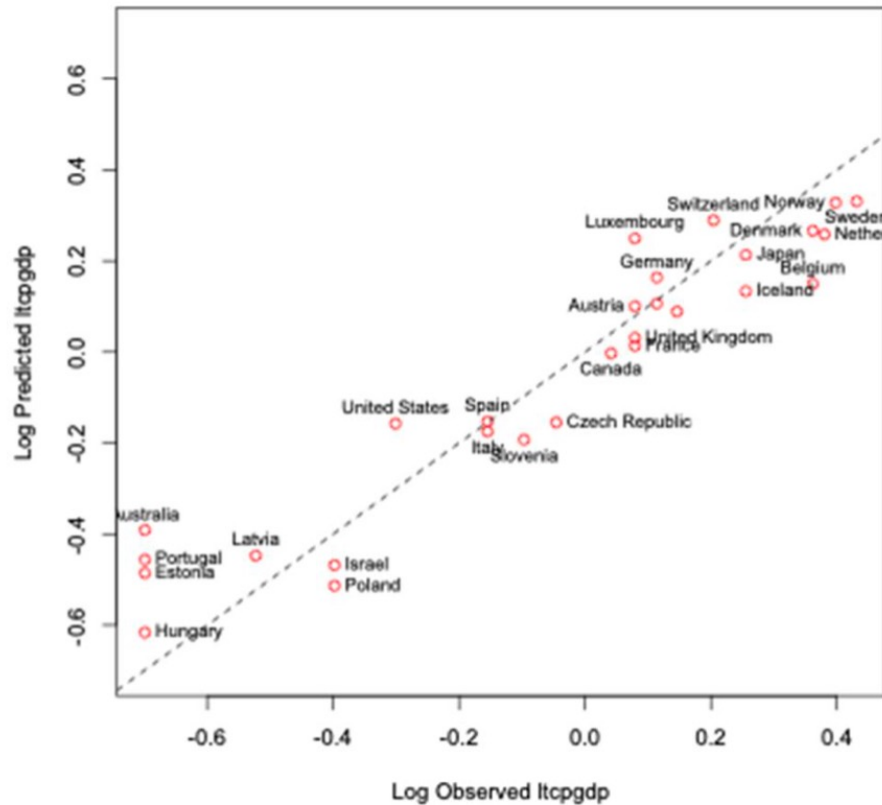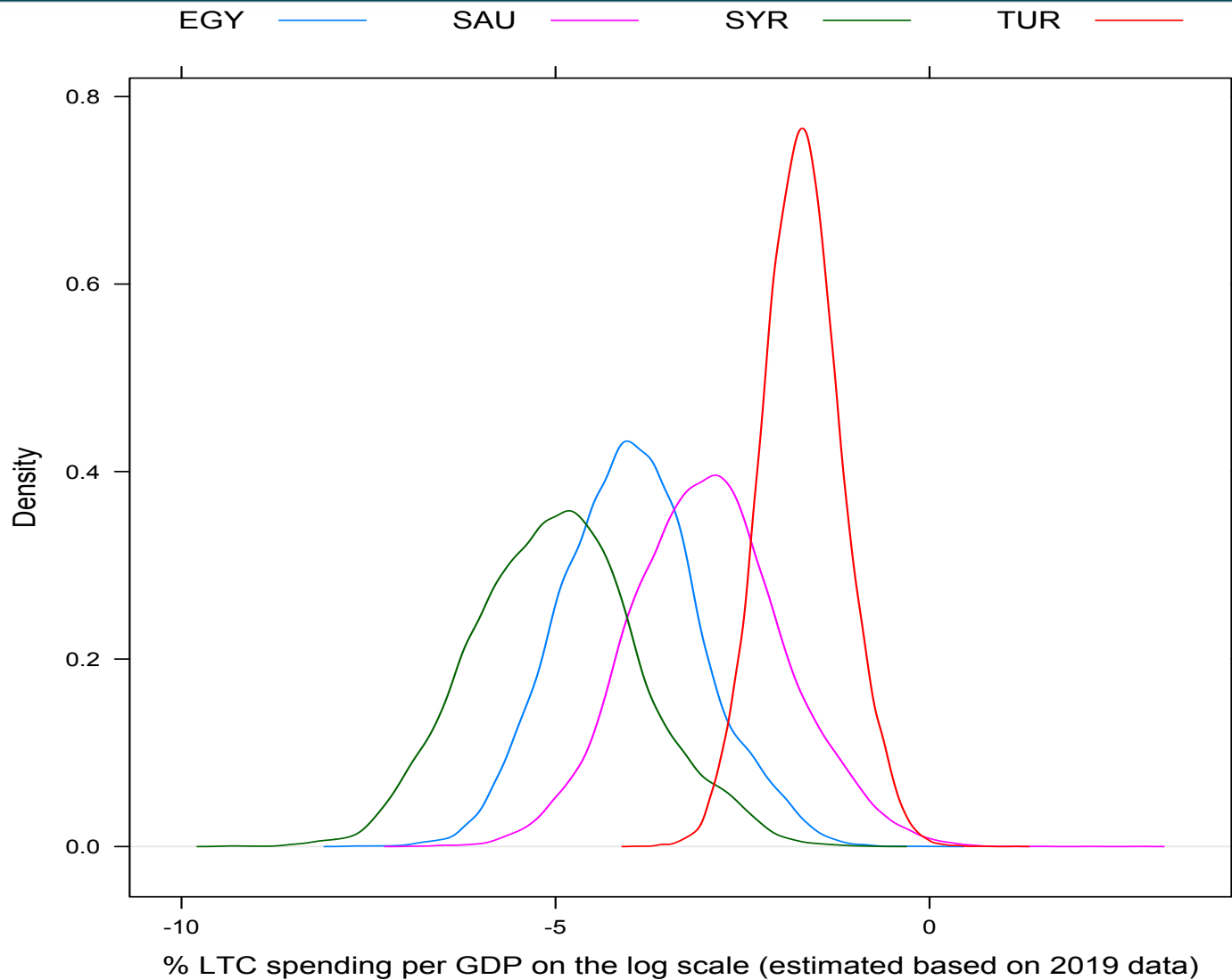
Figure 4. The mean values of the percentages of LTC spending as percentage of GDP as predicted by the final model (left panel) against the values observed by the OECD on the logarithmic scale. The right panel shows the results for the common intercept model.

➢ The model predicts that Turkey should be *currently* dedicating 0.02%of GDP per capita to LTC.

➢ A significantly lower level of spending than other OECD.

➢ This percentage is likely to escalate with population ageing in the next couple of decades.

% LTC spending per GDP on the log scale (estimated based on 2019 data)

Legend: EGY (blue), SAU (magenta), SYR (green), TUR (red)

➢ LTC spending in comparison to other countries in the MENA region.

➢ The distributions overlap, but that for Turkey is higher than the three other countries.

  ➢ Representing different stages of population ageing

Implications of Population Ageing

Health Policies Institute of Türkiye, May 2022 @DrShereeHussein

➢ Fiscal/economic implications

  ➢ When combined with low employment rates

  ➢ Potential underutilisation of human resources → losing opportunities associated with population dividends

  ➢ Pension and insurance systems (linked to employment)

  ➢ Distinguishing population and system demographics

➢ Social implications

  ➢ Perceptions of ageing (changing habits)

  ➢ Opportunities (life-long learning, re-employments)

  ➢ Risks (isolation & loneliness, abuse/safeguarding)
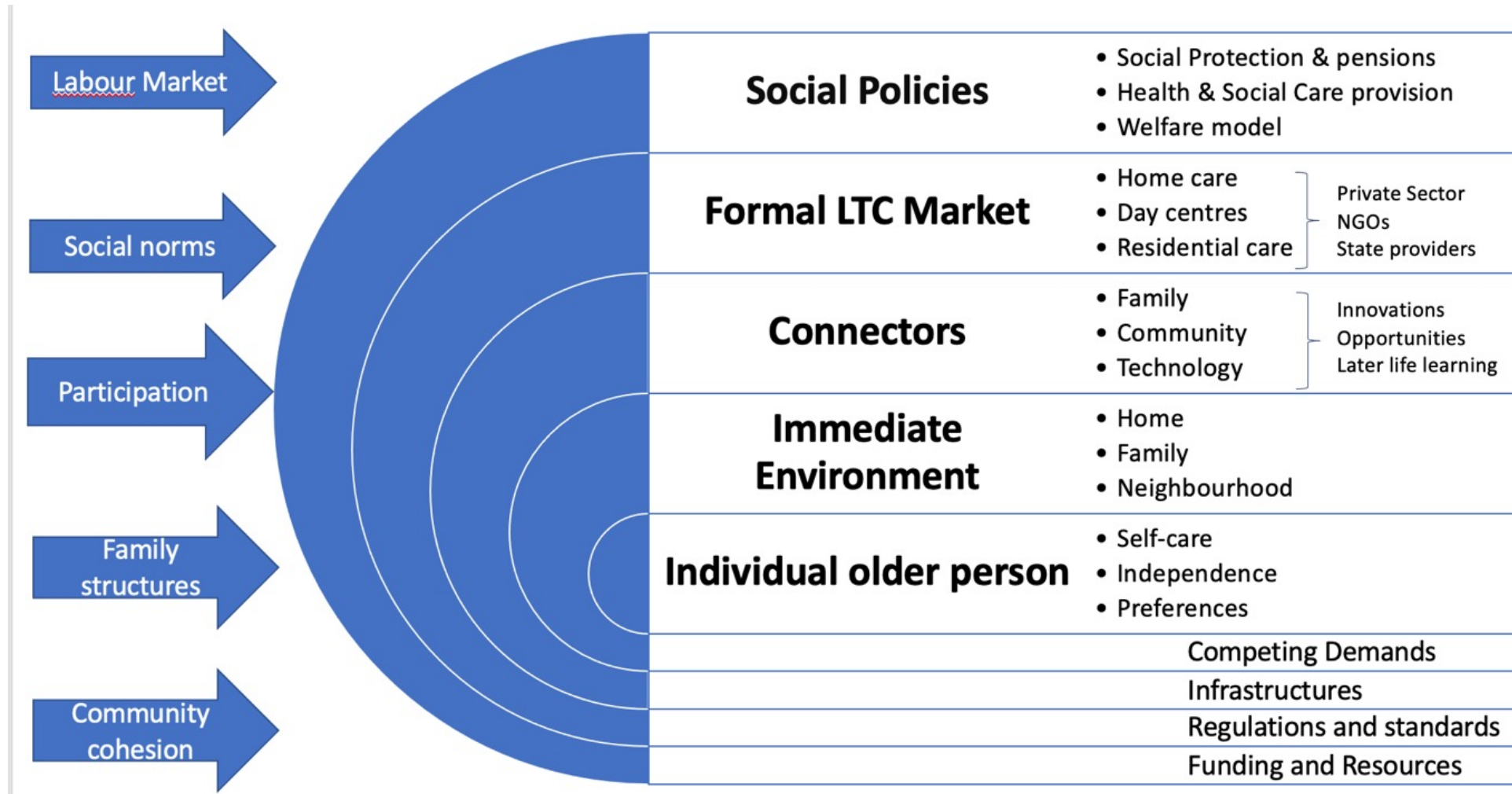
  ➢ Care burden

- Job creation opportunities
  - ➢ One of the fastest-growing markets for employment globally, esp. for women
  - ➢ Training and career development
  - ➢ Trust and perceptions

15-64 year-olds, 2019

■ Women   △ Men

	TUR	MEX	ITA	CHL	KOR	GRC	POL	HUN	CZE	ESP	PRT
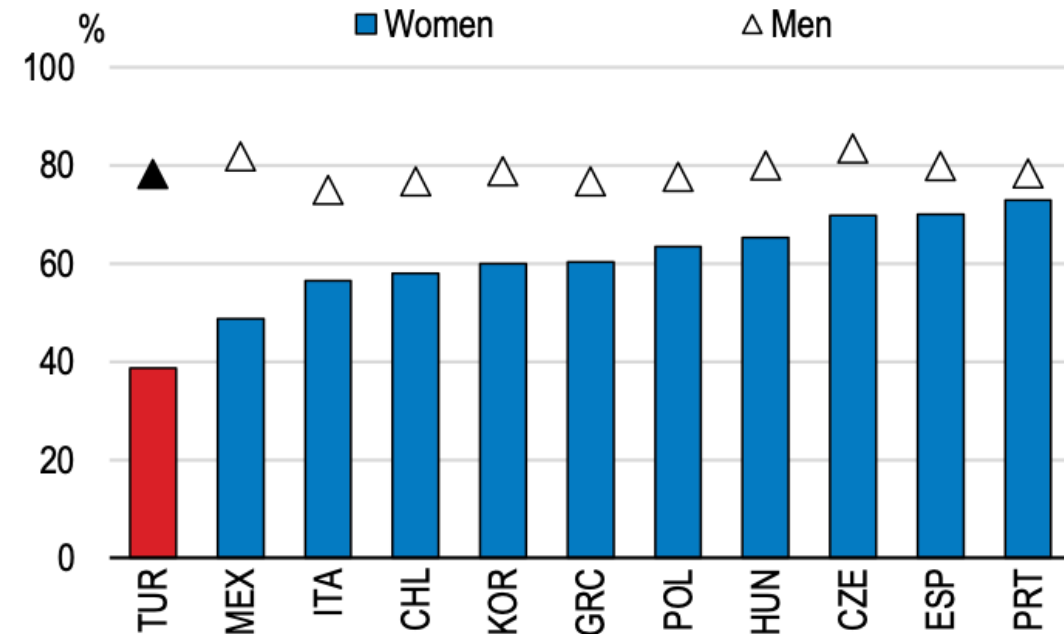
Source: OECD (2020), OECD Labour Force Statistics (database).

The LTC eco-system

Building Capacity & Cross-Learning

Health Policies Institute of Türkiye, May 2022 @DrShereeHussein

The Middle East and North Africa Research on Ageing Healthy (MENARAH) Network

MIDDLE EAST AND NORTH AFRICA RESEARCH ON AGEING HEALTHY

MENARAH (*meaning lighthouse in Arabic*) brings together those interested in healthy ageing research and policy across the Middle East and North Africa (MENA) region. We aim to raise awareness of ageing within the specific economic and socio-cultural structures of the MENA region. The MENARAH network seeks to conduct research and knowledge mobilisation activities to inform the formulation of policies and practice specific to healthy ageing and the wellbeing of older people and their informal carers in the region.

Read Professor Hussein's Welcome Note
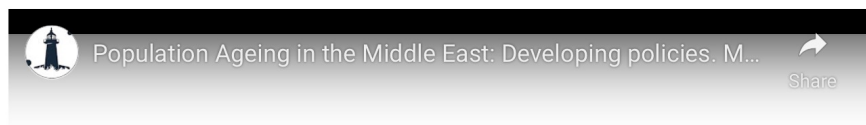
- Launched Sep. 2020 (www.menarah.org)
  - Builds on activities since 2015
- Focuses on healthy ageing in its broadest meaning
- A network of researchers, NGOs, policymakers and many more
- Aims to
  - Raise awareness and connect different actors
  - Conduct research and knowledge mobilisation activities
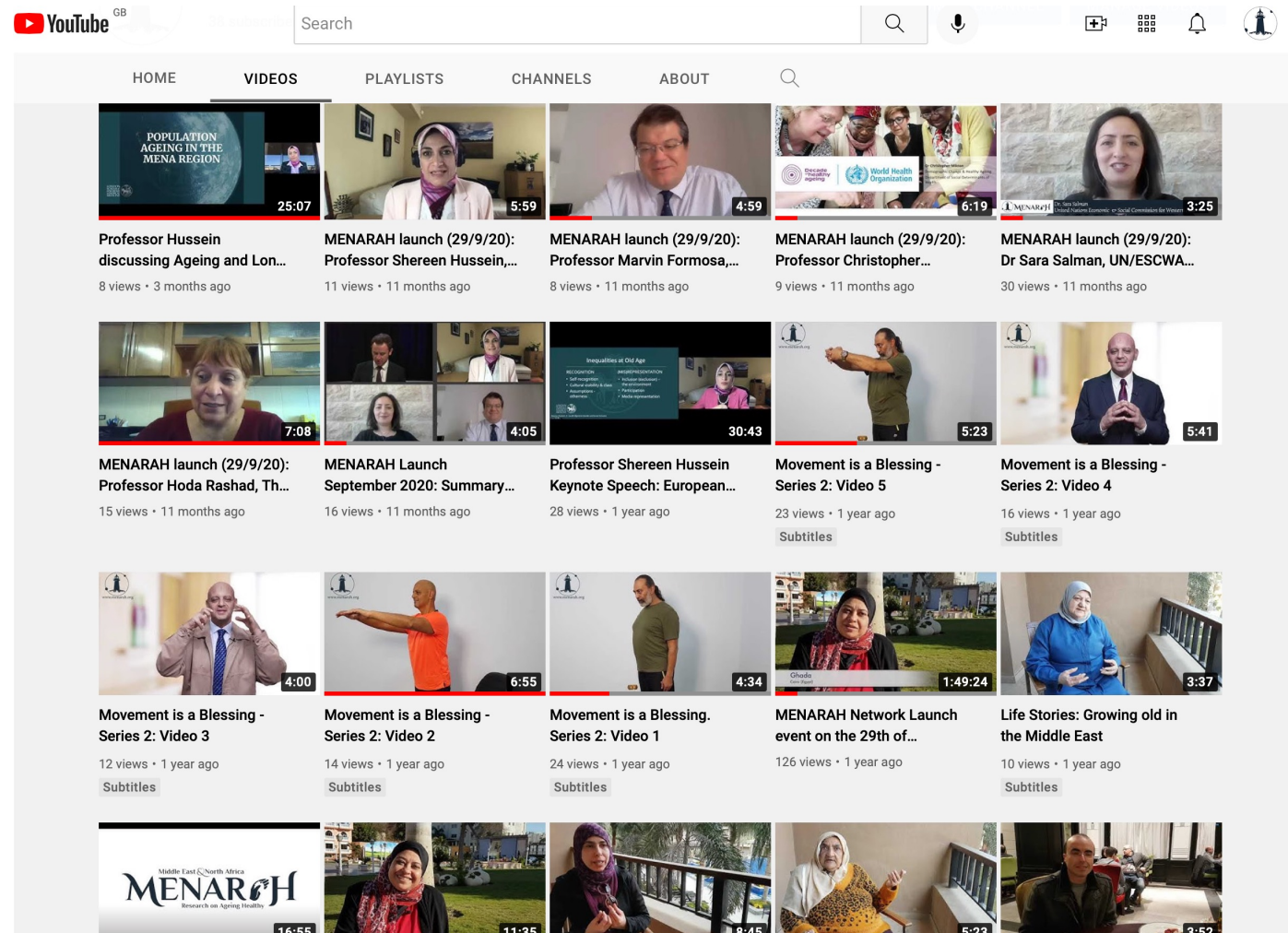 - Inform policy and practice formulation & development

Developing Practical Online Tools

A dedicated YouTube channel and a Facebook group.

A series of exercise videos dedicated to older people.

Awareness of older people needs during COVID19.

Publications, presentations and blogs.

Empower older people and enhance self-care
- Through the life course & Public engagement (language and images)
- Support informal carers

Create formal mechanisms for LTC provision
- Market shaping
- Set standards and regulations
- Partnership working & integrated services
- Pilot, evaluate and upscale

Develop and train a diverse workforce
- Creation of job opportunities and career opportunities
- Capitalise on the window of the population dividends

Funding and financing LTC

Thank you for Listening

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