

特集：第22回厚生政策セミナー

「長寿化に関する国際シンポジウム—二大長寿国 日本とフランスの比較—」

The French Public Policies for Long Term Care

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In 2060, one third of the French population will be over 60 years old. Aging is supported in France by a specific allowance, the APA. This allowance depends on the level of dependency, the income of the persons and the place where the person is living (home or nursing home). Of course, APA's beneficiaries are more dependent and older when they are hosted in a nursing home than those who are living at home. The population benefiting from the APA is mostly women. There are more women living in nursing homes. This is due to the fact that they live longer than men and that they are more frequently widowed so they more frequently do not have anybody to take care of them at home.

Demographic projections show that in the medium scenario, the number of old dependent people will be multiplied by 1.4 between 2019 and 2030 to reach 1.53 million people. The number of very dependent people will increase by 30 % to reach 500 000 people. The weight of loss of autonomy in the GDP will double by 2060. According the hypothesis of indexation which influences this weight, it varies between 1.96% and 2.13% of GDP.

I. Introduction

In 2060, one third of the French population will be over 60 years old. This is one of the lessons from the population projections of the French institute of statistic and economic studies (INSEE). Half of them will be over 75 years old. These figures clearly demonstrate how long term care is one of the next challenges for French public policy. The consequences of ageing on health policies or retirement policies are of course very important. But the aim of this paper is the question of long term care policy in France and the consequences of aging on it. In fact, French policies on ageing are complex because they have different levels of actions and different actors. This paper is a synthesis of different works (see bibliography below).

In France, the support of the loss of autonomy of old people is based on an analysis table called AGIRR¹⁾. The iso-resources group (GIR) is the French instrument to assess loss of independence. This table is meant to evaluate the loss of autonomy of old people according to their ability to

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1) Autonomie, gérontologie, groupe iso-ressource: autonomy, gerontology, iso-resources group

conduct daily activities (ADL). GIR combines an assessment of ADL performances and cognitive functioning.

It has 6 levels of dependency from 1 which is the most important level of dependency to 6 which concerns the most autonomous people.

- GIR 1 : the person is confined to a bed or a chair and has lost his mental and physical autonomy. His situation requires the permanent presence of a medical or social caregivers;
- GIR 2 :
 - the person is confined to a bed or a chair but his mental functions are not totally lost. His situation requires assistance for everyday life activities.
 - the person has lost his mental autonomy but has maintained his motricity;
- GIR 3 : the person has maintained his mental autonomy and partial physical autonomy but needs daily assistance for body care;
- GIR 4 :
 - the person needs help to stand up but can move within their home
 - The person needs help for washing, getting dressed and cooking;
- GIR 5 and GIR 6 : the person is slightly dependent or is not dependent

If people are classified between 1 and 4, they can receive an allowance called APA which is the acronym for the French expression “Allocation pour la Perte d'Autonomie,” which means “allowance for loss of autonomy.”

II. The French allowance for loss of autonomy : the APA

APA is one of the biggest pieces of the puzzle of long term care policy. The APA (allowance for loss of autonomy) is an allowance intended for the people of 60 years old and more with loss of autonomy:

- home-based APA helps to pay the expenses needed to stay at home despite loss of independence;
- the APA in institution helps to pay a part of the dependency rate in EHPAD (nursing home for dependent elderly people).

It entered into force in France on 1 January 2002.

The APA is paid by the county (French department) council. The law of 28 December 2015 on the adaptation of French society to aging has revalued and improved home-based APA.

APA is an allowance for people aged 60 and over:

- who need help to perform the basic activities of daily life: getting up, washing, getting dressed ...,
- or whose condition requires regular monitoring.

There is no recovery of money received either during the lifetime or death of its beneficiary.

The department cannot therefore ask for reimbursement of the sums paid to the beneficiary if his financial situation improves during his lifetime, nor to recover them on his estate at his death.

To benefit from APA, people must:

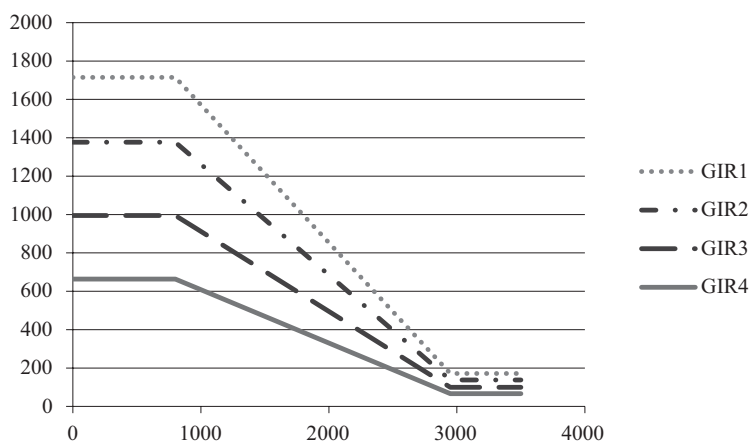
- be 60 years of age or older,
- reside in France in a stable and regular manner,
- be classified as dependent, that is to say have a degree of loss of independence evaluated as falling under GIR 1, 2, 3 or 4 by a team of professionals of the county council.

There are no income conditions to qualify for APA. If people meet the conditions of age, residence and loss of autonomy, they can benefit from the APA regardless of their income. On the other hand, the amount awarded depends on the level of income. Beyond a certain level of income, a progressive participation will be required as it will be exposed further.

Only people classified between GIR 1 and GIR 4 can receive APA. It concerns about 1.2 million people, among which 740 000 live at home and 500 000 are hosted in a nursing home. A person who lives at home and asks for APA is evaluated “in situ”: a medico-social team measures his needs for care and if all conditions are fulfilled, he receives a care plan which is supposed to pay the salary of the people who help him in daily life activities like preparing meal, getting washed or doing the housework. It can also support costs related to technical help such as a medicalized bed, a wheel chair or a walking stick) or to temporary access to a nursing home. People living permanently in a nursing home are supported in financing the nursing costs: APA helps pay the dependence part of the cost of the nursing home evaluated by the AGGIR table. The APA varies according to the income of people:

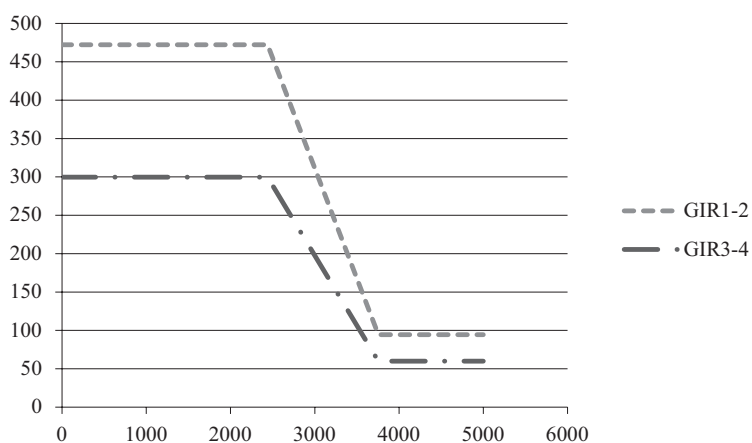
- at home, people who earn less than 800 euros, which represents 107 200 JPY per month benefit from 100% of the care plan, then it linearly decreases to reach a minimum of 10 % of the care plan for people who earn more than 2900 euros per month (Figure 1).
- at the nursing home, if people earn less than 2400 euros per month, an allowance which covers the difference of the cost between the GIR 5-6 price and the GIR of the person price; so 100 % of the dependent part of the cost of housing is reimbursed and it linearly decreases to reach 20 % for people who earn more than 3700 euros (Figure 2).

Figure 1. APA at home per month (in euro)



Source : By author

Figure 2. APA at nursing home per month (in euro)



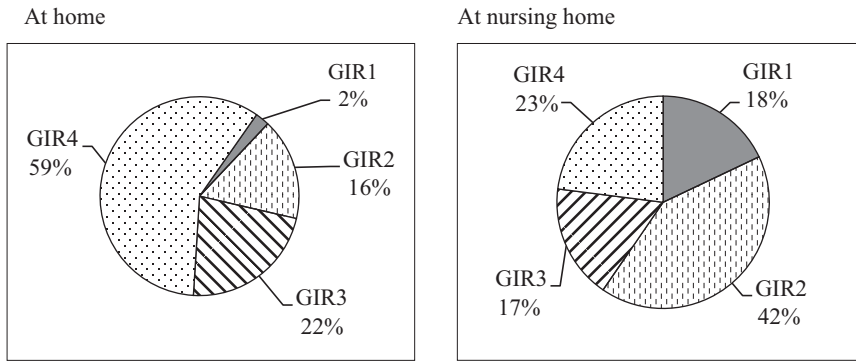
Source : By author

That scale depends on the number of the people who live with the dependent people especially the threshold of income, which can be saw as a standard of living.

III. The population of APA beneficiaries

According to the Statistics Directorate of the Ministry of Social Affairs (Leroux 2017), three quarters of APA beneficiaries living at home are people with GIR 3 or 4 live and two thirds of APA beneficiaries living at nursing home are people with GIR 1 or 2, the most dependent people (Figure 3).

Figure 3. Distribution of APA beneficiaries in December 2015

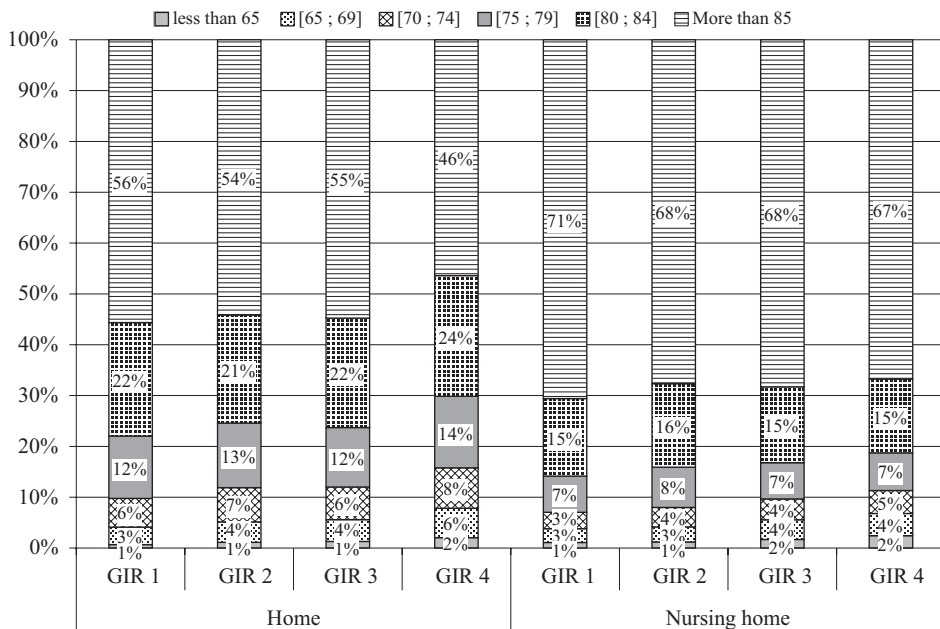


Source : DREES – French Ministry of Social Affairs

Of course people with APA living in a nursing home are more dependent than those who live at home: only 2 % of the people with APA living at home are classified in the GIR1. 18 % of those who live in a nursing home are classified in the GIR1.

People living in a nursing home are older than those living at home (Figure 4). This can be explained by the fact that the older people are, the less they are likely to have a husband, a wife or a child who can take care of them.

Figure 4. Distribution of APA beneficiaries by age in December 2015



Source : DREES – French Ministry of Social Affairs

The population benefiting from the APA is mostly women. There are more women living in nursing homes. This is due to the fact that they live longer than men and that they are more frequently widowed so they more frequently do not have anybody to take care of them at home. It seems that women take care of their older husband and when he dies they become alone and dependent.

Table 1. Distribution of APA beneficiaries by sex in December 2015

	Men	Women
Home	28 %	72 %
Nursing home	24 %	76 %

Source : DREES – French Ministry of Social Affairs

IV. The other benefits to support long term care

APA is not the only support for long term care. There are allowances for housing too.

- Social help for hosting (ASH) is devoted to poor people over 60 years old and who are hosted in a referenced nursing home. It concerns 115 000 people. The source of this allowance is collected from people who are supposed to support these persons or from part of the beneficiary real estate after the death of the recipient.
- Housing allowances are also offered to people under a level of standard of life

Lastly, 50 % of the wages paid to domestic employees under a level per year can be deducted from income tax. The yearly level is 12 000 € for a person living alone and 1500 euros can be added for each person living with the beneficiary. People hosted in a nursing home can also get tax reductions: 25 % of the housing expenditures, up to a maximum of 10 000 euros per year.

The statisticians of the French Ministry of Social Affairs describe this mechanism in a dependency national account. It is very difficult to build it because different public actors finance the different benefits: state for the tax reduction, county for APA or ASH, national benefit account for housing allowances.

The last exercise of building a dependency national account concerns 2014 (Roussel 2017).

In 2014, the cost of long term care for household and the state is 30 billion euros (Table 2). It represents 1.4 point of the GDP. The National authorities finance three quarters of this cost. Health represents over a third of the costs items with 12.2 billion euros, the loss of autonomy 10.7 billion and the housing 7.1 billion. The most important cost item is hospital for old people which is equal to 9.4 billion. Public expenditure of APA are 5.5 billion and the amount required to pay by dependent people is equal to 2.5.

Table 2. Dependency account in 2014 and its public finance

Field	Type of spending	Total expenditure (billion €)	Public expenses (billion €)
Health		12.2	12.1
Loss of autonomy	APA	5.5	5.5
	at home	3.5	3.5
	at nursing home	2.0	2.0
	other APA	2.5	-
	prestation for disability	0.6	0.6
	Social action		
	Other	2.1	2.1
Total		10.7	8.3
Housing	ASH	1.2	1.2
	housing benefits	0.5	0.5
	Other nursing home benefits	1.3	1.3
	Tax reduction	0.3	0.3
	housing expenditure	3.8	-
Total		7.1	3.3
Total (billion euros)		30.0	23.7
Total (points of GDP)		1.40%	1.11%

Source : Compte de la dépendance, DREES, French Ministry of Social Affairs

V. Projections

Let's go back to the analysis of the French demographic situation. It's obviously the most important factor to analyze the challenges in long term care. In 2060, one out of six people will be over 75 years old. These projections can be refined with dependent population projections. This is a difficult exercise because it involves questions that cannot be answered: how will Alzheimer's disease evolve? What will be the place of social and behavioral determinants like alcohol consumption or social links or family structures? What will be the sanitary trends? To take into account all this uncertainty, demographers have made their projections under three different scenarios. In France the most important fact is the generation of baby boomers reaching the age of the loss of autonomy. This generation will have a very important impact on the evolution of the old dependent population. There will be first a rejuvenation of dependent people and then in 2040 a return to an age structure near the one we currently know (Lecroart and al. 2013).

In the medium scenario, the number of old dependent people will be multiplied by 1.4 between 2019 and 2030 to reach 1.53 million people. The number of very dependent people will increase by 30 % to reach 500 000 people.

These projections incorporate a projection of the repartition between living at home and nursing home and the level of dependency with the AGGIRR table. We have seen before that long term care is different according to the way of life (housing versus nursing home). This way of life is different according to the level of dependency.

Let's go back to the hypothesis of the dependent population projection. The time perspective is too short to have a clear trend of the evolution of dependency for advanced age population. The hypothesis relies on the work of Emmanuelle Cambois and Jean-Marie Robine on life expectancy without disabilities (Sieurin et al. 2011). Their last work based upon the disability survey of INSEE showed that years earned in life expectancy are no more without disability. But other work based upon Silc Survey indicates a parallel evolution between life expectancy and life expectancy without disability between 2004 and 2009.

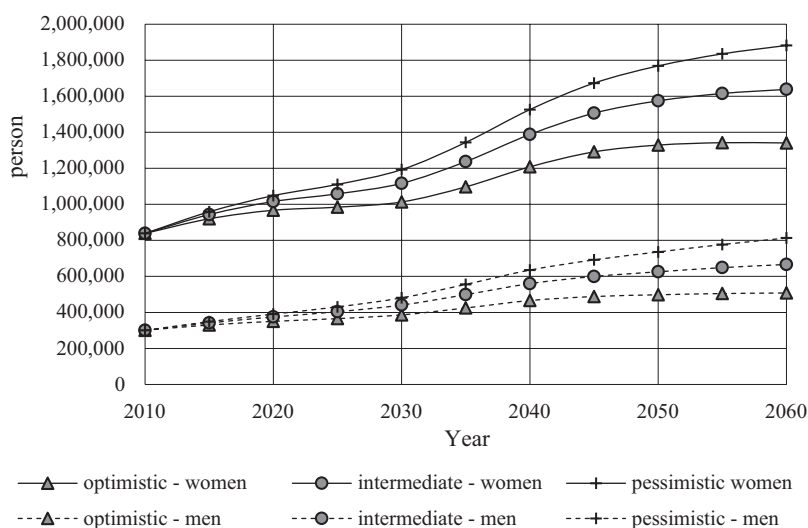
The three hypotheses or scenarios to cover these uncertainties are:

- The optimistic one : the extension of life expectancy does not involve any disability, which means that the period of dependency life is postponed which leaves dependency prevalence unchanged;
- The medium scenario : life expectancy without disability evolves at the same rate as life expectancy, which leads to an increase of dependency prevalence by 2 points;
- The pessimistic scenario: dependency prevalence per age is stable which leads to an increase of the dependency prevalence by 3.5 points.

These three scenarios have one element in common: the number of the most dependent people, the GIR1, will evolve at the same rate.

In the intermediate scenario, there will be 1.6 million of dependent women in 2060 (Figure 5). That means that the number of dependent women will be doubled. There will be 650 000 dependent men in 2060. They were 300 000 in 2010. You can see an acceleration of the number of dependent people after 2030 which corresponds to the baby boomer generations reaching 80 years.

Figure 5. Demographic projection of dependent people



Source : Lecroart et al. (2013)

For all of the three scenarios, in 2060, the life expectancy of woman over 65 years old should be of 27.6 years. It is 4.9 years more than in 2010. In the optimistic scenario, the gains of life expectancy will be fully without dependency, so they will have a life expectancy without disability of 24.1 years. On the contrary, in the pessimistic scenario, 82 % of the years they will live after 65 will be without disability which represents 22.8 years. The part of life expectancy without disability in the life expectancy for a 65 year old woman varies between 82 % and 87 %. This ratio varies between 90 % and 95 % percent for a 65 year-old man. Lastly, the prevalence of dependency varies between 8 % in the optimistic scenario and 11.5 % in the pessimistic one.

The last important dimension to describe the dependent population is the family environment of old dependent people; that dimension is important to project the distribution between home and nursing home. In the dependency process, the spouse and the children are often the first people who provide support to the dependent person. There are currently more than 3.5 million aging people who are regularly helped because of a health problem or a disability. The first survey in France about individuals who provide support to a member of their family because of a health problem or a disability has been conducted by the ministry of social affairs in France in 2009²⁾. The main results of this survey are that when the spouse is still alive, he or she is the first person who supports the spouse losing autonomy (Soulier and Weber 2011). 80 % of helped people who have a spouse are helped by their spouse. The average age of these care-givers is 58 and half of them are retired. The arrival of baby-boomers to the age of loss of autonomy will probably increase the proportion of helped people. They will become cared people after having been care givers.

The projection of the distribution between home and nursing home depends on the family situation and on the income of the persons: at GIR 3-4, the probability of going to a nursing home is higher for people with low income and living alone. If there is no change in the impact of entering in a nursing home, the number of persons in the nursing home will increase more quickly than the number of dependent people living at home in 2040 and the proportion of people in a nursing home will go from 35 % to 37 % of dependent people. Another point is that women's professional activity increase and they have to work until they are 67 years old to be able to have full benefit of their retirement. Moreover, the increased average age of dependent people means that their spouses or children may be in bad health or passed away. All these factors could lead to a decrease of the number of care givers or the availability of the potential care givers because of their implication in the labor market.

Lecroart et al. (2013) have projected the number of care givers in 2040. They estimated that there will be two opposite factors: on the one hand, the increase of life expectancy which would increase the proportion of dependent people with a spouse alive in each age, on the other hand, the increase of the average age of dependent people will have the opposite effect. The combination of

2) <https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/open-data/handicap-et-dependance/article/les-enquetes-handicap-sante>

these two factors leads to a first effect in 2020, with the arrival of the baby boomers which will reduce the average age of the dependent people and increase the probability of having a living spouse and then, between 2020 and 2040, that probability will decrease because of the aging of the babyboomers. This phenomenon would be more important for men who more frequently have younger wife: in 2010, 50 % of dependent men lived with their spouse and 16 % of dependent women did so. In 2040, it would become 54 % of men and 19 % of women. The care givers of dependent women are more often their children than their spouse: in 2040, as in 2010, 70 % of dependent women will have children but they won't have any spouse.

The French baby Boom after the Second World War has an effect on the number of children. The generations who was born after 1975 had fewer children: thus, their probability of having no child to help them if they become dependent is higher. The proportion of dependent men without child or spouse would increase from 12 % in 2030 to 18 % in 2040. The probability of having an available child which means an unemployed child would decrease after 2025.

The family environment is important to estimate the needs of dependent people for being hosted in nursing homes. The income has an effect too. The microsimulation estimates that the proportion of dependent people hosted in nursing home will increase from 35 % in 2010 to 37 % in 2040.

Considering all these projections, a projection of the dependency national account has been elaborated (Roussel 2017) by the French Ministry of Social Affairs.

Table 3. Projection of the dependency national account – intermediate scenario

Percentage of GDP (in %)	2014	2030	2045	2060
Health	0.57	0.67	0.86	0.98
Loss of autonomy	0.39	0.54	0.69	0.78
Housing	0.15	0.19	0.26	0.31
Total	1.11	1.40	1.81	2.07

Source: Roussel (2017)

The weight of loss of autonomy in the GDP will double by 2060 (Table 3). These projections use the hypothesis of indexation which influences this weight. It varies between 1.96% and 2.13%.

All these results encourage developing research on aging, especially on topics like gender differences or geographical disparities. One of the most important questions seems to be the evolution of the aging-related diseases. Death is postponed and more and more people are reaching very old ages. However, we know very little about their health status because there are very few oldest old in the survey samples and because health and disability surveys are poorly adapted to this old people (frailty, sensory and cognitive impairments...). Computations of disability-free life expectancy show that in France, disability-free life expectancy (corresponding to life expectancy without dependence) tends to increase in parallel to total life expectancy even if moderate disability

increases with the lengthening of life. More attention should be given to the consequences of the diseases or more simply of old age, to the disablement process and to factors increasing the risks of dependency such as poor nutrition and physical activities, poor cognitive and social stimulation. These questions concern every country which has an accelerated aging of the population like France and Japan.

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フランスにおける公的介護政策

マグダ・トマシーニ

2060年にフランスの人口の1/3は60歳以上になる。フランスでは介護に対して APA と呼ばれる特別手当が支給されている。この手当は高齢者の自立水準，所得水準，居住地（自宅か施設か）に応じて支払われる。APA の受給者は，施設居住者の方が自宅居住者よりも自立度が低く，高齢である。APA 受給者の多くは女性であり，施設居住者には女性が多い。これは女性の方が男性よりも長く生き，配偶者を失った後自宅で介護をしてくれる人がいないためである。

非自立高齢者数の将来推計（中位推計）によれば，2019年から2030年にかけて非自立高齢者数は1.4倍に増加し，153万人となる。重度な非自立高齢者は30%増加し50万人となる。また非自立高齢者介護に要する費用の対 GDP 比は2060年には2014年の2倍になり，2.07%となるが，重みづけ変数により1.96%から2.13%の範囲となる。

（訳：林玲子）