



**GOUVERNEMENT**

*Liberté  
Égalité  
Fraternité*

Direction générale de la cohésion sociale

# ***13TH SESSION OF THE OPEN-ENDED WORKING GROUP ON AGEING***

## **RIGHT TO HEALTH AND ACCESS TO HEALTH SERVICES'**

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FRANCE

# 1 – Challenges

- 1 Changing the way we think, feel and act about age and ageism;
- 2 Strengthening communities in ways that support older adults' capacities;
- 3 Providing integrated person-centered care and age-appropriate primary health care services;
- 4 Provide access to quality long-term care for older adults who need it.

## FRANCE:

- Predictions that by 2030, **1/3 of the French population will be over 60 years old** (INSEE <sup>1</sup>), vs. 20% as of today.
- Until 2035, the proportion of people aged 60 or more will increase sharply, regardless of the assumptions made about the evolution of fertility, migration or mortality: baby boom period.
- Life expectancy without disabilities is increasing.

<sup>1</sup> National Institute of Statistics and Economic Studies

## 2 – Preserving autonomy through prevention

### Healthy ageing strategy

- Promoting prevention throughout life to delay the loss of autonomy;
- From the age of 70, act on the factors that accelerate the loss of autonomy – experimentation of ICOPE (WHO)
- Fight against social isolation through actions mobilizing the local network for identification and "outreach" actions
- Mobilize health professionals and research to conduct studies on aging and prevention.

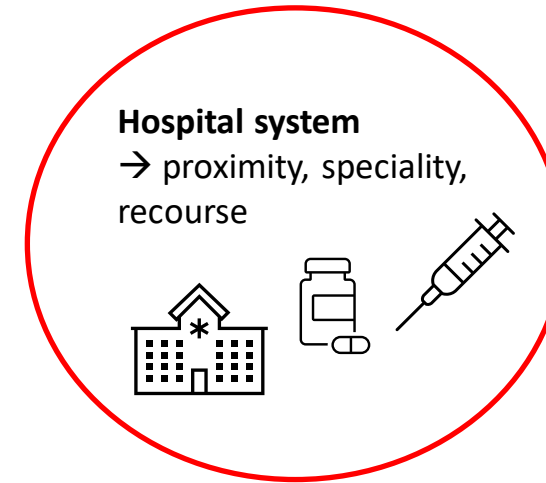
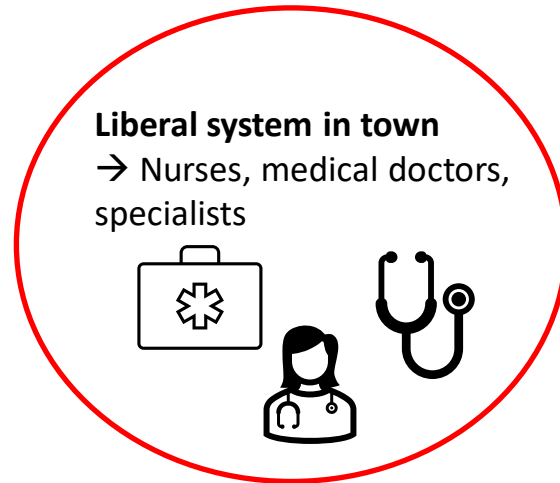
### Appointments of prevention at key ages of life

- Enable the issue of loss of autonomy with health professionals;
- Screening for certain diseases;
- psychological appointment due to retirement of active life.

### Combat isolation + housing

- Millions of people are suffering from isolation;
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- Ma Prime Adapt: financial help from the government to adapt elderly people' housings to their needs.

## 3 – Access to care & Common Law

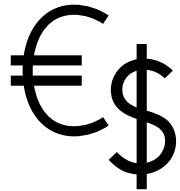


- **Avoid disruption of care and systematic hospitalisation**, leading to discontinuity of care → loss of opportunities for the patient.
- **Deployment of mobile teams** from health establishments to the living quarters of the elderly, in order to reduce avoidable visits to emergency room.
- The affordability of care is guaranteed thanks to the **national health insurance coverage**, with **very limited out-of-pocket expenses**: people over 80 years old, who represent only 5% of the population, account for 17% of hospital care in France.
- **Territorial access to care** is a matter of concern in a context of tension over medical demography.

## 4 – Long Term Care



For some older people, dependence is too great to live independently, and they have to be cared for specialised institutions (EHPAD<sup>1</sup>, EHPA<sup>2</sup>, USLD<sup>3</sup>): medical and social care.



Care: fully covered by the health insurance;

Dependence: globally assumed by the departments, with a remaining cost for some people of a few euros per day;

- ➔ People living in EHPADs have to pay for hotel and restaurant expenses at a cost that is **not neutral** and can **vary** from one establishment to another.
- ➔ Limitations of the remaining costs: insurance mechanism (very protective for people who do not have sufficient income and whose children are not able to provide sufficient assistance to cover the cost).
- ➔ Discussions are underway to change this remaining cost.

<sup>1</sup> EHPAD: Establishment for Dependent Elderly Persons

<sup>2</sup> EHPA: Establishment for Elderly Persons

<sup>3</sup> USLD: Long Term Care Unit

**THANK YOU FOR YOUR  
ATTENTION !**