AgeFLAG Project

Report on national needs and priorities to improve health and well-being of the ageing population in Estonia

Collected during a national needs assessment workshop

Conducted on
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by
Tallinn University, The Estonian Institute for Populations Studies
in
Zoom

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Content

1. Background

This report has been developed in connection to the project "Roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region (AgeFLAG)". The project seeks to identify the most important issues in relation to active and healthy ageing that countries in the region are facing. For this purpose, the project partners have organized national needs assessment workshops, which will later feed into a joint regional report and guide the partners' efforts to develop common solutions through cross-border cooperation.

The Estonian Institute for Population Studies combines research and training in core demography. Ageing forms one of the key areas on demography research. The mission of the Institute is to monitor, analyse and project the existing and emerging trends that shape the ageing society. Since 2010 the institute has conducted the Survey of Health, Ageing and Retirement (SHARE) among 50+ population in Estonia. The Estonian Institute for Population Studies also contributes to the ongoing project "The development of advocacy capacity among institutions and organisations targeted to older people" commissioned by the Estonian Ministry of Social Affairs. The institute is the only academic institution in Estonia that has developed a training course of Educational Gerontology in which topics like ageism and active ageing form a major part.

2. Aim of the workshop

The aim of the workshop was to bring together the most relevant national stakeholders to identify the *top five* national needs that should be addressed to improve active and healthy ageing in Estonia.

Estonian team focused on prevention, i.e. 50-65-year-old people (older working age) have been meant as the main target group of current development work. There are some reasons why we wanted to focus on the needs for active and healthy ageing in the pre-retirement group. First, it would provide after growth for existing undertakings (there is a problem that existing centres, groups, activities are not very successful in attracting young-old persons). Second, surveys have indicated the link between pre-retirement and post-retirement activity (and between missing off-hour activity at pre-retirement age and missing post-retirement activity on individual bases. Finally, preventive active ageing is a topic that has been completely uncovered and unrecognized in Estonia, while active ageing in the post-retirement period has got attention at least to some extent.

3. Facts and figures about ageing in Estonia

Current life expectancy by gender: M 73, F 82
Predicted life expectancy by gender in 2055: M 82, F 87
Current old-age dependency ratio: 65+/(25-64) 37% , 70+/(25-69) 22%

Predicted ratio of older people in society by 2055: 65+/(25-64) 71% , 70+/(25-69) 48%
Current ratio of older people in society: 22% (M 15,6%, F 28,3%)
Current labour market participation rate of 55–64-year-old employees F 61%, M 62%, 65–74-year-old employees F 16%, M 17%.
Currently is the retirement age 65 for men and it will gradually reach the same for women by 2026. For people born in 1962 and later the retirement age will be dependent on current value of life expectancy at the age 65.

Organization of social care system: Social Services of Local Authorities: Domestic Service, General Care Service Provided Outside Home, Curatorship of Adults, Support Person Service, Personal Assistant Service, Shelter Service, Safe House Service, Social Transport Service, Provision of Dwelling, Debt Counselling Service.

Assistance Organised by State: Right to Apply for Assumption by State of Obligation to Pay Fee upon Purchasing or Leasing Technical Aid, List of Technical Aids and Limits for Assumption of Obligation to Pay Fee, Application for and Deciding on Assumption of Obligation to Pay Fee and Waiting List for Technical Aid.

Today, almost 69,000 people receive services, the actual need is for 119,000 service places.

The state spends 6.7% of GDP on the health care and 13% of GDP on social protection. In Estonia the rate of self-financing in long term care facilities reaches to 80%. Approximately 47 thousand persons are engaged in family care in Estonia, 16,7 thousand of them have been forced to exit the labor market because of care burden and 6,6 is forced to work part-time bases.

Active ageing initiatives are not supported by the state. The main responsibility relays on the individual itself. Real conditions for active ageing depend on awareness and wealth of local municipalities and informal leaders. Most initiatives have been funded on a project bases.

Information on recent or planned government initiatives to promote active and healthy ageing in your country:

- Development of a model for the implementation of volunteers in social care, 2018–2020
- Service design to help people aged 50+ work to reshape the application round for labor market services, 2019–2020 (Ministry of Social Affairs)
- The development of advocacy capacity among institutions and organisations targeted to older people, 2019–2021 (Ministry of Social Affairs)

4. Participants

Participants were invited according to even geographical and sectoral distribution. The workshop was held in Zoom by using its functionalities like the share of slides, split of rooms, voting, and recording.

Among participants the Ministry of Social Affairs, Government Office, Local Day Centres and Nursing Homes, Libraries, Veteran Sports Associations, NGO Dementia competence center, urban planners, municipality leaders, regional development centres, the association of non-formal education, and universities were represented. The total number of participants in Zoom workshop was 21, but some of them participated part-time.

5. Methodology

The workshop methodology was designed to identify and prioritize the national needs to improve active and healthy ageing through a 4-step process: First, the participants have been presented with the most recent national data and other information, as presented in the facts and figures section of this report. This presentation was designed to provide a common understanding of the topic. Secondly, the participants were invited to map all possible needs arising from the active ageing in the national context. In a third step, the participants were split into groups of 3, prioritizing jointly which of the identified needs they considered most important. Lastly, in a discussion with the whole group *top five* priorities of the 3 groups were voted one by one. Nevertheless, for defining the national top five priorities the scientific team harmonized the results of the 3 groups afterwards. As a result, 5 national priorities were identified by analyzing the groups' top five results.

5.1 Reflection on workshop implementation and lessons learned

The requirement to use web tools instead to face-to-face discussion definitely created some limitations; nevertheless, the workshop was successful and reached the goal. For organisers it was the very first experience for conducting development work by using web tools only. Despite the test-workshop conducted artificially in Zoom among several members of the Institute in advance, there were some technical pauses during the workshop and some participants did not reach the Zoom meeting in time. The main lesson from the experience is that the technical manager should not carry any substantive role during such a workshop.

6. Outcomes: *Top five* priorities for action on healthy ageing in Estonia.

1. MAKING THE WORKING ENVIRONMENT MUCH MORE FLEXIBLE

Opportunities for part-time work and work- bites. Motivational systems for employers for providing part-time work opportunities (e.g through taxes), sharing good examples (e.g. in media channels). Measures for employers to keep pre-retirement and retirement-age employees on the labor market. Increasing flexibility in the workplace (flexibility of working conditions, allowing grandparents to take parental leave, etc).

2. CONCEPTUAL DEVELOPMENT OF LIFELONG LEARNING TO MEET THE REAL NEEDS OF AN AGING SOCIETY

Increasing general/basic skills throughout the life cycle (digital competences, health awareness, communication skills) and awareness-raising (we all age, knowledge sharing between generations, information skills, increasing self-esteem, increasing retraining, training programs at school on aging). The problem of didactics: adult pedagogy in real practice is similar to this used in the groups of young adults, forms of learning do not take into account the increased need for reciprocal learning.

3. TRAINING OF PROFESSIONALS

There is the need for new professional human resources: mental health nurses, geriatricians, nutrition nurses, rehabilitation nurses, also for community leaders and their support network through what the social environment for active aging can be developed. GPs' skills in guiding people to behave healthily need to be improved.

4. ACCESSIBILITY, EXISTENCE OF COMMON PLACES AND MUTUAL ACTIVITIES, INCLUDING DEVELOPMENT OF THE COMMUNITY AS AN ENVIRONMENT FOR ACTIVE AGING

Accessibility to everywhere (digital solutions, buildings, services, community activities, a healthy lifestyle). Economic accessibility – support for participation in activities. Availability of common meeting places. Physical environment to support community member exposure. Provision of low-cost activities/courses in communities. Variability of activities (not limited to IT, knitting, and cooking). Cooperation between the community and local municipality, resources, creation of cohesion, and valuing of generations. The need for aging in place. Developing the concept of active aging in care home settings, linking care homes into community life. Feeling the necessity and usefulness of oneself at any age.

5. DEVELOPMENT OF SOCIAL ENVIRONMENT SUPPORTIVE FOR MENTAL HEALTH

Reducing the mentality of „the active lifestyle is meant for others – for youngsters and for a certain type of people“. Development of an environment supportive of mental health. Special attention to loneliness (guiltiness because of age). Reducing stigmas (also helps to increase social participation), including, for example, change in doctors' attitudes).