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The future development of elderly care home capacity in South Bohemia



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ABSTRACT

The article explores capacity in elderly care homes in the South Bohemian region. The aim is to map the current state and the potential future capacity up to 2030. The need to ensure there are sufficient elderly care homes is linked to expectations that life expectancy will continue to increase, and that the top-heavy age structure of the population will lead to an increase in the number and proportion of elderly people in the total population. Existing population forecasts indicate that the number of elderly people in South Bohemia will have increased by more than 40% by 2030. Elderly care home capacity is now full and – given the large numbers seeking placement – it is also insufficient. Despite this, the available information suggests there are no plans to increase capacity substantially in the near future. It is thus assumed that the problem regarding elderly institutional care will grow worse in the near future. According to the authors' calculations, if the proportion of elderly people in the population residing in care homes remains at the same level, it will be necessary, depending on the model used, to increase capacity by around 80% by 2030. If not, the number of elderly people per care home vacancy in South Bohemia will rise from the current value of 37 to 53 by 2030, which may cause considerable problems.

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Introduction

In recent decades, the Czech Republic has been one of the countries where the main determining demographic factor is demographic ageing. Demographic ageing can be defined as the result of a long term decline in fertility and a decrease in mortality among the older age group, resulting in a larger

proportion of elderly people [1,2]. As this definition shows, this process can be influenced in two directions: from the “bottom” of the age pyramid (“fertility dominated ageing”), where the main determinant is a decline in fertility to below replacement levels and a subsequent decrease in the proportion of children in the population, and from the “top” of the age pyramid (“mortality dominated ageing”), characterised by an increase in life expectancy and a greater proportion of older age groups

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in the overall composition of the population. Generally this affects the 65 and over age group, i.e. the post-productive section of the population [3,4], and the fastest growth-rate can be observed in the population aged 80 and over, also known as the oldest-old [5] or the “fourth age” [6]. Both types of ageing affect the demographic development of the Czech population, exacerbating the ageing of the population age structure [7,8]. Current developments indicate that an increasingly large proportion of the population is able to survive into older age, and that these people eventually die within a relatively narrow age range (see the theories of rectangularisation of the survival curve and compression of mortality [9]). Therefore the Czech Republic has one of the most rapid paces of population ageing, especially compared to the “old” European countries [10]. This process has clearly had, and will continue to have, a considerable impact on society [11].

Despite this, not all views on demographic ageing are necessarily negative [12]. Population ageing can be viewed from many angles, and as Holčík, for example, has pointed out [13]: “It is worth noting that population ageing, particularly increases in the proportion of elderly and very elderly people, is not a problem. It is simply the result of better living conditions and health care.” Nevertheless, the impact of changes in the population age structure, evident primarily in the increasing number and proportion of elderly people, should not only be viewed in purely demographic terms but also in terms of public finances (rising health care expenditure and old age pensions) and public services, including the lack of or insufficient capacity in elderly care homes and nursing homes. It is almost inevitable that despite significant improvements in the health of the Czech population over the last two decades [14,15] and the associated increase in elderly people who have active lifestyles [16], the number of people unable to live fully independently owing to ill health and who require assistance will rise. This is not immediately apparent in the Czech Republic since the family still generally take care of the elderly and sick, and formal services only tend to be used when these informal services are not available, are lacking or have been exhausted. Along with the decline in fertility rates, rapid population ageing, greater geographical mobility and the disintegration of traditional family ties, the expectation is that there will be fewer potential carers among family members in the future. The need for elderly residential care, as well as a wide range of alternative services enabling people to remain in their natural environment, will become more important, bearing in mind that “... one of the objectives of an advanced society should be to ensure a decent life in old age, not only financially” [17].

The aim of this paper is to consider the population in South Bohemia, in particular the older age groups, estimate its development and structure and then consider whether there will be sufficient places in elderly care homes given current capacity levels. This will be projected up to 2030 with the aim not of determining the precise capacity required, but of highlighting the need to increase future capacity in elderly care homes – it is assumed that over the next few years considerable problems will emerge given the expected demographic development.

Population development in the Czech Republic: current and expected trends in the number and structure of the elderly population in South Bohemia

Changes in the reproductive behaviour of the Czech population, increasing life expectancy, and the ageing of the baby boomer population born in the post-war period and in the 1970s as a consequence of pro-population measures (Husák's children), have had many impacts on demographic indicators. Since 1990, the mean age of the population has increased by more than five years and the ageing index – the number of elderly inhabitants (65 or over) for every 100 people aged 0–14 years – has exceeded 100, indicating that the Czech population has more elderly members than children (Table 1).

At the same time however, the health of the population has improved as indicated by traditional “objective” health indicators and “subjective” health assessments obtained through sample surveys [10,19,20]. This could also significantly affect elderly care home provision, since it can be assumed that the proportion of people who are self-sufficient and at a younger retirement age will grow. Nonetheless the increasing proportion of people in the oldest age groups who are less self-sufficient indicates that elderly care centres are – and will be – required to provide at least basic social services for this population group.

The population in South Bohemia, the subject of study in this paper, exhibits very similar population development trends as the country as a whole (Table 2). With over 636 thousand inhabitants, this is the sixth largest region in the Czech Republic. According to demographic yearbooks [21,22], the population in this region is growing slightly – between 2000 and 2013 it increased by almost 10,500 people (1.5%). This increase did not affect the pre-productive (0–14) or productive sections of the population (15–64 years) and can be attributed to the post-productive population (65+), which grew by more than 30%, from 85.4 to 111.3 thousand inhabitants. Thus the size of this group as a proportion of the total population increased in the years surveyed from 13.6% to 17.5%, making it larger than the pre-productive population (15.0% in 2013).

Table 1 – Development of population age structure indicators in the Czech Republic, 1950–2013 (at end of year).

| Indicator | 1950 | 1960 | 1970 | 1980 | 1990 | 2000 | 2010 | 2013 |
|--------------------------------|------|------|------|------|------|------|-------|-------|
| Proportion of persons aged (%) | | | | | | | | |
| 0–14 years | 24.5 | 25.5 | 21.2 | 23.5 | 21.2 | 16.2 | 14.4 | 15.0 |
| 15–64 years | 67.0 | 65.0 | 66.6 | 63.2 | 66.3 | 69.9 | 70.1 | 67.6 |
| 65 years or over (65+) | 8.5 | 9.5 | 12.2 | 13.3 | 12.6 | 13.9 | 15.5 | 17.4 |
| 85 years or over (85+) | 1.0 | 1.2 | 1.5 | 1.9 | 2.5 | 2.4 | 3.7 | 3.9 |
| Ageing index (65+/0–14) | 34.5 | 37.4 | 57.3 | 56.7 | 59.4 | 85.5 | 107.8 | 115.7 |
| Mean age (in years) | 33.5 | 34.5 | 35.8 | 35.4 | 36.3 | 38.8 | 40.8 | 41.5 |

Source: [18]; compiled by authors.

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