Frailty and Healthy Ageing Strategies
Which Role for Social Policy?

Summary

The FRESH project (Frailty Research in Economics, Society, and Health) aims to promote a new and comprehensive approach to analyse dependency in old-age. Frailty depicts a state of vulnerability to adverse health outcomes within a disablement process. Some individuals become frail, which means that the same health shocks from which non-frail individuals recover can have lasting consequences on them, starting a process of functional disability and dependence. Moving back from dependency into autonomy can be almost impossible and the process can therefore be described as a disability trap. Since the costs of dependency are very high, it is important to look for ways to prevent such a process and protect frail individuals from potentially harmful health shocks.

Adapting tools from vulnerability analysis in development economics, the FRESH project's objectives are two-fold: the first one is to develop an economic framework for studying the concept, measures and costs of frailty; the second one is to identify the determinants of frailty in the general population. The FRESH project relies on previous work using SHARE data that developed and validated a medical-based frailty instrument, where frailty is considered as a reversible precursor of functional dependency. Extension to the cognitive dimension and exploration of the individual characteristics (social and economic variables in panel data and life histories settings) and system features (social security, etc.) in a cross-country setting are promising ways of research.

Project Organisation

Rationale for Phase 1 (2011-2012)

1. Population ageing puts tension on EU Welfare States regimes
   - Two major economic issues for Social Protection Systems
     - Financing [Pensions]: retirement age + [LTC]: individual (compulsory) insurance at 50+
     - Funding Decline in cognitive + physiologic reserve → Focus on prevention/health promotion

2. Development of strategies to promote autonomy
   - "Ex-ante" strategies refer to the concept of Physical Frailty (Fried et al, 2001)
     - Predicts negative outcomes (falls, disability, dependency, hospitalisation, institutionalisation, death)
     - Allows for reversible pathways → Frailty = Vulnerability to health shocks (=Risk/Coping capacity)

3. Medical hegemony
   - The use of the frailty concept dedicates an important role to the medical approach
     - Geriatrics/Gerontology: Generalised prevention – Frailty as geriatric syndrom (indiv. marker)
     - Public health: General health promotion – Frailty as health marker in the general population

4. Is there room for social policy?
   - Contribution: On the socio-economic determinants of the frailty process (stocks & flows)
   - Method: Panel models using individual survey data from SHARE www.share-project.org