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ERA-AGE2 – FLARE2 Post-Doctoral Fellowship

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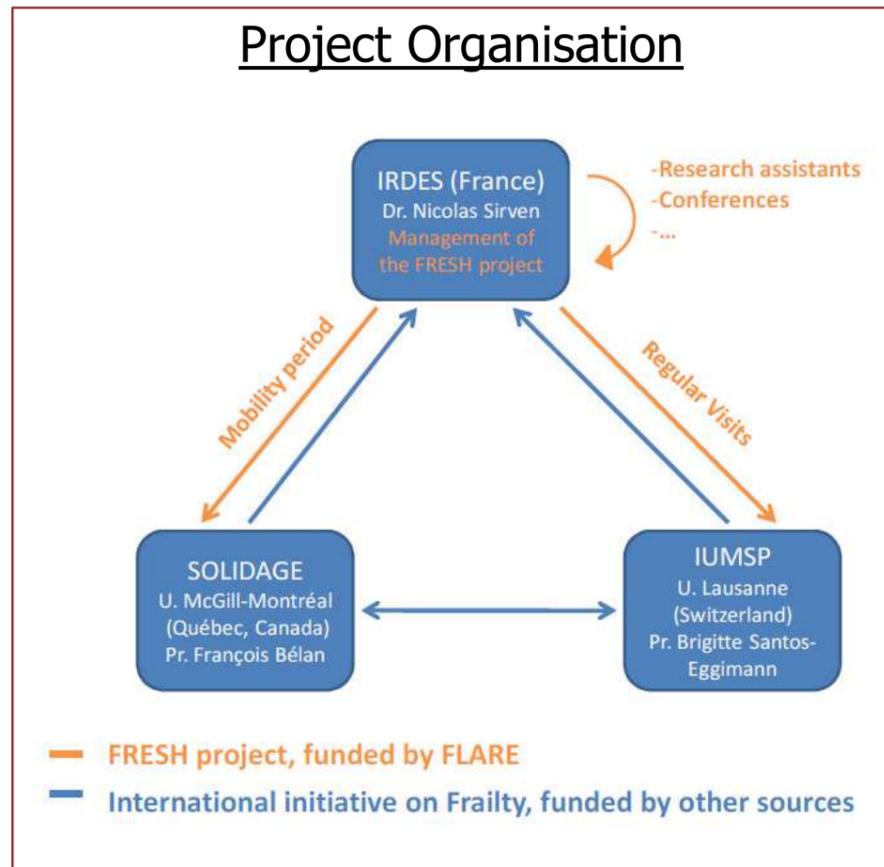
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Summary

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.



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

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