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Note

This publication is a technical document that aims to provide scientific evidence to support decision-making in the older population group. The results presented do not imply any ideological position of the research team. Neither the Chair nor its researchers are responsible for any use that may be made of this publication.

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Over the last century, life expectancy has increased by more than 40 years globally. This is excellent news, a great scientific triumph that humanity has been searching for throughout its history. Unfortunately, nothing could be further from the truth; this situation poses new challenges for us as a society. Questions for which we still have no answers: How will we live these extra years that human progress has achieved? How will we reach a balance in a society where living with centenarians is the new normal? Are we truly ready to live longer and to do so with dignity?

The ageing process has many negative connotations in western societies. The term old age, as we understand it, means a loss of productivity, illness and the loss of psychomotor functions. This is a way of understanding old age that undermines our perception of our older adults, their role in society and their self-esteem. But it does not have to be this way and must change.

The Aristotle project, a recent study by the Mutualidad Abogacía Foundation School of Thought, has shown the importance of biological age in understanding this new longevity. Biological age is what determines physical, psychological and physiological abilities beyond chronological age and enables us to analyse individuals in relation to their potential life cycle. Consequently, it has been determined that biological age can vary by 12 years compared to chronological age. Ageing is an individual, unique process that we are dealing with collectively.

Although our society is far from perfect, during the 20th and 21st centuries great social advances have been achieved in the fight against discrimination on the grounds of gender, race and sexual orientation. It is now also time to fight the discrimination that the elderly suffer. The inherent ageism of contemporary society, based on the loss of productive capacity, must give way to another way of understanding the ageing process. We must disconnect advanced age from negative connotations and start, as a general rule, focusing on the independence and the ability

to act of all people, because a demographic transition is inevitable and we must act accordingly in order to adapt the welfare state to this new reality. Currently, the way to deal with this challenge is to use a very simplistic focus, with too much dependence on economic aspects. We are immersed in a debate about the ability of states to maintain incomes for older adults, when, in reality, when we talk about ageing, whether globally, in terms of population or the dignity of people, we must remember that the conversation involves countless aspects: we are talking about pensions, but also about health, well-being and dependence; we are talking about risks of exclusion, of loneliness and energy poverty, about connectivity, living conditions, mobility, leisure, consumption and savings, about economic sciences, actuarial sciences, demography, law and ethics.

This new longevity encompasses many factors and we cannot ignore any of them when addressing it. The analysis of the causes and consequences of a longer living society requires multidisciplinary study, which will consider the social and economic aspects but be focused on people, on their problems and their potential after they have reached retirement age.

When we created the Mutualidad Abogacía Foundation School of Thought in 2019, we did so with a firm purpose: to provide, through research, innovation and understanding of the realities of ageing, solutions for society and all social agents capable of intervening regarding preparation for longer-living societies. In 2020, we strengthened this purpose in partnership with the University of Barcelona, through the creation of the University of Barcelona Chair - The Mutualidad Abogacía Foundation School of Thought on the Economy of Ageing, in a firm commitment to research, rigorous scientific debate and education concerning the new longevity.

We are pleased to present the Dignified and Sustainable Quality of Life in Old Age indicator, an index composed and designed to measure sustainable and dignified ageing in the elderly population, analysing their longitudinal comparison by country and over time. This is an index that acts as a comparable benchmark throughout the European Union. This new index defines good ageing in the context of healthy ageing, as established by the World Health Organisation, and based on the 2030 Agenda for Sustainable Development Goals to define the fundamental aspects of life for people aged over 65. All this comes at a strategic moment, given that, without doubt, the attainment of SDGs has become one of the biggest unifying forces in recent decades.

Initiatives such as the one we are presenting represent a watershed moment in the fight against inequality. Only by being fully aware of the reality that our older adults experience can we build bridges for collaboration, innovation and development; with societies where the rights, freedoms and dignity of the most vulnerable groups are protected, laying the foundations to overcome present challenges and those still to come.

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Blanca Narváez Directora General Fundación Mutualiad Abogacía







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Introduction





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Executive summary

The increase in the share of population aged 65 and over is a trend throughout Europe. According to the forecasts by institutions studying demography, due to this improvement in longevity, the ageing of society has no near end in sight.

To deal with such a change in the population structure, governments and societies need to pay closer attention to two key aspects: firstly, the quality of life and dignity of the elderly in their various life stages, secondly, the new infrastructure and services needed to ensure the well-being of older citizens. This process is by no means easy. However, countries must be aware of the areas where these citizens are at a disadvantage and, when possible, prioritise spending policies to solve them.

Our objective is to provide countries with a tool that will allow them to easily see the position they occupy compared to their counterpart countries in terms of dignity and quality of life for the elderly, all based on the sustainable development goals indicated in the 2020-2030 Agenda.

Older adults are not a homogenous group with the same needs, options and problems. The experience of ageing can be very different not just depending on personal characteristics – such as age, gender, socioeconomic status, etc., but also according to many other factors of the society they live in.

The sustainable development goals (SDGs) from the 2030 Agenda are a great framework to evaluate the quality of life in older people, to measure active and healthy ageing accurately. However, the breadth of variants that define them individually can make it difficult to compare the extent of their results, even if the comparison is made at an international level.

The design of standardised tools to measure the degree of fulfilment of each SDG for people aged 65 and over can help governments to both compare their progress against other countries as well as track their fulfilment performance. That is why we propose using the european elderly dignity index, a composite index that tracks the quality and sustainability of ageing for older adults, which allows a longitudinal comparison, by countries and over time.

This index defines "good ageing" following the "healthy ageing" framework championed by the World Health Organization. To organise the key life areas, it uses the SDG groupings from the United-Nations-sponsored "Agenda 2030". In its construction, we considered existing precedents, such as the Active Ageing Index, and methodological improvements to index construction from the last 25 years by multiple international institutions, to adapt them to the SDG framework.

The european elderly dignity index groups 11 SDGs into 8 domains that account for the key areas of the life of the elderly, so that we can obtain the most complete picture of their quality of life. The domain components measure specific relevant indicators: socioeconomic status, assets, nutritional and exercise habits, life expectancy, educational attainment, ICT skills, participation in labour markets, geographical location and interpersonal relationships, among many others.

To avoid subjective judgement, within each domain, each indicator has the same implicit weight, and in the index, each domain does too. According to the index results, older adults in northern and central Europe have the highest quality of life in the continent, while countries from the Balkan peninsula and of the Visegrád group occupy the final positions. Most southern European countries occupy middle positions.

The first position in the ranking is occupied by Sweden, followed by Luxembourg and Norway, although within the group of the 10 best ranked countries we also find, and in this order, the Netherlands, Germany, Finland, Denmark, France, Ireland and Estonia. In this first group, the indicator varies between 28 and 24 points approximately.

In the central part of the ranking, of the 10 countries in central positions, we find Belgium in first place, followed by Spain, Austria, Portugal, Slovenia, Malta, Italy, Lithuania, Cyprus and the Czech Republic. In this case, the indicator varies between 22.5 and 20.5 points approximately.

Finally, in the final part of the ranking, and with an indicator value below 20.5 points, we find Latvia, Slovakia, Hungary, Poland, Greece, Romania, Bulgaria and Croatia.







1. Introduction

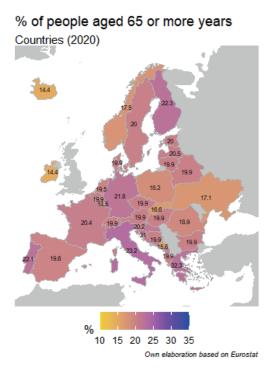
European societies are ageing. This situation shows the need to match new demographic structures with economic and social policies suited to ensure the elderly have a decent life.

Measuring quality of life has been a recurring topic of research for international institutions, such as the World Health Organization, the United Nations and the European Union. For the last 25 years, one of their priorities has been to generate content on how to properly measure quality of life, from both objective and subjective perspectives.

<<Active ageing>> is probably the focus on which many of the actions we find today revolve, highlighting everything that older adults can continue to contribute to society, both through their voluntary work and in associations. The module for the elderly of the Quality of Life Questionnaire (1998) of the World Health Organization, the Global AgeWatch Index (2012) of HelpInternational and the Active Ageing Index (2012) of the European Commission are just some examples of what the various international organisations have been doing.

The appearance of ageing demographic structures shows the need to quantify and monitor the quality of life of the elderly, in order to design the most suitable policies and evaluate their implementation. Therefore, a paradigm shift is required in the actions carried out by institutions, which need to have a comprehensive vision of the life of the elderly. The resulting context is that of <<heather the elderly ageing>>, evidenced by the World Health Organization, and which seeks to develop and maintain at advanced ages the functional capacity that enables the well-being and active ageing of the population. This strategy aims to focus the attention and resources of societies and civil authorities on improving the quality of life of the elderly. This action plan presented by the WHO on ageing is in accordance with the calendar of the United Nations 2030 Agenda, and therefore, presents an opportunity to adapt the definition of the sustainable development goals to the improvement of quality of life in old age, in addition to the measurement proposed for society in general. The United Nations declares the decade 2020-2030 as the decade of healthy ageing, stressing the importance of this objective.

The design of a composite indicator focused on the measurement of sustainable development goals fulfilment in the elderly population is in response to the need for a robust tool that makes it possible to analyse the degree of compliance with SDGs in the



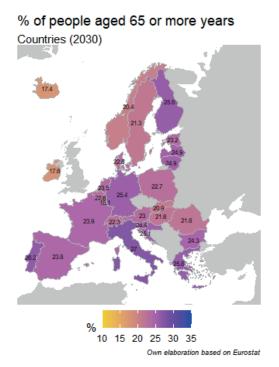
elderly population segment, allowing comparison between European countries, and allowing the detection of those aspects where actions are required to guarantee a dignified and sustainable life in old age.

In 2020, the proportion of people aged 65 and over in Europe was on average 19.2% of the total population. Only 10 years later, this proportion is expected to reach 22.9%, an increase of 3.7%.

The countries where the elderly represent a higher proportion are Italy (23,2%), Finland (22,3%), Greece (22,3%) and Portugal (22,1%). Spain is also above the average, with 19,6%. The countries with fewer older adults are Iceland (14,4%), Ireland (14,5), North Macedonia and Luxembourg (14,5%).

The ageing of the population is widespread throughout Europe, with increasing trends. The elderly will come to represent more than a quarter of the population in six countries in 2030: Italy (27%), Portugal (26,3%), Greece (25,8%), Finland (28,8%)

and Germany (25,4%). Only in three countries will there be percentages below 20%: Iceland (17,5%), Ireland (17,6%) and Luxembourg (18,7%).



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2. Sustainable Development Goals (SDGs)



In 2015, the United Nations General Assembly adopted the 2030 Agenda for sustainable development. This is an action plan that aims to move towards societies with inclusive economic growth, greater cohesion and social justice, in peace and with a sustainable environmental horizon.1 The actions of the Agenda are framed as part of the sustainable development goals (SDGs), replacing the millennium development goals (MDGs).

In the 2030 Agenda and its SDGs, the World Health Organization proposed the Decade of Healthy Ageing and the 2020-2030 decade was proclaimed as such by the United Nations in 2020.

Functional capacity is the sum of the intrinsic capacity of a person (that is, the combination of all their physical and mental capacities), the environment in which they live (understood in its broadest sense and including the physical, social and political) and the interactions between these two.





































17 SDGs have been defined that deal with issues ranging from the eradication of poverty, the reduction of inequality, sustainable economic growth and decent housing, among others. Although SDGs are universal, each country will be able to adapt its domestic policies to deal with its specific challenges. Therefore, the design of universal policies that respond to such interconnected problems and that help to meet the defined objectives is promoted.

The WHO has defined a series of key SDGs to promote and monitor healthy ageing:

GOAL 1: No Poverty

GOAL 2: Zero Hunger

GOAL 3: Good Health and Well-being

GOAL 4: Quality Education GOAL 5: Gender Equality

GOAL 8: Decent Work and Economic Growth

GOAL 9: Industry, Innovation and Infrastructure

GOAL 10: Reduced Inequality

GOAL 11: Sustainable Cities and Communities
GOAL 16: Peace and Justice Strong Institutions

GOAL 17: Partnerships to Achieve the Goal



3. European elderly dignity index

3.1. Aggregation **methodology**

COMPARABILITY AT EUROPEAN LEVE

An important criterion in the selection of sub-indicators has been the availability of information for the largest possible number of European countries. For this reason, the data used comes exclusively from European institutions such as Eurostat and the European Central Bank (only on a few occasions have countries challenged a sub-indicator, due to lack of information, based on cultural and geographical proximity).

MONITORING OF TRENDS OVER TIME

Most of the chosen sub-indicators can be continuously updated to allow the indicator to be revised and measure its performance.

DATA QUALITY AND AVAILABILITY OVER TIME

The indicator is made up of data with high reliability and robustness, derived from the aforementioned official sources.

MEASURING THE PROGRESS OF THE SENIOR POPULATION

The indicator seeks to highlight the areas where countries ensure healthy ageing of the elderly, in accordance with the SDGs, as well as highlight the areas where they must improve.

ASSIGNMENT OF NORMATIVE VALUE TO MEASUREMENTS

To facilitate the reading of the indicator and its domains, all the sub-indicators have been defined positively, with values ranging between 0 and 100. In this way, the higher the values that each sub-indicator takes at a particular level, and the global index in general, the better the position occupied by the analysed country. In this type of indicator, 100 is the theoretical maximum value and therefore should not be interpreted as optimal.

CALCULATION METHOD

The weighted arithmetic mean of the domains is calculated. The weights used are unique for each sub-indicator, as they ensure that their final value in the domain is equally weighted. Sub-indices are obtained for compliance with each SDG (domain).

LIMITATION ON THE NUMBER OF SELECTED SUB-INDICATORS

The construction of the indicator has been carried out with the idea of maintaining the same sub-indicators over time. The chosen number has sought to balance the relevant information and, at the same time, be parsimonious.

INDICATOR CONSISTENCY

We used Cronbach's alpha coefficient to measure the consistency of the scores within each domain and of the final indicator. Cronbach's alpha coefficient is a measure of consistency in the construction of composite indicators. The closer it is to one, the better interpretation is obtained for the sub-indicators included in the indicator, in the sense of guaranteeing that all of them provide relevant information and in the same direction in the construction of the global indicator.

STABILITY OF THE WEIGHTS AND THE INDICATOR OVER TIME

The explicit weights have been calibrated with the latest data available for the sub-indicators, in order to reflect implicit, equally weighted values. To ensure that the explicit values chosen return stable implicit weights, the calculation of the indicator has been replicated for different years (2015, 2016 and 2019) without significant variations being observed (stability of the indicator). However, some changes have been observed in the position that some countries occupy within the ranking, as a consequence of the change in value of the sub-indicators.





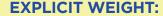
European elderly dignity index

3.2. Weights in the construction of the european elderly dignity index

In the construction of the indicator, subjective judgements about the relevance of each SDG have not been incorporated and, therefore, the same importance has been given to each sub-indicator within a domain, and to each domain within the indicator (equal weighting).

This process is justified by the lack of sufficient theoretical or empirical evidence to justify the advisability of giving greater or lesser weights to the various domains when defining an indicator makes it possible to measure the scope of a decent and sustainable life in old age. In addition, with this method we guarantee that the same relevance is given to all domains, regardless of their nature (economic, social, educational, work, health, etc.).

The weights used for each sub-indicator and domain have been calibrated so that the final result is a value that truly represents its components.



This is the weight that is given to each subindicator and each domain to be added later. They are obtained by giving the same weight to each sub-indicator and domain and then, by means of a system of equations with restrictions, readjusting their values so that their implicit value is equally weighted.

IMPLICIT WEIGHT:

This is the weight obtained by multiplying the sub-indicator or domain by its corresponding weight and dividing it by the total of the domain or the final index.



3.3. Domains -SDGs- and sub-indicators by domain selected for the European Elderly Dignity Index

SDG 1 - NO POVERTY

Percentage of people aged 65 or over with a median income 50% higher than the national median equivalent income.

Ratio between people receiving an old-age pension and people aged 65 and over.

Ratio between people receiving a survivor pension and people aged 65 and over.

Ratio between the median net wealth in households with heads of households aged 65 or over and the median net wealth in households with heads of households under 65 years of age.

Percentage of people aged 65 or over without limitations on their personal care activities.

SDG 2 - ZERO HUNGER

Percentage of people aged 65 or over with normal weight.

Percentage of people aged 65 or over who engage in physical activity during their leisure time.

Percentage of people aged 65 or over who consume fresh fruit 3 times or more per week.

Percentage of people aged 65 or over who consume vegetables, salads and vegetables 3 times or more per week.

SDG 3 - GOOD HEALTH AND WELL-BEING

Number of residential places in long-term care centres for every 100 people aged 65 or over.

Life expectancy at 65 years old.

Life expectancy at 85 years old.

Healthy life expectancy at 65 years old.

Percentage of people aged 65 or over with moderate or severe limitations who receive care at home.

SDG 4 - QUALITY EDUCATION

Percentage of people aged 55-74 who have completed at least secondary education.

Percentage of people aged 65-74 who have used the internet in the last 3 months.

SDG 5 - GENDER EQUALITY

Percentage of people aged 65 or over who do not care for an elderly person or person with chronic conditions.

Percentage of people aged 65 or over who do not live alone.

SDG 8 - DECENT WORK AND ECONOMIC GROWTH

Percentage of employed people aged 55 and over.

Activity rate among people aged 65-74.

SDG 9-10-11 - INDUSTRY, INNOVATION AND INFRASTRUCTURE, REDUCE INEQUALITY, SUSTAINABLE CITIES AND COMMUNITIES

Proportion of people aged 65 or over living in high-density cities.

Proportion of people aged 65 or over living in medium-density cities.

Proportion of people aged 65 or over living in rural settings.

SDG 16 - PEACE AND JUSTICE STRONG INSTITUTIONS

Percentage of people aged 65 or over who meet their friends more than once a month.

Percentage of people aged 65 or over who meet their relatives more than once a month.

Percentage of people aged 65 or over who participate in voluntary activities through an organisation.

Percentage of people aged 65 or over who can ask family, friends and neighbours for help.

Average satisfaction with their personal relationships.

Percentage of people aged 65 or over who travel for personal reasons.

Percentage of people aged 65 or over who participate in political party activities, in demonstrations, etc.





SDG 1:

No Poverty

The first domain measures the prevention of poverty in the elderly population. Compliance with SDG 1 focuses fundamentally on measuring economic criteria, such as the level of income and wealth in this population group, and access to sufficient and decent old-age and survivor pensions. It also considers those situations in which the elderly may need to face expenses that are not sufficiently covered at public level, such as long-term care.

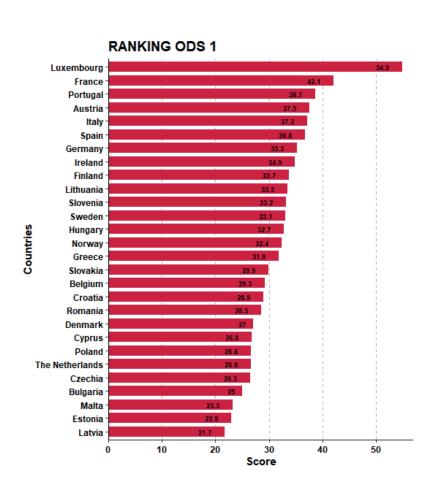


- Percentage of people aged 65 or over with a median income 50% higher than the national median equivalent income.
- Ratio between people receiving an old-age pension and people aged 65 and over.
- Ratio between people receiving a survivor pension and people aged 65 and over.
- Ratio between the median net wealth in households with heads of households aged 65 or over and the median net wealth in households with heads of households under 65 years of age.
- Percentage of people aged 65 or over without limitations on their personal care activities.

SELECTION OF INFORMATION

- The information for the income subindicator has been obtained from Eurostat (Income and Living Conditions Survey -EU-SILC).
- Wealth data has been obtained from the European Central Bank (Family Financial Survey -HFCS).
- The information on the penetration of pension coverage comes from Eurostat (Social Protection – Spr). The information on the absence of limitations in the performance of basic activities of daily living comes from Eurostat (European Health Survey-EHIS).





Pensions and savings play a fundamental role in the dignity of life of elderly Europeans

On average, 12.8% of the elderly in the various countries have a median income that is 50% higher than the income of the total population, with 10 countries above that percentage. At the head are Luxembourg (30.6%), Italy (22.1%), Portugal (21.4%) and Spain (21.2%), while the Czech Republic (4.7%), Slovakia (5.5%) and Malta (5.6%) are at the bottom. Note that when we speak of income we are referring to any income derived from employment (employee or self-employed), income from investments and properties, transfers between households and social transfers such as oldage and survivor pensions.

In 90% of the countries studied, households with older adults as their heads have greater wealth than households with heads under 65 years of age. The ratio of median net wealth in households with heads over 64 years old to that of households with heads under 64 years old averages 107.2% in Europe, with the Nordic countries in the lead. At the bottom are Cyprus, Latvia and Poland, with lower percentages (54%, 29.8% and 23.8%, respectively). Wealth includes the difference between all assets, both real (real estate, vehicles, valuables and businesses) and financial (deposits, investments, loans, pension plans, etc.), and liabilities (debts to third parties) in the household.

If we look at the ratio between people aged 65 and over who receive an old-age pension in Europe (mainly retirement), both under public and private coverage, it can be confirmed that pensions reach a large majority of older adults. In only three states do less than 80% of older people receive these pensions: Croatia (79.4%), Malta (74.1%) and Spain (52.9%). In the case of Spain, for example, many older women have not been part of

the labour market, and therefore do not receive a retirement pension, and the poor progress of private pension systems compounds this situation.

Survivor pensions (mainly widowhood) are less common in Europe. If we look at the ratio between people aged 65 and over who receive a widow's pension, the country where they receive them the most is Luxembourg, with 54%, and at the bottom are Estonia (2.6%), Lithuania and Norway (5.8%).

The percentage of older people who declare that they carry out their personal care activities without limitations indirectly reflects the fact that they do not need resources to carry out these activities. In Northern and Central European countries the elderly declare that they have fewer limitations, followed by Southern European countries in the middle of the table, and Eastern Europe countries and the Balkans in the lower half of the ranking.

Finally, the countries where older adults are less likely to fall into relative poverty, according to this domain, are Luxembourg, France, Portugal and Austria. At the bottom are Latvia, Estonia, Malta and Bulgaria.





SDG 2:

Zero Hunger

The second domain includes the nutritional and physical status of the older population. Compliance with SDG 2 requires ensuring food security to minimise and reverse patterns of malnutrition, as well as avoiding prolonged situations of a sedentary lifestyle.



- Percentage of people aged 65 or over with normal weight.
- Percentage of people aged 65 or over who engage in physical activity during their leisure time.
- Percentage of people aged 65 or over who consume fresh fruit 3 times or more per week.
- Percentage of people aged 65 or over who consume vegetables, salads and vegetables 3 times or more per week.

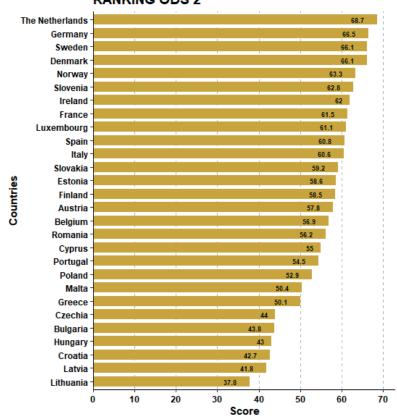
SELECTION OF INFORMATION

 The data for all the sub-indicators come from Eurostat and have been taken from the Survey of Income and Living Conditions (EUSILC).
 Taking into account the way in which the information is published, the necessary weightings have been made by population sizes associated with the different age ranges, to obtain the total final figures used for the different sub-indicators.





RANKING ODS 2



Despite the establishment of the Mediterranean diet, the problems of overweight and obesity are clearly present in the elderly population in Europe

In none of the EU states are percentages above 50% of older adults maintaining what is considered a normal weight, although Denmark (44.2%) and Norway (42.2) come close. On average, 33.9% of Europeans have a weight considered normal. Regarding Southern European countries, Spain presents the most worrying data, since only 31% of older adults are of normal weight, while in Portugal it is 35% and 40.4% in Italy.

The second sub-indicator reflects the percentage of older people who are physically active (not sedentary) in their leisure time. The percentage of older adults who engage in physical activity varies greatly between countries. In Slovakia, Romania, Denmark and Estonia, more than 90% of the older population declare that they do physical exercise routinely, while in other countries, such as Croatia, Lithuania and Portugal, this percentage does not exceed 35%.

To capture the quality of meals, we employed two commonly used sub-indicators in the context of the Mediterranean diet. The first is the consumption of fresh fruit 3 times or more per week. In 60% of the EU countries, at least 75% of the elderly consume fresh fruit with this frequency. The list is headed by Mediterranean countries such as Italy (96.1%), Spain (94.5%), Portugal (91.6%) and Cyprus (89.9%), with Greece being the bottom country in this group. In contrast, the final positions are occupied by Balkan and Baltic countries such as Latvia (50.7%), Bulgaria (50.8%) and Lithuania (51%).

The second food sub-indicator used is the consumption of vegetables, salads and vegetables 3 times or more per week. In 90% of the countries, more than 2 out of 3 older citizens declare that they consume these foods with this frequency. Only in Bulgaria, Lithuania and Hungary are there fewer declaring older adults, reaching only 61.8%, 60.2% and 56.4%, respectively. The median value is 80.5% and in a third of the countries the older adults declaring that they consume these foods 3 or more times a week is between 89% and 96%.

According to the aggregated results for the domain, the countries where older adults are less likely to fall into malnutrition and a sedentary lifestyle are the Netherlands, Germany, Sweden and Denmark, while Lithuania, Latvia and Croatia are at the bottom.





SDG 3:

Good Health and Well-Being

The third domain is related to the measurement of longevity, and a full life in good health. Its composition takes into account the expected value of years of life and access to social-health services that can help older adults to age in good health.

SDG 3 - GOOD HEALTH AND WELL-BEING

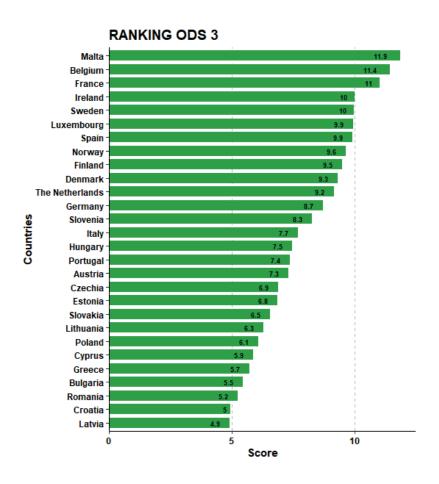
- Number of residential places in long-term care centres for every 100 people aged 65 or over.
- Life expectancy at 65 years old.
- Life expectancy at 85 years old.
- Healthy life expectancy at 65 years old.
- Percentage of people aged 65 or over with moderate or severe limitations who receive care at home.

SELECTION OF INFORMATION

- Life expectancies at 65 and 85 years old, healthy life expectancies at 65 years old, and data related to access to long-term care services come from Eurostat.
- The density of places in long-term care centres relative to the number of potential users has been obtained from Eurostat (European Health Survey -EHIS).







In ageing societies, the calculation of life expectancy in health and the coverage of care needs by third parties becomes a priority

The first sub-indicator includes life expectancy at 65 years old. Europeans aged 65 are expected to live on average between 16.3 and 22 years longer depending on the country of residence, with a median value of 20.3 years. The leading countries are France and Spain, with 22 more years, followed by Italy (21.4 years) and Malta (21.1 years). The countries with the lowest expected number of years of life at age 65 are Bulgaria (16.3 years), and Romania and Hungary (both 16.9 years).

The second sub-indicator, closely related to the measurement of longevity, is life expectancy at 85 years old, that is, the calculation of the probabilities of survival once people have already reached that age. The ranking continues to be headed by France and Spain, for which 7.9 more years of life are expected, followed by Malta (7.5 years) and Italy (7.2 more years). At the bottom is Bulgaria (5.2 years), below Croatia (5.7 years) and Hungary (5.8 years).

When measuring well-being, it is essential to take into account not only the expected number of years of life, but also how many years a person lives in good health. The third sub-indicator includes the life expectancy in good health at 65 years old. Older adults are expected to live longer in good health in Sweden (16.2 years), Norway (15.9 years), Malta (14.8 years), Ireland (13.6 years), and Spain (12.4 years). In contrast, the lowest values in relation to average years in good health at 65 years old are found in Latvia and Slovakia (and 4.7 years, respectively) and Croatia (4.8 years).

The fourth sub-indicator includes the percentage of older people with moderate or severe limitations who receive home care. Although in Malta 38.1% receive home care, and in France and Belgium the figure is 37.2% (at least 1 in 3 people with these limitations), in other states not even 1 in 10 people receive it, such as Estonia (7.7%), Latvia (8.7%), Slovakia (8.9%) and Lithuania (9%).

The last sub-indicator quantifies residential places in long-term care centres for every 100 people aged 65 and over. Luxembourg, the Netherlands and Sweden have the largest number of beds, with 8.1, 7.2 and 7 beds per 100 people, respectively. Spain, together with Portugal, occupies an intermediate position with 4.3 beds. At the bottom are Bulgaria (0.1 beds), Greece and Cyprus (0.2 beds), and Romania, Croatia and Poland (1.1 beds).

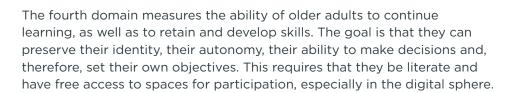
Once the aggregation of results has been carried out, the countries that lead the ranking in this domain are Malta, Belgium, France and Sweden.





SDG 4:

Quality Education



SDG 4 - QUALITY EDUCATION

- Percentage of people aged 55-74 who have completed at least secondary education.
- Percentage of people aged 65-74 who have used the Internet in the last 3 months.

SELECTION OF INFORMATION

• The first sub-indicator has been constructed from the European Union Labor Fource Survey -EU-LFS-, from Eurostat. The second sub-indicator uses information from the Annual Surveys of Electronic Habits, collected in the ICT Use Section -Isoc i- of Eurostat.



Italy

Malta

0

20

30

40

50

Score

60

70

80

90

10

Greece

Portugal

RANKING ODS 4



Norway Sweden Denmark Finland Germany The Netherlands Luxembourg Estonia Latvia Czechia France Belaium Austria Lithuania Ireland Slovenia Slovakia Poland Hungary Spain Cyprus : Croatia Bulgaria Romania

It is necessary to promote the acquisition of digital skills among older Europeans, and find methods to break down barriers to learning

The first sub-indicator includes the percentage of people aged 55-74 who have completed at least secondary education in their respective countries. Lithuania, Latvia, the Czech Republic and Estonia lead the list in this case with percentages of 93.6%, 90.7%, 89.1% and 86.7%, respectively. In contrast, are Southern European countries, which occupy the lowest positions. In Portugal, only 24.4% of the population in that age range completed secondary education, 26.7% in Malta, 40.3% in Spain and 44.3% in Italy.

The second sub-indicator includes the percentage of the population between 65 and 74 years old that used the internet in the last 3 months. In this case, it is Northern European countries that top the list, with Norway (93%) and Denmark and the Netherlands (and 89%, respectively) at the top. In contrast, the lowest percentages are found in Bulgaria (21%), Greece (29%) and Romania (31%).

In terms of educational quality and ICT skills in older adults, Nordic countries occupy the top positions, with Norway, Sweden, Denmark and Finland topping the list in this domain.





SDG 5:

Gender Equality

The fifth domain quantifies specific aspects related to equality in specific areas of the lives of older adults: care for older adults, and forms of coexistence (older people living alone), including situations of inequality that may arise.



- Percentage of people aged 65 or over who do not care for the elderly or people with chronic conditions.
- Percentage of people aged 65 or over who do not live alone.

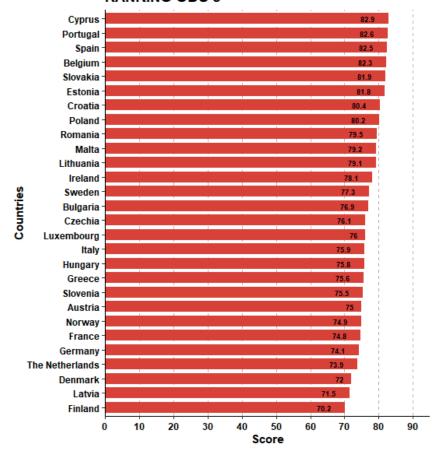
SELECTION OF INFORMATION

- The first sub-indicator was constructed from Eurostat (Survey European Health Organization -EHIS-).
- The second sub-indicator includes information from Eurostat (Surveys grouped in the Household Statistics).





RANKING ODS 5



The greater longevity of older people who live as couples can accelerate the "peer care" phenomenon and also have a negative impact on the person who acts as the caregiver

The first sub-indicator collects the percentage of people over 64 years old who do not care for the elderly or people with chronic ailments. The highest percentages (and therefore, the lowest level of care provided among peers) are found in Romania (96.3%), Slovakia (91.2%), Ireland (90.8%), and Spain and Lithuania (90.7%). The lowest percentages (and, therefore, the highest level of care provided among peers) are found in Denmark (69.4%), Finland (75.7%) and Luxembourg (81.1).

The second sub-indicator measures the percentage of people over 64 years old who do not live alone in the respective countries. The percentages of elderly people living alone are in Belgium (78.3%),

Portugal (77.3%) and Cyprus (76.7%). The percentages are lower in Latvia (59.5%), Hungary (65.1%) and Slovenia (65.3%). It is important to note that in Europe, on average, today, more than 2 out of 3 older adults live with someone.

The scores for this domain are very close between countries. The ranking is headed by Cyprus, Portugal and Spain, while in the final positions we find Finland. Latvia and Denmark.





SDG 8:

Decent Work and Economic Growth

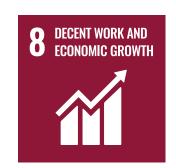
The sixth domain, related to SDG 8, includes the participation of older adults in the labour market, and their consequent contribution to the productive economy.

SDG 8 - DECENT WORK AND ECONOMIC GROWTH

- Percentage of employed people aged 55 and over.
- Activity rate among people aged 65-74.

SELECTION OF INFORMATION

 The data used for the two subindicators came from Eurostat and were taken from the European Union labour Force Survey -EU-LFS-.





RANKING ODS 8 Estonia Latvia Norway Ireland Sweden Lithuania **Portugal** The Netherlands Denmark Germany Cyprus Finland Countries Luxemboura Bulgaria Czechia Romania Slovakia Malta Italy Poland Hungary Austria Greece France Spain Belgium Slovenia Croatia 30 10 Puntuación

To promote active and dignified ageing through the participation of the elderly in the labour market, it is necessary to regulate retirement ages that take into account the state of health of people and their type of professional occupation

The first sub-indicator indicates the percentage of employed persons aged 55 and over in each country. The highest values are found in Nordic and Baltic countries, with Estonia (38.2%), Norway (36.5%), Sweden (34.9%) and Lithuania (34.8%) at the top. The lowest values appear in Greece (18.6%), Croatia (20.2%) and Slovenia (21.7%).

The second sub-indicator reflects the activity rate in people aged 65 and 74, usually above the legal retirement age. The countries with the most active people in this age group are Estonia (28.4%), Latvia (21.6%) and Ireland (19.7%). The countries with the lowest values are Slovenia and

Belgium (4.5%), although very close are Spain (4.6%) and Croatia (4.8%). As an example, Spain has almost half the number of active people between 65 and 74 years of age as Greece (8%) and Italy (9.1%) and almost 4 times fewer than Portugal (17.1%).

In global terms in the domain, the countries with the greatest presence of older adults in the labour market are Estonia, Latvia, Norway and Ireland.





SDGs 9-11:

Infraestructures









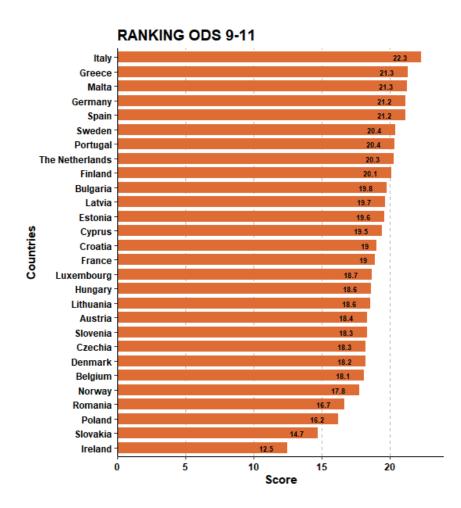
The seventh domain focuses on quantifying the proportion of older adults in areas of different population densities, which may intrinsically be characterised by significant differences in terms of access to services and benefits to meet the needs of the elderly.

SDG 9-10-11 - INDUSTRY, INNOVATION AND INFRASTRUCTURE, REDUCE INEQUALITY, SUSTAINABLE CITIES AND COMMUNITIES

- Proportion of people aged 65 or over in high-density cities.
- Proportion of people aged 65 or over in medium-density cities.
- Proportion of people aged 65 or over in rural settings.

SELECTION OF INFORMATION

- The three sub-indicators attempt to quantify how older adults are distributed in countries and, above all, to see if there are countries with highly ageing regions.
 This then make it possible to identify areas where efforts must be made to adapt infrastructures and service portfolio.
- The construction of the domain was carried out by crossing population data in the three categories of population density of regions -high, medium and rural- (RCI), based on the ranking of <degree of urbanisation> according to the population of the municipalities and their neighbouring areas from Eurostat and population data by broad groups (demo_ pop) from Eurostat.



The high proportion of elderly people in rural environments and the relocation phenomena in Europe require an adequate design of mobility, transport and environmental infrastructures that facilitate access to the necessary services (health and others)

This domain has three sub-indicators, each of which measures the proportion of people over 64 years of age in different settings: highly populated urban, medium-populated urban, and rural.

In the highly populated urban environment, the proportion of inhabitants who are older than 64 is, on average, 17.6%. At the top are Italy (21.4%), Germany and Luxembourg (20.2%), while at the bottom of the table are Ireland (12.2%), Norway (13.7%) and Denmark (14.,5%). In cities with medium population density, Italy and Ireland occupy the first and last positions respectively.

Regarding the proportion of older people in rural areas, the European average is 20.6%. The highest percentages are found in Spain (26.7%) and Portugal (24.4%), while the lowest values appear in Slovakia (14%) and Ireland (14.3%).

In this case, the domain includes the aggregation of the three areas where older adults live, using the population density of the place where they reside.





SDG 16: Peace, Justice and Strong Institutions

The eighth and final domain attempts to quantify the integration of older adults into society, analysing the intensity of their social and public life. Social relationships and participation in society play a fundamental role in the United Nations definition of active ageing.





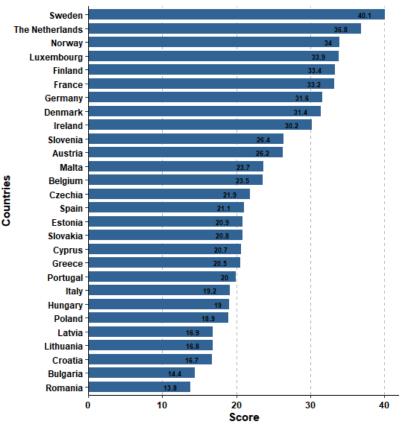
SDG 16 - PEACE, JUSTICE AND STRONG INSTITUTIONS

- Percentage of people aged 65 or over who meet their friends more than once a month.
- Percentage of people aged 65 or over who meet their relatives more than once a month.
- Percentage of people aged 65 or over who participate in voluntary activities through an organisation.
- Percentage of people aged 65 or over who can ask family, friends and neighbours for help.
- Average satisfaction with their personal relationships.
- Percentage of people aged 65 or over who travel for personal reasons.
- Percentage of people aged 65 or over who participate in political party activities, in demonstrations, etc.

SELECTION OF INFORMATION

- All information for this Domain was taken from Eurostat.
- The data for sub-indicators 1, 2, 5 and 6 came from the Income and Living Conditions Surveys (EU-SILC).
- The data for sub-indicators 3 and 4 came from the Personal Well-being Indicators.
- Sub-indicator 7 was constructed based on the section on Annual Travel Data for FU Residents.

RANKING ODS 16



Strengthening the social relationships of older people beyond their family circle, even at the level of associations and volunteering, is especially important in the definition of a dignified life of good quality

The first sub-indicator includes the percentage of people over 64 years old who meet friends more than once a month. Cyprus (88.1%) and Greece (86.7%) occupy the first positions, while Poland (44.5%) and Lithuania (47.7%) the last.

The second sub-indicator focuses on the percentage of people over 64 years old who meet their relatives at least once a month. Again, Cyprus (91.5%) followed in this case by Malta (84.3%) occupy the first positions; Latvia (53.7%) and Estonia (49.9%), the last.

The third sub-indicator shows the percentage of people over 64 years old who can ask family, friends and neighbours for help. The median value in Europe is very high, 95%. At the head are Ireland (98.1%) and Slovakia (98%). Below 90% there are 8 countries, with Luxembourg (80.3%) at the bottom.

The fourth sub-indicator rates from 0 to 100 the average satisfaction of older adults with their personal relationships. The average satisfaction in Europe is 80.7 points out of 100. The highest level of satisfaction is found in Sweden (90/100). At the bottom are Bulgaria (61/100), and Greece (70/100).

The fifth sub-indicator includes the percentage of people over 64 years old who participate in voluntary activities through an organisation. The European median value is 9.5%. At the head is Norway (38.3%), while Romania (1.3%) and Bulgaria (3%) appear at the bottom.

The sixth sub-indicator indicates the percentage of older adults who participate in political activities. The median value in Europe is 5.2%. At the top is Sweden (24.5%), and at the bottom Romania (1.4%).

The seventh sub-indicator includes the proportion of older adults who travel for personal reasons. The European median value is 45.5%. The first position is found in Sweden (76.5%), while the last is for Romania (12.1%) and Bulgaria (13.3%).

Summarising the results for this domain, in aggregate terms, older adults have a more active social and political life in Northern European countries (Sweden, Holland and Norway especially). The countries where the elderly are less politically and socially active are Romania and Bulgaria.





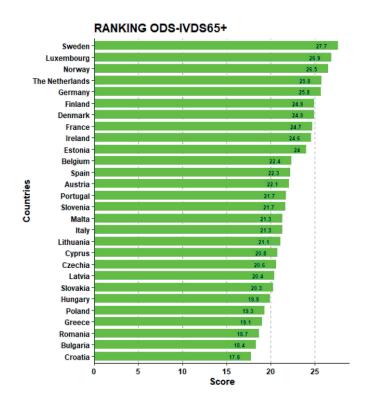
3.4. European elderly dignity index, ranking by countries in europe

European elderly dignity index shows that older adults in Northern and Central Europe have the best dignity and quality of life on the continent. The first position in the ranking is occupied by Sweden, followed by Luxembourg and Norway, although within the group of the 10 best positioned countries we also find, in the following order, the Netherlands, Germany, Finland, Denmark, France, Ireland and Estonia. In this first group, the indicator varies between 28 and 24 points, approximately.

In the 10 middle countries in the ranking, we find Belgium in first place, followed by Spain, Austria, Portugal, Slovenia, Malta, Italy, Lithuania, Cyprus and the Czech Republic. In this case, the indicator records values between 22.5 and 20.5 points, approximately.

Finally, in the bottom part of the ranking, and with an indicator value below 20.5 points, we find Latvia, Slovakia, Hungary, Poland, Greece, Romania, Bulgaria and Croatia.

As can be seen in the graph, the most notable jump is observed between the 10th and 11th positions, with more gradual changes in the rest of the cases. We used Cronbach's alpha coefficient to measure the consistency of the scores within each domain and of the final indicator. The components of the indicator return consistent values, reaching an alpha of 0.81, (standardised value = 0.86). We did the same calculation for the subindicators within each domain with mostly high values, between 0.75 and 0.85. We should remember that Cronbach's alpha coefficient is a measure of consistency in the construction of composite indicators. The closer it is to 1, the better interpretation is obtained for the sub-indicators included in the reference index, in that it guarantees that all of them provide relevant information and in the same direction in the construction of the global index.



HEAT MAP

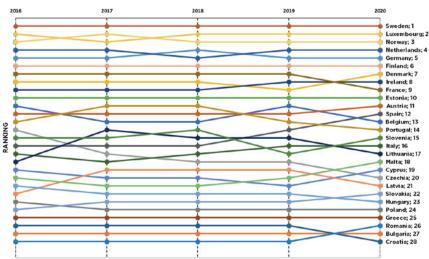
	1	2	3	4	5	6	7	8	INDEX
Sweden	12	3	5	2	13	5	6	1	1
Luxembourg	1	9	6	7	16	13	16	4	2
Norway	14	5	8	1	22	3	24	3	3
The Netherlands	23	1	11	6	25	8	8	2	4
Germany	7	2	12	5	24	10	4	7	5
Finland	9	14	9	4	28	12	9	5	6
Denmark	20	4	10	3	26	9	22	8	7
France	2	8	3	11	23	24	15	6	8
Ireland	8	7	4	15	12	4	28	9	9
Estonia	27	13	19	8	6	1	12	16	10
Belgium	17	16	2	12	4	26	23	13	11
Spain	6	10	7	20	3	25	5	15	12
Austria	4	15	17	13	21	22	19	11	13
Portugal	3	19	16	28	2	7	7	20	14
Slovenia	11	6	13	16	20	27	20	10	15
Malta	26	21	1	27	10	18	3	12	16
Italy	5	11	14	25	17	19	1	21	17
Lithuania	10	28	21	14	11	6	18	25	18
Cyprus	21	18	23	21	1	11	13	18	19
Czechia	24	23	18	10	15	15	21	14	20
Latvia	28	27	28	9	27	2	11	24	21
Slovakia	16	12	20	17	5	17	27	17	22
Hungary	13	25	15	19	18	21	17	22	23
Poland	22	20	22	18	8	20	26	23	24
Greece	15	22	24	26	19	23	2	19	25
Romania	19	17	26	24	9	16	25	28	26
Bulgaria	25	24	25	23	14	14	10	27	27
Croatia	18	26	27	22	7	28	14	26	28



The best positions are highlighted in green and the worst in red. The ranking of the countries is very stable in the top and bottom positions in the table.

The countries in the middle show a greater fluctuation in their scores and positions.

Evolution of the Ranking per country





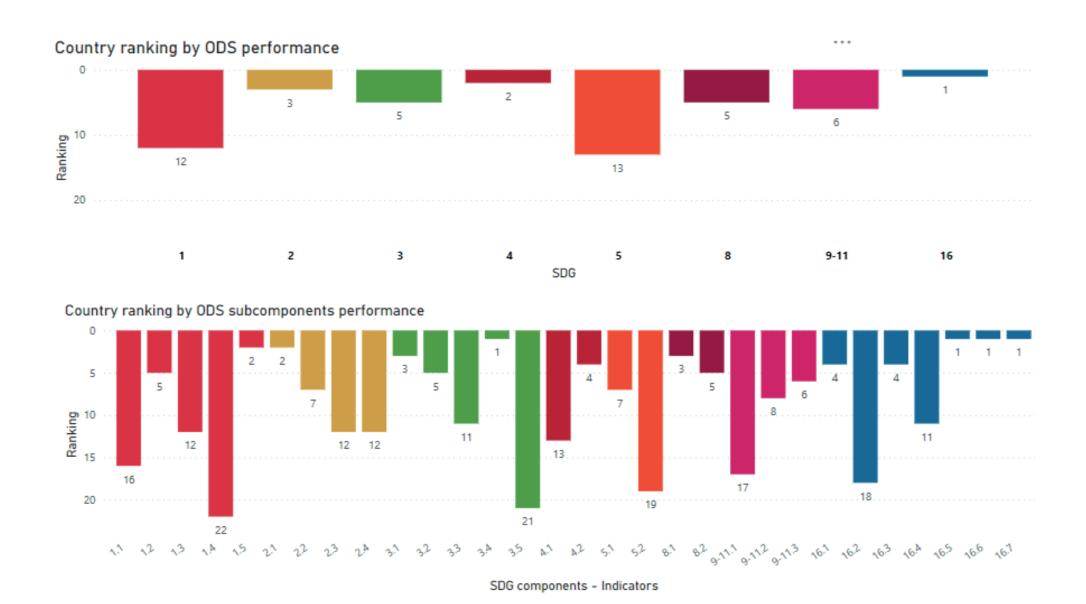


4. Dignity of life of the elderly in europe european elderly dignity index by country

(from best to worst position in the ranking)







Sweden

Sweden is the country with the best position in the ranking of dignity of life in old age. It is in the top 10 in 6 of the analysed domains.

Its best position (#1) is in SDG 16, social relationships among its elderly people, participation in voluntary and association activities, travel and higher personal satisfaction.

It also highlights the good educational level of the elderly (#2) and their good nutritional and physical activity habits (#3).

Only in SDG1, especially in terms of the level of wealth concentrated in the elderly population, and in SDG5, the level of care among the elderly and the percentage of the elderly population living alone, does its position slightly worsen (#12 and #13, respectively) although still in the top half of the table.

In Sweden, permanence in the labour market for those over 55 years of age is one of the highest rates in Europe.





Luxembourg occupies second position in the ranking, being in the top 10 in five of the eight analysed domains.

It occupies top position (#1) in SDG 1, associated with the level of income, wealth and pension coverage of the elderly population.

Its position is also very good in nutritional habits, and it occupies the top position (#1) in long-term care coverage in residential places.

It moves to the middle of the table in SDG 5 on care for the elderly and people living alone (#16) and SDG 8 on permanence in the labour market (#13), with a low level of employed people over 55 years of age.

Luxembourg



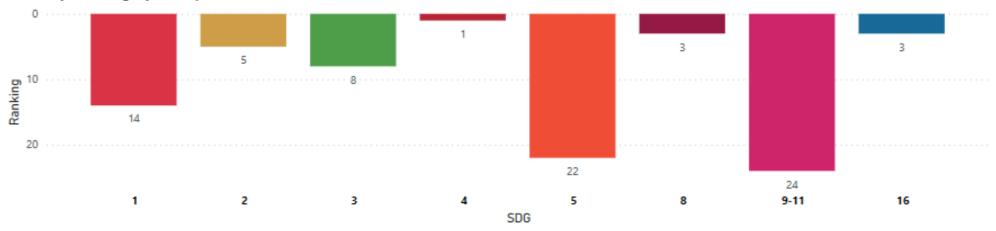




Country ranking by ODS performance Ranking 10 9-11 SDG Country ranking by ODS subcomponents performance Ranking

SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Norway

Norway, with the third position in the ranking, is in the top 10 in five of the eight analysed domains.

Its occupies top position (#1) in SDG 4, with a high level of education in its older population.

It also ranks third (#3) in both SDG8 on equality among the elderly and SDG16, on good social relationships among the elderly, especially with a high level of participation in voluntary activities.

Its worst positions are in terms of permanence in the labour market (#22) and equitable distribution by regional areas (#24).





Occupying the 4th position in the ranking, it is in the top 10 in five of the analysed domains.

It occupies top positions in the SDG 2 of good nutritional habits and physical activity (#1) and SDG 16 of social activities of the elderly (#2), with frequent travel and active participation in political activities.

However, this position is worse in terms of income and wealth of the older population (# 23) and equality in the older population (# 25).

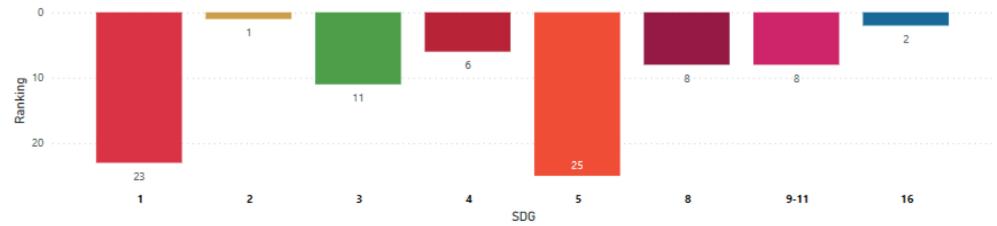
Permanence in the labour market above the age of 55 is high and there is also a high level of use of new information technologies among the elderly population.

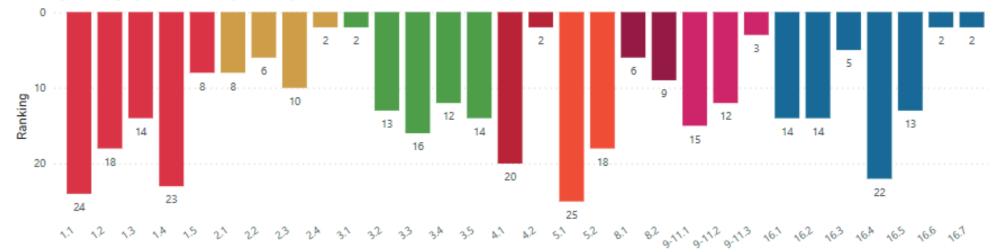
The Netherlands





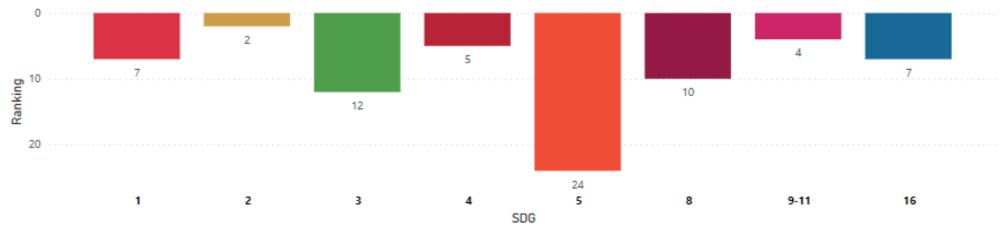


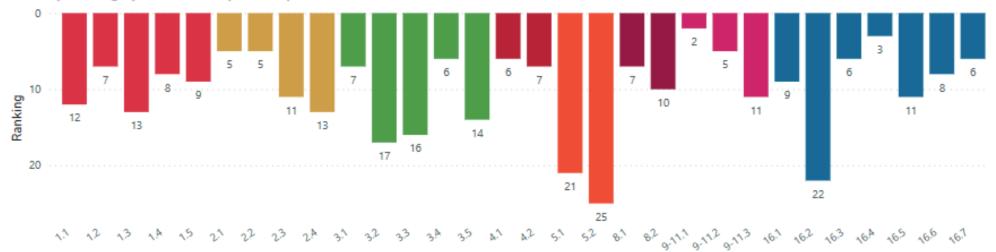




SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Germany

Germany, with its fifth position in the ranking, is in the top 10 in six of the analysed domains.

It is one of the countries where more older adults have better nutrition and do more physical activity in their leisure time (#2).

In addition, German older adults are among those who most often declare that they can ask for help from relatives, friends and acquaintances, and are among the most politically active.

The worst position is in the indicator that includes equality among the elderly and its elderly population living alone (#24).

The educational level of the elderly population is one of the best in Europe and also presents good figures in terms of permanence in the labour market at advanced ages.





With a position 6 in the ranking, it is in the top 10 in five of the analysed domains.

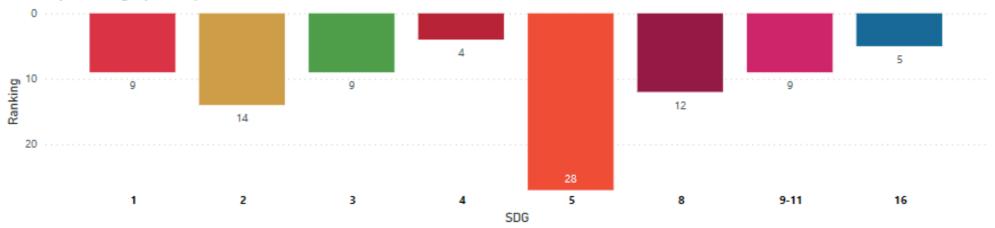
It occupies a good position in the educational level of its elderly population (#4) and there is a high level of social participation among its elderly (#5).

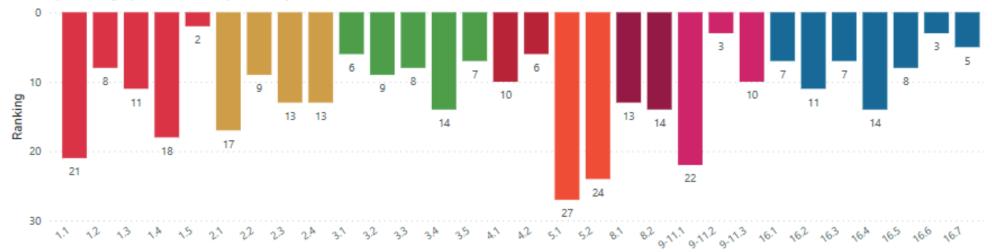
However, there is an SDG in which it occupies the bottom position in the table, which is related to equality among the elderly population, especially due to the percentage of elderly people who also care for the elderly or people with chronic ailments, and the percentage of older people living alone.

Finland



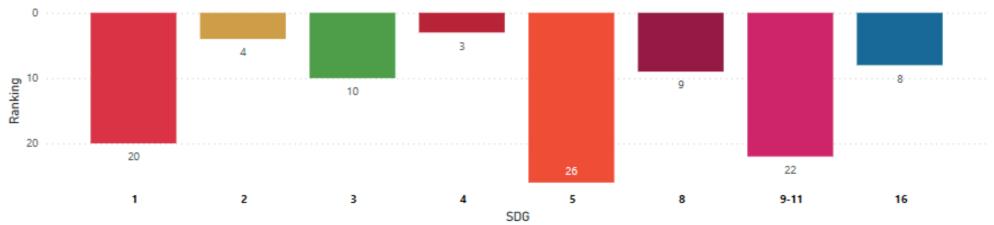


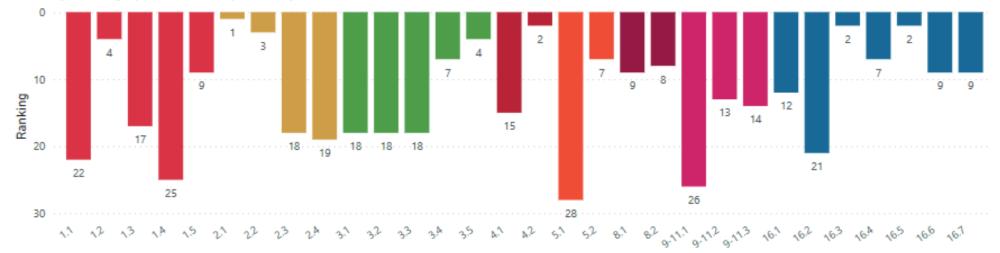




SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Denmark

At number 7 in the ranking, it is in the top 10 in five of the analysed domains.

It occupies good positions in educational level of the elderly population (#3), good eating habits and physical activity (#4), permanence in the labour market in advanced ages (#9), and social activity of the elderly (#6).

It is in positions below the middle of the table in terms of the level of wealth and income of its elderly population compared to the rest of the population, although coverage in old-age pensions is high, and it has lower positions in terms of equality among the elderly population, especially due to the percentage of people over 65 years of age who care for other elderly people or people with chronic ailments.





France occupies 8th position in the ranking, appearing in the top 10 in four of the eight analysed domains.

It occupies good positions in SDG 1 on the level of wealth and pension coverage (#2) and SDG 3 (#3) on the good health of the population, longevity and coverage of long-term care needs.

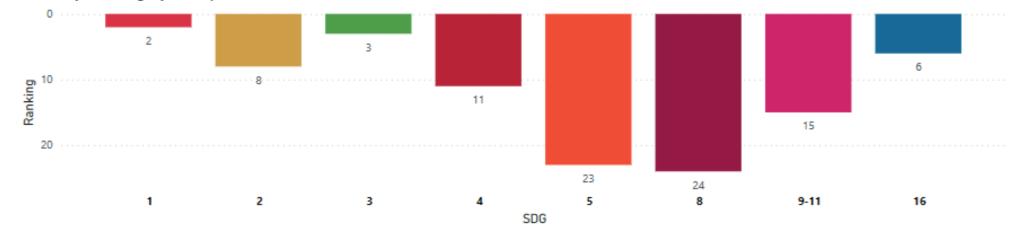
Its worst positions are found in permanence in the labour market from advanced ages (#24) and in equality in terms of care and the population living alone (#23).

The position of the French elderly population in terms of travel and associationism is one of the best in Europe.

France

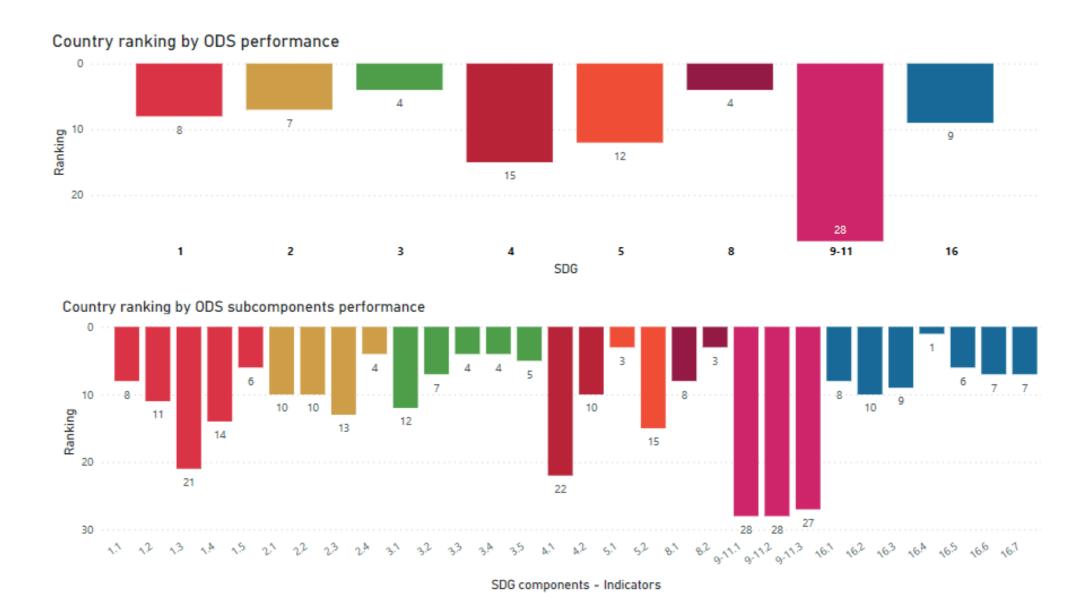








SDG components - Indicators



Ireland

It occupies position 9 in the ranking, with five domains included in the top 10.

It particularly occupies good positions in SDG 3 (#4) on health status, longevity and dependency coverage among the elderly, and in SDG 8 (#4) on permanence in the labour market.

Its worst position is in domain 7 on infrastructures, due to the inequality observed in the regional distribution of the elderly population by areas of different population density (#28).

The level of social relationships in the Irish older population is high, occupying first position (#1) in the percentage of older people who can ask for help from family, friends and neighbours.





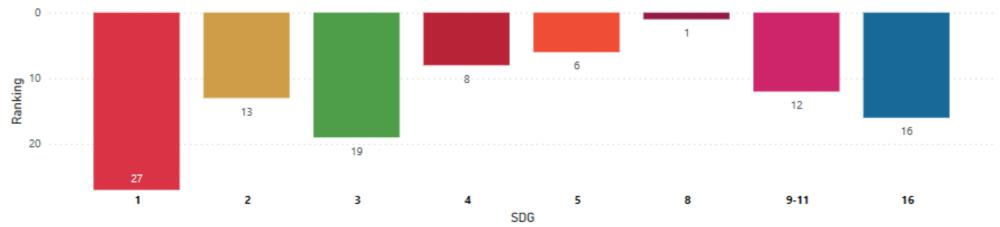
Occupying 10th position in the ranking, it is in the top 10 in three of the eight analysed domains, occupying first position (#1) in permanence in the labour market of the elderly population.

Holding middling positions in the SDGs related to nutrition and physical activity (#13), and social activity of the older population (#16), its worst position is in the SDG related to the level of wealth and income in the older population, although it occupies a prominent position in old-age pension coverage (SDG1).

Estonia



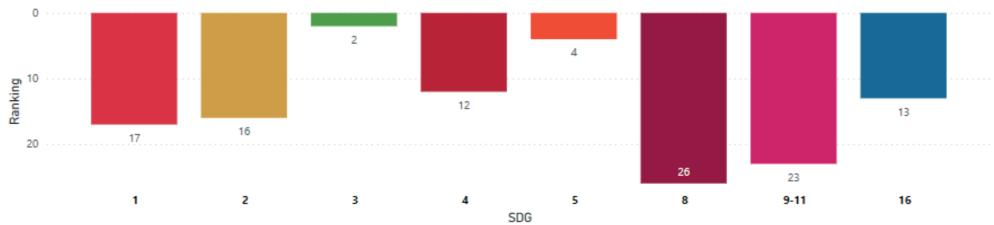


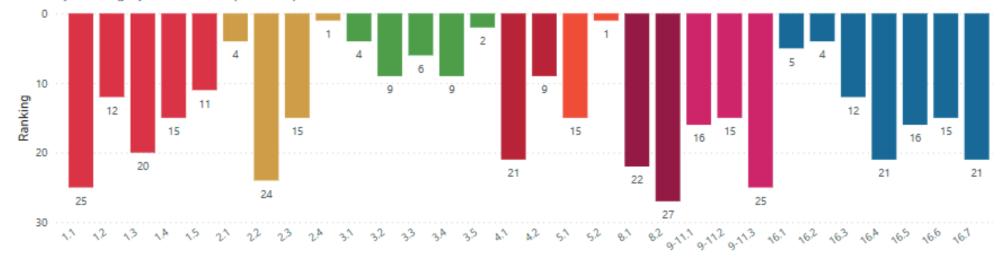




SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Belgium

Belgium is in the top 10 in SDG 3, for good health, longevity and good coverage of long-term care needs in the elderly population (#2) and in SDG 5 for equality among the elderly (#4), while it worsens positions in terms of permanence in the labour market of the older population (#26) and distribution of the older population in areas of different population density (#23).

Its elderly declare they consume the most vegetables, salads and vegetables, as well as declaring not to live alone. They have one of the highest percentages of home care coverage for people with moderate or severe limitations.

It has one of the lowest activity rates for people aged 65-74 in the EU.





It occupies a position in the upper half of the indicator ranking, 12th position, with five SDGs in the top 10 and two SDGs among the bottom eight countries.

It has good life expectancy for the elderly stands out, both at 65 and 85 years of age, as it occupies the first position in both sub-indicators. They also have the 2nd highest consumption of fruit weekly.

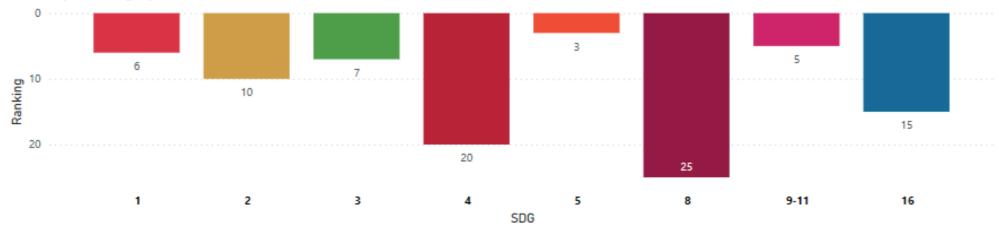
The low percentage of people aged 55-74 with completed secondary education and the low rates of activity and employment in the elderly population worsen Spain's overall position in the indicator.

The level of associationism and participation in voluntary activities is not high in the elderly Spanish population, who enjoy good relationships with family and friends from whom they can ask for help if necessary.

Spain



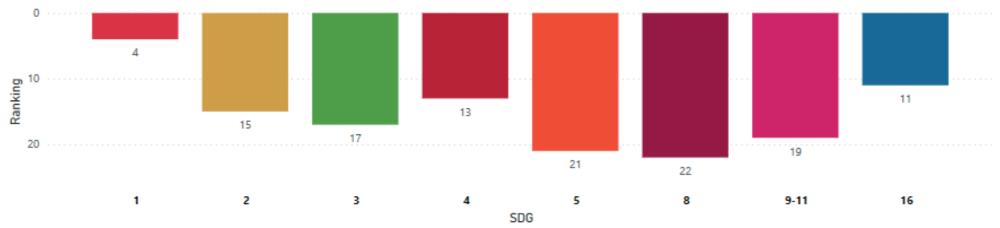






SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Austria

It ranks 13th in the ranking, with SDG 1 in the top 10 and SDGs 5 and 8 in the bottom eight.

Its older adults have very good economic conditions, as a high percentage of them are beneficiaries of old-age pensions, and their wealth compared to the national population as a whole is high.

However, it worsens positions in terms of permanence in the labour market from the age of 65, in terms of care for the elderly and relationships with family members, and when we compare the level of home care for people with moderate or severe dependency.





Occupying 14th position in the ranking, it has four SDGs in the top 10 but occupies the bottom position in SDG 4 regarding the educational level of the older population. It is also below the middle of the table in terms of nutritional habits, physical activity and social participation of the older population.

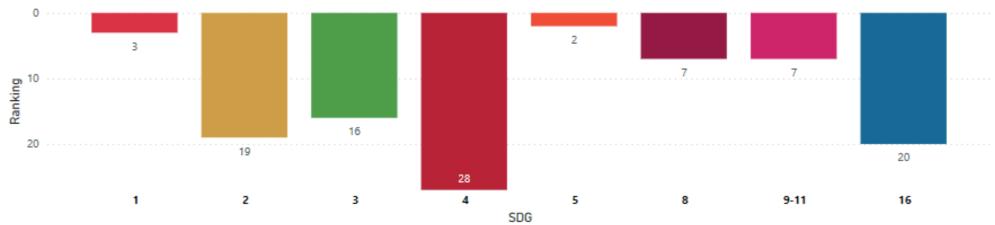
It has the second lowest percentage of older people living alone and the eighth lowest level of care among the elderly.

Elderly households have a high relative income and net wealth compared to the rest of the Portuguese population, although coverage in retirement and survivor pensions is below the middle of the table. It has the lowest rate of people aged 55-74 who have finished high school and there are few users of new technologies.

Portugal









SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Slovenia

Occupying 15th position in the ranking, it occupies a good position in SDG 2 on good nutritional habits and physical activity. Its worst position is for domain 6 (SDG 8) on permanence of the elderly in the labour market.

It occupies eighth position in terms of the number of residential places for long-term care, a position that it almost identical in terms of the longevity of its population.

Although it does not have very good travel figures, elderly Slovenian adults occupy positions in the top 10 in the level of satisfaction with their personal relationships and with their participation in organised voluntary activities.





Occupying 16th position in the ranking, it occupies an especially good position (#1) in the SDG 3 on good health and well-being, a result that contrasts with its worst positions in terms of wealth and income of the population over 65 years of age, as well as their educational level.

It is one of the countries where older adults have higher life expectancy also at 85 years of age, with a particularly high level of long-term care coverage, both at the residential level and home care.

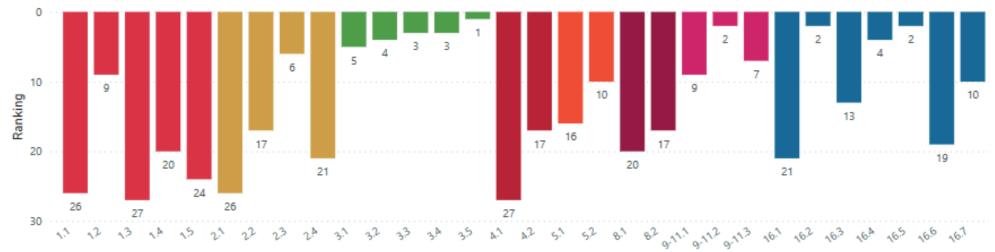
It occupies a good position in the ranking in terms of family relationships and the average level of satisfaction of the elderly population with their personal relationships.

Malta



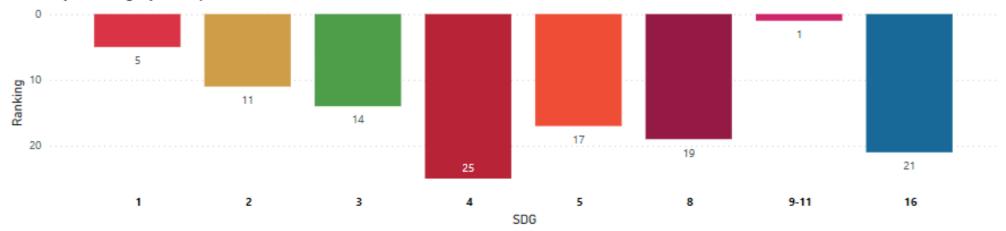






SDG components - Indicators

Country ranking by ODS performance





SDG components - Indicators

Italy

With 17th position in the ranking, Italy is in first place in terms of the distribution of the population over 65 years of age in areas with different population densities, and also occupies a prominent position in terms of the economic level of this population group.

Although in terms of physical activity in the elderly population it does not occupy high positions, its occupies a high position in terms of diet, because of the abundance of fruit (#1) and vegetables (#3) (effect of the Mediterranean diet, as in Spain). It enjoys high life expectancies at both age 65 (#3) and age 85 (#4), but the level of long-term care coverage in residential facilities is low.

The participation of the older population in voluntary activities and social relationships outside the family is low, also presenting low positions in relation to the educational level in those over 65 years of age.





It occupies 18th position in the ranking with only 2 SDGs in the top 10.

It has the highest percentage of people aged 55-74 with secondary education completed (#1), and good permanent positions in the labour market (even over 65 years of age), but its level of retirement pension coverage is low.

Its worst positions are for nutritional and physical exercise habits in the older population, as well as in everything related to SDG 16, on social relationships and average satisfaction with their personal relationships.

Lithuania









SDG components - Indicators

European elderly dignity index by country

Country ranking by ODS performance





SDG components - Indicators

Cyprus

It occupies 19th position in the ranking, although it holds 1st position (#1) in SDG 5 related to equality among the elderly in terms of care between them and people who do not live alone. It is also the country with the highest percentage of the elderly meeting family (#1) and friends (#1) on a monthly basis.

However, their positions worsen significantly in terms of pension coverage and wealth in the elderly population. They have low coverage in residential places for long-term care and a high proportion of older adults with limitations on their personal care activities (#28).

The educational level of the older population and their skills in new technologies is not high.





It occupies 20th position in the ranking. The best position is held in the sub-indicator related to the percentage of the population between 55 and 74 years of age that has completed at least secondary education, occupying 3rd position (#3) in the ranking.

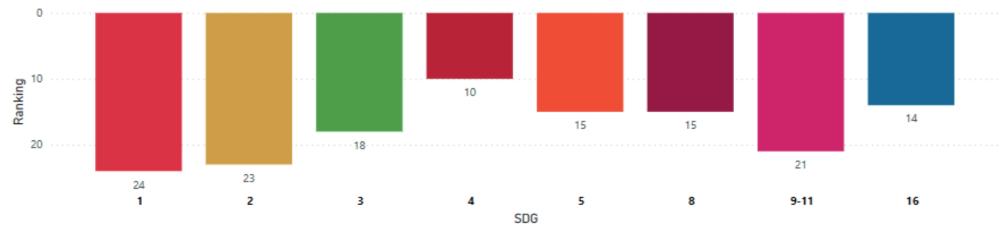
It has a low percentage of people aged 65 and over with incomes notably higher than the median population (#28), as well as a low proportion of older adults who receive an old-age pension (#27).

In addition, it also occupies the lowest positions in relation to the percentage of older adults of normal weight (#28), and of older adults who engage in physical activity in their leisure time (#23), with a low consumption of fruit (#20) and vegetables (#22).

Czechia







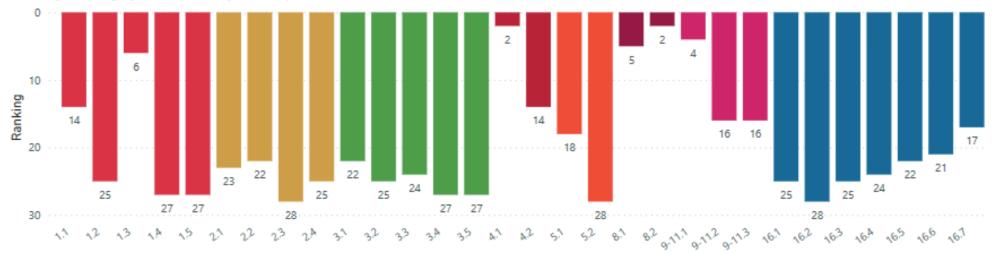


SDG components - Indicators

European elderly dignity index by country

Country ranking by ODS performance





SDG components - Indicators

Latvia

It occupies 21st position in the ranking, particularly because of its good position both in SDG 4 on a good educational level in the elderly population and in SDG 8 on permanence in the labour market.

However, their positions worsen significantly in the rest of the indicators, with low levels both in terms of the economic power of the elderly population and pension coverage, as well as in nutritional habits, physical activity and social relationships.

Their life expectancy at 65 and 85 years is among the lowest in Europe and the level of long-term care for dependent people is low.





It occupies 22nd position in the ranking, mainly because of its good position in some sub-indicators such as survivor pension coverage in the elderly population (#1) or the level of physical exercise in this population group (#1).

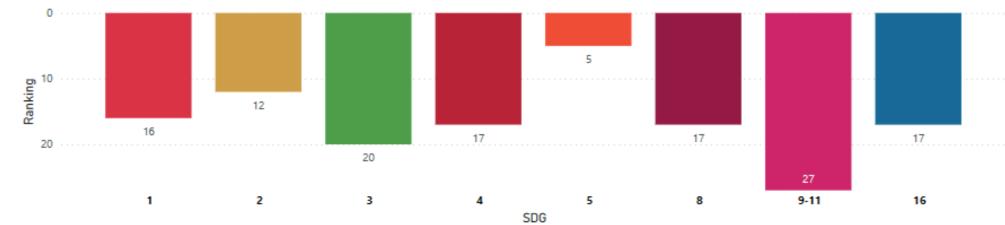
Relationships with relatives and the possibility of asking them for help is high among the Slovakian population over 65 years of age, and they also have a good educational level.

However, its worse behavior in nutritional habits and its lower life expectancy both at 65 and 85 years, and above all in good health, mean that the country's position is not high in the ranking.

Slovakia









SDG components - Indicators

European elderly dignity index by country

Country ranking by ODS performance





SDG components - Indicators

Hungary

Hungary occupies 23rd position in the ranking without being in the top 10 for any of the SDGs analysed.

Although the proportion of wealth in households with a head of family over 65 years of age compared to the rest of the population is one of the highest in Europe, the same cannot be said for the level of coverage of old-age and survivor pensions.

In any case, its worst position is in the context of SDG 2, with a consumption of fruit and vegetables markedly below that of other European countries and low levels of physical activity in the elderly.

Their life expectancy at 65 and 85 years of age, and healthy life expectancy are also at the bottom of the table.





Occupying 24th position in the ranking, its best position is in SDG 5 related to equality among the elderly in terms of care, and the lowest percentage of the elderly living alone.

For the other SDGs, the position worsens, including lower positions in everything that has to do with long-term care and personal autonomy.

In terms of the educational level of the older population, it occupies a good position compared to other European countries, and in permanence in the labour market it occupies a middling position in the ranking as a whole.

Poland





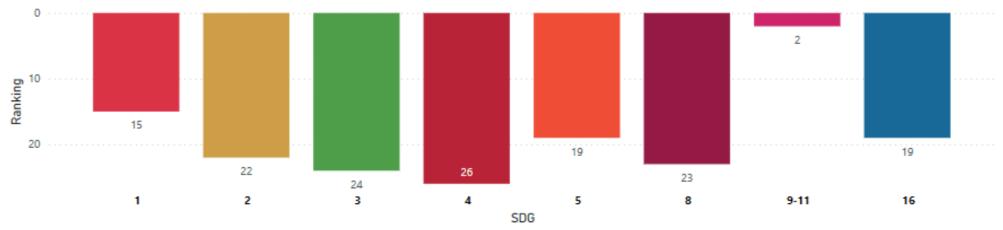


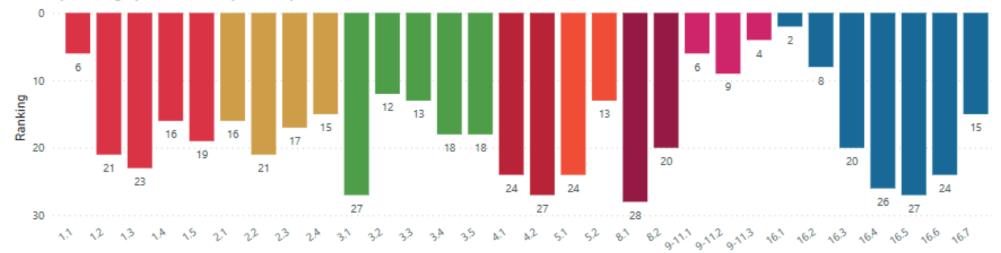


SDG components - Indicators

European elderly dignity index by country

Country ranking by ODS performance





SDG components - Indicators

Greece

Greece occupies 25th position in the ranking, with a high position in the distribution of the population over 65 years of age in areas of different population density.

Its position worsens especially in the case of SDG 4 related to the educational level of the elderly population, where it almost occupies the bottom position of the table, and in the percentage of the elderly using new information technologies.

Despite the fact that older Greeks maintain a high level of meetings with family and friends, their level of participation at a social level and participation in voluntary activities falls to the bottom of the ranking.





It holds 26th position in the ranking, and together with Bulgaria and Croatia it occupies the bottom three positions in the ranking.

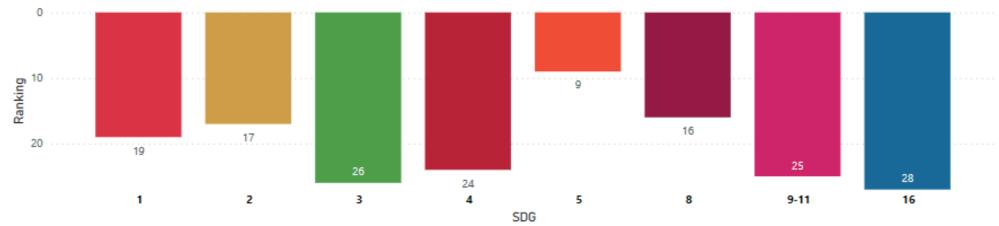
It occupies a good position in relation to physical activity in the elderly population, but it falls significantly in terms of normal weight and good nutritional habits. It ranks low in terms of life expectancy at ages 65 and 85 and health life expectancy, as well as long-term care coverage.

The educational level of the older population is low.

Romania









SDG components - Indicators

European elderly dignity index by country

Country ranking by ODS performance





SDG components - Indicators

Bulgaria

It holds 27th position in the ranking, occupying the bottom positions in five of the eight analysed domains. The worst positions are particularly in SDG 3, on life expectancy at 65 and 85 years, and in the supply of residential places for long-term care.

Although the elderly Bulgarian population occupies bottom position in the ranking in terms of ICT use, this is not the case with the percentage of people who have completed secondary education, which occupies a middling position in the ranking.

The economic situation of its adults reveals a low percentage of older adults who receive an old-age pension and their median wealth is significantly lower. In addition, in terms of social relationships, they also occupy the bottom positions.





It occupies 28th position in the ranking, with a low ranking in five of the eight analysed domains.

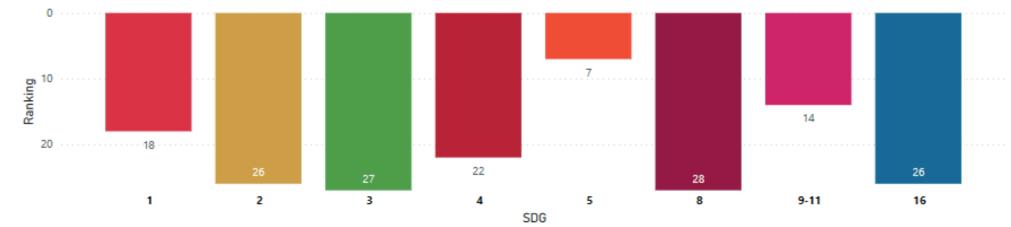
The worst positions are particularly in SDG 2 (bottom position in terms of normal weight and level of physical activity) and also in SDG 3, on life expectancy and long-term care coverage and the promotion of personal autonomy.

The permanence of the elderly population in the labour market is very low, and although they interact significantly with friends and family, the level of participation of the elderly in social activities is one of the lowest in Europe.

Croatia









SDG components - Indicators

5. Ten recommendations

The composite european elderly dignity index makes it possible to highlight the areas where different countries need to concentrate efforts to improve the dignity and quality of life of their older population. Based on this, the following ten recommendations should be considered:

- 1. Coverage of old-age pensions (especially retirement) and survivor (especially widowhood) pensions is essential when it comes to guaranteeing a decent life in old age. The complementary nature of pensions associated with the first pillar (basic pensions), the second pillar (pensions associated with the labour market) and the third pillar (individual savings) helps the entire group covered by benefits after retirement.
- 2. Countries where the older population owns their own homes have a higher concentration of wealth in this population group. This is interpreted as positive, provided that the country has adequate systems to provide liquidity for this type of asset if the person needs it. Income and wealth are not the same: the systematic income that older people have based on pensions, returns on financial assets or rents, among other things, have different values in different countries, and can present figures that are significantly different from those shown in the wealth figures.

- 3. In terms of nutrition, all European countries in general need to fight against the problem of overweight and obesity in the elderly population. In none of the EU States are there percentages higher than 50% of older adults maintaining what is considered a normal weight (only Denmark and Norway come close to this 50%). Although the consumption of fruit and vegetables (Mediterranean diet) is high in general, the results warn of nutritional problems among the elderly, probably due to a poor combination of nutrients (which must be adapted to the medications that older adults usually take) and by the presence of disabilities that limit the ability to do the shopping and eat well (Ayuso et al., 2022).
- 4. Physical exercise in the elderly is a reality in increasingly higher percentages in European countries. On average, 59.5% carry out physical activity in their leisure time. However, the recommendation is that this physical activity be adequate, in terms of time and type. While walking is the most frequently performed physical activity, the frailty that the elderly suffer also requires performing other types of activities related to toning and strengthening the muscles (Ayuso et al. 2022).
- 5. With older population groups growing older due to increased longevity, countries need to focus on increasing years lived in good health. There are growing needs for care offered by third parties. It is necessary to promote the autonomy of the elderly with help at home if necessary. And it is necessary to improve the ratio of the number of beds in long-

term care centres (Luxembourg, the Netherlands and Sweden are the countries that offer the highest number of beds for every 100 people aged 65 and over).

- 6. In order to promote active ageing, it is necessary for the elderly population not to give up their learning abilities. Although basic education levels vary significantly in the different European countries (in terms of the highest level of formal education achieved, they are higher in the Northern European countries), it is necessary to promote, above all, digital skills in the elderly population, sometimes breaking down unnecessary barriers to enable their learning.
- 7. Equality among our older population must be guaranteed. Our main recommendation based on this indicator is limited in this case to a dual aspect: the differences in terms of residential groups, fighting to eliminate inequalities based on whether a person lives alone or not (for example, due to their marital status), and the expected increase in "peer care" (caused by a greater longevity of people living as a couple greater joint life expectancy), which will lead to a greater number of older people cared for by older people, and and the subsequent consequences in the quality of life and state of health of both people.
- 8. The active ageing of a population is associated with healthy ageing. However, the permanence of the elderly in the labour market after 55 years old is low in most countries, and even in the best ranked such as Estonia, Norway or Sweden it is less than 40%. The percentage also decreases significantly when the rates of labour activity between 65 and 74 years are analysed. Promoting labour participation can be good, provided it is carried out through the appropriate regulation of the legal retirement age that takes into account the heterogeneity among our elderly, especially considering a person's usual profession and their state of health.

- 9. The relocation that is taking place in different areas of Europe, with a significant concentration of older people living in rural areas, should play a very important role in decision-making policies. Access to health sectors (hospitals, etc.), access to financial services, and in general, any type of service necessary for the elderly population, requires the adequate development of infrastructures that guarantee the mobility of the elderly and transport systems that connect towns and cities.
- 10. The elderly must be actively integrated into social life and their relationship with other people (friends, neighbours, etc.) beyond the family (which is already frequent) must be strengthened. Although the average level of satisfaction of European older adults with their personal relationships is generally high, with an average of 80.7 points out of 100 (with Sweden in the lead), participation in voluntary activities and the level of associationism is low (the median percentage is less than 10% in both cases, with the exception, again, of Northern European countries, such as Norway and Sweden). Fighting the loneliness suffered by older people has become, without doubt, one of our most relevant recommendations.





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