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Does household help prevent loneliness among the elderly?

An evaluation of a policy reform in the Netherlands

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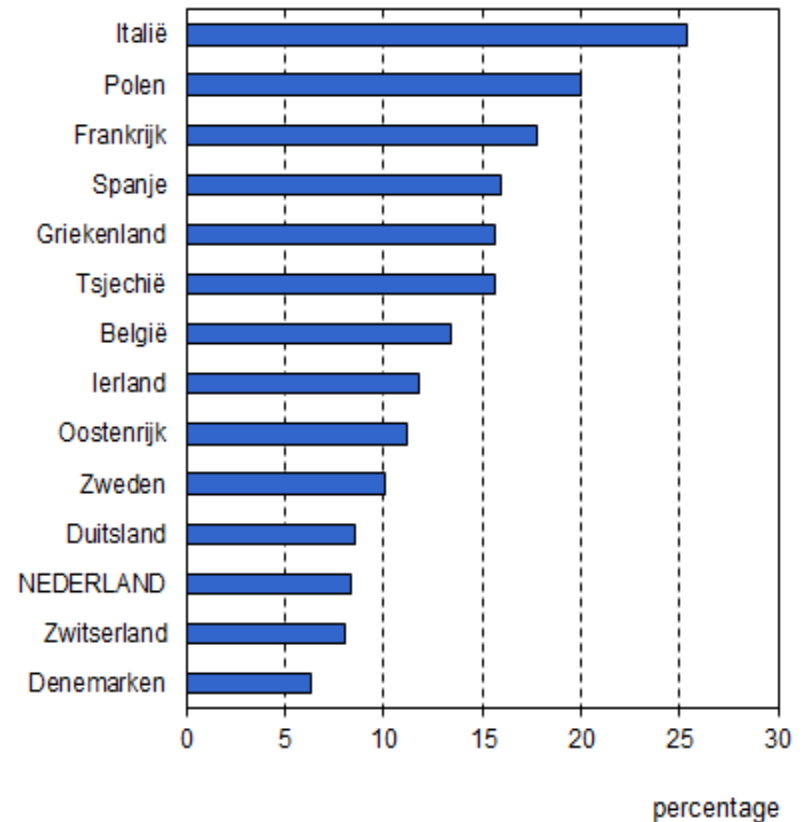
Loneliness and older adults

- Loneliness is a subjective feeling where one perceives a negative discrepancy between actual and desired contacts both in quantity and quality
- Can be a precursor:
 - for onset of physical diseases
 - mental health problems
 - quality of life
- Loneliness = higher mortality & morbidity



Loneliness in old age and cross country differences

- **Prevalence lower in Northern than South European countries**
- **Factors that increase loneliness among older adults:**
 - Italy, Germany – social factors
 - Greece, Poland – economical factors



Why the policy matters?

- Strategy and planning
- Help to develop effective national based interventions
 - Community based interventions better than individual based
- Bridge between science, practitioners and decision makers



Are the policy measures effective? Based on Dutch example

- huishoudelijke-hulp (household help) = help to older adults in maintaining their households (clean the windows, wash the dishes)
- Not only a help, but sharing of daily talks – patient-centred preventive to loneliness



Policy regulation towards household help for older adults

➤ Until 2007:

- Regulated by AWBZ
- Right to care
- Regional offices responsible
- Financed by income-dependent premiums
- Eligibility: CIZ indications

➤ After 2007:

- Regulated by Wmo
- Right to compensation
- Local municipalities responsible
- Financed by general tax revenues
- Eligibility: limited



How to measure the effects of policy change?

- Difficult – most of the data on aggregate level
- Long time period before first changes are visible
- No real control group – selection bias problem
- Solution = creating parallel reality
- In other words: what would happen with level of loneliness among elderly in NL if this policy change did not occur?

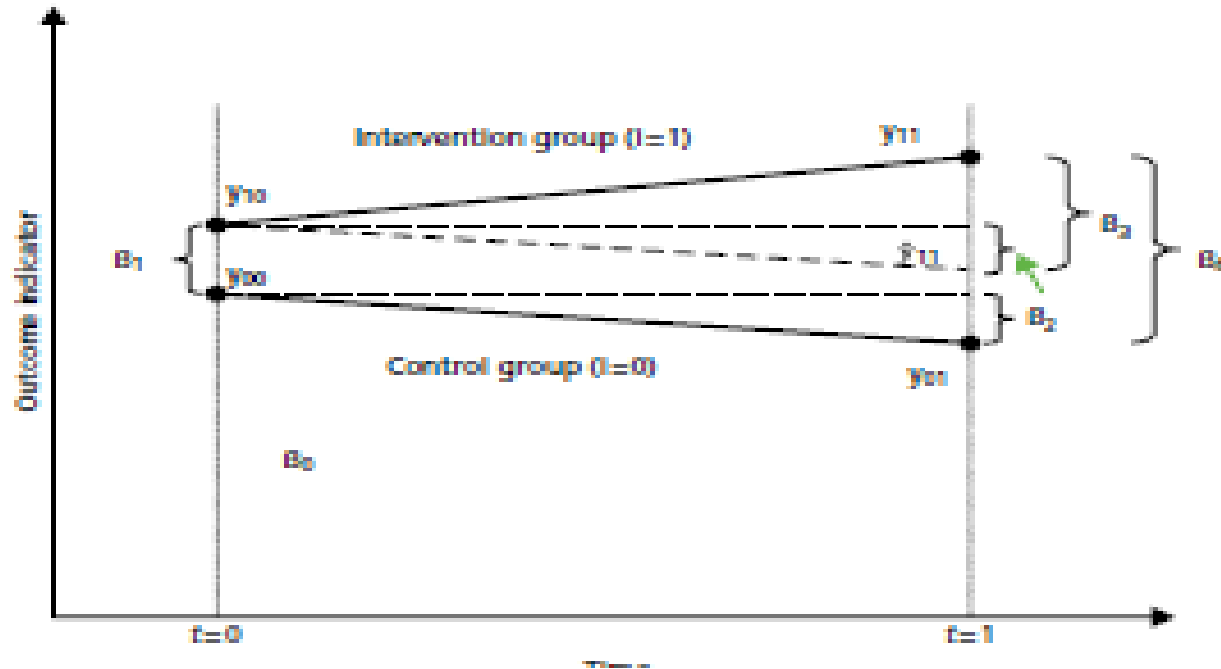
Methods

- Synthetic control group method combination of difference and difference and propensity matching scores
- One treated unit, aggregate level data
- Fake control groups = donor pools= countries with similar prevalence of loneliness among older adults as NL but without changes in policy
- Advantages: no need for “parallel assumption”
- Disadvantages: no statistic parameters



Methods

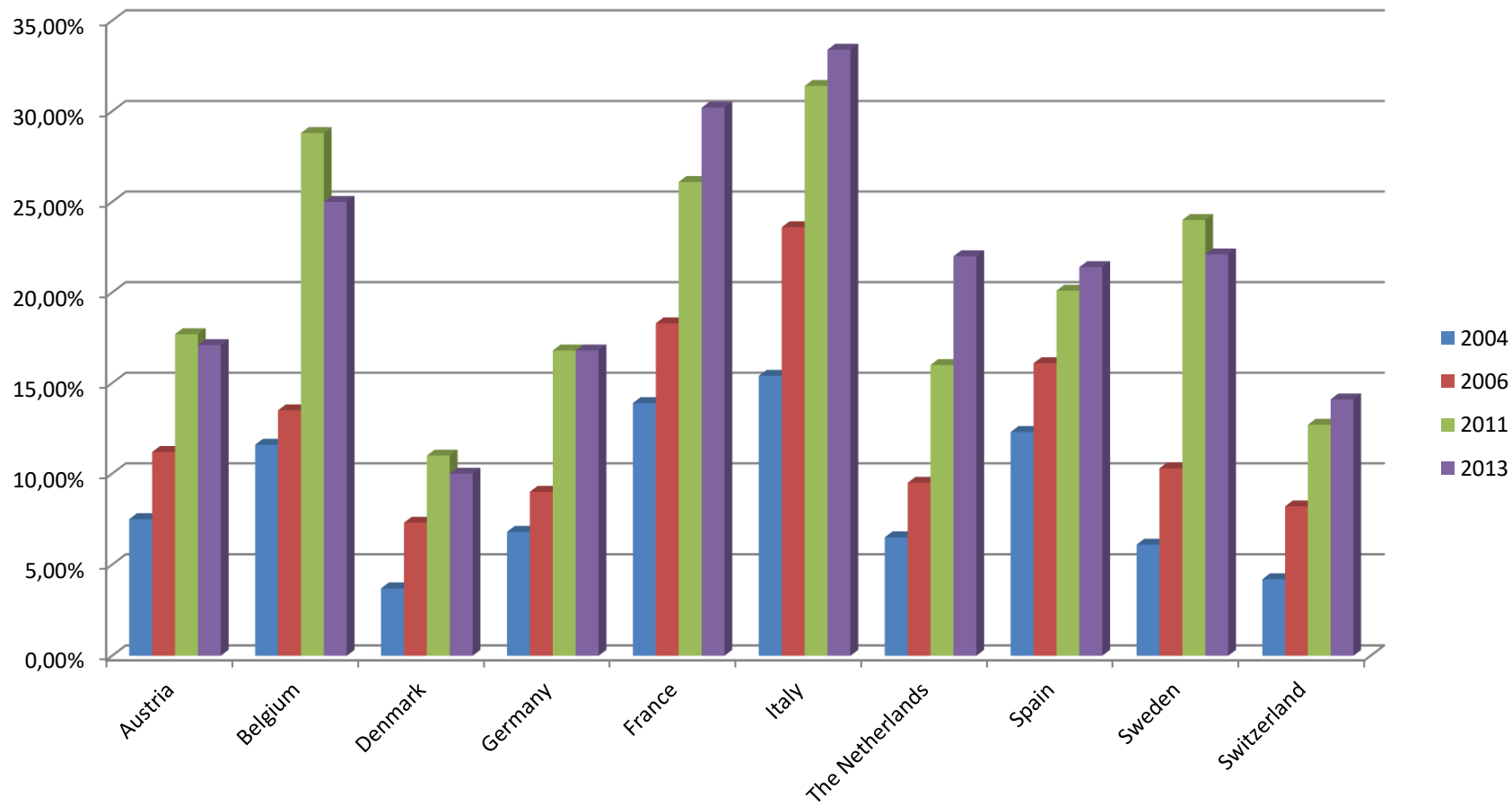
- Difference-in-differences (DiD)



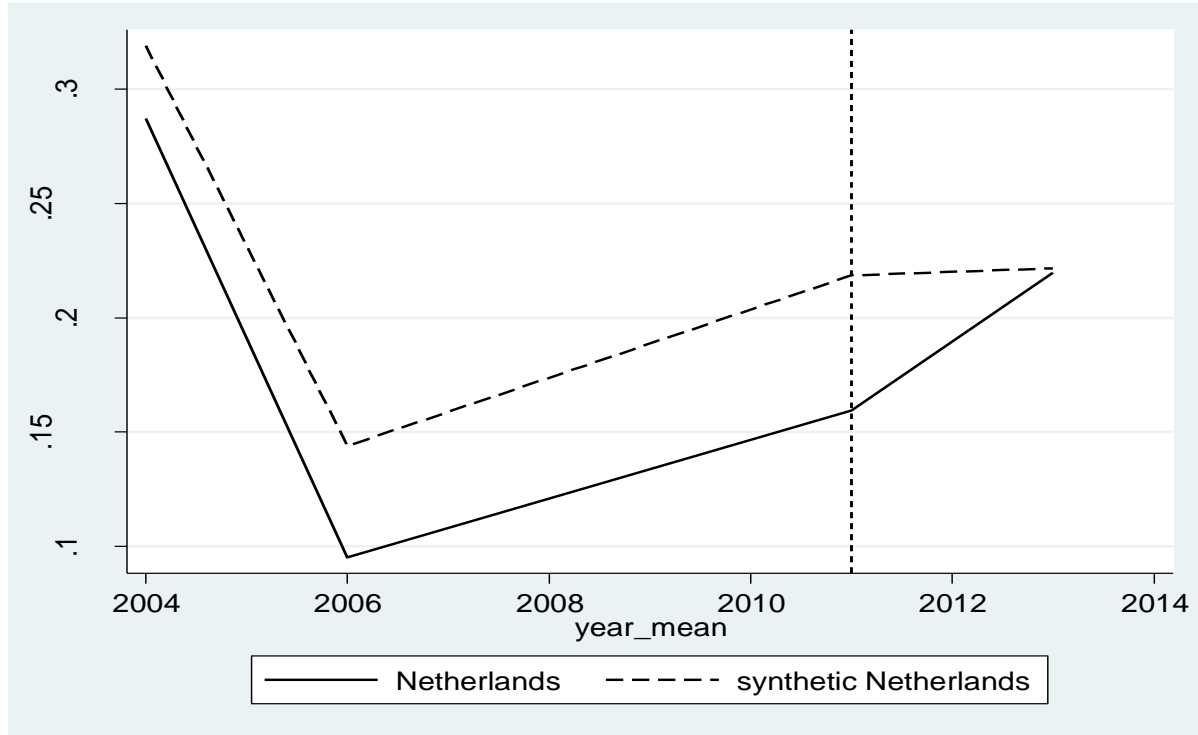
Advantages: statistical power , ATT

Disadvantages: "parallel" assumption

Results-prevalence of loneliness



Results - SCM



Results-DiD

| DiD estimations using binary outcome and Sweden as control country | | |
|--|------------|-------|
| | B | SE |
| Gender | 0.063* | 0.015 |
| Marital status | 0.132* | 0.011 |
| Being a foreigner | -0.072** | 0.029 |
| Received help from others | 0.030 | 0.017 |
| Number of children | -0.007 | 0.005 |
| Type of settlement | 0.002 | 0.019 |
| Age | 0.002** | 0.01 |
| Household size | -0.045* | 0.014 |
| | Difference | SE |
| Before | -0.045* | 0.016 |
| After | -0.296 | 0.085 |
| DiD (ATT) | 0.251* | 0.087 |
| R ² | 0.14 | |
| * $p < 0.01$ | | |
| ** $p < 0.05$ | | |



Results -summarized

SCM

- Loneliness among older adults is increasing after 2011
- No clear statistical estimator
- For a better comparison – longer period of time is needed

DiD

- Depends on control country
- Parallel assumption = only Germany matters
- No treatment effect – no differences in loneliness among older adults

Conclusions

Cutting the costs – cutting the quality of life?

Necessary to follow the needs of older adults

Cultural and personal factors

<https://www.youtube.com/watch?v=YWANBRMBjMk>

Thank you for your attention!

