

Needs Assessment of the Elderly in Malta



Phase 1



Directorate for Health Information and Research
Department of Health
Ministry for Health

Needs Assessment of the Elderly in Malta

National needs assessment amongst the Maltese population aged 75 years and over

2012



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Preface

This analysis reports the findings of the first phase of the 2012 National Elderly Needs Assessment Survey. This national survey amongst the elderly aged 75+ is the first of its kind to be conducted in Malta. The survey is part of a planned three phase study aimed to assess the needs of older adults within the community and institutions, as well as the experience and needs of informal carers taking care of the elderly within the community.

Phase one of the survey aimed to collect baseline data on quality of life issues amongst those 75+ living in the community. The questionnaire addressed topics such as morbidity, degree of impairment, social isolation, available assistance and demand for long term care and community based services. In total 6007 individuals responded to the survey out of 7824 eligible participants. This gives a response rate of 76.8%.

Gender seems to play an important role in the degree of impairment and isolation experienced by the older adult population. A greater proportion of women are widowed, live in single households and report a higher degree of impairment when compared to their male counterparts. Women also report feeling more socially isolated when compared to men. This can be understood in light of the fact that women have a longer life expectancy, meaning they are more likely to outlive their spouses, partners or friends, live alone and live more years with some degree of impairment.

Overall 6.8% of the respondents reported having a severe impairment. Of these, 15% report that they live alone. The uptake of community based services is generally low, with the home help service offered by the government being the service most sought after by the respondents (14.4%). Approximately 5% of the respondents report that they are on a waiting list for a nursing home, with this percentage being higher amongst those with a higher degree of impairment, increased age, living on their own and females.

The results from the survey indicate that social isolation amongst older adults is approximately 40.3% with only a quarter of the respondents saying they have some form of family ties. Social isolation increases with age and is higher amongst individuals in single person households.

The majority of older adults living within the community (86.5%) report they have no or very little impairment suggesting that while this population may have some form of limitation, with adequate support and services they are able to live independently within the community. However uptake of community services is low and may be promoted more especially amongst those who have a greater degree of impairment.

One of the most surprising findings among this cohort of the population is the degree of social isolation, even in a close knit community such as Malta. The needs of this population are not only physical but also social. Moreover, there appears to be a gap between need and service provision, not so much because of inavailability of services but more due to a number of needy individuals being unaware or unable to access them.

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We would like to acknowledge the National Institute on Ageing and Duke's University. The National Long Term Care Survey (NLTC) conducted in the United States by the National Institute on Ageing (NIA) in collaboration with Duke's University was used as the survey tool after being adapted accordingly to address the differences in the cultural and social aspects and healthcare system in Malta when compared to the United States.

We also would like to thank the National Statistics Office (NSO) for carrying out the sampling, the Chief Medical Officer Dr Natasha Azzopardi Muscat and the Ministry for Health (MFH) for funding this project and for their support.

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This report has been compiled by Dr Dorianne Farrugia and Ms Deborah Stoner

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1 Introduction

1.1 Background to the study

Population ageing is a global phenomenon. The drivers behind population ageing are increased survival rates after childbirth and during childhood, increased life expectancies and decreased fertility rates. These demographic changes in turn reinforce development and so these trends have put at the forefront the importance of assessing the needs of the elderly community, the needs of their informal carers as well as the needs of the future healthcare system.

People in many European countries hold high rankings when it comes to highest life expectancies in the world. In EU member states the life expectancy at birth for males is projected to increase from 76.7 years in 2010 to 84.6 years in 2060 while that for females is projected to increase from 82.5 years in 2010 to 89.1 years in 2060. In Malta, life expectancy at birth for males is projected to increase by 7.3 years over the 50 year projection period and for females to increase by 6.6 years over the same projection period. In Malta, the proportion of those aged 15 - 64 is projected to decrease by 2060 while the proportion of those aged 65 and over will continue to grow at a fast rate. Thus the old-age dependency ratio (i.e. the ratio of the number of elderly aged 65 and over compared to the number of people aged 15 - 64 years) for Malta is projected to be more than double over the 50 year projection period.¹

Population ageing is a continuous and fast growing challenge for our society and healthcare system because it increases the demand and need for acute and long-term care and strains pension and social security systems. In contrast, our elderly population can contribute to their communities as family members (i.e. having caring responsibilities), volunteers and as active participants in the workforce. The balance between these challenges and opportunities will be determined by how society responds.

1.2 Aims and Objectives

The data in this report was compiled from the 2012 National Elderly Needs Assessment Survey. Figure 1 shows the study design of the planned 3-phase Elderly Needs Assessment Survey. This is the first survey in Malta quantifying the needs of the elderly.

¹ The 2012 Ageing Report: Economic and budgetary projections for the EU27 member states (2010-2060). Joint Report prepared by the European Commission and the Economic Policy Committee (AWG)

1.2.1 Phase 1

The aim of the first phase of this survey is to establish baseline data on quality of life issues, namely;

- morbidity and degree of impairment,
- availability of personal, familial and community resources for care giving,
- social isolation and
- demand for long term services and community care.

This information will provide a lucid picture of the growing needs of the Maltese 75+ elderly population. This will guide public health policy and other service stakeholders to take concrete actions to support the population for better health and social services.

1.2.2 Proposed Phase 2

The proposed phase 2 involves identifying the phase 1 participants who

- find difficulty in at least one activity of daily living (ADL) or
- are living in an institution.

to obtain in-depth knowledge on the elderly persons ability to carry out daily activities, their life-style and support they may be receiving from carers.

1.2.3 Proposed Phase 3

Apart from demand on the formal care and social systems, an ageing population creates added strain on the informal care system – family and friends. The informal care system remains an important and integral part of elderly care in our community. The aim of the proposed phase 3 is to assess the experience and needs of the informal care givers who are assisting home-based elderly persons.

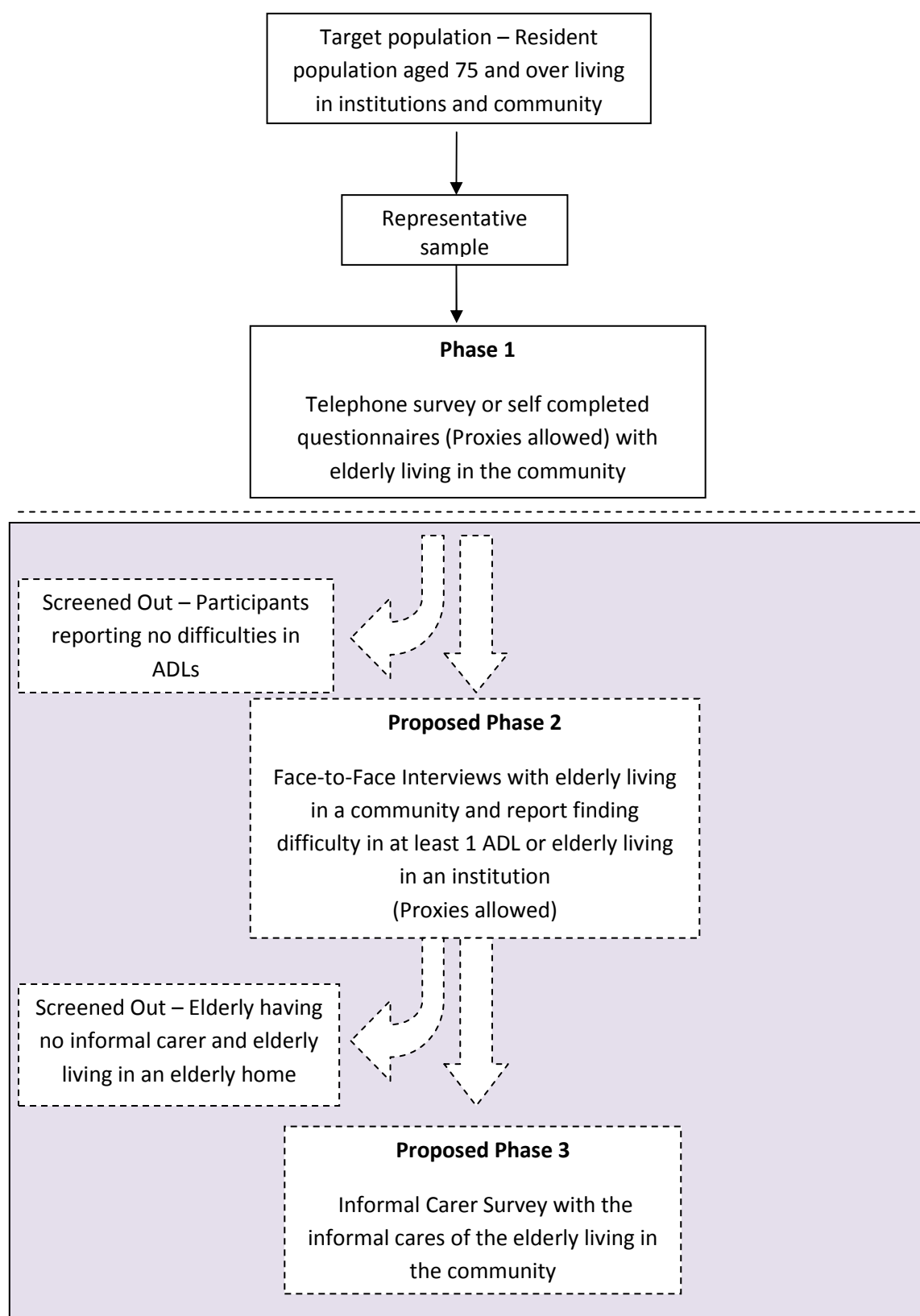


Figure 1: Study design of the planned 3-phase Elderly Needs Assessment Survey

2 Methodology

2.1 Study design

Phase one involves a cross-sectional survey incorporating telephone interviews with home-based individuals aged 75 years and over.

2.2 Sampling

The sample was drawn from a population register maintained by the NSO. The study population consisted of 9400 Maltese residents. A weighted stratified random sample was drawn, stratifying by region, age and gender. Thus, this sample is representative of the 75+ population. In this report, the elderly are divided into two groups, 75 to 84 years and 85 years and over.

2.3 Questionnaire

Following consultations with internal stakeholders in the elderly sector, the National Long-Term Care Survey (NLTCs) tool was used. The NLTCs was conducted in the United States by the NIA in collaboration with Duke's University. In addition, the questionnaire was designed for the use of proxies. The survey tool was adapted to address the differences in the cultural aspects and healthcare system in Malta when compared to the United States. The questionnaire addressed topics such as morbidity, degree of impairment, available assistance and demand for long term care and community based services. An additional module, the Lubben Social Network Scale was added to measure social isolation.

2.4 Fieldwork

The questionnaire underwent cognitive testing. It was tested on a small number of typical respondents and underwent the process of peer review. A group of 20 trained university students conducted telephone interviews by filling in a prepared access form. The fieldwork was carried out over the latter half of 2012. Most telephone calls were held in the morning and late afternoon with a maximum of 3 attempts per person to ensure maximum participation.

4626 were completed via telephone interview by the specifically trained interviewers. Where contact with the elderly could not be established a self completed questionnaire was sent by post. 1381 questionnaires were self completed. Given the age cohort of the participants of this survey, a number of interviews needed to be carried out with proxies. There were 1140 questionnaires answered by a proxy. The vast majority of the proxies were either a spouse or a daughter.

3 Data Analysis

Figure 2 shows that the representative sample consisted of 9400 home- and institution-based elderly persons. Out of the 6504 successfully contacted during the fieldwork, there were 6007 respondents, 373 who refused to participate in the survey and 124 questionnaires were never answered either due to an inconvenient time or the elderly had a physical or mental disability limiting him/her from answering the questionnaire and no proxy was available. 1368 were in an institution or rehabilitation hospital while there was no response from 1320. The response rate was 76.8%.

The 2005 Census data was used to project the number of individuals living in the community aged 75-84 and 85+, respectively, in 2012, since detailed figures from the Census 2011 data are not yet available. The 2012 population by single years of age was supplied to DHIR by the NSO. The proportion of individuals aged 75-84 and 85+ respectively, and living in the community was calculated from the 2005 population, within each age group. This proportion was applied to the number of individuals aged 75-84 and 85+ in 2012. The number of individuals aged 75-84 and 85+ living in the community during 2012 was compared to the number of respondents within the same age groups. No significant difference was observed across the age distributions between 2012 population and the respondents. Therefore no weighting needed to be applied to the data since the study sample is representative of the population. It is projected that within the 2012 population, 81.1% of those living in the community aged 75 years and over were between 75 years and 84 years while 18.9% were 85 years and over². In the present study, 81.5% of the respondents were aged 75 years to 84 years and 18.5% of the respondents were aged 85 years and over. This shows that the sample is representative of the elderly population in Malta.

57.1% of the respondents were females while 42.9% were males. The highest level of education for 52.8% of the respondents was a primary level of education. 19.0% of the respondents completed up to secondary level of education while 13.1% indicated a completed post-secondary or tertiary level of education. 15.0% had never enrolled in formal education.

² Census 2005, National Statistics Office, Malta

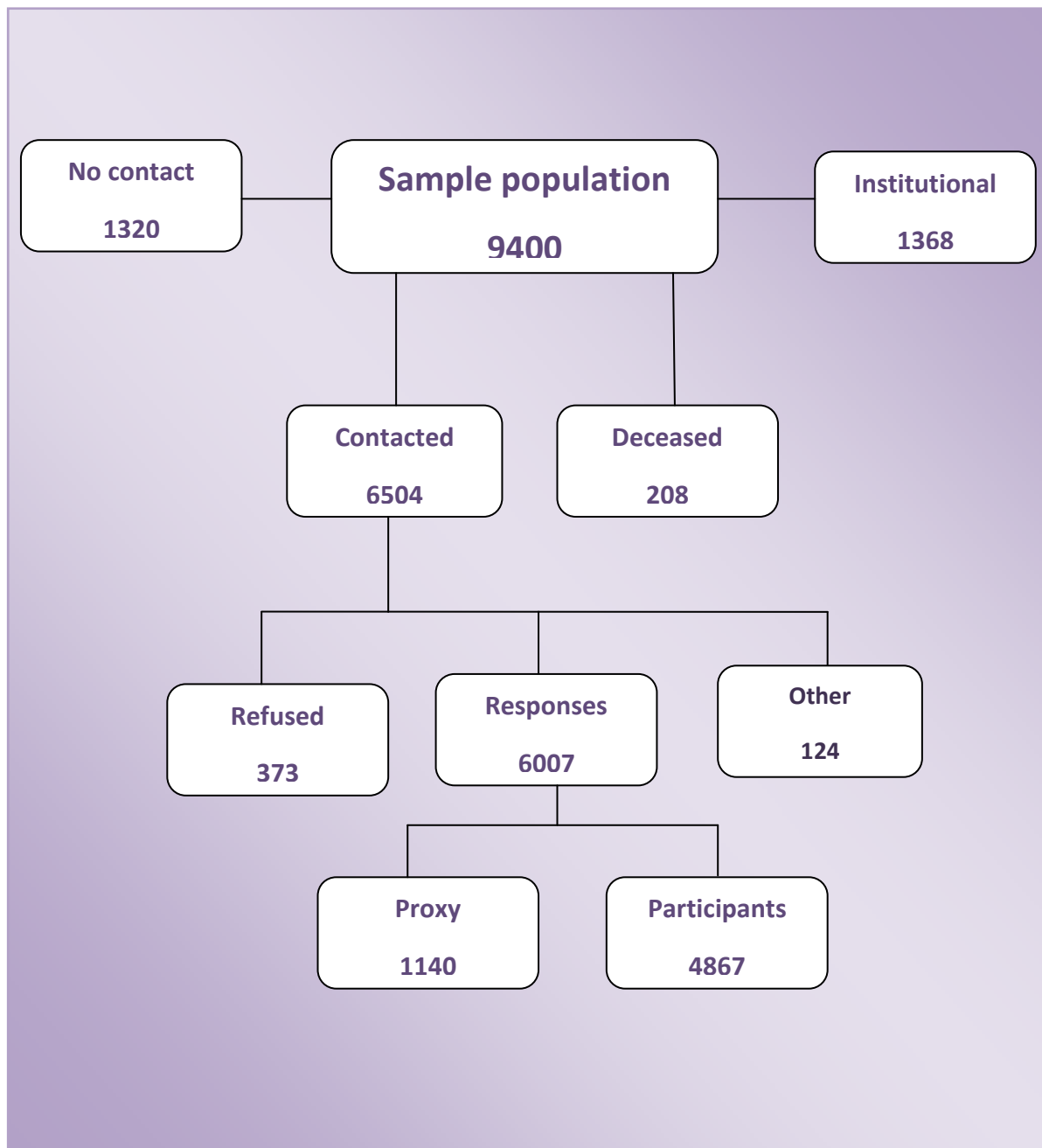


Figure 2: Responses from the sample

Results

4 *Marital status of the aged population*

There are important differences between men and women in the roles and experiences during old age. Half of the respondents were married, about one third were widowed and about one tenth were single. The proportion of participants that is divorced was only 1.0% (Figure 3). These proportions remained relatively the same when compared to 2008 except for those who were single. In 2008, 17.8% of the respondents aged 75 years and over were single (EHIS 2008). The percentage of married respondents (49.6%) relates well with the number of people living as a couple (49.7%). Results indicate that 70.3% of men live as a couple while 34.2% of women live as a couple. The percentage of elderly participants living as a couple remained relatively the same when compared to 2008 (EHIS 2008).³

The majority of the male respondents (72.1%) were married while about one third of the female respondents were married (32.8%)(Figure 3). A similar trend was noted in 2008 (EHIS 2008). This reflects similar trends exhibited world wide, were 80% of men aged 60 years and over are married while less than half of the women in the same age group are married. The reasons behind these differences may be because women have a longer life expectancy than men, men tend to marry again after being divorced or widowed and also because women are more likely to marry men older than themselves.⁴

The proportion of married participants and the proportion of widowed participants display an inverse relationship with age (Figure 4). The relatively static percentage of individuals classified as single suggests that there is an age limit beyond which single persons tend not to marry (Figure 4).

³ EHIS 2008: European Health Interview Survey 2008

⁴ Current status of the social situation, well-being, participation in development and rights of older persons worldwide. United Nations New York 2011

- ❖ Half of the respondents were married, about one third were widowed and about one tenth were single. 1.0% of the participants were divorced.
- ❖ 70.3% of men live as a couple while 34.2% of women live as a couple.
- ❖ The vast majority of older men are married (72.1%) while the majority of older women are widowed (50.8%).
- ❖ The proportion of married participants and the proportion of widowed participants display an inverse relationship with age.

5 Older people and their living arrangements

Marital and socio-economic status, availability of relatives and friends, physical and mental health, individual preferences and cultural norms are key determinants in deciding whether an older person lives alone or co-resides with a family member. Isolation and loneliness will affect health especially mental health, life satisfaction and chances of institutionalisation. Unfortunately, there are major differences between developing countries and developed countries with respect to institutionalisation. In developing countries the norm is still for an elderly person to co-reside with a relative. This can be due to cultural norms that place the responsibility for taking care of older people on their relatives or due to lack of alternate living arrangements such as nursing homes. In developed countries, older people, especially women, are increasingly living alone or in institutions. This may be due to well-developed social transfer systems in the developed countries or because most children eventually leave the parental home⁵.

Projections from the 2005 Census data shows that in 2012, 14.6 % of those aged 75 years and over are estimated to be living within institutions. According to the results from this survey, 14.6 % of those aged 75 years and over are living within an institution or rehabilitation hospital. 27.5% of the participants are living in a single person household while 51.9% are living in a two person household. The percentage of elderly participants living alone or in a two person household remained relatively the same when compared to 2008 (EHIS 2008). About 20.6% of the respondents reported that the total number of persons living in their household was more than 3 (Figure 5). 36.5% of all female respondents aged 75 years and over live alone while 15.5% of all male respondents in the same age group live alone (Table 1). This trend remained similar to that in 2008 (EHIS 2008). Most participants share their household with another individual. 26.3% of those aged between 75 and 84 years reported living in a single person household with an increase to 32.6% in the 85+ age group (Table 2). 19.0% of those having moderate impairment and 14.7% of those having severe impairment are living alone (Figure 6).

Social relationships with family members are associated with well-being. Social exchanges with non-family members are less associated with well-being although close partners contribute more to the well-being of the individual than other nonfamily members. Participants were asked about the number of relatives or friends that they see and hear from at least once a month and the number of

⁵ An Ageing World 2008. International Populations Report. U. S. Department of Health and Human Services and National Institutes of Health and National Institute on Ageing 2009

relatives or friends that they felt close to such that they could call on them for help. The vast majority of the respondents have 2 or 3 children that are still alive, followed by those having 4 or 5 children. Only 0.3% reported having no children alive.

80.6% of the respondents get in touch with 3 or more relatives at least once a month, whilst 3.9% of the respondents never see or hear from their relatives in a given month (Figures 7 and 9). 36.3% of the respondents reported no encounters with friends in a given month (Figure 8 and 10). Men get in touch with more friends within a month than women. Moreover, with an increase in age, participants were less likely to get in touch with friends within a month. 7.3% of those aged 75 to 84 years stated that they had no next of kin on whom they can rely should they need help. This increases to 8.1% in those aged 85 years and over. The majority (33.4%) of the participants reported having 3 to 4 relatives on whom they could rely on should they need help. In contrast, the majority (50.9 %) of the participants reported that they had no friends to call on them for help.

- ❖ According to data from the Elderly Needs Assessment Survey 14.6% of those aged 75 years and over are living within an institution or rehabilitation hospital.
- ❖ 27.5% of the participants reported living in a single person household while 51.9% reported living in a two person household.
- ❖ 26.3% of those aged 75 to 84 years reported living in a single person household. This increases to 32.6% in the 85+ age groups.
- ❖ 14.7% of those having severe impairment and 19.0% of those having moderate impairment are living alone.
- ❖ 3.9% of the respondents never see or hear from their relatives at least once a month whilst 36.3% of the respondents reported no encounters with friends.

6 Degree of Impairment

6.1 Activities of daily living

Activities of daily living (ADLs) refers to a set of everyday routines generally involving self-care tasks, such as eating, dressing, bathing, toileting, incontinence, transferring (i.e. getting in and out of a bed and/or chair) and walking. An inability to perform these basic tasks results in a self-care deficit and can make a person severely dependent on others. Inability to carry out ADLs has been found to be a good predictor of admission to a nursing home, use of community and hospital services, living arrangements and mortality. The degree of impairment is much higher within the elderly population and rise steeply with advancing age, especially for persons aged 85 and over. The participants were divided into three groups according to the KATZ scoring system⁶, based on their degree of impairment in eating, dressing, bathing, toileting, incontinence and transferring:

- No or very little impairment – no difficulty with ADLs or difficulty with 1 ADL
- Moderate impairment – difficulty with 2-3 ADLs
- Severe functional impairment – difficulty with 4 - 6 ADLs

Most respondents reported that they have no or very little impairment (Figures 11 and 12). Only 6.8% of the respondents reported severe functional impairment. Overall, elderly women reported a higher level of impairment than elderly men (Figures 11 and 14). In 2010, the life expectancy at birth for females was 83.6 years (79.2 years for males) while the healthy life expectancy at birth was 71.6 years (70.2 years for males)⁷. Thus women are at higher risk of developing severe functional impairment than men in old age due to longer survival with slight impairment earlier in adult life. The degree of impairment was reported to increase with age (Figures 12 and 15). Participants find greatest difficulty with walking followed by bathing, dressing, incontinence and transferring (Figure 13).

A chronic condition is a human health condition or disease lasting 3 months or more, by the definition of the U.S. National Centre for Health Statistics. Around 93% of the respondents having a problem with one or more ADLs reported they had the impairment for more than 3 months and they are expecting the impairment to last for at least the next three months. A supportive environment especially at

⁶ Katz index of independence in activities of daily living (ADL) (2000). *Geriatric Nursing* 21(2), 109.

⁷ EUROSTAT Statistical Database,
http://epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database

community level makes important contributions to the quality of life of these individuals and thus should be given great importance in the area of health policy for ageing populations.

6.2 Instrumental activities of daily living

Instrumental activities of daily living (IADLs) such as cooking, grocery shopping, house cleaning, managing medication or money and using the phone are considered more complex than the basic ADLs. IADLs are not necessary for fundamental functioning but are still necessary for an individual to be able to live independently in the community and maintain an adequate standard of living.

Participants reported greatest difficulty with doing laundry, grocery shopping, managing finances and preparing meals, followed by doing light household, taking medicine and using the phone (Figure 16). In 2008, participants reported greatest difficulty with housework, grocery shopping and preparing meals. There seems to be certain limitations, particular to men and others to women. Women reported greatest difficulties in tasks such as grocery shopping and managing finances. On the other hand, men tend to report greatest difficulty in domestic tasks such as doing laundry, preparing meals and carrying out light household work (Figure 17). As age increases, reported difficulty with IADLs increases (Figure 19). The majority of those reporting that they need help with IADLs, explained that they need help because of a disability or health problem, that is, a mental or physical condition limiting them in performing these activities. Women were more likely than men to report needing help because of a disability or health problem (Figure 18). About 96% of those reporting to have disabilities restricting them in carrying out one or more IADLs, reported that they had the disability for more than 3 months and they are expecting the disability to last for at least the next three months.

- ❖ 6.8% reported that they have severe impairment.
- ❖ Overall elderly women reported a higher degree of impairment than elderly men.
- ❖ About 93% of those having difficulty with one or more ADLs reported they had the impairment for more than 3 months and they are expecting the impairment to last for the next three months.
- ❖ Women reported greatest difficulties in tasks such as grocery shopping and managing finances. On the other hand men tend to report greatest difficulty in domestic tasks such as doing laundry, preparing meals and carrying out light household work.
- ❖ A disability or a health problem keeps most women from performing IADLs but only a minority of men have a disability that is keeping them from performing these tasks.
- ❖ About 96% of those reporting to have disabilities restricting them in carrying out one or more IADLs reported they had the disability for more than 3 months and they are expecting it to last for the next three months.

7 Utilization of healthcare services

The Ministry for the Elderly and Social Solidarity (MFSS) provides a number of community care services to help and support frail aged people and people with a disability to live independently in the community. Such community-based programs include meals delivery, transport services, nursing services and home help such as the handyman service or help for housework. Overall reported community care service use is low within the 75+ population.

The number of people currently residing in a residential home together with the growth of such capacity and the number of elderly people on a waiting list for a nursing home provide indicators on the potential demand of long-term care. 4.8% of the participants are currently on a waiting list for a nursing home. This could be due to the fact that the majority of older persons either live with their relatives or are well supported by their families. More female participants are on a waiting list for a nursing home (Figure 20). This can be explained by the fact that females live longer, have a higher degree of impairment and tend to be more isolated when compared to males. Data shows that the demand for a nursing home increases with age and degree of impairment (Figure 20 and Figure 21) but decreases with the number of persons living under one roof (Figure 22).

12.9% of the participants reported receiving some sort of medical care from a healthcare professional at home. A significant gender difference was reported with 13.9% of the female respondents and 11.7% of the male respondents reporting the use of a healthcare professional service at home (Figure 23). Demand increases with age and degree of impairment (Figures 23 and 24). Of those requiring medical care at home, 55.1% receive it as needed, 13.9% receive it daily, 17.2% receive it weekly and another 13.9% receive it monthly. The daily and weekly use of medical care from a healthcare professional at home increases with severity of impairment. Their higher degree of impairment may limit them in receiving medical care outside their living quarters. Therefore, they may opt to receive care within their living quarters more often than those with a lesser degree of impairment.

14.4% of the participants make use of home help for housework or the handyman service, 2.0% use meals on wheels, 6.5% use the transport services and 25.8% use other services⁸ (Table 3). Reported care service use increases with age. There was a significant gender difference with females using more community services than males except for meals on wheels (Table 4). Use of community

⁸ Other services include telecare, day centre, night shelter and incontinence service

services also increases amongst individuals with a moderate or severe impairment (Table 5). From those living alone, individuals having moderate or severe functional impairment were more likely to use transport services and be on a waiting list for a nursing home than individuals having no or very little impairment (Table 6).

- ❖ 12.9% of the participants reported receiving some sort of medical care from a healthcare professional at home.
- ❖ 4.8% of the participants are currently on a waiting list for a nursing home. The percentage of participants on the waiting list increases with the severity of impairment, age, females and small households.
- ❖ The majority of those requiring a professional healthcare service at home receive it as needed.
- ❖ 14.4% of the participants make use of home help for housework or the handyman service, 2.0% use meals on wheels, 6.5% use the transport services and 25.8% use other community services.

8 *Social isolation*

Loneliness is subjective and one of the possible emotional outcomes of social isolation. Social isolation is objective and refers to the absence of relationships with relatives or friends. Social isolation is typically used as the best proxy to assess loneliness. The elderly are particularly vulnerable to social isolation because they generally have fewer friends and more disabilities. A literature review by O’Luanaigh, C and Lawlor, B.A. indicates that loneliness is common in elderly people and it ‘may in fact be an independent risk factor for depression’.⁹ A recent meta-analysis review conducted in 2010, shows that individuals who are socially isolated have an increased likelihood of dying when compared to those having good social networks. Having sufficient social relationship has the same effects on mortality comparable to stopping smoking but with more benefits than well-known risk factors like obesity and physical inactivity¹⁰

The Lubben Social Network Scale (LSNS) is one of several instruments that can be used to assess for social isolation in older adults. There are several versions of the LSNS including an abbreviated 6-item version (LSNS-6). The LSNS-6 has been extensively used and is an extremely quick measure to identify older adults that warrant further social isolation assessment. This was chosen in order to limit the length of the interview and maximise the response rate. The LSNS-6 measures emotional, tangible and actual network size relating to relatives and friends. Those individuals scoring less than 12 on the six-item LSNS-6 would be identified as socially isolated. Those scoring less than 6 on the three-item LSNS-6 Family subscale or Friends subscale would be identified as having marginal family ties and marginal friendship ties respectively¹¹.

Results show that the proportion of socially isolated, community-dwelling, older adults is at 40.3%. 16.7% of the respondents had marginal family ties while 62.7% had marginal friendship ties. These percentages indicate that, relatives are still an important source of socialisation and probably compensate for the lack of an extensive friendship network.

⁹ O’Luanaigh C and Lawlor BA. Loneliness and the Health of Older People. *International Journal of Geriatric Psychiatry*. 2008;23(12):1213-21

¹⁰ Holt-Lunstad J, Smith TB and Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. 2010; 7(7):

¹¹ Lubben J, Blozik E, Gillmann G, Iliffe S, Von Renteln Kruse W, Beck JC and Stuck AE. Performance of an Abbreviated Version of the Lubben Social Network Scale Among three European Community-dwelling Older Adult Populations. *The Gerontologist*. 2006; 46(4): 503-513

With regard to social isolation there was a significant gender difference, with 42.2% of females and 37.7% of males being socially isolated. However, there was no significant difference with age. Females are more likely to have marginal friendship ties. However, there was no significant gender and age difference with marginal family ties (Table 7).

- ❖ The survey indicates that social isolation in community-dwelling older adults is reported at 40.3%. 16.7% of the respondents have marginal family ties while 62.7% have marginal friendship ties.
- ❖ With regard to social isolation there was a significant gender difference, with 42.2% of females and 37.7% of males feeling socially isolated.
- ❖ Females are more likely to have marginal friendship ties.

9 Conclusion

This report gives a snapshot of the current health status of the elderly population focusing on morbidity and degree of impairment, availability of personal, familial, and community resources for care giving, social isolation and demand for long term services and community care. Population ageing is a global phenomenon putting increased demands on the national healthcare system and social services and so putting at the forefront the importance of assessing the needs of the elderly community, the needs of their informal carers as well as the needs of the future healthcare system.

The findings of this report show that

- Half of the respondents were married, about one third were widowed and about one tenth were single. 1.0% of the participants were divorced. 70.3% of men live as a couple while 34.2% of women live as a couple.
- 27.5% of the participants live in a single person household. 14.7% of those having severe impairment live alone.
- 3.9% of the respondents never see or hear from their relatives in a given month. 36.3% of the respondents reported no encounters with friends within a month.
- 6.8% reported that they had severe impairment.
- 12.9% of the participants reported receiving some sort of medical care from a healthcare professional at home. Overall, reported community care service use is low within the 75+ population. 14.6% of those aged 75 years and over live within an institution or rehabilitation hospital while 4.8% of the participants are currently on a waiting list for a nursing home.
- The survey indicates that social isolation in community-dwelling older adults is at 40.3%. 16.7% of the respondents had marginal family ties while 62.7% had marginal friendship ties.

10 Tables and Figures

10.1 Figures

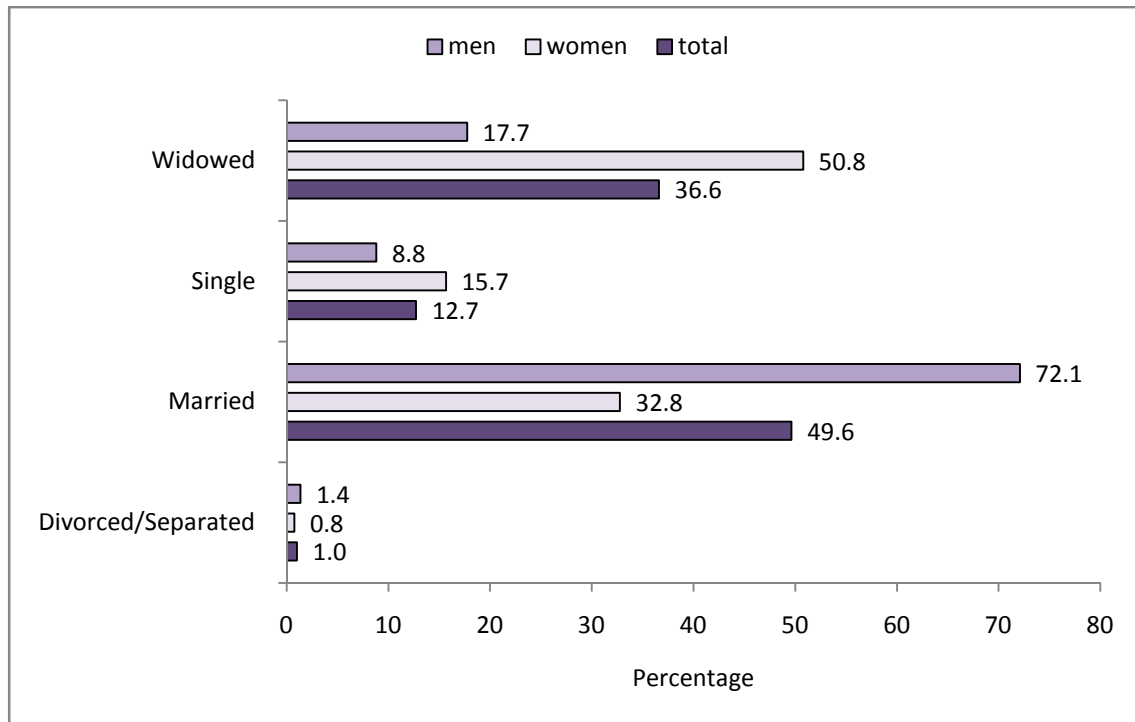


Figure 3: Marital status of elderly participants total and by gender

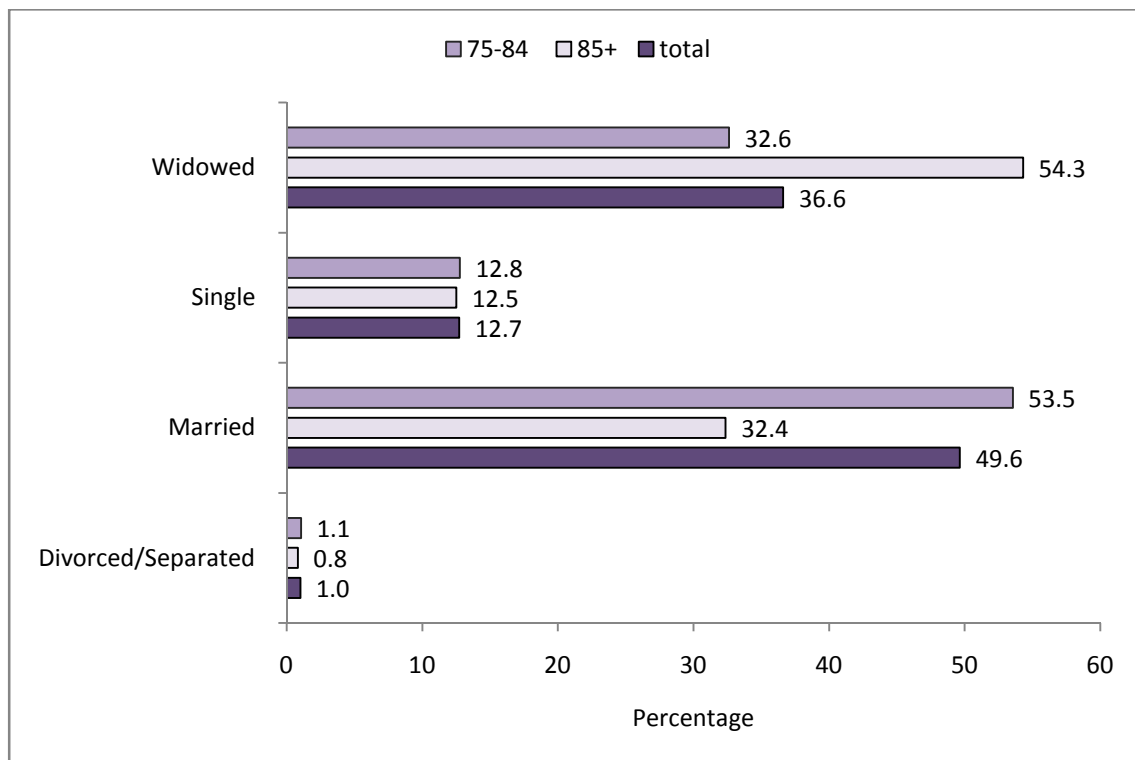


Figure 4: Marital status of elderly participants total and by age group

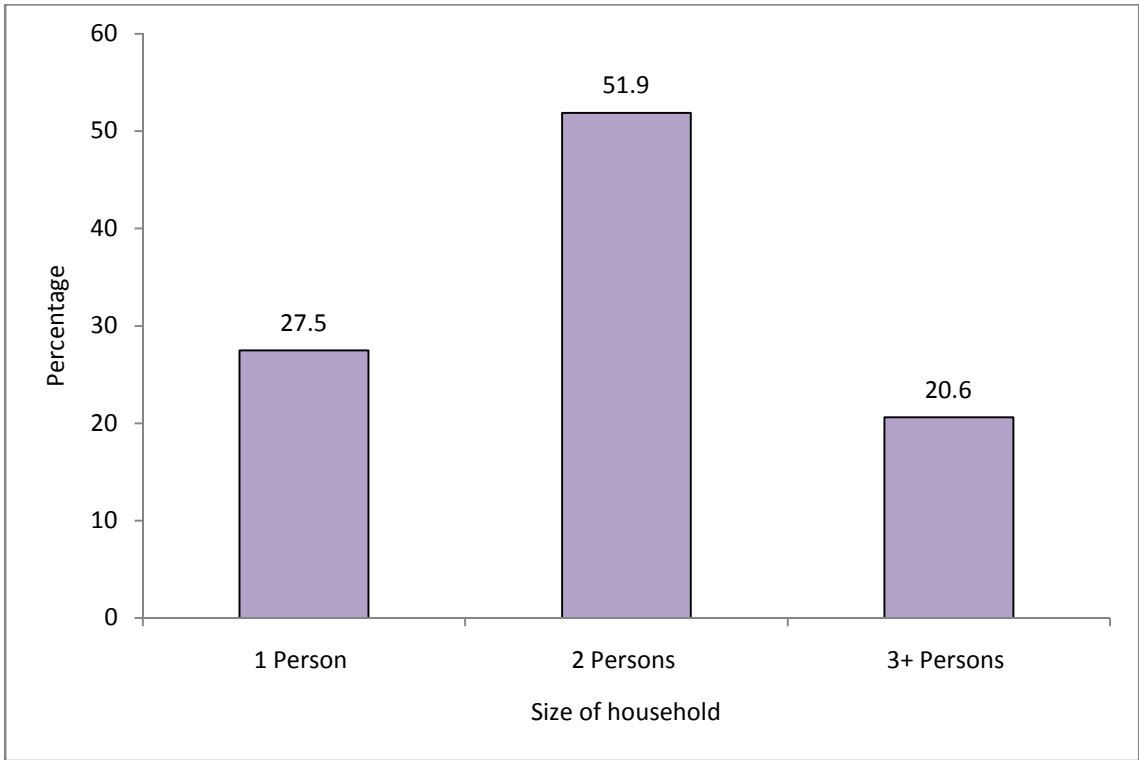


Figure 5: Size of household

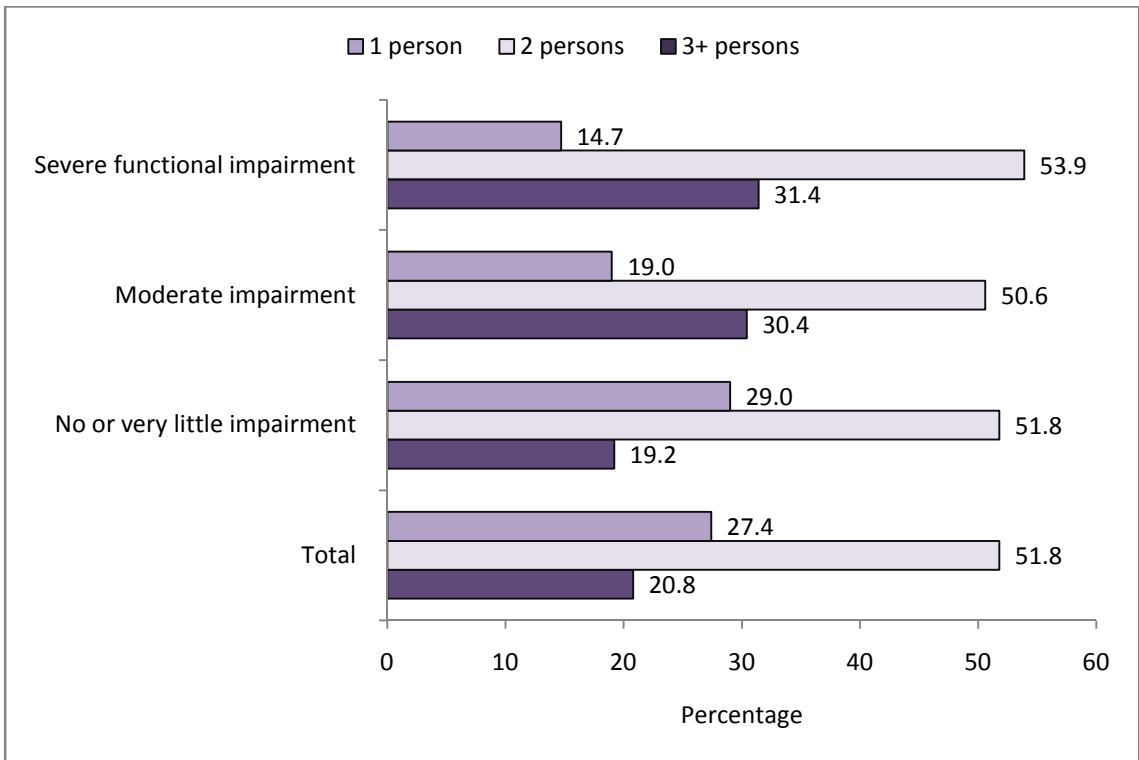


Figure 6: Size of household with degree of impairment

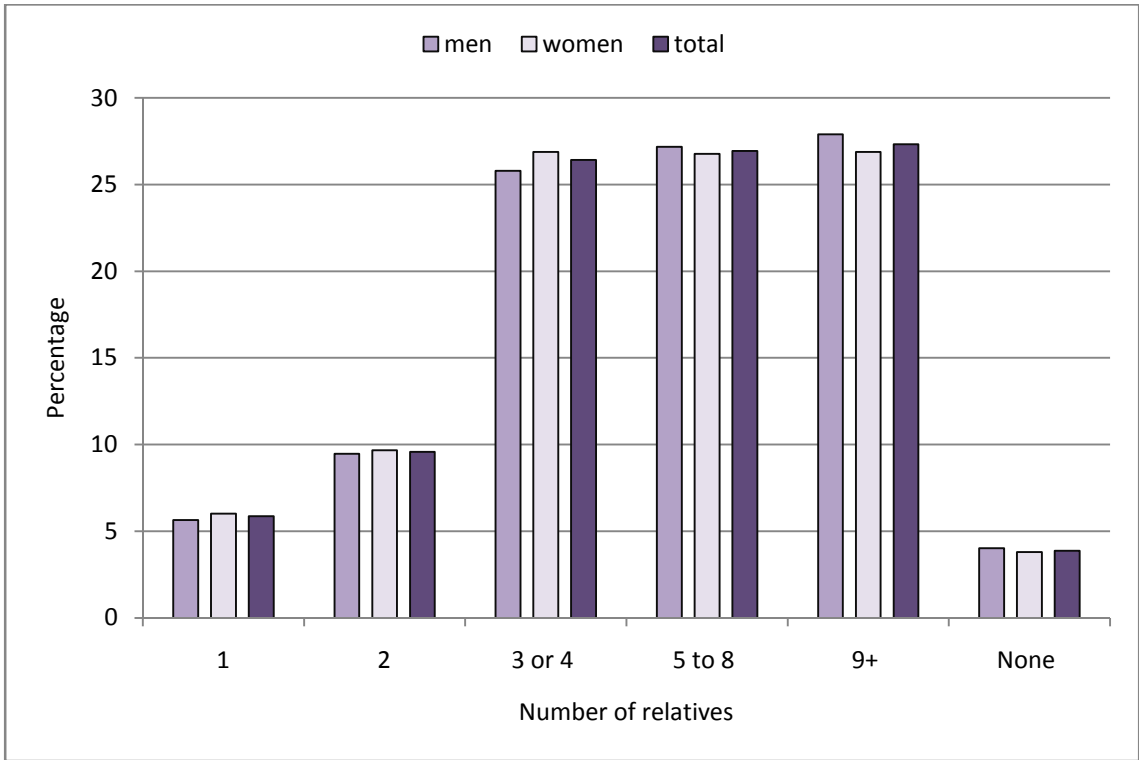


Figure 7: Percentage of participants who see or hear from their relatives at least once a month by gender

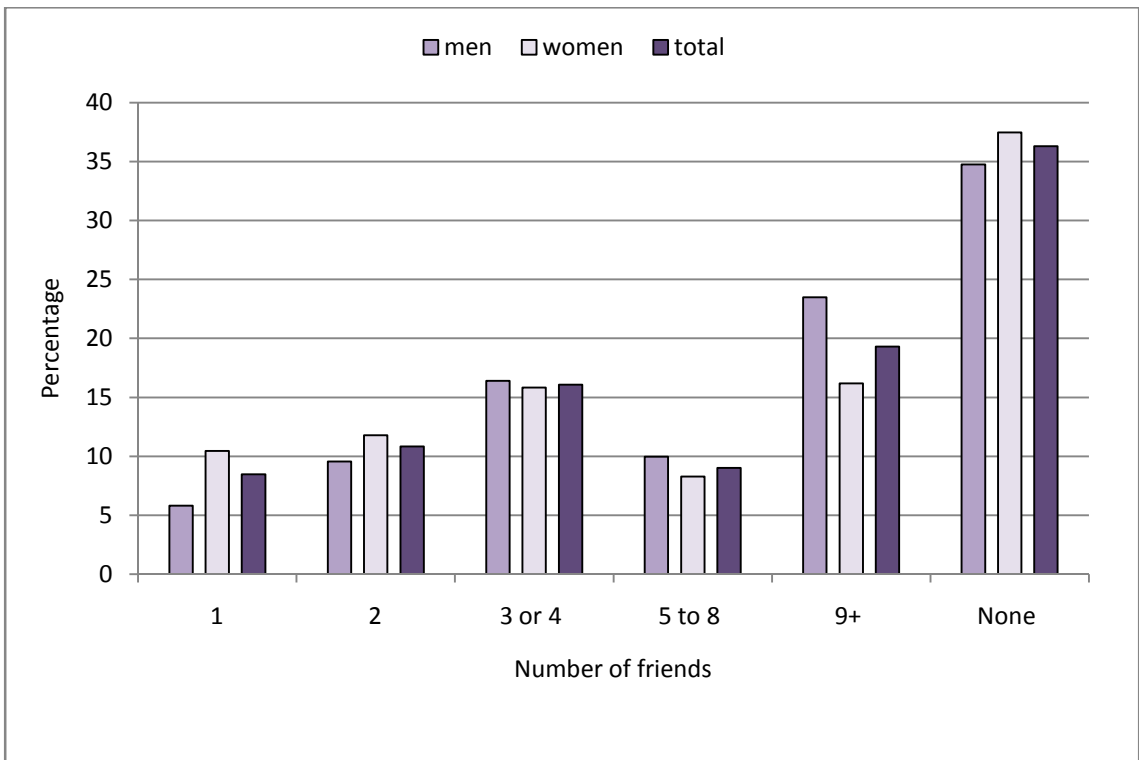


Figure 8: Percentage of participants who see or hear from their friends at least once a month by gender

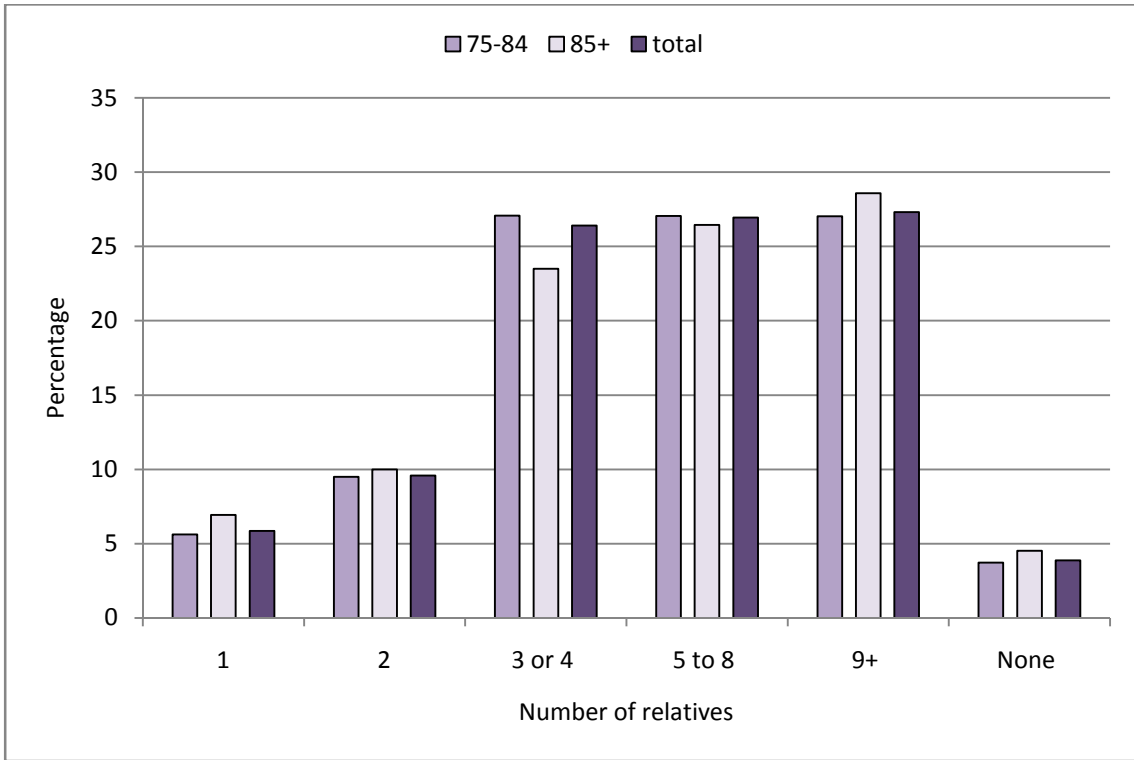


Figure 9: Percentage of participants who see or hear from their relatives at least once a month by age group

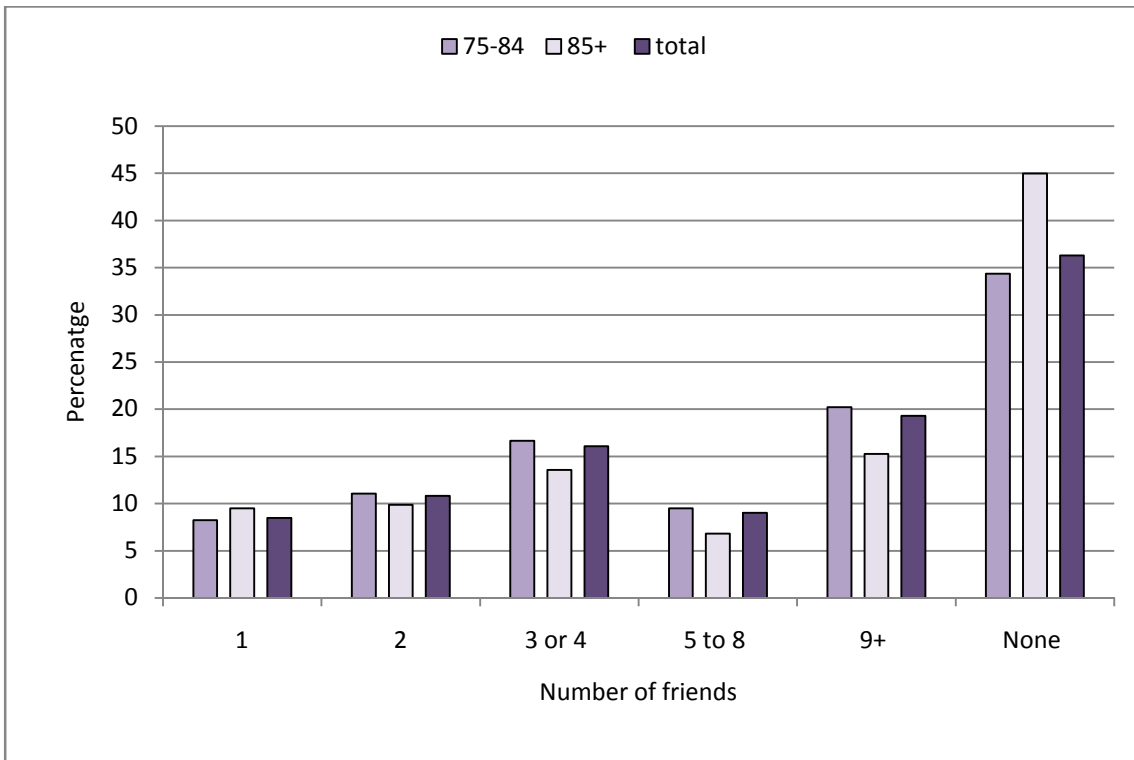


Figure 10: Percentage of participants who see or hear from their friends at least once a month by age group

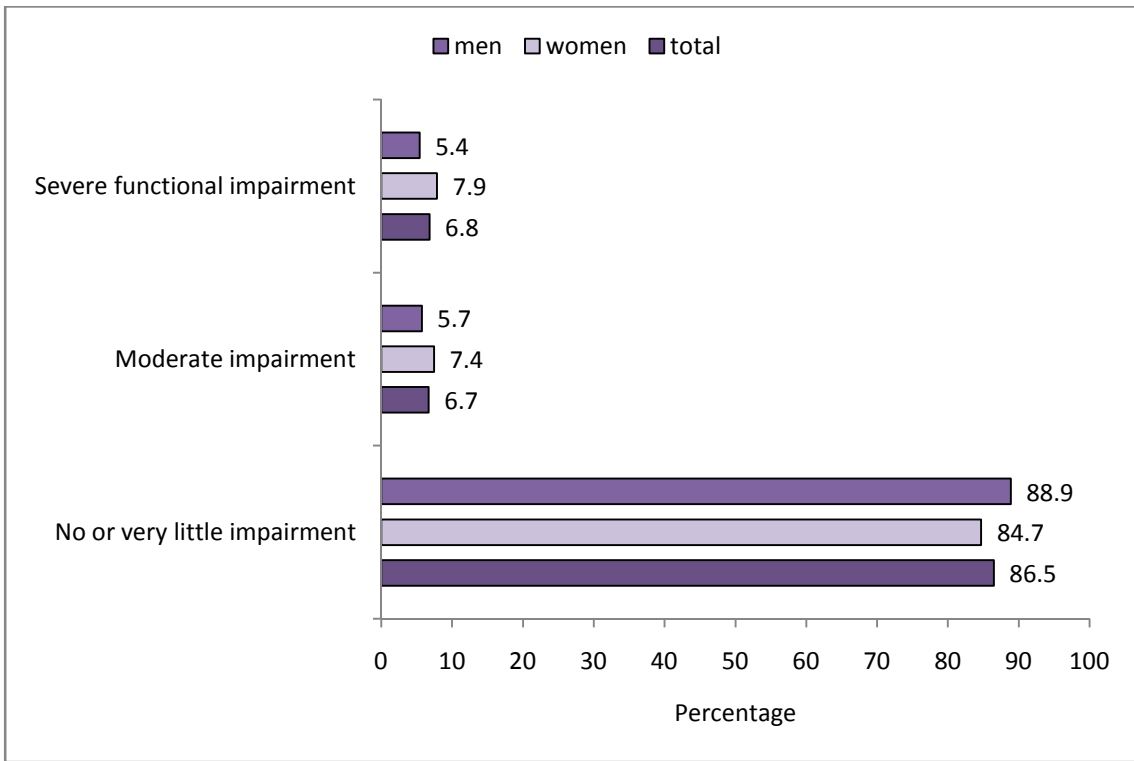


Figure 11: Degree of impairment for total and by gender

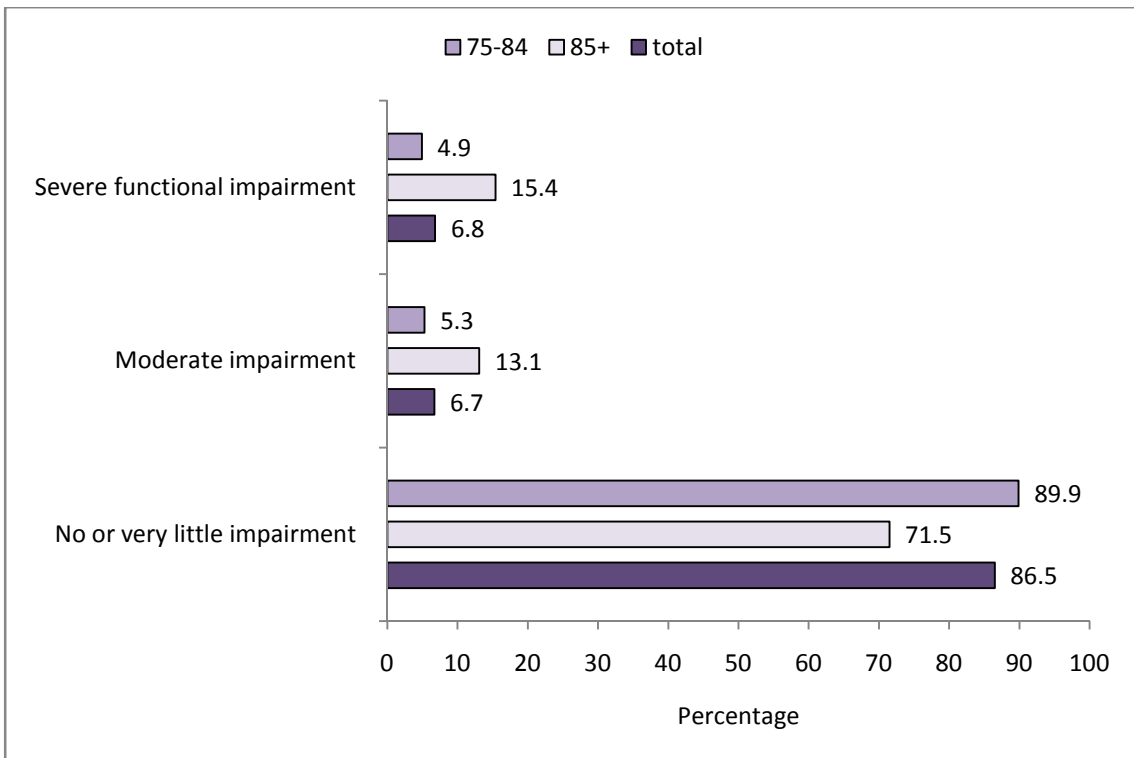


Figure 12: Degree of impairment for total and by age group

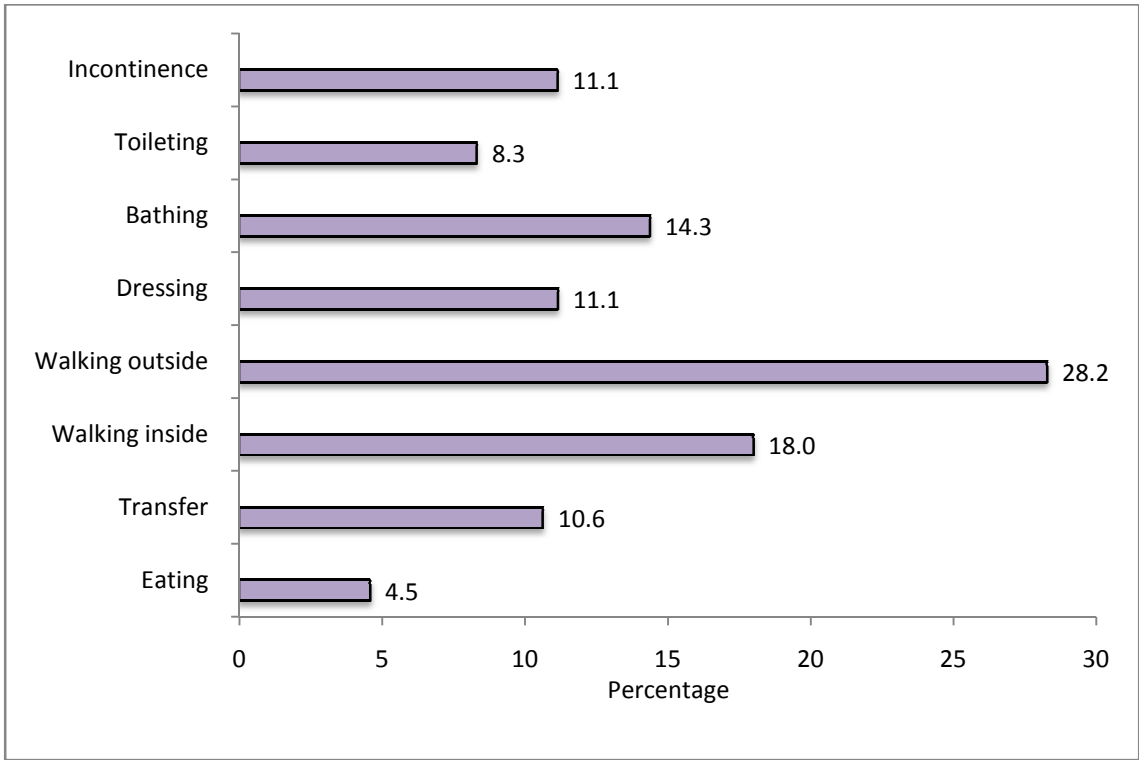


Figure 13: Percentage of elderly participants needing help with ADLs
(Respondents could select more than one ADL)

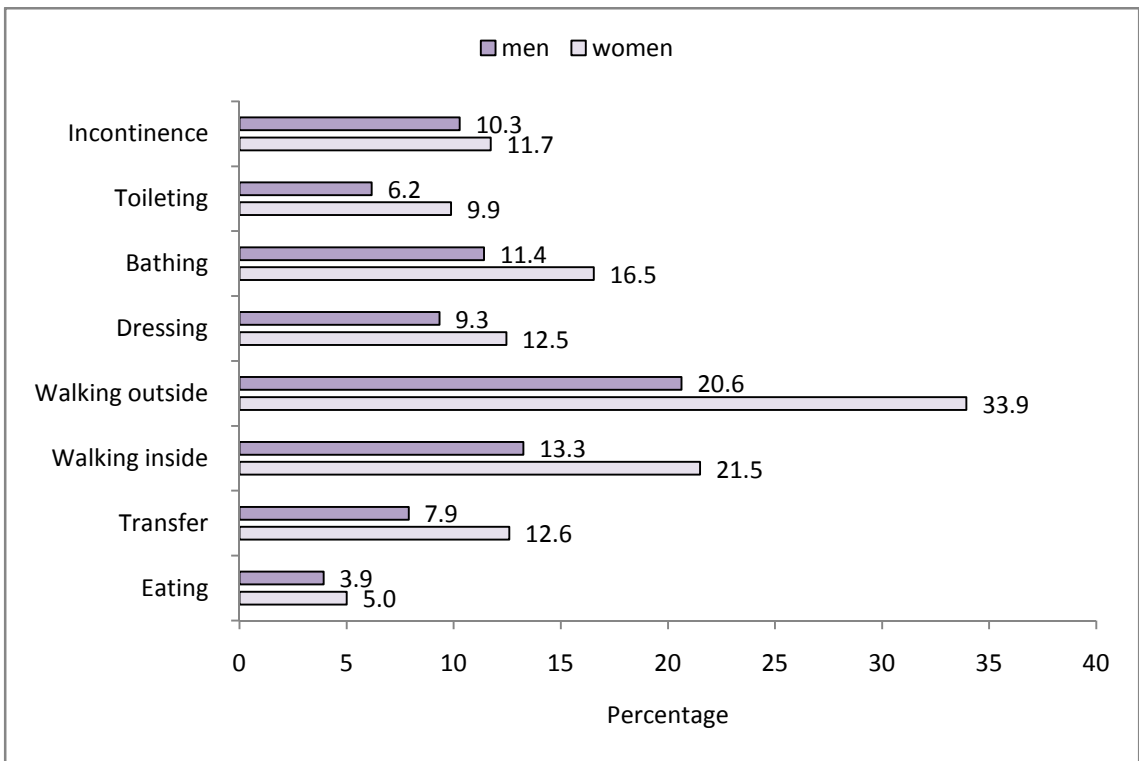


Figure 14: Percentage of elderly participants needing help with ADLs by gender
(Respondents could select more than one ADL)

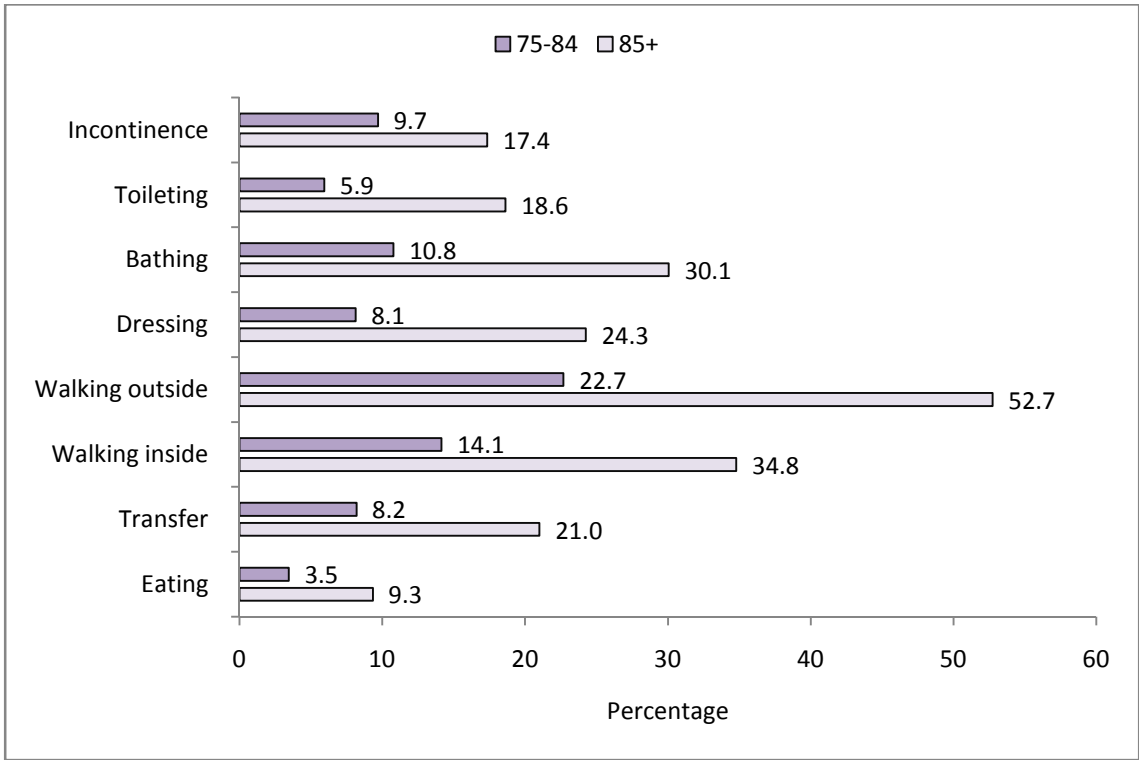


Figure 15: Percentage of elderly participants needing help with ADLs by age group
(Respondents could select more than one ADL)

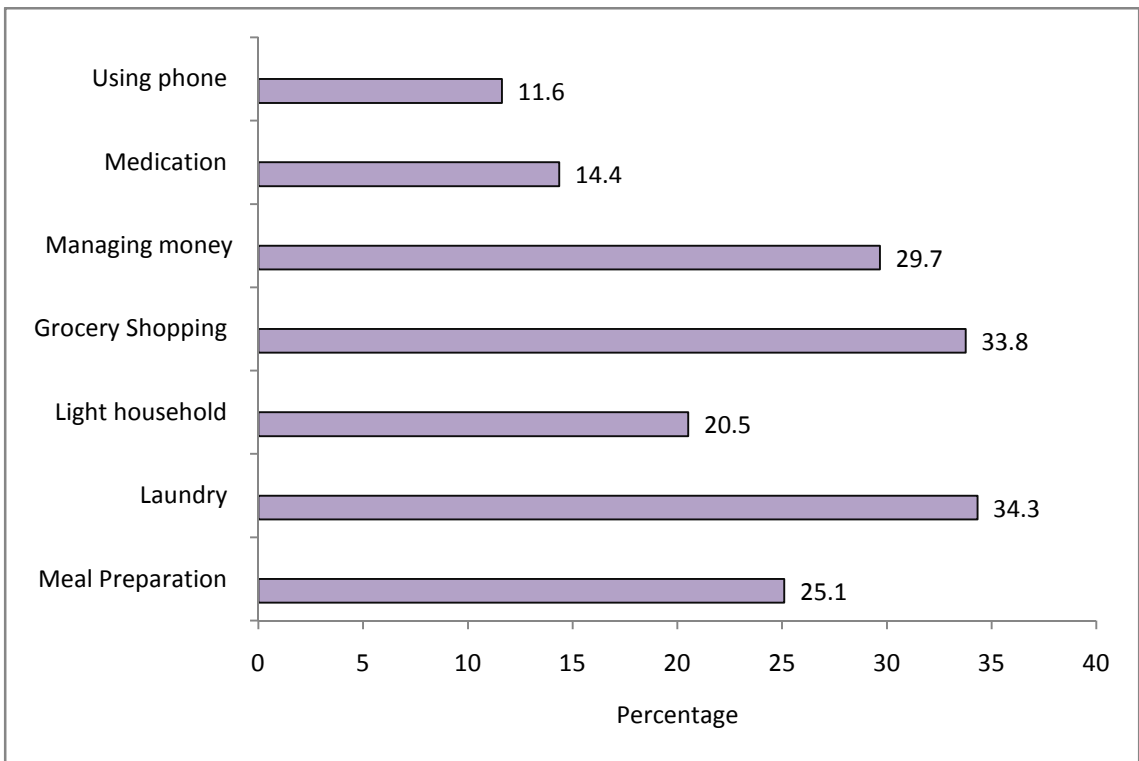


Figure 16: Percentage of elderly participants needing help with IADLs
(Respondents could select more than one IADL)

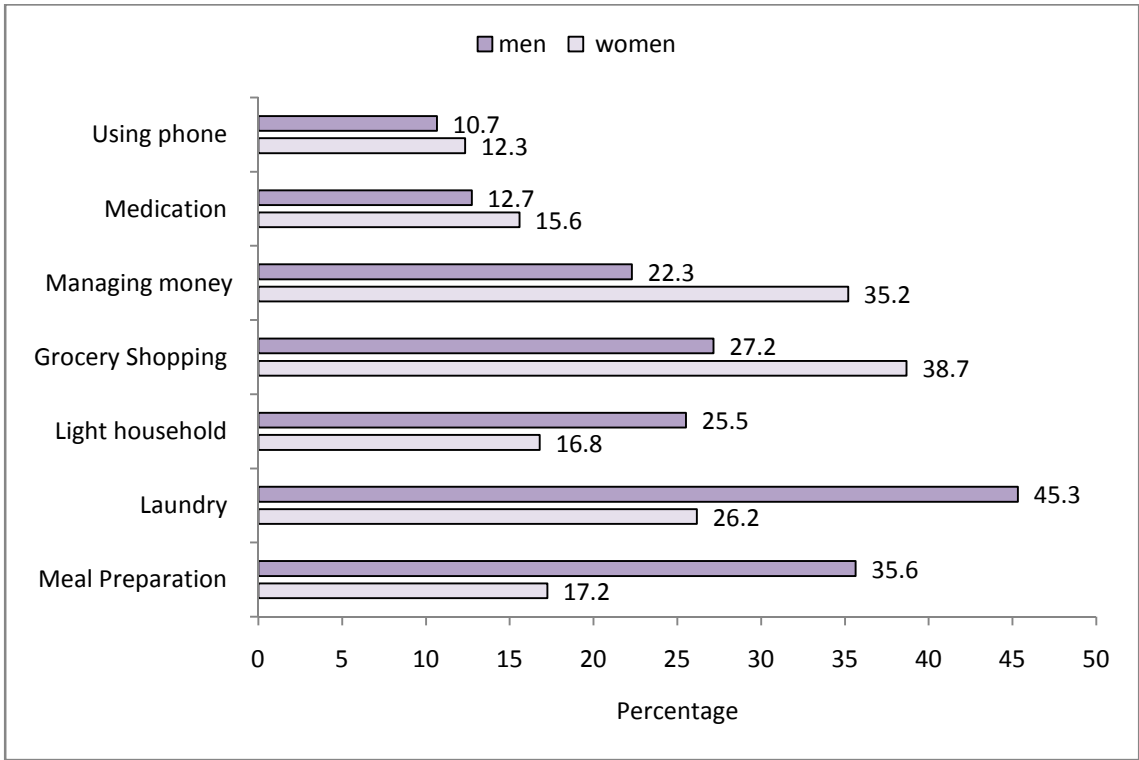


Figure 17: Percentage of elderly participants needing help with IADLs by gender
(Respondents could select more than one IADL)

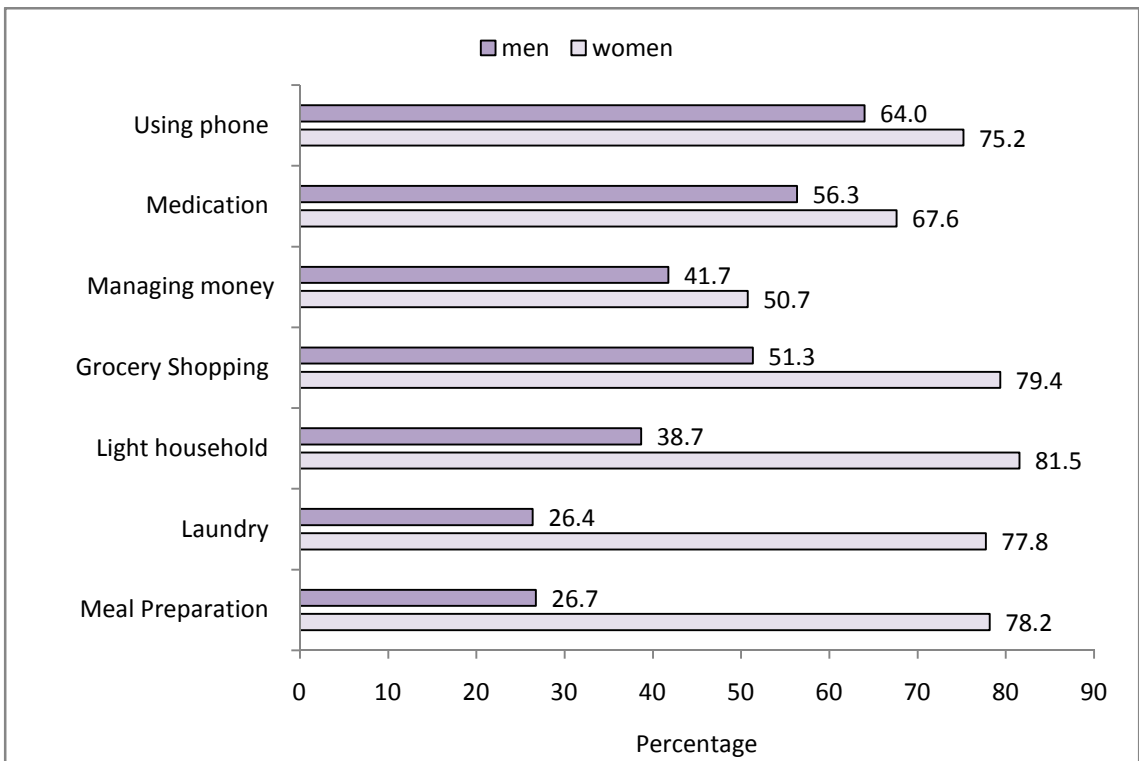


Figure 18: Percentage of elderly participants needing help with IADLs because of a disability by gender
(Respondents could select more than one IADL)

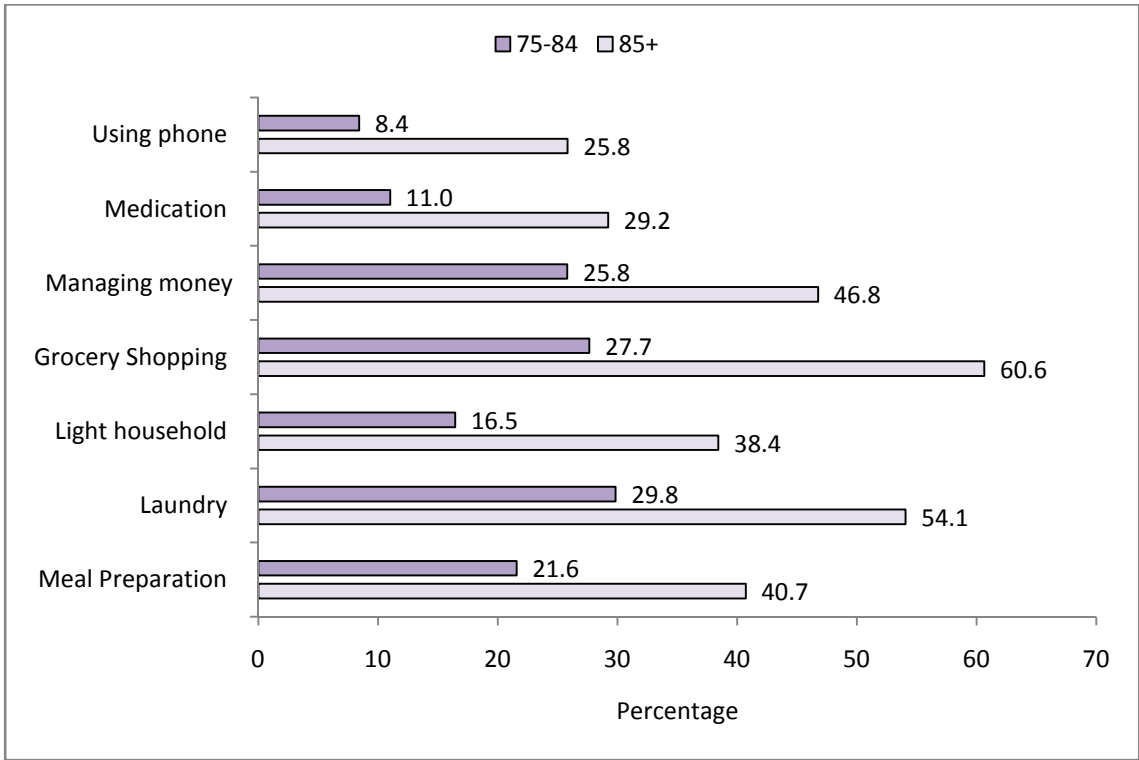


Figure 19: Percentage of elderly participants needing help with IADLs by age group
(Respondents could select more than one IADL)

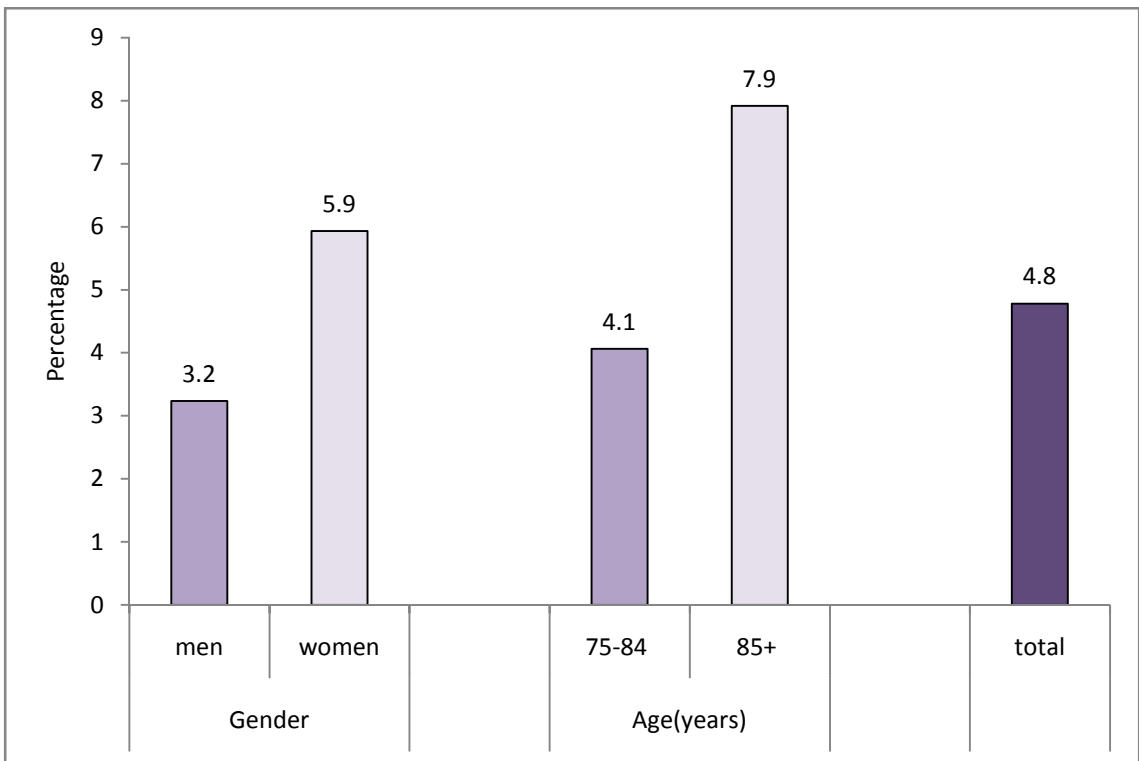


Figure 20: Percentage of elderly participants on a waiting list total, by gender and age group

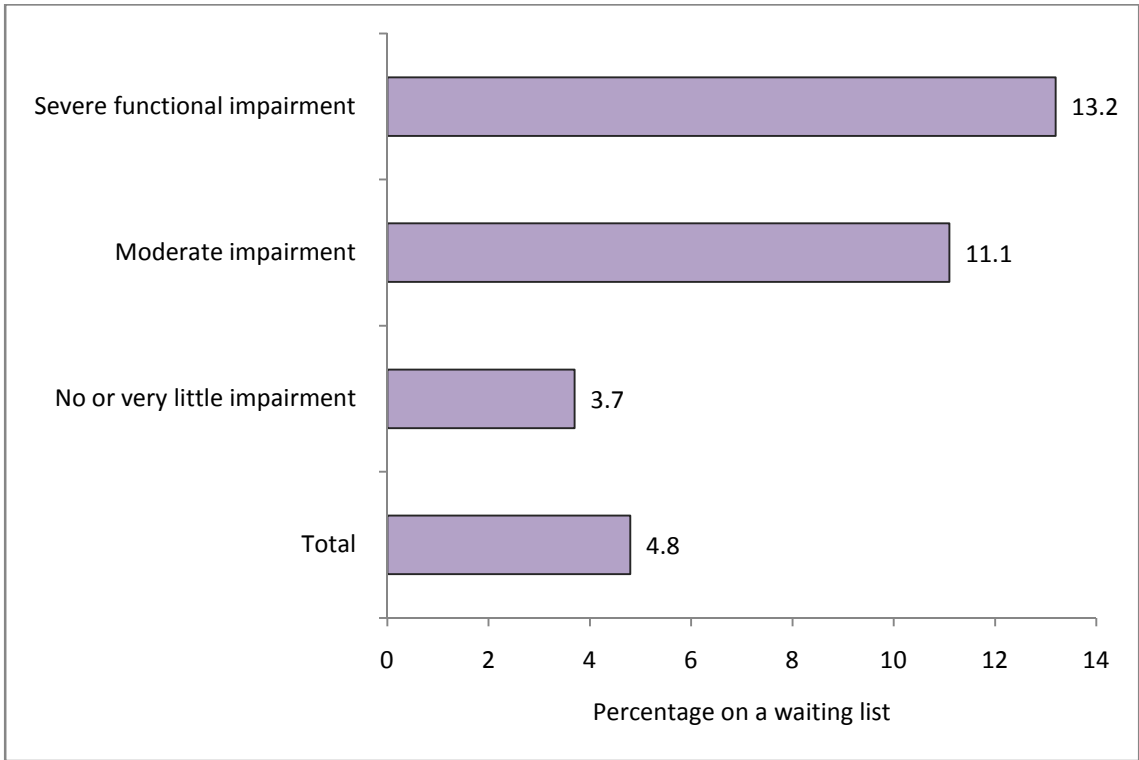


Figure 21: Percentage of elderly participants on a waiting list for a nursing home by degree of impairment

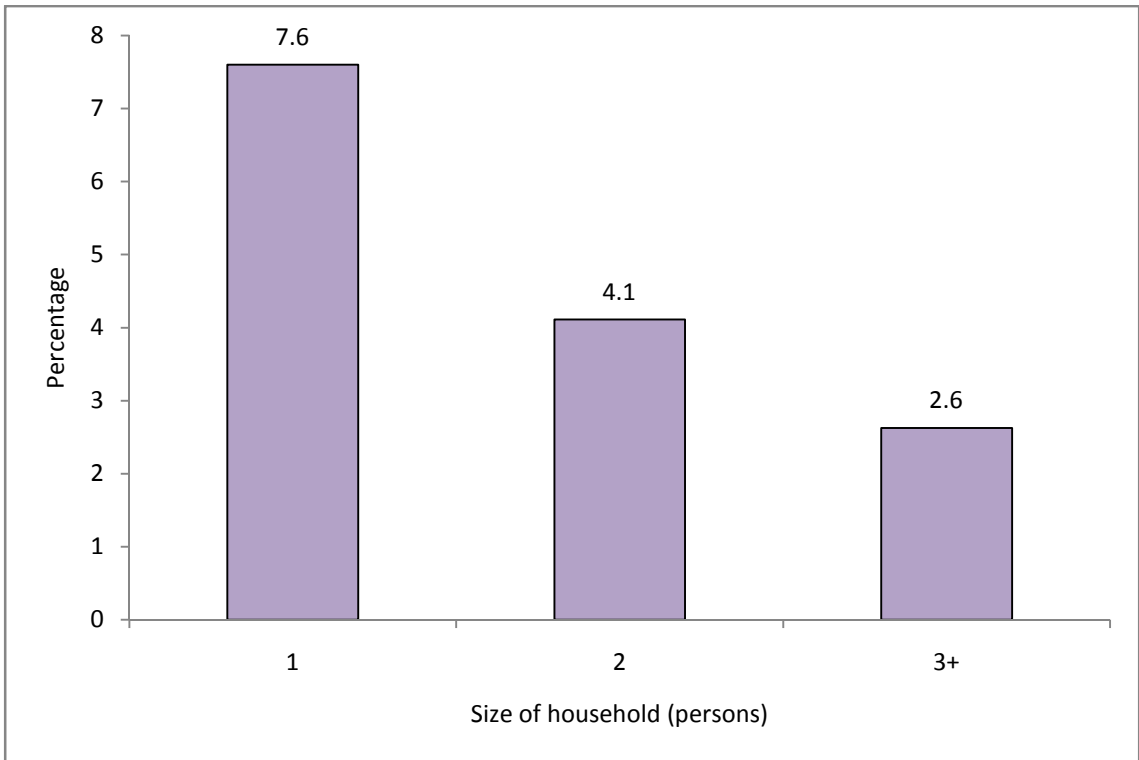


Figure 22: Percentage of elderly participants on a waiting list for a nursing home by number of persons in a household

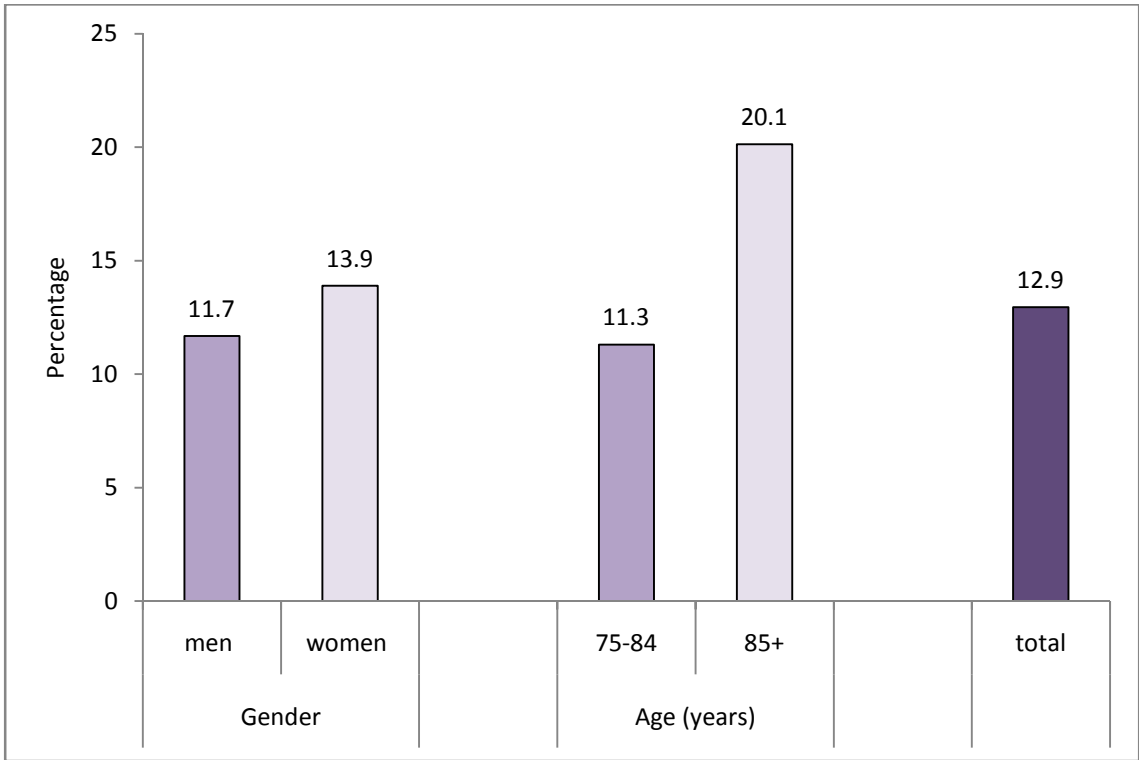


Figure 23: Percentage of elderly participants needing a medical service at home by gender and age group

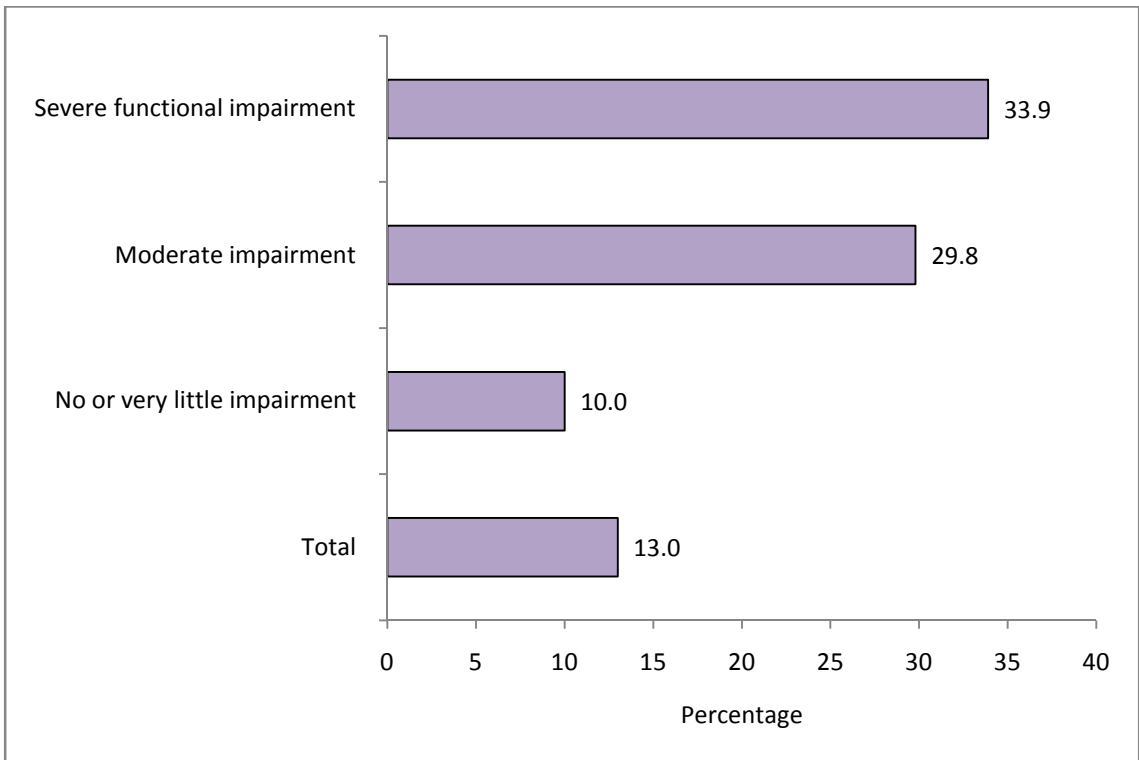


Figure 24: Percentage of elderly participants needing a medical service at home by impairment

10.2 Tables

Table 1: Size of household by gender

Size of household (persons)	Male (%)	Female (%)
1	15.5	36.5
2	62.0	44.3
3+	22.5	19.2

Table 2: Size of household by age

Size of household (persons)	75-84 years (%)	85 years and over (%)
1	26.3	32.6
2	53.7	43.8
3+	20.0	23.6

Table 3: Percentage of elderly participants using community services
(Respondents could select more than one service)

Service	Percentage
Meals on wheels	2.0
Home help and handyman service	14.4
Transport	6.5
Others	25.8

Table 4: Percentage of elderly participants needing community services by gender and age group
(Respondents could select more than one service)

Service	Males (%)	Females (%)	75-84 years (%)	85 years and over (%)
Meals on wheels	2.3	1.8	1.6	3.8
Home help and handyman service	11.2	16.8	13.5	18.2
Transport	5.8	7.1	6.0	8.8
Others	18.1	31.6	23.2	37.0

Table 5: Community services by degree of impairment
(Respondents could select more than one service)

Service	Degree of Impairment (%)		
	No or very little impairment	Moderate impairment	Severe functional impairment
Meals on wheels	1.7	3.6	5.1
Home help and handyman service	13.9	19.0	14.8
Transport	5.4	11.9	16.4
Others	24.5	36.9	33.1
Waiting list for nursing home	3.7	11.1	13.2

Table 6: Elderly living alone and using community services by degree of impairment
(Respondents could select more than one service)

Service	Degree of Impairment (%)		
	No or very little impairment	Moderate impairment	Severe functional impairment
Meals on wheels	2.9	7.0	5.4
Home help and handyman service	21.3	28.2	16.1
Transport	6.6	14.1	19.6
Others	43.3	64.8	41.1
Waiting list for nursing home	6.7	20.0	16.7

Table 7: Percentage of elderly participants who are socially isolated

	Socially isolated (%)	Marginal family ties (%)	Marginal friendship ties (%)
Males	37.7	16.1	58.0
Females	42.2	17.2	66.1
75-84 years	39.8	16.4	61.9
85 years and over	43.3	18.7	67.1



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