



Ministry of Foreign Affairs

Healthy Ageing: opportunities in Italy for Dutch industries

Commissioned by the Netherlands Enterprise Agency

*>> Sustainable. Agricultural. Innovative.
International.*



Ipsos Strategy3

BUILD • GROW • COMPETE

Healthy Ageing: opportunities in Italy for Dutch industries

Report

This report was commissioned by the Consulate-general of the Kingdom of the Netherlands in Milan and the Netherlands Enterprise Agency (RVO).

May 2021



Introduction



Introduction

These are the results of the study on the opportunities for Dutch companies active in the Healthy Ageing sector.

It integrates the findings of a desk research and of a field research:

The main objective of the desk phase was to provide a background scenario for framing the opportunities

The main objective of the second phase was to report the perspective of the demand from the public sector with the aims of

- obtaining a description of the needs
- mapping covered and uncovered needs
- identifying the opportunities
- describe the barriers



Methodology of the field phase



SAMPLING

8 interviews with policy makers and 2 follow ups with officials were completed: the respondents were active in the sectors of welfare, healthcare, social policies, urban planning. All have the ageing population issue at the core of their policy planning. The interviews were distributed among the following cities: Bergamo, Bologna, Milano, Perugia, Trieste, Venezia. The recruitment was conducted with the aim of representing a balanced mix in terms of gender, political parties, cities and metropolitan areas.

As a benchmark, sounding board and to elevate the insights beyond the operational aspects, **2 additional in-depth interviews were carried out with national level policy makers**



COLLECTION METHOD

Individual in-depth interviews administered via online call, based on a discussion guide designed by Ipsos and approved by the Client. The expected interview duration of 45 minutes was often exceeded, as the topic of ageing is one of the core challenges for the respondents.



Old people as a multidimensional group: a variety of targets



Let's clarify what “elderly” means

The term "elderly" refers more widely to people 65+, but more narrowly to the population over 75 years of age, with an increasing proportion of the so-called "great elderly", i.e. people over 85 years of age

The demographic aspect, however interesting it may be as a demographic observation and however much people share the dimension of being out of the labour market, does not define the quality of life of an elderly person, nor the problems they face or their social role

The variables that determine the type of needs, the greater or lesser need for intervention and therefore the different responses of political institutions are

STATE OF HEALTH

We will simply differentiate between the self-sufficient and the non-self-sufficient elderly

FAMILY STATUS

With cohabiting spouse
Cohabiting with children
No cohabitants but with children
No cohabitants without children

SOCIAL CLASS

The haves, the have-nots
High vs. medium-low cultural level

There are seniors who are an asset...



ACTIVE ELDERLY



- People who still have skills and energy to spend and who claim the re-appropriation of a social role, of an activity that allows them to use and make use of the skills acquired in the course of life
- They do not place a burden on social welfare services, nor on health care except as more "frequent" users of services
- They have a more or less high income, but have a pension they can rely on to support themselves
- They are critical to the "functioning" of young families → often serve as full-time grandparents, allowing their children to save on babysitting costs
- They are often involved in volunteer activities
- They are the target of the Silver Economy
- They are not the target of most public policies

And then there are other old people...



These are the targets on which social assistance and social healthcare policies are concentrated → it must be said that those who turn to public services are always people with low incomes, since the wealthiest people always turn to private assistance



NON SELF-SUFFICIENT ELDERLY

Often admitted to Assisted Nursing Homes and the quality of accommodation is determined by personal and/or family income

There is a growing tendency to keep non self-sufficient elderly people at home: with the growing economic crisis, in fact, the elderly with their pensions are often an important source of income for families



ELDERLY AND ALONE

This refers to elderly people living alone, who often have no children, and no family to care for them

These are people who risk disappearing from the social structure, by being "forgotten"

Council houses are full of people who no longer have a voice

Non self-sufficient elderly...



- Moving to Assisted Nursing Homes is a painful decision that is reached when it becomes clear that the elderly person, even with all necessary aids, is no longer manageable at home
- Before this stage, an attempt is usually made to provide the elderly person with a care-giver to take care of their needs
 - This is not always specialized personnel
 - Sometimes the care-giver is effective, but they need to be supported by healthcare professionals, typically a nurse who administers care and therapy
- Sometimes, and this is a growing trend, the elderly person is brought home by their children, who need the elderly person's own pension
 - Assistance is the responsibility of the family, which calls for the services it needs on a case-by-case basis

In this field public and private sectors coexist → there is an approved private sector, an out-and-out private one and a public sector that provides services such as home care, but these are never sufficient to cover all the needs of the elderly and their families

Elderly and alone...



- Managers themselves define them as "ghosts", i.e. people who no longer have a voice and whose existence is forgotten
- These are people who need to be assisted in carrying out the simplest everyday activities (e.g. cleaning, shopping) and who sometimes cannot even access services, simply because they do not know where to turn, or where to find information
- In large cities, they often live in dilapidated council houses or in houses, even in the city centre, which pose major logistical problems, for example the absence of lifts, which severely limits their mobility
- Beyond daily help, they are people who would need socialising, sharing programmes

This is the **area of intervention of the public sector par excellence**, of home intervention and socialization projects



Elderly people in the eyes of policy makers

Ageing population in the eyes of the public sector: some myth busting



«For those in office, *elderly people are often an indistinct mass*, either an issue or, an excessive burden on the economy; and it comes forward as an issue when scandals, stories of extreme poverty, ... or the Covid death toll get in the news and appeal to the public moral and conscience»

In our conversations with public officials, **this statement, coming from a prominent representative of an association promoting healthy ageing, was sternly denied** both in principle and in the actions and initiatives put in place

«*Our cities are not prepared and not fit to welcome and manage the ageing of the population: although the dynamics have been known for a long time, too few has been done to adjust the structure of the cities to the new needs, to make life simpler for elderly people*»

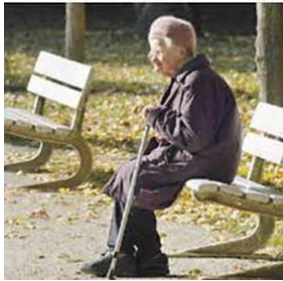
On this second point, **we perceive more agreement**: although **a lot has been initiated, there is a strong sentiment that plans and actions lack a comprehensive vision, a unique, consistent approach**. This kind of approach implies the risk of hindering the potential impact of policies and initiatives.

However, in some cases a strong coordination among the actors and stakeholders of the sector is in place in some cities: in this case, the political representative acts as a director and coordinator of multi-stakeholders working groups.

A change of mentality for the P.A. : ageing as a process



The overarching challenge which surfaces has to do with the ability of accompanying the entire ageing population in their progress and of catering to all their needs, moving from an emergency and reactive approach to a systemic and proactive strategy



«we must stop the micro-managing, we must avoid the mini-interventions which solve one issue at a time, we need a change in the approach: we need a thread which expresses one vision, that runs along all our social policies, to give a general direction to how we face the ageing dynamics»

Of course, **public policies will continue to eminently be directed to those groups of population who are most in need.**

BUT, this does not restrict their scope of actions which will need to maintain a wider reach, to encompass the variety of sub-targets described.



Ageing is not a state but it is a process which, however sadly, necessarily implies the loss and decadence – at different stages and with different degrees – of capacities, proficiency, competences, ... which eventually require to be compensated by an external intervention.



Four dimensions for action

The main challenges: health, welfare, housing, sociality



The main challenge that administrations have to face, and which then shapes a cascade of social policies, is to work out what kind of city they want and what role the elderly have/may have within this concept of a city.

Note that attitudes, reflections, projects and plans do not differ between centre-right and centre-left administrators, which is encouraging in view of the approach which will therefore not need to be “politically” tailored

It is obvious that the more the Administration projects towards constructing a dynamic, fast-living, young city (e.g. Milan) the more difficult it becomes to integrate the elderly, whilst in smaller, less enterprising surroundings there is less marginalisation of the elderly part of the population and therefore a better quality of life for the people involved.

Challenges have been identified across the board, however, that cut across them all

HEALTH



"SOCIAL" WELFARE



HOUSING



SOCIALITY



Health: the Regions are at the helm, the cities fight budgets



There is a target group that has an increasing need for medical care and therefore places a **significant burden on the public health budget**



- They have frequent examinations and visits due to chronic conditions or a plethora of health complications
- Frequent hospitalisation, **although in the future it is speculated that medical care will occur primarily at home (thanks to drones' deliveries and telemedicine)**

With the exception of the affluent who often turn to the private sector, the majority of elderly people turn to **NHS which is still considered reliable and enough good quality**

Needs in the health sector are many and the therapies required are numerous

- **Home care** by doctors or nurses, in this Covid period have been strongly penalized with a consequent worsening of some health situations
- Having a **unique point of reference**, typically embodied by the GP, who acts as a collector and as a clinical "memory" for the elderly patient → In this case too, Covid has worsened the situation for territorial general medicine, which has faced an emergency for which it was unprepared and has "neglected" health routines
- **Digital education and simplification**: test, visits, therapies related digital procedures are now digitalised, and the elderly find them difficult to use, also because of "procedural" complications that are tricky to handle, e.g. the use of Secure Personal ID, which is not exactly intuitive

Social welfare: assistance instead is an area that involves Municipalities



In addition to health care services, there are **needs related to everyday activities**

- In-home help
- Shopping and other daily chores
- Assistance in processes such therapies, medical testing etc
- ...



Municipalities do not have enough in-house staff to meet the demand; there are agreements in place with cooperatives or NGOs that handle the greatest welfare needs

- However, there's a lack of continuity in the supporting staff, users do not get a choice on operators and cases of poor satisfaction with staff are not uncommon and generate frustration and tension of both sides. Rarely a system to monitor this is place and functioning

In some municipalities, in order to overcome the problem, they have resorted to agreements with the private social sector, i.e. the municipality has triggered a bonus that can be spent directly by the user, turning to private facilities that provide specialised assistance personnel

Regardless, resources are scarce and often elderly people in difficulty are also helped by volunteers who give their time to associations or to parishes

Social welfare: the burden of family care-giver assistance



Whilst assistance work is similar in all municipalities, even if managed with greater or lesser efficiency depending on the amount of resources allocated, there are virtuous experiences that are none too obvious, **such as the development of a support program for family care-givers.**

We have stated that many elderly people stay at home with their children and so emburden them, often changing and compromising the equilibrium within the family.

Family care-givers are often in need of support and relief: this is too rarely recognized

A pilot case is being carried out by one Municipality, where the different levels of needs have been mapped and a program has been developed which includes

- A call centre for accessing all services
- A relief service, which provides staff at a negotiated fee who can occasionally replace family members in the caring for the elderly person
- An approved psychological support for the caregiver
- An opportunity of getting advice on the reconfiguring the space in the home, to enhance the wellbeing of all the family members while catering to the needs of the old



Housing: residential care, a multidimensional issue



As stated above, many older people live in homes that are inadequate in terms of services or the ability to provide them

- Many people live in houses in old town centres without lifts
- In neighbourhoods where it is not possible or very difficult to get cars through and this makes it very difficult, for example, to provide a home service or an accompaniment service



These housing conditions facilitate an ever greater withdrawal from social life, exacerbating a person's loneliness.

It is true that, as all administrators point out, elderly persons are fond of their home and very reluctant to leave it, even when they are offered more favourable conditions

It is also true that at present there are not many active projects of co-housing for the elderly or of "citadels" made to measure for the elderly → This is certainly a direction along which public authorities are thinking, but there are few actual completed examples.

Attachment to one's own home is therefore not surprising, since the alternative is usually an Assisted Nursing Home, a somewhat extreme solution as things are currently structured



Housing: Assisted Nursing Homes cover the needs of the non self-sufficient elderly. An old – fashioned solution



As the name suggests, Residenza Sanitaria Assistenziale (Assisted Nursing Homes), are **facilities designed and organized to provide health care for guests**. They are therefore structures that are

- heavily medicalized
- enclosed, i.e. the elderly cannot go out unless accompanied
- even when located in a city, they do not have any contact with the surrounding area

For all these reasons, self-sufficient elderly people, even when they are in serious difficulty, refuse to enter an Assisted Nursing Home, which would entail giving up their daily life, and their relationship with the world

Many administrators emphasize the need to rethink these structures, which during the Covid period have shown all their weakness and obsolescence, and the hypothesis is precisely that of going in the direction of structures, in which medicalized parts, enclosed for non-self-sufficient people or Alzheimer's patients, coexist next to more residential and open parts, where the elderly can find some kind of social sharing, and also a more normal daily life, a way to feel "at home", protected but not forced into a structure

Sociality: a topic very much to the fore in medium-sized Municipalities to tackle loneliness



Social support is one of the most important challenges for improving the quality of life for elderly people who, although they do not have serious difficulties in getting by each day, suffer from a condition of loneliness: these services are aimed at "marginal" elderly people, at that group of people who have lost all social ties, and who do not have a community of friends

In some smaller municipalities, initiatives have been implemented to facilitate the elderly leaving home, with the creation of

- Day care centres where courses of various kinds are held, including IT
- Periodic outings
- Agreements with major theatres and cinemas to facilitate a return to places of culture

Managing recreational activities is a low expenditure item: municipalities have very few resources to enable them to develop complex and effective solidarity plans

This area is totally in the hands of the private-social sector and therefore it is difficult to envisage a profitable opportunity for the pure private enterprise, since it is at present a low cost type of offer.



THE ROLE OF THE PRIVATE SECTOR

The role of the private sector in policies for the elderly



When the topic of the private sector is introduced, the policy makers are strongly tempted to think of the private social sector, i.e. a form of private sector for which profit is not the central motive

The private social sector is, in fact, organized into cooperatives, associations or NGOs, which have mutuality instead of profit as their main purpose

The economic resources of local authorities for policies in support of the ageing population are scarce by definition and for this reason the idea that the private sector could be interested in being an ally, besides as a benefactor or donor of resources, has never been taken into consideration until now: it needs being pushed at the forefront, together with ideas of how to make the partnership work.

Let us remember that municipal social services deal with the elderly poor, and therefore with a population group from which it is unthinkable to make any kind of profit

At the moment, **the presence of the private sector** is concentrated in the health and welfare sector, **but is virtually absent in the social sector**

The approach is different for assets and supplies



Purchasing departments at Cities and Regions are purely administrative and do not decide what to buy

As far as assets are concerned, all of them identify the most profitable approach as creating a collaboration/partnership with the tertiary sector for assets in the social-assistance field and with private bodies instead as regards health.

Cooperation with the private sector is considered fruitful



First of all, there is no prohibition against cooperating with the private sector, providing it is within the framework of public management, and the public takes care of the elderly.

Cooperation with the private sector has been sought out by some municipalities, but these are still impromptu and poorly organized attempts, without a clear goal

- The Municipality of Milan, for example, has opened discussions with the assistance-providing private sector to explore how to coordinate working

The private sector is considered an important resource that can help the public sector

- Both in terms of **innovative ideas** that it can propose to administrations
- ... in terms of services that it can develop on its own → **a benchmarking relationship** if thus launched with the public sector, sharing information and experience
- And in terms of **deploying capital** that the public sector does not have available

What areas have been identified.... **HEALTHCARE**



This is an area in which the private sector is very active with agencies that can provide

- Care-givers
- Nurses
- Doctors



This is a sector that moves independently of the public sector and mostly targets affluent elderly people, who can pay for their services and who apply directly, without any intermediary from the public sector, to the services that interest them

However, sharing and cooperation approaches are envisaged with the public sector, also because the p.a. should be the party that takes care of the elderly

- A shared approach with municipalities to some specific needs that have been identified to help various agencies improve, and become more efficient and responsive to the real needs for their services
- and with the application of agreements, at times on a personal basis, as some municipalities have done with the creation of bonuses given to the elderly or their relatives that can be spent in private agencies

What areas have been identified.... **TERRITORIAL MEDICINE**



As said, in the health sector, the presence of the private sector and of private agreements is massive: in some regions, for example Lombardy, more than in others

Also in this case, **the private sector plays an important role as a provider of services, against the NHS, through the role of general practitioners, who operate across the territory**

Covid has made the flaws of this system tangible and the elderly have been most penalized by the lack of efficient territorial medicine

The health sector is an area in which much could be done by a private party that sets out to cooperate with the public sector. a request we have recorded:

- **Connected devices to keep in touch with the GP**, crucial for the monitoring of the health status of the elderly, who often turn to their general practitioners for any small problem, to be reassured, and to have someone to take care of their health
- **A pilot project in this area should be aimed at demonstrating its impact on two levels: economic**, by saving time and money currently spent
social, by generating reassurance and wellbeing in the patients

What areas have been identified.... **RESIDENTIAL CARE**



This is an area in which the private sector is already strong, but too flat-lined in terms of proposals on regional guidelines

This can be largely explained by the fact that facilities, especially Assisted Nursing Homes, need some specific parameters in order to be accredited, but **this is an area where the private sector can not only be active in building facilities, but can really give a creative impulse, inspired by proven experience from other countries.**

All administrators think of Northern Europe, where there are examples of beneficial accommodation, from shared-housing to real condominiums and neighbourhoods designed for the elderly, which represent a new frontier. This makes it possible to simplify city management with a view to increasing dynamism and at the same time guaranteeing better quality of life for the elderly, which is seriously compromised in larger cities



RESIDENTIAL CARE : assisted Nursing Homes need to be rethought within the residential sector



There are ideas and proposals from some administrations which, however, have not been implemented due to the scarcity of resources which hinder the commitment to innovative projects.

The idea, as stated, is to transform Assisted Nursing Homes, whose pain points have been amplified and exposed by the pandemic

That transformation should contemplate a mixed system including necessarily enclosed parts (for the non-self-sufficient elderly and for Alzheimer's patients, for example) alongside portions of the building designed to be real homes, where guests can bring their own furniture and personal effects and from where they can go out to live in the neighbourhood: **an example is the Bergoglio residence near Turin, which describes itself as a resort for the elderly**

Connecting with the outside world is achieved, for example by bringing some neighbourhood initiatives into protected residences, in which the elderly are involved at an organisational level. This can be a beneficial way of creating a link between citizens and residential guests and giving back a sense of meaning to the elderly



SHARED-HOUSING is another interesting trend which combines the issue of housing with the need of sociality



Sharing so as to combat loneliness is one of the most important aspects when thinking about policies for the elderly. Day care centres and aggregation programmes work, but they cannot fill each day: they are only moments in the life of an elderly person, after which everyone returns to their own home and lives in a state of loneliness

Shared housing, understood as sharing a living space, which has common parts and where there is a mutual aid agreement seems to be an interesting possibility.

There are almost uninhabited blocks of flats on the outskirts of cities or even in central areas, which should be renovated to take account of the problems of

- Mobility for the elderly (no architectural barriers)
- Assistance (some basic functions can be controlled remotely, with the presence of a person within the condominium ready to intervene at need)
- Socialising (the existence of some common areas, where the elderly can meet and spend time together)

The public sector in this case should be involved as coordinators/directors of the project, e.g. by providing staff for assistance or recreational activities

An example taken from the P.A. wish-list, where the private sector could proactively act

“The meaning of a project of this kind is not deporting the elderly from cities”, as one of our respondents states, but creating micro-territories within cities, ideally close or in connection to the centre, and designed to include all the services useful to an elderly population



- housing with home automation
- total absence of architectural barriers
- presence of a local doctor
- presence of nurses/social workers
- cleaning/shopping services

In other words, a neighbourhood in which all the services needed by an elderly population are there, designed and managed for the elderly population

In this case, the public sector envisage themselves as facilitators in that they could make a land plot or a pre-existing building available at reduced/negotiated costs. Provision of services and other types of support for the resident would be defined on a shared basis.

DEVELOPING PILOT CASES funded with public money



An example taken from reality, where the private sector is one of the project partners

“a more secure neighbourhood, which hinders the temptation of the elderly to hide away”, again from a case described by one of our respondents

The City has led a multi-stakeholder project which has won EU funds aimed at a specific neighbourhood with high concentration of elderly people living alone.

In this case the private partner was a manufacturer of lighting systems which has planned, developed and put in place a system of low-consumption, high impact illumination.

The PA is open to proposals in this direction: often, and correctly so, the access to EU funds have constraints for the private enterprise, but the public-private alliance is acceptable and often successful.



SYNERGIES: older people as a resource for other generations



A more advanced model for the implementation of the positive experiences of the citadels for the elderly could be developed thinking about overcoming the conception of the elderly as passive receivers of services...

... to arrive at a vision in which the elderly and the infrastructures that house them are positioned as centers of "service delivery," that is, centers capable of...

- attracting different subjects, bearers of **needs** but also of **resources**
- **NETWORK** the resources/needs of which each subject is the bearer...
- encourage "cross" satisfaction, the virtuous **EXCHANGE** between different resources and needs



SYNERGIES: attractive places for the youth community



In particular, the main stakeholders to be attracted are **YOUNG** people, who represent a category with just as many needs for support...

- affordable housing solutions
- negotiated costs for essential services (e.g., Internet connection, utilities, savings/income support, etc.)
- working facilities (equipped and connected coworking spaces)
- work experiences (internships - e.g., nurses, physicians, artisans - internships, residencies, labs, etc.)
- consultations (medical, labor, computer, language, etc.)
- conventions (experiences abroad/cultural exchanges, language/computer courses, etc.)
- quality leisure time (equipped recreational spaces, nature trails, bike paths, events, auditoriums, concerts, etc.)
- contracted/simplified mobility (car/motorcycle/bike instalment purchases, free utilities, etc.)

SYNERGIES: Creating Synergic Communities



In this way, reconstructing a "family" or "community" model that worked in the recent past, re-proposing the active coexistence and exchange between subjects belonging to different generations...

- To be applied **NO LONGER** within households or to "outreach" communities only
- but by reconstructing the communion of subjects of heterogeneous origin, bearers of needs



In other words, **SYNERGIC COMMUNITIES**, a structure/neighborhoods/villages where there are all the services needed by a young and elderly population, more attractive than a city center (both for cost and quality of life)

So that young and old come into contact for the EXCHANGE of services and accumulation of CREDITS to be exchanged or used for the use of services...



performance

- e.g. hours at the bar/entertainment
- e.g. provision of IT courses
- e.g. volunteering at the canteen
- e.g. companionship for the elderly

credits

- e.g. free accommodation
- e.g. savings accumulation/ supplementary pension
- e.g. facilities rental (gyms, playgrounds, urban gardens, conference rooms, craft workshops, etc.)
- e.g. credits, to exchange with other guests



SYNERGIES: Secondary Benefits



Additional benefits related to the adoption of this model could be...

- the re-population of villages/places closer to the city
- the restoration of abandoned properties (securing the territory vs. cementing)
- investments in the territory and quality of life outside the big cities

From a cultural perspective, cross-generation contact promotes:

- the transfer of culture, know-how/ expertise
- awareness, on the part of young people, of the social security system role in their life (which is not currently a priority, due to unemployment/ insecure contracts/ low wages), thanks to:
 - the direct experience from contact with the elderly needs
 - the possible additional State support, that could make contributions in exchange for voluntary services offered



Tendering is the main public sector instrument for allocating work of any type

The first step to open up a possible call for tenders is the presentation of a project to the relevant department

- In the case of residential care and assistance it is the municipality
- In the case of healthcare, it is the Regions

Based on the project, the Municipality will issue a tender open to all those who think they meet the requirements

An alternative route is **getting into partnerships for the provision of goods and services as sub-contractors within the perimeter of public funding** (e.g. EU projects) as per the example described above.





The second tool is the defiscalization system

In fact, the model based on the integration between interests and needs also applies to the mutual benefits between the State and the Enterprises...

- the state solves more problems in a virtuous, cost-saving way:
 - on the provision of care services to the elderly
 - on support services for the world of youth, both oriented to the present and to the construction and planning of their future
- the company has the possibility of:
 - lowering operating and fiscal costs
 - creating realities that provide services at low cost

The approach is different for assets and supplies



Purchasing departments at Cities and Regions are purely administrative and do not decide what to buy

As far as assets are concerned, all of them identify the most profitable approach as creating a collaboration/partnership with the tertiary sector for assets in the social-assistance field and with private bodies instead as regards health.



IN SUMMARY

Main points |1



- The P.A. in Italy are revising their approach to the concept of ageing: the change did not come as a sudden epiphany but it stems from progressive learning, from a renewed attitude to listening to the needs of the population and last, but not least, from the recent experience of the Covid emergency which has acted as an amplifier
- Pre-existing fragilities and areas of need, many of them lingering in the background were pushed to the surface and to the forefront by the emergency and are being tackled mostly by piloting on small size cases
- The PNRR (National Plan of Recovery and Resilience) will devote funds to the ageing issue: for example 4 billion euro are devoted to Home Integrated Assistance in coordination with the NHS
- The ageing issue is becoming a tridimensional affair, at last, the elderly can successfully transform from burden into resource for society at large

- Therefore, in Italy there is space for developing business beyond the so-called Silver Economy target
- The public sector is hungry of ideas and proposals: occasions for discussion, exchange of perspectives and networking should be created in any possible forms (seminars, events, field visits, educational visits)
- The most promising areas of development are concentrated in the health-related sector, with space for a variety of services and solutions, and the housing sector where the need for re-thinking a new normal is very strong.
- It is noteworthy that some dimensions which we have proposed in our conversations, e.g. infrastructural development in support of the ageing population or, mobility have been regularly pushed aside as not being part of the priority list by our respondents. This does not mean that these are not part of the daily life of the elderly but we believe they will require an additional effort to be moved under the spotlight.

Main points |3



- The private sector is looked at with interest for its manifold power of deploying assets in various forms:
 - Innovation and inspiration
 - Benchmarking
 - Capital
- The foreign origin of operators can be considered a plus in opening and carrying out conversations with the public sector in Italy, especially when the connection with Northern Europe is made clear : Northern Europe is considered a valuable model for progress.



The main dimensions of ageing in figures

A guide



The following collection of data has been organized in sectors

- **DEMOGRAPHY AND TERRITORY**
- **HEALTH**
- **MOBILITY**
- **INFRASTRUCTURES**
- **ATTITUDES & CONSUMPTION**
- **INSURANCE**
- **THIRD SECTOR**



Demography and territory

01



Who are the over 65s?



Age	Males	Females	Total 2020	% F
95 e +	37.535	137.986	175.525	79
85-94	690.251	1.332.436	2.022.690	66
75-84	2.124.162	2.779.413	4.903.577	57
65-74	3.230.466	3.614.705	6.845.172	53
Over 65	6.082.414	7.864.540	13.946.964	56

The over-65s in Italy on 1 January 2020 number almost 14 million, 56 of whom are women.

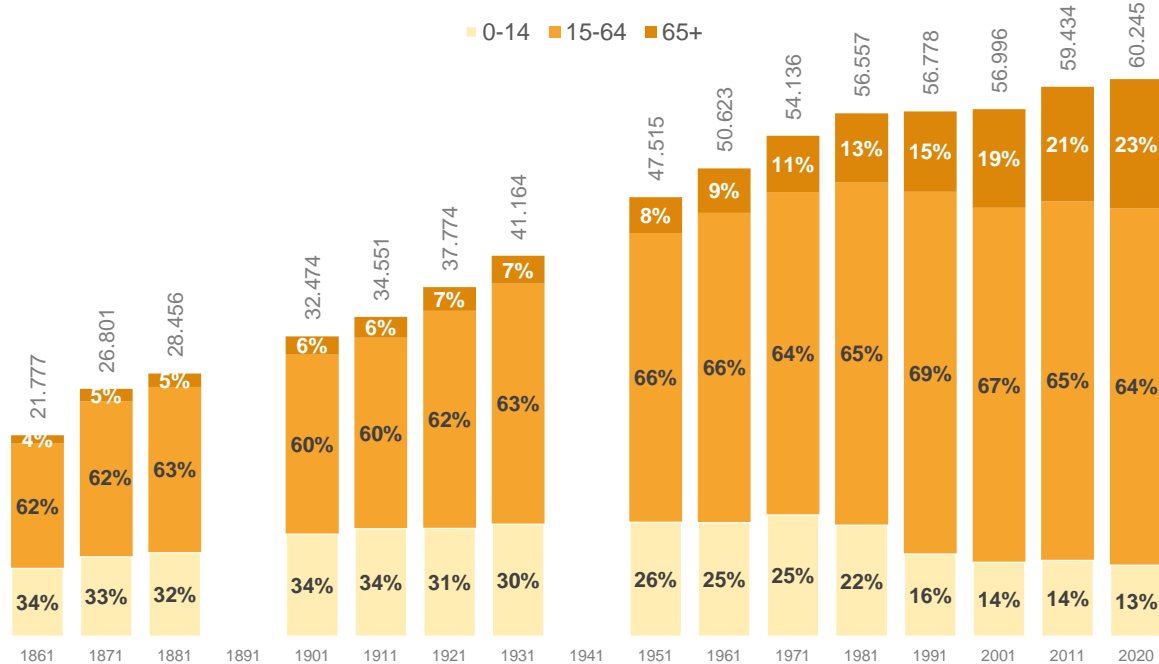
The incidence of women increases with age, rising from 53% of the population aged 65-74 to 79% for the over 95s.

SOURCE: Ipsos elaborations on Demoistat data

Population distribution by age group



RESIDENT POPULATION IN ITALY BY AGE GROUP (THOUSANDS)



The over-65s accounted for 23% of the resident population in Italy on 1 January 2020.

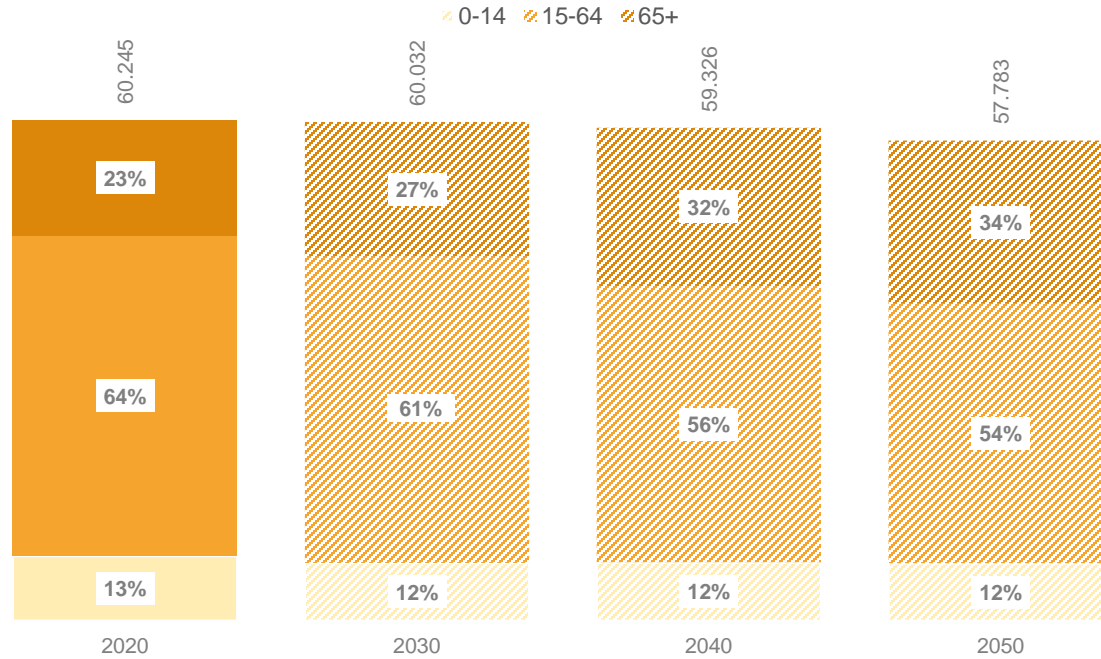
This is a very high percentage, considering both the proportion of under-15s (13%) and the weight the over-65s had even only forty years ago (13% in 1981).

SOURCE: Ipsos elaborations on Istat data, population censuses 1861-2011, population at 1 January for 2020 from Demostat

Demographic projections by age



PROJECTIONS OF THE RESIDENT POPULATION IN ITALY BY AGE GROUP (THOUSANDS)



Demographic projections seem to indicate that the Italian population will enter a phase of slight contraction, going from the current 60 million 245 thousand to 57 million 783 thousand in 2050.

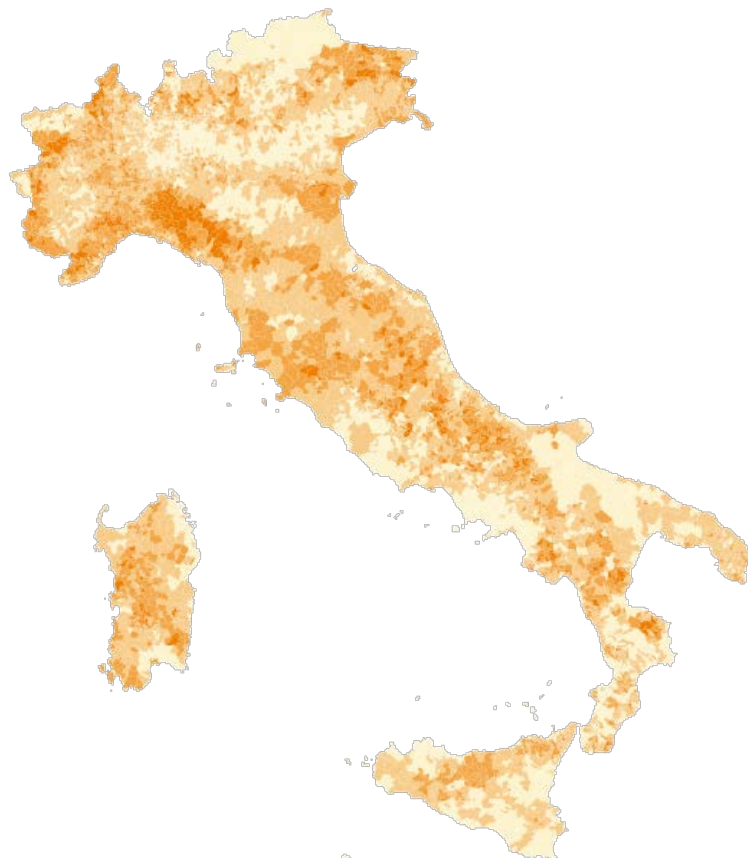
The over-65 age group should steadily increase its weight until it accounts for 34% of the population in 2050.

The incidence of elderly people in the territory



Percentage of people over 65 in the municipal population 2020 and number of municipalities

- 9 to 22 (2,356)
- 23 to 27 (3,163)
- 28 to 34 (1,956)
- 35 to 62 (429)



The geography of the elderly shows a composite and not very homogeneous territory.

The incidence of the number of elderly people on the population varies from municipality to municipality with very marked differences, ranging from a minimum of 9% in Livigno (SO) to a maximum of 62% in the municipality of Zerba (PC).

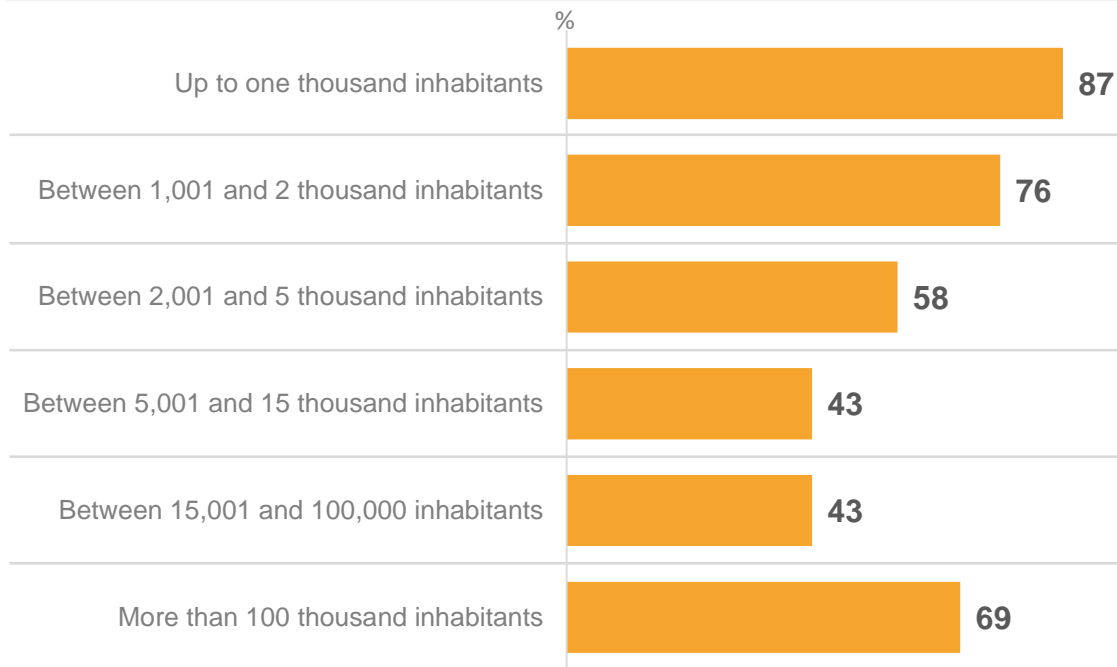
Nevertheless, there are some specificities in the territorial distribution of the over-65s

SOURCE: Ipsos elaborations on Demoistat data

Size of municipalities and incidence of elderly people



Municipalities with over-65s above the national figure (23%) by population size 2020



The demographic size of the municipalities seems to have a certain relationship with the presence of people over 65, which is highest among municipalities with fewer than a thousand residents (in 87% of these municipalities the incidence is higher than the national figure) and gradually decreases as the demographic size increases. It is highest among municipalities with fewer than a thousand residents (in 87% of these municipalities the incidence is higher than the national figure) and gradually decreases as population size increases.

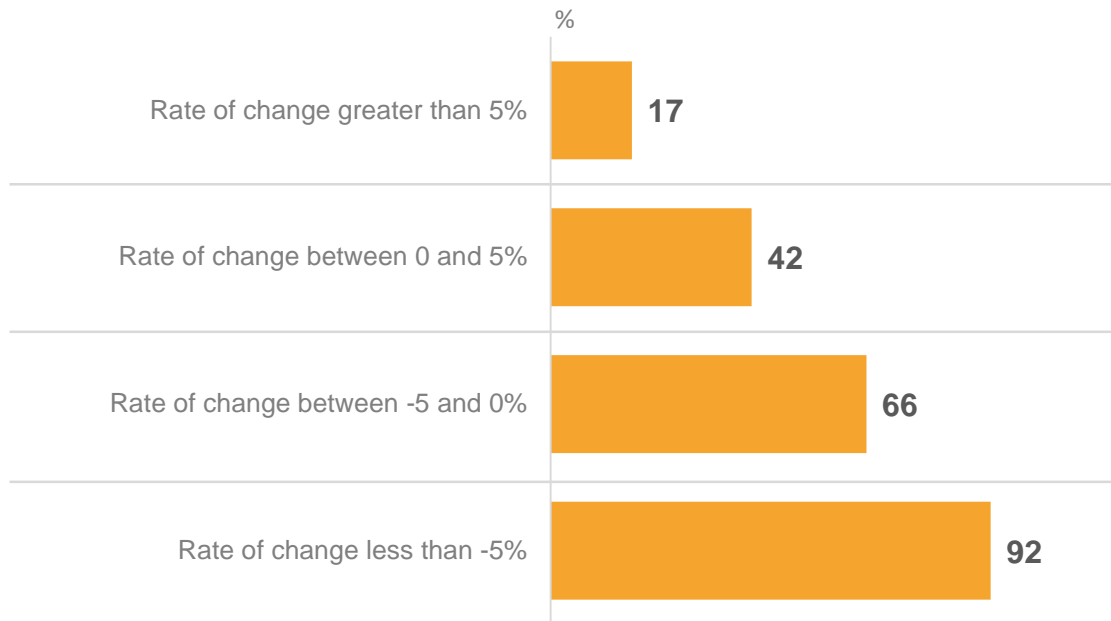
The high incidence of elderly people in small municipalities is due to many phenomena ranging from the marginalisation of the territories to their depopulation by younger people. As for the high incidence of elderly people, even among the large municipalities, the relative depopulation of the historic centres by families seeking easier living conditions in the municipalities of the urban belts certainly plays a role.

SOURCE: Ipsos elaborations on DemoStat data

Incidence of the elderly and demographic dynamics



Municipalities with an incidence of over-65s higher than the national figure (23%)
by % rate of change of municipalities between 2010 and 2020



High incidences of the over-65s in the various municipalities relate to the demographic dynamics of the municipalities. The incidence is lowest in municipalities that have experienced strong demographic growth over the last ten years, while it is highest among municipalities that have experienced strong depopulation.

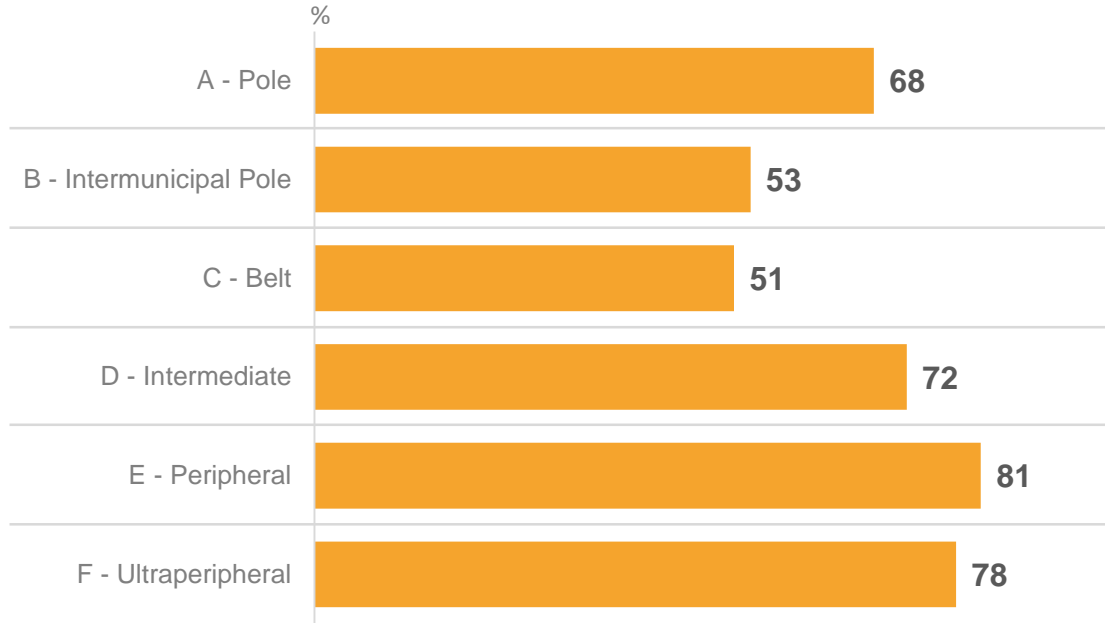
Demographically attractive municipalities are more attractive to people of working age, while older people tend to be more attached to the territory in which they reside.

SOURCE: Ipsos elaborations on Demoistat data

Incidence of elderly people by type of area



Municipalities with an over-65 incidence higher than the national figure (23%)
by level of peripherality 2020

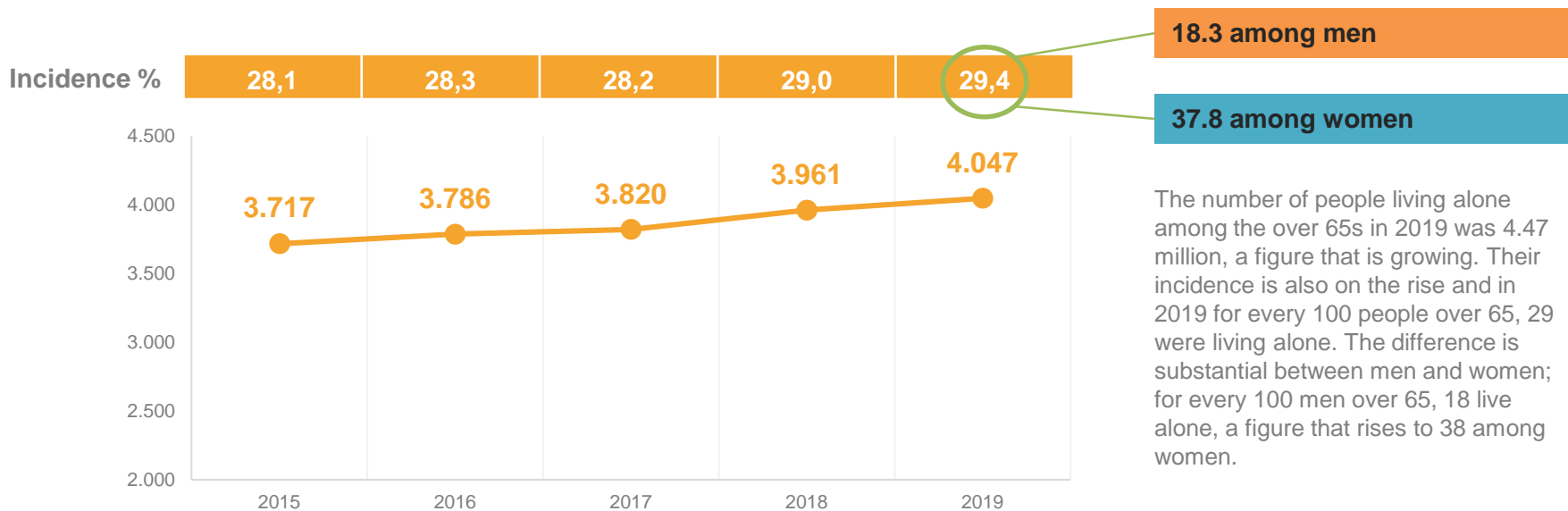


The Agency for Social Cohesion's classification of areas by type provides a further interpretation. This classification subdivides municipalities according to the quantity of services and their distance from important infrastructures, thus determining a centrality vs. peripherality of the municipalities. The most peripheral municipalities are those with the highest incidence of over-65s, the inter-municipal poles and urban belts are those with the 'least elderly', and the poles are again largely municipalities with a high incidence of over-65s.

This dynamic reinforces previous evidence, which partly explains it. Peripherality tends to generate depopulation and recessionary demographic dynamics, just as we can to some extent overlap poles and communities with a population size of over 100,000 residents.

SOURCE: Ipsos elaborations on Demostat data and Social Cohesion Agency data

Over 65s living alone in thousands



The number of people living alone among the over 65s in 2019 was 4.47 million, a figure that is growing. Their incidence is also on the rise and in 2019 for every 100 people over 65, 29 were living alone. The difference is substantial between men and women; for every 100 men over 65, 18 live alone, a figure that rises to 38 among women.

SOURCE: Ipsos elaborations on Istat Multipurpose Household Survey and Demostat data

Expenditure by municipalities and users by type of service 2017



	Users	Total expenditure (Euro)	Expenditure per user (Euro)
professional social service	568.780	95.883.742	169
housing brokerage / housing allocation	1.855	1.323.433	713
family fostering service	797	763.273	958
other professional social service activities	20.835	2.794.996	134
interventions for the social integration of vulnerable people	16.352	6.924.281	423
recreational, social, cultural activities	260.783	21.514.238	82
other social integration activities	49.034	4.365.815	89
social assistance home care	132.225	319.038.664	2413
home care integrated with health services	69.313	121.953.691	1759
voucher, care allowance, social and health voucher	50.863	106.054.175	2085
home delivery of meals and/or laundry	37.991	47.971.439	1263
tele-help and tele-assistance	39.370	4.668.961	119
proximity services (good neighbourhood)	10.759	7.037.449	654
other home care interventions	32.664	11.181.130	342
canteen	83.263	4.018.362	48
social transport	87.112	19.013.299	218

	Users	Total expenditure (Euro)	Expenditure per user (Euro)
contributions for personal services	16.597	41.265.422	2.486
contributions for health care or services	5.330	5.803.241	1.089
contributions for transport services	10.851	1.196.159	110
contributions for family fostering	1.497	3.625.833	2.422
contributions to support third sector interventions	..	15.319.207	-
tuition fees for day centres	5.155	14.078.407	2.731
contributions to fees for other semi-residential services	459	2.386.174	5.199
tuition fees for residential facilities	61.000	508.253.408	8.332
shopping or meal vouchers	2.472	649.466	263
contributions by way of loans (loans of honour)	28	45.603	1.629
housing contributions	9.635	8.600.798	893
contributions to supplement family income	22.286	23.995.512	1.077
other economic contributions	28.563	4.917.462	172
day centres	51.530	58.342.862	1.132
community / social centres	246.996	10.893.620	44
other day centres and facilities	12.071	8.453.415	700
residential facilities	51.952	842.230.682	16.212
summer or winter centres (with overnight stay)	5.577	1.919.608	344
other centres and residential facilities	3.321	17.492.968	5.267

SOURCE: elaborations on ISTAT municipalities' social interventions and services survey

Health

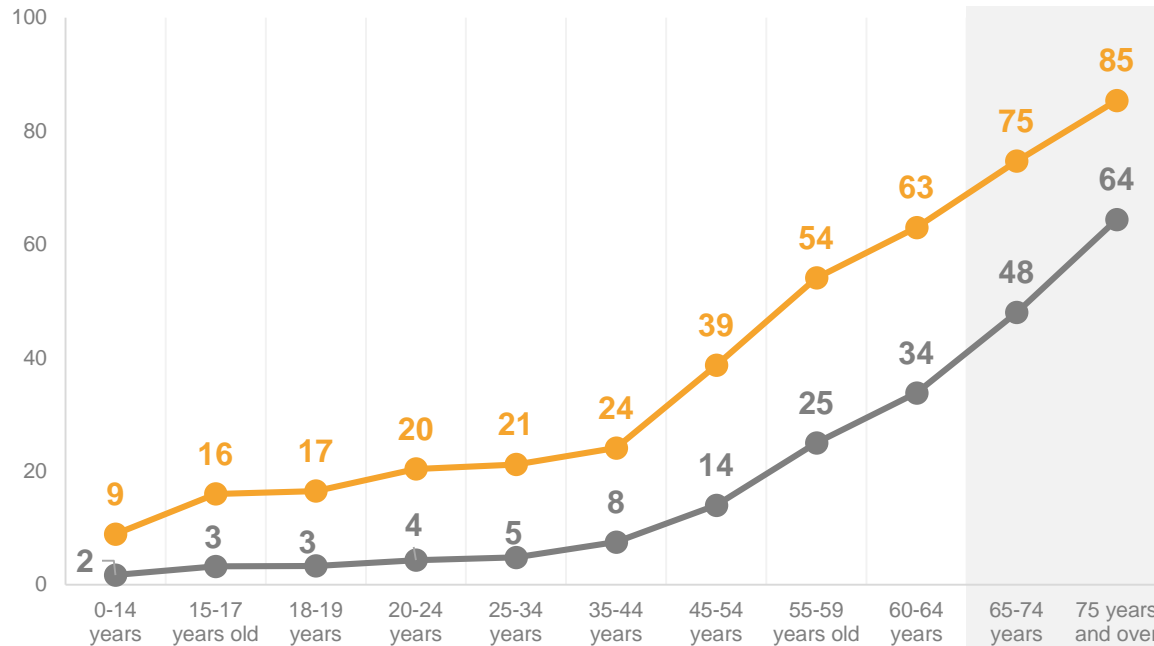
02



2 Older people and health conditions



% OF PEOPLE WITH CHRONIC DISEASES 2019



- People with at least one chronic illness
- People with at least one chronic diseases

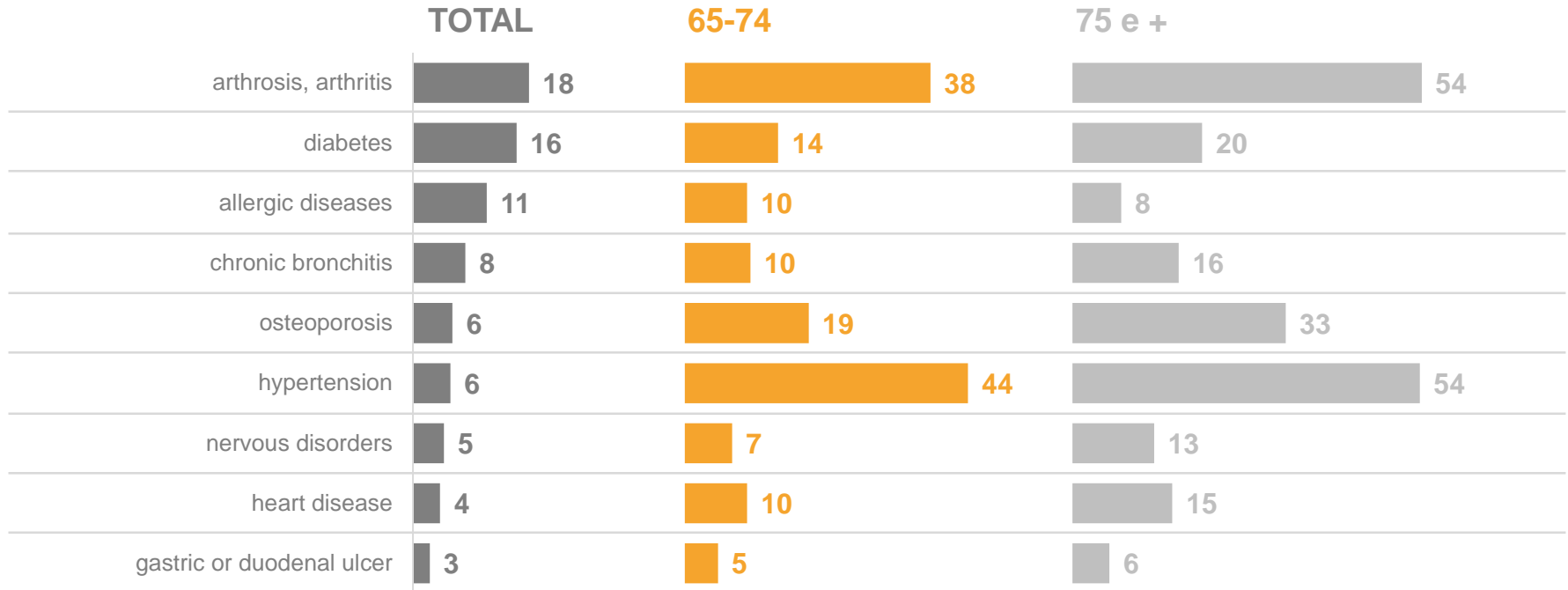
The incidence of chronic diseases increases with age, and for people over 65 it is over 75%, reaching 85% among the over 75s.

The percentage of people in these age groups with at least two chronic diseases is also high; among the over 75s this percentage rises to 64%.

Older people and type of chronic illness

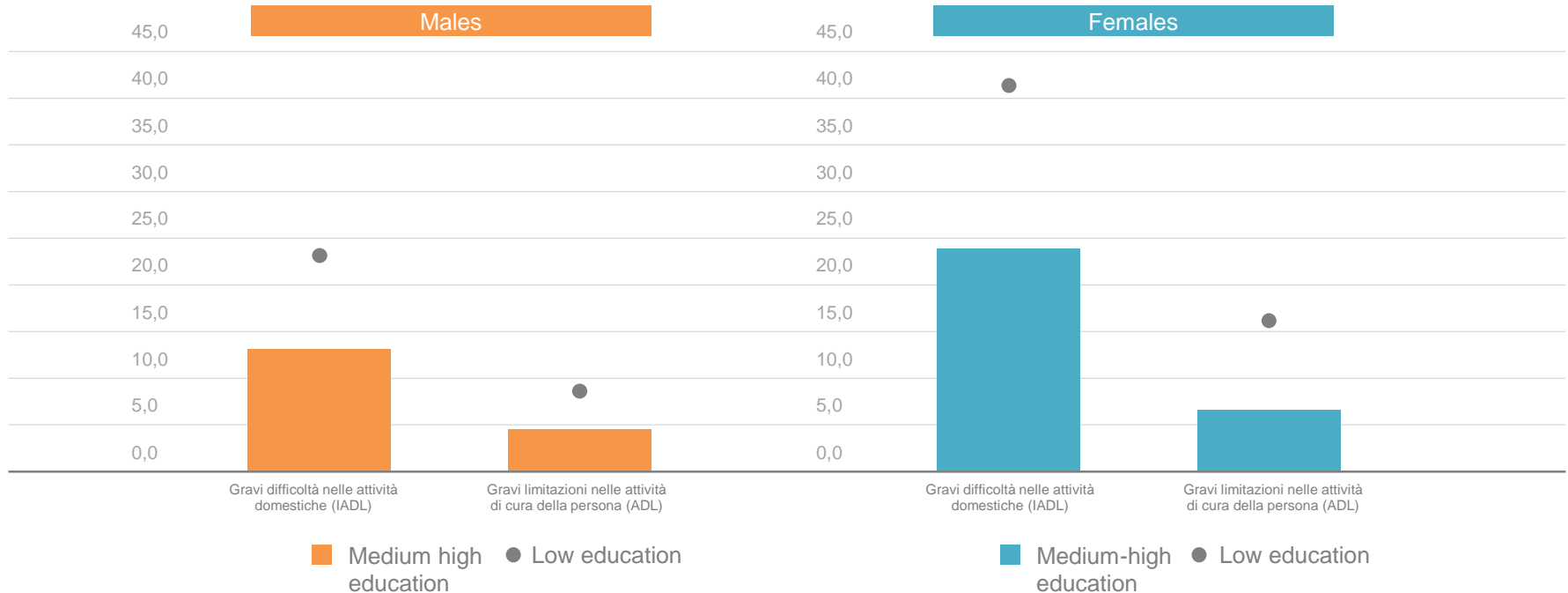


% OF PEOPLE WITH CHRONIC DISEASES BY TYPE OF DISEASE 2019



SOURCE: elaborations on Istat Multiscope household survey

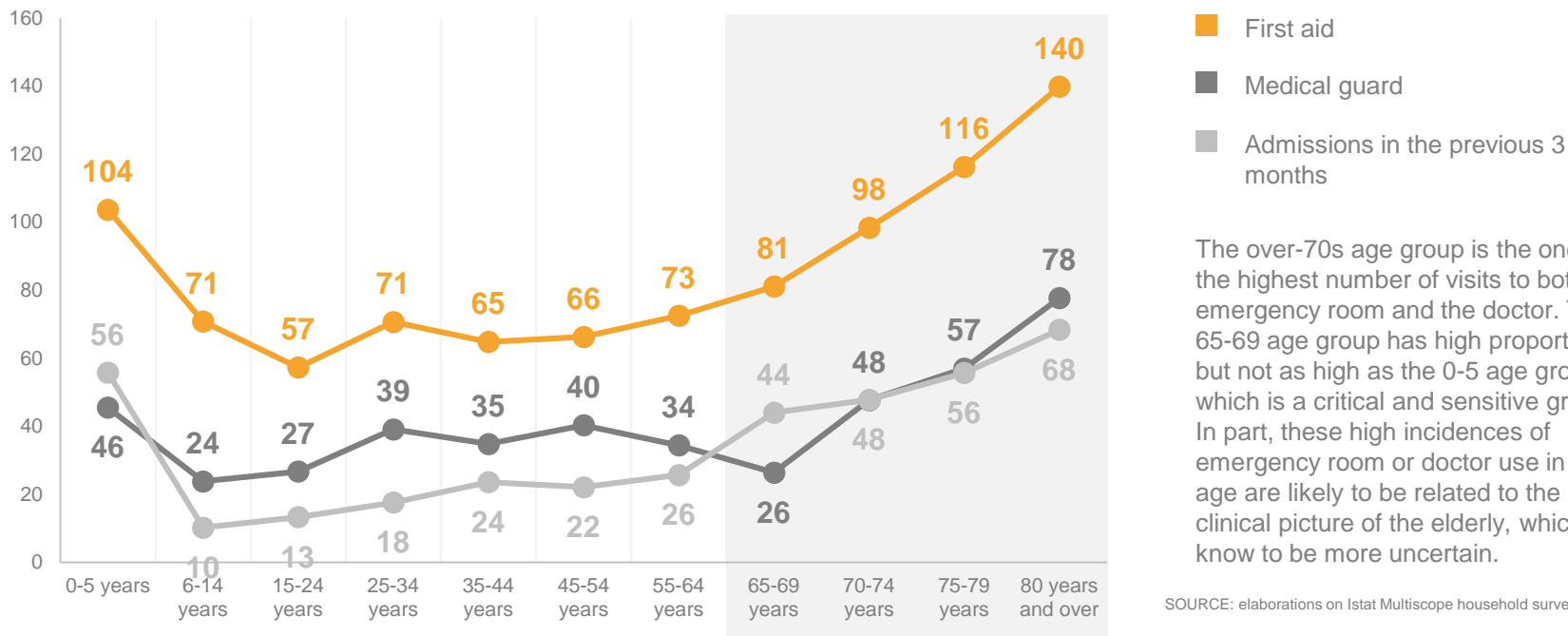
People over 65 with severe difficulties in household and personal care activities by gender and educational attainment 2015



Access to emergency and medical services



PROPORTION OF PEOPLE ACCESSING THE EMERGENCY ROOM, DOCTOR'S OFFICE OR WHO WERE HOSPITALISED IN THE PREVIOUS THREE MONTHS (PER THOUSAND RESIDENTS)



- First aid
- Medical guard
- Admissions in the previous 3 months

The over-70s age group is the one with the highest number of visits to both the emergency room and the doctor. The 65-69 age group has high proportions but not as high as the 0-5 age group, which is a critical and sensitive group. In part, these high incidences of emergency room or doctor use in old age are likely to be related to the clinical picture of the elderly, which we know to be more uncertain.

SOURCE: elaborations on Istat Multiscope household survey

2 Satisfaction with some aspects of hospitalisation



VERY AND FAIRLY SATISFIED WITH SOME ASPECTS OF ADMISSION 2019

	MEDICAL ASSISTANCE			NURSING CARE			VITTO			TOILETS		
0-14 years	24	32	56	24	32	56	15	31	47	18	30	48
15-24 years	55	42	97	54	45	100	35	35	70	45	38	83
25-34 years	43	54	97	44	50	94	25	55	81	37	46	83
35-44 years	50	38	87	48	41	89	23	53	76	35	47	81
45-54 years	46	51	97	46	48	95	26	42	69	33	50	83
55-64 years	49	45	95	51	42	93	28	48	76	35	55	90
65-69 years	48	47	94	43	48	91	23	48	71	27	61	87
70-74 years	43	49	92	45	44	89	27	46	73	35	47	82
75-79 years	40	50	90	38	51	89	21	49	70	28	52	80
80 years and over	28	58	86	31	58	89	17	54	72	27	53	79
Total	41	47	88	41	46	87	23	47	70	31	48	79

Excluding the 0-14 age group, the over 75s are the persons with the relatively lowest satisfaction ratings in general for all aspects of hospitalisation. In any case, the most significant difference with respect to the total number of hospitalised persons is that relating to medical assistance (28 vs. 41%).

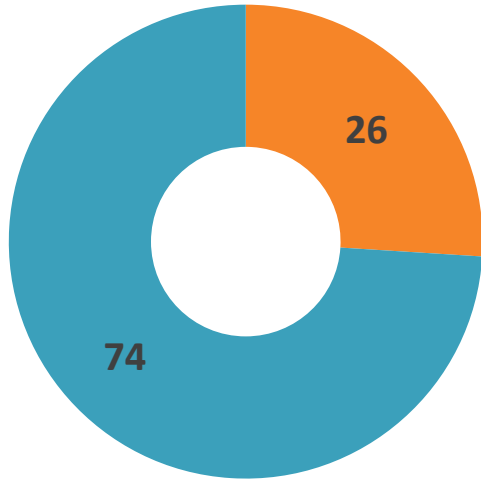
SOURCE: elaborations on Istat Multiscope household survey

2 Functional elderly residential care



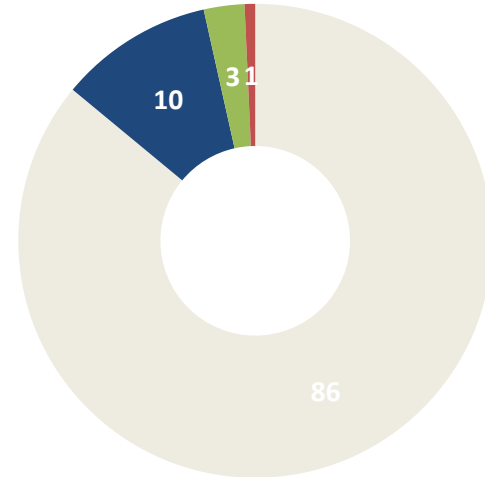
OVER 65 IN SOCIAL AND HEALTH CARE RESIDENTIAL FACILITIES

BY GENDER



■ Females ■ Males

BY FUNCTIONALITY



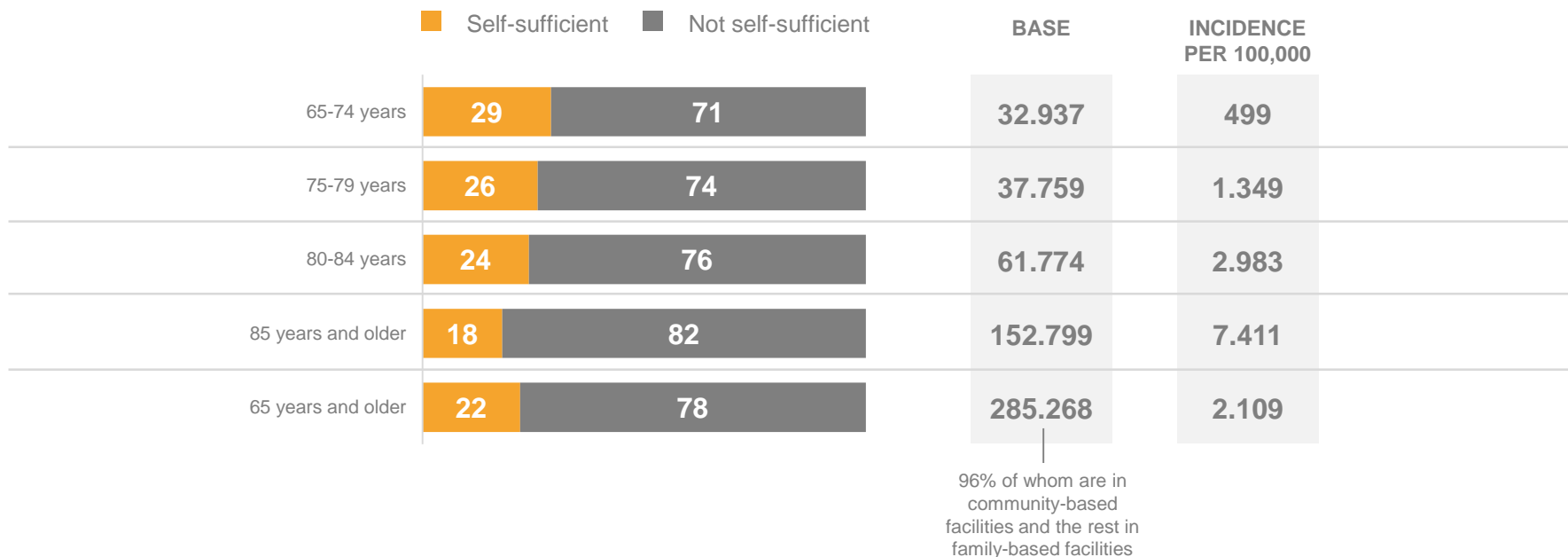
■ Socio-healthcare ■ Prevalent reception housing
■ Socio-educational ■ Prevalent function protect

SOURCE: elaborations on Istat Multiscope household survey

Elderly residential care by type of distress

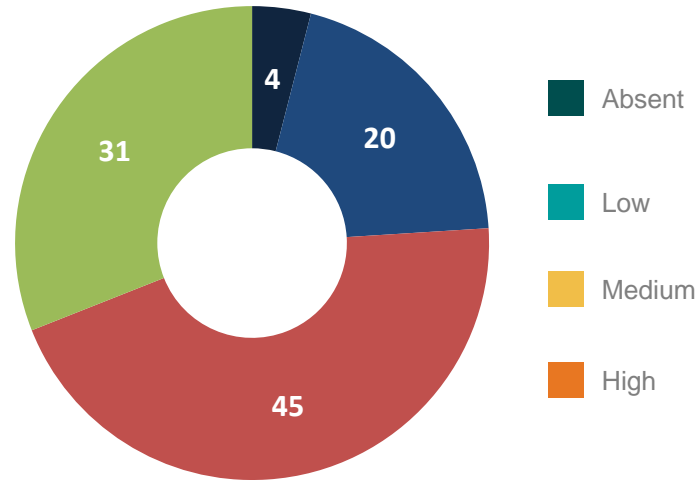


GUESTS OF SOCIAL AND HEALTH RESIDENTIAL FACILITIES 2016



SOURCE: elaborations on Istat Multiscope household survey

OVER 65 IN SOCIAL AND HEALTH RESIDENTIAL FACILITIES BY LEVEL OF CARE 2016



SOURCE: elaborations on Istat Multiscope household survey

Mobility

03



3 Public transport: frequency of use and satisfaction



VERY+QUITE SATISFIED 2019

	TRAIN			PULLMAN			BUS/TRAM		
	Total	65-74	75 +	Total	65-74	75 +	Total	65-74	75 +
People using the means %.	34	28	14	17	13	7	25	23	18
Running speed	-	-	-	69	73	73	64	62	74
Possibility of finding a seat	74	78	81	66	68	74	51	47	58
Timeliness	58	62	68	65	66	74	54	52	63
Frequency of journeys	72	72	77	60	58	65	58	57	63
Possibility of connection with other municipalities	-	-	-	59	58	59	56	56	63
Service information	65	64	68	58	59	62	-	-	-
Convenience of schedules	-	-	-	56	55	63	55	55	63
Cleaning of vehicles	45	46	52	53	55	60	44	42	52
Fare	47	51	59	49	52	56	46	48	54
Comfortable waiting at stops	-	-	-	45	44	51	40	39	46

SOURCE: elaborations on Istat Multiscope household survey

The report "Silver economy Technology and ageing" by Poste Italiane for Osservatorio Senior, points to self-driving as a possible solution to mobility limitations caused by physical problems that many over-65s might experience especially in their later years.



Tesla vehicles are equipped with hardware that already has Autopilot functions. According to UNRAE data from January to November 2020, 2,881 were sold in Italy. Although this represents less than 1% of the market, it was one of the few in brands that grew compared to the same period last year (+38%). Since 2018, 5,795 have been sold, very small numbers but rising sharply.



THE Smart Road project is part of the Scope of the DM of 28 February 2018 "Implementation modalities and operational tools for road testing of Smart Road and connected and automatic driving solutions". It is a partnership between the city of Turin, companies such as FCA, GM, Daimler, Magneti Marelli, TIM, representative associations such as ANFIA and AMMA, universities such as the Politecnico and the University of Turin. The project includes a trial of self-driving cars.

In addition to self-driving, the report 'Silver economy Technology and ageing' also mentions the broader field of intelligent mobility as one of the most interesting areas for the over-65s behind the wheel.



Nissan includes ProPILOT Assist, which is a set of features that make driving a car easier. These include an assisted speed limit that is automatically set according to the indications of the navigator, assistance with braking, steering and acceleration, and assisted distance to the vehicle in front.



Ford Co-Pilot 360 on the other hand offers assisted braking in the event of a possible collision, intelligent assisted driving, active parking 2.0 (the car manages the parking operation autonomously).

Also car sharing is indicated by the report "Silver economy Technology and ageing" by Poste Italiane for Osservatorio Senior, as a sector of attention for the development of the economy. In reality, the data collected does not seem to fully confirm the union between car sharing and the over 65s.



The 19th ANIASA report shows an Italian car sharing service with 2,160,000 registered and 440,000 active users, 6,300 vehicles and 11 million 710 thousand rentals made. The proportion of users over 55 years old is 8%, but in general users over 36 years old are decreasing. It must be said, however, that the age profile seems to vary greatly from one operator to another, partly because of the wide variety of offers on offer.



In this sense Share'n'go had started in 2015 an experiment of car sharing with reduced rates for women and elderly people. For some time now, the company seems to have been in financial difficulties following a change of ownership.

Although not yet present in Italy, care driving is a reality that is becoming established in other countries. It is a car accompanying service for elderly, children and disabled people. In reality, care driving can also be provided by other means (on foot, by train or by public transport).



In Germany, SKODA Auto DigiLab activated the CareDriver service in 2017 as a minimum viable project. The trial came to an end in both Munich and Hamburg due to difficulties related to the legislative system that made its scalability complex. However, the reception from customers was positive and therefore the project was reactivated in 2019 in both Prague and Beijing.



In the United States, a Care Driving service also operates in various cities. This service, however, is specifically aimed at transporting children to school.

The 2019 Detroit Auto Show turned its gaze to 'Older Drivers' by defining three focuses:

- Security (intelligent mobility)
- Comfort (ergonomic measures to help people with special problems due to motor difficulties)
- Intuitive controls (personal assistant)



The iDrive 7.0 personal assistant is BMW's solution for making car controls more intuitive. It goes beyond a simple infotainment voice assistant and becomes a combined system for managing light intensity, temperature and car radio volume in the event of a driver claiming to be tired, for example.



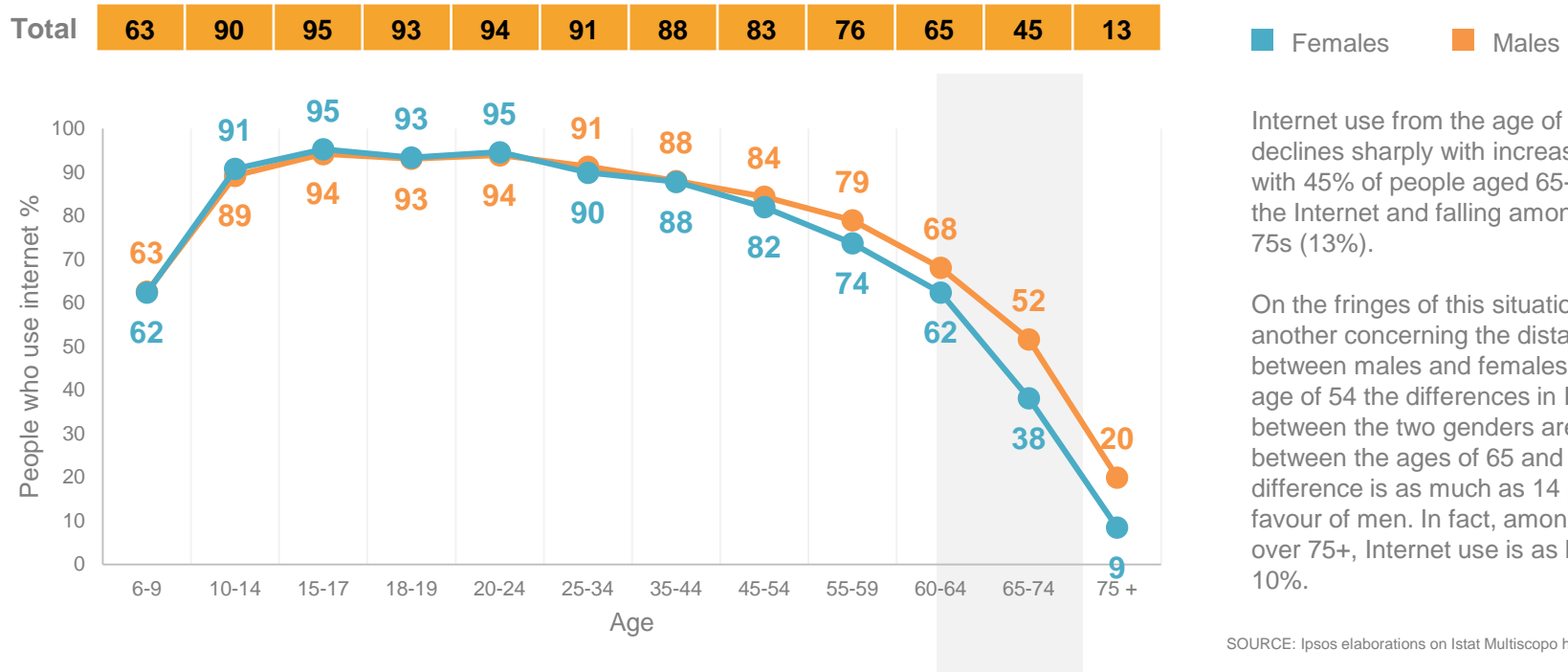
The Rear Seat Reminder is a voice-assistant system that, when leaving the car, alerts us to the presence of objects in the back seat, such as shopping or a handbag.

Infrastructures

04



% OF PEOPLE USING THE INTERNET BY AGE AND GENDER 2019

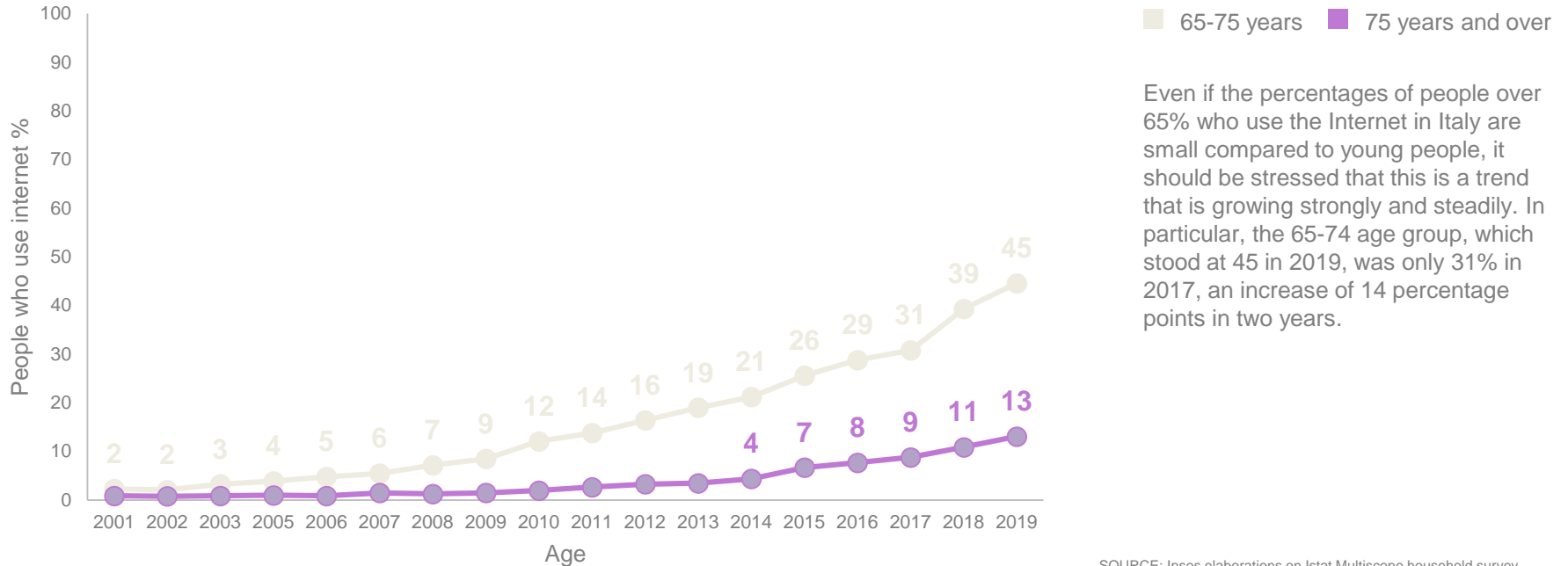


Internet use from the age of 45 onwards declines sharply with increasing age, with 45% of people aged 65-74 using the Internet and falling among the over 75s (13%).

On the fringes of this situation there is another concerning the distance between males and females. If up to the age of 54 the differences in Internet use between the two genders are negligible, between the ages of 65 and 74 the difference is as much as 14 percent in favour of men. In fact, among women over 75+, Internet use is as low as 10%.

SOURCE: Ipsos elaborations on Istat Multiscopo household survey

% OF PEOPLE USING THE INTERNET BY AGE AND GENDER 2019



■ 65-75 years ■ 75 years and over

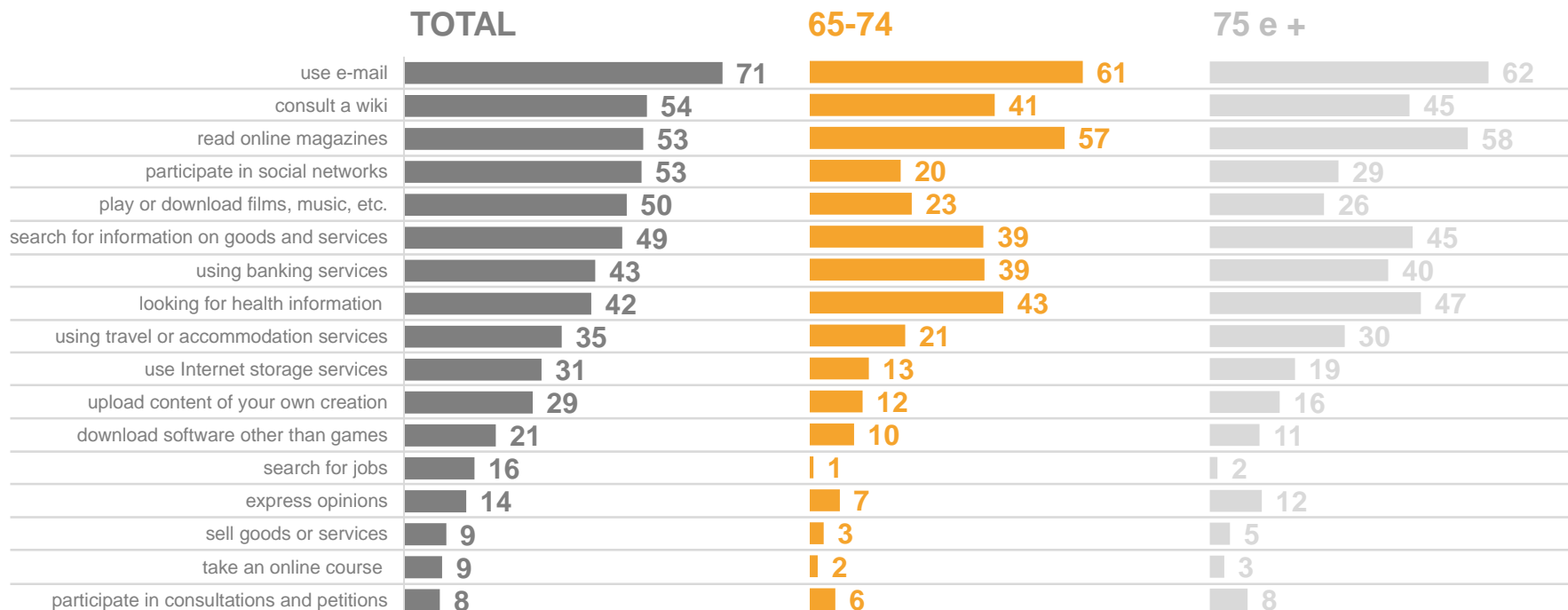
Even if the percentages of people over 65% who use the Internet in Italy are small compared to young people, it should be stressed that this is a trend that is growing strongly and steadily. In particular, the 65-74 age group, which stood at 45 in 2019, was only 31% in 2017, an increase of 14 percentage points in two years.

SOURCE: Ipsos elaborations on Istat Multiscopo household survey

4 Activities carried out on the Internet

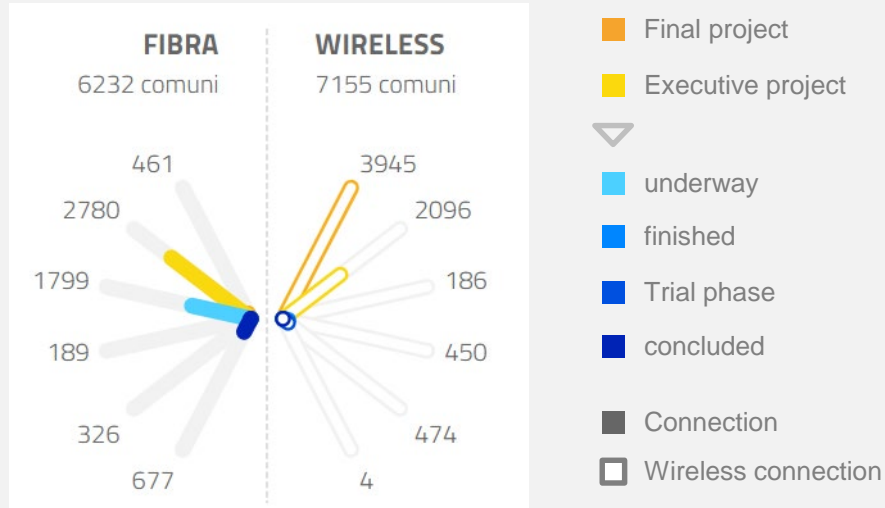


% OF PEOPLE WHO USED THE INTERNET IN THE LAST THREE MONTHS BY ACTIVITY % 2019



SOURCE: Ipsos elaborations on Istat Multiscopo household survey

Current status of progress

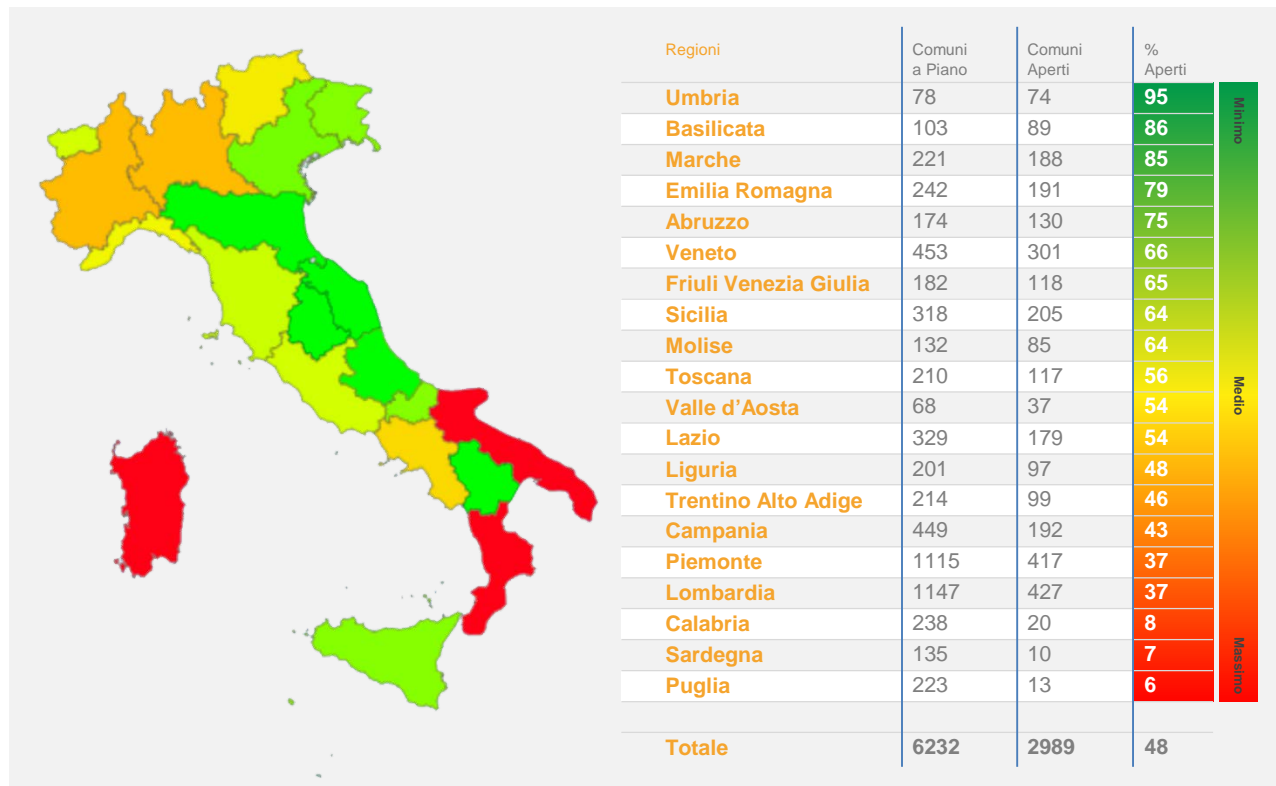


The BUL (Banda Ultralarga) strategic plan is a project of the Ministry of the Interior that aims to expand the coverage of Ultra Broadband to White Areas, i.e. areas of market failure. A census of the White Areas was carried out in 2015, followed by three tenders called by Infratel Italia Spa (an in-house company of the Ministry of Development), two in 2016 and one in 2017. The three tenders were all won by Open Fiber, a company of the Enel group.

The implementation of this plan is extremely important because the White Areas where it is to be implemented are marginal areas with a high incidence of over-65s.

The project foresees the implementation of two types of BUL, namely Fibre Optic (FTTH) and Wireless (FWA). There are 6,232 municipalities for which fibre projects have been submitted and 7,155 with wireless projects. As far as fibre is concerned, as of December 2020, in 677 municipalities projects had been completed (11%), another 515 with installations in testing or at least with works closed (8%), 1799 in the execution phase (29%) and the remaining 52% are still in the design phase.

SOURCE: bandaultralarga.italia.it data



Apart from the general figure of 48% of the target municipalities with projects at least in the execution phase, the situation at regional level is by no means homogeneous. Regions with more than 80% of the target municipalities with works at least in the execution phase (Umbria, Basilicata, Marche) are flanked by others with percentages of less than 40%. It should be noted, however, that of the latter regions, Lombardy and Piedmont have the highest number of target municipalities (more than twice as many as any other region), while Sardinia, Calabria and Apulia were the three regions subject to the third invitation to tender, and are therefore one year behind the other regions.

SOURCE: bandautralarga.italia.it data

	Italia			UE
	Desi 2018	Desi 2019	Desi 2020	Desi 2020
	Valore	Valore	Valore	Valore
1a1 Overall coverage of fixed wide-band % of hh	57& 2017	60& 2018	61& 2019	78& 2018
1a2 Coverage of fixed wide band at minimum 100 Mbps % of hh	5% 2017	9% 2018	13% 2019	26% 2018
1b1 Coverage of fast wide band (NGA) % of hh	87% 2017	88% 2018	89% 2019	86% 2018
1b1 Coverage of fixed network at v high capacity (VHCN) % of hh	22% 2017	24% 2018	30% 2019	44% 2018
1c1 Coverage 4G % of hh (av.ge operators)	91% 2017	97% 2018	97% 2019	96% 2018
1c2 Coverage of mobile wide-band No. of subscription per 100 people	86 2017	89 2018	89 2019	100 2018
1c3 Preparedness to 5G Assigned scope as % of the total 5G scope harmonised	NA 2017	60% 2019	60% 2020	21% 2019
1d1 Price index of wide band services (Range 0 - 100)	NA	NA	73 2019	64 2018

The 5G situation is opening positively for Italy, with the European Commission placing it third in Europe in terms of fifth-generation network readiness. In fact, all the pioneer bands have been assigned and the first commercial services have been launched. Tim, Vodafone, Wind-Tre, Iliad and Fastweb are the companies that have been awarded the frequencies. From 2019 to the end of 2020, there have been at least 5145 applications for the installation of antennas with a favourable opinion from the regional Arpa (Wired/Arpa data). Most of these applications have been brought forward by Iliad, which, unlike the other companies that will largely use 4G infrastructure, will build its network from scratch.

It should be borne in mind that Covid is complicating plans for 5G deployment, both because of the delay in setting up the National Assessment and Certification Centre and because of supply delays, as well as the 450 municipal ordinances blocking 5G, largely linked to fake news about the spread of the pandemic (63% of the ordinances are concentrated between April and June 2020).

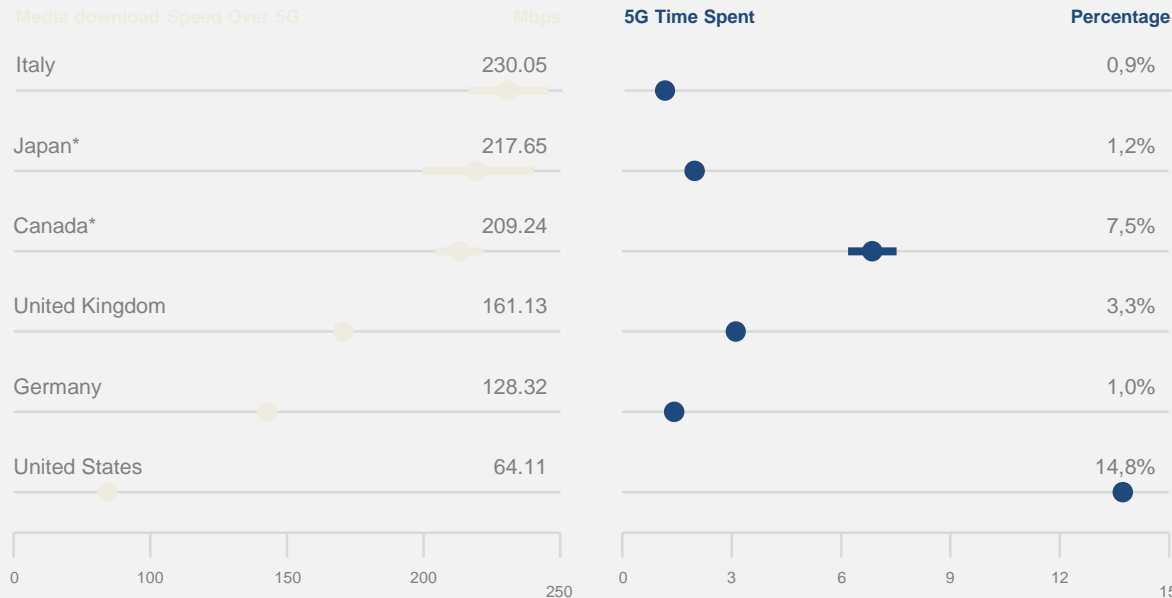
SOURCE: European Community data, Wired, regional Arpa

4 5G in Italy is very fast, but under used



5G Performance in G7 Countries with 5G in Q3 2020

Speedtest Intelligence Q3 2020



*Launched 5G in 2020

Despite all the difficulties reported, the start of 5g in Italy is promising. There are currently about 700 working antennas, and they have the highest median download speed among the G7 countries. However, it should be stressed that the time that 5g-capable devices actually 'spend' on 5g is very low, less than 1%, and this may be substantially due to the small number of antennas currently in operation.

It should be remembered that 5g will be crucial for many IoT applications, including those previously mentioned with respect to mobility for the elderly.

SOURCE: Speedtest Ookla data

Attitudes & consumption

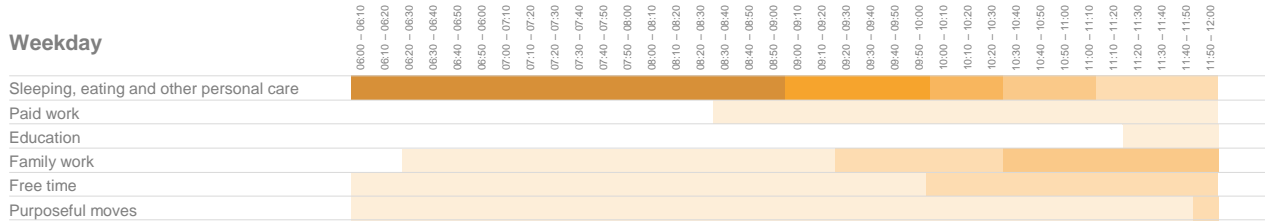
05



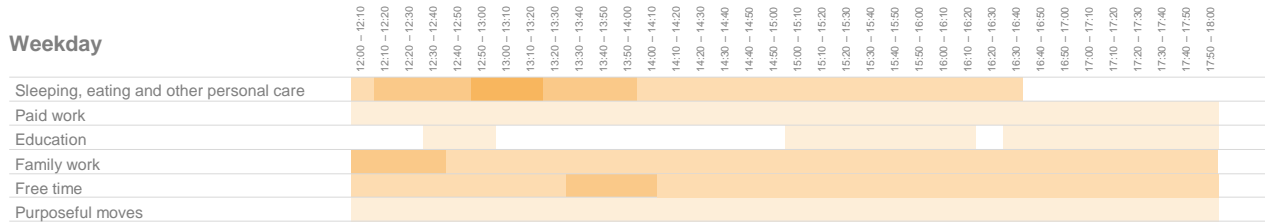
Timetables and activities for the over 65s: weekdays



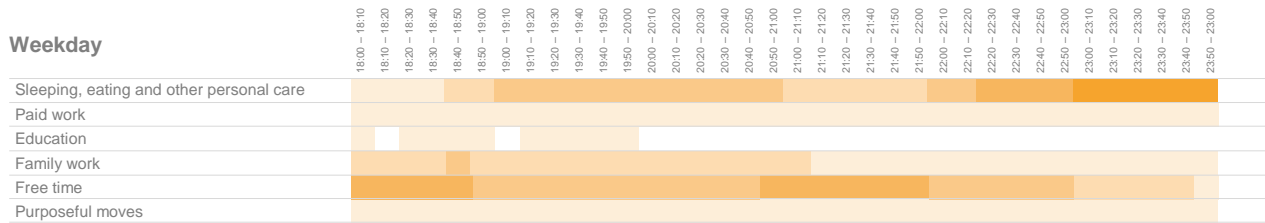
Weekday



Weekday



Weekday



Percentage of over 65s engaging in specific activities by time slot (2013)

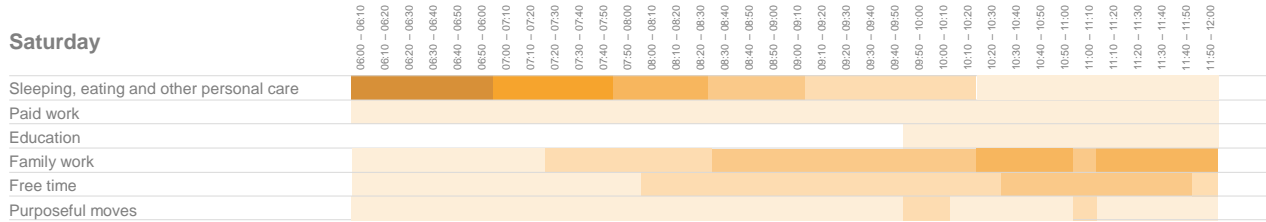
- 0%
- From 0 to 10%
- From 10 to 30%
- From 30 to 50%
- From 50 to 70%
- 70 to 90%
- Above 90%

SOURCE: Ipsos elaborations on data from Istat Multipurpose Household Survey use of Time

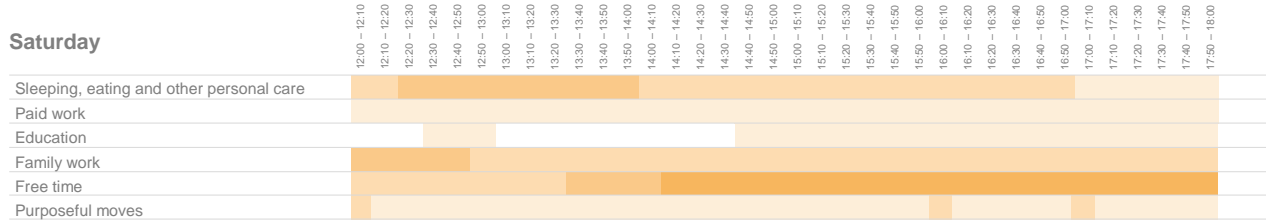
Timetable and activities for the over 65s: Saturday



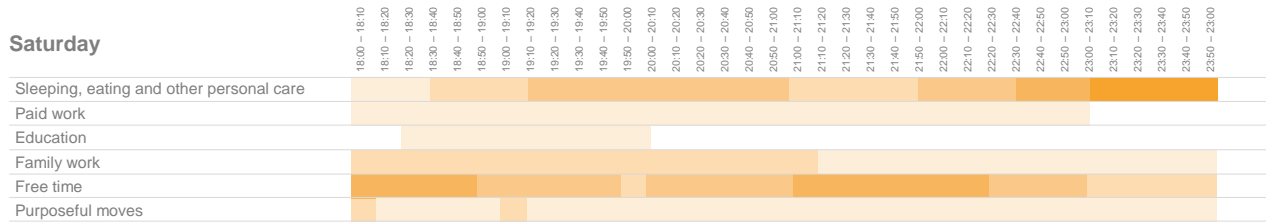
Saturday



Saturday



Saturday



Percentage of over 65s engaging in specific activities by time slot (2013)

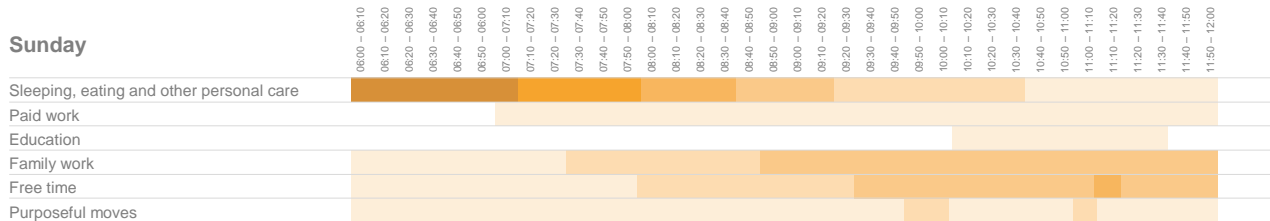
- 0%
- From 0 to 10%
- From 10 to 30%
- From 30 to 50%
- From 50 to 70%
- 70 to 90%
- Above 90%

SOURCE: Ipsos elaborations on data from Istat Multipurpose Household Survey use of Time

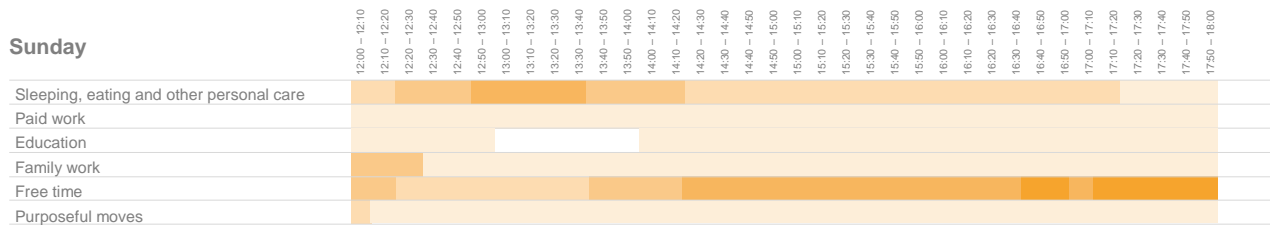
Timetable and activities for the over 65s: Sunday



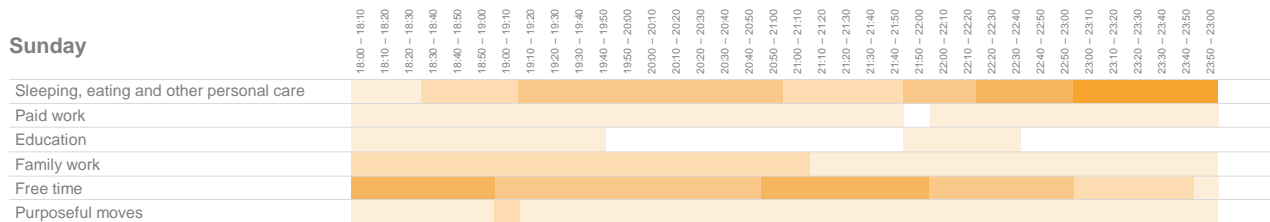
Sunday



Sunday



Sunday

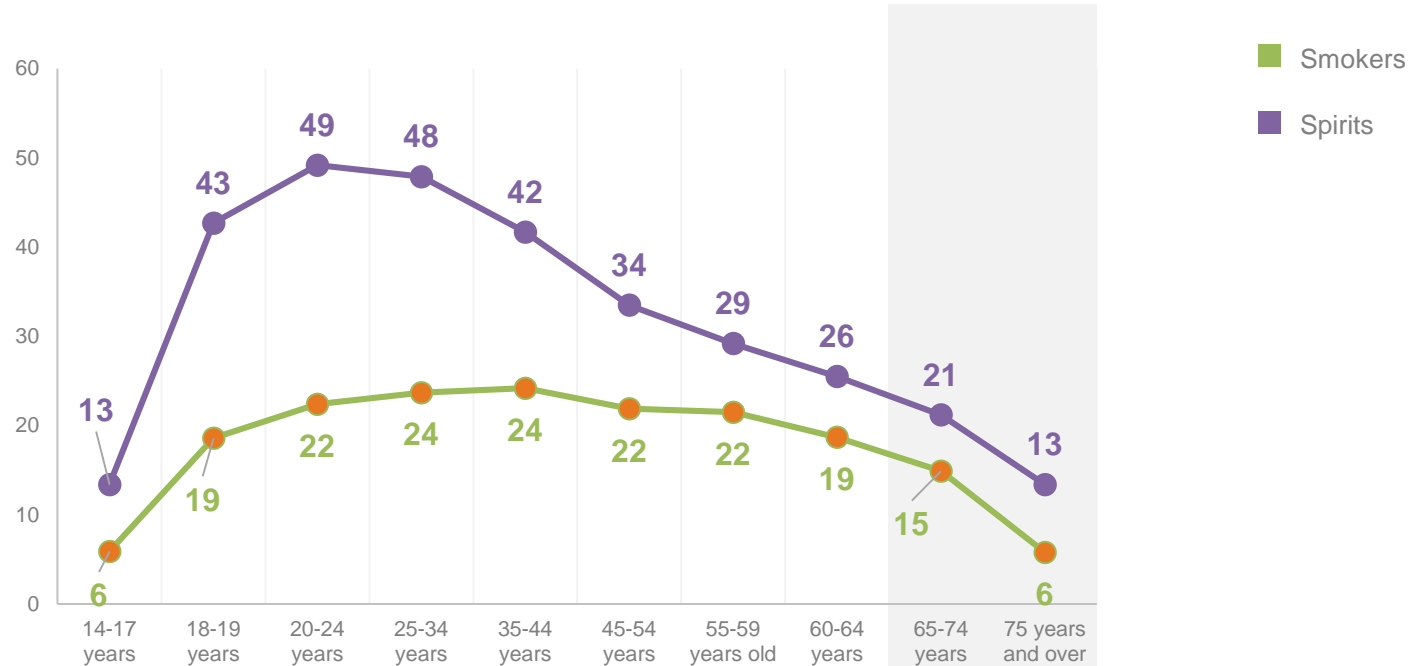


Percentage of over 65s engaging in specific activities by time slot (2013)

- 0%
- From 0 to 10%
- From 10 to 30%
- From 30 to 50%
- From 50 to 70%
- 70 to 90%
- Above 90%

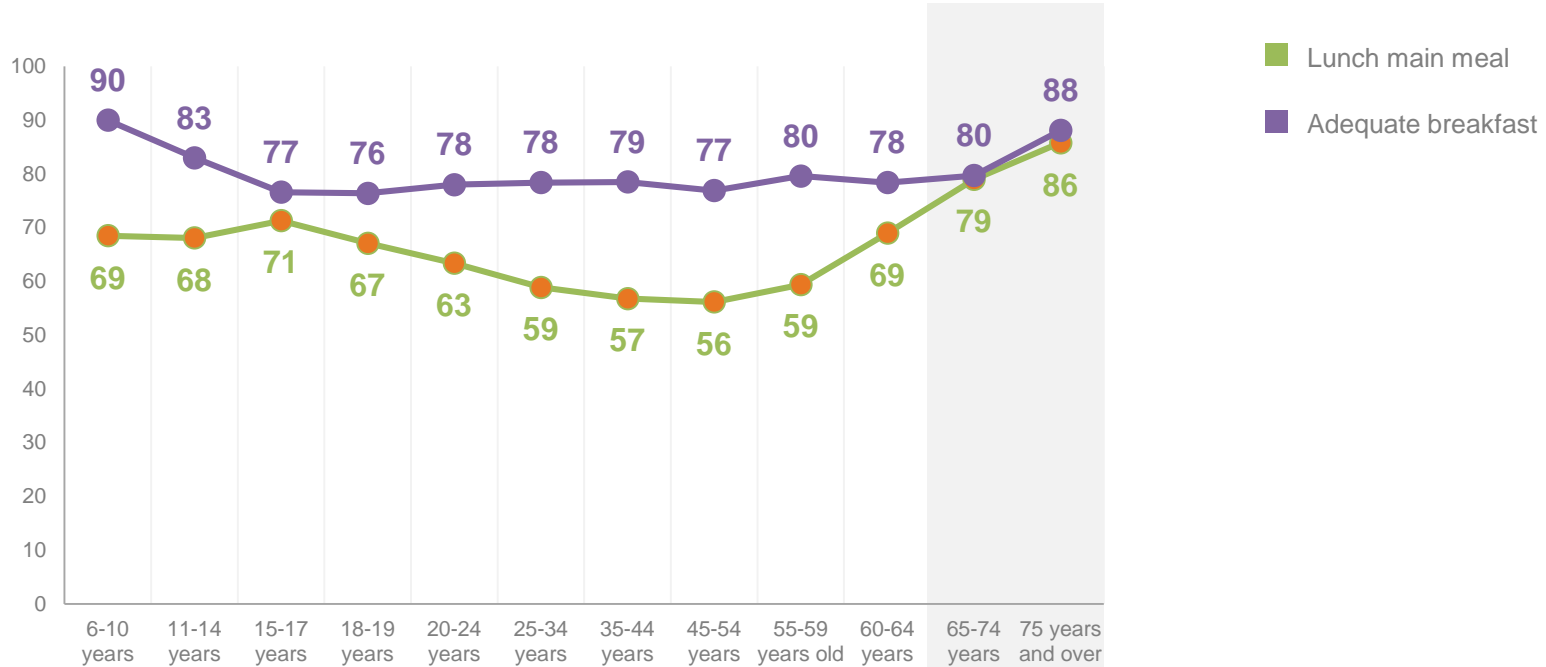
SOURCE: Ipsos elaborations on data from Istat Multipurpose Household Survey use of Time

% OF PEOPLE WHO SMOKE AND DRINK ALCOHOL OUTSIDE MEALS



SOURCE: elaborations on Istat Multiscope household survey

% OF PEOPLE WHO INDICATE LUNCH AS THEIR MAIN MEAL AND WHO EAT AN ADEQUATE BREAKFAST

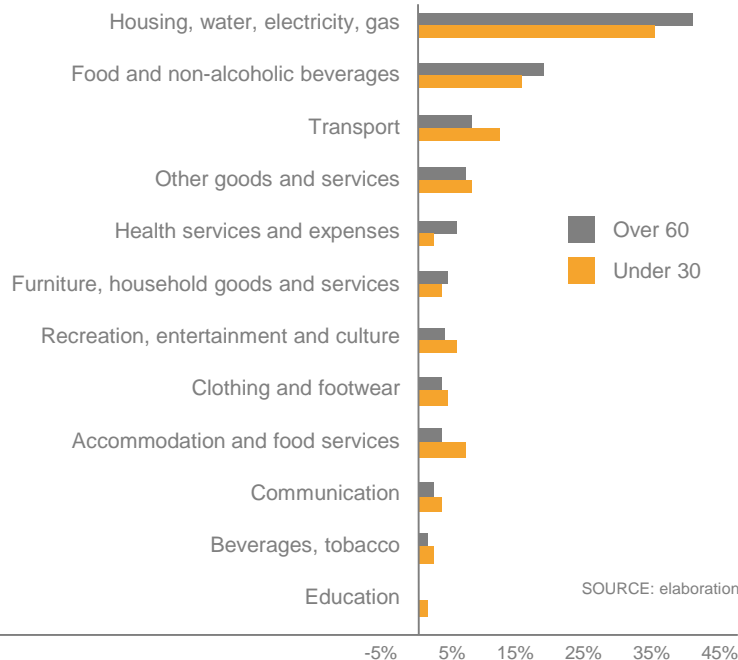


SOURCE: elaborations on Istat Multiscope household survey

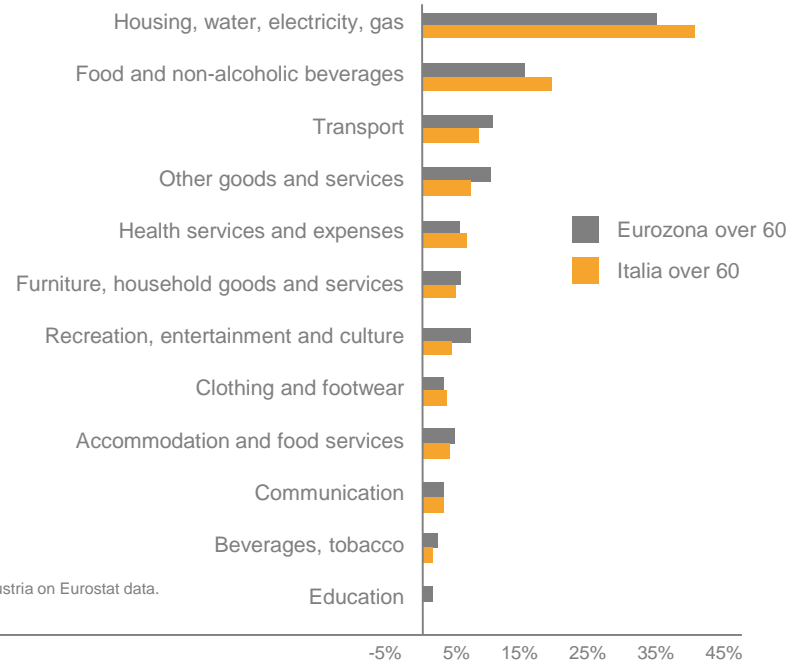
Composition of the consumption basket of the over 60s compared to the under 30s

(Valori assoluti)

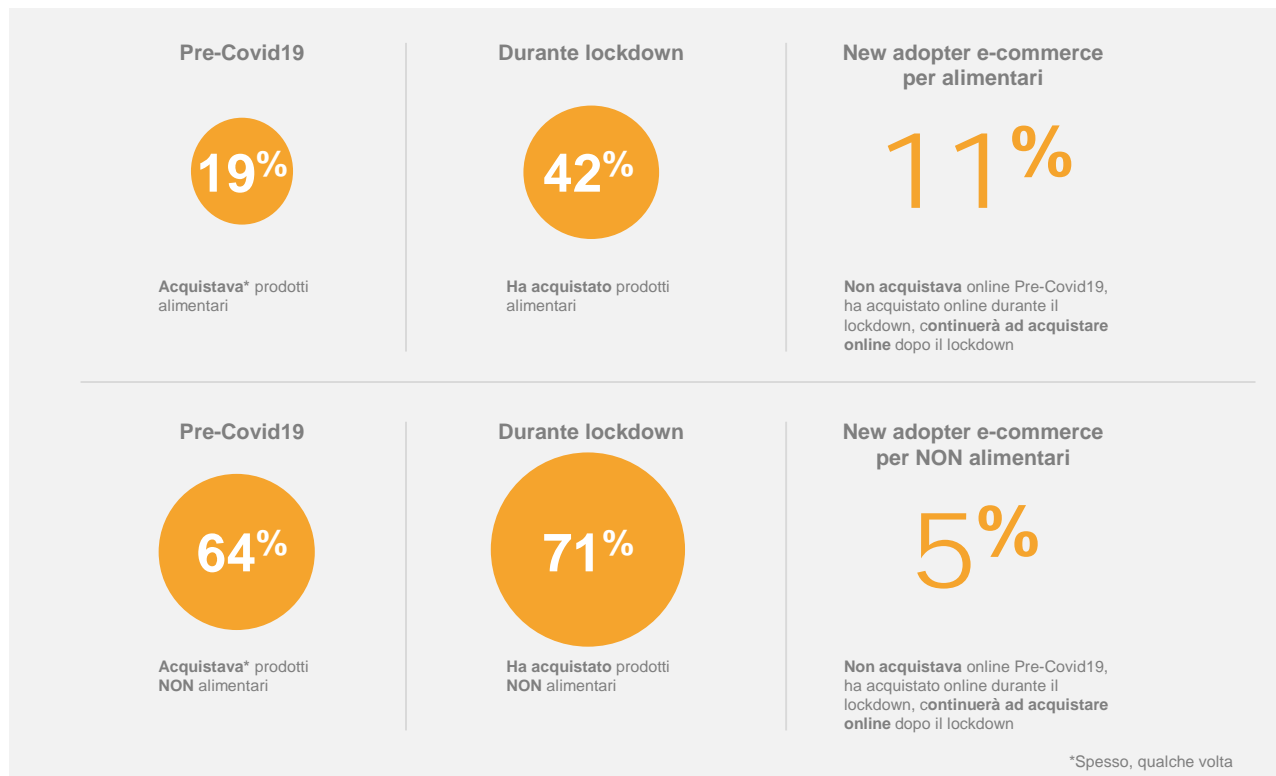
Confronto Italia over 60 vs under 30



Confronto over 60 Eurozona vs Italia



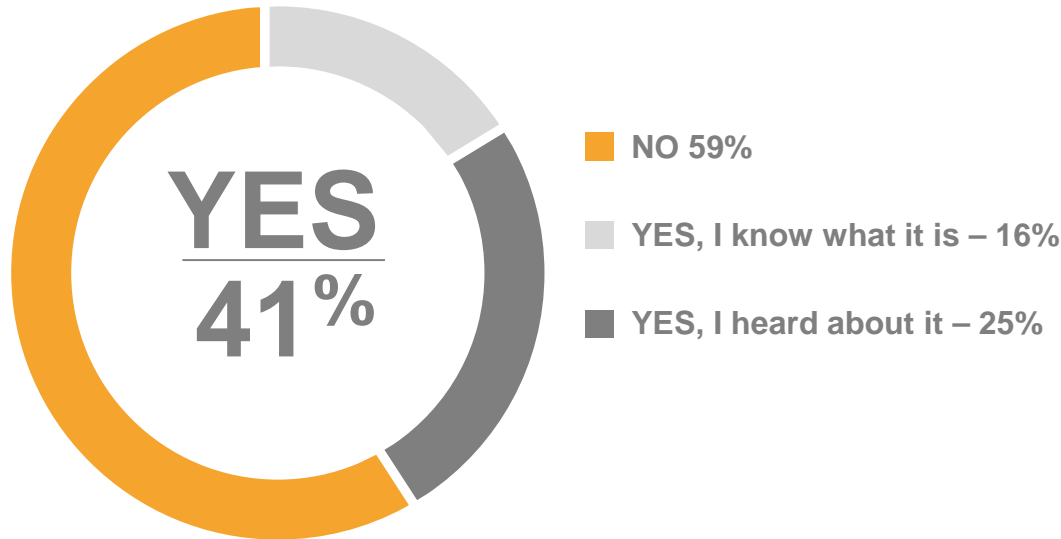
SOURCE: elaboration Centro Studi Confindustria on Eurostat data.



The lockdown in response to the pandemic has greatly altered the habits of the over-50s, increasing e-commerce purchases especially in the case of food. An interesting proportion of these new adopters say they will continue to experience this after the lockdown.

SOURCE: Lattanzio Kibs Studies and Research for Silvereconomyforum

OVER 50 WITH INTERNET CONNECTION WHO HAVE HEARD OF E-HEALTH (2020)



41% of over 50s with an Internet connection have heard of e-Health, especially among men (63%).

It is likely, however, that the 65-74 age group has a much lower level of knowledge, as those with the highest level of knowledge are the youngest (48% among 50-55 year olds)

SOURCE: Lattanzio Kibs Studies and Research for Silvereconomyforum

OVER 50 WITH INTERNET CONNECTION WHO HAVE HEARD OF E-HEALTH (2020)

Technology is able to
to protect my privacy

58%

% agreement

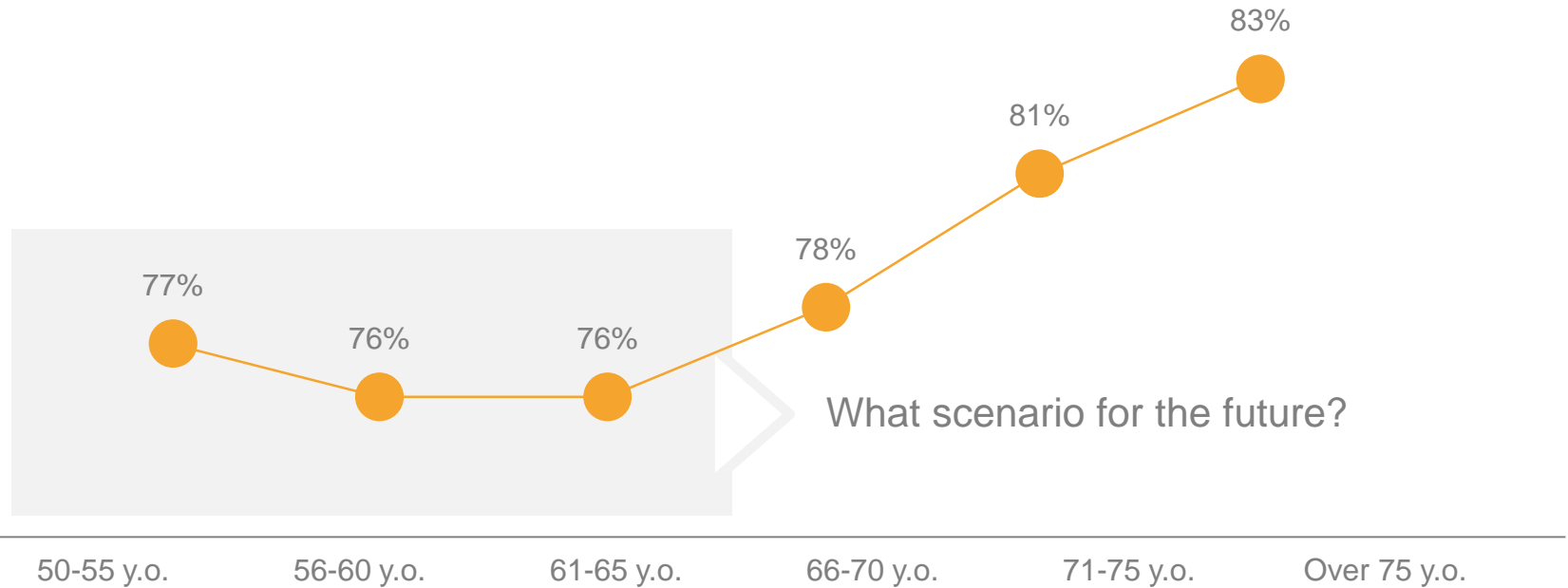
+15%

For the sake of health, I can
sacrifice some of my privacy

73%

SOURCE: Lattanzio Kibs Studies and Research for Silvereconomyforum

% 'YES, TECHNOLOGIES ARE NOT GOOD IF YOU DON'T HAVE A GOOD DOCTOR WHO KNOWS YOU', BY AGE.



SOURCE: Lattanzio Kibs Studies and Research for Silvereconomyforum

Insurance

06



6 Over 65s and medical policy holders



77%

Persons 65-74 with at least one **policy** (87% between 65-69)

7%

Persons 65-74 with a **medical or accident policy** (10% between 65-69)

5%

Persons 65-74 with an **accident policy** (7% between 65-69)

3%

Persons 65-74 with a **medical expenses policy** (7% between 65-69)

SOURCE: elaboration on Ipsos Multifinancial data Retail Market 2020

6 Propensity for at least one coverage



26%

Persons 65-74 inclined to have at least **one policy/coverage between medical expenses, accident, personal care, telemedicine** (31% among 65-69)

18%

People 65-74 inclined to take out a **medical or accident policy** (19% between 65-69)

12%

People 65-74 interested in buying **personal care service** (15% between 65-69)

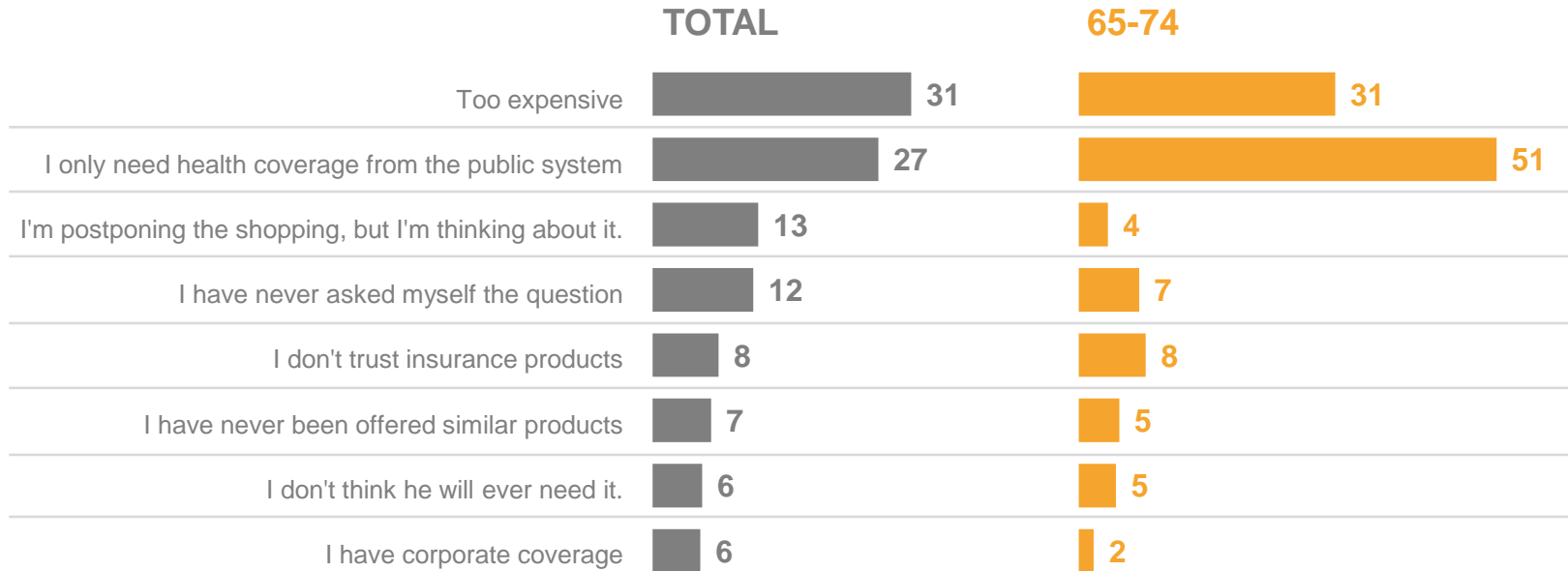
16%

People 65-74 interested in **telemedicine service** (22% between 65-69)

SOURCE: elaboration on Ipsos Multifinancial data Retail Market 2020

6

Reasons for not activating the personal protection policy



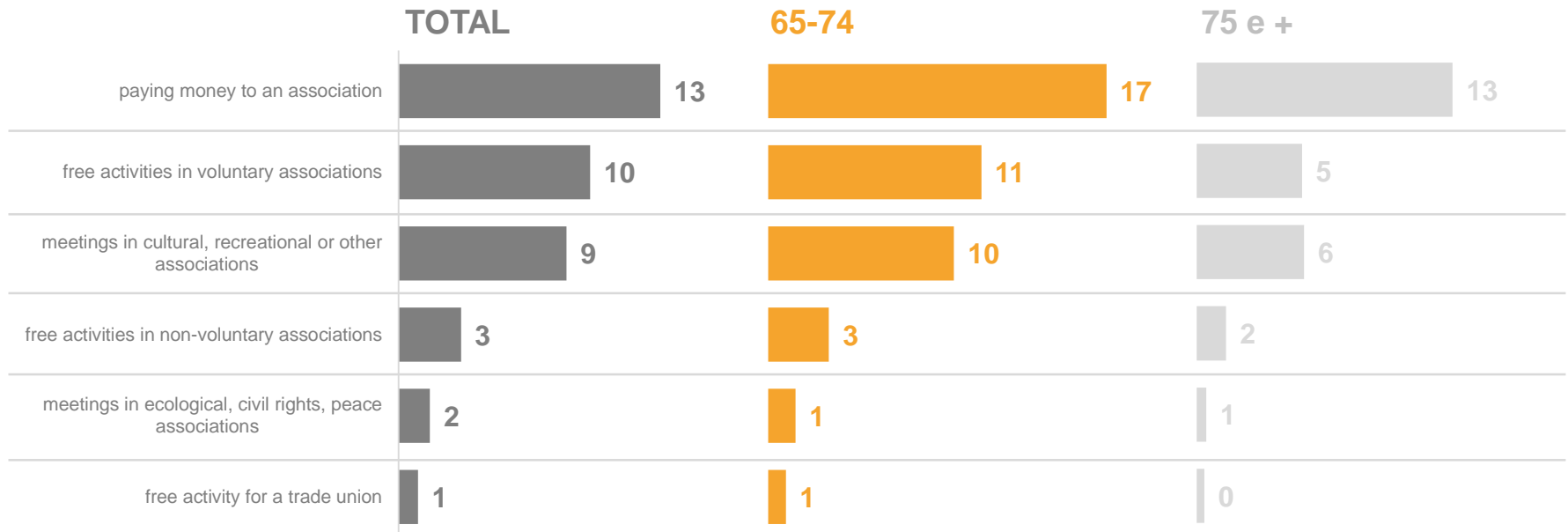
SOURCE: elaboration on Ipsos Prometeia 2020 data

Third sector and the elderly

07

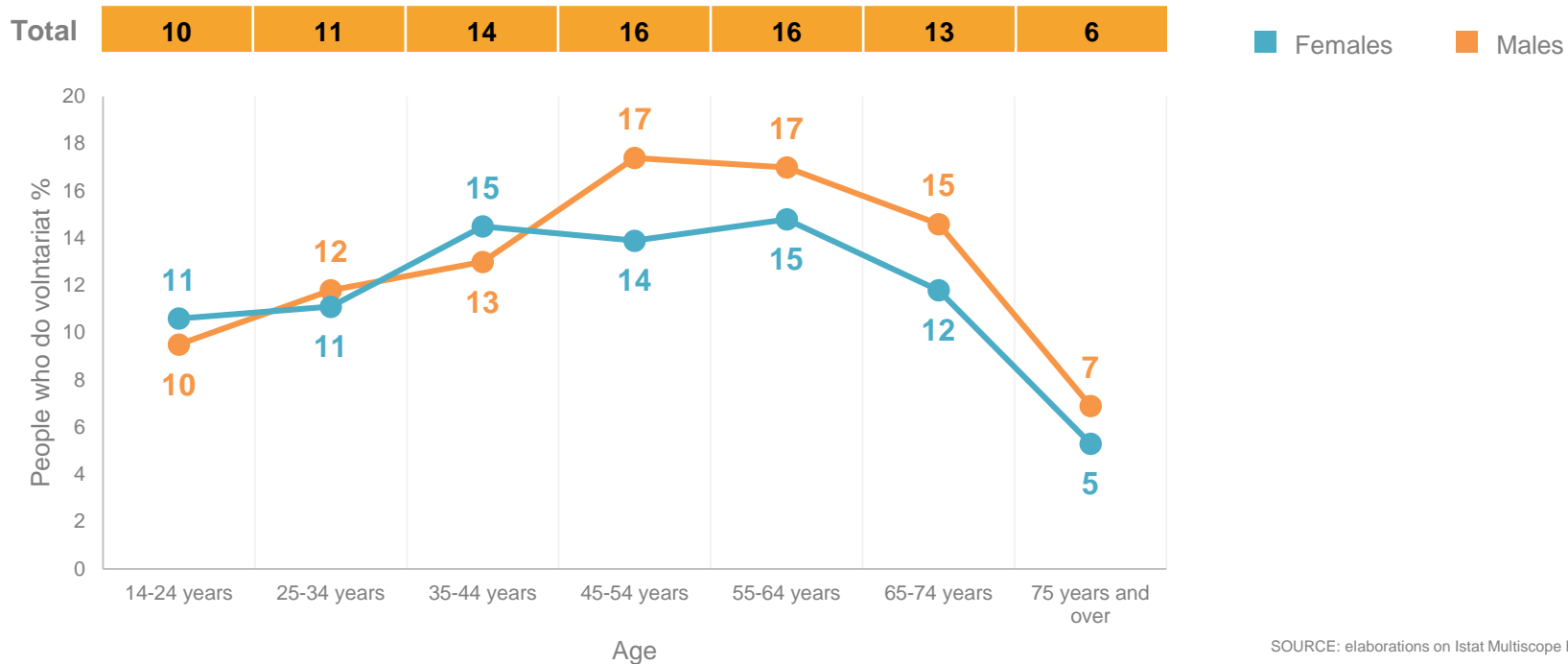


% OF PERSONS BY TYPE OF SOCIAL ACTIVITY CARRIED OUT IN THE LAST 12 MONTHS



SOURCE: Ipsos elaborations on Istat Multiscopo household survey

% OF PEOPLE DOING VOLUNTARY WORK 2013



SOURCE: elaborations on Istat Multiscope household survey



Ipsos Strategy3

BUILD • GROW • COMPETE

Healthy Ageing: opportunities in Italy for Dutch industries



This is a publication of
Netherlands Enterprise Agency
Prinses Beatrixlaan 2
PO Box 93144 | 2509 AC The Hague
T +31 (0) 88 042 42 42
E klantcontact@rvo.nl
www.rvo.nl

This publication was commissioned by the ministry of Foreign Affairs.

© Netherlands Enterprise Agency | July 2021

Publication number: RVO-155-2021/RP-INT

NL Enterprise Agency is a department of the Dutch ministry of Economic Affairs and Climate Policy that implements government policy for Agricultural, sustainability, innovation, and international business and cooperation. NL Enterprise Agency is the contact point for businesses, educational institutions and government bodies for information and advice, financing, networking and regulatory matters.

Netherlands Enterprise Agency is part of the ministry of Economic Affairs and Climate Policy.