Aging in France: Population Trends, Policy Issues, and Research Institutions

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Like in other advanced industrial countries, in France, demographic aging has become a widely debated research and policy topic. This article offers a brief overview of major aging-related trends in France. The article describes France’s demographics of aging, explores key policy matters, maps the institutional field of French social gerontology research, and, finally, points to several emerging issues about aging. In France, these issues include active and healthy aging, the improvement of knowledge on specific vulnerable segments of the elderly population, and the adaptation of the urban landscape and infrastructure to an aging population. At the broadest level, one of the key points formulated in this article is that in France, aging research is dominated by the state, yet it is scattered and compartmentalized, posing a crucial challenge in an era dominated by European and other international networks and coordination efforts in aging policy and knowledge.

Key Words: Demography, Interest groups, Long-term care, Life course/life span, Retirement, Aging research, Education and training, Gender issues, Healthcare policy

This article offers a brief overview of the main aging-related trends in France. It describes France’s demographics of aging, explores key policy issues, maps the institutional field of French social gerontology research, and, finally, points to several emerging aging-related matters. One of the key points formulated subsequently is that aging research is dominated by the state in France, yet it is scattered and compartmentalized, posing a crucial challenge in today’s aging society. This scattering of French aging research is related to the lack of a coherent coordination strategy implemented by a single and legitimate organization put formally in charge of planning for aging research in the country.
Population Trends

In the mid-2000s, France was near the European Union (EU) average, with about 16% of the population aged 65 and older. It had a larger percent of population aged 65 and older than Ireland (11%) and the Netherlands (13%), but a smaller one than Italy (18%; Gaymu, 2005, p. 12). Over the next few decades, the share of the French population aged 65 and older will increase steadily, to reach about 25% in 2030 and nearly 30% in 2050. The sheer demographic weight of people aged 85 and older will rise even faster, increasing from about 1 million people in the mid-2000s to about 2.5 million in 2030. Finally, over the same period, the number of centenials will likely quadruple, rising from about 15,000 to 60,000 (Gaymu, 2005, p. 12).

One of the two main factors in this aging trend is the decline in fertility. Like most other advanced industrial countries, from the mid-1960s to the mid-1970s, France witnessed a steep decline in the total fertility rate (TFR), from about 2.8 to 1.8 children per woman. The situation stabilized after that, and France has never witnessed the TFR fall below 1.6, a situation that occurred in other European countries such as Hungary, Italy, Poland, and Spain. In fact, “since 1975, the TFR has been almost stable at around 1.8 children per woman, with a slight decrease in the early 1990s and a slight increase since 2000” (Toulemon, Paillé, & Rossier, 2008, p. 507) as the TFR reached 1.92 in 2005 (Toulemon et al., 2008, p. 510). This increase in the TFR continued during the second part of the decade, even after the beginning of the Great Recession. In 2010, for instance, the TFR reached “2.00 children per woman, a level unequalled since the end of the baby boom more than 35 years ago” (Pison, 2011, p. 1). Although research on the topic is necessary to back this claim, one could hypothesize that the existence of comprehensive social benefits—including paid parental leaves, family allowances and the child-birth benefit (prime de naissance)—helps explain why younger citizens may decide to have children during a recession, as state support is much less uncertain than labor market prospects. More generally, the long-standing French tradition of family-friendly public policy and, more recently, improvements to child care and family benefits that facilitate work–family balance are likely to explain this increase in fertility. Future research is needed to tackle this issue to assess the validity of this hypothesis, which links fertility and social programming. Beyond this issue, however, we should keep in mind that France’s TFR remains lower than the net reproduction rate (2.1) and that it contributes to population aging in that country.

In France, as in other countries, an increase in life expectancy is the other major factor in population aging. This increase is a long-term historical trend. For instance, from 1800 to 1900, in France, the average life expectancy at birth rose from 30 to about 45 years (Pison, 2005, p. 1). In 2004, following a steady increase that began immediately after the Second World War, the average life expectancy at birth reached 80 years. As in the United States and in many other advanced industrial countries, French women, on average, live longer than their male counterparts (Pison, 2005, p. 2). As for life expectancy above age 65, out of the 27 EU countries, France ranks first for both women (23.4 years) and men (18.9 years), although the score for healthy years is less favorable, as France is only in 12th position for women (9.8 years) and 15th position for men (9 years) (Eurostat, 2012).

One key piece of demographic information that is largely missing in France concerns the growing ethnic diversity of the older population. This question is difficult in France, and data on ethnic minorities are not as widely available as in the United States, in part because French census questions do not refer to ethnicity or “race.” This situation is related to a strong political opposition against “ethnic statistics,” as they are known in France, which derives from the universalistic, “color blind” political culture at the core of the French Republican model. There is an ongoing debate about “ethnic statistics,” in which straight defenders of political universalism oppose the collection of census data about the ethnic characteristics of the citizenry (Simon, 2008). This debate transcends the issue of population aging but, as many researchers know, aging is not a “color blind” experience, and knowledge about this reality can have direct policy implications (Williams & Wilson, 2001). Nevertheless, according to estimates from the Montaigne Institute, in 2004 about 9% of the French population was of North African background, 3% was of African background (“black”), and 1% was of Asian background. The rest of the population (87%) was white (The Economist, 2009).

Policy Challenges

Pension Reform

The modern French old-age insurance system, a large social insurance system financed primarily through payroll contributions, was established immediately after the Second World War.
Institutional fragmentation is characteristic of that system, which features separate schemes for private-sector and for public-sector workers, as well as for nonsalaried occupational categories such as farmers and members of the liberal professions (i.e., doctors, lawyers, and notaries).

The French pension system offers comparatively high replacement rates (i.e., the percentage of a worker’s salary he/she can receive as an old-age pension). For instance, although the basic pension has a 50% replacement rate under the contribution ceiling, real replacement rates are much higher when complementary occupational pensions are factored in. For instance, a 2004 study revealed that people born in 1934 with a full contribution record received the equivalent of more than 75% of their last salary in total pension benefits (Coëffic, 2004).

This reality, alongside the existence of a “minimum pension” for low-income pensioners, goes a long way in explaining why France has been successful in reducing old-age poverty. In 1970, more than 25% of aged households lived in poverty (Institut National de la Statistique et des Études Économiques [INSEE], 2001). By the mid-2000s, poverty affected fewer than 10% of the people aged 65 and older. This was a significantly better outcome than the one witnessed in countries such as Belgium, Italy, and the United Kingdom (Zaidi, 2009). It is worth noting that changes to the pension system adopted by successive French governments since the 1990s should favor a decline in the average replacement rate, which could lead to an increase in the proportion of low-income older people.

If the French pension system is good at fighting poverty and providing retirees high replacement rates, it does not fare well in cost control. For instance, in France in 2007, public pension spending was the equivalent of 12.5% of gross domestic product (GDP), nearly twice as high as the Organization for Economic Cooperation and Development (OECD, 2011) average. What exacerbates the vulnerability of the French pension system in an era of accelerated population aging is its difficulty to reduce the early exit of older workers from the labor market. Currently, on average, both men and women exit the labor market at age 59, which “is amongst the lowest in the OECD” (OECD, 2011, p. 1). Postponing the average retirement age has long been a key policy challenge in France (Guillemard, 2003).

To control pension costs and to encourage workers to postpone retirement, successive French governments have attempted, with varying degrees of success, to increase the number of contribution years necessary to qualify for a full public pension (Béland & Marier, 2006). Before a major reform that took place in 1993, workers had to contribute for only 37.5 years in total to qualify for normal public pension benefits. In early 2012, this number stood at 41 years. As for public-sector workers, a major reform enacted in 2003 reduced the gap between their pensions and the ones available to private-sector workers and homogenized the duration of the required contribution period to reach eligibility for a full pension. In 2010, a new pension reform was established to increase the minimum eligibility age gradually from 60 to 62 (La documentation française, 2010). Following the May 2012 presidential election, however, the new Socialist government announced a series of measures allowing workers who began their career before age 20 and had contributed to the program for at least 41.5 years to retire with full benefits at 60 (Chastand, 2012).

Health, Long-Term Care, and Well-Being

In contrast with the United States, France does not have a public insurance program specifically targeting older people, such as Medicare. Instead, France has a fragmented health insurance system that became fully universal only in January 2000, with the implementation of the 1999 Universal Health Coverage Act. The largest health insurance scheme in France (régime general) covers most of the population, but smaller plans cover categories such as the self-employed and farmers/agricultural workers. This occupational fragmentation is similar to the one prevalent in pension policy and in other social insurance countries such as Germany (Sandier, Paris, & Polton, 2004, p. 8). Although this health care system performs well, on average, France is not as successful as other countries in controlling costs. In 2010, the country spent the equivalent of 11.6% of GDP on health care, much less than the United States (17.6% of GDP) but significantly more than the OECD average, which stood at 9.5% of GDP (www.oecd.org/health/healthdata).

In France as elsewhere, population aging creates new challenges for the health care system, for both controlling costs and meeting new societal demands. Although it goes well beyond traditional health care reform, in France long-term care has emerged as one of the most crucial social policy...
issues. In French political discourse, long-term care is tied to the concept of “dependency,” which is understood as the “fifth risk” facing individuals and families. The French government defines the “fifth risk,” in relationship to the other four social and economic risks covered by the traditional French social insurance system (illness, family insecurity, old age, and workplace injuries), as a “dependency risk” or “risk of loss of autonomy” (French government website quoted in Le Bihan & Martin, 2011, p. 48). A social assistance program was created in 1997 to address the long-term care needs of low-income older people (Prestation Spécifique Dépendance). In 2002, this program was replaced with the Allocation personnalisée d’autonomie, a universal system distinct from the social insurance approach adopted in Germany during the mid-1990s (Le Bihan & Martin, 2011). As for covering the “fifth risk” using the social insurance system, it remains a widely debated issue in French policy circles.

In 2003, the heat wave created a major political shockwave in France, as it resulted in the death of 15,000 older persons. Limited access to air conditioning, as well as urban pollution, social isolation, and a lack of experience in handling such heat waves, led to dehydration and excessive sun exposure, which largely accounted for the high number of casualties. In the aftermath of the heat wave, efforts were made to deal with some of these problems and find ways to avoid future heat-related catastrophes. Moreover, at a broader level, this traumatic episode helped push aging onto the policy agenda. Partly as a result, the French government launched an ambitious Aging and Solidarity Plan (2003–2006), granting massive investments for the construction or renovation of nursing homes as well as the development of new long-term care services. Additionally, another initiative launched in 2003 allocated more than 9 billion euros to the improvement of health care and home care for older people. Later in the decade, other French policy initiatives aimed at improving the quality of life of older people included a national campaign against elder abuse and the 2007–2009 “Bien Vieillir” (Age Well) National Plan, to promote healthy aging among people aged 55–75.

Many other initiatives in public health policy have also been launched in France to improve the well-being of the older population and addressing major aging-related issues. A 5-year Alzheimer Plan (2008–2012) was launched to support research, improve care, and both inform and mobilize citizens regarding this issue. This plan includes the creation of a research foundation dedicated to Alzheimer (http://www.fondation-alzheimer.org). Additionally, the French state has launched other public health initiatives that can directly affect older people, although without necessarily targeting them directly. These initiatives include a plan against pain (Plan Douleur, 2006–2010), a plan for palliative care (2008–2012) and a plan for suicide prevention (2011–2014).

### Research Institutions in Gerontology

In France, the state is by far the largest source of research support and expertise on aging (Béland & Viriot Durandal, 2003). For instance, the National Institute of Statistics and Economic Studies (INSEE) is the primary source of census and socioeconomic survey data (http://www.insee.fr/en/). In addition to the INSEE, other key public statistical bodies include the National Institute for Demographic Studies (Institut National d’Études Démographiques [INED]), which conducts research about demographic trends in France and abroad (http://www.ined.fr), and the French National Institute of Health and Medical Research (l’Institut National de la Santé et de la Recherche Médicale [Inserm]), which focuses exclusively on health-related research (http://www.inserm.fr/). Overall, the state is extremely active in demographic, economic, and social research, which explains why state actors play such a central role in French gerontological research. In the field of public health, the National Institute for prevention and health education (Institut National de Prévention et d’Éducation pour la Santé) was created in 2002. This state-funded institute does not focus exclusively on aging but operates as a life course research unit and is involved in leading programs on healthy aging (http://www.inpes.sante.fr/default.asp).

Another specific aspect of French gerontological research is the direct and extensive research involvement of autonomous social insurance agencies. A prime example of this institutional arrangement is the aging research sponsored and disseminated by the Caisse Nationale d’Assurance-Vieillesse ([National Old-Age Insurance Fund]), which publishes Retraite et Société, a well-regarded journal devoted to retirement and pension research. The Caisse Nationale Solidarité Autonomie, which is the trust fund agency dedicated to long-term care
in France, supports research and dissemination in this policy area (http://www.cnrsa.fr/).

Universities are also meant to be key institutions around which research is organized. In addition to universities, elite institutions (grandes écoles), such as the School for Advanced Studies in Public Health (École des Hautes Études en Santé Publique), are directly involved. Another major research player in France that is involved in some academic research dealing with aging is the state-funded National Center for Scientific Research (Centre National de la Recherche Scientifique), whose goal is to foster research excellence in France. These remarks cannot hide the scattered and underdeveloped nature of French academic research on aging, a problem that recently reforms in French universities and research failed to address. After an attempt to better organize research at the beginning of the 2000s, France proved unsuccessful in creating a truly integrated institutional setting to organize a comprehensive, mid- and long-term national research agenda on aging. No equivalent to the National Institute on Aging was allocated sufficient resources to implement an integrated policy agenda similar to the one associated with this American institution. Instead, the research priorities for the next decade only took place at the European level, in the context of the Futurage Program discussed subsequently. From this perspective, an opportunity was missed during the Sarkozy years (2007–2012) to improve university-based aging research in France, which remains scattered and poorly integrated, at least from a country-level perspective.

Learned societies also play a direct role in the development of French expertise on aging. A key player in this regard is the French Geriatrical and Gerontological Society (Société Française de Gériatrie et de Gérontologie [SFGG]; http://www.sfgg.fr/), the French equivalent of the Gerontological Society of America (GSA). SFGG is a major pool of expertise available to the French government, as top-ranking members are close to policy makers and are typically consulted as part of the aging policy formulation process. In contrast to the GSA, however, the SFGG long focused primarily on medical and biological issues and has struggled over the years to include social sciences research as part of its primary research foci. In parallel, the French Sociological Association created a sociology of aging network in 2003 to promote research in social gerontology. Nevertheless, these initiatives still leave social gerontology research underdeveloped institutionally and highly fragmented.

Nongovernmental foundations are another type of institutional actor in French aging-related research. As stated previously, France has no equivalent of the American National Institute on Aging. However, the National Gerontological Foundation (Fondation Nationale de Gérontologie [FNG]) gathers key players in gerontology, including public decision-makers, and professionals. The FNG has the largest aging resource center in France; it is involved in major national and European aging networks and publishes the journal Gérontologie et société (2011). Over the last decade, private companies such as the insurance company AXA or the HSBC bank, which have a stake in increasing knowledge about aging, have also sponsored aging-related research. Finally, nonprofit organizations such as the Fondation Médéric Alzheimer (http://www.fondation-medic-alzheimer.org/) foster research on specific aging-related health and policy issues.

In the last two decades, the EU has affected aging-related research in France. For example, French research organizations such as the INED have been involved in EU-wide research projects such as the Future Elderly Living Conditions in Europe, which has assessed the situation and social needs of older people in 10 EU countries from 2003 and 2006. The Major Ageing and Gender Issues (MAGGIE) research project “identifies and analyses indicators of quality of life among the population aged 65+ to reveal gender gaps and their factors” (http://maggie-project.org/). Another key European project in which French researchers are involved is the Survey of Health, Ageing and Retirement in Europe, a “multidisciplinary and cross-national panel database of micro data on health, socio-economic status and social and family networks of more than 55,000 individuals from 20 European countries aged 50 or over” (http://www.share-project.org/). These examples, which are part of a much broader trend, point to the Europeanization of large-scale research on aging carried out by large national research organizations such as INED of INSERM.

The emergence of integrated European networks and of mid- to long-term agendas in aging-related research, such as the Futurage Program (http://futurage.group.shef.ac.uk/), has facilitated the creation of transnational interactions on aging research frameworks through consultations with major national academic and research stakeholders. Yet, this Europeanization cannot hide or reduce the sheer institutional fragmentation.
of social gerontological research in France and in Europe. This is especially obvious within the French academic system, where isolated initiatives do not compensate for the lack of a national and integrated research strategy.

Emerging Issues and Conclusion

Due to limited space, out of the many emerging aging-related issues facing France, we will address only several of them. First, the issue of active and healthy aging is relevant at both the French and the European levels. The Pilot European Innovation Partnership on Active and Healthy Aging promotes healthy, active, and independent aging to improve the sustainability and efficiency of the social and health care systems. It also supports the emerging markets related to aging. The ambition of this European partnership is to increase the average healthy life span by 2 years by 2020. The evaluation of public policy programs designed to reach this ambitious goal should soon become a key research topic, in France and elsewhere in Europe. In this context, France has a specific interest in developing research on specific technologies to support older people and the disabled (Rialle, 2007). In 2007, the French Society of Technologies for Autonomy and Gerontechnology was founded with the support of the SFGG (http://www.sftag.fr/). Second, in order to meet this challenge and improve the quality of life in old age, the improvement of knowledge on specific vulnerable segments of the French elderly population is urgently needed. MAGGIE has shed light on the situation of older women, but other segments of the elderly population are excluded from existing research projects or are largely understudied. For instance, what is the fate of older homeless people and how can the state provide better health and social support for them? How can France contribute to a better understanding of the needs of disabled adults who face the additional challenges of old age? Another important population that remains understudied in France is the growing number of old people from immigrant and minority backgrounds. After years of relative neglect, social policy adaptations and health care needs of older immigrants and aging members of ethnic minorities are now being studied (Gérontologie et société, 2011). In this context, France confronts its longstanding universal human rights tradition, which dates back to the 1789 Revolution, by attempting to reduce the gap between the formal rights of older citizens and the way some of them are treated in the everyday life.

Third, another challenge for France and for many other countries is the adaptation of cities and territories to an aging population (Viriot Durandal, Pihet, & Chapon, 2012). The long tradition of gerontological planning in France, together with the World Health Organization program on Age Friendly Cities (AFC) at the international level, brings new perspectives for research on the impact of aging on local transformations of spaces, territories, and services (http://www.who.int/ageing/age_friendly_cities_network/). Therefore, in January 2012, a French language network for AFC was created in Dijon to share experiences in urban planning among cities.

In assessing and addressing the challenges of population aging such as the ones outlined previously, France benefits from a long tradition of state planning. However, this policy tradition is largely absent from the field of gerontological research, which remains highly scattered. This is true because France has not yet formulated a coherent and comprehensive strategy in that field. Because the French government has failed to systematically tackle this issue, the French Geriatrical and Gerontological Society has initiated working groups to address this issue but only time will tell whether these efforts are met with success. More generally, although the consolidation of European research and policy networks is an encouraging sign, more needs to happen—for instance, the creation of an integrated European aging institute—to pave the way to the older societies of tomorrow.

References


