Spain: Promoting the Welfare of Older Adults in the Context of Population Aging

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Spain is one of the European countries with the most significant societal changes in the 21st century contributing to an aging population, in particular, high life expectancy coupled with low fertility, which will result in a doubling of the old-age dependency ratio. Demographic aging implies important challenges that affect the lives of people, families, the economy, public finances, and the reorganization of the health and social systems. Currently, the older population has become particularly vulnerable due to the economic crisis taking place in Spain, which has brought about the need for new policies and systems to protect older persons. The pension system is under the greatest threat in conjunction with possible changes in the national health care system. This report presents a general view of the main factors that surround and affect older adults in Spain, as well as policies developed by the government in response to the current and future situation. We highlight demographic predictions for the coming decades, quality-of-life indicators, situations of dependency, active aging policies, and the main research programs related to gerontology in Spain.

Key Words: Spain, Aging, Aging research, Health care policy, Demography

In this article, we present an overview of sociodemographic changes in the older adult population in Spain and predictions for the coming decades. We analyze the policies that are being developed by government institutions in order to handle the challenge of the rapid aging of the population. We describe the main research areas and projects that are being developed by various official institutions with regard to older persons in Spain. Lastly, we address the main issues emerging in Spain that have directly or indirectly affected older adults, such as emigration, the economic crisis, the changed retirement age, and the actual and threatened loss of social programs to help dependent elders remain in the community.
Demography of Aging

Spain is among the European countries experiencing a major change toward an older population structure. Similar patterns of population aging are observed in countries such as France (Béland & Viriot Durandal, 2013) and Italy as the graying of Europe has moved from north to south (Eurostat, 2013b). In January 2012, there were 8,221,047 adults aged 65 and older, constituting 17.4% of the total population (47,212,990), according to the National Institute of Statistics (INE) preview (INE, 2012a). The proportion of people aged 80 years and older shows the greatest growth, representing 5.3% of the total population. Among older adults, there are 35% more women than men, with the ratio becoming more skewed at older ages. The baby-boom generation, born between 1957 and 1977, currently aged between 35 and 55, are now of working age. Between these dates almost 14 million people were born, 4.5 million more than that in the previous 20 years. The baby-boom generation will begin to reach retirement age in approximately the year 2020. The growth of older population is due to the joint action of various factors, including increased life expectancy, due to reduced mortality; advances in the health systems, public hygiene, and sanitation; the advantages obtained through regularization of income; and improved nutrition. At the same time, fertility rates have been low for 25 years, among the lowest across European countries (Béland & Viriot Durandal, 2013). Together, these factors have contributed to the inversion of the population pyramid. Now is the first time that there are more people older than 65 years of age than children between 0 and 14 years of age (see Figure 1).

Patterns of immigration and emigration by age are another factor affecting the population structure. Among foreign residents, the most notable are those from the European Union (EU), particularly the United Kingdom and Germany, two of the countries from which most older immigrants arrive. In contrast, the main nationalities among younger immigrants include Romania, Morocco, and some South American countries. In recent years, number of foreign workers has decreased, and—due to poor employment prospects—there has been an increase in the number of younger Spanish workers emigrating in search of jobs, resulting in a negative migratory balance for the past 4 years.

Within Spain, cultural diversity arises from both immigration and various regional populations (e.g., Catalonia, Basque Country, Galicia, Canarias, and Navarra). All parts of Spain are experiencing growth of the older adult population due to high life expectancy and low fertility, with the Basque region having one of the oldest populations of all (Gaindegia, 2012).

With regard to levels of economic income, the average pension of an older adult, including the different types of pension (retirement, permanent disability, widowhood, orphans, and family pension for those who had been dependent upon the deceased), is 851.20 euros per month. This amount represents an interannual increase of 3.2%; the average pension has gone from 549 euros in 2004 to 851 currently, and minimum pensions have

increased by more than 30% (INE, 2012b). The largest part of the income goes toward the home and maintenance, whereas the daily purchase of food is the second greatest expense, followed by the purchase of other goods and services.

According to figures from the Living Conditions Survey conducted by the INE, in 2013, the percentage of the population below the poverty threshold in Spain was 21.6%. For those aged 63 and older, that percentage was 12.2% in 2013, compared with 25.2% in 2009 (INE, 2013b).

In general, the majority of older adults live with other people: 37.1% with their spouse and 34.9% with other family. However, increasingly older adults are living alone, representing 19.1% of homes of people aged 65 and older, and a yet greater proportion of those aged 80 and older. There is a sex difference, with 11.1% of men older than 65 years of age living alone, in comparison with 25.0% of women, likely reflecting the fact that women live longer than men (IMSERSO, 2012a).

It is expected that in the year 2049, the population aged 65 and older will be 31.9% of the total population (Abellán & Ayala, 2012; Abellán & Pujol, 2013). Spanish women have a life expectancy at birth of 85.4 years, which is the highest in the EU, whereas Spanish men have a life expectancy of 78.7 years, tied with the Netherlands after Sweden (79.9 years; Davey, Malmberg, & Sundström, 2013; Eurostat, 2013a). It is also important to note that the increase of people older than 80 years of age is greater than the remaining population groups (Abellán & Ayala, 2012). Currently, they form 5.3% of the total population. It is calculated that in 2049 this will rise to 11.8%, which will cause greater consumption of health assistance and care in the home, due to the fact that chronic diseases have a greater risk of causing disability and will require greater long-term care.

The most frequent causes of death, in general, are chronic and degenerative diseases which, in order of importance, are those related to the circulatory system (22.6%), followed by those provoked by cancer (14.6%) and finally respiratory diseases (12.5%). Ninety-four percent of older adults have some type of chronic pain diagnosed by a doctor, according to the National Health Survey (INE, 2006, 2013a). Fifty-three percent have diagnosed problems with joint articulations or musculoskeletal problems, particularly affecting women, a situation that increases with age.

Due to increased life expectancy, the number of older adults with mental and nervous system diseases (dementia, Alzheimer’s disease) is increasing (Abellán & Ayala, 2012). The increase of dementia and Alzheimer disease will involve a lot of attention, with the emotional and physical pressure that this brings upon carers and the considerable health costs. In Spain, the prevalence rate for people older than 65 years of age for dementia is located between 5.2% and 16.3% (López-Pousa & Garre-Olmo, 2010), reaching 22% in males older than 85 years of age and 30% in females of the same age group (Antón, 2010). The prediction in Spain for this illness is that it will increase in accordance with the population increase and life expectancy. Specifically, it is expected that in 2050, nearly one in three Spaniards will be older than 65 years of age. In 2030, the number of people with dementia will reach almost 600,000 and in 2050 almost one million. It will therefore be a challenge to offer guarantees for social and health services.

**Public Policy in Aging**

Spain is one of the pioneer countries in aging issues. It actively participated, together with the United Nations, in organizing the Second World Assembly on Aging, held in Madrid in the year 2002, with a focus on the implications of population aging. Later, in the year 2007, the United Nations Economic Commission for Europe (UNECE) Ministerial Conference on Aging was held in León (Spain). The UNECE member countries at this conference established criteria to foster actions aimed toward the promotion of health, active aging, independent living, social participation, and life-long learning (IMSERSO, 2012a).

In Spain, health care for older adults is, as for people of all ages, delivered through the National Health System (see García-Armesto, Abadía-Taira, Durán, Hernández-Quevedo, & Bernal-Delgado, 2010; Ministry of Health, Social Services and Equality, 2012). Primary health care services are located within each community and deal with diagnostic and therapeutic services, and also preventive services. Primary care physicians refer to specialist care centers and hospitals based on a patient’s medical needs.

Presently, everyone is assigned a health center and is served for free, covered by Social Security. For those aged 65 and older, pharmaceuticals are free of charge. There are both public and private acute care hospitals and long-term care facilities. Public hospitals are free but may entail waiting
for treatment. Public health care expenditures for Spain, including long-term care, are among the lowest percent of gross domestic product (GDP) of EU countries although quality of health care is regarded as quite good.

Since 2010, the Institute for the Elderly and Social Services (IMSERSO) has been designated as the manager for social services benefits within the Social Security system. Its essential function is to design policies and strategies to protect people in situations of dependency and to develop policies and launch programs related to the active aging population, including (a) management of disability and retirement pensions; (b) complementary services and assistance for the elderly and disabled people; (c) assistance to, and social integration of, immigrants, displaced persons, asylum seekers, and refugees; (d) determination of standards for the recognition of degree of disability; (e) establishment and management of specialized care centers or others with special objectives for research within the scope of IMSERSO; and (f) elaboration of basic standards that guarantee equality for all citizens and eliminate differences across the 17 regions of Spain.

Spain currently spends 9% of GDP on pension payments, of which more than 60% are retirement pensions, whereas most of the rest are widow’s pensions. Most pensions come under the general social security scheme where the average retirement pension in 2010 was 934 euros per month. Second largest is the self-employed scheme where the average retirement pension in 2010 was 608 euros. The average widow’s pension was 637 or 574 euros per month under the two respective themes. Pensions of less than 633 euros are more commonly paid to women, whereas the majority of pensions over that amount are paid to men (IMSERSO, 2012a). The social protection system is complemented by noncontributory benefits and welfare pensions, some of which have been abolished but, as vested rights, still continue to generate payments.

The social services network for older adults includes (a) home care services and telecare, (b) day care services: senior citizens’ centers and clubs for older adults and day care centers for dependent older adults, and (c) residential care services including residential centers and sheltered housing (IMSERSO, 2012a). Home care services assist 4.97% of people older than the 65 years of age, and telecare services assist 7.26% of older adults. The user profile tends to favor women, those older than 80 years of age, and those living alone. Home care services are mostly administered by private companies although there are areas where services are provided by local authorities. Between 2002 and 2010, the number of telecare users increased fourfold. Senior citizens’ clubs are quite common, with 43.39% of older adults participating. In 2010, public or private day care was available to 0.89% of older adults. Residential care is provided to 4.38% of older adults, with the majority older than 80 years of age and with a preponderance of women. Just over half of residential long-term care is state funded. There are a small number of places for temporary stays.

Toward programming for the protection of people with disabilities, “The Spanish Strategy for disabilities 2012–2020” was created by the Ministry of Health, Social Policy and Equality, supported by the framework of law recognized by the 2006 UN Convention on the Rights of Persons with Disabilities. The plans of action also reference the “European Strategy for Disability 2010–2020: A Renewed Commitment to a Barrier-Free Europe”. The principles imply passing from a medical assistance model to a human rights model, which requires a change in social perception of disabilities in a way that recognizes that it is necessary to provide disabled people with the opportunity to live in the most independent and stable manner possible. This implies the promotion of conditions for maximum independence and the development of their full physical, mental, and social capacity.

### Research Institutions in Gerontology

Research in the field of gerontology began in Spain in the eighties, mainly in the context of universities and in relation to the progressive increase of the population of older adults. However, the greatest research development has taken place in recent years with the incorporation of European research programs on aging, sponsored by the European Commission. The lines of research for gerontology are specified in various programs such as Ambient Assisted Living (http://www.aal-europe.eu) or the Survey of Health, Ageing and Retirement in Europe (SHARE; http://www.share-project.org), a survey carried out with European citizens of more than 50 years of age, in which Spain participated (http://www.share.cemfi.es).

In this context of European cooperation, initiatives are being supported such as FUTURAGE (http://futurage.group.shef.ac.uk), a scientific
network in charge of elaborating a map of future research related to aging. Included in the roadmap is research on demographic change and active aging in the countries of the EU (http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing). Following FUTURAGE guidelines, in 2011 Spain held the congress “Aging: Research in Spain and Europe.” The congress included participation from more than 200 researchers grouped into four topic areas: (a) biogerontology, (b) economic and social resources, (c) aging environment, and (d) healthy aging. Two central issues have been noted in gerontological research in Spain: First, although there has been marked growth in research on population aging, there is clear separation between biomedical science on the one hand, and social and psychological sciences on the other. Second, the groundwork for future research advances is already largely in place, for example, within the medical and biological sciences: use of genetic and molecular markers in diagnosis and drug trials, and development of regenerative medicine and cellular therapies; within the social and psychological sciences: a focus on cohesion, equity, social exclusion, and protection of rights in the light of demographic change, as well increasing application of technology to improving care (Rodríguez Rodríguez, 2011). In summary, gerontological research in Spain is very developed but requires greater interdisciplinarity.

In Spain, the management, diffusion, and financing of gerontological research is mainly supported by public state institutions: the State Secretariat for Research, Development and Innovation (http://www.idi.mineco.gob.es/portal/site/MICINN/), which manages the majority of public funds related to health; the Health Institute Carlos III (http://www.isciii.es), which manages funds for health issues; the Institute for the Elderly and Social Services (IMSERSO; http://www.imserso.es/imserso_01/index.htm), which diffuses information about research in the field of gerontology; and the High Council for Scientific Research (CSIC; http://www.csic.es/web/guest/home). CSIC is the largest public institution dedicated to research in Spain and the third in Europe, generating 20% of the production of national scientific research. The Center for Social and Human Sciences, administered by the CSIC, is currently taking part in the Spanish Longitudinal Study on Aging (ELES) study in collaboration with the Matia Institute of Gerontology. This study monitors Spanish population groups born before 1960 over a period of 20 years. In 2011, a representative sample of 1,747 noninstitutionalized Spanish people older than 50 years of age was recruited. Data collection is conducted through periodical interviews and collection of complementary information. Among the objectives is to inform planning of preventive measures and to facilitate the planning of medium and long-term health care and social policies.

Finally, the National Institute of Statistics (INE) plays an important role in Spanish public statistics. The European Statistical System (ESS) consists of EUROSTAT (the statistical office of the EU) and the statistical offices of all member states (such as INE), and other producers of European statistics. The ESS ensures that European statistics produced in all member states follow some common definitions and criteria and process data to be comparable across EU countries. The website of the National Institute of Statistics (http://www.ine.es/) makes a great deal of statistical information freely available to all users of official Spanish statistics. Press releases publicize both INE’s monthly or quarterly short-term information, which does not have a fixed publication calendar, as well as newsletters of statistical interest. The site also provides access to the collection of INE working papers developed by INE personnel.

There are also some private initiatives that promote gerontological knowledge such as the Gerontology Institute Matia (http://www.matia-instituto.net/es/home), located in the Basque region and dedicated to the promotion of healthy aging, or the Spanish Society for Geriatric Medicine and Gerontology (www.segg.es), which publishes the Spanish Journal of Geriatrics and Gerontology (http://zl.Elsevier.es/es/revista/revista-espanola-geriatria-gerontologia-124) that includes three areas: biological sciences, clinical sciences, and social and behavioral sciences. This magazine also includes review articles and clinical notes from the point of view of the older patient that are of interest to geriatrics professionals.

Two websites provide information to older adults about gerontological research and services to older adults. IMSERSO sponsors a website for older persons (http://envejecimiento.csic.es/) to provide a stable source of information, not only for older adults but also for the academic world, social service professionals, and society in general. SigMayores (http://envejecimiento.csic.es/recursos/sigmayores/index.html) is a server mapping information about social resources for older residents of Spain provided by IMSERSO and CSIC, which
has also received financing from the Advance Plan (Ministry of Industry, Tourism and Commerce). Through sigMayores, searches can be made of the residential care services, day centers, teleassistance, in-home services, with visualization of the geographical location. These two websites would benefit from increased personnel and material resources, and greater use by the scientific community to derive information about the needs of older adults.

In 2011, the Spanish economy, at both private and public levels, invested a total of 14,184 million euros (1.33% of GDP) in research. This represents a decrease of 2.8% from 2010, when the figure was 14,588 million. Since 2008, with the crisis in the Spanish economy, CSIC spending has exceeded revenues. The president of CSIC recently appealed to the Spanish government for more funds to reach the end of the year and to avoid the interruption of research projects in a matter of weeks (Pain, 2013, July 19).

Emerging Issues and Conclusions

Beyond the aging process and the aging of the population, aging policies are inevitably affected by a wide variety of emerging trends—regional issues, disease patterns, rapid changes in the health sector, globalization, urbanization, new family roles, and persistent inequalities—necessitating review and revision of those policies (European Commission, 2006, 2009a, 2009b). Spain is experiencing a faster growth in demographic aging than many other countries in the European community (e.g., see Smits, van den Beld, Aartsen, & Schroots, 2013). Future predictions indicate that by 2050 there will be 16 million older adults, which corresponds to nearly one third of the total population (INE, 2012a). The challenges of the aging process will have an impact on systems of social protection, public financing of services, the economic structure (investment, savings, consumption), and family finances. Responding to the challenge posed by aging implies restructuring policies, economic systems, and social and family relations.

Two factors are now particularly salient in Spain—how the population structure affects the dependency ratio, and the consequences of the current economic crisis for the public pension system and national health care. Governments must handle social welfare programs for older adults (pensions and health care and long term) and appropriately manage income via taxes and contributions and expenses, without forgetting other large parts of social welfare programs that affect other age groups, for example, education and unemployment. Spain’s old-age dependency ratio at present places it after Germany and Italy in Europe, and also behind Japan, which currently has the highest dependency ratio in the world (United Nations, 2009). The old-age dependency ratio is calculated by dividing the population aged 65 and older, that is, those who are dependent, by the population between 15 and 65 years, that is, those of working age. According to INE population predictions, the dependency ratio in Spain will go from 25% in 2010 to 57% in 2050 despite an estimated total net contribution in this period of almost 11.6 million immigrants and another 18.5 million births, such that Spain will have one of the highest dependency ratios in Europe along with Germany (58%), Greece (57%), and Italy (56%) (Muszyńska & Rau, 2012). The relation between disability and dependency is very direct (Abellán, Esparza, Castejón, & Pérez, 2011). Analysis across various sources shows a volume of expenses in the care system in 2015 of approximately 1,347 million euros, expenses centered upon high dependent care (Camacho, Rodríguez, & Hernández, 2008).

In Spain, the public pension system is a fundamental part of the debate on sustainability of the welfare state. As we know it today, it is a contributory, obligatory distributing system (Fernández & Herce, 2009). In addition to the burden to the system due to greater life expectancy, meaning that pensioners enjoy longer periods of retirement, there is now the threat of cyclic deterioration that will undoubtedly be suffered by income in the coming years. In Spain, the severe credit and economic crisis has led to reconsideration of government policies concerning social rights for older adults such as retirement pensions, free medical assistance and disability and/or dependency care when necessary. The possibilities of complying with social obligations are being seriously compromised due to increased unemployment, currently at 26% for the population of working age. This unemployment rate has provoked a drop in employee contributions to the Social Security system, as this group of the population has become a receiver of the unemployment benefits. Therefore, the Social Security program foresees serious compromises for the retirement pensions, opening political discourse on the possibilities of sustainability of the public pension system. Currently, as one step to address the problem, the government has increased the minimum retirement age from 65 to 67, approved in Law 27/2011 dated August 1st, for update, adjustment and
modernization of the Social Security System (BOE, 2011, August 2).

Additionally, with the current economic crisis, there is discussion of requiring copayment for health center services and pharmaceuticals. There is some movement, which is very controversial, toward privatizing some public hospitals and even some health centers (Legido-Quigley et al., 2013; Minué-Lorenzo, García Gutiérrez, & Mercader-Casas, 2012).

The Madrid International Plan of Action on Ageing (MIPAA) unanimously approved the essential principles that should guide plans of action when handling the challenges of aging in the Second World Assembly on Aging of the United Nations. The United Nations (1991) Principles for Older Persons include independence, participation, care, self-sufficiency, and dignity. Building on these principles, the year 2012 was declared as the European Year for Active Aging and Solidarity between Generations, with IMSERSO taking the lead for Spain. Goals included sensitizing the public to the valuable contribution that older people make to society and the economy; promoting active aging and intergenerational solidarity; respecting the potential of all older people, regardless of their origin; combatting age discrimination; and overcoming age-related stereotypes. To be able to offer the possibility of complying with these principles and goals, there is a demand for all public institutions, such as the state government, various nongovernmental organizations, academic institutions, and the private sector, to tackle the current challenges in a way that builds a secure future.

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