



The Netherlands

**The 2018 Aging Readiness & Competitiveness Report:
Small Innovative Economies**

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FP
ANALYTICS

Overview

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

Technological
Engagement

VI

Health Care
and Wellness

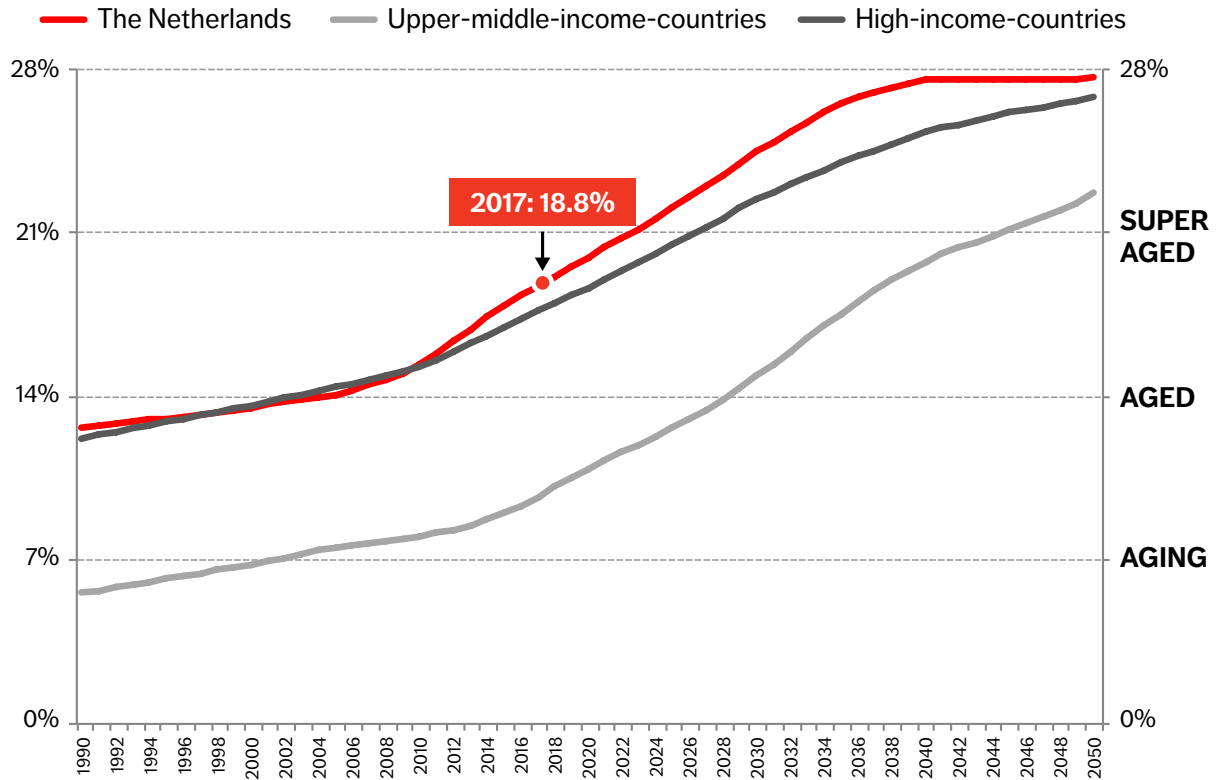
The Netherlands is a prosperous,¹ densely populated² country of 17 million people that prides itself on openness, entrepreneurship, and innovation.

Dutch society highly values solidarity and equality, and is known for its polder model—a form of decision making characterized by consensus building and collaboration. These combined factors inform the country’s approach to aging, which has become a pressing issue in recent years. The last Western European country to become an aged society, in 2005, the Netherlands is now among the region’s fastest-aging societies, and it is rapidly adapting to the needs and opportunities this shift presents.

Like many other countries, the Netherlands is undergoing this transformative demographic shift because of longer life expectancies and a declining birth rate. In the mid-1950s, the country still had the highest fertility rate in Western Europe at

Figure 1. People Age 65 and Older as Percentage of Total Population

A small but densely populated country, the Netherlands is one of the most rapidly aging countries in Western Europe, becoming a super-aged society within the next decade.



Source: United Nations, Department of Economic and Social Affairs, Population Division

3.05 percent, nearly 30 percent higher than the regional average.³ As of 2017, 19 percent of the population is already age 65 and older, and this percentage is expected to grow to nearly 28 percent by 2050 (Figure 1). The speed of aging has accelerated over the past decade as the 2.4 million baby boomers born between 1946 and 1955 started turning age 65 in 2011.

This rapidly aging population has been a national public policy focus for some time. Since World War II, the Dutch have built a comprehensive social safety net that has helped to create a healthy and active older population. It is based on four major pillars:

- A pension system that is financially sound, sophisticated, and ranked second in the world after Denmark;⁴
- A broad-based health care and long-term care system;
- A physical infrastructure designed to provide consistent accessibility to older adults; and
- Various human elements to provide an age-friendly environment that allows aging in place.

The quickly expanding population represents a valuable resource for Dutch society:

- More than one-fifth of adults age 65 and older volunteer in community and social services at least once per month, higher more than in any other EU country and more than double the EU average of 8 percent.⁵
- Boasting the lowest poverty rate among OECD countries, the Netherlands has a relatively wealthy older population. As of 2015, the average net asset of households headed by adults age 65 and older, was EUR 86,500 (approximately USD 100,000)—five times higher than the national average, a marked contrast from below average just two decades ago.⁶

However, the financial crisis and economic recession 10 years ago strained government finances and led to deepening concerns about the long-term financial burden on the country's social safety net due to the increasing number of older adults.

This has resulted in a gradual shift to the concept of a participation society, in which individuals are expected to become less dependent on the state, and instead more self-sufficient or more reliant on family and community support.⁷ Since the mid-2000s, social support services have been decentralized to municipalities, and the country's most recent long-term care reform in 2015 has shifted the focus from more expensive residential care to home-based services. This shift has led to the increasing importance of community social infrastructure and support for informal caregivers.

The government's stated goals are to increase focus on those with the greatest need and to seek continuous improvement in the support it provides to older adults. The Dutch have long benefited from an extensive range of initiatives led by diverse stakeholders to promote their social participation and to cultivate an age-friendly environment. However, there is still a lack of housing adapted to older adults' needs, and informal caregiving has received less support than in other EU countries. Aware of these strengths and weaknesses, the government launched the Pact for the Elderly Care (Pact voor de Ouderenzorg) in early 2018. The clear focus of the Pact is to support active aging at home along with alleviating loneliness and improving nursing home services. It aims to do so by leveraging existing resources, promoting cooperation, and developing new solutions.

The new policy focus is on combining efforts strengthening the country's

competitive edge and minimizing social isolation among the older population. While the government has raised the pension age, greater attention is being given to removing legal obstacles to labor participation by older adults. These efforts have been facilitated by effective dialogues between organizations for employers and employees. As a result, the Netherlands has recently seen one of the greatest gains in the labor force participation of older adults among OECD countries. In addition, the government, together with non-governmental organizations (NGOs), is stimulating the development of information and communications technology (ICT)-based solutions for aging through various funding schemes, although achieving scale remains a challenge.

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

Technological
Engagement

VI

Health Care
and Wellness

Ecosystem for Policy and Social Innovation

The Netherlands is widely considered a global leader in aging policy and social innovation. Its strength stems from a culture that values solidarity and equality and is oriented toward consensus and cooperation.

The government encourages experimentation in new social programs and provides both academic resources as well as funding to test new ideas and to replicate successful ones. This has resulted in a productive policy and social innovation ecosystem, and it has produced programs created by diverse stakeholders and implemented through cross-sectoral collaboration.

Key Enablers

Dutch culture establishes a solid foundation for its society's ability to adapt to the demographic shift through innovation. This has fostered an ecosystem that favors collaboration across sectors to create and deploy solutions as well as an openness to international cooperation. Another key enabler of innovation is tolerance for trial and error, coupled with strong research capability and financial resources.

Dutch culture places high value on **solidarity and equality**, originating from centuries of a religious duty to take care of the ill or poor. Despite increased secularization, this culture remains largely intact. It is particularly manifest in the social safety net developed after World War II, which is rooted in solidarity between healthy and capable people and those who are not, across domains ranging from employment and income to health care and education.⁸ Even though the country is in transition from a system with generous social benefits to that of a participation society, it holds that people, regardless of age, are of equal value and have the right to equal treatment and are expected to take one another into consideration—with support given to those who need help, including older adults.⁹

The Netherlands also features an **individualistic but consensus-oriented culture**. The Dutch have an individualistic streak, often linked to a strong preference for a loosely knit social framework,

aversion to hierarchy, and skepticism of authority. This is in turn instrumental to innovation.¹⁰11 Meanwhile, the orientation toward consensus puts great emphasis on consultation, which facilitates cooperation between stakeholders on multiple issues—including those of aging.¹²

Perhaps the best-known manifestation of the consensus-oriented culture is the polder model. How and when this model first emerged remains controversial, with some tracing it back to as early as the Middle Age when dikes were built to reclaim land from the sea. Nevertheless, it is generally agreed that the concept of the polder model became popular in the second half of the 20th century in the form of tripartite collaboration (i.e., government, employers, and employees) to address labor conflicts.

Consultation and negotiation at a central level are an essential part of the polder model, which continues to affect labor policies today. In recent years, the model has led to several major national socio-economic agreements—including the Policy Agenda 2020¹³ and the 2013 Social Agreements¹⁴—that have defined public and private efforts to extend older adults' stay in the labor force.

Although the polder model is typically viewed in a political context, experts interviewed for this study regard it as essential to the country's ability to adapt in an innovative way to demographic change, while also acknowledging the model's drawbacks: a prolonged process

“Even though the polder model sometimes hinders quick evolution, it guarantees the involvement of all stakeholders—and eases the implementation of decisions afterwards. Stakeholders rarely delay the actual implementation of a decision they were involved in making.”

RONNIE VAN DIEMEN, Inspector-General of the Netherlands Health Care Inspectorate

and too much focus on compromise. “Even though the polder model sometimes hinders quick evolution, it guarantees the involvement of all stakeholders—and eases the implementation of decisions afterwards. Stakeholders rarely delay the actual implementation of a decision they were involved in making,” said Ronnie van Diemen, Inspector-General of the Dutch Health Care Inspectorate.¹⁵

While the long history of grappling with water and land reclamation led to the Netherlands’ deeply rooted, consensus-oriented culture, its need to overcome a lack of natural resources—and its small market—has led to an **eagerness to connect with the rest of the world**. This openness is reflected in its embrace of international cooperation when seeking innovative solutions. For example, the government has

been a keen participant in the EU Active and Assisted Living Joint Program since 2008, funding Dutch projects to develop ICT-based solutions for aging that involve partners from at least two foreign countries. As of 2016, Dutch partners were involved in one-third of the projects funded under this Joint Program.¹⁶

Room for experimentation is another factor multiple experts point to as a key enabler of innovation. “Although the Netherlands embodies well-developed institutional infrastructure, rules and legislations are not too tight to hinder innovation, but rather allow for enough flexibility to pilot projects, testing ideas, proving their effectiveness, and scaling-up successful models,” said Joris Slaets, Director of Leyden Academy on Vitality and Ageing.¹⁷ One expert places a greater emphasis on the importance of trust. “Room for experimenting often goes hand in hand with trust. People are given opportunity for trial and error to find out what works—if [the idea] works, then it would be expanded; and if it doesn’t, there’d be a discussion on why,” said Jan Jaap Knol, Director of Cultural Participation Fund.¹⁸

Resources and institutions are in place to facilitate experimentation, including a strong research capability, access to funding, and various organizations that act as intermediaries to bridge the gap between research and practice. The Netherlands has one of the world’s most productive science systems, consisting of 13 world-class universities as well as dozens of fundamental and applied research

institutions. During the 1996-2015 period, the country published twice as many scientific articles per capita as the OECD average and significantly more than more populous countries like Germany and France.¹⁹

Dutch universities and research institutions have not only produced rich data and findings ready to be used in policymaking about aging-related practices, but have also taken part in collaborative initiatives related to aging. For example, the *National e-Health Living Lab*, launched in the spring of 2018,²⁰ aims to develop a platform to engage cross-sectoral stakeholders in e-health development that can benefit vulnerable groups, including older adults, and evaluate effectiveness of new solutions.

Funding is also relatively accessible, particularly from the public sector. The government has channeled funds through various organizations that act as intermediaries among research, policy, and practice. A primary vehicle is the Netherlands Organization for Health Research and Development (ZonMw)²¹ that allocates funds to stimulate the entire health care-related innovation cycle from fundamental research to application. ZonMw leads both the implementation of the EU Active and Assisted Living (AAL) Joint Program at the Dutch national level and funding of dementia-related research under the latest national dementia program (Delta Plan for Dementia 2013-2020). Private foundations also play a role. The RCOAK Foundation and Sluyterman van Loo Foundation, which are dedicated to older

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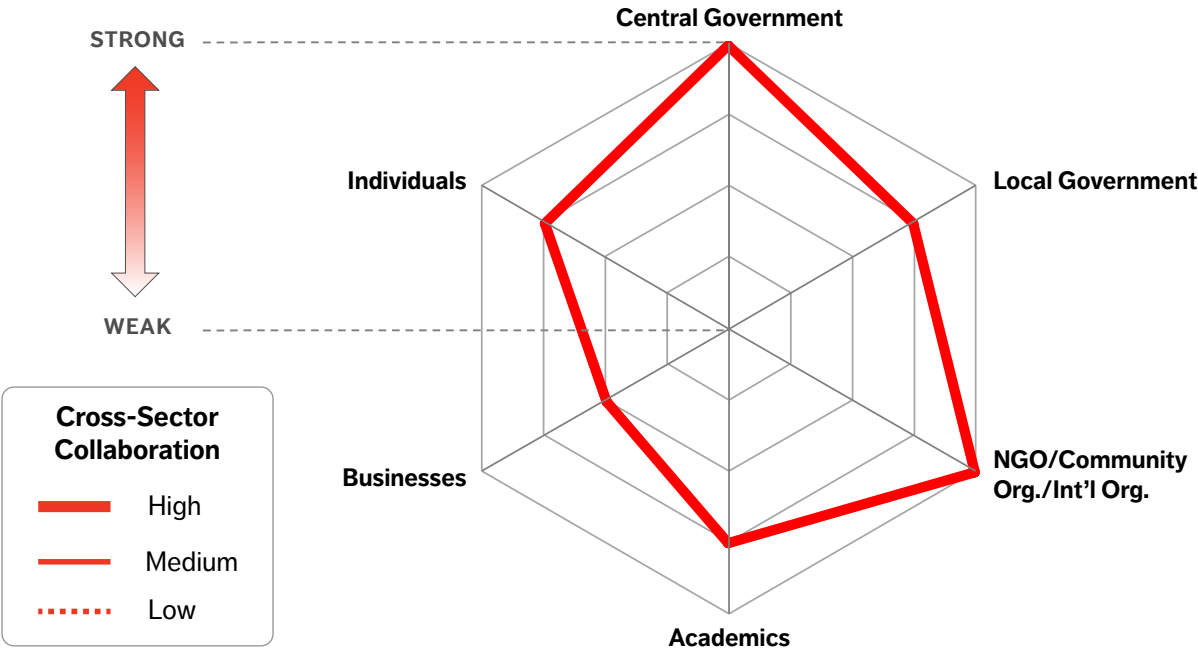
– JORIS SLAETS, Director of Leyden Academy on Vitality and Ageing

adults, provide alternative funding sources for local social initiatives.

Attributes in Aging-Related Innovation

There is no single, dominant, driving force in the Dutch landscape of policy and social innovation. Rather, innovative ideas come from diverse sources and are implemented through collaboration. Although the public sector and nonprofit organizations, such as major interest groups for older adults and informal caregivers (e.g., KBO-PCOB, NOOM, MEZZO) and Alzheimer Nederland, are among the most active—and perhaps the most influential—players, other stakeholders such as individuals, academic institutions, researchers, companies,

Figure 2. Driving Forces of Innovation and Cross-Sector Collaboration



and employees are frequent innovators who capitalize on external support or partnerships to deploy their ideas. As a result, the country has never stopped creating innovative models, ranging from the world’s very first Alzheimer Café in the 1990s to the City Village-South Amsterdam in the 2000s, which was aimed at leveraging mutual support among older adults, and recently to the Age-Friendly Cultural Cities program that began in 2016.

While forms of collaboration vary from project to project, a loose organizational

structure appears to be a preferred and effective model in several national-level, cross-sectoral programs. One successful example, the Long Live Arts initiative, gave its participants, made up of six public and private foundations and major nonprofit organizations, significant autonomy in running projects—with the overall goal of promoting cultural participation among older adults. The Delta Plan for Dementia, the latest national program dedicated to tackling the growing challenge of dementia, is another example. It is operated on a day-to-day basis by a small staff of eight. The

program focuses on building a collaborative platform with a balanced mix of diverse stakeholders to provide networking opportunities for participating members and to foster cross-sectoral collaboration.

Local innovators are known for being practical, with a solution deemed effective only if it is adopted by target users and has impact. This philosophy is reflected in the strong emphasis placed on engaging older adults throughout the development and evaluation phases of innovation. In the Age-Friendly Hospital initiative, focus groups of older adults and family caregivers were involved in the development of qualification criteria in evaluating the performance of hospitals. The funding to promote the development of ICT-based solutions for aging provides another example. ZonMw defines a broad scope of end users, covering not only older adults but also their families, informal caregivers, and care professionals.

As in most countries, monitoring and evaluation require more attention and work. The effectiveness of some social program tends to be the most visible via indicators such as numbers of participants or beneficiaries. Measuring the impact of research-related programs is a greater challenge because it is often in the form of knowledge and takes longer to yield concrete results. Some experts have also warned of a tendency to narrow the focus of evaluation down from effectiveness to simply cost, particularly among not-for-profit social services organizations that tend to face greater financial pressures.

Community Social Infrastructure

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

Technological
Engagement

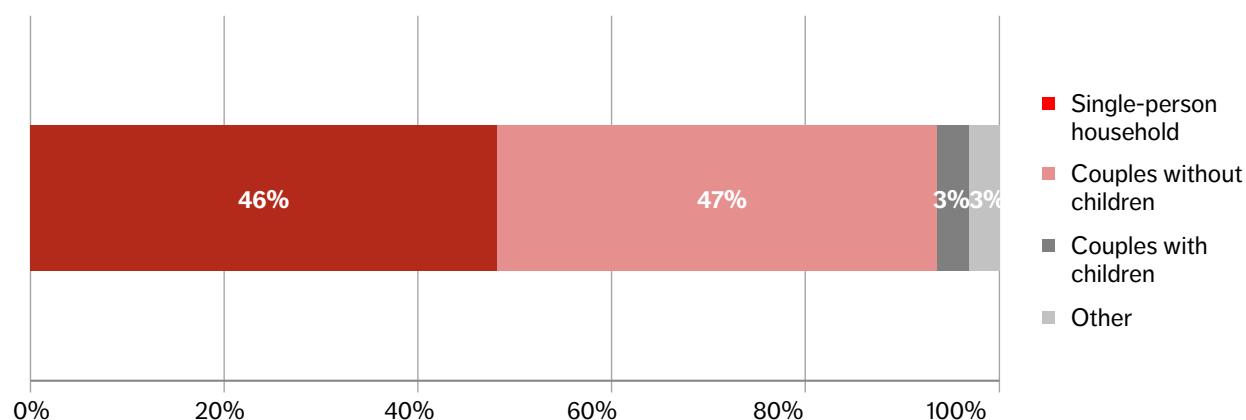
VI

Health Care
and Wellness

Dutch society offers a robust and comprehensive community support system. One of its distinct strengths is the close collaboration between the national and local government and private actors, including NGOs, businesses, and older adults themselves.

As the government shifts away from a system with generous social benefits toward more of a participation society that emphasizes the individual's own responsibility, this supportive system will become increasingly crucial to the ability of older adults to age in place independently and comfortably. While the country is advanced in physical infrastructure and accessibility, there is undoubtedly room for improvement. One growing challenge is the lack of housing with features adapted to the needs of older adults, which has just started to draw political attention and some early efforts.

Figure 3. Breakdown of Households Headed by People Age 65 and Older



Source: CBS

Social Connection

Like in other countries in Western Europe, independence and autonomy are highly valued in Dutch society. This is reflected in the living arrangements of older adults, a majority of whom live independently. As of 2012, 93 percent of older people lived either alone or with a spouse (Figure 3).²²

While relatively independent, older adults in the Netherlands maintain close connections with family and others. As of 2016, one out of four adults age 65 or older had daily contact with family members, and more than half had contact at least once a week. One of five older adults had daily contact with their neighbors.²³ In fact, older adults are as satisfied with their social lives as the

general population. According to Statistics Netherlands, as of 2017, people ages 65 to 75 rated satisfaction with their social lives at 7.8 (out of 10), and those age 75 and older rated it at 7.5 compared with a 7.6 score for the general population.²⁴

Nevertheless, older adults are among the most vulnerable to loneliness, and this risk grows with age. According to 2012 TNS/NIPO research on this issue, almost one-third of the respondents experienced feelings of loneliness.²⁵ The percentage nearly doubles in those age 85 and older.²⁶ This challenge is likely to grow. According to the 2013 Statistics Netherlands report on household projections, single-person households of people age 65 and older in the Netherlands are projected to more than double and reach nearly two million by 2050.²⁷

The country's political shift toward a participation society could also contribute to an increasing risk of loneliness. According to Jenny Gierveld, Emeritus Professor on Loneliness and Family Structure at the VU University Amsterdam, older adults are traditionally less likely to suffer from emotional loneliness than their peers in Southern Europe who have weaker social support. When family members are the primary caregivers for older adults, they tend to be overwhelmed by intensive and time-consuming caring activities, resulting in less emotional engagement. Thanks to the advanced social safety net, family members in the Netherlands are relatively less burdened by caregiving and able to spend more time engaging in exchanges with older adults that leave room for social, rather than simply logistical, interaction.²⁸ However, as the government increasingly emphasizes individuals' responsibility in caring, this emotional connection between older adults and their children could be at risk.²⁹

The growing risk of loneliness has drawn political and societal attention. In the latest 2018 Pact for the Elderly Care (Pact voor de Ouderenzorg), the government acknowledges that loneliness is a "sad and serious threat to the welfare and well-being of older adults." Previously, policymakers had paid attention to loneliness in the general population but not specifically to that in the older population.³⁰ Through the Pact and the subsequent action program One Against Loneliness (Eén tegen eenzaamheid), the government calls on various stakeholders, including NGOs,

municipalities, and businesses, to join forces in preventing and reducing loneliness.³¹

Age-Friendly Cities

As the central government decentralizes responsibility for social support, Dutch municipalities will play an increasingly important role. Already, some cities are at the forefront of cultivating age-friendly communities to support active aging. The Hague and Amsterdam stand out as the first two Dutch cities that joined the World Health Organization's global network of Age-Friendly Cities, in 2014 and 2015, respectively. While specifics vary by local needs, both cities emphasized the engagement of older adults.

The Hague launched the Vitality Awards, an annual competition that invites older residents to share their ideas on how to make the city more age-friendly.³² Submitted initiatives are presented and discussed in every city district prior to the awards ceremony, bringing together various stakeholders and creating opportunities for potential collaboration. In 2016, its first year, the Vitality Awards received 86 initiatives and selected nine winners. Ideas ranged from an age-friendly walking area to social restaurants.³³ Cities in other European countries such as Frankfurt, Germany, are considering replicating this program.

In Amsterdam, the city government has also been innovative in its engagement with older adults to develop and implement

effective solutions. It has undertaken a scientific study focused on how to facilitate older people's socialization by adapting their physical environment. As part of this study, older adults received training on scientific research methods provided by the VU University Amsterdam and the College of Higher Education of Amsterdam (HvA) while participating in the study as co-researchers. They in turn organized neighborhood groups who became actively involved in the adoption of promising solutions emerging from the study, including adapting playgrounds to arenas for intergenerational interaction, broadening footpaths, and increasing the number of benches and restrooms in public spaces.³⁴

“Most of Amsterdam’s older residents are actively voicing their opinions. This experimental pilot project, built on close cooperation with older adults, shows the capabilities of older adults and the successful impact they have on policymaking. In the future, we will continue to engage older adults in the process of policymaking and execution to further build an Age-Friendly Amsterdam,” said Johan Osté, Policy Advisor for Public Health at Municipal Health Services Amsterdam.³⁵

Grassroots Efforts Focused on Social Engagement and Inclusion

In addition to government-led efforts, individuals, nonprofits, and for-profit organizations form a strong, grassroots force to promote active aging. A variety of

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innovative practices have emerged from their efforts, with **the City Village-South Amsterdam** (Stadsdorp-Zuid) among the earliest and best-known initiatives to support active aging.

In 2009, conscious of the policy shift toward a participation society, seven older adults from the South-Amsterdam neighborhood founded the City Village-South Amsterdam to strengthen mutual support among peers. Its initial focus was to hold workshops on topics relevant to those who wanted to live healthy and independent lives. The initiative soon evolved into 14 hobby clubs and a social network of more than 400 members in the area, with subgroups known as Modern Neighborhoods—each consisting of roughly 30 individuals who lived close to each other facilitating mutual assistance when needed. This initiative has been well-received among participants, who

“The secret of the success [of the Stadsdorp-Zuid] lies in its bottom-up approach and the fact that it is organized by older adults themselves.”

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are charged a monthly membership fee of only EUR 7.50 (approximately USD 9). The initiative gained financial self-sufficiency within two years of its launch after initially receiving funds from several organizations, including the RCOAK Foundation, the Sluyterman van Loo Foundation, and the Van Bylandt Fund.^{36,37}

The model has proven so successful that 24 other City Villages have started in Amsterdam, with other countries—like Japan—considering replicating the program. “The secret of the success [of the Stadsdorp-Zuid] lies in its bottom-up approach and the fact that it is organized by older adults themselves,” said Mary van Vucht, a founder of City Village-South Amsterdam. Van Vucht also attributes the model’s rapid replication to flexibility that “allows for easy adaptation of services and activities based on special needs and culture of individual neighborhoods.”³⁸

Promoting Cultural Participation

Tapping into its rich inheritance of artistic works and networks of great art organizations, the Netherlands is at the forefront of promoting cultural participation among older adults. One prominent example is the national initiative of Long Live Arts (Lang leve Kunst). Launched in 2013, Long Live Arts is aimed at breaking the silos between culture, health, and social services. Over the period between 2013 and 2016, EUR 10 million (USD 11.6 million) were invested to sponsor 950 cultural projects engaging 400,000 older adults (Box 1).^{39, 40} Examples of innovative projects include the Van Gogh Museum’s workshops for older adults and the Age-Friendly Cultural Cities program of the Cultural Participation Fund.

Sponsored by Long Live Arts, the **Van Gogh Museum** launched the pilot project of Arts Makes Man—older people meet Van Gogh (Kunst maakt de mens – ouderen ontmoeten Van Gogh) in 2014.⁴¹ Inspired by age-friendly museum practices in the United Kingdom, the museum ran workshops on the life and art of Van Gogh in Amsterdam where it is located, targeting adults age 70 and older who are mentally healthy but who have physical disabilities or a shrinking social network. During the pilot phase through 2017, more than 1,700 older adults participated in 150 workshops on Van Gogh’s artwork.⁴²

Collaboration between the museum and care and social services organizations was

Box 1. Long Live Arts 2013-2017

Long Live Arts was a successful example of the Dutch polder model. It was preceded by a 2012 report released by LESI (National Expertise Center for Social Intervention), which showed the positive effect of cultural participation on the well-being of older adults. Building on this study, a group of private and public foundations and nonprofit organizations founded Long Live Arts, joining forces to promote older adults' cultural participation in a pilot project from 2013 to 2017. A key element of the program's success lies in its relatively loose form of collaboration. Jan Jaap Knol, Director of the Cultural Participation Fund, a participating organization, explains, "Participating organizations were autonomous in determining which activities they wanted to support. We had strong trust in each other and [through this network] we informed the other parties about our goals and decisions on funding. This way, we didn't force joint decision making—except for overhead expense, we didn't have a joint budget." While the initiative officially ended in 2017, participating organizations are currently seeking a way to resume the collaboration.

key to the project's success, as the latter were not only involved in developing the program, but also helped to engage older adults by holding workshops. "From the start, care and welfare organizations were closely involved in the process to deepen our understanding of the life of older adults. We took the time to understand each other and were not afraid to ask difficult questions," said Marthe de Vet, Head of Education and Interpretation of the Van Gogh Museum and the project's initiator.⁴³

A study by the University of Amsterdam on the impact of the pilot project revealed that while more than half of the participants had not been actively involved in artistic or cultural activities previously, 63 percent of the participants indicated an interest

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in culture and wanted to attend more workshops or visit the museum afterward.⁴⁴ Building on the evidence of impact and success, the museum introduced special afternoons for senior visitors on-site in 2018 and now partners with five other museums around the country to give workshops outside of Amsterdam based on the theme of Van Gogh.⁴⁵

Another interesting program emerging from Long Live Arts is the Age-Friendly Cultural Cities program, which is sponsored by the Cultural Participation Fund (FCP).⁴⁶ First started in 2016, the program is aimed at promoting the integration of culture into social services policy by stimulating participation in local cultural events. “We noticed that, at local levels, there was sometimes very little connection between the government’s work in the cultural and the health and welfare areas. Within City Hall, there was a lack of dialogue between civil servants on both sides of the spectrum. So, with a nudge from the WHO’s Age-Friendly City initiative, we came up with this idea of the age-friendly cultural city,” said Jan Jaap Knol, Director of FCP.⁴⁷

FCP has budgeted EUR 520,000 (USD 601,000) for the 2017-2020 period, sponsoring municipalities and cultural institutions that are committed to carrying out a two-year project focused on promoting older adults’ cultural participation. For each individual project, FCP will award EUR 40,000 (USD 46,000), which must be matched by the city.⁴⁸ In addition, every two years FCP awards a prize of EUR 20,000 (USD 23,000) to the

city that has made the greatest progress. The program is gaining momentum. Sixteen cities have participated with projects that engage older people in activities ranging from choir and dance groups to visual arts clubs to crafts, and FCP plans to expand the network to 24 cities.⁴⁹

Physical Infrastructure

The Netherlands has one of the world’s best transport systems. According to the World Economic Forum’s *2017-2018 Global Competitiveness Report*, the Netherlands’ transport infrastructure ranks as the fourth best in the world, after Singapore, the United Arab Emirates, and Hong Kong.⁵⁰ It has one of the world’s densest road networks, and its extensive railway system connects most cities and towns. “The Dutch public transport network is well-developed, thanks to a cultural value that stresses solidarity and equality, as well as traditionally close coordination between transport and spatial planning,” said Bert van der Wee, Professor in Transport Policy at Delft University of Technology.⁵¹

The country also performs better than most European countries in physical accessibility in public transport and spaces. According to a 2012 survey commissioned by the European Commission, the percentage of Dutch respondents who reported either they or family members with disabilities had experienced difficulty taking public transport or entering a building/an open public space were 21 percent and

25 percent lower than the EU average, respectively.⁵² Today, all buses are low-floor, and all rail and metro trains, as well as metro stations, are wheelchair-accessible.⁵³

However, gaps remain. Not all stations for bus, railway, and trams are fully accessible to people with mobility challenges.⁵⁴ In some older public buildings and spaces, barriers like steep staircases still exist, creating challenges for people with disabilities.⁵⁵ Lack of legal mandates and weak enforcement at the local level existed as barriers to improving accessibility. In 2003, the Netherlands enacted a Law on Equal Treatment for People with Disabilities and Chronic Diseases, stipulating equal rights in areas such as access to transportation and housing. However, at the time the law did not legislate public accommodation for hospitals, cultural institutions, restaurants, and other public spaces. And although the government introduced the Order on Accessibility of Public Transportation in 2011 to establish a timeline for achieving accessibility, because local governments are responsible for implementation, there remains significant regional variation.⁵⁶

Due to prolonged debates and evaluation of its potential legal and economic impact, Dutch lawmakers finally ratified the U.N. Convention on the Rights of Persons with Disabilities in 2016 to improve accessibility—nearly 10 years after having signed the Convention. The ratification obligated both public and private sectors to extend coverage of equal accessibility to all public buildings and businesses effective January 2017.^{57 58}

While significant progress has been made in public transport and spaces, lack of housing with accessibility is a growing challenge and is beginning to gain attention. Since 2013, the government has gradually increased eligibility criteria and reduced subsidies for older adults to live in residential care homes, leading to the closing of many facilities. While an increasing number of older adults age at home, many apartments and houses lack age-friendly features—and associated retrofit costs are high. As of 2013, an estimated 67,000 houses and apartments needed to be retrofitted to accommodate older adults.⁵⁹

This challenge is particularly severe in rural areas. “In urban areas, the housing market is more fluid, so older adults can more easily sell their houses and then build new accessible houses. In rural areas, however, there is a large surplus of houses in general, so building new accessible houses is not lucrative for developers. Furthermore, the proportion of older adults with low incomes in rural areas is higher, and many older adults are not able to co-pay the retrofit costs despite government subsidies,” said Susanne Lipsch, Program Manager of Housing and Reform of Regio Parkstad.⁶⁰

Moving forward, stronger policy action and enforcement is needed to tackle this challenge. An encouraging sign is that the government recently acknowledged the housing challenge for the first time in the 2018 Pact for the Elderly Care, calling for stronger action at the municipal level.⁶¹

Productive Opportunity

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

Technological
Engagement

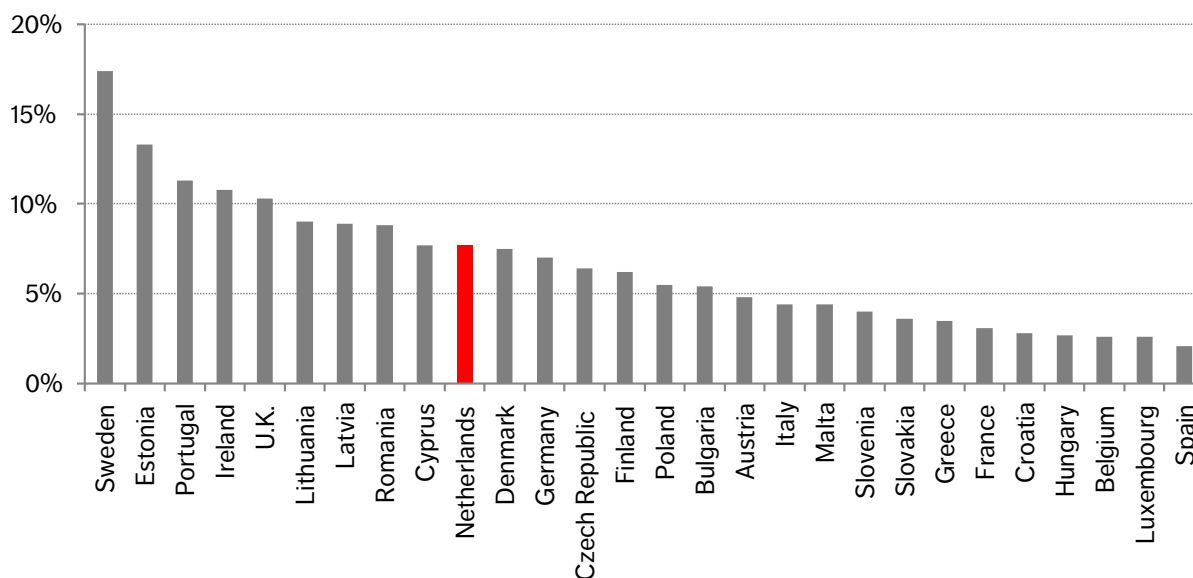
VI

Health Care
and Wellness

In recent years, the Netherlands has been among the developed economies that have made the greatest progress in promoting the older population's productive participation.

Over the past decade, the labor force participation (LFP) rate of people age 65 and above rose 58 percent, twice as fast as the OECD average.⁶² To tap into the productive potential of older adults and to enable those who wish to work longer, the government has adopted a holistic approach. When the government increased the age for public pension eligibility, it also removed legal obstacles to postponing retirement and provided job placement assistance. While national laws and government initiatives have been central, effective tripartite dialogues have also played their part. Despite recent progress, the LFP of older workers is still well below the OECD average, suggesting room for growth. A greater effort is needed in areas such as age discrimination and sustainable employability.

Figure 4. Labor Force Participation Rate, Age 65 and Older, in 2017



Source: ILO Statistics

Labor Force Participation

The LFP of older people in the Netherlands is relatively low, but growing. In 2017, 7.7 percent of people age 65 and older were active in the labor market. In line with the high prevalence of part-time work in the Netherlands, more than 80 percent of them worked part time.⁶³ Although higher than most EU countries (Figure 4), the country’s participation rate was just slightly more than half the OECD average.⁶⁴ However, the LFP rate has grown remarkably, to nearly triple the 2000 level.

This marked increase in the LFP is partly a result of retirement and pension reforms. In 2005, the Netherlands started to phase out pre-pension benefits that encouraged early retirement. Driven by fiscal concerns, the government also began to raise the pension age for the basic old-age, or state, pension from age 65 in 2013. As a result, the pension age will reach 67 by 2021, after which it will be linked to life expectancy.^{65,66} In the Netherlands, employment agreements and collective bargaining agreements commonly provide that work contracts terminate at the state pension age. Most open-ended collective labor contracts also effectively end when the state pension age is reached.⁶⁷ As such, the increase of

the pension age has a direct impact on extending the stay of older workers in the labor force.

The reforms have also promoted a change in society's attitude toward early retirement and greater societal acceptance of working later in life. A 2016 study by the Netherlands Organization for Applied Scientific Research (TNO) revealed that 90 percent of respondents are open to the idea of working beyond the retirement age.⁶⁸ According to the 2017 Aegon Retirement Readiness Survey, the top two reasons to continue working in retirement were "I want to keep active/keep my brain alert," cited by 50 percent of the respondents, and "I enjoy my work/career," cited by 36 percent of respondents.⁶⁹

Financial need remains a major incentive to stay active in the labor market even though the Netherlands has the lowest poverty rate among older populations within the OECD.⁷⁰ Only 3.1 percent of those age 66 and older fell below the poverty line—defined as 50 percent of median income after taxes and transfers—in 2016.⁷¹ This low poverty rate is primarily attributable to the three-pillar pension system: a flat-rate state pension, a high coverage of 90 percent of the labor force by quasi-mandatory⁷² occupational pension schemes,⁷³ and individual savings. As a result, pension in retirement relative to earnings when working is 97 percent, far above the OECD average of 63 percent.⁷⁴ Still, financial concerns were cited by 66 percent of respondents in the 2017 Aegon

survey as important reasons for continuing to work in retirement.^{75,76}

A potential future challenge is the growing number of self-employed people (ZZP'ers or zelfstandige zonder personeel), which could result in a large population of future retirees who are not financially prepared because they lack an occupational pension. Over the past decade, the number of ZZP'ers has increased by nearly 40 percent, either by choice, due to a desire for autonomy or a need for flexibility; by type of profession such as those in the arts or film; or forced by contract arrangements.⁷⁷ Among ZZP'ers, it is estimated that as many as 40 percent do not save enough through individual pension schemes.⁷⁸

Despite the growing interest in working longer, older adults are facing a variety of barriers, particularly with employers. Like other countries, the Netherlands is not immune to widespread ageism. The stereotype of productivity decline in older adults is coupled with the perception of higher costs of employing older workers—due to a system linking wages to seniority in most labor agreements. As a result, employers are not only concerned about a gap between wages and productivity that may grow with age,⁷⁹ but they also view stringent restrictions on dismissals as a disincentive to hire older workers.⁸⁰

New efforts are underway to facilitate the participation of older adults in the labor market. A longstanding tradition of

broad social consultation, negotiation, and agreement has contributed to effective social dialogue. In turn, this has enabled policymaking that serves mutual interests and facilitates policy implementation. There are now two major agreements that are guiding action by the government and social partners:

- The Policy Agenda 2020 (Beleidsagenda 2020), an agreed-upon roadmap introduced in June 2011 by the organizations of employers and employees that is supported by the government. It is aimed at promoting participation and employability of older workers age 55 and above.⁸¹
- The 2013 Social Agreement reached between the government, employer associations, and trade unions. This agreement proposes short- and medium-term measures to boost employment while ensuring social protection. They include tackling unemployment among older workers and modernizing the system of protection from dismissal.⁸²

As a result, a range of new laws, government programs, and labor contract practices have helped remove obstacles to working beyond the state pension age, assisting older jobseekers in job placement, and sustaining the employability of older workers.

Encouraging Retention and Hire of Older Workers

Following the 2013 Social Agreement, the government took major steps to reform employment protection legislation, mainly through the Work and Security Act effective July 2015 and the Working after Retirement Age Act effective January 2016.^{83,84} Measures include:

- Easing the restrictions on dismissal of older workers;
- Facilitating the hiring of older adults under temporary contracts; and
- Reducing risks related to employing older adults.

By minimizing disincentives for employers to retain and hire older workers, the reform has enabled older adults to continue working beyond their pensionable age if they wish to. Between 2015 and 2017, the LFP rate of adults ages 65 to 69 increased nearly 10 percent.⁸⁵

Under the Work and Security Act, it is easier for employers to dismiss older employees and shift them immediately to a temporary contract. Employers are allowed to terminate employment contracts at or after the state pension age, with no need for a permit from the local court or the Dutch Employee Insurance Agency (UWV), the government agency responsible for public employment services.⁸⁶ While previously

an older worker could not be rehired by the same employer until six months after retirement, now a temporary contract with the same employer can be signed immediately.

Through the Working after Retirement Age Act, new measures were put in place to reduce the risk to employers when retaining and hiring people beyond the state pension age. When an older worker becomes ill, employers must pay up to 13 weeks of wages, a fraction of the two years of wages required prior to the Act's adoption. The Act also extends the period for employers to hire older workers under temporary contracts changing it from three times consecutively for up to two years to six times consecutively for up to four years.

Job Placement Assistance

Following through on the 2013 Social Agreement, the government has strengthened job placement assistance, especially for older jobseekers who have been unemployed for more than a year. Older workers are more likely to fall into this category. In 2017, of unemployed people age 55 and older, 66 percent had been unemployed for longer than a year, a far higher number than that of the general population at 37 percent.

In October 2013, the government introduced its two-year Action Plan 55+ Works (Actieplan 55PlusWerkt) to assist jobseekers age 55 and older with job

placement. The next year, the Plan was expanded to age 50 and older under the name of Action Plan 50+ Works, with a funding increase to EUR 100 million (USD 116 million).⁸⁷

The UWV led these programs and developed several innovative practices. The most successful was the Network Training program that convened older people to coach each other in presentation skills, networking with potential employers, and other job-seeking skills. By empowering older jobseekers, this program lifted the success rate of job placement—42.5 percent of participants found a job within 12 months, compared with 38 percent of those who didn't participate in the coaching program. The training was also cost-effective, as the costs were more than offset by savings on unemployment benefits.⁸⁸ As a result, the model has now also been adopted for younger jobseekers.⁸⁹

Building on the success of Action Plan 50+, the government introduced a new program called Perspective for 50+ for the years 2017 and 2018 with funding of EUR 68 million (USD 79 million). This new Plan continues projects such as Network Training, but also adds measures that focus on those vulnerable to long-term unemployment, providing programs giving mid-career development advice to employees who lack an understanding of what skills are in demand in the labor market or educating employees on the need for education and mobility.⁹⁰ Novel programs such as the Crafts Academy (Box 2)^{91,92} are also

Box 2. Crafts Academy (the Ambachtsacademie)

The Crafts Academy provides an interesting model to match the supply of older workers with the market demand. The program was just established in February 2018 by the UWV in partnership with Crafts Academy, an organization that seeks to support small-scale crafts enterprises and sectors. The project is intended to connect the supply of older jobseekers with the demand for craftspeople in society. It is projected that 450,000 new craftspeople are needed in the Netherlands through 2025. With a grant of EUR 2 million (USD 2.3 million) from the government, the Crafts Academy offers a two-year training program to 200 unemployed people age 50 and older. The training is offered at a minimum cost to participants of only EUR 250 (USD 290). As craftspeople are often self-employed, courses include entrepreneurship. While still at an early stage, the Crafts Academy is looking to expand to open its doors to adults age 18 and older in the future.

underway, with an impact assessment to be carried out in 2019.

Sustainable Employability

As people stay longer in the labor force, growing attention is being paid to sustaining their employability. This is considered a shared responsibility of employers and employees and is supported by the government. As stated in the Policy Agenda 2020, “Employers *and* employees must make an effort to find common ground and create a situation in which it is normal for both groups to provide their best efforts so that employees remain healthy, motivated and employed.”⁹³ At the initiative of trade unions, innovative new practices such as the Generation Pact have been developed

to help augment the well-being of older workers to sustain their employability. A stronger commitment by employers and government will be needed in this area.

The Generation Pact is a set of clauses included in collective labor agreements that allow for a reduction in the working hours of older employees while creating new permanent positions for younger people. Initiated in 2012 by FNV, the largest Dutch trade union confederation, the Generation Pact has since gained traction and has been adopted in 40 collective labor agreements within many sectors including the metal industry, hospitals, and government-related institutions.⁹⁴

The Pact is typically designed to allow older workers to work fewer hours several years before retirement while still receiving a

Box 3. HOVO (Higher Education for Older People or Hoger Onderwijs voor Ouderen)


Established in the 1990s, HOVO is a product of collaboration between the older people's interest group KBO-PCOB and Dutch colleges and universities to provide education to people age 50 and older. HOVO courses cover a wide range of topics, including economics, science, law, and art. They usually require no prior education and involve no study requirements or mandatory exams. Each participating education institution has a program committee to evaluate the quality of HOVO courses, recommend professors, and arrange classrooms. Through a network of academic and education institutions around the country, HOVO provides more than 100 courses at 30 locations, with 10,000 older adults participating each year.

salary and employers' pension contribution. Meanwhile, young people are hired under permanent contracts to compensate for this reduction. For example, based on the 2015 collective labor agreements between FNV and Dutch municipalities, adults age 60 and older working at the municipality in the Hague would work only 60 percent of their normal hours, were paid 80 percent of their normal salary, but received 100 percent of their pension contribution with a provision that new permanent jobs would be given to younger people.⁹⁵

Experts speak highly of the Generation Pact because of its manifold benefits, including enabling older workers to stay longer and healthier in the workforce, creating new jobs for young people, and facilitating the transfer of experience and wisdom across generations.⁹⁶ But moving forward, “the

growing population of older workers could lead to stricter eligibility, which could be limited to those working in shifts or labor-strenuous positions,” according to Sam Groen, a policy advisor at FNV.⁹⁷

While an increasing number of employers have accepted the Generation Pact, efforts by employers to develop sustainable employability still fall short. According to Tom Plug, Lead of HR Strategy and Innovation at the major Dutch telecom company KPN, “Policies aimed at encouraging sustainable employability are not directly related to the core business of most employers and are thus among the most vulnerable to budget cuts.”⁹⁸ Plug suggested that government mandates—like the required quota of women executives in management—could be helpful in addressing this issue.



“Policies aimed at encouraging sustainable employability are not directly related to the core business of most employers and are thus among the most vulnerable to budget cuts.”

– TOM PLUG, Lead of HR Strategy and Innovation at KPN

The government has been promoting lifelong learning by providing low-interest student loans, but these exclude many older adults as they are available only to adults between the ages of 30 and 55. Some NGOs, such as HOVO (Hoger Onderwijs voor Ouderen), are working to fill the gap (Box 3).^{99,100} Despite its success, HOVO is facing challenges due to recent new policies. In 2016, the Netherlands began imposing a 21 percent value-added tax (VAT) on education for older adults, which is categorized as a luxury service, driving up the costs for older adults taking advantage of the program. The government also aims to cut its education budget by EUR 49.4 million (USD 58 million) from 2018 to 2021 starting with EUR 5.4 million (USD 6.2 million) in 2018, in effect undermining the ability of institutions of higher learning to provide courses for older adults.¹⁰¹

Technological Engagement

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

**Technological
Engagement**

VI

Health Care
and Wellness

The Netherlands boasts both the largest high-speed broadband connectivity among EU countries and the highest level of internet access at home.¹⁰²

The country also has among the most digitally savvy older populations. As such, the Netherlands is competitively positioned to capitalize on the power of digital technology to support the aging population. To take advantage of this opportunity, the Dutch government has been keen to promote ICT-based solutions for aging, and after early success it is increasingly focused on achieving scale. The government has fallen short in improving online accessibility due to lack of political awareness, but interesting practices are emerging from the business sector.

Digital Diffusion and Inclusion

Older adults tend to be more active digital users than their peers in other countries. In 2017, 81 percent of adults ages 65 to 74 used the internet at least once a week, compared with an EU average of 48 percent. Dutch usage rate was the third highest within EU countries—after only Luxembourg and Denmark.¹⁰³ The age-based digital divide is also relatively small. In 2017, the differential between internet usage rate for adults ages 65 to 74 and the general population was 13 percent in the Netherlands—less than half of the EU average.¹⁰⁴ Older internet users most often go online for email, information about goods and services, and internet banking.

Despite their high digital penetration, older adults remain more vulnerable to digital exclusion than the younger population, due to the greater challenge they face in keeping up with rapidly advancing technology and the reduced use of traditional, offline forms for information and service provision.

As of 2017, 12 percent of adults age 65 and older still had no access to the internet.¹⁰⁵ Even among older people who use the internet, 72 percent have experienced difficulty or expect to have difficulty in keeping up with new technologies.¹⁰⁶ To ensure that older adults are included in the benefits of technological advancement, NGOs like Seniorweb have been a force in improving digital skills. Since 1996, Seniorweb has provided digital training to its 150,000 members in the form of classes,

“Government services such as care allowance, housing benefits, and unemployment benefits are segregated in different agencies that each developed their own portals independently. This results in a confusing design.”

– ANNE VAN DER GEE, Project Manager at
Ministry of Internal Affairs

home-based monitoring, and journals, leveraging a national network of 415 local branches and 2,900 volunteers.¹⁰⁷

The risk of digital exclusion can be exacerbated as digital platforms increasingly replace traditional information and service formats. The Dutch government has been seeking to capitalize on ICT to improve administrative efficiency and cut spending, particularly since the latest economic recession. Ironically, e-government platforms could make it more difficult for older adults with lower educational attainment and digital literacy to access government services, while they are part of the group most in need of government assistance.

The fragmentation of digital portals across government departments has also caused difficulty for users. “Government services such as care allowance, housing benefits,

and unemployment benefits are segregated in different agencies that each developed their own portals independently. This results in a confusing design, and citizens do not know where to go,” said Anne van der Gee, Project Manager at the Ministry of Internal Affairs.¹⁰⁸

Indeed, 47 percent of older internet users reported in a 2016 survey by KBO-PCOB that they would face serious problems if services were offered only online.¹⁰⁹ The Ministry of Internal Affairs even launched the digital toolbox “Just Accessible” in 2013 to test the digital accessibility of local and national governmental websites, but the program was ended in 2017 due to a lack of interest from governmental institutions.¹¹⁰

Even though efforts to improve website design have yielded limited results, the government is seeking to leverage existing networks for providing on-site assistance to help digitally illiterate people—including older adults—to navigate e-government services. Starting in 2016, the Dutch Tax and Customs Administration allocated EUR 1.9 million (USD 2.2 million) to the Digisterker Training program (Digistronger). In collaboration with the Digisterker Foundation and the country’s library network, Digistronger offers courses teaching people how to use e-government with the help of volunteers. The funding is specifically used for training and helping people to file taxes online. Of the 155 libraries across both urban and rural areas, 87 percent participate in this program.^{111,112}

The most encouraging effort to help overcome online accessibility for older people comes from the private sector via Rabobank, one of the biggest banking and financial services companies in the Netherlands. The Netherlands has the fourth highest usage rate of internet banking among people ages 55 to 74 within OECD, after Norway, Denmark, and Sweden.¹¹³ To meet older adults’ interest in—and need for—internet banking, Rabobank works with Seniorweb to offer an online simulation program to teach users how to navigate internet banking, hold workshops, and manage education web pages on safe banking. In addition, it has developed online e-readers with larger fonts and buttons, and it has added a voice function to ATMs. The bank has also trained its staff to conduct home visits to older customers who request help with internet banking. This approach of combining online and offline assistance has been well-received by older users.¹¹⁴

Information and Communications Technology for Aging

With its advanced ICT infrastructure and digitally savvy population, the Netherlands is well positioned to harness the power of technology to support active, healthy, and comfortable aging. As is the case in other markets, the Dutch private sector has been slow to respond to this business opportunity, with the government leading the effort to promote the development of ICT-driven solutions and non-governmental players joining the effort in recent years.

In the Netherlands, ICT for aging is largely embedded in the government's broader strategy for e-health development—an attempt to improve the quality of health care and support the growing older population through digital technology. To boost the availability of e-health in the health system, the government stepped up its efforts in 2014 by establishing three specific targets for the following five years:

- By 2019, 80 percent of people with chronic diseases should have access to online medical data;
- Seventy-five percent of frail older adults and chronically ill people should be able to monitor certain aspects of their own health—such as blood pressure and cholesterol levels—and share the data with health care professionals; and
- All people receiving support and care at home should be able to contact health care professionals online, 24 hours a day.¹¹⁵

The government's push has helped to stimulate market development. Revenues in the Dutch e-health market have more than doubled to over USD 100 million between 2014 and 2017. Heart-failure-related products account for the largest segment, covering over one-third of the market.¹¹⁶ However, there is still a long way to go to reach those objectives. As of 2016, for example, only 30 percent of hospitals provided online access to medical data.¹¹⁷

With the goal of stimulating innovation of ICT-based solutions for e-health

development, the government has focused on addressing barriers on the supply side. “Most market strategies of non-age-related products still focus on the middle-aged couple with children, even though the largest age group in the Dutch population is made up of older people who are on average the wealthiest,” said Edward Kenning, the author of *Grey Oceans*.¹¹⁸

Companies in the tech sector often ignore this group in their marketing due to stereotypes that older people cannot or do not want to use e-health products or services.¹¹⁹ Moreover, those who do attempt to target the older population often fail due to a lack of understanding of this consumer. “Even when realizing the true demand of older people, tech developers may not be able to develop products that are suited to their digital literacy or bypass physical constraints that many experience,” according to Yvonne Witter, an advisor at Knowledge Center on Care and Living.¹²⁰

To bridge this gap, the government has established various initiatives to fund innovation. A prominent example is built on the EU AAL Joint Program (Box 4). Since its launch in 2008, the Dutch government has actively participated in the EU AAL program, taking advantage of this international cooperation opportunity to develop and market ICT solutions for aging. Geja Langerveld, AAL Program Manager at ZonMw, commented, “For small countries, the market can be too small to become commercially attractive. The joint program can help increase the attractiveness [by] creating solutions that are more

“We don’t talk so much about technology because it’s hardly ever just technology. It’s always about technology supporting some interaction or some unique programming, etc., and technology embedded in services. [So] we talk about solutions.”

– GEJA LANGERVELD, AAL Program Manager at ZonMw

easily transferred to other countries. The program also helps address the issue of interoperability, as it’s easier to work on these issues together with all countries, rather than trying to solve them on your own.”¹²¹

The AAL program has paid early dividends in the Netherlands. From 2008 to 2016, the Dutch government invested EUR 15 million (USD 17 million) into 71 AAL projects that involve Dutch partners through ZonMw, with a joint investment of EUR 180 million (USD 208 million). A total of 140 Dutch partners were involved in these projects, including 41 Research and Development organizations, 36 Small and Medium Sized Enterprises, and 53 care and other organizations for older adults.

The AAL program’s success can be attributed to the emphasis on creating

market-ready solutions and engaging end users throughout the process. These elements were built into the EU program framework but adapted to the Dutch context. “We don’t talk so much about technology because it’s hardly ever just technology. It’s always about technology supporting some interaction or some unique programming, etc., and technology embedded in services. [So] we talk about solutions,” said Langerveld.¹²²

Projects under the EU framework usually come to market within three years of their funding, but ZonMw has shortened the duration to two years since 2015.¹²³ To promote the creation of solutions that meet market demand, the EU eligibility criteria require at least one end-user organization to be involved in the consortium applying for funding. The Dutch AAL program specifies a broad definition of an end user by including older adults, their families, informal caregivers, and care professionals.¹²⁴

Even with early successes, scaling up innovative solutions remains a key barrier. A lack of awareness of the value of the solutions between older adults and care professionals is part of the challenge.¹²⁵ In response, ZonMw added a new requirement in the 2015 national eligibility criteria that at least one Dutch end-user organization act as a launching customer of the AAL solution.¹²⁶ In 2016 it further required end-user organizations to include a significant number of users.¹²⁷

“End-user organizations that participate in the AAL program often deliver inputs

Box 4. EU Active and Assisted Living (AAL) Joint Program

The EU AAL program was designed to foster the development of innovative ICT-based solutions for aging well and to strengthen industrial competitiveness, particularly among small and medium-sized enterprises (SMEs). The first period covered 2008 to 2013, and the second period runs from 2014 to 2020. Currently, 19 states participate in the program, together with the European Commission (EC). The program provides funding to help finance selected proposals—a maximum of EUR 500,000 (USD 578,000) per project as of 2018, split between a partner state and the EC—approximately EUR 45 million (USD 52 million) in total every year. Minimum eligibility criteria are set at the EU level while specific national eligibility criteria vary by country. To apply for funding, a proposal must be submitted by a consortium consisting of independent organizations from a minimum of three different AAL partner states, including at least one SME, one end-user organization, and one business partner. Since 2008, more than 200 projects have received funding covering chronic diseases, mobility, daily life activities, and dementia care.

for the project’s development but not necessarily customers of the solutions when the project is completed. From the Netherlands’ perspective, we are trying to create a high level of commitment from end-user organizations so that they really help develop solutions that they would like to offer to their own members or clients,” said Langerveld. Because most projects that have received funding since this change are new, its effectiveness remains to be seen.¹²⁸

In addition to the government, academia is a growing player in cross-sectoral efforts of e-health development. One innovative project is National e-Health Living Lab (NeLL). NeLL was launched in March 2018 with a particular focus on ensuring that older adults can benefit

from technology advancement. Initiated by experts at the Leiden University Medical Center, NeLL seeks to build a national platform that engages academia, research institutions, businesses, and consumers to collaboratively develop better e-health products and services for vulnerable groups—including older adults, people with chronic diseases, and those with low literacy. Participants include 87 entrepreneurs or start-ups, five health care organizations, and three interest groups of older adults. NeLL also evaluates e-health solutions based on their effect on health improvement as well as time- and cost-efficiency in an effort to inform government decisions on what to cover with basic insurance.^{129,130}

Health Care and Wellness

I

Overview

II

Ecosystem for
Policy and
Social Innovation

III

Community
Social
Infrastructure

IV

Productive
Opportunity

V

Technological
Engagement

VI

Health Care
and Wellness

The Netherlands is one of the world's most generous spenders when it comes to its citizens' health and wellness.

It boasts one of the world's best health care and long-term care (LTC) systems and is at the global front line in battling dementia. In recent years, the government has been working on reforming the LTC system to pursue fiscal sustainability and improve the quality of care. As reforms shift the focus from residential care to home-based care, immediate and stronger action is needed to strengthen support for informal caregivers, and improvement is needed to accommodate the special needs of older adults—in particular, older migrants.

Health Status and Health Care System

Older adults are living longer, but the gap between life span and health span is widening. As of 2016, an average person at age 60 was expected to live another 24 years, 2.6 years longer than in 2000, but the healthy life expectancy at age 60 increased by only two years to 18.9 years.¹³¹ Similar to their peers in other countries, the major health risk older adults face is chronic disease. Dementia, stroke, lung cancer, coronary heart disease, and heart failure were the top five causes of death in 2016.¹³² The prevalence of chronic disease in adults ages 65 to 74 is 62.9 percent, and for those 75 and older, it is 79.1 percent.¹³³

The Dutch health care system is generally accessible, affordable, and of good quality. The average distance from households to a general practitioner (GP) center is 1 kilometer or 0.6 mile.¹³⁴ Thanks to the introduction of a unified compulsory health insurance scheme in 2006, nearly 100 percent of the country is covered by public insurance today, with affordable access to essential health benefits, including care by a general practitioner, hospital care, and home nursing care.^{135,136} In a 2013 EU-wide survey on patient safety and quality of care, 91 percent of respondents in the Netherlands rated the Dutch health care system “good,” the fifth highest among 28 EU countries (after Belgium, Austria, Finland, and Malta).¹³⁷

“The health care system is not yet ready for the aging population. It is designed for patients with a single disease and not for patients like older adults who have multiple [chronic] diseases.”

– GERARD JAN BLAUW, Professor of Internal Medicine, Bronovo Hospital, The Hague

However, according to Gerard Jan Blauw, Professor of Internal Medicine, Bronovo Hospital, The Hague, “The health care system is not yet ready for the aging population. It is designed for patients with a single disease and not for patients like older adults who have multiple [chronic] diseases.”¹³⁸ To address this issue, experts are calling for restructuring the system and centering care around the needs of patients, which would require close collaboration among the government, health care insurers, GPs, hospitals, and medical specialists.

While developing a patient-centered system requires structural reforms, the short-term effort focuses on “low-hanging fruit”—developing an age-friendly health care environment. According to a 2010 report by the Royal Dutch Medical Association (KNMG), one-third of older patients

“As both older adults and health care professionals are closely involved throughout the process, the qualification criteria are well supported by these key stakeholders. More importantly, the quality label was developed with older people and not just for them.”

– ELLEN WILLEMSSEN, Policy Advisor of KBO-PCOB

functionally deteriorated after hospital admission because their needs were not fully met.¹³⁹ To improve care quality for older adults, two interest groups for older people (KBO-PCOB and NOOM), together with Dutch Society of Obstetrics and Gynecology launched the Age-Friendly Hospital initiative in 2012 that awards an “age-friendly” label to qualified hospitals.

In developing qualification criteria, an evidence-based approach was adopted, and key stakeholders—including older adults—were engaged throughout the process. Focus groups were held to better understand the needs of older adults and family caregivers, with retired and current health care professionals working to identify effective indicators. The collaborative work led to a set of standards that covered 14 aspects of quality—such as the availability of a medical team specialized in geriatric

care and the continuity of care after hospital discharge.¹⁴⁰

The initiative has achieved great success. Since 2013, the number of Age-Friendly Hospitals has grown by nearly 40 percent, reaching 63 as of 2017, that number accounting for more than half of all Dutch hospitals.¹⁴¹ “As both older adults and health care professionals are closely involved throughout the process, the qualification criteria are well supported by these key stakeholders. More importantly, the quality label was developed with older people and not just for them,” said Ellen Willemsen, KBO-PCOB Policy Advisor who has been very involved in the initiative.¹⁴²

While programs like Age-Friendly Hospitals can help improve the general care services available to older adults, the health and wellness of older migrants remains a growing challenge for Dutch society, demanding special attention. As of 2017, first-generation immigrants accounted for 12 percent of the population with 60 percent coming from non-Western countries.¹⁴³ Non-Western immigrants are more likely to find themselves in a vulnerable socio-economic status so they tend to face more severe health issues as they age. As of 2016, 22.1 percent of those with a non-Western immigration background fell into the low-income category, compared with 8.4 percent for those with a Western immigration background and 4.3 percent for indigenous Dutch.¹⁴⁴

“The Dutch government had not expected that people with a migrant background would age in the Netherlands and did not design policy targeting this group, who, due to their cultural background have different care and support needs.”

– LUCIS LAMEIRO GARCIS, Coordinator of NOOM

The Dutch health system is not yet prepared for this demographic shift. “The Dutch government had not expected that people with a migrant background would age in the Netherlands and did not design policy targeting this group, who, due to their cultural background have different care and support needs,” said Lucis Lameiro Garcis, Coordinator of NOOM.¹⁴⁵

An early effort is just now being made to address this challenge. The government allocated at least EUR 2 million (USD 2.3 million) to ZonMw to fund research projects that are focused on understanding the impact of cultural and ethnic differences on the health and care needs of immigrants to inform health policymaking.¹⁴⁶

Long-Term Care

The Dutch LTC system is well developed and provides generous services. The Netherlands is the largest spender on LTC among OECD countries—as of 2015, its LTC expenditure amounted to 3.7 percent of its GDP, more than double the OECD average of 1.7 percent and 85 percent higher than that of Japan—the world’s most aged society.¹⁴⁷ Long-term care is largely publicly funded, with a statutory health insurance scheme in place to provide financial protection for those who need residential care.

“The Netherlands is among the countries with the best long-term care systems. There is a close collaboration between science and practice resulting in continuously improving long-term care,” said Wilco Achterberg, Professor of Institutional Care and Elderly Care Medicine at Leiden University Medical Center.¹⁴⁸

Indeed, the Netherlands established geriatric medicine as a medical specialty in 1990 and became the first country in the world where nursing homes hired physicians trained on geriatrics on a permanent basis. Students training in geriatric medicine are required to work in GP offices or nursing homes for three years before they become specialists, thereby facilitating the collaboration between practicing physicians and academic researchers.¹⁴⁹

“The Netherlands is among the countries with the best long-term care systems. There is a close collaboration between science and practice resulting in continuously improving long-term care.”

– WILCO ACHTERBERG, Professor of Institutional Care and Elderly Care Medicine at Leiden University Medical Center

As the population ages, growing LTC demand has put a strain on fiscal sustainability, leading to the latest overhaul of the LTC system. Over the 2005 to 2015 period, expenditure for LTC grew at an annual rate of 2.9 percent.¹⁵⁰ To ensure long-term sustainability and to improve quality of care, the government launched an LTC reform that came into effect in 2015. With the aim of cutting LTC costs through this reform, the government put greater emphasis on the responsibility of individuals and family members by encouraging people to stay self-sufficient for as long as possible. At the same time, its stated objective is to better align LTC with the needs and desires of care recipients.¹⁵¹

The new Long-Term Care Act was enacted to regulate residential care. It has tightened the eligibility criteria for residential care and limited it to those who need permanent supervision or care all day due to functional or mental limitations. Previously, the

eligibility criteria were broad enough to cover many who could have stayed at home with adequate care.

Meanwhile, non-residential care, including domestic care, medical supplies like wheelchairs, and transportation facilities, have been decentralized to municipalities under the new Social Support Act 2015. Because municipalities are considered to be in a better position to identify local needs and to provide tailored services, this shift is aimed at improving the quality and coordination of support and care provision. With dedicated funds available, municipalities now have the freedom to organize care by assessing a patient’s needs and then determining the type and extent of support to be provided.

Although intended to improve care quality, decentralization has led to unequal access among citizens across regions to the benefits provided under the Social Support Act. This has raised concerns that it runs counter to the egalitarian culture in the Dutch health system, but experts interviewed in this study are less worried. “Indeed, there will be differences in support offered and care across the country because care needs differ by region. We should embrace this variation. [Meanwhile] we should connect at the national level and learn from each other,” said Ronnie van Diemen, Inspector-General of the Netherlands Health Care Inspectorate.¹⁵²

Nevertheless, some experts noted a possible challenge for the central government’s supervision and control of

the quality of care. “Decentralization leads to fragmentation of the information on specific expenses, the number of people served versus the number of people in need of social support, and the effectiveness of the provided support, which in turn makes it difficult for the central government to guarantee the accessibility and the quality of the support provided,” said Debbie Verbeek, a scientific researcher of elderly care and informal care at the Social and Cultural Planning Office.¹⁵³

Informal Caregiving

As an increasing number of older adults live and receive care at home because of the latest LTC reform, support for family or informal caregivers is gradually being strengthened. As of 2016, 14.2 percent of those age 19 and older provided informal care,¹⁵⁴ and more than 10 percent of informal caregivers were overburdened.¹⁵⁵ The stress is even greater for those caring for people with dementia. As presented in the report *Dementia Informal Care Monitor*, 54 percent of informal caregivers are overloaded, and one out of six is extremely overloaded.¹⁵⁶

The government is stepping up efforts to support informal caregivers, particularly at the national level. Starting from October 2014, house extension to accommodate people who provide or receive informal care no longer requires the usual planning permits.¹⁵⁷ Eligibility criteria for LTC leave were eased in July 2015. Previously, only partners, children, or parents of individuals

who have a terminal illness were eligible for unpaid, long-term leave to care for their loved ones. The scope of eligible individuals was extended to those within the social network (e.g., family members, neighbors, and friends) of an individual who needs LTC, regardless of whether they are terminally ill. However, the maximum duration of the leave (which is equal to six times the amount of weekly working hours) has not been extended.¹⁵⁸

Support for informal caregivers is also slowly becoming more accessible. The 2015 Social Support Act stipulates that local governments are responsible for supporting informal caregivers, but the specific form of support varies by region. A challenge still exists for informal caregivers because of reduced access to respite care due to the closing of many residential homes, the primary providers of this much-needed care.¹⁵⁹

Tackling the Challenge of Dementia

As the older population continues to expand and life spans extend, the incidence of dementia is growing. As of 2017, 16.1 of every 1,000 people had dementia, with the number projected to grow by 67 percent to 27 of every 1,000 people suffering from dementia within the next two decades—with both the level and growth rates above the OECD average.¹⁶⁰ By 2040, the annual number of dementia-related deaths is projected to nearly triple to 40,000.¹⁶¹ Meanwhile, dementia is already the most expensive disease in the Netherlands,

“Members can build their own networks within the Delta Plan. They are entitled to set up meetings on their own and invite the others to join. It’s a network of expertise and experience. We provide them with a balanced pool of academic institutions, care providers, municipalities, patient organizations, and companies.”

– MARCO BLOM, Deputy Director of Alzheimer Nederland

accounting for more than 5 percent of the entire health care budget.¹⁶²

Faced with this challenge, the Netherlands is at the leading edge of battling dementia and building a dementia-friendly society. Individuals and major nonprofit organizations like Alzheimer Nederland have been leading the efforts in this area, and the government has strengthened its support over time.

Among the earliest and best-known practices to tackle dementia is the Alzheimer Café. The idea originally came from Dr. Bere Miesen, a Clinical Old Age Psychologist in Leiden. Founded in 1997 with

the support of Alzheimer Nederland, its goal was to provide a supportive social setting for people affected by dementia as well as for their families, friends, and caregivers. Building on the success of the first Café, Alzheimer Nederland promoted the model nationwide. Today, there are 230 Alzheimer Cafés run by volunteers around the country. As this novel idea received international interest, Alzheimer Nederland developed a guide for setting up an Alzheimer Café. Currently, Alzheimer Cafés are in place in more than 15 countries around the world.¹⁶³

While early government efforts were narrow and sporadic, the national program Delta Plan for Dementia (2013 -2020) represents a comprehensive approach, seeking collaboration among stakeholders across different sectors (Box 5).^{164,165,166} The Delta Plan has so far drawn more than 60 large and small organizations from different sectors.¹⁶⁷ “The platform is loosely organized, and it more or less runs by itself. Members can build their own networks within the Delta Plan. They are entitled to set up meetings on their own and invite the others to join. It’s a network of expertise and experience. We provide them with a balanced pool of academic institutions, care providers, municipalities, patient organizations, and companies,” said Marco Blom, Deputy Director of Alzheimer Nederland.¹⁶⁸

The most visible initiative has been the Together Dementia Friendly program run by Alzheimer Nederland and the Dutch pension fund service provider PGGM, in collaboration with the Ministry of Health,

Box 5. The Delta Plan for Dementia (2013-2020)

The Delta Plan was named after the country's response to the North Sea flood of 1953. The flood led to a comprehensive strategy that incorporated innovative solutions for future flood defenses through cross-sectoral collaboration. The idea of the Delta Plan came in 2010 from Philip Scheltens, Professor of Neurology and Director of the VUmc Alzheimer Center, who worked with Alzheimer Nederland to approach other stakeholders. The effort eventually led to an eight-year national plan launched in 2013 and implemented through a cooperative nonprofit organization that enlists members in the fields of health care, education, science, public, and professional services.

The Plan focuses on: (1) research on dementia prevention and treatment; (2) improvement of dementia care, led by five research and knowledge institutions; and (3) building a dementia-friendly society. The government has allocated more than EUR 30 million (USD 34.7 million) in support for these three areas, supplemented by funding from member organizations.

Welfare and Sport. Under this initiative, basic training called WELL Handling Dementia is accessible online, providing knowledge about dementia as well as the skills needed to interact with those affected by dementia and to provide help in daily life. Sector-specific training is also provided online to people working in professional settings like taxi services, hospitality services, and home care providers.¹⁶⁹ Alzheimer Nederland also works with companies to develop training programs for employees.

The initiative has been well received. As of 2017, 22,265 people had taken the basic training, 9,232 people took the sector-specific training, and 260 SMEs and 20 large companies provided training to

their employees.¹⁷⁰ “These days [almost] everybody knows someone with dementia nearby, in the family, or in the neighborhood. As a result, people are motivated to do something about it. That’s what we’ve come across in all companies that wanted to work with us,” said Blom.¹⁷¹

Albert Heijn’s dementia-friendly supermarkets are a perfect example. The largest Dutch supermarket chain, Albert Heijn, partnered in 2015 with Alzheimer Nederland to provide dementia-related training to its employees. The idea originally came from Nico Spierenburg, then Branch Manager of the Albert Heijn store in the town of Doorn. Spierenburg noticed that the store staff had difficulty interacting with customers with dementia and realized the

potential to improve business performance because older adults made up a large segment of their customers. Inspired by this observation, Spierenburg worked with Alzheimer Nederland to develop a training course for 25 employees who later trained the other employees in the supermarket. When the training was completed, Alzheimer Nederland conducted an assessment and awarded it the Dementia Friendly Label.¹⁷²

The project was a huge success and was welcomed by older adults and their families, leading to an improvement in customer satisfaction along with a noticeable growth of older customers. As a result, Albert Heijn Nederland signed an agreement with Alzheimer Nederland to expand this training program to 225 other supermarket locations. Spierenburg attributed the success of the dementia-friendly supermarket to its practical and cost-effective training, as well as to the commitment of its employees.

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