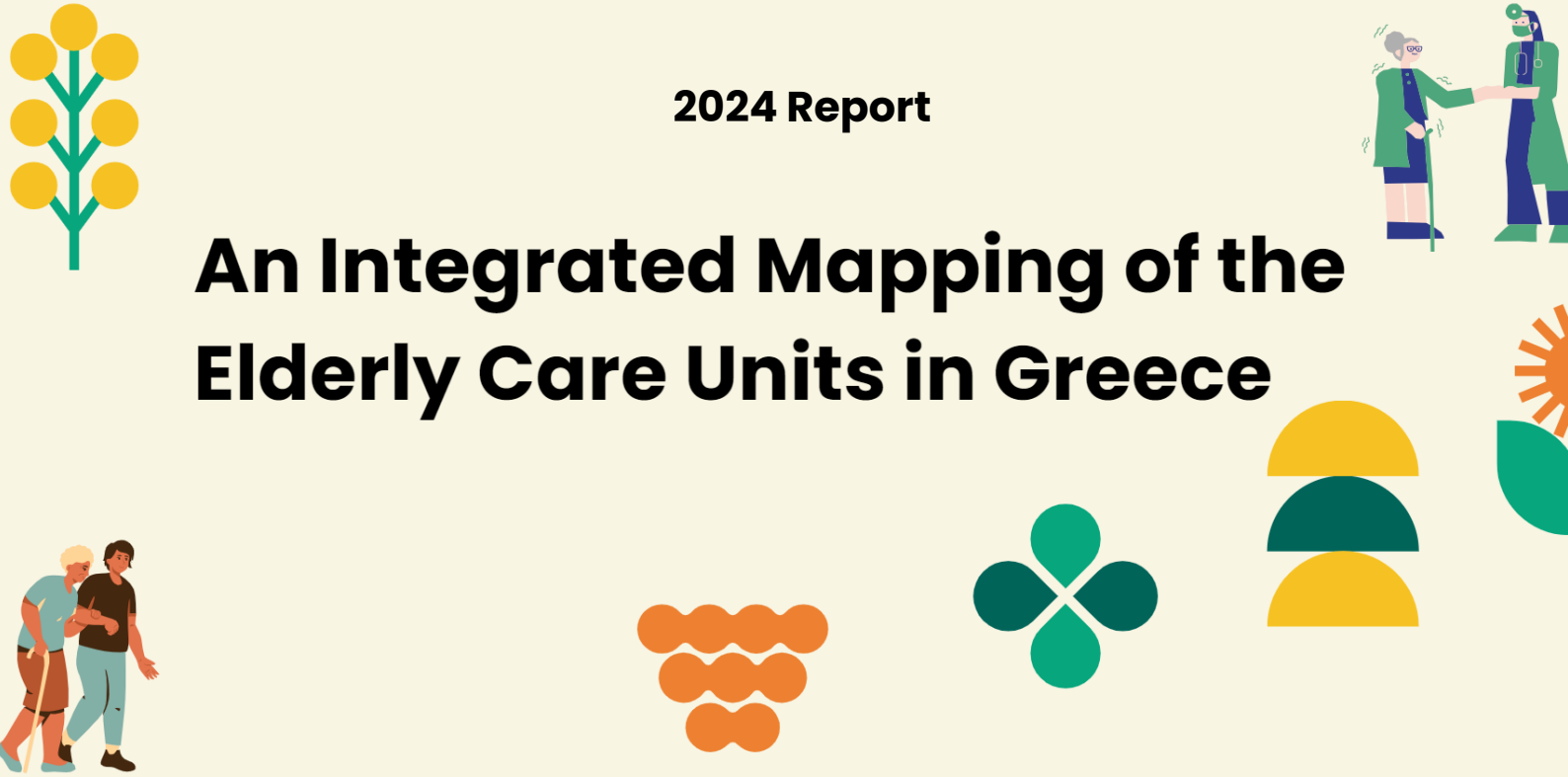


2024 Report

An Integrated Mapping of the Elderly Care Units in Greece



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Introduction

The purpose of the report is to comprehensively address and articulate the various challenges and developmental strategies within Greece's elderly care sector. It begins with tracing the significant developments and enduring challenges in Greece's long-term care sector against a backdrop of demographic transitions, economic turbulence, and healthcare requirements. It starts with the establishment of the National Healthcare System in the 1980s, aiming to expand universal healthcare coverage, a move away from the previous insurance-based model which was limited to formally employed individuals. Over the decades, including the 1990s and early 2000s, the focus broadened to enhancing care for the elderly amid societal shifts such as the rise in female workforce participation and the reduction in traditional family caregiving roles. This period also saw a rise in philanthropy and non-governmental efforts to support healthcare enhancements. The 2009 financial crisis introduced severe austerity measures impacting healthcare funding, exacerbating the challenges in elderly care during economic recovery efforts. The COVID-19 pandemic further strained the system, revealing vulnerabilities in infection control and care continuity, leading to heightened isolation and operational difficulties within nursing facilities. Today, the sector is focused on recovering from the pandemic's impacts, with ongoing reforms aimed at bolstering infection prevention and improving care through technological integration. Future legislative changes are anticipated to strengthen the system, ensuring the sustainability of elderly care in alignment with emerging needs and the establishment of the Ministry of Social Cohesion and the Family (2023). These stages illustrate the critical need for innovation and robust policy frameworks to support Greece's aging population amidst continuing economic and social health challenges.

PESTEL Analysis of the LTC Greek Sector

The PESTEL analysis of Greece's Long-Term Care (LTC) sector elucidates distinct opportunities and threats that could shape its future trajectory. Opportunities primarily arise from the technological and social dimensions: the expanding integration of advanced technologies such as telemedicine, artificial intelligence (AI), and the Internet of things (IoT) within LTC settings presents a significant opportunity to enhance service quality and operational efficiency, adapting to the growing needs of an aging population. Moreover, the social shift towards recognizing the need for comprehensive elderly care services amidst an increasing elderly demographic could drive sector expansion and service diversification.

Conversely, the analysis identifies pronounced threats within the economic and legal frameworks. Economic challenges are particularly acute, with the LTC sector heavily impacted by austerity measures and a general scarcity of public and private funding, which stymies the ability to expand and modernize facilities. This economic strain is compounded by an over-reliance on fluctuating sources such as donations and non-governmental funding, which introduces uncertainty into operational capabilities. Legally, the sector faces stringent regulatory pressures both from national reforms and EU directives that dictate rigorous compliance standards for staffing, patient care quality, and facility management. These regulations, while aimed at ensuring high standards of care, can also place additional operational

burdens on LTC facilities, complicating daily operations and strategic planning. Addressing these challenges requires a balanced approach that leverages technological innovations and adapts to social changes while navigating economic constraints and regulatory landscapes to ensure sustainable and high-quality care for Greece's elderly population.

Population Demographics

The demographic landscape of Greece presents a critical challenge for its healthcare infrastructure, as the nation grapples with one of the most rapidly aging populations in Europe. The average age of the Greek population has surged from 31.2 years in 1960 to 45.5 years in 2021, marking a significant shift in the population structure. This aging trend is further highlighted by the Ageing Index, where Greece surpasses the EU average, indicating a higher ratio of elderly to working-age individuals (Figure 1). Such demographic shifts underscore the growing demand on the healthcare system, necessitating robust, sustainable strategies to manage the increasing needs of an aging populace.

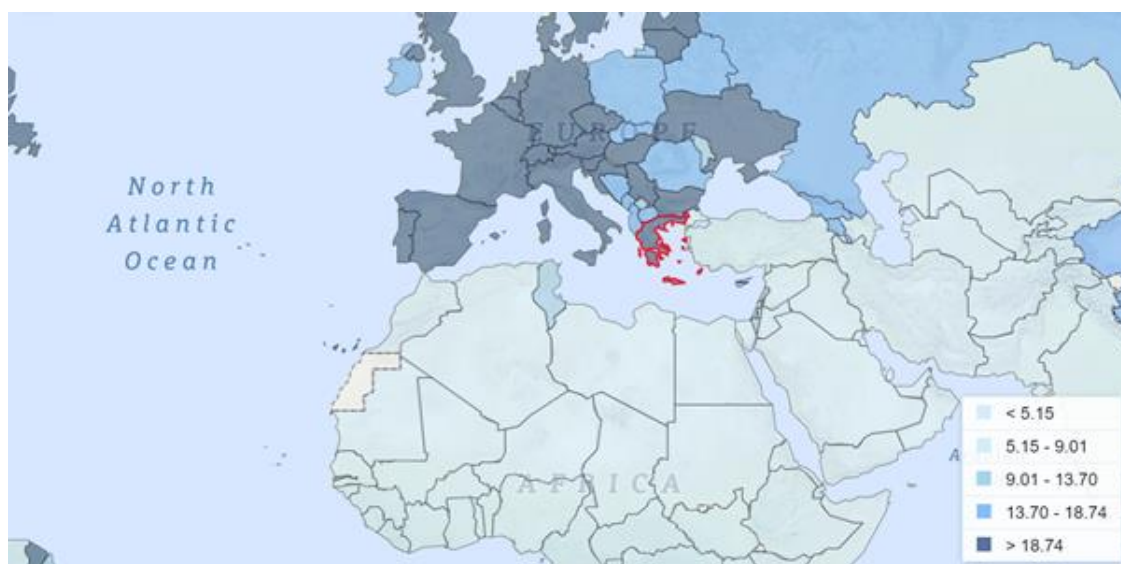


Figure 1: Global map with the frequency of citizens over 65 years old (in millions) (World Bank, 2022)

Current projections suggest a tripling of the global population aged 65 and over by 2050 (Figure 2), with Greece's elderly population making up 22% of its total demographic, thereby amplifying the pressure on healthcare services to adapt and scale. This demographic reality calls for a strategic reevaluation of healthcare policies and resources to ensure that the system can accommodate the escalating requirements without compromising on the quality of care provided to its senior citizens.

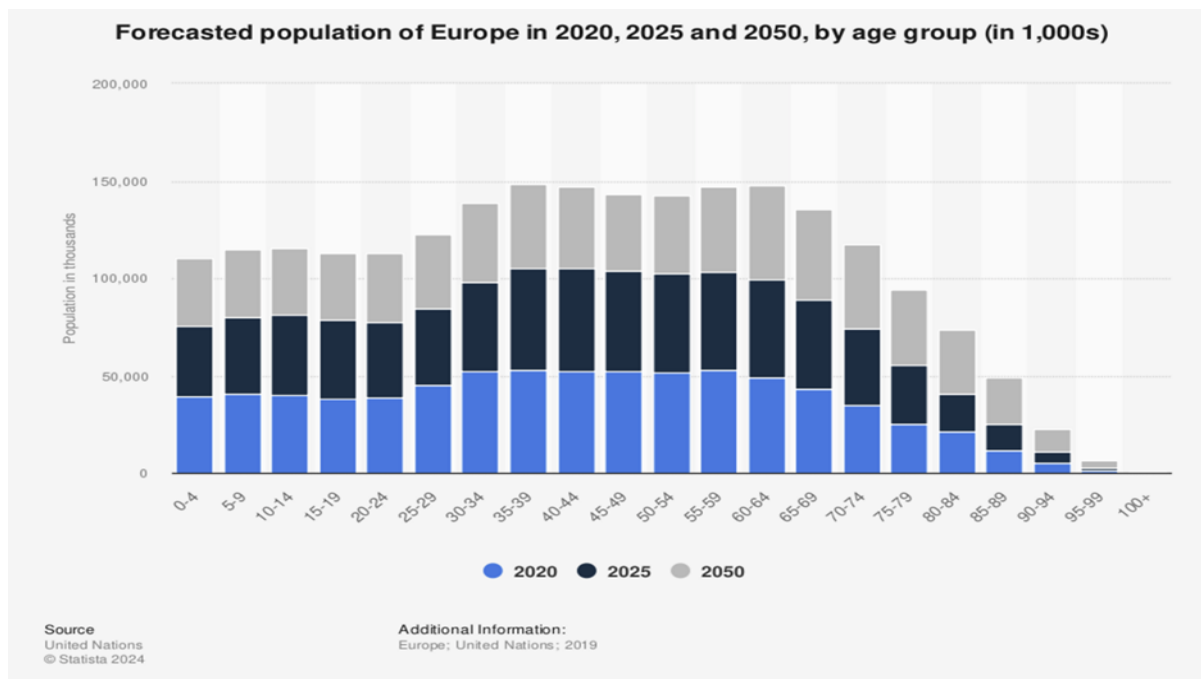


Figure 2: Projections in the increase of the EU's population by age group (Statista, 2024)

Population Trends

Greece's population trends delineate the escalating demographic shift in OECD countries towards a substantially older population, predicting that by 2050, 36% of Greeks will be aged 65 or over, with the old age dependency ratio expected to peak at 63.1% by 2070 (Figure 3). These projections underscore a critical shift that will place increased demands on healthcare and social systems, necessitating profound structural reforms to accommodate an aging populace. The report highlights a concerning trend in declining birth rates, further complicating the demographic landscape and exacerbating pressures on the nation's pension and healthcare systems. It also points to a stark increase in the number of centenarians and an expected rise in the proportion of those dependent on care, predicting significant impacts on public health and long-term care facilities. Addressing these challenges is crucial for ensuring sustainable healthcare delivery and improving life expectancy outcomes, thereby emphasizing the need for strategic, forward-thinking policies to bolster health systems against the demographic and economic challenges outlined.

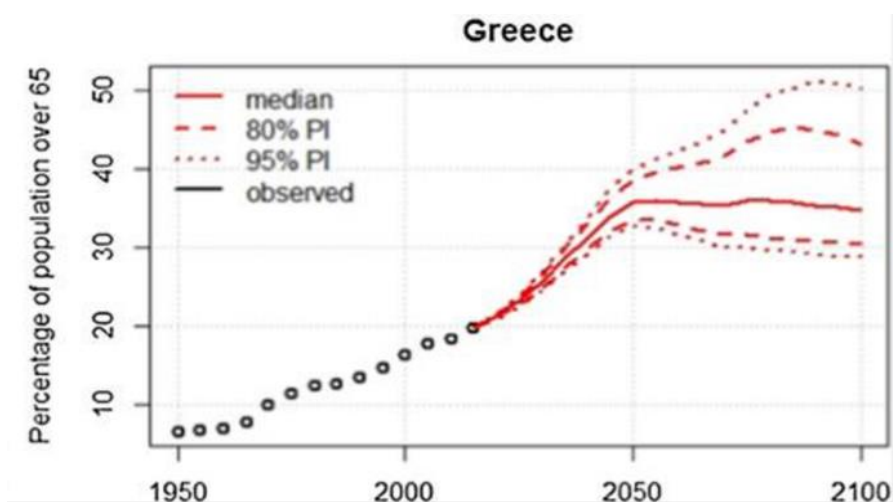


Figure 3: Projection on the number of individuals aged 65+ (Lamnisos et al., 2021)

Defining Older Adults and ECUs

Defined as individuals aged 65 and older, senior citizens experience a decline in physiological integrity that impacts their functionality and increases their mortality risk (Figure 4). ECUs in Greece are specialized facilities aimed at addressing these diverse needs through a comprehensive suite of services that include medical care, personal support, and social activities. The report highlights the importance of understanding aging not only as a biological process but also in terms of environmental and lifestyle factors that contribute to the aging experience. It underscores the need for targeted interventions that maintain or enhance the functional capacities of the elderly, such as mobility, cognition, and nutritional status, to support healthy aging. Additionally, the variability in long-term care (LTC) definitions complicates policy-making and service provision, underscoring the necessity for clear and adaptable care models that can effectively respond to the multifaceted needs of Greece's aging population.

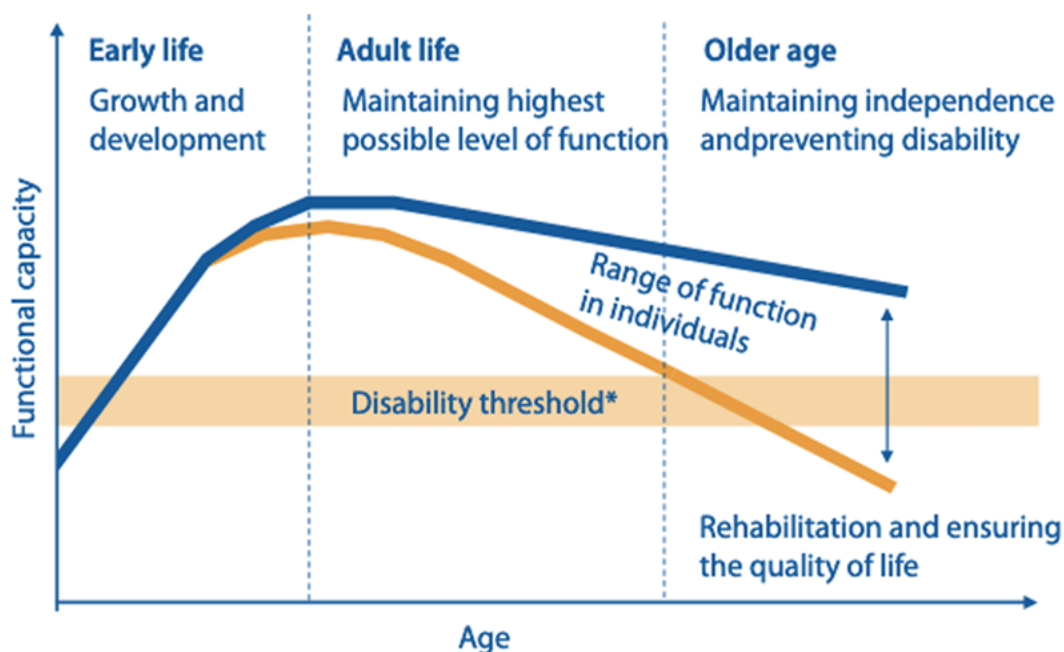


Figure 4: Maintaining functional capacity over the course of life (Eldemire-Shearer, 2008)

Long-Term-Care Models

The spectrum of LTC models underscores the adaptation of various strategic approaches to meet the diverse needs of the aging population within ECUs. Distinct models like the Kaizer model emphasize preventative measures and the integration of primary and secondary care to reduce reliance on hospitalization for chronic conditions, advocating for enhanced self-care strategies. It is designed around the principle of integrated care, focusing on preventing illness and managing chronic conditions effectively to minimize hospitalizations. It emphasizes a coordinated, multi-scientific approach to healthcare, where services are seamlessly connected across providers and settings, ensuring that patients receive comprehensive and continuous care tailored to their specific needs. Since Greek ECUs

belong to the secondary care level, only a few emphasize preventive medicine. Conversely, the Pfizer model prioritizes proactive healthcare engagement, particularly for high-risk patients, to bolster self-management and complement existing health services. The Evercare model shifts focus towards home-based nursing care with a holistic approach, minimizing medical intervention in favor of tailored nursing practices that consider the broad impacts of polypharmacy. It specifically targets elderly patients requiring continuous care, offering comprehensive support services that include routine health monitoring and personalized nursing plans to optimize their daily living and health outcomes within their own homes. It is utilized by smaller ECUs, which are focused on replicating the elders' homes. Usually, it is implemented in regional, non-profit ECUs, where the local community plays a crucial role in sustaining a home-like environment of social inclusion for the elderly beneficiaries of long-term care facilities. Examples of these are the regional municipal retirement homes run by the local authorities of Swiss cantons. Meanwhile, the Public Health model reemphasizes disease prevention and the broader socio-economic determinants of health, a framework that gained renewed importance during the COVID-19 pandemic with its focus on infectious disease control and antimicrobial resistance. This model is usually adopted and integrated within an existing LTC model of geriatric clinics, which also serve as teaching and research centers, which however do not yet exist in Greece. The Guided Care model introduces an interdisciplinary method, concentrating on high-risk patients with multiple comorbidities to ensure comprehensive patient education, care coordination, and integration of community resources. This model highly illustrates the operations of Greek ECUs, with variations on the services that are indeed being provided by them. Since Greeks tend to consider ECUs as the last resort of care for their relatives, they tend to reach out to them in the later stages of life, when the older beneficiaries have become high-risk patients, in need of interdisciplinary care. Lastly, the Wagner model integrates six critical components for chronic disease management, including community support and clinical information systems, highlighting the necessity of a supportive network and advanced healthcare infrastructures to optimize care delivery. Each model presents a different facet of effective long-term care, reflecting the need for a multifaceted approach to managing the complex health requirements of the elderly, ensuring that ECUs are equipped to provide sustainable and effective support.



Challenges and Strategies in Elderly Health Care in Greece and the EU

The health landscape for the elderly in Greece and across the European Union is shaped by a tapestry of socioeconomic factors and the operational efficiency of healthcare systems. In regions marked by significant elderly populations, such as those in the EU and OECD, health disparities are pronounced due to differences in access to healthcare services and the widespread prevalence of chronic diseases like heart disease and diabetes. These conditions are often exacerbated by lifestyle choices that include poor dietary habits and low physical activity, increasing the burden on healthcare infrastructures. Strategic challenges in this sector include the heavy demands placed on health systems by the growing number of older adults requiring sustained medical attention and support. In Greece, these challenges are intensified by economic austerity measures that have constricted healthcare budgets, leading to diminished service quality and accessibility. This situation is dire as it not only restricts access to necessary medical services but also aggravates mental health issues among the elderly, a consequence of Greece's prolonged economic turmoil. On the strategic opportunities front, the EU has been proactive in formulating policies aimed at improving health equity among seniors. These initiatives focus on enhancing the overall health outcomes for the aging by promoting preventive healthcare and supporting health promotion activities designed to mitigate the impact of chronic diseases. However, variability in the implementation of these policies across member states reflects differing national priorities and economic capabilities, which in turn influence health outcomes.

Pension System and Care Costs

The pension systems across OECD countries, including Greece, are under increasing strain due to aging populations and economic pressures, with significant variations in structure and funding. Greek pension reforms have introduced changes such as higher retirement ages and reduced benefits in response to fiscal challenges, raising concerns about pension adequacy and the risk of poverty among the elderly. The system is segmented into public state pensions funded by taxes or contributions, occupational pensions provided by employers, and private pensions dependent on individual contributions. While public and occupational pensions aim to offer a safety net, the adequacy of these systems is compromised by fragmented career paths and insufficient coverage for many workers. To address these issues, the EU and individual nations emphasize sustainable pension strategies that balance adequacy with economic viability, increasingly turning to private pension schemes to supplement state and occupational pensions. In Greece, where long-term care spending is relatively low, the government faces the dual challenge of ensuring financial sustainability while improving the scope and quality of elderly care, highlighting the need for innovative solutions to support an aging population effectively.

Social Mission and Operating LTC Models

In Greece, ECUs stand as pivotal institutions addressing the needs of an increasingly aging population, which is significantly high compared to other OECD countries. Despite not being legally integrated within the Greek healthcare system, ECUs deliver crucial secondary and social care. These facilities cater to older individuals who are often living alone, lack autonomy, or require continuous care, yet they do not currently serve those with infectious diseases. The operation of ECUs, whether for-profit, non-profit, or mixed, is driven by dual goals: enhancing health and reducing disease incidence, underpinned by the values of health as a fundamental right, equality, and community involvement. Their strategies align with Greece's National Action Plan for Public Health, focusing on policy strategies, health promotion, preventive healthcare, and community participation. As Greece's healthcare policy evolves, particularly in the wake of COVID-19, there's a pressing demand for innovative, technology-driven services for the elderly. The ECUs are key to a strategy that bridges primary care and long-term care through interdisciplinary approaches, aiming for comprehensive service delivery that is closely connected to social needs and priorities, thereby enhancing the overall effectiveness of elderly care services in the country.

Formal and Informal Care Systems

The Greek long-term health care sector is distinctly segmented into formal and informal systems, reflecting the nation's reliance on a hospital-centered health system where long-term care remains underdeveloped. Formal care is administered through public initiatives like hospitals and local government programs, with entities such as KAPI and KIFI serving around 76,000 beneficiaries. The private sector contributes through hospital care and specialized ECUs, both for-profit and non-profit, whereas third-sector organizations like the Red Cross enhance service reach. Meanwhile, informal care predominates, primarily driven by familial duties and the economical engagement of immigrant caregivers, underscoring a culturally embedded preference for in-home care despite its lack of formal recognition and measurement within healthcare statistics. The Greek strategy aims to reconcile these two categories of care by emulating successful European models, enhancing integration between home-based and institutional care, thereby ensuring a seamless care continuum for the elderly. This alignment is expected to bolster community support systems, reflecting a broader European trend towards fortified home and community-based services that prioritize aging in familiar environments, supported by substantial policy endorsement.



Geographic Distribution, Accessibility, and Governance

The distribution and management of ECUs reveal significant regional differences that influence the quality and accessibility of elderly care. Urban areas like Athens and Thessaloniki are equipped with 139 and 33 ECUs, respectively, benefiting from robust funding and diverse service offerings. These regions display advanced healthcare infrastructures, supporting a variety of specialized and general care services. In contrast, rural and remote areas, including several islands, demonstrate a scarcity in resources with significantly fewer ECUs, such as 6 in Epirus and 4 in Western Macedonia, leading to gaps in service availability and quality. The majority of ECUs in Greece, totaling 152 for-profit and 127 non-profit, indicate a blend of private and public endeavors in elderly care. However, public entities directly operate only 21 units across the country, pointing to a need for more public investment in the sector, especially in less economically developed regions. This stark contrast in ECU distribution highlights a fragmented healthcare system that requires integrated efforts for improvement, especially in enhancing accessibility and standardizing care across all regions.

152 for-profit

127 non-profit

21 public



Capacity of ECUs

The section on the capacity of ECUs in Greece outlines significant disparities in long-term care facility capacities within Greece and compared to other EU and OECD countries, emphasizing the critical under-provision in Greek ECUs relative to demographic needs. Despite Greece's aging population, the country has one of the lowest densities of long-term care beds per older adult in the OECD, a situation exacerbated by a reliance on informal family care and significant regional variations in care availability. This capacity issue is further compounded by economic constraints that limit public and non-profit sector funding, inhibiting necessary expansions and modernizations of facilities. The report highlights ongoing developments in other EU states where investment in healthcare infrastructure and innovative staffing solutions are addressing similar challenges, suggesting a pressing need for Greece to adopt similar strategic reforms to enhance its healthcare capacity. The emphasis is on the urgent requirement for policy reforms, increased investments, and community engagement to ensure equitable access to long-term care across Greece, particularly in underserved rural areas, to create a sustainable and adaptable elderly care system in the face of increasing demand.

Organizational Types of ECUs

The organizational structure of Greek ECUs encompasses a diverse array of operational models segmented into for-profit, non-profit, and public entities, each uniquely influencing the dynamics of long-term care (Figure 5). For-profit ECUs predominantly situated in urban settings capitalize on private funding and client fees to deliver superior services that cater to the affluent, leveraging their geographical placement to optimize market reach and resource accessibility. In contrast, non-profit ECUs are prevalent in less economically developed rural areas, where they rely heavily on a blend of governmental support, insurance contributions, and community donations to offer necessary care services. These

facilities prioritize community welfare over profit, using their operational savings to enhance patient care rather than infrastructure. Public ECUs are funded primarily through state allocations and European Union assistance, focusing on broad accessibility despite facing stringent budgetary constraints that may impede service quality and expansion. These units operate within a complex regulatory framework that often complicates their administrative processes. This variegated organizational landscape reflects the multifaceted challenges and strategic imperatives required to advance elderly care in Greece, advocating for a balanced enhancement of resources and services across all ECU types to ensure comprehensive, equitable care for the aging population.

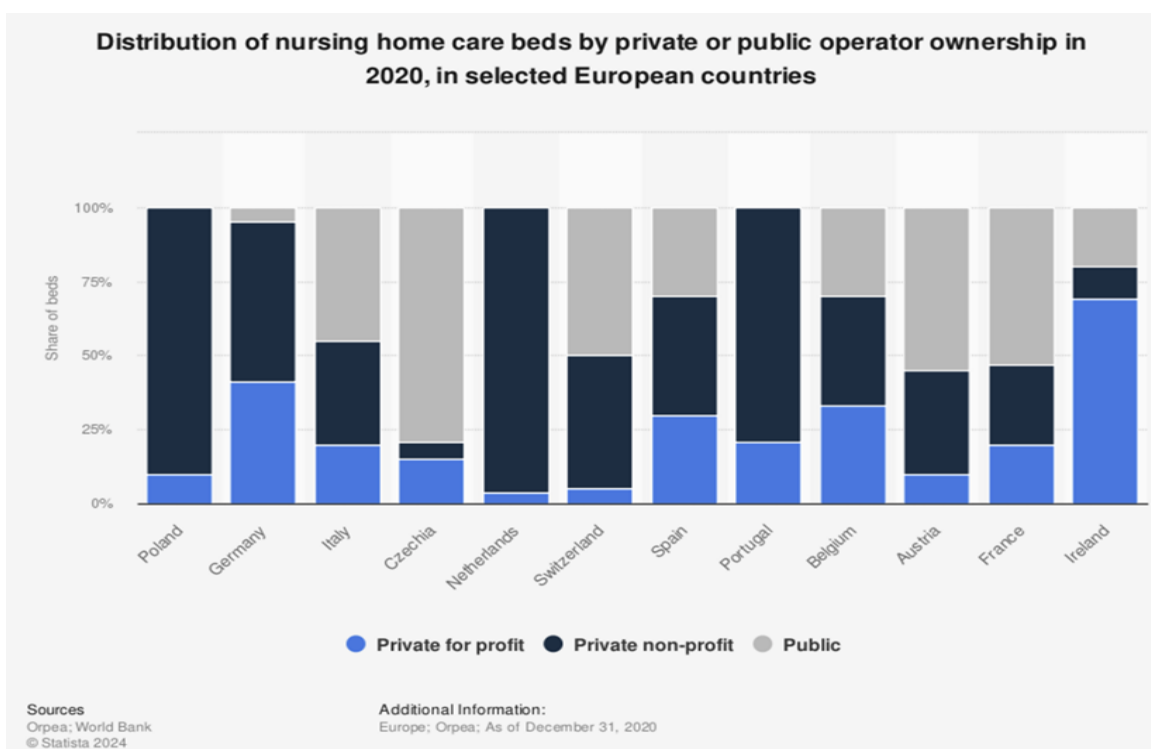


Figure 5: Distribution of nursing home care beds by private or public operator ownership in 2020, in selected European countries (Statista, 2024b)

ECU Costs and Funding

The intricate financial models sustaining ECUs in Greece that are outlined in detail, highlight the interplay between public contributions and private expenditures. Funding for these facilities primarily depends on pensions and state subsidies, with a substantial portion of elderly care costs being underwritten by EOPYY, which covers essential medical and paramedical expenses. In private for-profit ECUs, residents often bear additional costs through direct payments, a reflection of the unclear role of private insurance in senior care. Conversely, non-profit ECUs integrate these user fees with donations and sporadic governmental support, yet they struggle with the timeliness and adequacy of public funds, particularly from EOPYY. Public ECUs experience a similar financial framework but with more consistent government oversight. This scenario underscores the urgent need for revised funding mechanisms to address the increasing demands on Greece's long-term care infrastructure, especially given the augmented pressures from recent economic challenges and health crises such as the COVID-19 pandemic, which have further strained these systems. The analysis advocates for strategic adjustments

to ensure the sustainability and efficacy of care amidst escalating costs and evolving demographic needs.

Quality of Life for Older Adults

The regulatory and operational standards governing ECUs in Greece, shaped by several legal frameworks that mandate a comprehensive suite of services ensuring holistic care, suggests that modern ECUs are legally required to provide secure housing, balanced nutrition, consistent hygiene care, regular medical oversight, and support for psychological, physical, and spiritual well-being. Despite the lack of standardized quality indicators across the sector, these facilities generally uphold the care standards expected globally, adapting individual quality measures and improvement strategies to enhance service delivery. The variability in quality assurance practices underscores a need for sector-wide benchmarks to uniformly assess and elevate the quality of life for elderly residents across both private and public entities.

Services provided within Greek ECUs

There is an array of care options available across Greece's ECUs. These facilities offer a spectrum of services from short-term care, crucial for patients recuperating from acute medical issues, to long-term care for ongoing support with daily living activities and medical needs, often found in specialized settings like assisted living facilities. Rehabilitation services, including physical, occupational, and speech therapies, are integral to improving patients' quality of life and aiding in their return to social activities, although they are not provided by the majority of the facilities, or when they do they are for the one patient in need, each time. Home care, though even less prevalent, is supported by state programs to assist those preferring in-home services. Moreover, comprehensive geriatric assessments are becoming more common, enabling tailored care plans that address the multifaceted needs of the elderly. Hospice care, although limited in availability, provides vital end-of-life support, underscoring the need for a broadened approach to palliative services to meet increasing demands. Collectively, these services demonstrate a strategic commitment to enhancing the quality of life for the elderly within the framework of Greek healthcare policy, while also highlighting areas requiring further resource allocation and development.

Greek ECUs Overview

This mapping report encapsulates the differentiated landscape of ECUs in Greece across private for-profit, private non-profit, and public sectors, each distinguished by specific operational models, geographic spread, service provision, funding mechanisms, and cost structures. For-profit ECUs predominantly situated in urban areas focus on delivering a broad spectrum of services including short-term and palliative care, funded primarily through private capital and out-of-pocket payments. In contrast, non-profit ECUs, often located in rural or remote settings, provide essential services like long-term care and rehabilitation, relying on a combination of endowments, community support, and public funding such

as EOPYY fees and donations. Public ECUs, distributed uniformly across regions, concentrate on essential health services funded through government budgets and supplemented by European Union programs, illustrating a strategic governmental effort of a small scale to ensure accessibility and equity in elderly care. This diverse configuration of ECUs underscores a dynamic elderly care ecosystem in Greece, poised to address the complex needs of its aging population while highlighting the critical role of strategic funding and service allocation in enhancing the sustainability and quality of long-term care services.

Challenges in the Greek Elderly Care Sector

The Greek elderly care sector confronts multifaceted challenges, including underfunding, a scarcity of specialized workforce, and insufficient home care options, which are intensified by enduring financial constraints in the public sector. The expanding elderly demographic exacerbates these issues, demanding robust infrastructure and adequate staffing to manage the increasing prevalence of chronic conditions. Economic strains further hinder the capacity of public and non-profit entities to enhance and modernize facilities crucial for aged care. Additionally, the geographical imbalance affects service accessibility, with urban centers like Athens and Thessaloniki faring better than resource-starved rural areas. The sector also grapples with severe workforce shortages, exacerbated by emigration trends among healthcare professionals seeking better opportunities abroad, leading to significant gaps in care quality and availability. The integration of new staff, often from diverse backgrounds, into the long-term care framework is essential but slow, highlighting the need for strategic workforce enhancements and comprehensive policy reforms to ensure equitable, high-quality care across all regions. This strategic summary underscores the pressing need for a unified approach to address these systemic challenges and improve the overall framework and efficacy of long-term care in Greece.



Best Practices in Greece: Case Studies

In the Greek elderly care sector, a series of case studies reveal effective and innovative practices across various ECUs. For instance, Aktios (<https://aktios.gr>) is recognized for its specialized dementia care and comprehensive service integration, whereas Irida Nursing Homes (<https://iridacare.gr>) excel in providing high-quality facilities and advanced medical treatments as a chain. Papadopouleion (<https://papadopoulion.gr>) focuses on luxurious accommodations and individualized care strategies, promoting residents' physical and emotional health. Moreover, Resteion (<https://restion.gr>), supported by the Philanthropic Association of Israelis of Athens, adopts a holistic care philosophy that fosters a nurturing and integrated social environment. Also, the ECUs operated by the Holy Diocese of Monemvasia & Sparti (<https://immspartis.gr/idrymata-scholes-politismos>) and the "Agios Porfyrios" Gerontological and Care Support Center (<https://iaath.gr/index.php/idrimata/kentro-gerontologias-kai-pronoiakis-ypostiriksis-agios-porfyrios>) highlight the integration of spiritual and community engagement into their care frameworks, enriching the social health of their residents, combining most of the times environmental sustainable practices. Lastly, Chrysantheio (<https://chrysanthio.gr>) emphasizes environmental sustainability and personal autonomy within a community-centric setting, while being the first facility of autonomous and semi-autonomous living. These examples collectively demonstrate a commitment to improving elderly care in Greece through specialized services, personalized care, and innovative operational approaches, setting a high standard for quality and efficiency in the sector.

Best Practices in Europe: Case Studies

The executive summary of the best practices in elder care across Europe highlights exemplary models from renowned residential care facilities that have set benchmarks in quality care, service innovation, and holistic integration with healthcare systems. For instance, France's Korian Group (<https://korian.fr>) exemplifies integrated care and technological advancement, ensuring dynamic service delivery that adjusts to the evolving needs of the elderly. Similarly, Emeis Groupe (<https://emeis.com/en>) is noted for its adherence to international standards and rigorous staff training, ensuring high-quality care across its European network. In the UK, Care UK (<https://careuk.com>) emphasizes a person-centered approach that significantly enhances individual resident satisfaction and well-being, integrating community engagement to maintain crucial social connections. Germany's Vivantes Network (<https://vivantes.de/themen/altersmedizin>) showcases its strength in integrating acute and long-term care, fostering continuous medical education and applying cutting-edge research to care practices. Finally, Spain's DomusVi (<https://domusvi.es>) distinguishes itself with specialized programs for complex health conditions and a strong commitment to enhancing the overall quality of life for its residents. These case studies collectively reflect robust strategies that could serve as a guide for enhancing elder care quality and operational efficiency throughout Greece, emphasizing the need for adopting these proven practices and adapting them to local contexts to ensure the sustainability and resilience of elderly care systems.

Recommendations to Attain Organizational Sustainability and Resilience

In response to the escalating demands within the elderly care sector in Greece, a series of recommendations is proposed to bolster organizational sustainability and resilience. At the regional level, the European Union emphasizes the advancement of elderly care, advising Greece to utilize EU funding for infrastructure modernization and service expansion, particularly in rural areas. Aligning local practices with EU standards will elevate the quality and consistency of care across the nation. Nationally, fostering public-private partnerships and robust networking among care units can infuse capital and innovation into the sector, supported by strategic collaborations with stakeholders like universities and NGOs. Additionally, enhancing accreditation processes and creating incentives for private investment can stimulate sector growth and improvement. Integrating cutting-edge health information technologies and interdisciplinary care teams will enhance service delivery and operational efficiency. To support the workforce, continuous professional development and caregiver support programs are essential to maintain high care standards and prevent professional burnout. Implementing these recommendations requires a collaborative approach among governmental, private, and non-profit actors, aiming to enrich the quality of elderly care and prepare for future demographic and healthcare challenges. This strategic approach will ensure comprehensive and high-quality care for Greece's aging population, aligning with both national priorities and European standards.



Conclusions

This report concludes that Greece faces significant challenges within its ECUs due to an aging population and disparities in service quality and quantity between urban and rural areas. It highlights the need for strategic interventions including the adoption of advanced care methodologies, digital health technologies, and robust public-private partnerships to enhance care integration and service delivery. The report calls for structural reforms, technological investments, and leveraging EU support to improve the sustainability and resilience of Greece's elderly care system, building up eventually their socio-environmental impact.

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