



WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
COPENHAGEN

456760

EUR/ICP/HEE 227(S)
Original: English
EUR/HFA target 6
1993

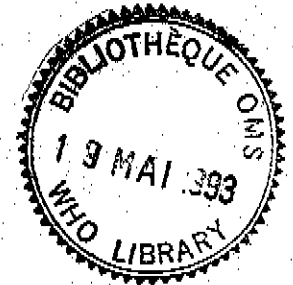
THE CONTRIBUTION OF PREVENTION AND REHABILITATION TO HEALTHY AGING

Summary Report on a WHO Symposium

Heidelberg, 4 – 6 October 1992

ABSTRACT

Profound changes in political and social systems, and the continued aging of the population in Europe necessitate both innovative and comprehensive health and social welfare policies for elderly people. A symposium was organized on the contribution of prevention and rehabilitation to healthy aging. The participants called for a life-long preparation for healthy aging through health promotion. They also urged the creation of supportive environments that allow elderly people to realize their potential and to remain in their homes as long as possible. Finally the participants recommended cooperation between formal and informal services and care givers to support healthy elderly people and to care for those with chronic diseases or disabilities.



This report is issued in English, French, German and Russian, and all rights are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. The WHO name and emblem are protected and may not be used on any reproduction or translation of this document without permission. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

**TARGET 6
HEALTHY AGING**

By the year 2000, life expectancy at birth in the Region should be at least 75 years and there should be a sustained and continuing improvement in the health of all people aged 65 years and over.

Keywords

AGING
AGED
REHABILITATION
HEALTH SERVICES FOR THE AGED
HEALTH POLICY
HEALTH PROMOTION

Introduction

The symposium participants included 50 experts from 15 countries, and staff of the host institute, the Institute of Gerontology, Ruprecht-Karls University in Heidelberg, and the WHO Regional Office for Europe. The symposium focused on the contribution of prevention and rehabilitation to healthy aging, against the background of the political and social changes that have taken place in many European Member States. These changes and the growing proportion of elderly people in the population necessitate comprehensive approaches in the design and implementation of innovative health and social welfare policies. While employing a humanitarian rationale, politicians and other decision-makers at all levels should be aware of the economic advantages of an independent elderly population.

After the discussion of various aspects of the prevention of dependency and the rehabilitation of elderly people, the participants formed small groups and addressed the implications of particular issues, such as preparation for old age, supportive environments and predictors of independence. They concluded their work by making conclusions and recommendations.

Conclusions and Recommendations

1. As aging is a life-long process, the preparation for healthy aging should begin in childhood and continue throughout life.
2. Health education methods and information on the aging process should be more sophisticated than those in current use. Health promotion should be the approach used in the preparation for aging, focusing on achieving optimal levels of health.
3. Politicians and decision-makers in the health and social sector should be informed about environmental and architectural adaptations preventing dependency in the elderly, and support their use. This will require reviews of current building policies, legislation, city, town and institutional planning, and all related services. This in turn will involve:
 - appraisals of current environments through research, and diversified research with elderly people (both the healthy and the chronically ill) in their everyday environments, in order to translate the findings into environmental planning principles;
 - counselling services for elderly people living in changing social environments; and
 - the creation of a supportive environment for elderly people.
4. Considering the effect of interactions between health, social status, personality traits, the attitude of

society towards aging and the value of preventive health measures, the findings of cross-sectional and longitudinal epidemiological studies on the elderly should be used:

- to develop practical measures that promote the health and social capabilities of elderly people in everyday life;
 - to analyse data that could eventually predict dependency and death;
 - to create and implement realistic policies on the health of the elderly; and
 - to remove barriers that may prevent elderly people from realizing their potential.
5. Collaborative epidemiological research should be further stimulated in the following areas:
 - the prevention of acute and chronic conditions in the elderly;
 - the evaluation of rehabilitation outcome and long-term care of the elderly with chronic conditions in institutions or the community.
 6. Elderly people with chronic disease or loss of physical or mental function should remain in their homes as long as possible. They can be helped to do so through such means as:
 - adapting the physical environment;
 - developing individualized programmes of care that coordinate the contributions of formal, informal and volunteer care givers and services;
 - providing rehabilitation services with adequate back-up from the primary health care and relevant specialist staff; and
 - identifying and supporting a "case-manager" from the health or social welfare team or informal care givers and supporting the manager in his or her work.

The result of such measures would be to enable chronically ill or disabled elderly people to remain in their own homes and maintain control of their lives.

7. Institutions for elderly people with chronic diseases or disabilities should be centres for active living, as well as for nursing care, for those who cannot remain in their own environment, even with the support of care givers and services. This requires:
 - developing a social and physical environment that stimulates cognitive, emotional and behavioural skills;
 - developing a flexible programme of care and rehabilitation for each person, tailored to his or her needs;
 - recruiting highly-motivated professional staff;

- encouraging the training, deployment and official recognition of local volunteer and other community groups; and
- considering the benefits that may come from introducing a mixture of residents of different ages.

Further, experimental and model institutions for elderly people with chronic diseases or disabilities should be created and evaluated. Such institutions should meet a number of criteria. For example, each should provide a safe, barrier-free environment, with which residents can easily become familiar and in which they feel at home. The institution should also provide its residents with privacy, stimulation and autonomy.

8. The formal health and social services should officially recognize informal care givers and meet their needs for assistance. This requires:

- involving informal care givers in the preparation of care programmes;
- preparing them for active participation (care by sharing relevant knowledge and appropriate skills);
- teaching them strategies to cope with stress;
- informing them of the formal and voluntary support and services available; and
- giving them financial support.