

25537

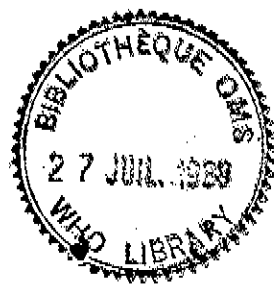
EUR/ICP/RUD 147
6506v
ENGLISH ONLY
UNEDITED

*Age & population
Urban health
Health promotion
Health personal
relationships
Europe*

OLD AGE, URBAN LIVING AND HEALTH PROMOTION

Report on a WHO Workshop

Turku, Finland
1-4 December 1988



1989

EUR/HFA target 24

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated, but not for sale or for use in conjunction with commercial purposes. Any views expressed by named authors are solely the responsibility of those authors.

Alle Rechte an diesem Dokument liegen beim WHO-Regionalbüro für Europa. Das Dokument darf jedoch außer zu Verkaufszwecken oder in anderer kommerzieller Zusammenhang ohne vorherige Genehmigung rezensiert, in Auszügen gebracht, veröffentlicht oder übersetzt werden. Die in dem Dokument zum Ausdruck gebrachten Ansichten geben ausschließlich die Meinung der namentlich angeführten Autoren wieder.

Tous les droits relatifs à ce document sont réservés par le Bureau régional de l'OMS pour l'Europe. Il peut cependant être commenté, résumé, reproduit ou traduit sans autorisation, pour autant qu'il ne s'agisse pas d'un usage lié directement ou indirectement à des fins commerciales. Les vues exprimées par des auteurs nommément désignés n'engagent que la responsabilité de ces derniers.

Европейское региональное бюро ВОЗ оставляет за собой все права, связанные с настоящим документом. Тем не менее его можно свободно рецензировать, реферировать, воспроизводить или переводить. Не разрешается лишь продажа документа, либо иное его использование в коммерческих целях. Вся ответственность за любые, выраженные в подписанных авторами статьи, несет сами авторы.

ANNEX 200

TARGET 24

Healthy homes

By the year 2000, all people of the Region should have a better opportunity of living in houses and settlements which provide a healthy and safe environment.

Index:

AGED
URBAN HEALTH
CITY PLANNING
HEALTH PROMOTION

CONTENTS

	<u>Page</u>
Introduction	1
Inequity in old age: the system as it exists today	1
Alternative systems	2
Improved community guidelines	2
Transition from working life to retirement	3
Loneliness in old age	3
Supporting life control by learning	3
Health and social service sectors	3
Cities' attitudes	4
Responsibilities	4
Solutions	4

Introduction

The Workshop held under the auspices of the World Health Organization and the World Bank, examined many factors which affect the health of people in cities not only as the situation is today but also as it will be in the future. This small informal workshop with all the participants as speakers themselves, to make a contribution. The range of subjects raised provided a forcible reminder that the issues will remain much the same in the future.

The following subjects were discussed:

- the impact of social and economic changes on the health of the elderly and the young
- the impact of the health and social services and the environment on the health of the elderly and the young
- the impact of the health and social services and the environment on the health of the elderly and the young

The following subjects were discussed:

The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ... The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ...

The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ... The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ...

The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ... The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ...

Health in the future

The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ... The workshop was held under the auspices of the World Health Organization and the World Bank. It was held in the city of ...

Introduction

This Workshop, held under the auspices of the World Health Organization and the Healthy Cities project, examined many issues of concern to elderly people in cities not only as the situation is today but also up to the year 2000. This small informal Workshop enabled all the participants, as well as the speakers themselves, to make a contribution. The wide range of subjects raised provided a forcible reminder that the issues will demand much greater attention in the future.

The following subjects were discussed:

- physical and mental exercise and its benefits to environmental questions, both in general and in particular;
- the structure of the health and social services, and their situation and preparedness vis-à-vis the elderly and the demands which they will put on them;
- social and psychological questions of aging.

In addition, visits were made to local health centres, old people's homes, activity and craft centres and an efficiently run community centre where animated discussion with elderly members of the community proved beneficial to the participants.

The Workshop was well supplied with observations, studies and data on the elderly. Many of these had been experienced and observed by the participating members. There was, however, a shortage of clear and unified solutions to the problems raised by the speakers. The main point among the obvious facts was that every city participating in the Healthy Cities project will have to develop its own policy for the care of the elderly, since the inescapable demographic fact is that there will be a real increase in the numbers and proportion of elderly people in the cities by the year 2000.

This increased proportion of elderly people will not only be healthier than their counterparts of 20 years ago, they will also tend to live longer. However, problems of almost any nature that they may have experienced in their working lives will be magnified in retirement, despite a natural tendency to look to the future as a time of uninterrupted health and wellbeing and of unimpaired physical, mental and emotional progress, and to fail to consider any loss of faculties. Although it is rare, this perfect state may be achieved to a considerable extent by individuals willing to make a personal effort in active participation. Luckily elderly people often follow their doctors' advice as regards exercise (80%), but unfortunately only a few doctors recommend exercise programmes to their elderly patients, and those who do exercise do so largely of their own volition.

Inequity in old age: the system as it exists today

Professor Eino Heikkinen gave an informative talk on the methods and benefits of exercise, and then touched on the problems of inequity in old age. The risk groups which he outlined were:

- elderly people aged over 80 years
- disabled people
- the majority of women
- unskilled workers
- people insufficiently provided for by current pension schemes.

Studies show that women have greater difficulty than men in adapting to institutional care, and the domestic nature of household work often means that they cannot claim anything other than the lowest level of pensions. Pensions and similar problems are not the concern of the authorities in the Healthy Cities alone but also of their respective national governments. Tax contributions from the younger generations in Europe should ensure that they, who today enjoy material prosperity, are responsible in that way at least for the care of the elderly to whom they owe so much.

Alternative systems

There is a need for systems and individuals outside the present health and social service sectors to assume a greater responsibility for elderly people. This would fulfil the latter's frequently expressed desires to live independently for as long as possible and to see more of friends and family and less of health and social services professionals. It is true that it is not the norm now nor is it likely to be in the future that several generations live together, but it is highly desirable that there should be increased interaction between elderly people and the local community.

Improved community guidelines

In line with this increased community involvement comes the rather difficult but necessary goal of having a good mixture of ages throughout a neighbourhood. At present most elderly people tend to live together in the old city centres while the young families go to the suburbs. In the host city, Turku, it often happens that single pensioners occupy larger living areas than families with children. To achieve this goal effectively each neighbourhood should contain shops, banks, pharmacies and health, community and day-care centres situated as closely as possible to elderly people's homes. A good and affordable (for pensioners) transport system is essential to support this spread of ages throughout the city. Improved street lighting, law enforcement patrols, street cleaning, longer crossing times at traffic lights and other basic improvements are also desirable to make elderly people feel and be more secure. An added advantage of this mixed ages strategy for the inner cities is that more taxable revenue is available to maintain a structurally sound city centre that is affordable by all. This would act as a barrier to the cycle of decay and subsequent up-market renewal in the inner city that pushes prices and living costs beyond the affordability of the average pensioner.

After this concentration on the overall locality, Dr Alena Krtilova from Prague outlined some of the measures that could be taken for individual households. Heat, light (both natural and artificial), humidity, air quality, traffic and external noise affect people's health. Good quality housing often means an improved quality of old age, but poor quality housing can often mean a much reduced quality of life for the elderly. Even artificial air-ionizers have been recommended for consideration.

Transition from working life to retirement

The inclusion of properly housed elderly people in a community can greatly benefit those who live around them. Yet many elderly people feel insecure and lonely. The transition from wage-earner, a person with skills and experience, to old-age pensioner is not always smoothly achieved. In addition, the increasingly hectic pace of modern life can easily cause elderly people to lose their sense of involvement in the busy society around them. This can all be stressful and disorienting. A gradual easing into retirement would be more helpful than the sudden change often experienced today. Counselling for retirement should become more usual, and the trend towards early retirement should possibly be re-examined as to its overall benefits.

Loneliness in old age

Professor Guy Bäckman had studied the question of loneliness and created a new concept for dealing with this growing problem, viz. that people are better able to cope with life and its problems - loneliness being just one of them - if they have a greater degree of "life control". The four components of life control are understanding, manageability, meaning and satisfaction.

Studies have shown that the stronger people's life control, the more competently they can handle problems arising from their social reality, including those causing tension. Work and life satisfaction, social support and habits of living are apparently important determinants of living a well adjusted and controlled life. The lack of life control leads to cynicism, lack of trust and loneliness.

Supporting life control by learning

A pilot project which, although small in scale, has been seen to produce trust, strong personal growth, a vital and lively interrelationship with others and ultimately stronger life control is the Open University for the Elderly at Pécs in Hungary. Set up in 1984, it continues today. Apart from providing memory training and intellectual stimuli for a broad cross-section of elderly people, it has brought out a strong amicable commitment to each other outside university hours. The visiting lecturers and artists enjoy this work and the subject matter is directly geared to the needs of the elderly.

Health and social service sectors

So far the elderly people under consideration have been those who have a good functional capacity and reasonable health. Sooner or later they will need increased care from the cities' social sectors, greater contact with the health services and possibly hospitalization. One main priority is to keep elderly people out of hospital and institutional care as much as possible. A project outlined by Dr Carsten Hendriksen of Denmark on preventive home visits was enlightening. Two groups of elderly people, as comparable as possible, were studied, using one as the intervention group and the other as the control group. The intervention group received regular visits by the same team of health visitors for three years and the control group for only three months. When the results were compared, the intervention group proved to be healthier in every way, including less need of hospital and health care which thus released hospital beds for other patients.

In Turku and also apparently in Jerusalem, a computer scanning scheme keeps track of admissions (including to which hospital and department),

leading to a better system of placement and care of patients. This policy helps to prevent mistakes and, through proper placement, to cut admissions and health care costs. In particular, it records that rather neglected aspect, the patient's point of view. However, while this enables patients to receive a smoother system of care, more often in their own home than a large institution (thereby taking the load off direct hospital care), it puts much greater stress on home visitors and the social care systems.

Cities' attitudes

Some of the cities participating in the Workshop felt confident that they could cope with the future demands on their services by increased numbers of elderly citizens and their needs. Other cities felt less prepared, and a common cause for this was the lack of coordination, and in some cases the open hostility, between their health and social sectors. Financial difficulties made the necessary upgrading and restructuring of projects and care systems difficult to envisage in other cities. In one drastic case, the health system was receiving very little financial aid from the national government.

Responsibilities

It can clearly be seen that many of the problems lie not so much with individual, community and intersectoral support but with the social services, in both quality and quantity, and also in coping with the stresses of retirement. In order to cope, especially at the outset of retirement or at the onset of age-related problems, elderly people who are long accustomed to the social care system will tend to lean heavily on it at a time when it is already under a great deal of pressure. These pressures quite often come from financial problems, but the aquisition of staff, especially for necessary evening and night work, is another area of difficulty.

Solutions

It appears that one solution may be an increase in unofficial help. This can come in the form of private community centres and residences which often encourage mutual care and assistance between the elderly people themselves. An overburdened health and social system can be relieved, and loneliness and feelings of uselessness combated, if elderly people are stimulated into a caring interdependence on each other. Such an active life promotes individual life control and thus the quality of life. Local councils can help to ensure that the public are informed about easy access to all the available facilities, the aim of which is not only to add years to their lives, but life to their years.

LIST OF PARTICIPANTS

- Dr Harri Andersson
Department of Geography, University of Turku
- Dr Antti Apajalahti
Health Services Department, City of Helsinki
- Professor Guy Bäckman
Department of Social Policy, Abo Akademi, Turku
- Mr Brian Butterfield
Health Services Department, City of Turku
- Mr Antonio de Blasio
Municipal Council Department for Health, Pécs
- Mr Karl Bronke
Ministry for Social Affairs, Bremen
- Ms Christina Edquist
Örgryte/Härlanda/Distrikket, Förskolekontoret, Gothenburg
- Mr Matteo Fiove
Social Services' Director, Municipality of Milan
- Mr David Gaunt
Research Director, Social Administration - Research and Development
Bureau, Hagersten
- Professor Eino Heikkinen
University of Jyväskylä
- Dr Carsten Hendriksen
Geriatric Department, Copenhagen City Hospital
- Mr Kjell Kling
Head of Department for the Development of Elderly Care, Social Services,
Gothenburg
- Dr Alena Kritilová
Head of the Department of Hygiene, Institute of Hygiene and Epidemiology,
Prague (Vice-Chairman)
- Dr Ilmo Parvinen
Health Centre, Turku
- Ms Maija Perho-Santala
Centre for Social Services, Turku
- Mr Eini Pihlajamäki
Department of Social Policy, Abo Akademi, Turku
- Mr Risto Pomoell
Chief Municipal Health Officer, Health Services Department, Turku
(Rapporteur)
- Mr Endre Sohar
Chief Medical Officer, Municipal Council Department for Health, Pécs
- Ms Ylva Stromgren
Director of Nursing, Plejecentret Solund, Copenhagen
- Dr Rosanna Tommasi
Largo Treves 1, Milan 201221
- Mr Harri Vertio
Medical Officer, Office of Health Education, National Board of Health,
Helsinki (Chairman)

EUR/ICP/RUD 147
6506v
page 6

WHO REGIONAL OFFICE FOR EUROPE

Mr E. Giroult
Regional Officer for Environmental Health Planning/Ecology (Secretary)