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ABSTRACT

A consolidated report on health requirements for housing and transportation for the elderly was discussed, reviewed and finalized. Other discussions, which took particular account of the situation in the countries of central and eastern Europe, addressed: guidance for those renovating apartments on the requirements of the elderly; regulations to help people remain in their present accommodation; and the most suitable ways of financing renovation.

TARGET 24

HUMAN ECOLOGY AND SETTLEMENTS

By the year 2000, cities, towns and rural communities throughout the Region should offer physical and social environments supportive to the health of their inhabitants.

Keywords:

HOUSING
URBAN HEALTH
HEALTH PROMOTION
AGED
CONSUMER PARTICIPATION
EUR
CCEE

The Working Group was hosted by the Institute of Hygiene and Epidemiology in Prague and was attended by five temporary advisers and by representatives of the Institute and of the WHO Regional Office for Europe.

The meeting was convened to discuss, review and finalize the consolidated report prepared by the WHO collaborating centre at the Institute of Hygiene and Epidemiology on health requirements for housing and transport for the elderly. It also discussed the provision of guidance, when renovating apartments, on the specific requirements of the elderly; regulations to help people to stay in their chosen environment; and the most suitable ways of financing such renovations. The Group paid special attention in its deliberations to the situation in the countries of central and eastern Europe (CCEE).

Conclusions

1. The dramatic process of transition in central and eastern Europe has resulted in opportunities and problems. To a certain extent the demand for rapid change inhibits a balanced and controlled reorganization of the political, economic and social structures. The introduction of market economic principles produces a need for new legal instruments and institutions for management and control, and for securing the rights of the citizens. In this situation, the experience of western European countries and other Member States familiar with market economic systems are of great value.
2. The central and eastern European countries face a tremendous need to rehabilitate their housing and the physical environment as a whole. New and more efficient health care and social service systems have to be developed and introduced. The elderly and the handicapped are suffering most from inadequate housing and services. An integrated approach to health, social services and physical planning policies is strongly recommended.
3. Alternative forms of ownership and tenure need to be explored by which occupants have greater influence over the design and management of dwellings. These might include cooperatives, housing associations, or voluntary, semi-public or shared ownership schemes. It needs to be stressed that there is a range of possibilities between total state ownership and the completely free market; different forms of tenure may match different needs.
4. Building up competence in the planning and management of health, housing and social services is essential to successful development. Adequate training of planners and architects, as well as of professionals within the health and social services, is a prerequisite for reaching new rehabilitation goals. Continuing education of professionals already working in the field must not be neglected. The previous poor response to the need for adequate housing and social services for the elderly and the handicapped makes it necessary to build up detailed databases for strategic policy-making, both at national and at local level.
5. To secure a just and efficient distribution of wealth and resources, the provision of health and social services, housing and other amenities has to be based on effective legislation, recommendations and standards. Experience from other countries shows the importance of coherence between these services as well as the need for adaptation to different circumstances. Studies of systems in practice will simplify new developments.

6. Decentralization is needed in order to react adequately to local requirements and to involve citizens in the decision-making process. Local institutions having competence in planning and management, and which understand the need for an integrated approach to care and the environment, should complement the national system of resource provision and allocation. Close cooperation between local authorities and different consumer groups and organizations has to be developed as an important part of the democratic system. Encouraging examples of such cooperation can be found in many countries.

7. Full-scale experiments, demonstration projects and advanced pilot projects, combined with well planned evaluation studies, are valuable inputs to the more theoretical development work. Different ways of finding resources for demonstration projects has to be tried; the European Bank for Reconstruction and Development is such a possible source.

Recommendations

1. To WHO Member States

1.1 Housing for the elderly cannot be considered only as the provision of shelter, but must take into consideration all the support services (maintenance, help with meals, special adaptations, occupational therapy, etc.) required by the elderly.

1.2 Any planned project should be discussed with associations for the elderly and disabled in order to take into consideration their specific needs. This participation is not exclusive of community participation but part of it.

2. To the CCEE in particular

2.1 A better knowledge of the existing situation is required as far as the elderly and disabled are concerned. The CCEE should assess the need for housing adapted to specific groups; an in-depth survey or census of these populations is therefore required.

2.2 Legislation and regulations protecting the most vulnerable population groups need to be drafted and implemented, together with a stronger social policy.

2.3 Issues of tenure, income, finance and cost need to be carefully monitored. State support of some sort is inevitable; the mechanisms for the delivery of that support (through subsidies to providers or income supplements to the elderly) need very careful consideration within the specific circumstances of a particular country.

3. To the Regional Office

3.1 The work of the Institute of Hygiene and Epidemiology as a WHO collaborating centre should be evaluated without delay, with a view to renewing the agreement for the next three years.

3.2 The Regional Office should support the Czechoslovak authorities in contacting the European Bank for Reconstruction and Development and other institutes, to evaluate the feasibility of a large-scale demonstration project as described in the conclusions above.

3.3 After revision, the guidelines on housing for the elderly provided by the Institute of Hygiene and Epidemiology should be made available to the cities involved in the Healthy Cities project.