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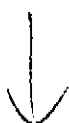
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HEALTH CARE OF THE ELDERLY

Report on a Consultative Committee



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1. INTRODUCTION

This meeting was convened by the Regional Office for Europe of the World Health Organization, in accordance with resolution EUR/RC27/R6 of the Regional Committee for Europe, which requested the Regional Director to convene a consultative committee to advise on the development of a medium-term programme on health care of the elderly. The recommendations made by the committee will be considered by a technical advisory committee which will study the practical implementation of the programme.

The meeting was opened by Dr F.A. Bauhofer, Director of Health Services, on behalf of the Regional Director. He stressed the importance and outlined the place of the meeting in the organizational structure for development of the programme on health care of the elderly. The function of the committee was twofold: to deal with the policy level of the programme and to identify priority areas for future development. The responsibility of the technical committee to be established would be to convert the priority areas into specific activities through the establishment of ad hoc technical groups. It was then hoped that activities would be further developed through a network of national institutes.

Dr Bauhofer also referred to an inter-agency technical meeting held recently at the United Nations in New York where the importance of developing a comprehensive inter-agency programme in the field of health care of the elderly was discussed, so as to ensure a maximum degree of exchange of information and also to reduce possible fragmentation and duplication of the programme. He emphasized the need for an interdisciplinary approach, the development of common denominators for use in comprehensive programme development, and needs of subsequent educational programmes related not only to the professionals involved in the care services, but also for the population group of the elderly themselves. This implied an identification of needs, roles and functions.

In welcoming the participants Dr Bauhofer thanked them in advance for their contribution to the development of this important programme.

Professor L. von Manger-Koenig was asked to be Chairman of the Group, and it was agreed that the work of the meeting would be related as far as possible to the major programme components identified in the Regional Committee document EUR/RC27/8.

The Committee's work began by participants introducing themselves and identifying certain of the important problems as they saw them, based on their own national experience. It was clear from the presentations that one of the common difficulties was the lack of an acceptable terminology in this field, and many of the participants mentioned the need to develop such a terminology in the form of a glossary similar to that already prepared for public health terms.

Reference was also made to the need to ensure much closer cooperation between medical and social services so that the services provided for the elderly population group recognized the importance of their social and economic needs. The importance of their work situation and the contribution on a continuing basis that members of this group could make to the socio-economic development of any country was stressed. It was considered essential therefore to ensure involvement of trade unions in programme development at national level so that ultimately the programme became a comprehensive Public Health Programme for this section of the population.

Reference was also made to the scarcity of actual information; although there appeared to be a large amount of statistical data, this was not comprehensive and much of the existing data was based on medical care needs. It seemed therefore essential to develop more comprehensive epidemiological data which was population-based and also capable of being developed in such a way as to allow for prospective studies of particular cohorts within this group of the population. Such information should pertain to the behavioural aspects as well as the psychosocial factors which may be of greater importance than pure pathological indicators.

It seemed essential therefore to ensure:

- (1) that the data were clearly defined with indications of gaps where data did not exist;
- (2) that data were capable of being quantified;
- (3) that statistics should be collected even on a micro-scale;
- (4) that information should be coordinated from various sources - social, economic and medical.

There was frequent reference to the importance of integration of services at different levels within the community, with precise information and decision at the most appropriate level - not only for the delivery of care services but also for their planning and organization. Without such decision it would be extremely difficult to prepare exact data on the questions of handicap and the ultimate development of supportive services to not only prevent the development of such handicap but also postpone the adverse effects that handicap of this nature would have in terms of the service requirement. This led to the need ultimately to develop indicators capable of measuring the dependency of individuals upon the services and the inter-dependency of such services.

The group referred also to the importance of legislation and the fact that often such legislation acted as a constraint on service development.

It seemed important to undertake further study to determine "risk factors" and preparation for retirement, with the consequential need to ensure adequate and appropriate use of leisure time.

There was also a general consensus within the Committee that any programme being developed for the specific group of the population referred to as the elderly should always be considered not as a distinct programme area, but rather as a phase within a whole life span. Without this it was impossible to identify the influence of social policies in one age group and their effect on other population groups.

2. DISCUSSION OF PROGRAMME

The Committee then gave consideration to the specific components of the programme as follows:

1. Information

As already indicated, there seemed to be a clear lack of accurate population-based information as well as inadequate evaluation of existing data. It was felt necessary to analyse as a first stage sources of existing data, and to develop epidemiological, population-based studies as well as the further analysis of existing social insurance data. It was also necessary to ensure more information on the importance of multidisciplinary systems in health and social services. It appeared important to review and obtain more accurate information which could ultimately be developed to provide indicators of the adverse effects on the aging process, and to prepare data emphasizing the normality of aging. This implied more detailed study of the biological and cellular processes involved.

It was felt necessary to review existing methods of information collection at national levels so as to clearly identify the reliability of these methods, the validity of the data being collected, and ultimately the use of such data. It would appear, for example, essential to have information based on population care needs for the purpose of manpower planning.

The Committee then identified main areas of information which they considered of importance. ... These are appended in Annex I.

2. Services

The Committee stressed the great problem of the lack of coordination between various services and the tendency, possibly because of the way information was being used, that national policies pertaining to the elderly resulted in institutionalization rather than the integration and maintenance of the individual in the community. Therefore it seemed essential to define the responsibility of different levels such as the community, regional and national, as obviously a total service could be more effectively delivered at a local rather than national level. Therefore, the scale of activity at each administrative level needed to be very clearly defined. It was also considered necessary to recognize the important role of non-governmental systems existing in any country and possibly review the relationship between open and closed systems of care.

In the Committee's view it was also not sufficient merely to provide the services; this had to be backed by a system of counselling so that the users could know how and where to obtain services. It was significant that many persons in the aged group of the population tended not to use available services. It seemed important therefore to identify the reasons for such non-use as the ultimate aim was to ensure an integrated service based on a public health approach for all persons. Integration in this sense meant that the most appropriate service was available at the time required by the individual or community, that it ensured continuity of care, and particularly in the field of long-term care, the goals of such services needed to be defined very clearly. While within the question of long-term care services there was the important element of terminal care which had an overriding psychological aspect, it was necessary in such situations to ensure the development of very clear links between any institutional setting for such services and the community. Finally, services should be constantly related to any educational programmes and there should always be active consumer involvement not only in the services but in their planning.

The areas which the Committee identified for further study are included in Annex I.

3. Education and Training

The Committee identified certain constraints which seem to apply in the training of professional staff. It was felt that often at university there is a lack of understanding that geriatrics is not synonymous with internal medicine. All facets of work at all levels are required, not just at hospital. There is equally a lack of definition of the meaning of care, with the medical profession tending only to provide care on an individual basis whereas it requires team approach. Care is often defined as a technical procedure and individual non-technical problems are not recognized. Finally, there is a need to identify categories and levels of personnel to be trained, with analysis of roles and functions.

The question of education and training was given high priority and the Committee considered it from the standpoint of the community, the individual and the health professional.

Community. The changes in social security policy should reflect retirement as only part of life, and it was necessary therefore to ensure practical preparation for this new phase of life based on constant relationships with the social community environment. It was felt important to consider the granting of social benefits at a given age not necessarily related to work income, but rather as a social right to preserve autonomy within a given social environment.

The individual. It was considered necessary to ensure adequate preparation for the changes that take place during the process of life. Life styles and individual behavioural patterns therefore become important.

Special health professionals. The Committee felt that in the education and training of those responsible for the training programmes there should be constant emphasis on a multi-disciplinary approach to what is a multifactorial problem. The main purpose should be the maintenance of health rather than the curing of disease, and therefore the content of education and training programmes should relate to health needs.

The areas which the Committee identified for further study are included in Annex I.

4. Coordination and Cooperation. The Committee expressed satisfaction with the present internal mechanisms developed in the Regional Office for programme coordination. They felt also that all WHO programmes, particularly those considered disease-specific, for example, the cardiovascular disease programme, should always contain a component dealing with the elderly. There would be many advantages if countries could also develop sub-programmes related to the main priority areas of the WHO programme.

The Committee also emphasized the importance of developing inter-agency activities and methods of developing coordination and cooperation between governmental and non-governmental organizations active in this field. Such meetings should be concerned with information exchange, programme content exchange, and decisions on whether certain organizations, and particularly institutes at national level, could be made directly responsible for certain parts of the programme. The main areas of activity were identified and are outlined in Annex I. The Committee also gave consideration to the section in the programme dealing with approaches and targets. While accepting the broad outline of the objectives and targets indicated, they proposed amending the long-term objectives and also felt that it was essential to provide within the programme much greater emphasis on the preventive and promotive activities as a matter of some urgency.

... Suggested amendments are indicated in Annex II.

Finally, the Committee identified what in their view were the important priority areas, particularly for the ultimate programme development. At the same time the concern of the Committee was to ensure emphasis on two main areas: the obtaining of information, and the education both of the population and the professional. The programme should therefore be expanded gradually over a period of time. It was recognized that solutions had also to be identified to provide alternatives to institutionalized care. It was urgently required therefore that local and regional experiences should be obtained.

It was also felt that preventive approaches should be developed ensuring postponement of handicap and the creation of greater interdependency and independence for persons within the older age group. It was essential to ensure interdisciplinary cooperation and information exchanged should include both negative and positive experience.

The Committee agreed that priority should be given to developing means of cooperation and coordination between organizations involved in this field - both governmental and non-governmental. This would apply also to the need to establish a network of national counterparts responsible in their respective countries for programme development.

The Committee felt that it should be possible to ensure the development of sets of minimum information to review that which already existed as a first stage. First priority however was felt to be the need to develop more effective terminology.

Areas for Further Study

INFORMATION

1. GeneralMain areas of information

a. Terminology, definitions and classification

b. Demography

General increases to be presented in actual numbers and percentages

Specific increases in particular age-groups

Population mobility

Disproportionate mortality and morbidity between sexes (family and social integration)

Aging processa. Health indicators

Nutritional

Multiple morbidity

Disability

Behavioural changes

Psychological changes

Functional aging (activities of daily living)

b. Social indicators

Standards of social integration

Social benefits

Relationship between social, medical and psychosocial factors

c. Economic indicators

Work

Retirement

Training

Loss of productivity

Increase of national expenditure

Economic dependency

Environmental indicators (remote areas, rural, urban, city)

Housing

Transport

Industrialization

Societal changes

Cultural attitudes of the family, etc.

Family structure

Innovations

Technical

Political

Psychosocial

EDUCATION AND TRAINING

Community

Health education including nutrition, effects of urbanization, etc.

Education of the family, neighbourhood and young people

Changing the image of the elderly in society

Publicize community facilities available to the elderly by use of press, radio, etc.

Role of social security agencies as a catalyst in preparing for retirement; not treat people as problems

Changes in social security policy reflecting retirement as only part of life; new content of life requires practical preparation and relationships with social environment. This means granting of social security benefits at given age, not dependent on work income, so as to preserve autonomy

Individual

Retraining and vocational training because of handicap

Programme for self-care (life style)

Preparation for retirement:

Cultural influences

Financial aspects

Age and retirement not an absolute boundary

Suitable housing

Increased contact with other people

Development or intensification of interests

Involvement of various disciplines for maintenance of health

How to be active, not passive, member of society

Development of meaningful occupation

Allow some employment; mistake to "punish" such activity

Professional

Relate content of training and education of medical and health professionals to real health needs to prevent handicaps

Education and training of educators (all professions)

Necessity to have multi-disciplinary approach with emphasis on health maintenance and risk factors

Definition of role and function

Interchange of responsibility between various professionals

Consideration of the broader team, common language

Insufficient training regarding older people

Lack of training of nurses particularly responsible to assist the elderly

Development needed at national level for education of health workers (capability of dealing with those who are sick, well and intermediate)

The understanding of geriatric care should be taught to all health personnel, including those people at policy level, town planners and architects

Geriatrics as part of total medical training, not only postgraduate (Preponderance of older patients whom the general practitioner must treat)

SERVICE (Organization and Management)

<u>Main Areas</u>	<u>Action</u>
1. Lack of coordination between services (also communication)	Develop studies National experience Alternatives Community services Homehelp, etc.
2. Relationships, open or closed system with role of voluntary agencies	Profit or non-profit Central financing Local financing
3. Inadequate evaluation and use of cost effective- ness of service intervention (social policy)	Develop methods Evaluation EB/61/20 Efficiency Effectiveness Out-put indicators
4. Inadequate progressive care services Long-term care, terminal care	Studies, etc. Need for comparable data
5. Development of national policies (national, regional, local)	Appropriate level of care (Planning, management)
6. Consumer participation Service utilization	Counselling services Expectation of consumer Identify reasons why persons do not use services
7. Service need (Coverage, access, accessibility)	Resource allocation
8. Fragmentation (related to groups or conditions)	Develop models to ensure integrated services for all populations (family-based)
9. "Screening"	Identify risk groups, <u>not</u> disease, age specific
10. Inappropriate legislative action	Formulate model Social policy legislation
11. Services for special groups (psycho-geriatric, socially isolated)	Information systems
12. Ill defined Preventive actions	Disability prevention (WHO programme)

General

Services provided as a reflection of need and demand

Services for whole person or community, not for conditions

Integration - involves decision on appropriate level

Decision on:

- (a) Level for policy
- (b) Level for planning
- (c) Level for delivery
- (d) Level for management

Needs should be as far as possible provided within existing services before providing new, with particular emphasis on primary health care

Very often legislation acts as a bar to service development

Many constraints to adequate service development.

COORDINATION AND COOPERATION

We should develop coordination and cooperation between governmental and nongovernmental organizations. This should imply information exchange, programme content exchange, and decision whether certain organizations or institutes could be made directly responsible for certain parts of the programme.

Although satisfied with the present internal mechanisms for programme coordination, it was felt that all programmes of WHO should always include a component dealing with the elderly. There could be advantage, if it were possible, for countries to develop sub-programmes related to certain areas of the WHO main programme.

There is need to ensure vertical and horizontal levels of coordination and cooperation both at interdisciplinary and interagency levels. Prior to any planning process, there is need for the coordinating mechanisms which are to be involved to be clearly defined and to ensure relationships between social and medical facilities.

Suggested Amendments

OBJECTIVES AND TARGETS

While accepting the broad outline of the objectives and targets indicated in the EURO profile, to reflect the discussion it is proposed to amend the long-term objectives as follows:

- (a) Provision in each of the Member States, of adequate services for the health care of the elderly in the community.
- (b) Introduction of preventive measures in younger age-groups to counteract known adverse factors in aging.
- (c) Prevention of accidents among the elderly and rehabilitation of the disabled.
- (d) Cooperation between institutions concerned with health care of the elderly and the training of personnel in this subject; and with intergovernmental and non-governmental bodies active in the field.
- (e) Legislation to ensure adequate policies for the elderly.

Regarding medium-term objectives:

- (a) To initiate and coordinate studies on the specific morbidity and mortality of the elderly, with particular emphasis on socioeconomic data.
- (b) To promote cooperation among institutions concerned with the health care of the elderly and the training of personnel.
- (c) To prepare a review of the existing systems and approaches of Member States.

Targets

- (a) Obtain, analyse and disseminate information in the field of health care of the elderly from Member States by 1980.
- (b) Promote and support through appropriate mechanisms concerted planning and action between intergovernmental and non-governmental organizations active in this field by 1979.
- (c) Promote research and initiate epidemiological studies at a national level in at least five countries by the end of 1978.
- (d) Encourage development of alternative integrated service patterns related to the health care of the elderly in at least two countries by 1981.
- (e) Develop accurate predictors of adverse processes of aging by 1981.
- (f) Develop a system of coordination with other organizations, centres and programmes by 1979.
- (g) Develop preventive and protective activities by 1980.

Approaches

- (a) To review existing systems and approaches used by Member States, including the formulation of legislation and indicating also their positive and negative experiences.
- (b) To initiate and coordinate studies on morbidity and mortality among the elderly.
- (c) To develop accurate indicators predicting adverse processes in aging.
- (d) To use pilot areas for population-based epidemiological studies, with a view to general alternative integrated service patterns.
- (e) To arrive at better definitions of impairment, disability and dependency in the elderly and identify priority areas for care, particularly preventive approaches.

- (f) To promote ways and means of involving the elderly in programme development.
- (g) To develop closer coordination at national and international level through liaison meetings and collaborating centres.
- (h) To produce acceptable terminology, definitions and classifications.

SCOPE AND PURPOSE

In accordance with resolution EUR/RC27/R6 of the Regional Committee for Europe, the Regional Director is convening a regional consultative committee to advise on the development of a medium-term programme on the health care of the elderly.

The group will be briefed on the present medium-term programme so that it can identify priority areas. It will decide on the strategy to be used as basis for the work of a Technical Advisory Committee that is to consider in detail the activities to be included in the programme.

The Consultative Committee will be composed of representatives of national health authorities and other governmental bodies responsible for the programme at national level.

PROVISIONAL LIST OF PARTICIPANTS

TEMPORARY ADVISERS

Professor J.-L. Albarède
Head of Geriatric Department
University Hospital Centre
170 Chemin de Casselardit
31300 Toulouse
France

Dr K. Fürböck
Chief of Section
Ministry of Social Welfare
Stubenring 1
1010 Vienna
Austria

Dr H. Kreutzfeldt
Senior Medical Officer
Directorate of Health
Store Kongensgade 1
1264 Copenhagen K
Denmark

Professor L. von Manger-Koenig
Special Consultant on International Affairs to the
Federal Minister for Youth, Family Affairs and Health
Deutschherrenstrasse 87
5300 Bonn 2
Federal Republic of Germany

Address for correspondence:

Frankenweg 74
5340 Bad Honnef

Dr C. Münter
Director, Medical Care Division
Ministry of Public Health of the German Democratic Republic
Rathausstrasse 3
Berlin 102
German Democratic Republic

Professor I. Orha
Head, Department of Preventive Cardiology
Centre for Cardiovascular Diseases
c/o Ministry of Health
6, Ilfov Street
Bucarest
Romania

Dr P. de Schouwer
Chef de cabinet of the
Minister of Public Health and Family Welfare
Cité administrative de l'Etat
Quartier Esplanade 6
1010 Brussels
Belgium

Dr Meropi Violakis-Paraskeva
Honorary Director of Hygiene
Ministry of Social Services
2 P. Dimaki Street
Athens
Greece

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Miss Dorothy C. Hall
Regional Officer for Nursing

Dr R. Glyn Thomas (Secretary)
Regional Officer for the Development of Community Services