

Long term care in the community



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Demographic transition – massive and *new* change – challenge and opportunity

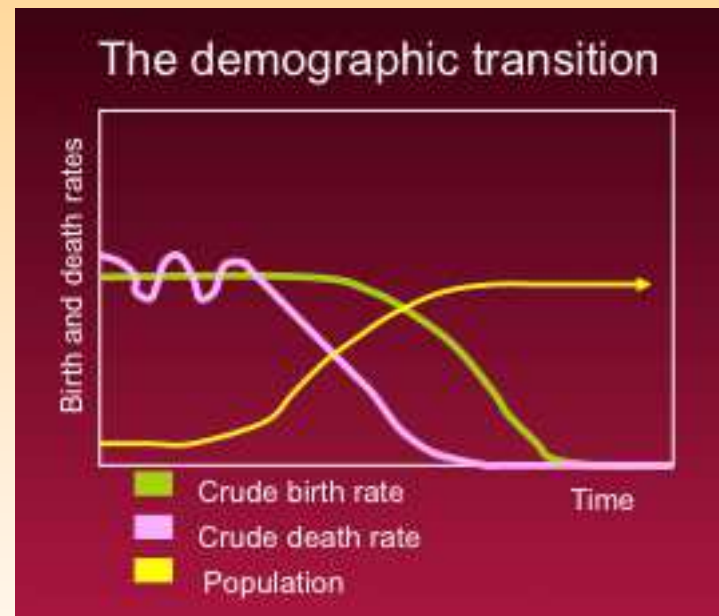
Happening at a time of other transitions

- globalization
- urbanisation and migration
- social change
- epidemiological transition
- changing gender roles

With behaviour changes such as:

- fertility decline
- women earning outside the home
- decrease in youth dependency
- higher rates of saving for retirement

Expectations of older people themselves are changing



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First priority – Raising awareness of policy makers and other stakeholders

- ✧ The increase in proportion of older people was slow but is starting to increase rapidly.
- ✧ Many remain unaware of this change and its implications for health and social welfare services - and every area of development.
- ✧ There is a challenge in discussing the needs of elders not to reinforce stereotypes about the frailty and dependence of older people.
- ✧ It is important to highlight the national benefits of an ageing population and the contribution that older people make to their families, communities and the nation.



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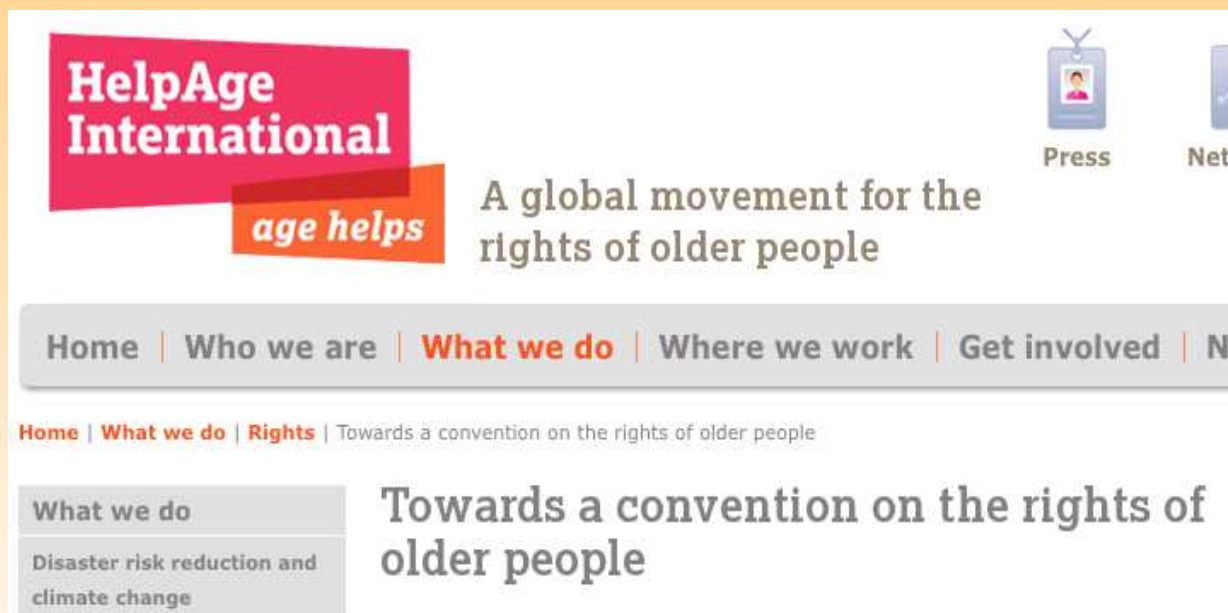
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Rights-based approach

Many are advocating for a Convention on the Rights of Older People.

Elders do have all the rights set out in the Universal Declaration of Human Rights and other international human rights instruments, including:

- The International Covenant on Civil and Political Rights;
- Convention on the Rights of Persons with Disabilities;
- International Covenant on Economic, Social and Cultural Rights;
- Convention on the Elimination of All Forms of Discrimination against Women



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Need to tackle ageism:

For example - the Universal Health Coverage initiative urges governments to address systematic discrimination in health service access related to “disability, sex, sexual orientation, religion, ethnic origin, or political affiliation”.

Age is not mentioned.



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'Time bomb': Aging population may explode global economy by 2050

Published time: August 23, 2016 17:03

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AFP Photo/Damien Meyer

ECONOMY

Ageing population the new headwind

Moody's report warns of demographic time bomb

PARIS: As populations age around the world, economies will be held back and growth trends will slow sharply in the next 20 years, according to a report

populations aged over 65.

By 2020, it said, the number of "super-aged" societies, where more than a fifth of the population are 65 and older, would increase from three today to 13. By 2030, the number will reach 34.

US-based Moody's monitors the resilience of public finances and issues credit ratings for government debt bonds.

When a population ages faster than it

economic growth in the past will turn into a demographic tax that will ultimately slow this growth for most countries worldwide," the report added.

"The global working-age population will grow nearly half as fast in the years to 2030 as in the previous 15 years, increasing by only 13.6%, down from growth of 24.8%, Moody's estimated.

It said that all countries, with the excep-

The rapid ageing of populations worldwide is often presented as a disaster or problem rather than as an opportunity or challenge.

For example, there have been many headlines about the 'ageing tsunami' or the 'ageing timebomb'.



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Elders' contribution

The elderly make an important contribution to the economy and well-being of families and communities



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through child care ...



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agricultural, and domestic work...



and passing on traditional craft skills to the young

But their economic contribution is not counted... so is often not appreciated by policy makers.

The health problems of ageing in low income settings are characterised by:

- ✧ Chronicity
- ✧ Multiple, co-existent, and inter-related problems
- ✧ Loss of function
- ✧ Continence, gait, balance and cognition problems
- ✧ Barriers to health care
- ✧ Potential for catastrophe
- ✧ Increasing vulnerability
- ✧ But also – elders have resilience, experience, skills, maturity



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Barriers to health care for elders

- ✧ Lack of mobility
- ✧ Transport costs; lack of seats on buses
- ✧ Long waiting times
- ✧ Health care provider attitudes
- ✧ User fees and cost of drugs
- ✧ Belief that health and eye problems are a 'normal part of ageing'
- ✧ Reluctant to spend money on themselves



"அடி நெருடா ஸை வசீயிசேகி"
உல கிசா
வசீயிசேகி மருகர அாசன ஓலா டேஜி
இன்றைய இளைஞர்கள்
நாளைய முதியோர்கள்
எனவே,
முதியோரை மதித்து
ஆசனம் வழங்குவோம்



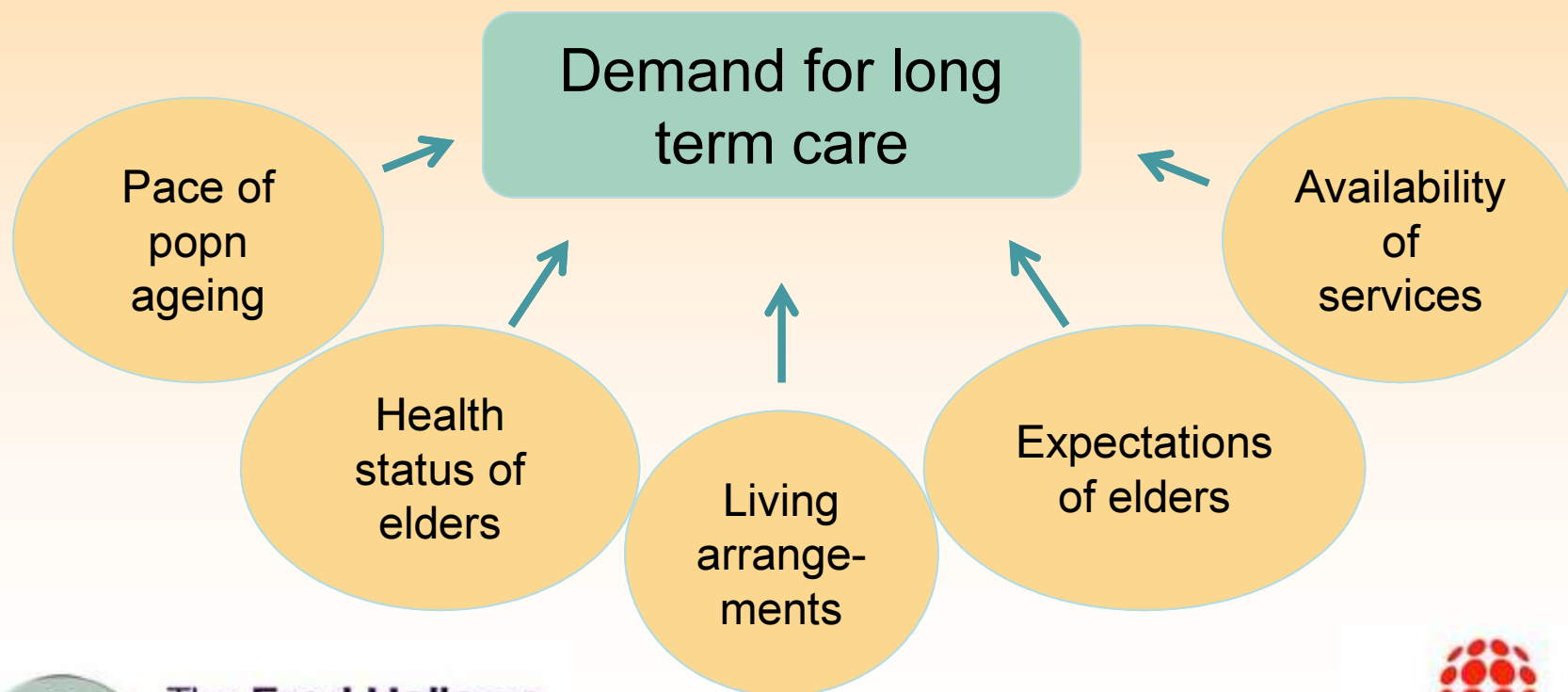
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Predicting demand for long term care

Difficult to predict

- Lack of data
- All the factors that influence demand are themselves changing fast



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Long term care in the community

Self-care



Couple mutual care



Family care



Community care

Mutual support

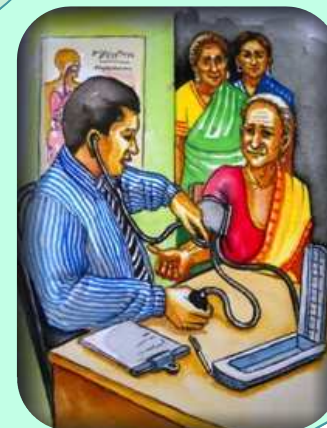
Day care

Home visits

Shared medical care

Respite care

Palliative care



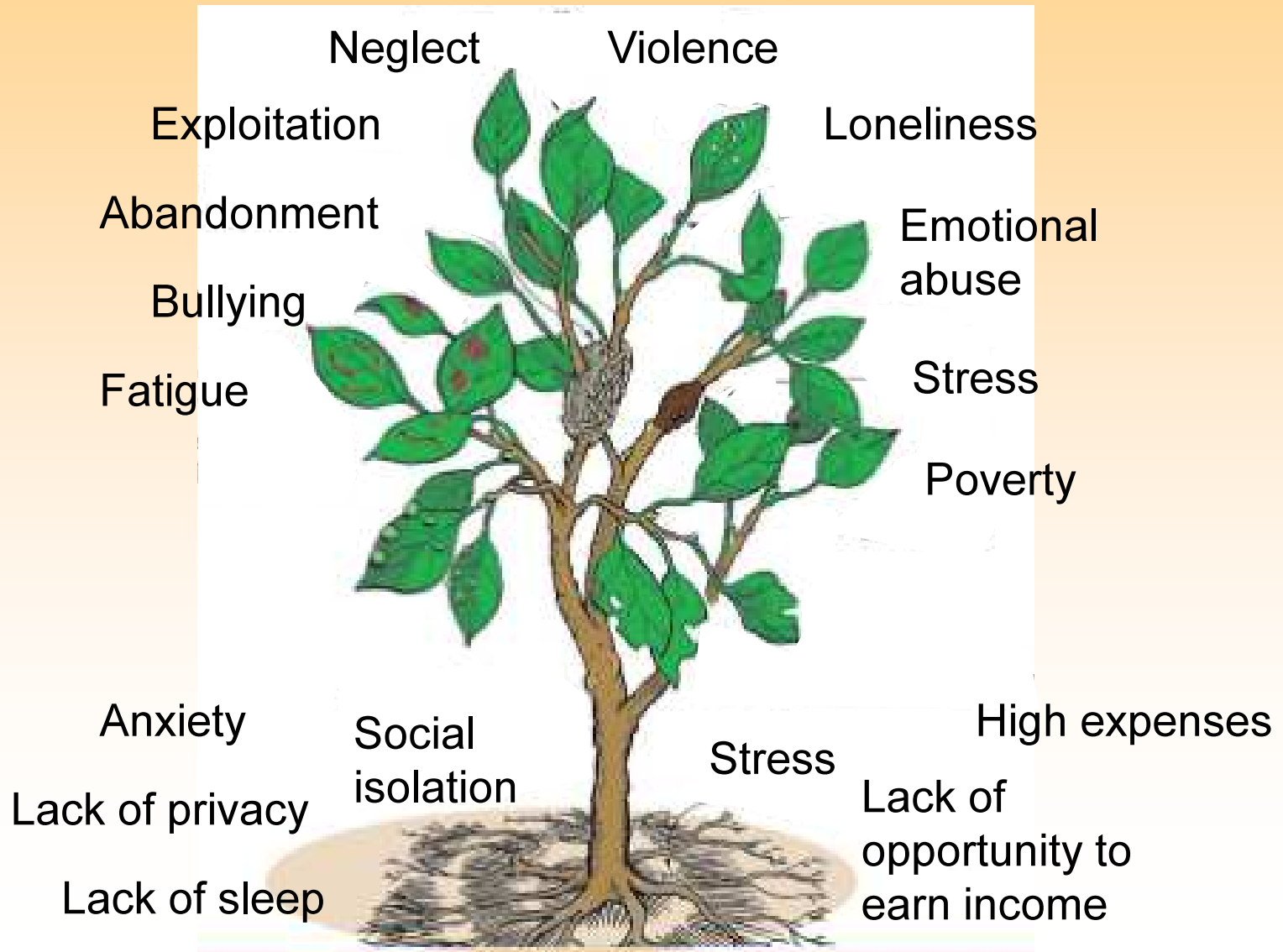
“Someone for everyone”



- ✧ Before we think about delivery of LTC services....
- ✧ While many older people have a spouse or close family, there are, increasingly, some who fear they would not have anyone if they became dependent.
- ✧ In our study of 1,125 rural elders, 6% of the elders live alone, and 20% said they would have no one to look after them if they became dependent.
- ✧ 62% were married (women 45.4%; men 80.3%); 30% widowed (47% of women; 10% of men) 55% said they live with their spouse.
- ✧ Need efforts at community level, through civil society groups, to bring elders and volunteers (who may be elders or youth) together.

Potential harmful effects in the context of long term care

- affect both elders and their family caregivers
- multiple causes and effects



Support for caregivers

- ✧ Practical and financial support to caregivers
- ✧ Raise the status of caregiving
- ✧ Emotional support to caregivers – counselling, online discussion boards
- ✧ Training
- ✧ Opportunities for social participation
- ✧ Respite care
- ✧ Day care services
- ✧ Volunteers



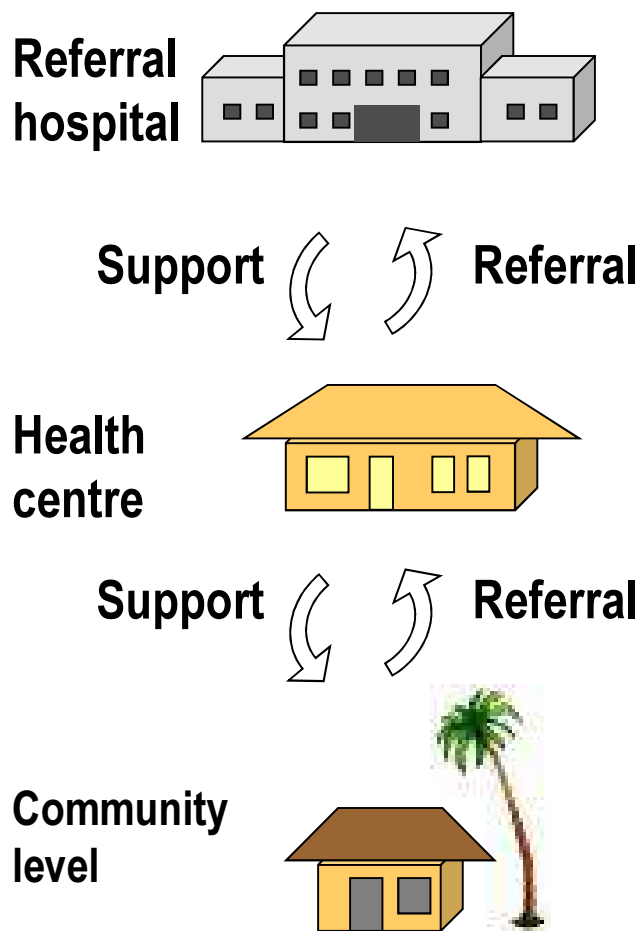
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Continuum of care approach

Need strong support and referral links between levels of care



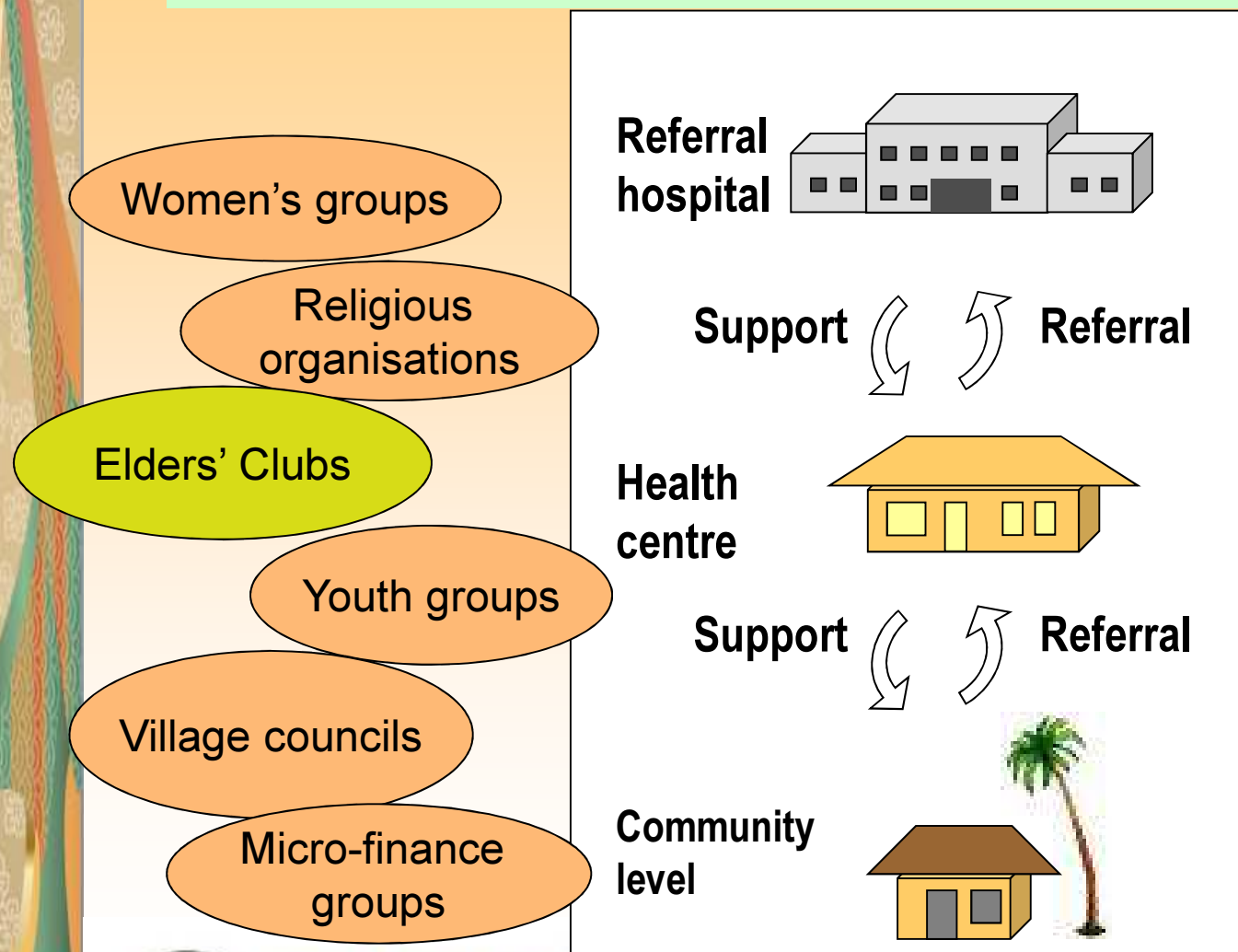
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Need links with civil society groups at all levels of care



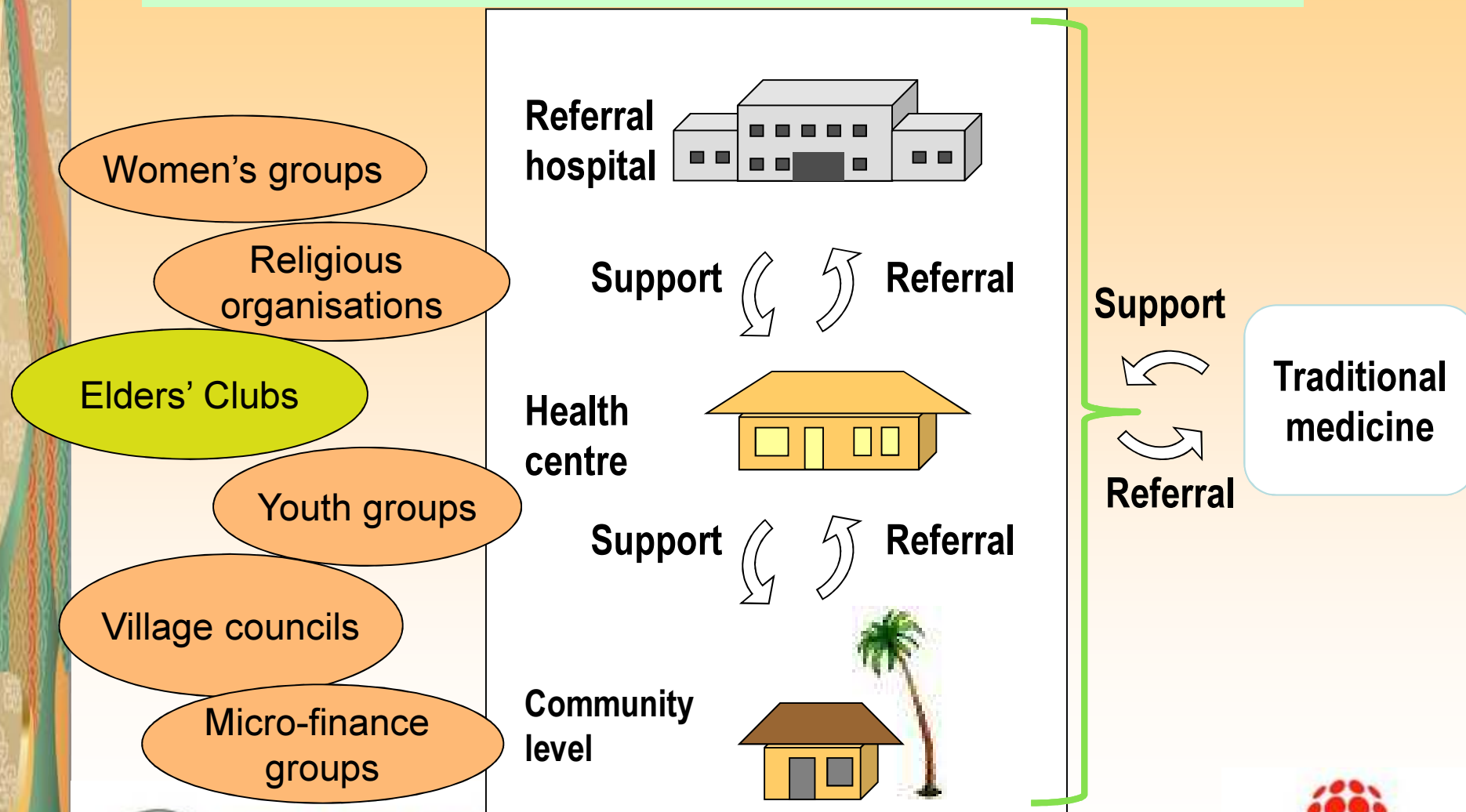
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Continuum of care approach

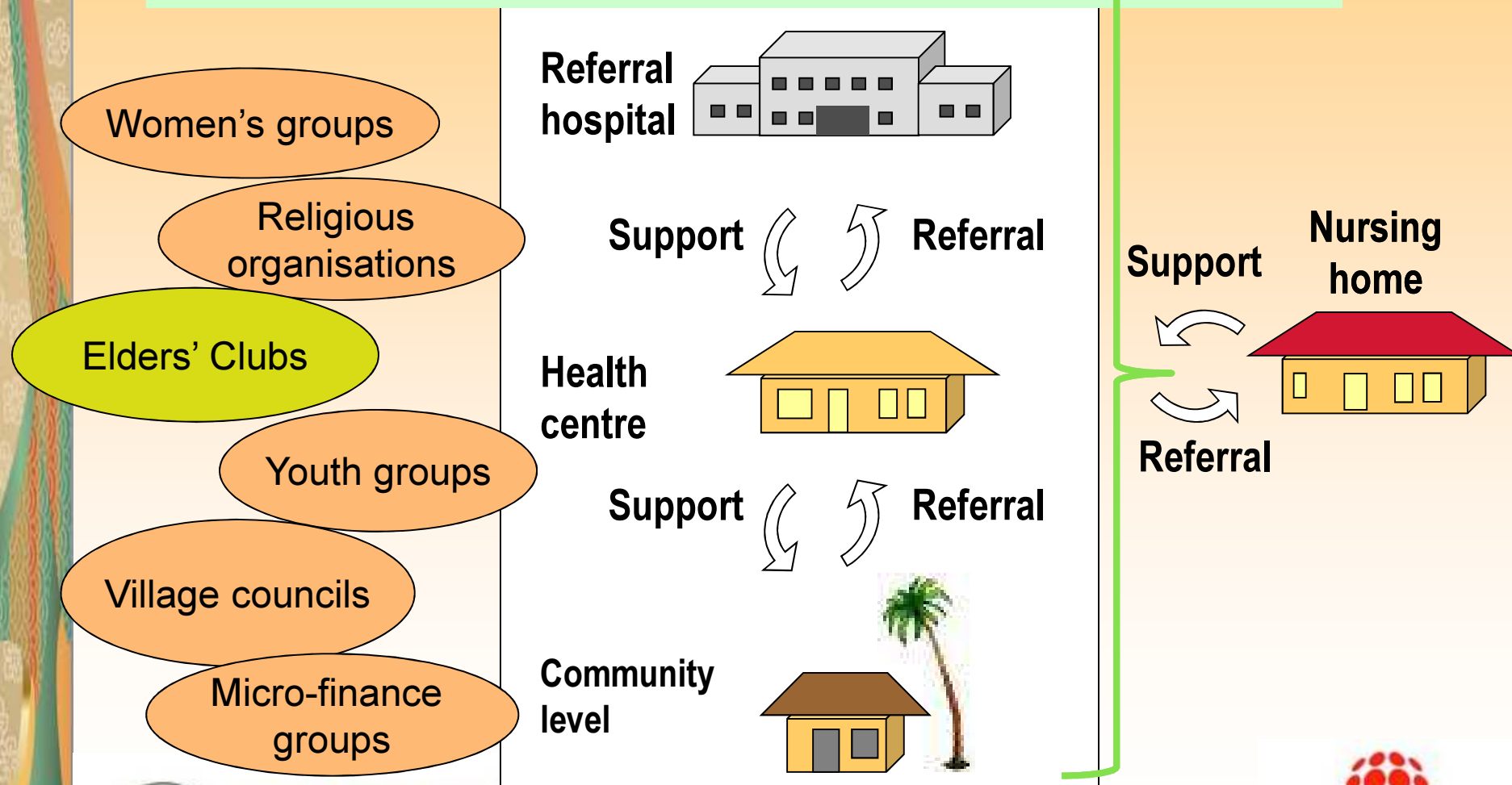
Need support and referral links with traditional practitioners



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Continuum of care approach

Need nursing homes for elders with high needs, destitute elders and respite care



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Can we learn from rich countries?



“Determining whether and how the delivery of Long Term Care through Home and Community Based Services versus Nursing Homes affects outcome trajectories of older adults is difficult due to scant evidence and the methodological limitations of studies reviewed.

More and better research is needed to draw robust conclusions about how the setting of care delivery influences the outcomes and costs of Long Term Care for older adults”



Benefits from the Elders' Club strategy

Influence

Collective voice to influence local govt, politicians, CBOs, and estate managers

Social contact

Music and dance, excursions, sports, discussion groups

Visibility and recognition

Annual elders festival; CBOs addressing needs of elders; youth respect and assist elders

Learning

Interactive health promotion; peer education; leadership skills

Income

Small loans and saving schemes; income generating activities

Social support

Bereavement support; visiting sick peers; respite care

Community participation

Organising events; interacting with young people; contributing to work of CBOs

Access to services

Identity cards enabling access to social welfare payments; BP and eye health screening



Health promotion

“A greater emphasis on the neglected areas of health promotion and disease prevention in older age may yield substantial benefits.” Beard and Bloom. Lancet, Nov 6, 2014.



Set of 21 **picture cards** with key messages

- Can be used in many ways
- With small or large groups
- Stimulate discussion about health behaviours

Home care services

- ✧ Social support
- ✧ Counselling – bereavement support
- ✧ Incontinence care, including laundry services
- ✧ Chronic wound care
- ✧ Delivery of groceries and medicines
- ✧ 'Meals-on-wheels'
- ✧ Low vision care
- ✧ Medicine reminders
- ✧ Provision of assistive devices; modifications
- ✧ Rehabilitation - physiotherapy
- ✧ Respite care
- ✧ Palliative care



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Practical adaptations for home-based care



(Triwahyudi 2013)

Latrine design with protruding bricks for support, and string for blind user to locate drop-hole.



(Kamban and Norman 2013)

White lined path leading from house to latrine helps visually impaired elders



(Kamban and Norman 2013)

Cane latrine chair

Source: Jones H. Mainstreaming disability and ageing in water, sanitation and hygiene programmes. A mapping study carried out for WaterAid. 2013. www.wateraid.org



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Adapt Primary Health Care

- ✧ Build on current model of PHC e.g. in Sri Lanka, Public Health Midwives; in Indonesia, Posyandu (integrated health posts with trained volunteers), have been adapted from WCH focus to elders.
- ✧ Need clinical and care guidelines, including ethical guidelines for working with elders.
- ✧ Curriculum development for training program



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Shared medical care

- ✧ GP care model is appropriate for acute episodic care rather than the cooperative approach needed to support self-care of chronic conditions
- ✧ Shared medical care – in pairs or groups – includes group information giving and mutual support, as well as individual history taking, physical examination and investigations
- ✧ Can be multi-disciplinary - include social welfare workers, nutritionists, physiotherapists, speech therapists etc.
- ✧ Saves time of health care providers; patients and providers have more time together; more Q and As; encourages group support; greater trust and satisfaction



Kirsh S et al. Qual Saf Health Care. Oct 2007; 16(5): 349–353.

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Adapt health information system



- ✧ Consultation data
- ✧ Admission data
- ✧ Disaggregate data by age
- ✧ Waiting lists
- ✧ Personal health records
 - Multi-disciplinary
 - Facilitate communication and coordination



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Use of medicines

- ✧ Many elders lack knowledge about their chronic conditions and the medicines they have been prescribed.
- ✧ Many elders were not taking their medicines at the correct time or in the correct dosage.
- ✧ It is difficult to ensure a continuous supply of medicines for many elders.
- ✧ Medicines are often dispensed wrapped in paper or in a paper envelope, with little information.
- ✧ Family members are often willing to assist elders to take their medicines correctly, but also often lack knowledge.
- ✧ The routine of meal times is used by many elders to remind them when they should take their medicines.
- ✧ Changes in routine such as journeys or increase in workload can cause elder to forget to take their medicines.



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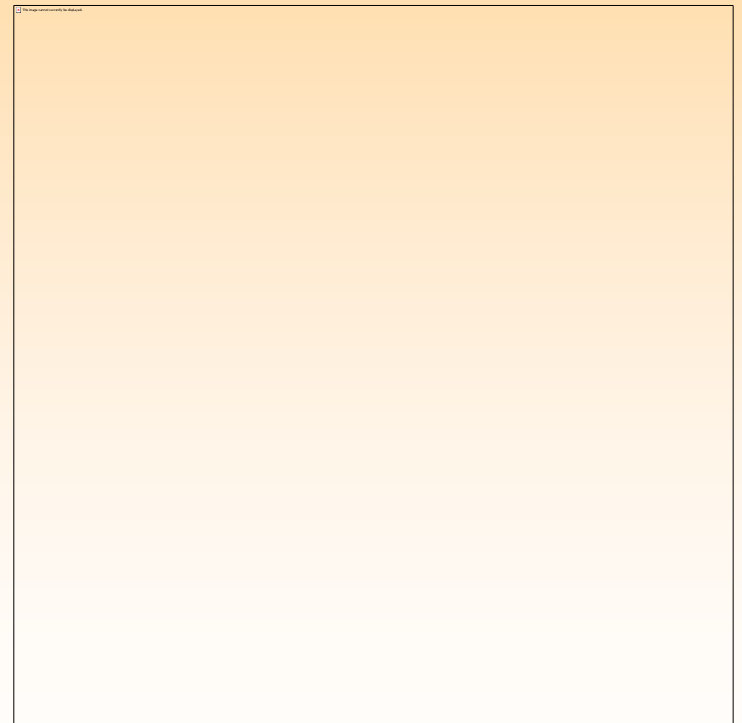


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- ✧ Dosettes can be a convenient way to help some older patients take their medicines correctly.
- ✧ However, introduction of a dosette box may be harmful resulting in taking medicines at the wrong time or in the wrong dose.



Webster pack



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What is the role of traditional medicine in long term care?

- ✧ Older people often have greater trust in traditional forms of health care
- ✧ Ayurvedic care may be helpful for some ageing-related health problems
- ✧ Often combine traditional and allopathic care - may not tell health care providers - fear disapproval
- ✧ Need to include Ministry of Indigenous Medicine in planning processes



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The role of employers

All elders are not retired – need to raise awareness of employers of the benefits of offering flexible conditions and re-skilling for their older workers – a valuable resource

The workplace is another context for long term care and preparation for healthy ageing

Silver Sustain Program

“In our eyes, our older workers are one of our most invaluable assets in the business. The intrinsic motivation, determination and loyalty they possess are priceless additions to our business.”

Gehan de Soysa, CEO,
Threadworks Ltd, Sri Lanka



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Residential care / Nursing homes

Currently about 1% of elders in Sri Lanka live in residential care. Existing elders' homes in Sri Lanka will take only those who can care for themselves.

Some nursing homes are needed

- for respite care
- for frail elders that are bed bound or cannot be cared for at home for other reasons
- for destitute elders

Institutions need strong **regulation** and strong links with the community.

“The State shall provide appropriate residential facilities to destitute elders who are without children or abandoned by children”.
[Sri Lanka Protection of the Rights of Elders Act, 2004]



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Eye Health Promoters model

What are the advantages of training elders to screen vision?

- ✧ Primary vision screening accessible to elders in their own communities
- ✧ All elders will be encouraged to have their vision checked and to seek medical advice if needed, through counselling from trained “Eye Health Promoters”.
- ✧ Elders will be able to have their vision screened at regular yearly intervals without problems or delays.



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Why is it important to address vision impairment of elders?

When elders cannot see well they:

- are more likely to fall, to fear falling, and to have accidents
- may become socially isolated and depressed
- may be unable to contribute to their families through cooking, child care and other work
- may need a family member to stay at home to care for them
- may not be able to participate in religious rituals
- may have difficulty in attending for health care when they are ill
- may not be able to take their medicines properly

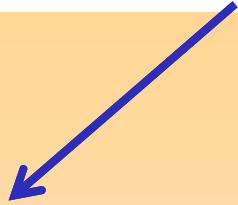


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In low- and middle-income countries, visual impairment is greatest cause of burden of disease in older people - 3 times greater than in high-income countries.



Years lost due to disability per 100,000 adults over age 60 by country income group



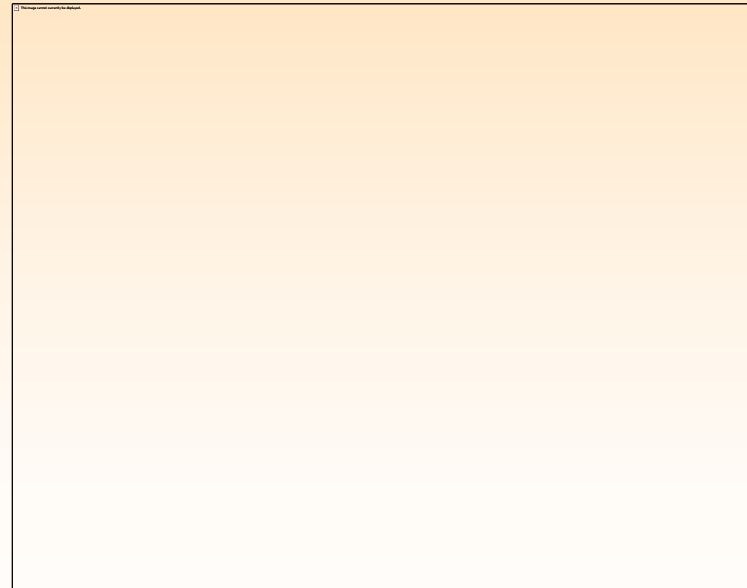
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Source: Good health adds life to years. Global brief for World Health Day 2012. World Health Organization



Strong link between NCDs and eye health

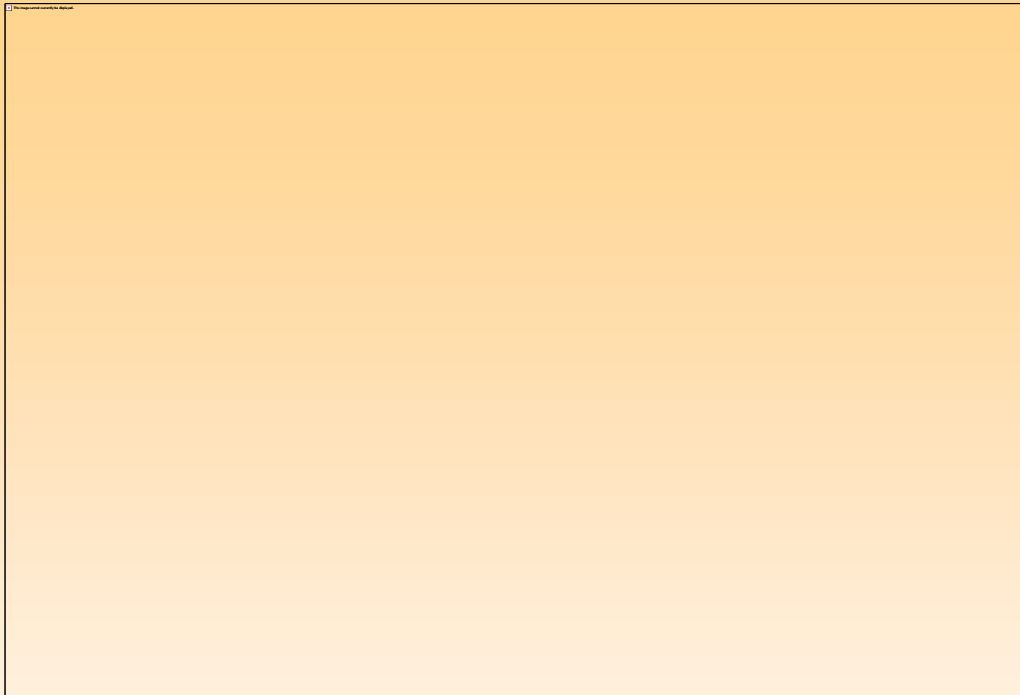
- ✧ Diabetes and cardio-vascular disease predispose to cataract and retinopathy
- ✧ Diabetic retinopathy is the most common complication of diabetes – more common when diabetic control is poor
- ✧ Prevalence of both NCDs and visual impairment increases with age



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A volunteer, trained Eye Health Promoter explains
to an older woman how to attend for eye care.
(Better Vision Healthy Ageing Program)




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“Only after the eye surgery I can see all the faces that I cannot see earlier, before 6 months for about 6 years I could not see, only now I am mobile, I can cook, prepare milk for my grandchild, get water from the tap, light the hearth. I have become functional in these 6 months.” [Older woman, Brookside estate]

“In Kahagalla, after the elder was operated for cataract, she came for the Elders’ Club meeting for the first time, and her daughter-in-law was able to go back to work.”
[Community mobiliser]

“We have come from darkness to light”
[Older man, Agarapatana]



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Peer education

Peers are people who share similar characteristics or experience in a community.

They could be of the same age category, or share similar physical ailments or social problems.




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- 
- ✧ Many older people feared cataract surgery, but reassured when they met and heard about the operation from those who have experienced it.
 - ✧ Peers have also improved self-management of chronic conditions such as diabetes.
 - ✧ Peer educators require:
 - support, guidance and encouragement,
 - ongoing education to update their knowledge and skills,
 - health promotion materials, and
 - some financial support to enable them to visit other communities.



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Peer educators promote health -

- ✧ in their daily conversations with friends and family
- ✧ at their own Elders 'Club meetings
- ✧ visiting Elders 'Clubs in other communities
- ✧ through drama, music or poetry performances
- ✧ using the picture cards
- ✧ through telling stories



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and the elders of Nuwara Eliya district



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Thank you

Holbrook estate Elders' Club



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