



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

**Submission to the Department of Health and Children
on the new National Positive Ageing Strategy**

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The IMO welcomes the opportunity to make a submission on the new National Positive Ageing Strategy aimed at ensuring the best quality of life for older people in years to come.

Age *per se* is very much a state of mind. Wide disparities exist in life experiences which reflect family, social and economic circumstances as well as each person's physical and mental health status. In framing any policy for older persons it is therefore essential to understand that those described as 'elderly' compose a group of individuals with needs, opinions and concerns similar to any other age group.

Currently 11% of the population are over 65, by 2036 25% of people living in Ireland will be over 65.¹ Ageist attitudes in health policy and health care must be combated. The Equality Authority describes ageism as "*an interlinked combination of institutional practices, individual attitudes and relationships*".² Institutional practices include, inadequate provision of services casting, segregation where older people are not afforded real choices, failure to include older people in decision making processes and the use of upper age limits. These practices can shape and be shaped by individual attitudes based on stereotypes of older people as burdens or in decline and "*generates relationships with older people that are characterised by abuse, neglect, dependency and patronage*".

Rather than viewing demographic change as a pressure on the cost and sustainability of the healthcare system, health policy should focus on preparing and planning for the needs of an older population. The National Positive Aging Strategy should encompass:

- Healthy lifestyle promotion including diet and physical activity, smoking and alcohol abuse, falls prevention and appropriate pharmaceutical use.
- Mental Health Promotion
- Access to adequate care.

Health Lifestyle Promotion

*"Good health is a pre-requisite to anyone expecting to lead an active and fulfilling life...
...Longer life expectancies for both women and men are major achievements that should be valued and preserved and will not necessarily result in higher costs to society if people are empowered to remain healthy until a very old age..."*³

A recent Canadian study found that important factors that contribute to "thriving" in old age include the absence of chronic disease, adequate income, having never smoked and drinking alcohol in moderation.⁴ People who had a positive outlook and lower stress levels were also more likely to thrive.

¹ HSE Health Forum Steering Group 2008 *Toward an Integrated Health care system or More of the Same*

² Equality Authority, *Implementing Equality for Older People*, :4

³ AGE – The European Older People's Platform, *Towards a European Society of All Ages*, 2006: 21

⁴ Kaplan M.S. et al, *Prevalence and Factors Associated With Thriving in Older Adulthood: A 10-Year Population-Based Study*, *Journal of Gerontology: Medical Sciences* 2008 63:1097-1104

Chronic illness, such as cancer, cardiovascular disease, diabetes and mental health problems, usually occurs in older people. Approximately three quarters of people over 75 years have at least one chronic condition and over a third of men over 60 years have two or more chronic diseases.⁵

Certain lifestyle factors such as poor diet, physical inactivity and tobacco, alcohol and drug consumption are known to increase the risk of chronic disease. According to the WHO, “a small shift in the average population levels of several risk factors can lead to a large reduction in the burden of chronic disease,”⁶ yet the OECD estimates that only 3% of healthcare expenditure in Ireland is spent on prevention and public health programmes.⁷ Because risk behaviours are commonly established earlier on in life, healthy lifestyle should be promoted to all ages from childhood and adolescence and continued through adulthood to old age.

Diet and nutrition

A healthy diet from an early age is essential for the prevention of obesity and associated diseases such as type II diabetes and cardio vascular disease. While obesity is common in older people, the issue of malnutrition in elderly people is even more apparent.⁸ Loss of appetite may be due to a variety of reasons including physiological changes, mental illness, side effects of medicines, disability, poor teeth or poor sense of taste and smell.⁹

Programmes to promote good nutritional habits include a public health campaign targeting older people, advice and checks on diet during medical visits, nutritional programmes for older people in long-term or community care and incentives to the food industry to promote quality affordable food adapted for an older population.¹⁰

Physical activity

Regular physical activity brings benefits to all ages.¹¹ For older people it can help prevent chronic diseases such as osteoporosis, type II diabetes, ischaemic heart disease, stroke, anxiety, depression and colon cancer. Exercise can also increase mobility and help prevent disability caused by chronic disease, falls and injuries. In addition to physiological effects recreational exercise prevents isolation and depression by providing important opportunities to socialise.

The OECD recommends that policies to promote physical activity for the elderly “*should focus on opportunities for affordable, accessible and attractive exercise of moderate intensity in areas that are pleasant and safe*”.¹² Professional support from both doctors

⁵ Department of Health and Children (DOHC), 2008 Tackling Chronic Disease: A Policy Framework for the Management of Chronic Diseases...p10

⁶ World Health Organization (WHO), 2005, *Preventing chronic diseases: a vital investment* : WHO global report. p96

⁷ DOHC, 2008 Tackling Chronic Disease...p15

⁸ AGE Healthy Aging - Good Practice Examples, Recommendations, Policy Actions, 2007

⁹ SNIPH, Healthy Ageing – A Challenge for Europe, *Stockholm 2007* : 16

¹⁰ AGE Healthy Aging - Good Practice Examples, Recommendations, Policy Actions, 2007

¹¹ Young A, Dinan S, ABC of Sports and Exercise Medicine – Activity in Later Life, *British Medical Journal*, 2005; 330 : 189-191

¹² OECD Policies for Healthy Ageing: An Overview, *OECD Health Working Papers No. 42 Paris 2009*: 17

and exercise teachers should advise on injury prevention.¹³ Policies should also focus on incentives for activity of an informal nature¹⁴ such as walking.

Smoking and Alcohol Abuse

The direct relationship between tobacco consumption and cancer, coronary heart disease and stroke are well known. While smoking is an addiction that begins in adolescence, its negative effects on health impact later on in life. Ex-smokers and never-smokers with a high level of physical activity are 2½ times more likely to age successfully and smoking cessation remains the most effective method of altering smoking-induced disease risk at all ages, including for people over the age of 60 years.¹⁵

Alcohol abuse can cause serious illness in older age including mental health problems, cardio vascular disease, liver cirrhosis and certain cancers. Alcohol misuse can also worsen medical conditions, interfere with prescribed medications leading to falls and greatly decrease quality of life.¹⁶

Evidence-based measures such as increased taxes on tobacco and alcohol are known to deter consumption. Medical professionals again have an important role in discussing tobacco and alcohol consumption with patients and supporting them with tobacco cessation and alcohol addiction treatments.

Falls prevention

Falls are the most common cause of injury and fatal injury among the elderly and can occur in institutional settings as well as in the home or outside.¹⁷ Falls can be catastrophic for an older person's physical and mental health¹⁸ - causing disability as well as destroying confidence, increasing isolation and reducing independence.

Proven strategies to prevent falls include regular physical activity, frequent medication review for older adults taking four or more medications or any psychoactive drugs, annual eye examinations and home assessments and modifications that improve lighting, reduce hazards and add supportive features.¹⁹

Appropriate Pharmaceutical Use

A number of issues regarding the use of pharmaceuticals have been highlighted.²⁰ While pharmaceutical consumption increases in old age, medicines are under-tested for efficacy and adverse affects on this age group. There is also inadequate development of appropriate drugs to treat many of the diseases that affect old people. Patients and healthcare professionals also need to be aware of the consequences of over / under use of medicines and the interaction of different drugs with each other.

¹³ Young A, Dinan S,..2005

¹⁴ OECD 2009

¹⁵ SNIPH 2007: 20

¹⁶ SNIPH 2007: 20

¹⁷ OECD 2005 : 21

¹⁸ AGE 2007 : 10

¹⁹ Wallace S P, Molina C, Jhavar M, Falls, Disability and Food Insecurity Present Challenges to Healthy Aging, *UCLA Health Policy Research Brief, Los Angeles* 2007 : 4

²⁰ SNIPH 2007 : 16

The OECD recommends the inclusion of older people in clinical trials to allow better information on dosage, efficacy and long-term undesirable effects.²¹ Also recommended are the establishment clear protocols on drug usage and resources and systems providing information about prescription drugs to patients and healthcare professionals.

Mental Health Promotion

The term 'mental health' covers a wide range of problems, from the worries and concerns of everyday life, to severe and debilitating disorders such as depression and dementia. While dementia and Alzheimer's disease are a main cause of disability among the elderly,²² depression is the most common mental health problem affecting up to one in seven people over 65 years old.²³

Both the treatment and prevention of mental health issues amongst older people are underdeveloped in Ireland. The National Council on Ageing and Older People (NCAOP) state that mental health problems in later life are often misconstrued as an inevitable part of the aging process, however early intervention and treatment can lead to significant improvements in mental health and quality of life.²⁴ Education campaigns aimed at the elderly and their carers and at healthcare professionals are needed to ensure problems are detected and treated at an early stage.

A range of factors contribute to mental health issues in any age group including biological (e.g. genetics, gender), individual (e.g. personal experiences), family and social (e.g. social support) and economic and environmental factors (e.g. social status and living conditions).²⁵ Programmes are required that prepare older people for major changes in their life such as retirement, bereavement or declining health. These include counseling and programmes designed to develop self-esteem and coping skills.²⁶

The development of social networks supporting older people are also proving to have a significant effect on mental and physical well being, by promoting active citizenship and independent living.²⁷ Social networks provide emotional support, increase the feeling of safety, self esteem and self purpose and help individuals cope with stressful situations. Policies are also required to address the wider determinants that impact on mental health such as diet and physical activity, age discrimination, barriers to participation in meaningful activity, social isolation and poverty.²⁸

Access to Adequate Healthcare

Elderly citizens, like other age groups, are entitled to services from the health and social service sectors which are delivered in a fashion which respects their dignity and autonomy, which value the contributions which they have made to society and which

²¹ OECD 2009 : 21

²² AGE, AGE Response to Green Paper: Improving Mental Health of the Population 2006

²³ SNIPH 2007 : 14

²⁴ National Council on Ageing and Older People, Mental Disorders, *Ageing in Ireland Fact File No.8*, 2001

²⁵ European Commission Health and Consumer Directorate-General, Green Paper - Improving the mental health of the population: Towards a strategy on mental health for the European Union, *Brussels COM 2005 484 : 4* http://ec.europa.eu/comm/health/ph_determinants/life_style/mental/green_paper/mental_gp_en.pdf

²⁶ National Council on Ageing and Older People, 2001

²⁷ AGE 2006

²⁸ SNIPH 2007: 14

reflect their own views and choices. Older people have the right to equal access and equal resourcing to healthcare, particularly in the acute hospital setting - yet while cancer care is well funded in Ireland stroke and rehabilitation services remain under resourced.

Coordination of care

The nature of illnesses and injuries that affect older people require services from a wide variety of healthcare professionals, along with self-management and the participation of family or carers. Often the majority of care is provided at home with transfer to acute or long-stay facilities at intermittent intervals. Improved integration and communication between services is required for a person-centred approach to care and the seamless transfer of elderly patients between settings. Chronic disease management also requires continuity of care and is therefore best suited to the General Practitioner under contract. The development of a secure system of electronic health records is also required so that all clinical staff can access data relating to a patient, thus avoiding unnecessary GP call outs, duplication of services or errors with medication.

Access to community care

Access to both community and long-term care should be based on medical need, with minimal bureaucracy.

Older people consistently state a preference to live their lives in their own homes. Should they develop a disability, they still wish to be supported at home. The IMO supports the Home Care Package initiative as a viable alternative to residential care for Ireland's older citizens, however, according to a survey carried out by the Irish Association of Social Workers and Age Action, inadequate funding is severely affecting the provision of home care package services for older people, leading to long waiting lists and a total absence of services in some parts of the country.²⁹

Access to long-term care

For a significant minority of older people, about 5% of people over 65 years, care in the community is no longer possible despite family and state support. At this stage, nursing home care is required. The 5% figure conceals the fact that up to half of older people will spend some time in nursing home care before they die. As the commonest reason for admission to nursing home care is neuro-degenerative disease (stroke, dementia..), nursing home care should be an integral part of the health services and access to should be given on the same basis as other health services.

The majority of long-term beds are provided by private nursing homes that are unable to care for all patients who present to them. Patients may require access to public long term care rather than private care due to financial reasons, or due to the ability of such services to care for higher medical need and/or higher dependency level patients. Also current subvention rates are inadequate to meet the cost of many nursing homes in Dublin and relocation away from family and friends is inappropriate. Although private nursing homes can manage care for some older people, there is a clear need to provide a significant increase in the proportion of care in public nursing homes.

Over the past two years, the HSE has reported a significant growth - from 70 per week to 260 per week - in patients either requiring or requesting access to a public long term

²⁹ E. Burke-Kennedy Irish Times 29th July 2008, *Funding shortfall hits services for the elderly*

care bed.³⁰ The presence of older people awaiting nursing home care in general hospital beds is a system failure. It is pejorative to use terms such as 'bed-blockers' for them. Not only have they not caused this situation, but they and their families have often made Herculean efforts to stay at home for many years.

Demand for community and long-term care must be properly assessed and funding provided to adequately meet that demand. It has been estimated that Ireland could require an additional 10,021 long term care beds by 2021.³¹ This highlights the urgency of addressing long-term and home care services for the elderly.

As stands, private health insurance poorly serves the needs of older people with little provision for chronic disease and long-term care. Older people must not be further penalised through age-related increases in premiums.

Models of care should be tailored to an individual's need

Multidisciplinary teams of community health nurses, physiotherapists, occupational therapists, psychologists and suitably trained domiciliary care workers are required to enable the delivery of appropriate care to the patient in their own home. Assessment of need should be patient-focused and take into account the person's general health, their disability, the physical environment of their home and the support networks that surround them. A regular review process is needed to ensure that packages correspond to a patient's changing needs.

Residents of long stay institutions should have equal access to the services provided to those living in the community. Following the recommendations of the Leas Cross Report and the HIQA standards on nursing home care, the Minimum Data Set should be rolled out on a national basis to provide a modern responsive and sensitive measure of older people's needs in the community and nursing homes.

Standards of care

the Health Information and Quality Authority (HIQA) must ensure that not only are minimum standards met, but they are exceeded. Immediate action should be taken against care facilities which do not meet standards of care. While the *National Quality Standards for Residential Care Settings for Older People*, has been published and inspections for compliance have begun, there is no such discussion on standards for assurance in other elderly care settings. The propensity for institutional abuse is also possible in community care, and can take form in poor care standards, lack of a positive response to complex needs, rigid routines, inadequate staffing and an insufficient knowledge base of the care provider³². Such issues need to be addressed by the HIQA to ensure that quality and consistency are achieved in the delivery of Home Care Packages.

Training

Research shows that extensive and continued training is key to tackling ageist attitudes among healthcare workers.³³ Studies show that healthcare staff who are trained in

³⁰ HSE 2009 *HSE Performance Report March 2009* p28

³¹ PA Consulting 2007, *HSE Acute Hospital Bed Capacity Review*...p

³² Working Group on Elder Abuse. *Protecting Our Future: Report of the Working Group on Elder Abuse. Dublin, Stationery Office, 2002.*

³³ Lothian K, Philp I, *Care of older people Maintaining the dignity and autonomy of older people in*

gerontology or geriatrics and/or have exposure to both ill and healthy elderly people have more positive attitudes to older people and are more sensitive to their needs and issues surrounding dignity and autonomy. Such training and exposure should be mandatory for all healthcare staff that deal with the elderly.

Information provision

In order to respect a patient's autonomy, older people must be involved in the planning of all aspects of their care. Older people and their carers need to be given adequate information about their diagnosis and their options to enable them to make informed choices about care. This is necessary at every stage of treatment, including "end of life" care.³⁴ General health literacy can also help individuals take measures to prevent disease, seek early diagnosis and screening and improve self-management. All elderly patients, particularly those living in long-term care should have access to an advocate to speak on their behalf.

Manpower planning

There is currently a shortage of GPs, physiotherapists, occupational therapists, speech and language therapists as well as suitably qualified nursing home staff and domiciliary care workers. The issue of medical manpower must be addressed with a full assessment of undergraduate and graduate training needs. The recruitment and retention of skilled motivated healthcare staff are required to meet the needs of an elderly population.

Carers

The contribution made by carers must be recognised and supported. Carers need help to care for an older person if they so choose, and to continue to care for as long as they wish and are able to do so, without jeopardising their own health and wellbeing, financial security, educational opportunities or reducing their expectations of a reasonable quality of life. Every effort must be made to support carers by offering backup domiciliary care, suitable and flexible day-care services, and respite care in a suitable residential setting to enable carers to have a break.

Fair Deal Programme

Under the current terms of the 'Fair Deal' programme, senior citizens who own their own property and have a weekly income (i.e. pension) will be subject to a financial assessment and expected to contribute towards their care in residential homes. This assessment will identify to what capacity a person can contribute 80% of their assessable income and 5% per annum of the value of any assets (including your principle residence) capped at 15% or the first 3 years of care.

Concerns have been raised that the asset contribution in addition to 80% of weekly income is unfair on those who have worked hard to provide for families throughout their lives. Patients enter long-term care only when all other avenues have been explored. Older people and their families have often made Herculean efforts to stay at home for many years and often a family member has taken substantial time out of their working life to care for a relative at home. A fairer deal for the funding of long-term care needs to be found.

the healthcare setting, *British Medical Journal*, 2001; 322 : 668-670

³⁴ Lothian K....

Summary of recommendations

Healthy Lifestyle Promotion

- Healthy lifestyle should be promoted to all ages from childhood and adolescence and continued through adulthood to old age;
- Evidence-based programmes should be introduced to
 - promote healthy diet and physical activity in old age
 - warn of the dangers and deter smoking and alcohol abuse
 - prevent falls and disability
 - promote appropriate pharmaceutical use;

Mental Health Promotion

- Education campaigns aimed at the elderly and their carers and at healthcare professionals are needed to ensure mental health problems are detected and treated at an early stage;
- Programmes are required that prepare older people for major changes in their life such as retirement, bereavement or declining health;
- The development of social networks supporting older people are also proving to have a significant effect on mental and physical well being, and should be encouraged;
- Policies are also required to address the wider determinants that impact on mental health such as diet and physical activity, age discrimination, barriers to participation in meaningful activity, social isolation and poverty.

Access to Adequate Health Care

- Ageist attitudes in health policy and healthcare should be tackled;
- Improved integration and communication between services is required for a person-centred approach to care and the seamless transition of patients between healthcare settings;
- Chronic disease management requires continuity of care and is therefore best suited to the General Practitioner under contract;
- Current and future demand for community and long-term care must be adequately assessed and provided for;
- Standards of community and long-term care should be rigorously implemented and exceeded;
- Training in geriatrics or gerontology and exposure to old people should be mandatory for all healthcare staff that deal with the elderly;
- Older people must be given adequate information to enable them to make informed choices about their care;
- The issue of medical manpower must be addressed with a full assessment of undergraduate and graduate training needs;
- The recruitment and retention of skilled motivated healthcare staff are required to meet the needs of an elderly population;
- The contribution made by carers must be recognised and supported;
- A fair instrument for the funding of long-term care must be found.