

Integrating the Care of Older Persons into the Local Public Health Systems

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ABSTRACT

Introduction. Economic growth and developments in health care has increased life expectancy leading to the rise of the elderly population in the Philippines, underscoring the need for more comprehensive approaches in the care of older persons at the local level. This study describes the existing health programs for older persons within the socio-cultural and institutional frameworks and identifies opportunities for development.

Methods. Focus group discussions of key informants and stakeholders were conducted in Malaybalay, Bukidnon last April 2009 to identify the socio-cultural aspects, existing programs, local government support, and challenges for health care of older persons. Triangulation of results was done to determine areas for consideration in integrating care for older persons within the public health system.

Results. Elderly want to be independent and not be a burden to their families. The good implementation and adoption of national policies on social welfare of senior citizens and the many health activities mentioned offered by the Municipal Health Office for senior citizens is contrary to the senior citizens concern of not being able to avail of such health program. The barriers indicated were physical incapacity, geographic, lack of family and community support, and financial. Each senior citizen gets a monthly pension of Php 200 from the government. The main ailments of senior citizens were cardiovascular diseases, diabetes, eye, hearing & respiratory problems, degenerative diseases including osteoporosis and Alzheimer's disease. Elderly Filipinos were open to the possibility of being cared for by non-family community members. The Senior Citizens group recommended that they be given their own community group.

Recommendation. Health care for older persons can be improved within the framework of existing community structures. Integration of care for older persons within the public health system requires holistic approaches, financial support strategies, capacity enhancement for the health workforce, continuing dialogue and care, and community involvement.

Key Words: Malaybalay Bukidnon, senior citizens, public health system

Introduction

The Philippines is in socio-demographic and epidemiologic transition. As causes of morbidity and mortality are shifting to non-communicable diseases, the population of the elderly increases. Economic development, advances in medical services and improved social conditions have brought changes to this country along with other middle and low income countries.¹⁻³

The increasing life expectancy will require that the health system must cater to the needs of the increasing elderly population. Filipinos aged 60 years old and above are estimated at 5 million. They make up a little over six percent of the total population. By 2020, this proportion is expected to be >10%.¹

Majority of older persons in the Philippines are dying from cardiovascular diseases, cancers, pneumonia, gastrointestinal disorders, diabetes mellitus, and tuberculosis. The elderly also commonly experience difficulty in walking and chewing, hearing and visual impairment, osteoporosis, arthritis, and incontinence. These concerns will soon replace the priority issues in public health care from malaria, dengue, typhoid, and other infectious diseases.^{1,3}

The public health sector at the national, sub-national and local levels must begin to take a look into the health of older persons and create systems that would meet their needs. The principles of ethics, equity, and universal health care demand that care at the primary level should be sensitive to the concerns of the elderly. The increasing elderly population, the ageing health workforce at the local level, the epidemiological shift, the financial implications, and the new health problems associated with ageing are enough reasons to integrate the care of older persons in the public health system.⁴ Although national policies have been developed as backbone for elderly health care, there is limited data on how these are applied at the local level.

Malaybalay City is the capital of Bukidnon Province, in Northern Mindanao, Philippines. It is an agricultural city and has a population of 141,958 in 2005. Its active Senior Citizens Organization, supportive municipal and village (barangay) leaders, and multi-awarded public health system made it an ideal venue to study its existing institutional framework and opportunities to integrate health care for older persons into the public health structure.

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This study provides an initial framework on how health care for the elderly can be incorporated into the public health system at the community level in Mindanao, Philippines.

Methods

The study was done in Malaybalay city, Bukidnon, in April 2009, after legal and ethical approval from the University of the Philippines-College of Medicine Regionalization Program Committee and the Municipal Health Office of Malaybalay.

Focus group discussions were held for three different sectors identified as having fundamental roles in geriatric health care, with informed consent. The first group was composed of local health physician and policy maker. The second group was for the health care providers, nurses, midwives and doctors. The third group was composed of seven Barangay Senior Citizen Presidents from Poblacion 1 of Malaybalay City.

A set of questions for each group was developed based on their roles in the geriatric health care system as to identify the socio-cultural aspects, existing programs, local government support, and challenges for health care of older persons. Areas of discussion for local health physicians and policymakers focused on the existing policies, structures, activities, financial support, human resource and technical considerations in developing health programmes for the elderly. Different perspectives from the health care providers group and senior citizens group were brought up from the discussion which centered on the medical conditions of the elderly, enumerating the barriers to delivering healthcare as well as the factors or conditions that enhance it in the community, family and health facility.

This study describes the existing health programs for older persons within the socio-cultural and institutional frameworks and recommends opportunities for development.

Results & Discussion

1. Socio-cultural considerations in elderly care

Equity and respect demands that health care for older persons be provided. In our culture, age is equated to authority, wisdom and skills that mandate us to respect the elderly. They serve as the centripetal force that draws the family together, thus having a unifying role in our society.

Given their status in the community, the elderly want to be productive. *Our findings contradict the popular belief that Filipino families want to keep and care for their elderly members at home. On the contrary, they want to be independent as much as possible and do not want to be a burden to their families.* This finding is similar to the study from the World Psychiatric Association in 2009.⁵ They realized the fact that members of their families already have responsibilities of their own.

Thus, they are willing to be cared for by health-workers outside their families.

The dependency anxiety among the elderly,⁵ current changes in lifestyle, globalization and the number of Filipino professionals leaving the country have probably changed this tradition of family-based care. Indeed, *the elderly themselves recommend that they are willing to provide care for others and belong to an institution/community specialized on their concerns and activities.*

2. Existing community support

Community support was attained through the Senior Citizens Organization. It provides faster information dissemination, money lending systems and a venue which makes organizing free clinics easier. This organization also holds annual and regular events for the social well being of the members. However, participation is only 70-80% of the total senior citizen organization members. Health policy makers recommended livelihood programs for the elderly. On the other hand, the Senior Citizens group recommended that they be given their own community composed of the elderly group.

The support systems in Malaybalay indicate good implementation and adaptation of national policies on the social welfare of senior citizens.^{1,6} These existing systems are excellent areas to be maximized in order to implement health care for older persons effectively. The Senior Citizens Organization can serve as a venue for advocacy, livelihood programs, health education, and health care participation through voluntary service and participation in comprehensive health measures.

3. Institutional support

There is an existing City Ordinance (Ordinance No. 557) that provide monthly pension to senior citizens 70 years old and above. A monthly allowance of PhP200 is given to each registered senior citizen. Ordinance no. 558 grants monthly honorarium to all barangay chapter presidents and officers of the Federation of Senior Citizens Association. Aside from these, there are also PhilHealth benefits. Problems like delayed release of monthly pensions call for the strengthening of budget allocation from the government.

The local policies to provide pension to senior citizens, provide honorarium to organization officers, and provide funds are exemplary. Enhancement and integration of community-based health care for this group will probably need more policies to secure funding, human resources and regular activities and define the role of the public health sector, the social welfare office and the Senior Citizens Organization.

4. Health challenges

The top 5 most common health problems of the elderly were identified as follows: cardiovascular diseases, diabetes mellitus, eye, hearing, respiratory problems and degenerative diseases (osteoporosis, Alzheimer's disease).

World Health Organization (WHO)³ indicated that up to 45% of the elderly suffer from one or more of chronic diseases, and 8.9% of them have mental disorders with depression topping the list. Feelings of worthlessness, guilt, anxiety, loneliness, helplessness and powerlessness are often ignored, or mistaken for early symptoms of dementia. These health problems must be included in the preventive, curative, and rehabilitative aspects of health care for the elderly even at the community level.

Interestingly, Alzheimer's Disease and Parkinson's Disease are not significant causes of death among the elderly in the country.¹ This is probably due to the limited data and knowledge of these conditions at the local level. This paucity of information can be supplied if there are studies on the proportion of older persons who die in hospitals or at home. Local data on the rates of mortality and morbidity among older persons is required.

In spite of comprehensive programmes from the government, *majority of the older people are not able to avail these benefits. Barriers to care include: physical incapability, geographic, financial limitations, lack of family/community support.* These barriers were similar to those identified by WHO in 2004.³ Health care participation was enhanced through education, family & social support.

The perceived health challenges based on focus group discussions are consistent with the national statistics on the top health problems among the elderly.^{1,6} These local health problems must serve as a guide in needs assessment for the training of the health workforce from physicians to community health workers (BHWs). Barriers to effective participation in health care and compliance to medical management must also be given solution through partnership between the public health sector, the social welfare office, the Senior Citizens Organization, and the village (*barangay*) councils.

There is an obvious need for specialized care because of many illnesses and the lack of human resource to care for them like in elderly homes. Limited knowledge & skills among the health workforce is also a part of this challenge. An annual general check up and rehabilitation program at their reach should also be considered - a move which may integrate health care for older persons in the existing public health system.

5. Existing health care strategies

The existing activities for elderly health care in the city are exemplary and probably not yet existent in many other cities and municipalities in the country. These activities include *free bone screening twice a year, eye care, pre-valentine medical care including free fasting blood sugar and serum cholesterol, partnership with private practitioners, 20% discount on all laboratory examinations in all hospitals, 20% discount on laboratory fee, free medicines and medical consultation in the Rural Health Unit (RHU). Free clinics given by the local*

government unit serve to be very beneficial to the elderly population especially if conducted regularly. There are also regular exercise programs through an organization HATAW. Twice a week, senior citizens including younger generations attend this exercise program headed by the City Health Office. These are consistent with the recommendations given by the Department of Health (DOH) and the WHO.

There are opportunity areas including counseling on substance abuse, nutrition and diet counseling, mental health, oral care, healthy lifestyle advocacy, screening and management of chronic debilitating and infectious diseases, and post-reproductive health care.¹ Health education, communication and training of the health workforce, development of health care management systems, and improved physical environment are also areas that can be enhanced.¹ Strategies that must be developed must observe the United Nation (UN) principles for older persons namely independence, participation, care, fulfillment and dignity.⁷

6. Recommendations of the elderly key informants

From the existing programmes in health care system directed to the elderly population, the groups were able to identify areas that need further evaluation and reinforcement. Holistic and specific services should be addressed in developing policies for the geriatric health care. *Policy-makers recommended the annual free clinics accessible to the community especially the elderly, rehabilitation programs, better facilities and capacity for building or training human resources adept in the geriatric care.* In terms of the socio-economical consideration, livelihood programs and community partnership with NGOs and religious groups would serve to be beneficial.

Health care practitioners recognized the need for training and education in health management of the elderly. This included defining the BHWs' role in elderly community health care. The lack or delay of resources for the implementation of health promoting activities demands that the budget from institutional support be strengthened.

Recommendations by elderly key informants included scaling up of financial assistance as the cost of living is becoming high. Health education through public health lectures and from clinical consult regarding the diseases prevalent in the elderly would help them be health conscious and compliant to medication. They also recommended establishing their own community, with support system from different institutions. Their main concern was how to increase participation from the older people in community and health activities.

These recommendations are consistent with the strategies enumerated by the DOH and the WHO. Human resource capability, continuing health care education, financial support, community involvement, and creation of health services geared towards older persons cannot be overemphasized even at the local level.

Recommendations *vis a vis* Health Agencies'

The increasing life expectancy requires that the health system must also be tailored to the needs of the elderly population. Older persons have special needs. Different institutions must begin to create systems that would address these needs. The opportunity is present for the public health system to integrate health care for the elderly in its strategies and services.

Integration of care for older persons within the public health system requires holistic approaches, financial support strategies, capacity enhancement for the health workforce, and community involvement. However, socio-cultural dimensions should be always at the background. Barriers for effective health care for older persons vary and exist locally. The success of a well planned public health strategy must adapt to these challenges.

Opportunities for further research include demographic, epidemiologic and statistical studies on the common causes of mortality and morbidity at the local level, identifying barriers to good health and enhancing factors to health care systems for the elderly. We also recommend a study on the knowledge and skills required for the health workforce, the community and the family.

Effective implementation and integration of health care for older persons within the existing public health system need several considerations. Specific areas to focus on include (1) institutional support (city ordinance, partnership between City Health office, social welfare office and senior citizens organization, specialized NGO partnership and academic social organization and business sector partnership), (2) community participation including the media (target participants- midwives, BHWs, senior citizens organization officers and members, NGOs and their roles - services, management, advocacy, prevention, education, monitoring, referral system), (3) economic requirements or strategies (local budget, livelihood projects, health fund, mortuary fund, credit systems, the role of local social welfare office), (4) training of health workforce (on health problems like cardiovascular diseases and diabetes, care for elderly, mental health, gerontology and geriatrics) and, (5) development of health services specific for older persons (includes specific communicable, non communicable & degenerative diseases, infrastructures, equipment, supplies, funding and incorporating traditional medicine in the care of older persons).⁸

The National Objectives for Health enumerated the essential health care package for older persons and these could be applied locally.¹ The package includes management of illness, counseling on substance abuse, nutrition and diet counseling, mental health, oral care, healthy lifestyle advocacy, screening and management of chronic debilitating and infectious diseases, and post-reproductive health care.¹

Adaptation and implementation of these national policies at the local level have not yet been well documented

and reported. Cities and municipalities who have developed their own systems can serve as models for other communities to follow.

The UN has developed an International Plan of Action for Ageing which aims to promote provision of health care, support and social protection for older persons, including preventive and rehabilitative health care.⁸ The UN principles for older persons are independence, participation, care, fulfillment and dignity.⁷

The WHO recommends age-friendly principles that should guide community-based Primary Health Care centers to improve the health of older persons. These principles are information, education, communication and training of the health workforce, development of health care management systems, and improved physical environment.³ These principles must be integrated into elderly health care strategies even at the local level.

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