

INTEGRATED CARE FOR OLDER PEOPLE

Realigning primary health care to respond
to population ageing



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Acknowledgements

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The views expressed in this document do not necessarily represent the opinions of the individuals mentioned here or their affiliated institutions.

Key messages

- The primary health care approach has a key role in meeting the holistic needs of older adults.
- The responses to the health needs of older people include supportive policies, plans and regulatory frameworks.
- In addition, to face the increasing demands for health care by the growing number of older adults, a fragmented care system has to be replaced by person-centred integrated care that has primary care as a central element; this includes:
 - Undertaking a comprehensive assessment that can assess the health and social needs of older people; and
 - empowering and engaging individuals, families and communities in the management of their health systems, in decisions about their health care, and in their ability to take care of their own health and the health of those they care for.
- Actions towards delivery of integrated care for older people can take place at all levels of health care.
- Information and communication technologies will help in training health care workers to provide personalized care to allow older people to do what matters most to them in the latter part of their life.

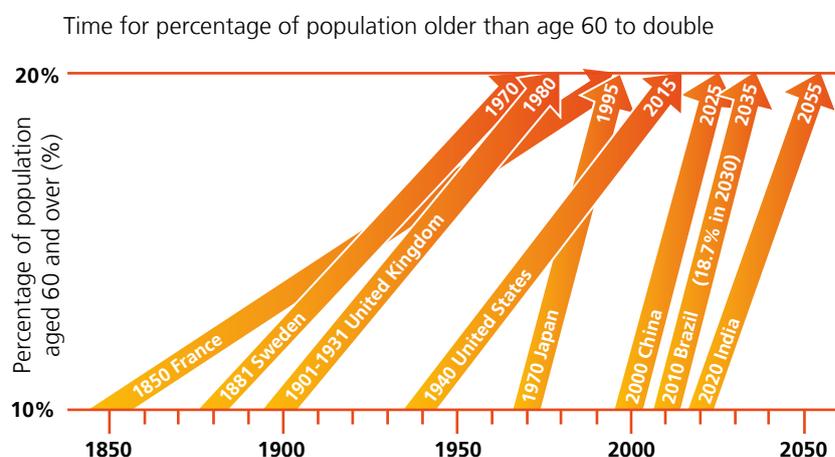
The policy context

Rapid demographic changes

At a time of unpredictable public health challenges, one thing is certain – the world's population is rapidly ageing. From 2015 to 2050, the proportion of the world's population aged 60 years or more will nearly double (from 12% to 22%) (1), with profound consequences for health care systems.

As depicted in Fig.1, the rate at which the proportion of the population aged 60 years or more is increasing much more quickly than in the past (1). For example, the proportion of the French population that was older than 60 years rose from 10% to 20% over a period of almost 150 years, whereas countries such as China and India will have only slightly more than 20 years to adjust to similar changes in the age structure of their populations. A child born in Brazil or Myanmar in 2015 can expect to live 20 years longer than one born just 50 years ago (1).

Fig. 1. Pace of demographic transition



Source: (1).

Diverse health care needs

As people age, their *intrinsic capacity* (i.e. the sum of their physical and mental capacities) tends to decline while their health issues become more chronic and complex. Multimorbidity (i.e. the presence of multiple chronic conditions at the same time) is increasingly prevalent with age. Older people can develop geriatric syndromes such as frailty, urinary incontinence and propensity to falls, which do not fit into discrete disease categories.

Challenges and complexities of providing health care to older populations

Around the world, health systems are struggling to respond to the wide diversity of physical and mental capacities of older people, and to promote positive trajectories of healthy ageing from early life onwards. An older person's capacities can change rapidly – over the course of hours in some cases. Care systems struggle to be nimble enough to respond quickly to changes in a person's needs.

Numerous health care workers (HCWs) may be involved with one person's care, especially in countries with extensive availability of medical specialists. In addition, the social care sector is often involved when older people experience significant declines in their capacities and need help with activities of daily living. Health and social care services for older people are typically provided in more diverse settings and with greater frequency than is typical for younger populations. In addition, families and other unpaid carers often play substantial caregiving roles (2).





Health care mismatch

Many health care systems around the world were designed for a relatively young population. They tend to emphasize curative care for a different set of health needs than those faced by populations today. In the past, services were often structured around diagnosing and curing acute health issues, using a biomedical “find it and fix it” approach. This worked well when communicable diseases were the most prevalent health care issue.

Today, population demographics have shifted, yet there is little clinical focus on problems that matter to older people such as chronic pain, and management of ongoing difficulties with hearing, seeing, walking or performing daily activities. Also, there is often a lack of protocols for preventing and managing geriatric issues such as frailty and urinary incontinence. Early markers of declines in intrinsic capacity, such as decreases in gait speed or muscle strength, are often not identified, treated or monitored, although these actions are crucial if declines in capacity are to be reversed or delayed.

Another challenge is that older people’s health issues are often managed in disconnected and fragmented ways, and there is little coordination between care providers, among different settings and over time. Nevertheless, the

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