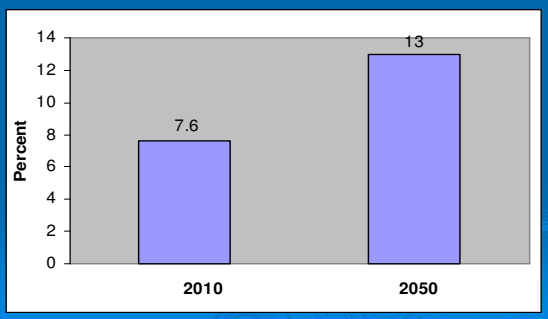
Quality of health care for older persons in South Africa

Sebastiana Kalula

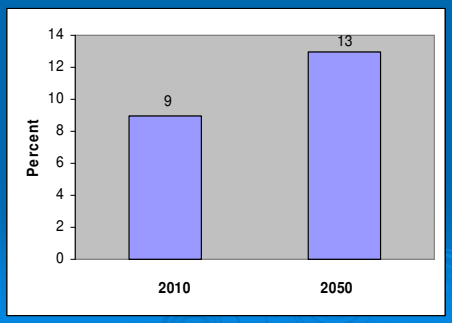
Albertina & Walter Sisulu Institute of Ageing in Africa
Groote Schuur Hospital/University of Cape Town

Projected growth of the older segment (60+) of the total SA population



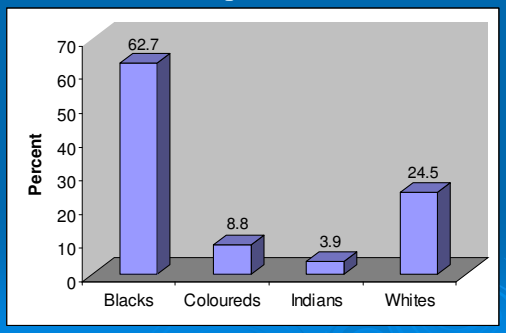
Stats SA, 2010

Growth of the 80+ as a proportion of the older population



Source UNDP 2009

Ethnic distribution of the population age 60+



Source Stats SA 2010

Population ageing

- Life expectancy at age 60 is 17 years – not much different from that in developed countries (i.e. 22 years)

Implications of an ageing population

The majority of the black population –

- Were largely disadvantaged across the life course;
- Are poor;
- Lack medical insurance cover; and
- Depend on public health and welfare services
- Implications of an expanding, largely dependent older population call for considered planning

Burden of disease

- Epidemiological transition is a shift in a population's health from predominantly infectious diseases to chronic and degenerative diseases
- Older persons carry a heavy triple burden of disease:
  - communicable diseases
  - non-communicable diseases
  - injuries

What is quality healthcare for older clients?

- Degree to which interventions and services increase the likelihood of desired health outcomes and are consistent with current professional knowledge
- A health system that works well for older patients and their health care providers as well as the patients' carers

STEEEP criteria

Quality health care should be:

- Safe
- Efficient
- Timely
- Equitable
- Effective
- Patient centred

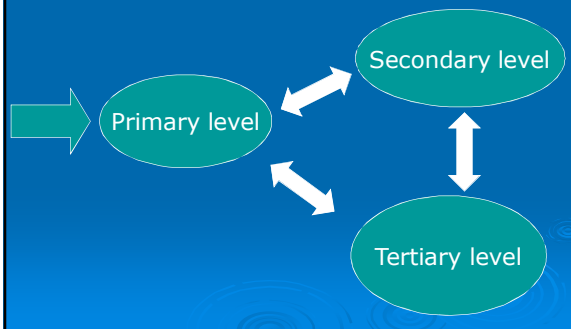
Institute of Medicine, National Academy of Sciences, USA Managed care, 2004

Health care system

Redesigned in 1994, with an emphasis on primary healthcare:

- 92 % of clients are managed at primary care clinics
- 6 % of clients at secondary level hospitals
- 2 % of clients at tertiary level hospitals

Access to health care



Healthcare at the primary care level

- No dedicated services for older persons
- Preventative, curative, rehabilitative needs of older clients integrated in general sessions at primary clinics
- Older persons marginalised at clinics
- Very few are referred to higher levels of care for diagnosis and management

Healthcare for older persons

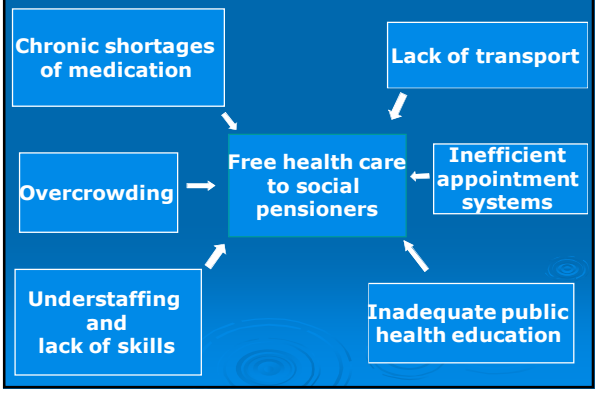
- Clinical management of older persons needs special knowledge/skills
  - Complex multiple disease
  - Multiple drug prescriptions
  - Reduced physiological reserve
  - Psychosocial needs

Low priority of geriatrics in SA

- Geriatric care is not a priority in institutional planning and training curricula
- Most health professionals complete medical training without adequate exposure to Geriatric Medicine
- Of 8 medical schools, only 5 have a faculty member with an interest in Geriatric Medicine
- Of the 5 schools, only 3 are registered for training purposes

- Poor support of research on ageing
- Fewer than 10 registered geriatricians for a population of 3.9 million (60+ years)
- Only a handful of geriatrics and gerontology nurses
- Geriatrics and gerontology nursing has been removed from nursing curricula

Barriers to quality healthcare



Rural areas

- Lack of healthcare infrastructure and human resource capacity to serve older clients
- No special or dedicated services for older clients
- Vast distances to travel to obtain healthcare
- Older persons migrate from rural areas to urban areas to obtain healthcare

Preventive care

- Chronic diseases of life style (cardiovascular, stroke, cancer, chronic respiratory disease and diabetes) are a major cause of morbidity and mortality in the older population
- All are caused by modifiable risk factors (unhealthy diet, physical inactivity, tobacco and excessive alcohol use)

- Older persons are marginalised in preventive health care generally
- Example of such marginalisation is their exclusion in HIV and AIDS prevention and health promotion interventions (targeted at the young)
- Health promotion and preventive healthcare should be practised across the life course

Implications of an expanding unhealthy older population

Increased prevalence of chronic disease

⇩

Increased demand for health and social services

⇩

Increase costs to government, family and society

Rehabilitation

- Aim of health management in older persons is to maximize functional independence and maintain independent functioning
- Rehabilitation requires a multidisciplinary team; hence a need to educate and train all health professionals in the healthcare needs of older persons

- Rehabilitation services are limited and are preferentially offered to the younger population
- Access to such services is a challenge for older persons who are frail or have a disability

Community services and institutional care

- No healthcare teams to provide comprehensive home-based care
- Frail persons have difficulty in travelling to a CHC for healthcare
- Home-based care, where available, is limited to basic services, such as bathing
- Previously operated community based geriatric services were withdrawn in 1994

- Diminishing informal support base for the older population, particularly family
- Increased demand for formal support such as institutional care, home-based care and community support groups (dementia, stroke, etc.)
- Healthcare and social care will be costly, and require considerable forward planning

How well is South Africa doing in providing quality healthcare in the public sector for the older population?

STEEEP: criteria for quality healthcare:

- Safe
  - How often do procedure or medication errors happen?
  - Are procedures performed by suitably qualified health professionals?
- Timely
  - When older persons need care, is it provided in a timely manner, e.g., cataract or hip surgery ?
  - Are those who provide care suitably resourced?
- Efficient
  - Is there a functioning appointment system?
  - Is there efficient use of equipment , supplies and human resources?

- Effective
  - Is the treatment provided the right treatment? Is there underuse or misuse of treatment procedures? Is the monitoring of chronic diseases e.g., BP and Diabetes optimal?
  - Is the treatment given based on scientific knowledge?
- Equitable
  - Does the quality of care vary because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic factors?
- Patient-centred
  - Is the care provided in a respectful manner? Is the care responsive to individual patient preferences, needs and values? Is there adequate communication and are patients involved in decision making?

Quality healthcare for the older population in the public sector requires that:

- Improved infrastructure, resources and appropriate environments for proper healthcare provision
- Government and policy makers promote appropriate education and training of health professionals in gerontology and geriatrics
- Government support research on ageing to promote evidence-based practices

- Government and policy makers work towards changing ageist attitudes of health professionals
- Empower older clients to take charge of their own health through public health education

Conclusions

- Low priority given to older persons' health contributes to the marginalisation of older healthcare clients, which impedes their quality of life, social inclusion and contribution to mainstream society
- Considerable deficiencies exist within the healthcare system which inhibit the provision of quality healthcare to the older population

- Quality healthcare is available to public sector older clients at tertiary level, but is deficient in many cases at other levels
- Need to equip health professionals with knowledge and skills, change ageist attitudes, and re-establish dedicated services for older clients

- An expanding older population and a diminishing population of young adults and thus potential carers to older relatives will lead to an increase in demand for institutional (long-term care) with considerable added costs
- Urgent planning to meet this increasing demand for healthcare, and community-based care in particular, is strongly indicated

Thank you

Golden Games 2006