Health care programmes for the Elderly & Disabled to enhance family wellbeing

Workshop on enhancing family wellbeing through Social protection & Effective Delivery of Social services 13th - 14th March SLFI (IHP / ESCAP)

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Sri Lanka - Elderly (60 yrs. & above)

- Population over 60 yrs. - 1.87 million
- 10% of total population
- Highest in SE Asia
- Third highest in Asia after Japan & Singapore
Increase in elderly population
Characterized by

• Deterioration of physical & mental health of older persons
• Rapid increase in chronic / degenerative diseases
• High proportion of multiple disease & secondary complications
• Increased risk for falls & injuries
• Long waiting lists for surgery e.g. fractures, cataract, prostate etc…
• Increase in disability

• Frequent need for active rehabilitation

• Increased demand for home care while declining traditional, social & family support
Persons with Disability (PWD)

- 8 - 10% of the total population
- Include those with impairment of vision, hearing, speech, mobility, intellectual capacity & those with behavioural problems
- 10% of the PWD if they are not rehabilitated will have a bearing on at least another 10% of the population considering only the family members & the caregivers
Challenges to family

• Marital disharmony
  – Reduction in the QOL of family members
  – Physical & mental abuse of wife & children
• Education of rest of the children
• Day to day household work
• Employment – absenteeism from work & productivity
• Financial loss by seeking alternative care, exploitation by quacks, treatment / caregiver expenses
• Social life disrupted & problems due to stigma
Issues

– A lack of a clear cut system / organization structure for provision of services to older persons mainly at PHC level

– Lack of a targeted health promotion & a disease prevention programmes

– Home help service, aids & appliances necessary for corrections & rehabilitation – not affordable by majority

– Lack of human resource in the health sector to provide community services (CHN, Therapist, MOs etc…)

– Clinical delays & inappropriate referrals to specialists
Issues

– Lack of half way homes
– Financial constraints of the affected individuals
– Existing health care system modeled to a great extent on the requirements of the past & not geared appropriately to rapid demographic transition
– Health policy for Elderly & PWD not in place
– Ineffective / inefficient use of resources & lack of follow up for care of chronic illness.
Case studies to highlight the present challenge to the family
Tetraplegic young wife
Back to square one after institutional rehab.

Indika / 29 yrs / Kalutara District / operated for cervical cord tumour 3 y back / incomplete tetraplegia with double incontinence. Referred to cancer hospital for radio therapy.

Stayed for 5 months: at RRH spending Rs : 50,000/- for by stander

confined to bed and fully dependant on others. Wheel chair available but cannot be taken in to the bed room.

Husband, child and in-laws expect her to pay her role as wife, mother ad daughter in-law.
Could be made independent with some simple modifications to house
Priyantha had worked as a vegetable Seller for 37 years, married with 5 children: eldest - 8 years, youngest - 4 months.

Right Below Knee Amputation + right forearm fracture following assault.

Initial Treatment by Orthopedic surgeon NHSL. Unsuitable wheelchair given by SSD. ADL fully dependent. Awaiting for LL prosthesis to be fitted.

Unhealed wound in stump - treated by a GP with expensive antibiotics + Vitamins. No proper rehabilitation. Now in abject poverty. Addicted to alcohol after disability. Wife subjected to physical and mental abuse by the husband.
Hemiplegic mother
No follow up after being discharged from hospital

Nanda Weerakkody / 60 yrs / living alone with young son / with hemplegia following brain tumour. Kalutara district

Operated at NHSL. Discharged after 1 and half weeks in semi-conscious state. Became fully conscious after 3 months. No rehab program to improve her balance and walking.

A women with lot of courage. Self rehab to some extent. Started moving within and outside home using hands and buttock. A hand support erected out of sticks leading to the toilet 100 m away. But not to the well which is 10 m away. Cooks meals and attend house hold-chores. During the first visit by OT within a short time, trained to stand and walk with support.
Provided a walking aid a commode chair during the second visit by the OT

A new lease of life within a short time
Provided a walking aid a commode chair during the second visit by the OT

A new lease of life within a short time
Son with multiple fractures (OI)
miserably confined to a chair
Could be Made independent in daily living and improve his quality of life
Present Programmes conducted by Ministry of Health for Elderly & Disabled Persons
1. Establishing a separate Directorate for Elderly & persons with Disability at Ministry of Health since 1998.

2. Establishing separate counters for Elders in Government Hospitals

3. Conducting outreach Eye camps & Cataract camps in under served areas

4. Promote screening clinics for elderly for early detection of common illnesses and referral at primary health care settings & facilitating this service by provision of necessary equipment such as glucometers for MOHs

5. Development and printing of information material (booklets, leaflets and CDs) on prevention and management of common health issues such as hip fracture, osteoarthritis and cataract for health providers, affected elders and their family members & for awareness of self.
6. Introduction of the project on "Promotion of Active Ageing" for primary health care staff in phased manner to improve the wellbeing of elderly

7. Development and pre testing of the Personal Health Record for Elderly for record keeping of health services provided to them over a period of five years as a means of a patient education tool

8. Awareness programmes for Elderly on promotion of healthy lifestyle and life course approach through pre retirement seminars and community awareness programmes

9. Community programmes to train caregivers for Elderly & PWD

10. Preparation of training manual for training health
11. Training undergraduate and post graduate students on care of elderly

12. Conducting research on care of elderly at community level and preparation of a need based plan to address their issues

13. Promotion of establishing day centers for elderly
1. Prevention of Disability

Responsibility of HEB & FHB

- Health education to reduce accidents and injuries, for promotion of girl child nutrition and prevention of low birth weight
- Conselling for prevention of consanguinous marriages and birth abnormalities
- Immunization (polio, measles, Japanese Encephalitis, Rubella)
- Vitamin A supplementation
- Improved antenatal and natal care, promote hospital deliveries,
2. Rehabilitation & care of persons with Disability

- Responsibility of YED Unit
  - Medical Undergraduate and Post graduate training on care of the disabled.
  - Training programmes for health providers in health institutions and primary health care level on management of persons with disability (hip fractures, osteoarthritis, cerebral palsy, Downs syndrome, spinal cord injuries)
  - Mobilizing occupational therapists from health institutions to primary health care centers for rehabilitation of children with disability in community.
– Establishing rehabilitation centers in under utilized hospitals by re training of existing staff and provision of equipment and through mobilization of funds to refurbish the existing building

– Development of a Health Record for Children with Special Needs to be given to each child with disability at detection

– Research & Case studies done on persons with Disability & Elderly to improve provision of care & to influence policies
Future Developments needed in Health Sector to Enhance Family Wellbeing

- Min. of Health to identify elderly & PWD as a priority concern
- Formulate a health care delivery system & increase human resource at all levels
- Allocate finances from Government and mobilize funds from Private sector & NGOs
- Identify cadre to strengthen community based long term care / out reach health services for elderly & PWD
- Develop a management information system
Thank you