

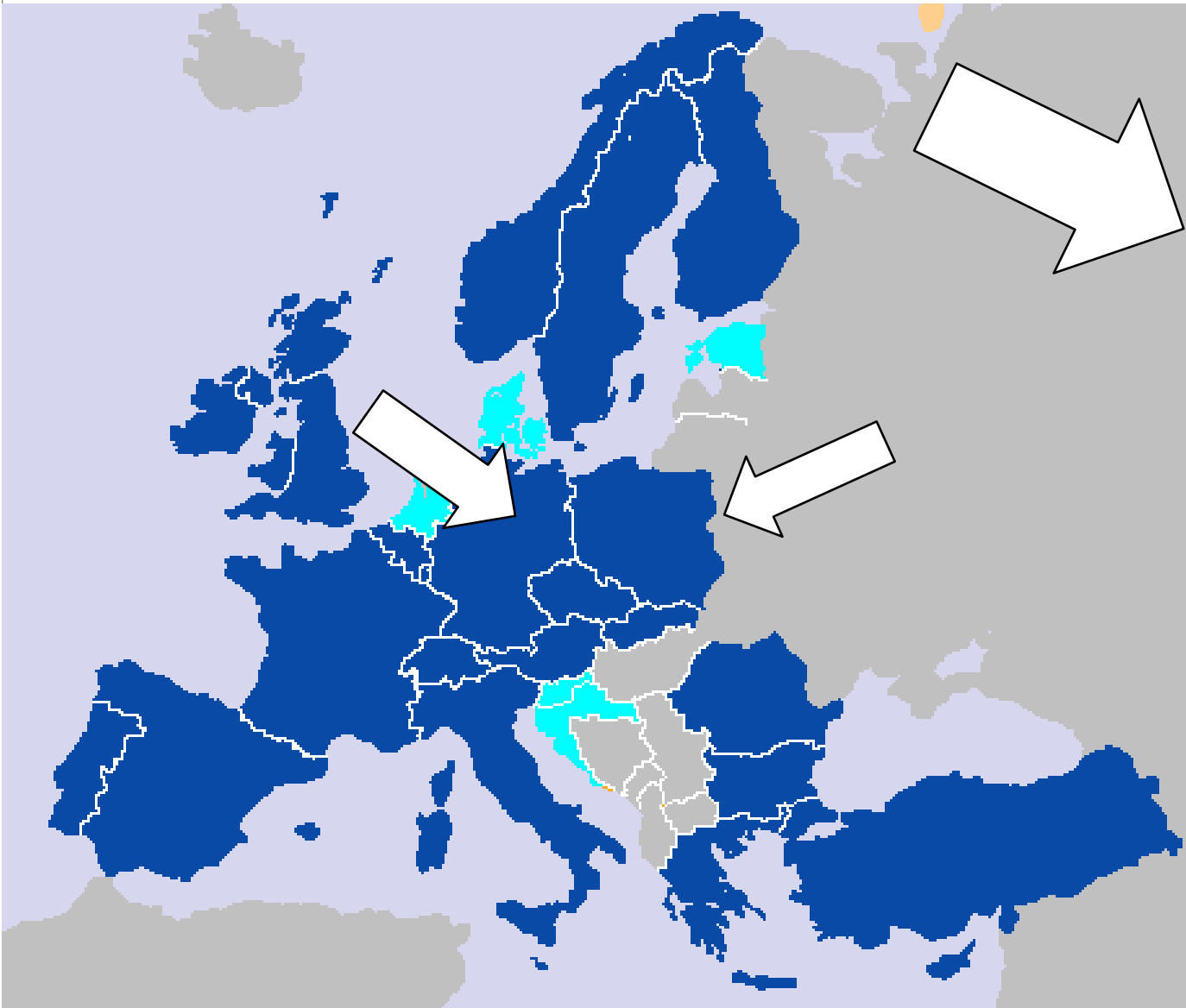


Care Approaches in Eastern European Countries

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Eastern Europe

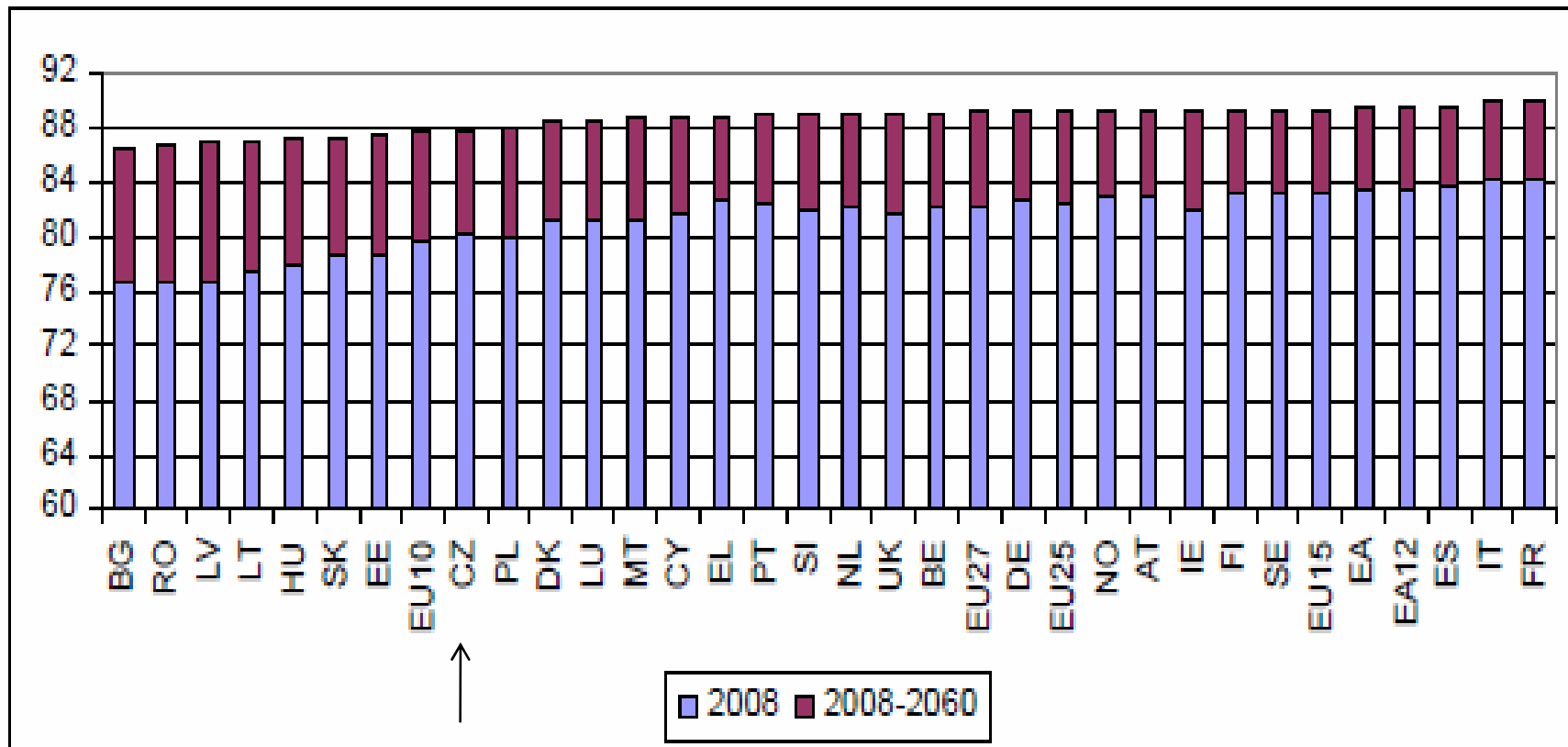
- ?????
- Geographical definition (Ural)
- Political definition – CEECs, „former CEECs“
- EU – newcomers ? (since 2004 and later)
- EU newcomers from CEEC: CZ, PL, HU, SL, SI, BG, RO, DDR... (not Baltic countries-SU, Balkan, Turkey-SE)



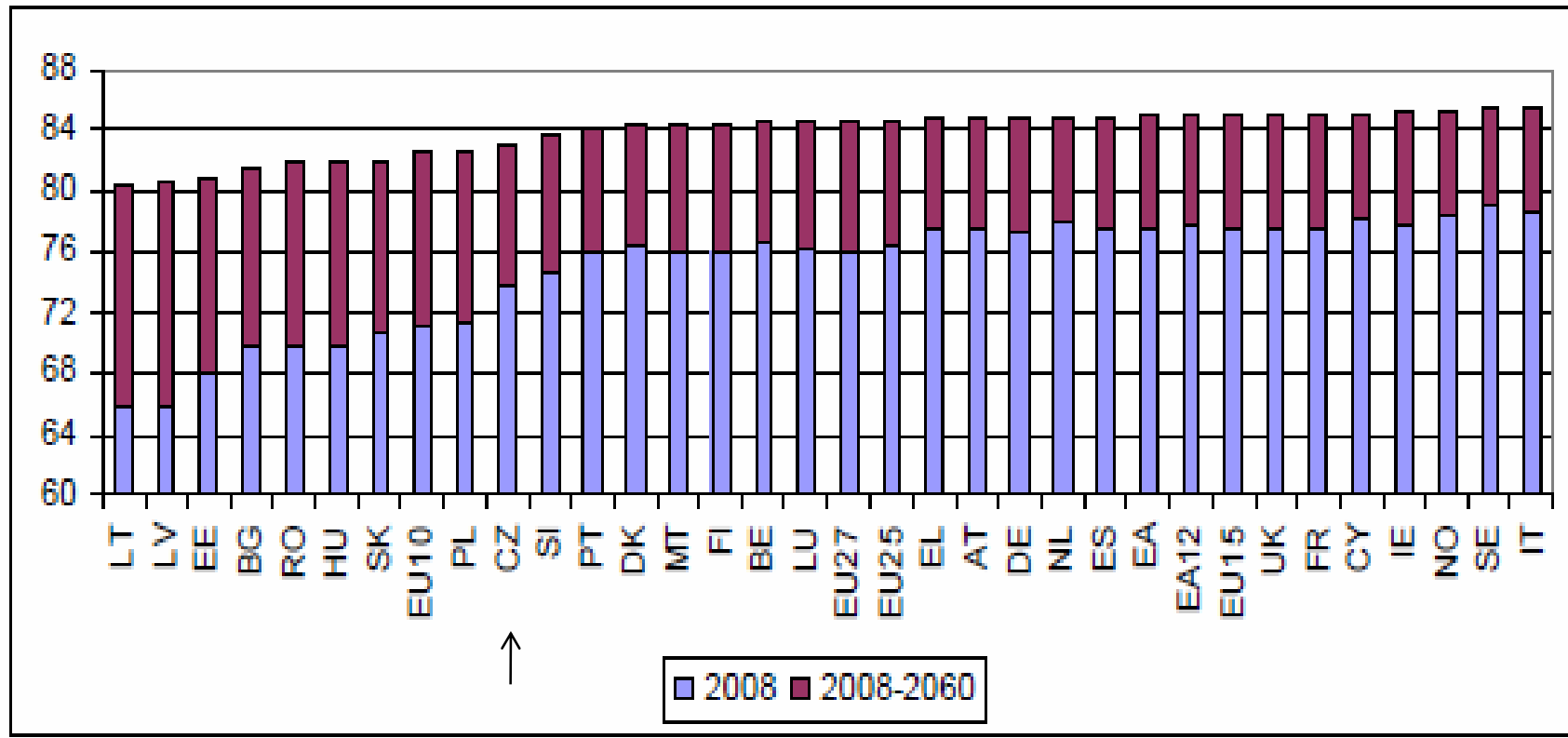
Method

- Literature – some european projects (Eurofamcare, Eurocode) focused on care – difficulties in comparisons (different types of services, different systems) – lacking data (especially on care)
- Discussion with colleagues
- Knowledge of local situation, experience
- Czech Republic – as an example (to be „politically correct“)

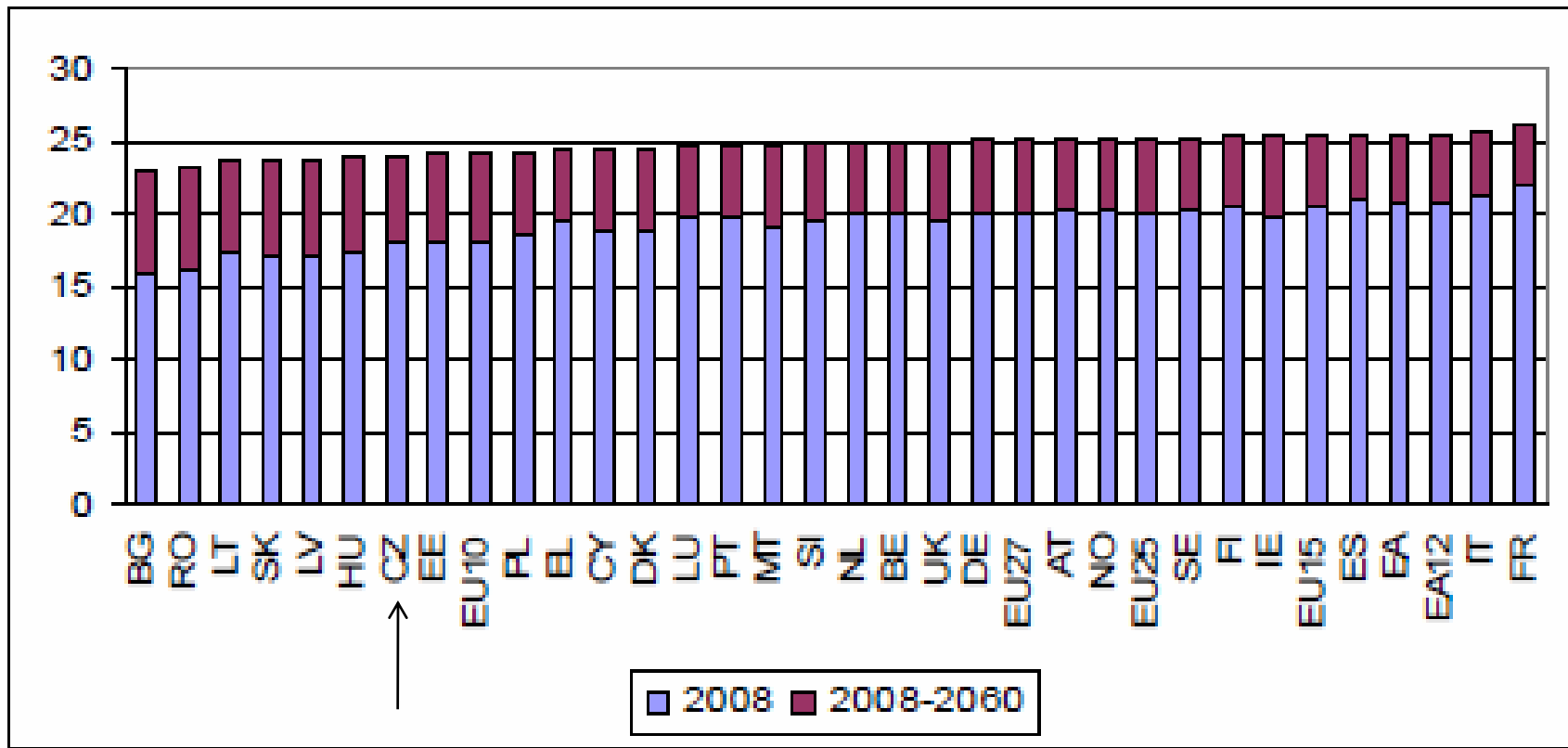
Projection of life expectancy at birth – women (EUROPOP 2008, Ageing report 2009)



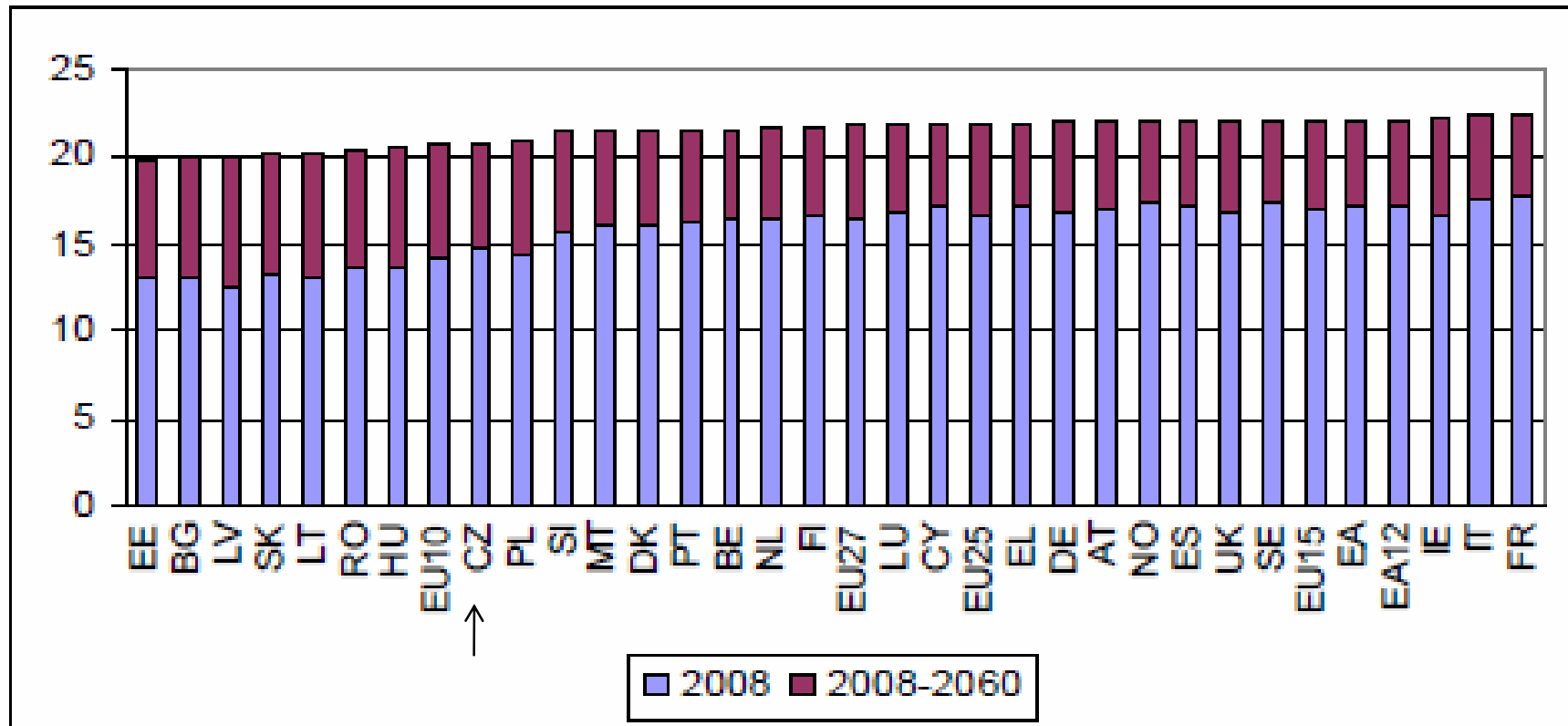
Projection of life expectancy at birth – men (EUROPOP 2008, Ageing report 2009)



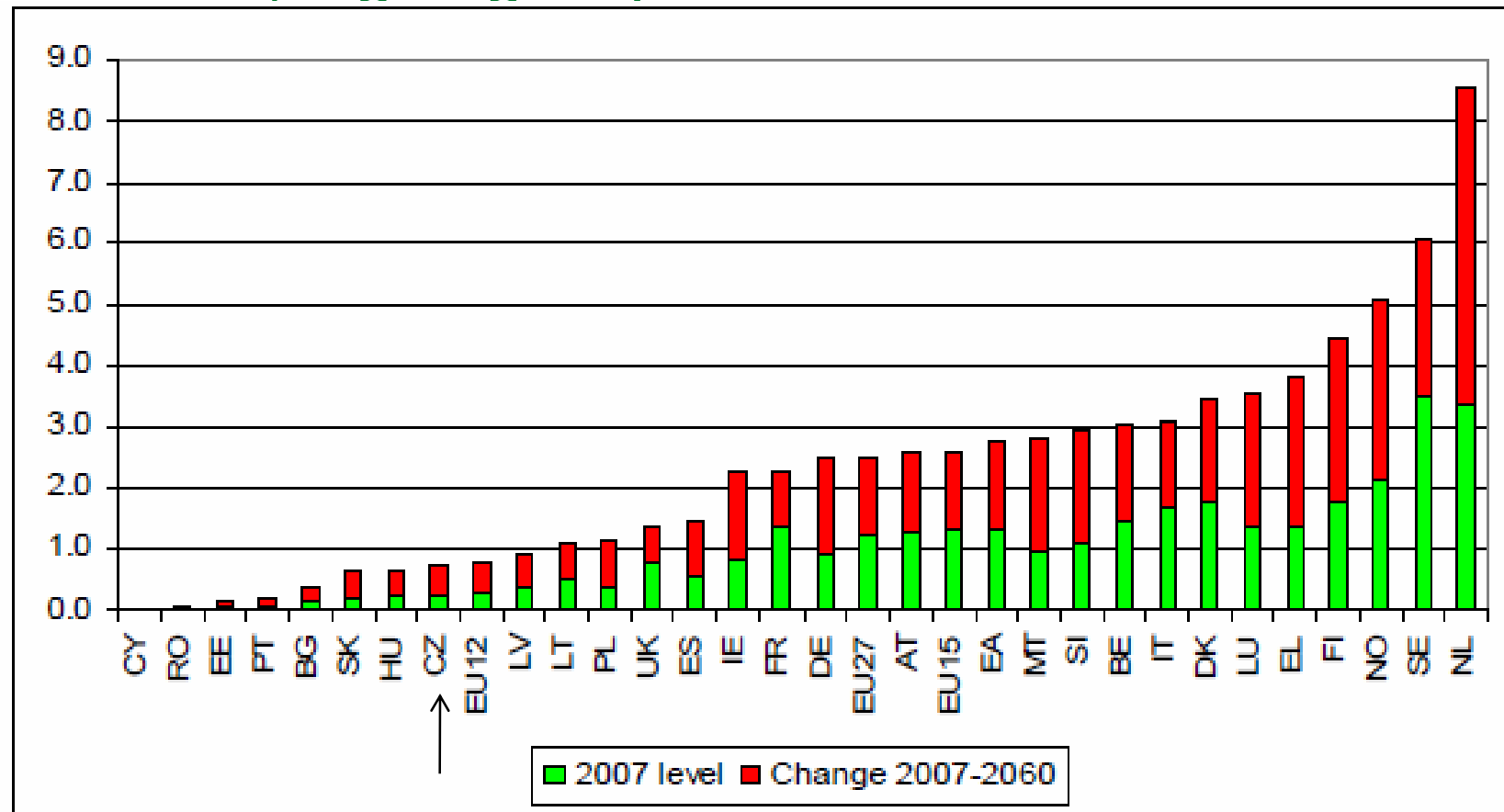
Projection of life expectancy at 65 – women (EUROPOP 2008, Ageing report 2009)



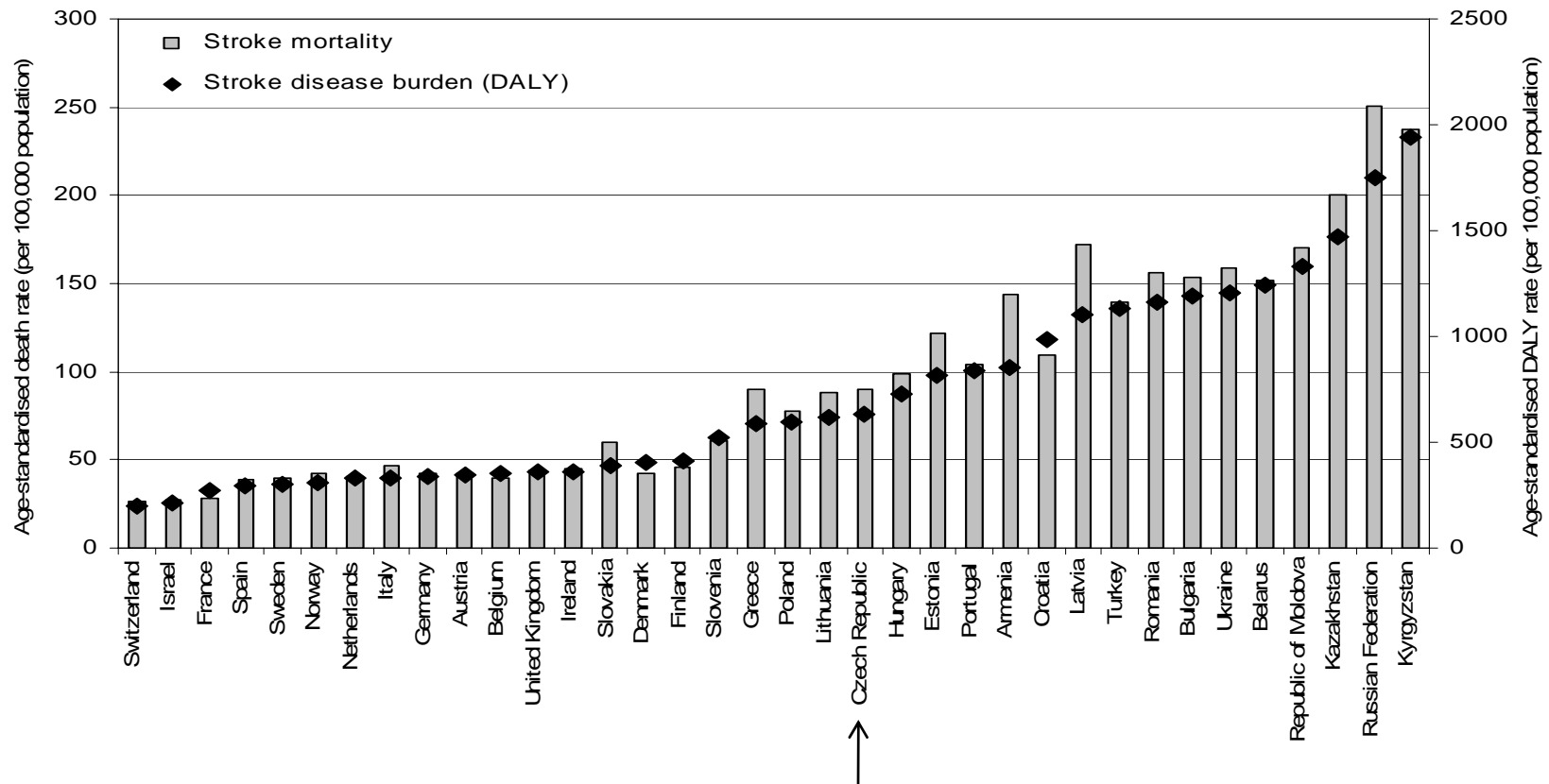
Projection of life expectancy at 65 – men (EUROPOP 2008, Ageing report 2009)



Public expenditures of LTC (pure demographic scenarion) Ageing Report 2009



Burden of death and disease attributable to stroke in selected countries in the WHO European region (2002) Pomerleau et al. (2008); WHO (2004b)



CEE countries

50th – 80th of the 20th century

- „construction of socialism“ (CZ 1948-1989)
- State – health and social care provider („knows best what people need“)
- Elders – „overaged“
- Disabled – „invalid“ Hidden ...
- Care institutions - in remote buildings (...castles)
- Some good practices (primary health care, geriatric nurses since 1983 in the Czech Republic)

2 decades of changes

- **Society and its culture**
- **Economical situation**
- **Policies**
- **Health care**
- **Social care**

Hungary

- **Act on social welfare (1993)**
- **mandatory services in the community (home care and rehabilitation funded by health insurance, support of care in families, home help, day care, respite, residential care)**
- **Nursing fee (care allowance)**
- **Council on the Affairs of Elders**
- **Important role of families, neighbourhoods**

Hungary cont.

- **Good practices: Health and social care integration (major NGOs)**
- **Geriatric care models**
- **Development of geriatric methodological model (including education of professionals)**
- **Ministry of Health, Social and Family Affairs**

Hungary – health and social care...

„The regulations strictly separate health and social care in the state sector even though the state of older persons often calls for complex care“ *(Hungary, Eurofamcare)*

Bulgaria

- **Social Assistance Act 1999 (family care service offices, different social services, care allowance)**
- **Municipal social assistance service;**
- **Public Health Act (legislation also on care in care homes)**
- **Focus on family care**

Poland

- **Law on social care (1998)**
- **Social care – responsibility of local authorities**
- **Important role of NGOs**
- **Benefits based on disability**
- **Nursing homes and social care homes**

Poland

- Differences in regional social policies for care depend not only on financial possibilities but first of all on the awareness of citizens, activity of local authorities and efficiency of non-governmental organisations (Bledowski, 2005).

Slovenia

- National guidelines on care of older people (1997) – support of care at home
- Important role of state and NGOs in care provision, importance of family care
- *Act Amending the Social Security Act (care benefit, family assistant)*
- Older people homes and care homes, day care centres , home help and assistance
- Recently: Quality of care, in care homes...

Czech Republic

- **New health legislation – early 1990: health care, insurance, privatisation...**
- **New social care legislation – 2006 (care allowance, types of social services, quality standards and staff qualification)**
- **Recently: discussion on long-term care has started**
- **Now: starting to prepare Plan Alzheimer**

Czech Republic cont.

- **Care allowance – without adequate assessment**
- **Not defined role of municipalities or local authorities in care provision (nor in social and LTC), lacking community services**
- **Standards of social care and education – focus on formal aspects**

(„persons with dementia must understand the contract“) – „Švejk“
- **Quality of (institutional) care as topic for public discussion**

Czech Republic cont.

- High quality of acute care (e.g. most acute cardiological centres and services ...)
- Problems with post-acute and chronic care, long-term care
- Gap between the health and social care: Persons with dementia are too sick for social services and too chronic - „long-term“ for health services...

Centre of Gerontology and CALS

- **Since 1996 – Czech Alzheimer Society**
- **Day care unit (in and with the support of Prague 8)**
- **Counselling, help-line, self support groups**
- **28 contact points in all regions**
- **Palliative care unit (12 beds) in Prague**
- **Strategy P-PA-IA (reflective and individualised support or persons with dementia as the core strategy)**



Dealing with dementia for the European Society

- Questionnaire of the BE PRES
- Sent to Ministries of Health and Ministries of Social Affairs and to Alzheimer societies

3.6 Do you have any of the following services to support people with dementia who live with their relatives at home?

- Befriending – yes
- Day care - yes
- Home care - yes
- Residential respite - yes
- Night sitting – I am not aware of
- Support groups - yes
- Other – please specify – respite care at home
- Home assistance - yes

3.7 To what extent do you feel these services provide an adequate standard (qualitative) of care?

- **Befriending – when provided it is mostly good**
- **Day care – when provided mostly good**
- **Home care – various quality**
- **Residential care – various quality**
- **Night sitting - I do not know**
- **Support groups – rare, when provided mostly good**

3.8 To what extent do you feel these services are easily accessible to people with dementia and their families?

- **Befriending – very rare**
- **Day care – rare**
- **Home care – mostly available**
- **Residential respite – different in different regions**
- **Night sitting – extremely rare (if not existing)**
- **Support groups – rare**

Surveys....



- Important for basic orientation
- Sometimes (very) biased
- Differences in basic terminology (of services...)
- Quantitative analysis of qualitative data (are there any?) – Results: official report of the MLSA says „non-pharmacological methods are supported by the MLSA (30 thousand CZK – 1000 euro grant for dance therapy).
- Much needed: good data (both quantitative, comparative – and qualitative data)

What has changed in CEECs after 1990?

- Important role of families and family caregivers and other informal caregivers (past, present and future)
- Role of civil society, NGOs has increased
- Development of acute health services - privatisation
- Decentralisation of health and social care
- New types of services also in the social care
- Discussions and development of LTC

Much has changed in the former CEECs...BUT:



- Remaining gap between health and social care
- Underfunding of care– allocation of resources
- Insufficient support of family care
- Insufficient spectrum of services (and coverage)
- Quality of services

Much has changed.... But:

- Development of acute medical services vs. Underdevelopment of chronic and long-term care services (allocation...)
- Low interest of politicians on the central (CZ) and local (PL) level
- Need to integrate care at patients level
- Dementia as a specific problem that needs better understanding and solutions (CZ, BG, SL, SLO, PL)

Problems might be very similar in the EU countries...

- **BUT - on a very, very different level**
- We know much less about the former CEE countries

What to do now?



We need to proceed in Alzheimer Europe efforts on the European level

...and in our efforts on national and local levels + be better listened to (revolution...)

To change the culture and values....

„To foster research in health economics, social sciences and humanities...to better understand all aspects of dementia“ (*position of the AE board, yesterday*)

Thank you!

