



Best Practices in Reducing Stigma and Disparities in Healthcare for Older Persons

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Healthcare goals for older persons:

1. Active life free of disability
2. Able to contribute to their family and community

Main areas for discussion:

- I. The health care system is not set up to provide services to the elderly
- II. The system exacerbates the problem of stigma.
- III. Health care professional are not trained to provide for the special needs of older people

Definitions:

Stigma: has its roots in “differences”

-An attribute that serves to discredit a person or persons in the eyes of others

-Etymology: Latin *stigmat-*, *stigma* mark, brand

-Text: a mark of shame or discredit - the *stigma* of personal cowardice

-Synonyms: bar sinister, black eye, blot, blur, brand, odium, onus, slur, spot, stain

-

Related word: besmirchment, disfigurement, smudge, smutch, taint, tainting; disgrace, dishonor, shame

-Contrasted words: credit, distinction, glory, honor; bay(s), crown, laurel(s)

Stigma and social exclusion in healthcare:

Burden to society: ability or disability of the individual to cope with their problems

Intervention of family, society or state is frequently viewed as failure of the individual

.....*Stigma and social exclusion:*

Results:

- Exclude individual from equitable access to housing, education, social support and HEALTH SERVICES
- Low self-esteem, poor social relationships, isolation, depression and self-harm

Describe the Problem:

Statistics

United States population over 65

- 2000... 35 million
- 2030... 70 million 1 in 5 American

Americans though living longer, are not necessarily living better.

The gap between life span and healthy life span is increasing.

... Describe the Problem:

Statistics for Latin America

Number of persons 60 years or older living in Latin America and the Caribbean (LAC)

- 2000 ...42 million 8% of the population 1 in every 12 persons
- 2025... 100 million 14% of the population 1 in every 7 persons

... Describe the Problem:

Statistics for Latin America

- 60% of LAC older populations are women
- The majority of older people live in the urban areas
- The majority has only primary level of education
- 40% of men 60 years and older are still working while only 8% of women have a paid employment
- A higher proportion of women than men live with a child or another relative

I. The health care system is not set up to provide services to the elderly

- The elderly population is not a priority
- Institutions are not equipped to serve the elderly population
- The insurance coverage has many limitations
- Private services are not accessible
 - Elderly do not work
 - Elderly depend on relatives
- Transportation, long waits, information

Resources are not allocated according to individual but according to the group

II. The system exacerbates the problem of stigma.

Constant message from healthcare workers regarding the elderly:

- High cost
- Do not comply with treatment
- A burden to the healthcare facilities
- There is not return for the investment
- Difficult to deal with
- Require special time and are energy consuming

..... *II. The system exacerbates the problem of stigma.*

Misunderstanding of Health:

- Biomedical Model concentrates in illness and prevention of disease
- Biomedicine is not the only explanation to illness
- Implications of illness is individually and socially defined
- Health professionals are not the only source of knowledge



Feeling of well-being:

*Persons own idea of what will help them to get better
and what will happen to them in the future*

III. Healthcare professionals are not trained to provide for the special needs of older people

- Training in disease and prevention
- Training is directed to pediatrics and regular adults
- No training to the specific needs of the elderly

Ex. Incontinence, senil dementia, parkinson,
-Unpleasant odors, bed ridden,

..... III. Healthcare professionals are not trained to provide for the special needs of older people

- Lack of knowledge by the health professionals
- Lack of interest by the health professional
- Sometimes respect and dignity are underestimated
- Consider weak, dependable – unable to demand for their own rights
- Taken for granted – power base interactions

Common problems:

Improper dosing, adverse reactions, misdiagnosis, overlook, dismiss as normal

..... III. Healthcare professionals are not trained to provide for the special needs of older people

In U.S.

- In 2000, there were three workers to support every senior, by 2004, there will be two workers to support every senior, according to the Social Security Administration
- Half of the registered nurses are at least 45 years old - Replacement will be needed for 331,000 RNs between 1998 and 2008
- 9,000 geriatricians -- 35 million over 65 --- 1 for every 3,888
- US needs 20,000 physician-geriatricians for the currently population

..... *III. Healthcare professionals are not trained to provide for the special needs of older people*

In U.S.

- Only 14 of the nation's 145 medical schools include geriatrics in their required courses
- 86 medical schools offer elective in geriatrics, only 3% students register
- Less than one-half of 1 percent of medical school faculty are geriatric specialists
- Less than 1 percent of RNs are certified in geriatrics
- Only 720 of 200,000 pharmacists have geriatric certification

..... *III. Healthcare professionals are not trained to provide for the special needs of older people*

In Latin American and the Caribbean:

- Only 14% of medical schools in LAC have geriatric programs
- Less than 2% of nursing programs have full-time geriatric nursing



Stigma can be increased by healthcare professionals

Action Plan

1. Develop guidelines and process for monitoring the health status of older persons and implement a surveillance system
2. Identify threats to the health of older persons
3. Promote healthy behaviors and environments of older persons
4. Develop a regulatory framework for protecting the rights of older persons at healthcare facilities.
5. Define standards for appropriate health services
6. Training for the primary healthcare workforce and provide every health care worker with some education and training

1. Develop guidelines and process for monitoring the health status of older persons and implement a surveillance system

- A health profile of the population group 60 years old and over
 - Social and demographic variables
 - Mortality data
 - Morbidity data
 - Data on risk factors for disease and disability
 - Data on functional capacity and disability
 - Data on access and utilization of health services
 - Data on barriers to accessing health care

2. Identify threats to the health of older persons

- Epidemiology and biodemography of aging
- Surveillance and control of noncommunicable diseases and disability in old ages
- Inclusion of aging in the local, regional and national agenda

3. Promote healthy behaviors and environments of older persons

- Promote healthy life styles for older persons
- Develop a local, regional and national plan
- Multisectorial partnerships in increase access to health promotion activities
- Include older persons in setting community health priorities

4. Develop a regulatory framework for protecting the rights of older persons at healthcare facilities.

- The public has the responsibility to protect this group
- Develop regulatory and protected frameworks
- A local level group should oversee that services are appropriate
- Providers and consumers should be educated on quality of care issues

5. Define standards for appropriate health services

- Establish clear policies for services
- Determine indicators to monitor access to health
- A work force trained to assess and implement changes
- Collaboration of the different institutions that provide health services

6. Training for the primary healthcare workforce and provide every healthcare worker with some education and training

- Engage physicians and nurse and other healthcare professionals in lifelong training in geriatric medicine.
- Develop national and regional initiatives to implement new models of practicing-physician educations.
- Strengthen the capacity of medical schools and nursing schools to develop geriatrics
- Develop the ability of the staff to reflect in their own aptitudes and prejudices

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Main sources:

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