"Health Management Issues and Education for Old Age People"

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Abstract:

As age advances, the elderly develop vulnerability to illness resulting in more health problems. Such issues are further influenced by several socio-economic factors like gender, education, geographical location, living arrangements etc. Health of the senior citizens is considered to be an important public health issue which requires serious attention. Main objective of this paper is to study the health profile of the senior citizens and related risk factors influencing their health. The health care of elderly needs comprehensive, holistic and mix of public–private partnership. There is need to formulate regular health check-up camp at local level, insurance scheme to take care of medical expenses for elderly and exclusive geriatrician and geriatric hospitals to provide better health to senior citizens.

Key Words: Health Management, Barriers to education, Education for Improvement.

Introduction

Health promotion and wellness are a great responsibility, particularly for all health care providers who work with elderly people. Some health care providers claim that because of their age, activities pertaining to prophylactic measures, health and wellness maintenance will not be helpful to elderly people. On the contrary, wellbeing should not be regarded as a concept specifically relevant to younger individuals. The world population on the whole is growing older and wellness and common diseases (infectious diseases, acute illnesses, chronic diseases and degenerative diseases, etc. have been changing. Although many chronic diseases cause serious defects, some studies show that if a healthy life style is adopted and maintained, these defects can be delayed. Besides, these illnesses generally pose risk factors for individuals and their life styles. Studies on wellness and the prevention of diseases have been found effective, especially in providing lifelong behavioral change. Since the elderly population is at a huge risk of major diseases and defects, members of health care units should handle their education carefully. Through such education, benefits are provided regarding protective and wellness development for many elderly people.

Health education is a concept directly linked to health promotion in both clinical and educational preparation fields. Health promotion reform has developed an increasing interest in acute injuries and diseases from the mid-1980s. However, opportunities to promote health have generally been neglected. Health education increases individuals' knowledge of health and health care and makes them informed about their health care choices. Prophylactic health behaviors keep older adults' lives active, delay going to nursing homes and increase satisfaction with life. Among the topics where elderly people need help most, a lack of knowledge comes first.

Possible barriers to education of the elderly

Possible barriers that need to be considered during teaching should be known so that the learning potential of the elderly can be realized. These barriers can be mostly classified as sensory loses, mental illnesses and chronic diseases.

Sensory losses: The five senses tend to decline with advancing age. Sensory losses are problems with one or more senses (auditory, visual, tactile, olfactory, or taste). Hearing and vision changes affect communication while the other losses can affect thinking processes in the elderly (Tabloski, 2010; Smith, 2006). Individuals with hearing problems are people who either completely lost this sense or have decreased sensitivity to sounds. Individuals experience various obstacles related to communication in the process of patient education depending on their level of hearing loss. Individuals with hearing loss may be unable to speak or may have a limited verbal ability and a weak vocabulary. Just like other healthy people, these individuals will need health care or health education throughout their lives.

Visual deficiencies: Vision deficiencies are particularly common among older people. Most vision problems like glaucoma, cataracts and macular degeneration occur in the retina. Changes in vision can usually be seen in the form of a reduced ability to see distant objects, a loss of the ability to see objects on the side, and a loss of the ability to see very close (even faces) and some colors (peripheral vision) (Smith, 2006). Older people with reduced visual acuity may display behaviors such as dimming eyes, needing to touch, reluctance to communicate or withdrawal. The following are some recommendations for education of the elderly with a reduced visual ability:

- Education materials should be prepared in a format and size elderly people can easily see,
- Their other senses (touch, smell, hearing, taste) should be improved,
- It should be considered that especially hearing and touch are significant for sharing information,
- The procedures should be explained as descriptively as possible,
- Elderly individuals should be allowed to touch, hold and smell the related materials,
- Materials should be prepared in larger fonts for the elderly with visual deficiencies,
- Education materials should be prepared in black on a white background or in white on a black background,
- Contrasting colors should be preferred when using different colors, Audio recording devices should also be included in the educational process, and Computers and texts using the Braille alphabet should be preferred if possible (Bastable, 2008).

Deficiencies of smell and taste

Formation of papillary atrophy in the tongue with ageing brings about losses in sensing sweet and salty tastes. Some chronic diseases (e.g., Alzheimer's disease, Parkinson's disease) can affect the sense of smell and taste. Similarly, drugs, surgical interventions and environmental factors contribute to losses in taste and smell senses. Elderly people need the same nutrients as young people but in different amounts. As a result of ageing due to factors that negatively affect nutrition, a lack of nutrients in the elderly is found more often. Elderly people need the same nutrients as young people but in different amounts. Due to the factors that negatively affect nutrition as a result of ageing, a lack of nutrients is more prevalent in the elderly. For this reason, one should be more careful about consuming some nutrients in terms of energy, protein, foliate, vitamin B12, calcium, vitamin D, iron, zinc, and riboflavin. All these elements, which are necessary for elderly individuals, act as catalysts for certain diseases that may affect their learning process. For this reason, the health educator should evaluate the levels of these substances, especially when assessing an individual's physical characteristics (Tabloski, 2010).

Deficiencies of sense of touch

Older adults may suffer from a reduction in feeling cold or hot and have pain due to the decrease in the thickness of the dermis of the skin in old age, vitamin D synthesis, its protection against micro-organisms, capillaries, collagen production, and senses of touch and pressure (Tabloski, 2010).

Mental illnesses

Individuals with mental disorders have possibly been existing in community mental health centers, in society, in the family or workplace environments for the last 25 years. People who work with such individuals should consider their feelings and thoughts about mental illnesses before the start of the teaching-learning process. Although there are some basic principles in the education of individuals with mental illnesses, there are still some specific instructional strategies that need to be considered. One of the first steps in any educational attempt is mental diagnostics. Firstly, in order to diagnose the anxiety level of an individual, it is necessary to determine whether the individual has any mental incapability or insufficiency. When there is an emotional threat depending on the mental illness, the individual's anxiety level will increase and the level of readiness will decrease. While working with an aged individual with a mental illness, the following points must be considered:

- Training must be organized according to their needs.
- Learning desire and the joy of life should be kept alive.
- Teaching should be performed by using short and simple words and information must be repeated as often as possible. Important pieces of information should be written on cards, certain techniques such as drawing one of the cards which is appropriate for them should be used and plain symbols and drawings must be used.
- Sessions should be kept short and frequently repeated. (Four fifteen-minute sessions instead of a one-hour session, etc.)
- All possible sources for the individual and his or her family should be used, all appropriate learning styles for the individual must be sought and training must be organized in this direction, and training should be supported by visual tools such as computers and videos.

Chronic diseases

The learning process of individuals with chronic diseases is full of difficulties. Many diseases have many phases that may affect the educational needs of the individual patients and their families. Therefore, there is no unique approach to provide the most appropriate teaching-learning. What matters is the start of the disease, its progress and intensity. The perception and the reaction of these individuals' families to the learning-teaching process are also very important. Families are in need of education and information on the limitations related to the changes and limitations in the lives of individuals. Usually, these individuals experience conflicts between their needs to become dependent or independent in their lives. Maintaining energy and independence could sometimes be physically and emotionally repressing. Living with a chronic disease often causes a loss of role and some other changes. When a loss of role and a decrease in self-respect appear, the situation affects readiness for learning. Thus, it will be right to take the following actions:

- Prevent medical crises and problems before they happen.
- Take control of symptoms.
- Apply the existing treatment plan and provide the management of self-care-related problems.
- Prevent their social isolation from other people.
- Help them balance their living standards and their relations with other people.
- To provide changes related to illness, adjust yourself.
- Provide funding for treatment if necessary.

- Prevent psychological, marital and family problems from happening (Tabloski, 2010; Cornett, 2011).

Improving communication with an elderly individual

1. Using the principles of individual-centered care - Knowing the person to be educated: An educator that works with elderly individuals is required to be able to use his or her tone of voice, facial expressions, gestures, and the words correctly, and have the ability to listen without expressing criticism, sadness, or complaint. Applying the principles of gentle listening: The educator must listen what is being said without interrupting the person, or "tuning out" his or her words. The educator should understand what the real problem is. - Allowing time to "right" (positive aspects of their lives) things as well as talking about problems: The individual's positive qualities/strengths must be stressed while talking about problems.

2. Arrange the environment and the routines - Adjust changes in seeing: An older adult can see you better in bright light. Avoid standing too close in order not to being seen blurred. You should stand in front of the person to be seen easily. Yellow and red or green and blue colors should be used for signs and markers. - Adjust to changes in hearing: Make sure that the individual can read your lips. If it is necessary to speak out, a low tone of voice should be used. Ear wax accumulation ought to be checked as it can prevent hearing. Hearing aids and batteries should be checked. - Pay attention to environmental effects: in educational environments, the noise must be prevented. Rooms must be lit enough to see them and let them read your lips. Elderly individuals mustn't worry about others' hearing what they say (privacy respected). - Evaluate the personal comfort level of the individual: They should be physically comforted. Hunger, thirst, pain, or the need for the toilet must be eliminated. What they think and feel should be evaluated for their effects on learning.

3. Adjust your interaction with the elderly - Think about the approach and the language: They should be given time to respond to your questions, or ask questions. Familiar and understandable words should be used, and medical terminology or slang should be avoided. The educator should be clear and understandable, and should not use long explanations or instructions. - Adapt to changes in responses: If you need to improve participation, yes/no questions should be used. Important points should be written in large fonts. Use physical gestures to enhance verbal communication.

4. Adapt your approach to accommodate changes in EXPRESSION: Listen for meaningful words and ideas, trying to identify the main theme or goal. Respond to the person's emotional tone and validate feelings (e.g., understandable to feel frustrated, angry). Accept/understand cursing or other foul language as an expression of distress and discomfort – not an "insult" to you.

Education for old age people

Health issues among elderly are multi-dimensional and influenced by several factors. In the present study, gender, advancing age, type of living arrangements, educational status and working status are found to be important factors influencing health status of the elderly. If people can remain mobile and care for themselves for a longer duration of time, it can reduce the costs for long-term care to families and society. There are several mechanisms that have important implications for understandings and to prevent and control chronic condition in late life (Claire et al., 2015). The increase in the vulnerability because of biological factors cannot be controlled; however, increasing susceptibility due to lifestyle changes needs to be controlled if not eradicated completely. Many old-age health issues are preventable and take effect over an extended period of time; therefore a life course perspective to the health is needed.

The health care services and support may be made available at the doorsteps of the elderly due to few obvious reasons like restricted mobility, financial dependence, geographic distance etc. Considering a significant percentage of elderly having multiple health issues, suitable health services are needed for this ever-increasing segment of the population. Most of the hospitals in India (both private and government) do not have separate geriatric unit to provide better support system to the older population. Often, the early diagnostic process among the older people is ignored as symptoms are considered to be a part of ageing process.

The medical colleges can have separate geriatric departments that can orient the doctors to look after the problems of elderly in better way (Paltasingh & Tyagi, 2012). The ability of the aged persons to cope with the changes in health, income and social activities depends on the support they get from their family members. In India, majority of older people live with their immediate family members and the family continues to be the main provider of elder care. Health, economic and social adjustment problems have long-term impact on the quality of life of the elderly people (Alam & Karan, 2011).

Integrated educational programme for health care of elderly need short- and long-term programme in order to empower people for self-care which needs to include family as a major stakeholder (Kumar & Khan, 2015). Health education programmes may help to understand and create awareness about the health problems amongst the elderly. This will help them to adopt a healthy life style to prevent avoidable morbidities especially those due to the NCDs like hypertension, diabetes etc. The findings of the present study have implications for health policy. The projected increase in old age dependency ratio and decline in health status of older adults suggest that in coming decades, the health care services need to shift resources and services to respond to an ageing population.

Conclusion:

The elderly must be targeted in health interventions to create greater health awareness, promote physical ability and healthy ageing. The state should initiate a comprehensive life span health policy considering the special health needs during old age. Health policies so far have turned ineffective even to meet the required level of resources for providing basic health facilities. The Ministry of Health & Family Welfare developed 'National Programme for the Health Care of Elderly' (NPHCE) during the XIth Plan period to address various health-related problems of elderly people. This programme aims to provide separate and specialized comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services and manpower development in geriatrics. However, an effective implementation of the programme to bring quality improvement in the overall health of the elderly remains a challenge. The emerging crisis in health care of older people is multidisciplinary in nature. The major challenge needs to be addressed from the nodal ministries implementing national policy for older person and national policy for health. The quantum and the kind of geriatric care required may differ from region 141 to region. Therefore, region-specific health policies may be needed to lessen the effect of various health determinants for an improved quality of life of elderly (Bakshi & Pathak, 2015). Lifestyle diseases are being reported by elderly; however, it is under reported which could be due to lesser understanding of multiple health ailments. Besides it is largely believed that health deteriorates with age and hence less attention is paid to health of elderly.

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