

CREATING A SUPPORTIVE ENVIRONMENT FOR ELDERLY WITH CHRONIC ILLNESS

(Paper presented by Dr. Ho Po Ying, Amy, The Hong Kong Polytechnic University, at the plenary session of the Healthy Ageing Convention on May 19, 2001, Hong Kong)

The need for a supportive environment

Supportive environments, both physical and social, are not only key determinants of health but also essential conditions for healthy ageing. The World Health Organization defines health broadly as a person's physical, psychological and social well-being. The notion of healthy age denotes a change in the perception of ageing, from the preoccupation with illness management to the promotion of conditions that support health. Indeed, the determinants of health include not only biological endowment and individual behaviors but also physical and social environments (Beckingham & DuGas, 1993; Roemer, 1985). Indeed, the lack of social support, the decline in traditional caring by family members, environmental pollution, and deprived living conditions are factors contributing to poor health status of the elderly (World Health Organization, 1998).

While healthy ageing is a universal goal for our elderly citizens, a supportive environment, which ameliorates environmental hazards, is essential for health maintenance and promotion among elderly with chronic illness. In Hong Kong, about 75% of the elderly population suffer from one or more chronic illness such as diabetes mellitus, hypertension, and osteoporosis (Health and Welfare Bureau, 2000). Chronic illness is one of the major causes of mortality and morbidity among the elderly, and hence has a direct bearing on quality of life, as well as on the costs of health care. Local studies have shown the adverse effect of chronic illness on the health status and social functioning of our senior citizens (Chan & Leung, 1995; Chi & Lee, 1989). The prevalence of chronic illness among our elderly citizens also has serious implications for health care costs in Hong Kong. The elderly in Hong Kong consume a great proportion of inpatient and ambulatory medical care (Hong Kong Census & Statistics Department, 1996; Lau & Wong, 1997). Multiple chronic illnesses and functional limitations are factors contributing to unplanned hospital readmission among the elderly (Chu & Pei, 1999). To maintain the quality of life of elderly people with chronic illness, appropriate changes in the physical and social aspects of the environment are deemed necessary.

Creating a supportive physical environment

Elderly people with multiple chronic illnesses are at greater risk of developing functioning limitations and disabilities. The chance of home injury is likely to increase for those who live alone or reside in poor living conditions. For the wheel chair-bound elderly, access to community resources is, to a certain extent, hampered by the lack of convenient transportation and accessible public facilities. Despite less favorable living conditions, many elderly people prefer to live in the community rather than in institutions. Thus, aging in place is a principle to be upheld as we attempt to create a supportive environment for our senior citizens.

A basic requirement of a supportive physical environment is the provision of a safe and accessible living environment for our elderly. Chronic illness, such as arthritis and osteoporosis, will impose limitations on self-care and daily living activities. Elderly with chronic illness can preserve their functional independence by appropriate use of prosthetic aids or self-maintenance equipment, such as leg braces and wheel chairs. The safety of a home environment can also be enhanced by means of home modification. By installing handrails, smoke detectors, and other devices to minimize electrical and tripping hazards, the likelihood of home accidents can be reduced. Findings of overseas research suggest that one-third to one-half of home accidents can be prevented by means of home modification and repair. For example, the risks of fall-related injuries could be reduced by combining home modification and health education (Gillespie, Gillespie, Cumming, Lamb & Rowe, 2000; National Resource and Policy Center on Housing and Long-term care, 1998).

Aging in place does not imply that we should maintain the elderly in unsafe or unsatisfactory living conditions for a prolonged period of time. In fact, the living conditions of many elderly have been improved through urban renewal and redevelopment of deprived communities. For elderly people who have resided in a familiar neighborhood for many years, unexpected transition in living environment would undermine their adjustment to the new living environment. The break in existing social ties, and the lack of knowledge about community resources may give rise to a sense of helplessness among these elderly. Overseas studies have shown that the feelings of helplessness have a profound negative impact on mental health (Seligman, 1975; Fry, 1989). The situation would be aggravated if the new towns or communities were designed to fit the needs of a young and able-bodied population. Environmental psychologists have pointed out that a good fit between individual characteristics and their environments is conducive to positive adjustments in late life. To this end, the principle of universal design¹ should be adopted in future town planning and urban development projects. For instance, community facilities should be easy to use, convenient and accessible by elderly people with varying degrees of functional limitations and disabilities.

In addition to a safe living environment, it is the responsibility of the government to increase access to community resources by providing transportation and other infrastructures for elderly with functional limitations. Action should also be taken to reduce environmental pollution that is particularly detrimental to the health of our elderly citizens.

Creating a supportive social environment

While a supportive physical environment is necessary for aging in place, a supportive social environment is equally important. Elderly people with chronic illnesses, demand a wide range of supports in order to avoid institutionalization and continue to

¹ Universal design is an architectural design philosophy in which the needs of all environmental users irrespective of their functional and physical abilities, are recognized in the natural ways

live in the community. In Hong Kong, over 10% of our elderly live alone and many more reside only with their aging spouses (Health and Welfare Bureau, 2000). A certain proportion of this population suffers from poor health, is in need of special attention, and lack social support. Older women, in particular, often experience double jeopardy in aging. Compared with their male counterparts, they are more likely to be widowed, living alone and on a low income (Chappell & Havens, 1980). Over the years, there has been a collaborative effort between the government and non-governmental organizations to provide community-based care for our senior citizens, though these services are generally not tailored-made for elderly people with chronic illnesses.² In view of the limitations of these services, I believe that a supportive environment for the elderly can be enhanced by improving the coordination and quality of community-based care. This can be done by fostering a holistic and continuous approach, and strengthening social support through the collaboration of formal and informal support networks.

Fostering a holistic and continuous care approach

In Hong Kong, efforts have been made to provide a supportive social environment for elderly with chronic illness through community-based medical and social services. In terms of medical services, community-based nursing services, Elderly Health Centers and Community Geriatric Assessment Teams are some of the examples. However, due to limited resources, these services are beyond the reach of many elderly. On the other hand, many of the chronically ill elderly have benefited from community-based social and supportive services, including home help services, elderly outreaching service, and support teams for the elderly based on multi-service elderly centers. Despite these efforts to provide community support to the elderly, local figures indicate that only a small percentage of the elderly are able to receive community-based geriatric care (Census and statistics Department, 1996). Although many community-based social services are generally well received by the service recipients, a great deal of time has been spent by the service providers to coordinate different service agencies and social programs. On the other hand, feedback from front-line paid care workers and volunteers reflected that the linkage between hospitals and social welfare agencies was inadequate (Department of Social Work and Social Administration, HKU, 1998).

Indeed, the varying needs of elderly with chronic illness demand a multidisciplinary collaborative approach among different professionals and organizations in the community. Overseas experiences have shown that community-based, and coordinated medical and social services enable elderly patients to receive continuous and appropriate care (Bernabei et al., 1998; Eng, Pedulla, Eleazer, McCann, & Fox, 1997; Guagenti-Tax, DiLorenze, Tenteromano, LaRocca & Smith, 2000). These community-based integrated models of geriatric care have been successful in the United States, where hospital readmission rate was reduced and elderly people were able to avoid premature or unnecessary institutionalization (Eng et. al., 1997). Other home and community based long term care models also showed increased life satisfaction and social interactions, as well as reduced unmet needs among the elderly (Guagenti-Tax et al., 2000; Weissert, Cready, & Pawelak, 1988). To ensure the provision of continuous and holistic care for

² It should be noted that “Enhanced Home Care” is a newly developed service that targets at citizens with nursing needs.

our elderly citizens who move frequently between different locus of care³, reform measures should be taken to coordinate geriatric medical and social service sectors within the same community or district. For example, the coordination between hospitals and non-government organizations could be strengthened through shared clients' records and simplified referral procedures. As demonstrated by overseas experience, a case-manager approach could ensure continuity of care for elderly people with multifaceted service needs. Such people often get lost in multiple service systems (Rothman & Sager, 1998)

Enhancing quality of social support through the collaboration of formal and informal support networks

In my view, a supportive social environment can be created for the chronically ill elderly through both formal and informal social support systems⁴. The reciprocal interactions between the elderly and their social environment are likely to influence their adaptability, access to information, and motivation to seek help from others. Formal and informal social supports often complement each other, depending on the nature of service being provided. For services that require long-term commitment, flexibility in the timing of responses, and familiarity with the care recipient are best handled by kin or informal social networks (Litwak, 1985). By contrast, formal supports are more appropriate when professional knowledge and referral are needed (Penning, 1995; Wan, 1987; Wolinsky & Johnson, 1991). By providing instrumental, emotional, and informational support, members of both the formal and informal support networks form a convoy of social support for elderly people with chronic illness.

Existing community-based social care programs in Hong Kong have a strong emphasis to providing instrumental social support to the elderly, such as direct assistance with daily living activities, meal delivery and escort services. While services from paid care workers are essential for maintaining daily functioning, they are not the most appropriate source of care in situations involving unpredictable and idiosyncratic needs. Comparatively speaking, informal support from kin, friends, and neighbors is more responsive to crisis assistance or providing help during illness. Thus, programs should be developed to equip informal caregivers with skills in responding to crisis situations such as home injury and seizure.

The effects of chronic illness on the psychological well being of the elderly cannot be underestimated – psychological effects are no less worthy of our attention than the physiological effects. The decline of functional levels and the loss of vitality associated with chronic illness, and the experience of stressful life events often leads to depression among the elderly. In Hong Kong, prolonged illness, mood disorder, and lack of social support are identified as the major risk factors of elderly suicide (Report of The Elderly

³ Due to the changes in physical and medical conditions, many elderly have to change the venues of care often. For example, about 13.5% to 25% of the elderly patients move frequently from home to hospitals within a short period of time (Chu & Pei, 1999; The Hong Kong Hospital Authority, 1996).

⁴ Informal social support refers to support from one's informal social network such as family and friends. Formal social support refers to support from the government and non-governmental organizations, including medical and social services.

Commission, 2000). Overseas studies have shown that perceived social support has the potentials to buffer the negative effects of stressful life events (Cohen and Wills, 1985; Wethington & Kessler, 1986). At present, volunteers recruited by non-government organizations have been providing home-visitation and other support programs for the elderly. Recipients of volunteer home visitation reported improvement in well-being and reduction in their feelings of loneliness (Department of Social Work and Social Administration, HKU, 1998). In my opinion, home visitation is likely to increase the sense of self-worth and positive attitude among the elderly if the visitors are able to build up trustful relationship with the elderly and possess a certain level of skills in providing emotional support. A local study has shown that a natural locality-based social support by neighbors has generated very positive psychological effects on singleton elderly (Yip, 1994). By encouraging reciprocal social support with their neighbors, disabled singleton elderly become normal functioning members of the community, rather than passive service recipients.

Knowledge and information relating to community resources are important for the elderly and help them live independently in the community. It has been suggested that a person's social network is not only a major channel of advice and support during illness, but also the main source for developing health beliefs, attitudes and knowledge about medical options. Social support networks also function as conduits for information on a wide range of social resources. Thus, informational support for the elderly should be strengthened in community-based social care programs. Formal service providers, such as medical professionals and social workers, are typical agents for disseminating information about community resources. Family members, paid care workers and volunteers could be enlisted to provide informational support to the elderly through frequent contacts and home visits. Given appropriate and adequate training, they would be in a better position to provide information on existing medical and social services in the community, promoting healthy lifestyles, encouraging compliance with medical regimens, or facilitating communication with health care professionals. All these support systems are important for the chronically ill elderly who wish to make informed choices in achieving healthy aging.

Conclusion

To promote healthy ageing among the elderly with chronic illness, we need the collaborative efforts of government agencies, non-government organizations, and the community as a whole to carry out interventions that focus on meeting individual needs and enhancing the quality of life. By providing a supportive environment, we would encourage aging in place while preserving the life-styles and preferences of our senior citizens. In the process of achieving these goals, we should be conscientious in maintaining a goodness of fit between the needs of the elderly and the amount of support to be provided. An optimal amount of support is conducive to better adjustment in late life, while too much support may hamper the ability of the elderly to preserve their functional independence. A final but important point, I believe, is that our senior citizens should take center stage in setting the direction for healthy aging. Their voices should be heard and their choices must be respected fully.

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Web-sites

National Resource and Policy Centre on Housing and Long-term Care

<http://www.aoa.gov/housing/modification.htm>

<http://homemods.org/>