



SUBMISSION TO THE DEPARTMENT OF HEALTH ON THE DEVELOPMENT OF A PUBLIC HEALTH POLICY FRAMEWORK

SEPTEMBER 30 2011

1. INTRODUCTION

Older & Bolder is an alliance of eight NGOs in the age sector. Our member organisations are: Active Retirement Ireland, Age & Opportunity, Alzheimer Society of Ireland, Carers Association, Irish Hospice Foundation, Irish Senior Citizens Parliament, Older Women's Network and Senior Help Line.

The alliance welcomes the opportunity to make a submission to the Department of Health on the development of a public health policy framework. The submission addresses questions identified for the public consultation. Due to time and other constraints, this submission is limited in scope and detail. Older & Bolder would be pleased to expand on the comments set out in this submission in future interactions with the Department.

2. WHAT WOULD YOU LIKE PUBLIC HEALTH POLICY TO ACHIEVE?

The alliance believes that public health policy should achieve role/sector specific action among politicians, policy-makers, service providers and citizens based on an understanding of:

- (1) the impact of social and economic determinants on population health and wellbeing;
- (2) the limits of the role of the formal health system in achieving health outcomes;
- (3) the merits of policy that is age friendly i.e. incorporates a life span approach and is inclusive of the needs and perspectives of all age groups, including older people;
- (4) recognition of older people as a resource who want to remain independent and self-governing in diverse health and socio-economic circumstances and who rely on the right mix of planning, information and supports to maximise independence as they age;
- (5) and a holistic vision of primary health care that embraces citizens and community and voluntary organisations as stakeholders in promoting population health.

3. CONSULTATION MEETINGS WITH OLDER PEOPLE

Earlier this year, Older & Bolder conducted a series of consultation meetings with older people on health and social care. Findings¹ include the following :

¹ A report on findings will be published within the coming months.

- Older people are proactive in the management of their own health and well-being e.g. walking, dancing, cycling, participating in 'Go for Life' and other physical education programmes.
- They identify social engagement and connectivity as a source of well-being and satisfaction e.g. involvement with their families, networks of friends and neighbours, participation in the activities of community and voluntary organisations; in other words, opportunities for social connectivity are a health input.
- Experience of old age is diverse, includes all circumstances from health and activity to ill-health and disability through to end of life; and the continuum of health and social care provision needs to take full account of this spectrum of experience
- Older people who need **and receive** community-based health and social care support (e.g. Home Help, respite, Home Care Packages) value these inputs enormously. However, access is discretionary, unequal and problematic.
- In the main, participants in consultation meetings took the view that plans for health reform i.e. introduction of Universal Health Insurance should include social care.
- Insecurity that future health/long-term care needs will be met in the event of future disability/ill-health was a major concern for the older people Older & Bolder met at our consultation meetings.

4. FINDINGS FROM TILDA²

Any public health policy framework should take account of the findings of The Irish Longitudinal Study on Ageing (TILDA) which include the following:

- Quality of life increases with social integration
- 6% of older women and 7% of older men are socially isolated
- Wealthier and better educated adults have the highest physical activity levels
- One in five older adults takes five or more medications (polypharmacy); and polypharmacy is more than twice as likely in medical card holders compared with adults without cover or with medical insurance
- 58% of men and 49% of women with objective evidence of hypertension are undiagnosed
- Depression is common among older adults (50+) with 10% reporting clinically significant depressive symptoms; depression is associated with increased medication use; and with higher levels of health service utilisation

² Barrett, A., Savva, G., Timonen, V. and Kenny, RA (2011), Fifty Plus in Ireland 2011, First Results from the Irish Longitudinal Study on Ageing (TILDA), Dublin : TILDA

- The most educated older people have the strongest sense of control over the positive and negative aspects of ageing.

5. HOW DO YOU THINK ORGANISATIONS AND COMMUNITIES CAN WORK TOGETHER TO ACHIEVE PUBLIC HEALTH?

From an Older & Bolder perspective, the findings from our own consultation meetings with older people and from TILDA highlight the potential benefits of an approach to primary care planning that is:

- Broader than a focus solely on services delivered solely by health care professionals e.g. GP services;
- aware of the value of older people as a resource for positive ageing;
- aware of the value of social engagement for health and well-being;
- and inclusive of the role of community and voluntary organisations and of older people themselves.

In practical terms, primary care centres and teams should incorporate space for, and involvement of, community and voluntary organisations as resources and stakeholders in primary health care provision.

The application of a community development model to engagement with communities - both local communities and communities of interest – would (1) support meaningful participation and partnership between stakeholders on a basis of equality; (2) promote the inclusion of older people who carry a burden of inequality and ill-health due to cumulative socio-economic disadvantage.

6. WHAT MECHANISMS FOR GOVERNANCE, ACCOUNTABILITY AND LEADERSHIP ARE NEEDED TO ENSURE DELIVERY AND IMPLEMENTATION?

In the case of older people, explicit links between a Public Health Policy Framework and the objectives and operational plans of the National Positive Ageing Strategy are necessary. The National Positive Ageing Strategy will address the role of the community and voluntary sector and, ideally, both documents should be mutually supportive on this issue.

Mechanisms for accountability should be transparent and operative in the public domain i.e. the Oireachtas including use of Oireachtas Committees.

Citizens and advocates cannot monitor delivery and implementation of a Public Health Policy Framework without adequate information. The existing HealthStat system could be developed to provide some of the required information.

7. WHAT ARE YOUR TWO KEY MESSAGES TO MAKE IRELAND'S PUBLIC HEALTH POLICY WORLD CLASS?

Message 1

There is a lack of clarity about citizens' entitlements to health and social care. Services essential to health e.g. home care packages, day care services, physiotherapy etc are not provided for in the Health Act 1970. The issues have been outlined on numerous occasions by the Ombudsman.³ There is an urgent need to tackle this issue and to provide clarity and security to citizens on their rights and entitlements. This is a pressing concern for older people.

Message 2

Older people are a resource in terms of positive ageing and public health. Public health policy must recognise the social and economic determinants of positive ageing (as developed by the World Health Organisation). In terms of social determinants, recognise and plan for older people's inclusion and social engagement. Local transport and support for a vibrant community and voluntary sector are practical inputs to support inclusion and engagement. In terms of economic determinants, universal access to a secure State Pension (free of the threat of cuts in successive Budgets) and reliable access to public services is a resource for positive ageing and should be recognised as such in any public health policy framework.

8. PLEASE COMMENT ON ANY OTHER ISSUES THAT YOU WOULD LIKE TO RAISE?

For additional information on Older & Bolder's position on health and social care see: ***One for All, Age Friendly Health and Social Care: Principles and Policy***, www.olderandbolder.ie. A toolkit to assist community and voluntary groups in exploring the issues raised is also available.

Enquired related to this submission may be directed to: Patricia Conboy, Older & Bolder, Tel. 01-8783623 and info@olderandbolder.ie.

³ Health Policy – An Ombudsman Perspective, Address by Emily O'Reilly at Mater University Hospital Conference, 9.09.2011, www.ombudsman.ie