Healthcare And Old Age Policy Making

Posted on September 16, 2019

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Introduction

One of the great challenges posed by population aging is the growing probability of developing disabilities and placing greater pressure on health systems. It is clearly established that, in the last century, public health was largely responsible for the increase in life expectancy; in this century, the new responsibility of public health is to preserve the quality of life and functionality of all those whose lives have been extended (de Silva et al. 2016, p.125S). Therefore, any policy directed at older people has to focus on preserving functional capacity and autonomy, participation, care, and self-satisfaction. Public health has to go beyond disease prevention and health promotion and focus on a comprehensive approach to care (de Silva et al. 2016, p. 125S).

Main Premises Of The Document

This document presents a coordinated policy among the different actors involved in aging and old age after a process of analysis, discussion, and agreement among the participants. This policy expresses the commitment of the Colombian State to a population that, because of its conditions and characteristics, deserves special attention (Marshall et al. 2015, p. 204). It fundamentally presents a vision of the future concerning the aging process and proposes short-, medium-, and long-term actions to address the current situation of the older adult population (de Silva et al. 2016, p. 125S).

Policy For The Benefit Of Old Age Population

The plan established a policy for the benefit of the older population.

The policy should be based on the active participation of older Colombians in the country's social, economic, and political development (NCD Risk Factor Collaboration, 2016, p. 1530). It defined short- and medium-term implementation strategies involving municipalities, official and private organizations, and the community itself. It prioritized attention to three groups with different characteristics and needs: people who were not institutionalized and not covered by social security, institutionalized people, and indigent people living on the street and dependent on public charity. Based on the above, CONPES Document 2793 of 1995 on aging and old age was issued. It proposed policy guidelines related to the aging of the Colombian population and, in particular, to the needs of

older people. Although this document was an important advance, it failed to articulate the different social actors in an action plan that would put the proposed guidelines into practice and adapt the country's regulatory and institutional framework accordingly (Davies and James, 2016, p. 44).

Old Age And Chronic Diseases

Old age and chronic disease create significant demands on health services. Households with older adults consume 50% more health resources than the average; likewise, the burden of chronic morbidity accumulated over several years is the main reason for the increase in the cost of care, much more than age itself (Noguchi et al. 2016, p. 255). The pressure generated by this population on the health system is significant, while the response remains insufficient. Of the total number of people reported to have been hospitalized in the previous year, more than half were older adults. Polypharmacy is therefore a topic of considerable interest (Davies and James, 2016, p. 44).

Human Resource

Older people are considered to be women and men who are 60 years old or older, or older than 50 if they belong to at-risk populations, for example, indigent or indigenous populations. This age may seem young in countries where the population enjoys an adequate standard of living and, therefore, better health; however, in developing countries, a 60-year-old person may already be considered old because living conditions may have limited healthy aging. This age limit is recognized and used by the United Nations when referring to advanced age (Byles et al. 2016, p. 146).

Rapid Aging Population

The rapid aging of the population in developing countries is accompanied by fundamental structural changes, such as changes in family composition, work patterns, the migration of young people to cities, the deepening of urbanization processes, and greater participation in the labor market. On the other hand, aging leads to changes in disease patterns, requiring developing countries to deal simultaneously with infectious diseases, which are responsible for high mortality rates, and chronic diseases, which generate disability and deterioration in quality of life. This double burden of disease affects the economic and financial conditions of these countries.

Determination Of The Pension Policies

Pension policies have increasingly raised the retirement age; however, the supply of jobs for people over 60 has not increased in the same proportion. As a result, this group competes with young people who are beginning their working lives, and it is common to find older people participating in the labor market through informal employment. Additionally, at the end of their working lives, older people in

Colombia often become a source of support for their families and carry out activities such as volunteering and caring for grandchildren or children with disabilities. Men and women age differently. In general, women live longer but have higher levels of vulnerability. They may be subjected to domestic violence and loneliness, take on caregiving responsibilities, and face limited opportunities for paid work, all of which can contribute to poverty, disease, and disability.

Representation Of The Human Rights

The Colombian Political Constitution, international human-rights instruments, and constitutional jurisprudence constitute the legal framework for human rights in the country (Biddyr and Jones, 2015, p. 110). Only after 1990 did discussion of the human rights of older persons become more explicit in national legal developments: “Older people are constituted in special subjects of rights.

Active Aging Policy

According to the World Health Organization, “Active aging is the process by which opportunities for physical, social and social well-being are optimized mental health throughout life, with the aim of extending life expectancy healthy, productivity and quality of life in old age ” Active aging applies to both individuals and groups of the population. It allows people to realize their potential for physical, social, and mental well-being throughout the life cycle and to participate in society according to their needs, desires, and abilities while receiving protection, safety, and proper care when they need assistance. Public policies aimed at guaranteeing healthy aging should promote conditions that allow people to remain healthy throughout life. This involves interventions throughout the life cycle to ensure adequate health, employment, sanitary, and educational conditions; promote the independence, participation, and autonomy of older people; reduce levels of disability caused by chronic diseases; demystify old age as a problem; and create conditions for older people to continue participating in economic, productive, and family life through various roles and forms of work (Beard and Bloom, 2015, p. 658).

Integral Social Protection

Responsibility for coordinating the social actors involved in the formulation and management of the National Policy on Aging and Old Age lies with the Ministry of Social Protection. This involves mobilizing other levels of the State to generate a comprehensive vision of the policy. The Social Protection System is constituted as a set of policies aimed at reducing vulnerability and improving the quality of life of Colombians, especially the most vulnerable (Art. 1, Law 789 of 2002). It uses a social-risk approach based on prevention, mitigation, and overcoming adverse circumstances, especially in crisis situations and according to the specific vulnerability of each human group. The Social Risk Management (MSR) approach identifies and addresses threats, risks, and vulnerabilities through

strategies for preventing, mitigating, and overcoming negative events.

Risk Profile

- Creation of an aging culture that promotes a positive and non-discriminatory image of old age.
- Design and development of optional social services for young people as health caregivers and promoters for the adult and older adult population.
- Promotion of spaces for intergenerational exchange in schools in order to take advantage of the experience of elderly people and, in turn, strengthen social spaces for participation and companionship.
- Recovery of intangible heritage with young people and children through older people.

Promotion Of Healthy Habits And Lifestyles

Directed at the entire population, this strategy aims to develop healthy habits and lifestyles in childhood that can be maintained into adulthood in order to decrease the risks of illness and death and create conditions for healthy and active aging (Biddyr and Jones, 2015, p. 110). The country needs to generate solid knowledge about aging and old age in order to improve its capacity to learn, produce and disseminate further knowledge on the subject, and develop the capabilities of people and institutions. This can help generate human capital capable of managing the processes of aging and old age both individually and collectively (Beard and Bloom, 2015, p. 658).

Formation Of The Human Talent

This strategic line aims to train professional, technical, and auxiliary personnel in the country to provide comprehensive care for the population and support active aging. It calls for curricular content on active aging in undergraduate programs in health, social sciences, and basic education, as well as in other professions whose work directly affects population well-being, such as engineering and architecture (Beard and Bloom, 2015, p. 658).

Role Of The Ministry Of Education

It is the responsibility of the Ministry of Education, in the proper exercise of its functions, to advise on the implementation and management of the National Policy on Aging and Old Age in relation to formal and non-formal education programs and continuing education throughout life. These programs should aim to improve the living conditions of older people throughout the national territory and create a culture of active aging in the country. The Ministry should also raise public awareness of the social value of older people and recognition of these plans and define strategies that allow knowledge to be shared with children and adolescents.

Conclusion

Evaluation is an active, permanent process in the development of public policy; it is part of the management process and is intended to identify advances and setbacks in policy implementation. This process is conceived through continuous, semi-annual, and annual meetings that allow review and analysis of the results of policy application and management. For monitoring and evaluation, a series of indicators proposed by ECLAC in the “Manual on Quality Indicators” of Life in the Old Age “can be grouped according to the diverse topics addressed by the National Policy on Aging and Old Age. The indicators must be monitored by the Health Authority at the municipal, departmental, district, and national levels, which must submit a biannual progress report on policy development to the General Directorate of Social Promotion of the Ministry of Social Protection. The proposed indicators are presented in the following table.

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