

GUEST EDITORIAL - Dr Stephanie Chee, PhD, MA, BN, RN, RM, Dip (TM)

General Manager, Parkway Health Care Foundation, Singapore

THE OLDER PERSON WITHIN A CHANGING SOCIETY

With the increasing numbers of older people in societies across the world, there is always the potential burden of ill health and comorbidity which often accompanies ageing. There is also potentially increased susceptibility for impaired functions and decreased quality of life. It is important that design and implementation strategies for programs, services and schemes take into account the expressed wishes of client groups. In Singapore there is also a need to focus on issues of cultural sensitivity, given the diversity of the population and the long history of family support for older people. With the numbers of working women and smaller family groups there is a need for alternative sources of support for older people in Asian countries in particular. These sources of support are increasingly coming from government and non government sources.

The changing social demands on families have placed extra demands on policy makers to devise alternative models of care.

Singapore, like other nations across the world is coming to terms with how to cope with providing a suite of comprehensive services to its ageing population.

Singapore's Geylang and Toa Payoh Senior Citizens' Health Care Centres provide day care, rehabilitation and post acute community care services to stroke patients and frail older people between 7am and 7pm on weekdays. By January 2003, these two centers will have provided services for 1000 older patients in need. Services provided at the centres are heavily subsidised through public donation. The annual operating cost for both centres is estimated at \$1 million Singapore a year.

Limited resources demand exceedingly careful allocation and accountability for professional action. It is important for professionals and decision makers to constantly review their current directives on allocation of resources including funding redistribution. There is a need to consider the potential for the transfer of an emphasis on health and social services provision to primary health care in the community - that is - away from hospital units. At a time of constraints on resources it is only by such a shift that the necessary increased provisions for the increasing numbers of older people can be made.

In Singapore, as elsewhere, there is often an emphasis on more acute patient care with health promotion skills and the long-term needs of the frail older people receiving comparatively less attention. This is exacerbated by the fact that the nation is a hub for other Asian societies

demanding acute care. Any avenue that accommodates activities that could lead to a healthier, more vibrant, old age for all local people demands exploration. Preventive work is beneficial, not only in terms of the individual's comfort and happiness, but also very much in cost-effective terms when considering the longer perspective.

Health and social issues are inextricably linked for older people, with those in the poorest social circumstances faring considerably worse than the more privileged. Different professionals come from very different social backgrounds, have different emphases in their training, and often approach care situations very differently. They have dissimilar financial systems to support their practice and the various professional groups are not subject to any central coordination of their care efforts. Unless all those working with older people recognise that they are partners in caring, with no one group having the monopoly on all the answers, the fragmented approach which has dogged progress to date will simply continue.

The following are the five major foci the Singapore centres will be undertaking for the next two years:

1. Improving the availability and utilisation of rehabilitation community aged care and post acute community care services needed by patients and older people with complex and chronic health conditions.
2. Assuring that all older patients have access to affordable community rehabilitative, geriatric and post acute community care.
3. Promoting the importance of good physical, mental and social health, and, healthy lifestyles and preventing and detecting diseases.
4. Networking with various community groups and schools to provide better outreach to encourage older people and the community to take part in the centre's activities.
5. Increasing and improving partnerships between volunteers and professionals in community health initiatives and fund raising efforts.
6. Last but not least, providing training, education and consultancy services for other health and social care providers.

For the well being of the frail aged, the public, private and non-governmental sectors must work together in a spirit of true cooperation combining the best each has to give.