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| Title | Health care services for the elderly: integrated or fragmented? |
| Author(s) | Lam, TP; Chi, I |
| Citation | Hong Kong Practitioner, 1995, v. 17 n. 3, p. 97-99 |
| Issued Date | 1995 |
| URL | http://hdl.handle.net/10722/45102 |
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Tel.: 2528 6618 (2 lines) Fax: 2866 0616
8th Floor, Duke of Windsor Building,
15 Hennessy Road, Hong Kong.

Printed & Designed by
Printhouse Production Center
HONG KONG

Health Care Services For The Elderly: Integrated Or Fragmented?

In the Governor's 1994 Annual Policy Address, Mr. Chris Patten stated, "At the top of our social priorities come the elderly." This is a reflection of the urgency of the problem awaiting us as our senior citizens will number over one million by 2000. In Hong Kong, an elderly normally refers to a person aged 60 or over (although the Government appears to want to raise it to 65 or over). However, the elderly population is heterogeneous and can be further divided into different sub-groups – the young-old, the old-old and the oldest-old, arbitrarily defined as the age groups 60-69, 70-79 and 80+.

The older age groups constitute more rapidly growing segments of the population. In Hong Kong, the old-old population aged 70 years or over will increase between 1981 and 1999, from 38% to 50% of the elderly population. The health and social needs of these different sub-groups are quite different. For instance, the old-old and oldest-old people consume an amount of services far out of proportion to their numbers¹. Since their increase in the percentage of the total population will be more than that of the young-old, this will compound the demand on health care and social services of the elderly.

Recognising the magnitude of the problem, in the Report of the Working Group on Care for the Elderly released by the Hong Kong Government in August 1994, the concept of "care in the community" by providing appropriate support for older persons and their families to allow old people to grow old in their home environment with minimal disruption was considered pivotal to the provision of services for elderly people². This is consistent with the opinion around the world where it is generally agreed that elderly citizens should be encouraged to live in the community³⁻⁵.

Based on the concept of care in the community, Government's Department of Health is establishing Elderly Health Centres to promote the health and well-being of elderly persons in the community. These Centres' main tasks are to provide screening and other primary health care services

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for the elderly. Altogether, seven of these centres are planned. In general, studies have shown the elderly participants of health promotion programmes are healthier than their counterparts^{6,7}. A local study evaluating the effectiveness of adult health promotion indicated that the participants self-rated their physical health significantly better than the non-participants. In particular, they were more knowledgeable and conscientious about their health, and they complied more with health habits⁸.

Unfortunately, these Centres' services will never likely to reach many of the elderly who live all over the territory and who may have mobility problems preventing them from attending these Elderly Health Centres. They may also duplicate the services provided to the elderly e.g. prevention programmes, health education and lab tests, in the existing General Out-Patients Departments (GOPDs) which are expected to provide quality primary health care services to their patients. Furthermore, they may hinder the provision of continuous care which is of prime importance in the overall provision of primary health care.

It is therefore encouraging to learn from the Report of the Working Group on Care for the Elderly that it is proposed to integrate these health centres with GOPDs² which are attended by a significant number of elderly people all over Hong Kong. If the recommendation of integration is accepted by the Government, the integration will hopefully involve the complete range of primary health care services to the elderly, rather than the physical premises alone. In fact, well co-ordinated programmes for the elderly should be established in all GOPDs where elderly persons constitute about 30% of their patients, so that the services will become easily accessible to those of our senior citizens who choose to attend government clinics. It is also likely to be more efficient and cost-effective to have these services based in GOPDs, rather than setting up separate Elderly Health Centres. At

the very least, the pace of introducing these services should be a lot faster than it has been, as there is only one Elderly Health Centre established so far. It will also make the services readily accessible since there are almost 60 GOPDs established all over Hong Kong.

By the same token, general practitioners in private practice should also provide comprehensive and continuous primary health care services for the elderly, with strong emphasis on prevention and health education. As a matter of fact, countries with well developed primary health care system, e.g. United Kingdom, Australia and Canada have not needed to establish clinics similar to our Elderly Health Centres. General practitioners in these countries take up the role of providing preventive, comprehensive, continuous and community-based primary health care to all their citizens, including the elderly.

In conclusion, community-based general practitioners are indeed central to the care of the elderly, be they in public or private service. They must play an active role in the care of the elderly, managing their chronic illnesses and arranging appropriate community support. This will result in better care for the elderly and will provide professional satisfaction for their doctors in the care of the elderly. Easily accessible Elderly Health Centres may help achieve these aims. However, establishing Elderly Health Centres should not reduce the Government's commitment to providing a wide range of primary health care to those in need of such public services in Hong Kong. Furthermore, given the importance of continuous care in primary care setting, serious consideration must be given to where and how these health services should be provided. ■

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Dr. Lam Tai Pong
Editor

Dr. Iris Chi
Lecturer
Department of Social Work
and Social Administration
The University of Hong Kong

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