

Health care challenges in regions with declining and ageing population

Hannele Häkkinen¹
Council of European Municipalities and Regions (CEMR)

Introduction

Most European countries are affected by demographic change, which results in a declining, ageing and increasingly heterogeneous population. A recent study of the European Commission on the future challenges for the EU regions 'Regions 2020 – Demographic challenges for European regions'² shows that the population will decline in about one third of European regions, especially in central and eastern Europe, east Germany, southern Italy and north-west Spain. Some of these regions suffer from the combination of out-migration and low fertility. Other countries and regions, on the other hand, are projected to grow in population, partly due to inward migration, partly because of the age structure and likely fertility rates of their present population. However, it is expected that the numbers or percentages of the elderly are likely to grow almost everywhere in Europe.

This overall challenge affects local and regional authorities across a wide range of their responsibilities and has an impact on the nature and scale of services they provide. To different degrees these responsibilities include health services in most EU Member States, in particular when the term is used in a wider sense.

Local and regional authorities are not only affected by an increased demand for health and elderly care services, but also by an ageing workforce in this sector. While adapting to these challenges local and regional authorities have to ensure access and quality of services and provide cost-efficient solutions at the same time.

The Council of European Municipalities and Regions (CEMR) is the European umbrella organisation of national associations of municipalities, towns and regions representing over 50 members in 38 countries. Our working group on employment and social policy in general and the focus group on health in particular, as well as other working groups (e.g. public services, ICT and e-government, employers' platform) exchange information and knowledge on health related issues and make sure that local and regional authorities' interests are taken into account in the relevant EU policies and legislation.

Promotion of a sustainable health workforce

In many European countries, and in particular in regions with a declining and ageing population, health care systems suffer from personnel shortages linked to the age profile and the retirement of the workforce, and also linked to the lack of interest of young people in the sector.

¹ Hannele Häkkinen is Director of the Brussels office of CEMR's Finnish member association (Association of Finnish Local and Regional Authorities) and leader of CEMR's focus group on health.

² http://ec.europa.eu/regional_policy/sources/docoffic/working/regions2020/index_en.htm

Improving the recruitment and retention of the workforce

Local and regional authorities throughout Europe strive to raise the attractiveness of the sector through various ways in order to recruit young people and at the same time keep older staff or to regain personnel that had left the sector.

Working conditions are a decisive factor for the attractiveness of a sector. This includes physical and psychological work factors, work organisation and working time, the reconciliation of work and family life, etc. In this context the role of Social Dialogue should be highlighted. Experience in countries with a functioning social dialogue at local and / or regional level shows that solutions on how to improve working conditions for the individual worker while at the same time ensuring cost efficient and quality services can be better achieved and implemented in a participatory dialogue between employers and employees.

In addition to an improvement of working conditions in the health sector, recruitment and 'return to practice' strategies play a major role in tackling the personnel shortage. Local and regional authorities try new ways of advertising and disseminating information targeted specifically to the youth, and to improve the image of professions in the health and the social care sector.

In Norway, a country with huge regions and a declining population, local and regional authorities cooperate with hospitals and private institutions to attract young people. Within this project, young people working in the health sector form so-called 'recruitment patrols' and visit schools to talk about their experiences and to spark interest in their professions.

Division of labour between nurses and doctors

A number of European regions – in particular remote and scarcely populated areas – face a lack of medical doctors that cannot be solved through better recruitment and retention practices alone. In some countries the work is reorganised by redefining the division of labour between nurses and doctors.

In Finland there was a development project on how to achieve this and there are now specialised nurses who are able to hold consultations by their own. They get support from medical doctors using video consultation and/or the Internet. This project has helped to improve access to health care in remote areas and is well accepted by the patients.

Different ways of providing health services

The provision of (health) services needs to be adapted to demographic change. In regions with declining and ageing population the maintaining of 'traditional' health care structures might no longer be feasible. Local and regional authorities are therefore looking to adapt these structures to the specific situation in their region.³

³ The provision of mobile health services is a commonly used option and will not be further presented here.

Decentralised structures

In remote areas it may not be feasible to provide a very broad range of health services. In some regions infrastructure is split into smaller, better organised units with the aim of improving the efficiency of distribution.

In Norway the hospital district, local and regional authorities cooperated to build a District Medicine Centre in Nord-Gudbrandsdal to provide specialised health care services in an area without hospitals and with long distances to the nearest health structure. The reason to build this centre was an increasing demand for health services due to an ageing population. The centre provides outpatient consultation, rehabilitation services and other services more. In addition to that a home for the elderly is linked to the centre.

Similar centres are established in the German state of Mecklenburg-Vorpommern and provide ambulant medical services with different medical specialists working together. These centres were developed in cooperation of doctors and local authorities and are supported by health insurance funds.

Transnational cooperation

In the Cerdanya/Cerdagne region at the border of France and Spain a joint cross-border hospital was recently built to improve and ensure access to health care in a region that suffers from a declining and ageing population. One aim was to integrate the former asymmetric health care offer, which consisted of a local hospital in the southern part of the region and a focus on long-term care and rehabilitation in the northern part and to provide general hospital care accessible to all the citizens in the region.⁴

ICT in healthcare

New technologies can be a solution to provide cost efficient health services in regions with declining population. They can help patients to live independently as long as possible and will free human capital for other tasks in the health sector. However, good training for those who work and live with these technologies is a basic condition for the effective use of new technologies. In this context the role of capacity building measures in the health care sector is of major importance.

New technologies are used amongst other fields in telemedicine. Telemedicine includes services such as the monitoring of health parameters or the reading and interpretation of medical images from the distance. In regions with declining population telemedicine can be an option to deliver health care services in spite of limited human and financial resources. The advantage for patients is the possibility to avoid exhausting trips to the doctor or hospital.

The Region of Southern Denmark is project leader in the 'Better Breathing' on telemedicine for patients with Chronic Obstructive Pulmonary Disease (COPD). The aim of the project is to reduce

⁴ <http://www.hcerdanya.eu/webgc/en/index.html>

health care costs that result from the increasing demand of an ageing population while at the same time to ensure continuous care thus improving the effectiveness and quality of healthcare.⁵

In Scotland, the government promotes the provision of telecare services through a Telecare Development Programme (TDP). Using this funding, local care partnerships have developed that extended and mainstreamed telecare solutions to meet care needs according to local requirements and priorities. One example is ADLife (Activities of Daily Life monitoring solution) in Argyll and Bute Council. In this case telecare is being used by people with long-term needs, physical or learning disabilities and cognitive conditions such as dementia. It consists of an early warning system that provides round-the-clock preventive support and improves the safety of the patient's home environment.

Furthermore, local and regional authorities are very active in promoting the information society, of which eHealth is one important area. Municipalities and regions are committed to implement the Digital Local Agenda (DLA), a strategic plan for the development of the information society in Europe's municipalities, cities and regions, striving for e-Inclusion and fighting the digital divide.

Prevention

All the initiatives mentioned above should be supported by preventive health care. This is of benefit to the individual and helps to reduce costs at the same time.

One example for preventive measures is the establishment of service centres that provide information and advice about (healthy) ageing, illnesses, services available and other information relevant to elderly people.

Another form of prevention are preventive home visits, an example from Denmark that is now used in other countries as well. Social or health workers visit elderly people in their homes to help them to live an independent life at home. They help to identify obstacles to an independent life and to remove them if possible in coordination with family members and they give advice on additional help if there is any need. During these visits elderly people are encouraged to use their own resources in an optimised way to ensure better health.

Conclusions

Demographic change challenges the provision of health care services in many European regions and will continue to be one of the main challenges in the next decades. In this context, it should be kept in mind that the population is not only ageing, but also getting more and more diverse. Health care can be a culturally sensitive issue and health services have to adapt to diversity and to the needs of a culturally diverse population. Health care providers also need to take into account that men and women might have different health care needs not only because of biological differences, but also due to differences in living and working conditions.

Despite these challenges, in particular in regions with declining and ageing population, solutions have to be found to provide access to quality health services for all even where human and financial resources are limited.

⁵ <http://www.betterbreathing.org/home.html>

Local and regional authorities try to meet these challenges through various ways, but further exchange of experience and best practice between authorities responsible for health care is as necessary as are new forms of cooperation between diverse stakeholders.

CEMR publications on health and other issues mentioned in this paper

- CEMR response to the 'Green Paper on the European Workforce for Health' (2009)
- CEMR position on the 'Proposal for a Directive on the Application of Patients' Rights in Cross-Border Healthcare' (2009)
- CEMR/EPSU joint publication 'Reform of Public Services: What Role for Social Dialogue?' (2008)
- CEMR/DIFU 'The Impact of Demographic Change on Local and Regional Government' (2006)
- CEMR 'Charter for Equality of Women and Men in Local Life' (2006)

All these publications are available on CEMR's website www.ccre.org.