

Factors affecting the health level of elderly people in Cyprus

Παράγοντες που επηρεάζουν το επίπεδο υγείας των ηλικιωμένων στην Κύπρο

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Abstract

Background: For nurses, as well as for all healthcare providers, knowledge of elderly people's health needs and of the factors that affect either positively or negatively these needs, is a crucial prerequisite in order to help them to face their health needs, thus increasing the quality of their life.

Objective: To analyze what constitutes healthy ageing and to investigate the major factors that affect elderly people's level of health both worldwide and in Cyprus.

Method: A literature review was carried out through electronic databases, mainly for research work in English with the limitation of the last 10 years' publications. Search period: February-April 2017.

Results: From the literature review, four main factors were found to affect elderly people's level of health: philosophical factors, sociological and environmental factors, biological factors and health policies regarding elderly people's health. To help elderly people increase their level of health and to improve the quality of their life, these factors should be fully assessed and met based upon a structured multidisciplinary perspective.

Conclusions: Important benefits for the improvement of the level of health of elderly people in Cyprus are expected, as long as the factors mentioned above are being faced upon a multidisciplinary approach, thus creating new approaches which will decrease their negative impact on elderly people's health status.

Keywords: ageing, healthy ageing, factors affecting the health level of older people

Περίληψη

Εισαγωγή: Για τους νοσηλευτές, όπως και για όλους τους επαγγελματίες υγείας, η γνώση των αναγκών υγείας των ηλικιωμένων αλλά και των παραγόντων οι οποίοι επηρεάζουν είτε θετικά είτε αρνητικά αυτές τις ανάγκες, αποτελεί απαραίτητη προϋπόθεση, ούτως ώστε να αντιμετωπιστούν οι ανάγκες υγείας τους, βελτιώνοντας έτσι την ποιότητα της ζωής τους.

Σκοπός: Να αναλυθεί τι αποτελεί υγιής γήρανση και να διερευνηθούν οι κύριοι παράγοντες οι οποίοι επηρεάζουν το επίπεδο υγείας των ηλικιωμένων τόσο σε διεθνές επίπεδο, όσο και στην Κύπρο.

Μέθοδος: Η βιβλιογραφική αναζήτηση διεξήχθη κυρίως μέσω ηλεκτρονικών βάσεων δεδομένων, κυρίως για ερευνητικές εργασίες στην αγγλική και με το χρονικό περιθώριο των δημοσιεύσεων να μην υπερβαίνει τα 10-12 χρόνια. Η αναζήτηση, έγινε μεταξύ Φεβρουαρίου-Απριλίου 2017.

Αποτελέσματα: Από τη βιβλιογραφική ανασκόπηση, τέσσερις κύριοι παράγοντες έχουν βρεθεί ότι επηρεάζουν το επίπεδο υγείας των ηλικιωμένων: φιλοσοφικοί παράγοντες, κοινωνιολογικοί και περιβαλλοντικοί παράγοντες, βιολογικοί παράγοντες και πολιτικές υγείας οι οποίες αφορούν την υγεία των ηλικιωμένων. Για να βοηθηθούν οι ηλικιωμένοι να βελτιώσουν την ποιότητα της ζωής τους και το επίπεδο υγείας τους, οι παράγοντες αυτοί πρέπει να εκτιμηθούν σωστά και να αντιμετωπιστούν μέσω μιας δομημένης διεπιστημονικής προσέγγισης.

Συμπεράσματα: Σημαντικά οφέλη για το επίπεδο υγείας των ηλικιωμένων στην Κύπρο αναδεικνύονται, εφόσον οι προαναφερθείς παράγοντες αντιμετωπιστούν μέσω μιας ολοκληρωμένης διεπιστημονικής προσέγγισης, ούτως ώστε να δημιουργηθούν νέες προσεγγίσεις οι οποίες θα μειώσουν τον αρνητικό αντίκτυπό τους στο επίπεδο υγείας των ηλικιωμένων.

Λέξεις κλειδιά: γήρανση, υγιής γήρανση, παράγοντες που επηρεάζουν το επίπεδο υγείας των ηλικιωμένων.

Introduction

Population ageing is a worldwide occurrence (Christensen, Doblhammer, Rau and Vaupel, 2009) with the World Health Organization (WHO) (2012a) estimating that the world's population of people 60 years of age and older is forecast to reach 2 billion by the year 2050. In Cyprus, people of 65 years and over consists of 10, 4% of the population (WHO 2012b) and this considers to be a major challenge, so as to increase the quality and the years of a healthy life (Katsioloudes 2007). Older people are frequently defined as persons aged 65 years and over (Holosko & Feit 2004; Crews 2005) and since their number is globally increasing (Crews & Zavotka 2006), it is important to understand the factors that affect their health status and the quality of their life (Borsch-Supan, Hank and Jurges 2005). In Western Societies, old age is defined as a social phenomenon accompanied by prejudices, stereotypes and a negative image of dependency (Ron 2007; Gabriel & Bowling 2004) and from the author's experience, this happens in Cyprus too. However, according to Dykstra (2009), older people can still adapt well and enjoy a healthy life in spite of the effects of ageing.

As a consequence, this article aims to critically analyze and discuss the major current philosophical, sociological, environmental and biological factors, as well as health policies, which affect the health status of older people in Cyprus, drawn upon a multi-disciplinary perspective. The article will also critically analyze the notions of healthy ageing and perceptions of ageing and it will conclude with recommendations regarding efforts that have to be made in order to improve the health status of older people in Cyprus. It is worth noting that there is a lack of relevant studies in Cyprus.

Ageing and perceptions of ageing

Even though ageing is easily observed, it still remains hard to explain and understand (Watson 2008). However, the homeostatic theory of ageing which is focused on the fact that as people age, they become less able to regulate the internal environment of the body, for instance the body temperature and fluid balance, is undoubtedly accurate (Watson 2008).

Both professionals and the lay people, when describing people in the later phases of life, they often use terms such as "the elderly" or "older people" (Victor 2005). Despite the frequency with which they are used, the definition of what constitutes old age and when it starts still remains problematic (Holosko & Feit 2004). Perhaps the easiest definition of old age is "chronological" age (Victor 2005) which ranges from those 65 years of age and older (Holosko & Feit 2004). Chronological age, because of the

ease with which information is presented; it is by far the most accessible definition of old age (Victor 2005).

In the past, being old in society, was seen as a sign of wisdom that could be handed down to younger generations (Brocklehurst & Laurenson 2008), whereas nowadays in most of Europe, old age is seen as an inevitable time of dependency and declining physical and mental health (Gabriel & Bowling 2004). Old age is described as a voyage towards unproductiveness (Ron 2007) and it is more likely to be equated with vulnerability (Brocklehurst & Laurenson 2008). According to Eckersley (2006), the persistence of negativity towards older people is a cultural characteristic of Western societies with their adulation of youthfulness promoted by materialism and individualism. These factors, in turn, can produce attributes of socioeconomic inequality (Eckersley 2006), thus fostering the negative notion against older people. Regarding Cyprus, there are no written data or research studies about perceptions of ageing, however, based on the author's experience, it must be said that there is also a persistence of negativity and prejudice towards older people. Local society generally, face older people as persons with increased service need and dependency, thus creating a need for local authorities to challenge against negative attitudes and to advocate for the rights of older people (Katsioloudes 2007).

Healthy ageing

As the population in the world ages, knowledge of healthy ageing is becoming more important (Gilbert, Hagerty and Taggart 2012). In keeping with the WHO's (1948, cited in Peel, Bartlett and McClure 2004) definition of health as not merely the absence of disease or infirmity, healthy ageing needs to be recognized as not simply the opposite of ageing with disease or functional impairment (Peel et al., 2004). Rather, healthy ageing, must be viewed in terms of the ability of older people to play an active role in maintaining physical and mental health and to optimize their capacity as much as possible until the end of life (Sarkisian, Hays and Mangione 2002). Indeed, this definition implies that healthy ageing is not limited to the absence of disease and disability (Gilbert et al., 2012), but it reflects to the ability of older people to function autonomously within a given social setting.

Successful healthy ageing is impacted by a healthy lifestyle (Kim 2008; Davies 2011) and it is positively related to determinants of facilitators that may ensure older people are supported in both community and alternate living environments (Gilbert et al., 2012). According to Davies (2011), lifestyle refers to personal choices that might influence health such as diet, physical activity, smoking and alcohol consumption. These factors are deemed

as important steps towards promoting healthy ageing (Davies 2011). On the other hand, Gilbert et al. (2012) found out that taking care of self, doing meaningful activities, learning to live with the deleterious effects of ageing and modify environments so as to support older people's lifestyle, are all constitute important determinants that support healthy ageing.

As a consequence, understanding and promoting these factors is crucial in the attempt to meet the specific health needs of older people and to develop age-friendly services and settings (WHO 2012a).

Factors affecting the health status of older people in Cyprus

Philosophical factors

Even though nowadays, there is a strive to promote a positive view of older people (Watson 2008), it is simply a reality that being old, is more likely to be equated with dependency and vulnerability (Brocklehurst & Laersonson 2008). Ron (2007) highlights the persistence of negativity towards older people, as mentioned before, which according to Brocklehurst and Laersonson (2008), manifests as neglect in understanding their health needs. This, in turn, may lead to a disadvantage in fulfilling them and comes in contrast with the WHO's (2012c) statement that health is one of the fundamental rights of every human being. Larsen and Lubkin (2009) argued on this, that the underestimation of older people's health needs may lead to the increase in the prevalence of chronic conditions among them while Rechel, Doyle, Grundy and McKee (2009) argued that the unmet health needs of older people may lead to the decrease in healthy life expectancy.

In Cyprus, as mentioned before, there are no research studies on the prevalent notions regarding older people, however from the author's experience, the negative ones prevail locally too. Older people are deemed as persons with greater degrees of disabilities, illness and service need, thus putting them in the margin and creating a "minority" group. This may lead to the underestimation of their health beliefs and needs (Byrd, Fletcher and Menifield 2007) and consequently, it may lead to the decrease of their level of health. According to Byrd et al. (2007), the underestimation of older people's health needs may lead to the non-fulfillment of them, while understanding their health needs may lead to the improvement of their health status and to the provision of quality care.

The underestimation of older people's health needs locally, is supposed to be influenced by the cultural characteristics of materialism and individualism which, according to the author's experience prevails in Cypriot society, as well as in most Western societies too (Eckersley 2006). It is generally accepted that culture plays a significant role

in health and wellbeing since people are cultural beings and they require cultures to affect positively their health through health-related behaviors and to make their life worth living (Eckersley 2007). However, the cultures of materialism and individualism affect negatively health and wellbeing, through their influence on universal values which provide the framework of what is true and right and they have a key role in determining health and wellbeing (Eckersley 2005).

It is supported that values which emphasize social obligation, social support and interaction have been undermined resulting in the deepening of cynicism about social support and in the increase of the belief that people are independent of others (Eckersley 2007). As a consequence, this leads to social and health inequalities and it may affect vulnerable groups (Eckersley 2006) such as older people who may need social support in order to fulfill their increased health needs.

Additionally, the culture of materialism and individualism promote an adulation of youthfulness (Eckersley 2006) which produce lifestyle and patterns of behavior that are more close to younger generations' needs, thus disposing negatively to older people's needs (Levy, Slade, Kun- kel and, Kasl 2002). This, in turn, may have a negative impact on older people's health and it may lead to the underestimation of their health needs.

An important factor that affects older people's health globally and consequently in Cyprus is their own views and beliefs regarding the expectations of achieving "healthy ageing" (Kim 2009). According to Sarkisian, Hays, Berry and Mangione (2002), if older people feel that health problems are an expected or inevitable part of ageing, or if they have very low expectations for healthy ageing, they may be unwilling to engage in health-related behavior that make healthy ageing possible. In Cyprus, in a research study that was done by Phellas, Loizou, Constantinou and Paschalidou-Kazamia (2009) regarding the social aspects of older people, 83% of the participants commented that they deemed their health status as a burden in doing things they want to do, while 46% of them reported low expectations of their health characterizing it as fair in the last year (Phellas et al., 2009). This implies that older people locally may accept that health problems are an expected part of ageing and may place less importance on seeking healthcare. However, in order to develop a more thorough picture, further research studies need to be done on this crucial topic.

Generally though, understanding the health beliefs and expectations of older people is a key factor in an attempt to provide competent care (Byrd et al., 2007) and to fulfill their health needs (Bowling & Dieppe 2005). As a consequence, it is suggested that understanding Cypriot

older people's health beliefs, may help to the provision of better care and to inform strategic planning that may influence public health services, social policies as well as training/educational needs of health care personnel.

Sociological and environmental factors

According to Rechel et al. (2009), social policies in support of healthy ageing need to address the need for the continued social engagement of older people while Dapp, Anders, Renteln-Kruse and Meier-Baumgartner (2005) supported that an active social participation and social interaction of older people may influence positively their health and overall wellbeing. Additionally, Vaillant (2002) and Menec (2003) found out that having multiple social activities and relationships is associated with better health and life satisfaction in older people.

This is an important finding as it could guide social policy planning, interdisciplinary education, planning local activities for older adults as well as implementation of activities that would lead to balance a biopsychological care giving.

In literature, social networks and engagement are divided into two categories, family and friends (Pin, Guilley, Spini and d'Epinay 2005; Holosko & Holosko 2004), both providing the framework for the social interaction of older people (Rechel et al., 2009). According to Rechel et al. (2009), in most European countries older people are mainly engaged in looking after their grandchildren, dealing with friends or participating in volunteer work, thus dealing with activities that promote their psychological health and well-being (Holosko & Holosko 2004; Mair 2013). This is very similar as to what is happening in Cyprus today, society still has strong family ties and solidarity (Sergides 2004; Koutsampelas 2012) and older people are mostly dealing with looking after their grandchildren. This is also supported by Phellas et al. (2009) who found out that, locally, dealing with their grandchildren's care, is the main social activity in the life of older people. As a consequence, it can be said that family ties network plays a significant role in older people's health locally, since it can promote their psychological health and give meaning to their lives. In contrast, lacking a family network may be a health risk factor contributing to depression and also to a cognitive decline (Mair 2013). Targum (2001) argue on this, stating that in recent years, as many older adults are alone and lonely, there is an increase in senile dementia and Alzheimer's disease while community surveys reveal mental and behavioral disturbances amongst elderly adults.

Friendship constitutes the other social network that may affect older people's health, since it can promote their social engagement and social support (Mair 2013), thus

contributing effectively to their psychological health. Pin et al. (2005) highlight the importance of the friendship network supporting that it may reduce the psychological consequences of stress on functional health, for instance, by increasing self-esteem or facilitating the establishment of adaptive strategies. However, despite the importance that friendship can play in older people's health (Mair 2013) in Cyprus, there is no research data regarding this matter that could help healthcare providers to develop a thorough picture of the matter, thus promoting friendship networks among older people.

Volunteerism is another significant factor that provides an input of the older people in the society, thus promoting their psychological health. According to Borsch-Supan et al. (2005), the productive nature of volunteerism is deemed as particularly beneficial for older people's health; while Wheeler (2004) supports that the involvement in voluntary action is a key to healthy ageing, since it may help older people to lessen their possible somatic, anxious and depressive symptoms. However, despite the beneficial role of volunteerism in older people's health, in Cyprus, there is no organized social policy that could promote their engagement in voluntary action or in any other social activity (Katsioloudes 2007), meaning that older people may be deprived of chances in participating in local social activities. This, in turn, may have a possible negative impact in the psychological health and wellbeing.

An extremely important factor that also affects their health is the care that is provided to older people who are homebound and chronically ill, thus needing help in fulfilling their health needs. Traditionally, the care of these people has been met informally by the family and their social network and formally by the state (Bond, Peace, Dittmann-Kohli and Westerhof 2007). In Cyprus, for many years, the family was the main provider of healthcare assistance to older people who were homebound, however the last 10-20 years Cypriot families have been in need of help to carry out their duties, therefore, the responsibility for the care of these people has been moved to the state (Sergides 2004). As a consequence, the Ministry of Health in 2004 has developed the home nursing care programme which is provided by the Nursing Services of the Ministry and by non-governmental organizations such as PASYKAF (Kouta & Kaite 2013). Homecare nurses are responsible to evaluate the health of older people in relation to their environment with a purpose to identify their health needs and to provide problems' solving (Kouta & Kaite 2013). However, the programme is provided only in few geographical areas of the island (Kouta & Kaite 2013; Katsioloudes 2007), meaning that a number of older people who are homebound may be deprived the right of receiving this service.

Additionally, it must be said that home care nurses should collaborate and work within a multidisciplinary team in order to provide holistic home care health services. However, this team does not exist yet (Kouta & Kaite 2013), thus influencing the quality of care that is offered to older people who receive this service (Kouta & Kaite 2013; Katsioloudes 2007). Andreou, Pashardes and Pashour-tidou (2010) and Katsioloudes (2007), argued that the inefficiency of this service generally should be blamed on the local healthcare system that appears to be problematic and inefficient in addressing the health needs of older people. According to Katsioloudes (2007), there are many gaps in the infrastructure and organization of the local health system, such as an absence of geriatricians and geriatric wards, an absence of multidisciplinary teams and multidisciplinary care and an absence of assessment tools for assessing older people's health needs. Undoubtedly, these constitute disadvantages, in an attempt to provide holistic healthcare services to older people in Cyprus. In comparison health systems such as the Irish which provide elderly healthcare services including the mentioned ones above, maybe better equipped, thus achieving higher standards in addressing the health needs of older people (Katsioloudes 2007). As a consequence, given that the number of older people locally is increasing gradually, thus meaning that their health needs will be increased, the state should review the services and professionals working within them by reforming thoroughly the health system (Koutsampelas 2012) to be able to provide quality service to older people. It could be suggested that current educational preparation programmes, on the island, for nurses and other professionals, such as social workers, doctors and psychologists should include interdisciplinary courses to help these professionals understand the growing needs of older adults and jointly find new ways to meet their health needs. A significant matter that has to be reformed also is the provision of pensions to older people locally since, according to Koutsampelas (2012), Cypriot elderly people appear to have low income with the elderly poverty in Cyprus being among the highest in Europe. Low income and elderly poverty has been found to be a barrier in meeting the health needs of older people (Nelms, Johnson, Teschova, Foreman and Stanley 2009; Fitzpatrick, Powe, Cooper, Ives and Robbin 2004), thus creating the need for local authorities to reform the pension scheme (Koutsampelas, 2012). Even though, in 2001, the Ministry of Labour and Social Insurance issued the Social Card so older people can benefit from cheaper medical tests and cheaper medicine (Sergides 2004), it still remains a fact that in Cyprus, the probability of older people for perceiving unmet medical needs because of "too expensive",

is more than twice as high, compared to other European countries (Baert & DeNorre 2009). Fjellstrom and Mattsson-Sydney (2013) argue about this and quote the Swedish example on which people with specific needs like elderly are supported by income protection and this grant is designed as a social right, thus helping them to fulfill their health needs. Consequently, it is suggested that local state should provide more income support to older people and it should reform the pension system, thus creating more opportunities for older people to receive quality healthcare services.

The ability of older people to remain healthy requires also the provision of a supportive environment (Rechel et al., 2009) which will promote activities aiming to reduce risks or to improve older people's independence and level of functioning (Miller 2009). Across Europe, the ultimate goal of older people is to maintain their independence as far as they can (Fjellstrom & Mattsson-Sydney 2013), living in their own environment, with their own circumstances (Crews & Zavotka 2006) and this is happening also in Cyprus, since 75% of older people are living in their own houses (Phellas et al., 2009).

It is generally accepted that older people today are healthier than older people of two decades ago because of the improvements in medicine and technology (Crimmins 2004; Crews & Zavotka 2006), thus increasing their ability to maintain independence to older ages (Crews & Zavotka 2006). However, this depends on the extent to which their environmental surroundings can conform to their needs, including health needs (Crews & Zavotka 2006).

In Cyprus, even though there are still no official data, it is estimated that a significant amount of old people of older ages, are still living in their own houses. The state, in order to support them to stay in their own environment and to help them to fulfill their needs including health needs, developed a continuum of long-term care services (Kouta & Kaite 2013; Sergides 2004).

As it has already been mentioned before, in the last years, the Cypriot families, as well as the families in Southern European countries, have found difficulties in carrying out their duties, thus older people have been faced with the threat of non-receiving an appropriate care (Sergides 2004; Panayiotopoulos 2005). As a consequence, this growing demand for elderly care has led families to the employment of immigrant workers mainly from Asian countries (Panayiotopoulos 2005) so as to provide care to older people at their own home.

According to Lamura et al. (2010), this fact has become a "normal" solution to face the growing older care challenge and it is currently taking place especially in Mediterranean

countries. However, the majority of these immigrant workers are non-educated and few are employed specifically as carers for the elderly (Panayiotopoulos 2005), thus challenging questions about the sort of healthcare assistance they can provide to the people they care for. This comes in accordance with the absence of research and monitoring by the state about the quality of care provided (Panayiotopoulos 2005), thus meaning that older people who live at their own home may not receive an appropriate healthcare assistance. In comparison with Cyprus, in countries such as Italy, immigrant workers are being offered training and accreditation programmes, so as to be able to offer care and healthcare assistance to older people living at their home (Lamura, Dohner and Kofahl 2008).

Another programme which is offered by the state and affects also older people's health is the provision of home-care (not nursing) programme offered by the Social Welfare Services of Cyprus (Sergides 2004). Though this programme, home helpers provide care to older people living at home such as personal hygiene, cleaning, cooking and helping them in their activities of daily living. However, compared to the qualified home care nurses, they are not educated or experts on the health part in order to provide healthcare assistance to older people (Social Welfare Services of the Republic of Cyprus 2012), thus creating a disadvantage in the provision of holistic care. In conjunction with the inefficiency in the provision of home nursing care, this may lead to the non-fulfillment of the health needs of older people living in the community.

The appropriate housing and building environment constitutes also a factor that affects older people's health since they need household features with fewer physical barriers, thus contributing to the improvement of their functional abilities (Crews & Zavotka 2006). Crews and Zavotka (2006) support that household environments which promote older people's independence and self-reliance may contribute to the improvement of their physical and mental health and overall wellbeing. Even though in other countries there are financial and building renovating programmes/schemes that promote household changes to enable older people to remain in their own surroundings (Crews & Zavotka 2006), locally, that state does not provide such a service, thus depriving older people the chance to have their living premises adjusted to their circumstances so as to be more close to their particular health needs. An example of this is to adjust the living environment of an older adult after he/she suffers a stroke and has to use a wheelchair to move about in the home.

In addition to this, the state provides home aids and appliances only in some of the cases and according to income

criteria and not for all older people (Katsioloudes 2007), thus creating another environmental factor that contributes negatively to the health of older people in Cyprus.

The accessibility to healthcare services also, forms another part of a supportive environment that may influence older people's health. According to Rechel et al. (2009), accessibility to healthcare services is an important factor in the attempt to help older people to fulfill their health needs and to provide them holistic support. Cann (2008) argues also that accessing health and social services is a key issue for improving the overall health status of older people. Locally, evidence from Phellas et al. (2009) and Katsioloudes (2007) support that older people generally, lack of an awareness of available health services and this, undoubtedly, contributes a disadvantage in their attempt to access health services. This is maybe a reason for the idea and practice that prevail in Cypriot society which supports that the household is the centre for the care of older people (Panayiotopoulos 2005).

The efficiency of a public transport network is also a significant factor in the attempt of older people to access healthcare services (Phellas 2013; Gilbert et al., 2012). However, it is commonly accepted that Cyprus does not have an adequately developed public transport network (Phellas 2013), thus causing another disadvantage in their attempt to access health services.

Biological factors

Since the possibility of accessing healthcare services appears to be at least problematic, this may mean that older people living locally, may not receive an adequate care so as to help them to face the biological problems caused by the ageing process. It is generally accepted that ageing, is an inevitable and uncontrollable biological process which is frequently associated with disability and chronic diseases (Davies 2011; Watson 2008; Gray & Scott 2003). According to Flemming, Cross and Barley (2005) and Masoro (2006), in all Western countries, there is ample evidence of an increase in the age-specific prevalence of chronic diseases like ischaemic heart disease, malignant neoplasms, diabetes, osteoarthritis and Alzheimer's disease. In Cyprus, according to the Statistical Service (2006), 69% of the population above 65 years old, are suffering from at least one chronic disease, thus meaning that the age-related biological problems affect significantly older people's health in Cyprus.

Daily functioning in old age, which is dependent on the presence or not of chronic diseases, is the most important age-related biological problem that affects older people's health (Deeg et al., 2013). The importance of remaining physically active during the later years of life, has become widely accepted (Davies 2011) since it affects older people's capability of performing tasks needed for independent living (Deeg et al., 2013). However, in

Cyprus, there is no programme available from the public health services or the local communities which provide chances for physical exercise or that will encourage older people to engage in physical activities, thus improving their functional ability (Katsioloudes 2007). This is also supported by Phellas et al. (2009) who go further and support the introduction of public and local community programmes which will provide motives for older people's engagement in physical activities. On the other hand, Katsioloudes (2007) argue about the presence of Day Care Centers in Ireland which provide programmes for physical activities for older people, thus recommending local authorities to think about the creation and allocation of such services.

Regarding the other age-related biological diseases such as ischemic heart disease, cancer, diabetes and Alzheimer's disease, it is estimated that they affect a significant amount of older people locally. However there are still no official data about this crucial matter. This maybe a reason for the non-fulfillment of the health needs of older people suffering from these chronic diseases.

An example of that, are older patients who have suffered a stroke and who have no chance to receive rehabilitation care, because of the absence of multidisciplinary stroke rehabilitation centers in Cyprus (Katsioloudes 2007). As a consequence, these patients will rarely recover from the consequences of the stroke attack that could cause permanent physical or/and cognitive as well as social functioning (Meiley-Visser et al, 2006). Another example is the older patients suffering from cancer who may travel many kilometers everyday to receive daily chemotherapy since there are only three cancer centers locally, two in Nicosia and one in Limassol, though there are six public hospitals (Katsioloudes 2007). This may cause additional health problems to them, for example they may experience dyspnoea because of their cancer problem (DeWit 2009) during the long way back home. This is one of the reasons which the Ministry of Health takes into account in their effort to create at least one more Oncology Centre in one of the other public hospitals in the rural part of Cyprus.

Additionally, there are older patients who have permanent tracheostomy because of chronic breathing problems, are bed-ridden and they live in the community. This condition, in turn, may cause other health problems such as respiratory infections (DeWit 2009), because of the inefficient care received by their carers, both formal and informal as it has already been analyzed before.

Therefore, it is suggested that age-related chronic conditions appear to have a negative impact on older people's health in Cyprus, since there is an inefficient health system (Andreou et al., 2010) but also an absence of health promotion programmes related to older people's health (Katsioloudes unpublished work 2007).

Health policies for older people

According to Davies (2011), health promotion programmes for older people aiming to delay the onset of chronic conditions may consist of healthy diet habits, such as the use of the Mediterranean diet, physical activities, social interaction, smoking and alcohol cessation. Watson (2008) supports that older people are perfectly capable of learning, however, they need encouragement and guidance so as to change their lifestyle habits, thus promoting their health. On the other hand, Rechel et al. (2009) support greater coordination and management of care across all health services so as to face the age-related biological diseases of older people suffered from and to lessen their impact on their health status.

Unfortunately, still today, the local health system lacks of an appropriate organization and infrastructure so as to help older people face the impact of chronic diseases (Katsioloudes 2007), thus increasing the negative impact that they have on their overall health status.

Conclusions

Since older people in Cyprus are a growing number amongst the rest of the population, it is imperative to create new approaches which will decrease the factors that affect negatively their health. Undoubtedly, until now, little progress has been done towards this target and, as a consequence, much remains to be done for the overall improvement of their health.

Having analyzed the main factors that affect their health, it is suggested that a concerted nationwide effort should be undertaken to challenge against older people negative attitudes and to inform and advocate for their rights. Cypriot society is obliged to root out any negative notion about older people and to come closer to this vulnerable group of the population. The state should provide more chances for social interaction of older people and more social support to them, such as the creation of Day Care Centers which will provide multiple services. It is suggested that an agreed financial package from the annual budget should be specifically allocated for the social services of older people.

The health system of the country also needs to be totally reformed with the development and provision of specialized geriatric and healthcare services, tailored to meet the specific physical, psychological and functional needs of older people.

If these steps are not taken so as to promote older people's social interaction, to ensure that adequate social care is available and to improve healthcare services and address their needs, a growing number of older people in Cyprus will face a disadvantaged old age with high morbidity and mortality rates.

Βιβλιογραφία

Ξενόγλωσση

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