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Navigating the Health Care Landscape for an Ageing Population: An International Survey of Strategies and Priorities



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A B S T R A C T

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Objectives: The global increase in the older population, which is expected to reach 1.5 billion by 2050, poses significant challenges for publicly funded health care systems. Life expectancy, although positive, is leading to an increase in chronic diseases requiring complex and costly health and social solutions. This study explores key strategies to address these challenges.

Design: Qualitative interviews followed by a survey.

Setting and Participants: The study involved experts, students, artificial intelligence, and participants at a congress.

Methods: We first interviewed 5 experts from different countries representing health care management and psychology from Belgium, health economics from Canada, sociology from France, and geriatrics from Switzerland. In addition, a focus group session with medical students in physical therapy and queries to ChatGPT increased the range of perspectives. A synthesis of all opinions or insights was used to formulate concrete strategies. These strategies were incorporated into an online survey that was distributed to 215 participants of the Geriatric and Gerontologic Congress in Montreal, Canada, in September 2023.

Results: All 20 potential solutions were duly acknowledged, with particular attention paid to the following 5 priorities: the urgent need to integrate geriatric training into the education of future health professionals, the promotion of home-based care models, the establishment of comprehensive and integrated care systems, the strengthening of primary care services, and the emphasis on primary prevention strategies.

Conclusion and Implications: This study highlights key priorities for addressing the health needs of the older population. By emphasizing education, home-based care, and integrated services and strengthening primary care and prevention, health systems can respond effectively to the challenges of an ageing population. Although these needs may not be entirely unmet, they indicate areas where existing services are insufficient in providing adequate coverage and support to ensure tailored and sustainable health care solutions for older people.

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The global demographic landscape is undergoing a major shift, characterized by a significant increase in the number of older people, posing unprecedented challenges to health care systems around the world. Improvements in the quality of life, mainly through environmental measures and advances in health care, have led to longer life expectancy, and the number of people aged 65 years and older is expected to double by 2050, reaching the impressive figure of 1.5

billion.¹ Although this demographic shift represents progress, it is accompanied by an increase in chronic diseases and geriatric conditions among the older adults, requiring complex and costly health and social services.^{2–5} On the one hand, chronic diseases are associated with increased dependency and comorbidities, and on the other hand, many countries, especially those with state-funded health care, are finding that taxpayers are no longer sufficient to cover the health care services related to higher dependency of older people.^{5,6}

As a result, the current illness-centered health care systems are under increasing pressure to adapt and innovate to ensure the delivery of effective, affordable, and comprehensive services tailored to the older population.² Indeed, as developed by Abdi et al,⁷ the unmet

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needs of older people are increasing and there is an urgent need for public health action to design services and solutions around what older people need or want. This imperative has also been raised by the World Health Organization (WHO), which has launched the Decade of Healthy Aging that specifically promotes person-centered integrated care and services.⁸

However, there are discrepancies in the coverage of known and unmet health care needs of older adults. It is often the case that known needs, such as managing chronic diseases and ensuring adequate social support, are unmet because of resource constraints, policy gaps, and systemic inefficiencies. Furthermore, there are potential unmet needs, such as addressing mental health issues, providing adequate palliative care, and ensuring social inclusion, which require further investigation and targeted interventions.

The key research challenge is to identify and prioritize strategies that can effectively address these emerging needs and ensure that health systems remain responsive but also sustainable in the face of these demographic changes. In this context, this study aims to explore key strategies to address these challenges from the perspective of caregivers, highlighting the urgent need to adapt health systems to meet the changing needs of older people. This work is motivated by the need to address the complex challenge of an increasingly ageing population.

Methods

The methodology used to achieve our aim can be divided into 5 steps.

Development of Health Priorities

Three different perspectives have been used to develop the health priorities, but for all the very same question was asked: "How a publicly funded healthcare system should cope with the expected growth in the number of older people and best meet their needs in terms of illness, disability and well-being?"

- a) Interviews with Experts: To address the question of how the health system should cope with the expected increase in the older population and how to best meet to their needs, interviews were conducted with 5 experts from 4 French-speaking countries. The experts were selected based on predefined criteria, including their professional positions in universities, scientific publications in their respective fields, and a minimum of 20 years of experience. It is important to note that these predefined criteria were somewhat arbitrary. Specifically, they were chosen for their recognized contributions to geriatric care (Switzerland), health economics (Canada), psychological well-being of the older adults and health care management (Belgium), and sociological aspects of aging (France). Each expert had substantial experience and held influential positions in their areas of specialization, ensuring a comprehensive and informed perspective on the issues discussed. The 15-minute interview was in fact an exchange of idea starting with the single question above. This approach enabled a focused yet flexible discussion, allowing experts to share their insights and recommendations effectively.
- b) Focus group with students in the last year of their Master in Physical Therapy: As part of a specialized course on geriatric rehabilitation, 2 focus group sessions were organized with 20 physical therapist students in the University of Liège. The aim was to complement the high level of experience of the experts with insights from students who are new to the field. The selection of the University of Liège was primarily because the first author is teaching there, which provided ease of access. The

number of participants was determined by the total number of volunteers willing to spend 2 hours participating in the focus group sessions.

- c) Artificial intelligence Inquiry: ChatGPT, an artificial intelligence tool, was used to gather additional insights into geriatric care. Although the use of this tool is controversial in the scientific field, it can be helpful to provide diversified insights to define areas of reflection.⁹ ChatGPT was interviewed with the above question, and after giving some ideas, we asked more ideas until we get some saturation.

Synthesis of Concrete Strategies

Following the expert interviews, focus group discussions, and ChatGPT inquiries, the gathered information was synthesized. Concrete strategies were formulated by distilling key themes, innovative ideas, and expert recommendations, ensuring a set of potential solutions.

Review by Experts

The synthesized strategies underwent a review process by 2 experts, that is, an experienced methodologist and a geriatrician. The methodologist's expertise in research design and data analysis ensured that the recommendations were well written and formulated to facilitate analysis. The geriatrician, with its clinical experience, evaluated the recommendations for their practical relevance and feasibility in real-world geriatric health care settings.

Pretesting With Participants

To validate the synthesized strategies, a pretesting phase was initiated involving 5 participants representing diverse backgrounds within the geriatric health care sector. Their feedback and insights were crucial in refining the recommendations, clarifying any ambiguities, and improving the overall clarity of the solutions.

Online Survey at CIFGG

The 20 final recommendations were incorporated into an online survey, using the "Sondage Online" tool, which was available on the Internet at www.sondageonline.com. The link to the survey was distributed via email to all participants of the Congrès International Francophone de Gérontologie et Gériatrie (CIFGG), held in Montreal from September 20 to 22, 2023. Participants were asked to rate the recommendations based on their importance, relevance, and potential impact on geriatric care. Their responses were collected using a scale ranging from 0 to 100, representing varying degrees of importance. Additionally, participants were asked to identify their top 3 priorities, providing valuable insight into the strategies deemed most critical by the experts in gerontology and geriatrics attending the conference.

Results

Among the 616 participants at the CIFGG, 421 agreed to participate to the survey, 230 of them opened the online survey and 203 of them completed it in full (ie, participation rate: 48.2%).

Health Priorities

Of the 230 participants, 215 have totally completed the rating of the 20 proposed health priorities. As shown in [Figure 1](#), the majority of the recommendations (95%) were rated with a mean score of 70% or greater. The priorities with the highest mean of importance (92%) are encouraging home care and training future health care professionals

Health priorities (n=215)

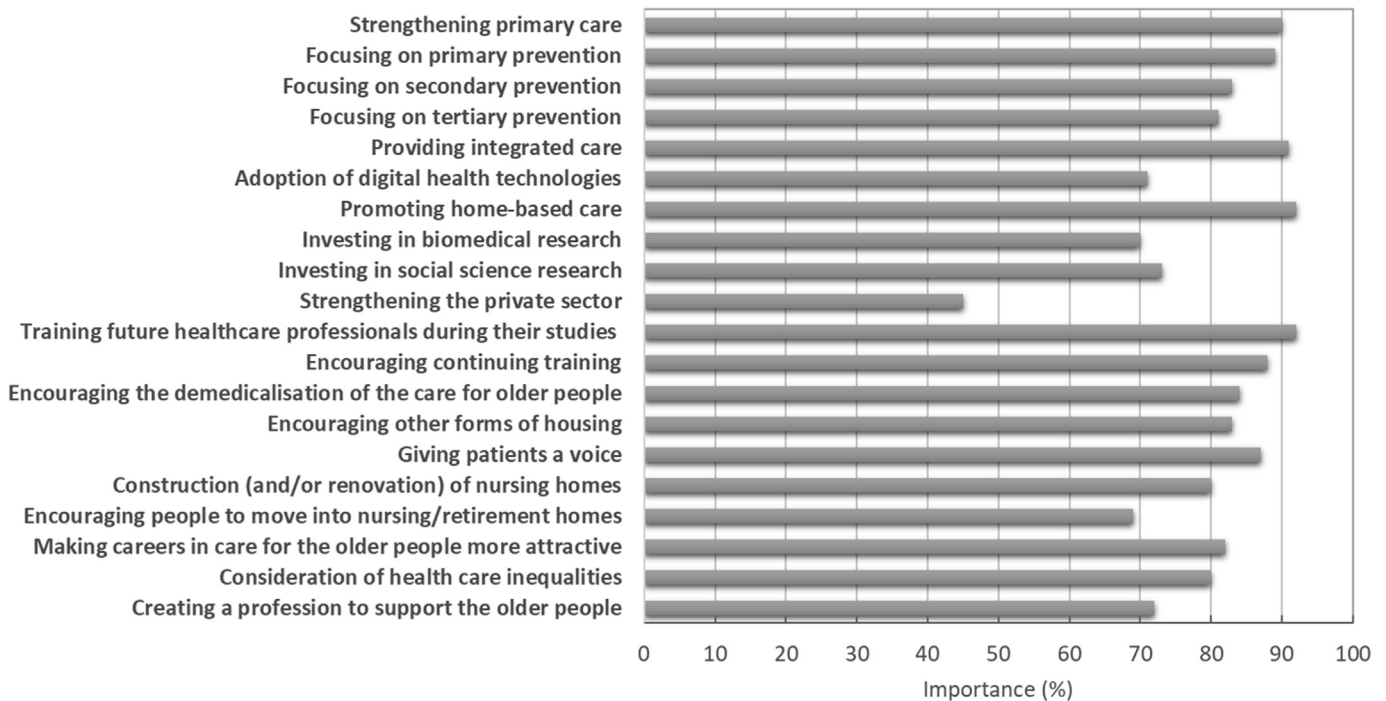


Fig. 1. Rating the importance of the health priorities (%).

during their studies. The only 2 health priorities scored with a mean importance score below 70% are encouraging people to move into nursing/retirement homes (69%) and strengthening the private sector with a mean importance score below 50% (45%).

Top Priorities

Within the 215 participants, 203 completed the part of the questionnaire devoted to ranking priorities. Regardless of their order of preference, the top 5 priorities mentioned by the geriatric professionals were as follows: encouraging home care (mentioned 99 times), strengthening primary care (mentioned 85 times), focusing on primary prevention (mentioned 73 times), providing integrated care (mentioned 73 times), and the training of future health care professionals during their studies (mentioned 64 times). Logically, all of these highly mentioned priorities turned out to be the most important for health care professionals, but not in the same order. Figure 2 provides a summary of the order of the top priorities mentioned by the participants. The reinforcement of the primary care appeared to be the first priority for 54 participants followed by the focus on primary prevention (44 votes), encouraging home care (40 votes), providing integrated care (36 votes), and in the fifth place of priority was the training of future health care professionals (22 votes).

Discussion

The results of this global survey provide practical information on how to address the challenges of an ageing population from the perspective of geriatric caregivers. The key priorities identified, including the integration of geriatric training, the promotion of home care, the improvement of integrated services, the strengthening of primary care and the emphasis on prevention, provide concrete guidance for policy makers, health care providers, and stakeholders. Although these needs may not be entirely unmet, they represent areas

where existing services fall short in providing adequate coverage and support. This highlights the need for public health systems to intensify their efforts in addressing these critical areas to better align with the health priorities of the population. Our work advances the field by addressing several gaps in current literature and practice regarding the health care needs of the older population. In fact, our study synthesizes the perspectives of a range of experts from across the health care sector, providing an understanding of the challenges of the ageing population. In addition, the study goes beyond identifying problems to formulating concrete strategies that can be implemented to improve health care.

The emphasis on proactive measures, in particular the integration of geriatric principles into health care training, is a key finding. Training a sufficient number of geriatric professionals, in particular to better understand the specific needs of older people, has already been highlighted as a resource for an age-friendly health care system.¹⁰ In addition, care coordination could be an appropriate subject to include in the training of professionals, whatever their speciality. Indeed, a global survey showed that 1 in 5 older people received uncoordinated care, resulting in fragmented and costly care for both the older adults and the health care system, which runs counter to the real challenge of ageing.¹¹

A second proactive measure to emphasize is the promotion of home-based care rather than hospital-centered care, which not only preserves the dignity and independence of older people but also provides a more patient-centered and cost-effective approach.^{12,13} The promotion of home-based care could be appropriate for many of the situations that older people may face, including at the end of life. Indeed, a cost-effectiveness study of palliative care showed that a home care program improved patient satisfaction, service use, and significantly reduced health care costs.¹⁴ One of the barriers to good-quality home care that has been highlighted is the wide range of professionals who could help to promote home care. These may be health professionals, but more often they are carers who provide basic

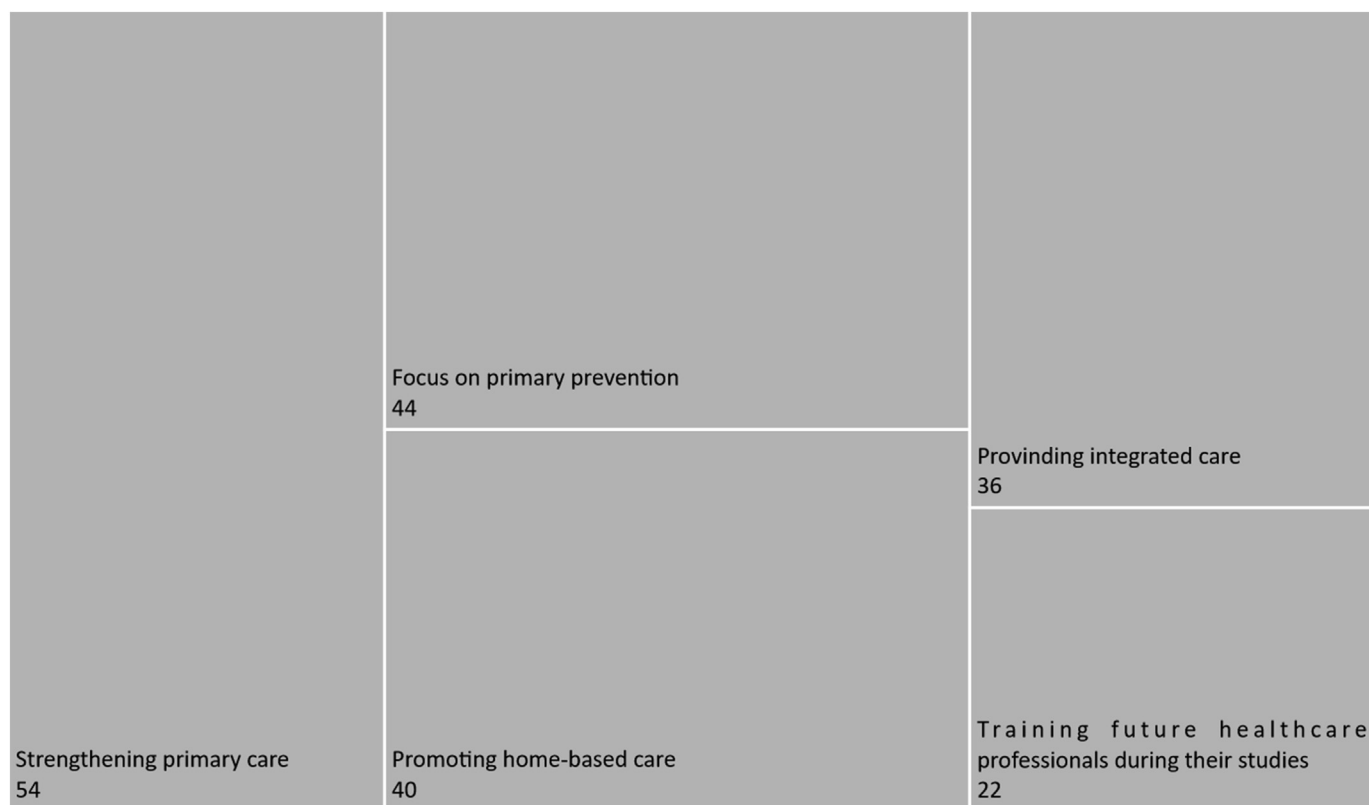


Fig. 2. Choice of the most important priorities (votes).

personal care that contributes to daily activities, and both professions sometimes find it difficult to recognize each other's work and to work together. One strategy to meet the challenge of coordinating different professionals and optimizing home care is the implementation of multidisciplinary teams. These teams can carry out comprehensive assessments of the individual's needs, develop personalized care plans, and coordinate services, while retaining clinical responsibility. In addition, integrating the concept of case management ensures ongoing support and resource mobilization, complemented by the involvement of informal carers to create a holistic approach to care.^{15,16}

The emphasis on primary prevention strategies reflects research that emphasizes preventive health interventions to prolong healthy ageing. Lifestyle changes, vaccination and community health education programs have consistently shown benefits, especially when implemented at an early age.¹⁷ Primary prevention should therefore also be considered in the long term with a view to having an impact on older populations. Strengthening primary care services has been a focus, highlighting the central role of accessible and comprehensive primary care. The economic barrier to access the primary care seems to be a key to better accessibility and understanding, as primary care professionals (ie, general practitioners) are reported to be the "reference" for questions about health and care.¹¹ Integrated care is emerging as a cornerstone in addressing complex health needs.² Integrating different health care services creates a comprehensive ecosystem that improves the quality of care and streamlines communication between providers for more effective interventions. Strengthening primary care is essential to ensure accessibility and affordability. Investment in infrastructure, including early detection and intervention, can slow the progression of chronic diseases and reduce overall health care costs. Primary prevention strategies, promotion of healthy lifestyles, and community health education all contribute to prolonging quality of life.

Our survey is consistent with research advocating a patient-centered approach that recognizes the unique needs and preferences of older adults.^{18–20} Cultural sensitivity and adaptation to regional and societal contexts are emphasized, with strategies for caring for older people tailored to different cultural norms and values.

In line with the World Health Organization's Care for Older People (ICOPE) strategy, our findings resonate with the global initiative. The prioritization of integrated care is in line with ICOPE's call for comprehensive services to promote active ageing. The emphasis on training and strengthening primary care is consistent with ICOPE's goal of strengthening the capacity of health systems to provide personalized, holistic care.²⁰

It should be pointed out that recognizing cultural and societal differences is essential for implementing strategies in different regions. Adapting interventions to different cultural norms will ensure acceptance and effectiveness. In addition, collaboration between governments, health organizations, and community leaders seem to be essential to create a supportive environment for healthy ageing.²¹

Potential limitations of this study should be noted. First, regarding the development of the survey, we acknowledge that the selection of only 5 French-speaking experts from 4 countries may not fully represent the diverse perspectives and experiences that exist within the broader field of geriatric health care. Consequently, the insights and conclusions drawn from these interviews may be biased toward the cultural and systemic contexts specific to these countries. In addition, only students in the last year of their Master's in Physical Therapy from the University of Liège were included. This selection was based on the convenience of access, as the first author teaches at this university. Although this provided valuable insights from individuals new to the field, it may introduce biases related to the lack of diverse educational backgrounds and experiences. Also, there is a risk of selection bias, as the survey was distributed to attendees of the Congress of Geriatrics

and Gerontology, which may not fully represent the broader range of health care professionals working with older adults. In addition, the focus on French-speaking countries may not capture global nuances. In fact, the homogeneity of the respondent profiles (ie, all respondents are attending the same scientific congress) has limited the external validity of our findings. This homogeneity highlights the necessity for future research to include a more diverse range of respondents in order to capture a broader spectrum of views and experiences. It is also important to note that the study does not have access to the clinical characteristics of the respondents, which precludes a comparative analysis of health priorities based on key factors such as age, work experience, and profession. The lack of this detailed demographic and professional information such as age, gender, years of professional experience, academic qualifications, and teaching experience limits our ability to identify potential differences in health care preferences and priorities between different subgroups within the participating population. Finally, the study may lack the direct perspective of older adults themselves, whose insights could have provided valuable firsthand experiences and preferences regarding health care challenges and solutions. Future research should address these limitations for a more holistic understanding of care strategies for older adults.

Conclusions and Implications

In conclusion, this international survey identifies key priorities for meeting the needs of ageing populations, emphasizing a holistic and individualized approach to older care. However, meeting these priorities requires careful consideration of resource and workforce challenges. Implementing these strategies with cultural sensitivity can pave the way to a future where ageing means dignity, independence, and quality of life.

Disclosure

The authors declare no conflicts of interest.

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