Organization of Medical-Social Services for the Elderly Internally Displaced persons from the ATO Zones at the Level of Primary Medico-Sanitary Care

V. Chaykovska, T. Vialykh, N. Velichko, V. Tolstikh, S. Moskaliuk, N. Movchun

State Institution "D. F. Chebotarev Institute of Gerontology NAMS of Ukraine", Kyiv, Ukraine

Correspondence: v.tolstikh@gmail.com

Received: 22.04.2021; Accepted: 12.05.2021; Published: 13.05.2021

Abstract. This paper is concerned with the organization of medical-social services for the elderly internally displaced persons from the ATO zones at the level of primary medico-sanitary aid. Sociological investigations using personal questionnaires and experts' evaluations have shown that social- psychological characteristics of the elderly internally displaced persons (IDPs), Their social adaptation, inadequate financing and low level of medico-social care, as well as their preferences make it necessary organize health monitoring system, treatment, rehabilitation and long-term care by family doctors, information centres, day-time stay and rehabilitation centres. We have developed the model of organizing ambulatory services for the elderly IDPs at the level of primary medico-social care (PMSC) that would include structural modernization and optimization of its optimal provision. In our opinion, this model is most accessible and economically grounded. It allows provide interaction and co-operation of the professionals of health and social care institutions, optimization of standards and principles of medical care. Implementation of this model as most accessible and economically grounded would allow interaction and cooperation of the professionals of health care organizations and social protection settings. Introduction of this model, as most accessible and economically grounded, would allow ensure interaction and cooperation of the professionals of health care and social protection institutions, optimize observation of the medical care standards and principles. We have developed methodological approaches for training the physicians and health care-givers receiving key knowledge and developing self-care habits for the elderly IDPs at their homes considering their medico-social and psychological needs.

Keywords: elderly internally displaced persons; model of giving ambulatory aid at the level of primary medico-social care and education of health care professionals.

Because of a war conflict in the East Ukraine the residents of the temporarily occupied Donetsk and Lugansk regions had to move to other territories of Ukraine. The majority of the elderly IDPs lost their work and a growing phenomenon of sudden poverty was registered in this group [1].

Experience of other countries points to the fact that the IDPs have a high level of long-term unemployment, poverty, social separation and orientation to receive financial assistance from the government [2,3,4].

Thus, identification of the acute problems and needs of the IDPs sets an urgent task for the government and public sector [5]

The country and society have been unprepared to such mass internal migration. However appropriate policy formation was rather operational. Children, persons with disabilities and elderly persons

as well as people with non-infectious diseases appeared most vulnerable. Both, the citizens who were displaced from conflicting areas and those who stayed there appeared in the zone of special risk [5,6,7].

According to the data of the Social Policy Ministry of Ukraine and UN YBKE OOH, the pensioners and disabled individuals make nearly one million among the registered IDPs [8]. Many people do not have access even to the basic resources. Some of them confront multiple barriers to their participation in public life. In view of this, certain transformations are needed creating more comfortable conditions for the elderly supporting, saving and strengthening their health. Therefore to achieve this purpose, the monitoring, assessment of older people's health and assessing their needs in health care and social protection services are needed.

The **Aim** of this research is organization of medical, social and psychological aid at the level of primary medico-social care for the elderly internally displaced elderly persons (IDPs) from the ATO zone.

Material and Methods

Generally, the design of this medico-social investigation can be presented as a system of organizational-technical procedures the sole aim of these procedures is obtaining the most trustworthy information about needs of the IDPs in social and psychological aid. Such information could be further analyzed in elaboration mechanisms of improving the quality of aid and achieving practical implementation of the developed propositions.

This is a theoretical and applied investigation aimed to solve the socially important tasks of widening and deepening scientific knowledge about social processes and development of measures to solve them. To ensure sample representativeness, our investigation was selective and only a selected part of them were examined. Primary sociological information gathering was obtained via a questionnaire and structured interviewing, including internet interview. Because of the COVID-19 epidemic-caused crisis, all meetings with the personal of medical and social geriatric institutions in different regions of Ukraine and the elderly IDPs were conducted via online. Further study and analysis of the collected data have allowed make definite conclusions, make recommendations and build organizational-structural model [6,9,10,11].

Search for respondents was done via volunteer organizations; charity and state organizations; in compact residential areas; at work places and using contacts of the previous interviews. We have developed special semi-structured questionnaires and made selection interviewing of 315 persons: 204 elderly IDPs and 111 persons of medical staff, social workers of the geriatric institutions and volunteers who directly contacted with the displaced from the war areas (Kyiv, Kharkiv, Dnipropetrovsk and Donetsk regions) of Ukraine. In the year 2020 we made a selective questionnaring using internet resources of the medical and social workers (146 professionals working in the regions of West Ukraine)..

Processing of the questionnaires was done using commonly accepted schemes using Exel tables; allowing forming various samples and visualizing separate data for further analysis and interpretation of the results.

Of course, in the process of our investigation our group had certain organizational difficulties such as lack of official statistic about the quantity, age and gender composition of the elderly IDPs; absence of official institutions dealing with the statistics of the IDPs; unwillingness of the IDPs to give information even anonymously and the absence in view of COVID-19 pandemia of a possibility in the year 2020 to formulate a sample to interview the elderly IDPs.

Results and discussion

Analysis of the questionnaires has shown that smallest number of the IDPs (3.5%) lived temporarily in the western regions and the greatest number (96.5%) lived and worked in the central and eastern regions of Ukraine. Such general tendency is explained by the wish of the majority IDPs to live closer to their region allowing them to visit their homes and relatives and a possibility to get temporarily social housing in the specially organized 'modul settings' in the eastern regions.

The obtained results showed that elderly IDPs had many problems with lack of constant residential housing, financial difficulties and health concerns. All these along with negative psychological changes and inconfidence in positive changes and instability of their status made us to study significance of the established priority problems for the elderly IDPs. The social-psychological problems were found in 41 ± 3.5 per 100 interviewed respondents, medical in 21 ± 2.3 , housing in 20 ± 2.0 and financial in 18 ± 2.0 per 100 interviewed.

The notion 'social-psychological problems' include social adaptation, psychological aid, loneliness, loss of social links and remoteness from relatives.

The notion 'medical problems' include the presence of acute and chronic diseases and needs of treatment and rehabilitation.

The notion 'housing problems' include the absence of housing, its quality and level of housing conditions.

The notion 'financial problems' include the low provision, high costs for drugs and the absence of systemic regular payments.

The majority of elderly people do not wish to fill in paper documents. Psychologically, they may experience distrust, suspiciousness and anxiety.

Of a specific attention is the housing provision of the IDPs that, no doubt, influences other spheres of their life. Thus, 39 ± 3.5 per 100 interviewed IDPs aged 60+ have no housing and 61 ± 4.6 of them hire their housing. Women (88%) of the retirement age among them prevailed. This prevalence is explained not only by demographic situation but also by the fact that majority of women moved to their children in order to take care of their grandchildren and to help in householding. At the same time men stayed on uncontrollable territory and in conflict areas to control housing and prevent looting.

Distribution of priority needs of the elderly IDPs in their residential regions according to place and region of their residence:

Analysis of the obtained material has revealed essential differences in the distribution of problems of the elderly IDPs, who were assigned to the permanent social and medical institutions and those who received in-home care. Thus, among the elderly IDPs residing in psycho-neurological boarding houses (PNBH) the financial problems come forth per 100 interviewed respondents (40 ± 3.4) while medical (40 ± 3.5) and social-psychological problems make a lesser number (20 ± 1.9) because they are served by professionals in medical psychology and psychotherapy. Their social and daily-living problems are solved by the PNBH.

Among the elderly IDPs of oncological hospital dispensary, on the contrary, their socio-psychological problems are a priority and make 56 ± 3.8 per 100 interviewed. This is explained by type and disease course in close surrounding and community, lack of belief in the future.

The problems of the elderly IDPs, who temporarily stayed in the in-hospital clinics, were also of our interest. Thus, the social-psychological problems were identified in 31 ± 2.6 per 100 interviewed IDPs. Other problems were equally important for their urgent solution: financial (23 ± 2.5), medical (23 ± 2.5) and housing (23 ± 2.4) in 100 interviewed. There were no any significant відхилень значення of the priority problems in the elderly IDPs who had an in-home treatment from territorial centers and International Charity Fund "Caritas Ukraine". Social-psychological, financial, medical and housing problems were found as urgent in life quality provision.

The priority problems in different regions of the country:

We analyzed the problems of the elderly IDPs in the Kharkiv, Donetsk and Dnipropetrovsk regions, All their existing difficulties were ascribed to four main groups: financial, medical, social-psychological and housing. Essential deficit of financial provision was seen in the Kiev, Kharkiv and Dnipropetrovsk regions for 46 ± 5.7 , 40 ± 4.8 and 35 ± 2.1 per 100 interviewed elderly IDPs. In the Donetsk region, material assistance deficit made 12 ± 2.3 per 100 interviewed IDPs giving up to socio-psychological problems in 53 ± 4.2 per 100 interviewed respondents. The social-psychological problems among displaced elderly residents in the Kiev

(31 ± 2.5), Kharkiv and Dnipropetrovsk regions were lower: 13 ± 1.8 and 18 ± 1.7 per 100 interviewed respondents. Medical care errors made from 18 ± 2.0 to 27 ± 3.5 per 100 interviewed in the Dnipropetrovsk, Kiev and Kharkiv regions and 12 ± 1.2 in the Donetsk region. Absence of personal housing was registered in 20 ± 1.8 to 29 ± 2.2 per 100 interviewed elderly IDPs. Such problem was not registered in the interviewed residents of the Kiev region.

The providing care to elderly IDPs and examination of the questionnaires of the medical and social workers was investigated in the Eastern Ukraine. The group included physician (47%), medical nurses (16%), social workers (35%) and religious workers (2%).

The main conclusion of questioning professionals in formal health care facilities was the need of special training of their personnel as well as volunteers on the issues of psychological support of the IDPs, healthy life style and long-term care.

Analysis of the obtained data has demonstrated that medico-psychological and socio-financial provision was of primary importance among main problems of the elderly IDPs in several regions of Ukraine preferable for the displaced people. An exception was the Donetsk region, where due to closeness to the areas of military operations, the problems of social-psychological character linked with overcoming post-traumatic syndrome proved to be of the major challenges.

As has been found, social-psychological characteristics of the elderly IDPs and their social adaptation, the inadequate financing and the organization of medico-social services is improper and that the elderly IDPs, according to interviewing, prefer family doctor in giving them medical aid. Their request is to make a system of care for the elderly at a primary level of family doctors, including palliative aid, information centres, day-stay centres and rehabilitation centers in the present epidemic COVID-19 conditions.

Cooperation of the PMSC ambulatoria with social services and non-governmental organizations has been proved. 40 ± 2.0 per 100 interviewed elderly IDPs needed annual health observation and active integration in social life; 36 ± 2.3 per 100 interviewed needed health observation, closeness to their residence of medical-social and psychological services; 15 ± 2.1 per 100 interviewed needed intensive treatment, social and daily living assistance; 9 ± 2.2 per 100 interviewed IDPs needed organization of long-term medical and constant aid, 2% of them needed palliative aid at their homes,

Analysis of family doctor's work in conditions of an increasing number of the elderly IDPs within the structure of elderly patients and specificities of providing them various forms of help, priority of domestic forms of servicing and role of the family in caring for the elderly IDPs allowed to propose the model of organization of giving aid to the elderly IDPs at the PMSC (primary medico-social care).

The proposed model envisages provision of accessible and good quality medical care based on interinstitutional and intersectoral collaboration. This is a geriatric patient-centered universal model for the elderly citizens of Ukraine 60+ who signed an agreement/contract with the family doctor at places of their residence or their personal wish. The family doctor is the main link who chooses the strategy and tactic of treatment, coordination of inter-departmental actions and control work of the younger medical staff. He identifies patients based on the need for providing certain health care services and registers them in the electronic health Record of patients of e-Health system using ICD-10 and the "International classification of primary medical care (International Classification of Primary Care – ICPC-2).

The structure of the model of organization of giving aid to the elderly IDPs at the PMSC may be mapped as Fig.

Figure. Model of organization of family doctor's work in the primary medico-social care (PMSC) ambulatory providing care to the elderly IDPs

Analysis of the results of our investigations of the age-social status, health and needs of medical care of the elderly IDPs allowed propose conditional distribution of these patients into medical care groups:

1. Working IDP pensioners undergo annual health tests by their family doctors and receive necessary recommendation.
2. The non-working elderly IDPs under the age of 80 years, who are active and able for self-servicing, estimate their health as good or satisfactory, receive annual medical examination; fulfil doctor's recommendations and take prophylactic rehabilitation courses at hospitals and territorial centers within a system of population social protection. They are recommended to live active life and join ambulatory volunteer staff.
3. The elderly IDPs under the age of 80 years with chronic diseases in the compensatory form, who preserved their motor activity and are capable for self-servicing, have a good orientation in daily living (undergo annual medical examination and on doctor's prescription attend courses of medical, physical and psychological rehabilitation at treatment hospitals).
4. The IDPs under the age of 80 years with sub- or decompensated forms of chronic diseases, with limited mobility and self-servicing ability, who constantly or temporarily need assistance of their relatives or social workers. They are in need of long-term in-home medical aid as well as undergoing courses of medical, physical and psychological rehabilitation at their home as well as care of the volunteers.
5. The IDPs under the age of 80 years and older (lonely old people with limited or lost self-servicing ability, lonely, childless, unhealthy couples and severely ill and bed-fastened people). They need in-home long-term medical care, проведенням курсів of medical, physical and psychological rehabilitation as well as aid of social workers, Red Cross Society and volunteers. This group may be considered as those who are in need to be placed in the geriatric institutions. They are under constant control of family doctor and geriatric nurse.

The main responsibility of family doctor is to organize annual prophylactic examination of aged 60 years and over. The family doctor also organizes day-time stay in hospitals for severely chronically ill patients at the out- and in-hospitals for bed-ridden patients at their homes, provide care and consultations for the whole long-term care period, make the morbidity statistics and age analysis. These propositions are to be included into changing normative basis aimed for improving quality and effectiveness of care provision.

Respective to the need and pathological state, the doctor prescribes necessary diagnostic measures or intensive treatment using proper drugs and physio-therapeutical procedures and, if need be, send patient for hospitalization or consultation at the specialized medical institutions. The family doctor has to pay a special attention to organization of treatment and accompanying palliative patients and members of their families. If need be, he involves other specialists based on the respective agreements about collaboration (psychologists, rehabilitologists of mobile team of palliative aid or territorial centers for social servicing of the population,

The family doctors' responsibilities also include the issues of training professional skills in younger medical personnel and members of the families with their bed-ridden members caring for elderly patients, rules and ways of personal body hygiene provision, adequate nutrition and psychological state.

In providing PMSC, there are ambulatory care nurses along with the family doctors. In the demographically 'old' areas, where the population over 60 years makes more than 40%, it is recommended to replace one medical nurse for the patronage geriatric nurse. They are expected to identify and look after old patients, to follow fulfillment of prescriptions and safe use of particular drugs, and to make respective manipulations. If need be, the geriatric nurse coordinates work of social workers and volunteers in terms of improving quality of patient's life. The duties of patronage geriatric nurse include accompanying and psychological support of elderly patients and their families, cooperation with medical and social workers of social territorial services, centers of registration and servicing the internally displaced persons.

If need be, the geriatric nurses provide spiritual / religious education and support of the elderly in everyday living, personal hygiene, proper nutrition and giving information about possible paid services of private

organizations. They also visit patients aged 80 years and over, follow changes in their physical status and cognitive functions and, in case of negative changes, inform the family doctor.

The country operates a number of national and residential non-national aged care facilities providing aid for the geriatric patients like consultations or hospitalization. These are: the primary medical-social care (PMSC) institutions, the consultative-diagnostic centers at out-patient; medico-diagnostic call services, mobile team Palliative Hospice Care, in-hospitals and highly specialized health care institutions (relative to nosology of main disease). The territorial social service centers for pensioners, private centers, civil organizations and funds providing medical and social services or have connections with their financial care providers.

For the implementation and effective functioning of the model of medical and social assistance for elderly IDPs at the PMSC level of primary health care, it is necessary to fulfill a number of necessary conditions, based on the provision of PMSC health care facilities with a package of regulatory documents - the relevant laws of Ukraine, resolutions of the Cabinet of Ministers of Ukraine, orders of the Ministry of Health of Ukraine and territorial / regional health authorities, job descriptions and guidelines for the provision of medical and social care at the primary level, local protocols and routes of the geriatric patient, and the like. Adequate funding from the state budget (National Health Service of Ukraine), regional and local budgets.

The primary medico-social care (PMSC) will allow increase accessibility and economic effectiveness of care by allocating part of the patients at the out-of-patient level. This model allows optimize interactions and cooperation of the professional of the health care and social protection institutions as well as provide adherence to modern international approaches and high standards of medical-social care for the elderly.

These results of the study were taken into account when preparing a new edition of the Law of Ukraine on social services and other orders of the Ministry of Health of Ukraine.

Based on the European experience in educating formal and non-formal assistants in long-term-caring for the elderly and based on the theoretical knowledge, we have developed a methodology of training care-giving professionals. Geriatric personnel as well as volunteers and family members are expected to have theoretical knowledge and practical skills of caring for the elderly persons with a consideration of their medical, psychological and social needs, organization of proper independent daily living for people with limited functional and mental abilities.

In conditions of COVID-19 pandemic we produced an adapted learning program for distance education, video distance-learning (27 films), tutorial instructional videos (27 films) and site of the Center of additional professional education at the Dmitry Chebotarev Institute of Gerontology. The training program for social workers in the basics of long-term care was approved by the Ministry of Social Policy of Ukraine and recommended to the regional departments of social protection of the population of Ukraine.

Conclusions

Social-psychological characteristics of the elderly internally displaced persons (IDPs), specifics of their social adaptation, inadequate financing and low organization of medical-social care necessitate proper conditions of life and care for the elderly IDPs.

Analysis of priority needs of the elderly internally displaced people, in terms of the priority structure, has shown that the main of them are: social-psychological support (41 ± 3.5 per 100 interviewed respondents, medical care (21 ± 2.3), housing (20 ± 2.0) and financial provision (18 ± 2.0 per 100 interviewed respondents).

Lack of funding for elderly IDPs makes it impossible to pay for services. This calls attention for need of getting adequate services from family physician based on guaranteed national level.

The problems of social-psychological character prevail in the residents of Donetsk region (53%) that is conditioned by psychological trauma of military operations and dictates the need to enhance medical component in overcoming post-traumatic syndrome.

The medical-social system should be provided both for all elderly IDPs and for those who most need it, as a result of a war conflict, lost their self-servicing ability and need a long-term multidisciplinary care and palliative aid. This system should include all forms – organizational structures of in-home care, information centers for the elderly, day-stay centers and rehabilitation units.

Scientific grounding of creation and introduction of a model of organization of medical service for elderly IDPs within/ at the level of на рівні PMSC ambulances will improve the quality and effectiveness of servicing for the displaced people сприяє

We have found that normative documents regulating work of PMSC ambulances need some changes and additions to increase quality of medical aid for elderly IDPs, namely: регламентація work loading on medical personnel in ambulances with a consideration of demographic population structure, greater interaction with community and other family assisting services at community level as well as organization of long-term aid and education of family members of severely ill patients how to care for them; to ensure appropriate training of medical nurses at the PMSC ambulances in demographically old areas районів into a patronage geriatric medical nurse. Patronage geriatric medical nurse has to pay special attention to the elderly IDPs (2%) in the ambulatory area, who need palliative aid. These are oncologic, bed-ridden and post-stroke patients and a category of patients with severe chronic diseases and cognitive disorders, It is this category of patients that needs separate home-based organizational measures.

Abbreviations:

IDPs – internally displaced persons;

PMSC - primary medico-social care;

ICPC - International Classification of Primary Care.

Author Contributions: All authors participated equally in writing this commentary.

Conflicts of Interest: The authors declare no conflict of interest.

Information about Authors:

V. Chaykovska - DSc (Medicine), prof., Head of the Laboratory of Social Gerontology, <https://orcid.org/0000-0003-0066-0925>;

T. Vialykh - Senior Researcher of the Laboratory of Social Gerontology, <https://orcid.org/0000-0003-4669-3271>;

N. Velichko - Senior Researcher of the Laboratory of Social Gerontology, <https://orcid.org/0000-0001-6171-5841>;

V. Tolstikh - Researcher of the Laboratory of Social Gerontology, <https://orcid.org/0000-0002-2268-7080>;

S. Moskaliuk - Researcher of the Laboratory of Social Gerontology, <https://orcid.org/0000-0001-6688-3975>;

N. Movchun - Researcher of the Information Analysis Department, <https://orcid.org/0000-0002-6917-1508>

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