

## AMASE POLICY BRIEF August 2023

# Measures to promote the social inclusion of older vulnerable persons in the field of healthcare

### Summary

According to the European Pillar of Social Rights every person has the right to affordable, preventive and curative health care of good quality (European Commission, 2017). The national health systems have an important contribution to a good quality of life in older age for their citizens.

- Romania increased the public spending in health, hence the efficiency of the national health system could be improved.
- Despite some improvements, unmet needs for medical examinations in rural areas remain important.
- Engagement of older persons in decisions-making process regarding their living environment is necessary, as well as education for healthy life style.
- Employment in healthcare sector remains problematic, despite measures to promote employability and retention.

### Key findings

Romania experiences a demographic aging that already impacts the efficiency of the national health system. Overall, Romanians aged 65 years have a low healthy life expectancy, of 6.6 years (Eurostat, 2019). In 2019, only a third of the Romanians aged 65+ (27.7%) considered that their health as good or very good, even the percentage of Romanians who have a good/very good perception of their health has increased with 6.5 pp between 2015 and 2019. Romanian women aged 65+ consider in a greater extent compared to men that they have a good/very good health (24.2% of women 65+ compared with 33% of men aged 65+).

Eurostat data show that Romania increased the public spending dedicated to health with 0.8 pp between 2015 and 2019 and reached 5.7% of GDP in 2019, still far below other European countries. Activities delivered in hospitals account for the largest proportion of healthcare expenditure. In 2019, hospitals received more than 45% of the entire healthcare budget. However, Romania should provide a larger proportion of healthcare expenditure to residential long-term care facilities and preventive care, as the expenditure allocated to this type of providers are still low.

In 2018, the total mortality rate from treatable and preventable causes was about three times higher in Romania compared to other European countries (e.g. Norway) and accounted 517.5 deaths per 100 000 population in Romania. Mortality rate from preventable causes was 306.9 in Romania, while mortality from treatable causes was 210.6 in Romania, highlighting a low efficiency of the national health system. Total mortality rate improved between 2015 and 2018, but the mortality rate from treatable causes worsens. In

2020, greater unmet needs for medical examination due to financial reason were reported by 8.9% of Romanians 65+ from rural area and only 6% of those from cities. Unmet medical care needs have declined, between 2015 and 2020, but remain high: from 26.9% of 65+ Romanians from rural areas with unmet needs of medical examination in 2015 to 8.9% in 2020. The number of Romanian practicing physicians per hundred thousand inhabitants remains low.

## Approach & Methods

Partners from Norway and Romania gathered a large amount of information by involving a number of relevant stakeholders, experts and representatives of users over the past three years of research activities and policy analyses (Ghența et al., 2022). Research encompassed an overview of healthcare systems regarding governance, financing and organizing, types of services available, accessibility and eligibility, as well as the identification of best practices in Norway in the field of social inclusion for older vulnerable groups. Best practices were assessed with regard to potential transferability to the Romanian context with the purpose of informing a set of policy measures aimed at tackling social exclusion of vulnerable older groups. The

SWOT analysis of Norwegian best practices was carried out by different researchers and differences in their evaluations were resolved through a consensus session regarding the classification in one of the three transferability assessment classes: low, medium and high. All of the best practices were maintained for the transferability evaluation process with external experts, within a Policy Delphi methodology with two rounds. Selected best practices for healthcare domain reached consensus among Romanian stakeholders, under certain conditions. A set of policy measures for the Romanian healthcare system were defined and validated with Romania stakeholders during a workshop in June 2023.

**Table 1. Best practices with potential for transfer**

Name of the best practice	Goals	Category
“Live your whole life” reform	The programme encourages the senior population to become engaged in the planning of their own senior years and the structure of their environment.	policy measure
Free dental care for older, long-term ill and disabled people in institutions or receiving home care	The public dental health services are aimed at the most vulnerable groups in society (financial and with health-related vulnerabilities).	programme
Healthy Life Centre (Norwegian: “Frisklivssentral”)	A health-promoting and preventive health service that aims to offer knowledge-based and effective help to change living habits and master health challenges.	socio-medical services
Men in Health (Norwegian: Menn i Helse)	Men in Health is aimed to get more men to work in health and care professions. Men in Health is a compressed educational course leading up to a trade certificate as a health professional.	medical services
Seniortrakk – a participatory method to map the older persons’ needs and wishes for their immediate environment	The objectives are to develop and test methods for senior participation in order to increase the accuracy of local planning, measures and initiatives, thereby achieving more senior-friendly local communities.	programme

## Recommendations for national policy makers

### National reform that encourages the involvement of the older persons in decisions regarding their living environment

- Information and awareness campaigns regarding life after retirement age;
- Encourage the involvement of various stakeholders;
- Promote the consultation of older persons with regard to local development strategies.

### Free dental care for sick, long-term ill and disabled persons in residential or home care services

- Correlating physical and mental health and give a special attention to persons with Alzheimer's disease;
- Running national programs to support dental care and the importance of oral health in old age. The measure must be linked to a level of income below a certain threshold, so that it is granted to the most vulnerable older persons.
- Provision of a minimum package of dental services that must be included in the accreditation of long-term care centres. The package should include free preventive dental services and prophylaxis.

### Establishing centres to promote a healthy lifestyle in old age

- Ensuring a preventive role of information and targeting the young, active population, the older persons and their families.
- Running needs assessments regarding a healthy lifestyle in order to identify areas and sub-groups of older vulnerable persons that are most in need of such services.
- Providing trained specialists in residential centres to cover information needs.
- Creation of mobile prevention teams.

### Stimulating the employment of men in the health sector

- Information campaigns to increase acceptance of men in care services;
- Increasing the attractiveness of the care sector (enhancing remuneration and working conditions, changing the status of the profession and the name of the profession, changes in mentality, eliminating gender stereotype).

## References

Ghența, M., Matei, A., Aartsen, M., & Rothe, F. (2022). Pension, health and long-term care policy frameworks for older people in Norway and Romania A descriptive report. [https://amase-project.eu/wp-content/uploads/2022/06/Policy-descriptivereport\\_02.06.22.pdf](https://amase-project.eu/wp-content/uploads/2022/06/Policy-descriptivereport_02.06.22.pdf)

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