

**Estonian Association of Gerontology and Geriatrics
Open Estonia Foundation
Institute of Mathematical Statistics of the University of
Tartu**

**STUDY OF HEALTH AND COPING
OF OLDER POPULATION OF
ESTONIA IN 2000**

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Preface

In March-April 2000 Estonian Association of Gerontology and Geriatrics conducted a study to assess the situation and condition of elderly population of Estonia. Academic staff of Institute of Mathematical Statistics of the University of Tartu participated in the formation of the sample and statistical data analysis. The study was financed by Open Estonia Foundation.

Opinions of **elderly people** (persons over 65 of age), **family doctors** (district general practitioners), **family nurses** (district nurses) and **social workers** of cities (city districts in Tallinn) and rural municipalities about the situation and condition of elderly people were investigated.

The aim of the present publication is presentation of *primary results of the study* which give information about the situation and condition of elderly people during the period of investigation.

The material is aimed at researchers and specialists.

I. OLDER PEOPLE IN ESTONIA

The sample

The sample comprised 1000 people over 65 years of age proportionally to their residence in Estonia (across counties). The sample was not prepared as representative with respect to sex and age, as older age groups (who presumably have more problems) are much less frequent in the whole population. The sample contained ten sex-age groups of equal size: men and women aged 65-69, 70-74, 75-79, 80-84 and 85 and older.

The sample of family doctors was prepared on the basis of random selection from the list of all doctors and comparatively to the number of elderly people residing in the respective county. In Tallinn, where the family doctor system is yet not implemented to full extent, family doctors and district general practitioners were regarded as equal. Alongside with every family doctor the sample included the family nurse working with him/her.

The sample of elderly people was connected with the sample of family doctors (district general practitioners), whereas every family doctor selected for the sample was to question five elderly persons on his/her list. A random number generator was used to define the numbers of the persons to be questioned by every family doctor, i.e. the numbers of the persons whom he/she should include in the sample from the list of patients of certain age and sex (including those living in care institutions and healthy elderly people who have not visited reception, but are in the family doctor's list). According to the data of Estonian Sick Fund practically all pension-aged people residing in Estonia are included in family doctor (district general practitioner) lists either on their free choice or on the regional principle.

Data were received for 811 people aged over 65 (81.1% of sample) which makes approximately 0.5% of relevantly aged population in Estonia.

Extension of the sample

The data received were representative of the main regions of Estonia, therefore there was no need to use geographical balancing factors. Data from different counties were received unevenly, e.g. from Põlva and Võru counties less data were received. Extension factors were found by sex, age and place of residence (Tallinn, city, countryside). This made it possible to give summary assessments of the situation and condition of the whole Estonian population of elderly citizens.

The following tables present weighed distributions of given variables in per cent, representing the distribution of persons over 65 years of age of all Estonia according to the given variable. In some cases absolute numbers of specific groups (N) are presented, in the case of numerical data (e.g. area of residential premises) average values with standard deviations are included.

In the case of some variables (where variation was large) the answers of younger elderly people (65-84 years) and very old people (85+ years) are presented separately.

1. Personal data, education, family, work, satisfaction

NATIONALITY

Estonian	73
Russian	22
Other	5

HOME LANGUAGE

Estonian	74
Russian	25.5
Other	0.5

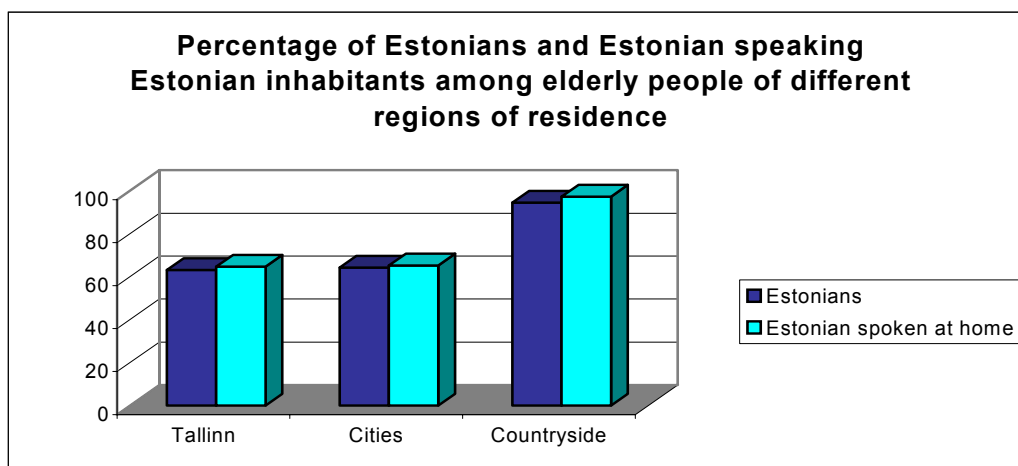


Figure 1.1. Nationality and home language of elderly people in Tallinn, other cities and countryside

LEVEL OF KNOWLEDGE OF ESTONIAN

Speak freely	74
Have some difficulties	9
Do not speak	17

EDUCATION (highest level)

Primary (3-6 yrs.)	31
Basic (7-9 yrs.)	19
General secondary	10
Vocational school	9
Secondary special (technical high school)	20
Higher	11

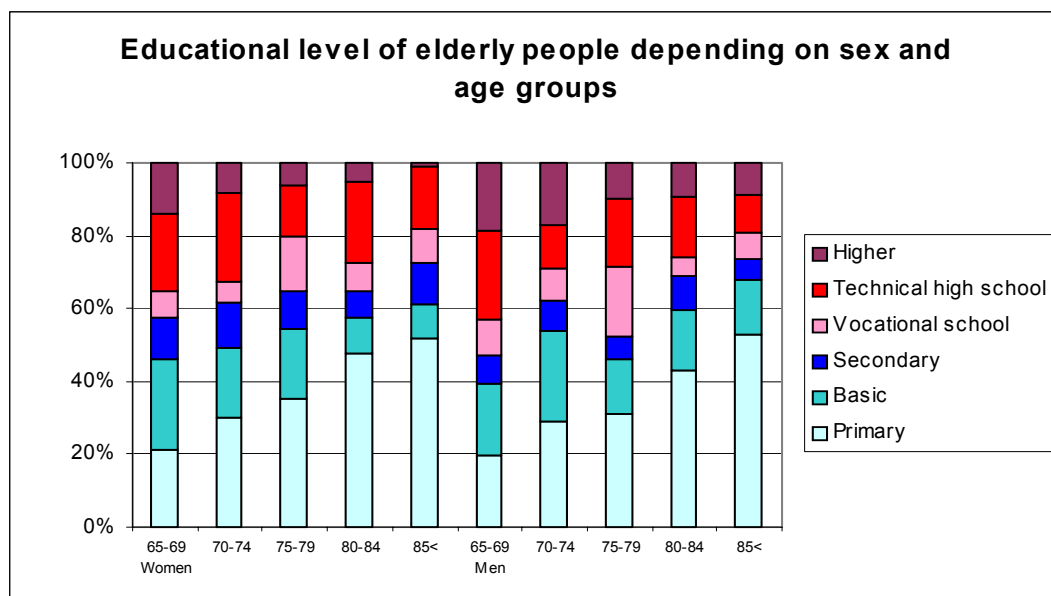


Figure 1.2. Educational level of elderly people depending on sex and age

Elderly people

MARITAL STATUS:

Unmarried (never been married), live alone	7
Married, live together with spouse	40
Common law marriage	4
Registered marriage, live separately and have no partner	2
Divorced, live alone	6
Widow(er)	41

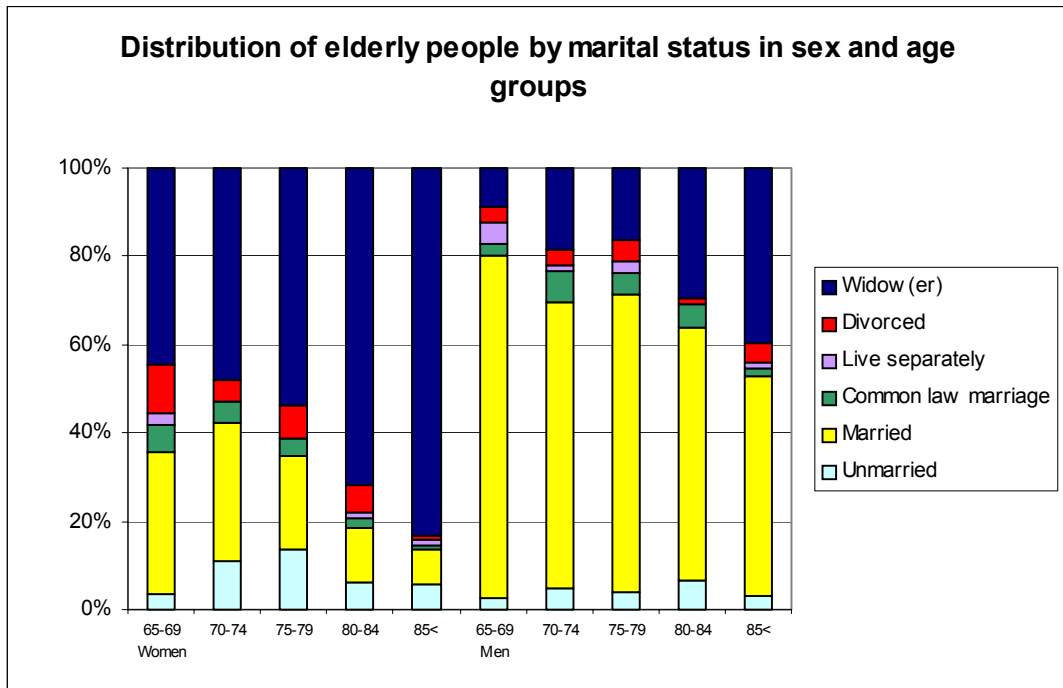


Figure 1.3. Distribution of elderly people by marital status in sex and age groups

HAVE YOU ANY CHILDREN?

Yes	83
Adopted child(ren)	1
No or deceased	16 (N~33 300)

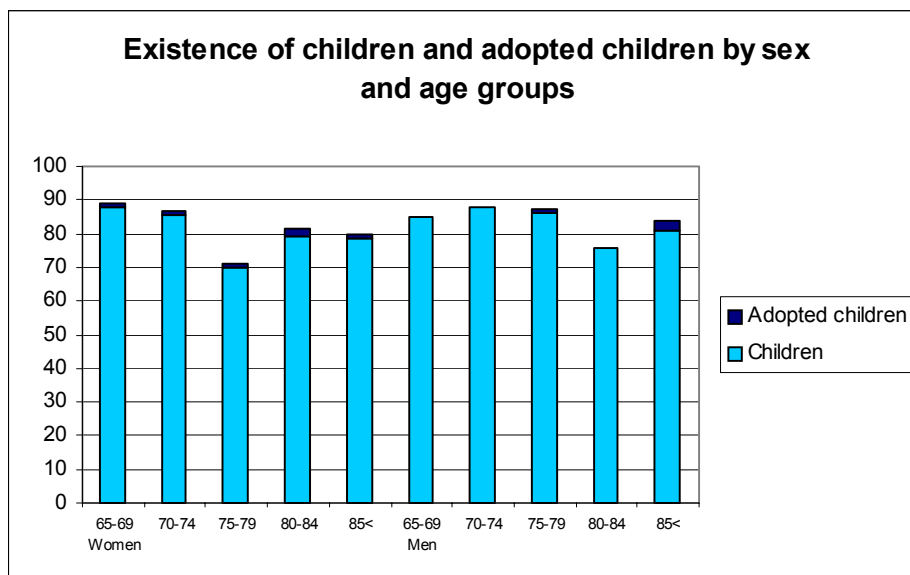


Figure 1.4. Existence of children depending on sex and age groups of elderly people

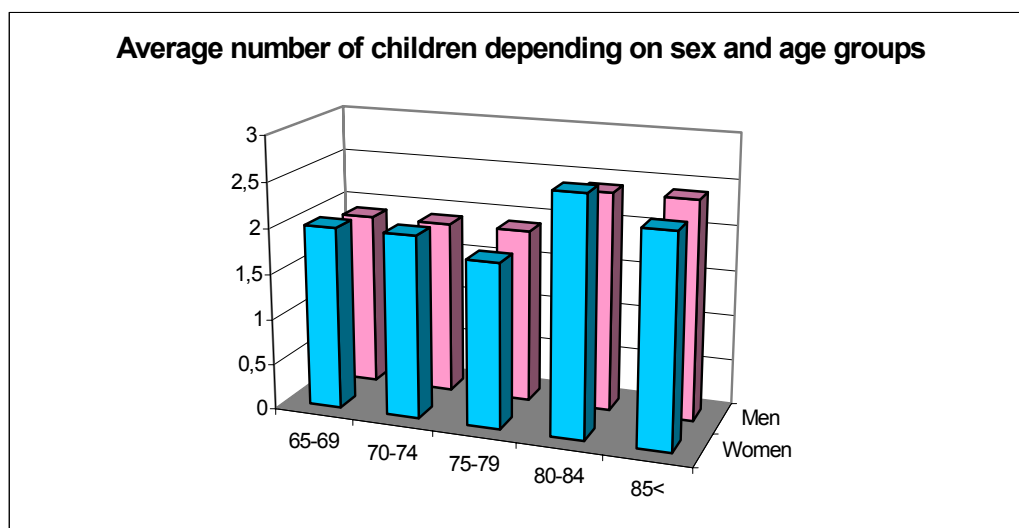


Figure 1.5. Average number of children of elderly people depending on sex and age groups

HAVE YOU ANY GRANDCHILDREN?

Yes	79
Grandchild(ren)	1
No or deceased	20

DO YOU WORK?

No and I would not like to	84
I would, if there was a job	6 (N~12 600)
Yes, with partial load	5 (N~9400)
Yes, but I have less straining/responsible work	3 (N~5200)
Yes, with full load	2 (N~5000)
<i>Total percentage of elderly people who work</i>	<i>~ 10%</i>

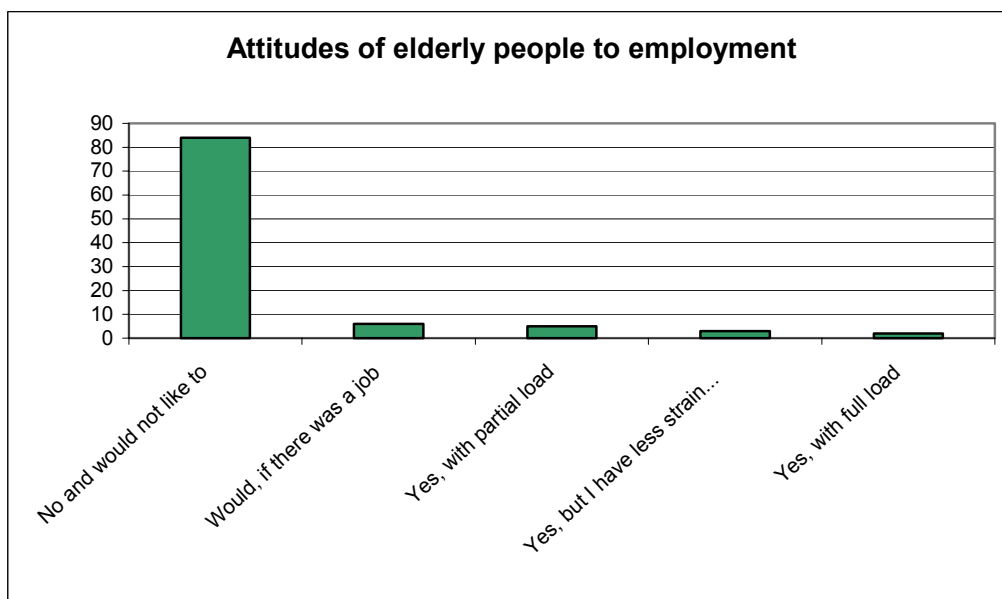


Figure 1.6. Attitudes of elderly people to employment

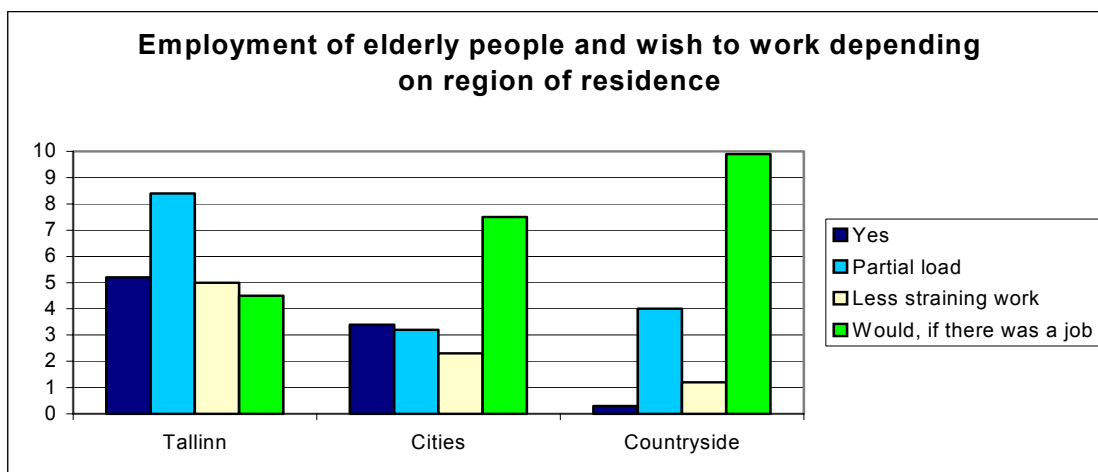


Figure 1.7. Wish of employment of elderly people and its fulfilment depending on region of residence

WOULD YOU USE OPTIONS FOR “SOFT” TRANSITION TO LEAVE YOUR JOB?

No, I would like to continue at my job with full load	42
I would like to work part-time	33
I would like less straining/responsible work	13
Other	12

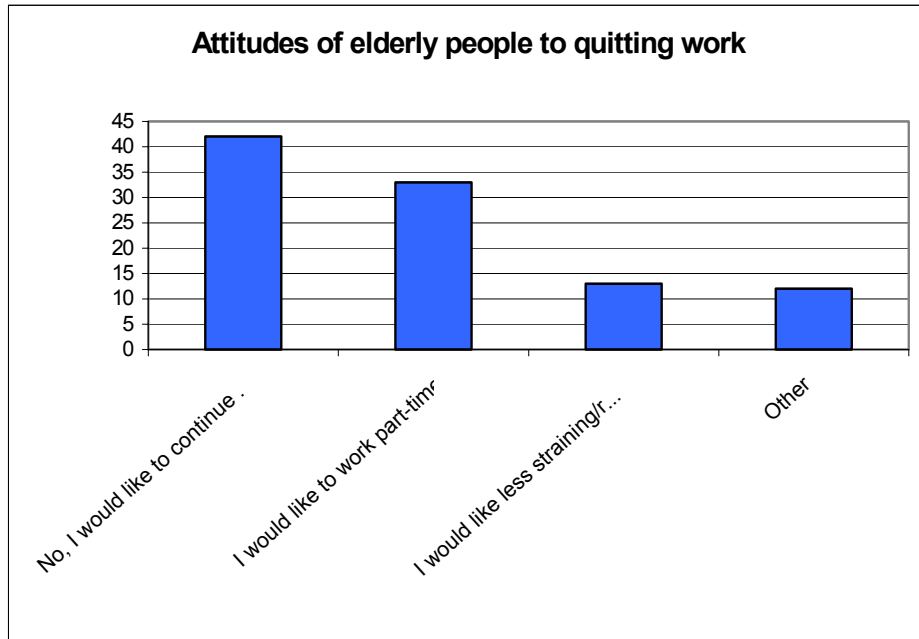


Figure 1.8. Attitudes of elderly people to quitting work

HOW DO YOU COPE FINANCIALLY?

Very well	5 (N~9500)
Satisfactorily	56
Narrowly	36
I cannot cope	2 (N~4500)
I do not know	1

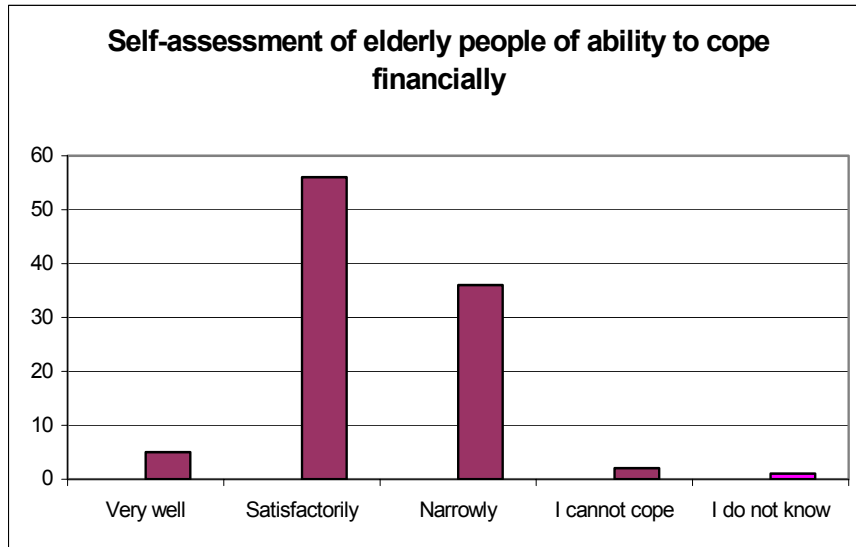


Figure 1.9. Self-assessment of elderly people of ability to cope financially

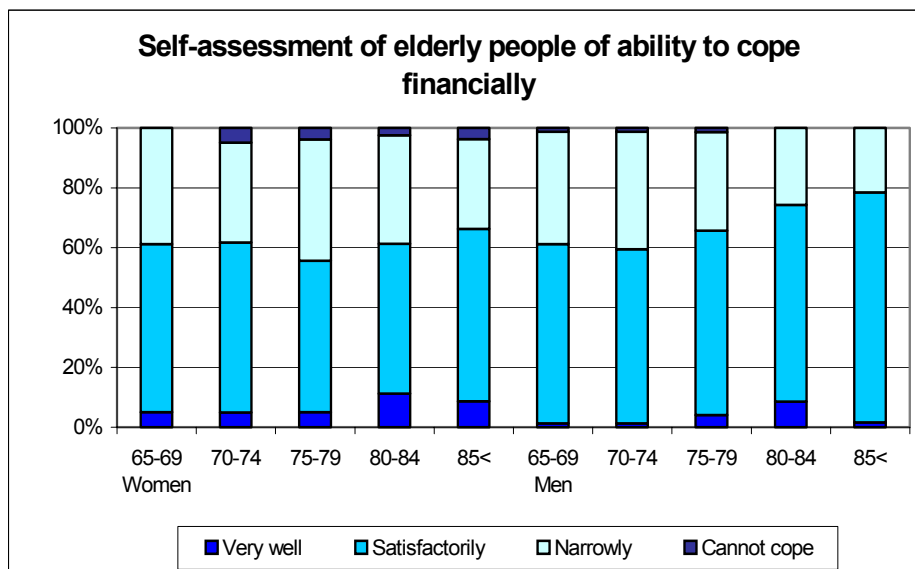


Figure 1.10. Self-assessment of elderly people of ability to cope financially depending on sex and age

HOW ARE YOU SATISFIED WITH YOUR PRESENT LIFE?

Very satisfied	4 (N~8200)
Satisfied	60
Generally not satisfied	24
Absolutely not satisfied	4 (N~9500)
I do not know	8

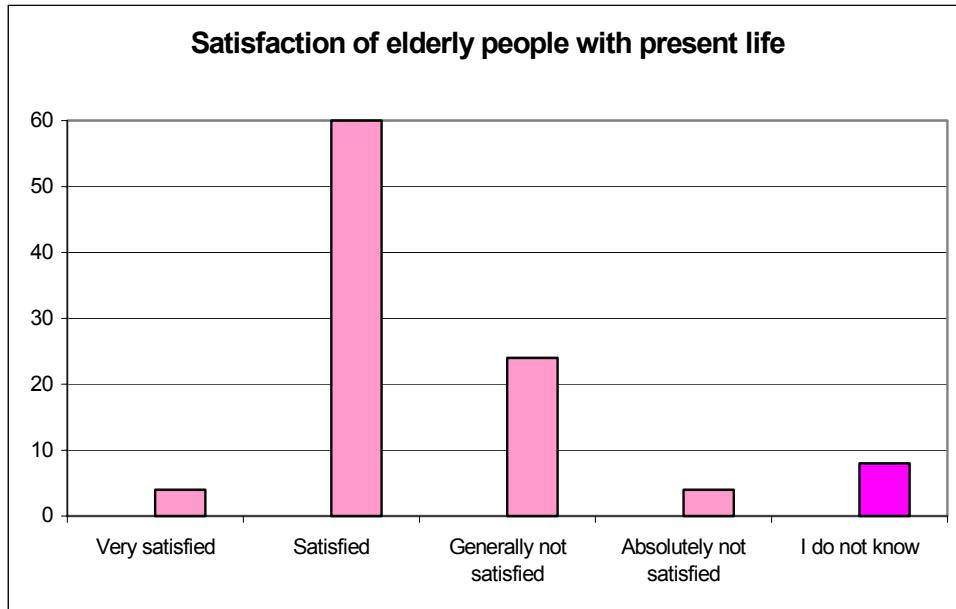


Figure 1.11. Satisfaction of elderly people with present life

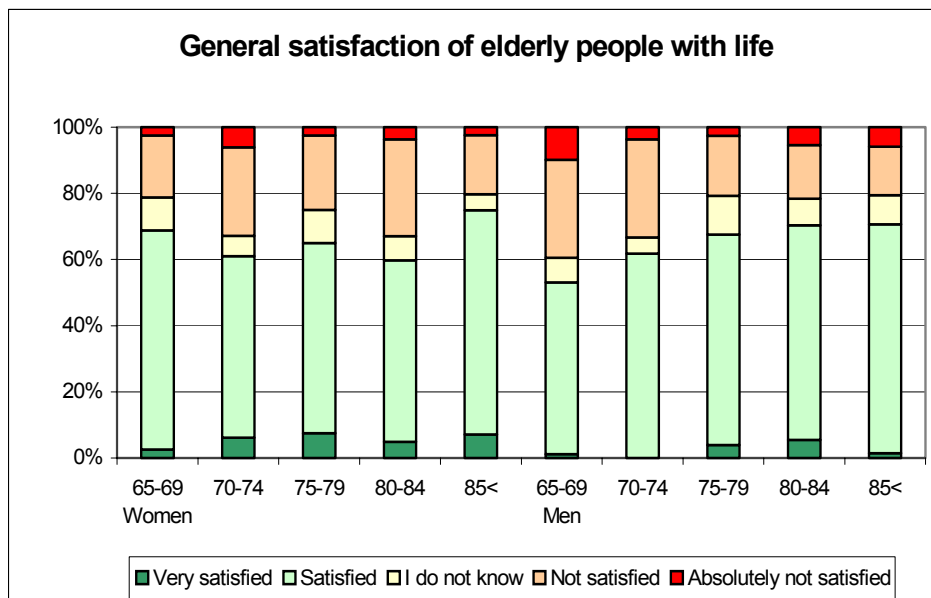


Figure 1.12. Dependence of general satisfaction of elderly people with life depending on sex and age

2. Residence

PLACE OF RESIDENCE:

Tallinn	27
Larger city (not Tallinn)	18
Smaller city (pop. under 30 000)	21
Country town or borough town	9
Rural settlement	25

TYPE OF RESIDENCE:

Own (family's) flat	53
Own (family's) home (farm)	36
Rented flat (in private ownership)	5
Rented flat (in municipal ownership)	4
Rented flat (subject to restitution to owner)	1
Care institution	0.5
Other residence	0.5

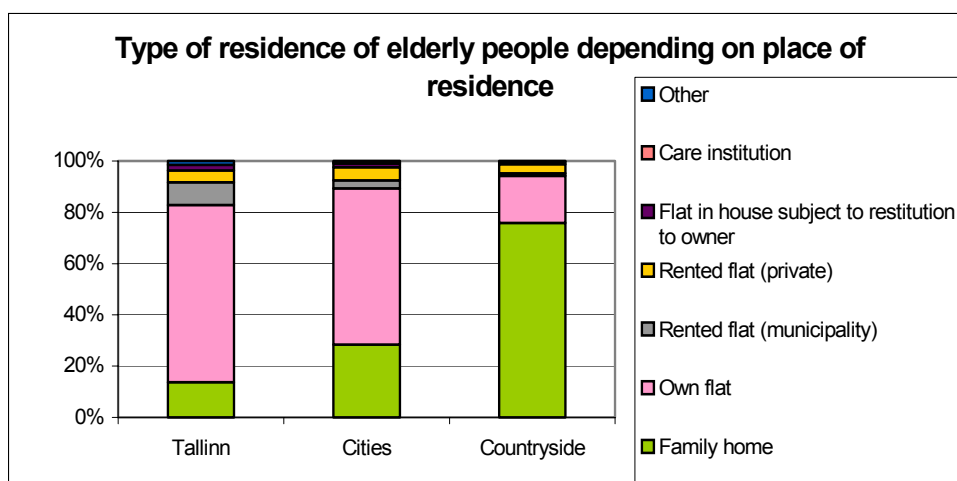


Figure 1.13. Type of residence of elderly people depending on place of residence

WHO COHABITS WITH YOU ON A PERMANENT BASIS? (several answers may be marked)

Spouse/partner	53
Children and their spouses/partners	34
Grandchildren and their spouses/partners	18
Other relatives	4
Persons other than relatives	2
Part of time I live alone, part of time with somebody else	13

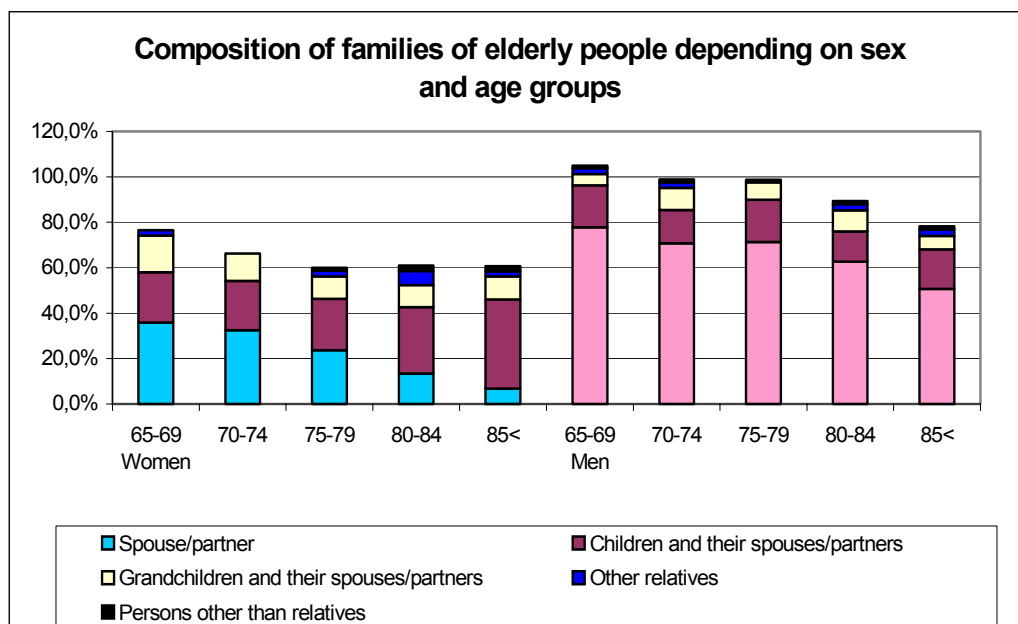


Figure 1.14. Composition of families of elderly people depending on sex and age groups

AREA OF RESIDENTIAL PREMISES:

AREA AT YOUR DISPOSAL (INCL. YOUR SPOUSE) IS $43.1 \pm 28 \text{ m}^2$

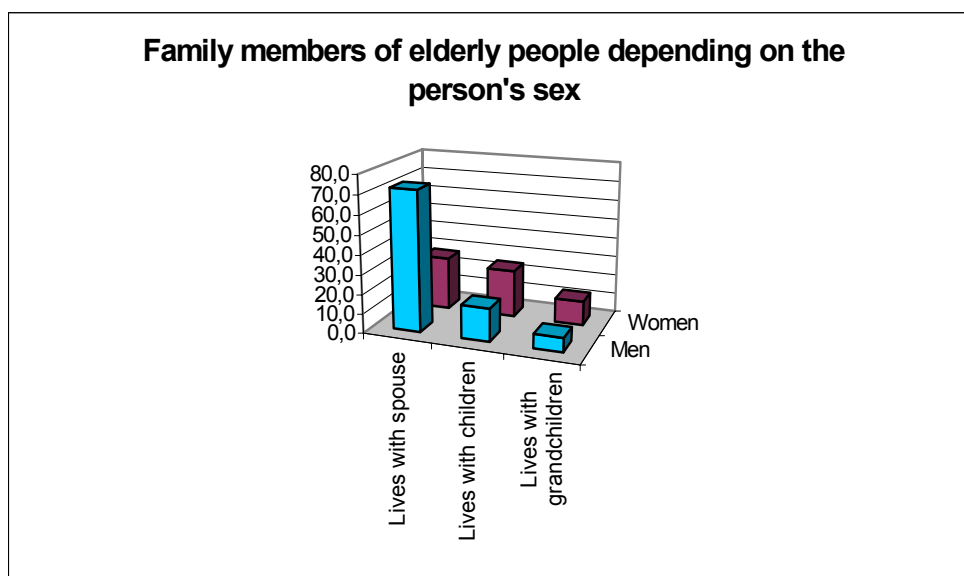


Figure 1.15. Family members of elderly people depending on the person's sex

APPLIANCES AND FACILITIES AT HOME:

	Yes
Electricity	99.8
Central heating or electrical heating	56
In-house central heating system	9
Oven	46
Hot and cold tap water	57
Water supply with cold water only	36
Water from well located outside	25
Water toilet in flat/family home	83
Toilet in hallway, jointly used by many families	9
Toilet outside	13
Shower	50
Bathroom	65
Sauna	30
Electric stove	55
Gas stove	48
Wood stove	46
Microwave oven	14
Telephone (incl. mobile telephone, if at your disposal)	80
Refrigerator	94
Freezer (or freezer compartment in refrigerator)	51
Vacuum cleaner	84
Washing machine	77
Radio	95
TV	96
Personal computer	6

CIRCUMSTANCES CONNECTED WITH YOUR RESIDENCE WHICH CAUSE PROBLEMS IN COPING WITH DAILY LIFE? (several answers may be marked)

No problems	35
Living premises are too expensive	33
It is hard to climb the stairs	20
It is hard to heat the flat	14
Washing facilities are poor	13
Living premises are in poor condition	12
Laundry facilities are poor	11
There is no telephone	9
I live too far from the centre	9
There are too few storage places	7
Living premises are too small	3
Living premises are too large	3
There are no possibilities for privacy	3
Other problems	6

NUMBER OF YEARS YOU HAVE LIVED IN THE SAME PLACE 29.0 ±18.7

ARE YOU SATISFIED WITH YOUR PRESENT LIVING PREMISES?

Yes	63
More or less	31
No	6

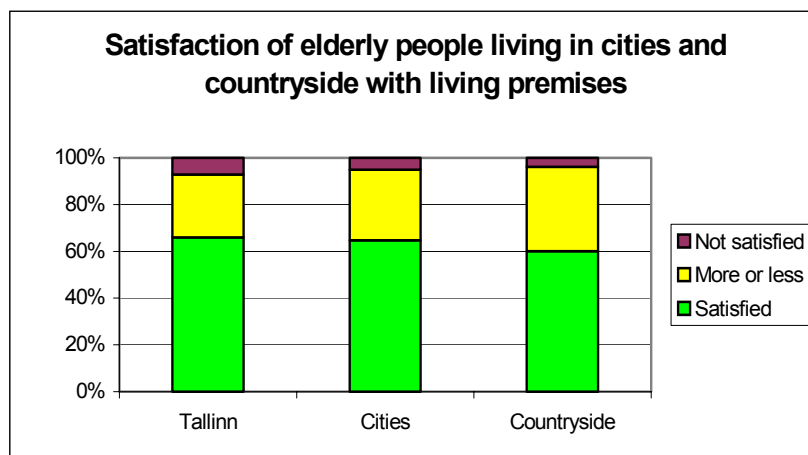


Figure 1.16. Satisfaction of elderly people with living premises

ARE YOU SATISFIED WITH YOUR NEIGHBOURHOOD?

Yes	57
More or less	34
No	9

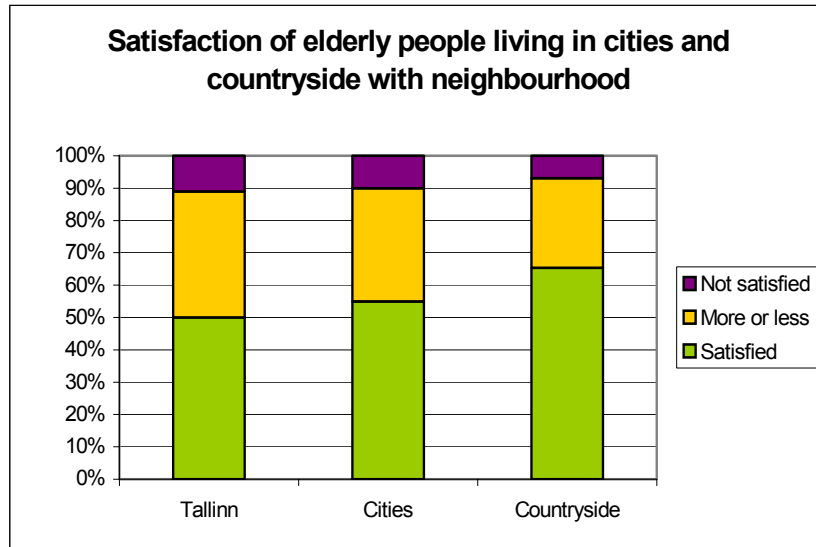


Figure 1.17. Satisfaction of elderly people with neighbourhood depending on place of residence

3. Hobbies

DO YOU PARTICIPATE IN EVENTS ORGANISED OUTSIDE YOUR HOME (DAYCARE CENTRE, ELDERLY PEOPLE'S EVENTS, CLUB ACTIVITIES, SOCIAL MEETINGS, etc.)?

At least once a week	6
At least once a month	9
Very seldom	14
I do not participate	70
I do not know	1
<i>Percentage of participants</i>	<i>~15%</i>

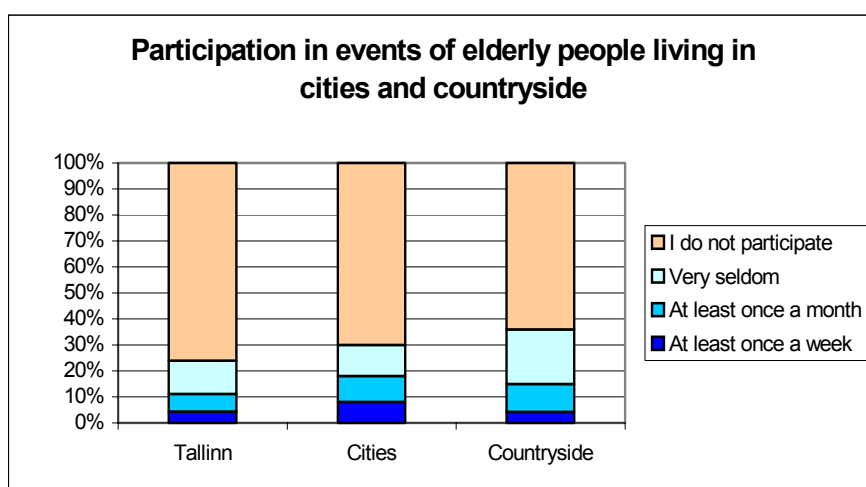


Figure 1.18. Activity of participation of elderly people in events depending on place of residence

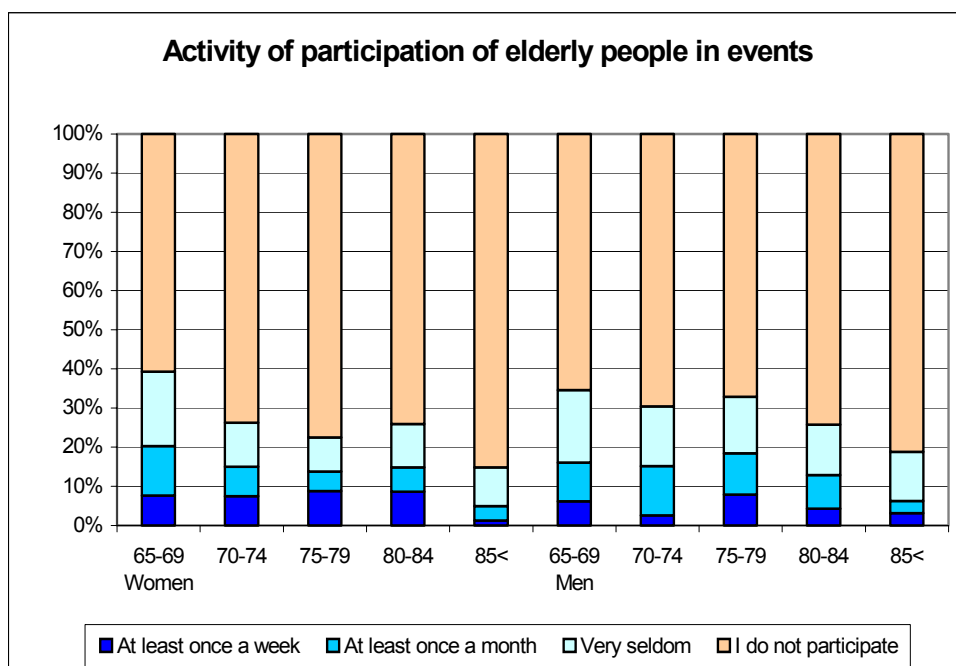


Figure 1.19. Activity of participation of elderly people in events depending on sex and age

IF YOU DO NOT PARTICIPATE, THEN WHY?

Health is too poor	47
I am not interested	22
I have no time	11
No-one has invited me	10
Problems with transport	4
Other	6

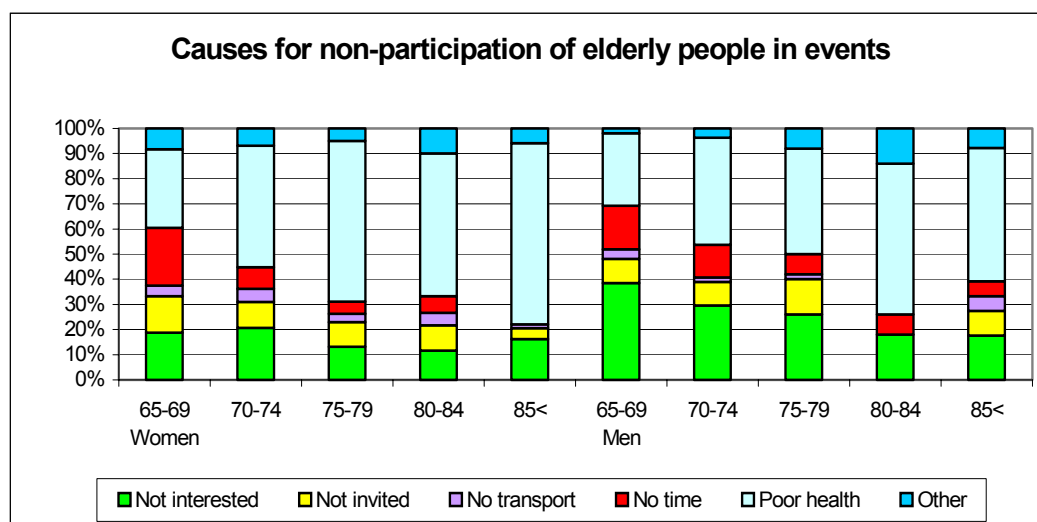


Figure 1.20. Causes for non-participation of elderly people in events depending on sex and age

DO YOU KNOW WHAT OPPORTUNITIES ELDERLY PEOPLE HAVE FOR SPENDING FREE TIME IN YOUR NEIGHBOURHOOD?

I am informed of these opportunities	28
I am not informed of such opportunities	48
I am not interested	24

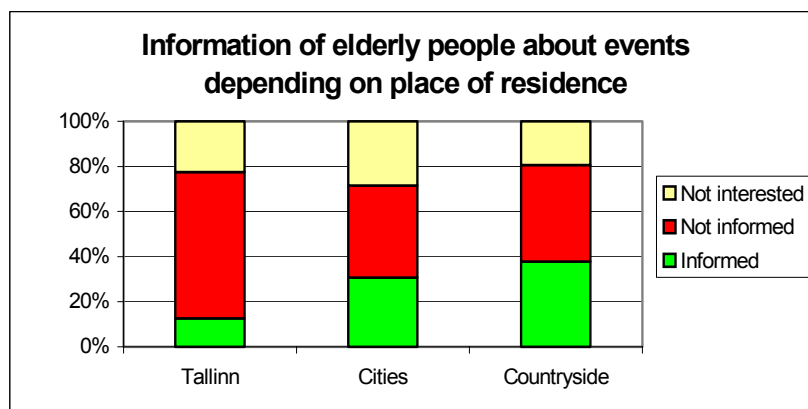


Figure 1.21. Information of elderly people about events depending on place of residence

DO YOU PARTICIPATE IN CULTURAL, SOCIAL OR CHURCH LIFE?

Yes	19
I am not interested	57
There is no opportunity to participate	24

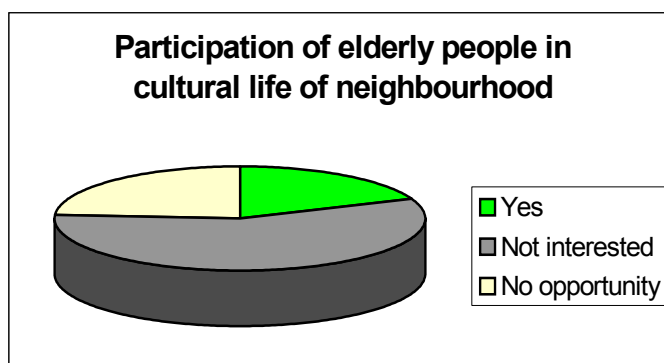


Figure 1.22. Participation of elderly people in cultural, social or church life of neighbourhood

DO YOU WANT TO BE A VOLUNTARY AID WORKER?

I am not able to for health reasons	35	
No	28	
I do not know, I have not considered it	26	(N~52 000)
I already am a voluntary aid worker	9	(N~18 000)
Yes, but I do not know whom to address	2	(N~ 4 800)

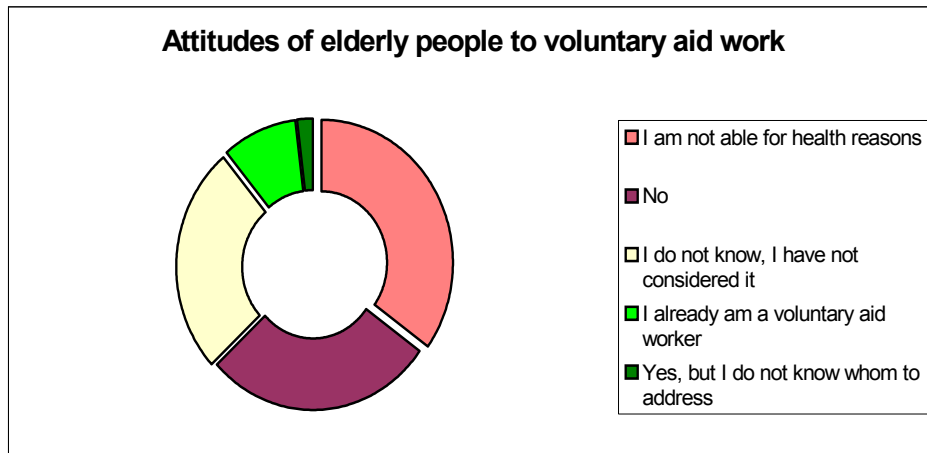


Figure 1.23. Attitudes of elderly people to voluntary aid work

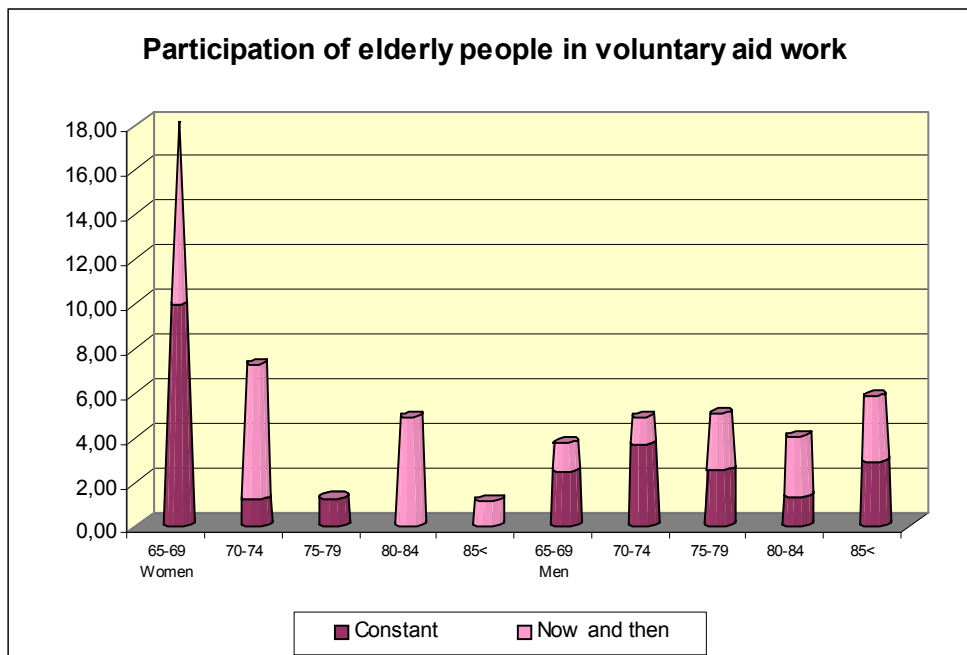


Figure 1.24. Actual participation of elderly people in voluntary aid work

Elderly people

DO YOU WATCH TV?	93
DO YOU LISTEN TO RADIO?	91
DO YOU READ NEWSPAPERS, MAGAZINES?	84
DO YOU READ BOOKS?	73
HAVE YOU GOT PETS (dogs, cats)?	41
OTHER HOBBIES:	
GARDENING	49
HANDYMAN WORKS IN HOUSE (COTTAGE)	47
VISITING ACQUAINTANCES	36
HANDICRAFT	36
LONG WALKS	33
DEALING WITH MUSIC, LISTENING TO MUSIC	23
PHYSICAL EXERCISES	15
VISITING THEATRE, CINEMA	15
BIKING	15
SWIMMING	5
PARTICIPATION IN HOBBY CLUB	4
HUNTING OR FISHING	4
WRITING	4
HIKING, TRAVELLING	2
COLLECTOR HOBBIES	2
STUDIES	1
CREATIVE ARTS	1
OTHER	8

4. Assessment of social work in district

HAS THE ATTENTION FROM THE SOCIAL CARE DEPARTMENT TO IMPROVEMENT OF THE LIFE OF ELDERLY PEOPLE BEEN SUFFICIENT?

Yes, it has been sufficient	13
Yes, but it could be improved	12
No	20
I do not know	55

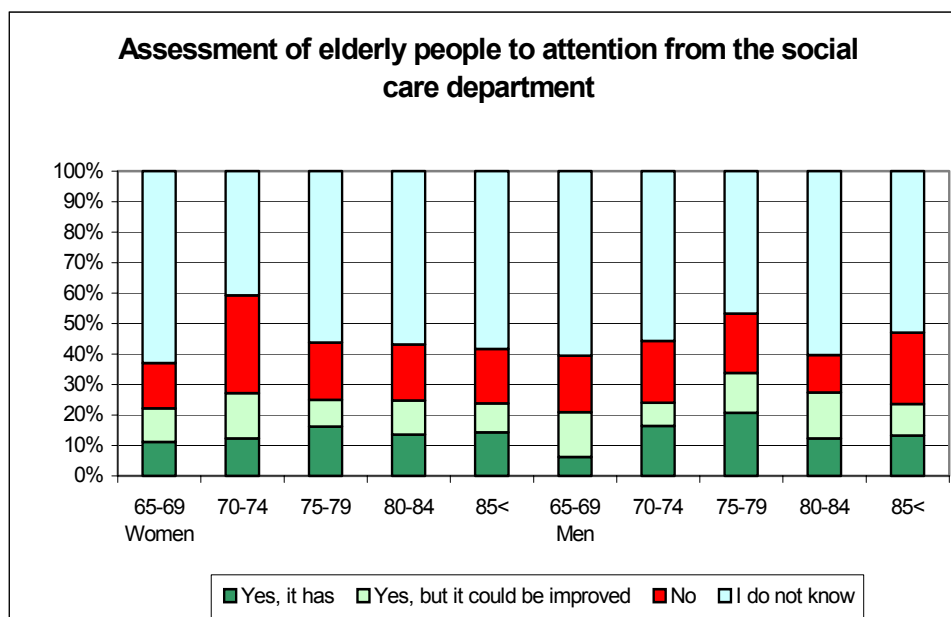


Figure 1.25. Assessment of elderly people to attention from the social care department depending on sex and age

IS YOUR OPINION IN MATTERS CONCERNING YOU RECKONED WITH?

Yes	28
No	20
I do not know	52

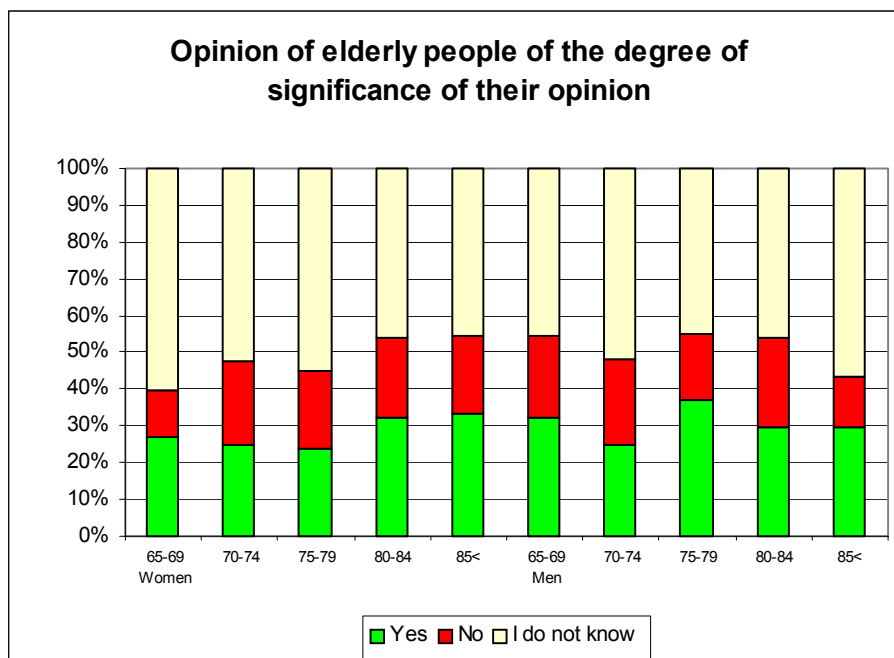


Figure 1.26. Opinion of elderly people of the degree of significance of their opinion depending on sex and age

WHERE HAVE YOU GOT INFORMATION ABOUT SOCIAL CARE SERVICES?
(several answers may be marked)

I do not have such information	35
Newspapers, newsletters	30
Radio	25
TV	24
Acquaintances	17
Social worker	12
Care giver	3
Other	3

5. Coping with life

HOW OFTEN DO YOU NEED HELP FROM OTHERS FOR COPING WITH DAILY LIFE?

	All elderly people	65-84	85+
I do not need help	43	46	12
Very seldom	28	29	13
Several times a month	10	9	18
Several times a week	6 (N~13 500)	6	15
Every day	10 (N~20 300)	8	32
I depend on help from others	3 (N~ 6 100)	2	10

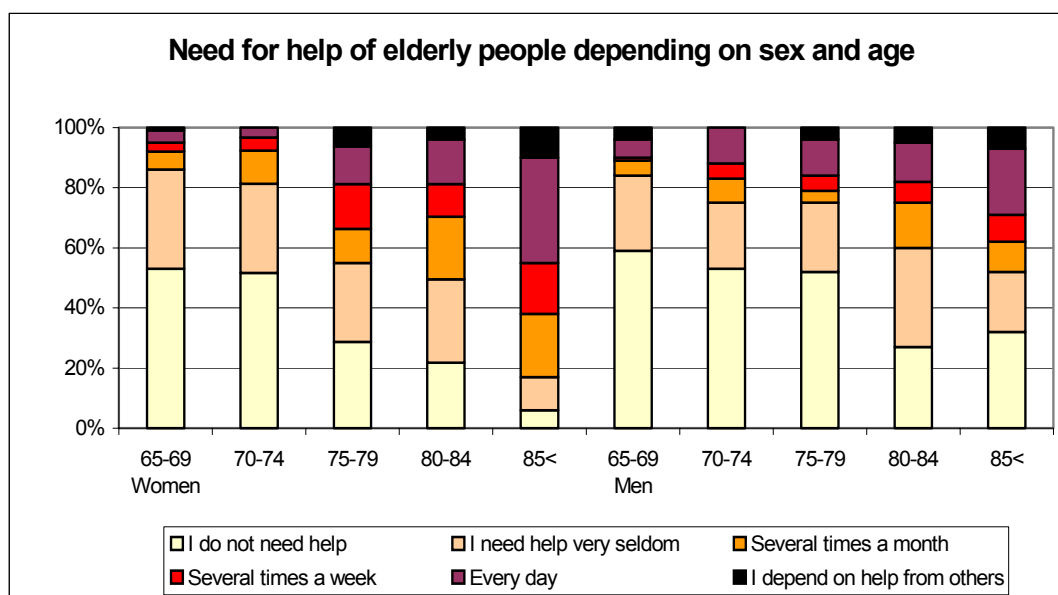


Figure 1.27. Need for help of elderly people depending on sex and age

HOW DO YOU ASSESS YOUR COPING WITH DAILY LIFE ON A 5-POINT SCALE?

“1” - 1% “2” - 8% “3” - 46% “4” – 32% “5” – 13%, average: 3.4 ± 0.9

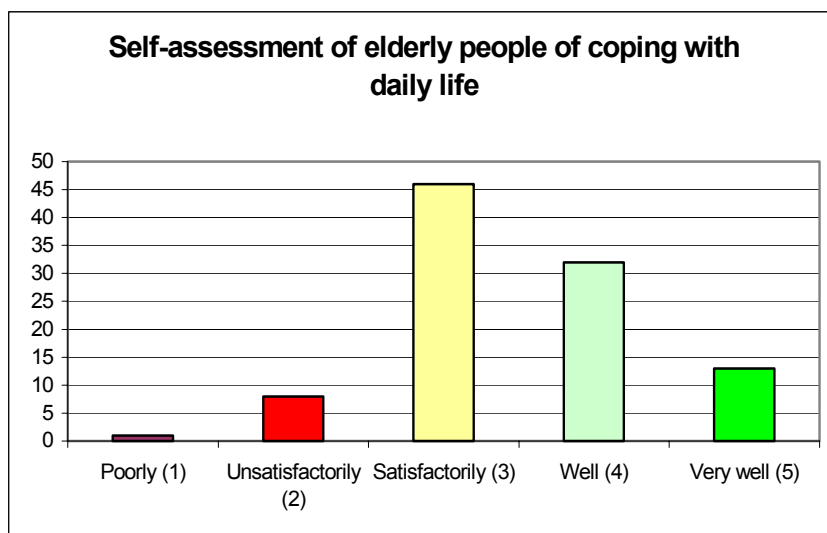


Figure 1.28. Self-assessment of elderly people of coping with life

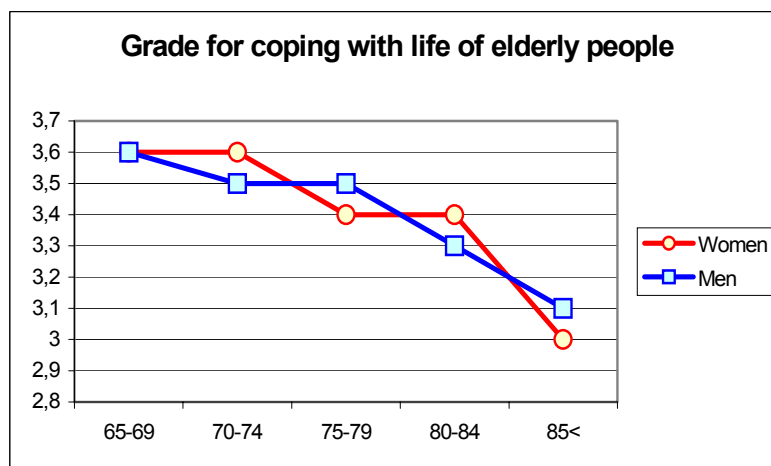


Figure 1.29. Coping with life of elderly people depending on sex and age

WHO DO YOU TURN TO FOR HELP? (several answers may be marked)

Children	31
Family doctor	25
Spouse	16
Neighbour	12
Grandchild(ren)	10
Family nurse	9
Other relatives	6
Acquaintances	6

Elderly people

Social worker	5
Friend	5
I do not seek help myself, but I am helped	3
I have no-one to turn to, I am not helped	0.3 (N~709)

DO YOU NEED HELP WITH THE FOLLOWING ACTIVITIES

	All elderly people	65–84	85+
Shopping	26	22	62
Laundering	25	21	61
Housework	23	20	57
Movement with transport	19	16	54
Use of household appliances	16	13	45
Management of money	13	12	35
Washing in bath, sauna or shower	13	10	40
Cooking	13	10	38
Climbing stairs	12	9	35
Moving about outside	10	8	32
Taking of medicines or other therapeutic procedures	9	7	27
Reading, writing	9	7	29
Use of telephone	6	4	23
Dressing	5	4	13
Daily washing	5	4	13
Moving about at home	3	2	10
Getting up from bed and lying down	3	2	9
Use of toilet	3	3	6
Eating	2	2	7

Elderly people

DO YOU NEED NURSING HELP AT HOME?	All elderly people	65-84	85+
Yes, constantly	5 (N~ 5 000)	4	10
Sometimes	16 (N~16 600)	16	16
No	79	80	74

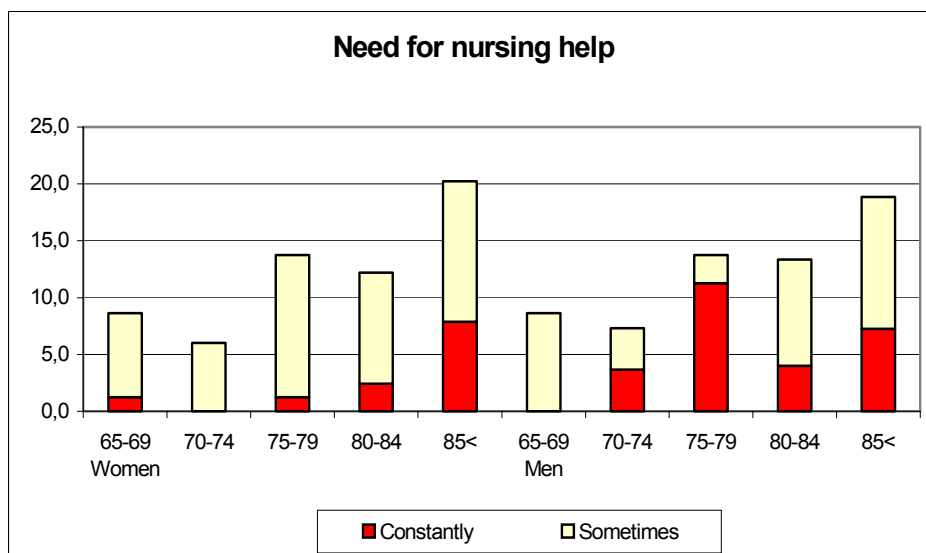


Figure 1.30. Need of nursing help at home of elderly people depending on sex and age

WHO PROVIDES NURSING HELP FOR YOU? (answer only, if you need nursing help, several answers may be marked)

Family member	14
I do it myself	9
Family doctor	6
Family nurse	5
Neighbour	1
Nursing worker	1
Acquaintance	0.5
Hired nurse	0.2

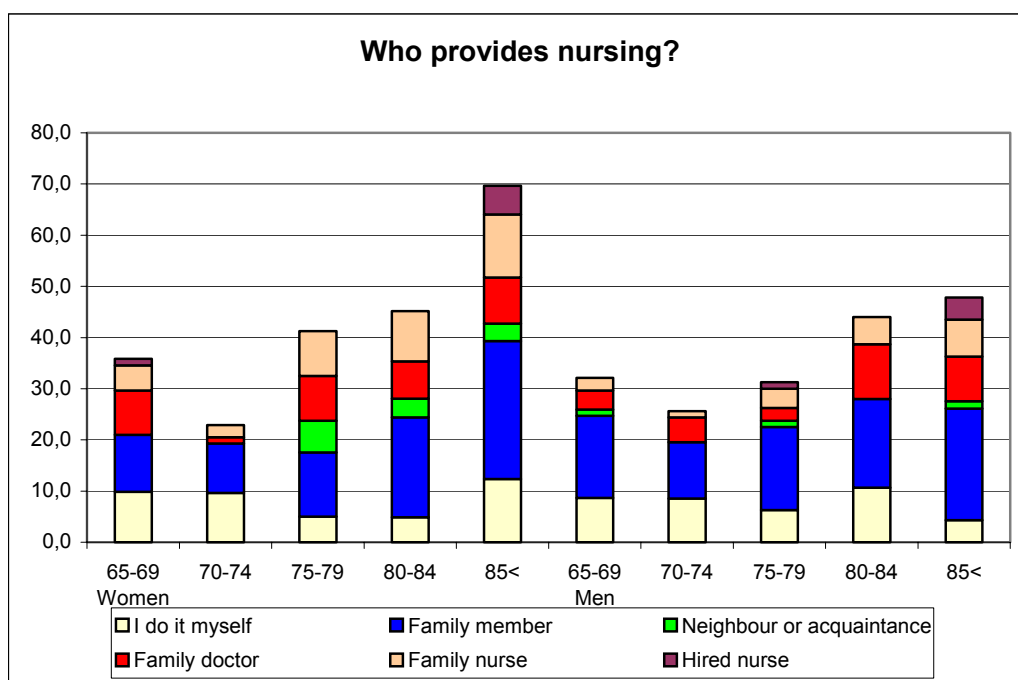


Figure 1.31. Person providing nursing help at home for elderly people of different sex and age

ARE YOU A VOLUNTARY CARE GIVER?

Yes, permanently	3.5 (N~7100)
Now and then	4.5 (N~8300)
No	92

IF YOU ARE UNABLE TO COPE ALONE, HOW DO YOU INTEND TO SOLVE THE PROBLEM?

I have not considered it	54
I will move in with some-one	18
I will ask some-one to live with me	6
I will try to get into a care institution	6
I will try to get a place in an elderly citizens' home	4
I will hire a care giver	2
Other	10

6. Lifestyles and opinion of own health

	Men	Women	65-84	85+
SMOKERS	23	3.5	11	1
ALCOHOL > 1 TIME PER WEEK	11	2	5	2

ASSESS YOUR HEALTH USING A 5-POINT SCALE

“1” – 3% “2” – 18% “3” – 64% “4” – 14% “5” – 1%, average 2.9 ± 0.7

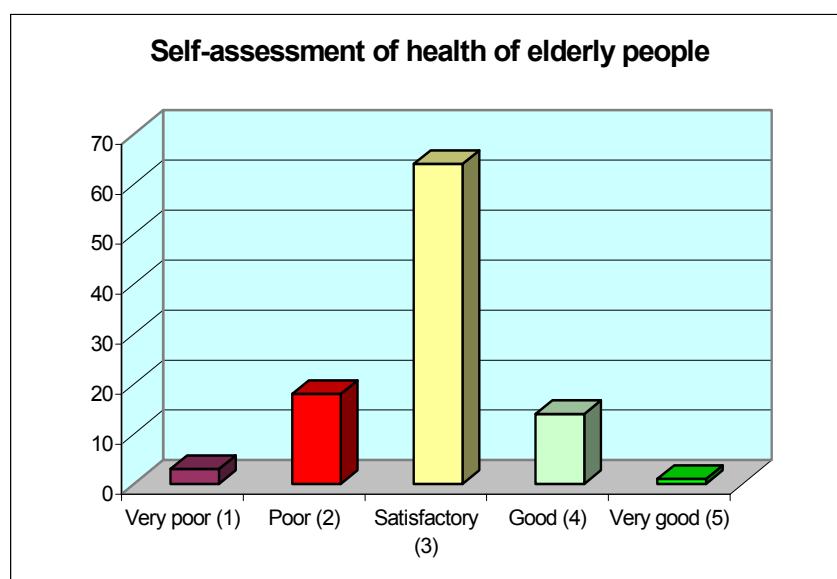


Figure 1.32. Self-assessment of health of elderly people

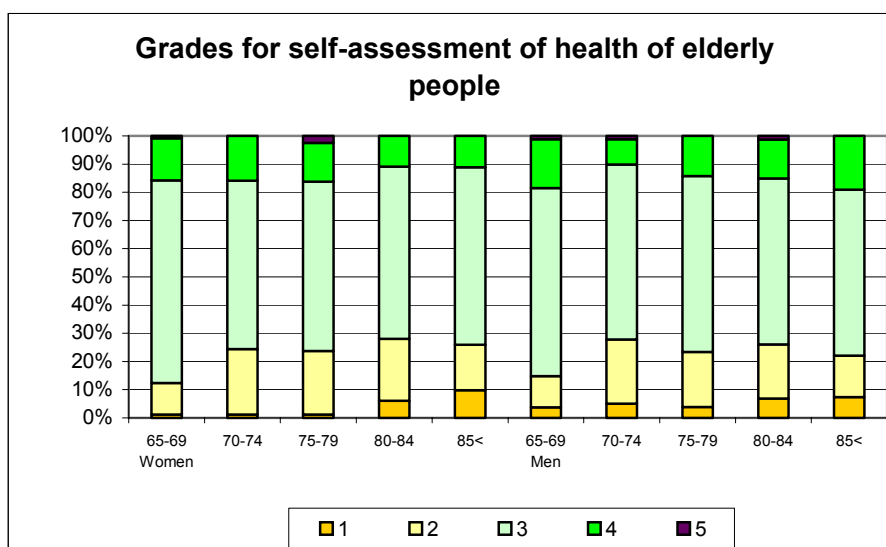


Figure 1.33. Self-assessment of health of elderly people depending on sex and age

COMPARED WITH OTHER PEOPLE OF YOUR AGE, YOUR HEALTH IS

Better	22
About the same	51
Worse	27

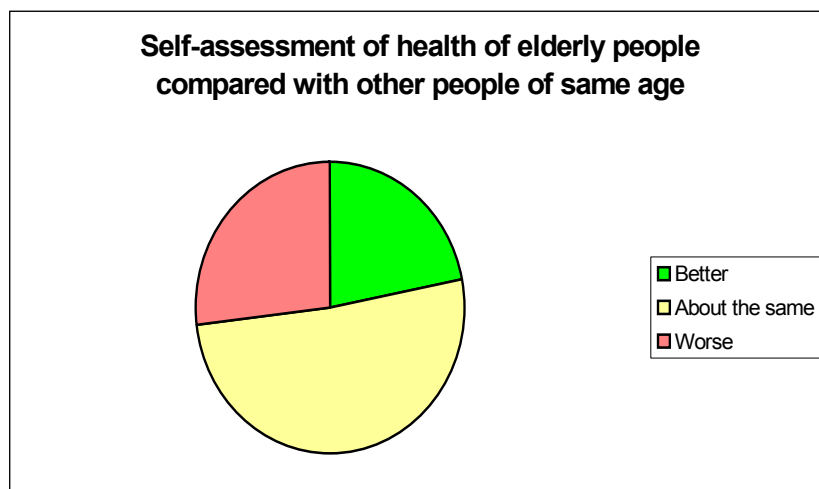


Figure 1.34. Self-assessment of health of elderly people compared with other people of same age

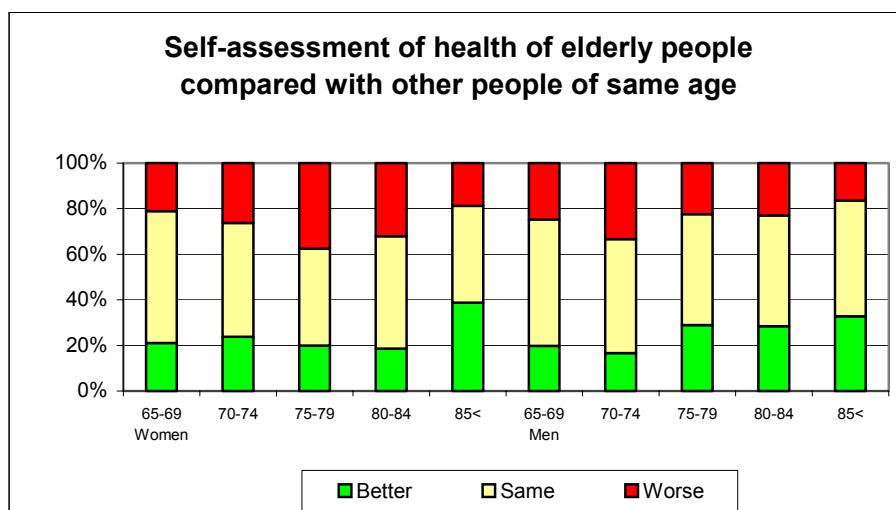


Figure 1.35. Self-assessed comparison of health of elderly people with people of same age depending on sex and age

DURING LAST YEAR YOUR HEALTH HAS

Improved	5
Been stable	52
Deteriorated	43

WHAT DO YOU THINK YOUR HEALTH WILL BE LIKE AFTER ONE YEAR?

Better	4
Almost same	63
Worse	33

WHEN WERE YOU LAST TREATED IN HOSPITAL?

Less than a month ago	5
Less than a year ago	22
More than a year ago	50
I have not been in hospital	7
I do not remember	16

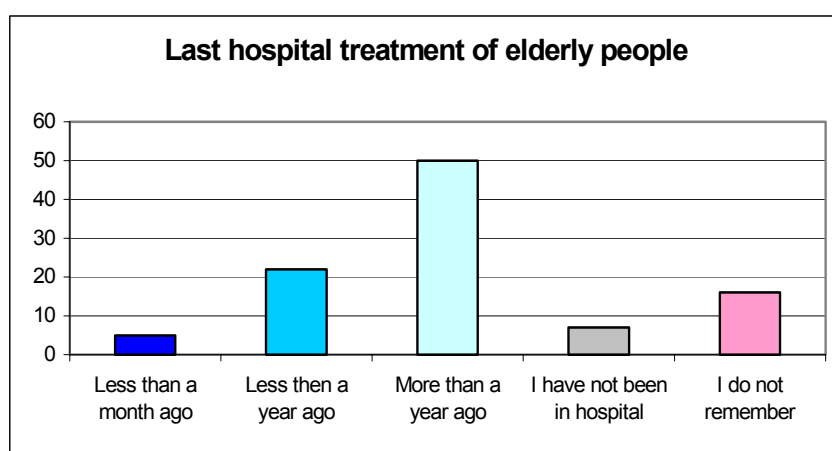


Figure 1.36. Distribution of time of last hospital treatment of elderly people (%)

7. Complaints, illnesses

DURING LAST TWO WEEKS HAVE YOU EXPERIENCED:

	Yes
Pain in back hindering your activities	51
Vertigo hindering your activities	48
Pain in calf muscle when walking	46
Pain in left side of chest	38
Headache hindering your activities	36
Sensation of pressure in chest	36
Stomach ache	26
Change of appetite	24

HAS YOUR WEIGHT CHANGED DURING LAST FIVE YEARS?

No	52
Weight has increased	25
Weight has decreased	23

HAVE YOU FALLEN DOWN DURING LAST TWO YEARS?

No	49
Yes, once or twice	38
Yes, many times	8
I do not remember	5

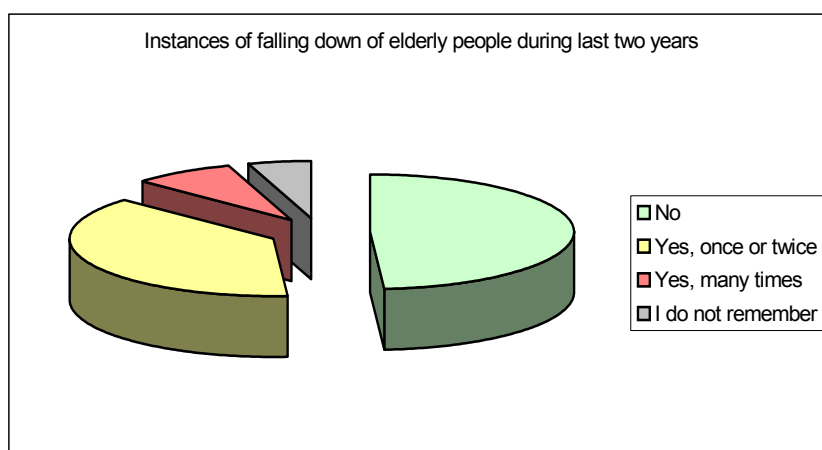


Figure 1.37. Instances of falling down of elderly people during last two years

WHEN YOU HAVE FALLEN DOWN, HAVE YOU INJURED YOURSELF?

(answer this, if you have fallen down)

Yes	48
No	47
I do not remember	5

DO YOU EXPERIENCE BLADDER INCONTINENCE?

Yes, when I cough, sneeze, laugh or lift weights	28
Yes, if I cannot use toilet immediately	26
My urine drips constantly	2

HOW DO YOU ASSESS YOUR MEMORY?

Good for my age	39
Deteriorated	55
Very bad	6

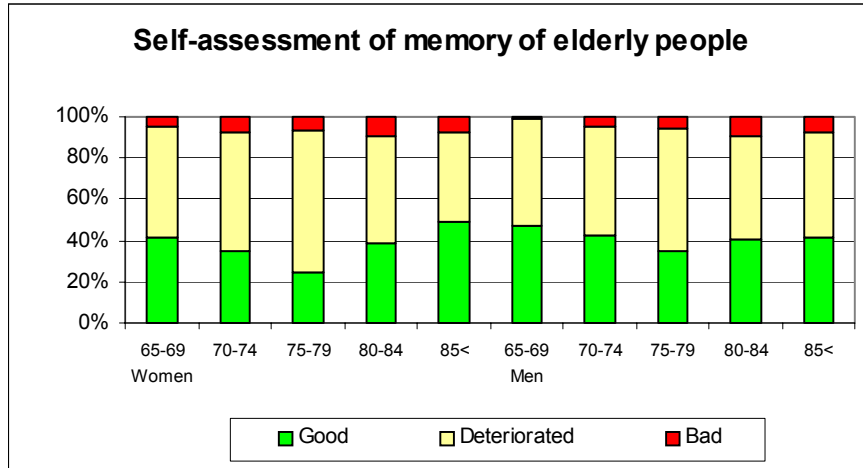


Figure 1.38. Self-assessment of memory of elderly people

DO YOU SEE ENOUGH TO READ?

Yes, without glasses	8
Without problems when wearing glasses	78
Only large print	10
No	4

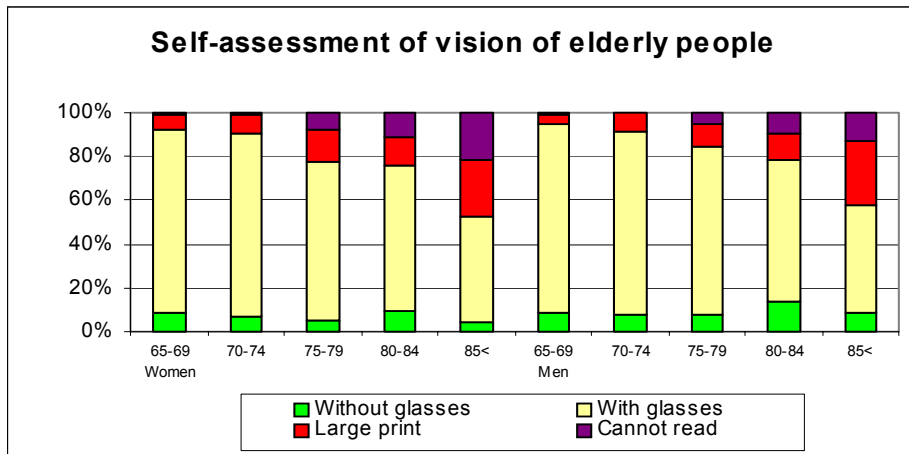


Figure 1.39. Self-assessment of vision of elderly people depending on sex and age

CAN YOU HEAR ORDINARY SPEECH?

Yes	76
With difficulty	22
No	2

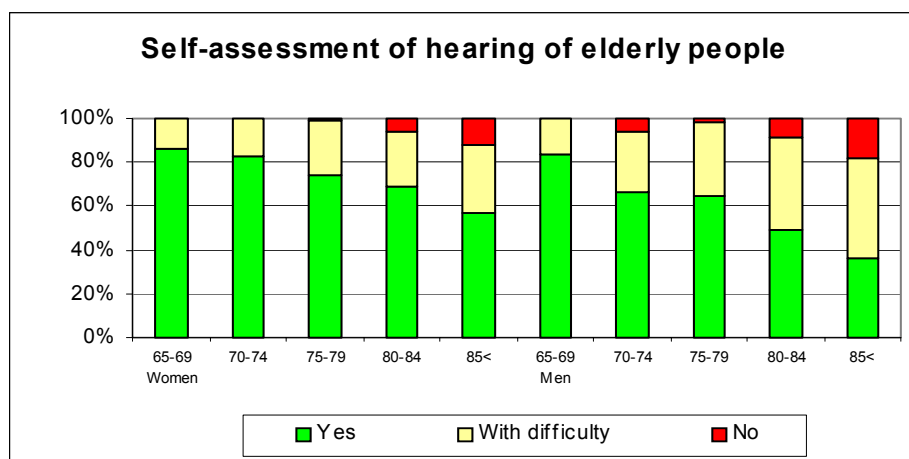


Figure 1.40. Self-assessment of hearing of elderly people

DO YOU USE A HEARING AID?

Yes	4
(I have problems with it	1.4)

HAVE THE FOLLOWING CONDITIONS EVER BEEN DIAGNOSED FOR YOU?

Condition	Yes (%)
Arthritis	63
High blood pressure	61
Ischaemic heart disease	46
Heart insufficiency	40
Heart rhythm disorders	39
Brain circulation disorders	37
Chronic kidney or urological disease	22
High blood cholesterol	20
Low blood pressure	17
Diabetes	16
Chronic pulmonary condition	13
Disorders of nervous system (stroke excluded)	12
Osteoporosis	11
Thyroid gland condition	11
Gastric or duodenal ulcer	11
Heart attack	11
Chronic gastrointestinal condition (peptic ulcers excluded)	10
Malignant tumour	8
Pulmonary asthma	6
Stroke	6
Psychiatric disorder or condition	5

Pulmonary emphysema	4
Other chronic disease	24

8. Use of medicines

DO YOU USE ON PERMANENT BASIS:

	Yes (%)
Medicines reducing blood pressure	49
Aspirin	39
Medicines for arthritis	26
Digoxin or celanide	21
Painkillers	21
Hypnotics	13
Diabetes medicines	11
[incl. insulin	3]
Laxatives	8
Antidepressants	5
Other psychiatric medicines	5
Medicines for Parkinson disease	2

On average Estonian elderly people use 2.1 different medicines per day.

9. Cognitive and emotional condition

MINIMENTAL TEST (n=750)

Points	All elderly people	65-84	85+
27-30 (norm)	62	65.5	25
25-26 (possible dementia)	15	14	24
10-24 (slight/moderate dementia)	22.5	20	49
6-9 (moderate/grave dementia)	0.3 (N~700)	0.1	2
0-5 (very grave dementia)	0.2 (N~600)	0.4	0

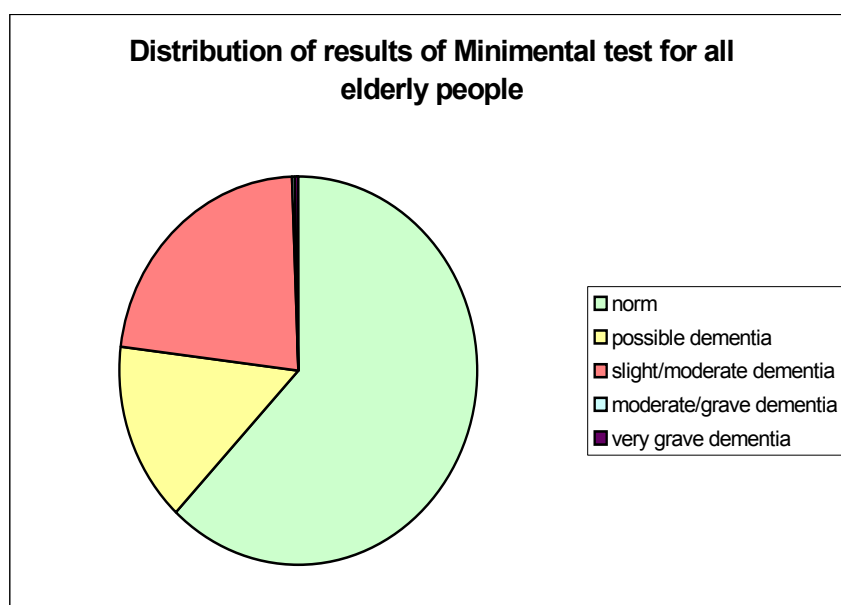


Figure 1.41. Distribution of results of Minimental test for all elderly people

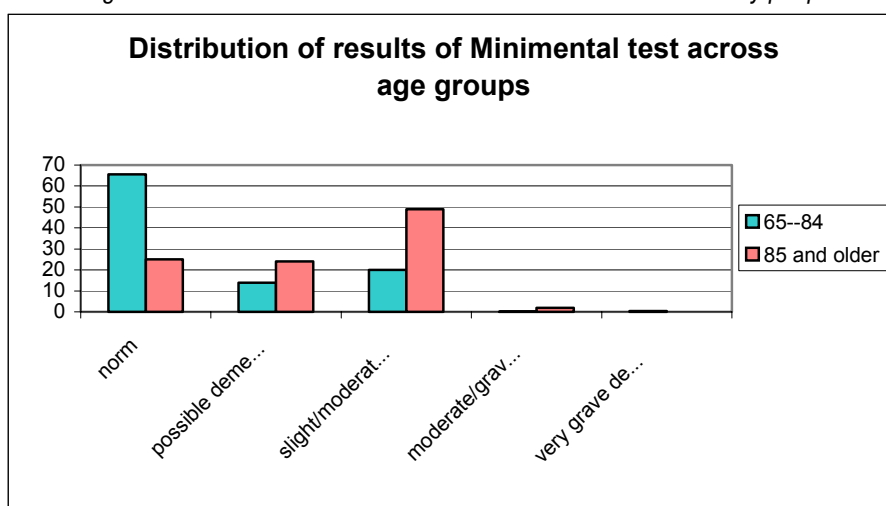


Figure 1.42. Distribution of results of Minimental test across age groups (younger and very old elderly people)

AVERAGE RESULTS OF MINIMENTAL TEST ACROSS AGE GROUPS

Age group	Average points
80-84	27.7
80-85	26.7
80-86	25.9
80-87	25.2
85+	22.9

GERIATRIC DEPRESSION SCALE short version (n=757)

Points	All elderly people	65-84	85+
0-5 (norm)	60	61	47
>5	40	39	53

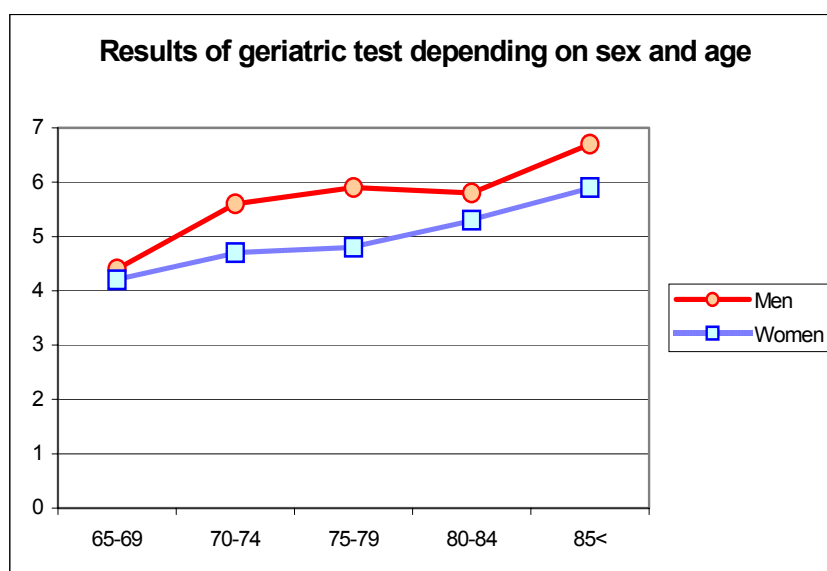


Figure 1.43. Results of geriatric depression test depending on sex and age

GERIATRIC DEPRESSION SCALE short version – RESULTS ACROSS AGE GROUPS

Age group	Average points
80-84	4.3
80-85	5.3
80-86	5.6
80-87	5.7
85+	6.5

II. WORK OF FAMILY DOCTOR WITH ELDERLY PATIENTS

The sample of family doctors included 200 family doctors or district general practitioners, i.e. 40% of all family doctors practising in Estonia. The family doctors were selected from the list of all family doctors using a random number generator, whereas across counties the number of family doctors was proportional to the number of elderly people residing in the respective county. 163 doctors (81.5%) responded to the questionnaire.

1. Main data on doctors

Average age of family doctors: 43.6 yrs.

Respondents included 91% of women and 9% of men.

73% of doctors live in the district of their practice, 28% live elsewhere.

Average time of practising as doctor: 18.0 yrs.

Time of work at present post: 11.2 yrs.

Qualification:

- family doctor 59%,
- general practitioner 14%,
- internist 6%,
- pediatrician 3%,
- other doctor 18%.

84% of doctors who do not possess the qualification of a family doctor are undergoing relevant training.

Level of Estonian:

- proficiency 83%,
- knowledge sufficient for work in profession 10%,
- speak with difficulty 6%,
- do not speak 1%.

Level of Russian:

- proficiency 64%,
- knowledge sufficient for work in profession 27%,
- speak with difficulty 9%.
-

2. List and structure of work

On average a family doctor's list contains 1902 persons. The number of persons in the list depends on the place of practice and is across cities and countryside:

- Cities 2105
- Countryside 1462

On average a list contains 351 elderly people, i.e. 18% of all patients. A list contains 12 elderly patients who are confined to bed, i.e. 3.4% of all elderly patients. The distribution across cities and countryside is:

- Cities 13
- Countryside 9

On average 33, i.e. 9%, of elderly people require regular home visits of family doctor.

Cities 39 Countryside 18

24, i.e. 7%, of elderly people cannot arrive to reception because of transport problems.

Cities 26 Countryside 22

Home visits make up 17% of a doctor's work load.

Cities 18% Countryside 16%

Lists include 71 patients with a disability.

Cities 67 Countryside 81

The proportion of persons aged over 65 in the total volume of home visits is 43%.

Cities 47% Countryside 36%

Visits of persons aged over 65 make up 39% of all visits.

Cities 41% Countryside 35%

3. Problems of elderly people

WHICH OF THE FOLLOWING DO YOU CONSIDER TO BE MOST IMPORTANT PROBLEMS FOR HEALTH AND WELFARE OF ELDERLY PEOPLE?

	Important for many people (%)
Low income, economic problems	90
Chronic somatic conditions	89
Isolation, loneliness	49
Coping difficulties with daily life, daily household problems	33
Depression	24
Residence far from centre and medical aid	9
Cognitive disorders (memory and thinking)	8
Poor living conditions	8
Psychiatric disorders (excl. dementia and depression)	4
Alcoholism	4

WITH WHICH PROBLEMS DO ELDERLY PEOPLE TURN TO YOU MOST FREQUENTLY?

	Frequently (%)
High blood pressure	100
Heart conditions	98
Arthritis	98
Sleep disorders	82
Brain circulation disorders	81
Loneliness, social problems	45
Diabetes	37
Viral infections	30

Family doctors

Gastric disorders	26
Vision problems	23
Pulmonary conditions	21
Hearing problems	19
Infections, excl. viral infections	16
Dermatological conditions	12
Conditions of prostate	12
Falling down and other daily traumas	10
Psychiatric problems	9
Incontinence	8
Malignant tumours	6
Side-effects of medicines	4
Thyroid conditions	2
Problems with alcohol	0.6
Sex problems	0

WHICH HEALTH PROBLEMS DO IN YOUR OPINION CAUSE MOST COPING DIFFICULTIES FOR ELDERLY PEOPLE?

	Frequently (%)
Arthritis	96
Cardiac and circulatory conditions	82
Balance disorders	66
General weakness	51
Conditions of nervous system	42
Disorders of vision	35
Psychiatric problems	27
Hearing problems	14
Pulmonary conditions	7
Problems with alcohol	3
Side-effects of medicines	2

DO YOU HAVE EXTRA PROBLEMS TREATING ELDERLY PATIENTS IN COMPARISON WITH YOUNGER PATIENTS?

	Frequently (%)
It takes longer time	76
Difficult to organise care at home	61
Lack of social support	59
Difficulties with admission to hospital	38
Numerous conditions, diagnostic difficulties	37
Low motivation of patients	25
Difficulties in obtaining specialist consultation	24
More frequent side-effects of medicines	13
Communication difficulties	4

DO ANY OF YOUR ELDERLY PATIENTS NEED AND USE REHABILITATION SERVICES?

	Need and use (%)	Need, not available (%)	Need, no service (%)	Service not needed (%)
General hospital	51	17	17	15
Hospital rehabilitation ward	47	30	21	2
Long-term treatment hospital	48	30	21	1
Sanatorium	37.5	57	5	0.5
Outpatients hospital	57	17	18	8
Rehabilitation at home	16	25	55	4

4. Geriatric training of family doctors

HAVE YOU RECEIVED GERIATRIC TRAINING? (several answers may be marked)

	%
I have studied specialist literature independently	66
I have passed a shorter training course	33
I have studied geriatrics in university	15
I have passed a longer training course	15
I have no specialist preparation	22

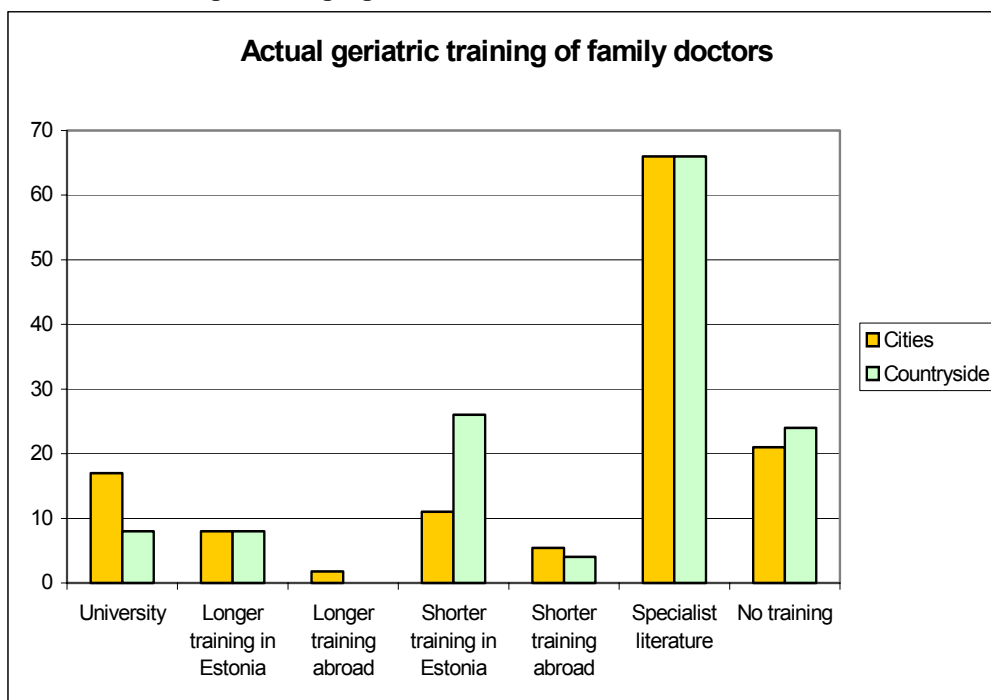


Figure 2.1. Geriatric training of family doctors

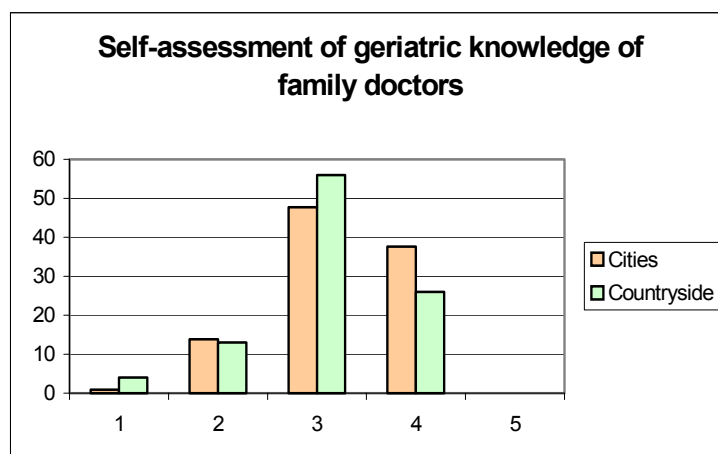


Figure 2.2. Distribution of self-assessed geriatric knowledge of family doctors

ASSESS YOUR GERIATRIC TRAINING USING A 5-POINT SCALE (similar to grades at school):

“1” – 2% “2” – 14% “3” – 50% “4” – 34% “5” – 0%, average 3.2

DO YOU NEED ADDITIONAL GERIATRIC TRAINING? (several answers may be marked)

	%
I would like to pass shorter training courses	63
I would like to study specialist literature independently	41
I would like to study geriatrics during specialisation courses of family doctors	26
I would like to pass a longer training cycle	21
I would like to pass a residency program in geriatrics	0.5
I do not need further training	2.5

HOW DO YOU ASSESS THE NEED FOR GERIATRICIANS AS SPECIALIST DOCTORS FOR ELDERLY PEOPLE IN ESTONIA?

	%
The speciality of geriatrician is extremely necessary,	45
I would like to use services of stationary geriatric wards	
I would use geriatrician for consultancy (analogously to pediatrician)	42
Geriatricians might be mainly used in care institutions and long-term treatment hospitals, as a family doctor	12.5
I would not use their services	
I do not think this speciality is necessary, as a family doctor	0.5
I would not use their services	

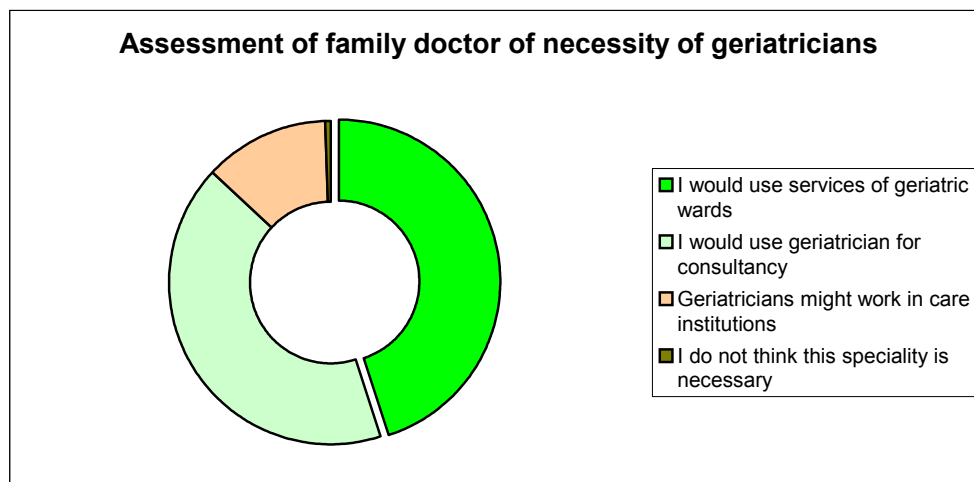


Figure 2.3. Assessment of family doctor of necessity for geriatricians

IN WHICH AREAS DO YOU FEEL YOU LACK KNOWLEDGE FOR WORK WITH ELDERLY PEOPLE?

	Extensively %	To some extent %
Legal problems (incl. succession law)	74	24
Issues of social care, incl. legislation of social care	54	40
Advising of elderly people	34	54
Aids	26	58
Psychiatric disorders of elderly people	21	70
Health promotion of elderly people	21	51
Work with families of elderly people	19	65
Nursing problems of elderly people	18	64
Peculiarities of pharmacological therapy of elderly people	14	65
Psychological changes accompanying normal aging	14	63
Assessment of functional condition	9	58
Peculiarities of conditions of elderly people	8	74
Somatic changes accompanying normal aging	7	58
Assessment for need for nursing	7	44
Assessment for need for care	6	45

WHICH TYPE OF SPECIALIST LITERATURE DO YOU THINK IS NECESSARY FOR ELDERLY PATIENTS AND THEIR FAMILY MEMBERS?

	Yes, definitely %	Maybe %	Not necessary %
Information about social services	87	12.5	0.5
More frequent health problems in old age	87	12	1
Normal aging	86.5	13	0.5
Healthy lifestyle in old age	85	15	0
Coping with elderly people with psychiatric disorders	75.5	24	0.5
Care problems of elderly people	75	23	2

Family doctors

Use of aids	75	24	1
Prevention of traumas and accidents	72	26	2
Psychology of old age	71	27	3
Daily coping	70	26	4
Communication with elderly people	62	36	2
Methods of natural therapy	56	42	2

DO YOU THINK IT IS NECESSARY TO ADVISE FAMILIES TAKING CARE OF ELDERLY PEOPLE ON METHODS OF CARE?

	Yes, definitely	Maybe	Not necessary
	%	%	%
Care of people confined to bed	95	5	0
Communication with demented and depressed elderly people	91	9	0
Use of aids	82	17.5	0.5
Possibilities for social care	81.5	18	0.5
Conditions of elderly people	81	18.5	0.5
Rehabilitation at home	79	20	1
Psychological changes accompanying normal aging	77	19	4
Burn-out of care givers, its prevention	76	21	3
Somatic changes accompanying normal aging	58	35	7
Methods of natural therapy	47	50	3

5. Assessment of cooperation network by family doctors

WHO ASSESSES AND SHOULD ASSESS COPING OF ELDERLY PEOPLE WITH DAILY LIFE?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	73	14	13
Social worker	69.5	30	0.5
Professional care giver	60	37	3
Family member or neighbour	58	32	10
Nurse	53	35	12
Person him/herself	51	31	18

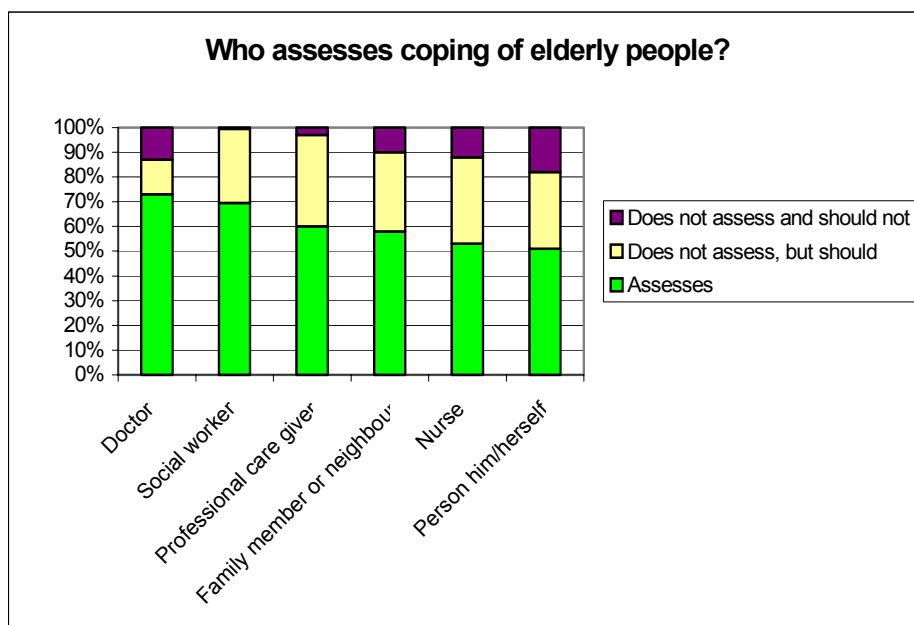


Figure 2.4. Assessment of coping of elderly people

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR SOCIAL CARE SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	81	9	10
Social worker	73	27	0
Professional care giver	65	32	3
Nurse	56	33	11
Family member or neighbour	53	34	13
Person him/herself	52	25	23

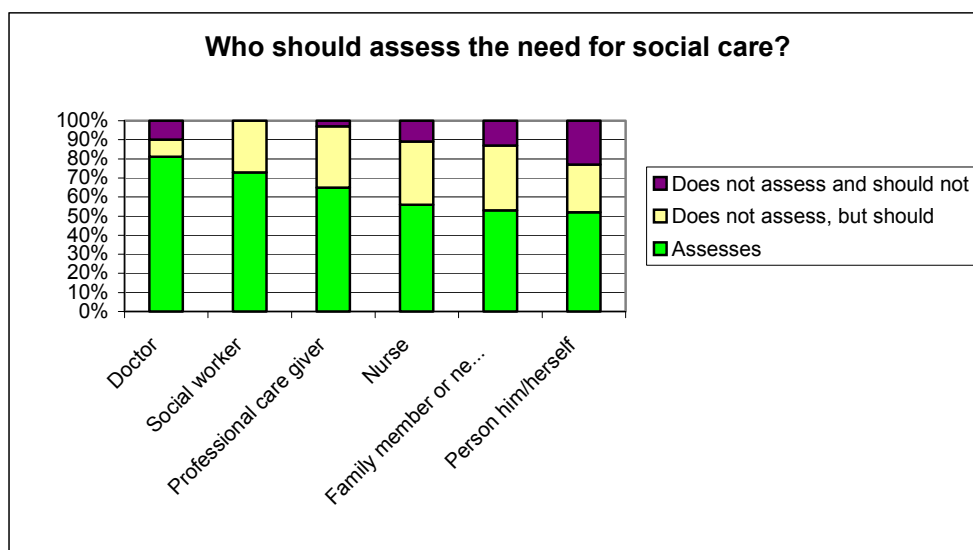


Figure 2.5. Assessment of need for social care of elderly people

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR NURSING SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	86	8	6
Nurse	66	28	6
Social worker	63	32	5
Professional care giver	60	36	4
Family member or neighbour	54	30	16
Person him/herself	48	27	25

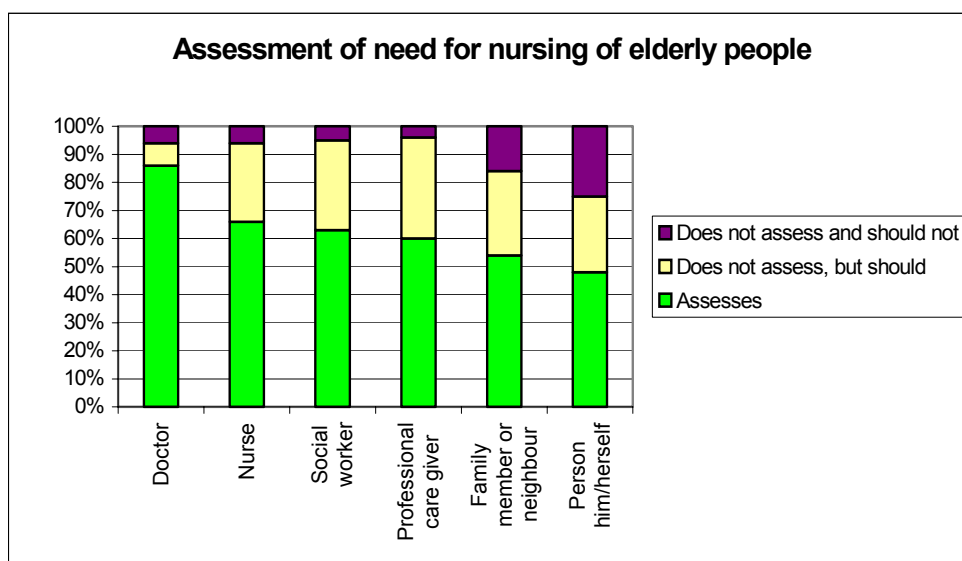


Figure 2.6. Assessment of need for nursing of elderly people

INSTITUTIONS IN THE DISTRICT OF YOUR PRACTICE

	Yes %	No %	Do not know %
Nursing homes for elderly people	47	52.5	0.5
Social homes for elderly people	30	65	5
Social flats for elderly people	37	54	9
Daycare centres	14	75	11
Day centres	36	58	6

YOUR SATISFACTION WITH THE WORK ON SOLUTION OF PROBLEMS OF ELDERLY PEOPLE DONE BY THE FOLLOWING INSTITUTIONS/PERSONS IN THE DISTRICT OF YOUR PRACTICE?

	Satisfied %	Could be better %	Dissatisfied %	No such work %
Social worker	41	47	10	2
Hospital	38	38	14	10
Care giver	37	44	7	12
Long-term treatment hospital	31	32	18	19
Nursing home	31	20	13	36
Day centre of elderly people	22	15	1	62
Local authority	20	52	23	5
Daycare centre	11	8	1	80

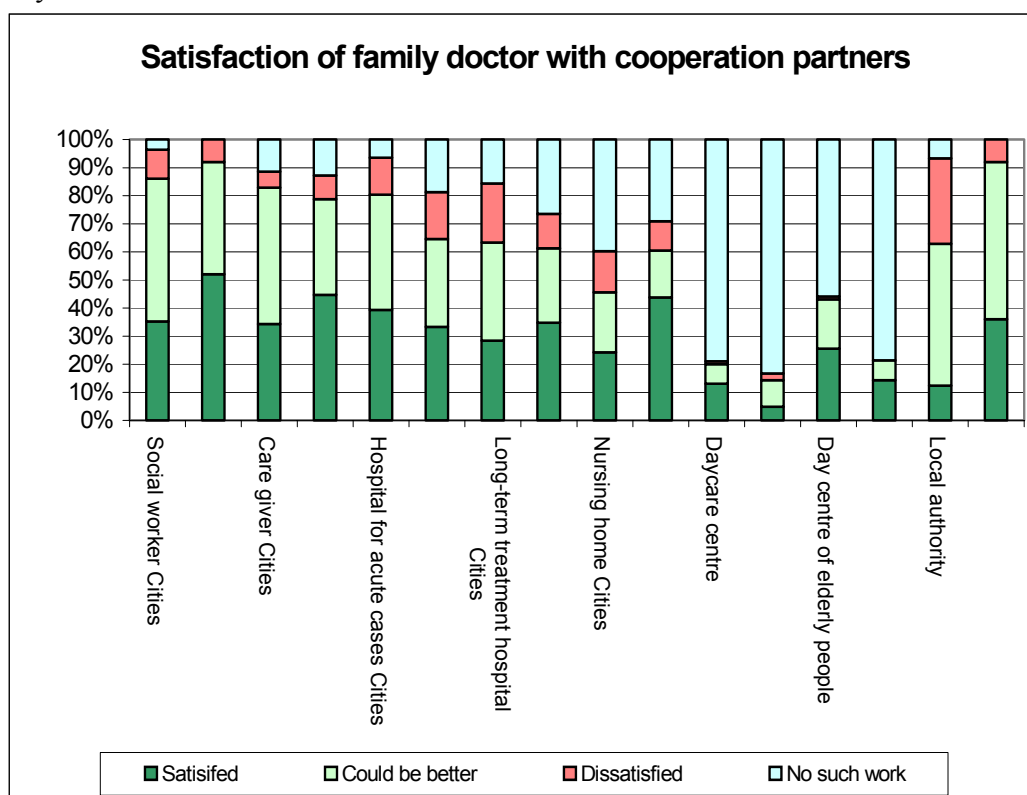


Figure 2.7. Satisfaction of family doctor with cooperation partners in cities and countryside

DO YOU THINK THAT COMMUNICATION BETWEEN MEDICAL WORKERS AND SOCIAL WORKERS IS NECESSARY?

	%
Definitely	72
Sometimes	26
Not particularly necessary, as both have their own tasks	2

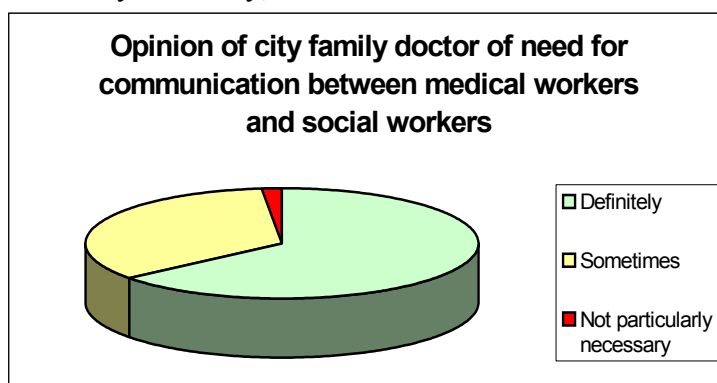


Figure 2.8. Opinion of family doctor of the need for cooperation in cities

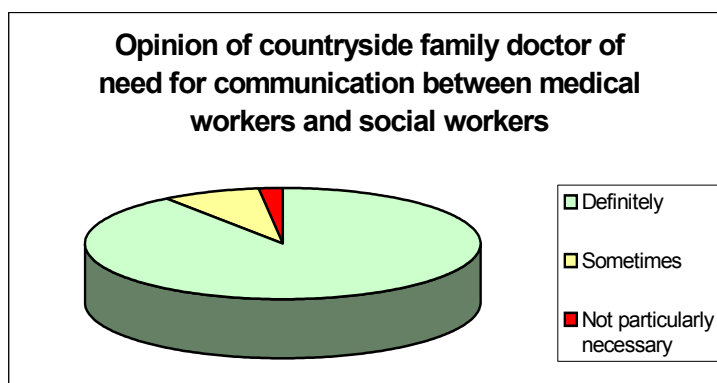


Figure 2.9. Opinion of family doctor of the need for cooperation in countryside

III. WORK OF FAMILY NURSE WITH ELDERLY PEOPLE

The sample of nurses comprised 200 nurses who worked with the family doctors (district general practitioner) selected for the sample. 152 questionnaires of 200 were received (76%).

1. Main data on family nurses

Average age of family nurses is 42.3 yrs.

Sex of family nurses is 100% women.

District of work of 64% of nurses in cities, 36% in countryside.

62% of nurses live in the district of their work, 38% live elsewhere.

Time of work as nurse:

- up to 4 yrs. 8%,
- 5–9 yrs. 10%,
- 10–14 yrs. 19%,
- 15–19 yrs. 16%,
- 20–24 yrs. 15%,
- 25–29 yrs. 6%,
- 30–34 yrs. 15%,
- 35–39 yrs. 4%,
- 40 yrs. and more 7%.

Time of work at present post:

- up to 4 yrs. 42%,
- 5–9 yrs. 22%,
- 10–14 yrs. 14%,
- 15–19 yrs. 10%,
- 20–24 yrs. 4%,
- 25–29 yrs. 4%,
- 30–34 yrs. 2%,
- 35–39 yrs. 1%,
- 40 yrs. and more 1%.

Specialist training in nursing:

- family nurse 47%,
- other 15%,
- attends a course 3%,
- no 35%.

Level of Estonian:

- proficiency 71%,
- knowledge sufficient for work in profession 16%,
- speak with difficulty 11%,
- do not speak 2%.

Level of Russian:

- proficiency 52%,
- knowledge sufficient for work in profession 23%,
- speak with difficulty 24%,
- do not speak 1%.

2. List and structure of work

33% of reception time of family nurses is spent on elderly patients.

Cities 37% Countryside 28%

15 of elderly people require regular home visits of family nurse.

Cities 20 Countryside 8

The number of home visits of nurses to elderly patients per month is 18.

Cities 24 Countryside 7

Home visits make up 18% of a nurse's work load.

Cities 22% Countryside 10%

Average time per one home visit is 29 minutes.

Cities 28 min. Countryside 31 min.

On average lists include 11 elderly patients confined to bed.

Cities 12 Countryside 10

3. Problems of elderly people

WHICH OF THE FOLLOWING DO YOU CONSIDER TO BE MOST IMPORTANT PROBLEMS FOR HEALTH AND WELFARE OF ELDERLY PEOPLE?

	Important for many people (%)
Low income, economic problems	79
Chronic somatic conditions	75
Isolation, loneliness	42
Coping difficulties with daily life, daily household problems	38
Depression	31
Cognitive disorders (memory and thinking)	15
Poor living conditions	10
Residence far from centre and medical aid	9
Psychiatric disorders (excl. dementia and depression)	6
Alcoholism	5

WHICH HEALTH PROBLEMS DO IN YOUR OPINION CAUSE MOST COPING DIFFICULTIES FOR ELDERLY PEOPLE?

	Frequently (%)
Arthritis	89
Cardiac and circulatory conditions	84
Balance disorders	45
General weakness	43

Family nurses

Conditions of nervous system	40
Disorders of vision	20
Pulmonary conditions	14
Psychiatric problems	13
Problems with alcohol	8
Hearing problems	7
Side-effects of medicines	4

WHICH PROBLEMS DO YOU DEAL WITH DURING RECEPTIONS OF ELDERLY PEOPLE?

	Dealt with (%)	Not dealt with, but could (%)
Treatment and nursing procedures	92	7
Assessment of functional status	90	9
Provision of health advice to elderly people	77	16
Independent reception of people with less serious complaints	69	27
Advice on health promotion	68	28
Instruction of family members on nursing and care methods	67	29
Assessment of need for nursing	64	25
Filling in of documentation	60	18
Instruction on use of aids	59	39
Instruction on easier rehabilitation methods	58	35
Assessment of coping with daily life	43	36
Assessment of need for care	37	42

WHICH PROBLEMS DO YOU DEAL WITH DURING HOME VISITS TO ELDERLY PEOPLE?

	Dealt with (%)	Not dealt with, but could (%)
Treatment and nursing procedures	97	3
Assessment of functional status	89	10
Provision of health advice to elderly people	78	15
Advice on health promotion	73	22
Instruction of family members on nursing and care methods	70	26
Assessment of need for nursing	69	23
Instruction on use of aids	64	32
Assessment of coping with daily life	61	27
Instruction on easier rehabilitation methods	58	37
Assessment of need for care	52	29
Assessment of environment at home	50	34
Filling in of documentation	45	25

WHAT IS YOUR ROLE IN COMMUNICATION WITH FAMILY MEMBERS OF ELDERLY PEOPLE WITH COPING DIFFICULTIES AND OTHER DIRECT CARE GIVERS OF SUCH PEOPLE?

	Dealt with (%)	Not dealt with, but could (%)
Instructions on use of medicines	83	15
Explanation of nature of illness	76	18
Explanation of possible side-effects of medicines	76	19
Instruction on nursing and care methods	73	24
Instruction on observation of condition of elderly people	70	27
Instruction on communication with sick elderly people	61	36
Information about possibilities for care	53	37

HOW MUCH TIME DOES DEALING WITH FAMILY MEMBERS OF ELDERLY PEOPLE TAKE YOU ON AVERAGE?

Per visit	23 min.
Daily	52 min.
Weekly	3.5 hrs.
Monthly	14 hrs.

DO YOU HAVE EXTRA PROBLEMS TREATING ELDERLY PATIENTS IN COMPARISON WITH YOUNGER PATIENTS?

	Frequently (%)
It takes longer time	77
Difficult to organise care at home	54
Lack of social support	49
Communication difficulties	13
Low motivation of patients	10

4. Geriatric training of family nurses

HAVE YOU RECEIVE GERIATRIC TRAINING? (several answers may be marked)

I have not specialist preparation	34
I have studied specialist literature independently	32
I have studied geriatrics in medical school	23
I have passed a longer training course	17
I have passed a shorter training course	17

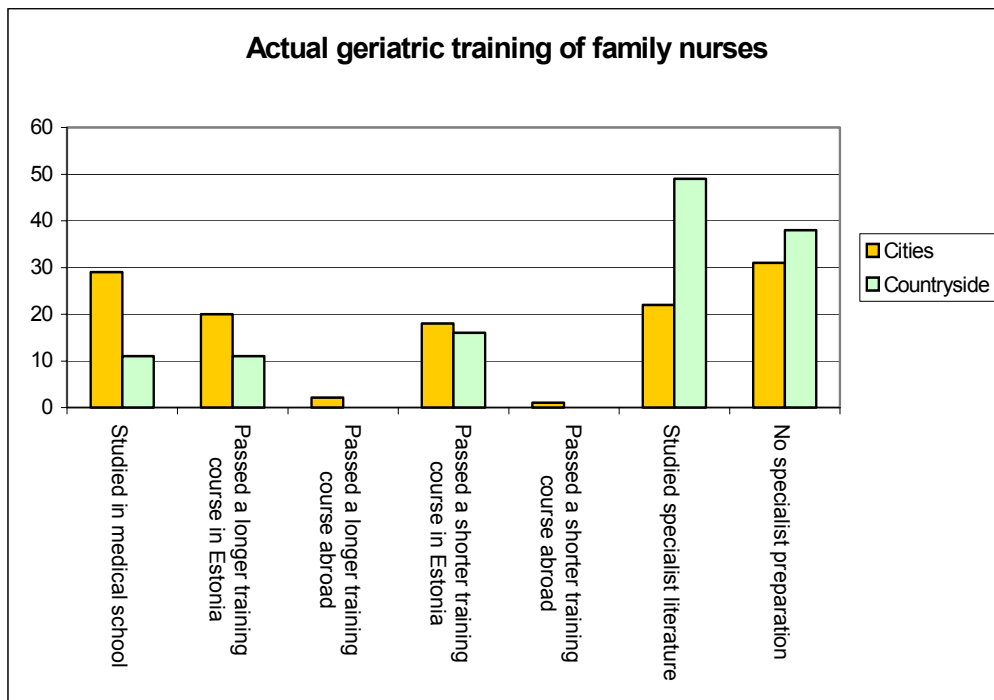


Figure 3.1. Geriatric training of family nurses

ASSESS YOUR GERIATRIC TRAINING USING A 5-POINT SCALE (similar to grades at school)

“1” – 3% “2” – 11% “3” – 45% “4” – 39% “5” – 2, average 3.3

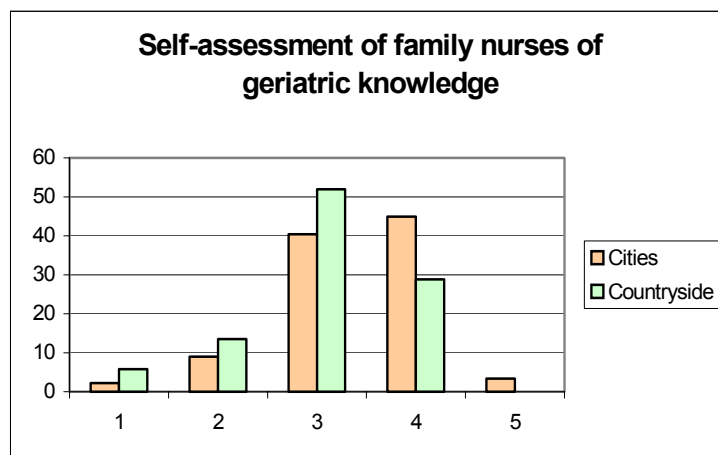


Figure 3.2. Distribution of self-assessed geriatric knowledge of family nurses

DO YOU NEED ADDITIONAL GERIATRIC TRAINING? (several answers may be marked)

	%
I would like to pass shorter training courses	56
I would like to study specialist literature independently	40
I would like to pass a longer training cycle	29

Family nurses

I do not need further training	11
I would like to study at specialisation courses to become a geriatrics nurse	5
I would like to study geriatrics in university bachelor's or master's program of nursing	3

IN WHICH AREAS DO YOU FEEL YOU LACK KNOWLEDGE FOR WORK WITH ELDERLY PEOPLE?

	Extensively	To	some
extent	%		%
Legal problems (incl. succession law)	68		28
Issues of social care, incl. legislation of social care	42		48
Advising of elderly people	30		56
Health promotion of elderly people	26		54
Aids	25		58
Care problems of elderly people	24		55
Psychiatric disorders of elderly people	22		58
Peculiarities of pharmacological therapy of elderly people	19		61
Work with families of elderly people	18		62
Psychological changes accompanying normal aging	15		57
Assessment for need for care	14		54
Assessment of functional condition	14		62
Nursing problems of elderly people	14		55
Somatic changes accompanying normal aging	6		60

WHICH TYPE OF SPECIALIST LITERATURE DO YOU THINK IS NECESSARY FOR ELDERLY PATIENTS AND THEIR FAMILY MEMBERS?

	Yes, definitely	Maybe	Not necessary
	%	%	%
Healthy lifestyle in old age	86	14	0
More frequent health problems in old age	81	19	0
Information about social services	81	19	0
Normal aging	79	20	1
Coping with elderly people with psychiatric disorders	73	25	2
Care problems of elderly people	70	29	1
Use of aids	69	31	0
Prevention of traumas and accidents	66	33	1
Methods of natural therapy	66	33	1
Daily coping	65	33	2
Communication with elderly people	65	34	1
Psychology of old age	59	40	1

IN YOUR ASSESSMENT HOW MANY PEOPLE AGED OVER 65 IN YOUR DISTRICT NEED HELP IN THEIR DAILY ACTIVITIES?

49 Cities 59 Countryside 32

HOW MANY OF THEM NEED HELP FROM OUTSIDE THEIR FAMILY?

19 Cities 24 Countryside 11

5. Assessment of cooperation network by family nurses

WHO ASSESSES AND SHOULD ASSESS COPING OF ELDERLY PEOPLE WITH DAILY LIFE?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	84	4	12
Social worker	79	20	1
Professional care giver	75	23	2
Nurse	70	18	12
Family member or neighbour	61	27	12
Person him/herself	53	26	21

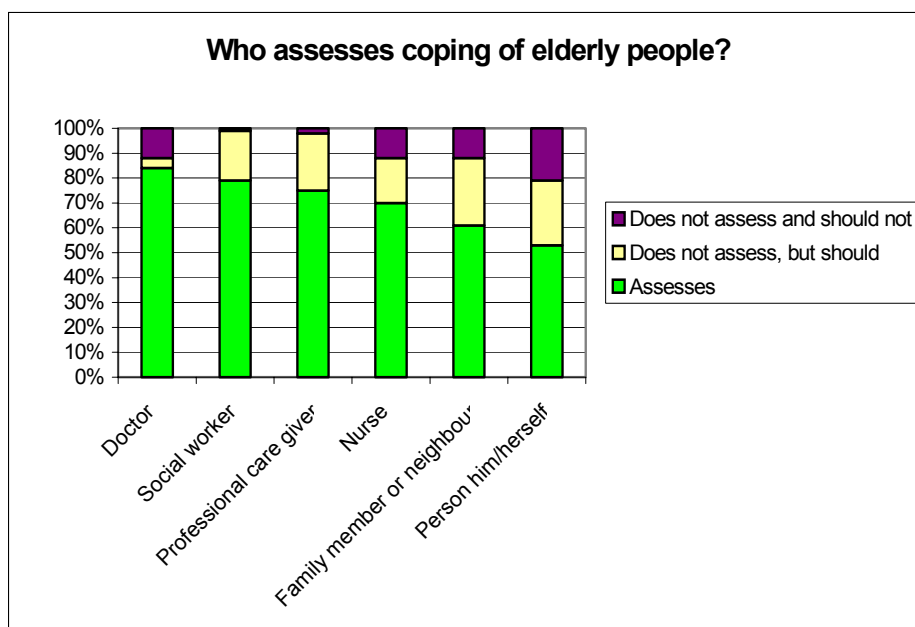


Figure 3.3. Who assesses coping of elderly people?

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR SOCIAL CARE SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	87	8	5
Social worker	82	17	1
Professional care giver	74	23	3
Nurse	69	19	12
Family member or neighbour	59	27	14
Person him/herself	50	23	27

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR NURSING SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	91	5	4
Nurse	78	15	7
Social worker	74	21	5
Professional care giver	70	26	4
Family member or neighbour	60	26	14
Person him/herself	47	19	34

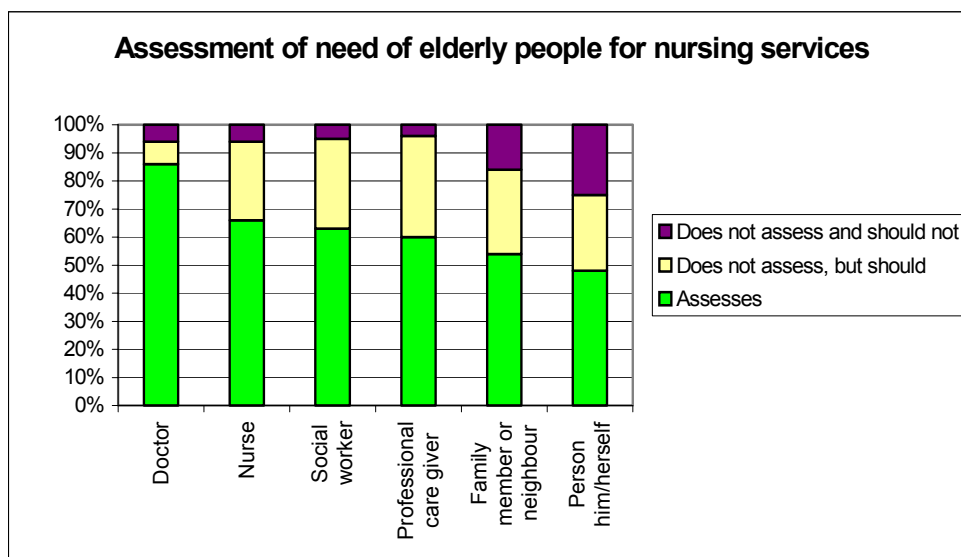


Figure 3.4. Who should assess the need of elderly people for social care services?

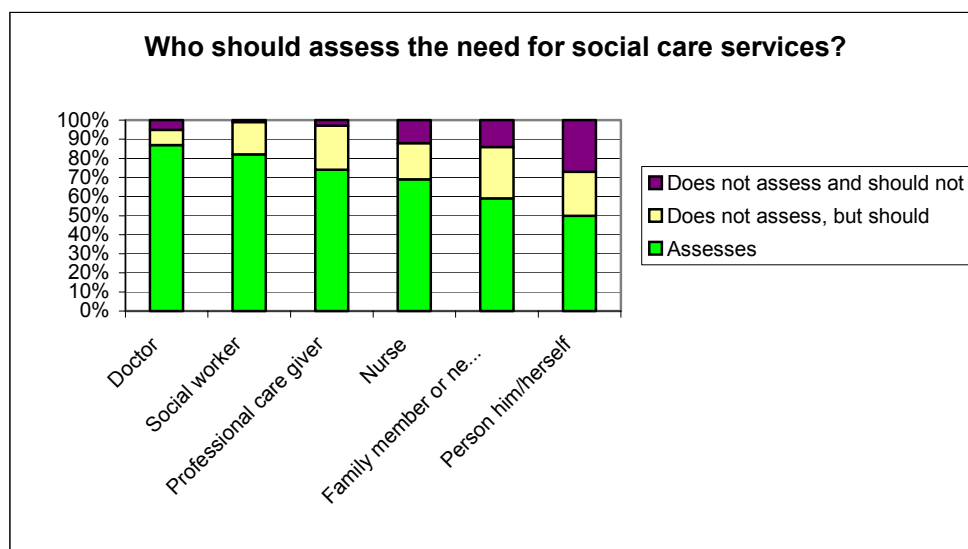


Figure 3.5. Who should assess the need of elderly people for nursing services?

INSTITUTIONS IN THE DISTRICT OF YOUR PRACTICE

	Yes %	No %	Do not know %
Nursing homes for elderly people	39	53	8
Social homes for elderly people	26	65	9
Social flats for elderly people	31	56	13
Daycare centres	15	74	11
Day centres	30	65	5

YOUR SATISFACTION WITH THE WORK ON SOLUTION OF PROBLEMS OF ELDERLY PEOPLE DONE BY THE FOLLOWING INSTITUTIONS/PERSONS IN THE DISTRICT OF YOUR PRACTICE?

	Satisfied %	Could be better %	Dissatisfied %	No such work %
Care giver	49	33	6	12
Social worker	47	46	5	2
Long-term treatment hospital	35	32	12	21
Nursing home	29	25	11	35
Hospital	27	36	13	24
Day centre of elderly people	21	15	3	61
Local authority	17	52	27	4
Daycare centre	15	13	5	67

DO YOU THINK THAT COMMUNICATION BETWEEN MEDICAL WORKERS AND SOCIAL WORKERS IS NECESSARY?

	%
Definitely	69
Sometimes	28
Not particularly necessary, as both have their own tasks	3

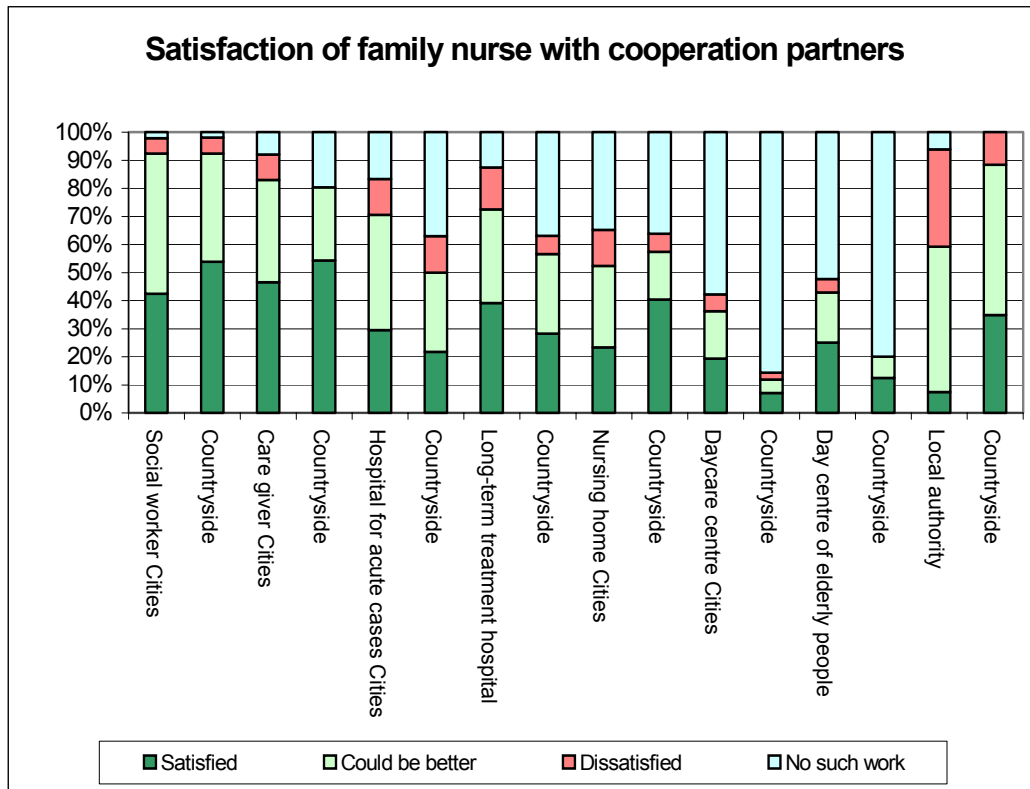


Figure 3.6. Satisfaction of family nurse with cooperation partners

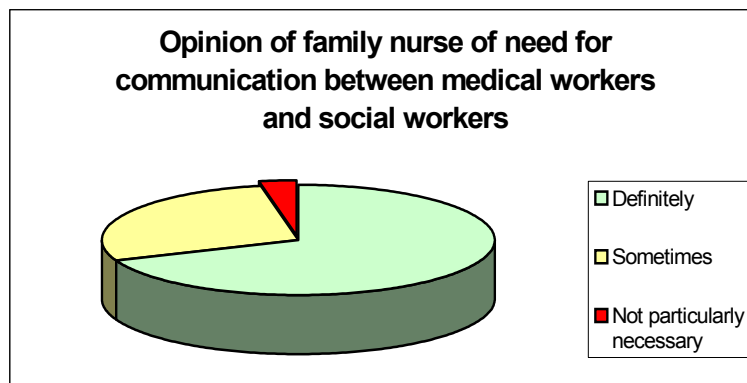


Figure 3.7. Opinion of family nurse for cooperation

IV. WORK OF SOCIAL WORKER WITH ELDERLY PEOPLE

The study covered 255 social workers of all cities (districts of Tallinn) and rural municipalities. Answers were received from 220 local governments (86%), but several of them returned many questionnaires, thus the number of respondents to some questions is larger.

There are considerable differences between the local governments which are not reflected in the present report. The number of people (n) giving a specific answer to a question or their percentage may be presented, in some cases average results are shown.

1. Main data on social workers

Average age of social workers: 43.1 yrs.

Sex of social workers:

- women 96%,
- men 4%.

Nationality:

- Estonian 99%,
- other 1%.

Level of Estonian:

- proficiency 98.5%,
- knowledge sufficient for work in profession 0.5%,
- speak with difficulty 1%.

Level of Russian:

- proficiency 30%,
- knowledge sufficient for work in profession 14%,
- speak with difficulty 51%,
- do not speak 5%.

Place of work:

- city 19%,
- country town 1%,
- rural municipality 80%.

Place of residence:

- in district of work 94%,
- elsewhere 6%.

Average time of work in social services: 5.7 yrs.

Average time of work at present post: 5.5 yrs.

General education:

- higher 35% (academic degree 1%),
- secondary special or technical high school 42%,
- secondary 23%.

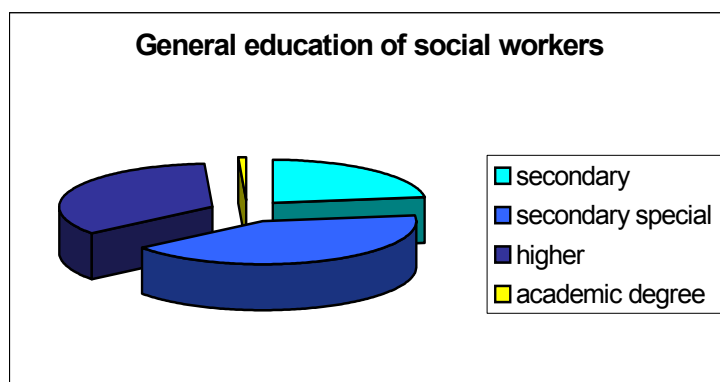


Figure 4.1. Distribution of general education of social workers

Education in social work:

- higher 13%,
- secondary special 9%,
- currently studies social work 23%,
- no special education and not studying at the moment 55%.

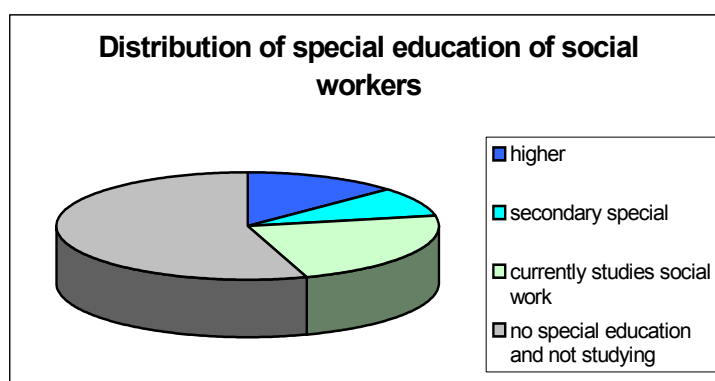


Figure 4.2. Special education of social workers

2. Work districts of social workers

Population of your local government unit: average 5633.

Number of people receiving old age pensions in your local government unit: 1260.

People receiving old age pensions who live alone: 309.

Number of social work clients in pension age: 402.

Number of clients with special needs (disability pensioners) in pension age: 189.

Number of 75 years old and older people: 372.

Number of 75 years old and older people who live alone: 77.

Social workers

Number (average) of social services workers in your local government and names of their position:

social worker	1.6
specialist	2.3
chief specialist	1.5
social advisor	1.0
inspector	2.3
senior inspector	1.7
child protection worker	1.5
professional care giver	4.5
care nurse	3.9

Number (average) of persons involved in social work with elderly people: 9.6

- of these in open care (average) 4.0
- and institution (e.g. day centre, nursing home - average) 9.0

IN YOUR DISTRICT IS THERE ENOUGH WORKERS WITH ELDERLY PEOPLE IN ORDER TO GUARANTEE COPING OF THE ELDERLY?

	n	(%)
Yes	87	(41)
No, there are few of them	118	(55)
On average 2.4 persons would be necessary.		
There are too many of them, might be fewer	2	(1)
I do not know	6	(3)

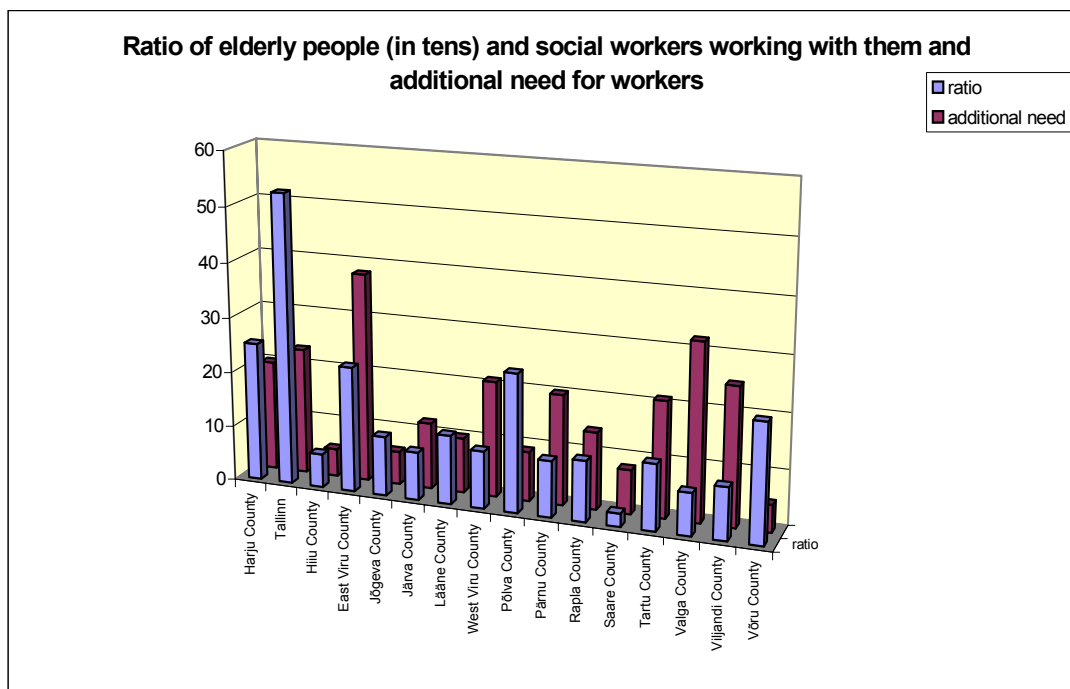


Figure 4.3. Ratio of elderly people and social workers working with them, additional need for workers across counties

3. Social services

HOW MANY OF ELDERLY PEOPLE IN YOUR LOCAL GOVERNMENT UNIT RECEIVE SOCIAL SERVICES OR AID?

Social services	158
Social aid	270

HOW MANY OF ELDERLY PEOPLE IN YOUR LOCAL GOVERNMENT UNIT NEED SOCIAL SERVICES OR AID?

Social services	178
Social aid	275

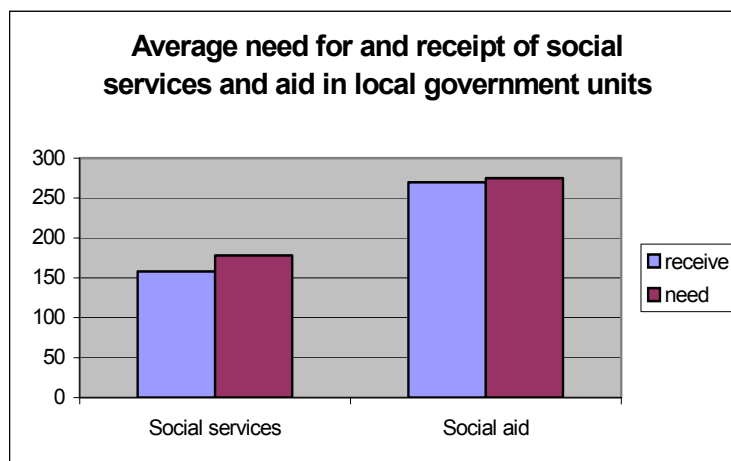


Figure 4.4. Average volumes of social aid and services in local government units

IN YOUR LOCAL GOVERNMENT UNIT ARE THE FOLLOWING SERVICES AVAILABLE FOR ELDERLY PEOPLE?

	Yes n	No n	I do not know n
Help with paying taxes, administrative affairs	188	13	5
Advising of elderly people	185	17	1
Home services	176	28	0
Nursing home services	162	47	0
Catering at home	156	53	1
Funeral service	131	71	2
Sauna service	112	97	0
Social flat services	101	111	0
Support to relatives who take care for elderly people	90	91	11
Day centre services	75	136	0
Catering at day service centre or other service centre	73	128	1
Social home services	33	170	0
Security telephone	16	181	7
Outpatient treatment	206	8	0
Hospital treatment	153	54	0
Nursing services	87	110	2
Rehabilitation	74	95	5

HOW CAN FAMILY MEMBERS OF ELDERLY PERSON FIND A CARE GIVER FROM OUTSIDE THE FAMILY?

	n	(%)
Use of professional care giver at the expense of local government	129	(59)
Use of professional care giver at their own expense	51	(24)
Other possibilities	37	(17)

SERVICES OF WHICH INSTITUTIONS DOES YOUR LOCAL GOVERNMENT OFFER TO ELDERLY PEOPLE?

	Total number of clients	Of those persons over 75
Nursing home of elderly people	20	12
Social home	54	52
Social flat	10	5
Day centre	92	26
Other institutions	96	27

IN YOUR LOCAL GOVERNMENT UNIT HOW HAS AVAILABILITY OF AID AND NURSING EQUIPMENT BEEN ENSURED?

	Needs of everybody are satisfied n	There are problems		Availability is not ensured n
		Financial n	Other n	
Moving aids	145	55	10	4
Visual aids	87	108	3	9
Hearing aids	113	74	6	11
Orthopaedic equipment	103	92	4	11
Nursing equipment (incl. urine diapers)	106	95	2	12

IN YOUR ASSESSMENT WHICH ARE THE MOST IMPORTANT PROBLEMS FROM THE POINT OF VIEW OF HEALTH AND WELFARE OF ELDERLY PEOPLE?

	Important for many people (%)
Low income, economic problems	73
Chronic somatic conditions	65
Psychological issues (e.g. loneliness)	42
Residence far from centre and medical aid	33
Coping difficulties with daily life, daily household problems	33
Depression	32
Lack of security services	21
Lack of telephone connection	21
Memory and thinking disorders, include. dementia	17
Poor living conditions	14
Alcoholism	11
Social isolation, inability to participate in social life	8
Legal issues	8

IN YOUR LOCAL GOVERNMENT UNIT WHICH FIELDS ARE COVERED IN WORK WITH ELDERLY PEOPLE?

	I deal with it		I do not deal, I find it unnecessary	
	Often	Not very often	but could	unnecessary
	n	n	n	n
Organising of care by social care giver	115	60	12	2
Economic support	114	57	0	2
Assessment for need for care	109	69	5	0
Assessment of support network and organisation of informal help	102	58	16	3
Advising on nursing equipment and aids	90	62	10	14
Activation of elderly people	81	66	25	4
Assessment of coping with more complex daily activities	71	70	15	10
Advising of family members	66	70	18	4
Assessment of resources of family members or informal care giver	60	69	19	6
Organisation of moving to care institution	59	83	1	2
Assessment of coping with simpler daily activities	55	64	17	19
Psychological advising of elderly people	43	63	30	14
Organisation of services for elderly people with special needs	43	48	10	0
Problems associated with alcohol abuse	38	66	12	11
Legal assistance to elderly people	28	66	14	31
Assessment of client's mental, emotional, cognitive functions	18	50	36	33
Supervision of support groups of elderly people	17	14	98	43
Assessment of abuse of elderly people	13	64	21	9
Employment of elderly people	6	17	39	62

DO YOU GO TO HOME VISITS TO ELDERLY PEOPLE?

	n	
Yes	205	On average 3.1 visits per week, 10.1 visits per month.
No, but I could	9	
No, and	0	
I do not find it necessary		

WHICH FIELDS DO YOU COVER DURING HOME VISITS TO ELDERLY PEOPLE?

	I deal with it		I do not deal, I find it unnecessary	
	Often	Not very often	but could	unnecessary
	n	n	n	n
Assessment of support network of elderly people	106	55	9	2
Assessment of functional condition	73	49	18	21
Assessment of coping with simpler daily activities	98	61	10	8
Assessment of coping with more complex daily activities	100	60	4	5
Assessment of need for care	128	55	7	1
Assessment of need for nursing	76	64	8	8
Psychological advising of elderly people	51	67	26	16
Assessment of care capabilities of family members of elderly people	63	62	24	3
Advising of family members of elderly people	48	76	19	4
Assessment of abuse of elderly people	15	57	31	8
Instruction on use of aids	41	54	25	21
Filling in of documentation	109	64	3	6
Assessment of environment at home	78	73	12	9

HOW MUCH TIME DOES WORK WITH ELDERLY PEOPLE TAKE YOU ON AVERAGE?

Per visit	1.3 hrs.
Daily	3.0 hrs.
Weekly	2.6 days
Monthly	8.7 days

DO YOU HAVE EXTRA PROBLEMS TREATING ELDERLY PATIENTS IN COMPARISON WITH YOUNGER PATIENTS?

	Frequently (%)
It takes longer time	61
Lack of social support	39
Low motivation of patients	36
Insufficient knowledge of work with elderly people	8
Communication difficulties	6

4. Cooperation network. Assessment of need for help

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR SOCIAL CARE SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Social worker	96	3	1
Family member	92	4	4
Professional care giver	89	5	6
Doctor	89	8	3
Person him/herself	88	4	8
Neighbour	82	4	14
Nurse	80	12	8

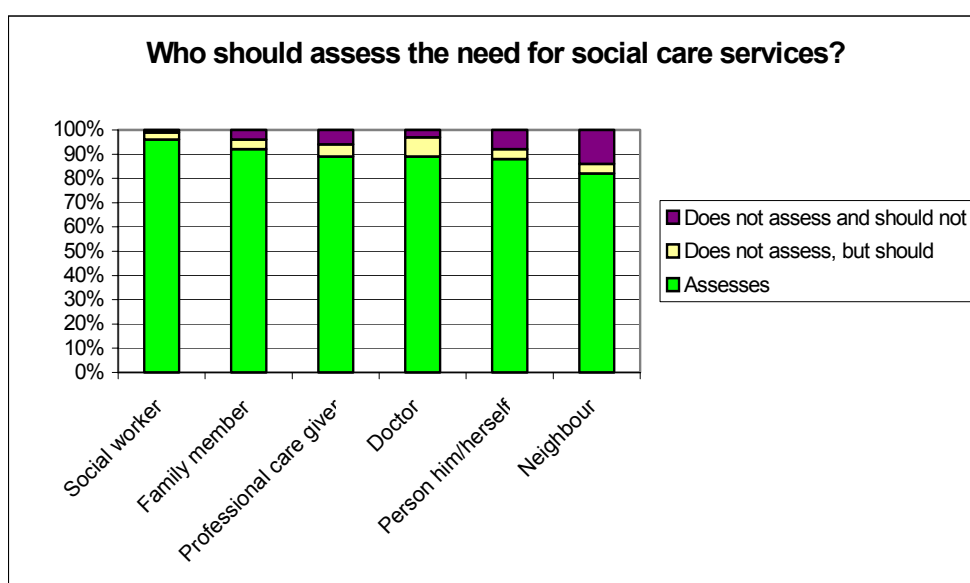


Figure 4.5. Assessment of need for social care services

WHO ASSESSES AND SHOULD ASSESS THE NEED OF ELDERLY PEOPLE FOR NURSING SERVICES?

	Assesses (%)	Does not assess, but should (%)	Does not assess and should not (%)
Doctor	96	4	0
Nurse	94	5	1
Family member	88	5	7
Social worker	87	7	6
Professional care giver	86	8	6
Person him/herself	82	5	13
Neighbour	65	6	29

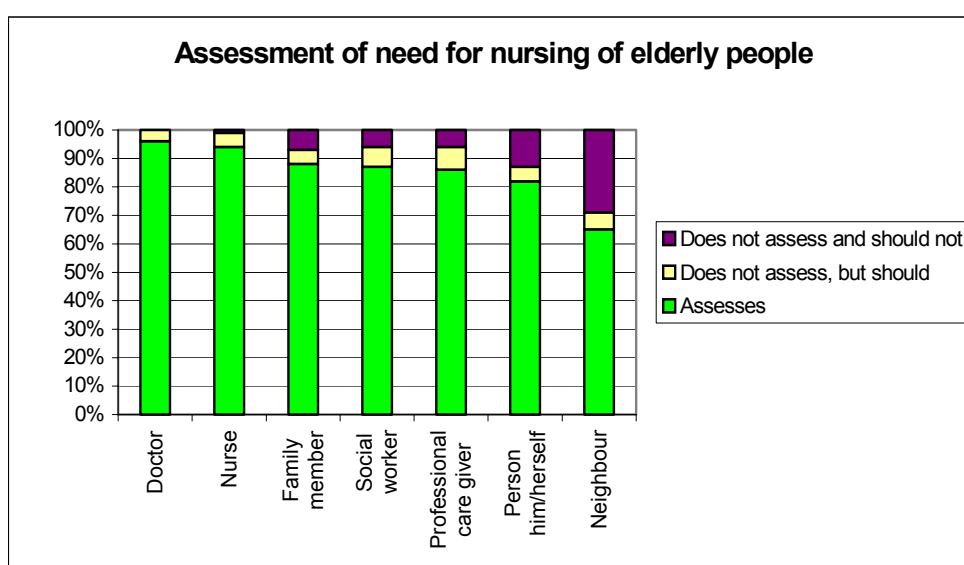


Figure 4.6. Assessment of need for nursing of elderly people

HOW OFTEN HAVE YOU SOLVED SOCIAL AND HEALTH CARE PROBLEMS TOGETHER WITH PARTNERS?

	Often (%)	Seldom (%)	Cooperation does not work (%)	No cooperation (%)
Cooperation partner				
Employees of local government	91	7	1	1
Employees of county government	57	40	1	2
Health care employees	81	15	3.5	0.5
Voluntary associations of elderly people	30	42	6	22
Non-governmental organisations	19	35	6	40
Diaconate a.o. church organisations	19	36	8	37
Private businesses	3	39	16	42
Cooperation partners abroad	8	28	5	59

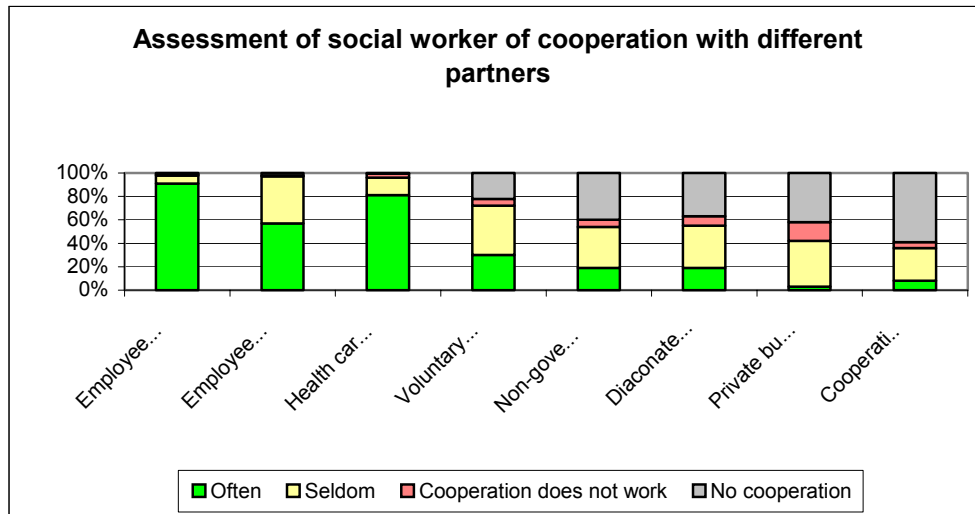


Figure 4.7. Assessment of social worker of cooperation with different partners

DO YOU THINK THAT COMMUNICATION BETWEEN MEDICAL WORKERS AND SOCIAL WORKERS IS NECESSARY?

Response	%
Definitely	93
Sometimes	7
Not particularly necessary, as both have their own tasks	0

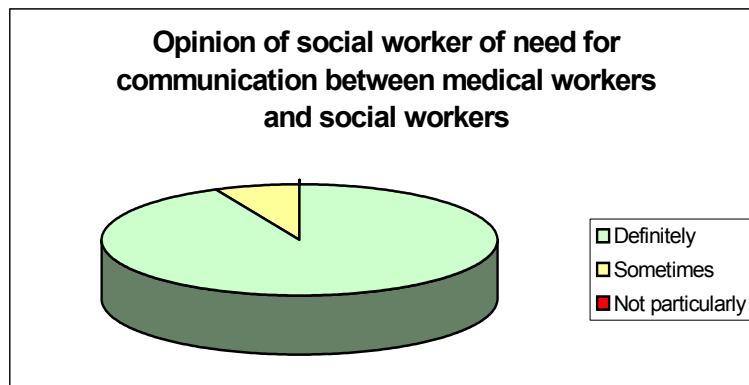


Figure 4.8. Opinion of social worker of the need for cooperation between medical workers and social workers

YOUR SATISFACTION WITH THE WORK ON SOLUTION OF PROBLEMS OF ELDERLY PEOPLE DONE BY THE FOLLOWING INSTITUTIONS/PERSONS IN THE DISTRICT OF YOUR PRACTICE?

Institution/Person	Very satisfied (%)	Satisfied (%)	Dissatisfied (%)
Nursing home	42	54	4
Day centre	35	48	17
Family doctor	26	63	11
Family nurse	22	67	11

Social workers

Employees of local government	21	75	4
Voluntary associations of elderly people	16	58	26
Employees of county government	15	77	8
Hospital	13	72	15
Diaconate a.o. church organisations	10	52	38
Cooperation partners abroad	10	42	48
Other non-governmental organisations	4	43	53
Private businesses	0	30	70

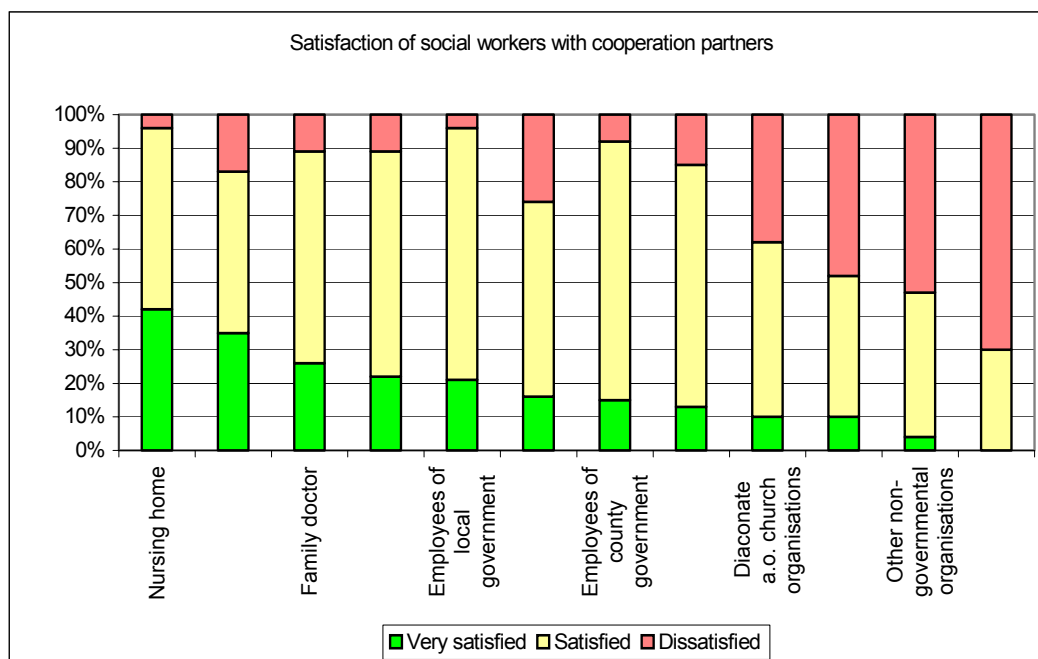


Figure 4.9. Satisfaction of social worker with cooperation partners

5. Problems and social activity of elderly people

DO YOU HAVE LITERATURE AND OTHER MATERIALS ABOUT WORK WITH ELDERLY PEOPLE?

	Yes %	Too little %	No %
Information about social services	74	21	5
Normal aging	53	32	15
Healthy lifestyle in old age	50	30	20
Use of aids	49	37	14
Daily coping	45	39	16
More frequent health problems in old age	40	40	20
Communication with elderly people	39	44	17
Methods of natural therapy	38	30	32
Care problems of elderly people	31	47	22
Prevention of traumas and accidents	28	40	32
Psychology old age	27	38	35
Coping with elderly people with psychiatric disorders	20	32	48

IN YOUR LOCAL GOVERNMENT UNIT IS TRANSPORT ENSURED FOR ELDERLY PEOPLE?

	Ensured %	Partially ensured %	Absent %
In the limits of local government unit	43	51	6
In the limits of county	31	59	10
Connection with bigger cities	36	44	20

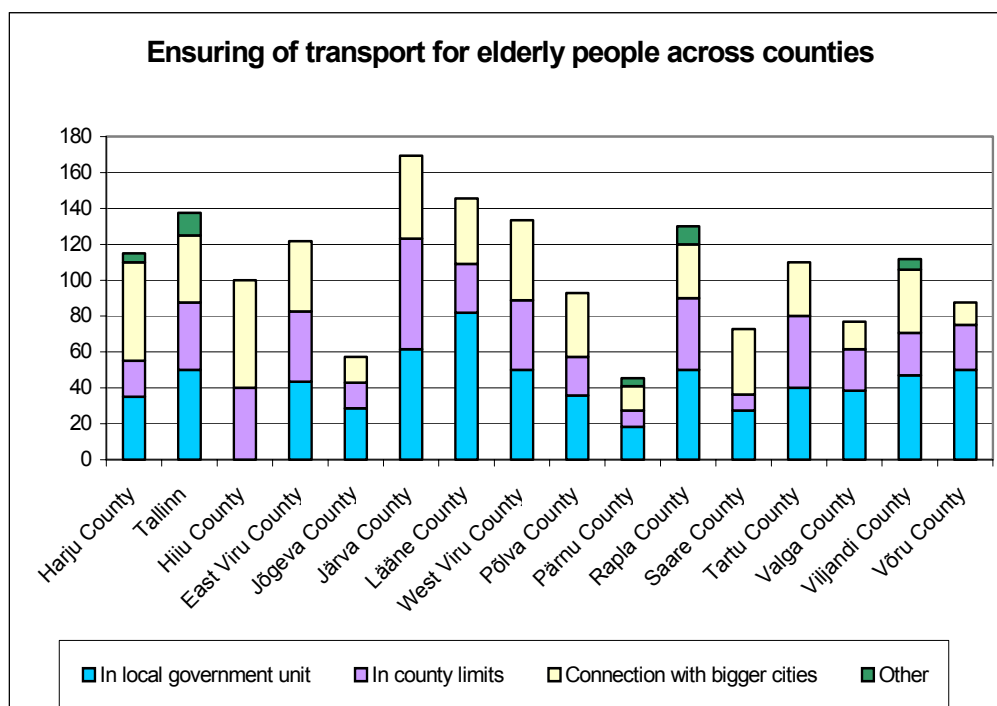


Figure 4.10. Ensuring of transport for elderly people across counties

IN YOUR LOCAL GOVERNMENT UNIT DO ELDERLY PEOPLE HAVE ACCESS TO INSTITUTIONS NECESSARY FOR THEM (RAMPS, HAND RAILS, ETC.)?

	%
Yes	9
To some extent	58
No	33

IN YOUR LOCAL GOVERNMENT UNIT HAVE TELEPHONES BEEN ALLOCATED TO ALL ELDERLY PEOPLE LIVING ALONE?

	%
It is possible for everybody	14
To a small extent	58
No	28

IN YOUR LOCAL GOVERNMENT UNIT DO ELDERLY PEOPLE HAVE OPPORTUNITIES FOR RETRAINING?

	%
It is possible for everybody	0.5
Such opportunities are scarce	17
No	82.5

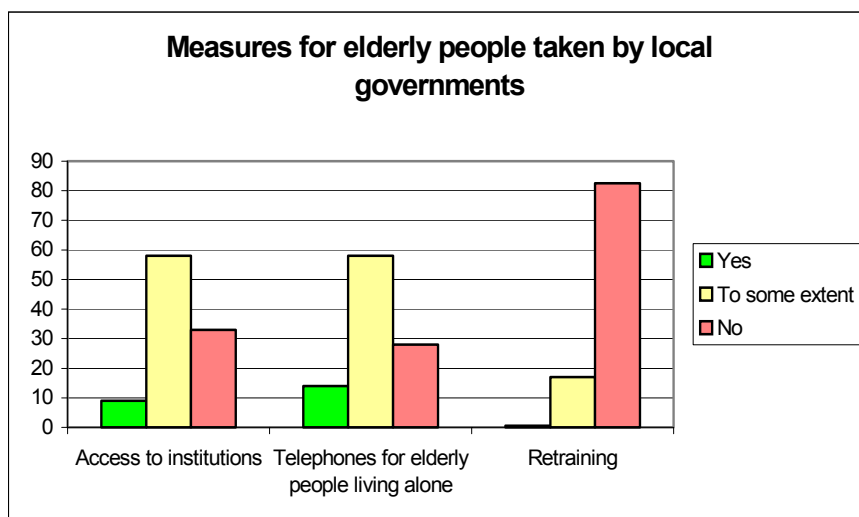


Figure 4.11. Measures for elderly people taken by local governments

IN YOUR LOCAL GOVERNMENT UNITS DO ELDERLY PEOPLE WITH SPECIAL NEEDS HAVE AN OPPORTUNITY TO PARTICIPATE IN CULTURAL LIFE AND TO SPORT?

	%
Yes	16
To some extent	54
No	30

IN YOUR LOCAL GOVERNMENT UNIT DO ELDERLY PEOPLE USE THE EXISTING OPPORTUNITIES FOR PARTICIPATION IN CULTURAL LIFE?

	%
Yes, actively	43
To some extent	54.5
No	2
I do not know	0.5

IN YOUR LOCAL GOVERNMENT UNIT DO ELDERLY PEOPLE USE THE EXISTING OPPORTUNITIES TO GO IN FOR SPORTS?

	%
Yes, actively	4
To some extent	55
No	29
I do not know	12

IN YOUR LOCAL GOVERNMENT UNIT IS THERE A SELF-HELP MOVEMENT OF ELDERLY PEOPLE?

	%
Yes	13
No	73
I do not know	14

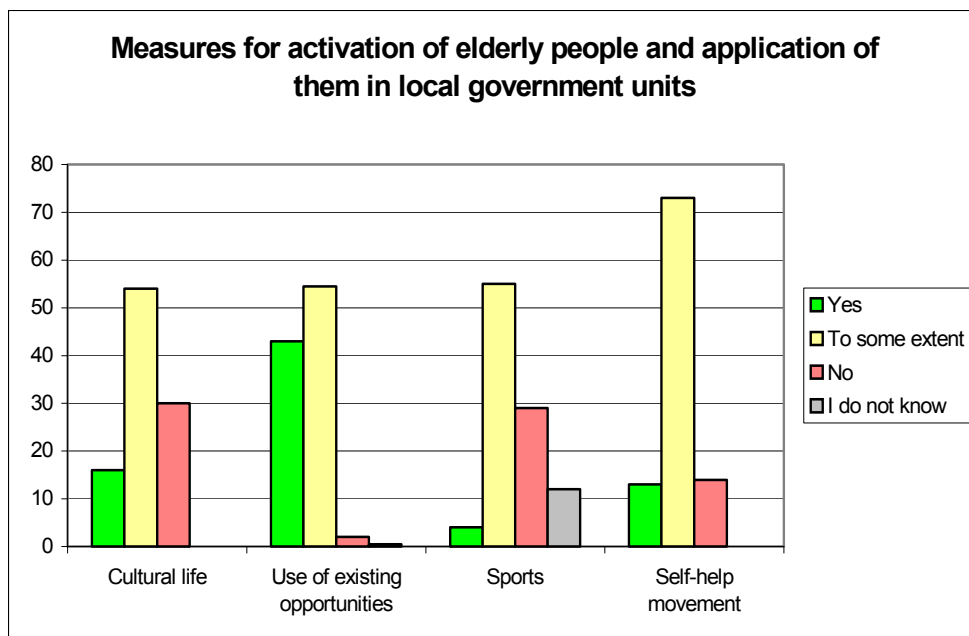


Figure 4.12. Social activity of elderly people

IN YOUR LOCAL GOVERNMENT UNIT HAS THERE BEEN ANY COOPERATION WITH PARTNERS ABROAD?

	%
Yes	40
No	58
I do not know	2

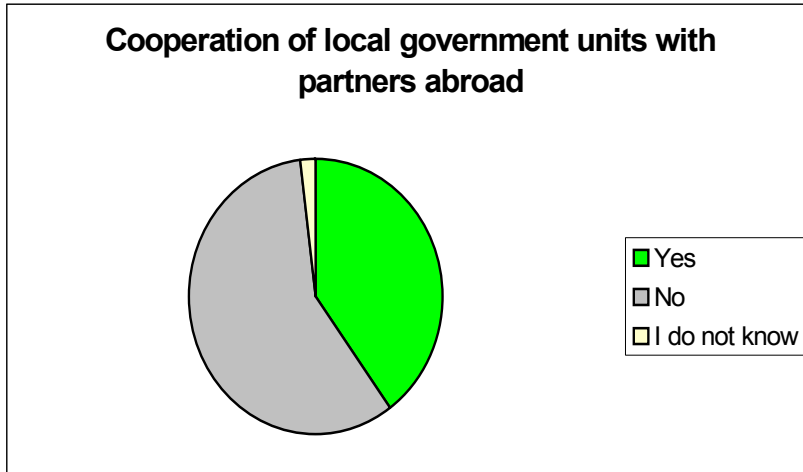


Figure 4.13. Cooperation with partners abroad

6. Policy concerning elderly people

ARE YOU FAMILIAR WITH ESTONIAN POLICY PAPER CONCERNING ELDERLY PEOPLE?

	%
Yes	48
To some extent	40
No	12

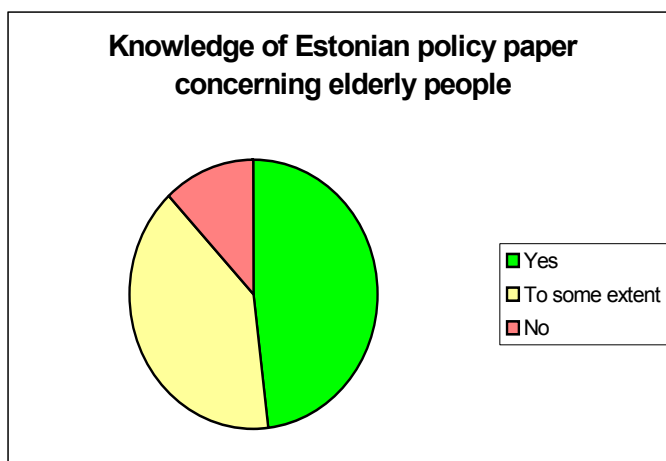


Figure 4.14. Knowledge of Estonian policy paper concerning elderly people

PLEASE GIVE YOUR ASSESSMENT TO THE FOLLOWING STATEMENTS

	I agree %	I disagree %
More elderly people should be members of the Parliament	5	95
The number of elderly people in the Parliament is sufficient, but they are not able to defend the interests of elderly people	83	17
The society appreciates elderly people	35	65
The status of elderly people in comparison with other age groups is poor	34	66
Elderly people would like to participate in working life to a greater extent	71	29
Elderly people should work less than they do	37	63
Elderly people should participate in managing their affairs much more actively	88	12
The young take good care of elderly people	19	81
Elderly people are active in associations	48	52
Elderly people should be promoted	79	21
Elderly women have better social status than men	30	70
Elderly men have better social status than women	16	84
Old age causes men more problems than women	72	28
In Estonia young and old people find it difficult to understand each other	63	37

Social workers

Children and grandchildren should take care of their elderly parents	92	8
Elderly people must help their children and grandchildren	30	70
Care of elderly people is not an obligation of the state, but of the family	42	58
Elderly people can cope by themselves	21	79
Many elderly people have been left without help by their family	84	16
Health of many elderly people is poor	94	6
Many elderly people are lonely	92	8
Elderly people are not interested in sex	37	63
Elderly people are not capable of having sex	20	80
Sufficient attention is paid to elderly people with special needs	22	78

HAVE YOU RECEIVED GERONTOLOGICAL (i.e. about normal aging) TRAINING?
(several answers may be marked)

	%
I have studied specialist literature independently	56
I have passed a shorter training course	31
I have studied gerontology in the program of specialist basic training	30
I have passed a longer training course	25
I have not received such training	20

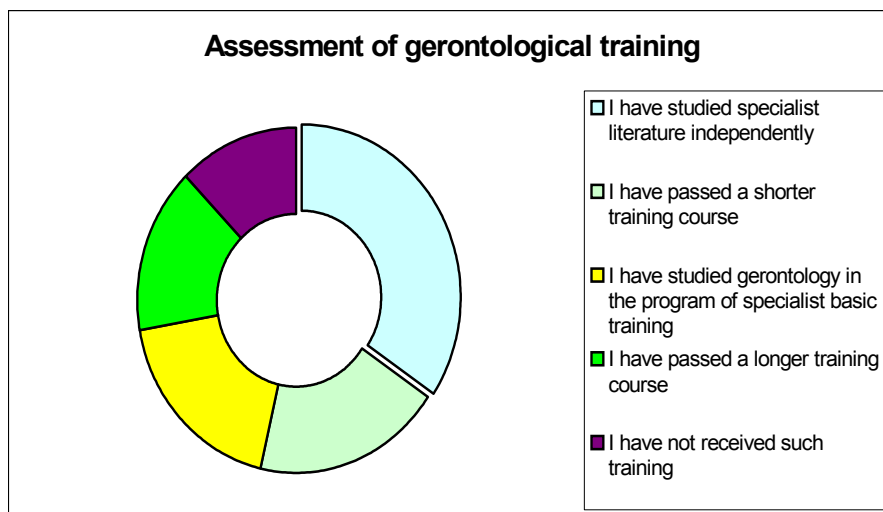


Figure 4.15. Assessment of gerontological training

HAVE YOU RECEIVED GERIATRIC (i.e. about illnesses of elderly people) TRAINING? (several answers may be marked)

	%
I have not received such training	43
I have studied specialist literature independently	27
I have passed a shorter training course	24

I have studied geriatrics in the program of specialist basic training 23
 I have passed a longer training course 17

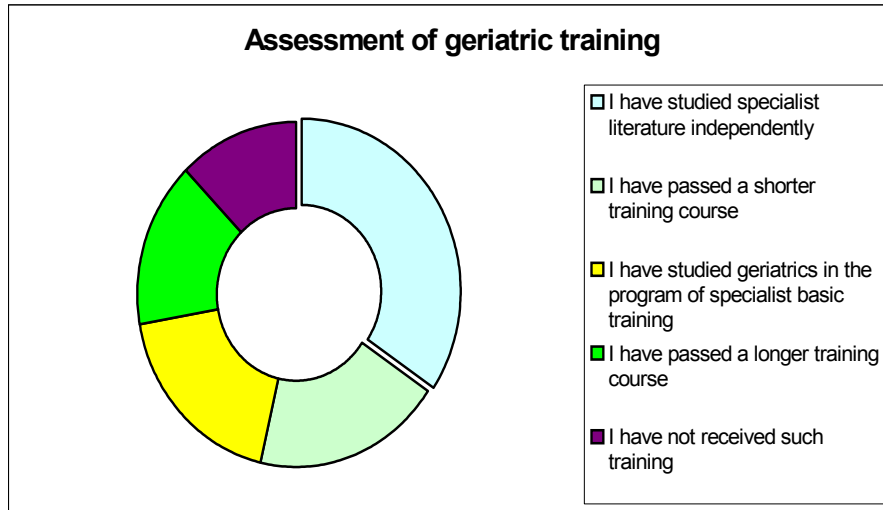


Figure 4.16. Geriatric training

ASSESS YOUR TRAINING FOR WORK WITH ELDERLY PEOPLE USING A 5-POINT SCALE (SIMILAR TO GRADES AT SCHOOL) 3.4

“1” – 1% “2” – 5.5% “3” – 48% “4” – 45% “5” – 0.5%



Figure 4.17. Self-assessment of social workers of training

Social workers

DO YOU NEED ADDITIONAL GERONTOLOGICAL/GERIATRIC TRAINING?
(several answers may be marked)

	%
I would like to pass shorter training courses	69
I would like to study specialist literature independently	39
I would like to pass a longer training cycle	25
I would like to study gerontology/geriatrics during specialisation courses	16
I would like to study it in university	6
I do not need further training	4

IN WHICH AREAS DO YOU FEEL YOU LACK KNOWLEDGE FOR WORK WITH ELDERLY PEOPLE?

	Extensively	To some extent
	%	%
Legal assistance	35	53
Particularities of effects of medicines on elderly people	31	44
Psychiatric disorders of elderly people	26	60
Assessment of functional condition	24	63
Advising of elderly people	22	57
Work with families of elderly clients	22	57
Health promotion of elderly people	17	68
Assessment of need for care	16	52
Psychosocial changes accompanying normal aging	14	62
Aids	11	63
Social care	10	51
Nursing of elderly people	10	72
Characteristic illnesses of elderly people	9	73
Physiological changes accompanying normal aging	4	65