Challenges in geriatric and gerontological education & training: The case of Israel

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Contents of presentation

- Socio-demographical characteristics and trends
- Health profile & services
- Education and training of professionals:
  - Undergraduate programs
  - Graduate programs
- Achievements and challenges
Demographic changes

As of end of 2009

Total population: 7.6 million
Increase since 1955: x 4.2

Elderly (65+): 742,000 (9.8%)
Increase since 1955: x 8.7
Percentage of population 65+

Source: Central Bureau of Statistics, Mashav-Planning for the Elderly, A National Database, JDC-Brookdale Institute & Eshel
### Population groups according to religion (2009)

<table>
<thead>
<tr>
<th>Religion</th>
<th>Percent of total population</th>
<th>Percent of 65+ population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jews</td>
<td>75.5</td>
<td>88.8</td>
</tr>
<tr>
<td>Moslems</td>
<td>17.0</td>
<td>5.8</td>
</tr>
<tr>
<td>Christians</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>Druze</td>
<td>1.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Others</td>
<td>3.7</td>
<td>2.6</td>
</tr>
</tbody>
</table>

*Source: The Elderly in Israel: Statistical Abstract, 2010; CBS, Mashav, A National Database, JDC-Brookdale Institute & Eshel*
## Percent of women in different population groups (end 2009)

<table>
<thead>
<tr>
<th>Group</th>
<th>65+</th>
<th>75+</th>
<th>80+</th>
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</thead>
<tbody>
<tr>
<td>All</td>
<td>56.8</td>
<td>59.5</td>
<td>61.3</td>
</tr>
<tr>
<td>Jews and others</td>
<td>57.0</td>
<td>59.7</td>
<td>61.4</td>
</tr>
<tr>
<td>Immigrants (FSU)</td>
<td>61.9</td>
<td>64.5</td>
<td>66.9</td>
</tr>
<tr>
<td>Arabs</td>
<td>53.9</td>
<td>57.0</td>
<td>57.6</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Jews &amp; Others</td>
<td>Arabs</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td>--------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td><strong>Males:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>77.0</td>
<td>87.6</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>14.5</td>
<td>9.1</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td>6.2</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2.3</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td><strong>Females:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>40.4</td>
<td>39.2</td>
<td></td>
</tr>
<tr>
<td>Widowed</td>
<td>48.1</td>
<td>51.1</td>
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</tr>
<tr>
<td>Divorced</td>
<td>8.5</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>3.0</td>
<td>7.5</td>
<td></td>
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</tbody>
</table>
Health profile & services
### Life expectancy

<table>
<thead>
<tr>
<th></th>
<th>At Birth</th>
<th>At age 65</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total population</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>79.7</td>
<td>18.4</td>
</tr>
<tr>
<td>Women</td>
<td>83.5</td>
<td>20.5</td>
</tr>
<tr>
<td><strong>Jews and others</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>80.3</td>
<td>18.6</td>
</tr>
<tr>
<td>Women</td>
<td>83.9</td>
<td>20.7</td>
</tr>
<tr>
<td><strong>Arabs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>76.3</td>
<td>16.0</td>
</tr>
<tr>
<td>Women</td>
<td>80.7</td>
<td>17.8</td>
</tr>
</tbody>
</table>

Source: The Elderly in Israel: Statistical Abstract, 2010; CBS, Mashav, A National Database, JDC-Brookdale Institute & Eshel
Expectation of disability at birth

Males - 7.5 years
Females - 10.2 years
Policy and Services in Israel

The dominant policy:

To enable disabled and frail people to continue living in their own homes and communities as long as possible.
Where do elderly Israelis live?

96% In the community

4% In various institutions*

*Assisted living, nursing homes, etc.
Social Security

- Basic pension benefit from Israel’s National Security Institute provided to all (universal)

- Supplementary financial support for low-income and needy (discretionary)

- Supplementary financial support for special needs (discretionary)
Services - public and private

- Community Long-Term Care Insurance Law (CLTCI - 1988)
- Adult day care centers
- Supportive communities
- Meals on wheels
Services

- Welfare services
- Health screening programs
- Voluntary services – visits, legal services, home repairs
- Rehabilitation wards and hospitals
- Long-term institutional care
- Long-term complex nursing/institutional care
System strengths

- National health insurance coverage
- Strong family support
- National home care insurance for the disabled
- Network of adult day-care centers
- Well developed health and social service infrastructure at the neighborhood level
- Low rates of institutionalization
Landmarks in the development of education and training of formal caregivers

Since 1948, public agencies (Malben, Mishan, JDC and Eshel) established institutions for the aged, and trained personnel for working with elderly.

1956 - The Israel Gerontological Society was established.

1975 – the 10th Congress of the International Association of Gerontology took place in Israel.

1982 - Geriatrics was recognized as a specialization discipline by the Scientific Council of the Israel Medical Association.

1991 – The first post-graduate program for physicians that provided certified training in geriatrics was opened.

1999 – Two MA programs in Gerontology were established.
Undergraduate programs

- Geriatrics is taught in all four medical schools in Israel

- Academic programs in geriatrics and gerontology are integrated in schools of nursing, social work, and physical therapy

- Formal and informal courses are given for directors of nursing homes, nursing aides, day-care center personnel and volunteers.
Graduate programs

- Specialization in geriatric medicine
- Post-graduate programs for physicians that provide certificate training in geriatrics
- Academic programs in schools of advanced nursing and social work
- Master’s degree program in gerontology
Geriatrics

Specialization in geriatric medicine is offered in two tracks:

1. Two years of residency in geriatric medicine for specialists in internal or family medicine

2. Two years of residency in internal medicine followed by two years of residency in geriatric medicine and 6 months of research
Residency in geriatrics

Structure:

• During residency in geriatric medicine, physicians participate in all clinical and academic activities in one of the 20 certified geriatric departments, and rotate through long-term care, rehabilitation, psycho-geriatric and outpatient clinics.

• Two board examinations in each subspecialty – internal/family medicine and geriatrics.
Residency in geriatrics

Demands from graduates:

- Knowledge in physiology of aging, clinical aspects of aging, end-of-life care, and the link between morbidity and function
- Ability to provide consultations regarding elderly patients and their problems as well as advice in using community services
- Ability to coordinate multidisciplinary personnel teams
Program Achievements

- Has increased the cadre of well-trained professionals in the field (~170 graduates)
- Has increased awareness of the need for geriatric specialists among professionals
- Has improved quality of care both directly and indirectly by training personnel and becoming involved in education and research
- Has enhanced prestige of the profession.
The MA program in Gerontology

Faculty of Health Sciences
Ben-Gurion University of the Negev
Beer-Sheva, Israel
Objectives of the program

- To upgrade the level of professional caregivers in social and health services, and prepare a new cadre of highly qualified professionals

- To promote research in gerontology in Israel

- To advance multidisciplinary and interdisciplinary orientations in research and practice

- To create a more harmonious integration between research and practice in the southern region and the rest of the country.
Structure of the MA program in Gerontology

**Basic Courses**

- **Clinical Track** - Case management specific courses
- **Administrative/Managerial Track** - specific courses
- **Research Track** - specific courses

**Field Work**

- **Clinical Track** - Field Work
- **Administrative/Managerial Track** - Field Work
- **Research Track** - Thesis

**Thesis**

- **Clinical Track** - Thesis - optional
- **Administrative/Managerial Track** - Thesis - optional
- **Research Track** - Thesis

**Elective Courses**

- **Clinical Track** - 48 course credits*
- **Administrative/Managerial Track** - 48 course credits
- **Research Track** - 36 course credits

* I hour per semester equals 1 course credit
Students

The target population for the program includes graduates of:

- Medical professions (physicians, nurses, physical therapists, nutritionists, etc.)
- Social sciences (behavioral sciences)
- Management & administration

Admission criteria: A BA degree from a recognized university, with a final grade of at least 80 (out of 100)
Achievements of the program

- Successful entry into the professional labor market
- Improving quality of care - directly, by collaboration with community services, and indirectly, by preparing a highly qualified cadre of professionals dedicated to quality of care
- Creating a professional community, thereby enhancing research in aging
- Developing contacts with the international community
System weaknesses - caregivers

Informal caregivers:

- Current and foreseen shortage of paid home caregivers
- Current and foreseen increasing burden on family caregivers
- Lack of training and support services for informal caregivers (family and paid home caregivers).
System weaknesses - caregivers

Formal caregivers:

- Current and anticipated shortage in professionals from all disciplines
- Insufficient education and training in the community for specialists in geriatrics
- Insufficient education and training in geriatrics, especially for professionals in primary care and in medical centers who treat elderly persons
Conclusions and recommendations

- Increase efforts to attract students to choose careers in geriatrics and gerontology by: fighting ageism, increasing benefits, and promoting awareness to societal needs.

- Increase geriatric knowledge and training of all clinical specialists who treat the elderly.

- Initiate obligatory education and training for paid care workers.

- Create support and training programs for family caregivers.
Conclusions and recommendations/2

- Address future needs by increasing knowledge and training of medical personnel in the community rather than in general and geriatric hospitals.

- Establish interdisciplinary committees of experts to evaluate, revise, and recommend changes and innovations in the various programs.

- Institutionalize models for continuous collaboration among professionals involved in caring, research, and education.

- Establish international forums of experts in the related professions for continuous evaluation of current educational programs in the various countries, based on which to formulate suggestions for innovations and updates in core studies.
Thank You
System weaknesses

- Long-term care is not covered by the Health Law, causing duplication and fragmentation of long-term care services and continuity of care

- Minimal preventive programs for the healthy and independent

- Lack of programs for specific population groups of elderly and their caregivers

- Insufficient education and training in geriatrics to formal and informal caregivers
Diversity and disability of elderly (65+) in ADL - 2009 (%)

<table>
<thead>
<tr>
<th>Ethnic origin:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Jews and others</td>
<td>21.8</td>
</tr>
<tr>
<td>Arabs</td>
<td>45.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>17.2</td>
</tr>
<tr>
<td>Women</td>
<td>28.6</td>
</tr>
</tbody>
</table>

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Community Long-Term Care Insurance Law (CLTCI) - 1988

The law intends to complement, rather than replace, the existing system of service provision, including family care, and formal medical and social services.

Principles for entitlement:

Universal - A basic level of care is provided to all according to needs (up to 15 hours per week).

Discretionary – Supplementary care is provided according to needs.
CLTCI (cont.)

Eligibility:
Men from age 65 and women from age 60, living in the community and limited in ADL

Services include:
- Domestic help
- Personal care
- Community day-care centers for frail elders