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AGING AND CHRONICITY:
OPPORTUNITIES FOR NURSING

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ABSTRACT

The growing awareness of the challenge that aging represents for modern societies translates into political initiatives aimed to find comprehensive solutions for this complex issue. This paper analyses some of these initiatives and suggests areas of opportunity where nursing research must be mobilized to take integral part of the initiatives and programmes that are to be implemented.

Descriptors: Aging; chronicity; nursing; research; innovation.

Aging and Chronicity: New Opportunities for Nursing Research

Aging and chronicity pose a number of challenges for society. These concepts must be highlighted, as their multifaceted character generates important social, economic, sanitary, cultural, scientific, ethical, security, and geopolitical effects. Worldwide, the significant demographic changes being produced are represented in the population pyramids and have gained attention. As a result of these aging communities, there has been an increase in chronic diseases, which are currently estimated to be responsible for nearly 60% of global mortality (World Health Organization, 2005). This situation has resulted in an increase in dependence, decrease in the informal support network, inadequate utilization of health services, and increases in sanitary technology available. These scenarios generate new problems and can make new dimensions of traditional issues surface. As a consequence of aging, chronicity has become a relevant factor that should be considered by politics, consultants, suppliers, media and collective citizens. We are facing complexity of a known and growing problem within healthcare systems that are in crisis around the globe, requiring adequate, effective, efficient answers. It is imperative to foresee the evolution of this phenomenon and its impacts, as well as to propose solutions to its many challenges. This is not only necessary to ensure societies' survival, but above all, to develop new ones and perhaps unsuspecting capacities and facets of a new society that must once again, reinvent itself.

How to address aging and long-term illnesses?

To face these challenges, the current health services' focus on unique acute processes must change. The reigning approach for the provision of care has become clumsy, variable and fragmented for patients with chronic conditions, and lacks the necessary communication between professionals from different levels of attention and family members, despite increased vulnerability of these patients (Morales, 2010). If it is true that more and more countries are setting aside funding for programs targeting aging and chronicity, it is essential to integrally refocus these programs so that do not follow the pattern of lacking coordination (Alwan, MacLean & Mandil, 2001).

This growing demand of citizens has contributed to the appearance of integrating models. Among them we can highlight Wagner's Chronic Care Model (CCM) for its impact, which centres its objective in ensuring that users have sufficient autonomy to acquire the resources needed to improve their quality of life and prevent deterioration. Another model with multiple versions in the United States is Kaiser Permanente's "Pyramid of Risk Model," which is very influenced by the CCM model. In this model, the susceptible population is divided into three levels of care based on their complexity, and use of resources. Other noteworthy models are the Strength Model, which is directed towards mental health patients, PACE, which targets fragile seniors, and Boult's model, Guided Care, in which advanced practice nurses conduct the case management for complex chronic patients, obtaining very quality results (Boult, Reider, Frey, Leff, Boyd, Wolff, Wegener,... & Scharfstein, 2008; Fast & Chapin, 1996; Mui, 2001). Despite these cases, the research to minimize these models' weaknesses these related models present is still necessary, above all, focusing on the quantity and frequency of the intervention, types of providers or homogeneity of the destinations.

In spite of everything, and given the multifaceted character of this discussion, it is essential that health services refocus their attention on aging and chronicity from a wider perspective, diverse and centralized on self-care, promoting case management and strengthening primary care, while harmonizing politics and integrating strategies, where the relationship between different health sectors is possible (Martínez & Sanjuán, 2011).

Aging and Chronicity, Priority Objectives in the 2020 European Strategy (UE2020)

The new UE2020 Strategy faces these challenges through orienting its priorities on three axes: intelligent growth (knowledge and innovation), sustainable growth (effective use of resources) and integrating growth (social and territorial cohesion) (Comunicación de la Comisión, 2010). For each axis, there are a total of seven of emblematic initiatives, which will be the fundamental pillars of each strategy, with specific quantified objectives for each of them.

The new 2020 strategy will not only be directed towards improving the macroeconomic indicators, but also to pursuing solutions for the biggest social and economic challenges, not just. One of these big problems is aging:

"The aging of the population is accelerating. By retirement, the generation of the demographic explosion of the 69s, the active population of the UE will start to diminish at the start of 2013/2014. The number of those older than 60 years will increase two times as fast as is had before 2007, this is to say that by two million per year instead of one million, as it had been previously. The combination of a younger active population, and a greater proportion of retirees will translate into more tensions in our systems of wellbeing."

The UE2020 strategy places so much importance on aging and chronicity that the first pilot experience is developed for targeting these issues with a new holistic and integrated focus, through political choices, programs, European and national budgets.

"Active and Healthy Aging" (CIE-EAS)

Currently, the European Commission and State Members are defining the first the European Innovation Cooperations. The primary objective of this pilot experience is reaching "Active and Healthy Aging" CIE-EAS (European Innovation Partnership on Active and Healthy Ageing – EIP AHA). In May of 2011, the European Commission set up a high level Steering group to assist with the launch and implementation of the pilot partnership. This organisation was jointly chaired by Vice President Neelie Kroes and Commissioner John Dalli, and included stakeholders such as state members, regions, industry, health and social care professionals, elderly and patient organisations and other interested groups.

The Steering group worked to draw up recommendations for a Strategic Implementation Plan, on the basis of which initiatives would be launched for piloting the partnership.

In November of 2011, the high level Steering Group adopted the Strategic Implementation Plan (SIP), which outlines a common vision and a set of operational priority actions to address the challenge of ageing through innovation. The high level Steering Group invites the European Commission, the Council of the EU and the European Parliament, as well as other previously mentioned key stakeholders, to support the plan. (High level Steering Group on the Pilot European Innovation Partnership on Active and Healthy Ageing, 2011). In the development of this strategy, the Steering Group, a group of high level directors, which includes commissioners of the CE, ministers of the State Members, researchers- among whom are nurses- from the company, patient representatives and other relevant actors, are working on a proposal that establishes management, content and answers to challenge this Cooperation.

The implication of the Steering Group is the community administration and the State Members' highest representatives, where they look precisely for the initiative's inspiration and its impulse forges with the political orders of those who must assure its definition, and above all, its development and application. This is a clear example of a *'top-down'* initiative in which its conception and focus strategy refer.

As far as the CIE-EAS objectives, they have formulated in terms of increasing the average healthy life of the European citizens in two years. The focus pursues a triple gain: to better the status and life of the Europeans, in specific and major ways; to maintain the long-term sustainability of the health systems and social security; and to reinforce the competitiveness of the European industry.

Nonetheless, it is important to highlight that aging and chronicity create a new social and economic dynamic that is necessary to understand in order to facilitate a better adaptation of systems for wellbeing that will also create new opportunities for social and economic development. In order to achieve this, it is necessary to update professional competencies such as teaching and training. The advancement, prevention and assistance systems must be adapted; diet, information technology and telecommunication, the insurance sector, design and production, ergonomics, the automobile sector, construction and furniture sector; garment design and footwear; commercial and distribution circuits, including the environment and climate change, often have an influence over various aspects of health. All of these sectors, among others, are susceptible to finding new opportunities and niches in markets within Europe, and the world. Therefore, the challenge of aging and chronicity for the present society with older populations is not only necessity for survival, but also a source of opportunities for the future.

Opportunities for International Research and Cooperation in Nursing

It is important to highlight that there are important areas of cooperation apart from the European initiatives described that offer possibilities for collaborative action in development and research in Ibero-America.

The program CYTED[1] (Ibero-American Programme for Science, Technology and Development) offers financing for research networks in the area of health, through periodic open calls for group participation in all Latin American countries, Spain and Portugal. CYTED offers an enormous opportunity to incorporate teams of researchers in nursing in related networks with some of the general topics in the area of health such as infectious disease, public health, epidemiology, medical biotechnology, chronic and degenerative disease, and medication. These grants offer a new field for study and research activities that is particularly interesting for nursing.

The growing focus on the political attention of the problems with aging and chronicity creates important opportunities for new research in allied sectors, related with nursing and community health. However, this opportunity must be taken advantage of in in the conception phase. The large European and international initiatives entail a general deposit in other regions of the world that in its way orients strategies in a similar direction. This opens even more opportunities for international cooperation, which Ibero-America can and should be a part of.

In addition, the focus on integration and call for these strategies will permit – if not demand- that public-private cooperation be embraced. This situation makes this type of focus even more attractive, as it presents new possibilities for important development in nursing research. It will be necessary to maintain close scrutiny of these developments, assuring the presence

1 http://www.cyted.org/

of nursing research representatives and taking maximum advantage of its contribution in the corresponding forums.

The international programs as those described above offer unexplored areas of cooperation and transnational, intersectional and interdisciplinary research. It is necessary to advance all that could be potentially be considered a contribution to nursing research in these new areas, how they could be utilized in future management, content of the strategies and the programs that develop them.

We said at the start that aging constitutes a silent revolution. In addition to the tremendous challenges that this change brings about, significant opportunities for diverse sectors of society open, and among them are research, development and innovation, to serve a society that is more mature, but also healthier, more active and integrated. Nurses have the great challenge and opportunity with this issue and it is their responsibility to be capable of taking advantage of this opportunity (Boult et al, 2008; Cumbie, Conley & Burman, 2004; Goodman, Morales-Asensio & de la Torre-Aboki, 2013; Watts, Gee, O'Day, Schaub, Lawrence, Aron & Kirsh, 2009).

Nurses' Position with Aging and Chronicity

The paradigm that nursing is built on seems opposed to those who are in control of health services, given the important influence that the medical paradigm exerts on them. The base of this focus and the planning that is conducted is directed towards self-care and strengthening of autonomy and responsibility of people and their families through health promotion and education, with special attention to the continuity of care and independence in the level of attention they need. There are many studies that support the efficacy and efficiency of nursing care for aging and chronicity such as nurse practitioners, case managers, residential home care that is planned and managed by nurses, and finally, support in decisions and redesigning the provision system (Watts et al, 2009). It is important to recognize that special community nurses advanced practice competencies with the ability to lead the necessary reorientation of the health systems (Department of Health, 2006).

It is worth mentioning, however, that nurses' contributions must be framed within the work team in an interdisciplinary way and in wide community contexts so that the capacity to resolve problems and facilitate specific attention is reinforced by different professionals that the people and families need in each moment of the complex process of aging and chronicity (Morales-Ascencio et al., 2008).

Therefore, this is not about generating large investments in health systems, but using the capacity they have to integrate existing, contrasting experiences so that through an adequate utilization and coordination of existing resources and with an integral and holistic perspective, professionals can respond to the challenge presented by aging and chronicity and to the political

planners in health. In this sense, the researchers are situated in the center of the requirement definition of the support designs, the new services and innovative products in the area of health.

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