

AN OVERVIEW OF PRIMARY HEALTH CARE IN GERIATRIC AND NEED OF CARE INTERVENTION

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Submitted: 2023-07-03

Accepted: 2023-11-07

Published online: 2023-12-31

Abstract

Objective: To evaluate the care interventions and approaches for the ageing population in different countries and their perspective of geriatric care. Quality assurance and workforce development the monitoring supervision and evaluation of care progression is very demanding for the sustainable delivery of care and frequent trainings and education of healthcare professionals develop quality geriatric care. This study has underscored the significance of specific building characteristics from Swedish and Canadian care models, such as community care, physical support, authenticity, cognitive well-being, comfort, and personalization, in positively influencing various aspects of resident's quality of life.

Methods: The review study conducted in this research paper adhered to the PRISMA (Preferred Reporting Items for the Systematic Reviews and Meta-Analyses) guidelines.

Results: The global geriatric care strategy and plan of action on ageing and health, which provide a clear mandate for action across health and social care sectors, where a different set of outcome indicators is needed – indicators that reflect intrinsic capacity, functional ability, quality of life and the attainment of goals defined by the older person.

Conclusion: There are some loopholes in every care system but continuous intervention leads to success as Sweden, and Canada, they have attributed to increased funding for geriatric care programs, but with the care concern, Czech Republic is avoiding to provide such health care services due to many reasons, mainly lack of funds, services providers, and trained staff to carry such task of dealing health care out of hospital and that is the reason community care centres are still not materialized.

Keywords: Canada; Czech Republic; EUGMS; Geriatric; Primary healthcare intervention; Sweden

INTRODUCTION

Aging population is a global risk, mentioned in G20 summit in 2019 and with the situation of Europe is challenged by the growing demand for elder care it is fact that one third of the European population is dealing with the inadequate social infrastructure to meet the demands of aging population (Araujo de Carvalho et al., 2017). The structure of geriatric care

in the European Union work under the context of Sustainable Development Goals that follows quality standards within a specified time frame. After this timeframe, these standards are updated, to establish age-friendly environments, align health systems with the needs of older individuals, build long-term care systems, and promote research, measurement, and monitoring for Healthy Ageing (WHO, 2015a).

The Czech Republic's approaches to health care are appreciated and new programs are initiated to focus on geriatric care and easy access to medical services. The Czech Republic has developed long term care insurance to provide financial support to older adults. Geriatric care focuses preventive care, through vaccination programs and health screenings and many educational campaigns to enhance health care support. However, many challenges yet to solved, for instance unavailability of trained geriatric professionals or care teams in rustic areas. More often in case of Czech Republic when the extent of services is limited, these services are less likely to offer an alternative to institutionalization, particularly for the more severely disabled elderly (Brodsky et al., 2002). There is need of serious action on the prevalence of depressive symptoms from studies shows risk is 46% high and treatment is getting more expensive 1949 Euros per month or 23,388 per year (Holmerová et al., 2017), than before as in Sweden estimate health cost increased SEK 18,382 per person (Persson et al., 2021).

Sweden is providing universal health care system to all citizens and special care to elderly that is designed according to their needs and health status. A group of geriatricians, nurses, physiotherapists, and other healthcare providers work as a team to deliver required care to older patients. Primary care is aimed to enhance healthy aging and counteract chronic diseases.

Swedish Geriatric primary care contain following provisions like broad range of geriatric assessments to recognise health problems and design a customised care plan older people who are granted residential care today have greater care needs than before. It has been estimated that an older person in residential care receives on average 100 hours of help per month (Peterson, 2017; Ulmanen and Szebehely, 2015). Which includes Controlling of chronic diseases such as diabetes, hypertension, and osteoporosis and supervision on medication to provide right doses. Arrangement of customised care to assist elderly in navigating healthcare system and approaches to required services. Sustainable backing to caregivers, with sufficient education and relief care.

Canadian health care system provides universal access to healthcare services to their

citizens as well as permanent citizens and dealing with senior citizens with health care concerns as well as social care. There is broad version of social care and community care provisions in Canadian health care system as well as in Sweden for instance legislative changes have opened for private provision in both the home care sector and in residential care (Peterson, 2017; Szebehely and Trydegård, 2011). If we closely look at the Canadian elderly care interventions, their focus is to provide best of the services at home care that share the sense of quality care and further dimension of attachment or sense of belonging is expressed by residents and their family members with the use of the word family and the term home away from home.

Role of European Union Geriatric Society for geriatric care

To promote elderly healthcare, research, education and better clinical practice, the European Union found an organization known as European Union Geriatric Medicine Society (EUGMS). Together 2000 trained geriatricians, researchers, nurses, and other healthcare professionals are from all over the Europe are working together to provide better healthcare provisions to elderly population.

The role of EUGMS focuses on PCC, Person centred Care and Comprehensive assessments to fulfil individual needs according to their physical, mental, social requirements and care plan is designed according to the care needs. Quality assurance and Workforce development the monitoring supervision and evaluation of care progression is very demanding for the sustainable delivery of care and frequent trainings and education of healthcare professionals develop quality geriatric care.

Objective of the paper

The objective of this paper is to investigate novel facets of healthcare and diverse approaches to care interventions in addressing the primary challenge of healthcare for the aging population.

MATERIALS AND METHODS

The review study conducted in this research paper adhered to the PRISMA (Preferred

Reporting Items for the Systematic Reviews and Meta-Analyses) guidelines. The study includes the predefined study selection of specific criteria, a comprehensive search strategy across multiple databases, rigorous data extraction procedures, and a systematic assessment of study quality.

Search strategy

Extensive research has been conducted by using literature and various electronic databases in the healthcare field, including PubMed, Scopus, Springer, Web of Science, and CINAHL. The search encompassed research articles published between 1999 and 2022, and the study was conducted from January 2021 to February 2023. Diagram 1 provides an overview of the search database and the relevant articles identified for this review. The same search terms, strategy, and limitations applied to PubMed were utilized for the other databases. The searches were performed on multiple occasions, with the initial search conducted in February 2021. Additional searches were conducted to include recently published articles and those focusing on geriatric care conditions, policy development, and evidence-based practice in geriatric primary care.

Identifying research question with research framework

The selection criteria for the studies included in this review comprise the following elements: population, intervention/exposure, comparison, outcome measures (PICO framework), and study design. My research strategy, using the PICO framework, clearly formulates the research question: “Is there a discernible requirement for enhancement in geriatric care interventions within the Czech Republic in comparison to Canada and Sweden?”. The specific components of the PICO framework are as follows:

- Population: Geriatric individuals in the Czech Republic, Canada, and Sweden.
- Intervention: Geriatric care interventions in the Czech Republic.
- Comparison: Geriatric care interventions in Canada and Sweden.
- Outcome: Need for improvement in geriatric care interventions.

Determining the inclusion and exclusion

The included papers contained information on care interventions for geriatric individuals in various settings such as hospitals, home care, and community care. All the selected studies were written in English, and some of the information was sourced from the official websites of the European Union, healthcare database covering the period from 1999 to 2021. Irrelevant studies, duplicate studies, non-English language studies, outdated studies, and studies with the low methodological quality were all excluded. The inclusion criteria required up-to-date information from valid publications, as well as references from the World Health Organization (WHO), European Geriatric Medicine Society (EUGMS), and the Euro database. The PRISMA Flow Diagram (Diagram 1) depicted the process of conducting meta-analyses for the review study, utilizing databases such as Web of Science, Scopus, Springer, PubMed, CINAHL, and Wiley Online Library.

Quality assessment

The given diagram provides a clear explanation of the assessments conducted, presenting the strengths, weaknesses, and limitations identified. Initially, a total of 98 studies were identified, sourced from various databases including Web of Science ($n = 18$), Scopus ($n = 22$), Springer ($n = 11$), CINAHL ($n = 18$), Wiley online library ($n = 6$), and PubMed ($n = 23$). In addition, 6 other publications from the European Geriatric Medicine Society (EUGMS) and World Health Organization (WHO) report EU Geriatric care policies from the years 2018 to 2020 were included to enrich the database with relevant information.

Synthesized findings

The validity and generalizability of the results are influenced by the quality of the included studies, as reflected in Table 1. I have included 10 publications specifically, addressing the comparative geriatric care interventions and their practical approaches.

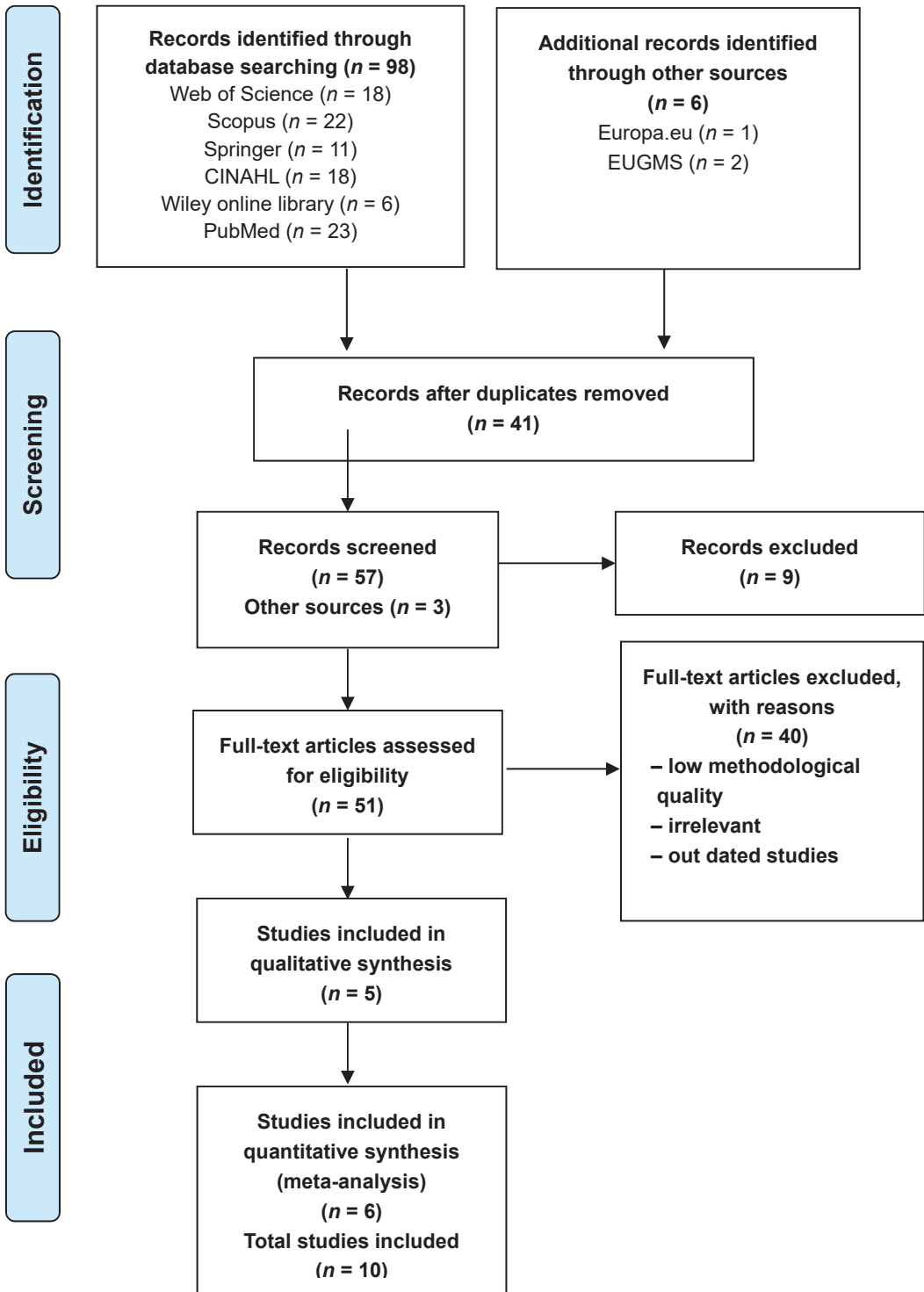


Diagram 1 – PRISMA 2009 Flow Diagram (Moher et al., 2009)

RESULTS

The objective leads to the results elaborating the main concerns over healthcare approaches of ageing population and implications for policy and practice. The given resources de-

scribe the relationship between quality of life of elderly people in institutional care as well as in home care and the moral of care staff. Table 1 depicts the features and the results of this study.

Table 1 – Characteristics of pertinent sources

Author and the publishing year, country of origin	Type of study	Title of the paper	Objective of the paper	Field of study
Andrew and Ritchie (2017) New Zealand	Qualitative study	A Café's contribution to transforming the physical and social environment, Journal of Housing For the Elderly	Development and maintenance of a variety of relationships for older residents with staff, other residents, family, and friends	Culture change in aged-care
Parker et al. (2004) Canada	Qualitative study	Quality of life and building design in residential and nursing homes for older people	Older person's quality of life	Ageing and society
Ramage-Morin et al. (2017) Canada	Qualitative study	Nutritional risk, hospitalization and mortality among community-dwelling Canadians aged 65 or older	Canadian seniors are at nutritional risk	Elderly health reports
Correia et al. (2022) Canada	Qualitative study	The impact of care of the elderly certificates of added competence on family physician practice	Improving health system's capacity to adequately care for older adults	Elderly care and clinical responsibilities
Westerling et al. (2022) Sweden	Qualitative study	A qualitative study on older adults' experiences of a tailored primary health care unit, Scandinavian Journal of Primary Health	Primary healthcare interventions for older patients	Primary healthcare interventions for elderly population
Szebehely and Trydegård (2011) Sweden	Qualitative study	Home care in Sweden: A universal model in transition	Health and social care in the community	Health and social care
Nord et al. (2021) Sweden	Mixed method	Costs and effects of comprehensive geriatric assessment in primary care for older adults with high risk for hospitalisation	A comprehensive geriatric assessment (CGA) and digital prediction in primary care of elder population	Affordable healthcare
Giosa et al. (2022) Canada	Mixed methods	Developing an evidence-informed model of long-term life care at home for older adults with medical, functional and/or social care needs in Ontario, Canada	Medical and social care needs for ageing population	Long term care facilities
Kubalčíková and Havlíková (2016) Czech Republic	Mixed methods	Current developments in social care services for older adults in the Czech Republic	Trends towards deinstitutionalization and marketization	Integration of social service
Araujo de Carvalho et al. (2017) Switzerland	Qualitative study	Organizing integrated health-care services to meet older people's needs	Care interventions and healthy ageing	Physical and mental health care

DISCUSSION

The Czech Republic's investment in health-care, including long-term care insurance provides financial support for older adults who require long-term care, regardless of their financial situation. The detailed description of Table 1 highlights the evidences of care interventions in which Andrew and Ritchie (2017) describes that Aged Care Residential Facilities (ACRFs), not only embrace culture-change principles but also make them the standard rather than the exception and Czech Republic is in need of this approach. Some how the focus on preventative care, through health screenings, vaccination programs, and educational campaigns, has also been an important aspect of geriatric care in the country, the well established as an important determinant of an older person's quality of life (Parker et al., 2004). However, challenges still exist, such as a shortage of trained professionals in geriatric care, particularly in rural areas and author Westerling et al. (2022) proved in his study that older patients expressed their concern for an incorporation of social services and personalised primary health care (PHC) units in their residential areas.

Despite these challenges, the country is committed to improving the quality of life for its aging population and ensuring they receive the care and support they need to age with dignity and quality of life. According to Szebehelely (1995) three parties are involved in care for older people: (a) the persons in need of care; (b) their families and (c) paid care workers (in the formal or informal economy). These three groups, of whom the majority are women, live the consequences of changing public policies and this is the common concern in these three countries, Canada, Sweden as well as in Czech Republic. Later in 2011 studies done by Szebehelely and Trydegård elaborated the loopholes in Swedish elderly care system which provide publicly funded services may led to a decrease in the level of eldercare universalism in Sweden.

Furthermore, Integrated care has been defined as a discrete set of techniques and organizational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors at the funding, administrative and/or provider levels (Kodner and Spreeuwenberg, 2002).

Nord et al (2021) suggested this same thing that comprehensive geriatric assessment can improve the health outcomes, and this will reduce the burden on care staff and the necessity for hospital care. On the other hand, the term social insiderness to illustrate the sense of being part of a community where people care about each other (Andrew and Ritchie, 2017) in the continuation of same thought Giosa et al (2022) model of Long Term Care (LTC) homes in community and improve the accessibility of care and reduce the waiting times which is in under practice in many provinces of Canada.

Kubalčíková and Havlíková (2016) mentioned in their study that the current situation of Czech Republic national strategy discourages the establishment of new residential homes for older people, though increased funding for the development of community-based services has not materialized. Araujo de Carvalho et al. (2017) elaborated the goals of WHO that collaboration among service providers in their interprofessional roles is of paramount importance.

Geriatric healthcare goals of Czech Republic, Sweden, and Canada

In 2015, the World Health Organization (WHO) published the first World report on ageing and health. This was followed in 2016 by the World Health Assembly's adoption of a Global strategy and plan of action on ageing and health, which provide a clear mandate for action across health and social care sectors, where a different set of outcome indicators is needed – indicators that reflect intrinsic capacity, functional ability, quality of life and the attainment of goals defined by the older person. Some indicators already exist but others have still to be developed (WHO, 2015b).

Elderly population in the Czech Republic is looking forward for better care services that can be provided by formal care by health care providers and that somehow linked with the social care as well. The nursing homes, referred to as "home for seniors" or "Domov pro seniory" taking care of individuals with lower levels of independence and lesser care requirements. It is important to note that not all residents in these homes are categorized as long-term care users. The nursing homes with special regimes, known as "Domov se zvláštním režimem", catering to individuals with

specific needs such as dementia, psychiatric problems, and some other issues related to health and social care. The Social care services for older adults in the Czech Republic are predominantly provided by municipalities and regions, accounting for approximately 87% of these services. Non-governmental organizations and churches have a minor involvement, delivering approximately 10% of social services in this domain. The presence of for-profit providers within this sector is even more limited, estimated to be around 3% (Kubalčíková and Havlíková, 2016; Pfeiferová et al., 2013).

The duration of patients' stays in institutions is largely determined by the financial system of health insurance companies, which reduce funding after a three-month period. Despite of all these facilities, less than 200 geriatricians are serving in these institutions whereas the need is more than 400 geriatricians, there is strong need of geriatric academics and research centres to improve the services provided in these institutions (Kolb et al., 2011). Despite of differences in formal clinical roles, and responsibilities, collaborative work with other health care providers, and remuneration patterns, the Certificate of Elderly care (COE) designation was consistently regarded for enabling family physicians to increase the health system's capacity to adequately care for older adults in Canada (Correia et al., 2022). There are many studies that show that unmarried and childless participants were more prone to depression and Alzheimer's that indicates importance of psychological assistance is lacking in this population. Whereas the Swedish Geriatric primary care contain following provisions like broad range of geriatric assessments to recognise health problems and design a customised care plan. Supervision on medication to provide right doses to older patients. Controlling of chronic diseases such as diabetes, hypertension, and osteoporosis. In Sweden, various primary healthcare interventions have been set up to enhance the care of older patients, but there is a lack of scientific evaluations to confirm whether these interventions actually meet older patients' needs so they intervene and trying to tailor care unit (Westerling et al., 2022).

In Canada healthcare providers, geriatricians, nurses, social workers work as a team in a geriatric care and to facilitate elderly pop-

ulation to promote healthy aging, controlling chronic diseases. Geriatric care is sustainable health care provision to elderly population and to their families. Many regions in Canada are following LTLifeC model which responds to essential postpandemic factors, including personal protective equipment, virtual care, social anxiety, fear of illness, hesitancy for new people to be in one's home environment, health human resources shortages, and community services operating at lower capacity with higher costs (Giosa et al., 2022).

Aging population is a big challenge even Canada is at the nutritional risk according to a study conducted by Statistics Canada, about one-third of community-dwelling Canadian seniors are at nutritional risk and thus predisposed to poor health outcomes (Ramage-Morin et al., 2017). Canadian geriatric care includes almost same services as Swedish care systems, focusing on same health care components such as, personalised care plans are designed to assess and diagnose health issue. Chronic health condition such as dementia, heart disease, and arthritis are managed effectively. Medication management takes the responsibility of giving right dose of medication at right time. Mandatory support to family care givers by proper education and relief care. End of life care managed in palliative care and healthcare professionals and community resources coordinate to provide high-quality person-centred care.

Here are some of the Geriatric care obstacles that need to be improved:

1. Limited funding: Geriatric is a lifelong care service, and it can be expensive, and it is obvious that many of the healthcare systems are not able to provide long term care or may not continue services for the long time due to insufficient staff, lack of resources and expensive treatments, that cause long waiting times for the older patients (Estes and Lee, 1981).
2. Cost sharing: Due to limited financial resources and inefficient retirement plans, older people need cost sharing health care plans to manage their finance within limited resources (Rudnicka et al., 2020).
3. Reimbursement policies: Social care policies, community care policies, home care policies and geriatric care policies are all

interconnected with each other, current economic situation has created a deep impact on social lives, it is strict need to reimburse all those policies to face new challenges in health care for elderly (Rudnicka et al., 2020).

4. **Regulatory burdens:** In geriatric care patients need to have smooth and fast hassle free regulation of services (Triantafyllou, 2004).
5. **Political support:** In some of the countries, political parties pay very attention to geriatric policies and no new amendment has been done and revived any policy according to the new healthcare challenges. Lack of political interest access to health care is limited and the elderly population becomes vulnerable community (Kolb et al., 2011).
6. **Workforce Shortages and specialized training:** Many of the European countries are facing shortage of healthcare workforce. Nordic countries have increased effective training to improve geriatric care facilities (Duursma and Overstall, 2005).
7. **Communication barrier:** In Europe communication is big barrier if dealing with the public, in this case if patient is dealing with hearing and vision impairments, language-based understanding plays an important role in elderly care (Adelman et al., 2000).
8. **Polypharmacy effects:** Elderly population is at greater risk due to polypharmacy. Polypharmacy has greater side effect than the significant effect if they are on multiple medication (Kolb et al., 2011).
9. **Multimorbidity and cognitive impairment:** most of the elderly population is facing multiple long-term conditions or chronic illnesses and their health challenges needs specialized care with special treatment plans due to dementia (Stuck and Masud, 2022).

CONCLUSION

Growing aging population is a big concern in European countries, health care provision is focusing on geriatric centres and elderly home care services to address this issue. Geriatric care is a growing distress in many countries with aging populations as mentioned in Swedish and Canadian care systems but their initiatives such as the establishment of geriatric centres and home care and community services are designed to optimize resident's quality of life. The given literature and this research show that multidisciplinary teams and care coordination of health care professionals can tailor inclusive care by introducing (COE) care and LTLifeC model that may innovate primary care, hospitalization, and community-based care for sustainable geriatric care interventions. There are some loopholes in every care system but continuous intervention leads to success as Sweden, and Canada, they have attributed to increased funding for geriatric care programs, but with the care concern, Czech Republic is avoiding to provide such health care services due to many reasons, mainly lack of funds, services providers, and trained staff to carry such task of dealing health care out of hospital and that is the reason community care centres are still not materialized.

The European Union has also established general standards and guidelines for the structure of geriatric care to ensure high-quality, person-centered care across the region. However, economic, and political barriers such as limited funding, workforce shortages, and policy issues can hinder the provision of geriatric care. Despite these challenges, countries remain committed to improving the quality of life for their aging populations and ensuring they receive the care and support they need to age with dignity and quality of life.

Ethical aspects and conflict of interest

The author has no conflict of interest to declare.

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Funding

The project is supported by the Grant Agency of the University of South Bohemia (reg. no. 101/2023/S).

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