

Biograd/Zadar Partners Strive to Bridge Gaps in Geriatric Care

By Julia Ross

In Croatia, as in many countries across Central and Eastern Europe, a burgeoning elderly population and rapid socio-economic change have strained health services to the point where health care providers, policymakers and citizens alike have begun to recognize an immediate need for alternative options for geriatric care.

Since 1995, the partnership between Croatia's Orthopedic Hospital of Biograd and Zadar General Hospital, and the Franciscan Sisters of the Poor Health System, Inc., which operates health care facilities in five US states, has sought solutions to ease Croatia's impending elder care dilemma. In a nation where geriatrics and gerontology have not yet evolved into recognized specialties, partners have focused on broadening elder care choices and bringing national attention to an issue that resonates with every family concerned about an aging loved one.

"Our problems are numerous," said Josip Labar, MD, director of the Orthopedic Hospital of Biograd. "There are not enough retirement homes, waiting lists are long, there are no hospices, there is no program to educate families in how to care for the elderly, there are no guidance centers. Home care is developing. Unfortunately, the major problem for us is an insolvent community that cannot contribute enough resources."

According to Brian Forschner, PhD, US team leader for the Biograd/Zadar-Franciscan geriatrics initiative, when the partnership began, "Our [Croatian] partners wanted to address the issues of a growing aging population and the absence of a national policy on how to care for the aging. They had thousands of elderly refugees coming in after the war, and many kids were leaving the country so that there was a real absence of caregivers. They wanted to look at alternative means of elder care: day care, assisted living, home care and ways to move people out of hospitals."

The elderly aged 65 and over currently comprise 14.7 percent of Croatia's population--up from about 7 percent in the early 1950s--and consume 41 percent of the nation's health care services. The ratio of working citizens to pensioners is 1.5 to 1.

There are two options for residential elder care in Croatia: retirement homes, which may provide assistance with activities of daily living and with administration of medications, and health and welfare institutes, which house those with chronic conditions. These facilities are funded through a combination of government welfare supplements and private pay; residents' relatives are required to assist with payment when they are able to. According to a paper authored by US and Croatian partners and published last winter in the *Croatian Medical Journal*, "The pressure to get into residential care facilities is intense." There are more than 10,000 people on waiting lists for these homes, and applicants often must wait up to three years for placement.

The authors also note that "There are no uniform operating standards, and many of the facilities are located in old buildings, mansions and castles ...The government has identified that operational reforms are urgently needed, and monies for construction of more facilities must be allocated."

The Biograd/Zadar-Franciscan partners envision creating a seamless continuum of care for seniors in Croatia--from emergency care to acute and sub-acute care to residential care--and see their work in Biograd and Zadar as a blueprint for a system that could be replicated nationwide. But, to do this, Forschner noted, communications must be improved between Croatia's Ministry of Health, which oversees all in-hospital care for the elderly, and the Ministry

of Labor and Social Welfare, which is responsible for residential elder care. Historically, there has been little coordination between the two agencies on elder care issues.

Meeting the Need in Biograd and Zadar

Taking a giant step toward securing a workable elder care continuum, Labar, with the assistance of US colleagues, last year opened Croatia's first geriatric rehabilitative care unit within the Orthopedic Hospital. With backing from the Croatian Institute for Health Insurance and the Ministry of Health, the 60-bed unit provides care to about 300 patients annually for a wide range of injuries and illnesses--from osteoporosis to diabetes to hernias. Labar has adopted a multidisciplinary approach in the unit, employing physicians with geriatric expertise, physical therapists and psychologists.

Partners chose to focus on elderly rehabilitation because they felt it could provide a "practical and cost-appropriate" model for returning older patients to the community as independently functioning citizens. "I think it has been quite a success," Labar said. "There is more interest and need for care from the patients and their families than we can provide."

But geriatric care providers in Biograd and Zadar are looking beyond the hospital as well. After visiting The Franciscan at St. Leonard in Centerville, Ohio on a partner exchange last November, nursing home administrators Boris Kursar and Marija Pletikosa conceived a plan to introduce adult day care to the region. In February, Kursar's nursing home in Sibenik opened such a program, providing three meals a day and a range of leisure activities--including painting, singing, dancing and playing cards--for elderly citizens.

"The main reason given for applying to nursing homes is the impossibility of family members to care for an elderly family member due to full-time employment," noted Pletikosa. "Adult day care would be the optimum solution for those persons." She said she drew encouragement from her visit to Ohio because the facility she saw "within a short time reached envious results in geriatric care, owing to skillful and appropriate management and a solid economic policy ... I appreciated the relationship toward the [patients], and the honor and respect accorded to them."

In April, the partnership met another goal when a group of Croatian policymakers and health care professionals participated in a one-week geriatric care study tour in the US. The delegation visited officials at the US Department of Health and Human Services and several elder care associations in Washington, DC to discuss policy issues, and toured Franciscan Health Partnership assisted living, adult day care and sub-acute geriatric care facilities in Dayton, Ohio. Representatives from both the Croatian Ministry of Health and the Ministry of Labor and Social Welfare participated in the tour.

Additionally, partners are coordinating Croatia's first National Conference on Aging, to be held in late May in Biograd. The three-day event will feature speakers from the Ministry of Health and the Ministry of Labor and Social Welfare, and both US and Croatian partners will make presentations on the geriatric care continuum, rehabilitative care, non-institutional care, elder care nursing, orthopedic care and physical therapy. Representatives from AIHA hospital partnerships in Latvia, Hungary and Slovakia have also been invited to present information on their own groundbreaking geriatric care programs, which include home care, hospice and community outreach (see ["Latvians Include Seniors in Range of Health Initiatives"](#)).

In the meantime, geriatrics experts on both sides of the Atlantic continue to find common ground in the challenges they face. Said Forschner, "[Our partners'] problems are similar to what we have here in the US. In fact, we are going back in that direction as well ... finding new ways of providing care for the elderly, while maintaining quality of life and keeping costs low."