

Nursing the Elderly in Kazakhstan

By Joanne Neuber

Evgeniya, an 86-year-old patient at the Almaty City Skilled Nursing Care Facility in Kazakhstan, suffers from memory loss that inhibits her ability to correctly take her daily regimen of medications. But Evgeniya, a retired school teacher who has no family to rely on for assistance, considers herself lucky; she is one of 80 elderly patients receiving care at the Almaty-based Skilled Nursing Care Facility--the only inpatient, nursing care facility for the elderly in Kazakhstan. To express her appreciation, Evgeniya writes thank-you notes to the facility's staff nurses an average of 15 times per day, since she quickly forgets the ones she wrote only an hour earlier.

The government-funded Almaty City Skilled Nursing Care Facility is addressing the growing health needs of the city's elderly--who make up about 17 percent of the population--by utilizing some of Kazakhstan's most highly trained nurses. Founded in 1996 by nurse leader Manshuk Kozhabekova, the facility is run almost entirely by nurses, with two physicians on call. The majority of nurses are graduates of the recently opened Almaty Medical College (AMC)--an outgrowth of the Almaty-Tucson, Arizona partnership--which provides nursing students and head nurses with four years of advanced clinical and management training.

"The creation of the nursing facility is positively changing people's perception of the nursing profession...Together with physicians, the nursing profession will gain greater autonomy," Kozhabekova said.

Patients at the facility are treated for diabetes, hypertension, mental health disorders and other chronic and progressive degenerative illnesses for which specialized medical help and rehabilitation is necessary. Patients also receive nutritional guidelines and other information on healthy lifestyles, said Maya Ababkova, chief specialist on nursing with the Almaty City Health Administration.

According to Ababkova, the preventive health programs at the facility contribute to its lower, average costs, as compared to those costs of the city's polyclinics. The facility receives 40 percent of its budget from the city government, with the remainder of costs covered by patients and their families--about \$10 per day.

Elderly patients not requiring inpatient care have the option of utilizing the medical services of the "Emily" home health care program, another fee-based program designed in 1996 by the directors of AMC to respond to the growing health needs of the aging Kazak population. The program utilizes the advanced skills of AMC's nurse graduates and is named after US partner representative Emily Jenkins.

But these facilities can only accommodate a tiny proportion of Kazakhstan's growing elderly population.

"There is practically nobody to take care of the elderly, with the exception of family members," says Raushan Kabykenova, MD, of the Almaty City Health Administration. "The elderly are all but forgotten."

The Kazak national health care budget has declined from approximately 3.6 percent of the gross national product in 1990, to about 1.1 percent in 1996, according to Kazak government statistics provided by Goskomstat, falling far short of meeting the costs required to provide adequate care to the country's elderly population, Kabykenova says. Yet, increasingly, many cash-strapped Kazak families are unable to provide the high level of care, financial input and time needed to treat chronically ill, elderly relatives.

The overall Kazak population aged 65 and older is projected to increase by more than 108 percent by the year 2025, growing from 5.8 percent of the total population in 1990, to 12.1 percent in 2025, according to a recent US Bureau of the Census report. In 1990, there were 971,000 Kazaks over age 65; there will be 2.6 million in 2025, according to Census Bureau projections.

The projected rise in Kazakhstan's elderly population and subsequent increase in demand for financial resources to assist the aging is prompting many city health administrators to expand the existing federal pensioner fund at the local level. In Almaty, the city health administration created a home health care fund in 1995; the fund is designed to replicate the nursing home model in other regions. Mired by the ongoing socioeconomic transition, however, the Kazak government has been unable to collect and maintain sufficient revenue for pensioner funds, prompting the passage of new legislation that raises the retirement age from 55 to 58 years for women, and from 60 to 63 years for men by the year 2001.

At the same time, there is the increasing gap between young and elderly Kazak populations' personal income levels. According to the 1995 Demographic and Health Survey by Macro International Inc., the elderly population in Kazakhstan is especially vulnerable to the current socioeconomic transition because the average pension is only half of the average annual income of \$1,110 per person.

"Many pensioners simply cannot afford to cover their medical expenses or to purchase more expensive, yet healthier foods," Jenkins said.

Jenkins believes that many pensioners do not eat nutritious meals because of a dearth of public service announcements on nutrition and healthy lifestyles. And polyclinics--perhaps the primary outlets for reaching vulnerable age groups about important preventive health and nutritional information--generally lack the funding or trained staff to provide important public service announcements to the elderly.

For Kabykenova, the key to expanding and modernizing health care facilities and services for the elderly in Kazakhstan is increased nurse training in geriatric care. Yet, she added, "the problem cannot be resolved without necessary expansion of government-run social funds for the elderly."