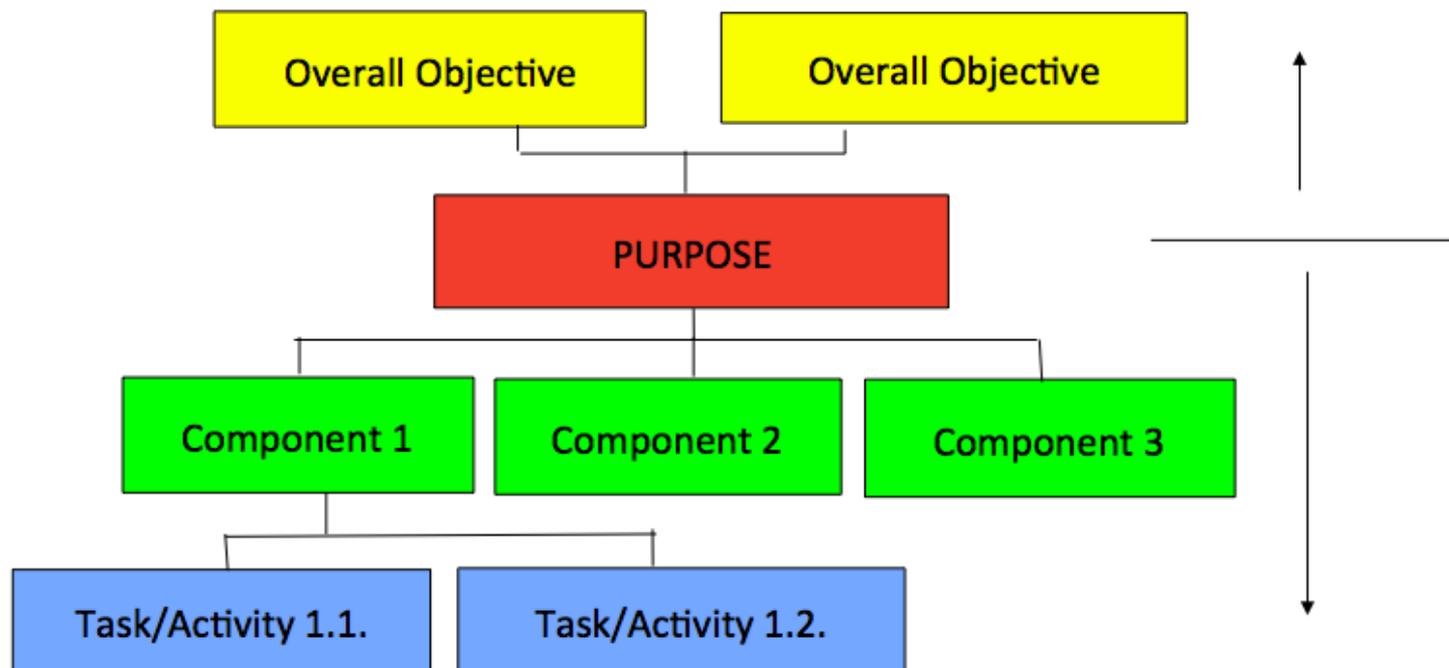


Principle of the objective tree



Where services do exist, there are frequently barriers that limit older people's access to them, such as lack of transport, unaffordability and ageism in health care delivery.

There are significant costs both for the older people and for health system

Health Care and other services fail to adequately meet the need of older people

1. Insufficient general knowledge and understanding about the reasons for and consequences from antibiotic treatment in the elderly.

2. Quality of Medical Care for elderly patients with the combined chronic NCD at the Primary Health care level are not satisfactory and sufficient

3 Special Health programmes for the elderly population in Prison settings needs to be developed

4. Ways to manage occupational safety and health in the context of aging workforce are not sufficiently developed to face current needs

5. Insufficient provision and support of elderly with diagnostic, therapeutic rehabilitation procedures associated with NCDs

6. Insufficient knowledge about problematic alcohol and prescription drug use among elderly, consequences and preventive actions

7. Lack of sufficient information and about the trends of HIV and tuberculosis moving towards older ages

1. It is probably common with inappropriate antibiotic treatment of asymptomatic bacteriuria, cough/ bronchitis and skin-/ soft tissue infections in the elderly.

2. The use of certain devices (which may predispose for inappropriate antibiotic use), such as urinary catheters, is probably too high in some elderly populations

3. Antibiotic treatment is associated with a high risk for Clostridium difficile infection in the elderly

1. Comprehensive geriatric assessment, including therapy and mental health services is limited; lack of functional screening

2. Primary care physicians are not trained in geriatric medicine and not so well supported by secondary care services;

3. Lack of cooperation with social service providers. lack of awareness of each other's responsibilities

4. The quality of care for the elderly:

1. Healthcare should be more client-oriented.

1. Definition of elderly must be adjusted for prison situation (suggestion 55 Y)
2. Higher needs of medical care must be covered
3. Adjusted programs for (spare time) occupation are needed
4. Reduction of barriers for handicapped
5. Cover dietary needs
6. Nursing care and palliative care also intramural needed.

1. Gender differences in OSH needs of ageing workforce
2. Better utilizing of the ageing worker's experience and know-how
3. Change in the ageing workers' job contents and its effects on the work: Cognitive work versus physically demanding work

1. There is insufficient of epidemiological data on the prevalence of RF and their relations to NCD in the elderly population;
2. There are insufficient research studies on the effectiveness of NCD prevention in the elderly population
3. There is no agreed opinion on the approaches to NCD prevention in elderly on the individual and population level
4. There is a lack of the professional and public educational programs based on features of NCD prevention in the elderly

1. Problematic drinking and misuse of prescription drugs among elderly is not sufficiently detected within health and social services.
2. Causes of problematic alcohol and prescription drug use in the elderly are not fully investigated, inhibiting effective prevention
3. Awareness among elderly on the hazards of alcohol use in older age is low
4. There is inadequate monitoring of alcohol use and its consequences in the elderly, particularly in different age and socio-economic groups

1. Elderly increasingly often receive HIV diagnosis at later stages in the course of their disease, many years after the infection
2. TB is age-related and latent TB may develop into active at senior age and due to concomitant diseases
3. Senior people also belong to special groups, such as MSM, migrants and PWID, susceptible to HIV, TB, HIV/TB coinfection and comorbidities
4. Lack of sufficient information and about the trends of HIV and tuberculosis moving towards older ages

Joint Project.
PROBLEM TREE

.Populations in ND region are aging rapidly and this reshaping of society has implications on the state development

Health and Elderly.
NDPHS joint EG project

Where services do exist, there are frequently barriers that limit older people's access to them, such as lack of transport, unaffordability and ageism in health care delivery.

There are significant costs both for the older people and for health system

Health Care and other services fail to adequately meet the need of older people

**Proposal for Joint Project
draft PROBLEM TREE
EG HIV, TB & AI,
Work Package 7,
including comments received from
the EG members by 140218**

7. Growth of HIV detection and susceptibility to TB among older populations

7.1. Elderly increasingly often receive HIV diagnosis at later stages in the course of their disease, many years after the infection

- 7.1.1. Insufficient awareness about STIs as indicator disease among elderly
- 7.1.2. Lack of sufficient information about STI trends among seniors within health care providers
- 7.1.3. Senior people do not belong to usual target groups for HIV and STI testing, prevention and communication
- 7.1.4. Stigma due to HIV and STIs may be of particular concern among older people
- 7.1.5. Sexuality, sexual life and safer sex are not sufficiently subjects of communication with persons over 65 years old in healthcare settings

7.2. TB is age-related and latent TB may develop into active at senior age and due to concomitant diseases

- 7.2.1. Immune system dilapidates naturally with age and due to other infections or chronic NCDs or unhealthy habits
- 7.2.2. Timely TB diagnosis may be missed due to low or insufficient knowledge about TB in older and immunocompromised people in health care facilities, especially in LICs
 - 7.2.2.1. Elderly people are more likely to suffer from comorbidities, such as CVDs, renal diseases, diabetes and cancers, making them more prone for activating latent TB
 - 7.2.2.2. Elderly HIV patients are more susceptible to get active TB (HIV/TB coinfection)
- 7.2.3. Lack of social support and insufficient social services for the elderly may trigger relapse or activation of TB

7.3. Senior people also belong to special groups,