

Growing old: health and care options



A multilingual guide for older people with a migration background

LEGAL NOTICE

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What does it actually mean to be 'old'? Whether a person feels 'old' or is considered 'old' by others depends not only on their age in years. It is also a matter of how the person feels within themselves, of their personal attitude and of the surrounding culture. However, many people's lives share things in common that have to do with aging. Some of these are changes that mean that the person needs special or additional care and assistance.

In Germany, older migrants are a rapidly growing subpopulation. Surveys on the social situation and health of older migrants show that, compared to their peers without a migration background, they are more often living in socially precarious circumstances, and that their uptake of health and care services is insufficient. It is assumed that, in addition to these social factors, communication difficulties and the resulting lack of information also have a negative impact on their access to the available services. Multilingual, low-threshold basic information is therefore required to make it easier for this target group to access health and care services.

This guide, which is available in five languages, offers you a clearly structured overview of the most important information regarding health and care services for seniors. First, it describes how you can protect and improve your health as you get older. It then explains which health and care services covered by statutory health and long-term care insurance are available to you. At the end of this brochure, you will also find a directory of contact persons and services that can offer you individual assistance.

Overall rising standards of living are extending people's average life expectancy. But this also means a longer lifetime during which age-related health problems can develop. However, age and ill health are two separate things. Even if the normal aging process leads to changes in the body, this does not necessarily have to limit your capacity to perform everyday tasks.

For example, older people are on average more susceptible to infections. A decrease in sensory perception, muscle power and bone strength are also normal in old age. In some cases, mental abilities also decrease. What is special about the health status of older people is that they suffer from several diseases at the same time more often than younger people do.

Many age-related health problems can be avoided or reduced through a healthy lifestyle and through the prevention and early detection of diseases. For this reason, too, it is important that you regularly seek medical care.

NUTRITION

A healthy, wholesome and balanced diet is important at every age. The most important general recommendations also apply in old age, and are based on the '10 Guidelines for a Healthy Diet' developed by the German Nutrition Society (*Deutsche Gesellschaft für Ernährung*, see text box).

Physical changes associated with ageing can also affect eating and drinking. Because the body's energy consumption decreases while eating habits remain the same, obesity tends to be more frequently a problem for younger seniors. As people reach an advanced age, appetite and the sensation of thirst often decrease. Their senses of taste and smell are also reduced, and chewing or swallowing difficulties and digestive problems sometimes also occur. This can lead to underweight and a deficiency in important nutrients, which is in turn detrimental to overall health. Drinking too little can lead to headache, confusion, dizziness and dry skin, even when you don't have an actual illness! Please take such changes seriously, because there is a lot you can do yourself to maintain your well-being and strength as you get older:

10 Guidelines for a Healthy Diet

1. Select a diverse range of mainly plant-based foods. This provides you with all the important nutrients.
2. Enjoy at least three servings (= 'handfuls') of vegetables/salads – including lentils, peas, beans and unsalted nuts – plus two servings of fruit per day.
3. Because of their important content in dietary fibre, choose wholegrain products when it comes to flour, baked goods, pasta and rice. This doesn't mean you have to chew whole grains or coarse-ground meal; finely ground products are just as good!
4. Eat a selection of dairy products every day, from yoghurt and quark to cheese, plus fish once or twice per week, and no more than 300–600 grams of meat.
5. Go for vegetable oils such as rapeseed, sunflower, nut or olive oil. Beware of the hidden fats in processed meat and other ready-made products. The labels of all packaged foods must state the fat content per 100 g of food. Make sure you take reading glasses or a magnifying glass with you when shopping!
6. Avoid too much sugar and salt. Sugar can often be substituted with fruit, and salt with herbs and spices. Also beware of unnecessarily high sugar contents in processed foods (this also includes 'glucose syrup' and 'fructose syrup'). Better a sweet treat for a special occasion than unnecessary sugar hidden in the main meal!
7. Very important: Drink around 1.5 litres of liquids per day, preferably water or unsweetened drinks without alcohol, e.g. teas, herbal infusions and juices mixed with sparkling water. Do not avoid drinking liquids just because it may mean you will need to go to the toilet when it's inconvenient. This happens to younger people, too!
8. Use gentle cooking methods when preparing meals, so that vegetables retain their crunch, and fish or meat doesn't burn. Steaming in a small amount of water, or cooking in the oven or a fry pan with a small amount of fat, also means that the food will retain its flavour.
9. Take your time to eat your meal, appreciate and enjoy it. This also means you know when you are satiated, and it promotes digestion.
10. Stay as active as possible. Diet and exercise go together!

Source: based on publications by the German Nutrition Society Inc.

For example, you can place drinks near your favourite places to sit, so that you always have them within easy reach. Establish rituals, e.g. by drinking a glass of water at set times every day, even if you don't feel thirsty.

If you can't or don't want to cook for yourself, use the assistance available in your area. There are, for example, delivery services such as *'Essen auf Rädern'* (Meals on Wheels), which are often run by charitable organisations. And if you don't want to eat alone, you can attend non-profit community lunches.

If you don't have much of an appetite or don't feel like eating, pay particular attention to variety in your diet, e.g. by including fresh herbs and salads. Break with old habits, e.g. heavy main meals that you may not be able to cope with any longer. Small, healthy bites to eat or snacks can contribute a lot to a balanced diet.

With some diseases, it is necessary to keep a special diet. However, never go on a diet without seeking individual medical advice as some traditional recommendations have now changed: for example, special foods are no longer required for age-related diabetes. If you are finding it difficult to eat a healthy diet, speak to your general practitioner and do not hesitate to ask for nutritional advice. Older people should always check

with their doctor before fasting (e.g. during Ramadan).

EXERCISE

In addition to a healthy diet, physical exercise is a basic building block of life. It contributes significantly to physical and mental health, prevents many age-related complaints and also ensures emotional well-being.

Staying physically fit also means being able to do many everyday tasks yourself. This in turn preserves your independence and self-determination as you get older. Even if you have existing illnesses or limitations, physical exercise has many positive effects. Even then, it can improve your general health and increase your joy of life. While muscle strength and flexibility generally decrease with age, there are still plenty of ways for older people to exercise their bodies. It is never too late to include more physical activity in everyday life, or to try out a new type of exercise for the first time. The important thing is that you enjoy moving your body. It is not about achieving top performances, but about including more physical activity in your everyday life.

This doesn't need a great deal of preparation; you can wear everyday clothes and you don't need any special equipment. You could, for example, use the stairs instead of the lift, or complete small errands by bicycle or on foot. Or you could get off the bus one stop earlier and walk the rest of the way. The basic rule is: if you make sure that you walk, run, swim or ride a bike for at least 2 1/2 hours per week, you can expect a positive effect. It is always worth getting started on this, even if you take it in small steps.

In addition, it is recommended to include moderate training of all muscle groups of the trunk, the arms and the legs at least twice a week. This not only maintains strength, but also flexibility and balance. In many places, free courses led by experienced trainers are available for older people. Further information, instructions for daily exercises and contact points for courses can be found, for example, on www.aelter-werden-in-balance.de, a special website for older people, provided by the Federal Center for Health Education (BZgA, see services directory on page 27). You can also ask your doctor or your health insurance fund.

Sometimes, pain and other health complaints can keep you from exercising regularly. Don't give up! Let your general practitioner advise and treat you so that you can continue to benefit from the positive effects of regular exercise.

Please ensure you wear sturdy shoes when exercising. Go for enclosed shoes and avoid straps that may cut into the foot. If you suffer from swollen legs and/or feet, shoes with hook and loop fasteners can come in handy.

For most complaints and diseases, the top recommendation is physical exercise:

- It boosts the immune system.
- It reduces the risk of diabetes, osteoporosis and cancer.
- It prevents cardiovascular disease and dementia.
- It maintains muscle strength and joint function.
- It maintains reflexes and agility.
- It improves balance and thus prevents falls.
- It relieves tension, stress and anxiety.
- It stimulates the production of important neurotransmitters in the brain, brightening the general mood.

PREVENTION AND EARLY DETECTION

Prevention means regular medical care, even when you feel healthy. Many complaints and illnesses can be treated more successfully if they are detected early.

In the first instance, preventive care includes the dental check-ups that apply to people of all ages, and also protective vaccinations. Preventive dental care is scheduled twice a year and the costs are covered by statutory health insurance. Always have these check-ups in your dental practice entered in the bonus booklet (*'Bonusheft'*) provided by your statutory health insurance fund. This can reduce your co-contribution payment

(*'Zuzahlung'*) if you need dental prosthetics (e.g. crowns or dental bridges).

Protective vaccinations do not only apply to children and adolescents. Adults should also have their vaccination status checked regularly by their general practitioner and get the necessary booster vaccinations. Some vaccinations are recommended for older people in particular. All vaccinations that you have received are entered in your vaccination 'passport' (*'Impfpass'*). Always bring this document with you to your doctor's appointment.

Vaccinations that need to be boosted regularly include those against tetanus and diphtheria (every ten years), and against hepatitis A and B (depend-



ing on the country of origin, travel destinations and other criteria). Also ask your general practitioner to advise you regarding the annual influenza vaccination, because the flu causes severe disease more often in older people. This vaccine must be re-administered every year, preferably between October and November (before the flu season), because the pathogen is constantly changing and the vaccine has to be adjusted accordingly. It is also recommended that people over the age of 60 receive once-only vaccinations against pneumococcus, the pathogen causing pneumonia, as well as against the varicella zoster virus, the pathogen causing shingles. Statutory health insurance funds cover the costs of these vaccinations.

There are also medical check-ups for diseases that affect older people more often. These include cardiovascular disease, type 2 diabetes and kidney problems. As a preventive measure, you can take advantage of the 'Health Check 35' (*Gesundheits-Check-Up 35*, available for people 35 years and older) every three years, which is covered by statutory health insurance and provided through your general practice.

In addition, there are special early detection programs for cancers. Bowel cancer is one of the most common types of cancer, and the risk of developing the disease increases with age. In its early stages, bowel cancer does not cause any symptoms, but in many cases is still easy to treat. This is why statutory health insurance covers bowel cancer screening for people aged 50 years and older. One option is to have a stool sample tested for hidden traces of blood. Such traces of blood, which are not visible to the naked eye, are an indication of possible bowel disease. The second screening option is a colonoscopy performed at a special medical practice or clinic. Here, medical specialists look at the bowel from the inside and can also remove preliminary stages of bowel cancer ('polyps') straight away. These screening examinations are voluntary. Which type of screening is suitable for you depends on several factors. Please ask your general practitioner to advise you.

Breast cancer is the most common form of cancer in women, and easily treatable in its early stage. A screening program covered by statutory health insurance also exists for this type of cancer. Women aged 30 years and older are offered an annual screening consisting of the manual examination of the breast and local (underarm) lymph nodes, as well as instructions for

self-examination of the breast. Women aged 50 to 69 years receive a mammogram screening every two years. A special x-ray image is taken of the breast in order to detect any significant tissue changes.

For the early detection of cervical cancer and cancer of the genitalia, women 20 years and older are offered an annual screening, consisting of taking a medical history, an examination of the genital organs, taking a tissue smear from the cervix and from the cervical canal, and counselling on the results of the examination. It is important that women regularly visit a gynaecologist even after their menopause because this means that, in addition to cancer prevention, other complaints that occur in older women can also be detected early and treated.

Men aged 45 years and older have the option of receiving prostate cancer screening once a year. It consists of a manual examination of the genitals and the associated lymph nodes in the groin. The doctor also palpates the prostate from the rectum. If the result is remarkable, a blood sample is tested for a specific protein that may indicate cancer.

Men aged 65 years and older are also offered a once-only examination for the early detection of abdominal aortic aneurysms. An abdominal aortic aneurysm is a bulging swelling of the main artery in the abdomen. Most of these swellings don't cause any complaints and therefore go unnoticed. If the abdominal artery is stretched a lot, it may in rare cases tear without warning and lead to life-threatening internal bleeding. An ultrasound examination of the abdominal artery and the corresponding counselling of patients can prevent this from occurring.

Furthermore, women and men aged 35 years and older can receive free skin cancer screening every two years as part of their statutory health insurance cover. In addition to taking a medical history, this screening includes an examination of the entire skin, as well as counselling.

The individual cancer risk depends not only on age, but also on other risk factors. They include your personal medical history and the frequency of certain illnesses among your relatives. Please ask your general practitioner for information and advice about the advantages and disadvantages of cancer screening.

DEALING WITH HEALTH COMPLAINTS AND DISABILITIES

Hearing can deteriorate with age. This affects communication and therefore also interactions with friends, acquaintances and relatives. If required, a hearing aid can be prescribed for you by a specialist in ear, nose and throat medicine. You can then obtain the device from a specialist shop, where it is adjusted to your needs. Statutory health insurance funds usually cover most of the costs, depending on the model of the device.

Refractive errors and eye diseases are also widespread among older people. These include, in particular, age-related long-sightedness, clouding of the lens ('cataracts') and glaucoma. Medication, corrective lenses or surgery can often improve eyesight. If you have difficulty reading, you can also use a magnifying glass, choose publications in large print or use an e-book reader (a portable electronic reading device for digitally stored books). You can also adjust the font size on your computer and smartphone.

It is normal to sleep less as you get older, and to wake more frequently during the night. However, if you suffer from lack of sleep, contact your doctor because this can have a range of causes. Before you resort to medication to help you sleep, however, it is recommended to try the following:

- Avoid alcohol, cigarettes, coffee and black or green tea from the late afternoon onwards.
- Make sure you keep to a regular bedtime and sleep in a quiet environment.
- Keep to a strict routine before going to bed.
- Adequate exercise in the fresh air can also improve sleep.

Falls are more common among older people and, unfortunately, often have far more serious consequences than in younger people. Bone fractures, especially at the top of the thigh bone, can lead to long recovery periods and associated complications such as pneumonia. Dizziness, as well as circulatory, hearing and vision problems, or the side effects of medication, increase the risk of falls. Trip hazards at home, inappropriate shoes – or a walking aid that is left unused in a corner – also contribute to the risk.

The best protections against falls in old age are regular physical exercise, and targeted muscle and balance training. If you are at a particularly high risk of having a fall, you can also wear hip protectors (special trousers that protect the wearer from hip and thigh bone fractures).

COMMON DISEASES IN OLDER PEOPLE

Continuous medical care is important, especially as you get older. Look for a general practice in your area that you feel comfortable with and that you can get to easily. If you experience language difficulties, also consider what kinds of assistance may be available there, e.g. multilingual personnel or access to interpreting services. For many regions, directories of multilingual medical practices can be found on the internet. Don't be afraid to visit several general medical practices until you find the one that is right for you. An important selection criterion is also whether the practice offers home visits if required.

You then go to 'your' general practice for all your regular check-ups and vaccinations. This builds trust, and the staff will have important knowledge about your individual health. This makes your family doctor's practice the best available first point of contact for all health complaints and illnesses.

Some diseases occur more frequently in old age, and often several diseases occur at the same time. This is why older people are more likely to be taking multiple medications. Here, it is also important that your family doctor maintains an overview in order to support you to take your medications correctly, and to keep an eye on side effects.

The next sections explain common diseases and health complaints that are related to old age.

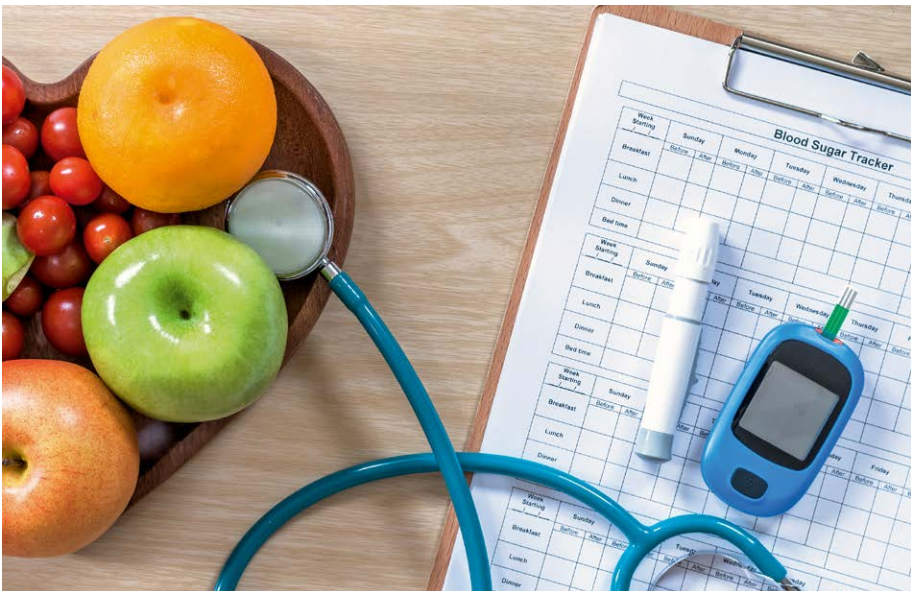
Diabetes

Diabetes mellitus, or 'diabetes' for short, is an umbrella term for metabolic diseases that lead to increased blood sugar levels. The likelihood of developing type 2 diabetes (adult-onset diabetes) increases with age. With this disease, the cells of the body are becoming less sensitive to the hormone insulin (insulin resistance). At the same time, the pancreas is no longer able to provide enough insulin. Together, this leads to an increasing overburdening of the system with glucose. Type 2 diabetes often goes unnoticed for longer and is then detected late. Blood sugar levels that are too high over an extended period can damage the blood vessels and nerves. This can lead to cardiovascular disease, circulatory problems in the brain, kidney disease and loss of vision

due to damage to the retina. In the arms and legs, and especially on the feet, circulatory problems and functional disorders of the nerves may occur, leading to a loss of sensitivity and slow wound healing.

In addition to an inherited predisposition, risk factors for the development of diabetes mellitus mainly include lack of exercise, an unhealthy diet and obesity, as well as smoking. Please therefore pay particular attention to the information on a balanced diet and physical activity at the beginning of this guide.

If you are at increased risk of diabetes, a blood test as part of the regular health care provided by your general practitioner can help detect the disease as early as possible. You and your doctor can then plan treatment and additional medical tests (e.g. foot and eye examinations) so that the complications of diabetes are detected at an early stage and kept to a minimum. Services such as diabetes counseling and self-help groups can also provide support. Further information and advice for those affected is available from the national diabetes information service (diabinfo.de), the Bavarian Diabetes Association (*Diabetikerbund Bayern*) or the German Diabetes Foundation (*Deutsche Diabetesstiftung*, see services directory p. 29).



You can use the German Diabetes Foundation's FINDRISK questionnaire (<https://www.diabetesstiftung.de/gesundheitscheck-diabetes-findrisk>) to determine your individual diabetes risk.

Cardiovascular disease

Cardiovascular disease affects the heart and/or the blood vessels. These supply all organs and tissues with vital oxygen and nutrients. High blood pressure (hypertension) is one of the most common cardiovascular diseases and occurs particularly in the elderly.

In coronary heart disease, the heart itself is no longer adequately supplied with blood due to narrowed arteries. A heart attack may be the result. During a stroke, the blood supply to the brain is interrupted. Cardiac insufficiency (heart failure) can have many causes and can severely affect a person's life. Cardiovascular disease is the most common cause of death in both men and women in Germany and worldwide.

As with many age-related diseases, smoking, a lack of physical exercise and being overweight are among the risk factors. Lipid metabolism disorders (problems with breaking down fats in the body, e.g. related to cholesterol), diabetes and stress also contribute. With a healthy, non-smoking

lifestyle including a balanced diet, as well as sufficient exercise and relaxation, you can protect yourself against cardiovascular disease and prevent its progression. Talk to your doctor about this, e.g. if you have difficulty quitting smoking or if you are stressed. Support services and assistance are available that can help you live a healthier life.

You can get more information about cardiovascular disease from your general practitioner or a cardiologist (cardiologists are specialists in diseases affecting the heart).

Dementia

Dementia is the generic term for a group of diseases, often affecting short-term and retentive memory in the first instance. When the disease progresses, long-term memory is also increasingly affected. Speech impairments and difficulties with orientation can also contribute to the fact that people with dementia become more limited in their capacity to perform everyday tasks as the disease progresses, and are increasingly dependent on support and assistance.

The brain performance impairment associated with this disease can have different causes, depending on the type of dementia. In addition to the deterioration of various cognitive abilities, changes in social behaviour and personality also occur. The symptoms of each form of dementia depend on the region of the brain that is affected. The most well-known and most common form of dementia is Alzheimer's disease, which occurs mainly in people over 60 years of age. While it is true that most people with dementia are older, dementia is not necessarily part of ageing: although about 20% of people over the age of 80 in Germany are living with some form of dementia, just over half are not affected at all, even among 95-year-olds.

Although therapeutic options are still limited, the symptoms of dementia can be treated. In addition to medication, non-drug approaches can help those affected to maintain their capacity to perform everyday tasks for as long as possible.

Possible signs of dementia in everyday life

Those affected ...

- forget names and events.
They find it harder to consciously retrieve a memory.
- lose primarily their short-term memory: they may repeat themselves several times or may feel something has been stolen, even though they have misplaced it themselves.
- feel insecure in their dealings with money.
- become withdrawn or indifferent.
- lose their capacity to perform everyday tasks.
- may become disoriented or get lost.
- are often confused.
- show changes to their personality or their usual behaviour.
- no longer care about their appearance.

For this purpose, it is necessary to undergo medical and neuropsychological testing as early as possible. Only when the cause of dementia is found, can adequate treatment be provided. Don't be afraid to seek advice and testing, for example through special dementia clinics. Outpatient memory clinics (*'Gedächtnisambulanzen'* or *'Memory-Kliniken'*) are the right places for this.

Those affected are then able to access support services. You can find out which of the more than 1260 daily living support services currently on offer are available in your region by going to www.stmgp.bayern.de/pflege/pflege-zu-hause/angebote-zur-unterstuetzung-im-alltag/.

A range of measures are funded through the Bavarian Dementia Strategy, with the aim of improving quality of life for people with dementia and their relatives.

You can find further information at www.leben-mit-demenz.bayern.de. The Dementia and Migration Initiative of the German Alzheimer's Society offers much information in several languages, including short films explaining dementia (see services directory p. 29).



To prevent dementia, we recommend:

- An active lifestyle with a range of mental, social and physical activities
- A healthy diet
- Avoiding smoking and excessive alcohol consumption
- Early detection and treatment of cardiovascular disease
- Avoiding stress
- Avoiding the risk of traumatic brain injury.

The pain of shame

Some complaints associated with old age may not be considered an illness but they, too, can cause a great deal of personal suffering. One very common problem among older people is incontinence. Incontinence means that a person's control of their bladder or rectum weakens.

Generally, the bladder is able to take up less liquid as people get older. Causes may include previous operations or a weak pelvic floor, e.g. as a result of giving birth, or because of a past illness. The incontinence may also be the result of a current illness. It is also more common for older people to notice only late when they need to use the toilet. If mobility is also limited, the person may not make it there in time.

Often, those affected harm their health even further by not drinking enough for fear of incontinence. Or they restrict their activities and social contacts because they are afraid that there may not be a toilet nearby. Please mention it to your doctor if you have any problems in this area. Medical treatment, special physical exercises and medical aids can significantly improve quality of life. Nobody should suffer unnecessarily because of shame! Here too, a trusting relationship with your general practitioner is particularly important.

Your family doctor can advise you on the purchase of medical aids such as sanitary products (pads, adult nappies) or a commode chair, and provide you with a prescription.

A commode chair can be very helpful for older people with unsteady gait, or those who suffer from a need to urinate during the night (nocturia). It can help reduce the risk of falls on the way to the toilet.

STATUTORY LONG-TERM CARE INSURANCE

In addition to statutory health insurance, statutory long-term care insurance has existed in Germany since 1995. Its aim is to protect members against the financial risks that can be associated with becoming a long-term care recipient. Statutory long-term care insurance is the fifth of Germany's statutory social insurance schemes – the other four being health insurance, accident insurance, pension insurance and unemployment insurance.

Statutory long-term care insurance is closely linked to statutory health insurance. This means that any health insurance fund, whether statutory or private, also offers its members long-term care insurance. For statutory long-term care insurance, premiums are set by

law. As with statutory health insurance, the monthly premiums are calculated as a percentage of eligible income. For wage and salary earners, premiums are contributed proportionally by both employer and employee, deducted in combination with the other social insurance premiums and paid to the respective statutory long-term care insurance fund.

In contrast to statutory health insurance, however, statutory long-term care insurance only provides partial cover. This means that it only covers the cost of care to a certain extent. The remaining costs are covered by the care recipient or, if applicable, by their relatives. If the care recipient is in need of financial assistance, the costs of care are covered by social security.

Care level	Limitations to independence
1	Minor limitations to independence or abilities
2	Significant limitations to independence or abilities
3	Severe limitations to independence or abilities
4	Extreme limitations to independence or abilities
5	Extreme limitations to independence or abilities with special requirements for the provision of care

Table: five care levels and their respective extent of limitation of independence or abilities

Statutory long-term care insurance benefits are based on the type of long-term care required. The scope of benefits received is based on one of five levels of care. The assigned care level reflects the individual's care needs. Depending on the extent to which a person's independence or abilities are impaired, a care level from one to

five is assigned. The care level is determined through an independent assessment and confirmed by official notification. The process for application, assessment and the allocation of benefits is described in detail in the section 'What to do if you or your relatives need care?' (see p. 24)

Overview of statutory long-term care insurance benefits

Care allowance (*Pflegegeld*)

– for care recipients who organise their care to be provided by relatives or other close associates at home.

Domiciliary care services benefit (*Pflegesachleistungen*)

– to finance care provided by a domiciliary care service approved by statutory long-term care insurance. Domiciliary care is delivered at your home by a visiting care service provider.

Care supplies (*Pflegehilfsmittel*)

– goods needed in order to provide care or to contribute to independence.

Home adaptation measures (*Wohnumfeldverbessernde Maßnahmen*)

– to adapt the home to the care recipient's needs.

Relief benefit (*Entlastungsbetrag*)

– dedicated payment of up to 125 euros per month as reimbursement for expenses related to everyday living assistance, e.g. day care or overnight care.

Respite care (*Verhinderungspflege*)

– when relatives providing care are temporarily unavailable.

Part residential and short-term care (*Teilstationäre Pflege und Kurzzeitpflege*)

– when a person is temporarily looked after in a care facility.

Additional benefits for shared accommodation supported by domiciliary care (*Zusätzliche Leistungen für ambulante Wohngruppen*)

– when several care recipients share a household as well as support services.

Residential care (*Vollstationäre Pflege*)

– benefit for long-term accommodation in a care facility. In this case, moving into a care facility is required.

Transitional care (*Übergangspflege*)

– if care services are required temporarily, but official notification of the outcome of a care needs assessment has not yet been received.

The various statutory long-term care insurance benefits and the levels of care used in the assessments are difficult to understand at first glance. They are always calculated and allocated on a case by case basis. It is therefore important to be well informed and get advice at an early stage. First points of contact are the long-term care insurance funds themselves, as well as the regional care services hubs (*Pflegestützpunkte*). At the end of this guide, you will find a services directory that can assist you further (see p. 27).

AGED CARE OPTIONS

The different types of care are tailored to the different care needs of older people. They range from regular household assistance to permanent accommodation in a care facility. The following sections describe these forms of care and the associated benefits provided by statutory long-term care insurance.

Home and domiciliary care

In Bavaria, 70% of care recipients are cared for at home. Their care is usually provided by relatives. In some cases, care recipients also select and employ their own carers. Long-term care insurance funds offer support in the form of cash and non-cash benefits, so that people can stay in their familiar surroundings and lead a self-determined life for as long as possible.

You can access **care allowance** if relatives or volunteers take on providing your care at home. The amount of this monthly allowance depends on the care level assigned to you.

Domiciliary care services are reimbursed by statutory long-term care insurance if home care is provided by professional care services. Domiciliary care services contribute to care recipients remaining independent and self-reliant for as long as possible. Commercial service providers, but also social support services, district nursing services and neighbourhood community centres offer personal care, household assistance and nursing care.

Personal care assists with personal routines, i.e. personal hygiene, nutrition and mobility. Household assistance includes e.g. shopping, cooking, cleaning, washing up and laundry. Nursing care, however, is medically prescribed. It includes e.g. support with taking

medication, as well as wound care, and is provided free of charge.

Care allowance can also be combined with reimbursement for domiciliary care services provided by professional service providers. This means that care at home may be provided by relatives in collaboration with a domiciliary care service provider.

Under certain conditions, financial support is available for **home adaptation measures**. Upon application, statutory long-term care insurance funds will cover building conversion costs of up to 4000 euros per measure where adaptations to the needs of a home care recipient are made through building alterations, e.g. the installation of a ramp or the widening of passageways for a wheelchair, or through installing additional equipment, e.g. in the bedroom or bathroom.

Care supplies and relief benefit

Care supplies are devices or materials required for care that is provided at home. They include aids that make it easier to provide care, alleviate complaints or increase independent living. There are two different kinds of care supplies:

- Technical aids (e.g. nursing care beds, emergency call buttons, wheelchairs, commode chairs)
- Consumables (e.g. single use gloves, mattress protectors).

Some of these aids, e.g. wheelchairs, are mostly provided on a loan or co-contribution basis. Adults currently have to co-contribute ten percent, but no more than 25 euros per item. The costs for consumables, e.g. single use gloves or mattress protectors, are reimbursed by statutory long-term care insurance funds up to a certain monthly amount (currently up to 40 euros per month), independent of the assigned care level.

Statutory long-term care insurance funds also cover the costs of any necessary adjustments to and the maintenance or replacement of care supplies, as well as the costs of induction into their use.

Additional financial support is provided through the **relief benefit**. Persons cared for at home can spend an additional monthly amount of up to 125 euros for additional support services. These may consist of day or overnight care services, short-term care, certain services provided by domiciliary care providers and everyday living assistance services approved by state-based legislation. In Bavaria, these specifically include social support groups, personal assistance volunteers, quality assured day care in private homes, everyday living and care assistance services, as well as services related to housekeeping.

The Bavarian **state care allowance**, at 1000 euros per year and only available in this state, can be applied for with the Bavarian State Office for Care (contact details on p. 27) by care recipients assessed at care levels 2 and above. The Bavarian state care allowance is an unrestricted financial benefit for care recipients, which they can spend on themselves, or on relatives or friends etc. who are providing care.

Carer's leave and respite care

It is often relatives who look after loved ones in need of care. Employees can take up to 10 days off in order to care for a close relative. Relatives can also access up to 6 months of carer's leave. During this time, they can receive care support allowance in place of their salary. They are also entitled to an interest-free loan through the Federal Office for Family and Civil Society Affairs (*Bundesamt für Familie und zivilgesellschaftliche Aufgaben, BAFzA*). It is also possible to reduce weekly working hours down to 15 hours for family care purposes (*Familienpflegezeit*). The resulting loss of income is then spread over twice the period during which working hours are reduced. Special protection against dismissal ensures that caregiving relatives keep their employment.

For care levels 2 and above, statutory long-term care insurance funds cover the costs of respite care while private carers are unavailable, e.g. during recreational leave or times of illness. Respite care is available for up to six weeks per year. During respite care, statutory long-term care insurance funds continue to pay the absent carer's pension and unemployment insurance premiums, as well as half their care allowance.

Day and overnight care, short-term care

When people receive their care at home – be it from relatives or domiciliary care services – there may be occasions when the person needs to be looked after in a care facility. Either because the carer is unable to provide the care, or because the person's care needs change temporarily.

Day care generally offers weekday care and support in a care facility. **Overnight care** means that the person goes to the care facility in the evening and returns home in the morning. Care recipients must not only be cared for, but also supported and involved in activities while at the facility. From care level two onwards, day and overnight care services are covered by statutory

long-term care insurance in addition to domiciliary care services benefit or care allowance.

Short-term care in a care facility means that a person receives all their care and support while they stay in a care facility for a limited time. According to need, up to eight weeks of short-term care can be accessed per year. Statutory long-term care insurance funds cover the costs up to a certain amount, in addition to any respite care entitlements. In certain circumstances, the relief benefit can also be used for this purpose.



Share accommodation projects with domiciliary care support

In this care model, care recipients join with others to share a home. They can then, according to need, use the services of domiciliary care providers, either jointly or individually.

Bavaria has a coordinating office for share accommodation projects supported by domiciliary care. You can get in touch with local advisors and receive assistance there if you would like to join an existing **share accommodation project** or establish a new one. Further information is available from the contact points in the services directory at the end of this brochure (see p. 28).

Statutory long-term care insurance funds provide start-up grants to support the establishment of share accommodation projects supported by domiciliary care. In certain circumstances, statutory long-term care insurance also pays a monthly share accommodation supplement, e.g. for getting assistance with organising, household tasks or support services.

Residential care

Residential care means that a person is permanently accommodated in a care facility and receives support there around the clock. Benefits provided by long-term care insurance serve to support residents in care facilities. Statutory long-term care insurance funds also cover a proportion of the cost of residential care. This contribution is independent of the assigned care level. A range of options exist to cover the remainder of the costs (own contribution). This varies very much from case to case. Local social security offices (*Sozialämter*) can advise you regarding your options if you are in need of assistance.

Residential care is offered through a range of facilities. There are seniors' residences, aged care homes and nursing homes, which, according to the level of residents' independence, offer increasing amounts of care and support in that order. Different sections with different levels of services also often exist within one facility.

What to do if you or your relatives need care?

In principle, members are entitled to statutory long-term care insurance benefits if they have paid premiums for at least two years, or have been covered as dependents of another member. As with other social services, statutory long-term care insurance benefits

must be applied for by following prescribed steps. However, you can access assistance with this process, too.

Statutory long-term care insurance funds, health insurance funds, districts, shires and municipalities are jointly providing care information hubs called **Pflegestützpunkte**. So far, nine such *Pflegestützpunkte* have been established in Bavaria, namely in Coburg, Haßberge, Neuburg-Schrobenhausen, Nuremberg, Rhön-Grabfeld, in the Roth district, in Schwabach, Schweinfurt and in Würzburg (addresses are listed in the services directory from p. 28). Here, you can obtain information and advice on all aspects of care, as well as free practical assistance with

lodging applications. Relatives of persons in need of care can also receive information and advice free of charge. However, you can also contact your long-term care insurance fund directly to obtain advice.

After having obtained all important information, you can lodge an application with your long-term care insurance fund. Your long-term care insurance fund is associated with your statutory health insurance fund. In the next step, the statutory health insurance providers' medical service (*Medizinischer Dienst der Krankenversicherung, MDK*) will contact you to make an appointment for your care needs assessment. Answer all questions honestly and describe your needs realistically, so that the MDK can obtain an overall picture of your care needs. It may take up to five weeks to process your application.

Should the person needing care be in hospital or in a hospice (a facility for end of life care) at the time of lodging the application, the MDK is obliged to carry out the assessment within one week. In situations where a terminally ill person is receiving medical care (palliative care) at home, the assessment is also carried out within one week.

Step by step towards the right care

- Advice from a care information hub or your long-term care insurance fund
- Lodging an application with your long-term care insurance fund
- Care needs assessment through the statutory health insurance providers' medical service (MDK)
- Assignment of a care level (1 – 5)
- Putting together a care services package
- Transitional care without care level assignment if required

The MDK uses an approved questionnaire to assess the severity of the limitations to your ability for independent living. Using the MDK's assessment, the long-term care insurance fund will decide whether or not you are in need of care, and which care level you will be assigned.

You will be sent the result of your care needs assessment in the form of an official notification of benefits. The assigned care level indicates how much care you require and which benefits are covered by statutory long-term care insurance. The higher the assigned care level, the more intensive the care.

After receiving official notification, you can think about how you would like to receive your care. Using your official notification letter, you can make contact with different providers (such as professional care services). There may be waiting lists for residential care facilities, which you can put your name on even before you have received your official notification letter. The staff at the care information hubs and at individual care facilities can support you in these decisions.

Transitional care

If you need support in the short term, but are not generally in need of care, you can receive assistance even without lodging an application with your statutory long-term care insurance fund. In this case, however, it is your statutory health insurance fund that will approve certain benefits for you.

There are a range of benefits available that can be adapted to your needs. They include domiciliary nursing care at your home, household assistance or short-term care in a care facility for up to eight weeks per year.

Services for relatives providing care

Apart from financial assistance for carers looking after their relatives at home, there are additional support services available. In free courses provided by statutory long-term care insurance funds, relatives who are providing care can receive practical and other training. In addition, more than 100 specialist centres are available to relatives providing care in Bavaria. They offer psychosocial counselling, support and respite for relatives providing care, in order to avoid unhealthy levels of stress among this group (contact details on p. 27).

Bayerisches Staatsministerium für Gesundheit und Pflege

Dienstszitz München
 Haidenauplatz 1 · 81667 München
 Phone: 089 540233-0

Dienstszitz Nürnberg
 Gewerbemuseumsplatz 2
 90403 Nürnberg
 Phone: 0911 21542-0

Email: poststelle@stmgp.bayern.de
www.stmgp.bayern.de

You can find an overview of contact persons and specialist centres for care recipients and their relatives on the websites of the Bavarian State Ministry of Health and Care (Bayerisches Staatsministerium für Gesundheit und Pflege):

www.stmgp.bayern.de/service/ansprechpartner-und-fachstellen/

Bundesministerium für Gesundheit

Dienstszitz Bonn
 Rochusstraße 1 · 53123 Bonn
 Phone: 0228 99441-0

Dienstszitz Berlin
 Friedrichstraße 108 · 10117 Berlin
 Phone: 030 18441-0

Email: poststelle@bmg.bund.de
www.migration-gesundheit.bund.de

Patienten- und Pflegebeauftragter

Bayerisches Staatsministerium für Gesundheit und Pflege
 Geschäftsstelle des Patienten- und Pflegebeauftragten der Bayerischen Staatsregierung

Haidenauplatz 1 · 81667 München
 Phone: 089 540233951

Email: patientenbeauftragter@stmgp.bayern.de
www.patientenportal.bayern.de

Bayerisches Landesamt für Pflege

Köferinger Straße 1 · 92224 Amberg
 Email: poststelle@lfp.bayern.de
www.stmgp.bayern.de/lfp/

Bundeszentrale für gesundheitliche Aufklärung

Maarweg 149 – 161 · 50825 Köln
 Phone: 0221 8992-0

Email: poststelle@bzga.de
www.bzga.de
www.aelter-werden-in-balance.de

Zentrum für Qualität in der Pflege

Reinhardtstraße 45 · 10117 Berlin
 Phone: 030 2759395-0

Email: info@zqp.de
www.zqp.de

**Pflegeservice Bayern –
unabhängige Pflegeberatung**

Freecall:

Mo – Fr 8 am to 6 pm

Phone: 0800 7721111

**compass private pflegeberatung
GmbH**

Gustav-Heinemann-Ufer 74c

50968 Köln

Phone: 0221 93332-0

Email:

info@compass-pflegeberatung.de

www.compass-pflegeberatung.de

**Koordinationsstelle für ambulant
betreute Wohngemeinschaften**

Arbeitsgruppe für Sozialplanung und
Altersforschung GbR

Spiegelstraße 4 · 81241 München

Phone: 089 20189857

Email: kontakt@ambulant-

[betreute-wohngemeinschaften.de](mailto:kontakt@ambulant-betreute-wohngemeinschaften.de)

www.ambulant-betreute-

[wohngemeinschaften.de](http://www.ambulant-betreute-wohngemeinschaften.de)

Pflegestützpunkt Coburg

Oberer Bürglaß 1 · 96450 Coburg

Phone: 09561 89-2550/09561 89-2551

Email: pflegestuetzpunkt@coburg.de

www.coburg.de/pflegestuetzpunkt

Pflegestützpunkt Haßberge

Landratsamt Haßberge

Am Herrenhof 1 · 97437 Haßfurt

Phone: 09521 27-495/09521 27-395

Email: psp@hassberge.de

www.pflegestuetzpunkt-hassberge.de

Pflegestützpunkt

Neuburg-Schrobenhausen

im Geriatriezentrum Neuburg

Bahnhofstraße 107

86633 Neuburg a. d. Donau

Phone: 08431 57-547

Email:

pflegestuetzpunkt@lra-nd-sob.de

www.neuburg-schrobenhausen.de/

Pflegestuetzpunkt.n247.html

Pflegestützpunkt Nürnberg

im Seniorenrathaus Heilig-Geist-Haus

Hans-Sachs-Platz 2 · 90403 Nürnberg

Phone: 0911 5398953

Email:

info@pflegestuetzpunkt.nuernberg.de

www.pflegestuetzpunkt.nuernberg.de

Pflegestützpunkt Rhön-Grabfeld

Landratsamt Rhön-Grabfeld

Spörleinstraße 11

97616 Bad Neustadt a.d.S.

Phone: 09771 94129

Email:

pflegestuetzpunkt@rhoen-grabfeld.de

www.rhoen-grabfeld.de/Themen/

Pflegestuetzpunkt

Pflegestützpunkt Landkreis Roth

Gesundheitszentrum I

Weinbergweg 16 · 91154 Roth

Phone: 09171 81-4500

Email: info@pflugestuetzpunkt-roth.de

www.pflugestuetzpunkt-roth.de

Pflegestützpunkt Schwabach

Nördliche Ringstraße 2a – c

91126 Schwabach

Phone: 09122 860-595

Email:

pflugestuetzpunkt@schwabach.de

www.schwabach.de/de/

zuhause-in-schwabach/senioren/

pflugestuetzpunkt.html

Pflegestützpunkt Schweinfurt

Petersgasse 5 (Am Schroturm)

97421 Schweinfurt

Phone: 09721 533230

Email: info@pflugestuetzpunkt-sw.de

www.pflugestuetzpunkt-sw.de

Pflegestützpunkt Würzburg

Bahnhofstraße 11 · 97070 Würzburg

Phone: 0931 20781414

Email: [kontakt@pflugestuetzpunkt-](mailto:kontakt@pflugestuetzpunkt-wuerzburg.info)

wuerzburg.info

[www.pflugestuetzpunkt-wuerzburg.](http://www.pflugestuetzpunkt-wuerzburg.info)

info

www.diabinfo.de

www.herzstiftung.de

www.hochdruckliga.de

Fachstelle für Demenz und Pflege Bayern

Sulzbacher Straße 42 · 90489 Nürnberg

Phone: 0911 47756530

Email: info@demenz-pflege-bayern.de

www.demenz-pflege-bayern.de

Deutsche Alzheimer Gesellschaft

Landesverband Bayern e. V.

Frauentorgraben 73 · 90443 Nürnberg

Phone: 0911 4466784

Email: info@alzheimer-bayern.de

www.alzheimer-bayern.de

www.demenz-und-migration.de

Diabetikerbund Bayern e. V.

Geschäftsstelle Nürnberg

Gut Maiach, Innstraße 47

90451 Nürnberg

Phone: 0911 227715

Email: info@diabetikerbund-bayern.de

www.diabetikerbund-bayern.de

Deutsche Diabetesstiftung

Kölner Landstraße 11 · 40591 Düsseldorf

Phone: 0211 7377763

Email: info@diabetesstiftung.de

www.diabetesstiftung.de

Sozialverband VdK Bayern e. V.

Schellingstraße 31 · 80799 München

Phone: 089 2117-0

Email: info@vdk.de

www.vdk.de/bayern

Growing old: health and care options

A multilingual guide for older people
with a migration background

This 'Growing old: health and care options' multilingual guide was developed as part of the 'With Migrants for Migrants – Intercultural Health in Bavaria' project. This project aims to promote the health literacy of migrants. You can obtain further information on this project at www.mimi.bayern

In this brochure, you can find important information to promote and maintain health as you get older, and about care options.

This brochure is available in five languages (Arabic, English, German, Russian and Turkish) and can be obtained by mail order or free download at www.mimi-bestellportal.de.



MiMi

Das Gesundheitsprojekt
Mit Migranten für Migranten
in Bayern