Unmet Needs for Help and Community-Based Services for the Elderly Aged 75 Years and Over

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Final Report
Unmet Needs for Help and Community-Based Services for the Elderly Aged 75 Years and Over

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Key Implications for Decision Makers

- One in four seniors older than 75 has at least one unmet need for help with respect to activities of daily living (such as housekeeping, meal preparation, bathing, and eating). Most unmet needs related to housekeeping and transportation.

- Seniors with an unmet need were more likely to have lower self-reported health, higher levels of psychological distress, feelings of decreased control, and smaller social networks. They were also at greater risk of having poor nutrition.

- Seniors with an unmet need were more likely to visit the emergency room.

- As most unmet needs relate to housekeeping and transportation, governments and other organizations should be particularly concerned with providing assistance for seniors in these domains.

- It is possible that seniors view housekeeping and transportation as non-essential services, and that many seniors learn to cope with the consequences when they are no longer able to do for themselves. Seniors may be reluctant to ask for assistance for something they view as frivolous. However, given the association between living with an unmet need and poor mental and physical well-being, it may be necessary to educate seniors regarding the importance of seeking assistance.
Executive Summary

This study examines the availability and use of community-based services for seniors aged 75 years and older. Seniors in this age group are more likely than younger seniors to have multiple health problems and thus are more likely to require services to help them cope. Previous research in this area has indicated that there exists an association between unmet needs for community services and several negative health outcomes, such as poor mental and physical health. As such, the current study also examined the type of needs for help that are unmet, as well as the factors associated with experiencing an unmet need. Finally, this study examined the association between unmet needs and increased use of medical services, such as emergency room visits and hospitalization.

This research project has several unique features. First, the 551 study participants were randomly selected, without knowledge of whether or not they were receiving community services at the time of the study. As well, while subjects experiencing cognitive impairment were excluded, all other subjects were invited to participate, regardless of their level of physical disability. In addition, all information was gathered from the seniors’ perspective. Thus, this study addresses the issue of unmet needs in community-dwelling seniors at large from the seniors’ perspective and is not restricted based on previous service use or level of physical disability, as previous studies in this field have been.

As per previous research in this field, an unmet need for help was described in one of several ways. Participants were said to have experienced an unmet need if they reported having difficulty or being unable to perform an activity of daily living without help, or reported requiring help or more help with a particular activity. In addition, participants who reported experiencing a negative consequence attributed to insufficient or total lack of help were also said to have experienced an unmet need.

Approximately one in four seniors who participated in the study were found to have an unmet need for help relating to activities of daily living. Such activities include meal preparation, cleaning,
transportation, bathing, and eating, among others. Unmet needs were found to be more common with increasing age and among women. The two most commonly reported unmet needs pertained to transportation and housecleaning, at 11.6 percent and 15 percent, respectively. Associations between several factors and the presence of an unmet need were assessed, and it was found that being female, older age, lower self-rated health, higher levels of psychological distress, and lower levels of perceived control over one’s life were all associated with the presence of an unmet need. In addition to the assessment of unmet needs pertaining to activities of daily living, this project also investigated unmet psychosocial, recreational, and health-related needs. The psychosocial needs included, most notably, the desire for visits from a volunteer, participation in self-help or support groups, and persons outside the participant’s family with whom worries and emotions could be discussed. Unmet needs in this domain were low, ranging from 3.4 to 12.5 percent, with one exception. More than 40 percent of study respondents did not know whom to contact in case of neglect or abuse. Factors associated with an unmet psychosocial need included higher psychological distress, a lower sense of control, lower self-rated health, and a smaller social network. In addition, these participants were found to be at increased risk of poor nutrition.

Recreational and religious activities appear to play an important role in the lives of seniors. Ninety-four percent of participants reported that they had engaged in a favourite hobby over the last month, and 17 percent of these indicated they would have liked to have been able to participate more. Of those who did not participate, more than half wished to do so.

With regards to health-related needs, the most prominent unmet need was for information or more information concerning health and social services, at 47.6 percent. Even among those who received information, 25 percent reported a need for more information. In addition, one in five participants reported a need for foot and toenail care. The factors associated with unmet needs in the latter two domains were comparable to those reported for unmet psychosocial needs, with one exception; women are more likely to report health needs.

The last part of this project was to examine the use of services among those participants who reported an unmet need. With regards to bathing assistance, 18 (62.1 percent) out of
the 29 participants requiring help did not receive assistance. This figure rose to 65.1 percent (54 out of 83 participants) for services pertaining to housekeeping and to 96.9 percent (62 out of 64 participants) for transportation services. These preliminary results must be interpreted with caution as the number participants is quite low. Use of formal services, such as hospitalization and emergency room and physician visits, was also assessed in those with and without unmet needs. A significant difference in frequency of emergency room visits was detected, as 25 percent of those with an unmet need reported one or more visits after six months of follow-up, compared to 11.8 percent of those with no unmet need.

It is important to note that this report presents only preliminary analyses of the data collected for the first 551 participants enrolled in the study. Subsequent analyses will include the use of administrative databases to determine use of formal health services. As well, a 12-month in-depth follow-up questionnaire will assess unmet needs status and the effect that unmet needs have on health services use over time.

This study found that one in four seniors older than age 75 live with an unmet need for help in activities of daily living, a result which is somewhat surprising given the specific exclusion of those with moderate to severe cognitive impairment and the good health of the study sample (more than 40 percent of participants rated their health status as very good or excellent). As the two most commonly reported unmet needs pertain to housecleaning and transportation, it is clear that these domains need to be targeted by those working with seniors. It is possible that these areas are viewed by seniors as frivolous, and that those who are no longer able to provide these services for themselves simply learn to cope with the consequences, rather than requesting help. However, given the potential implications for mental and physical health, seniors should be encouraged to seek assistance when required. As indicated by the preliminary results, those with an unmet need in activities of daily living have increased visits to the emergency room; therefore, this is clearly an issue of great importance to the health of seniors.