

## CARACTERIZAÇÃO DO USO DE SERVIÇOS DE SAÚDE POR IDOSOS DE UM CENTRO DE CONVIVÊNCIA

## CHARACTERIZATION OF HEALTH SERVICES USE BY ELDERLY PERSONS FROM A CENTER COEXISTENCE

## CARACTERIZACIÓN DEL USO DE SERVICIOS DE SALUD POR ANCIANOS DE UN CENTROS DE CONVIVENCIA

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### RESUMO

**Objetivos:** Caracterizar a utilização de serviços de saúde por idosos que frequentam um Centro de Convivência. **Método:** Estudo descritivo, transversal, de natureza quantitativa, realizado com n=106 (100%) idosos. Utilizou-se, para a análise dos dados, o questionário multidimensional traduzido e validado BOAS (*Brazil Old Age Schedule*). **Resultados:** Verificou-se que a maioria dos idosos (79,2%) utilizam os serviços públicos de saúde e referem satisfação com a utilização deles (69,8%). Contudo, observou-se que, entre os principais motivos referidos para não procura dos serviços médicos estão: a dificuldade financeira (42,4%) e o medo (25,4%). Já para não procura do serviço odontológico estão a dificuldade financeira (48,8%) e com transporte/locomoção (79,2%). Nos últimos três meses, 51,8% consultaram o médico, 46% foram ao dentista, 65,1% foram ao hospital para receber medicação e 42,4% necessitaram de hospitalização. **Conclusão:** Torna-se pertinente uma ampliação relativa ao acesso dos idosos aos serviços de saúde (médicos e odontológicos), bem como o planejamento de ações de promoção da saúde e prevenção de doenças/complicações, pelos profissionais, com vistas a contornar as principais barreiras identificadas na utilização dos serviços.

**Descritores:** Serviços de saúde; Saúde do idoso; Perfil de saúde; Acesso aos serviços de saúde.

### ABSTRACT

**Objective:** To characterize the health services use by the elderly who attend a Coexistence Center. **Method:** Descriptive, cross-sectional, quantitative study performed with n = 106 (100%) elderly. For the analysis of the data, the multidimensional questionnaire translated and validated was BOAS (*Brazil Old Age Schedule*). **Results:** The study verified that the majority of the elderly (79.2%) used the public health services and reported satisfaction with their use (69.8%). However, it was observed that among the main reasons cited for not seeking medical services are financial difficulty (42.4%) and fear (25.4%). For not looking the dental service, the main reasons are the financial difficulty (48.8%) and transportation/locomotion (79.2%). In the last three months, 51.8% consulted the doctor, 46% went to the dentist, 65.1% went to the hospital to receive medication and 42.4% needed hospitalization. **Conclusion:** It is pertinent to increase the elderly access to health services (medical and dental) as well as the planning actions to promote health and to prevent diseases/complications, by professionals, aiming to avoid the main barriers identified in the services use.

**Descriptors:** Health services; Health of the elderly; Health profile; Health services accessibility.

### RESUMEN

**Objetivo:** Caracterizar la utilización de los servicios médicos de salud por ancianos que frecuentan un Centro de Convivencia. **Método:** Estudio descriptivo, transversal, de naturaleza cuantitativa, realizado con n = 106 (100%) ancianos. Se utilizó, para el análisis de los datos, el cuestionario multidimensional traducido y validado BOAS (*Brazil Old Age Schedule*). **Resultados:** Se verificó que la mayoría de los ancianos (79,2%) utilizan los servicios públicos de salud y refieren satisfacción con la utilización de ellos (69,8%). Sin embargo, se observó que, entre los principales motivos referidos para no demanda de los servicios médicos están: la dificultad financiera (42,4%) y el miedo (25,4%). Ya para no demanda del servicio odontológico están la dificultad financiera (48,8%) y con transporte/locomoción (79,2%). En los últimos tres meses el 51,8% consultó al médico, el 46% fue al dentista, el 65,1% fue al hospital para recibir medicación y el 42,4% necesitó hospitalización. **Conclusión:** Se hace pertinente una ampliación en el acceso de los ancianos a los servicios de salud (médicos y odontológicos) así como la planificación de acciones de promoción de la salud y prevención de enfermedades/complicaciones, por los profesionales, con el fin de eludir las principales barreras identificadas en la utilización de los servicios.

**Descriptores:** Servicios de salud; Salud del anciano; Perfil de salud; Accesibilidad a los servicios de salud.

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## INTRODUCTION

Aging is a natural process throughout life and it is shown differently for each individual, considering internal and external factors that affect them over time<sup>(1)</sup>. Based on the chronological factor, in developing countries such as Brazil, every individual aged 60 or older<sup>(2)</sup> is considered elderly.

Since the second half of the 20<sup>th</sup> century, factors such as reduced birth rates, increased life expectancy, and reduced infant mortality have contributed to the increase in the elderly population<sup>(3)</sup>. Estimates indicate that the Brazilian elderly population can reach approximately 30 million people in the coming years. This aspect demonstrates the fast growth of this group of people<sup>(4-5)</sup>.

As a consequence of this context, the search for health services has expanded among the elderly people, a reality that occurs in Brazil and in the international scenario<sup>(6)</sup>. With the improvement of technological resources and treatments in the health area, the number of elderly people who can live for several years is increasing, even though there are many chronic conditions<sup>(7)</sup>.

In this context, it is worth mentioning that, during the aging process many factors can limit the access of the elderly to health services, such as difficulty in locomotion, socioeconomic differences and individual characteristics<sup>(1)</sup>. Thus, the importance of knowing these factors is highlighted to provide subsidies to health professionals in the planning of strategies that favor the demand and use of health services by the elderly population<sup>(6)</sup>. Therefore, it is fundamental to understand the factors related to the use of health services, as well as the inequalities of access<sup>(8)</sup>.

It is also necessary to pay special attention to the self-perception of the elderly people regarding the factors that bring them closer or away from health services since it is an indicator that characterizes the direct opinion of the patient.

Negative perceptions constitute an opportunity to improve the attendance, the offer of professionals and procedures for a higher quality and more effective assistance<sup>(9)</sup>. It should be pointed out that, as a result of demographic forecasts, it is necessary to carry out a deeper characterization and analysis of the elderly population<sup>(10)</sup>.

Based on the above, this study aimed to characterize the use of health services by elderly people attending a Coexistence Center for people in this age group.

## METHOD

This is a descriptive, cross-sectional, quantitative approach. Studies that bring a perspective of an immediate event, analyzing, individually, its members are defined as cross-sectional. It is commonly used because of its effectiveness in detailing and detecting a category at risk for a given population<sup>(11)</sup>.

The study population consisted of elderly people attending a Coexistence Center of the Elderly people, from a municipality in the interior of the state of Mato Grosso do Sul, Brazil. In this place, the elderly perform physical, socio-educational activities, handicraft workshops, dances and receive the follow-up of professionals linked to the Reference Center of Social Assistance (CRAS) such as psychologists, social workers, and counselors<sup>(12)</sup>. It is justified to choose this place for the study since the coexistence centers have the perspective of promoting social coexistence and strengthening an active and healthy aging<sup>(1)</sup>.

As an inclusion criterion, elderly people who attended the Coexistence Center were selected at least once during the data collection period (October to December 2016), which totaled 146. As an exclusion criterion, the lowest score was determined to 13 points in the cognitive evaluation, performed through the Mini-Mental State Examination (MMSE)<sup>(13)</sup>.

For data collection, the validated Brazil Old Age Schedule (BOAS) questionnaire was used<sup>(14)</sup>. This instrument is directed to studies in the area of human development, which investigates multidimensional factors regarding aging<sup>(15)</sup>. This investigation was further elaborated in session III of the BOAS questionnaire, and the purpose of this session was to collect information on the knowledge, rights, use, and degree of satisfaction of the elderly in the health services<sup>(14)</sup>.

The interviews were conducted individually in the coexistence center by nursing students from the Federal University of Mato Grosso do Sul - Campus de Coxim, who were duly trained by the project coordinator and had an average duration of 60 minutes.

For the data analysis, it was chosen to perform a double database typing for an

adequate coding, allowing the elaboration of a code dictionary in the EXCEL worksheet. Subsequently, it was analyzed in the program SPSS 20.0, to evaluate the association between the use of the services and gender of the study participants. The variables were submitted to the chi-square test or Fisher's exact test. The results were considered statistically significant when the value is  $p < 0.05$ .

This study is linked to the research project titled Coexistence Center of the Elderly people: a multidimensional approach and its implications for health, approved by the opinion number 1,703,454/2016, from the Research Ethics Committee of the Federal University of Mato Grosso do Sul, with Certificate of Presentation for Ethical Appreciation (CAAE), number 57140816.4.0000.0021/2016. All participants signed the Free and Informed Consent Term (TCLE) in two copies.

## RESULTS AND DISCUSSION

After applying the inclusion and exclusion criteria, a total of 106 (100%) elderly individuals were selected for the study. Of them, 67 (63.20%) were female, 49 (46.22%) were between 60 and 69 years old, 51 (48.11%) had completed elementary education and 35 (33.02%) were illiterate. Regarding monthly income, most of them (68.86%) reported receiving up to a minimum wage.

Concerning the home arrangement, 34 (32.06%) of the elderly lived with a partner and 33 of them were widowers. Most of the elderly participants, when questioned about the use of health services when they need it, reported using the public health service for both medical and dental care and were satisfied with the medical services used, with no statistically significant difference between the genders, as shown in Table 1.

Table 1 - Distribution of the elderly participants according to the use of medical and dental services. Coxim, MS, Brazil, 2016.

Variable (N=106)	Male		Female		Total		p
	N	%	N	%	N	%	
<b>Medical service used</b>							0.645
They do not look for it	1	0.94	1	0.94	2	1.88	
Public institution	31	29.24	53	50.0	84	79.24	
Health insurance	3	2.83	6	5.66	9	8.49	
Special attention	3	2.83	7	6.60	10	9.43	
Others	1	0.94	-	-	1	0.94	
<b>Dental service used</b>							.*
They do not look for it	-	-	-	-	-	-	
Public Institution	25	23.58	35	33.0	60	56.58	
Health insurance	-	-	-	-	-	-	
Doctors & Clinics	-	-	-	-	-	-	
Others	-	-	-	-	-	-	
They do not know/did not answer	14	13.20	32	30.18	46	43.38	
<b>Satisfaction with medical services</b>							0.646
Yes	29	27.35	45	42.45	74	69.80	
No	6	5.66	12	11.32	18	16.98	
They do not know/did not answer	4	3.77	10	9.43	14	13.2	

\*The p-value was calculated excluding the "They do not know/did not answer" variable. The p-value was not calculated since in this variable there was only one answer (a public institution).

Source: survey data.

According to the results, there is a predominance of the search for care in public institutions for both men and women. It is noteworthy that no interviewee sought private dental services. This result is similar to this study<sup>(6)</sup>, where it was found that 70.4% of the elderly people use medical services in public institutions. It is suggested that these data are linked to the economic conditions of the population, the low supply of specialties and the

low coverage of the health insurance in the city studied is a challenge for the professionals of the Unified Health System to attend to all this demand.

Regarding satisfaction with medical services, there is a low percentage of dissatisfaction in the study population (Table 1). However, this result was different from the one found in a survey<sup>(1)</sup>, which identified that elderly people linked to a specific condominium for the

elderly people had a dissatisfaction rate with medical services of 72%. The authors indicate that this high percentage was related to the distance of UBS and the absence of coverage of

the ESF. Table 2 shows the main reasons that influenced not seeking medical services by the elderly participants, also showing no difference between the genders.

Table 2 - Distribution of the elderly participants as a reason for not seeking medical services. Coxim, MS, Brazil, 2016.

Variable	Male		Female		Total		p
	N	%	N	%	N	%	
<b>Because they did not need it</b>							0.513
Yes	8	7.54	11	10.37	19	17.91	
No	7	6.60	6	5.66	13	12.26	
Not applicable	24	22.64	47	44.33	71	66.97	
They do not know/did not answer	-	-	3	2.83	3	2.83	
<b>Financial difficulty to pay</b>							0.806
Yes	16	15.09	29	27.35	45	42.44	
No	16	15.09	26	24.52	42	39.61	
Not applicable	7	6.60	12	11.32	19	17.92	
They do not know/did not answer	-	-	-	-	-	-	
<b>Because there is no one to take him</b>							0.556
Yes	2	1.88	5	4.71	7	6.59	
No	6	5.66	20	18.86	26	24.52	
Not applicable	31	29.24	42	39.62	73	68.86	
They do not know/did not answer	-	-	-	-	-	-	
<b>Because they are afraid to go to the doctor?</b>							0.421
Yes	8	7.54	19	17.92	27	25.46	
No	25	23.58	40	37.73	65	61.31	
Not applicable	6	5.66	8	7.54	14	13.2	
They do not know/did not answer	-	-	-	-	-	-	

Source: survey data.

Although most of the elderly participants showed satisfaction with the service used, when questioned about the reasons for not seeking services, some of them stated that they were afraid of going to the doctor (Table 2). It is pertinent to highlight that, during care the health professional must consider the individual's beliefs, cultures, and values to identify modifiable barriers that limit access<sup>(16)</sup>. This scenario is favored by the welcoming process with the qualified listening of individual health needs.

However, it is not uncommon for health professionals to arrive at services without proper preparation to deal with the elderly people, acting prescriptively in acute settings without prioritizing the integrality of the individual. Therefore, it is urgent to establish, scenarios of interaction with lifelong learning for the health

services, strengthening the value of professionals and users<sup>(17)</sup>.

Considering also the reason for not seeking medical services, the predominance of financial difficulty is observed, although most of them use the services of public institutions (Table 2). It is suggested that one of the possible causes may be the lack of more complex specialties and treatments available in the municipal health network, which may lead many elderly people to pay for their own treatment or medication of continuous use, and consultation with specialists.

Family income directly interferes with the use of services. In fact, it was observed in the results of a study<sup>(6)</sup> that the elderly person with lower income used fewer health services. The elderly also indicated the reasons that led them not to seek the dental service, as described in Table 3.

Table 3 - Distribution of the elderly as a reason for not seeking dental services. Coxim, MS, Brazil, 2016.

Variable	Male		Female		Total		p
	N	%	N	%	N	%	
<b>Because they did not need it</b>							0.610
Yes	6	5.66	18	16.98	24	22.64	
No	31	29.24	35	33.01	66	62.25	
Not applicable	2	1.88	14	13.20	16	15.08	
They do not know/did not answer	-	-	-	-	-	-	
<b>Difficulty of access/repressed demand</b>							0.455
Yes	2	1.88	5	4.71	7	6.59	
No	37	34.90	58	54.71	95	89.61	
Not applicable	-	-	4	3.77	4	3.77	
They do not know/did not answer	-	-	-	-	-	-	
<b>Financial difficulty to pay</b>							0.096
Yes	20	18.86	31	29.24	51	48.8	
No	17	16.03	31	29.24	48	45.27	
Not applicable	2	1.88	5	4.71	7	6.59	
They do not know/did not answer	-	-	-	-	-	-	
<b>Because there is no one to take (transportation/transportation)</b>							0.653
Yes	30	28.30	54	50.94	84	79.24	
No	9	8.49	13	12.26	22	20.75	
Not applicable	-	-	-	-	-	-	
They do not know/did not answer	-	-	-	-	-	-	
<b>Why are you afraid to go to the dentist?</b>							0.643
Yes	1	0.94	1	0.94	2	1.88	
No	33	31.13	50	47.16	83	78.29	
Not applicable	5	4.71	16	15.09	21	19.80	
They do not know/did not answer	-	-	-	-	-	-	

Source: survey data.

Another aspect that requires attention is the deficiency in the demand for dental services. Dental health is a factor that significantly influences the health of the elderly people, considering that tooth deficiency can impair the efficiency of digestion and may favor the occurrence of diseases, as well as the decompensation of other pre-existing comorbidities<sup>(1)</sup>.

The frequency of demand for dental services decreases with aging, linked to the loss of natural teeth, which may occur at this stage, leading to a mistaken ideology that there is no longer any need for these services. Also, it is difficult to access<sup>(18)</sup>. In the result of a survey<sup>(6)</sup>, it

was found that 54.3% of the interviewees did not seek dental services.

This problem is also confirmed in another study<sup>(1)</sup>, where there was a decrease in the demand for dental services in the two elderly groups, obtaining a percentage of 90.58%. Consolidating these findings, in this investigation, it was noted that 46.22% of the elderly did not use dental services (Table 4).

In Table 4, it is possible to identify the main reasons for the use of health services by the population studied.

Table 4 - Distribution of the elderly according to the reasons for the use of health services in the last three months. Coxim, MS, Brazil, 2016.

Variable	Male		Female		Total		p
	N	%	N	%	N	%	
<b>They consulted a doctor</b>							0.279
Yes	15	14.15	40	37.73	55	51.88	
No	13	12.26	21	19.81	34	32.07	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	11	10.37	5	4.71	16	15.08	
<b>They did clinical/laboratory tests</b>							0.326
Yes	18	16.98	42	39.62	60	56.6	
No	11	10.37	16	15.09	27	25.46	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	10	9.43	8	7.54	18	16.97	
<b>They did physical therapy treatment</b>							0.758
Yes	10	9.43	21	19.81	31	29.24	
No	22	20.75	40	37.73	62	58.48	
Not applicable	-	-	2	1.88	2	1.88	
They do not know/did not answer	7	6.60	4	3.77	11	10.37	
<b>They needed emergency help</b>							0.443
Yes	2	1.88	2	1.88	4	3.76	
No	34	32.07	64	60.37	98	92.44	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	3	2.83	-	-	3	2.83	
<b>They went to the hospital to receive medication</b>							0.986
Yes	26	24.52	43	40.56	69	65.18	
No	12	11.32	20	18.86	32	30.18	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	1	0.94	3	2.83	4	3.77	
<b>They were hospitalized</b>							0.405
Yes	15	14.15	30	28.30	45	42.45	
No	22	20.75	31	29.24	53	49.99	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	2	1.88	5	4.71	7	6.59	
<b>They went to the dentist</b>							0.531
Yes	15	14.15	31	29.24	46	43.39	
No	19	17.92	30	28.30	49	46.22	
Not applicable	-	-	1	0.94	1	0.94	
They do not know/did not answer	5	4.71	5	4.71	10	9.42	

Source: survey data.

When it comes to access to health services, the main determinant for their growth is the increase in demand for a given population. With the aging process, it is natural for this increase in demand to occur, especially in the public health services, due to the increase in chronic diseases, which consequently present a high prevalence with increasing age<sup>(19)</sup>.

The use of health services depends on factors such as supply, quality, access, geographic location, cultural, economic and organizational issues<sup>(19)</sup>. Although the use of health services did not present a statistically significant difference between the genders, the medical consultation, for example, was higher among the elderly people. This data corroborates another study<sup>(6)</sup>, where the use of medical services was higher among females than males, indicating as a

possible justification, the fact that females observed health risks more frequently than males.

Regarding the admissions, it can be stated that they are more frequent in the elderly people and the length of hospital stay is higher in this population when compared to other age groups<sup>(20)</sup>. In another investigation<sup>(6)</sup>, it was verified that 8.4% of the interviewees were hospitalized in the last 3 months. It is believed that the high rate of hospitalization found in this study was influenced by the fact that the municipality has developed several groups of elective surgeries during the year of data collection. However, it is important to follow this factor, since, after discharge, the elderly often require follow-up caregivers<sup>(21)</sup>.

Another aspect that deserves attention is the great search for the hospital to use medication, totaling 65.18% of the interviewed elderly participants (Table 4). It is suggested that this data shows a low resolution of basic care and, mainly, it leads, as a consequence, the overload in the local emergency service. However, although the elderly participants mentioned the hospital's demand for medication, they did not associate that they used the emergency services to receive this medication since only 3.76% of the elderly people reported having used such services in the three months preceding the interview (Table 4).

This scenario is reaffirmed by another study<sup>(6)</sup>, where it was verified that 11.7% of the elderly interviewed used emergency services in the three months before the interview.

Regarding clinical and laboratory tests, it was observed that 56.6% of the elderly people sought the health service to perform this activity in the last three months before the interview (Table 4). In another study<sup>(1)</sup>, it was observed that there was a statistically significant difference between the elderly groups of a condominium and the elderly in the community in general, to perform exams. The authors point out the personal and subjective characteristics related to each participant to justify the greater demand for exams in the elderly studied.

The physical therapy treatment is indicated by 29.24% of the elderly participants as the reason for the search of the health services in this study (Table 4). In the survey carried out in the city of Guarapuava, in the state of Paraná, it was verified that only 8.7% of the interviewees sought health services in the last three months for physical therapy. It should be emphasized that aging occurs differently under regional variations<sup>(6)</sup>.

## FINAL CONSIDERATIONS

This study allowed concluding that the greater part of the interviewees uses public health institutions and is satisfied with the services used. The financial issue was the most emphasized among the difficulties pointed out for not seeking a medical service, followed by the issue "fear in seeking the service". Regarding the main difficulties for access to dental services, the issue of locomotion to the specific place of care is pointed out.

It is pertinent to expand access, especially regarding dental services, since a large proportion

of these elderly people did not use these services in the three months preceding the interview, besides the need to provide transportation services for this population. It would be interesting to strengthen the ties between the specialties, in a context where the professional should have a holistic view of this population through ongoing education actions with professionals.

As a limitation, this research has analyzed only the elderly people linked to a coexistence center, which does not represent the total population of elderly people that inhabit the city, in its different contexts and conditions. However, the data allow identifying the perception of the elderly people for the services offered, is a subsidy for the planning and implementation of improvement actions.

It is important to emphasize that the elderly population must be attended to in their particularities, and it is up to the health professional to consider these differences, to perform an individualized service, geared to the needs of each one, preserving their autonomy. The provision of a quality health service should be a priority issue in the assistance to this population.

From the point of view of a nursing professional, from these results, it is necessary that they offer more frequent orientations to this population, regarding the services that are available in the health network, narrowing the link and proposing facilitative strategies, providing a health care more resolute and with higher quality to the elderly population. It is also necessary to expand the work of Primary Health Care teams to the Elderly Living Centers by developing prevention and health promotion actions.

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