

## **Abstract**

**Introduction** : The rapidly growing ageing population has led to much health, social and economic concerns in Sri Lanka. Complex health care needs of the elderly need be explored. In the absence of research studies with scientific evidence it would be difficult to address the health and social problems related to ageing.

**Objectives** :To determine the community health care service needs of the elderly and to assess the effectiveness of a community health care package for the elderly in Colombo district.

**Methods** : As component 1, a community based cross sectional descriptive study was carried out in Colombo district to describe health related problems and health seeking behaviour of elders, and to determine the accessibility of health and social services among the elderly in Colombo district. This study was carried out among 764 elders, selected by probability proportionate to size method, using interviewer administered questionnaire. Simultaneously in the same study sample, a cross sectional analytical study was carried out to identify the factors associated with health seeking behaviour of the elders expressed as Odds Ratios. As component 2, four focus group discussions were carried out with forty elders to describe the perception and expectations of elders on community healthcare services for the elderly and thematic data analysis was done.

Component 3 was a quasi-experimental study to assess the effectiveness of a community healthcare package aimed at improving the accessibility of healthcare services among the elderly in Colombo district. The criteria to design the community health care package were identified from component one and two and expert opinion was used for rational reasoning to identify the two main components of the community health care package i.e. health education module and brief comprehensive geriatric assessment. The objectives of the intervention were to identify priority health issues and to promote healthy life styles among elders to take control of their health. Both intervention and control groups had 60 elders each and the outcome was assessed after two months. Effectiveness of the health education module was assessed by performing independent and paired t-tests and service utilization indicators were used to assess the effectiveness of geriatric assessment guide.

**Results :** The response rate was 96.3% (n=764). Prevalence of having at least one chronic disease in the study population was 91.2% (95% CI: 87.19-93.21). Most prevalent chronic illness was hypertension 44.2% (95% CI: 40.68-47.72), followed by diabetes 34.3% (95% CI: 31.04-37.76), heart disease 10.1% (95% CI: 7.97-12.23) and arthritis 7.6% (95% CI: 5.72-9.48). Incidence of acute illnesses was 40.3% (95% CI: 36.8-43.8). Most commonly reported acute illness was exacerbation of existing conditions which was joint aches (n=268, 35.1%). Only 40.4% (n=282) attended the clinic regularly for chronic illnesses. The majority (n=594, 89%) of those having chronic illnesses visited government hospitals. Mostly visited place during acute illness was private hospitals and general practitioners (n=249, 80.8%). All the study participants were having a health care facility within 5 km distance from their residence. Majority (n=574, 75.1%) expressed their willingness to have elderly targeted health programmes at community level. Overall majority of respondents were not aware of the available social services. Those who belonged to civil status other than married (AOR=2.9; 95% CI=1.4-5.91), rural by sector of residence (AOR=9.8; 95% CI=5.7-16.6), those who cannot seek treatment by themselves (AOR=7.4; 95% CI= 3.0-18.2) and diagnosed with more than one chronic disease condition (AOR=4.7; 95% CI=1.7-12.5) were significantly associated with inappropriate health seeking behavior after adjusting for confounders.

Long waiting hours and inadequate time spent by the healthcare provider were the commonest barriers identified for access. Many were unaware of the importance of screening and disease prevention. Almost all welcomed having a healthcare worker for elderly care in the community and having a separate doctor for elderly care. Majority of the participants highlighted the need of health education programmes. Brief geriatric assessment guide was helpful in identifying health issues related to elderly and appropriate referrals were made (n=15, 25%). Thereby, it was beneficial in improving the service utilization. There was a statistically significant difference in post intervention health knowledge mean scores between the intervention group and the control group (p=0.018) with a mean difference of 6.56 (95% CI: 4.8-8.3). Health education programmes at community level are effective in improving the knowledge related to chronic conditions among elderly.

**Conclusions and recommendations** :Prevalence of chronic illness among elders is alarmingly high with majority of the elders not attending clinics regularly. Community health care package was effective in improving health access and should be included in the Primary Health Care Reforms as a validated tool. Future research are needed to be conducted on interventions for effective implementation of community based integrated care system for the elderly.

**Keywords:** healthcare needs, elderly, health seeking behavior, community healthcare programmes, accessibility