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SOCIODEMOGRAPHIC CHARACTERISTICS AND ENDURING ACCESS TO HEALTH SERVICES

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ABSTRACT
An epidemiological and cross-sectional study which aimed to identify the socio-demographic and access characteristics of the elderly to health services. The data were collected in the period from April to August 2012, through a demographic and clinical questionnaire, and questions adapted from the Health, Wellness and Aging Study about access to health care. The convenience sample comprised 56 elderly people registered in 13 centers of community centers of the elderly in Ponta Grossa-PR. There was a predominance of women (75%), aged between 80 and 101 years, widowed (73.2%), with incomplete elementary school (71.4%), living alone (46.4%) and receiving≤two minimum wages (89.3%). It is to point out that a third of the elderly had a health insurance and 31.3% of those presented difficulties of access, more evident among those who made use of the SUS (55%).The importance of health professionals, especially nurses, to identify and know the socio-demographic and access characteristics of the elderly who utilize health services stands out. Such information shall serve as a support for planning strategies to ameliorate the difficulties faced and improve the access of this age band to such services.

Keywords: Elderly of 80 years or older. Access to health services. Geriatric nursing.

INTRODUCTION

The life expectation for the old people of 80 years or older, also called the elderly or octogenarians, increases each decade. Brazil currently has a quota of 26 million seniors and of these about three million are 80 years or older, which corresponds to approximately 1.7% of the population[1].

In relation to younger elderly, the very-old represent a more heterogeneous group[2], since a few present good health and a substantial part is the bearer of health conditions that predispose to vulnerability and adverse health outcomes such as disability and hospitalization[3], a fact which requires health services of greater effectiveness and accessibility.

In recent decades, there have been important advances in Brazilian legislation concerning the elderly population; however, this age band presents difficulties in access to health services, expressed by bureaucratic and political barriers that hinder the development of actions aimed at the specific needs of this population[4].

In this sense, despite the legal backing of the Brazilian Federal Constitution and infra-constitutional laws that protect the elderly, the authors point out that the universal access is pettily feasible this age band[5].

As regards the term access, its definition is complex, and several authors characterize it in a different way, but it is related to the characteristics of provided health services that facilitate or hinder its use by potential users. These features can be summarized in four dimensions: availability, acceptability, payment capacity and information[6-7].

The limitation of access, whether arising from the characteristics of aging or the precariousness of the organization of the service network, can impede the care accomplishment and the use of available resources, resulting in

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the worsening or chronification of the health problem, a situation which can be aggravated with regard to the elderly who are very old and frail.

In this context, the World Health Organization[8] points out that users and providers of health services are rarely consulted about how the system needs to improve its assistance, showing the relevance of investigating the access features to health services for the elderly. In the light of the aforementioned, the present study aimed at identifying the socio-demographic characteristics of the elderly and their access to health services.

METHODOLOGY

A cross-sectional epidemiological study, conducted in 13 elderly community centers, located in different districts of the city Ponta Grossa, Paraná, linked to the department for the elderly of the Municipal Social Assistance Proamor Foundation.

The target population was composed of elderly at age 80 or older, registered in community centers. The data were collected in the period from April to August 2012 and the convenience sample comprised 56 elderly.

For the collection of data was used a non-probability convenience technique, where the researcher has the liberty to choose the more accessible elements of the population that will represent the respective sample in the study. This technique was outlined for the study due to the low number of elderly with an age equal to or greater than 80 years, participants of community centers, many of which did not have a preserved cognitive capacity, a fact which could compromise the information researched.

The inclusion criteria of the participants were: (a) aged 80 years or older; (b) be registered in one of the 13 community centers of the research conduct; and (c) obtain a score above the cut-off point in the application of cognitive testing of the Mental State Mini Examination (MSME)[9], being 13 points for illiterates, 18 for medium and low educational level and 26 points for high education level[10]. Excluded were the elderly with previous diagnoses of diseases or severe mental deficits that prevent participation in the interview.

With the goal of identifying and selecting participants, the coordinators requested an official list with the identification of the registered elderly from the community centers.

153 elderly were identified, of which 44 did not have the cognitive capacity to participate in the study, 53 were losses and 56 were included in the study.

The instrument for data collection comprised a questionnaire for the sociodemographic characterization and questions adapted from the Health, Wellness and Aging Study (HEWA) to describe the access to health services.

The data were tabulated in Microsoft Office Excel 2007 and the results analyzed in the software *Stata*, version 12, described by frequency measures, average and standard deviation (SD). An association between the independent variables sex, health insurance, basic health unit, the family health team, hospital for clinical reasons, hospital for surgical reasons, prompt service, health care center, specialty/outpatient clinic, private treatment and the dependent variable access to health services by means of Chi-square and Fisher tests was found, using the significance level $p < 0.05$for evaluation of the results.

The project was approved by the Committee for Ethics in Research (COER) of the State University Ponta Grossa, under opinion n° 149/2011, protocol n°17403/11.

RESULTS AND DISCUSSION

In the present study the predominance of females (n = 42; 75%) in the age group between 80 and 101 years with an average age of 82.8 years (SD = 3.20) stands out. As for the marital status, 41 (73.2%) (n = 41) were widowed and in relation to education, most of the elderly had incomplete elementary school (n = 40; 71.4%), with only one elderly woman who had concluded higher education. Regarding housing prevailed the ones who lived alone (n = 26; 46.4%) and received two minimum wages or less (n = 50; 89.3%). The individual income of 50 respondents (89.3%)were less than or equal to 2 minimum wages (MW) (table 1).

As regards the general characterization of the sample, the findings are similar to results from national surveys with the elderly, indicating a greater number of women, with an average age of 83 years[11-12], widowhood and low educational level[12-13], living alone and receiving up to one MW[11,13]. However, the greater participation of women in activities of the elderly group may have influenced this result.

Table 1. Socio-demographic characteristics of the elderly. Ponta Grossa-PR, 2012.

Variable		n	%
Gender	Male	14	25
	Female	42	75
Age	80-84 years	46	82.1
	85-89 years	9	16
	90 or older	1	1.9
Marital Status	Married	10	17.9
	Single	2	3.6
	Divorced	3	5.3
	Widowed	41	73.2
Education	Illiterate	10	17.8
	Incomplete elementary school	40	71.4
	Complete elementary school	3	5.4
	Incomplete secondary school	1	1.8
	Complete secondary school	1	1.8
	Complete higher education	1	1.8
Housing	Intergenerational	2	3.6
	Living alone	26	46.4
	Only with spouse	8	14.3
	Only with children	8	14.3
	Three-generational	8	14.3
	Other	4	7.1
Monthly Income*	≤2 minimum wages	50	89.3
	> 2 minimum wages	6	10.7
Total		**56**	**100**

*Current national minimum wage at the time of data collection (2012): R$ 622.00.

The distribution of participants was investigated according to the diseases present at the time of the interview or within one year before the interview, grouped according to the International Disease Classification (ICC 10)[14]. What can be stated with regard to this variable is that it could be noticed how many diseases the elderly present. Of the 56 elderly, 55 (98.2%) had one or more diseases associated.

Of those surveyed, most stated to have diseases related to the circulatory system (n = 44; 78.6%), such as hypertension and heart disease, while the second most mentioned morbidity were the diseases of the musculo skeletal system (n = 40; 71.4%). Diseases of endocrine origin, like diabetes and hypercholesterolemia, were indicated by 42.9% of the participants.

Biological changes resulting from the aging process predispose the elderly to chronic diseases that are a reality for this population, which may present one or more associated pathologies. Chronic diseases identified in this study confirm the findings of an integrative review which aimed at getting to know the Brazilian scientific production related to the functional capacity of the elderly and pointed out that the most frequently mentioned chronic diseases by the elderly were diseases of the cardiovascular system and systemic arterial hypertension[15].

In terms of characteristics regarding access to health services, almost all (n = 55; 98.2%) of the participants claimed to be aware of the right to use the health system when needed, but 48.2% of all respondents (n = 27) stated that they had already faced some kind of obstacle to use such services. The authors point out that access to health services is related to better social conditions of the individuals[16].

Thus, demographic characterization of this research revealed a predominance of elderly widowers with low schooling and financial condition, which may have contributed to the results identified. Another explanation for the existence of obstacles in the use of the services offered by SUS lies in the fact that, despite the health resources exist, they do not meet the specific needs of the elderly population, which shows strongly the need to minimize the apparent gaps between the health policies that ensure access to these services and the reality of the available assistance for this age band.

When it comes to gender, elderly women showed greater ease of access (RP = 1.26) compared to men, although this difference was not statistically significant (p = 0.4401) (table 2). The cross-sectional study conducted with 263 seniors of the community in Santa Catarina with the objective to analyze the profile of morbidity and the pattern of access to health services, according to gender and age group, whose results did not identify statistical significance between genders in the analysis of the indicators of access to health services[17].

The results revealed that one third of the elderly had health insurance, of which 31.3% presented difficulties of access, evident among those who made use of the services provided by the SUS (55%), but this result lost significance in statistics p. Accordingly, comparing the octogenarians, the ones who did not have health insurance had 1.76 times more difficulties to access the system than those who paid a private health plan. In this research, the number of participants who had health insurance was similar to the cross-sectional research conducted in Minas Gerais with 105 elderly of the community, which identified 36.2% old people in this condition. The authors highlight that the higher the individual income of the elderly, the greater the use of the health plan (p = 0.0318)[18].

The most frequently used location by the elderly (in the last 12 months) was the basic health unit (BHU) (n = 45; 80.4%). Of those who did use it, 21 (46.7%) elderly mentioned difficulties to access the service. The results are similar to the epidemiological, observational and transversal study, conducted with 294 elderly from Rio Grande do Sul, which pointed out that the basic service is the most sought after by the elderly[19]. The BHU is understood as the reference location and gateway to health services for the vast majority of the elderly.

In this context, the basic care should provide a greater degree of efficaciousness of the actions, providing care for health promotion, prevention, treatment and rehabilitation of illnesses and diseases. However, this requires an organizational structure of health services enabling their access, considering the limitations that this age band may present.

The inequalities of access to SUS services can be the result of the way the system itself creates barriers for users, creating problems in its availability, quality and cost of services, even up to the way in which the clinical practice is carried out[6]. The lack of priority in attending the old age group is a reality in many health services of the municipalities, suggesting that the services offered by the basic attention often do not meet the specific needs of this population.

Compared to tertiary services, the elderly that used the hospital for surgical procedures had 27% more difficulties in access compared to those who did not use this service, although it has not been found statistically significant (p = 0.5805) (table 2). The elderly, in comparison with other age groups, use health services more

frequently, with more frequent hospitalizations, longer bed occupancy time and more severe health problems[18], a condition that may explain the difficulty of this population regarding tertiary services. With the aim of promoting comparisons and reinforcing the results, sought in studies at the national and international literature, have not been found studies that show such a relationship.

Table 2. Characteristics of the access to health services for the elderly in the past 12 months. Ponta Grossa, 2012

Variable	Access difficulties					
	No n(%)	**Yes n(%)**	**Total n(%)**	**RP**	**$IC_{95\%}$**	***p* – value (x^2)**
Gender						
Female	23(54.8)	19(45.2)	42(75)	1.26	0.45-1.38	0.4401
Male	06(42.9)	08(57.1)	14(25)			
Private Health Plan						
Yes	11(68.7)	05 (31.3)	16(28.6)	1.76	0.80-3.83	0.1081
No	18(45)	22 (55)	40(71.4)			
Basic Unit/Family Health						
Yes	24 (53.3)	21 (46.7)	45(80.4)	1.16	0.62-2.18	0.6392
No	05(45.4)	06 (54.5)	11(19.6)			
Hospital for clinical reasons						
Yes	15(57.7)	11 (42.3)	26(46.4)	1.26	0.72-2.20	0.4102
No	14 (46.7)	16(53.3)	30(53.6)			
Hospital for surgical reasons						
Yes	02 (40)	03 (60)	05(8.9)	1.27	0.36-1.69	0.5805
No	27 (52.9)	24 (47.1)	51(91.1)			
Prompt service						
Yes	04 (50)	04 (50)	08(14.3)	1.04	0.45-2.03	0.9131
No	25(52.)1	23(47.9)	48(85.7)			
Health care center						
Yes	04 (57.1)	03 (42.9)	07(12.5)	1.14	0.35-2.15	0.7617
No	25(51)	24 (49)	49(87.5)			
Specialty/outpatient clinic						
Yes	06 (66.7)	03 (33.3)	09(16.1)	1.56	0.58-4.02	0.3294
No	23(48.9)	24 (51.1)	47(83.9)			
TOTAL	**29(51.8)**	**27(48.2)**	**56(100)**			

Asked about the last service sought, the basic health unit was the most cited among other services (n = 30; 53.6%), and the waiting time between the request and the attendance ranged from 0 to 180 days, with an average of 23.1 days (SD = 37.4). The time that it took the elderly from home to the desired service was in average 27.56 minutes (SD = 23.9), and the waiting time on site 42.30 minutes in average (SD = 43.0). The authors report that elderly people who sought assistance via the unified health system (SUS) present a longer average time (in days) than those who sought assistance by health plan or privately ($p = 0.028$)[17].

With regard to the difficulties encountered at the time of the interview, chart 1, could be pointed out one or more variables and even indicated other reasons deemed particular relevance. Of the respondents who reported difficulties, 23.2% mentioned as an obstacle the quality of the rendered services and 16.1% the delay in attendance. Similar results were presented in the analytical and cross-sectional observational study with a sample of 244

elderly from Paraíba, which aimed to examine which variables are associated with the difficulty in access to health services for the elderly with disabilities. The findings identified the geographical distance, the delay in attendance and the lack of priority assistance as factors that hinder access to health services[18, 20].

It is to understand that the highlighted difficulties may be explained by the absence of training of health staff for the care of the elderly, in particular those of 80 years or older. The long waiting timeout for the scheduling and attendance at health services is often pointed out as a problem in the outpatient and hospital care[17-18], although this elderly population has priority at the time of service.

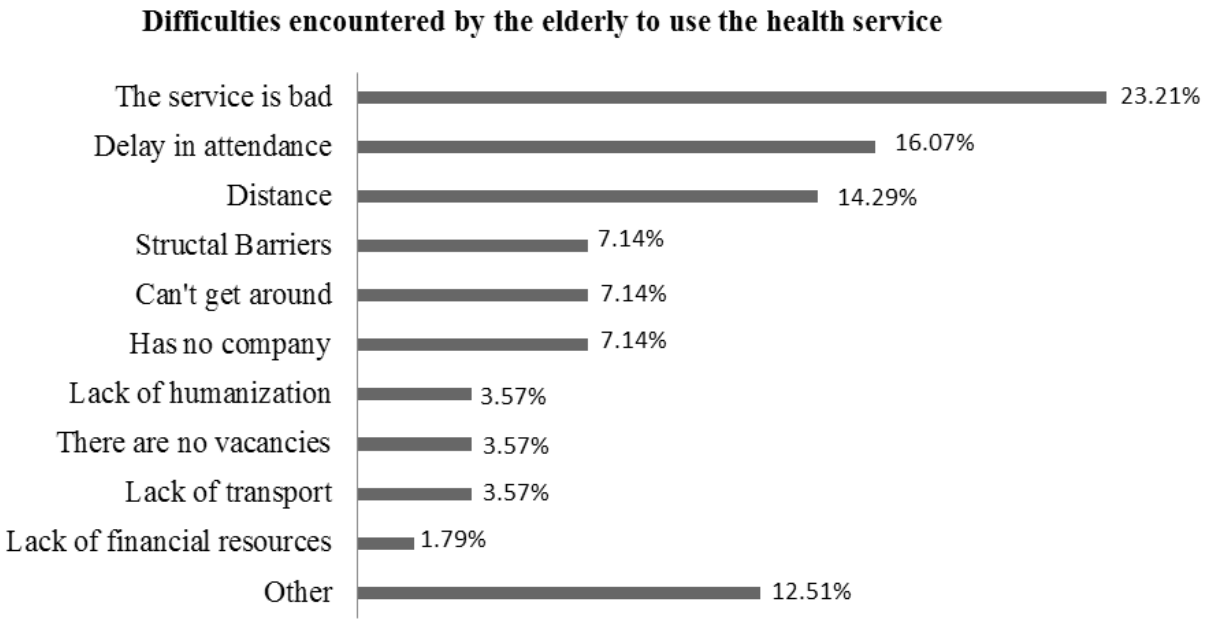

Chart 1. Difficulties encountered by the elderlyto use the health service. Ponta Grossa, PR, 2012.

As limitações da pesquisa referem-se ao desenho do estudo transversal quanto à identificação temporal dos fatores investigados e da significância amostral. Apesar de o recrutamento dos longevos contemplar 13 centros de convivência, obteve-se uma amostra reduzida, o que pode ser justificado pela faixa etária dos idosos (80 anos ou mais) e pela baixa pontuação no MEEM.

The limitations of the research refer to the design of the cross-sectional study on how to temporarily identify the investigated factors and the sample significance. Although the recruitment of the elderly comprised13 community centers, a reduced sample was obtained, which may be justified by the age group of the elderly (80 years or older) and the low score on the MSME.

CONCLUSIONS

Through this study it was possible to identify the socio-demographic characteristics and the access to health services for the elderly. It is concluded that the male elderly presented more difficulty in access to health services and that within the services offered by the SUS, the very-old face din creased difficulty in access. The most frequently sought after location for attendance in health by the participants was the BHU, show in gone third of the elderly mentioning difficulty to access this service.

The importance of health professionals, especially nurses, to identify and know the socio-demographic characteristics as well as the access of the elderly to utilize health services stands out. Such information shall serve as support for planning strategies to ameliorate the faced difficulties and improve the access of this age band to such services.

The elaboration of protocols for managing the waiting lineis suggested. The risk classification is a useful tool that could improve the access of the elderly to health services. Promoting the adequacy of health services that prioritize the specific needs of the elderly, at all levels of the system, could reduce the structural and organizational barriers and improve the quality of life of this population.

CARACTERÍSTICAS SOCIODEMOGRÁFICAS E DE ACESSO DE LONGEVOS AOS SERVIÇOS DE SAÚDE

RESUMO

Estudo epidemiológico e transversal, que objetivou identificar as características sociodemográficas e de acesso de longevos aos serviços de saúde. Os dados foram coletados no período de abril a agosto de 2012, por meio de questionário sociodemográfico e clínico, e questões adaptadas do Estudo Saúde Bem Estar e Envelhecimento, sobre acesso a saúde. A amostra por conveniência compreendeu 56 idosos longevos cadastrados em 13 centros de convivência do idoso de Ponta Grossa-PR. Houve predomínio do sexo feminino (75%), da faixa etária de 80 a 101 anos, viúvos(73,2%), com ensino fundamental incompleto (71,4%), que viviam sozinhos (46,4%) e recebiam ≤dois salários mínimos (89,3%). Destaca-se que um terço dos longevos possuíam plano de saúde e desses 31,3% apresentaram dificuldades de acesso, mais manifesta entre os que faziam uso do SUS (55%). Destaca-se a importância dos profissionais de saúde, em especial o enfermeiro, em identificar e conhecer das características sociodemográficas e de acesso dos longevos que utilizam os serviços de saúde. Tais informações servirão de subsídios para o planejamento de estratégias para amenizar as dificuldades enfrentadas e melhorar o acesso deste segmento etário a esses serviços.

Palavras-chave: Idoso de 80 anos ou mais. Acesso aos serviços de saúde. Enfermagem Geriátrica.

CARACTERÍSTICAS SOCIODEMOGRÁFICAS Y DE ACCESO DE LONGEVOS A LOS SERVICIOS DE SALUD

RESUMEN

Estudio epidemiológico y transversal, que tuvo el objetivo de identificar las características sociodemográficas y de acceso de longevos a los servicios de salud. Los datos fueronrecolectados en el período de abril a agosto de 2012, por medio de cuestionario sociodemográfico y clínico, ycuestiones adaptadas del Estudio Salud Bienestar y Envejecimiento, sobre acceso a la salud. El muestreo por conveniencia comprendió 56 longevos catastrados en 13 centros de convivencia delanciano de Ponta Grossa-PR - Brasil. Hubo predominio del sexo femenino (75%), franja de edad de 80 a 101 años, viudos(73,2%), con enseñanzaprimaria incompleta (71,4%), que vivían solos (46,4%) y recibían ≤dos salarios mínimos (89,3%). Se destaca que un tercio de los longevos poseía plan de saludy de estos,el 31,3% presentó dificultades de acceso, más manifestadas entre los que hacían uso del Sistema Único de Salud (SUS) (55%). Se señalala importancia de que los profesionales de salud, en especial el enfermero, identifiqueyconozcalas características sociodemográficas y de acceso de los longevos que utilizanlos servicios de salud. Tales informaciones servirán de ayuda para la planificación de estrategias a fin dedisminuirlas dificultades enfrentadas y mejorar el acceso de este segmento etario a estos servicios.

Palabras clave: Anciano de 80 años o más. Acceso a los servicios de salud. Enfermería Geriátrica.

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