

“Study to Evaluate Feasibility of a Model of Health Care Delivery to Elderly in Rural Community”

Preliminary Report of Balarwa Project

Population of our country is ageing. The health care system has to gear up for the needs of elderly. Though elderly people are more prone for ill health, yet their health care facility utilization is poor on account of physical, socioeconomic and psychological reasons.

The present study titled “Study to Evaluate Feasibility of a Model of Health Care Delivery to Elderly in Rural Community” was undertaken with the objective to develop a sustainable Community Health Care Delivery System for elderly and to identify the health problems of elderly and institute appropriate interventions in community.

Methodology

A three tier approach i.e. Community level, Primary Health Centre (PHC), Secondary Care Hospital level for providing the health care services was planned.

For the present study, Balarwa village with about 7000 population was selected. This village is about 33 km from the city. It has got a Gram Panchayat, one Health Sub Centre and is 7 km away from PHC Tinwari. We identified our target population by voter list.

Sensitization of Community

Sensitization of local health care worker and local opinion leaders- Sarpanch / Dy. Sarpanch/ Panchayat members and social workers was done by organizing meetings with them and explaining the need for special health care for elderly. The strategy for the present study was to actively involve the local society. Point to note is that they all showed positive reaction and were keen to involve in the work. It appeared that this was an emotional response.

Preparation of performa and training of field worker

To evaluate the health status of target population a questionnaire was prepared and tested in few subject. We recruited two field investigators who were trained to perform home evaluation with the help of a preformed questionnaire and check list. Field investigator were trained in administering the Questionnaire, WHOQOL brief, recording height, weight and blood pressure using electronic BP instrument. (Performa enclosed) They were also trained to transmit the knowledge about health promotion, identify family caregiver and spread the awareness about active ageing and reduce the ageism.

Primary Health Center

The medical and paramedical staffs at the P H C were sensitized by training for special needs of health care of elderly. WHO manual for the health care of elderly was used as the module for the training. Chief Medical and Health Officer, Jodhpur was also contacted for this purpose. He also participated in one of the training programmes. The facilities at PHC were upgraded by providing them with glucometer, other instruments. They have been providing the basic medical care for common illnesses and follow-up of the patients discharged from Secondary care Hospital.

Secondary Care Hospital

In the present study M D M Hospital attached to Dr S N Medical College, Jodhpur provided comprehensive health care services to the patients referred from village. A multidisciplinary approach for the care of elderly was adopted. A special Geriatric unit comprising of Physician, Nurses, Therapists (Physio, occupational, speech), Social Worker has been working here. The unit has close liaison with other specialties particularly Orthopedics, Psychiatry, Urology, Ophthalmology and E N T. Out patient, In patient, Rehabilitation and Acute care services were provided at the hospital. The Geriatric unit maintained close liaison with Primary Health Center and community.

Field Work

All the 330 elderly population of village were interviewed and administered these questionnaires. The data obtained was entered in the computer. Using this data we identified the health related problems. (Details of these problems are enclosed). Interventions for these problems were planned according to the analysis of the data.

We also got the elderly friendly changes in the building by getting railing for stairs Gram Panchayat paid for it. The field investigators helped the elderly to get the official formalities like preparing affidavit and also to transport them to District Disability centre (Ministry of social justice & empowerment). Field workers also encouraged elderly for health care facility utilization.

Problems taken care by ANM at Health Sub Centre

Constipation / short febrile illnesses/ minor pains
Follow up BP Check up / B. Sugar monitoring
Checked and motivated for Drug compliance

At PHC following problems were managed-

Fever, Falls
Follow up and monitoring for chronic diseases e g D. Mellitus,
Hypertension/ COPD/ Osteoarthritis/IHD/CVA

Medical Camps

During the study period monthly medical camps of one day were organized at the subcentre with Physician, Physiotherapist, and Ophthalmologist / ENT specialist / Psychiatrist. Facilities of Audiometry, ECG Machine, and blood sugar estimation were also provided. In such camps on every occasion more than 100 patients were examined and treated. During the camps, patients with eye problems like cataract, glaucoma and refractive errors, hearing defect, medical problems like HT, IHD, CVA, COPD, OA, and Cancer were identified. The patients needing further evaluation, treatment or surgery were referred to Medical College Hospital, Jodhpur. Those with physical

disabilities were referred to the District Disability Centre located at Jodhpur for providing aids like hearing aids, walking sticks, cervical collar and specs. (Details enclosed)

Observations

Following reasons for poor health care facility utilization by elderly were identified in our study:

- Financial constraints
- Non availability of attendant/care giver to accompany them
- They do not want to leave home town
- Wants to die at home
- Have given up the hope
- Lack of desire to get well
- Accepted the disability
- Lack of availability of health staff

PHC services were less utilized as patient tends to go to nearest higher centre or private hospitals. Physiotherapy services needs to be developed at PHC level also.

The impact of the present project on the morbidity and quality of life of the elderly was very good.

Recommendations

The study module proposes a simple sustainable and economical health care delivery system for elderly at community level with existing health care services.

We propose that with the help of Gram Panchyat a local field Investigator to be identified. He will administer the simple questionnaire prepared in the present study to elderly population and submit it to the PHC for analysis. Field worker will also motivate them for health care facility utilization.

At PHC this information will be entered in the computer which will help to identify the functional disability and medical problems of elderly. PHC medical officer along with paramedical staff will take care of their medical

problems. Physiotherapist stationed there may visit the village and evaluate and suggest physiotherapy to them.

PHC will transmit this information to District Health Authority who would organize necessary health camps with specialists, may be at two months interval as per requirement.

In order to achieve these goals active advocacy at various levels of planning has to be done. Efforts have to be made to revive cultural values and reinforce the traditional practice of interdependence among generations.

Since most of the infrastructure exists, these services could be sustained in the future with minimal additional financial liability. We will just need to get active participation of the community, other departments and agencies and orientation and change of attitude of the existing health care system.