

Health Care and Social Needs of the Elderly: Assessed by the Tool Camberwell Assessment of Need for the Elderly

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Abstract: In almost every country, the proportion of people aged over 60 years is growing faster than any other age group. So, it is important to assess their needs based on standard tools. To assess the health care and social needs among the elderly people aged 60 years and above by using the tool Camberwell Assessment of Need for the Elderly. It is cross sectional study. About 305 elderly selected from 7 villages based on Probability Proportional to Size method. Most of the unmet needs among the elderly were in the areas of accommodation (59.3%), eyesight/hearing (58%), benefits (54.1%), day time activities (48.9%) and physical health (42.9%), large numbers of health care and social needs are unmet. Hence, greater and targeted elderly primary care services need to be provided.

Key words: Elderly people, unmet needs, CANE, services, day time, India

INTRODUCTION

All over the world the life expectation of people is increasing. Today worldwide, there are some 600 million persons aged 60 and over this total will double by 2025 and will reach virtually 2 billion by 2050 when there will be more people aged 60 and over than children under the age of 15 (WHO, 2004). The Indian aged population is currently the second largest in the world, next to China. According to WHO estimates, the absolute number of the 60 years and above aged population in India will increase from 76.6 million in 2001 to 137 million by 2021 (Gowsami *et al.*, 2006). It indicates the triumph of public health and advancement of medical technology; this demographic transition is under way in India. Needs assessment is an important issue in public policy and financing of health and support services. Accurate assessments of unmet and met needs are essential for effective planning of support services for the elderly Williams *et al.* (1997) but there is little national data on type and acuity. Prevention is better than cure and so to be prepared for providing services to the elderly in the community, we need to know the needs (Met and unmet) of older people.

Objective: To assess the health care and social needs among the elderly people aged 60 years and above by using the tool Camberwell Assessment of Need for the Elderly.

MATERIALS AND METHODS

This study used data from a cross sectional study aimed to assess morbidity, disability, needs and plan for Day care centre for the elderly which was conducted for a period of 1 year from July, 2005-June, 2006. The elderly people (347) aged 60 years and above were selected from seven villages coming under the field practice area of PSG Rural Health centre, these villages were planned to be covered by PSG Geriatric Day Care Centre. The elderly people from 7 villages were selected using the Probability Proportional to Size (PPS) sampling technique. However, 42 were either non-cooperative or could not be contacted despite making 3 attempts to contact them. The remaining 305 elderly people were contacted and studied, thus forming the respondent rate of 87.9%. This study used Camberwell Assessment of Need for the Elderly (CANE) for the assessment of needs of the elderly. The CANE is a comprehensive needs assessment tool that has been

designed for use with the elderly. It is suitable for use in a variety of clinical and research settings. It has 24 areas/items of needs assessment. It has been shown that the CANE is a valid and reliable tool which is suitable for use in various settings (Reynolds *et al.*, 2000). The CANE tool collects information about the elderly individual's needs from various perspectives such as the persons themselves (Felt needs), those of a key staff member and those of a carer (<http://www.ucl.ac.uk/cane>). A summary of met and unmet needs is then produced from the information gathered which can lead directly to possible interventions and preparation of the care plans. This study mainly focused on assessing only the felt needs of elderly.

Definitions according to CANE

No need: Individual has no problem in the twenty four areas of possible individual needs assessed by CANE or has a problem but manages independently.

Met need: Individual has a problem in the 24 areas of possible individual needs assessed by CANE for which they require assistance which they receive and it is appropriate to meet that need.

Unmet need: Individual has a significant problem in the 24 areas of possible individual needs assessed by CANE for which they are not receiving appropriate assistance.

RESULTS AND DISCUSSION

The current study found that out of 305 elderly, major proportions (60%) of elderly were between age group of 60-69 years. Also, 143 (46.9%) were male and 162 (53.1%) were female. Most (68%) of the elderly were below mean family monthly income (Rs. 4350) of the survey area and 67% of the elderly are illiterate. Nearly half (47%) of the elderly were fully financially dependent to others (Table 1).

Table 2 shows frequencies of need (Unmet and met need) and no need identified among the elderly in the present study. Most of the unmet needs among the elderly were in the areas of accommodation (59.3%), eyesight/hearing (58%), benefits (54.1%), day time activities (48.9%) and physical health (42.9%), closely followed by companionship (34.1%), looking after the home (33.1%) and self care (32.1%). Regarding met needs the most common are with reference to physical health (47.5), drugs (43.3) looking after the home (30.5) and caring for someone else (30.2%).

It is difficult to compare estimates of unmet need with various studies because of considerable difference in study methods such as sample characteristics, definitions

Table 1: Socio-demographic details of the study population

Socio-demographic characteristics	Sample size (n = 305)		
	Male (143) No. (%)	Female (162) No. (%)	Total (305) No. (%)
Age group (Years)			
60-69	94 (65.7)	89 (54.9)	183 (60.0)
70 and above	49 (34.3)	73 (45.1)	122 (40.0)
Marital status			
Married	99 (69.2)	61 (37.6)	160 (52.4)
Others	44 (30.8)	101 (63.3)	145 (47.5)
Educational status			
Literate	73 (51.0)	28 (17.3)	101 (33.1)
Illiterate	70 (49.0)	134 (82.7)	204 (66.9)
Living arrangements			
Alone	9 (6.3)	18 (11.1)	27 (8.9)
With spouse	95 (66.4)	56 (34.6)	151 (49.5)
With other (s)	39 (27.3)	88 (54.3)	127 (41.6)
Financial status			
Fully dependent to others	39 (27.3)	103 (63.6)	142 (46.6)
Partially dependent	23 (16.1)	31 (19.1)	54 (17.7)
Independent	81 (56.6)	28 (17.3)	109 (35.7)
Monthly family income			
Low (<Rs. 4350)	88 (61.5)	119 (73.5)	207 (67.9)
High (>Rs. 4350)	55 (38.5)	43 (26.5)	98 (32.1)

Table 2: Distribution of needs among the elderly as assessed by CANE

Category	Unmet need	Met need	No need
	No. (%)	No. (%)	No. (%)
Accommodation	181 (59.3)	31 (10.2)	93 (30.5)
Looking after the home	101 (33.1)	46 (15.1)	158 (51.8)
Food	109 (36.0)	93 (30.5)	103 (33.8)
Self care	98 (32.1)	71 (23.3)	136 (44.6)
Caring for someone else	20 (6.6)	92 (30.2)	193 (63.3)
Day time activities	149 (48.9)	43 (14.1)	113 (37.0)
Memory	88 (28.9)	74 (24.3)	143 (46.9)
Eyesight/Hearing/Communication	177 (58.0)	36 (11.8)	92 (30.2)
Mobility/falls	41 (13.4)	48 (15.7)	216 (70.8)
Continence	11 (3.6)	13 (4.3)	281 (92.1)
Physical health	131 (42.9)	145 (47.5)	29 (9.5)
Drugs	66 (21.6)	132 (43.3)	107 (35.1)
Psychotic symptoms	55 (18.0)	41 (13.4)	209 (68.5)
Psychological distress	42 (13.8)	65 (21.4)	198 (64.9)
Information	68 (22.3)	67 (22.0)	170 (55.7)
(On condition and treatment)			
Safety to self (Deliberate self-harm)	27 (8.9)	6 (1.9)	272 (89.2)
Safety to self (Inadvertent self-harm)	15 (4.9)	7 (2.3)	283 (92.8)
Abuse/Neglect	40 (13.1)	22 (7.2)	243 (79.7)
Behaviour	31 (10.2)	12 (3.9)	262 (85.9)
Alcohol	53 (17.4)	4 (1.3)	248 (81.3)
Company	104 (34.1)	84 (27.5)	117 (38.4)
Intimate relationships	19 (6.2)	42 (13.8)	244 (80.0)
Money/Budgeting	119 (39.0)	89 (29.2)	97 (31.8)
Benefits*	165 (54.1)	67 (22.0)	73 (23.9)

*Benefits given by the government and NGOs

of met and unmet need. This needs assessment study findings are slightly in contrast to study done by Walters *et al.* (2000). In their study the commonest unmet needs identified by the elders are eyesight/hearing, psychological distress and incontinence. The common needs identified by some other researchers (Rani *et al.*, 2004; Ahn and Kim, 2004; Goel *et al.*, 2003) are lack of social security (35%), lack of healthy family environment (37%) and not participating in social events (64%).

CONCLUSION

By using the CANE, the present study found the several health care and social needs were unmet.

RECOMMENDATIONS

Hence, Greater and targeted efforts are needed to identify at risk elderly people living in the community and to provide services that may reduce the burden of unmet need. It is also recommended that we need to provide them with elderly-friendly primary geriatric care services. Availability of validated tools like Camberwell Assessment of Need for the Elderly (CANE) in Indian language (Hindi) to identify met and unmet needs will provide an opportunity to do a comparable study in different parts of India.

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