

Use of services

The aim of the services provided for old people is more and more considered to be not only the satisfaction of their basic needs in everyday life but also the creation of the factors necessary for the maintenance of their integration in the community and, in spite of aging and mental and physical constraints, their independence and self-fulfilment. Different services may contribute to preservation of the old person's individual way of life (90).

The provision of services for old people lends special emphasis to the priority of services intended for all members of society (91). Because of factors arising from the processes of aging on the one hand and rapid environmental change on the other, however, health and social services for old people have special requirements. In planning services there must be a flexible approach taking account of the primary need for services for all members of the community and the secondary need for special services.

Other important considerations in the development of services for old people are availability, adaptability, and humaneness. Services in close relationship with the social welfare and public health services seem to function better than when they are not. Administrative and professional barriers should be overcome in all work aimed at improving the living conditions of the elderly (92). The most important sociopolitical issue associated with this question is how best to direct the limited resources of society towards satisfying the needs of old people as well as other groups.

The past few years have shown that old people use social and health services 3–4 times more than would be expected from their proportion in the total population (93,94). Research work analysing old people's need for services is therefore of vital importance (90,95).

Practical experience and gerontological knowledge have been recently used to develop a system of services that takes the overall situation of old people into account as much as possible. The services have been classified on the basis of fundamental human needs or old people's own abilities and resources (30). Other classifications are based on the changes that aging processes bring about in the human body (95–97), services in this case being considered to be compensation for the impairments caused by old age. It has been suggested that services can be differentiated by taking several variables into account simultaneously, such as age, functional ability, and life situation, the optional nature of the services being thereby emphasized (31). Systematization of services includes attempts to develop a hierarchy of

services or a kind of continuum in which preventive, supportive, rehabilitative and protective services form an integrated whole (31,98-100).

The most common reasons for the need for services for old people are substandard living conditions, loneliness, difficulties in interpersonal relations, poor physical and mental health, and impaired functional ability. Analysis of old people's need for services shows that the following are the groups most at risk: the physically handicapped; those whose personalities have changed; the socially isolated; the mentally and physically disadvantaged; and the very old. The most important service groups are considered to cover household duties, personal care (e.g., support and nursing-type services), and social integration work (the creation and maintenance of social contacts) (101).

In spite of the need to develop services, it should be remembered that all old people's needs cannot be satisfied through official services. The social relationships (such as the family) of the elderly still remain decisively important in relation to old people's living conditions (102).

When the health and social services of old people are assessed at the international level, it should be borne in mind that the need for services depends closely on the socioeconomic, political, and cultural background of each individual country. The structure, financing, and rationale of service systems differ in different countries. The aging processes themselves are, however, universal, and some common models for the development of service systems have resulted from international comparative studies, (101,103,104). Several comparative studies have been carried out during the past 10-15 years. That on the living conditions of old people in Denmark, England, and the United States should be considered a pioneering project in that respect (10). Although the emphasis in the study was not on a comparison of the need for services, the results indicated considerable differences in the use of services in the early 1960s between England and Denmark on the one hand and the United States on the other. The official health and social services were considerably more important in the first two countries than in the United States.

A comparative study on the health and social services for old people in eight countries was carried out in the late 1970s (105); the countries were Canada, France, the Federal Republic of Germany, Israel, Poland, the United Kingdom, the United States, and Yugoslavia. Two major conclusions emerged: first, that community services for the aged must be embedded in a firm infrastructure of basic services; second, that there is a core of personal social services that can be identified internationally and that meet the need for help of old people. In this analysis it was found that the major users of services (except recreational services) are people aged 75 years and over, who also form the fastest growing group among the elderly. The most heavily used services are composed of a mixture of health and social services. Services based on the home, where they exist, seem to be very important in helping the aged to remain in their own homes. The importance of practical care and help is evident in every country. Those carrying out the study criticized the fragmentation of services and the unorganized delivery structures.

A European cross-national research project was also carried out at the end of the 1970s by the European Centre of Social Welfare Training and Research, the European Coordination Centre for Research and Documentation in Social Sciences, and the United Nations Division for Social Affairs (101). The countries participating in the project were Austria, Denmark, Greece, Hungary, the Netherlands, Poland, and Yugoslavia. Particular emphasis was laid on questions related to outpatient services. The problems of welfare work for old people were much the same in the different countries in spite of their different social structures. A trend towards developing outpatient health and social services further was obvious in all the countries, but there were clear differences in the current level of development. Denmark and the Netherlands were ahead of the others in this respect.

A number of theoretical, methodological, and practical difficulties have been encountered in all comparative studies.

This chapter is primarily concerned with the use of health services, but some social services are also examined on the basis of the interview data. The object was to study the use of the services as reported by the persons interviewed themselves. The survey period covered the 12 months prior to the interviews. The aim of the questions was to discover whether the persons interviewed had used any health or social services during that period. The study is much more comprehensive in the field of health services than in that of social services, the reason being that health services are usually more widespread and more alike in different countries than social services are.

As far as health services are concerned, both outpatient services and hospital services were included in the study. The consumption of medicines was also examined. Another aspect studied was how accessible the elderly considered health services to be. The questions related to social services covered the basic services only, such as home help, certain supporting services (meals on wheels, laundry, and chiropody services), and the services provided by social workers.

Use of Outpatient Health Services

All the persons interviewed living at home were asked about their use of outpatient health services during the past 12 months. The services of this type most frequently used were medical services, including both home visits by doctors and visits by patients to doctors. Among the centres where doctors frequently make visits to patients' homes were Brussels, Florence, Kiev, Leuven, Low Ombrone, Midi-Pyrénées, and Upper Normandy, about 50% of the persons interviewed reporting that doctors made home visits to them. Doctors' home visits are very infrequent in Kuwait and Tampere. The number of home visits by doctors increases with the age of the patients. Home visits to women are more common than to men (Table 41).

In contrast to home visits by doctors, the proportion of patients making visits to doctors decreases with age. This decreasing trend is not, however, evident in rural Greece, Kuwait, and Tampere nor, in the case of women, in Bialystok. The figures for visits to doctors are highest in Berlin (West)

(67–93%) and Tampere (75–87%). Figures for different centres in the same country may differ greatly from each other, as for example between Zagreb and Belgrade (Table 42).

A doctor is seldom contacted by telephone, and age and contact by telephone do not seem to be interrelated. On the other hand, the proportion of women calling their doctors is higher than that of men. Telephone contact with a doctor is more common in Florence and Bucharest than elsewhere, ranging from 14% to 26% among women and 8% to 19% among men in Florence and from 15% to 32% among men and 7% to 25% among women in Bucharest. The corresponding figures in the other areas are on the average below 10%.

The number of old people who go to the dentist about their teeth is not high except in Poland; it is lowest in Greece and West Amiata, where only approximately 10% or even less had gone to the dentist during the past 12 months (Table 43). The percentages are lower in the older age groups and seem to be higher in urban areas than in rural areas. Women seem to give up dental care about five years earlier than men. The decline starts between 65 and 70, but is more pronounced after 70 years. This does not happen in every centre, for instance not in Tampere. The mean frequency of visits per year is two for the male population in the majority of the centres. In no centre do women seem to visit a dentist as often as men; for instance, in Belgrade, Berlin (West), rural Greece, Leuven, Upper Normandy, West Amiata, and Zagreb their average frequency is once a year.

In almost all centres the proportion of old people who had been seen at least once by a doctor at home was considerably higher than that of those who had been seen by a public health nurse, except in Tampere. The figures for visits by a public health nurse were highest in Belgrade, ranging from 24% to 50%, and in Upper Normandy (18% to 55%). The number of visits by public health nurses increases with age, the proportional figures for women being somewhat higher than those for men (Table 44).

The number of respondents visiting a public health nurse was small in the majority of the centres. A public health nurse had been visited during the past 12 months by 20–42% of men and 17–46% of women in Tampere, and by 18–41% of men and 21–44% of women in Bucharest, those being the highest figures. No clear differences between the sexes could be discerned, but the proportion of those visiting the nurses was lowest in the two oldest age groups. The role of a public health nurse as a person responsible for the health services of old people is very different in different countries (Table 45).

Telephone contact with a public health nurse is very infrequent. The proportion of old people who had telephoned a public health nurse varied in all centres and age groups of both sexes between 0% and 6%, thus clearly being below the corresponding figures for contact with a doctor, which were not too high either. The mean number of doctor and nurse visits is presented in Table 46. The range between centres and study areas is very large, varying from 2 to 32.

About half of the old people in Tampere, Bialystok, and Belgrade had had an X-ray examination during the past 12 months. West Amiata, Kuwait,

Leuven, and Midi-Pyrénées were the centres where the proportion X-rayed was the lowest, although it was not less than about 25%. The figures for the two oldest age groups indicate a minor decrease in frequency, but hardly any difference between the centres; X-ray examinations had been carried out once in the last 12 months. Only Upper Normandy and Kuwait have a median frequency of two for men and women and Tampere the same for men. The frequency remains constant throughout the age groups.

In Berlin (West), Tampere, Florence, Bucharest, and Belgrade more than half of the old men had had laboratory tests. These five centres, as well as Upper Normandy and Bialystok, had the same high proportion for women too. In the two oldest age groups the percentage decreased slightly, but this trend is not found in every centre (Table 47). The median frequency of visits for those undergoing laboratory tests is once a year. A frequency of two visits a year was found in Tampere and Berlin (West) for both sexes, and in Upper Normandy, Belgrade, and Kuwait for men only. In Kuwait, however, women had undergone laboratory tests 3–4 times during the past 12 months.

The highest percentages of persons who had had an electrocardiogram (ECG) during the last 12 months were in Bucharest, Belgrade, Berlin (West) and Bialystok, the percentages being above 40%. The ECG is performed less frequently on elderly people than are X-rays and laboratory tests. The median frequency is the same everywhere, one ECG a year.

The figures for those using rehabilitation services, i.e., the services of a physiotherapist or occupational therapist, indicate that less than 1% of those interviewed had visited an occupational therapist. The services of a physiotherapist were more frequently used, the figures being highest in Bucharest (5–29% among women and 4–26% among men). In Leuven 5–19% of women and 7–22% of women in Tampere had also used this service during the past 12 months. The figures for all the other centres are lower than those mentioned above.

Use of Hospital Services and Opinions about their Accessibility

The proportion of old people who had been in a general hospital during the 12-month period preceding the interviews varied from 2% to 30%. The figures vary from centre to centre, but there is a clear difference between the oldest and the youngest age group, and the figures for men are higher than those for women (Fig. 25). The figures were highest in Tampere (12–30%) and Low Ombrone (12–28%), lowest for Bialystok and Leuven. There are some variations in the figures for different centres in the same country as well.

There are considerable differences between the different centres in the duration of hospital stay, ranging from 2–3 weeks to 3–4 months owing to stays shorter than one day in some centres. No obvious connection could be detected between age or sex and length of hospital stay (Table 48), but in some areas, such as rural Greece, long-term hospitalization could be a reflection of the lack of other — e.g., social — services.

Operations are carried out relatively infrequently. The proportion of old people who had had an operation under a general anaesthetic was less

than 10% in all centres and in almost all age groups among both sexes. The highest figure occurring in any age group, in West Amiata and Bialystok, was 5%.

The persons interviewed were asked to give their opinion about the accessibility of doctor and hospital services. About one third of those in Tampere considered it rather difficult to obtain access to a doctor. The figure for Belgrade was 20–25% according to the age groups. The least difficulties were reported by persons interviewed in Bucharest, Midi-Pyrénées, and Leuven, the proportion being less than 5% (Fig. 26).

The figures indicating difficulty in gaining access to a dentist were highest among the two youngest male age groups of West Amiata. About 50% considered access to a dentist to be unsatisfactory. The figures for Belgrade and Kuwait were about 20%, and they were very small for the other areas (Table 49).

Access to a hospital was regarded as most difficult in Belgrade and Tampere, women finding it more difficult than men. The figures ranged from 23% to 57% among women in Tampere, and from 32% to 47% in Belgrade. About a quarter of the elderly in Kuwait, Bialystok, and Florence described access to a hospital as being rather difficult; the figures for the other areas were smaller. Information about Kiev and Berlin (West) was not available (Fig. 27).

Use of Medicines

The consumption of prescribed medicines during the preceding week was lowest in Kiev, the proportion ranging from 16% to 35%. The proportion of those taking prescribed medicines increases with age, although a decrease in consumption was evident in some centres in the two oldest age groups. As the people interviewed were living at home, the increasing proportion of institutional care among the oldest age groups may have caused some selection. Prescribed medicines are taken more frequently by women than by men (Table 50).

The median of the consumption of prescribed medicines during the previous three months was lowest (1.6) for men in West Amiata in the age groups 65–69 and 85–89 years. The highest (4.4) was in the female age group 70–74 years in Upper Normandy. The figures in the entire sample varied from 1.7 to 3.1 in the youngest age group, from 1.8 to 4.4 in the age group 70–74, and from 1.9 to 3.9 in the age group 80–84 years.

The proportion of people taking non-prescribed medicines was smaller than that taking prescribed medicines (Table 51). The consumption of non-prescribed medicines was greatest in Berlin (West), Kiev, Florence, Zagreb, Tampere, and Bucharest. The highest consumption was among women in Tampere (26–43%) and Bucharest (29–60%), the corresponding figures for men being 18–31% and 21–46% respectively. The figure varied in all the centres and age groups from 2% to 60%. The consumption of non-prescribed medicines was lowest in Midi-Pyrénées, the proportion ranging from 2% to 15%.

Table 41. Percentages of people seen at home by a doctor in the preceding 12 months^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	14	45	31	58	64	64	43	50	67	62	74	68		
Leuven	43	47	56	66	72	69	53	57	61	74	79	84		
Berlin (West)	9	8	13	25	26	32	11	15	15	18	36	36		
Tampere	0	2	4	8	6	2	1	2	7	7	9	15		
Midi-Pyrénées	36	38	49	55	79	79	39	40	57	65	67	81		
Upper Normandy	37	48	48	65	77	71	52	59	65	77	62	87		
Rural Greece	19	20	29	28	53	35	27	35	40	39	40	36		
Florence	32	45	49	60	67	72	49	51	51	60	75	77		
Low Ombrone	47	43	45	49	60	74	52	50	54	65	63	68		
West Amiata	32	33	41	33	45	49	32	29	33	51	55	61		
Kuwait	2	2	5	1	8	9	1	1	4	3	5	14		
Bialystok	7	27	16	29	38	—	13	38	27	41	55	—		
Bucharest	6	19	17	31	31	57	18	30	22	30	45	64		
Kiev	46	53	50	59	59	65	62	60	64	58	55	64		
Belgrade	14	26	22	37	35	48	26	27	26	41	50	59		
Zagreb	12	14	21	28	30	35	18	17	27	33	34	39		

^a Codebook item 185.

Table 42. Percentages of people who had visited a doctor in the preceding 12 months^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	75	64	69	58	48	36	63	59	59	48	30	37		
Leuven	46	43	43	27	35	21	61	41	46	43	13	13		
Berlin (West)	86	87	87	84	88	76	93	90	87	83	78	67		
Tampere	79	87	76	75	78	80	83	81	85	80	77	84		
Midi-Pyrénées	77	68	60	57	50	20	63	68	51	51	40	19		
Upper Normandy	58	55	55	50	58	43	62	65	48	40	42	25		
Rural Greece	46	53	70	62	72	68	64	67	77	73	61	58		
Florence	64	80	78	72	62	51	79	80	69	59	56	42		
Low Ombria	70	73	71	75	58	37	84	80	78	66	51	32		
West Amiatia	68	71	72	69	67	44	80	78	77	67	54	32		
Kuwait	24	36	43	33	43	47	41	29	35	42	51	42		
Bialystok	71	59	56	67	59	—	63	70	72	65	63	—		
Bucharest	72	78	76	90	58	50	79	86	85	87	61	51		
Kiev	66	64	63	67	58	53	75	72	59	49	27	25		
Belgrade	70	72	76	75	66	60	75	81	75	73	61	40		
Zagreb	49	39	45	40	53	20	44	56	50	47	44	29		

^a Codebook item 186.

Table 43. Percentages of people who had visited a dentist in the preceding 12 months^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	13	10	31	12	8	8	33	8	7	18	7	0
Leuven	25	9	5	7	9	2	18	9	2	6	8	0
Berlin (West)	20	19	19	14	7	6	31	28	16	8	6	8
Tampere	23	20	19	4	8	9	29	26	19	12	5	5
Midi-Pyrénées	13	18	19	12	8	2	24	12	12	9	6	2
Upper Normandy	25	7	6	12	12	7	23	14	6	7	7	0
Rural Greece	7	9	10	5	2	6	13	8	8	5	5	2
Florence	22	19	15	10	11	8	16	14	15	12	7	1
Low Ombrone	24	22	11	9	7	5	23	15	10	3	4	3
West Amiata	8	9	6	6	4	1	10	7	3	4	1	5
Kuwait	16	21	15	14	18	8	11	19	22	16	14	4
Bialystok	81	48	36	72	47	—	76	52	17	37	6	—
Bucharest	15	16	13	14	2	7	18	38	23	18	5	4
Kiev	26	20	19	16	9	8	28	21	16	11	7	2
Belgrade	24	18	16	8	10	7	25	12	11	8	9	1
Zagreb	21	17	14	15	5	0	27	12	13	13	6	3

^a Codebook item 191.

Table 44. Percentages of people who had been visited by a nurse or health visitor in the preceding 12 months^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	10	0	4	7	8	0	17	14	11	17	11	8
Leuven	3	0	2	2	4	14	3	3	7	11	18	19
Berlin (West)	2	0	4	2	7	5	2	1	2	2	12	11
Tampere	1	3	9	12	16	1	4	2	9	19	28	37
Midi-Pyrénées	17	21	13	23	42	32	22	26	24	36	20	32
Upper Normandy	22	18	28	41	44	21	24	34	35	53	52	25
Rural Greece	6	4	5	5	7	8	8	4	6	8	7	6
Florence	3	4	9	6	3	6	5	4	6	5	5	6
Low Ombrone	2	2	6	4	4	10	3	0	6	8	5	9
West Amiata	0	0	1	1	1	1	0	3	1	3	1	1
Kuwait	0	0	1	1	1	1	1	0	0	0	0	4
Bialystok	3	12	7	7	6	—	4	12	6	11	25	—
Bucharest	15	17	13	19	22	26	16	26	18	15	16	28
Kiev	4	13	15	9	17	14	11	16	16	13	13	7
Belgrade	24	25	26	42	50	49	29	32	41	41	46	49
Zagreb	1	1	4	13	12	12	2	6	7	8	12	6

^a Codebook item 198.

Table 45. Percentages of people who had visited a nurse in the preceding 12 months^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	0	3	8	0	0	0	13	4	4	0	0	4		
Leuven	0	3	2	2	0	0	6	0	2	3	3	0		
Berlin (West)	1	0	1	0	0	1	0	1	0	1	1	0		
Tampere	36	42	32	28	20	27	37	42	46	39	19	17		
Midi-Pyrénées	1	0	0	0	0	0	2	1	1	4	0	0		
Upper Normandy	3	0	10	6	14	0	15	10	11	7	0	0		
Rural Greece	17	16	20	18	16	20	21	21	21	21	7	19		
Florence	0	0	3	1	3	1	3	4	1	1	2	0		
Low Ombrone	1	1	1	2	2	0	0	2	2	0	1	1		
West Amiata	1	0	0	1	1	1	2	3	8	1	1	1		
Kuwait	2	5	3	3	2	2	2	1	7	6	2	4		
Bialystok	10	10	8	12	11	—	11	16	10	18	12	—		
Bucharest	28	38	28	41	18	33	26	32	44	38	21	23		
Kiev	3	7	12	11	5	1	4	13	12	6	4	3		
Belgrade	12	16	16	19	16	11	12	18	24	21	17	8		
Zagreb	0	0	0	1	0	2	0	1	2	2	2	0		

^a Codebook item 199.

Table 46. Mean number of visits by a doctor or nurse in the preceding 12 months^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	7.8	5.0	9.0	16.8	14.0	8.9	12.0	9.0	13.3	10.8	13.1	10.8
Leuven	10.7	7.7	11.7	9.7	12.5	21.1	15.9	15.6	16.7	19.6	17.0	32.2
Berlin (West)	12.2	10.6	12.4	16.0	16.5	11.4	12.9	15.3	13.3	11.6	21.4	17.1
Tampere	4.8	4.7	7.1	6.5	4.6	4.9	4.6	5.9	6.4	6.3	5.6	8.6
Midi-Pyrénées	7.8	11.0	8.6	10.8	14.4	15.9	8.1	11.2	8.8	13.9	10.5	12.8
Upper Normandy	8.8	8.3	9.4	10.9	13.2	6.9	11.9	13.9	13.2	16.2	18.7	15.8
Rural Greece	3.6	4.3	5.6	8.5	9.0	8.5	5.3	7.8	8.0	8.0	5.5	9.9
Florence	5.3	8.6	14.2	12.2	10.6	12.1	11.8	9.9	10.6	10.7	10.4	12.3
Low Ombrone	6.7	5.7	6.1	7.7	8.0	6.9	7.2	7.2	6.9	6.8	6.3	8.2
West Amiata	6.3	6.4	6.4	9.1	7.7	5.1	8.4	8.5	9.4	9.2	6.9	5.4
Kuwait	1.5	2.8	2.1	2.3	3.4	4.6	3.8	1.7	3.5	5.2	3.9	3.2
Bialystok	7.2	8.2	6.8	9.6	8.1	—	6.1	11.1	8.9	8.9	10.1	—
Bucharest	3.5	6.6	5.7	14.1	6.1	7.6	10.0	9.5	11.8	12.0	7.3	7.3
Kiev	7.3	12.6	12.1	12.5	10.8	10.0	9.3	12.5	12.5	8.4	8.9	5.7
Belgrade	7.4	9.3	11.0	15.1	12.5	10.3	9.6	11.8	12.8	11.9	11.4	11.0
Zagreb	3.3	4.0	5.1	7.0	6.8	7.6	5.2	7.8	5.5	6.1	9.6	6.0

^a Derived variable 101.

Table 47. Percentages of people who had been for laboratory examination in the preceding 12 months^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	46	45	48	42	46	36	50	50	37	28	26	30
Leuven	20	23	20	22	26	22	53	30	33	23	32	29
Berlin (West)	67	68	58	63	57	44	64	69	68	56	44	53
Tampere	59	62	51	58	53	58	53	59	66	60	46	59
Midi-Pyrénées	52	52	46	48	37	39	36	42	48	44	37	27
Upper Normandy	51	47	58	50	47	21	49	58	64	47	42	25
Rural Greece	20	23	35	29	33	20	28	35	33	33	27	21
Florence	48	60	63	57	50	48	56	65	49	54	50	39
Low Ombrone	48	46	44	45	38	34	52	50	40	45	31	26
West Amiata	37	34	44	27	22	16	39	44	40	33	20	28
Kuwait	29	32	31	38	45	37	30	40	43	45	36	49
Bialystok	58	53	43	47	40	—	60	52	57	51	43	—
Bucharest	68	67	67	81	51	45	68	71	67	74	49	38
Kiev	45	43	46	49	38	25	56	55	35	30	21	16
Belgrade	66	58	55	54	55	46	56	63	63	55	54	38
Zagreb	38	36	39	42	44	34	49	45	41	31	32	26

^a Codebook item 189.

Table 48. Mean length of stay (days) in a general hospital in the preceding 12 months^a

	Age group (years)											
	Men					Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	28.5	12.0	5.7	31.2	39.7	90.0	46.5	25.5	41.2	11.7	41.5	32.0
Leuven	76.3	5.0	16.0	17.3	14.5	53.5	10.0	18.5	30.3	39.5	40.5	15.3
Berlin (West)	35.4	28.7	62.4	30.1	32.2	51.5	29.6	42.7	33.5	52.1	54.9	50.4
Tampere	14.5	11.6	22.1	19.1	22.5	20.4	11.4	13.2	16.8	17.3	25.3	19.0
Midi-Pyrénées	19.3	20.9	22.4	31.1	15.8	45.7	36.0	33.6	19.5	26.8	10.3	50.3
Upper Normandy	17.0	19.4	16.3	22.1	14.7	8.0	16.9	11.0	23.5	15.9	33.7	82.5
Rural Greece	24.5	55.3	78.6	80.0	46.1	9.9	15.1	39.0	49.8	49.8	28.0	73.0
Florence	38.0	21.4	47.2	21.0	23.6	26.9	23.7	20.1	24.1	25.7	36.2	22.3
Low Ombrone	32.6	18.7	19.9	13.9	16.2	22.8	22.4	17.0	17.9	23.4	23.5	26.4
West Amiata	32.3	20.8	25.2	31.3	28.9	25.4	18.0	22.1	25.3	31.8	25.0	31.9
Kuwait	18.7	23.2	40.2	22.7	32.4	25.9	11.9	19.4	29.2	26.9	41.6	23.6
Bialystok	44.2	23.1	29.9	35.2	28.1	—	5.0	36.6	46.3	42.0	21.3	—
Bucharest	18.0	32.3	43.6	46.1	30.0	24.0	22.3	25.5	30.0	22.4	34.6	22.8
Kiev	36.5	32.2	56.8	37.2	56.0	32.3	25.1	35.9	30.1	45.7	25.8	59.3
Belgrade	23.8	32.5	32.6	36.1	31.2	34.5	32.7	36.5	39.4	32.5	38.9	44.9
Zagreb	38.2	31.8	37.8	37.6	42.4	33.3	33.3	26.7	29.8	21.6	26.9	18.3

^a Codebook item 205.

Table 49. Percentages of people who regarded access to the dentist as unsatisfactory^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	7	7	0	4	4	0	7	5	0	0	7	12	0	
Leuven	3	0	2	0	5	0	0	0	0	0	6	0	0	
Berlin (West)	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tampere	8	8	4	4	4	4	8	11	6	6	11	5	3	
Midi-Pyrénées	6	4	6	13	10	8	6	4	9	9	9	8	1	
Upper Normandy	5	6	10	0	8	0	9	6	6	6	5	0	33	
Rural Greece	2	7	2	5	3	4	4	2	4	4	4	2	3	
Florence	7	6	6	9	9	3	8	11	3	3	8	9	9	
Low Ombrone	4	5	7	6	2	4	9	9	7	6	6	3	3	
West Amiata	31	33	15	15	12	10	27	19	22	15	15	16	3	
Kuwait	13	5	20	18	21	31	15	16	15	28	28	16	26	
Bialystok	3	6	8	2	4	—	8	6	5	9	9	1	—	
Bucharest	10	0	0	0	0	9	13	11	7	7	7	5	1	
Kiev	—	—	—	—	—	—	—	—	—	—	—	—	—	
Belgrade	22	22	19	17	16	12	26	16	25	22	22	23	14	
Zagreb	2	10	6	8	6	11	10	3	8	12	4	4	5	

^a Codebook item 216.3.

Table 50. Percentages of people who had taken medicines prescribed by a doctor during the preceding seven days, and the median number of medicines taken by these persons^a

		Age group (years)											
		Men					Women						
		60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	Percentage	71	48	64	82	50	77	67	82	89	76	77	70
	Median	1.9	2.6	2.0	3.1	1.5	3.1	3.1	1.5	3.1	3.1	3.2	3.4
Leuven	Percentage	43	60	71	75	69	63	74	67	86	81	70	83
	Median	2.9	2.1	2.0	2.1	2.0	2.5	2.1	2.4	3.0	3.5	2.9	2.6
Berlin (West)	Percentage	65	68	75	82	83	79	72	79	83	81	91	87
	Median	2.5	2.4	2.4	3.0	2.8	3.0	2.5	2.5	2.8	2.7	3.0	2.9
Tampere	Percentage	65	67	69	72	79	67	64	76	72	79	71	84
	Median	2.3	2.2	2.3	2.3	3.2	2.9	1.7	2.5	2.7	2.6	2.3	3.2
Midi-Pyrénées	Percentage	55	66	72	68	95	82	71	76	74	83	74	78
	Median	2.1	2.8	2.9	2.9	3.2	3.5	2.2	2.9	3.2	3.0	2.9	3.0
Upper Normandy	Percentage	54	67	70	73	79	67	66	79	78	81	83	75
	Median	2.8	2.9	3.1	2.9	2.9	2.5	2.5	3.2	4.4	3.4	3.4	4.5
Rural Greece	Percentage	30	43	49	54	47	76	38	63	64	67	60	61
	Median	1.8	2.0	2.3	2.5	2.4	2.1	1.8	2.2	2.2	2.3	2.4	2.2
Florence	Percentage	43	63	70	77	77	78	67	73	69	86	88	87
	Median	2.0	2.3	2.7	2.2	2.4	2.8	2.2	2.0	2.3	2.2	2.6	2.4
Low Ombrone	Percentage	49	51	56	66	61	71	62	64	69	74	80	76
	Median	2.0	2.1	1.9	2.1	2.3	2.3	1.7	2.2	2.0	2.4	2.4	2.3

Table 50 (contd)

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
West Amiata	Percentage	45	54	55	65	62	59	61	67	70	75	75	72	
	Median	2.0	1.6	1.8	1.9	2.4	2.0	2.0	1.9	2.1	2.2	2.0	2.0	
Kuwait	Percentage	26	35	30	40	51	44	51	50	59	63	58	46	
	Median	2.7	2.6	2.5	2.8	2.2	2.6	2.3	2.7	2.9	2.3	2.5	2.8	
Bialystok	Percentage	38	57	49	53	66	—	60	74	65	61	68	—	
	Median	2.4	3.3	3.4	3.4	2.8	—	2.5	3.6	3.1	3.9	3.9	—	
Bucharest	Percentage	38	67	74	81	67	67	73	74	81	88	79	73	
	Median	1.9	2.2	2.3	2.6	2.6	2.3	2.2	2.8	2.3	3.0	2.2	2.4	
Kiev	Percentage	16	23	27	34	29	35	24	29	35	27	35	21	
	Median	2.5	2.2	2.2	2.4	2.1	2.4	1.9	2.8	1.9	2.3	2.3	2.8	
Belgrade	Percentage	59	64	70	74	74	74	71	77	82	80	84	82	
	Median	2.3	2.2	2.8	2.8	2.9	2.9	2.2	2.4	2.7	3.0	3.1	3.2	
Zagreb	Percentage	51	54	65	67	74	81	65	77	79	76	78	78	
	Median	2.6	2.9	2.6	2.9	3.2	4.5	2.3	2.7	2.8	2.6	2.7	2.8	

^a Codebook item 220.

Table 51. Percentages of people who had taken medicines bought by themselves during the preceding seven days^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	7	3	23	4	17	31	10	18	4	17	7	12		
Leuven	6	9	10	20	7	12	27	15	15	14	14	3		
Berlin (West)	15	13	19	23	24	33	19	22	15	24	28	22		
Tampere	19	22	25	31	22	29	40	26	41	38	42	43		
Midi-Pyrénées	9	13	8	13	5	1	11	10	16	7	11	8		
Upper Normandy	10	14	19	9	23	7	14	18	9	12	3	0		
Rural Greece	13	9	15	13	25	3	16	16	21	12	16	11		
Florence	22	8	14	18	13	22	32	20	17	16	10	13		
Low Ombrone	15	15	17	18	9	15	17	14	14	22	16	22		
West Amiata	22	10	10	13	9	13	13	9	14	5	13	11		
Kuwait	9	9	6	16	13	10	15	26	22	14	10	15		
Bialystok	13	15	15	21	24	—	19	26	22	36	24	—		
Bucharest	37	21	46	39	25	29	56	59	60	49	38	30		
Kiev	19	12	27	16	25	26	26	19	25	25	24	22		
Belgrade	17	18	21	19	16	8	22	21	18	14	16	23		
Zagreb	23	21	19	15	16	38	26	33	23	31	21	29		

^a Codebook item 222.

Table 52. Percentages of people who, in the preceding 12 months, had occasionally or regularly received home help^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	0	0	0	12	13	15	10	4	4	14	7	7
Leuven	3	0	0	5	2	0	6	3	5	11	3	3
Berlin (West)	4	4	9	11	15	24	8	7	9	17	27	35
Tampere	9	21	25	34	41	55	17	11	18	45	47	75
Midi-Pyrénées	1	0	3	4	3	10	2	3	4	5	10	7
Upper Normandy	1	1	0	7	12	13	1	3	9	9	21	0
Rural Greece	5	6	3	5	13	3	4	5	7	8	7	6
Kuwait	1	2	2	6	13	21	15	14	20	18	28	33
Bialystok	0	1	0	1	4	—	1	5	2	4	7	—
Bucharest	49	40	50	63	80	95	44	45	55	68	80	89
Kiev ^b	—	—	—	—	—	—	—	—	—	—	—	—
Belgrade ^b	—	—	—	—	—	—	—	—	—	—	—	—
Zagreb ^b	—	—	—	—	—	—	—	—	—	—	—	—

^a Codebook items 245.2 and 245.3. The Italian areas are not presented in the table because altogether only six persons reported that they had received home help.

^b More than 65% of the information is missing.

Table 53. Percentages of people who, in the preceding 12 months, had occasionally or regularly used chiropody services^a

	Age group (years)													
	Men							Women						
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89		
Brussels	7	3	19	22	25	44	40	27	26	41	52	38		
Leuven	3	0	2	10	17	2	26	18	21	21	31	13		
Berlin (West)	8	8	12	16	19	31	24	23	30	32	43	42		
Tampere	0	4	6	12	10	15	17	25	21	27	20	23		
Midi-Pyrénées	5	4	1	2	8	6	16	14	23	16	12	16		
Upper Normandy	8	5	5	9	16	7	15	18	21	21	28	50		
Rural Greece	2	1	1	4	7	8	1	4	6	4	2	6		
Florence	0	0	0	0	1	0	3	1	0	1	1	0		
Kuwait	1	6	2	2	2	2	3	3	1	1	1	1		
Bialystok	0	0	0	0	0	—	5	5	2	0	0	—		
Bucharest	3	10	15	7	11	21	36	36	28	32	32	31		
Kiev ^b	—	—	—	—	—	—	—	—	—	—	—	—		
Belgrade ^b	—	—	—	—	—	—	—	—	—	—	—	—		
Zagreb ^b	—	—	—	—	—	—	—	—	—	—	—	—		

^a Codebook items 247.2 and 247.3. In Low Ombrone and West Amata the percentages were zero.

^b More than 90% of the information is missing.

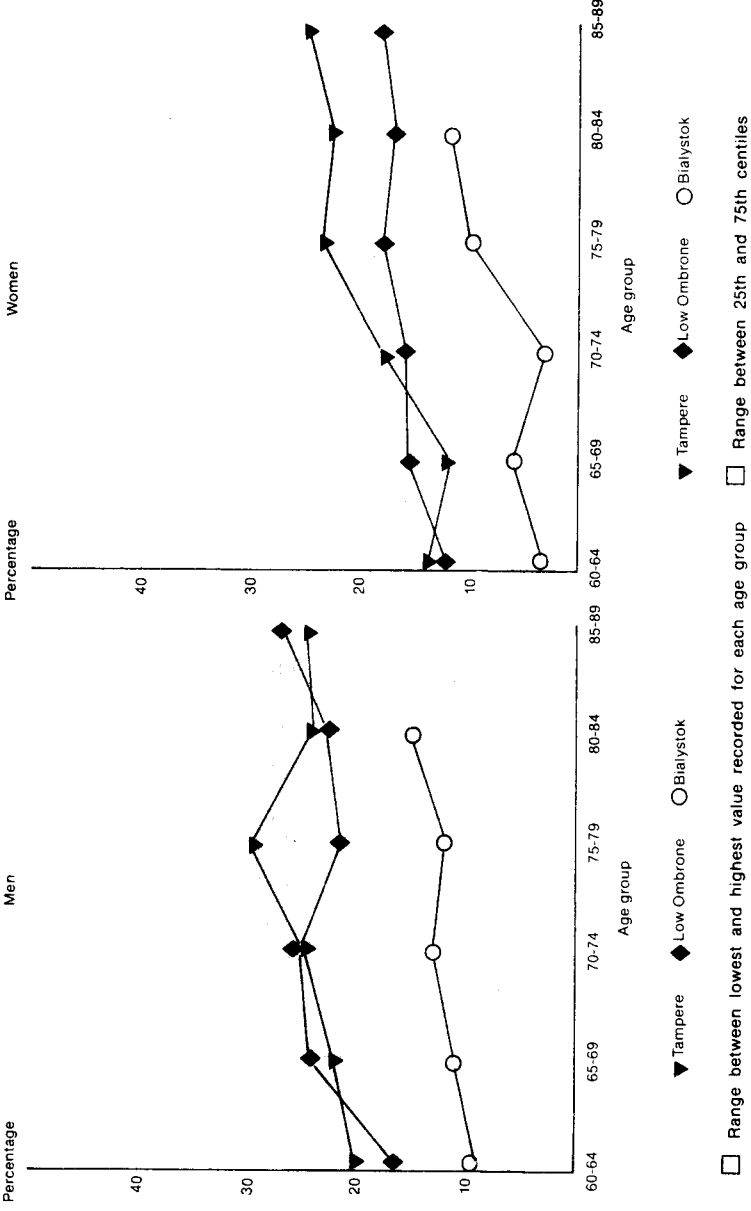
Table 54. Percentages of people who, in the preceding 12 months, had occasionally or regularly contacted a social worker^a

	Age group (years)											
	Men						Women					
	60-64	65-69	70-74	75-79	80-84	85-89	60-64	65-69	70-74	75-79	80-84	85-89
Brussels	7	7	8	8	21	8	17	9	8	17	7	4
Leuven	0	0	0	0	0	0	3	3	5	0	0	3
Berlin (West)	4	3	6	7	4	7	6	7	6	9	15	6
Tampere	4	2	8	9	11	15	5	11	7	9	13	28
Midi-Pyrénées	0	1	1	4	0	2	4	4	7	2	5	5
Upper Normandy	6	4	2	0	5	0	1	1	9	9	10	0
Rural Greece	3	1	0	2	4	0	0	0	1	3	0	0
Florence	1	0	0	0	0	0	0	0	0	0	0	1
Low Ombrone	1	2	3	1	4	2	3	1	8	2	6	6
West Amiata	0	0	0	0	2	0	0	1	0	0	1	2
Kuwait	2	1	2	2	3	2	3	3	2	1	0	8
Bialystok	2	3	2	5	9	—	6	10	3	7	14	—
Bucharest	13	16	9	12	4	10	7	12	13	10	12	5
Kiev ^b	—	—	—	—	—	—	—	—	—	—	—	—
Belgrade ^b	—	—	—	—	—	—	—	—	—	—	—	—
Zagreb ^b	—	—	—	—	—	—	—	—	—	—	—	—

^a Codebook items 248.2 and 248.3.

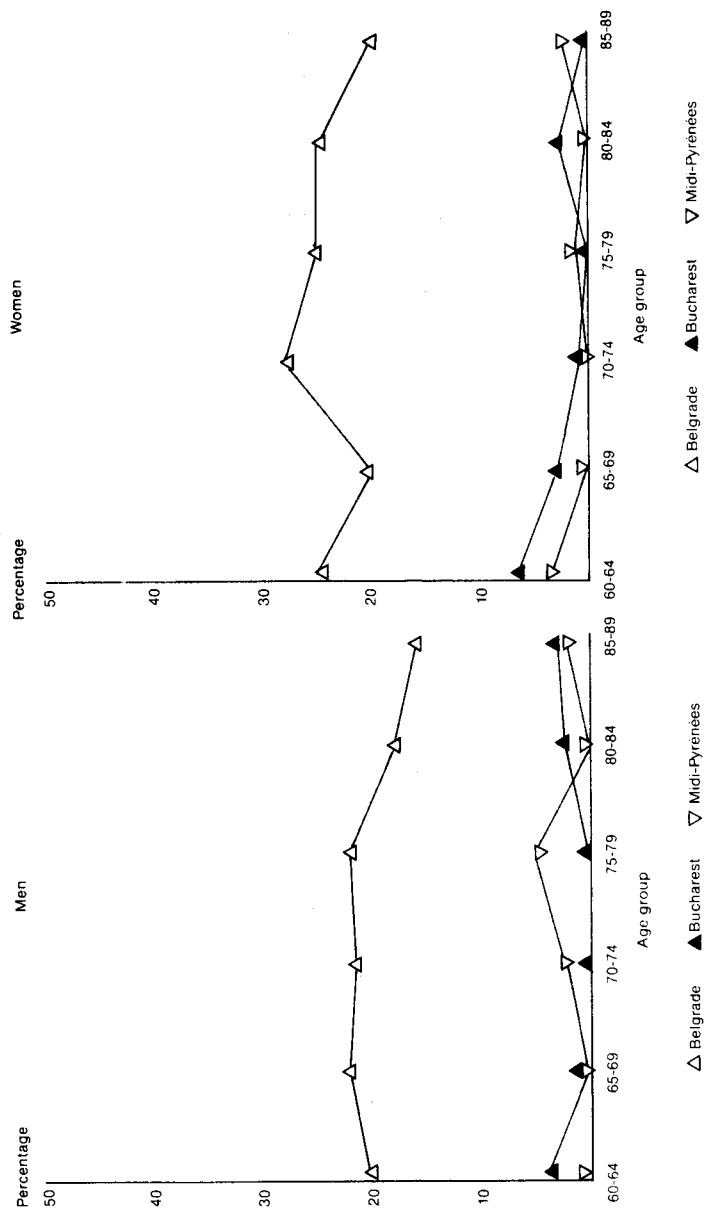
^b More than 90% of the information is missing.

Fig. 25. Percentages of people who had been in a general hospital in the preceding 12 months^a



^a Codebook item 204.

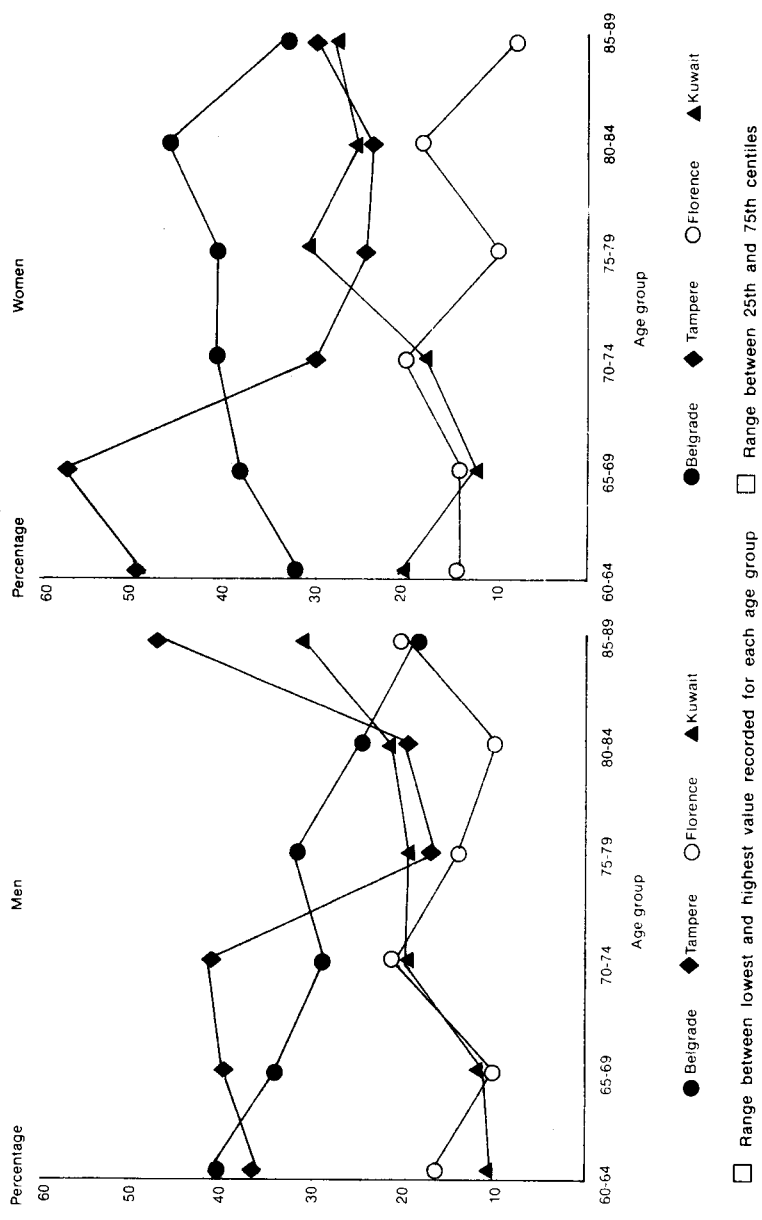
Fig. 26. Percentages of people who regarded access to a doctor as unsatisfactory^a



□ Range between lowest and highest value recorded for each age group

^a Codebook item 215.3

Fig. 27. Percentages of people who regarded access to a hospital as unsatisfactory^a



^a Codebook item 217.3

The consumption of hypnotics varied considerably between the various centres, the figures being highest in Bucharest, Leuven, Upper Normandy, and Midi-Pyrénées. Approximately one third of the women in those centres took hypnotics, the figures varying between the age groups. The proportion of men taking them was in general somewhat lower. The consumption of hypnotics was very low in Kuwait and West Amiatia.

Use of Social Services

The social services included in the study were home help, meals on wheels, laundry, chiropody, and services of a social worker. Owing to the different service systems in the different countries, the proportion of old people answering questions concerning social services was well below 10% in some centres. This was so for all the five services in Kiev, Belgrade, and Zagreb, for all but the services of a social worker in Low Ombrone, and for laundry services in Berlin (West).

Alternative questions about the use of services were whether they had never been used, had been used occasionally, or had been used regularly. The low percentage of answers in some centres can be explained by the fact that if a certain type of service was infrequent or non-existent it was considered unnecessary to give an answer (as for laundry services in Berlin (West), for instance). An entry was made in the case of a positive answer only.

To obtain an overall picture of the reported use of social services it was decided to base the assessment in all the centres (even those with a low percentage of answers) on people who said that they used the type of service in question either occasionally or regularly. The next step was to compute the proportion of users of the service in all centres to all the persons participating in the study living outside institutions. Thus, 100 minus the proportion of the users equals the proportion of old people who had not used the services at all or for whom no information is available.

It should be borne in mind that the concept of social services may be understood differently in the different centres. Answers from some centres may only cover services officially organized for the old, whereas others may cover nothing but help provided by the family, friends, or neighbours, and still others help from both those sources.

Home Help

The proportion of persons receiving home help was usually higher in the older age groups (Table 52), the change being most marked after the age of 75. The percentages were clearly different in the different centres, the figures being highest in Bucharest and Tampere. From 60% to 90% of old people in the three oldest age groups, and almost 50% in the younger age groups, received home help in Bucharest, the figures for Tampere being 34–75% in the three oldest groups and almost 20% in the youngest ones. These two centres are followed by Berlin (West), Kuwait, Belgrade, and Zagreb, where home help was provided to between 20% and 33% of the oldest age groups.

The least home help was received in Bialystok. The Italian centres (Florence, Low Ombrone, and West Amiata) have been excluded from the table, since the number of people reporting that they had received home help totalled six only.

The number of women receiving home help seems to be higher than that of men, in particular in the oldest age groups. There are, however, variations between the age groups and centres. Certain trends, most clearly shown in Berlin (West) and Kuwait, were a linear increase with age in the proportion of those receiving home help and higher proportions among women.

Meals on Wheels and Laundry Services

The user frequencies of meals on wheels and laundry services were so low that it was considered unnecessary to prepare a table for them. The proportion of users of meal services in rural Greece and Bucharest was considerably higher than in the other areas — 33–54% in the Greek areas. As these are rural areas, the high figures are probably explained by the help provided by, for instance, neighbours. The figures for Bucharest, among the three oldest age groups in particular, ranged from 16% to 42%. The corresponding figures for the other centres are considerably lower. A maximum of 15% of old people in Tampere (women of 85–89 years) and 12% (men of 70–75 years) in Berlin (West) reported that they had been using meal services. The maximum proportions for the rest of the centres are as follows: Midi-Pyrénées, 3%; Upper Normandy, 5%; Low Ombrone, 1%; West Amiata, 1%; Kuwait, 7%; Bialystok, 2%; Kiev, 2%; and Zagreb, 7%. Meal services had not been used by anyone in Florence. The use of meal services was more frequent among the oldest age groups.

The use of laundry services was even more infrequent than that of meal services. The centre showing a distinct difference from the others in this respect is Bucharest, where 22–35% in the three youngest age groups and 45–69% in the oldest age groups reported that they had been using laundry services. The corresponding figures are 0–8% in Brussels, 6–20% in rural Greece, 2–10% in Kuwait, 0–14% in Kiev, 1–10% in Belgrade, and 0–5% in Zagreb. The rest of the centres reported only a few users or none at all. The use of laundry services is more frequent among the oldest age groups and among men, at least in the oldest age groups, but the differences are very small throughout.

Chiropody Services

The most striking feature about the chiropody services is that, with a few exceptions, they are used many times more frequently by women than by men (Table 53). The proportions of users were highest in Brussels (women 26–52%, men 6–42%), Bucharest (women 28–36%, men 3–21%), Berlin (West) (women 23–41%, men 1–25%), and Upper Normandy (women 15–50%, men 5–16%). On the other hand, the proportion of users was small, well below 10%, in rural Greece, Florence, Kuwait and Bialystok, and in West Amiata and Low Ombrone there were no users at all.

No systematic trend depending on age could be found in the use of chiropody services, which often remained relatively uniform irrespective of age, for instance among women in Tampere, Midi-Pyrénées, and Bucharest. A moderate increase in their use with age can be observed rather more clearly among men than among women in, for example, Brussels, Bucharest, and Berlin (West), the difference between men and women thus being slightly smaller in the two oldest age groups.

Services of a Social Worker

The proportions of old people visited by a social worker during the preceding 12 months were highest in Tampere (men 2–15%, women 5–28%), Bucharest (men 4–16%, women 5–13%), and Brussels (men 7–21%, women 4–17%) (Table 54), the average figure even for these centres being, however, only about 10%. The highest figure among men was that for the age group 80–84 in Brussels (19%) and among women that for the age group 85–89 in Tampere (28%). Contact with a social worker in Berlin (West) was almost as frequent as in the above-mentioned centres, but less than 10% for the other centres. The number of people reporting visits from a social worker was very small in some centres such as West Amiatia, Florence, and rural Greece. Contacts with a social worker become more frequent with age in all centres but Bucharest, where they are more common among the youngest age groups. The differences between men and women were unimportant.

Conclusions

The health and social services discussed in this chapter are central to the life of the elderly, but there are obviously great differences in the organization of, need for, and use of service systems between the different areas, the result of different living conditions, socioeconomic structures, cultures, and traditions. Human needs are met through official services, private arrangements, or networks of neighbours and friends in very different ways in different countries; through official services only in some countries, but through the mutual help given by people in others. A service system is often a mixture of the two (101).

Besides variations between the different countries and cultures, the results of this study indicate differences between rural and urban areas. Health services are likely to be more widespread than social services; specific social services for the old are still uncommon in several countries. Some of the questions asked about social services in particular were irrelevant in many areas; this is the likeliest reason for the low response rate in some of the centres.

The results indicate that health services are quite commonly used by the elderly, the frequency of use with age being somewhat higher among women than men. By far the commonest outpatient health services used were those of doctors. Use of the different types of medical service, determined by the structure of the health care system of each country, varies between the different centres; home visits by doctors, for instance were common in some

centres and exceptional in others. So too for the services provided by public health nurses; outpatient services provided by public health nurses were infrequent in most of the centres. Given old people's state of health and functional ability in general, the use of rehabilitation services is remarkably insignificant.

The interrelation between the use of outpatient health services and the use of hospital services very probably explains the large variations in the average duration of hospital care. More versatile outpatient health care services, including rehabilitation services, make for shorter periods of hospital care.

It is significant that accessibility to health services was considered to be poor in some centres; in some age groups as many as 50% of old persons were of the opinion that medical or hospital services were not readily available. Although the opinions do not necessarily reflect the real situation, they should be taken into account in the development of services; they may sometimes be affected by recent or current reorganizations of the system.

There are clear differences between the different centres in the consumption of medicines, differences that are attributable to the same factors as operate in the other health services. State of health and psychosocial factors affect resort to health services and the consumption of medicines, as do easy access to medicines and medicine prescribing habits.

Regional differences in the use of social services are perhaps even greater than in the use of health services. The use of the basic form of old people's social services — home help with supporting meal and laundry services — increases with age. Home help was received by a large proportion of the oldest groups, and even by the majority in some areas. Although the study was not concerned with the source of help, it is likely that in some areas, for instance in rural Greece, help was provided through unofficial channels (friends, neighbours, or the family). In others, on the other hand, a large part of the services were provided by official means. Meals on wheels and laundry services were uncommon in many centres.

The use of chiropody services, which are important for the functional ability of the elderly, is commonest in cities. Differences between the sexes become apparent in their use; the proportion of women using them is usually many times greater than that of men.

Contacts with a social worker are also commoner in urban centres: some 10–20% of old people on average had been in contact with a social worker during the past 12 months in some areas. The importance of the services provided by social workers has been given particular emphasis in recent publications on work aimed at improving the living conditions of the elderly, the discussion being based on the assumption that the needs and problems of the elderly are the same as those of younger people and should be dealt with with the help of a professional worker (92,106,107).

In spite of the great differences recorded, the results indicate that the need for both health and social services is greatest in the oldest age group. Health and social conditions are closely interrelated and it is therefore important that the social welfare and public health services should develop in close cooperation. Such cooperation should lead to the creation of a

flexible and sophisticated service system that will satisfy the needs of the elderly as comprehensively as possible yet provide individual care and help. In addition to basic needs, it should pay due attention to the psychological needs of the old.

It should, however, be remembered that it is undesirable as well as impossible to satisfy all the needs of the old through official channels. Part of the task should rest with the old person himself, with his relatives and friends in the community, and with voluntary helpers. The preservation of a private sphere for the individual is an issue that should in the future be given more and more consideration in welfare work for the old.

