TOWARD UNDERSTANDING ELDERS' HEALTH SERVICE UTILIZATION

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ABSTRACT: Providing appropriate health services to the elderly is emerging as one of the major challenges of this decade. Using the theoretical framework developed by Andersen and Aday, this study attempts to improve our understanding of those factors which inhibit or facilitate elders' use of health services. The data come from a 1974 statewide random probability sample of 1,625 noninstitutionalized elders 65 years of age or older living in Massachusetts. Regression analysis is used to study the effects of predisposing, enabling, and need characteristics on the use of five health services: hospitals, physicians, dentists, home care, and ambulatory care. The model explains from 5% to 27% of the variance in health service utilization. Need characteristics, in general, account for most of the explained variance.

The elderly’s access to and use of health and social services is a matter of increasing importance and concern to U.S. public policy makers. Whereas in 1900 only 4% of the U.S. population was aged 65 or older, in 1980 approximately 11% of our population falls into this category. Current projections indicate that by the year 2000 between 15% and 20% of this nation’s population will be classified as “elderly.” The dramatic changes in the age structure in American society make planning and providing services for the elderly one of the major challenges of the 1980s.

Part of the challenge lies in identifying factors believed to influence utilization of health services. Barriers to access and utilization of health services among the populace generally are reasoned to be not only financial but also psychological, informational, social, organizational, spatial, and temporal. Based on this hypothesis, numerous approaches to the study of utilization behavior have been proposed, among them economic models, social psychological models, and social systems models. But a behavioral model of utilization developed by Andersen and Aday has guided many large-scale multivariate health survey analyses.
A review of the recent health services literature reveals a great number of such studies that have investigated the use of three health services: physician visits, dental visits, and ambulatory care. Up to now the model has primarily been applied to general adult populations and not to the elderly as a distinct target group. In our review, we found few multivariate studies of elders’ utilization behavior.

The Andersen and Aday model conceptualizes utilization behavior as a consequence of characteristics of the health delivery system and of characteristics of the population at risk. The population at risk in turn is characterized as having Predisposing, Enabling, and Need characteristics. Predisposing variables are mutable or immutable characteristics that exist prior to the onset of illness. Mutable variables are those which health policy or related efforts (e.g., health care attitudes) can alter; immutable variables are unchangeable, or at least cannot be changed by the health policy system (e.g., level of formal education). The enabling component describes the "means" individuals have available to them for use of services. This component includes resources specific to the individual (e.g., insurance coverage) and attributes of the community in which the individual lives (e.g., rural-urban). The need component refers to illness level, which is the most immediate cause of utilization. Need for care can be either that perceived by the individual (e.g., symptoms) or as evaluated by members of the delivery system (e.g., physician assessment of the severity of conditions reported).

Using a subset of variables representing Andersen and Aday’s model, we undertook the present analyses to improve our understanding of how and why persons age 65 or over use five different health services: hospitals, physicians, dentists, home care, and ambulatory care services. This approach is predicated on our contention that future health service planning for the elderly will benefit from increased understanding of those factors which inhibit, facilitate, or do not affect elders’ health service utilization patterns.

METHODS

The data for the present analysis come from a statewide survey initiated in 1974 by the Massachusetts Department of Public Health and conducted by the Center for Survey Research to identify the kinds and amounts of home-based services that the Health Department could provide to elders. Interviews were completed with a statewide area probability sample of 1,625 noninstitutionalized elders aged 65 years or older. After screening 8,614 households, completed interviews were obtained with 79% of the eligible sample. Details of the sampling and interview procedures are available elsewhere.