NEIGHBORHOOD VARIATIONS IN THE USE OF CITY-SUPPORTED PRIMARY HEALTH CARE SERVICES BY AN ELDERLY POPULATION

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ABSTRACT: The purpose of this paper is to examine the elderly's use of city-supported primary health care services. The provision of free or low cost health care to the elderly population is a major health policy issue, especially as the size of the elderly population increases and there is a concomitant increase in the need for health services and increases in the out-of-pocket cost of health care.

The data analyzed here are based on client records for approximately 6,000 persons 65 and older who utilized the City of Philadelphia's Family Medical Care Program in 1982. Demographic and socioeconomic characteristics, diagnoses and types of services used are examined for all clients citywide and by neighborhood.

Elderly clients of the city primary care system tended to be 65-74, female and black. Most clients had low incomes, with about 75-87% having incomes below $6,000. The problems for which care is sought involve long-term, ongoing care.

The data show that the elderly are underrepresented in the city-supported primary care system relative to their numbers in the general population. Our findings on diagnosis and services utilization characteristics of those elderly who do use city-supported primary health care services indicate that the elderly are likely to place demands on the existing system for a substantial amount of resources. The demands for such services are likely to increase especially as the size of the elderly population increases.

INTRODUCTION

The provision of free or low cost health care to the elderly population is a major health policy issue, especially as the size of the elderly

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population increases and there is a concomitant increase in the need for health services and increases in the out-of-pocket cost of health care. The purpose of this paper is to examine the elderly's use of city supported primary health care services.

The data analyzed here are based on client records for approximately 6,000 persons 65 and older who utilized the City of Philadelphia's Family Medical Care Program in 1982. This program provides primary ambulatory care through seven city health centers located in different areas of the city. Demographic and socioeconomic characteristics, diagnoses and types of services used are examined for all clients citywide and by neighborhood.

BACKGROUND

A major demographic trend taking place in the United States is the increase in the proportion and number of people who are age 65 and older. Currently, the elderly make up approximately 11% of the total United States population. While the elderly make up slightly more than one-tenth of the population, they account for almost one-third of all hospital stays and one-quarter of all health care expenditures.1

Patterns of health care utilization by the elderly are receiving increasing attention.2–6 The disproportionately higher use of health services and resources by the elderly, the increasing size of the elderly population, and the increasing costs of health care (the latter affecting the elderly and other lower income groups the most severely) are some of the major reasons why an examination of health care utilization by the elderly is becoming more important. It is also important to examine patterns of utilization since utilization is one of the most frequently employed indices of health status. In particular, there is a strong positive relationship between health status and health care utilization. Data on health status, in turn, are important for assessing the health needs of a population, particularly if information is available on the particular kinds of problems people have and the specific services that are utilized. It is this kind of information which is necessary before informed health planning and resource allocation can be formulated for the elderly population.

A number of factors—physical, psychological, and social structural—influence the decision to seek medical care.2,4,5,7–10 Research has found that utilization of health services among the elderly is best predicted by general health status and the presence of chronic condi-