

HEALTH DIFFERENCES OF 65-YEAR-OLDS AND OLDER PEOPLE IN LITHUANIA

Project implementation period: 2013-2014

Aim of the study. to determine health differences of 65-year-olds and older people in Lithuania.

Tasks:

1. To determine and assess the differences of morbidity and sickness in 2003-2012 with the main illnesses that 65-year-olds and older people suffer from, and mortality in 2002-2011 in Lithuania.
2. To assess outpatient health service accessibility differences from the point of view of 65-year-olds and older people.
3. To determine the links between demographic, social and economic factors and the evaluation of 65-year-olds' and older people's own health.

Material and methods. In May 2013 – March 2014 the data of 65-year-olds' and older people's morbidity (2003-2012), sickness (2003-2012), and mortality (2002-2011) were analysed in the Institute of Hygiene and 1786 respondents were surveyed by means of a questionnaire survey.

Results. Statistical data analysis showed that during the period of investigation chronic non-infectious illnesses were prevalent in the sickness and mortality structure of 65-year-olds and older people. It was determined that the morbidity, sickness, and mortality structure changed during the period of investigation but the situation in the country remained inconsistent when comparing municipalities.

It was determined during the questionnaire survey that the majority of the respondents (84.1%) typically visit state healthcare institutions. The majority – 68.9% of the respondents easily reach the healthcare institution where they get services. The remaining part of older age people face such issues as too great a distance from the institution (14.6%), difficulties in reaching the medical institution arising from health issues (14.5%), and high travel expenses (6.5%). Slightly more than two thirds (68.8%) of the study participants were satisfied or fully satisfied with the organisation of healthcare services in the institution which they typically visit. Almost every second (49.2) 65-year-old and older person faces financial difficulties in purchasing the medicine prescribed by the doctor. During the study the majority of 65-year-olds and older people evaluated their health as average (67.9%), and only a small part of the respondents evaluated their health as good or very good (14.9%). It was determined that men evaluated their health more positively than women ($p=0.036$), city residents evaluated their health as good or very good more often than village residents ($p<0.01$), the employed – more positively than the unemployed ($p<0.001$).

Conclusion. Chronic non-infectious illnesses are prevalent in the morbidity, sickness, and mortality structure of older people, differences were determined according to municipalities. In assessing the healthcare service accessibility it was determined that most of the respondents face economic accessibility issues when receiving health services. Older people are not entirely satisfied with their health.

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