



**HEALTH SYSTEM RESEARCH PROJECT
FILABAVI - VIETNAM**



**PREFERRED OPTIONS
OF COMMUNITY-BASED MODELS OF ELDERLY CARE IN RURAL VIETNAM:
Perspective from a population survey**

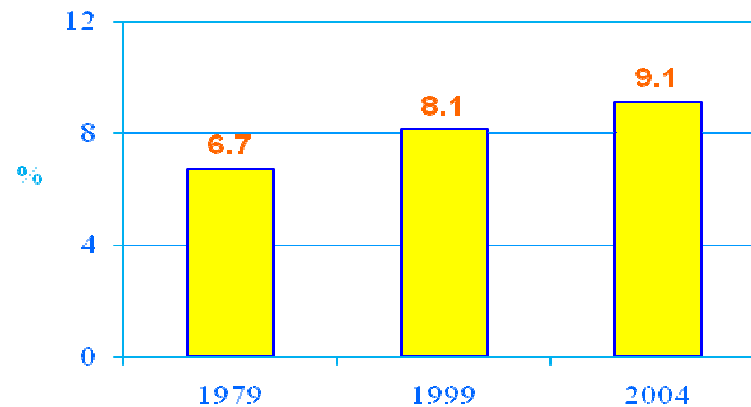
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Presented at INDEPTH's AGM, Accra, Ghana, 28-30 September 2010



INTRODUCTION



- ❖ **A rapid aging population in Vietnam, majority living in rural areas**
- ❖ **Longer expectancy of life, and better health-related quality of life at old age, but increasing socioeconomic inequalities in health**



INTRODUCTION

- ❖ **Increasing burden of NCDs, especially at old ages**
- ❖ **Limited access to health-care among older people**
- ❖ **Predominance of household share in total health expenditure**
- ❖ **More elderly live on their own with less family supports**
- ❖ **Limited knowledge about the needs of for community-based models of elderly care**



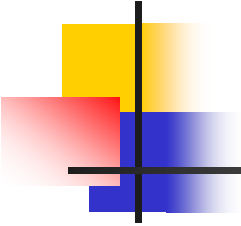
OBJECTIVES

General objective

To identify preferred options
for models of community-based care for older people in rural Vietnam

Specific objectives

1. To assess willingness to use and pay for particular models of community based elderly care in a rural setting
2. To identify socioeconomic determinants in using the models in a rural setting;



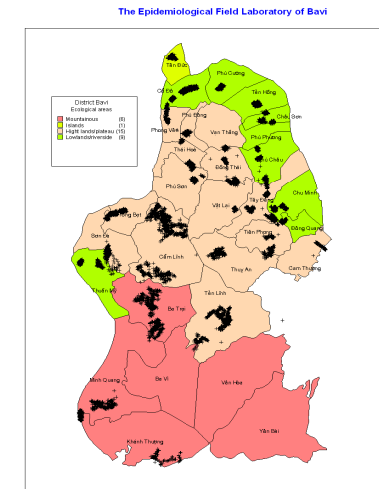
STUDY SUBJECT, PLACE AND TIME

• Study subjects:

- ❖ HH survey: older people aged 60+ and their HH representatives
- ❖ Qualitative study: representatives of elderly, family caregivers, community organizations

• Study time: 2007

• Study area: FilaBavi DDS (Bavi district, Hanoi)



Bavi

METHODOLOGY

Study Design

Cross-sectional survey of households with older people

FilaBavi's 2007 re-census data

Qualitative study (3 IDIs and 4 FGDs)



METHODOLOGY

Sample size

2240 households, 2873 older people

IDIs (3 x 1 person) and FGDs (4 x 6 persons)



METHODS

Measurement of Variables

- Individual characteristics
 - ❖ Dates of birth, death, migration
 - ❖ Sex, ethnicity, education
 - ❖ Relationship with household head
- Household characteristics
 - ❖ Residential area, land area
 - ❖ Structural components, assets, sanitation conditions
 - ❖ Income, expenditure, debt



METHODS

Study Indicators

- Household wealth index
 - ❖ From re-census survey 2007
 - ❖ Dichotomization of categorical variables
 - ❖ Use of per capita form of continuous variables
 - ❖ Substitution of means for missing values

- Application of national poverty line
 - ❖ For period 2006-2010
 - ❖ For rural areas



METHODS

Study Indicators

- Willingness to pay, and to use different models of care:
 - ❖ Mobile team
 - ❖ Day-care center
 - ❖ Nursing center
- Expected frequency of using services from each model
- Type of expected care services from each model

METHODS

Data analysis

- Quantitative analysis

- ❖ Distribution of older people by SE groups: % and its 95%CI;
- ❖ Distribution of subjects by willingness to use and to pay: % and corresponding 95%CIs.
- ❖ Multivariate logistic regression analysis

- Qualitative analysis



RESULTS

Table 1 – Willingness to use care services among the elderly and their household representatives

<i>Levels of payment/ Models of care</i>	<i>Free of charge</i>		<i>Less than cost</i>		<i>Full cost</i>	
	<i>%</i>	<i>95%CI</i>	<i>%</i>	<i>95%CI</i>	<i>%</i>	<i>95%CI</i>
<i>Mobile team</i>						
Elderly	83.2	81.8 – 84.6	56.3	54.4 – 58.1	37.0	35.2 – 38.8
Household	88.7	87.2 – 90.1	69.0	66.9 – 71.1	47.0	44.7 – 49.2
<i>Day care centre</i>						
Elderly	69.7	67.0 – 71.4	52.0	50.1 – 53.8	34.7	32.9 – 36.4
Household	86.0	84.4 – 87.5	70.9	68.9 – 73.0	49.4	47.1 – 51.7
<i>Nursing centre</i>						
Elderly	40.7	38.8 – 42.5	23.6	22.0 – 25.2	14.9	13.6 – 16.3
Household	48.6	46.3 – 50.9	32.8	30.6 – 34.9	21.7	19.8 – 23.6



RESULTS

- Use of mobile team care was the most requested and fewest respondents intended to use a nursing centre.
- Households expected to use services for their elderly to a greater extent than did the elderly themselves.
- Willingness to use services decreased when potential fees increased.
- The proportion of respondents who required services to be free of charge was 2 to 3 times higher than those willing to pay full costs.



RESULTS

Table 2 – Willingness to pay for care services provided by various care models among the elderly and their household representatives*

Care services	<i>Elderly</i>		Household	
	Mean	95%CI	Mean	95%CI
Mobile team	34,192	31,661 – 36,722	28,296	26,550 – 30,042
Day care centre	21,148	19,585 – 22,711	27,929	23,065 – 32,794
Nursing centre	48,603	43,859 – 53,346	68,778	59,786 – 77,771

- Households are willing to pay more than the elderly are for day care and nursing centres.
- The elderly are more willing to pay for mobile teams than their households are.

RESULTS

Table 3 –Opinions of the elderly and their household representatives on care services that should be provided

<i>Care services</i>	<i>Elderly</i>		<i>Household</i>	
	<i>%</i>	<i>95%CI</i>	<i>%</i>	<i>95%CI</i>
<i>Mobile team</i>				
Medical check up	93.8	93.0 – 94.8	95.1	94.1 – 96.1
Health consultation	73.6	72.0 – 75.3	75.3	73.3 – 77.3
Taking drugs, injections	53.3	51.5 – 55.2	53.5	51.2 – 55.8
Rehabilitation	36.1	34.3 – 37.8	38.4	36.2 – 40.6
Personal hygiene	23.5	21.9 – 25.1	23.1	21.2 – 25.0
Eating and drinking	23.2	21.6 – 24.8	23.9	22.0 – 25.9
<i>Day care centre</i>				
Physical exercises	77.4	75.9 – 79.0	79.1	77.2 – 80.9
Health consultation	71.1	69.4 – 72.8	72.7	70.7 – 74.8
Relaxation	62.6	60.9 – 64.5	66.3	64.2 – 68.5
Nursing care	55.0	53.2 – 56.8	59.9	57.6 – 62.1
Social interactions	49.6	47.7 – 51.4	52.5	50.2 – 54.7
Food and drinks	24.6	23.0 – 26.2	27.0	25.0 – 29.1





RESULTS

- Age group, sex, literacy, marital status, living arrangement, head of household status, living area, working status, poverty and household wealth are factors related to willingness to use services
- Overall agreement that community-based elderly care will be used and partly paid for, if it is provided by the government or associations
- Network capacity building of health professionals and informal caregivers, as well as support for the most vulnerable elderly are essential for building and expanding care models



CONCLUSIONS

- Community-based elderly care will be used and partly paid for by individuals;
- Capacity building for health professional networks and informal caregivers is needed for building and establishing models;
- Support for the most vulnerable elderly groups are essential for access the services;



Thank you !

