RESULTS

The results indicate that who are predominantly male, widowed, and illiterate or with only an elementary school education; their average age is 82.18.

In terms of health, the ADL and IADL function are generally good. The major problem is visual impairment (70.9%). On average, each person suffers from two illnesses, which are most commonly high blood pressure and cataract. Among the seniors living alone, 13.9% take at least nine medicines. Their living environment is generally bad (87%). Each research subject has six to seven need projects, which consist mostly of pain care needs, social function care needs, and visual function, in that order. A significant differences appear between age, marital status, educational background, and living conditions and the related health status. Regarding the result of the regression examination, the overall health status can predict the care need.

The main related factors of the predictive care need, in decreasing order, are teeth condition (β=2.265, p=0.000), environmental assessment condition (β=0.563, p=0.000), social function condition (β=0.355, p=0.02), health condition and preventive care (β=0.128, p=0.05), medical treatment condition (β=0.128, p=0.05), and physical function condition (β=0.112, p=0.001). The overall explanatory power is 71.4%.

DISSCUSSION & CONCLUSION

Based on the above results, we should pay more attention to the condition of their teeth, living environment, social function, and health, as well as preventive care, medical treatment condition, and physical function condition. It is suggested about the community health care: (1) provide relevant oral hygiene care at home; (2) assess and improve the safety of living environments to prevent such accidents as falls; (3) encourage seniors to participate in activities designed for them in order to reduce their social isolation and loneliness; (4) offer elder people health examinations necessary and counselling, related to visual, audio, and oral. (5) integrate seniors’ polypharmacy problem and long-term life care assistance to improve elderly people’s quality of life.

INTRODUCTION

The elder people who live alone require multiple aspect of caring program and they are known as highly risk group encounter life-threatening events reported in WHO. To provide necessities and health-care service to elder people live alone is indeed touch task under limited health resources given to us. Efficient transfer system and services provided is truly important and this is the priority we should be noticing. The aim of the study is to explore the health condition of elder people and try to determine what is their concern and needs in health care. We also contribute the questionnaire of assessment model in order to establish a professional way of health care assessment in community.

METHODS

Setting and sample

The cross-sectional study covers enlisted seniors living alone in a district of Taipei City from October 1 to 31, 2015 with a total of 151 participants. The interviewers investigate the elderly people’s status with regard to such perspectives as body, mind, society, and environment and conclude with their related care needs and assessment results.

Criteria includes 1) seniors living alone in a district of Taipei City from October 1 31, 2015. 2) be able to communicate, 3)agree to participant in the study.

Instrument

Demographic data

The Demographic data including age, gender, marriage, and education.

Assessment tool

We investigate the health condition regarding the aspects of body, mind, society acts and environment factor in order to determine health caring needs though the table of MDS-HC 2.0.

Statistical Analysis

In terms of statistical analysis, the software SPSS19 is used to carry out descriptive statistics, Pearson Product-Moment Correlation Coefficient, T-Test, ANOVA, and the inferential statistics related to multiple regression analysis.

Key words: elderly people living alone, health status, care needs

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