

The Effect of Health Management Program with the Needs of the Elderly as the Dominant Factor on the Home-based Pension Group

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Abstract: In order to study the effect of health management program with the needs of the elderly as the dominant factor on the home-based pension groups, 200 elderly people in Yaxi Town were randomly selected as the research object and divided into the control group (81 cases) and the observation group (119 cases) according to their willingness to accept health management plan, and then the physical condition, quality of life and hospitalization rate of the two groups were compared. The health management scheme based on the needs of the elderly can effectively improve the physical condition of the elderly, improve the quality of life, reduce the incidence and hospitalization rate, and has good safety, which is worthy of clinical recommendation.

1. Introduction

In recent years, the World Health Organization (WHO) has continuously paid attention to the issue of "aging and health". Population aging is one of the important social problems faced by China in the 21st century [1]. China is stepping into the stage of aging. The aging population is increasing rapidly at an average annual rate of 3%. How to provide for the aged has become one of the concerns of the whole society [2]. Research shows that most of the elderly prefer to retire at home, but they lack unified management, immediate monitoring and necessary care. Especially for the elderly with diabetes, hypertension, osteoporosis and other chronic diseases, the necessary health management is particularly important, and thus the resulting problems of pension services become increasingly prominent [3]. The contradiction between the demand for old-age services and the supply of social old-age resources is prominent [4]. Whether this problem can be solved is directly related to the quality of life of the elderly, the harmony and stability of society, the overall development of urban and rural areas, and the realization of the grand goal of building a well-off society in an all-round way [5]. Therefore, strengthening the research on the security of old-age services should become a social issue of common concern to families, society and the government [6].

2. Information and Methods

2.1. Clinical data

200 elderly people in Yaxi Town were randomly selected as the research object [7]. They were divided into two groups according to their willingness to accept health management plan. The elderly who were unwilling to accept health management were the control group (81 cases) and the elderly who accepted health management were the observation group (119 cases). There were 39 females and 42 males in the control group, aged 58-84 years, with an average age of 77.42 (+2.71 years); 25 cases of hypertension, 20 cases of diabetes mellitus, 30 cases of other chronic diseases and 6 cases of health; in the observation group, there were 54 females and 65 males, aged from 60 to 86 years, with an average age of 78.29 + 2.09 years, including 41 cases of hypertension, 39 cases of diabetes, 30 cases of other chronic diseases and 9 cases of health. There was no significant difference in other aspects between the two groups ($P > 0.05$), which was comparable.

2.2. Research method

The control group was not accepted any treatment, but was asked to come to the center regularly for physical examination; while the observation group was carried out a health management program dominated by the needs of the elderly [8], the main measures were as follows: (1) chronic disease management for the elderly: a. Regular health knowledge lectures were conducted to ensure that the notification was in place. The contents emphasized the precautions and preventive measures of different chronic diseases in life. The cases of patients recovering better due to active treatment were introduced to improve the treatment compliance of patients. b. Comprehensive medical care was provided for the elderly, a community management monitoring system, a disease portfolio were established for the sick elderly, and the indicators of patients were regularly tested and analyzed. c. The contact number of the elderly's family members was recorded, so as to regularly introduce the elderly's health status or illness to them, and the family members were required to timely manage, such as urging the elderly to take medicines and self-monitoring of their illness [9]. (2) Mental health concerns of the elderly: a. The disease exchange meeting was organized, and the experts of chronic diseases told the elderly about disease knowledge and simple home treatment programs, so as to cultivate the elderly's self-care ability. b. Active communication was conducted between the elderly with serious illness and their family members, requiring them to spend more time with the elderly, care for the elderly, strictly prohibit quarreling at home, and keep the family in a harmonious state [10]. c. Family doctor's regular outpatient service: the family doctor team made regular outpatient service once a week. In the morning, the general practitioner carried out outpatient service, family doctor's contract service, blood pressure and blood sugar detection, disease consultation, and in the afternoon, the general practitioner nurses came to deliver medicine, took medicine guidance, psychological consolation and so on. (3) Daily care for the elderly: The daily living conditions of the elderly directly affected their physical and mental health and the development of chronic diseases. Therefore, the daily care for the elderly of different ages and degrees of illness was also different, mainly for daily housework and catering services, ideological work for family members, serving the elderly in daily life and living; for the elderly whose family members really did not have time, they were introduced responsible nursing workers to ensure that the daily life of the elderly was in good condition [11].

2.3. Observation index

(1) Comparing the physical condition of the elderly in the two groups, the evaluation was carried out according to the following criteria. Excellent: Old people feel good about themselves, the physical examination indicators are stable, and the condition of patients with chronic diseases is well controlled. Good: Old people have a general sense of self. Although the indexes of physical examination fluctuate, they recover better after intervention by medical institutions. Poor: Elderly people feel bad about themselves. After physical examination, the various indicators fluctuate greatly. They have been treated in medical institutions for many times, and even need hospitalization.

2.4. Statistical methods

The statistical software SPSS18.0 was used to analyze the data. The measurement data were expressed as ($\bar{x} + s$). The t test and Chi-square test were used to compare the counting data. The difference was statistically significant ($P < 0.05$).

3. Results

According to the comparison of the physical condition of the two groups, there were 113 cases in the observation group with excellent physical condition, accounting for 94.96%, which was significantly higher than 70 cases in the control group, 86.43%, as shown in Table 1 below. The difference was statistically significant ($P < 0.05$).

Table 1 Comparison of physical condition between two groups of elderly people (example, %)

Group	Cases	Excellent	Good	Bad	Rate
The control group	81	43 (53.09)	27 (33.33)	11 (13.58)	70 (86.42)
The observation group	119	85 (71.43)	28 (23.53)	6 (5.04)	113 (94.96)

According to the comparison of the quality of life score between the two groups, the psychological status score, life ability score, cultural entertainment score and comprehensive score of the elderly in the observation group were significantly higher than those in the control group, as shown in Table 2 below. The difference was statistically significant (all $P < 0.05$).

Table 2 Comparison of the scores of quality of life between the two groups (score, $x \pm s$)

Group	Cases	Psychological status	Life ability	Cultural entertainment	Score
The control group	81	75.51±6.61	77.74±10.09	66.31±11.09	73.41±10.23
The observation group	119	88.71±6.95	86.29±11.34	83.33±11.11	85.02±10.31

4. Discussion

The study found that 113 cases of the elderly in the observation group were in good physical condition, accounting for 94.6%, significantly higher than 70 cases in the control group, 86.43%. In addition, the psychological status score, life ability score, cultural entertainment score and comprehensive score of the elderly in the observation group were significantly higher than those in the control group. The above data show that the health management program with the needs of the elderly as the dominant factor on the home-based pension groups has a good effect on the elderly. This health management program mainly focuses on the management of chronic diseases, psychological intervention and daily care for the elderly, among which, chronic disease management improves the elderly's awareness of diseases and treatment compliance, training and psychological intervention for simple disease monitoring enables the elderly to face life with a positive attitude, while daily care enables the elderly to enjoy life and get together with families. Family doctor service team has carried out health training for the elderly and ideological education for the elderly family members, such as treating the elderly kindly and respecting the elderly filial piety. To some extent, it can directly promote the health of the elderly. Through the experiment, the physical condition and quality of life score of the elderly in the observation group are better than those in the control group, and the physical and psychological improvement has been achieved. The elderly in the observation group have a certain grasp of self-rescue methods when the symptoms of chronic diseases occur. In addition, regular exercise has enhanced their physical fitness, so the hospitalization rate and morbidity have been reduced. To sum up, the health management scheme based on the needs of the elderly can effectively improve the physical condition of the elderly, improve the quality of life, reduce the incidence and hospitalization rate, and has good safety, which is worthy of clinical recommendation.

5. Conclusion

The State Council in "Several Opinions on Accelerating the Development of Old-age Services" (Guofa [2013] 35) clearly put forward that we should actively promote the integration of health care and old-age services to promote the development of integration. "Health care" refers to medical care services, including disease diagnosis and treatment, health examination services, health counseling services, nursing and rehabilitation services. "Old-age services" mainly include life care, psychosocial services and cultural life services. The results show that a set of medical services, which integrates medical treatment, rehabilitation, health preservation and old-age care, and focuses on strengthening the health of the elderly, can effectively improve the quality of life of the elderly, improve their ability of daily life, improve their life happiness, improve the health status of the

elderly, alleviate the suffering of elderly patients, and promote the recovery of the body.

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