

失能者之日常生活活動未滿足需求

The Effects of Unmet Needs in Activity of Daily Living on Hospitalization

中文摘要

社區中有許多的失能者需要他人給予日常生活活動方面的協助，當沒有獲得足夠的協助時，往往會對失能者造成許多影響：如使用機構式服務、增加醫療服務的使用及影響生活品質等。本研究的目的主要是探討未滿足需求對失能者往後住院的影響。

資料來源包含社區調查與全民健康保險資料庫。社區調查資料來自九十年內政部「建構長期照護體系先導計畫」的第一年社區前測調查，研究對象為居住在嘉義市、三鶯地區、新店市、樹林市四個社區的失能者；且利用社區調查個案的身份證字號連結全民健康保險資料庫，追蹤個案於訪視後六個月內住院的情況。在本研究當中依變項除了「自述未滿足需求」以外，也以傾向分數（propensity score）的分析方法計算出每個個案的「未滿足需求傾向」，分別探討兩者對於住院的影響。以 T 檢定與卡方檢定進行雙變項分析，並使用邏輯斯回歸建立未滿足需求傾向分數和探討未滿足需求對住院的影響。

研究結果顯示社區中有四分之一的失能者有未滿足需求，在控制了其他影響住院的因素，包含失能者的年齡、性別、家庭月收入、訪視前醫療服務使用情形、健康情形（罹患之疾病、健康評價、失能程度），發現未滿足需求傾向較高者，其住院的可能性也較高。以最高傾向為參考值，中高傾向、中度傾向、最低傾向的 OR 值分別為 0.66（95%CI:0.48~0.93）、0.56（95%CI:0.32~0.97）與 0.36（95%CI:0.15~0.86）；且深入分析發現，未滿足需求傾向與住院的關係只在自述沒有未滿足者有達到統計上顯著意義。

由本研究的結果證實長期照護不足會增加急性醫療服務的使用，且自述沒有未滿足需求但屬於高未滿足需求傾向者更是住院的高危險群，因此建議在擬定失能者的介入方案時，應特別考量到這些潛在個案，避免因為他們自述沒有未滿足需求而忽略了他們。

英文摘要

Many disabled living in the community need assistance in Activities of Daily Living. Unmet need occurs when they do not receive enough assistance. As a result, their independence and quality of life are greatly affected. Furthermore, unmet need may lead to institutionalization, or an increase in health care services. Thus, this research intends to explore the effects of unmet need on hospitalization among the disabled in the community.

Data used in this research came from the “Pilot Program for the Development of Long-term Care System in Taiwan”. Information was collected through face-to-face interviews from the disabled residing in Chia-Yi City, San-Yin area, Hsin-Tien City, Shu-Lin Townships from June to September, 2001. Hospitalization data was collected from the National Health Insurance Bureau. In this research, both self-reported unmet needs and propensity for unmet needs were assessed. T-test and Chi-Square Test were used to compare difference between groups. Logistic regression was used to calculate the propensity score, and to identify correlates of unmet need and hospitalization. The result show that one-fourth of disabled in the communities had unmet needs. After controlling for age, gender, household income, prior use of medical care service, and health status, those with higher propensity for unmet needs were more likely to be hospitalized within 6 months. Using the quartile 4 to be the reference, the odds ratio for quartile 3, 2, and 1 are 0.66 (95%CI:0.48~0.93), 0.56 (95%CI:0.32~0.97), and 0.36 (95%CI:0.15~0.86). Further examination revealed that the finding was significant only among those reported no unmet needs. Unmet needs in activity of daily living are likely to lead to increased hospitalization, particularly among those with high propensity but reported no unmet needs. Therefore, they should be included in programs aimed to reduce unmet needs and hospitalization.