



Utilization and Satisfaction of Community-based Health Care Services among Older Adults

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ABSTRACT

The COVID-19 pandemic has a significant impact on the capacity of health systems to continue to provide critical services. As healthcare systems around the world face a growing demand for care for patients with COVID-19, it is vital to maintain preventive and curative services, especially for the most vulnerable populations, the elderly and the elderly living with chronic diseases. The purpose of this study was to determine the level of health service utilization and satisfaction of older adults amidst COVID-19 pandemic. The study used a descriptive-correlational research design that was conducted in a selected barangay in the city of Caloocan. The purposive and snowball sampling method was used to select respondents and must meet the following criteria: elderly between the ages of 60 and 74, and using health care services. The data collection was carried out through a series of questionnaires with an informed consent form through online platforms. Based from the data gathered, the strength of the relationship is indicated by the correlation coefficient with a score of .795, which is greater than 0.70 shows a high correlation between the two variables. This means that when the level of utilization of community-based services of the respondent is high, their level of satisfaction with health care services increases as well. Overall, it is important to prioritize the level of utilization and satisfaction in community-based healthcare among older adults as it is used as an indicator for measuring the quality of healthcare. The level of utilization among older adults is inclined to their level of satisfaction, in which respondents are highly satisfied with their usage of services in terms of accessibility, availability and affordability of the community-based services. Moreover, demographic profile of respondents has no significant difference, which indicates that respondent's level of satisfaction in community-based services is affected by their level of utilization of services in their barangay health center. Health services, if used by the elderly, can lead to satisfaction. Therefore, the promotion of the various health services is strongly encouraged to reach not only a few, but the whole population.

KEYWORDS

Older adults, Utilization of Community-based, Health care, Satisfaction

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1. BACKGROUND

The COVID-19 pandemic has a significant impact on health-care systems' ability to continue providing crucial services. While health systems around the world face increased demand for COVID-19 patient care, it is critical to maintain preventive and curative services, particularly for the most vulnerable populations, the elderly and older adults living with chronic conditions. Countries must strike an optimal balance between combating the COVID-19 pandemic and maintaining crucial health services. WHO has been coordinating activities across multiple regions and agencies to assist countries in implementing targeted initiatives to reorganize and maintain access to safe and high-quality essential health services. Community-based health care has always been an essential part of primary care, in the context of the COVID-19 pandemic, the specific capacity of trusted community members for social engagement and delivering care where it is needed is even more significant (O'Sullivan, 2022).

The role of community-based health care in the pandemic environment is addressed in this joint WHO, UNICEF, and IFRC guidance. It contains practical recommendations for decision makers to help keep communities and health

professionals safe, to preserve important community services, and to guarantee an effective COVID-19 response (World Health Organization, 2020). Using this comprehensive and integrated approach, countries will be able to increase the resilience of community-based health services during the pandemic. Globally, the proportion of older adults is increasing, as is the proportion of older persons who have two or more chronic illnesses. Older community-dwelling persons may face considerable obstacles in managing their health, particularly if they also have long-term socioeconomic issues, such as poverty or inadequate housing, that add to their care demands. Primary care is generally the initial point of contact for maintaining the health of older persons, putting pressure on providers (Valaitis et al., 2020)

According to the Philippines Health System Review issued by WHO in 2018, the National Capital Region had 23 beds per 10,000 people, while the rest of the country had less than ten beds per 10,000 people (Ulep & Casas, 2021). In health-care service delivery, public and privately owned health systems are supposed to be complementary, but no effective measure exists to regulate the expanding public sector, resulting in a high amount of out-of-

pocket expenses for health care, for example, more than half of total health spending was out-of-pocket in 2018. The COVID-19 epidemic adds to the already overburdened public health system. Case isolation, contact tracing, and physical separation are recognized as the foundation of effective COVID-19 control. A stable public health system and a sufficient staff are required for successful execution of these policies, which were inadequate and insufficient in the country even before the pandemic. The system is hampered by insufficient investment in health-care facilities and a shortage of health-care workers, while inequities in health-care delivery further jeopardize access to services (Abah, 2020)

Many factors determine the number and types of health care services needed by older people. Although the demand for health services, as well as the frequency and intensity with which they are used, are clearly linked to one's health state and level of impairment or disability, many other factors also play a role. Public policies that specify the types of services and providers covered by public funds, cost-sharing provisions, the supply of alternative sources and types of care, living arrangements and access to informal care, the availability of

adequate numbers of trained personnel, advances or changes in healthcare technology and delivery systems, and potential's attitudes and values are all examples on how older adult utilize healthcare services (Caner & Cilasun, 2019).

Moreover, a fast-aging population increases the prevalence of chronic diseases and their consequences. Older adults frequently have multiple health issues, use multiple medications, and have more encounters with healthcare providers. Older adults are living longer than ever before, requiring more care than in previous decades. Approximately 80% of older people have at least one chronic condition, and 77% have two or more (Calderón-Larrañaga, 2017). It goes to the reason that these elders will require additional healthcare services to handle their medical issues. It is critical to choose a health care physician that is capable of dealing with the unique health care needs that come with aging (Tesch-Römer & Wahl, 2017). Providing long-term care to the elderly, health and social care providers play a key role and even before the COVID-19 pandemic, they worked in difficult environments, whether in the community or in nursing homes.

Local government units (LGUs) in the Philippines must consider granular policies

as well as real-time interventions to address differences in the local COVID-19 transmission dynamics due to heterogeneity and diversity in communities, as national governments implemented large-scale 'blanket' policies to control the pandemic. Some procedures are in place, such as voluntary physical separation, the use of face masks and shields, mass testing, and school closures. Community health centers are a nationwide network of low-cost primary care clinics that play a critical role in the national, state, and local responses to the coronavirus pandemic. Health centers play a part in response efforts by providing diagnostics, triaging patients, and decreasing the pressure on hospitals, but they also meet demand for behavioral health services and provide primary care for individuals with chronic diseases (Corallo et al., 2020). Although persons of all ages are susceptible to COVID-19, older people are at a higher risk of acquiring severe illness as a result of physiological changes associated with aging and other underlying health issues.

Research about utilization of healthcare services during the Covid-19 pandemic has been limited since the start of the outbreak in 2020, and it has mostly been limited to studies focusing on the older age

group (Weber, 2020). Research about utilization of healthcare services is significant and timely as the Covid-19 pandemic had a major impact on the capacity of the health system to continue the delivery of essential health services especially for the most vulnerable populations such as older persons (World Health Organization, 2020).

This study aims to know the level of utilization of health care services and satisfaction of older adults amidst Covid-19 pandemic. Moreover, this study was only focused on a selected barangay in Caloocan City. Vital results and findings of this study were highly significant and beneficial to practice and research. The study's insights and information could facilitate the utilization of health care services among older adults. Understanding the impact of Covid-19 pandemic for older adults who seek health care services helped inform and widen healthcare professionals' knowledge to different interventions, strategies and future research priorities.

2. METHODS

Design

This study followed the descriptive-correlational research design which measured the level of utilization and level of

satisfaction of older adults in healthcare services. A descriptive-correlational design is applicable because it will show the relationship between the level of utilization and level of satisfaction among older adults in healthcare services. This method was determined and describes the significant relationship between level of utilization of healthcare services and satisfaction of older adults in terms of dependence in healthcare utilization amidst Covid-19 pandemic.

Sample and setting

The study was conducted in a governmental institutional care facility, in selected barangays, Metro Manila. The health center is an institutional care facility that is dedicated to providing quality & compassionate healthcare services for older adults.

The researcher's utilized non-probability sampling in this study. The purposive sampling and convenience sampling method was used for the selection of the participants of Filipino older adults in selected barangay. The criteria for selecting participants must be a male or female between the ages of 60 and 74 years old, physically and cognitively capable of participating, willing to participate in the study, and may have or no primary or

secondary illnesses as long as the respondent can answer the following questions given in the questionnaires and with or without history of availing or has access to health care services in their barangay health center since the outbreak of Covid-19 pandemic on March, 2020. Sample size was determined after the computation of the total population of the respondents and resulted in ideal sample size of 100.

Instruments

The research instrument used for older adults is for measuring the level of satisfaction and level of utilization, it is a self-report questionnaire designed to assess satisfaction among older adults towards the utilization of healthcare services and its level of use in public health centers under Covid 19 pandemic. The researchers adapted a Short-Form Patient Satisfaction Questionnaire or PSQ-18 from RAND Health Care to measure the level of satisfaction of older adults in health care services. Short-Form Patient Satisfaction Questionnaire or PSQ-18 contains 15 items tapping the seven dimensions of satisfaction with medical care measured by PSQ III: general satisfaction interpersonal manner, communication,

financial aspects of care and accessibility of care.

Self-administered questionnaires were used to measure the level of utilization of older adults following the Department of Health guidelines in community health care services. The research questionnaire was divided into three parts which are as follows: the demographic profile of the respondents, the level of use of health care services and the level of satisfaction of older adults with the use of health care services.

According to Davis (2021), validation of an instrument refers to how well it measures what is intended to be measured and determines what survey questions are important, measurable, and usable. The tools were based on the concept of Andersen's Perceived and Evaluated. It was used to determine the utilization of healthcare services during COVID-19 and the satisfaction level of the participants. The tool was translated into Filipino language for the participants' convenience and better understanding of the questions and was validated by a Filipino language expert. Also, the tool was simplified since the participants belong to the older adult group. This will help them alleviate the possible difficulties in reading and understanding the context. The researchers sought assistance from a

Filipino expert in order to validate the tool and translation of the text. Pilot testing was conducted in order to assess the reliability of the tool made by the researchers. It was conducted through a small-scale trial with the same set of criteria for the chosen respondents in order to verify the legitimacy of the tool. Moreover, the researchers consulted a statistician in order to prove the tool's legitimacy and conducted Cronbach's alpha test with a reliability score of .714 which is considered moderate, but acceptable. Whereas, the value of Alpha Cronbach is less than 0.60 considered low, Alpha Cronbach values in the range of 0.60-0.80 are considered moderate, but acceptable. While Alpha Cronbach in the ranges of 0.8 and up to 1.00 is considered very well.

Data analysis

The data collected from the respondents who have actively participated in the study was retrieved, tallied, and computed by the researchers with the assistance of a statistician to verify correct computations. The following formula is the statistical treatment considered by the researchers in order to present the data. Mean, frequency and percentage, t-test,

Anova: single factor and Pearson correlation.

Mean: It is the average of the scores provided in the data, it was utilized as a part of the correlation coefficient formula, as well as find the average scores for every data gathered with regard to answering research question 2 and 3 to determine the level of utilization and satisfaction of older adults

Frequency and Percentage: This was used to determine the level of utilization and satisfaction of older adults in order to answer research question 2 and 3.

Pearson Correlation: This was used to determine the significant relationship between the level of utilization in

community- based healthcare services and level of satisfaction of care to the older adults to answer research question 5. This tool was used to measure the strength of the linear relationship between the two variables.

Anova: Single Factor. This formula was used for one-way analysis of variance. It is a technique used to determine the significant difference between the profile of respondents and level of utilization and level of satisfaction of older adults in community-based services. Furthermore, this method may only be done by having a numerical value of the data.

3. RESULTS

Characteristics Of Respondents

Table 1. Distribution of characteristics of respondents (n=50) (continue to page 26)

Characteristics of respondents	Frequency	Percentage
Age		
60-70	42	84%
71-80	8	16%
Sex		
Male	16	32%
Female	34	68%
Marital Status		
Single	6	12%
Married	30	60%
Divorced	2	4%
Separated	1	2%
Widowed	11	22%
Distance from healthcare facility		
1-2 kilometer	18	36%
3-4 kilometer	23	46%
5-6 kilometer	5	10%
7-8 kilometer	2	4%
9 kilometer above	2	4%
Family's Monthly Income		
Php 5,000 below	5	10%

Characteristics of respondents	Frequency	Percentage
Php 5,001-10,000	12	24%
Php 10,001-15,000	14	28%
Php 15,001 above	19	38%
Educational Attainment		
Less than high school diploma	4	8%
High school diploma	11	22%
Vocational degree	3	6%
Bachelor's degree	23	46%
Master's degree	8	16%
No degree	1	2%

Based on the data shown in Table 1, there are a total of 84% of the respondents from ages 60-70, which is followed by 16% of the respondents belonging to the 71-80 age group. With regards to respondent profile as to sex, from the 50 respondents, 68% of the respondents are female and 32% are male. the older adult marital status in which 60% consists of older adults who are married, while the 22% are older adults who are widowed, followed by 12% are single, 4% are divorced and 2% are separated.

The older adult distance from health care facilities in which 46% are 3-4 km away from their home whereas 36% are 1-2 kilometer away. While 10% are 5-6 kilometer

away and both 4% are 7-8 kilometer and 9 kilometers above.

The family's monthly income of older adults wherein Php 15,001 above has the highest percentage which is 38%, followed by Php 10,001-15,000 having 28% of the population, next is 24% of the respondents having Php 5,001-10,000, and lastly, Php 5,000 below totaling 10% of the population.

The respondent's educational attainment which are divided into: less than high school diploma has 8% of the population, 22% for high school diploma, vocational degree are 6%, 46% out of 100% has a bachelor's degree, 16% has master's degree, and lastly, 2% has no degree.

Significant difference between the profile of the respondents and their level of utilization of community-based healthcare services

Table 2. Level of significance between the older adult's demographic profile and level of utilization in community-based services (Continue to page 27)

		Mean Square	F-value	Significance	Decision	Interpretation
Age	Between Groups	.140	1.038	.454	Accept null hypothesis	Not significant
	Within Groups	.135				
Sex	Between Groups	.214	1.286	.263	Accept null hypothesis	Not significant
	Within Groups	.167				

Civil Status	Between Groups	.550	1.023	.468	Accept null hypothesis	Not significant
	Within Groups	.537				
Distance	Between Groups	.570	.442	.969	Accept null hypothesis	Not significant
	Within Groups	1.290				
MonthlyIncome	Between Groups	1.276	1.531	.145	Accept null hypothesis	Not significant
	Within Groups	.833				
Educational Attainment	Between Groups	1.688	1.049	.444	Accept null hypothesis	Not significant
	Within Groups	1.609				

Significant if F -value < 0.05

As presented in the Table 2, presents the level of significance of the older adult profile as to his/her age and level of utilization in community-based services. The data is computed with the use of Anova: Single factor formula. In which, the computed values has resulted to .454 which is greater than 0.05 level of significance, which may also be interpreted that there is no significance between the age and level of utilization of community-based services.

In terms of sex, the data is also computed with the use of Anova: Single factor formula. In which the computed value is .263, which may also be interpreted that there is no significance between sex of the respondents and the respondent's level of utilization. In addition, the table also presented data is the computation for the level of significance between the respondent's marital status and level of utilization with a significance value of .263, the null hypothesis will be accepted and there is no significant relationship between

the variables. Moreover, the computation for the level of significance of the respondent's distance of health care facility and respondent's level of utilization, with a value of .969. The data is interpreted as no significance relationship between the two variables. Therefore, the null hypothesis will be accepted. Similarly, the following data is gathered to determine the level of significance between the respondent's family incomes. The data is computed with the use of Analysis of variance (ANOVA): single factor which resulted to value of .145. Therefore, there is no significant relationship between the two variables. Lastly, the data was computed to determine the level of significance between the respondent's education attainment and level of utilization in community-based services with a value of .444, which is greater than 0.05, there is no significant relationship between the variable. Therefore, the null hypothesis will be accepted.

Significant difference between the profile of the respondents and their level of satisfaction.

Table 3. Level of significance between the older adult’s demographic profile and level of satisfaction in community-based services

		Mean Square	F-Value	Significance	Decision	Interpretation
Age	Between Groups	.116	.746	.756	Accept null hypothesis	Not significant
	Within Groups	.155				
Sex	Between Groups	.143	.649	.848	Accept null hypothesis	Not significant
	Within Groups	.221				
Civil Status	Between Groups	.579	1.131	.377	Accept null hypothesis	Not significant
	Within Groups	.512				
Distance	Between Groups	1.009	1.023	.473	Accept null hypothesis	Not significant
	Within Groups	.986				
Monthly Income	Between Groups	.798	.670	.829	Accept null hypothesis	Not significant
	Within Groups	1.190				
Educational Attainment	Between Groups	1.268	.652	.846	Accept null hypothesis	Not significant
	Within Groups	1.945				

Significant if F-value < 0.05

As presented in Table 3, the variables are computed using Anova: single factor formula, to determine the level of significance between the profile of respondents as to age and level of satisfaction in utilizing health care services. With a computed value of .756, this indicates that there is no significant relationship between the two variables. Furthermore, the computation for the level of significance between the older adults profile as to sex and level of satisfaction in health care services among older adults. With a computed value of .848, there is no significant relationship between the two variables. Hence, the civil status of older adults does not have any significance to its level of satisfaction with a value of .377, which is greater than 0.05 level of significance. In addition, distance of health

care facility and level of satisfaction in healthcare services among older adults has also been computed to test for level of significance using Anova: Single factor formula with a computed value of .473. Therefore, there is no significant relationship between the two variables. Another variable computed for level of significance is the family income of the respondents. Computation resulted to a value of .829 which shows no significance with the level of satisfaction in community-based services among older adults. Lastly, educational attainment of respondents has also been computed to test for level of significance with a computed value of .846. The data is interpreted as no significance between the two variables. Therefore, the null hypothesis will be accepted.

Significant relationship between the level of utilization of community-based healthcare services and level of satisfaction of care to the older adults during Covid-19 pandemic

Table 4. Correlation of the respondent's level of utilization in community-based services and level of satisfaction among older adults

Variable	Computed Value	Significance	Results	Interpretation
Level of utilization in community-based healthcare services vs level of satisfaction among older adults	.795	.000	Significant between the two variables	High correlation

Correlation is significant at the 0.001 level (1 tailed)

Table 4 shows the correlation of the respondent's level of utilization in community-based services and level of satisfaction among older adults. Pearson correlation was conducted to identify the relationship between the two variables. With a test statistic of .795 and a significance value of .000 which is lesser than 0.01, indicates there is a significant positive relationship between two variables. Moreover, the strength of the relationship is indicated by the correlation coefficient with a score of .795, which is greater than 0.70 shows high correlation between the two variables. This means that when the level of utilization in community-based services of the respondent is high, their level of satisfaction in healthcare services increases as well. Whereas, when their level of utilization in community-based services is low, their level of satisfaction also decreases.

4. DISCUSSION

Older people consume significantly more health-care services than younger people. Although the health of older persons varies widely, the majority of them have at least one chronic condition that requires treatment. The demographic characteristics of older persons vary, which leads to variances in their demand for and consumption of health services (Fulmer, 2021).

The 65-and-up age group, accounts for 15% of the population but accounts for over half of the entire expenditure of health care services. Healthcare costs predominate among those under the age of 80 whereas other healthcare services are used more frequently by age 60-70 years old. In old age, the use of care services, particularly institutional care, increases (Kalseth & Halvorsen, 2020).

Currently, more than 20% of older persons aged 60 and up receive community-

based services. Older persons who utilize these services require them, and more than 90% of service users have numerous chronic diseases and related deficiencies in activities of daily living. With our population rapidly aging, the number of older persons who could benefit from community-based services is likely to rise dramatically in the future years, even as overall health improves (Siegler et.al., 2016).

More than nine out of 10 (93%) women have seen a doctor or health care professional in the last couple of years. Another potential explanation is that women are more likely than men to report health problems and to have worse self-reported health status (Barnes et al. 2020). A walk-in clinic, such as an urgent care facility or a health center in their community, is used by almost half (46 percent) of women who normally attend a health center or clinic for their care. A community health center or health department is visited by one-third of the population (34%) (Doubova et al., 2021).

Women live longer than males, but they have more morbidity and disability and consume more health-care services at the end of their lives. Nonetheless, women's larger consumption of health services is not a consistent result and is dependent in part on the type of treatment. Women are more

likely to use preventive and diagnostic services, but men are more likely to use emergency care. Furthermore, while women are more likely than men to consult a general practitioner, there is no difference in hospital admissions, or males are hospitalized more frequently than women (Tsugawa et al., 2021). Gender is likely to have an impact on health-related behavior, including screening. Women who are health conscious, have had past screening, or are aware of their disease are more inclined to seek consultation. The use of health services by men and women varies depending on the health problem for which care is necessary (Manuel, 2018)

Marital status appears to be more strongly related to health status for older adults than for younger adults. Married older adults typically have higher levels of life satisfaction than non-married groups (Margelisch et al., 2017). There are reasonable grounds to believe that healthcare utilization rates differ by marital status. First, healthcare expenditures among married health care beneficiaries are around half those of unmarried healthcare recipients. This difference in prices is also evident among the elderly age 65, although the difference is substantially bigger for the old. Second, socio-demographic

characteristics have been shown to be significant determinants of healthcare consumption. Third, single people have less access to resources that may influence utilization for instance health insurance and disposable money than married older adults, and they may participate in riskier health-related activities, which may influence utilization (Pandey et al., 2019). Marriage has the potential to improve health outcomes in a variety of ways. It might result in two incomes as well as economies of scale, which would improve economic well-being. Having more money may enhance health outcomes by increasing access to health care or decreasing stress. A spouse may also play a significant role in monitoring and promoting healthy behaviors like good eating habits and seeking health care assistance, as well as discouraging bad ones like smoking or heavy drinking (Pandey et al., 2019).

Based on the study of Karra M. (2017), the distance between health-care institutions and availability to transportation may have a major impact on health-care utilization. The study discovered that distance had a substantial influence. They discovered that the distance traveled to health services and the associated expenditures influenced their healthcare decisions, and that the time spent traveling

was physically taxing and stressful. Access to transportation is vital for utilizing health care services. While great distances make journeys to medical care difficult, a lack of mobility makes them impossible. As cited by Garrison (2018), economic resources is a measure of people's ability to pay for services without experiencing financial hardship, and it considers not just the price of health services but also indirect and opportunity costs. Income is significantly correlated with chronic illness risk factors: for example, those with lower family income have higher incidence of heart disease, stroke, diabetes, or hypertension, as well as four or more common chronic disorders.

The cost of healthcare services is also related to people's income. In addition to income, it relies on savings, borrowings, and other means to finance its health-care needs. Some studies discovered that income had a major impact on household health-care affordability, as income climbed, concerns with affordability diminished. Montu and Somdutta believed that the richest class in the rural sector used the most public healthcare services, while the poorest class used the least. Most experts believe that when older persons have more income, their economic accessibility increases, as does their ability to acquire potential

healthcare needs into effective demands, resulting in higher utilization of healthcare services. (Liu et al., 2017)

In today's care setting, achieving excellent health outcomes necessitates a confluence of factors that may be influenced by educational attainment. Patients gain from being able to comprehend their health needs, follow or read instructions, advocate for themselves and their families, and successfully interact with health providers. Individuals with low health literacy have poorer health-related knowledge and comprehension, as well as the ability to demonstrate taking action, according to a comprehensive evaluation of health literacy and health outcomes. Ability to understand and interpret pharmaceutical labels and health messaging. They also had more hospitalizations and emergency room visits, less preventive care, and, among the elderly, they had more falls–increased mortality and a worsening of overall health (Ratna, 2018).

The present study revealed that there is no significant relationship between the profile of the respondents and their level of utilization in community-based healthcare services. In a study by Fisher et al. (2021), the great majority of studies to date have looked at the independent effects of various socio-demographic and health status

characteristics on health-care utilization. With the exception of those looking at age and gender, they are not aware of many studies addressing factors influencing the association between demographic profile and health care service utilization. Overall, they found no significant age and gender interaction influencing care service utilization, which is consistent with other studies.

According to the study of Acharya, S. et al. (2019), family income, age, gender, marital status, and knowledge of health coverage were all strongly related to respondent satisfaction with health care utilization. Participants from a privileged group were more likely than those from an underprivileged group to use health services, which influenced their level of satisfaction. However, the statistical significance was marginal. When compared to older participants without a companion, older adults living with a partner had a 72 percent higher likelihood of using health services. Similarly, individuals from lower-income households were more likely to use health care services than those from higher-income households.

Utilization of healthcare services, in terms of availability, accessibility and affordability of the services offered in health

care facilities which varies widely among the communities and is likely influencing the level of satisfaction of respondents including quality of care rendered by the health care personnel and quality of service received by the respondents. It was also shown in the study that respondents are satisfied with their usage of care which indicates high level of satisfaction in the community-based services. The one-way analysis presented that there is positive correlation between level of utilization in community-based healthcare services and their level of satisfaction. The strength of relationship was ($r = 0.795$ and a p -value $= .000$), wherein it shows strong evidence against the null hypothesis. This indicates that increasing level of utilization in community-based healthcare services, this will result to an increase level of satisfaction among older adults in utilizing healthcare services. The findings is in agreement with other studies such as study in Turkey by [Caner & Cilasun \(2019\)](#), as stated in the study, the elderly have greater need, as evidenced by statistics on objective and subjective measures of health. The study shows clear evidence for an increase in utilization and a preference for primary care over secondary care. It was also discovered that the elderly's satisfaction with the

services increased over time. Other developing countries may benefit from the study by analyzing how improving access and coverage while keeping expenditures under control helps attain higher levels of satisfaction ([Caner & Cilasun, 2019](#)).

Health centers are intended to assist community-dwelling older individuals in promoting better health and preventing illness. It offers a wide range of programs for older adults. Community-based supports and services provide and act as a link to particular resources for older individuals such as wellness programs, nutritional support, health and aging educational programs, counseling services, dental care and especially free vaccinations such as Covid-19 vaccines.

The World Health Organization proposed the idea of primary health care, which emphasizes the value of community participation by recognizing some of the social, economic, and environmental variables. It comprises the basic services needed to meet one's daily health care needs, such as regular checkups with the family doctor or visits to low-income health clinics. A primary health care center's other key purpose is to provide quality health and social services to the underprivileged parts of society. In terms of the benefits of

primary health care to community members, it provides the first set of professional treatment to patients by incorporating a proactive strategy that incorporates many preventative measures, chronic illness management, and promoting self-care. In addition, the [Philippine Red Cross](#) (2021) emphasizes that with its community-based health programs, health care services support the development of primary health care coverage. It also ensures that public health emergencies are responded to quickly and that necessary health care services are delivered during catastrophe. Its program emphasizes the importance of disease prevention and health promotion. Health care services also highlight areas where health facilities and services are lacking. Disaster nursing, emergency field hospital operations, water and sanitation, and hygiene are all taught to health professionals such as nurses, midwives, and doctors who are involved. They are called upon to conduct health evaluations, provide critical health services, and participate in public health campaigns.

5. CONCLUSION

The level of utilization and satisfaction in community-based healthcare among older adults must be given a greater

importance and priority as it is commonly used as an indicator of measuring the quality of healthcare. Level of utilization and satisfaction among older adults affects clinical outcomes, patient retention, and medical malpractice claim as it affects the timely, efficient and patient-centered delivery of quality healthcare. In addition, older adults' level of utilization is inclined to their level of satisfaction in which respondents are highly satisfied with their usage of services in terms of accessibility, availability and affordability of the community-based services.

Moreover, respondents' demographic profile has no significant difference, which indicates that respondents' level of satisfaction in community-based services is affected by their level of utilization of services in their barangay health center. As a result, the respondent's high level of utilization can also increase the level of satisfaction of older adults in community-based healthcare services. Health care services must be utilized efficiently, especially for older adults needing additional care. Making healthcare services available and accessible in barangays, particularly for older persons, can considerably raise their level of happiness and help them achieve their optimal level of wellness. Similarly,

utilization of healthcare services must be influenced by the respondents' location, which is in a health center facility in their barrio.

AUTHOR CONTRIBUTIONS

All authors have made significant contributions to the implementation of activities, data collection, analysis and writing of the manuscript.

CONFLICT OF INTEREST

The author declares that there is no conflict in the preparation of this article.

DATA AVAILABILITY STATEMENT

The data obtained in this study is available from the author and is not published for certain reasons; namely, there are private data of respondents that are confidential.

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