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Biopsychosocial Needs and Perceptions on Senior Day Care of the Functional Elderly in the Village of Dayap in Calauan, Laguna, Philippines

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The Senior Day Care is necessary to satisfy the biopsychosocial need of the functional elderly. The study aims to determine the unmet biopsychosocial needs and perceptions on senior day care of 100 functional elderly, aged 60 years and above, in the village of Dayap in Calauan, Laguna.

The descriptive study was aided by interviews and questionnaires. Socio-demographic and perception data were processed and analyzed using descriptive statistics, Marascuillo procedure, Pearson's correlation, and Monte Carlo method.

Majority of the respondents, with ages ranging from 60 to 89, were married and were earning for their living. The respondents' level of awareness on Senior Day Care was low at 32% but their willingness to participate was high at 71% after the concept was explained. Major reasons for their willingness to join were their desire to be productive, active, healthy, and strong. Identified reasons for not taking part in the Senior Day Care were lack of time and preference to stay at home.

The culturally acceptable senior day care services needed were medical screening, nutritional counseling, livelihood, health education, and physical fitness. Psychological counseling, socialization, and recreational arts and crafts were the least preferred services.

ABSTRACT

INTRODUCTION

The inevitable changes related to aging have a great influence on the functional and health status as well as the types of bio-psycho-social (BPS) needs of the elderly. The elderly can be classified according to their level of care as either (1) functional and self-care capable or (2) disabled and care-dependent.

Age related disorders like osteoarthritis, diabetes, strokes, cancers, cataracts, joint instability, hearing loss, and dementia may be disabling and require advanced care in a geriatric hospital. The care dependent elderly require nursing care for activities of daily living (ADL) such as walking, toileting, dressing, bathing, and eating in a long-term care institution or in a home-care setting with the aid of a caregiver (Katz scale). An elderly is considered disabled and care dependent if he or she is unable to perform at least one of the activities of daily living (ADL) by himself due to health reasons (Cruz, et al., Saito, and Natividad, 2007).

On the other hand, the functional elderly is capable of productive work, locomotion, and independent living that are vital to longevity (Natividad and Saito, 2009). He or she may or may not have outpatient health concerns that are not disabling. The functional elderly has a different set of biopsychosocial (BPS) needs, which may be provided in a Senior Day Care (SDC) setting. These needs are related to the components of health, which is defined as "*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*" (WHO, 1948).

The SDC model for the Filipino elderly may differ from other ethnic groups and from other age groups depending on the participants' priorities, available resources, and support from the family and the government. Different countries have developed their own day care programs for the functional elderly according to the prevailing age-related health conditions, beliefs, culture, and available resources.

The Gold Plan, under the "Health Service System for the Elderly" in Japan, was created due to the increasing difficulty of caring for the elderly at home and the absence of elderly day care programs. One of the goals of the program (1989-1999) was the establishment of 17,000 day care locations all over the country (Japan Kaigo Research, 1999).

The SDC model usually offers services like (1) physical fitness, (2) health screening, (3) health education, (4) nutrition, (5) medical, (6) social, (7) livelihood, (8) arts and crafts, (9) community work, and (10) spiritual care. It aims to provide the entire continuum of care and services for the elderly in an ambulatory setting while maintaining independence in their own homes. This study aims to determine the unmet BPS needs and the perceptions of the Filipino functional elderly on a proposed senior day care model in the barangay.

Currently, the Filipino functional elderly decides whether to continue working or to retire and be preoccupied with personal affairs and related community activities. The Philippine government has no mandated day care center for the elderly in each barangay. The most popular senior day care provider in the country is the voluntary Senior Citizen Organization, which does not offer consistent day care services to all the elderly in the community. The activities provided by the organization are usually not adequately funded, not professionally managed, and are not programmed in a holistic manner. Other sources of senior activities are religious institutions, socio-civic organizations, hospitals, and commercial health and wellness establishments.

In the Philippines, the plight of the elderly is recognized by the state through the enactment into law R.A. No. 9257 in 2004 entitled "*An Act to Maximize the Contribution of Senior Citizens to Nation Building, Grant Benefits and Special Privileges and for Other Purposes*" or more popularly known as the "*Expanded Senior Citizens Act*". Through the Senior Citizens Act, the state promotes the continued productivity of the elderly and appreciates his stature through special benefits and privileges. However, much is needed in day care projects and activities promoting the physical, cognitive and social well being of the Filipino elderly. The limited resources of the local government for elderly care is limited to cure measures such as medicines, assistive devices, hospitalization, and medical services and requires more health promotion and maintenance support which are the main goals of a SDC program.

In 1990, the "*Barangay-Level Total Development and Protection of Children Act*" or RA 6972 mandates the setting up of a day care center in every barangay for the total development and protection of the pre-school children. Currently, there is no legislation requiring the local government to establish and fund a nationwide Barangay Senior Day Care Center. The national Philhealth insurance system does not cover for elderly day care services. Possible reasons for the absence of such enabling laws on SDC support are the low needs awareness, limited rationalization studies, unquantified demand, ageism, inadequate finances, and low social service priority.

According to Medina (2001) in her book *The Filipino Family*, the elderly was not considered a burden to the family, the community, and the society but instead was seen as an asset in terms of his or her acquired knowledge, high reputation and influence, relational skills, and established experience in social, political, and economic matters. Such perception of the Filipino elderly population however, does not mean that the needs of this segment of the population are satisfactorily met. Senior citizen discounts and privileges, income tax exemption, hospitalization and burial assistance, free clinics, and health seminars may not be enough support.

These benefits and privileges do not necessarily represent the unmet day care needs of the functional elderly. This study aims to partly fill in the information gap by determining the BPS needs, perceptions, and attitudes of the Filipino functional elderly towards a Senior Day Care model proposal.

Health care and learning are life long processes. The elderly continues to be physically, mentally, and socially active for a longer and meaningful life. Longevity involves key factors such as optimum health, good memory, continuous productivity, community service involvement, social happiness, family support, and a clear sense of purpose in life. A study about the relationship of adult day health center participation with health related quality of life showed that involvement in such program significantly enhanced the physical and emotional well being of the participants (Schmitt, et al., 2010).

Another similar study on the role of SDC services such as health education and health screening showed that such health promotion activities considerably contributed to the longevity of the participants eventually delaying the onset of dependency (Radecki and Cowell, 1990). The extended disability-free status of the functional elderly depends on certain physical, cognitive and social support from the family, the community and the state to ensure longer life expectancy and better quality of life. The establishment of numerous SDC centers in countries like Japan and USA are in recognition of the vital BPS needs of the elderly for long life. In the Philippines, there are very limited SDC studies to rationalize their existence.

This study aims to provide insights on the awareness, participation, and types of SDC services to determine the unmet BPS needs of the Filipino functional elderly by (1) determining the functional status of the Filipino elderly; (2) determining the level of awareness and participation in a SDC center of the Filipino functional elderly; (3) describing the perceptions and attitudes towards SDC of the Filipino functional elderly; and (4) by describing the BPS needs of the participating functional elderly.

The results of this study may also be used by the government in planning a national senior day care program with the aim of providing continuous learning opportunities and ensuring health and wellness of the functional elderly.

In a paper presented by Natividad and Saito (2009) at the XXXVI International Population Conference about the Philippine trends in disability over a ten-year period (1996-2007), it reported that Filipinos aged 60 and above were the fastest growing sector of the society. Also, it indicated that the active life expectancy of the Filipino elderly has increased due to a shift in the rates of functional disability. This meant that one can expect to see more Filipino functional elderly.

Another life expectancy and functional health transition study on Filipino elderly reported that females and the highly educated elderly generally lived longer than their counterparts. It can be emphasized though, that longer lives does not necessarily mean better functional health. The study also showed that the rural elderly lived longer and had better quality of life than the urbanites (Cruz, Saito, and Natividad, 2007). These two studies established the changing patterns in the functional and longevity profile of the emerging Filipino elderly population.

According to the UN World Population Project, the life expectancy of Filipinos had significantly increased from an average of 68 years in 1996 to 71.7 years in 2010. The increase in the longevity years may be attributable to the improved health care system of the country and to the healthy lifestyle being adopted by the Filipino adults. The methodology used in the health transition analysis study of Natividad and Saito (2009) demonstrated the applicability of employing functional health rather than health considerations alone as an alternative measure for assessing the true health status of older people. The functional capability of the older person is a measure of wellness and a critical benchmark that influences his/her decisions to seek day care services. Latest statistical information shows that there are no national reports on the proportion of functional elderly in the Philippines and this information gap warrants baseline figures and this study will attempt to provide new data.

An American study on the frail elderly reported that the lack of awareness, reluctance, unavailability, and affordability of services were the main reasons for the unmet needs of Home and Community-Based Services. Factors that were associated with these unmet needs included Black ethnicity, functional constraints, behavioral problems, less informal support and family agreement (Casado, Van Vulpen, and Davis, 2011).

The five-year (2006-2010) Philippine Plan of Action for Senior Citizens had recognized priority programs, projects and activities such as intergenerational learning, Office of Senior Citizen Affairs (OSCA), volunteer programs, poverty alleviation, home caregiving, data banking, pension, microcredit, pre-retirement, advocacy, Geriatric hospital wards, enabling ordinances and legislative support (Prama Foundation, 2007). The proposed elderly day care model was not specifically identified as one of the priorities in this Plan of Action for the Filipino elderly.

An American conceptual adult day service outcome model was proposed by Dabelko and Zimmerman (2008), which provided nutritional, health, social and recreational services during daytime hours for physical conditioning and psychosocial well-being. The challenges in measuring outcomes included heterogeneity of programs, participant factor and funding sources. The outcomes of the conceptual model should take into consideration the variability in participant needs as well as program design and delivery (Dabelko, et al., 2008).

The concept of Senior Day Care is not yet popular in the Philippines. It lacks rationalization and is not mandated by law. There are limited local studies on the unmet BPS needs of the Filipino functional elderly and on the justification of a state-supported community-based SDC program. The need for a Philippine model and its positive outcome on the life of the functional elderly need further research.

MATERIALS AND METHODS

The perception study was descriptive in nature using qualitative methodology. It was done at Barangay Dayap in the municipality of Calauan, Laguna. Senior citizens, aged 60 years and above, were the respondents of the study. The elderly were first screened on their functional and health status. The respondents included only the identified functional elderly who were identified as potential SDC participants. The care-dependent elderly were purposely excluded from the study due to their disability, which limited their SDC participation.

The data used in this study were part of an assessment survey on the elderly in Barangay Dayap covering three areas, namely: (1) socio-demographic characteristics, (2) functional health and quality of life, (2) home-based care giving, and (3) perception on Senior Day Care. The developed questionnaire was based on previous studies and related literature on senior care, which also include psychological health, physical health, and physical functioning assessment scale models.

The questionnaire was validated and pre-tested en banc by the surveyors and selected staff of the Department of Human and Family Development Studies (DHFDS) at the College of Human Ecology (CHE) of the University of the Philippines (UPLB). The checklist of reasons for joining and not joining the senior day care center and the type of day care services that allowed multiple answers were reviewed and validated. Before the data collection, the surveyors composed of UPLB CHE DHFDS students undergoing supervised field experience together with their advisers, were oriented about the concepts of aging, BPS needs and Senior Day Care. The surveyors were given written guidelines and instructions on the conduct of the survey.

Data collection was conducted with informed consent using survey forms through key informant interviews at the convenience of the respondents. The house-to-house survey to complete the 100 respondents was conducted from December 2010 to February 2011.

The results of the study were processed using SPSS and were subjected to descriptive and quantitative analysis using mean, standard deviation, frequency and percentage distribution. The Monte Carlo method, chi-square k proportion test, and Marasculio procedure were used to statistically analyze the types of Senior Day Care activities/services needed by the respondents.

Surrogate respondents, like family members, were excluded in the data analysis. The religion, educational level, and income brackets were inadvertently not included in the questionnaire. Random sampling was not implemented because of anticipated research barriers like the surveyors' time limitation, lack of cooperation from the respondents, and insufficiency of research funds.

RESULTS AND DISCUSSION

Socio-demographic data

One hundred Filipino elderly, aged 60 years and above, were the respondents for the study. Fifty-five percent of the elderly were females. Majority of the respondents were Filipinos but with one British national. Sixty percent of the respondents were classified in the age bracket of 60 to 69 years old while 38% were categorized in the 70 to 79 years old bracket. The mean age was 70.36 ± 7.38 years. Majority of the respondents were married while 36% were either a widow or a widower. One respondent was separated from his/her partner. More than 60% of the respondents were gainfully employed and 16% indicated that they were unemployed. Only 23% were reported to be retired (Table 1).

Table 1 shows that majority of the elderly in the rural community were Filipinos, married, employed, and had ages ranging from 60 to 89. There were slightly more females among the respondents. Findings the predominance of female elderly is somehow similar in the study of Cruz, et al. (2007). According to the UN World Population Project, the 2010 Philippine life expectancy was 71.7 years, almost similar to the 70.4 years mean age gleaned in this study.

Table 1: Socio-demographic characteristics of the elderly

Characteristics		Percentage (N=100)
Sex	Male	45.00
	Female	55.00
Age (years)		
Range	60-89	
Mean ± SD	70.36 ± 7.38	
Age bracket	60-69	60.00
	70-79	38.00
	80-89	12.00
Marital Status	Single	3.00
	Married	56.00
	Widow/widower	36.00
	Separated	1.00
	Live-in	4.00
Nationality	Filipino	99.00
	Others (British)	1.00
Occupation	Farmer	10.00
	Skilled Labor	9.00
	Unskilled Labor	14.00
	Personal Business	28.00
	Retired	23.00
	Jobless	16.00

Another significant finding was the high employment status among the Filipino elderly with 80% of the respondents remaining employed.

Future comparative studies must be done as well in the urban setting to determine their socio-demographic status and life expectancy.

Functional status data

Table 2 shows that 82% of the elderly were reported to be functional and independent and only 18% were said to be disabled and in need of special care. The functional elderly were identified as the study population and subjected to further questions about BPS needs and senior day care perceptions.

Majority of the Filipino elderly in the rural community were reported as functional. This study revealed that 80% functional elderly in the rural community. The findings can be used to rationalize the SDC proposal in the rural Barangay because of the significant number of prospective functional elderly participants. However, this study did not have data to demonstrate the relationship of educational status to functional status. As reported in the study of Cruz, et al. (2007), the level of participation and types of day care needs is influenced by the educational status of the functional elderly.

Table 2. Functional status of the elderly

Functional Status	Percentage (N=100)
Functional and independent	82.00
Care-dependent	18.00
Total	100.00

Senior Day Care awareness and participation

Table 3 showed that majority (68%) of the 82 functional elderly were not or were only partially knowledgeable and aware of the concept of SDC and only some (32%) knew and were aware of it. The elderly with none or partial knowledge about the concept of SDC were then subjected to a brief orientation using a standard guide to relevant day care terminologies and definitions before they were subjected to the succeeding question on SDC participation. Majority of the functional elderly (71%) were willing to participate in the Senior Day Care Centre if made available in the Barangay while others (29%) were not or were undecided.

Table 3. Respondents' awareness on SDC concept and willingness to participate in SDC activities

Awareness on SDC concept and willingness to participate in SDC activities	Percentage (N=82)
Awareness	
Aware	32
Partial to absent	68
Willingness to Participate After Orientation	
Willing	71
Not willing/ Undecided	29

The knowledge level of the functional elderly on Senior Day Care in the rural setting was found to be very limited but the need for day care service significantly increased after being informed about the concept. Education was an initial key factor in the decision to participate and seek day care services. Educational campaign through audio-visual presentation was found to be an effective intervention that provided a difference in the knowledge and attitudes of the elderly with health concerns (Valencia, 2009). The short intervention on increasing the SDC awareness resulted into a significant level of participation if made available in the community in the future. These findings were similar to the results of the American study by Casado, et al. (2011) wherein lack of awareness and unavailability of day care services were the major reasons for the unmet needs of the elderly for home and community based care.

Reasons for participating in Senior Day Care

Of the 71 Filipino elderly willing to participate, only 58 identified possible reasons for joining the future SDC center. The most popular reasons for their need to join the Senior Day Care were their wanting to be productive and active (64%) and to remain healthy and strong (50%). Other significant minor

reasons were their wanting to belong to a group of their age (44%), their wanting to do something differently (41%) and their desire to do community service (38%) (Table 4).

Most of the respondents wanted to participate in the SDC program mainly because of their biological need to be physically healthy, active and productive which mirrored their concerns for longevity and worth to the family and society. They considered physical and psychosocial conditioning as important despite of their continued employment. The personal reasons will be the basis for the preferred types of SDC services.

The interested participants believed that SDC participation is an important factor in delaying disability and in maintaining the quality of life, similar to the Schmitt, et al. (2010) and Radecki and Cowell (1990) studies. The other minor reasons reported echoed their behavioral need to learn something new and their social need to belong and to render community service. All the reasons cited reflected the BPS needs for health care support, physical fitness, active lifestyle, continued productivity, memory enhancement and social happiness which are all service components of a Senior Day Care program.

Table 4: Reasons for Joining the Senior Day Care Center

Reasons for joining	Yes Responses	% (N=58)	No Responses	% (N=58)	Total
I still want to be productive and active	37	64.00	21	36.00	58
I want to keep healthy and strong	29	50.00	29	50.00	58
I want to belong to a group of my age	26	44.00	32	56.00	58
I want to do something differently	24	41.00	34	59.00	58
I want to do community service	22	38.00	36	62.00	58
I want to meet new friends of my age	16	28.00	42	72.00	58
I want to learn something new	15	26.00	42	74.00	58
I am alone at home and idle	11	19.00	47	81.00	58
I want to continue learning	11	19.00	47	81.00	58
I want to share my expertise	9	16.00	49	85.00	58
I want to sharpen my memory	8	14.00	50	86.00	58
I want to be a kid again and have fun	3	5.00	54	95.00	58
I am lonely and uncared for at home	2	4.00	55	96.00	58
Other reasons for joining	0	0.00	58	100.00	58
No response in all reasons	-	-	-	-	13

For the 29 respondents who were not willing to participate, only 24 gave identified the reasons for not joining the SDC activities. The respondents who did not want to join the SDC Center cited the two main reasons: (1) not having time (83%) and (2) their preference to stay at home (71%). The respondents also cited financial reasons (42%) as one of the reasons (Table 5).

Lack of time and home preference were cited as the most common reasons for their unwillingness to join because they were still capable of income generating work, they want to augment their finances or they prefer to do work at home despite their age of retirement. The need of the Filipino elderly in the barangay for continuous gainful employment due to lack of funds and the cost of joining influenced their participation decisions. These reluctance and affordability issues were major factors for non- participation similar to the findings in the Casado, et al. (2011) study.

Senior Day Care needs

Medical service was cited by those who wanted to join the Senior Day Care as the most needed service (91%). The other major needs were nutritional counseling, livelihood seminars, physical fitness and spiritual services. Very few indicated the need for recreational activities, games, arts and crafts and psychological counseling services (Table 6).

The five major biopsychosocial needs of the functional elderly in the Barangay identified in this study were medical services, nutritional counseling, livelihood seminars, health education and physical fitness/sports. Spiritual care was also identified as important by some of the respondents. Medical service was the top BPS need reported. This must be qualified because health services in the form of diagnosis and treatment were components of the traditional health care delivery system provided in the rural health units and doctors clinics.

SDC medical services were more of the health promotion types as reported in the study of Radecki and Cowell (1990). Most of these top culturally acceptable day care services were also components of day care needs in other countries such as the conceptual American model study by Dabelko, et al. (2008). The need for dietary support and physical fitness were common to both models. The differences between these two studies were in the types of priority needs of the Filipino SDC model. The American day care model did not identify spiritual care as a priority.

Table 5. Reasons for not joining the Senior Day Care Center

Reasons for joining	Yes Responses	% (N=24)	No Responses	% (N=24)	Total
I don't have time	20	83.00	4	4.00	24
Prefers to stay at home	17	71.00	7	7.00	24
Lack of financial sources	10	42.00	14	14.00	24
I don't need it	4	17.00	20	20.00	24
Waste of time	4	17.00	17	17.00	24
I am working	4	17.00	18	18.00	24
Not prepared	2	8.00	22	22.00	24
No benefit for me	0	0.00	24	24.00	24
Other reasons for not joining	0	0.00	24	24.00	24
No response in all reasons	0	0.00	0	0.00	5

The Filipino elderly regarded religious services as an important need that mirrored the spirituality of the Filipinos. Psychological support for unmanaged stress, memory problems, health-related habits and reactions to illness were identified as an important day care service for American elderlies but not for Filipinos probably because of different prevailing conditions and coping mechanisms. The need to have fun through games and social events was also not an important need for the Filipino elderly in the rural areas probably due to cultural factors and to the home support seen in the extended Filipino family. Another difference with the American model was the need of the Filipino functional elderly for alternative source of income through livelihood services that probably reflected their financial instability and functionality after reaching the retirement age.

Day care service was not explicitly included in the Philippine Plan of Action for Senior Citizens (2006-2010). A senior day care model offering culturally acceptable health and wellness activities must be considered in the next Philippine Plan of Action for Senior Citizens. The Philippine SDC model

must be rationalized and tailored-fit based on the results of future similar studies ever mindful of the geographical location, ethnic differences, prevailing elderly conditions, available resources and the preferred needs of the participants.

There were several limitations in this study that needs to be recognized. One limitation was the absence of the socio-demographic correlation with the other objectives of the study such as ethnicity, health, educational and income levels. Another limitation is the failure to include other important service elements in the SDC checklist such as transportation, rehabilitation, security, welfare services, Alzheimer (Dementia) care, and personal care services that may have been needed but not recognized by the respondents. It is, therefore, suggested that ethnicity, health, religion, occupation, education and income status of the study population be included in future research.

Table 6. Types of day care activities/services needed by the functional elderly

Senior Day Care Services	Yes Responses	% (N=58)	No Responses	% (N=58)	Total
Medical services	53	91.00	5	9.00	58
Nutritional counseling	45	78.00	13	22.00	58
Livelihood seminars	39	67.00	19	33.00	58
Health education	33	57.00	25	43.00	58
Physical fitness/ sports	29	50.00	29	50.00	58
Spiritual services	27	47.00	31	53.00	58
Games and social events	17	29.00	41	71.00	58
Arts, crafts and hobbies	15	26.00	43	74.00	58
Psychological counseling	7	12.00	51	88.00	58
Other activities/ services	0	0.00	0	0.00	58
No response	0	0.00	0	0.00	0

CONCLUSIONS AND RECOMMENDATIONS

Significant barriers to carrying out day care services such as role confusion, insufficient number of qualified nursing and day care staff and lack of partnership with family caregivers were problems experienced by day care nurses in Korea (Park, 2008). These potential problems can also be anticipated in the Philippine model.

Statistical Analysis

Data on the types of SDC activities and services needed were subjected to statistical analysis. The results of the chi-square test, Monte Carlo method, and Marascuio Procedure for the comparison of k-proportions showed that the activities specified had significantly different preference proportions with a p-value of <0.0001 .

The SDC needs of the Filipino functional elderly in the barangay were analyzed based their order of preference using the three methods. The significant preferred SDC services and activities validated by these methods were medical, nutrition, livelihood, health seminars and physical fitness and sports. On a lesser significant extent were spiritual services, games and social events, arts and crafts and psychological counseling. Overall, the biopsychosocial needs of the functional elderly in the Barangay were statistically validated according to their order of preference.

The study demonstrated that a community-based Senior Day Care model is an important care facility needed by the majority of the Filipino functional elderly in the rural setting. It is suggested that rationalization and feasibility studies on Philippine SDC model be conducted.

Generally, the findings in this study strengthened the perception that the Filipino elderly had unmet biopsychosocial needs and that similar studies be conducted in different geographic areas and ecological setting in the country.

Based on the results of the study, the following were recommended plans of action:

1. Advocacy program through seminars and workshops must be prioritized to increase the awareness, participation and support for SDC;
2. A Feasibility and Impact Study on a Community-Based Senior Day Care Centre must be planned by the LGU in its Barangay Development Program. Positive outcomes may be used as basis for recommending it as a priority project in the next five-year Philippine Plan of Action for Senior Citizen (2011-2016);
3. Future collaboration with institutions in UPLB should be identified for initiatives on for (a) intergenerational learning; (b) livelihood support; and (c) research and training in the fields of nutrition, community health, family caregiving, gerontology, human and family development, social development, environmental resource planning with the College of Human Ecology at the lead coordinator;
4. LGU must establish linkages from related government organizations and non-government institutions for program planning, operational funding, program improvement and policy development;

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5. Poverty alleviation measures for the elderly through the SDC centre livelihood and productivity programs must be planned with the assistance of local, national government and other non-government stakeholders; and
6. A Philippine SDC Barangay model is to be developed and piloted in strategic areas where results may be used in formulating national legislative measures requiring all Barangays in the country to establish its own Senior Day Care Centre.
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