

Assessing Risk Perception and Engagement of Chronic Patients in Health Emergencies in Rural Primary Care Settings: Insights from Albania

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Abstract: This cross-sectional study examines risk perception and communication among elderly chronic patients receiving primary health care services in southern Albania. Conducted between August and September 2024, the study used focus groups and structured questionnaires to analyze socio-demographic factors, communication practices, and emergency preparedness. The findings revealed low trust in health authorities, fragmented risk communication, and significant associations between education level and perceptions of health services, which in turn influenced disease management. The study highlights critical communication gaps and psychosocial determinants affecting patient engagement. It provides evidence-based insights to inform the development of inclusive, patient-centered risk communication strategies aimed at strengthening community resilience and improving emergency response for vulnerable populations.

Keywords — Chronic patients, community engagement, health emergencies, primary health care, risk perception.

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INTRODUCTION

Risk communication plays a pivotal role in strengthening preparedness, fostering community engagement, and improving responses to health emergencies, particularly among vulnerable groups such as elderly individuals with chronic diseases. Despite its importance, there is limited evidence on how chronic patients in primary health care settings perceive risk and engage with health services during crises, especially in low- and middle-income contexts like Albania. This paper explores these gaps by examining risk perception, trust in health institutions, and engagement behaviors among elderly chronic patients in rural primary care settings in southern Albania. It highlights key socio-demographic and psychosocial factors shaping patient responses, with particular attention to the role of education and communication practices. The paper is

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structured as follows: first, it presents a brief literature review, followed by the study design and methodological approach, including data collection through focus groups and questionnaires. It then presents the main findings related to risk perception, communication challenges, and levels of trust in health authorities. The discussion interprets these findings in light of existing literature and contextual realities, emphasizing implications for both research and practice. Finally, the conclusion provides a clearer understanding of the communication gaps and structural barriers affecting patients with chronic conditions during health emergencies, as well as practical insights for designing more inclusive, patient-centered risk communication strategies that enhance resilience and engagement within primary health care systems.

LITERATURE REVIEW

Risk communication in public health emergencies is a fundamental and critical element in saving human lives. Timely and transparent information during health emergencies helps to build trust and supports informed decision-making during crises, pandemics, or other events that affect the health of populations and communities [1]. Risk perception is an individual's subjective judgment of the likelihood and severity of a risk, as well as its personal impact [2]. As suggested by different health behavior theories in emergency management, risk perception shapes individuals' perceptions of severity, vulnerability, and trust in authorities, and influences their concern and willingness to take protective actions, depending also on access to information [3]. Although older people with chronic conditions represent a growing population group worldwide, including in Albania, their healthcare needs, particularly those related to mobility limitations, access to healthcare, and dependence on healthcare providers, are often under-addressed during health emergencies or crisis situations [4]. On the other hand, community engagement in primary health care is a key driver of improved system resilience in emergency responses, particularly in low-resource countries. The participation of community healthcare professionals and community engagement are closely interlinked, and these community-driven strategies during health crises improve adherence to guidelines and strengthen resilience, especially among vulnerable groups such as older adults with chronic conditions [5]. Finally, the management of health information during health emergencies, and consequently the addressing of health inequalities in such situations, has revealed several persistent gaps, particularly in health communication, limited digital health literacy and access, and the fragmented integration of older people with chronic conditions into preparedness planning [6].

METHODS OR PROCEDURES

The selected target group consisted of older individuals with chronic conditions receiving care in primary health care services in the southern region of Albania (Vlorë and Tepelenë). Participants were identified by local contact points, who also served as facilitators during the Focus Group Discussions (FGDs). Selection criteria included the number and type of chronic conditions, as well as participants' availability to attend the discussions. The FGDs were conducted at the premises of the Local Health Care Unit (LHCUs) in the city of Tepelenë, Albania, with approximately five participants per group and a total of 26 participants. A guided question list was shared in advance with all participants through the contact points to familiarize them with the discussion topics. The questions covered socio-demographic characteristics and key aspects of risk communication and community engagement in emergencies, including understanding risk communication, community engagement, effective practices, assessment of the current situation and areas for improvement, access to health care services, telehealth and remote care, health care and support services, health and safety concerns, planning and preparedness for the future, access to medicines and supplies, communication and information, support systems and community resources, and recommendations. The guided questions were piloted with a similar group of patients at a primary health care center in Vlorë, Albania. The FGDs were conducted between August and September 2024. Each FGD session began with participant introductions, an overview of the study objectives, and the signing of informed consent forms after reviewing the information sheet. Participants were given 30 minutes prior to the discussion to complete closed-ended questions and provide written responses to open-ended questions. Facilitators took notes while the main researcher guided the discussion. Each session lasted between 60 and 90 minutes. The collected data were entered into a computer, coded, and analyzed by the research team.

RESULTS

The study population consisted mainly of older adults aged over 65 years (61.5%), with the remaining 38.5% aged 60–65 years. The majority of participants were female (65.4%). Regarding religious affiliation, most participants identified as Bektashi (46.2%) or Muslim (38.5%), while 15.4% reported no religious belief. In terms of marital status, almost all participants were married (96.2%), with only 3.8% being divorced or widowed. Educational attainment was predominantly at secondary level (57.7%), followed by 8–9 years of schooling (26.9%), and a smaller proportion with higher education (15.4%). The vast majority of participants were retired (96.2%), with only 3.8% still employed. Regarding living arrangements, 61.5% lived alone, 34.6% lived with their children, and 3.8% lived in rented accommodation. Most participants had been diagnosed with a chronic disease for 5–10 years (61.5%), while 26.9% had lived with chronic conditions for more than 10 years, and 11.5% for less than 5 years. The majority reported having two chronic diseases (76.9%), while 23.1% suffered from three or more conditions. The most frequently reported chronic conditions included type 2 diabetes, hypertension, chronic obstructive pulmonary disease (COPD), arthritis, and thyroid disorders.

FINDINGS ON RISK COMMUNICATION AND COMMUNITY ENGAGEMENT IN EMERGENCIES

Understanding risk communication: Most participants associated health emergencies with pandemics, often also including disasters such as fires and floods (65.4%). The main concern during emergencies was insecurity and uncertainty (50.0%), followed by uncertainty about how to act (26.9%). The majority correctly identified the primary purpose of risk communication as providing clear, accurate, and timely information (84.6%). Most participants emphasized the importance of consistent and transparent messaging (92.3%) and the need to adapt communication for older people with chronic conditions (84.6%).

Community engagement: All participants recognized the importance of involving community leaders and health authorities in disseminating information. Social media was mainly viewed as a tool for updates and misinformation correction (76.9%), while most respondents acknowledged the role of community-based organizations in outreach and support for vulnerable groups (80.8%).

Effective practices: The majority emphasized the need for culturally sensitive and accessible messaging (73.1%). All participants agreed that misinformation should be addressed immediately with accurate information. Trust-building strategies were generally associated with structured communication approaches, although some respondents favored limited or centralized communication.

Assessment and improvement: There was full consensus that risk communication strategies should be regularly updated after major events and evaluated based on public understanding, behavioral change, and feedback. Participants also fully supported the integration of community input into preparedness planning.

Access to health care services: Most participants reported being somewhat satisfied with access to health care during the pandemic (88.5%), although all of them experienced some level of difficulty, mainly due to provider availability, fear of infection, and transportation barriers.

Telehealth and remote care: Telehealth use was moderate, with 61.5% reporting occasional use. However, 53.8% reported neutral comfort levels with digital services. Key challenges included technological difficulties, poor internet connection, communication barriers, and insufficient follow-up almost for all participants.

Health care and support services: Most participants reported reduced access to home care services and increased costs. Difficulties in medication access were also common, while support from family was generally rated positively.

Health and safety concerns: All participants expressed concerns about infection risk, inadequate protective measures, and long waiting times. Despite this, all respondents felt only somewhat safe regarding protective measures in health facilities. Key requested supports included home care, medication assistance, and better technological support.

Preparedness for the future: Participants highlighted the need for improved home care services, stronger safety protocols, better medication delivery systems, and enhanced community support. Most respondents felt only somewhat or not prepared for future emergencies (61.5%). Additional suggestions emphasized community meetings and emergency training involving patients.

FINDINGS ON PREPAREDNESS FOR EMERGENCY DISASTER SITUATIONS

Current preparedness: All participants reported no prior participation in formal emergency preparedness plans or training related to chronic disease management. However, all respondents recognized the potential benefit of being included in preparedness and training activities, emphasizing improved coping capacity and patient involvement. None of the participants had a personal emergency preparedness plan, such as a medication list with dosages and frequency.

Access to medicines and supplies: All participants reported having an adequate supply of medications for emergencies and indicated safe storage practices within the home. Similarly, all respondents had access to essential medical equipment, including blood pressure monitors, glucometers, and nebulizers.

Health management and support: Participants reported relying primarily on maintaining calm and contacting health personnel to manage their conditions during emergencies. All participants had only family members listed as emergency contacts. In situations where regular care providers were unavailable, most respondents expressed uncertainty (84.6%), while a smaller proportion indicated they would contact their family doctor or nurse (15.4%).

Communication and information: All participants relied exclusively on television for emergency-related information. None were aware of official notification systems or alert mechanisms in their area, and all reported a lack of confidence in their ability to respond to emergencies based on current knowledge and resources.

Support systems and community resources: Participants reported relying solely on family members as their support network and were not aware of any community-based resources or organizations that could assist during emergencies. The main suggested improvement was the need for clearer and more accurate information.

Comments and recommendations: Most participants emphasized the need for better information, inclusion in awareness meetings and training activities, and strengthened home care services (80.8%). Additional concerns included transport difficulties, communication barriers with health staff, delayed emergency response, and insufficient home-based services (76.9%). Participants expressed expectations for improved patient-centered care from primary health care doctors and nurses, including better communication, closer follow-up, and home visits. They also strongly recommended that policymakers include patients in emergency planning processes and ensure that their needs are systematically considered in health emergency strategies.

DISCUSSION

This study emphasizes important gaps in risk communication, communication engagement, and emergency preparedness among older adults with chronic diseases in southern Albania. Participants demonstrated a basic level of understanding of risk communication, particularly regarding the importance of providing clear and timely information. Furthermore, the findings reveal limited trust in health authorities and fragmented communication channels. These results are consistent with the literature, where trust is identified as a key determinant of effective risk communication and, more broadly, community adherence, especially among vulnerable groups such as older adults with chronic diseases in emergency situations [1].

A key finding of the study is that the primary source of information for older adults in emergency situations remains traditional media, such as television. There is also limited digital literacy and low use of technology, along with insufficient awareness of official preparedness systems. These findings reflect the limited integration of older adults with chronic diseases into modern communication infrastructures. Consequently, the results align with the broader European context, where older adults are disproportionately excluded during crises and emergencies, partly due to limited digital literacy [7].

Structural inequalities in access to digital health services were identified, as evidenced by moderate use of telehealth alongside reported technological barriers. In addition, community engagement was recognized as an important issue; however, the available resources remain underutilized. The role of community leaders and organizations is emphasized, but there is also evidence of a lack of a co-creative approach in which older adults are actively involved in the development of preparedness plans. These findings are supported by existing evidence showing that emergency response effectiveness, particularly among vulnerable populations, is significantly improved through community-based approaches [8].

However, the low level of preparedness in this group is evident in the lack of formal preparedness training and the absence of personal emergency plans. Participants reported several health system challenges, including access to care, medications, and, in particular, home-based services during emergencies. These findings are consistent with other studies demonstrating that, during crises, especially among older adults with multimorbidity, disruptions in continuity of care negatively impact chronic disease management [9].

In addition, the study results outline the need to strengthen inclusive, multi-channel risk communication strategies that combine traditional and digital approaches, enhance community engagement, and integrate older adults into emergency preparedness planning. As suggested by the literature, improving resilience and equity in health emergency responses requires addressing these gaps [10].

CONCLUSION

The findings indicate that elderly patients with chronic conditions participating in the study have a basic understanding of health emergencies; however, this understanding is often accompanied by confusion regarding appropriate responses and individual-level risk interpretation. Risk communication is perceived as insufficiently clear and not adequately adapted to the needs of older adults, highlighting the importance of simple, consistent, and tailored messaging from health authorities. Trust in information sources is mixed, with television remaining the primary communication channel, while digital tools and official alert systems are largely underused or unknown. Community engagement and participation in emergency preparedness remain limited, despite a strong willingness among participants to be involved in planning, training, and decision-making processes. The health system is perceived as only partially accessible during emergencies, with key barriers including limited transportation, reduced availability of healthcare providers, and difficulties in accessing medications and home-based care. Participants reported very low levels of preparedness for future emergencies, with no personal preparedness plans and no prior training, although they expressed a strong desire to be included in educational and simulation-based activities. In conclusion, the study underscores the urgent need to strengthen patient-centered risk communication, expand community-based support mechanisms, and formally integrate older adults with chronic conditions into emergency preparedness and response strategies.

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