

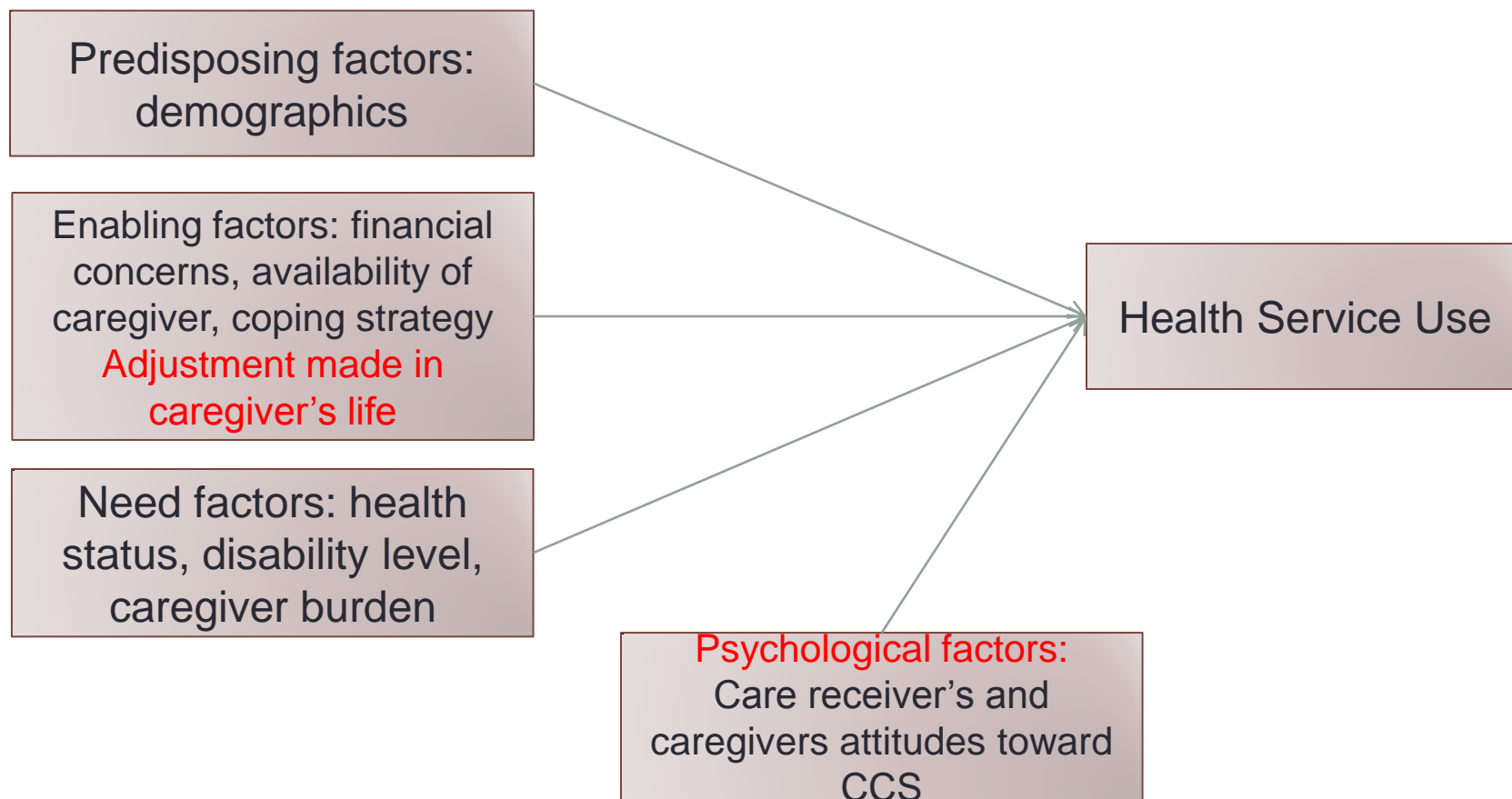
A STUDY ON FACTORS AFFECTING LONG-TERM CARE USE IN HONG KONG BY CARE ARRANGEMENT

Yunkyung Jung, Ph.D.
Center for Policy Research on Aging, UCLA
School of Social Welfare, Ewha Woman's University

Lou Vivian W. Q. Ph.D
Assistant Professor
Department of Social Work & Social Administration
Associate Director Sau Po Centre on Ageing
The University of Hong Kong

Background

- An expanded model of traditional health service utilization model



- Family care provided by spouse vs. children/in-laws
 - Potential difference in the needs of caregiver and service use decision
 - Need, caregiving tasks, caregiving durations, health status
 - Lack of research on comparison between family caregiving arrangement

Aims

- The study aims to investigate
 - 1) Whether characteristics of older adults with LTC needs are their caregivers are different depending on care arrangements (care provided by spouse vs. adult children and in-laws)
 - 2) Whether different factors are associated with the use of community care services by care arrangement

Methods

- Data
 - 435 elderly-caregiver dyads in HK recruited through a multi-stage sampling technique
 - Analysis was based on 375 dyads who reported caregiving by either a spouse or adult children/in-law
- Measures
 - Need factors
 - ADL disability, # of chronic disease, caregiver burden
 - Enabling factors
 - Caregiver self-rated health, financial implications for a LTC decision, adjustment made by caregiver
 - Psychological factors
 - Older adult's & caregivers attitude toward CCS

Findings

- Sample characteristics (n=375)

Age

older adults: m=80.93; range=60~103

caregiver : 21~40 (n=6,8%); 41~60 (n=230, 61.3%) 61~80+ (n=115, 30.67%)

Gender

older adults (female: 61.6%), caregiver (female: 68.3%)

LTC choice

RC: 241, 64.3%

CCS: 134, 35.7%

Care arrangement

Care provided by spouse=107 (28.5%)

Care provided by adult children/in-laws=268 (71.5%)

- Comparison of older adults and caregivers by care arrangement

	Spouse caregiver (n=107)	Children caregiver (n=268)	p-value
Age of care receiver	76.72	82.60	0.000
Gender of care receiver			
Female	34.6 %	72.4%	0.000
ADL disability of care receiver	9.13	5.27	0.000
No. of Chronic disease	4.04	4.15	0.689
Attitudes toward CCS			
Care receiver	2.83	2.80	0.694
Caregiver	2.45	2.27	0.001
Caregiver burden	70.72	63.48	0.002
Caregiver self-rated health	1.92	2.08	1.101
Caregiver made adjustment in life	0.93	1.76	0.000
Financial implications (yes)	27.1%	31.0%	0.460

- Logistic regression on the likelihood of CCS

	Spouse caregiver (n=107) Odds Ratio	Children caregiver (n=268) Odds Ratio
Demographics		
Age of care receiver	0.96	0.98
Gender of care receiver (female)	1.72	0.77
Need factors		
ADL disability of care receiver	1.00	1.00
No. of chronic disease receiver	1.27 *	0.94
Caregiver burden	1.00	1.00
Enabling factors		
Caregiver self-rated health	0.91	1.01
Caregiver made adjustment in life	0.61	1.26 *
Financial implications (yes)	0.36	0.83
Psychological factors		
Attitudes toward CCS		
Care receiver	3.17 *	2.71
Caregiver	1.73	4.40 ***

- Standardized regression coefficients of the variables in the model

	Spouse caregiver (n=107)	Children caregiver (n=268)
Demographics		
Age of care receiver	0.74	0.92
Gender of care receiver (female)	1.29	0.89
Need factors		
ADL disability of care receiver	1.05	1.09
No. of chronic disease of care receiver	1.70 *	0.86
Caregiver burden	1.13	1.11
Enabling factors		
Caregiver self-rated health	0.91	1.01
Caregiver made adjustment in life	0.58	1.42 *
Financial implications (yes)	0.64	0.91
Psychological factors		
Attitudes toward CCS		
Care receiver	1.84 *	1.40
Caregiver	1.68	2.10 ***

Summary

- Adjustment made in life was the only variable differently associated with CCS utilization
- Relative influence of the variables in each group appear to be different
 - Care receiver's attitude toward CCS showed stronger association with CCS use (than caregiver's attitude toward CCS) in the Spousal care group
 - Caregiver's attitudes toward CCS showed a stronger association with CCS use (than older adult's attitude toward CCS) in the Children care group

Conclusion

- Family caregivers might be different in terms of their perceptions about community-based care and adjustment made in their life after caregiving
- LTC programs and policies regarding caregivers should consider potential differences in CCS use depending on types of family care