

Dementia care research: Dementia care - caregiving

Family availability and its influence on informal and formal care used by adults with dementia in the United States

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Abstract

Background: Potential family availability may have a profound impact on the level of informal care received by older adults with dementia and hence formal care utilization including institutional care.

Method: From a nationally representative study of older adults, the analysis sample included 4,954 adults (9,363 year-persons) aged 55+ who had dementia during the years of 2002-2014. We provided national estimates of the family availability of people with dementia. And, the adjusted, predicted probability of receiving informal and formal care was estimated separately by their spouse and adult child availability using multivariable, logistic regressions. Demographic, socioeconomic, and health measures were included in the adjusted models.

Result: Only 23% of adults with dementia had a non-disabled spouse, but 66% had an adult child living less than 10 miles. There were substantial variations in family availability across demographic and socioeconomic groups. For example, 29% of non-Hispanic blacks vs. 40% of other racial/ethnic groups (OR=0.63; 95% CI 0.53-0.76) had a spouse. Only 16% of the bottom quartile in the wealth distribution had a spouse but 61% of the top quartile did (OR=0.13; 95% CI 0.11-0.15). However, the greater share of non-Hispanic blacks vs. non-Hispanic whites had a coresident adult child (OR=2.07; 95% CI 1.70-2.50) and a non-employed adult child (OR=1.45; 95% CI 1.18-1.79). Hispanics had the greatest family availability – both spouse and child availability.

Having a spouse substantially increased the adjusted probability of receiving *informal* care, from 47% to 64% (OR=1.96; 95% CI 1.61-2.40), but reduced that of receiving *formal* care from 47% to 33% (OR=0.54; 95% CI 0.46-0.64) including institutional care from 30% to 18% (OR=0.50; 95% CI 0.39-0.64). Having a coresident child substantially increased the adjusted probability of receiving *informal* care, from 47% to 71% (OR=2.80; 95% CI 2.18-3.59), and lowered that of receiving *formal* care, from 46% to 24% (OR=0.37; 95% CI 0.29-0.48).

Conclusion: The presence of spouse and a co-resident adult child may significantly reduce the use of formal care - including institutional care - by adults with dementia in the US. Intervention programs that promote family care however should consider substantial heterogeneity in potential family availability across racial/ethnic and socioeconomic groups.

Results – Adjusted Predictions for % of Informal Help Received in T+2
By Spouse Availability in T
(Sample: Adults 55+ with Dementia & ADL limitation; 2002-2014; N=5,685)

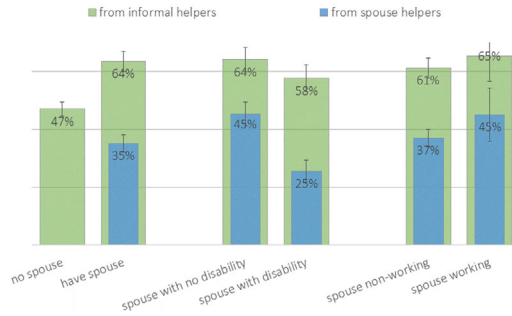


FIGURE 1

Results – Adjusted Predictions for % of Informal Help Received in T+2
By Adult Child Availability in T
(Adults 55+ with Dementia & ADL limitation; 2002-2014; N=5,685)

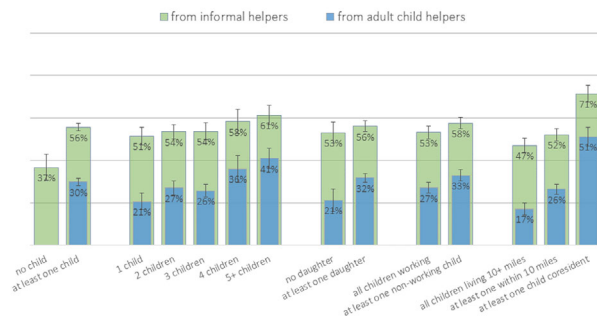


FIGURE 2

Results – Adjusted Predictions for % of Formal Help Received in T+2
By Spouse Availability in T
(Sample: Adults 55+ with Dementia & ADL limitation; 2002-2014; N=5,685)

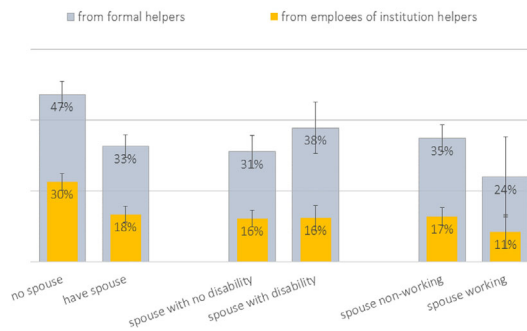


FIGURE 3

Results – Adjusted Predictions for % of Formal Help Received in T+2
By Adult Child Availability in T
(Adults 55+ with Dementia & ADL limitation; 2002-2014; N=5,685)

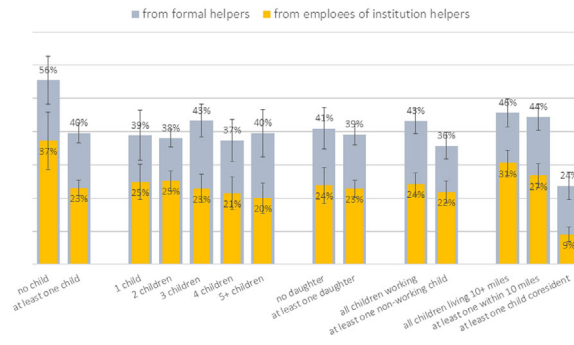


FIGURE 4