Factors associated with the (non)-utilization of dementia formal care services in Europe: The Actifcare study

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Objective

1) Exploring the predisposing, enabling and need factors that are associated with the use of formal care services.

Methods

• A longitudinal cohort study with 8 European countries (Netherlands, Germany, United Kingdom, Ireland, Sweden, Norway, Portugal, Italy)

• 453 people with dementia and informal carers are assessed 3 times in 1 year (baseline, 6 and 12 months). In this year we closely monitor the process of finding access to formal care. Demographic information and data on service use and needs is collected.

• Logistic regression where service use (4 clusters) at 6-months or 12-months follow-up is the dependent variable. Independent variables are predisposing, enabling and need variables.

• We will investigate which predisposing, enabling and need variables are associated with formal care use. Access to care is considered inequitable if predisposing variables predict service use.

Results

We created 4 clusters of service use: home social care, home personal care, daycare and admission. Dementia severity and a higher amount of hours spent on informal care at baseline predicts the uptake of home social care, home personal care and admission. A higher number of both met and unmet needs predicts service uptake (except for admission), as well as living alone at baseline. A higher age and higher education of the person with dementia, as well as a lower age of the informal carer at baseline predicts uptake of home personal care. A higher education and a lower sense of coherence of the informal carer at baseline predict admission.

Conclusion

In this cohort study we can conclude that according to the Andersen model there is inequity access to personal home care, as the predisposing variable education of both the person with dementia and the informal carer predict uptake of this service at follow-up. In addition, there are several factors related to service use. A factor that we could target is a higher number of met and unmet needs; it is important to find out in detail whether there are specific needs which could be a target for interventions. Consequently, we could postpone formal service use. We will investigate additional factors more in-depth (stepping away from the Andersen model) to gain a better understanding on the exact associations with service use.

References