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POSTER ABSTRACT

Care Were Lacking for Community-dwelling Elderly with Complex Needs - A Call for Home-based Integrated Care Approach

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Background: Community-dwelling older adults with functional limitations face challenges in managing chronic diseases at home while also needing social support to maintain meaningful social relationships and community participation. This requires both formal and informal care to address their medical and social needs. Identifying specific chronic diseases associated with absence of care can help health and social care providers pinpoint older adults at greater risk of inadequate care. This study aims to examine the prevalence of chronic diseases among community-dwelling older adults with functional limitations and to evaluate their associations with absence of care.

Approach:We analyzed retrospective cross-sectional data from 148,982 community-dwelling Hong Kong residents aged 60 and older, who were interviewed between 2001 and 2019 and reported functional limitations (needing assistance with activities of daily living) from the International Residential Assessment Minimal Data Set – Home Care Assessment (MDS-HC). The outcomes assessed included the absence of formal care, informal care, and any type of care.

Formal care was defined by the usage of formal services from health or social sector (e.g., home care, community services) in the past seven days, while informal care referred to activities of daily living assistance provided by informal caregivers. Multivariate logistic regressions were conducted for all three outcomes to estimate the odds ratios of diagnosed chronic diseases after adjusting for socio-demographic factors.

Result: A majority of community-dwelling older adults with functional limitation did not receive formal care (66.6%) or informal care (66.4%), while 45% lacked any care. Respondents have high prevalence of hypertension (66.5%) and around 30% for cardiovascular disease/stroke, diabetes, and cataracts. Neurocognitive disorders range from 7.5% for Parkinsonism to 14.3% for dementia. Other common conditions include coronary heart disease (12.3%), COPD (10.3%), depression (7.5%), cancer (7.3%), and hip fractures (6.7%). Care gaps are significantly linked to different

types of chronic diseases, independently of living arrangement and other socio-demographic characteristics. Their relationship varies by disease type and care domain: most chronic diseases are associated with a higher risk of lacking informal care (adjusted ORs ranged from 1.04 to 1.27), including stroke, coronary heart disease, cancer, diabetes, and hip fracture. Depression (adjusted ORs [95% CI], 1.22 [1.17-1.27]) linked to a greater risk of no formal care.

Additionally, neurocognitive disorders such as dementia are associated with increased risk of care gaps across all domains (adjusted ORs [95%CI], 1.05 [1.02-1.09] for formal care; 1.27 [1.23-1.32] for informal care; 1.18 [1.15-1.22] for any care). Interaction analysis showed that financial hardship and living alone contributed to greater risk of care absence.

Implications: Care gaps are pronounced in community-dwelling older adults with functional limitations and significantly associated with different disease profiles. These findings underscore the need for coordinating health and social care services for home-based integrated care to effectively support older adults with complex needs. This knowledge also informs policymakers in enhancing formal and informal care supports targeting different chronic conditions. Furthermore, this research contributes to medical-social collaboration by emphasizing the interconnectedness of medical and social needs among community-dwelling older adults.