

# Influence of Family Care Availability on Healthcare Utilization and Costs for Older Adults with Alzheimer's Disease and Related Dementias (NIA K01)

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## Background

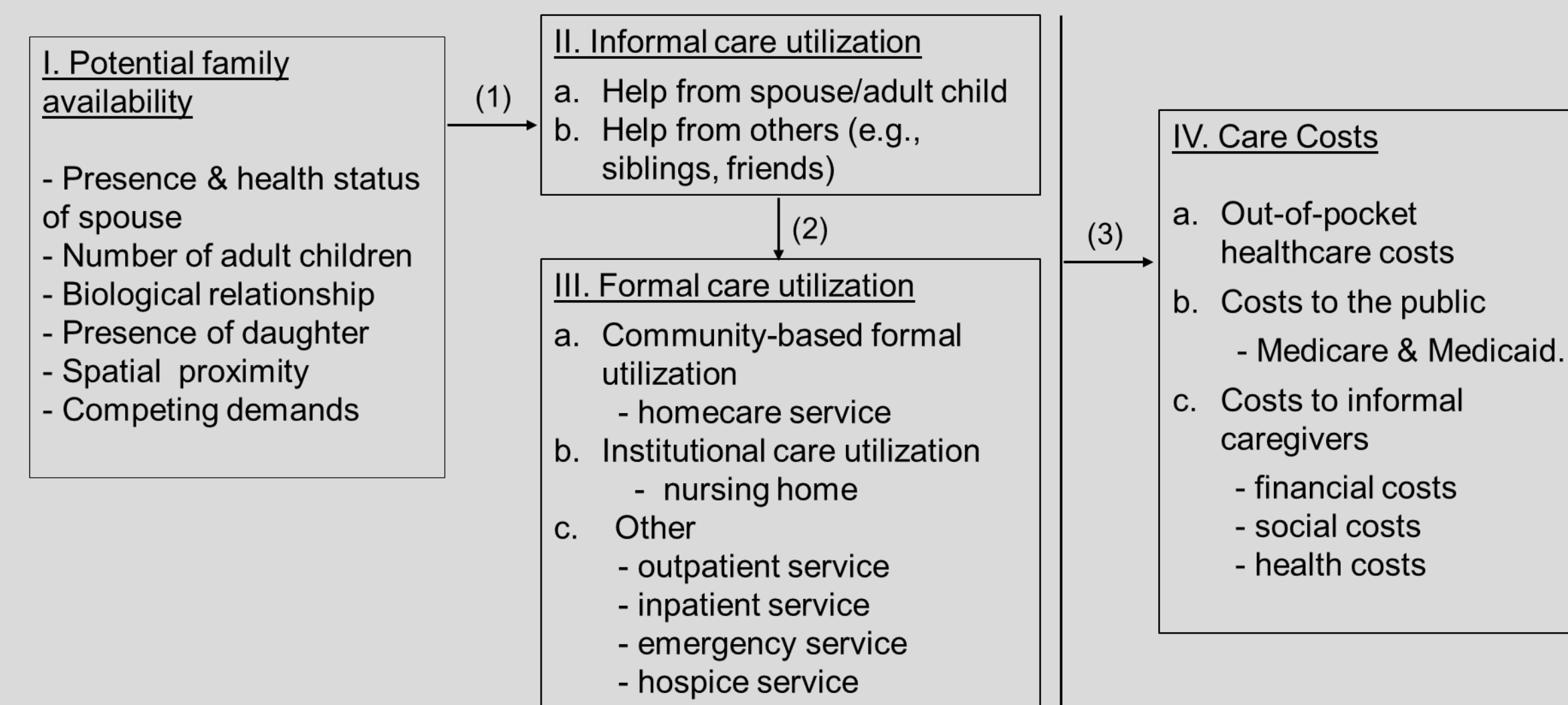
- Aging in place is less costly than alternative types of care and provides better quality of life for older adults with Alzheimer's disease and related dementias (ADRD)
- Spouse and adult children most often provide in-home care for older adults with ADRD
- Potential care availability of family has profound impact on type and level of formal and informal care older adults receive
- However, not all older adults have access to willing and available family caregivers who live nearby and can devote the time and energy required

## Specific Aims, Data, & Sample

- 1) Measure potential family availability of older adults with ADRD and examine differences in sociodemographic groups
  - Adults 55+ from the Health and Retirement Study (HRS)
- 2) Examine how potential family care availability influences informal & formal ADRD care utilization, hence care costs
  - Adults 55+ from the Health and Retirement Study (HRS)
- 3) Assess the influence of potential family care availability on ADRD care allocation among family members and the costs and burdens of informal caregiving
  - Family caregivers from the National Study of Caregiving (NSOC) & Michigan Alzheimer's Disease Center Registry

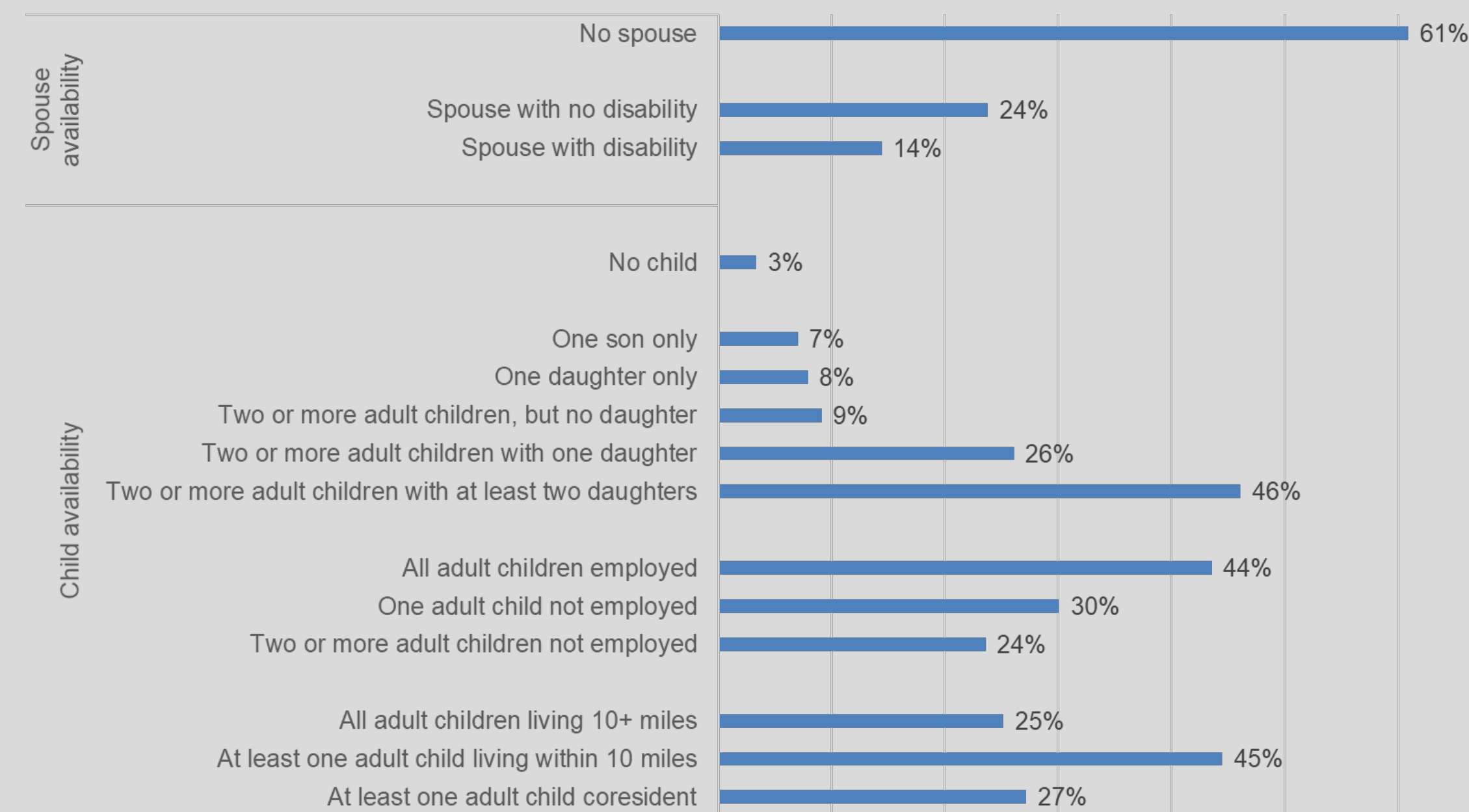
## Framework

Figure 1. Potential family care availability and care utilization and costs for older adults with ADRD



## Preliminary Results on Family Availability

Figure 2. Potential spouse and child availability among older adults 55+ with ADRD



### Spouse Availability

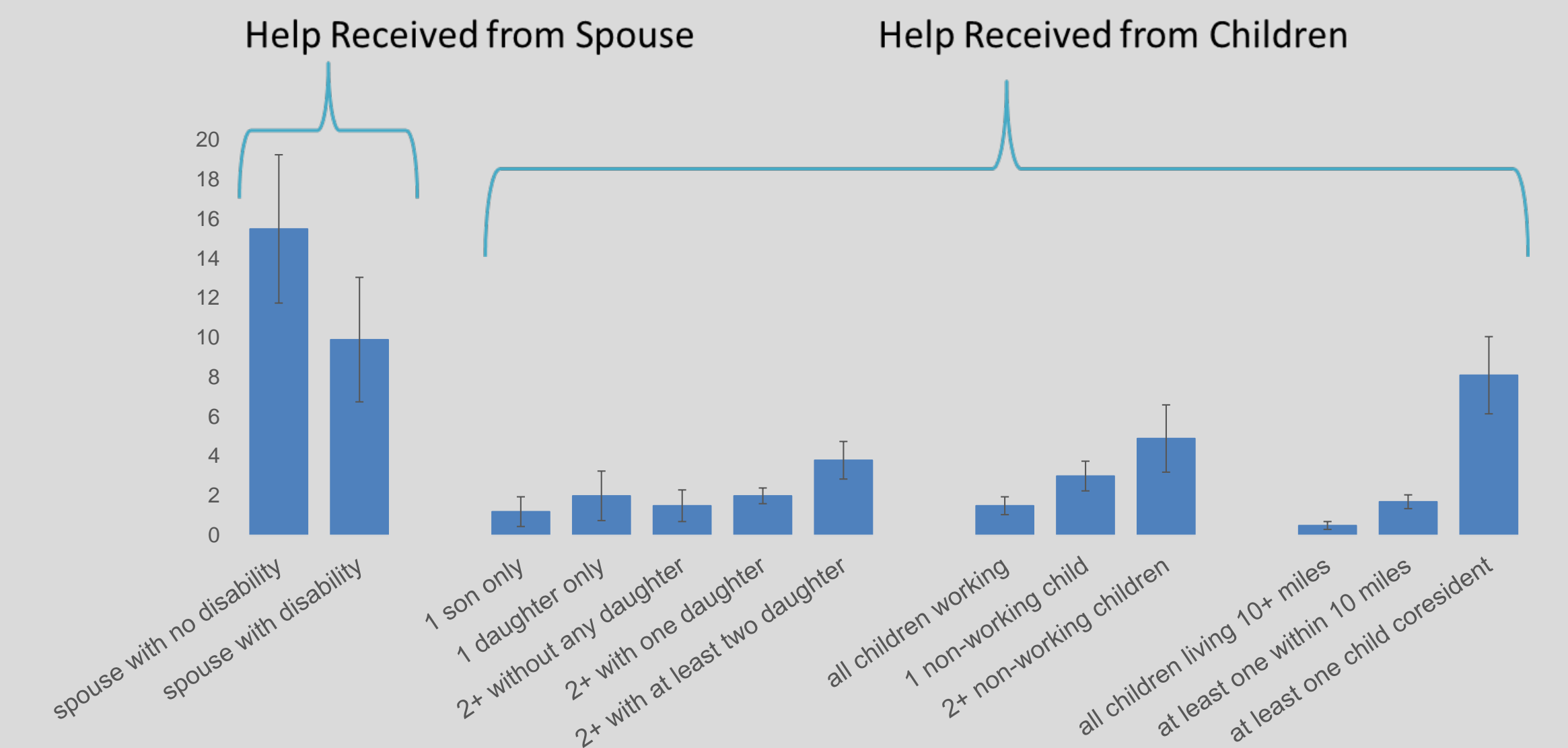
- Majority of older adults with ADRD do not have a spouse
  - ✓ Especially high for women (74% vs. 43%), non-Hispanic blacks (69% vs. 60-61%), and lowest quartile wealth group (83% bottom vs. 40% top).
- Only quarter of older adults with ADRD have a spouse without a disability
  - ✓ Especially low for women (16% vs. 36%), non-Hispanic blacks (18% vs. 23-26%) and lowest quartile wealth group (8% bottom vs. 41% top).

### Adult Child Availability

- Most older adults with ADRD have at least one adult child (97%).
- About half the older adults with ADRD have at least one adult child not currently employed
  - ✓ Especially low for those with high education (29% for 16 and more years of education vs. 61% for less than 12 years of education).
- About 70% have at least one adult child coresident or living close
  - ✓ Especially high for Hispanics regarding coresidence (43% for Hispanic vs. 20% for non-Hispanic whites)

## Preliminary Results on Informal Care

Figure 3. Adjusted prediction of average weekly hours of IADL/ADL help received (Sample: adults 55+ with ADRD and at least one IADL/ADL limitation)



- Hours provided by their spouse is substantially greater for those whose spouse does not have any disability
- Hours of help received by children especially high if adults with ADRD have:
  - ✓ multiple children with at least one daughter
  - ✓ adult children who are not employed
  - ✓ adult children who live in the same household

## Summary & Conclusion

- Spouse provides substantial level of caregiving. However, the majority of adults with ADRD do not have a spouse.
- Most adults with ADRD have a child. However, a substantial minority (25%) do not have any adult child living nearby.
- Lower socioeconomic group and non-Hispanic blacks have substantially lower levels of spousal availability mainly attributable to high mortality and disability, but have greater child availability. Hispanics overall have greatest family availability.

## Next Steps for K01 Research

- Perform *longitudinal analyses* to assess the influence of family care availability on healthcare utilization and healthcare costs - prior to and subsequent years of ADRD
- Conduct *mixed methods research* to assess care allocations among family members and financial, social, and health costs to informal caregivers

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