INTRODUCTION

In Hong Kong, the ageing population and their demand for long-term care services have increased. Policies should seek a balance between residential care and community care, enabling the frail elderly to live independently in the community. A comprehensive policy framework for long-term care was developed in 2000. A standardised care needs-assessment tool is used to assess elderly people applying for subsidised long-term care services, so that an accurate matching of services to care needs can be achieved. Various long-term care services are subsidised by the government, including community care services (e.g. integrated home care services, enhanced home and community care services, day care centres/units for the elderly) and residential care services (e.g. homes for the aged, care and attention homes, and nursing homes).

An over-emphasis on the cost-effectiveness of community care may affect the quality of care as indicated by underdevelopment and lack of cooperation in community-based care services and underestimation of the cost of community care. A better understanding of the characteristics of people who opt for either community care or residential care is needed. Studies in the United Kingdom, South Korea, and the United States have shown that such an understanding is imperative for reforming and developing sustainable long-term care policies and service provision systems.

Three types of factors affect the decision to use certain health care services. They are predisposing factors (e.g. the demographics of the care recipients and caregivers), enabling factors (e.g. financial concerns, availability of a caregiver, and coping strategies of both caregiver and care recipient), and need factors (health status, dependency level, caregiver’s burden, and care-giving intensity). Psychological factors should also be included because of their significance in particular cultural contexts. Using this expanded model, this study aimed to examine the characteristics of elderly people with long-term care needs who opt for community-based services and compare them with those who opt for residential care services.

METHODS

Subjects

Subjects were selected by using multi-stage sampling. First, 8 of 18 geographical constituency areas were randomly selected. Second, all the long-term care service units located in the selected areas were invited to participate. Letters explaining the purpose and procedure of the study were sent to the units and were followed up by telephone calls, in which the significance of the research was explained. Questionnaire and consent forms were also forwarded on request. Of 105 invited service units, 61 agreed to participate (response rate, 58.1%). Third, the participating service units invited eligible elderly people and their family members to participate in the interview. The inclusion criteria were elders who were receiving integrated home care services (frail),...
enhanced home and community care services, and were residing in a care and attention home, or in a nursing home since 1 July 2006.

225 frail elder and caregiver dyads were interviewed (up to 1 August 2008). 51% were residential and 49% were community service recipients. 36% were male, 40% had no formal education, and 50% were currently not married. 28% of caregivers were spouses; 50% were the adult children or the spouses of the adult children. The caregivers had been caring for the frail elders for a mean period of 5 years.

Instruments

The questionnaire consisted of 4 parts, relating to need factors, enabling factors, psychological factors, and demographics of the frail elders and their family caregivers before receiving the above 4 types of long-term care services.

Needs factors were measured using the Barthel Index of activity of daily living; instrumental activities of daily living (IADL), hearing impairment (yes/no), visual impairment (yes/no), a short portable mental status questionnaire, and caregiver burden inventory. Respondents were asked to indicate how long they suffered from a specific impairment in months.

Enabling factors were measured using the Lubben Social Network Scale and financial implications for the respondents to opt for either residential or community service (yes/no).

Psychological factors included knowledge of and attitude towards long-term care services, affectational solidarity, structural solidarity, and preference for long-term care arrangements. Attitudes towards long-term care services were measured by a 6-item scale on a 5-point scale. Higher scores were associated with a preference for staying in the community. Knowledge of long-term care services was measured by asking respondents whether they knew 10 long-term care services on a yes/no pattern. Affective solidarity was measured by a 7-item scale on a 6-point answering pattern. This focused on closeness, communication, respect, getting along, and understanding between the frail elder and his/her children. Structural solidarity was measured using 2 variables; one concerning the geographical proximity of the caregiver in 5 categories (same household, less than 10 minutes away by public transport, 11-30 minutes away by public transport, 31-60 minutes away by public transport, and more than an hour), and the other concerning the opportunity structure of the primary caregiver in 3 categories (economically inactive, part-time employed, and full-time employed).

Preferences for long-term care arrangements were measured by the degree of likeness of 4 types of care arrangements (family members, domestic helpers, community-based services, and residential care) on a 5-point scale.

Demographics measured included gender, marital status, age, living arrangements, level of education, and religious affiliation.

Procedure

Informed consents were obtained from the elder and caregiver dyads. The trained interviewers conducted separate face-to-face interviews with the frail elders and their caregivers. Where elders scored 5 or more on the short portable mental status questionnaire, the caregivers acted as proxies for the interview. The questionnaire for the proxy was adjusted according to the discussed questions. 60% of the elders had cognitive impairment, and their caregivers were interviewed as proxies.

A hierarchical logistic regression was performed to examine the relationship between 3 types of characteristics and the choice of community care service. Due to the limited sample size, only those independent factors with a p value of <0.1 in the bivariate group comparison were used in the logistic regression. The variables with a p value of <0.05 were carried forward for the next stage of the hierarchical regression.

RESULTS

Need factors

There were significant differences in the degree of disability imposed by cognitive impairment, duration of disability in IADL, and caregiver burden. The elders opting for community services had a lower degree of disability caused by cognitive impairment (5.63 vs. 7.66), a shorter duration of disability in IADL (33.00 vs. 50.78 months), and a higher level of caregiver burden (68.18 vs. 59.32).
Enabling factors

Those elders who were less likely to have financial implications were more likely to opt for community services (25.93% vs. 38.79%).

Psychological factors

There were significant differences in attitudes towards community services, geographic proximity, opportunity structure, and preference for long-term care arrangements, of the choice of domestic helper, and community-based services and residential services. Those elders opting for community-based services had more positive attitudes towards community services than those who opted for residential services (19.22 vs. 16.35). If the caregiver lived in the same household, it was more likely that the elderly person would opt for community services.
Characteristics of elderly people who prefer to stay in the community

(70.64\% vs. 46.55\%). Those elderly people opting for community services preferred domestic helpers (2.66 vs. 2.20) and community services (2.91 vs. 2.54). The elderly people who opted for community services did not prefer residential services (1.64 vs. 3.03).

Factors that affect long-term care use

Age, respondent type, and educational level were the significant demographic characteristics ($\alpha=0.1$). Only age was significant in the logistic regression (Table). Older elderly people were less likely to opt for community services.

Of need factors, the degree of disability imposed by cognitive impairment, duration of disability of IADL, and caregiver burden were significant. The higher the degree of disability imposed by cognitive abilities or the longer the duration of disability in IADL, the less likely the elderly people were to opt for community services. A higher level of caregiver burden was associated with the option for community services. None of the enabling factors investigated were found to be significant. Of psychological factors, attitude towards community services and preference for choosing a domestic helper and residential services were significant. Those elderly people who opted for community services had more positive attitudes towards community services, preferred choosing domestic helpers more and preferred residential services less.

CONCLUSION

Younger elders were more likely to opt for community services. The degree of disability imposed by cognitive impairment, the duration of disability of IADL, and caregiver burden were significant need factors. Those who opted for community services had milder degrees of disability or cognitive impairment. The caregiver burden was higher among those who opted for community service. Those who opted for community services had a more positive attitude towards community services and preferred care from domestic helpers. Financial resources had no significant effects.

ACKNOWLEDGEMENT

This study was supported by the Labour and Welfare Bureau, Reference No. SHS-E-04. We thank all non-governmental organisations, interviewers, and participants.

References