

Associations between receipt of social welfare and entry to long-term care facilities among people living with dementia: a national cohort study

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Background

- Most people living with dementia prefer to age in place, delaying or avoiding entry to long-term care facilities (LTCFs).
- Capacity to age in place is largely affected by progression of cognitive and functional decline but also by access to resources such as informal care, home care services, and safe and appropriate housing.
- Socioeconomic and sociodemographic factors also influence ageing in place; however, associations vary depending on how these factors are defined and measured.
- Financial vulnerability may further impact the capacity of people with dementia to remain at home. However, additional research is needed to clarify how economic disadvantage and financial indicators influence LTCF entry among this population.

Objective

To examine associations between receipt of social welfare payments and time to entry into LTCFs in people living with dementia.

Methods

Data Source

Registry of Senior Australians (ROSA) National Historical Cohort (*Figure 1*)

Study Cohort

112,724 people living with dementia aged ≥ 65 years with a long-term care eligibility assessment between 01/01/2010 and 30/06/2021 in Australia

Statistical analyses

- Social welfare payments received in the year prior to assessment were categorised into quartiles.
- Inverse probability of treatment weighting was used to balance individual characteristics across social welfare quartiles. Propensity scores were estimated using multinomial logistic regression, allowing for multiple exposure categories.
- Analyses were stratified by homeownership.
- Cause-specific Cox proportional hazards models estimated associations between social welfare quartiles and time to entry into LTCFs, with long-term care at home and death as competing events.

Results continued

- Sex-specific analyses showed similar results for males and females; however, among female non-homeowners, no statistically significant differences in the rate of entry into LTCFs were observed across social welfare quartiles.

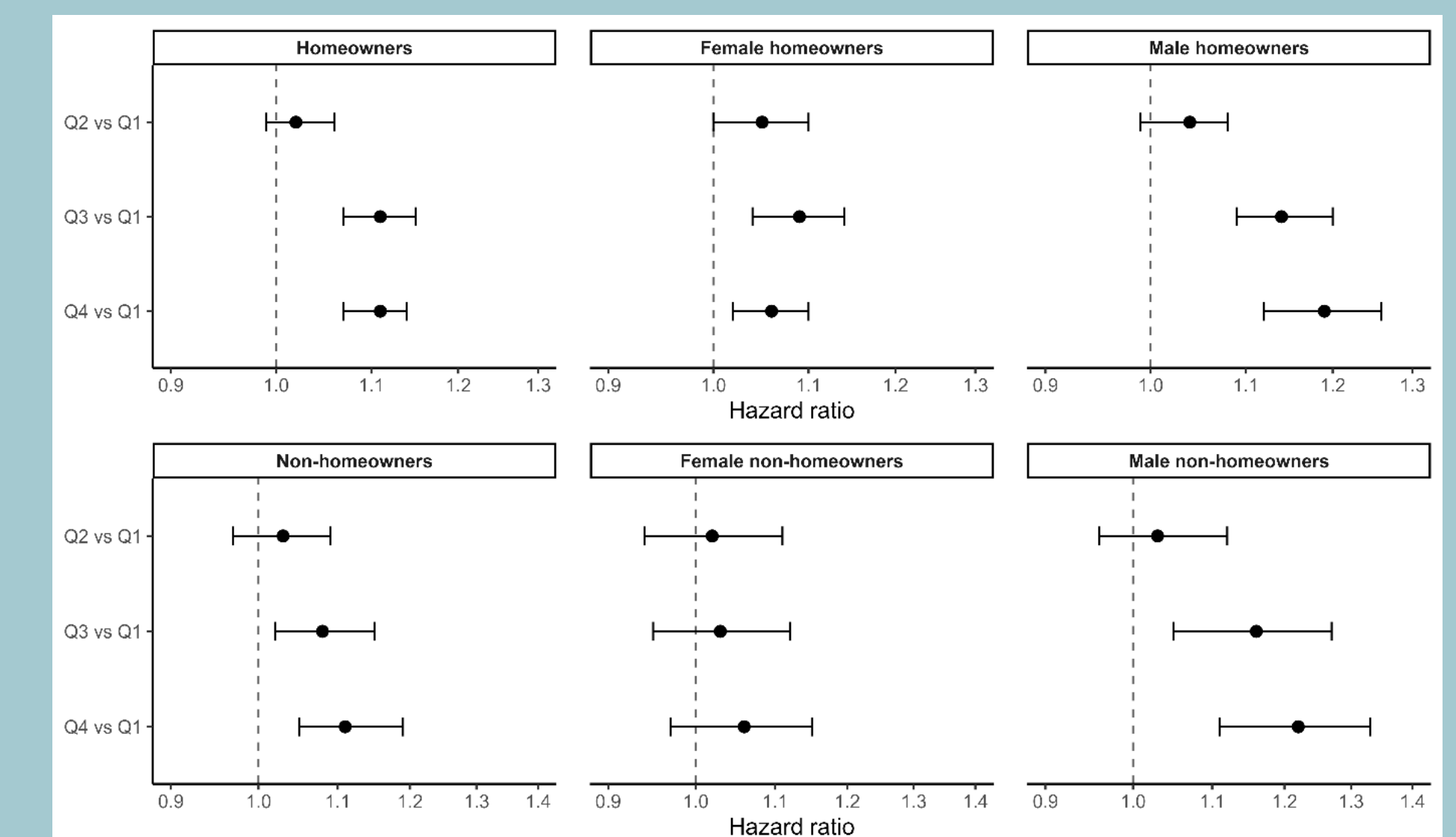


Figure 2. Associations between social welfare payment quartiles and entry to LTCFs among homeowners and non-homeowners living with dementia.

Registry of Senior Australians (ROSA) National Historical Cohort

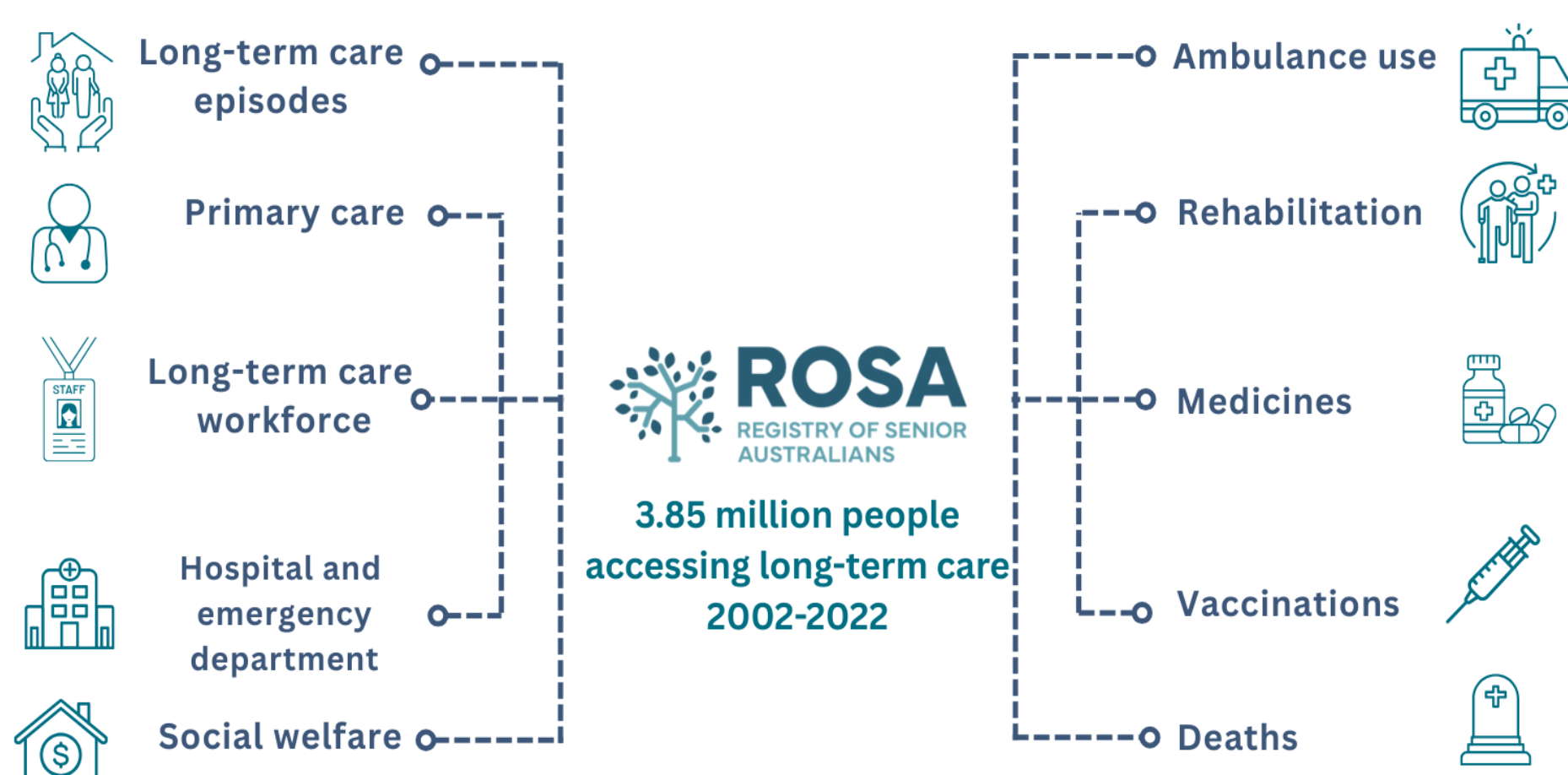


Figure 1. Registry of Senior Australians (ROSA) National Historical Cohort overview.

Results

- Cohort characteristics: 53% female, median age 81 years (interquartile range [IQR] 76-85) and 74% homeowners.
- Following complete case analysis, 78,783 homeowners and 24,383 non-homeowners were included.
- Median follow-up: 213 days (IQR 47-471) for homeowners and 141 days (IQR 27-406) for non-homeowners.
- Higher levels of social welfare were associated with a higher risk of entry into LTCFs among both homeowners [hazard ratio (HR) highest quartile versus lowest quartile: 1.11; 95% confidence interval (CI): 1.07-1.14] and non-homeowners [HR: 1.11; 95% CI: 1.05-1.19] (*Figure 2*).

Conclusions

- Although social welfare payments provide essential financial support for older people living with dementia, it may not be sufficient to offset the broader disadvantages associated with lower lifetime wealth.
- This is consistent with international evidence linking socioeconomic disadvantage to reduced access to care and support services and poorer health, which ultimately influences people's ability to age in place.
- These findings highlight the need for socioeconomic position to be central to long-term care policies for people living with dementia, particularly in the context of ageing in place policies being internationally pursued.