



Impact of Social Determinants of Health on Home Transitions for Individuals with Neurocognitive Disorders

Vanessa Jeune, DNP, RN

West Palm Beach VA Medical Center, West Palm Beach, Florida



BACKGROUND

Social determinants of health (SDOH), including housing stability, income, and caregiver availability, influence care trajectories for individuals with Alzheimer's disease and related dementias (ADRD). Home transitions are often crisis-driven and may reflect inequities in access to resources and support. Limited population-level evidence describes how distinct SDOH profiles shape the timing, safety, and outcomes of these transitions.



PURPOSE

To examine the relationship between social determinants of health and home transition outcomes among individuals with ADRD.



STUDY DESIGN

- Mixed-methods comparative study
- 75 community-dwelling adults with early- to mid-stage ADRD
- Primary caregivers participated
- Enrollment: February – July 2025
- Community referrals and caregiver networks



PARTICIPANT GROUPS

HIGH RESOURCE (n = 25)



- Stable housing
- Higher income
- Strong caregiver support

MODERATE RESOURCE (n = 25)



- Moderate financial resources
- Some caregiver support
- Occasional housing concerns

LOW RESOURCE (n = 25)



- Housing instability
- Financial limitations
- Limited caregiver support



TAKEAWAY MESSAGE



Early identification of social determinants of health may improve home safety, reduce caregiver burden, and promote safer, more equitable transitions for individuals living with ADRD.



CONCLUSION

Distinct SDOH profiles were associated with meaningful differences in dementia-related home transition outcomes. Although limited by sample size and descriptive analyses, these findings support incorporating SDOH screening into dementia care. Future research should evaluate larger longitudinal cohorts and equity-focused interventions to improve home transition outcomes.



METHODS



DATA COLLECTION

- Standardized SDOH intake assessment
 - Housing stability
 - Household income
 - Informal caregiver availability
- SAFER Home v3 (home safety assessment)
- Zarit Burden Interview (ZBI)
- Semi-structured caregiver interviews (decision-making, preparedness, barriers)

SDOH CONCEPT FRAMEWORK



ASSESSMENT TOOLS



SAFER HOME v3

- Assesses:
- Home safety
 - Environmental hazards
 - Functional risks



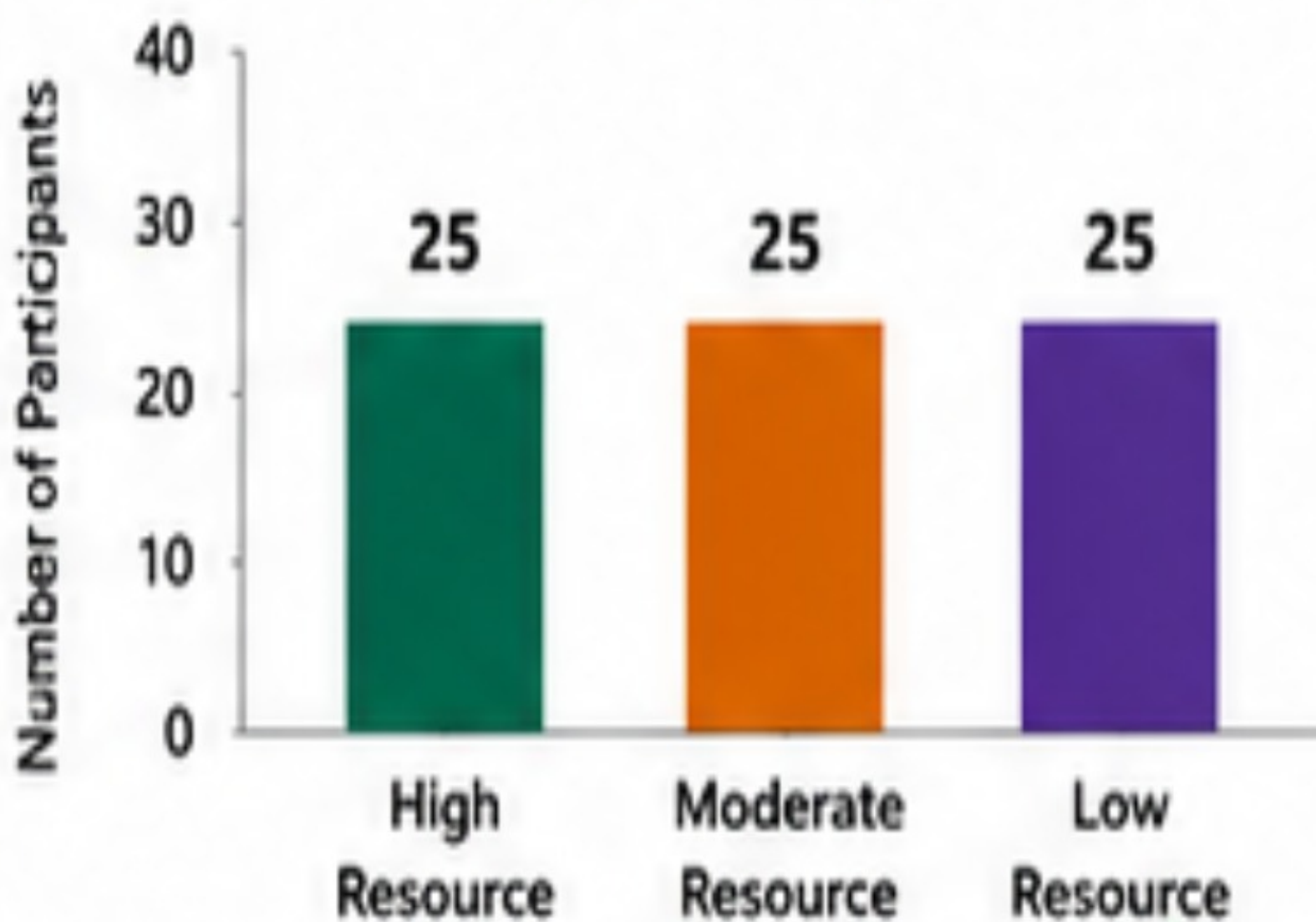
ZARIT BURDEN INTERVIEW (ZBI)

- Assesses:
- Caregiver burden
 - Emotional strain
 - Caregiver stress

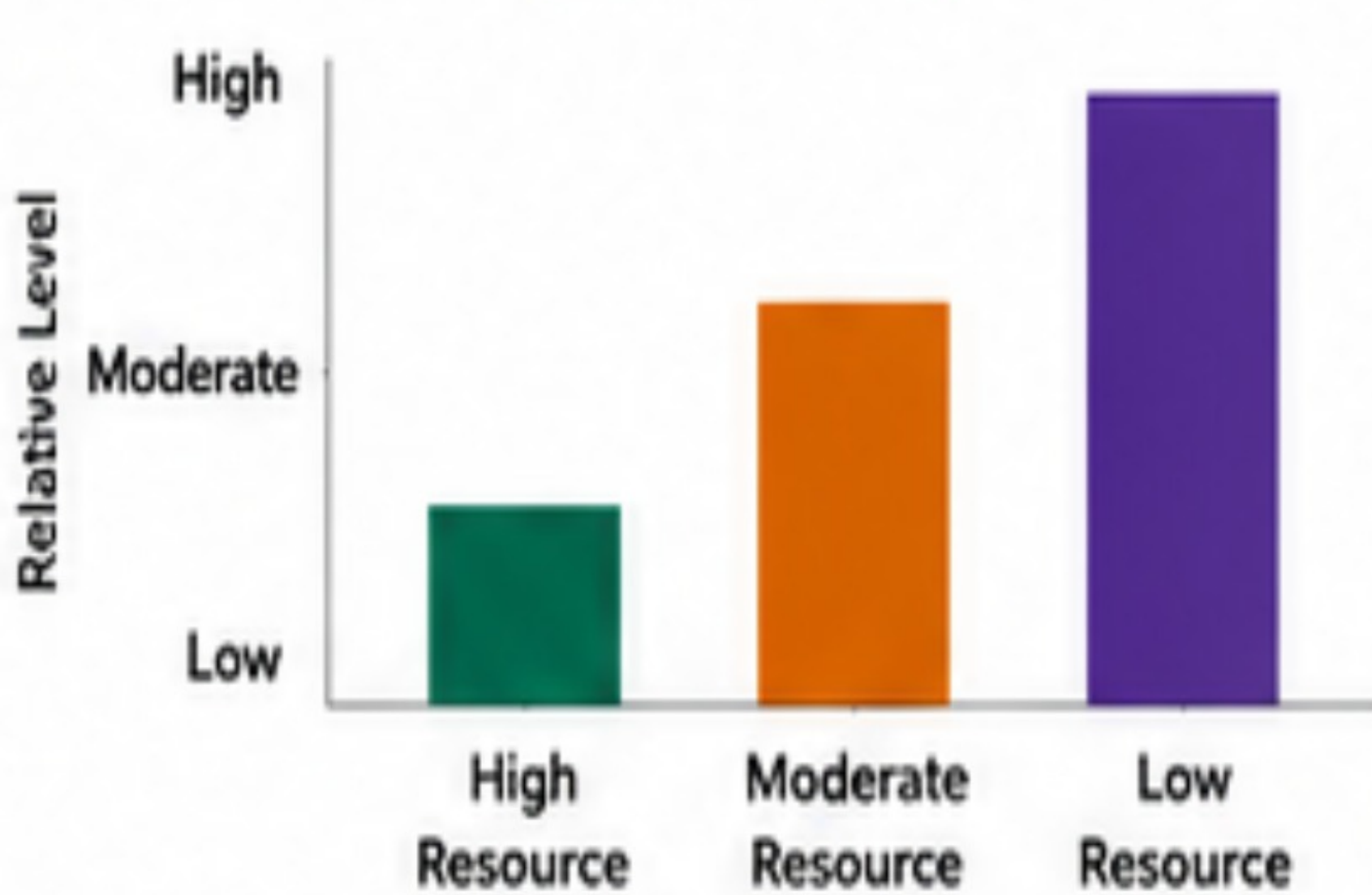


RESULTS

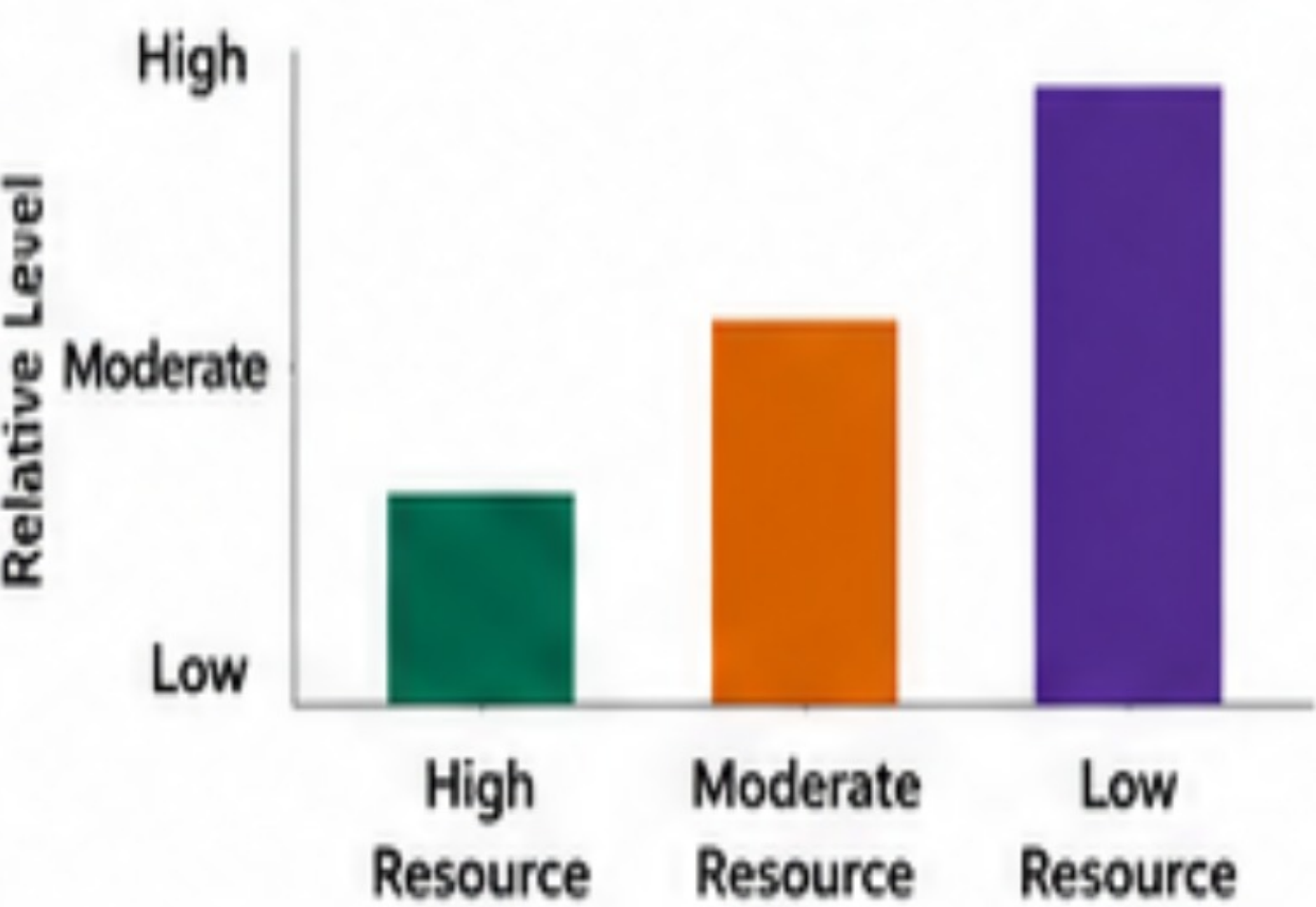
1. PARTICIPANTS BY SDOH GROUP (n = 75 Total)



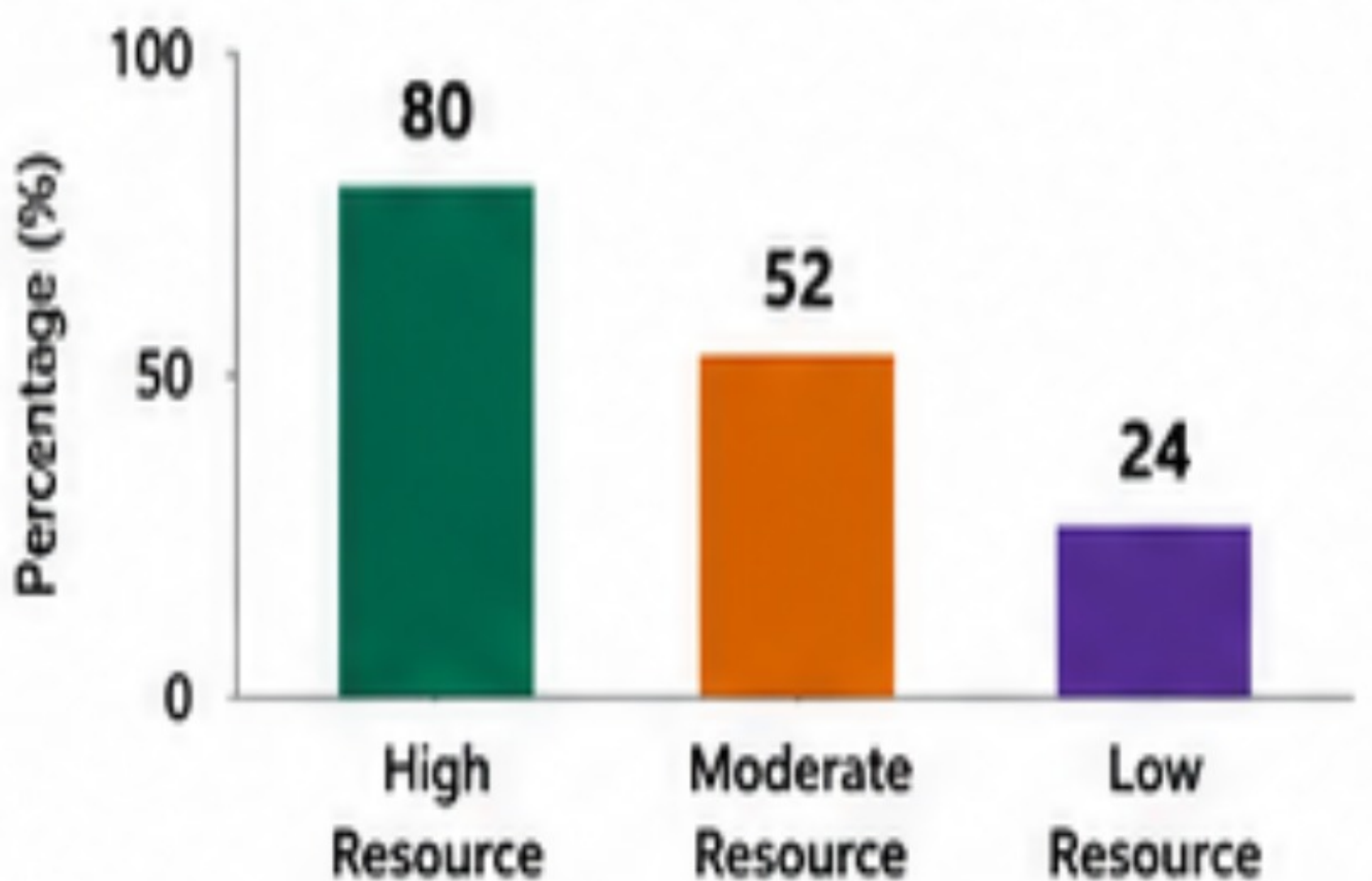
2. RELATIVE CAREGIVER BURDEN (Mean ZBI Score)



3. RELATIVE HOME SAFETY RISK (SAFER Home Risk Score)



4. COMPLETION OF HOME MODIFICATIONS (Percentage Completed)



KEY FINDINGS

- Low-resource participants demonstrated greater caregiver burden.
- Housing-related safety risks were highest in the low-resource group.
- Crisis-driven home transitions occurred more frequently among low-resource households.
- Low-resource participants had lower rates of completed home modifications and later engagement in transition planning.
- High-resource participants exhibited earlier planning, improved environmental safety, and smoother transition processes.
- Financial constraints, limited caregiver networks, and lack of early guidance were primary factors contributing to observed disparities.



CLINICAL IMPLICATIONS

- Screen patients early for SDOH risk factors.
- Assess caregiver burden during routine care.
- Identify home safety risks before discharge.
- Connect families with community resources.
- Promote early transition planning and support.



LIMITATIONS

- Modest sample size
- Descriptive comparisons only
- Case-based stratification
- Reliance on caregiver-reported outcomes
- Outcomes limited to caregiver and environmental measures
- Findings do not establish causality



FUTURE RESEARCH

- Larger multicenter studies
- Longitudinal follow-up
- Evaluation of equity-focused interventions
- Examine the impact of community resources and programs
- Development of standardized transition planning strategies



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