

Quality of life of frail older adults living independently: the role of informal care and the living environment

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Abstract

Most older adults prefer staying in their familiar environment even when care needs arise, which requires that this environment facilitates independent living. Keeping older people's quality of life at high levels can contribute to maintain the possibility to continue living independently.

Objective of this research is to study how the quality of life of frail older adults living independently with care need is influenced by 1) informal care received and 2) the living environment. These factors are possibly intervention strategies to prevent or delay moves to care institutions.

Quality of life of frail older adults living independently in the Netherlands is studied based on the TOPICS-MDS database. This database provides information about care receivers and care givers, stemming from samples of the general population and GP practices (N=3,971). Data is linked with spatial data on the social and physical living environment in the Dutch municipalities and postal codes.

Determinants of quality of life are studied through multilevel regression models. The first level includes individual-level explanatory variables as well as information about informal care and the second level includes characteristics of the participants' living environment.

The study will give insights into how informal care and characteristics of the living environment next to individual factors determine quality of life. Policies to improve older people's quality of life will be formulated.

Extended abstract

Background

In the light of societal developments towards sustained aging in place and prolonged independent living, the importance of informal care networks and supportive living environments may play an important role in keeping older people's quality of life high. There is evidence that high quality of life is related to postponement of institutionalization (Steverink 2001). Quality of life of older people, as well their care needs, are largely determined by individual characteristics such socio-demographics, social support and the living conditions. But also the physical and social living environment can influence older people's quality of life (Annear et al. 2014; Yen et al. 2009). Effects of individual characteristics and living environment on health outcomes such as quality of life are ideally studied together.

Objective

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Data & analysis

Data will be derived from the TOPICS-MDS database (<http://topics-mds.eu/>; Lutomski et al. 2013). This database provides information about care receivers aged 65+ years and their care givers (N=3,971), stemming from samples of the general population and GP practices in the Netherlands.

Quality of life of the older adults is the dependent variable. Characteristics of the older adults included as independent variables are socio-demographic variables (age, sex, ethnicity, educational level, partnership status), the living conditions, health status, the use of formal health care and the use of informal health care (relationship with primary care giver, hours of informal care, type of informal care; characteristics of the care giver). This data is linked with spatial information on the living environment at the respondents' place of residence (municipalities and postal codes). Data on the living environment include several dimensions on the availability and distance to facilities such as health care facilities, supermarkets, public transport and public green space. Also social circumstances such as population composition, social cohesion, safety, and socioeconomic conditions are included.

Determinants of quality of life are studied through multilevel regression models. The first level includes individual-level explanatory variables as well as information about informal care and the second level includes characteristics of the participants' living environment. Models are set up stepwise. In the first step, socio-demographic variables are controlled for; subsequently, other factors at the individual level and information about the care giver are added. Eventually, characteristics of the living environment are added to determine their effects on quality of life and its relation with informal care.

Societal relevance

Informal care and characteristics of the living environment next to individual factors that determine quality of life can provide possible intervention strategies to postpone institutionalization. This study answers whether and which aspects of the living environment contribute to the promotion of quality of life. This approach enhances earlier research that focused on individual determinants of quality of life. Furthermore, many studies target the wellbeing of care givers, with little attention to the wellbeing of the care recipient.

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