Dissertation Abstract

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Dementia is a progressive neurodegenerative condition characterized by declines in cognitive and other functions. Falls are a geriatric syndrome that results in decreases in mobility, hospitalization, severe injuries, institutionalization, and even death. In the U.S., it has been estimated that 10% of people age 65 and older have dementia, and more than 30% older adults fall annually. The intersection of these two major public health conditions results in a substantial health disparity – a two to eight times higher risk of falls among older adults with dementia than their age-matched peers without dementia. In addition, older adults living with dementia are less likely to make a good functional recovery after significant injury than those without dementia. Despite this, there is limited evidence for effective fall prevention strategies for these older adults, especially those living in diverse community settings. Previous studies suggest that care partners (family, friends, partners, neighbors) play an essential role in managing fall risk for community-dwelling older adults living with dementia. However, little is known about how to engage care partners in managing fall risk for these older adults at home. Through a mixed-method systematic review, I discovered that there are limited understandings of 1) how care partners impact fall risk among community-dwelling older adults with dementia, and 2) what factors shape care partner’s efforts to reduce fall risk. To address these gaps, I developed my dissertation and following research program.

The dissertation has a three-phase research plan with an exploratory sequential mixed-method study design. Phase one is to propose the behavioral framework of dementia caregiving in fall risk management through a literature review and qualitative interviews with a small sample of informal care partners (n=15) in Washington State. Phase two is to validate this framework of care partners’ fall risk management behaviors by conducting a multidimensional exploratory factor analysis using two linked U.S. nationally representative datasets, the National Health and Aging Trends Study (NHATS) and National Study of Caregiving (NSOC). Phase three includes longitudinal analyses using NHATS (Waves 2015-2018) and NSOC (Waves 2015 and 2017) to examine the effects of care partners’ fall risk management behaviors on fall-related outcomes among community-dwelling older adults with dementia.

After the dissertation, I will shift focus on examining personal, interpersonal, and societal factors that facilitate or hinder care partners’ efforts in fall risk management, with particular focus on race/ethnicity, socioeconomic status, interprofessional care teams, and the role of long-term care and healthcare systems. Informed by these findings, I will adopt a participatory and critical approach to collaborate with different communities to address the health and care needs of older adults living with dementia and their care partners. These research results have implications for identifying possible points of intervention and policy development to improve current dementia services, public health services for older adults, and caregiver services. Additionally, this social work perspective elevates the importance of caring labor, preventive care, and home and community-based services in current healthcare and long-term care systems, contributing to developing aging-friendly, dementia-capable, caregiver-inclusive care systems.
References


