

**Assessing the Impacts of Cognitive Impairment on the Use of Formal and Informal Networks by Elderly Canadians.**

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Principal Investigator: Janice Keefe  
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The aging of the baby boomer generation and an increase in life expectancy at age 65 will accelerate the growth of the number of elderly people over the next three decades. As the population ages, the number of people with chronic disabilities will increase, resulting in a greater need for assistance from both formal and informal support networks. In 1996, more than half a million seniors with a long term health problem who were living at home and receiving social support services, reported getting help with at least one of the following everyday activities – housework, meal preparation, grocery shopping and personal care. Almost half (46%) of these seniors had a cognitive impairment (Lafreniere et al., 2003). Thus, social services, not just medical (e.g. nursing) services, should be considered as a major contributor to meeting the needs of and maintaining the health and well-being of the elderly population with physical and cognitive impairments.

Formal and informal home care services play an important role in supporting people with physical and cognitive impairments who are living in the community. Hawranik (2001) found that homemaking, followed by personal care services, were the most frequently used formal home care services by persons with and without cognitive impairment. Nearly all Canadians with dementia living in the community have an informal caregiver (94%) (Canadian Study of Health and Aging Working Group, 1994b). Of these caregivers, over 70% are women (Ostbye & Crosse, 1994). Because home care services are more social than medical and can be provided by the informal support network, factors affecting the availability of the informal support network are important to consider when projecting the need for support services. Among the many factors that should be investigated to better project the future needs in formal services are living arrangements of the elderly population, gender, and informal network composition (e.g. spouse, children).

The purpose of this research is to understand the socio-demographic characteristics and levels of cognitive impairment which affect the use of informal and formal networks by individuals aged 65 and older with physical and cognitive impairments. The specific objectives of this two year research project are to:

1. (a) Identify factors and trends associated with disability among the population (aged 65 and older) in 1996 and 2000/2001; and (b) Identify factors and trends associated with cognitive impairment among this population in 1996 and 2000/2001.
2. Examine socio-demographic characteristics and levels of cognitive impairment associated with the use of formal and informal support networks to assist in performing everyday activities among the population (aged 65 and older) with a long term health problem in 1996 and 2002.
3. (a) Project the human resources (formal, informal) needed to provide assistance to persons (aged 65 and older) with a long term health problem between 2001-2031; and (b) Compare the amount of human resources (formal, informal) between 1996 and 2001 that provided assistance to persons with a cognitive impairment.

To address these research objectives, four national data sets will be used. These include the 1996 National Population Health Survey, the Canadian Community Health Survey cycle 1.1 (2000/2001), the 1996 General Social Survey and the 2002 General Social Survey. Data from both the National Population Health Survey and the Canadian Community Health Survey will be used to estimate changes in physical and cognitive impairments of older Canadians. Data from the 1996 General Social Survey and the 2002 General Social Survey will be used to estimate trends in the utilization of both formal and informal networks by older Canadians who need assistance.

The outcomes of this project will be: (1) a better understanding of the characteristics driving disability and service usage for persons aged 65 and older with physical and cognitive impairments; (2) updated parameters to be used to project the need for future home care services for this population with physical and cognitive impairments; (3) estimation of the human resource requirements to meet the needs of persons in the community with physical disabilities; and (4) identification of trends in the use of human resources by persons with cognitive impairment.