Exploring Determinants of Homecare Use in Older Adults: A Systematic Review

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BACKGROUND

The aging population is growing rapidly, leading to an increased demand for healthcare services tailored to older adults. Homecare services play a crucial role in supporting the health and well-being of older adults by providing medical, personal, and social care in the comfort of their homes. These services can help manage chronic conditions, promote independence, and improve quality of life. However, the utilization of homecare services among older adults varies significantly due to a range of factors. Understanding the determinants of homecare use is essential for policymakers, healthcare providers, and researchers to ensure that these services are accessible and effective for those in need.

OBJECTIVE

This systematic review aims to identify the health and social status of older adults who seek and/or use homecare under various circumstances. The main objectives include providing an overview of the current knowledge surrounding the determinants of homecare use among adults 65 years and older through a systematic review, and performing a meta-analysis to summarize the quantitative results obtained from epidemiological studies.

METHODS

To refresh my knowledge, I completed Dr. Andrea Tricco's[3] course on "How to Conduct a Systematic Review," where I refreshed skills in search strategy development, data extraction, and quality appraisal. a systematic search using keywords homecare', 'home-care', 'older adults', 'seniors', 'social determinants', 'predictors', 'quantitative studies was conducted in collaboration with a librarian using databases MEDLINE, EMBASE, and CINAHL, covering literature from January 1, 2000 to April 10, 2024. Following the PRISMA guidelines the entire review process including the title and abstract scanning and full-text review were performed in Conflicts resolved through discussion and a third person. At the abstract screening stage quantitative studies of older adults with any design that investigated homecare use in any form (formal or informal) and incorporated any social (individual or contextual), mental, physical determinant/risk factors were included. See Figure 1 for the reasons of exclusion after full-text review. All the systematic review process was conducted using COVIDENCE software.
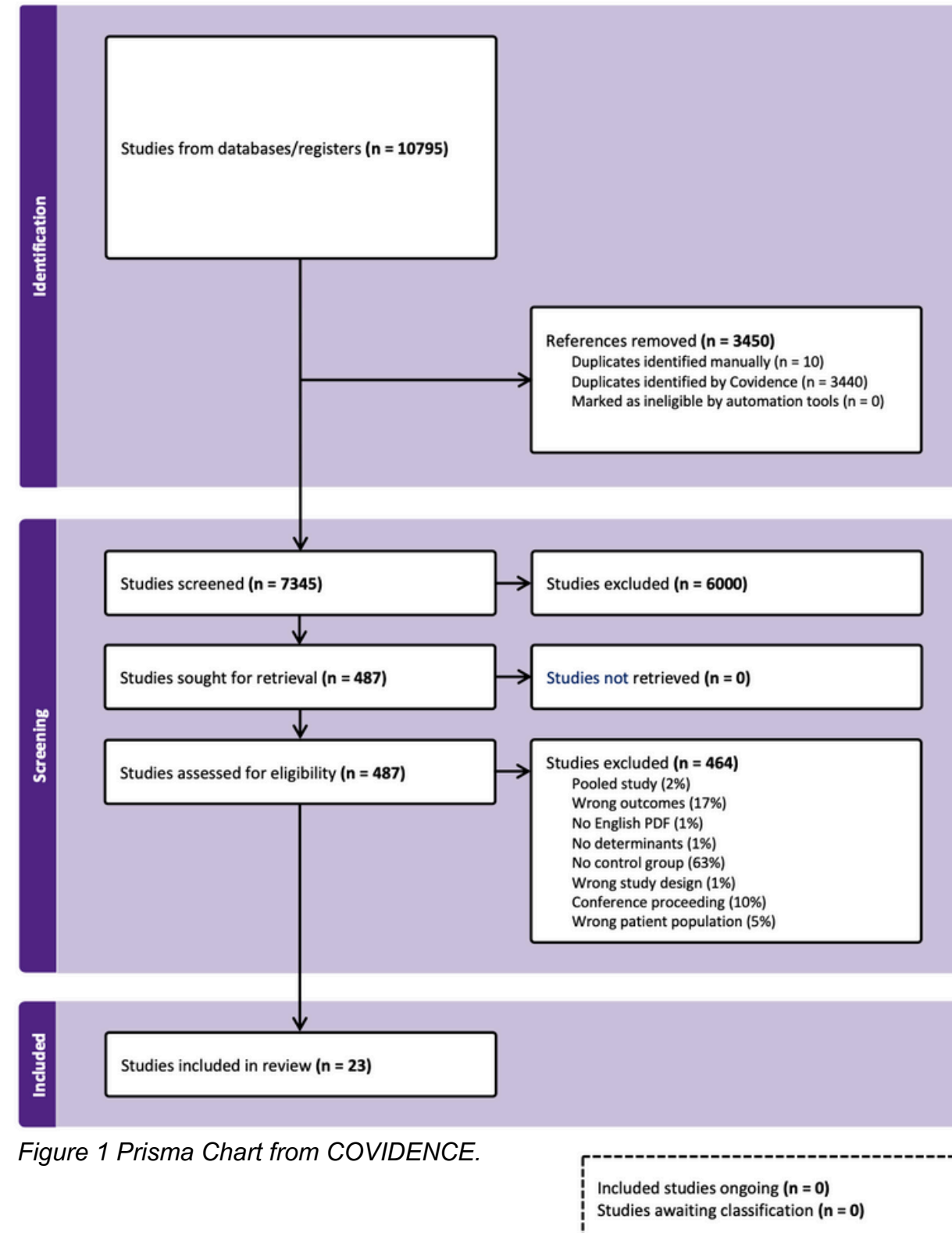

Figure 1 Prisma Chart from COVIDENCE.

KEY FINDINGS

Preliminary results after 786 full-text review that brought about 23 studied (3%) for final data extraction reveal several key findings. Socioeconomic disparities are evident, with lower income and education levels correlating with higher reliance on publicly funded homecare, highlighting the need for more equitable access. Social isolation also plays a significant role, as older adults living alone exhibit increased homecare usage, underscoring the importance of accessible care options for isolated individuals[4] an issue notable in rural residents who face increased challenges in accessing these services[1]. Gender and marital status further influence homecare utilization; unmarried and widowed women are more likely to use homecare, reflecting notable gender-based disparities. Additionally, cultural barriers present challenges, with ethnic minorities often encountering obstacles in accessing homecare, leading to lower utilization despite greater needs. Finally, functional limitations and chronic conditions contribute to higher homecare use[2]. Future studies should investigate the long-term outcomes of homecare interventions on older adults' health and well-being.

FUTURE DIRECTIONS

At present, 837 studies remaining in the full-text review stage. Following this, data including on authors' names, year of publication, country, sample size, design of the study as well as quantitative data representing the effect of social factors on homecare use (the effects estimate along with 95% confidence intervals; CIs) will be extracted and inputted in the design-specific data abstraction forms will be extracted from the final list of included studies using a pre-designed form. Data extraction will be executed independently by two reviewers, with conflicts resolved through discussion. The synthesis of the extracted data will involve both narrative synthesis and meta-analysis.

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