

The Influence of Chronic Health Conditions on Older Adult's Choice to Complete Advanced Care Planning Documents

Kaitlyn A. Smith
Department of Social Work

INTRODUCTION

Older adults experience high rates of chronic health conditions, with up to 80% of Medicare beneficiaries having one chronic health condition, and 70% having two or more chronic health conditions (National Council on Aging, 2018). Advanced care planning (ACP) can be a valuable tool for individuals with chronic health conditions, but in the U.S. in 2010, only 26.3% of respondents had an advanced directive (Rao et al., 2014).

ABSTRACT

The present study is aimed at exploring if there is a difference in the frequency of ACP document completion between older adults who have one or more chronic health conditions and older adults that do not have one or more chronic health condition(s). The current study utilized a subset of data from the 2014 Survey of Long-Term Care Awareness and Planning (SLTCAP). It combined several variables from the SLTCAP into two variables that measured chronic physical and mental health conditions, as well as two measures of advanced care planning document completion. Two Mann-Whitney U Tests were performed to measure if there was a difference in ACP document completion amongst older adults who did have one or more chronic health condition(s), and older adults who did not have chronic health condition(s).

LITERATURE REVIEW

Background: Given the rate of chronic illness and the likelihood of sustaining a potentially life-threatening injury from a fall, it is essential for older adults to prioritize their health and plan for the future. However, the rate of completion of advanced care planning documents is low in the United States. In a nationally representative survey administered from 2009-2010, only 26.3% of respondents had an advanced directive. The most common reason for not having an advanced directive was a lack of awareness of such documents and what purpose they serve (Rao et al., 2014).

Theoretical Framework: Andersen's Behavioral Model of Health Services Use (1995) assumes that predisposing factors such as demographics, the healthcare system, the external environment and personal health practices and utilization of health services are major contributing aspects to the rate of individual consumption of health services.

METHODOLOGY

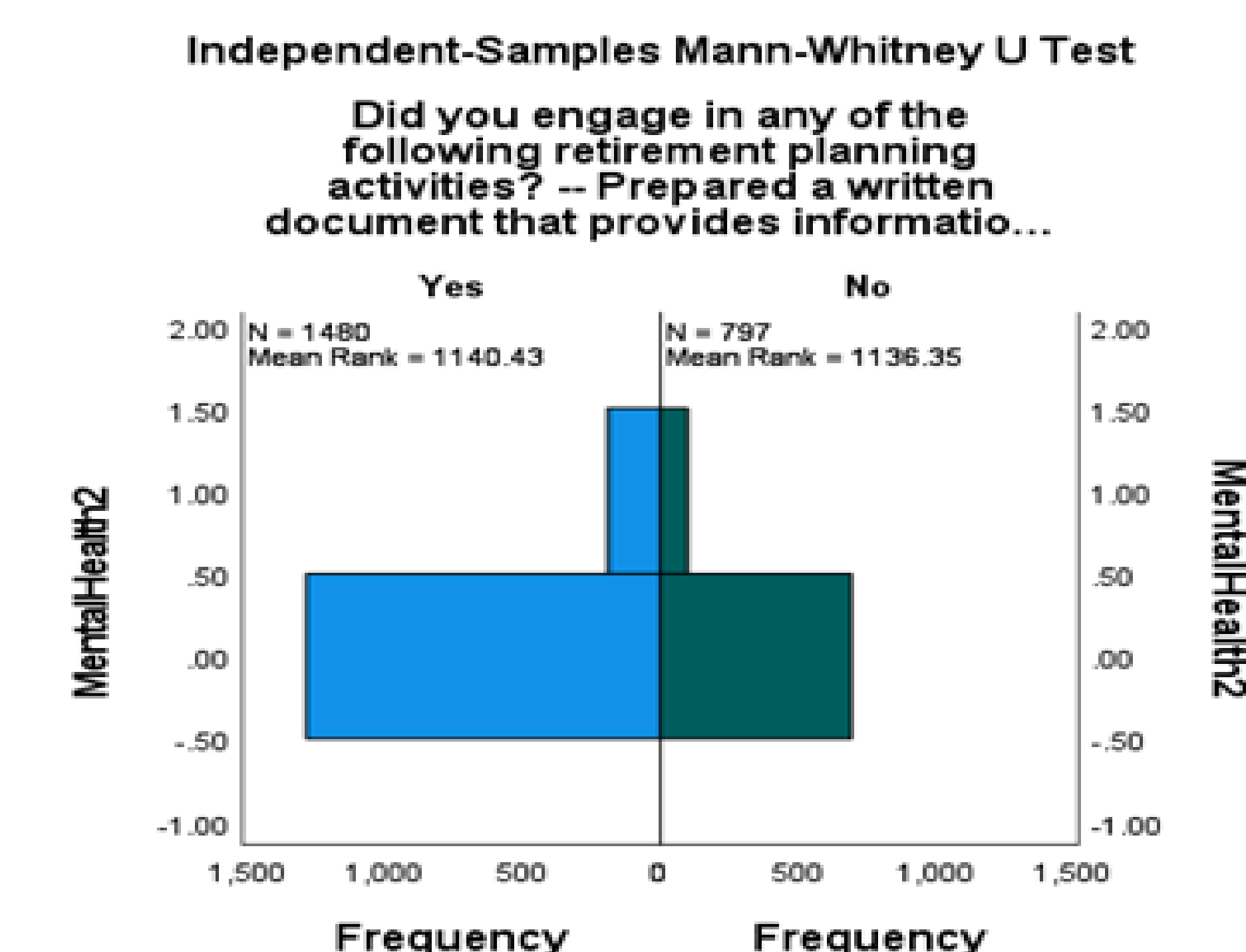
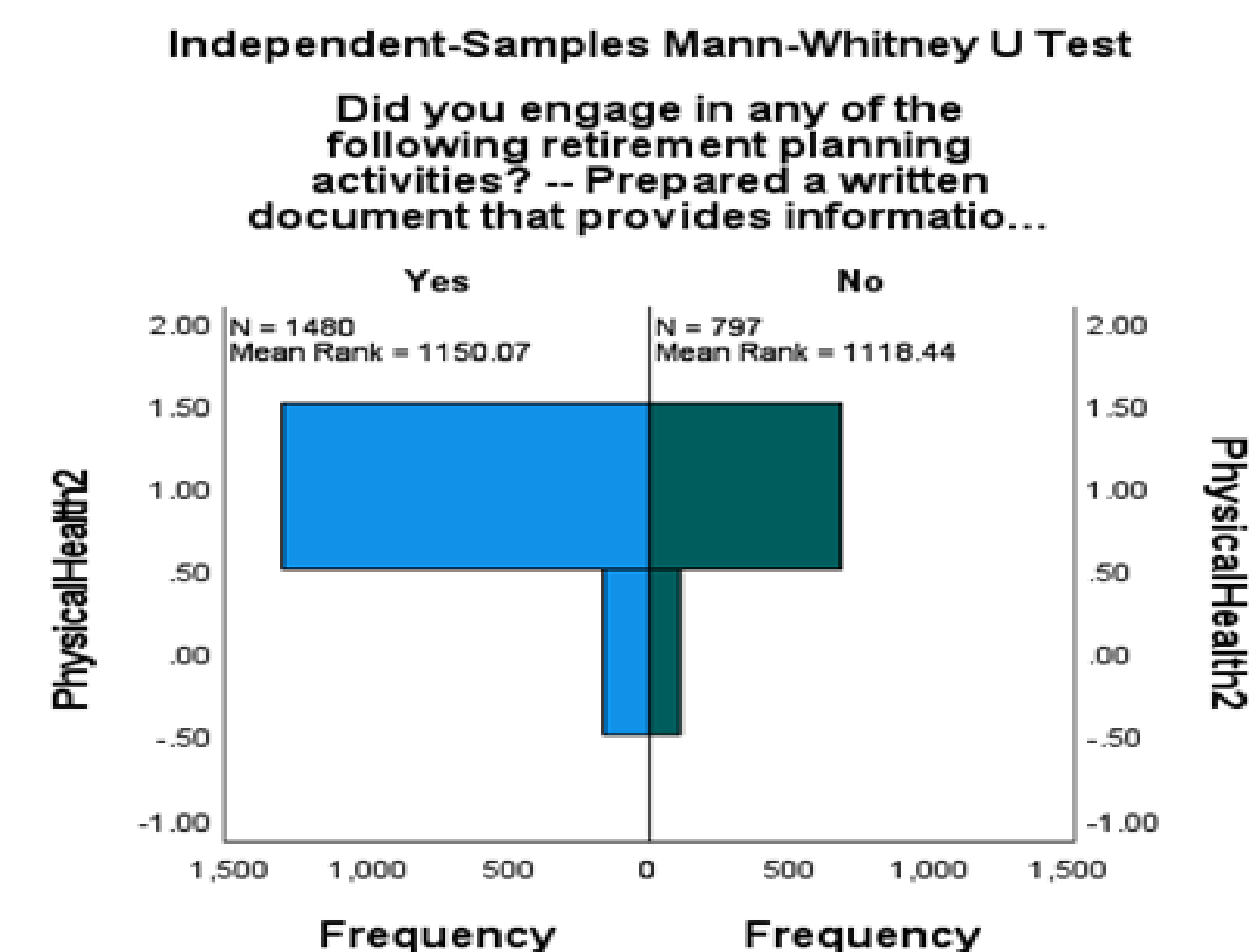
- Research Design:** The current study is utilizing data collected for the 2014 Survey of Long-Term Care Awareness and Planning (SLTCAP). This cross-sectional study was conducted by the US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. The study was designed to add to the knowledge of the concerns the U.S. population has about long-term healthcare planning, address possible needs and lack of education surrounding this topic, and to investigate preferences about the various aspects of long-term care finances and insurance.
- Sampling Methods:** The study's sample consisted of non-institutionalized adults residing in the United States ages 40-70. The survey included discrete choice experiments, also known as a conjoint analysis, designed to measure preferences about specific elements of long-term care insurance from the study's participants (Wiener et al., 2015).
- Measures:** All the demographic variables utilized for the current study are categorical. The descriptive statistics used to review the study's demographics (Age, Gender, Race, and Marital Status) and to summarize the study's dependent (Chronic Health Condition(s)) and independent variables (Advanced Care Planning Documents) are frequencies and percentages. The Independent and Dependent variables in the current study were measured using a Mann-Whitney U Test.

RESULTS

- A Mann-Whitney U test was used to analyze the difference in rate of advanced care planning document completion between study participants who did report that they had a chronic health condition, and participants who reported that they did not have a chronic health condition.
- The results suggested that participants who do have chronic physical health conditions (Mean rank= 1150.87) were not considerably different in participants who do not have chronic physical health conditions in their completion of advanced care planning documents (Mean rank= 1118.44; U=573392.500, p= 0.053). The results of this test are the Mean Ranks of Yes= 1150.07, No= 1118.44, U= 573392.5, and p=.053.
- Similar results were found for participants who have chronic mental health conditions (Mean rank= 1140.43) and for those who do not have chronic mental health conditions (Mean rank= 1136.35; U= 587666.5, p=.807). The results of this test include the Mean Ranks of Yes= 1140.43, No= 1136.35, U= 587666.5, and p= .807.

Study Variables- Chronic Health Conditions & ACP Documents

Characteristic	m	sd	n	%
Chronic Health Conditions				
Physical Health Conditions	.875	.331	2,992	86.1%
Mental Health Conditions	.135	.342	462	13.3%
Advanced Directive or Living will				
Yes			1,501	65.1%
No			805	23.2%



DISCUSSION

Key Finding: There is one key finding that is prevalent from the current study's results. Both the p value for older adults with chronic physical health conditions and the p value for older adults with chronic mental health conditions found that these respondents were not statistically more likely to complete advanced care planning documents than older adults who did not have a chronic health condition(s). Although it could be argued that the p value for the frequency of ACP document completion amongst older adults was statistically significant (p=.053), the result was determined to be insignificant.

Strengths: This study examined a topic that has not been extensively researched and is growing in importance and relevance as the population of the country ages. It has also helped to promote the importance of completion of advanced care planning documents and show that the frequency of advanced care planning document completion is not significantly increased in a population which should arguably have heightened concern for their health status and potential end-of-life preferences.

Limitations: The current study's primary limitation a profound lack of diversity in the sample's participants (86.3% of participants were white), making the results of this study difficult to generalize to racial and ethnic minority groups.

SOCIAL WORK IMPLICATION

Currently, there is little existing research that has explored why particular groups of older adults are or are not likely to complete ACP documents, as well as what predisposing factors may increase or decrease the likelihood of ACP completion. As the population ages and begins to have higher rates of interaction in various systems such as healthcare, senior services, protective services, and social services, social workers will be a growing presence in the lives of older adults.

REFERENCES

- Arias, E., Xu, J. (2019). United States Life Tables, 2017. National Vital Statistics Reports. Centers for Disease Control and Prevention. 68,7.
- Rao, J.K. et al. (2014). Completion of advanced directives among U.S. consumers. American Journal of Preventive Medicine. 46, 1, 65-70.
- National Council on Aging. (2018). Healthy Aging. Fact Sheet.
- Wiener, J.M., Khatutsky, G., Thach, N., Greene, A. M., Allaire, B., Brown, D., & Shipley, S. (2015). Findings from the survey of long-term care awareness and planning (ASPE Issue Brief). U.S. Department of Health and Human Services. Retrieved from <http://aspe.hhs.gov/pdf-report/finding-survey-long-term-care-awareness-and-planning-research-brief>