

Background

Rural carers of persons living with dementia often have unmet support and education needs. Barriers to the use of dementia-related services among rural carers include low access, awareness, and acceptability of services; values/beliefs; and stigma (Bayly et al. 2020).

In rural areas of the province of Saskatchewan, dementia-specific services such as support groups and respite care are limited or unavailable (Morgan et al. 2015).

As part of a larger ongoing study, 1-day rural memory clinics have been implemented in southeast Saskatchewan in collaboration with primary health care teams to provide diagnosis and management locally (Morgan et al. 2022).

At an initial in-person memory clinic evaluation, carers meet with the full clinic team as well as separately with social workers or home care nurses, and an Alzheimer Society First Link Coordinator to share information, receive support, and learn about available services.



Objectives

The aim of this study is to identify the service/support needs and self-efficacy of family carers participating in an initial rural memory clinic evaluation.

Methods

- Semi-structured interviews with carers
 - First interview: in-person at initial evaluation in 4 rural communities
 - Second interview: by telephone 1 month after initial evaluation
 - November 2019 to November 2021
- Collection of patient information (age, sex, cognitive and functional scores)
- First interview data (quantitative and qualitative) were analysed descriptively



Participants (first interview)

- 20 carers (55% female, mean age 66 yr)
- 16 patients (63% female, mean age 81 yr)
 - Cognitive and functional scores were in the range of no impairment to moderate dementia

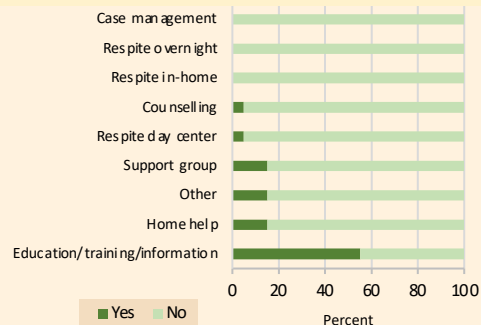
Carers (N = 20)	n (%) or SD, range
Sex	
Female	11 (55)
Male	9 (45)
Age mean (SD, range)	65.5 (14.4, 37-85)
Relationship to family member	
Spouse	9 (45)
Child	8 (40)
Other	3 (15)
Patients (N = 16)	n (%) or SD, range
Sex	
Female	10 (63)
Male	6 (37)
Age mean (SD, range)	80.9 (5.4, 68-88)
Cognitive and functional score mean (SD, range)	
MMSE	22.7 (4.4, 13-28)
MoCA	16.0 (5.4, 7-23)
FAQ	14.1 (9.3, 1-24)
KATZ	5.5 (1.0, 3-6)

Results

Services/supports – Use and Experiences

➤ Use of services/supports

- A majority of *patients* (60%) had received services/supports in the 30 days leading up to the memory clinic evaluation; most involved home care visits.
- Most *carers* reported using either no services/supports (35%) or only one service/support (25%) for themselves in the 30 days prior to the memory clinic evaluation. Education/ training/information was accessed most often (55%) [graph below].



➤ Experiences with services/supports

- Carers appreciated service providers' prompt responses and being kept informed of changes in family members' care and health.

"...they certainly gave me relief... being a small town you know everybody and they act quickly."

➤ Carers reported no difficulties accessing services/supports

➤ Potentially beneficial services/support

- Many carers (70%) identified potentially beneficial services/supports they had not yet received. Ranked by frequency: housecleaning, home care or bathing assistance, meal preparation, education/information, and support group.

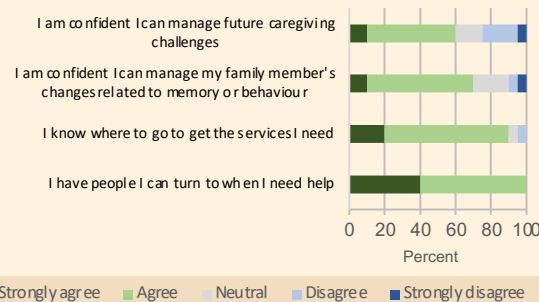
"Just information so we can maybe make things even better for her (patient)."

Implications

- Most carers used few services/supports and demonstrated high self-efficacy prior to an initial rural memory clinic assessment.
- Most carers identified potentially beneficial services they had not yet used which may point to low availability or underusage of existing services/supports.
- This ongoing study will assess the effect of carer participation in an initial memory clinic evaluation on carer service use and self-efficacy.

Self-efficacy

- Most carers were confident they could manage future caregiving challenges (60%) and changes related to memory/behavior (70%).
- All carers agreed they had people to turn to when they needed help and most knew where to go for services (90%).



References

- Bayly, M. et al. (2020). Dementia-related education and support service availability, accessibility, and use in rural areas: barriers and solutions. *Canadian Journal on Aging*, 39(4): 545-585.
- Morgan, D. et al. (2015). Availability and primary health care orientation of dementia related services in rural Saskatchewan, Canada. *Home Health Care Services Quarterly*, 34(3): 137- 158.
- Morgan, D. et al. (2022). Factors influencing sustainability and scale-up of rural primary healthcare memory clinics: perspectives of team members. *BMC Health Services Research*, 22:148.