Title: Does a social care assistance intervention reduce unmet resource needs among dementia caregivers?

Abstract

Background: Adverse social conditions are prevalent among dementia caregivers and associated with poor outcomes for both caregivers and care recipients.

Objective: Evaluate the effect of CommunityRx-Dementia, a low-intensity, highly scalable social care assistance intervention on knowledge of community resources and prevalence of unmet resource needs.

Methods: Single-blind, RCT (Clinicaltrials.gov: NCT04146545) with 12 month follow-up (12/20-2/2024). Caregivers (N=343), enrolled at an urban academic medical center, were randomized 1:1 to usual care or usual care plus CommunityRx-Dementia. Initiated after an ambulatory appointment for the caregiver or care recipient, CommunityRx-Dementia included education about social conditions, personalized information about local resources, ongoing navigator support (automated, proactive text messages for 3 months and navigator availability for participant-initiated requests for 12 months) and an online resource finder. Caregivers were asked if they knew of, and if they or someone in their household needed, any of 14 resource types (e.g., respite care, end-of-life planning, food). Total number of resources a caregiver knew about and total number of unmet needs at baseline and 1 and 3 months were calculated. Mixed-effects regression models were fit.

Results: Caregivers were mainly women (78%), Black (81%), with an annual household income >$50k (64%), and ages 50-64 (49%). Resource knowledge was similar between arms at 1 month, but significantly higher among intervention arm caregivers at 3 months (mean 6.5 versus 5.2, $p<0.01$). At baseline, caregivers in both arms reported an average of 4 unmet needs (intervention: 4.0; control: 4.2); 87% of caregivers had ≥1 unmet need and 65% had ≥3 needs. Caregiver education was the most common need (61%). Total unmet needs were similar between arms at 1 month, but significantly lower among intervention arm caregivers at 3 months (2.8 vs 3.6; $p=0.04$).

Conclusion: A low-intensity social care intervention for dementia caregivers improves knowledge of available resources and reduces unmet needs.