

Emergency hospitalization and public assistance among older adults: A cross-sectional study in Japan

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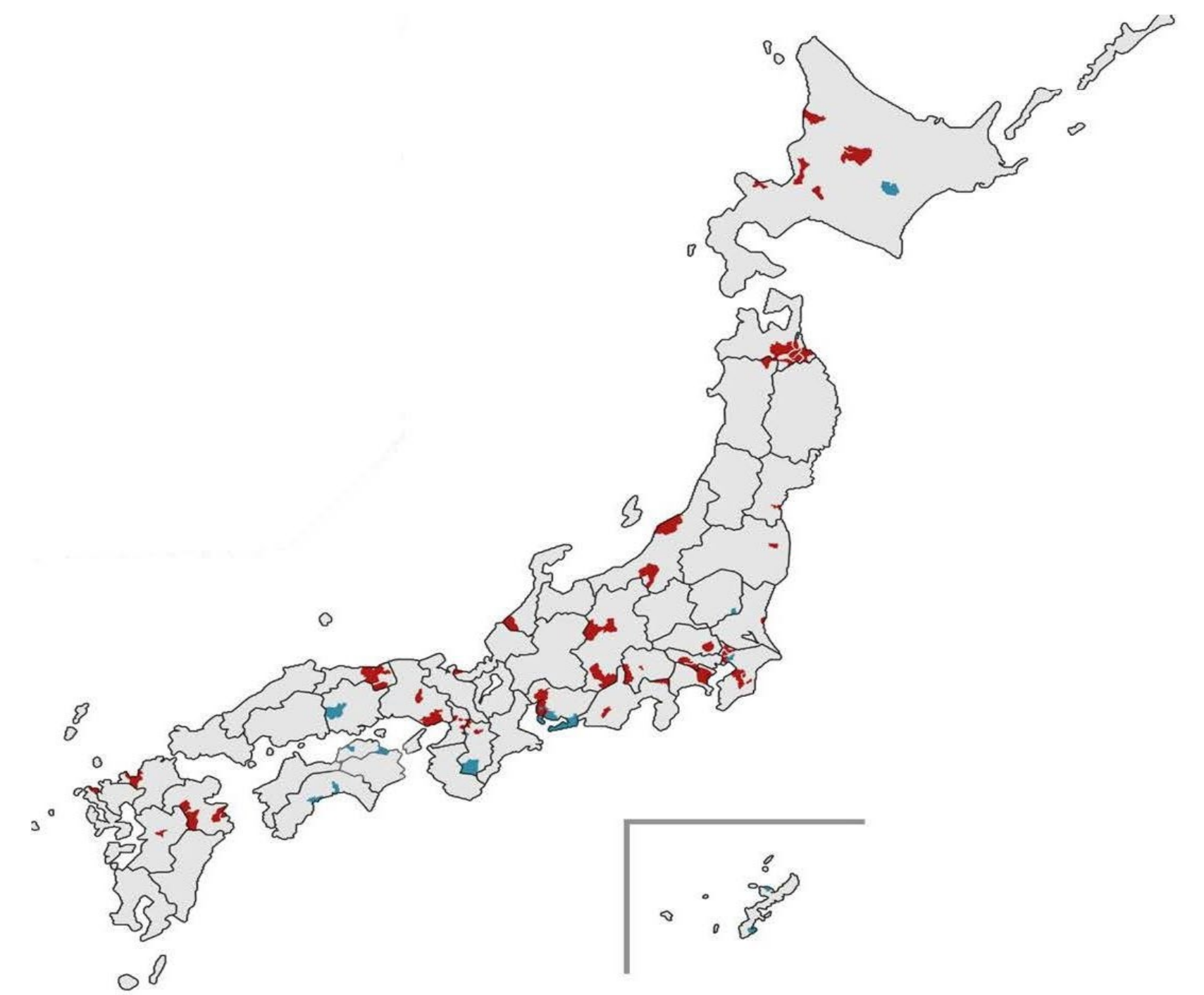


Background / Aim

- Emergency hospital admission among older adults poses challenges to healthcare sustainability.
- Although public assistance recipients are guaranteed financial aid to cover the minimum costs for daily living and medical expense exemption, non-financial barriers (e.g., stigma) may limit preventive/regular care.
- We aimed to examine the association between public assistance receipt and emergency hospital admission among community-dwelling older adults in Japan.

Methods

- Design: Cross-sectional analysis of the 2019 Japan Gerontological Evaluation Study (JAGES).
- Participants: Community-dwelling adults aged ≥ 65 years not certified for long-term care; analytic sample N=21,461.
- Outcome variable:
No ambulance use / discharged from emergency department (ED) after ambulance use / hospitalized after ambulance use (emergency hospital admission)
- Explanatory variable: Receiving public assistance (applicants excluded)
- Covariates: age, sex, household composition (living alone/living together), educational attainment, equivalized household income, depressive symptoms, presence of disease, activities of daily living, instrumental support, annual health checkup within the past year
- Statistical analysis: Multinomial logistic regression with robust error variance
 - Model 1 adjusted for covariates
 - Model 2 additionally adjusted for annual health checkup within the past year
- Missing data: Multiple imputation (MICE; 20 datasets)
- Ethical approval: The JAGES protocol was approved by the ethics committees of the National Center for Geriatrics and Gerontology and collaborating universities.

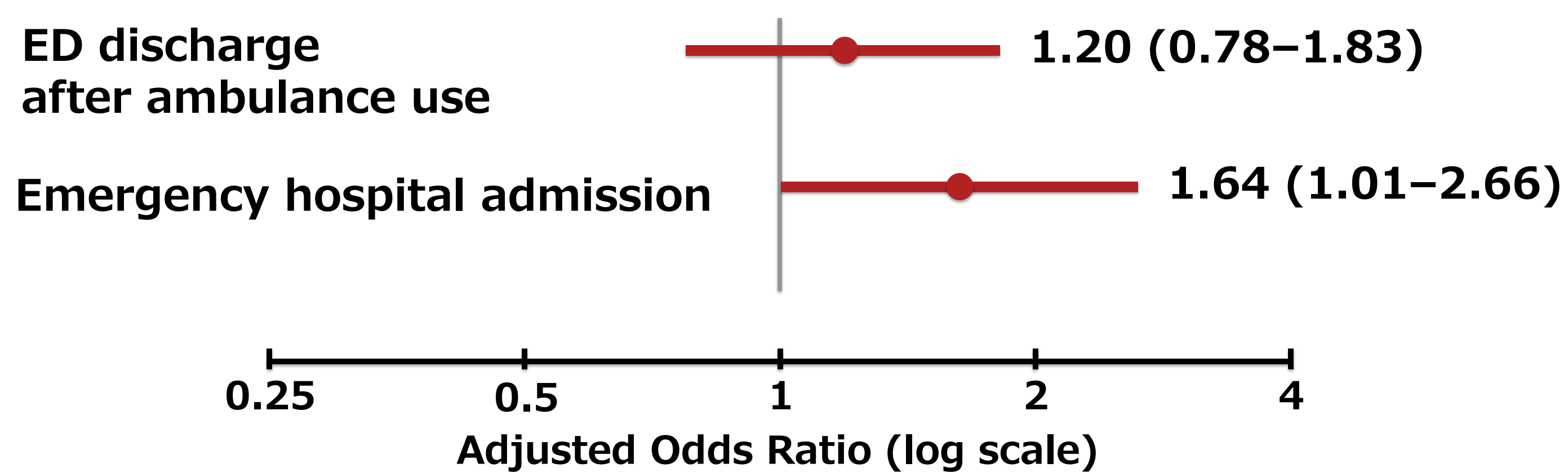


Participating municipalities in the 2019 JAGES

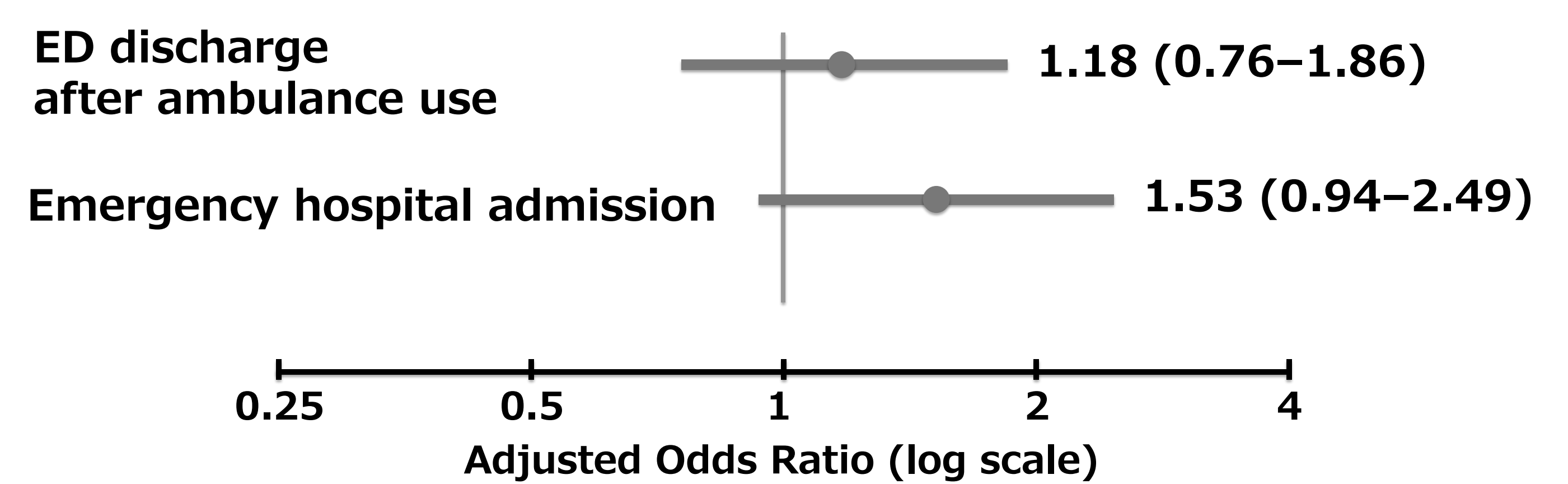
Results

Receiving public assistance was associated with a higher likelihood of emergency hospital admission, but not with ED discharge after ambulance use.

The association between receiving public assistance and emergency hospital admission was attenuated after additional adjustment for an annual health checkup participation.



Model 1: Adjusted for socioeconomic and health-related covariates.



Model 2: Model 1 additionally adjusted for annual health checkup within the past year.

Discussion

- Older public assistance recipients were 1.64 times more likely to experience emergency hospital admission than non-recipients.
- Annual health checkup adjustment attenuated the association, suggesting a potential mediating role of preventive care access.
- Public assistance recipients are more vulnerable to both public stigma and self-stigma, potentially leading to poor utilization of preventive and regular healthcare services.
- Policy implications: Preventive and regular healthcare access (e.g., annual health checkup and continuous primary care), Targeted enrollment in healthcare support programs (prioritizing high-risk recipients with previous emergency hospital admissions), Reducing structural stigma (e.g., simplifying administrative procedures and minimizing visible labeling), Supportive outreach and respectful communication (by welfare office staff and healthcare professionals)

Conclusion

- Older public assistance recipients were more likely to experience emergency hospital admission in Japan.
- Limited access to health-promoting services, such as annual health checkups, may partially explain this association.
- Older public assistance recipients require enhanced support for preventive and regular healthcare access.

COI: The authors declare no competing interests.

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