

HOME CARE

THE NEXT ESSENTIAL SERVICE

*MEETING THE NEEDS OF OUR AGING
POPULATION*



Canadian Home Care
Association
canadienne de soins
et services à domicile

“Home Care” is an array of services, provided in the home and community setting, that encompass health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the family caregiver.

Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health care needs to independently live in their community. While the majority of clients receiving home care are seniors aged 65 and over, home care is provided to individuals of all ages.

THE ISSUE

Increased Demand: The home care sector is a critical part of our health care system and plays a key role in primary health care, chronic disease management and aging at home strategies across Canada. Since 1997, the home care sector has experienced a 51 percent increase in the number of recipients to over 900,000 serviced in 2007¹; with over 70 percent of those individuals aged 65 and over. The CHCA estimates that the number of seniors (65+) with chronic conditions requiring home care services will increase by 11 percent in 2011 to approximately 715,000 individuals and 33 percent in 2017 to 840,000 individuals.²

Limited Resources: Across Canada all jurisdictions are facing a crisis in health human resources. Health care providers are aging, resources are scarce and it is predicted that demand for health care service will exceed human resource supply in the very near future. Family caregivers, who provide more than 80% of care needed by individuals with chronic conditions, are experiencing firsthand the financial, emotional, physical and mental burden that accompanies caregiving responsibilities

Without additional investment, the home care sector will not be able to meet the needs of our aging population with chronic conditions. This deficit will result in seniors accessing health care in more expensive facility based care or increased visits to hospital emergency departments. The costs of providing health care will rise, the choice and independence of seniors will be limited and the future sustainability of the health care system will be jeopardized.

¹ Canadian Home Care Association (2008), Portraits of Home Care

² CHCA estimations based on Statistics Canada, censuses of population, 1956 to 2006; and Alain Bélanger, Laurent Martel and Éric Caron Malenfant, 2005. Population Projections for Canada, Provinces and Territories 2005-2031, Statistics Canada Catalogue no. 91-520, scenario 3.

BACKGROUND

Evolution of Home Care across Canada

Home care in Canada has evolved from the first publicly funded program, established in 1970 to 1988 when all provinces and territories supported publicly funded programs. Throughout the 1980's home care programs underwent restructuring and addition of services to meet public demand. The nationally funded and administered Veterans Independence Program was launched as an alternative care model for aging WWII Veterans to provide home care and community based institutional care as a pilot project.

The late 1990's saw an expansion of services and organizational changes into regional health authorities and other community based approaches to service planning, coordination and delivery. Nationally funded and administered programs for First Nations and Inuit and the Royal Canadian Mounted Police were developed in response to increase demand for home based care. The newly established home care program for Nunavut occurred in 1999.

Across Canada there was a notable increase in activities in the home care sector and expansion of home care services resulting from the September 2004 10-Year Plan to Strengthen Health Care which included a minimum set of services for acute, palliative and acute mental health home care as a first step in strengthening home care.

Current Status of Home Care

In response to an aging population and the increased demands for health services associated with chronic conditions, jurisdictions across Canada are transforming their health systems to more integrated proactive approaches to health service delivery.³ Home care has been a critical part of health care restructuring and has played a key role in primary health care, chronic disease management and aging at home strategies across Canada.

Home care is not an insured health service under the Canada Health Act. This lack of legislative framework results in a wide variation in access to and availability of home care services across Canada.⁴

- There is wide variation in the availability of supportive services for individuals with long-term chronic conditions which may include home support, homemaking and options for assisted living facilities.
- Provinces and territories vary in access to medical supplies, equipment and drugs. In some jurisdictions these items must be paid for privately, either through a co-payment arrangement or entirely by the individual.
- While all home care services are provided based on assessed need, there is variation in the limits of home care services across Canada:

³ Health Council of Canada (2008), Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada

⁴ Canadian Home Care Association (2008), Portraits of Home Care

- Only B.C., Nunavut, NWT and First Nations and Inuit Home Care Programs have no maximum service limits
- Ontario, New Brunswick and PEI set service limits for on a predefined amount of hours
- Nova Scotia's acute home care program, Newfoundland and the federally funded VIP program for Veterans set limits for services based on specified dollar
- Saskatchewan, Manitoba, Quebec, New Brunswick Extra Mural Program, Nova Scotia Chronic Care Program and the Yukon set the upper limit costs based on a formula for equivalent level of institutional care, where costs for home care will not exceed the cost of health care service in a facility.

Public expenditures for home care services is largely the responsibility of provincial and territorial governments, with some funding support from the federal government through transfer payments. As a percentage of the total provincial or territorial health budget, home care expenditures ranged from 1.56 percent to 6.8 percent in 2006. As a percentage of total public health care spending in Canada in 2006, home care accounts for 3.7 percent (\$3.868 Billion).⁵

Waitlists for home care services have resulted mainly from limited human resources and increasing demand. While not all programs collect data on waitlists, there are some instances where individuals are on waiting lists for certain programs (Saskatchewan's Individualized Funding Program, Home Support in Nova Scotia, Therapies in Ontario, etc).

Increasing Demand for Home Care:

The population of seniors aged 65 and over is expected to increase to 4.9 million by 2011 and 6.0 million by 2017.⁶ While seniors today are generally healthier than those of previous generations, they remain more likely than younger people to have chronic conditions and to suffer from poor health.⁷

- There are increasing health care needs associated with aging and Statistics Canada reports that 90.5 percent of seniors indicate being affected by a chronic health condition.⁸ The number of chronic conditions has been found to be the strongest determinant of the frequency with which seniors consult physicians and use medications.
- Those with chronic conditions require the health system more often and for a greater length of time. Having chronic conditions also increases the likelihood of being hospitalized and receiving home care.⁹

⁵ Canadian Institute for Health Information, *Health Care in Canada 2007* (Ottawa: CIHI, 2007) & Canadian Home Care Association (2008), *Portraits of Home Care*

⁶ Government of Canada. *Horizons: Policy Research Initiative*. Vol.9, No. 4, December 2007. Available at http://www.policyresearch.gc.ca/doclib/HOR_v9n4_200712_e.pdf

⁷ Statistics Canada. Health among older adults. *Health Reports* – Supplement (Statistics Canada, Catalogue 82-003) 1999

⁸ Turcotte, M. p 277

⁹ Rotermann, M. p.45

- Currently in Canada there is an imbalance of resources invested between home and community care and long-term care facilities with the majority of financial and human resources targeted to long term care facilities. Community-based services that are integrated and coordinated across the health care system can be a cost-effective way to maintain people's independence and prevent admissions to hospitals and long-term care facilities.¹⁰

Limited Resources:

Recruitment and retention of professional staff is a constant challenge for all home care programs across Canada. Family caregivers are facing increasing demands to participate in care and often experience burnout that results in a lack of support for those in need.

- There are currently over 32,300 home support workers, 12,000 nurses and 2,600 therapists working in home care across Canada. Over 50-70% of the current workforce is 40 years and older.¹¹
- Professional schools of medicine, nursing, rehabilitation, speech and language, and social work are not training enough professionals to replace those leaving the work force.¹²
- Family physicians identified time constraints and competing priorities as barriers to their involvement in home care. Complex home care clients are estimated to require as much as 10 hours per month per case of physician time.¹³
- There are at least 2.85 million Canadians providing care for a family member with long-term health problems.¹⁴ As this statistic is derived from 1997 data, it is believed that 4 - 5 million would more accurately reflect the number of caregivers today. The economic value of caregivers' unpaid eldercare to the Canadian economy is estimated to be over \$5 billion unpaid work.¹⁵

¹⁰ Béland F, A system of integrated care for older persons with disabilities in Canada: Results from a randomized controlled trial

¹¹ Canadian Home Care Human Resource Sector Study, 2001

¹² Canadian Home Care Human Resources Study, 2001, Watters and Robeson, 1999

¹³ The Role of the Family Physician in Home Care, A Discussion Paper, 2000

¹⁴ Canada's Caregivers," Canadian Social Trend (1997), Cranswick, K

¹⁵ A profile of Canadian chronic care providers (2002) Fast, J., Niehaus, L., Eales, J., and Keating, N

ROLE OF THE FEDERAL GOVERNMENT

Canadians live, work and grow old in their communities. Our health care system must focus on timely, appropriate access to community-based health care to support our aging population. Canadians want to live independently in their homes and community as evidenced in a recent poll that showed 78 percent of Canadians surveyed would support the development of more home and community care programs which they feel would improve the health care system.¹⁶

While many of the necessary changes to support our society to “age in place” must take place at a provincial and local level, the federal government plays a key leadership role.

- **Target federal dollars to the home care sector** to increase access to services to address chronic disease management, long term care and preventative care, in addition to acute care and palliative home care.
- Adopt a **comprehensive Canadian Caregiving Strategy** which includes:
 - Recognition of the importance of family caregiving in policy, practice and legislation
 - Provision of comprehensive caregiver support which includes financial measures, services for caregivers based on their assessed needs, and flexible work environments for those caregivers who are also employed
 - Research to enable evidence based decision making
- Work with the provinces and territories to articulate **targets to measure access** to home care so that Canadians receive timely, appropriate home care services regardless of where they live.
- Target investment through Canada Health Infoway for **information technology applications specific to the home and community care sector**. Canada’s approach to the development and implementation of an electronic health record must include coverage for all Canadians and include all settings of care (e.g. home and community, hospitals, long term care facilities, and primary health care).

¹⁶ Health Care in Canada Survey (2007)

ABOUT THE CANADIAN HOME CARE ASSOCIATION

The Canadian Home Care Association (CHCA) is a national not-for-profit membership Association dedicated to ensuring the availability of accessible, responsive home care and community supports which enable people to stay in their homes with safety, dignity and quality of life. Members of the Association include organizations and individuals from publicly funded home care programs, not-for-profit and proprietary service agencies, consumers, researchers, educators and others with an interest in home care.

Through the support of the Association members who share a commitment to excellence, knowledge transfer and continuous improvement, CHCA serves as the national voice of home care and the access point for information and knowledge for home care across Canada.

For more information, contact:
Nadine Henningsen
Executive Director
Canadian Home Care Association
Phone: 613-569-1585
www.cdnhomecare.ca