Home care for an Aging Society: Why it’s Needed; How it Can be Effective.

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Will talk about:

• Older adults; their needs
• Caregiving; the dominant care system
• Caregiving in the future
• The need to support caregivers
• The role of home care to support older adults and caregivers
Older Adults

- Chronic conditions increase as we age & continue to do so within old age
- Functioning declines as we age & within old age
- Chronic conditions do NOT always translate into functional disability
- Overall well-being high
• 98% have family and friends they feel close to
• Despite geographical mobility >85% of older adults live near at least 1 child
• Older adults prefer to live in the community and most can with social support and proper formal care.
Caregiving to Older Adults: We Know Much

• Families: forms changing; functions stable
• First resort: spouses, adult children
  : wives & daughters
  : women (56.5%); Men (43.5%)
- Informal care: 75% - 90% of care
- Only informal care: older women (39%);
  : older men (46%)
• Care typically with IADL (shopping, transportation, etc.), not ADL
• Women: ave. 1.5 work days/wk
• Men: ave. 1 work day/wk
• Women: homemaking, personal care, emotional support, organizing care
• Men: instrumental assistance (home repair, etc.)
Caregiver Stress

• Caregiving is stressful
• But not always: 43% coping very well
  : 49% coping generally well
• Simultaneously: 70% say caring is stressful
  : close to 80% report emotional stress
  : 70% need a break freq. or occasionally
• Burden & well-being are distinct
• The most burdened: The disadvantaged (lower income, socially isolated, etc.)
We Also Know …

• Satisfactions emanate from caregiving
• For most, likely positives & negatives
• Serially caregiving not generation-in-the-middle applies to most
• Caregiver contributions est. at $25b/yr for caregivers age 45+
Informal and Formal care, the interface

Jonsson (2003), Europe:
- Widespread support for state responsibility for older adult through support services so they can remain in their own homes
- Countries with weak state support, stronger demand
- Countries with good state support, taken for granted but public support is strong
- More state support; families still provide care, OA receive more care, more independence
Caregiving in the Future

• Baby boomers (bb) are the caregivers of today’s older adults
• Health of bb may or may not be better when they are elderly (obesity a major concern; bb have fewer children than their parents
• Projections: greater % in old age with be in couples; greater % with surviving children: more #s of older adults without surviving children

(Carriere, Gaymu, Keefe)
Unknovns

How older couples with complex health problems will cope
Currently, men caregivers more likely to seek formal services & to institutionalize spouses
Effects of marriage dissolution unknown, at present divorced men living alone receive less help from children; living alone a strong predictor of service use
Willingness of relatively new partners to provide extensive care unknown
Change in willingness of children to provide care unknown
New care arrangements unknown:

- BB have more siblings than their own children
- Voluntary aggregate living among seniors?
- Increased role of the third sector?
- BB changing the norms and expectations of/with/for old age?
• Care from family and friends constitutes 70% of costs related to home care.
• We need support for older adults but also for caregivers.
• Expand home care and within it, integrate support for caregivers.
Homecare

• All health care $$\$: 88% are public
• Home care: 2% - 4% of public health care $$\$
• Public $$\$ to home care decreased:
  :2000-2001  -3.4%
  :2003-2004  -.7%
  : then levelled
• 18.6% increase in per capita private expenses
• Per capita spending increased more than number of users
• Health component increased as a share of services (CIHI)
• B.C. & Sask.: number of users decreased, service hours increased (CIHI; LeGoff; Penning et al.)
• Shorter hospital stays, increased demand for short term home care services (Deber).
• Hollowing out of Medicare and provincial systems (Williams et al.)
Home Care/Home Support can be Cost-Effective

Review of earlier talk:

• At same level of need, costs are 40% - 70% of care in a nursing home.
• Main component – home support worker
• Only time it’s more expensive – dying.
• Due to hospital costs NOT the social components (Chappell, Hollander, Havens, et al, 2004)
• Preventive home care
• Home care does not have to be a cost add-on
• Requires: single point of entry & assessment; and an integrated system of care.
• Can be expanded to include non-health sector (eg. of rural respite).
What About the Caregivers?

• No one is suggesting families provide no care
• Concern that they cannot provide more than they are now
• Yet people living longer, with complex health problems (not just the survivors)
• Currently, little support for caregivers
In Canada ...

• Federal Family Caregiver Tax Credit (not a tax benefit); Compassionate Care Leave

• Provincially: 3 types of respite (sitter-attendant, adult day care; short stay beds in facilities

• Manitoba – 1st province to declare Caregiver Recognition Day
Internationally

Denmark

- home help free of charge to seniors, eligibility determined by a needs assessment
- Informal caregivers entitled to lost earning when caring for a dying relative based on medical assessment that hospital treatment is futile
- Seniors + family decide where care is to come from; local authority pays if the private service option is chosen
Finland
- Allowances for caregivers whether a relative or other person
- Family caregiver entitled to 2 days off/mo.
- Local authority resp. for arranging care on those days
- Local authority insures caregiver against injury and pays pension benefits
Australia
- National Home and Community Care program
- Respite care, community support services, information, counselling, employment related benefits
- Cash benefits (extra costs if co-resident with care recipient is 20% of the single-rate retirement pension, not means tested or taxable)
- Those unable to work due to caregiving can apply for a means tested caregiver payment equivalent to the retirement pension
Review of international literature on interventions to assist caregivers

- Successful interventions include:
  - assessment by trained assessors
  - assessment of caregivers early and on an ongoing basis
  - Sufficient resources to adequately address needs identified
  - Active involvement of the caregiver in developing multidimensional and flexible programs tailored for them (Chappell & Pridham, 2010)
• Caregivers are viewed as partners as well as clients who have needs and are treated accordingly
• Facilitation of caregiver self-identification and recognition of their own needs
• Culturally-sensitive options and
• Evaluate implementation and monitor outcomes
Keefe et al’s 3 categories of policies:

- Home care policies (assessing caregivers, more services to caregivers, including non-family caregivers)
- Workplace policies (broadening eligibility & length of leave in the Compassionate Care Benefit, allowing family leave days in federal labour code, private workplace incentives to include caregiving in family leave policies)
- Income security policies (financial support, refundable tax credit, drop-out clause & credits in the Canada Pension Plan)
Chappell & Hollander’s policy prescription for caregivers includes:

- Combating ageism
- Facilitating healthy communities
- Supporting prevention
and specific measures for unpaid caregivers...

- Assessing caregiver needs
- Providing information
- Adjusting labour and tax policies
- Providing support for respite
- Conducting demonstration projects to inform policy on direct payment to caregivers
as well as establishing integrated systems of care

• Recognize & revalidate integrated, continuing care systems at all levels of govt

• Adjust provincial and national data collection & reporting to track expenditures for continuing care

• Ensure future Health Accords, etc. focus on integrated care, not only home care

• Foster, improve, and adapt integrated systems of continuing care
Recent recognition

- Increasing calls for expanded home care/community care.
- Australia adopting a policy to expand home care as a cost-effective measure to ensure older adults stay at home longer.
- Health Council of Canada’s report *Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?*
Question remains: who pays?

• Ongoing care needs due to functional deficits are health problems requiring ‘medically necessary’ care.
• Maximizing independence and minimizing rate of deterioration often requires non-professional home care services.
• Current health reform moving to privatize non-medical services
Likely consequences:

• Retrenchment back to medical care only
• Ongoing spiral in medical costs will continue
• Main services required by older adults subject of affordability
• Opportunity for cost-effectiveness lost
• Less than optimal quality of life in old age
• Greater demands on caregivers
Conclusions

• It is possible to have both an appropriate and cost-effective health care system for an ageing society.
• It requires an expanded home/community care system that supports both OA and their caregivers within an integrated system of care.
• It requires political will and grassroots action