

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

Neena L. Chappell, PhD, FRSC

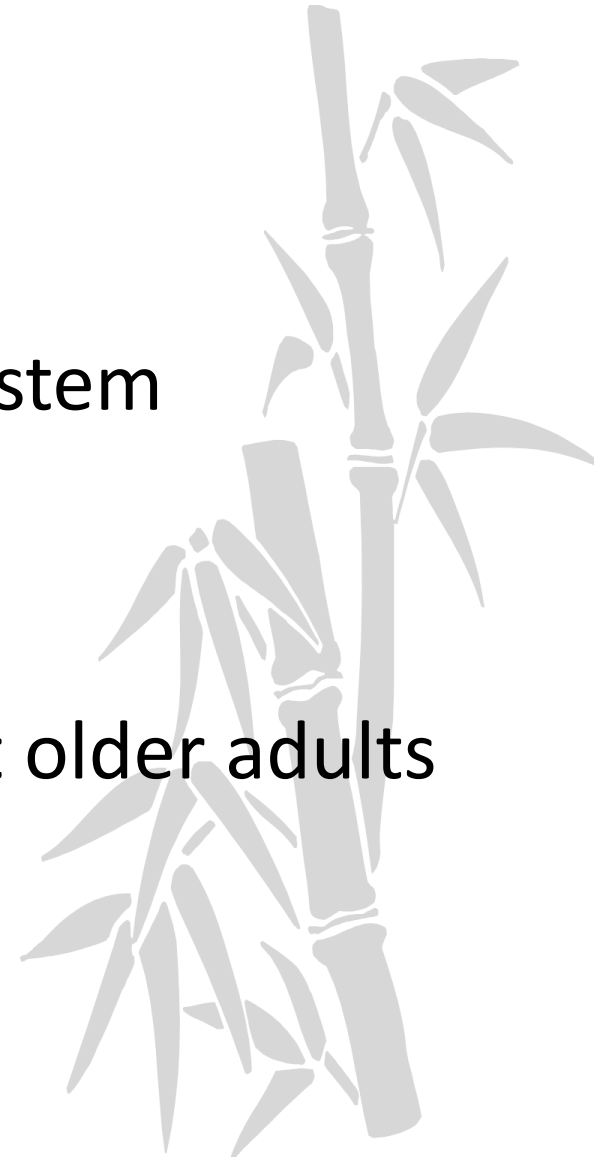
Canada Research Chair in Social Gerontology

IRPP And SFU, Innovations in Home Care: A Public Policy
Perspective, Vancouver, May 16, 2012



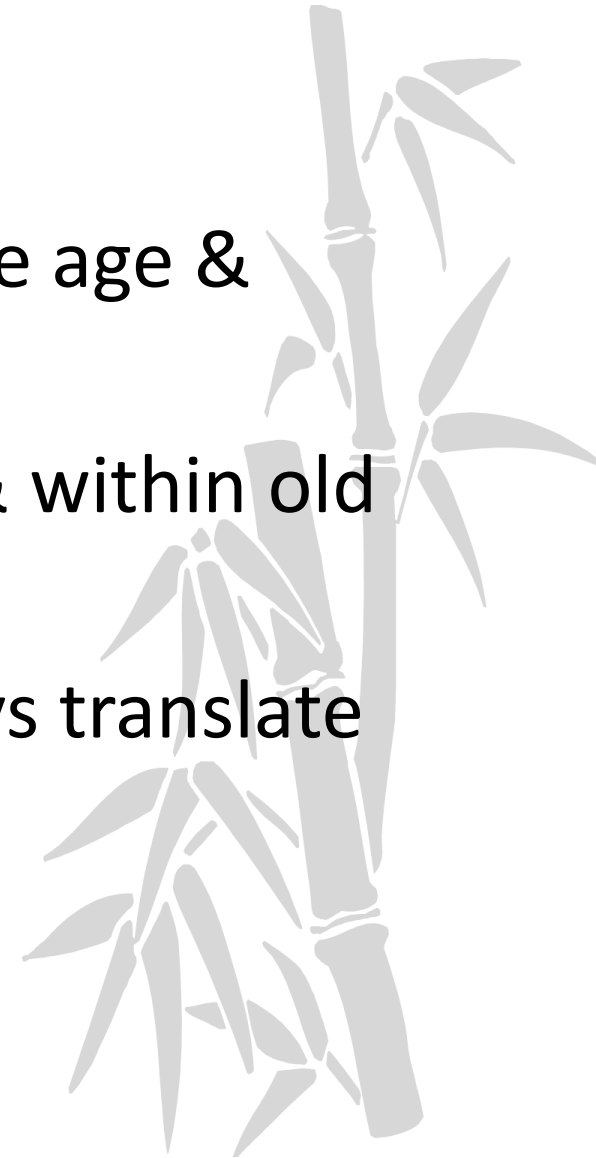
Will talk about:

- 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

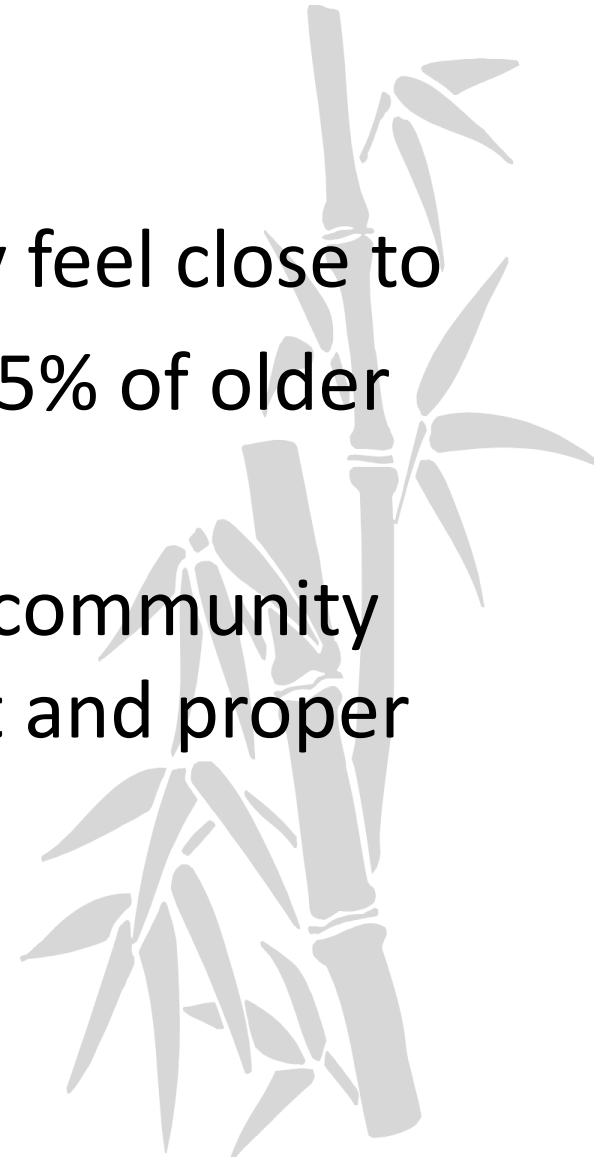


Older Adults

- 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

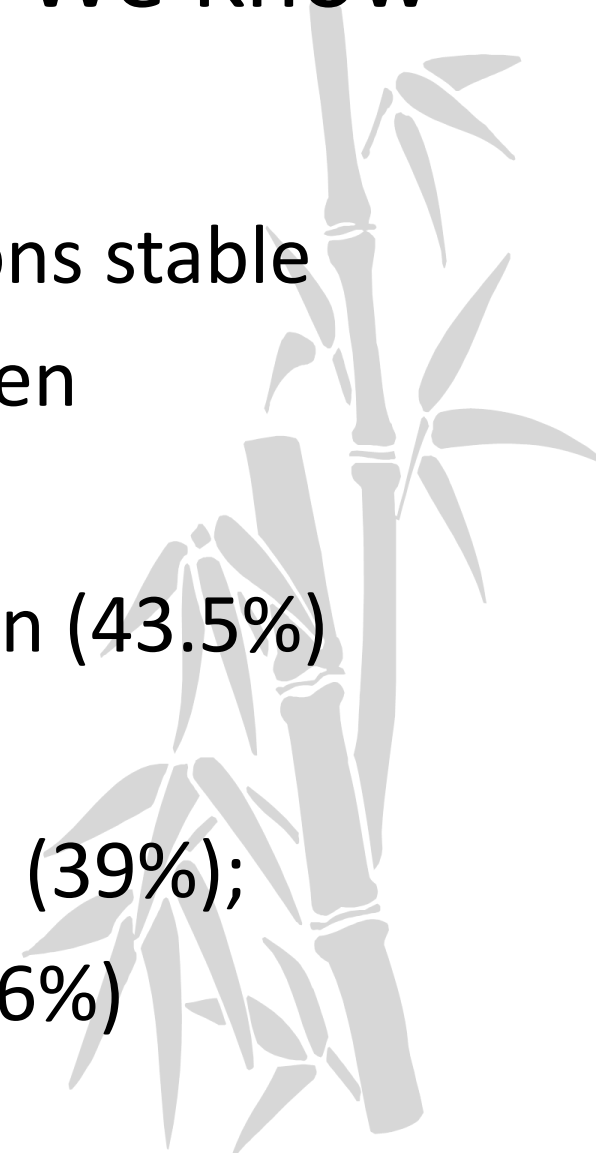


- 98% have family and friends they feel close to
- Despite geographical mobility >85% of older adults live near at least 1 child
- Older adults prefer to live in the community and most can with social support and proper formal care.



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%)

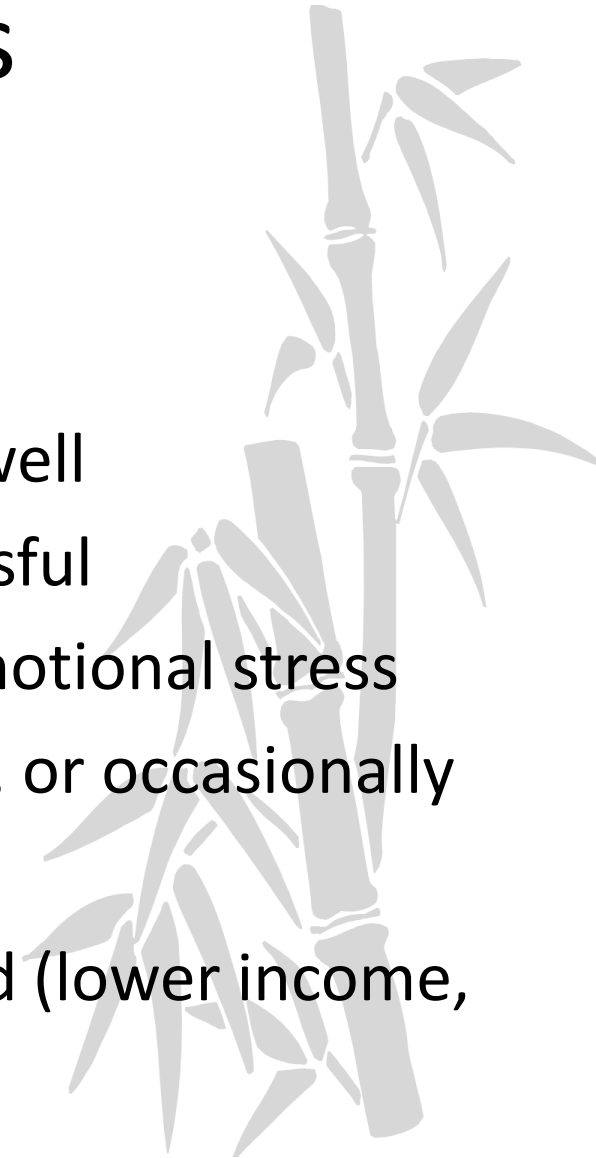


- Care typically with IADL (shopping, transportation, etc.), not ADL
- Women: ave. 1.5 work days/wk
- Men: ave. 1 work day/wk
- Women: homemaking, personal care, emotional support, organizing care
- Men: instrumental assistance (home repair, etc.)



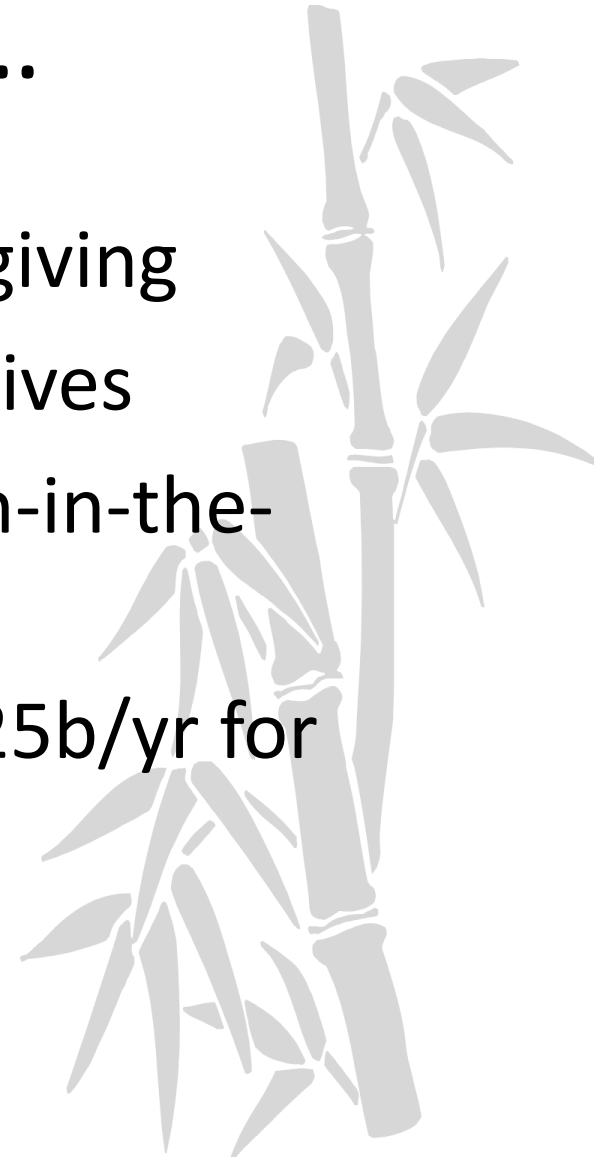
Caregiver Stress

- 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 ...

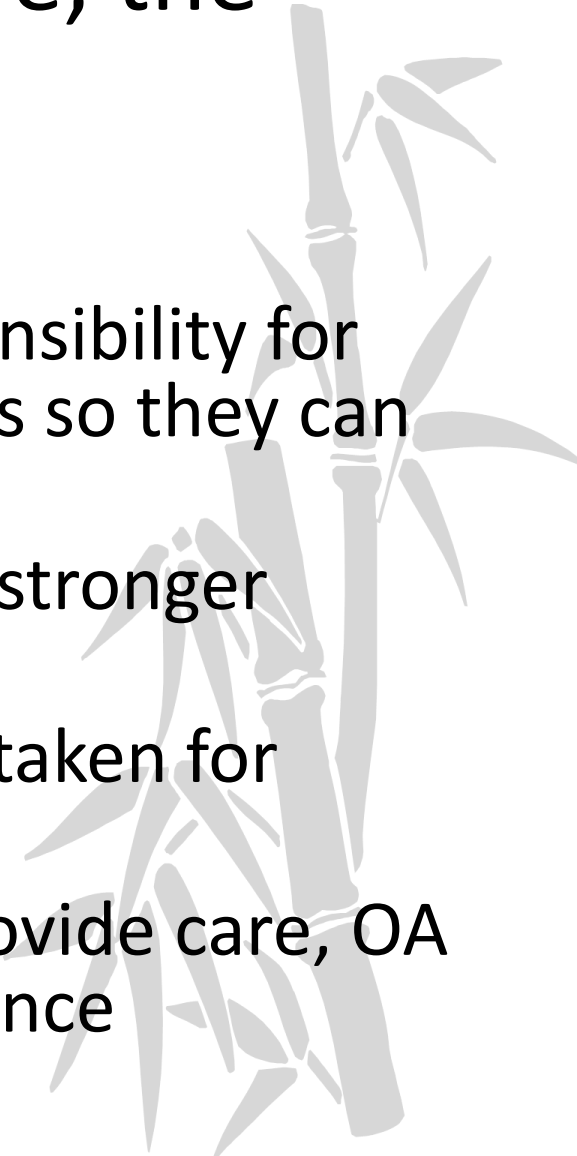
- Satisfactions emanate from caregiving
- For most, likely positives & negatives
- Serially caregiving not generation-in-the-middle applies to most
- Caregiver contributions est. at \$25b/yr for caregivers age 45+



Informal and Formal care, the interface

Jonsson (2003), Europe:

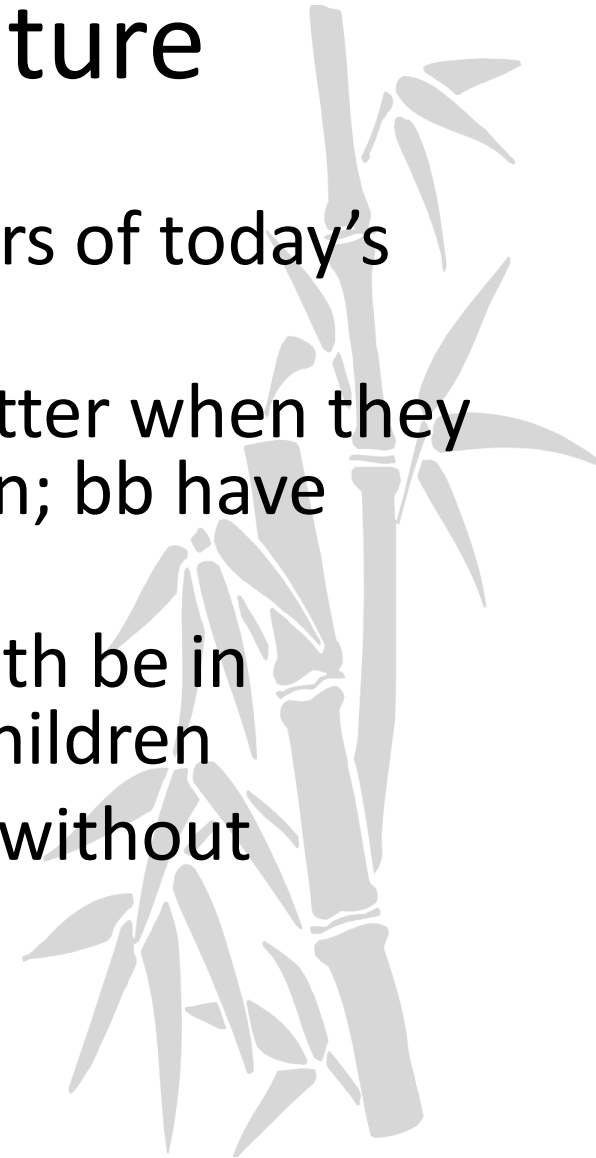
- Widespread support for state responsibility for older adult through support services so they can remain in their own homes
- Countries with weak state support, stronger demand
- Countries with good state support, taken for granted but public support is strong
- More state support; families still provide 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)



Unknowns

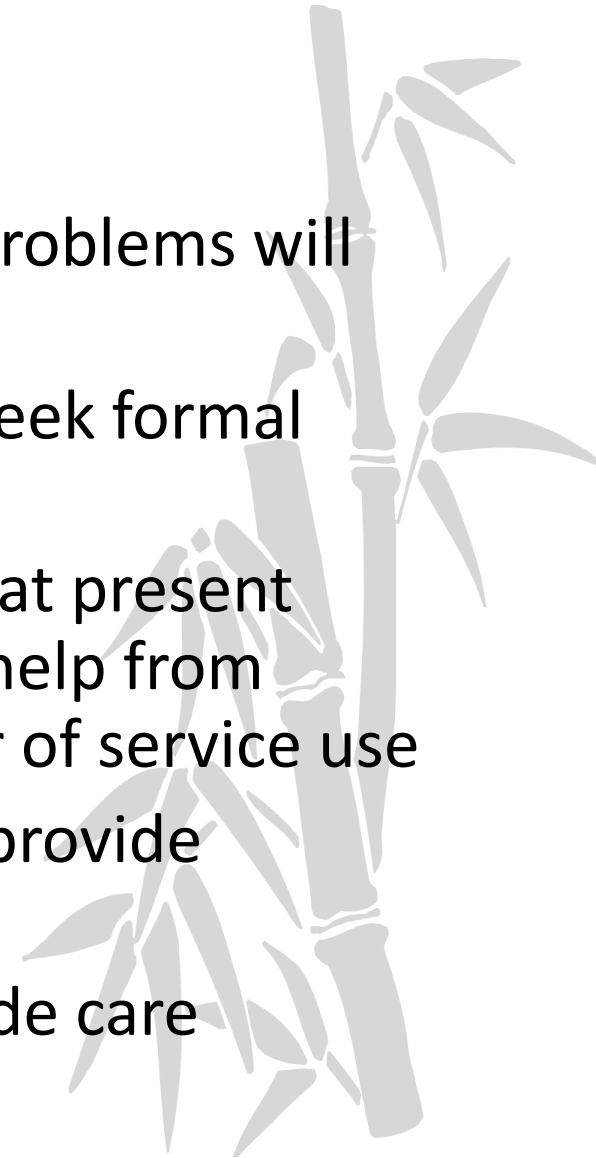
How older couples with complex health problems will cope

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

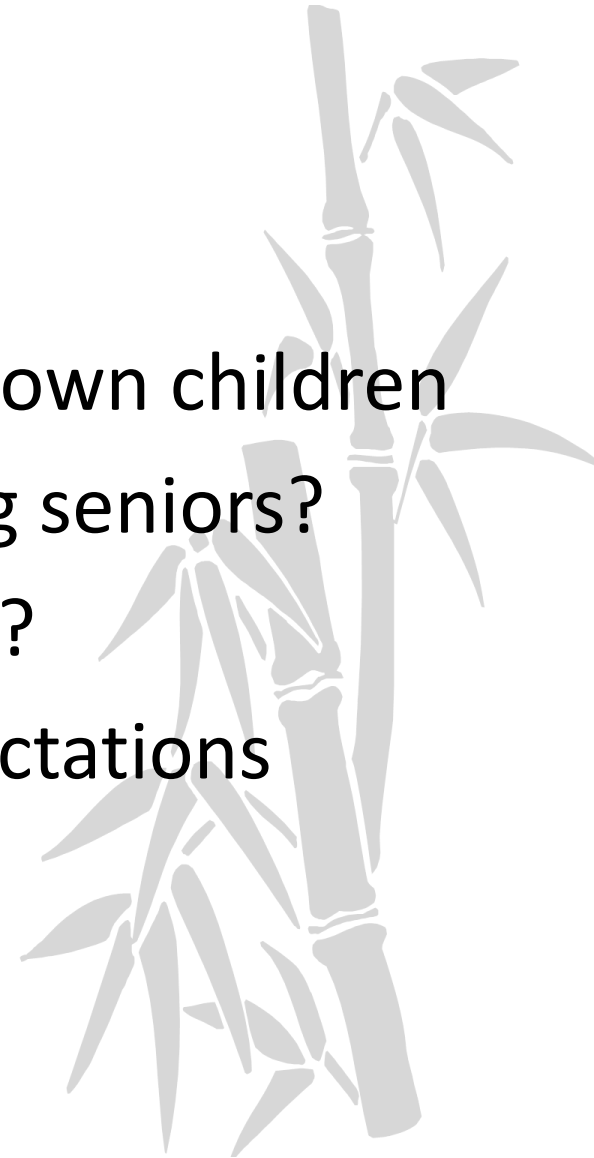
Willingness of relatively new partners to provide extensive care unknown

Change in willingness of children to provide care unknown

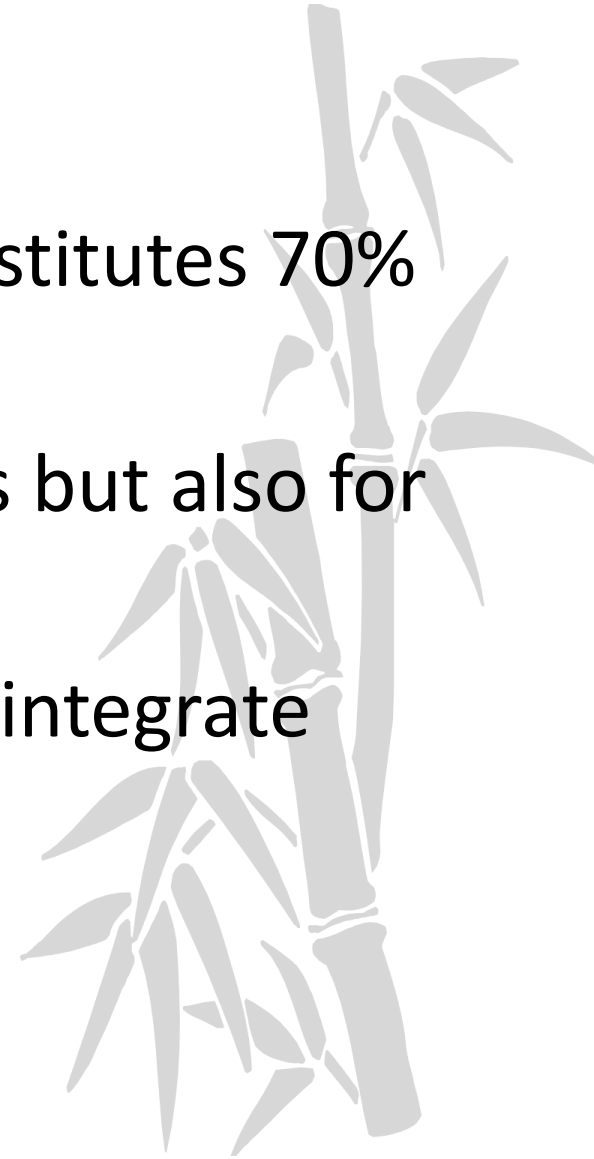


New care arrangements unknown:

- 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?

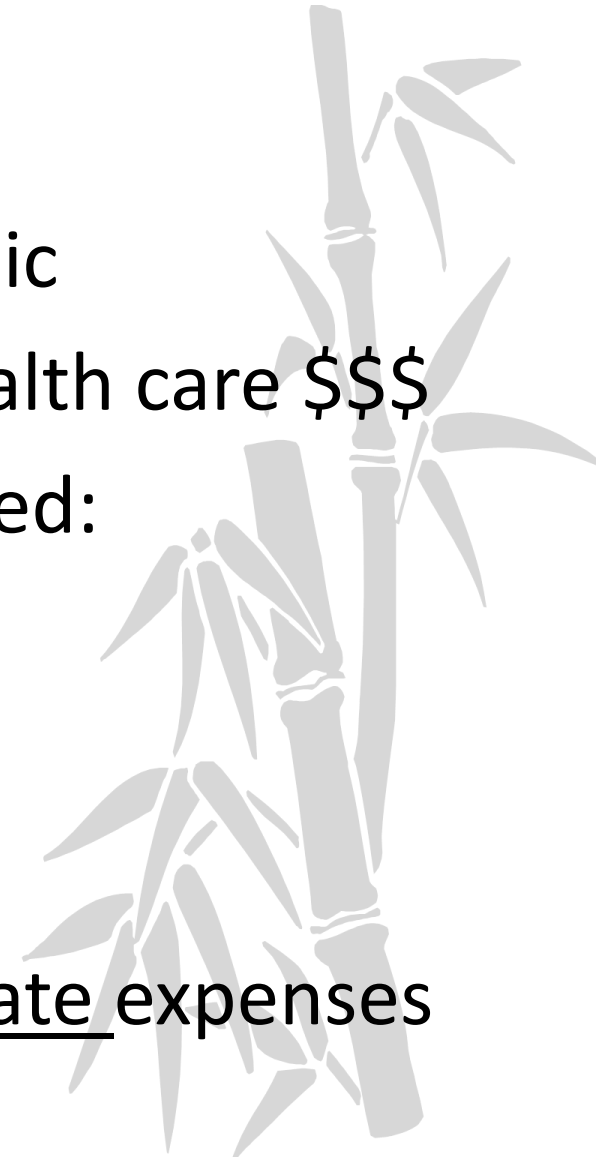


- Care from family and friends constitutes 70% of costs related to home care.
- We need support for older adults but also for caregivers.
- Expand home care and within it, integrate support for caregivers.

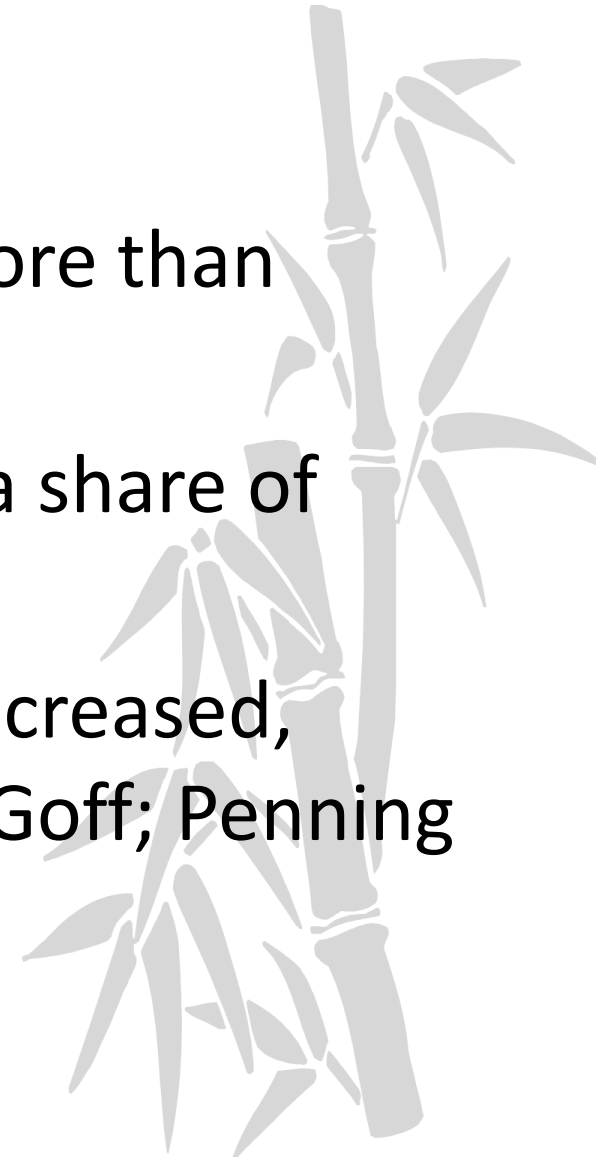


Homecare

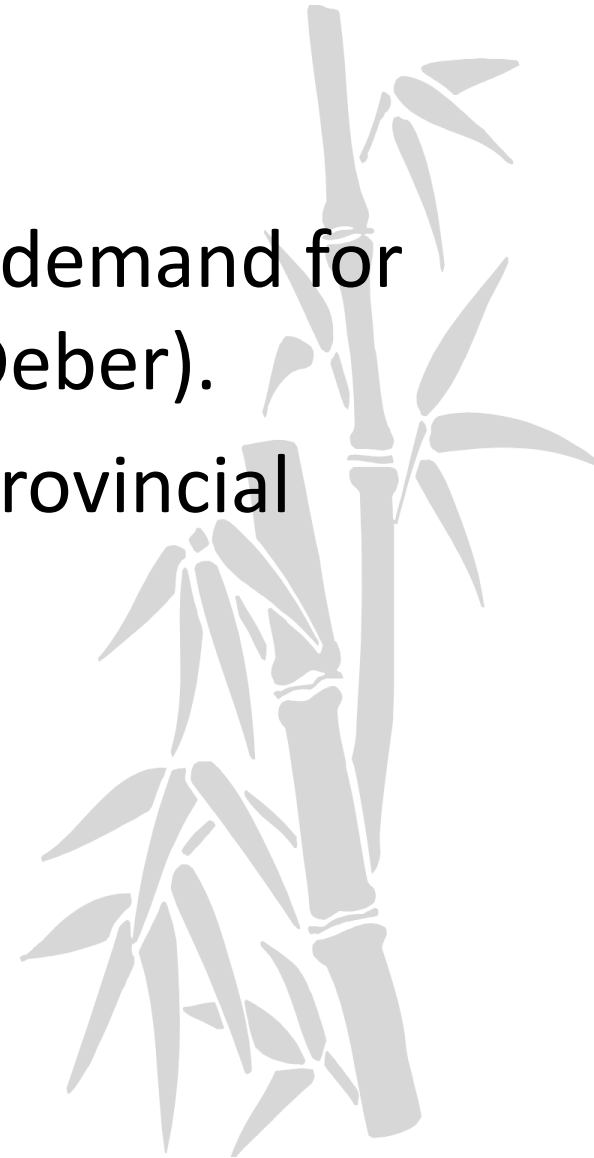
- All health care \$\$\$: 88% are public
- Home care: 2% - 4% of public health care \$\$\$
- Public \$\$\$ to home care decreased:
 - :2000-2001 -3.4%
 - :2003-2004 -.7%
 - : then levelled
- 18.6% increase in per capita private expenses



- 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.)



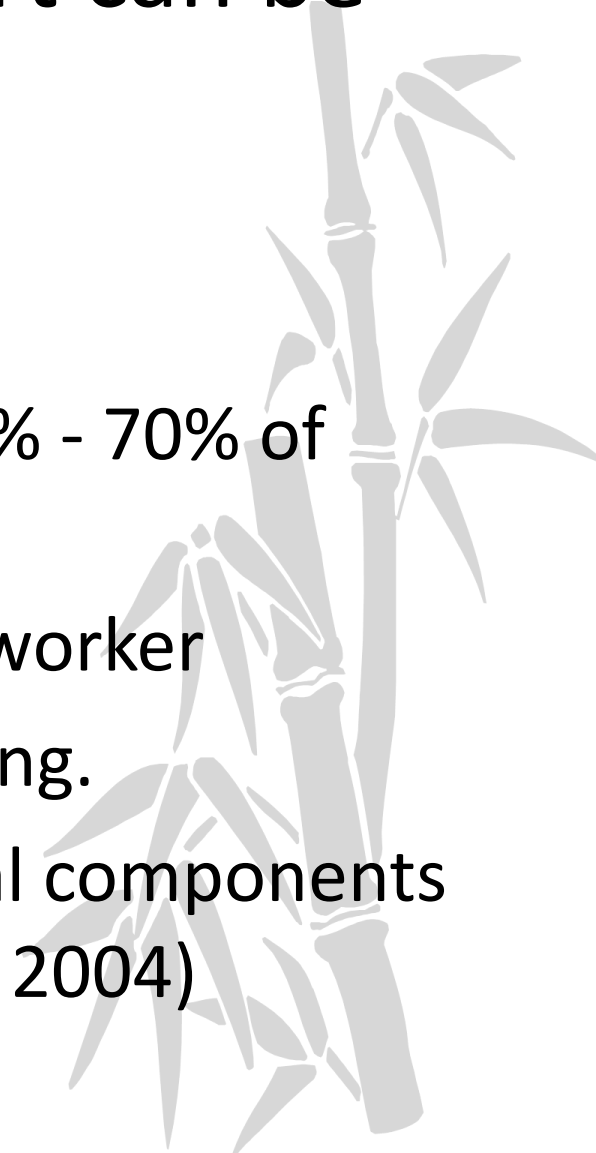
- Shorter hospital stays, increased demand for short term home care services (Deber).
- Hollowing out of Medicare and provincial systems (Williams et al.)



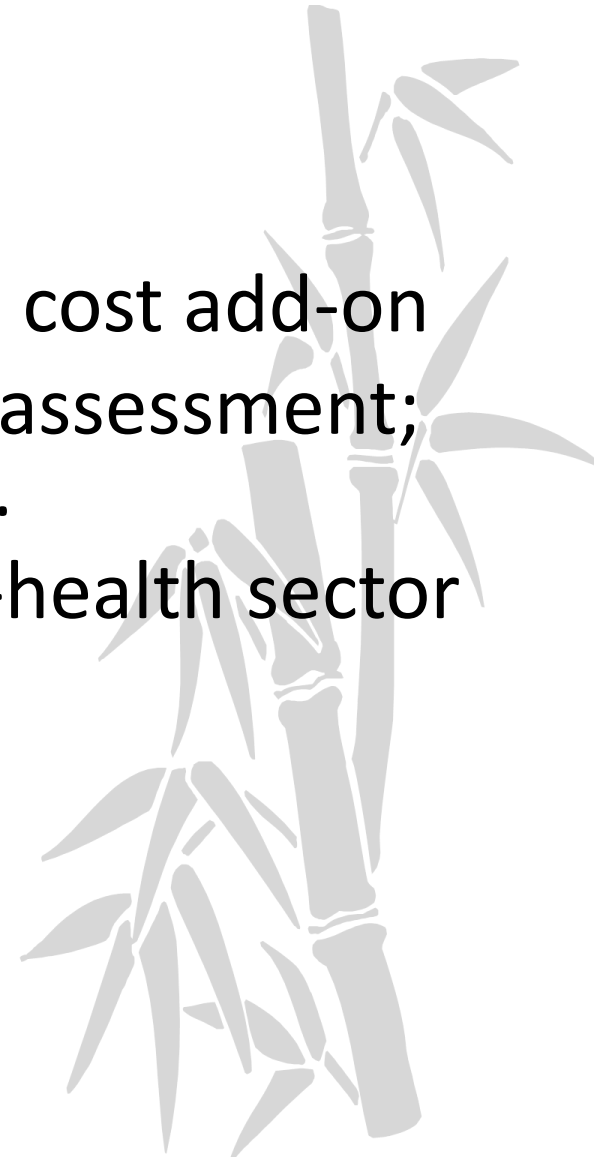
Home Care/Home Support can be Cost-Effective

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

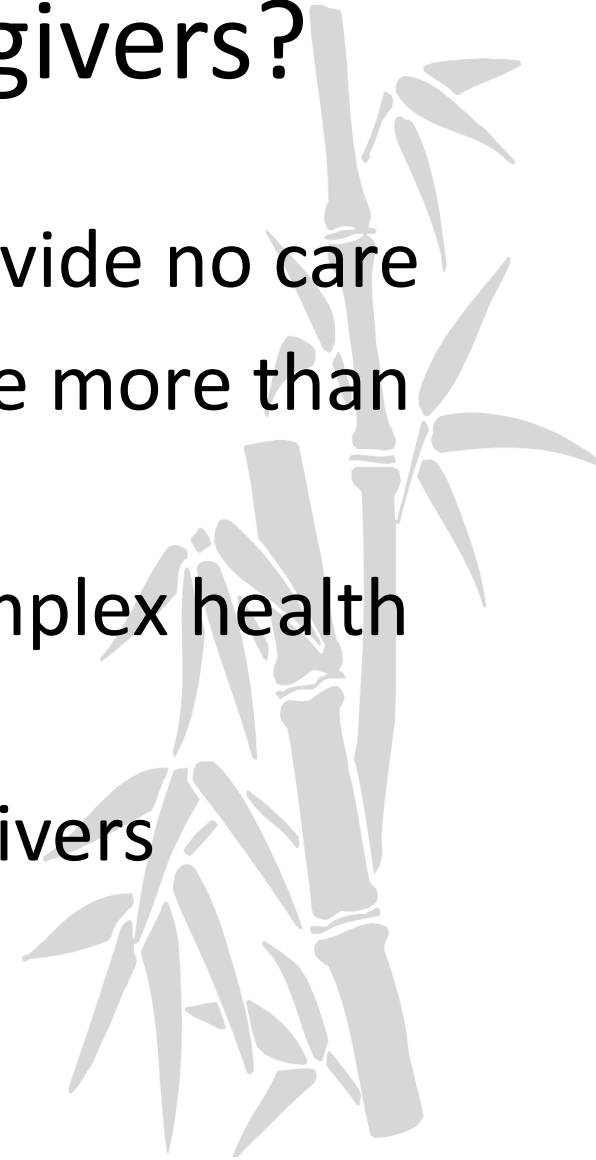


- Home care does not have to be a cost add-on
- Requires: single point of entry & assessment; and an integrated system of care.
- Can be expanded to include non-health sector (eg. of rural respite).



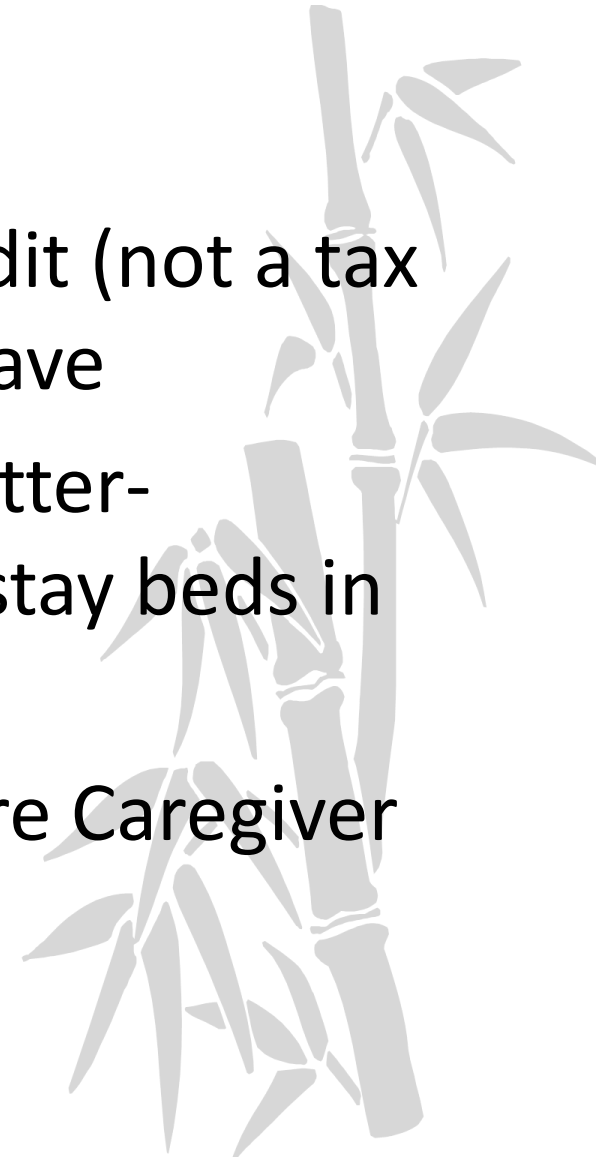
What About the Caregivers?

- 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 ...

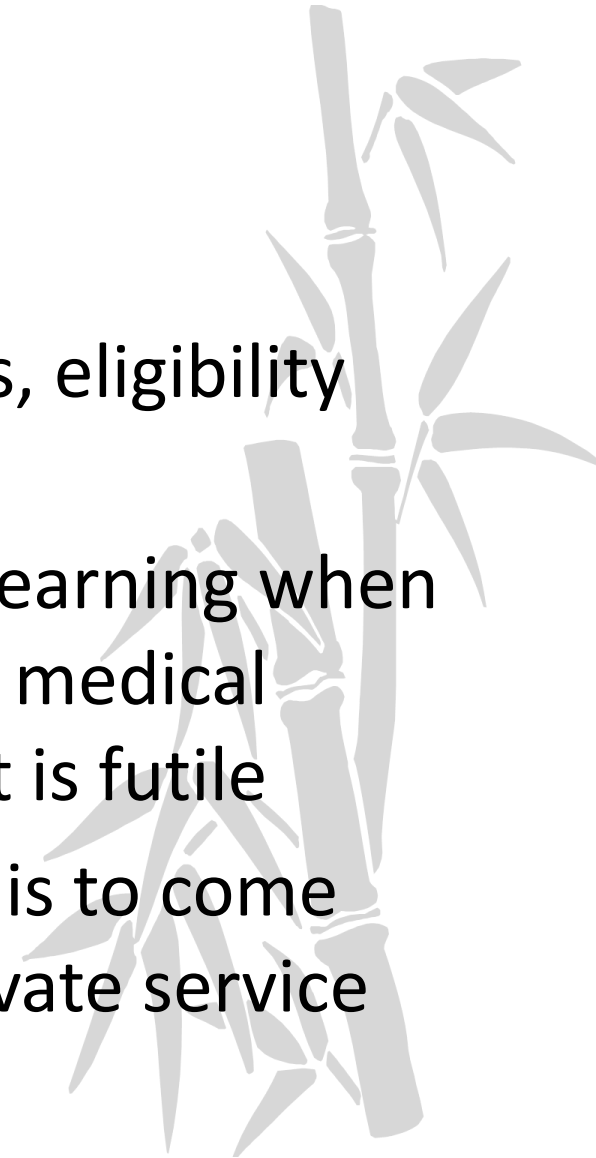
- Federal Family Caregiver Tax Credit (not a tax benefit); Compassionate Care Leave
- Provincially: 3 types of respite (sitter-attendant, adult day care; short stay beds in facilities)
- Manitoba – 1st province to declare Caregiver Recognition Day



Internationally

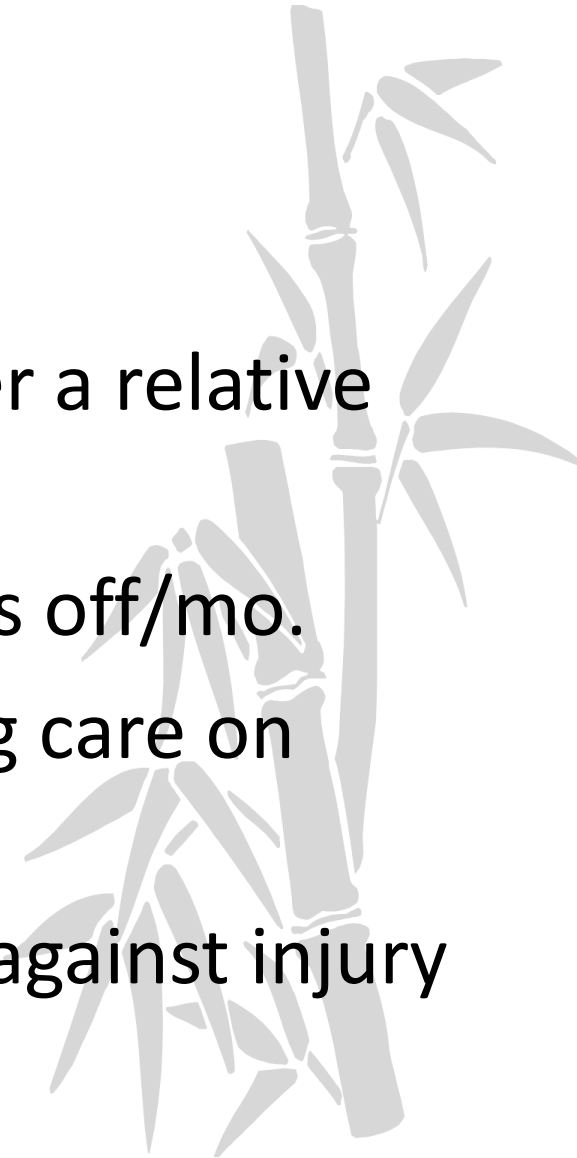
Denmark

- 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

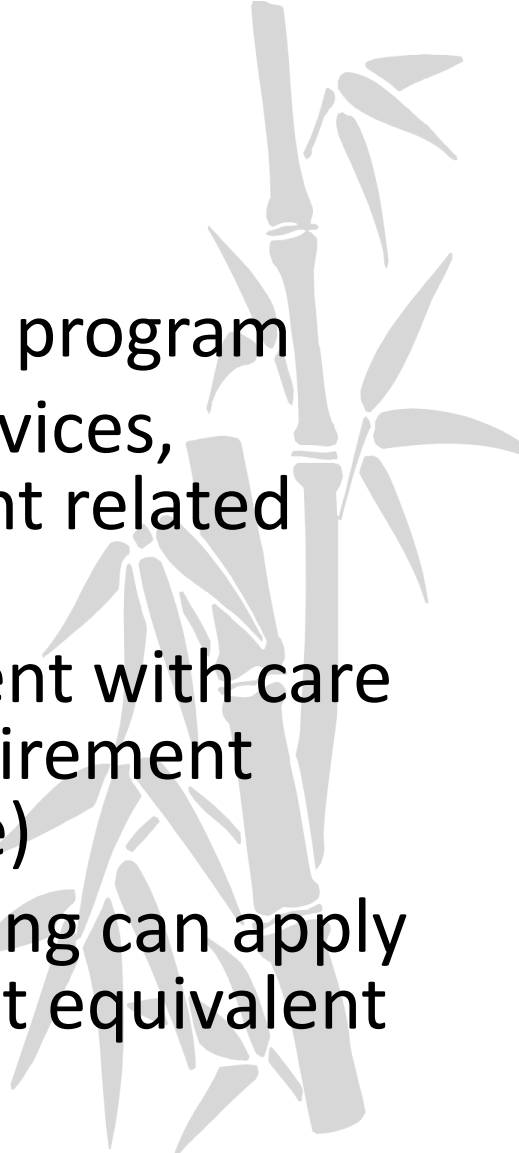


Finland

- 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

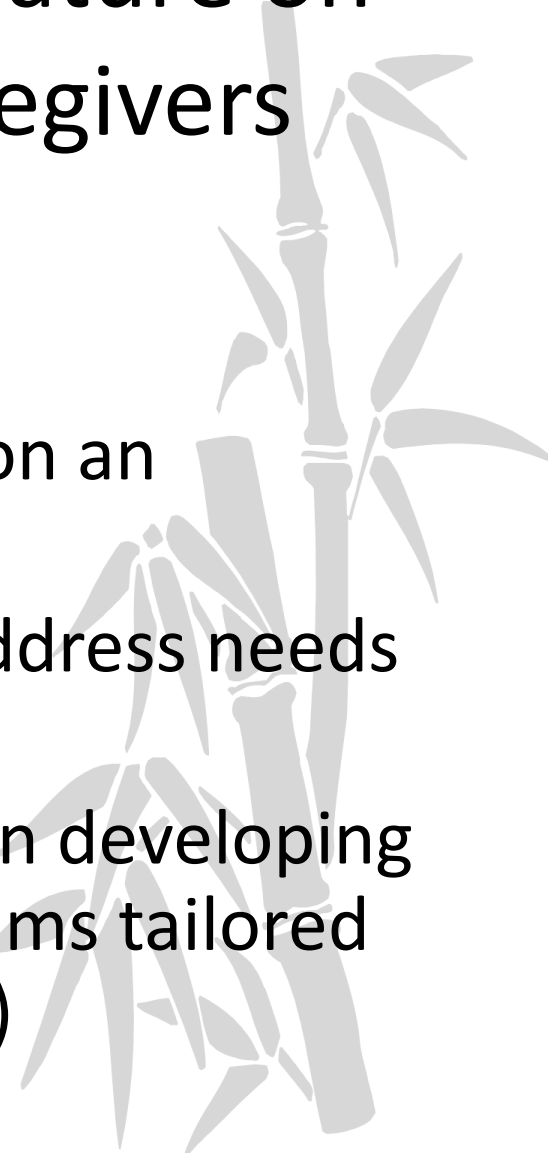


Australia

- 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
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Review of international literature on interventions to assist caregivers

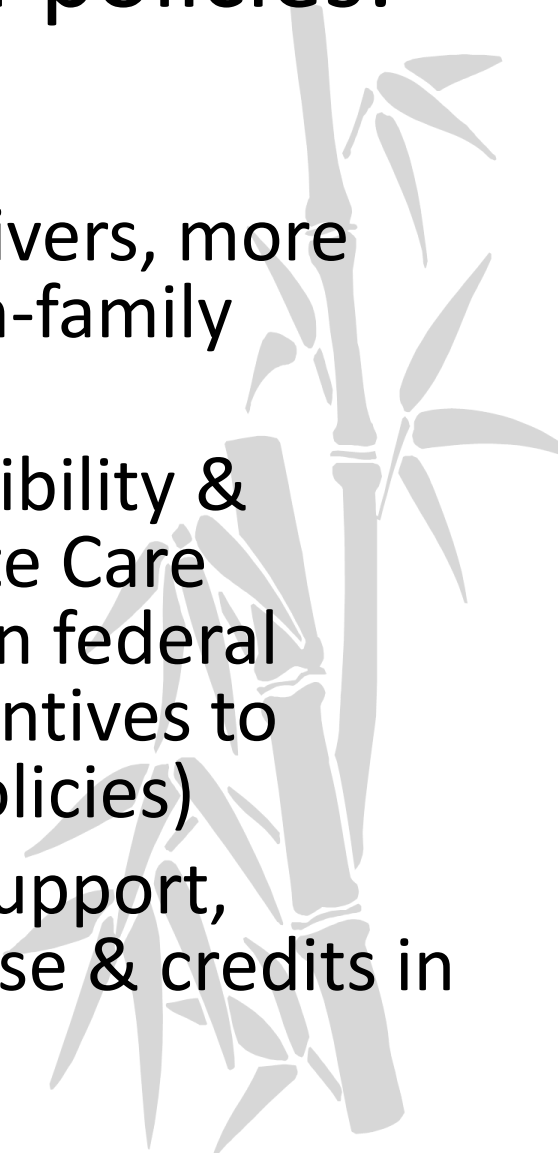
- Successful interventions include:
 - assessment by trained assessors
 - assessment of caregivers early and on an ongoing basis
 - Sufficient resources to adequately address needs identified
 - Active involvement of the caregiver in developing multidimensional and flexible programs tailored for them (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



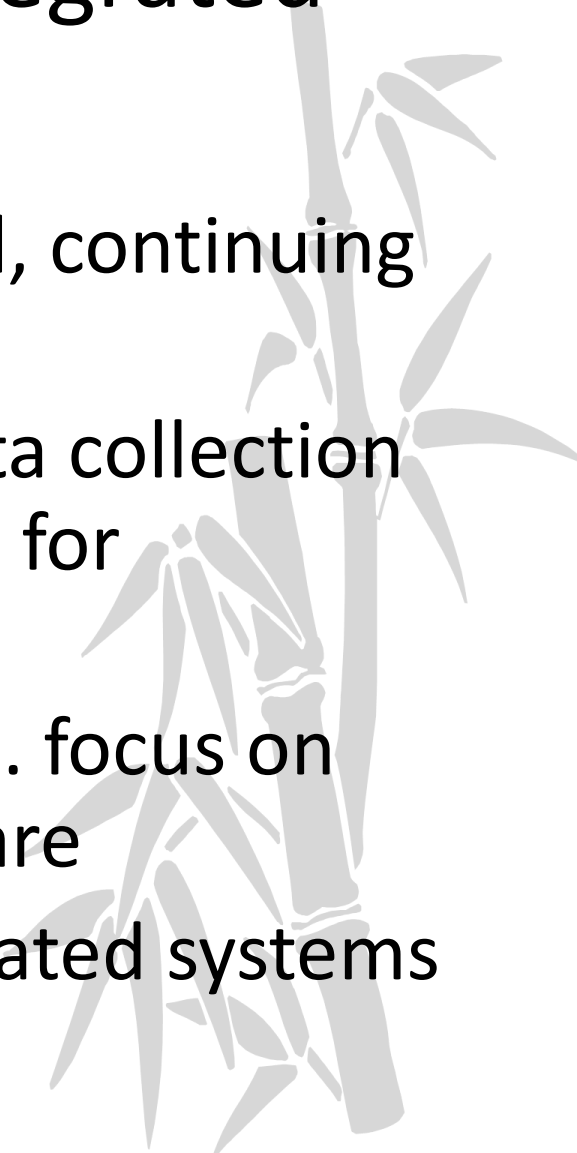
and specific measures for unpaid caregivers...

- 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



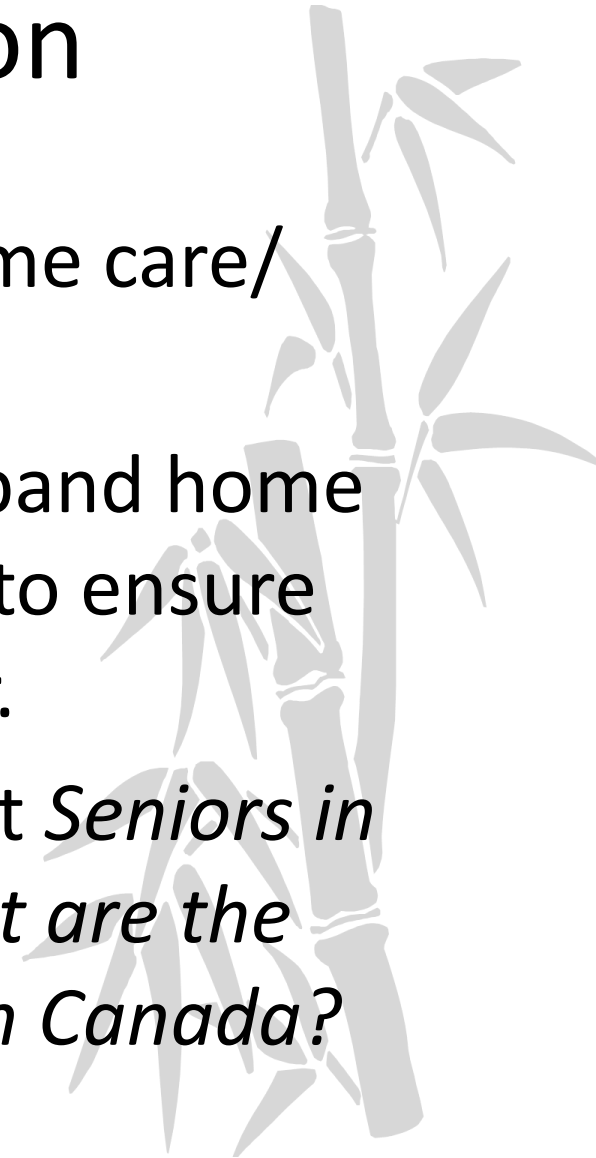
as well as establishing integrated systems of care

- 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



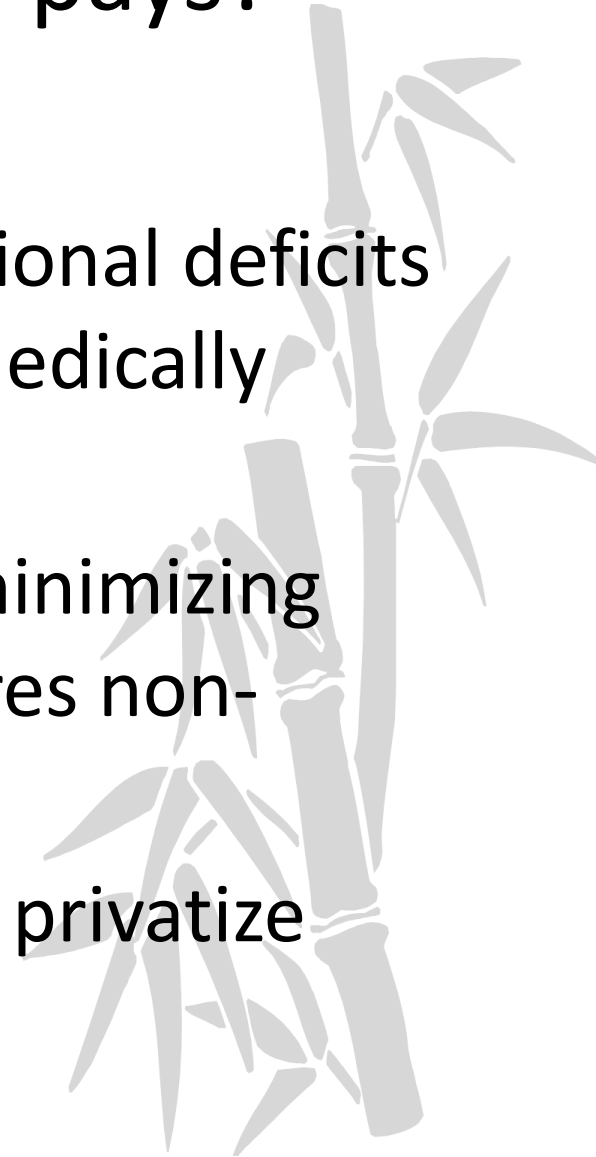
Recent recognition

- 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?*



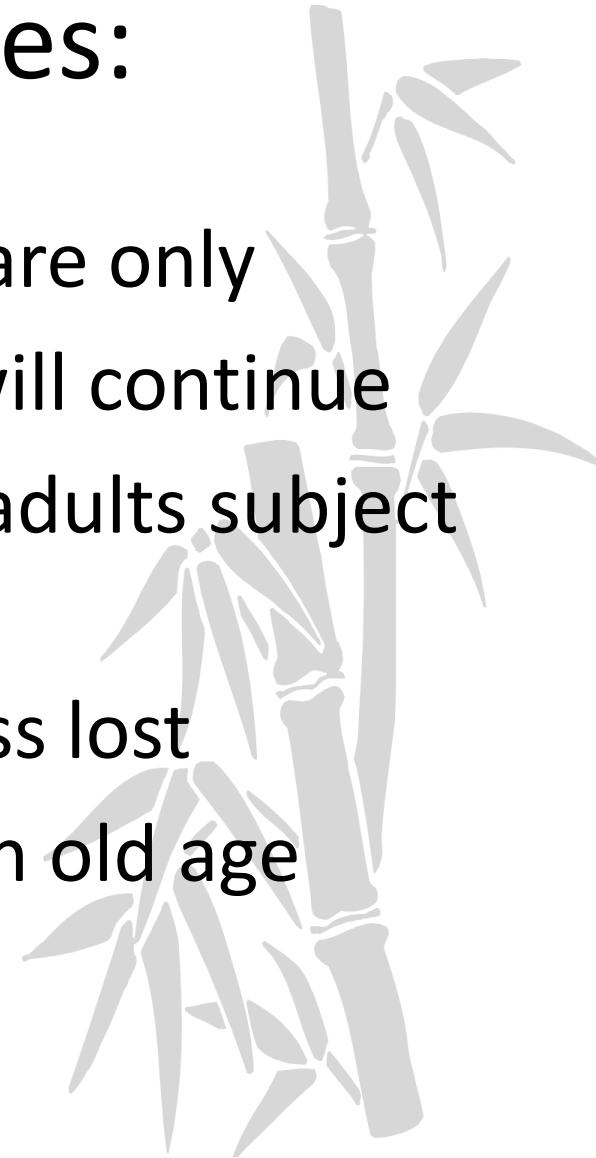
Question remains: who pays?

- 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

