Aging in the (Right) Place

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- Where we age, and how well we age is influenced by many factors including:
- Physical & mental health
- Socio-economic resources
- Where we live
- **Informal support**
- **Type of health care system in place**

Organization of talk:

Older adults

Informal caregivers

Home care, home support

Is a solution feasible?

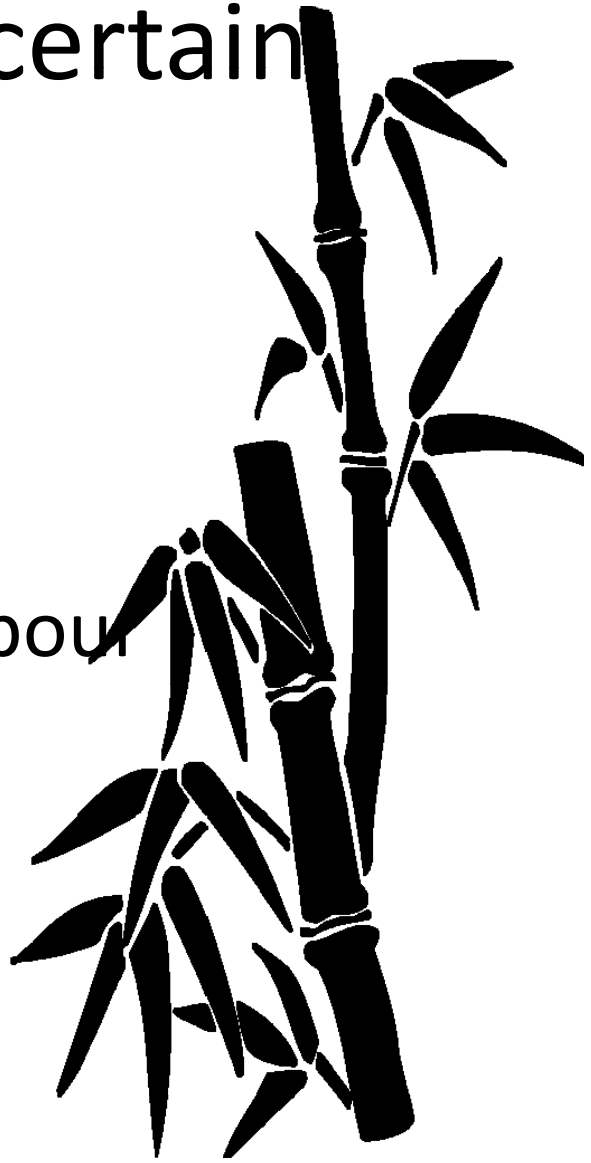
Moving forward

The Basics

- OA, chronic conditions, no cure
- Known sub-populations more at risk (poor, socially isolated, etc.)
- OA prefer own home in community
- Know how for most OA to live at home
- Despite geographic mobility, > 85% [illegible] live near ≥ one child
- 98% have family/friend they feel close to (Statistics Canada).

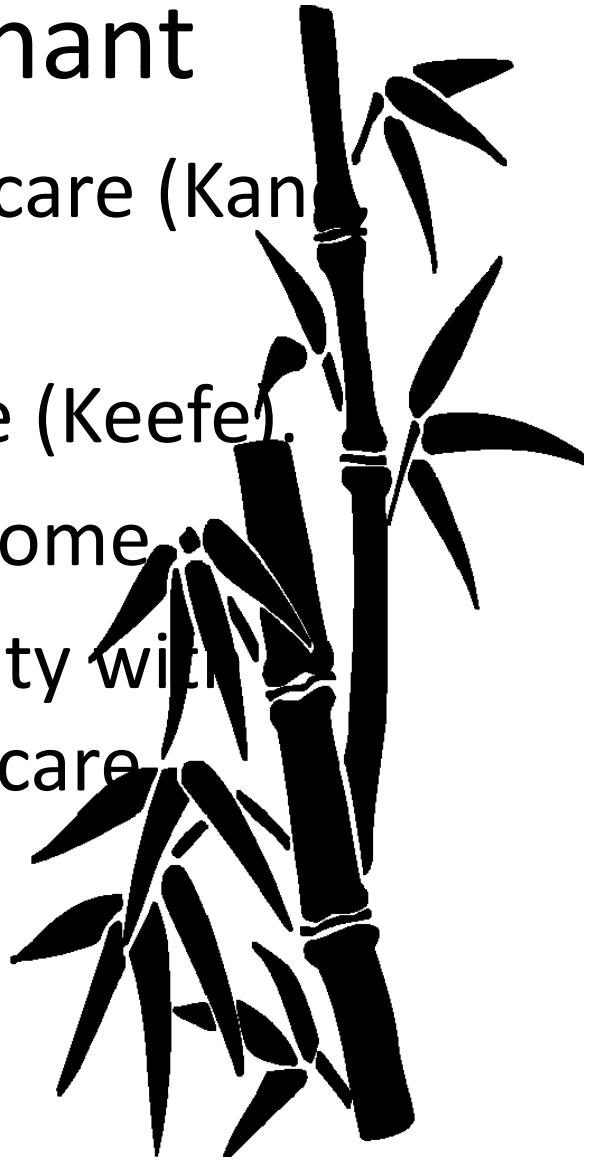
Future Projections Uncertain

- More childless OA
- More siblings
- New family forms
- Changing gendered division of labour



Informal Care Dominant

- Provides 75% to 80% of personal care (Kan
  Hebert).
- 70% of costs related to home care (Keefe).
- Often required for OA to stay at home.
- Most OA can stay in the community wi
  social support and proper formal care.



- One of the strongest predictors of institutionalization is lack of social support i.e. not health condition
- To maintain OA in community often requires community care

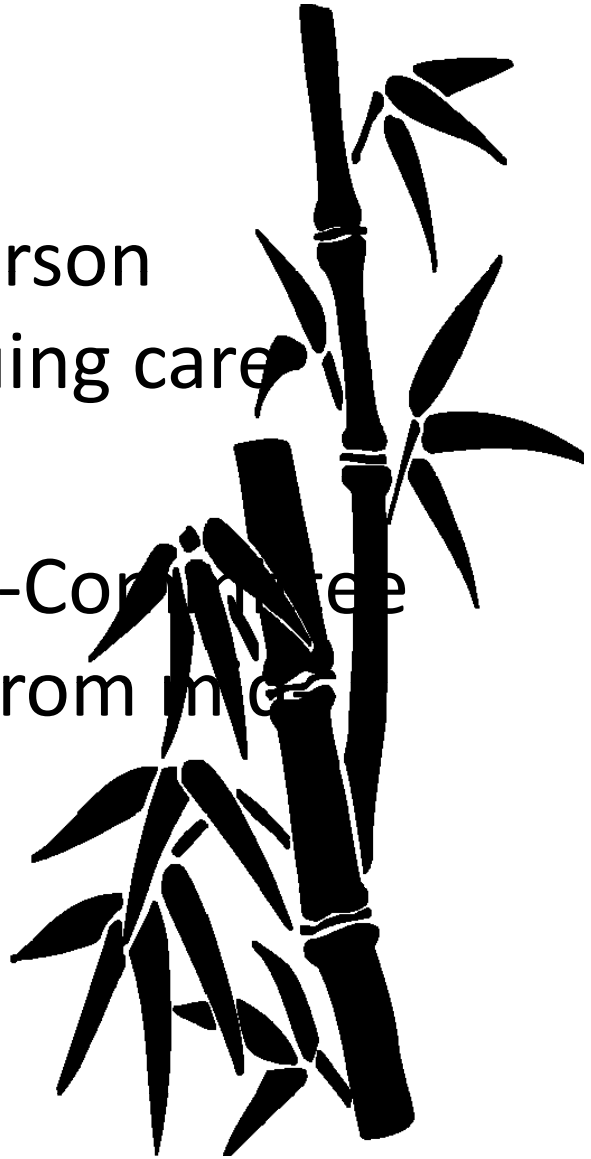
Homecare/Home Support

- Public dollars: 88% of all
- 1994/95 to 1998/99: + 12.9%
- 2000-2001: -3.4%; 2003-2004   -.7%
- 18.6% increase in per capita private expenses
- Home care costs 2% - 4% of public dollars in health care

- Per capita spending increased more than number of users
- B.C. & Saskatchewan: number users decreased (CIHI, LeGoff)
- B.C.: number users decreased, service hours increased (Penning et al.)
- Health component increased as a share of services (CIHI)

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

- Early 1990s, 7 provinces had 1 person responsible for provincial continuing care service delivery system.
- Federal/Provincial/Territorial Sub-Committee on Continuing Care, functioning from mid-1980s to early 1990s.

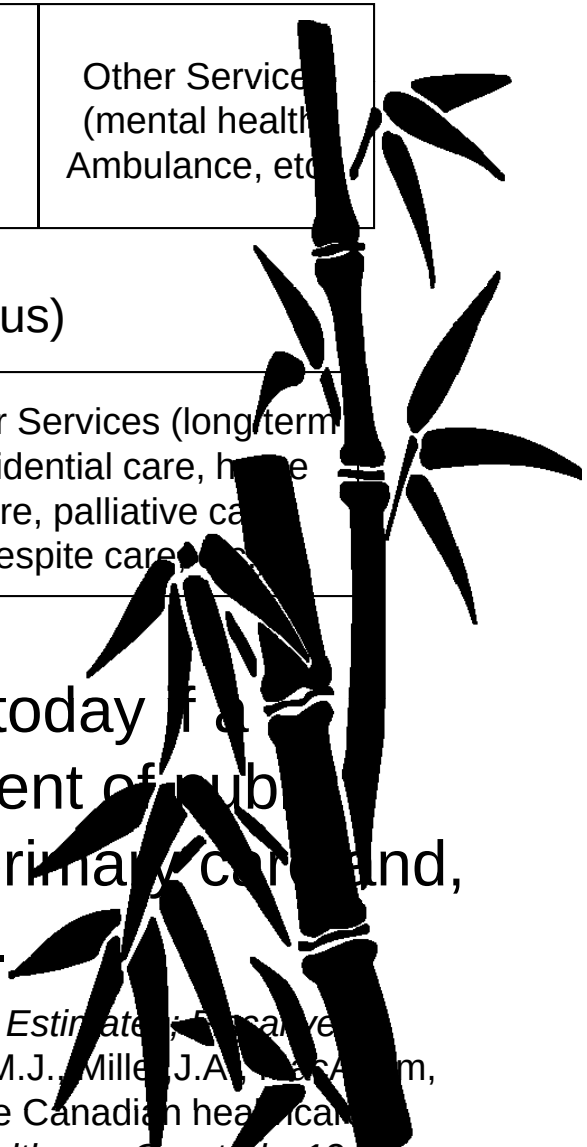


Previous System

Hospitals	Primary Care	Continuing Care	Drugs	Population and Public Health	Other Service (mental health Ambulance, etc

Current System (National Policy Focus)

Hospitals	Primary Care	Drugs	Population and Public Health	Other Services (long-term residential care, h e care, palliative ca respite care,



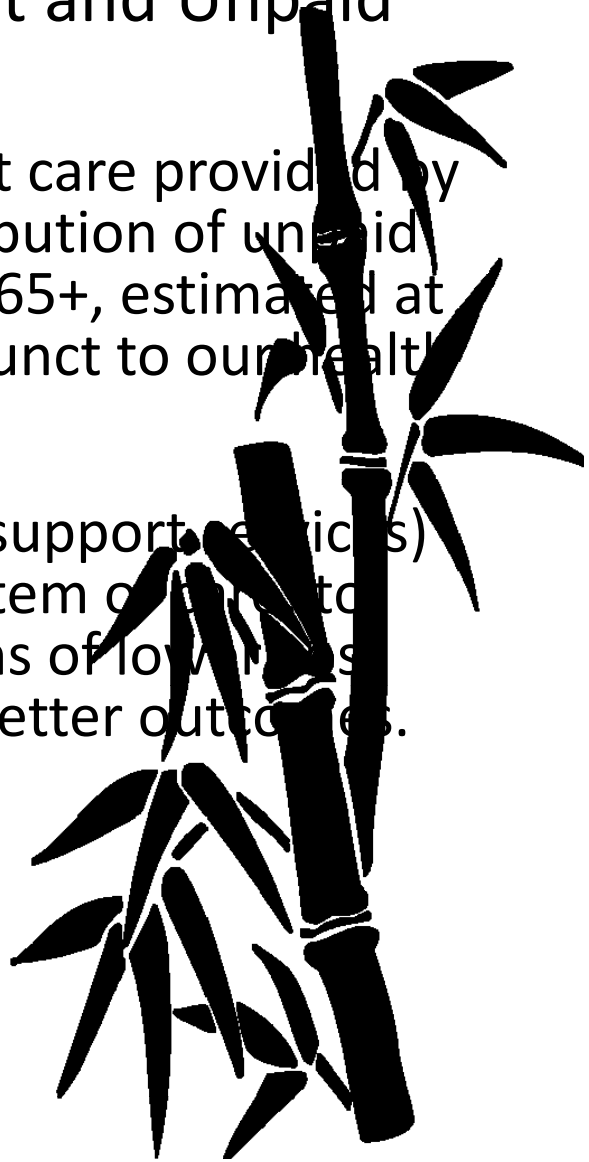
- Continuing Care was, and would still be today if a system existed, the third largest component of public health expenditures after hospitals and primary care and, as such, deserves a greater policy focus.

British Columbia Ministry of Finance and Corporate Relations. (1992). *Estimates, fiscal ... ending March 31, 1993*. Victoria, BC: Crown Publications; Hollander, M.J., Mille J.A. ...m, M., Chappell, N., & Pedlar, D. (2009) Increasing value for money in the Canadian hea...ical system: New findings and the case for integrated care for seniors. *Healthcare Quarterly, 12* (1), 38-47.

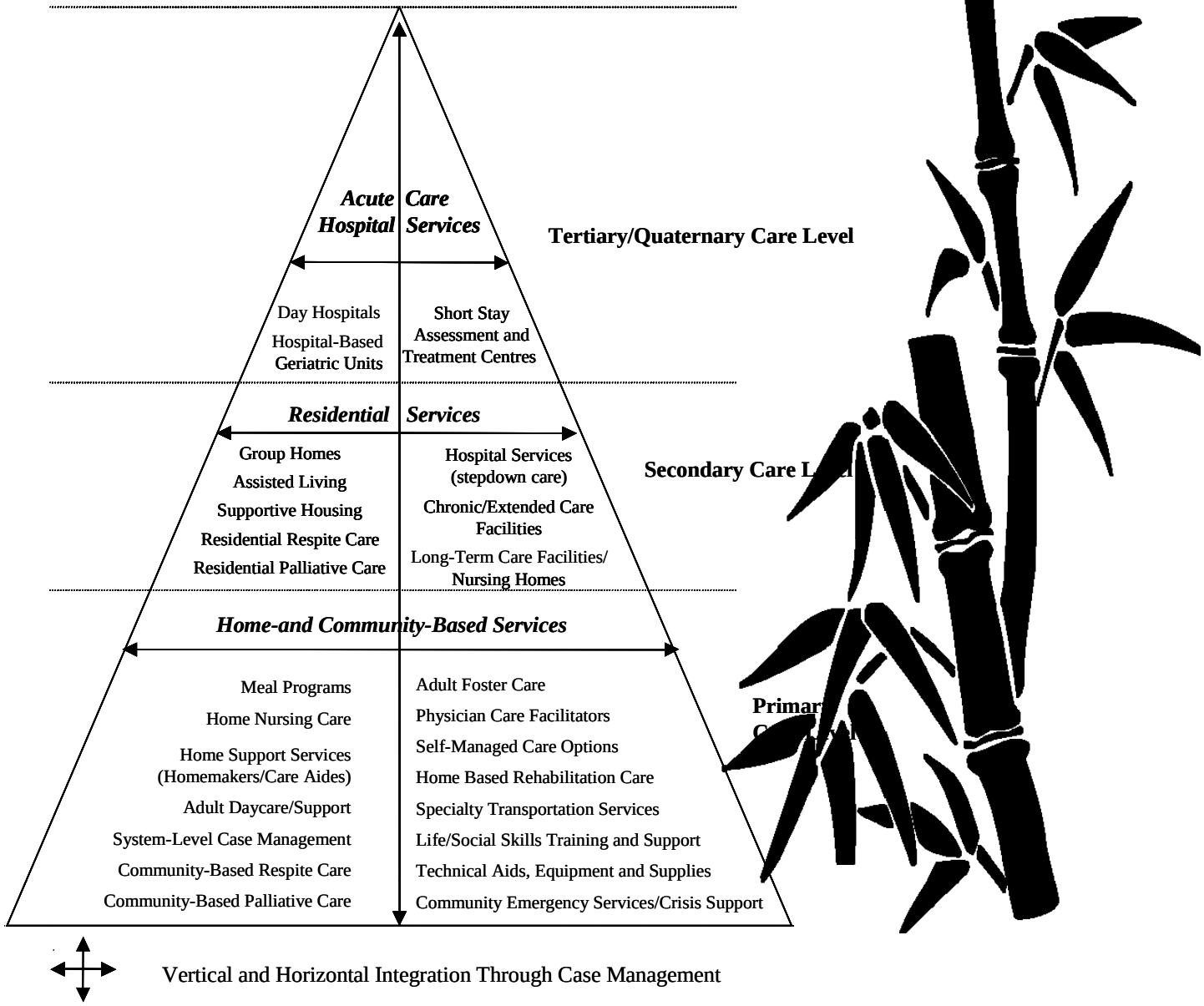
The Role of Home Care, Home Support and Unpaid Caregivers

- Home care provides paid services to round out care provided by family and friends. The annual financial contribution of unpaid caregivers 45+, providing care to people aged 65+, estimated at $25 billion. Family caregivers are a critical adjunct to our health care system. (Hollander, Liu, &Chappell, 2009).

- Home care (including non-professional home support services) can also be a vehicle, within an **integrated** system of care, to enhance value for money through substitutions of lower cost care, for higher cost care, with equivalent or better outcomes.

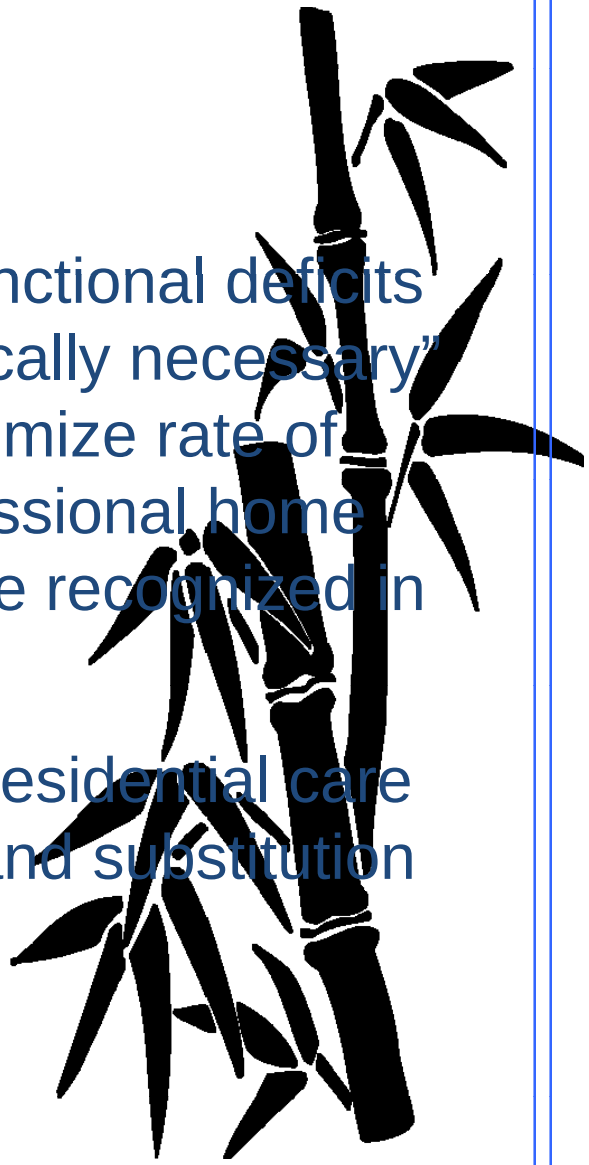


Application of the Framework to the Elderly



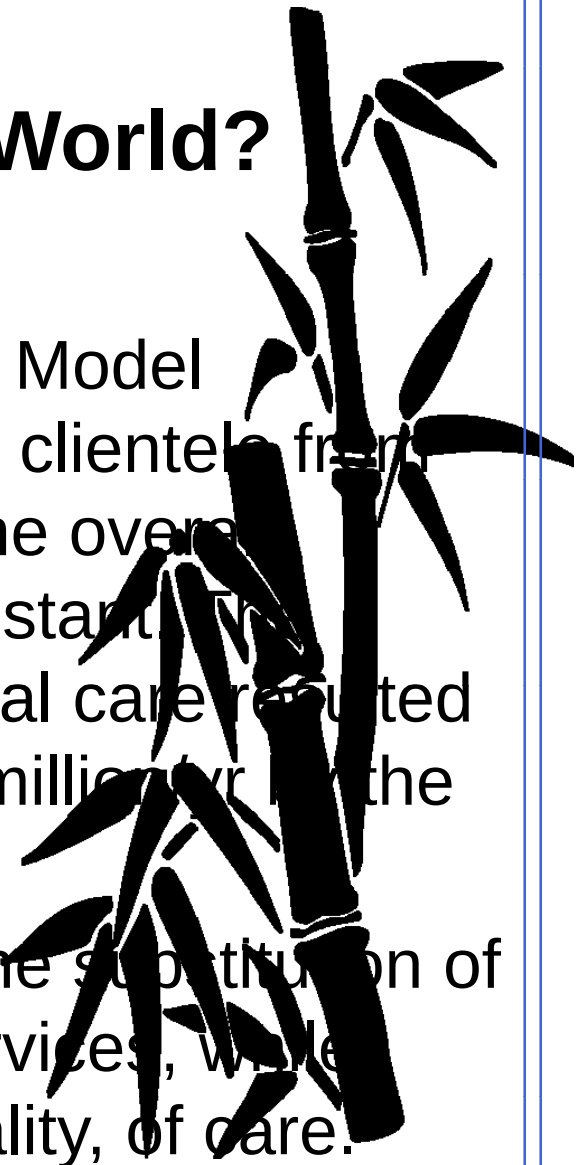
The Conundrum

- People with ongoing care needs due to functional deficits have “health” problems and require “medically necessary” care. To maximize independence and minimize rate of deterioration, they often require non-professional home support services. This does not seem to be recognized in the current policy discourse.
- Home support is a low cost alternative to residential care and hospital care for both the preventive and substitution functions of home care. (Hollander, 2001).



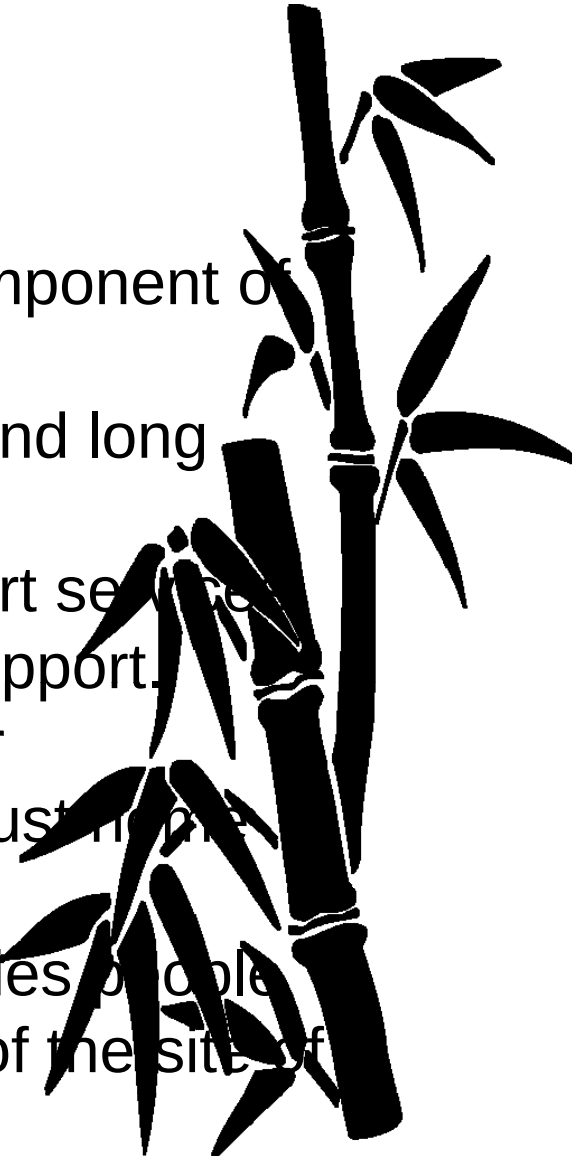
Can Savings Be Obtained In The Real World?

- BC Planning and Resource Allocation Model developed in 1989; significant shift of clientele from residential care to home care, while the overall utilization rate remained relatively constant. The substitution of home care for residential care resulted in an annual cost avoidance of $150 million/yr by the mid-1990s.
- Integrated systems of care allow for the substitution of lower cost services for higher cost services, while maintaining the same, or a higher quality, of care.



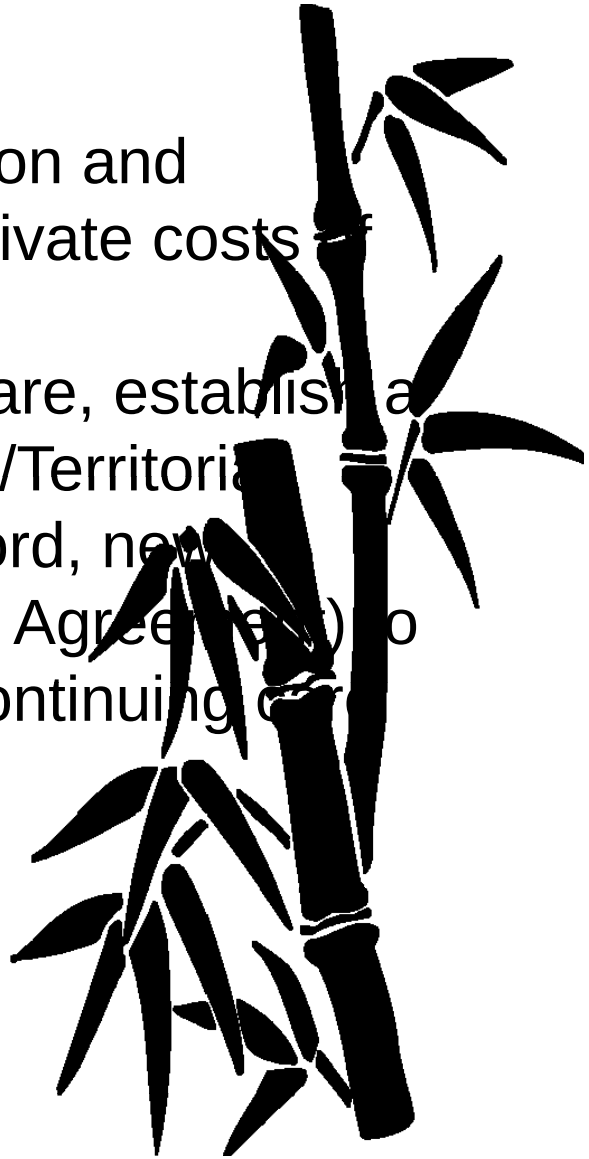
Moving Forward

- Re-validate continuing care as a major component of the Canadian healthcare system.
- Re-balance priorities between short term and long term home care.
- Re-validate the importance of home support services and make strategic investments in home support.
- Ensure that future Health Accords, or other agreements, focus on integrated care, not just home care.
- Adopt a classification system which classifies people according to their care needs, irrespective of the site of care (e.g., SMAF).



•Adjust Federal and Provincial data collection and reporting to better identify the public and private costs of Continuing Care services.

•Due to the complex nature of continuing care, establish a federal/provincial forum (Federal/Provincial/Territorial Advisory Committee Structure, Health Accord, new legislation, and/or Social Union Framework Agreement) to more fully develop integrated systems of continuing care and enhance value for money.



Unpaid Caregivers

- Assess the needs of caregivers;
- Provide support for respite care;
- Provide information, resources and counseling for caregivers;
- Conduct demonstration and evaluation projects to develop informed policy re: direct payment to caregivers;
- Adjust labour and tax policy to support caregivers.

Conclusion

- Older adults can age in the right place appropriate to their needs if we are willing to build an integrated health care system that also supports their caregivers.