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CURAC Health Care Policy Committee

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In light of the often-cited concern about population aging and its effects on Canadian society, it is worth examining homecare as an alternative to hospital or nursing home care. According to Health Canada's website, "home and continuing care" is defined as services for "recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social or therapeutic treatments and/or assistance with the essential activities of daily living." However, home care is also necessary for generally healthy, able, aging persons who may need episodic and perhaps minor assistance with bathing, house cleaning, cooking, shopping and transportation. As the Canadian Medical Association's Pre-Budget Submission for 2014-15 noted, "the aging of Canada's population is the most pressing policy imperative of our time." Its President, Dr. Chris Simpson, has pointed out that around 3 million health care beds a year at a cost of \$1000 per day are taken up by seniors because long term or home care is not available. (CMA press release, 30 September 2014) The Canadian Life and Health Insurance Association estimates an unfunded long-term care liability of 590 billion dollars over and above existing programs as boomers experience old age (CMA Pre-Budget Submission). And the CMA's National Report Card for 2014 reveals that 8 out of 10 respondents are concerned about the quality of the health care they will receive in the future; only half say they can afford or will be able to afford extra health care services not covered by medicare or private insurance. Three-quarters of the 1000 respondents surveyed by Ipsos Reid for the CMA worried about having enough money to pay for a long stay in a care facility or for nursing care at home.

Given the high cost of warehousing seniors in hospitals while awaiting a place in a short or long term care facility, how feasible is homecare as an alternative? Depending on the level of care and hours required, home care may be more suitable and affordable. Not all seniors need to go to a long term care facility after a hospital stay and most would prefer to remain at home as long as possible. According to "Portraits of Home Care in Canada" (2013), the percentage of home

care clients increased by 55% between 2008 and 2011, thus demonstrating the growth in this form of health care (p. x). And this same report noted that between 2011 and 2013, 9 Canadian jurisdictions announced a shift in focus to more emphasis on home and community care away from acute care focused on hospitals (p. xv). At the present, medicare does not cover home care and each province provides a different level of support for home care and has different regulations. What is common to all provinces, however, is that the majority (80%) of home care providers for individuals with long-term care needs are unpaid, informal caregivers. “Statistics Canada reported that in 2012, 28% of Canadians aged 15 and older cared for a family member or friend with a long term health condition, disability or aging needs.” (“An informal but essential work force,” *Globe and Mail*, 1 September 2014). This work is largely invisible, unremunerated and ignored, according to Sherri Torjman, author of the *Globe and Mail* story. Over half of the caregiving is performed by women (54%), a statistic that perhaps underestimates the percentage of women involved as women tend to live longer. Various estimates exist for how much money unpaid caregivers save the public purse but a Statistics Canada study estimates the savings at 24 to 31 billion dollars (“Canadians with unmet home care needs”).

According to 2012 Statistics Canada data, 9 of 10 unpaid caregivers provide care for a year or more and 1 of 5 say caregiving has negative physical and emotional health effects as well as economic repercussions such as out of pocket costs and days of lost work. (“Portrait of Caregivers,” 2012). Even those who can hire some additional help report problems finding appropriate and consistent care with the turnover in home care workers. Since not everyone has a network of family and friends available to provide help and since only limited and inconsistent financial supports and in-kind services exist, the need for sustainable and regulated home care is crucial. What is more, in the absence of a legislated national framework, the various levels of government need “a set of harmonized principles for home care that would guide policy and program development to achieve a level of consistency across the country while respecting important jurisdictional differences,” according to the Canadian Home Care Association (“Portraits of Caregivers in Canada” xiii).

These principles include client and family-centred care that is integrated and focused on continuity of care. Care should be accessible—seniors need to have information on the options available. It should be sustainable and integrated with the health system to deliver cost effective care derived from evidence-based research and practice. Finally, such home care should be held to accountability standards (“Portraits of Caregivers,” xiii-xiv).

A real shift away from acute care, to support home care and long term care in the community, will require more than the adoption of these principles: it will also require fiscal policies and planning at all government levels to ensure there are sufficient resources. Data must also be available to ensure accountability and evidence-based decision making. Given the extensive role played by family caregivers, we need strategies and programs that support them, such as meaningful financial and tax incentives as well as respite care. Home support workers who are employed to provide care need to be trained and certified; their work also should be adequately remunerated and valued.

Some jurisdictions have taken tangible steps to support home care. In 2012, Alberta provided \$25 million to enhance home care services. Ontario's Aging at Home Strategy supports seniors to remain independent through expanded alternative care options, its Home at Last/Home First program and through its Assisted Living for High Risk Seniors policy. ("Portraits of Caregivers," p. xxviii). This fall Ontario announced an unpaid 8 week leave program for informal caregivers that protects their jobs (CARP Action Online, 10 November 2014). Nova Scotia's Caregiver Benefit Program provides \$400 per month to a family member or friend to assist caregivers in supporting qualified care recipients. Manitoba's Primary Caregiver Tax Credit is fully refundable and available to any family caregiver of a qualified client no matter what the income level. ("Portraits of Caregivers," xxvii). In addition the federal government provides a Family Caregiver Tax Credit; in 2013 the maximum claim, according the CMA, was 15% of \$2040, a small sum and non-refundable (CMA Pre-Budget Submission, 2014-15). These are just a few examples but they illustrate the variety of approaches, the lack of coordination among jurisdictions and the urgent need for a national strategy on home care that incorporates the principles noted above and provides the resources to put such a strategy into place.

Sources:

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