on home care

No. 20

The NACA Position on Home Care

This position was unanimously adopted by NACA members on March 30, 2000 following their 58th Council meeting

NATIONAL ADVISORY COUNCIL ON AGING

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Health Canada's Division of Aging and Seniors provides operational support to the National Advisory Council on Aging.

THE NACA POSITION ON... is a series of policy papers presenting NACA's opinions and recommendations on the needs and concerns of seniors and issues related to the aging of the population. Position papers are available at the website address above.

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What is the National Advisory Council on Aging?

The National Advisory Council on Aging (NACA) was created by Order-in-Council on May 1, 1980 to assist and advise the Minister of Health on issues related to the aging of the Canadian population and the quality of life of seniors. NACA reviews the needs and problems of seniors and recommends remedial action, liaises with other groups interested in aging, encourages public discussion and publishes and disseminates information on aging.

The Council has a maximum of 18 members from all parts of Canada. Members are appointed by Order-in-Council for two- or three-year terms and are selected for their expertise and interest in aging. They bring to Council a variety of experiences, concerns and skills.

Members of the National Advisory Council on Aging (March 2000)

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NACA Beliefs

NACA believes that:

- Canada must guarantee the same rights and privileges to all its citizens, regardless of their age.
- Seniors have the right to be autonomous while benefiting from interdependence and the right to make their own decisions even if it means "living at risk".
- Seniors must be involved in the development of policies and programs and these policies and programs must take into account their individuality and cultural diversity.
- Seniors must be assured in all regions of Canada of adequate income protection, universal access to health care, and the availability of a range of programs and services that support their autonomy.

The NACA Position in Brief

It was eighteen years ago that the National Advisory Council on Aging (NACA) first recommended that "support services be made available in every community to support and encourage the network of family and friends by providing home health care, home-maker help, handyman services and counselling" (in *Priorities in Action*, 1981).

Over the years, other position papers, *The NACA Position on Community Services in Health Care for Seniors* (1990), *The NACA Position on Informal Caregiving* (1990), *The NACA Position on Community Services in Health Care: Progress and Challenges* (1996), and *The NACA Position on the Privatization of Health Care* (1997) continued to stress the importance of organizing and funding this particular aspect of health care in view of the aging of the Canadian population. These recommendations remain highly relevant today as the need to coordinate and implement home care programs becomes increasingly urgent.

In making home care the subject of its 20th Position Paper, on the 20th Anniversary of the Council's creation, NACA wishes to emphasize and reiterate the importance of making further progress in this area if Canada is to meet the challenges of demographic change.

In preparing this position paper, NACA examined the research, conference proceedings, briefs and recommendations of many other voluntary, academic, care delivery and seniors' organizations. It has come to the conclusion that while some progress has been made on the road to universal home care, the subject needs to remain at the forefront of discussions on how to revitalize the health care system. Governments must take action without delay.

1. *With respect to the integration of home care into the public health care system, NACA reiterates the recommendation, made in its Position on the Privatization of Health Care (1997), that:*

Home care be considered an integral part of publicly funded health services.

2. *With respect to the need to meet existing demand in home care and to plan immediately for the future, NACA recommends that:*

Provincial governments, with the support and collaboration of the federal government, assess and adequately meet current home care needs and plan to respond to future needs.

3. *With respect to regional disparities in means and demographic trends, NACA recommends that:*

Canada Health and Social Transfer (CHST) funding recognize the demographic differences in current and future demand for home care services amongst provinces.

4. *With respect to the need to ensure a similar level of home care in all provinces while allowing provinces the flexibility to integrate home care in the best way possible, NACA recommends that:*

Federal, provincial and territorial governments collaborate to develop a set of national home care objectives.

5. *Considering the inequities engendered by open-market health services and the research indicating that publicly-funded home care results in considerable savings in public facility care, NACA recommends that:*

Public administration with a single payer be one of the objectives of a national home care system.

6. *To facilitate the mobility of seniors contemplating relocation, NACA recommends that:*

Portability of home care services be one of the objectives of a national home care system.

7. *In response to the demand by Canadians that governments report on the performance of the health care system, NACA recommends that:*

Government accountability to Canadians be one of the objectives of a national home care system.

Reports on the Canadian health care system include measurements of home care expenditures, services and outcomes against a set of national home care objectives.

8. *Given that there is not yet strong enough evidence to determine the best method for delivering home care services, NACA recommends that:*

Federal and provincial governments continue to investigate the most effective and efficient delivery mechanisms for home care services.

9. *With respect to the human resource issues in home care, particularly the need for standards in training and in wage levels to reflect the responsibilities of home care workers, NACA recommends that:*

Provincial governments adopt a set of nationally comparable standards for the training and compensation of professional home care workers.

10. *With respect to the leadership responsibility of the federal government vis-à-vis other jurisdictions and other employers to demonstrate its commitment to home care, NACA recommends that:*

The federal government act as a role model by providing a comprehensive set of home care services to Canadians for whom it has primary health care responsibility, e.g. Aboriginal people and veterans.

11. *To support home care policy development and integration on a national basis, NACA recommends that:*

A section with a special emphasis on home care be maintained within Health Canada to ensure a strong federal presence in home care policy development.

12. *To support informal caregivers, and given that drop-out provisions already exist in the Canada Pension Plan (CPP) to reduce the disadvantages to people who have left the workforce temporarily to care for their young children, NACA recommends that:*

CPP drop-out provisions be extended to cover informal caregivers who have left the workforce temporarily to care for ailing family members.

13. *With respect to the health and burn-out risks to caregivers carrying out the dual societal roles of work and caregiving and the increase in health care costs if services provided by these informal caregivers are provided by professionals, NACA recommends that:*

The federal government explore extending Employment Insurance coverage to workers who leave work temporarily to provide informal care.

14. *Considering that the federal government is one of Canada's largest employers and that it can act as a role model, NACA further recommends that:*

The federal government act as a model employer by incorporating a comprehensive and flexible set of provisions for adult caregiving in labour agreements with its employees.

15. *Given the variety of possible approaches to the delivery of home care and the increasingly complex array of technology services that could allow seniors to remain in their own homes, NACA recommends that:*

The federal government devote additional funding to enhance research on the effectiveness and efficiency of different home care delivery models.

The federal government fund research into new technologies, techniques and programs that can enhance and support home care.

The NACA Position on Home Care

INTRODUCTION

Since its creation in 1980, the National Advisory Council on Aging (NACA) has recognized the need for a full range of community-based health care services, and in particular home care, to meet the needs of an aging population. To ensure that these services are available, NACA has repeatedly recommended that community-based services be recognized as an integral part of the Canadian health care system. Home care prevents and delays institutionalization and promotes the social integration of seniors. It responds to the changing health needs of older Canadians in a flexible, holistic manner and provides support to their informal caregivers. Real progress must be made toward the development of a national system of home care to ensure that Canada is ready to meet the challenges of an aging population.

Many other organizations, including the voluntary sector and seniors' groups, health care provider organizations and academics, have recently conducted research, held conferences and submitted briefs and recommendations to improve home care in Canada. In this paper, NACA emphasizes key recommendations from its own previous research and those from other groups. The Council will provide additional advice and recommendations where warranted.

1. SYNOPSIS OF PREVIOUS RECOMMENDATIONS

Council first recommended home care services over 18 years ago in ***Priorities for Action*** (1981). The Council recommended that "support services be made available in every community to support and encourage the network of family and friends by providing home health care, home-maker help, handyman services and counselling."

The NACA Position on Community Services in Health Care for Seniors (1990) was developed to guide the expansion of community-based services that had been recommended in many provincial reviews of health policy in the late 1980s. NACA strongly recommended that community-based services be recognized as an integral part of the health care system. In the same year, Council looked at the important role that informal caregivers played in ***The NACA Position on Informal Caregiving*** (1990).

Four years later, the Council assessed the development of community-based services across Canada, identifying impediments and gaps. The findings were published in ***The NACA Position on Community Services in Health Care: Progress and Challenges*** (1996). NACA was pleased to note the consistency of government policy directions and the development of certain key elements of a community-based service network. The Council, however, voiced concern that resources were not being reallocated from other sectors to expand and strengthen community-based services adequately. Council issued a strong caution that growth in the community-based health sector was not keeping pace with cut-backs in the institutional health sector. Council foresaw and forewarned governments about an over reliance on the informal sector that was already heavily burdened. Unfortunately, as will be seen in this paper's section on unmet needs, this warning was not adequately heeded.

NACA's positions have been echoed by the National Forum on Health in 1997. Later that year, in its ***Position on the Privatization of Health Care*** (1997), NACA endorsed the recommendation of the Forum that home care be integrated into the public health care system. This recommendation remains highly relevant today and is fundamental to the development of a national home care system.

NACA reiterates the recommendation that:

Home care be considered an integral part of publicly funded health services.

2. UNMET NEEDS

While the recent growth of home care services and public support for the expansion of home care services are encouraging, it is clear that supply is not meeting current demand. Researchers have found disturbing trends in unmet demand for home care services. In the Summer 1998 issue of *Health Reports*, the National Population Health Survey was examined to evaluate the utilization rates of home care services by people needing help with activities of daily living (ADL) or instrumental activities of daily living (IADL).[1] It was found that while many received home care, a substantial proportion of people with these needs still did not receive formal home care. More than half of those (136,000) who reported needing assistance with personal care (washing themselves, dressing or eating) received no formal home care. For people with IADL needs (such as preparing meals, shopping, and doing housework), the percentages not receiving home care were even greater. Some of these needs were probably being met by private home care services or by family members, but clearly, formal home care was not received by many who needed help with fairly basic functions. These findings are consistent with a recent study in Saskatchewan of hospital patients discharged to their homes. Sixty percent of those who were assessed in hospital as requiring home care did not go on to receive formal services.[2]

Unmet needs for home care services by seniors with ADL and IADL limitations have also been found in other recent studies. In *Vieillir dans la communauté : Santé et autonomie*, Béland et al. clearly found that there are deficiencies in the provision of services to frail seniors and that the gap between need and provision increases with the severity of disablement.[3]

In March 1999, the Toronto *Globe and Mail* ran a series of articles, "Behind Closed Doors", looking at the stark reality of home care in Canada.[4] These articles portrayed the deficiencies in the current system and showed that the need for enhanced home care is becoming more and more relevant to all Canadians. In the second article in this series,

Conscripted by Love, André Picard suggests that there is every indication that the generation that is inheriting the informal caregiving burden is not ready to shoulder the load. A study by the Heart and Stroke Foundation found that "baby boomers are poorly equipped to cope with the burden of caring for parents incapacitated by stroke" and presumably other ailments. Two-thirds of survey respondents said that they would be unable to adjust their hours of work, almost the same number said that they would find it hard to cope with a person in need of care moving into their homes and as many again said that caregiving would be a financial burden. However, demographic realities make it inevitable that a large segment of "baby boomers" will find themselves with caregiving responsibilities as their senior parents advance in years.

Knowledge without action is ineffective. The unmet need for home care services is clear: it is now time for governments to act to meet the existing needs. Just as importantly, governments must immediately begin to plan to meet the burgeoning demand for home care services that Canada can anticipate in the coming decades.

NACA recommends that:

> **Provincial governments, with the support and collaboration of the federal government, assess and adequately meet current home care needs and plan to respond to future needs.**

There are notable regional disparities in the delivery of health care. These disparities are particularly noticeable in home care. While provinces generally have the necessary funding to provide some specific home care services, in particular those medical in nature, rich provinces are able to offer a fuller range of extended health care services while the poorer "have not" provinces are challenged to provide the most basic set of extended health care services.

This is particularly distressing since these "have not" provinces are faced with a demographic outflow of their younger populace and will be faced with a population that is aging more quickly than the rest of the country. For example, in 1998, Newfoundland had a net interprovincial out-migration of over 11,434 people which was only partially offset by a small influx of international immigrants. The vast majority (over 91%) of these people leaving Newfoundland were under the age of 40.[5] By 2040, Atlantic Canada will have over 30% of its population over the age of 65 in comparison with less than 25% of

the population of the rest of Canada being over the age of 65 in the same time period. These demographic changes will have an impact on the long term need for home care and the availability of fiscal resources to support it.

NACA recommends that:

Canada Health and Social Transfer (CHST) funding recognize the demographic differences in current and future demand for home care services amongst provinces.

3. A NATIONAL HOME CARE SYSTEM

There is widespread support for the development of a national home care system. A 1998 poll conducted by the Canada Health Monitor indicated that 84% of respondents were in favour of a national home care program.[6] While some progress has been made, it has been disjointed and uneven. NACA has considered the current situation and offers some suggestions to advance the home care agenda.

3.1 COMMON HOME CARE OBJECTIVES

It is important to recognize that differences in health care delivery among provinces may complicate efficient implementation of major new national health initiatives like a home care system. Provinces and the federal government generally agree about the overall objectives of home care but differ in opinions as to the method of delivery and scope of services offered. The recent agreement on a Social Union Framework represents a clear commitment of provincial, territorial and federal governments to work together to meet the needs of Canadians. This commitment has important implications for the continued development of home care in Canada.

While home care services are specifically mentioned as part of the Extended Health Care Services section of the *Canada Health Act*, it is unlikely that it will be possible to develop a national home care system with national objectives that precisely define the home care delivery, given the distinct nature of the different provincial health care systems, their populations and their available resources.

NACA proposes a compromise that recognizes common goals while allowing provinces flexibility to integrate home care more fully into their own health care systems. National home care objectives would lay out a set of common goals that each province and the federal government would recognize as meeting the home care needs of Canadians. These objectives would also help ensure that seniors could expect to receive a similar set of services throughout the country.

NACA recommends that:

Federal, provincial and territorial governments collaborate to develop a set of national home care objectives.

3.1.1 Public Administration with a Single Payer

The privately funded proportion of health expenditures in Canada is second highest among the G7 countries, increasing from 24% to 31% between 1975 and 1997. Much of this increase has been driven by greater private financing for pharmaceuticals and community-based services. These figures contrast sharply with the current OECD countries' average of 23% private financing, many of which have more comprehensive home care systems (e.g. Sweden). This overall trend to greater private sector health care funding parallels the federal government's declining share of public expenditures, from 42% (1978) and 38% (1988) to a low of 29% in 1998.[7]

There is a growing concern that in an open market, for-profit approach to the delivery of home care services, private sector companies will concentrate their services on more profitable care, leaving more difficult and unprofitable aspects of care, such as low-volume rural health care, to the resource-strained public or non-profit sector.

Currently, there are many sources of payment to home care agencies for services rendered. Provincial and municipal governments, insurance companies, home care recipients and their family members may all contribute to paying for services for a single individual. This needlessly increases administrative overhead with little benefit accruing to the care recipient.

There is a question as to the best mechanism for ensuring the best quality home care service for the best price. Recent studies have demonstrated that the single payer format used for the provision of publicly insured health care services in Canada offers certain advantages. With all of the services being purchased from a single source, the balance of power rests with the single buyer. This allows for a more effective negotiation of service levels and prices and also reduces administrative overhead as suppliers do not have to track multiple payment sources.

At the same time, recent preliminary evidence shows that the overall health care costs to government for clients in home care are about one half to three quarters of the costs for clients in facility care.[8] These findings suggest that enhancing home care systems can contribute to cost savings for the Canadian health care system in many instances.

NACA recommends that:

> **Public administration with a single payer be one of the objectives of a national home care system**.

3.1.2 Portability of Home Care Services

The current lack of a national home care system or consistent coverage of home care services from province to province represents a barrier to the mobility of seniors in Canada. Seniors who contemplate relocation from one province to another province often face drastic changes to the types of support services to which they are entitled. One of the strengths of the *Canada Health Act* is the assurance that Canadians can expect to receive similar access to hospital care regardless of the province in which they live.

NACA recommends that:

> **Portability of home care services be one of the objectives of a national home care system.**

3.1.3 Improving Accountability

There is an increasing demand by Canadians that governments report on the performance of the health care system. If home care is to be recognized as an integral part of the health care system, then governments must be held accountable for performance in this area as well. Provincial expenditures, services and outcomes on home care should be reported as part of the accountability framework. Such a framework should report progress of provinces against the national objectives on home care. This would allow evaluation of the cost-effectiveness of different home care delivery methods.

NACA recommends that:

> **Government accountability to Canadians be one of the objectives of a national home care system.**
>
> **Reports on the Canadian health care system include measurements of home care expenditures, services and outcomes against a set of national home care objectives.**

3.2 DELIVERY OF HOME CARE SERVICES

Home care is delivered by public, private not-for-profit and private for-profit agencies in Canada. The proportion of private versus public services varies by province. There is a trend toward more contracting with private agencies to deliver services in an effort to decrease overhead and administration costs. However, the administrative complexity of using private agencies to deliver assessed home care needs is further confused by the ability of clients and their families to buy additional services from the same agency.[9] This complexity requires more resources to be devoted to accounting and other non-health services, detracting from the resources available to provide care. In short, while provincial governments may save some money by using private services, their savings may only be the result of costs transferred to individuals and their families.

There is not yet strong enough evidence to determine the best method for delivering home care services. There is a need for further research to determine if there is a clear advantage to centralizing or decentralizing delivery of home care services.

NACA recommends that:

Federal and provincial governments continue to investigate the most effective and efficient delivery mechanisms for home care services.

3.3 HUMAN RESOURCE ISSUES IN HOME CARE

While informal caregivers provide the bulk of home care in Canada, we must not forget the challenges faced by the thousands of professional home care workers in Canada, i.e. workers who provide home care services as their principal occupation. These workers provide care to some of our most vulnerable citizens with very low levels of compensation compared to the importance of the services that they provide.

As home care has evolved to meet a wider range of chronic and acute care needs, more specialized and complex home care services are developing. While these services can reduce the costs associated with hospitalization and contribute to a client's well-being, a number of training issues arise. These new directions raise questions about the need for more highly skilled home care workers and whether it is sufficient for training to be provided on-the-job or whether it is more appropriately done as part of a formal training program.[10]

The home support aspect of home care has evolved beyond simply housekeeping to encompass many personal care services, some of which border on providing medical care. Training and standards must be put in place to reflect the new responsibilities of the home care workers, e.g. proper disposal of medical wastes. However, new, heightened responsibility must be accompanied by a societal commitment to ensure that wages increase. Yet currently, para-professionals in home care are described as a poorly paid, highly transient workforce with limited training. In particular, home support workers have lower wages and fewer benefits in comparison to positions with similar duties in nursing homes and hospitals.[11]

NACA recommends that:

Provincial governments adopt a set of nationally comparable standards for the training and compensation of professional home care workers.

3.4 LEADERSHIP ROLE OF THE FEDERAL GOVERNMENT

The federal government has a responsibility to act as a role model for other jurisdictions and other employers. This is an opportunity to use moral suasion as another method for advancing home care. The federal government can demonstrate its commitment to home care by implementing the recommendations regarding home care from NACA, the National Forum on Health and other concerned organizations in areas over which it has authority.

The Veterans Independence Program, which provides a comprehensive set of care services to Canadian veterans, is an example where the federal government through Veterans Affairs Canada has acted to meet the full range of health care needs of some of its direct dependents. Though the 1999 federal budget has increased the funding for home care services for Aboriginal seniors, these services still lag behind those offered to Canadian veterans.

NACA recommends that:

The federal government act as a role model by providing a comprehensive set of home care services to Canadians for whom it has primary health care responsibility, e.g. Aboriginal people and veterans.

It is reassuring that the federal government has demonstrated its commitment to home care through the establishment of a special section within Health Canada that is considering home care and related issues. This section ensures that the federal government has adequate internal capacity for the ongoing development of home care policy. Its program of research and investigation has included developing a profile of home care in Canada and identifying gaps in home care services. It has also conducted international comparisons and undertaken research on issues such as quality care, human resources, costing models, and the use of information technologies.

NACA recommends that:

A section with a special emphasis on home care be maintained within Health Canada to ensure a strong federal presence in home care policy development.

4. SUPPORT FOR CAREGIVERS

Informal caregivers (family and friends) are the backbone of home care. Even if a national home care system is developed, informal caregivers will still play a very large role in ensuring that seniors receive the care that they need at home. It is therefore very important to consider the support of informal caregivers as a part of a national home care system.

According to the 1996 General Social Survey, there were 2.8 million Canadians who provided informal care to someone with a long term health problem or disability. Most informal caregivers are between 25 and 64 years of age, the majority being women over 45. A large number of seniors themselves are also caregivers (13.9% of people aged 60-74).[12] The rigours of caregiving can have a detrimental impact on the health of caregivers. Older people under stress because of caring for their ailing spouses were 63% more likely to die than their non-caregiving counterparts during the period of a four-year study conducted by American researchers.[13] Research has also indicated that caregiving responsibilities may interfere with caregivers' social and recreational activities or affect the quality of their relationships with others.[14]

The 1996 General Social Survey found that 44% of caregivers reported incurring extra expenses as a direct result of their caregiving responsibilities. Fifteen percent of women and 16% of men caregivers reported that financial compensation for their unpaid work would help them continue. This finding suggests that there is a group of caregivers whose duties are taking an economic toll on their families.[15] The recent introduction of the caregiver tax credit is an encouraging sign of the federal government's awareness of the important role played by informal caregivers. However, a limit of $400 is inadequate to compensate informal caregivers for the time and resources that they provide. There is a need for further financial support for Canada's informal caregivers.

4.1 CANADA PENSION PLAN DROP-OUT PERIOD

Currently, there are provisions in the Canada Pension Plan (CPP) to allow people who have left the workforce temporarily to care for their children to drop these periods of little or no income from the calculation of Canada Pension Plan benefits. These CPP drop-out provisions should be extended to support informal caregivers who have left the workforce to care for ailing relatives. NACA and other organizations have previously made this recommendation but its importance and relevance still holds true today.[16]

NACA reiterates the recommendation that:

> **CPP drop-out provisions be extended to cover informal caregivers who have left the workforce temporarily to care for ailing family members.**

4.2 CAREGIVING LEAVE

The 1996 General Social Survey (GSS) estimates that 62% of caregivers are in the workforce.[17] Half of employed caregivers (55% of women and 45% of men) stated that their caregiving duties affected work, citing instances of coming to work late or leaving early or having to miss at least one day of work. Twenty-one percent of caregivers reported that their own health has been negatively affected.[18] There is a need for some program to alleviate the financial burden of these work disruptions, particularly for parents who may have already left the workforce earlier to care for their children.

The Employment Insurance system covers temporary disruptions of an individual's participation in the workforce. In many instances, providing care to an ailing relative requires a person to leave the workforce for a brief period of time. By providing employment insurance benefits in these instances, the federal government can ease the financial burden of informal caregiving. While this plan would increase the overall cost of the Employment Insurance system, this option would prove beneficial to Canadian employers as well. The Canadian health care system offers a competitive advantage for Canadian corporations. However, this advantage is muted if workers are distracted by worries about the care of their parents, grandparents or other aging family members. This option is gaining acceptance and was briefly mentioned in *CARP's Report on Home Care in Canada 1999.*

The *Final Report of the VON Canada Caregiver Symposium*[19] also recommended the establishment of a national employment insurance system for family caregivers.

Preliminary calculations of the potential cost of extending Employment Insurance benefits to include caregiving is about $670 million per year.[20] This initiative would complement a publicly funded home care system. The cost of extending EI benefits would be offset by a reduction in the cost of services provided by formal professional caregivers. These services have been estimated to cost an average of $30- $60 per day. Extending the same assumptions to calculate the total benefits suggests that $820 million of services would be provided by informal caregivers on EI.[21] These total savings do not include the positive health benefits accrued by reducing caregiver burnout and/or health problems. But above and beyond the savings, this solution recognizes the dual societal role of working caregivers, contributing to the workforce while at the same time supporting the social fabric.

Obviously, this recommendation will need further investigation of costs, program requirements, and eligibility requirements but it offers an opportunity to recognize the real and substantial contribution of informal caregivers while lessening the burden on the formal health care system.

NACA recommends that:

The federal government explore extending Employment Insurance coverage to workers who leave work temporarily to provide informal care.

The federal government is also one of Canada's largest employers. As such, it has a role to play in ensuring that progressive caregiving provisions are offered to its employees in labour agreements. These agreements act as important precedents and may serve as model programs for similar initiatives in the private sector.

NACA recommends that:

The federal government act as a model employer by incorporating in labour agreements a comprehensive and flexible set of provisions that allows its employees to provide caregiving to adults.

5. ENHANCING RESEARCH AND DEVELOPMENT

There are a number of different approaches to delivering home care. The federal government has an important role to play in funding research on the effectiveness and efficiency of different models of home care. While the Health Transition Fund supports a number of studies that directly or indirectly relate to the development of knowledge about home care, sufficient long term funding must be committed to maintain knowledge development. The $50 million funding committed in the 2000 federal budget over three years is insufficient to support adequately the development of new innovations in rural and community care. Funding for this program must be continued over the long term to ensure that Canada is prepared to meet the home care challenges presented by an aging population.

There are a host of alternative service delivery options that must be carefully evaluated. Tele-home care, self-managed home care and new assistive technologies all warrant further investigation via pilot projects. The results of these projects must then be widely disseminated so that service delivery providers are aware of the most current available methods and practices. New medical and information technologies are constantly emerging that increase the number of seniors who may be able to be cared for in their own homes, rather than in hospital environments where certain services were exclusively delivered. Theses advances are allowing complex services S such as chemotherapy, dialysis, pain management and intravenous therapy S to be delivered to seniors remaining in their own homes.

At the same time, the home environment presents a different set of challenges requiring greater flexibility from both formal and informal caregivers. Specialized equipment for bathing a person with mobility impairments is generally available in large medical institutions whereas it is impractical for such a device to be installed in the family home. Disposal of medical waste is a routine part of the operation of a large health institution yet disposal can present a challenge for the informal or formal home care worker.

NACA recommends that:

The federal government devote additional funding to enhance research on the effectiveness and efficiency of different home care delivery models.

The federal government fund research into new technologies, techniques and programs that can enhance and support home care.

CONCLUSION

While some progress has been made on the road to universal home care, it is important to maintain the momentum to ensure that this initiative is not diverted. Given the relative lack of direct attention paid to home services in the 1999 and 2000 federal budgets, it is imperative that home care be kept at the forefront of discussions on how to revitalize the health care system.

Today's and tomorrow's needs in home care are evident. Canada must adopt a range of flexible, cost-efficient home care services that meet the diverse physical, emotional and social needs of seniors and their caregivers. Most Canadians recognize the importance of these services and support their continued development. It is time for governments to act.

NOTES

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3. Béland, François, et al., *Vieillir dans la communauté : Santé et autonomie,* NHRDP Report No. 6605-4570-602, 1998.

4. Picard, André, "Behind Closed Doors", *Globe and Mail*, March 1999.

5. Statistics Canada, *CANSIM Time Series Data - Matrix 6304 - Interprovincial Migration by Sex, Newfoundland*, Ottawa: 1990.

6. Queen's Health Policy Research Unit*, Putting a Face on Home Care - CARP's Report on Home Care in Canada 1999*. Study conducted for CARP. Toronto: Canadian Association of Retired Persons, 1999.

7. Letter from former Members of National Forum on Health to Minister Allan Rock. December 1998. (Health Canada WWW site).
   Note: The 1999 Federal Budget injected a large amount of ongoing funding into the health care system. This has undoubtedly begun to reverse this trend.

8. Hollander, Marcus, *Substudy 1: Comparative Cost Analysis of Home Care and Residential Care Savings. Preliminary Findings,* Victoria: November 1999.

9. Keefe, Janice, and Pamela Fancey, *Home Care in Canada: An Analysis of Emerging Human Resource Issues*, Halifax: Mount Saint Vincent University, Dept. of Gerontology, 1998.

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20. Calculation of estimated cost of EI for caregivers is based on

    Number of Caregivers - 2.8 millions
    % of Caregivers in Workforce - 62%
    % of Caregivers in Workforce likely to take EI - 15% (based on 20% reporting financial problems)

    Maximum number of Weeks of leave - 10
    Average EI benefit in 1998 - $257
    Total - $670 Million

21. Calculation of services that would be provided by EI caregivers

    Number of Caregivers - 2.8 millions
    % of Caregivers in Workforce - 62%
    % of Caregivers in Workforce likely to take EI - 15% (based on 20% reporting financial problems and 10% other who may also take caregiver leave)

    Maximum number of Weeks of leave - 10
    Maximum benefit - $45/day * 7 days = $315
    Total- $820 Million