

Planning for Canadian Human Resource Needs in Chronic Home Care: Policy Implications of Projected Needs 2001-2031

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Canadian policy makers are increasingly interested in planning for the inevitable increase in home care services that will be fuelled by population aging and continued emphasis on community care policy. Home care has become a vital component of the health care system, particularly as a result of an increase in chronic care needs of the older persons and policy changes focusing on acute care substitution. Home care includes the provision of health and social support services. For older persons with long term health problems, home support (e.g., assistance with personal care, house cleaning, etc.) provided by formal organizations and family are key to maintaining the safety and security of individuals within their home environments, thereby reducing hospital stays and delaying institutionalization. Home care support relies on a range of human resources, including family, friends and paraprofessionals. Such support should be a major concern of public policy over the next few decades. In 1996 more than ½ million seniors with a long term health problem reported getting help at home with everyday activities (Lafrenière, Carrière, Martel, & Bélanger, 2003). With the changing structure of the family network, the main component of the informal support network, pressure on the formal support network will likely be much greater in the near future. The availability of these human resources to meet the growing demand for care services is of increasing concern to both health care planners and human resource policy makers.

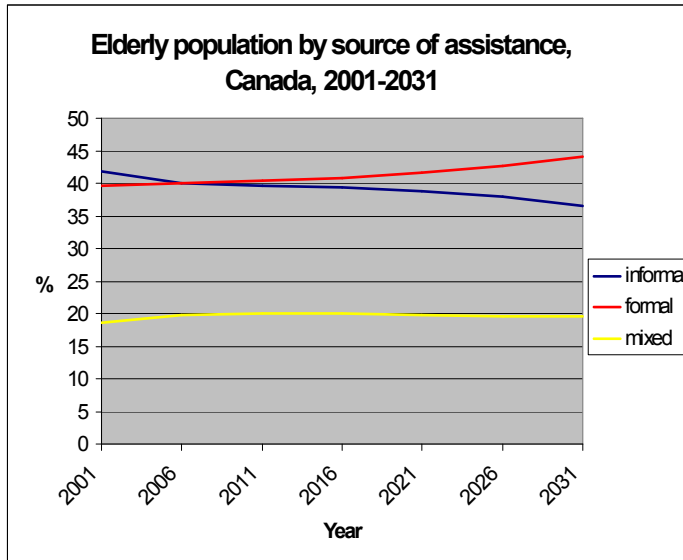
The goal of this paper is to advance understanding of the patterns and predictors of disability and support among the population aged 65 and older and use this information to project future health human resources. Secondary data analysis of the 2002 General Social Survey were conducted to determine the effects of socio-demographic characteristics on the probability of older persons having differing levels of disability and sources of assistance. Logistic regressions estimated the probability of an individual with specific characteristics of having a specific level of disability and those with a long term health problem using one of three types of support networks (formal, informal, or mixed). These parameters were applied at five year intervals in Statistics Canada LifePaths micro-simulation model (Wolfson & Rowe, 2004) to project future demand.

Previous attempts to forecast the need for future home care services are limited in that usually they focus on projecting professional health care workers and not workers who provide chronic care services; they use current service utilization patterns rather than those based on evidence of need which drives service utilization; and notably, these models do not consider other drivers of need such as contextual variables (e.g., fertility, divorce rates) that affect the availability of family support. The LifePaths modelling allows us to incorporate contextual variables that impact on the availability of informal caregivers and rates of disability among the older population and to take into account the changing nature of family structure as new cohorts enter old age. Furthermore, this paper advances our previous research (Carrière et al., 2007) by using more recent data (2002 GSS) and by projecting the median hours of assistance that will be needed from 2001 to 2031.

When looking at the population needing assistance, the micro-simulations show an increase from about 630,000 in 2006 to over 1.3 millions in 2031. When considering both the increasing needs for home care services and the changing family structure, the micro-simulations show an

increase in the proportion having to rely exclusively on the formal network, from 40% in 2006, to 44% in 2031. The proportion of those relying strictly on the informal network is projected to decrease from 40% in 2006 to 37% in 2031 (see Figure one).

Figure one



To address questions of how many hours of home care support will be needed, we applied the median amount of assistance per week by age and sex (GSS 2002) to the projected population of elderly receiving assistance. Canadians aged 65 and older who need assistance with at least one of four everyday activities (personal care, housework, meal preparation, and grocery shopping) receive 3 hours of care per week (median). These results vary by age and sex. For example, women aged 85 and older receive more than three times the hours of support (median 6.3 hours per week) compared to men aged 70-74 and 75-79 (median 2.0 hours per week). Among those receiving support from the informal network only, women who need assistance reported getting almost twice as many hours per week (median 7.1 hours) compared to men (3.6 hours). Elderly Canadians who receive a mix of formal and informal sources of assistance tend to get almost twice the hours of assistance compared to those receiving support from either the formal network only or the informal network only, regardless of sex.

When the increasing needs for home care services and the changing family structure are taken into consideration through the micro-simulation, the median number of hours per week is projected to double from 3.1 million hours per week in 2001 to 7.1 million in 2031. This overall trend is even more pronounced among those 85 and older whereby the amount of assistance is projected to almost triple from 1.2 million hours per week in 2001 to 3.1 million in 2031. Given the increased proportion of this support that is coming from the formal network as mentioned

previously, significant planning should be underway to mitigate the demand for formal care workers that will result from these changes.

Policy implications of these data are significant. Canadian social policies at National, Provincial and Regional levels explicitly promote care of elderly in the community homes but fundamental to such policies are their reliance on family and friend caregivers. Results presented here demonstrate that in order to maintain community care policy, the absolute number of human resources, both formal and informal, will need to grow and a greater proportion of the source of assistance will be from the formal support network only.

Despite recognition of the steady increase in demand for home care support from both the formal system as well as family and friends, Canada has made little headway in developing a national consensus on a policy direction in this area. Many obstacles block the national vision on home care including these services being a non-insured component in the Canada Health Act as well as operational challenge of health and homecare policy being under provincial and territorial level jurisdiction. Nevertheless, Canadians need to learn from other countries in Europe, the United Kingdom, Australia and others and develop a strategy to address the looming demand of chronic home care. A range of policies to support family and friend caregivers as well as enhance entitlements for chronic home care services would be an essential beginning.

Finally, greater recognition, and with it, better working conditions and career paths need to be considered for the front-line home support workers who provide the majority of care among formal home care providers in the system. Most of the attention in planning health human resources is given to shortages in professional health care providers, however demographic changes and subsequent increased chronic home care needs present unique challenges for policy makers and planners. A short and long term strategy is needed to recruit and retain these essential home support workers. Preparation must begin immediately to ensure the country has sufficient informal and formal support to meet the growing demand for care services.

References

Carrière, Y., Keefe, J., Légaré, J., Lin, X., & Rowe, G. (in press). Population aging and immediate family composition: Implications for future home care services. *Genus*.

Lafreniere, S., Carriere, Y., Martel, L., & Belanger, A. (2003). Dependent seniors at home-formal and informal help. *Health Reports*, 14(4), 31-40.

Wolfson, M & Rowe, G. (2004), "Disability and informal support: Prospects for Canada" in Cohen, S.B., Lepkowski, J.M. (eds.), *Eighth Conference on Health Survey Research Methods*, Hyattsville, MD; National Center for Health Statistics, 15-22.