

Home Care - “Aging in Place” Putting it Together

“Aging in place” refers to living where you lived for years, it also means growing older without having to move typically in a health care environment.

The National Framework on aging sets out five(5) principles on aging:

Dignity: Being treated with respect, regardless of the situation, and having a sense of self esteem e.g., having a sense of self-worth; being accepted as one is, regardless of age, health status, etc.; being appreciated for life accomplishments; being respected for continuing role and contributions to family, friends, community and society; being treated as a worthy human being and a full member of society.

“Aging in Place” refers to living for years in your community, it also means growing older without having to move typically not in a health care environment using products, services and conveniences.

Participation: Getting involved, staying active and taking part in the community, being consulted and having one’s views considered by government – e.g., being active in all facets of life (socially, economically, politically); having a meaningful role in daily affairs; enjoying what life has to offer; participating in available programs and services; and being involved and engaged in activities of daily living (decisions/initiatives in all spheres, not just those specifically oriented to seniors).

Fairness: Having seniors’ real needs, in all their diversity, considered equally to those of other Canadians e.g., having equitable access (socially, economically, politically) to available re sources and services; not being discriminated against on the basis of age; and being treated and dealt with in a way that maximizes inclusion of seniors.

Security: Having adequate income as one ages and having access to a safe and supportive living environment e.g., financial security to meet daily needs; physical security (including living conditions, sense of protection from crime, etc.); access to family and friends; sense of close personal and social bonds; and support.

Independence: Being in control of one’s life, being able to do as much for oneself as possible and making one’s own choices e.g., decisions on daily matters; being responsible, to the extent possible and practical, for things that affect one; having freedom to make decisions about how one will live one’s life; enjoying access to support system that enables freedom of choice and self-determination. Independence and security can be tied to financial ability to allow people to remain in their own homes or communities.

According to the Journal of Housing for the Elderly, it is not having to move from one’s present residence in order to secure necessary support services in response to changing needs. As the baby boomer generation ages and people with developmental disabilities are enjoying longer lives, the need for services is increasing.

The needs and abilities of older seniors change gradually over time. The kinds of changes and when they occur vary from one person to the next. Although many seniors

can remain active and independent in their own homes, others need a little help to continue living in the community. Many seniors can safely remain in their community if they have assistance with their daily routine or basic health needs.

A supportive housing concept combines community living in a secure apartment setting with personal support services. The resident pays for rent and a service package which includes meals, laundry and housekeeping. The range of services and cost to the individual varies by province. The details are outlined in the accompanying background paper. The best home care program is found in Manitoba where personal care is funded through the regional health authority at no cost to the tenant. Eligibility is assessed through the Regional Health Authority Home Care Program.

A good community housing option can help seniors delay or avoid placement in a residential care facility until an intensive level of care is required. Seniors who require 24-hour support and supervision would also benefit from this type of housing concept.

In 2008 - 9, there were 2,216 residential care facilities for the aged in Canada with 214,368 beds. Of these, 99,194 or almost 44% were run by for profit organizations. Governments at all three levels in total accounted for 49,697 beds or over 23%; religious and lay groups accounted for 45,964 or over 21%. Other arrangements comprised the balance.

CUPE published in 2009 “Residential Long-Term Care in Canada: Our Vision for Better Seniors’ Care”¹. By residential long term care they meant “government funded and regulated long-term care facilities that provide 24 hour nursing care, primarily to frail seniors.” They found almost half of the total residential care beds were devoted to this use.

Province	Non-profit	For-profit	Total beds	% non-profit	% for-profit
British Columbia	17,028	7,588	24,616	69%	31%
Alberta	10,230	4,424	14,654	70%	30%
Saskatchewan	8,273	671	8,944	92%	8%
Manitoba	7,280	2,553	9,833	74%	26%
Ontario	35,748	40,210	75,958	47%	53%
Quebec	35,638	10,453	46,091	77%	23%
New Brunswick	4,175	216	4,391	77%	23%
Newfoundland & Labrador	2,747	0	2,747	100%	0%
Nova Scotia	4,190	1,796	5,986	70%	30%
Prince Edward Island	578	400	978	59%	41%
Canada	125,887	68,311	198,178	65%	35%

The CUPE study noted that “repeatedly, studies have established that for-profit nursing homes are associated with lower quality services and poorer resident health outcomes, including increased risk of hospitalization.”

In residential care facilities for the elderly, staff amounted to 184,400 full-time equivalents at a cost of 8.14 billion in wages and salaries. The average expenditure in residential care for seniors was \$ 173.40 per resident day. The average income per resident day was \$ 175.20

Canada's population is aging. In 2011, there were 4.97 million seniors aged 65 and older in the country, accounting for 14.4 % of the population. By 2031, under a medium growth scenario, those over 65 will number 9.61 million or almost 23% of the population. The increase in life expectancy will mean that share of the Canadian population 80 years of age and older will go from 3.99% in 2011 to 6.39% in 2031 . In 1985, a 65 - year old could expect to live another 17 years. That had increased to 20 years by 2006; 18 years for men and 21 years for women. This growth will increase the importance of home care services in the years ahead.

In 2010, the percentage of the population over 65 was 14.1%. It was highest in Nova Scotia at 16.02% and in the Maritimes overall. It was lowest in the northern territories which were all under 10% and then Alberta at 10.64%. The Statistics Canada dataⁱⁱ for each province and territory is listed below.

Even though Alberta has a low percentage of people over 65, in 2006, there were approximately 14,500 people living in long term care facilities within the continuing care system. This number will grow dramatically as Alberta's population ages. Currently, 51% of the long term care residents are over the age of 85 and 31% are over the age of 90.

The Manitoba Home Care Program, was established in its present form in September 1974, is the oldest comprehensive, province-wide, universal home care program in Canada.

The seniors population is aging and is expected to continue to live longer, with an estimated increase of 104.9% in the number aged 65 to 74, and 39.3% for those over 75 years. With an aging population there are lower ratio of long-term care beds available for older seniors.

Seniors are concerned with this growing gap in the provision of services. Money spent on home care can save money to governments which are forced to keep people in expensive facilities. We need to do better to meet the challenge. Continuity of caregivers is a very important factor, It makes for happier people, gives

greater security and reflects patient-centered system.

The Canada Health Act includes extended health care services in its coverage. The Act defines such services to include:

- (a) nursing homes intermediate care service;
- (b) adult residential care service;
- (c) home care services;
- (d) ambulatory health care service;

The federal government should use the renegotiation of the health care accord with the provinces towards improving access to these services.

In Saskatchewan the Health Quality Council Dimensions of quality sets out seven(7) principles:

- Safety
- Effectiveness
- Patient-centeredness
- Timeliness
- Efficiency
- Equity
- Access

The Health Quality Council definition of quality: “Quality health care means doing the right thing at the right time in the right way for the right person and having the best possible outcome.”

Recommendation:

The Congress of Union Retirees calls upon the Federal Government in cooperation with the provinces to implement a National Home Care Program with standards and provisions of core services comparable from province to province. This program must be comprehensive, based on non-profit or public delivery and be accessible to seniors.

To set the national standards, the federal government can use the examples of best practices and standard of delivery and fully funded program. The federal program for veterans which assists veterans to remain in their own homes and communities with an emphasis on independent living. The best home care program, which was established in its present form in September 1974, can be found in Manitoba. It is the oldest comprehensive, province-wide, universal home care program in Canada.

A key element in developing this program is to set national training standards for caregivers and minimum hours of care given to each type of patient. Home support workers and home care go hand in hand where programs should include professional services such as nursing, occupational therapy and social work; personal care services to assist in the activities of daily living.

To achieve this goal the Congress of Union Retirees (CURC) will work with seniors organizations and unions representing workers who provide care to the elderly in order to lobby governments to meet this crucial need.

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