

***Citizen Watch on Continuing Care in Alberta
and the Seniors' Action and Liaison Team***
www.continuingcarewatch.com

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Subject: MLA Bulletin 2

Our subject for the June Bulletin is home care. It has become an important concern for Albertans who are no longer able to care for themselves independently because of physical or cognitive impairments.

The Alberta home care program was started 40 years ago to provide both nursing and homemaking help for persons over the age of 65 in their own homes. It wasn't until 1991 that the age restrictions were lifted.

The primary purpose of home care has changed too, as hospitals downsized and care shifted from hospitals to peoples' homes or other settings. Home care services have been expanded to include short-term convalescent treatment and care for persons recovering from serious illness or surgery (up to 3 months), as well as palliative care of the terminally ill.

Today, the public home care program has 2 main goals: to prevent or delay admission to a care facility; and to provide care allowing early release from acute care hospitals.

Publicly subsidized home care is funded by Alberta Health and Wellness, through the Regional Health Authority (RHA) funding allocations. Access to public home care is through the RHA continuing care assessment offices, where eligibility and care needs are assessed.

The federal government contributes to the cost of home care programs, through health and social program cost-sharing with the provinces and territories.

Public home care is provided to persons who live in their own home, or in a public lodge or private supportive/assisted living setting. Home care also provides "block" funding to some housing operators, who then provide specified services to residents.

The [SALT Brief on Continuing Care](#) and the [Broken Promises: A Family in Crisis](#) reports discussed some concerns about home care, including shifting the care responsibilities to families and the cost of private care services to supplement public home care. Dr. Wilson's recent study of Alberta public home care, [Linkages between Chronic Illness and Home Care](#), validates these and other concerns about home care services. These reports are available at www.continuingcarewatch.com.

We look forward to your questions and views. If you'd like to provide a response for posting on the website in the MLA Bulletin section, please let us know.

Sincerely,

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from Citizen Watch on Continuing Care and SALT

www.continuingcarewatch.com

Findings from Donna Wilson's 2008 Home Care Study*

- **The number of persons** receiving home care has decreased from 64,887 clients in 2000/01¹ to 53,922 clients in 2003/04 and 60,597 in 2004/05.
- Home care in Alberta is now almost as likely to be for **short-term** (less than 3 months) as long-term care.
- Home care clients were found to have received their home care in **53.1 service events per year** on average; this raises concern about whether ongoing daily needs of chronically-ill persons are being met.
- **1/3 of the clients lived alone**, and received less care (fewer hours and fewer service events) on average than persons who lived with someone else

'Home alone' is of concern, as chronically-ill persons may not receive the necessary daily help to maintain their health and stay out of hospital.

- The **average level of service** is the equivalent of 2 hours of home care *each week*. In comparison, each day, hospital care normally involves 3 - 4 hours of care, and nursing home care is 2 - 4 hours of care, *per day*.
- Nearly 90 percent of home care clients also had one or more out-patient care visits; **over half were admitted to hospital one or more times in the year** that they received home care.

This suggests home care recipients have unstable health and possibly unmet health care needs.

- **Home support aides supplied nearly 2/3 of all care hours** (mostly basic personal care) as well as service events.
- **Skilled professional care may be essential** for detecting and preventing health problems leading to hospitalization or nursing home admission. Skilled care services are not likely to be replaceable by family members.

¹ 1991/92, 30,985 clients; The Possibilities and Realities of Home Care, Donna Wilson 2005

➤ **2/3 of home care clients were 65 or older**; they received an average of 94 hours in 58 service events per year. Younger clients received an average of 140 hours of care in 45 service events per year. Long term care clients were older than short-term care clients.

Persons under the age of 65 are the main users of home care.

➤ **Rural residents** received nearly 3 times the number of home visits but less than half the hours of home care on average than urban residents.

➤ **Urban home care clients received more hours of care on average**, and were younger and less likely live alone than rural clients.

➤ **Home care is typically provided only** when the family cannot provide the required care.

A study of the implications of **low income home care recipients** is important; home care supplies and medications are often paid for privately.

The report concludes “[Home care] support is essential for reducing the hospital, ambulatory or outpatient clinic, and emergency department visits that currently supplement home care services. . .much more attention to chronic illness is needed for effective health services planning and policy development. . .as chronic illnesses are expected to increase in Canada”

NOTE: The data reflected only publicly-subsidized home care services, and does not include informal care or care paid for privately.

The study was not able to define the services provided, so we don't know if the services included assistance with home support other than personal or nursing care and related therapies.

We don't know whether the services were provided in private homes or in supportive living settings,

* Donna Wilson's (University of Alberta, Faculty of Nursing) most recent study, titled [Linkages Between Chronic Illness and Home Care](#), which analyzed Alberta Health and Wellness home care services, with data from 2003 – 2006, is posted with permission in the Resource section at www.continuingcarewatch.com.

Prepared by Carol Wodak for Citizen Watch and SALT
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