

Access to Quality Health Care

The Home Care Contribution



April 2011

The National Voice of Home Care

About the Canadian Home Care Association

The Canadian Home Care Association (CHCA) is a not-for-profit membership association dedicated to ensuring the availability of accessible, responsive home care and community supports to enable people to stay in their homes with safety, dignity and quality of life. Members of the Association include organizations and individuals from publicly funded home care programs, not-for-profit and proprietary service agencies, consumers, researchers, educators and others with an interest in home care. Through the support of the Association members who share a commitment to excellence, knowledge transfer and continuous improvement, CHCA serves as the national voice of home care and the access point for information and knowledge for home care across Canada.

For more information, visit our website at www.cdnhomecare.ca

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Introduction

Three strategies to realize the potential and the value of the home care sector to our overall health care system and the quality of life for Canadians.

In September 2004, First Ministers agreed to a *10-year plan to strengthen health care* across Canada. The 10-Year Plan recognized that in order to address issues of access to care and to reduce wait times, there was a need to invest in a number of key areas within health, including community based services which comprise home care. Home care was identified as an “essential part of modern, integrated and patient-centered health care”, and it was declared that the quality of life for those in need would be enhanced by improving access to home and community care services. The Plan committed governments to provide first dollar coverage by 2006 for specific home care services based on assessed need and identified a core set of services for acute, palliative and acute mental health home care.ⁱ

While this commitment was an important first step in the process to strengthen home care across Canada, the limited scope of services articulated in the plan does not address the future challenges or realize the full potential of the home care sector. Appropriately resourced home care programs play a critical role in managing wait lists, health promotion and chronic disease management and enabling the frail elderly to live independently in their own homes.

In addition to the home care commitment, a key component of the 10-Year Plan was “*the need to make timely access to quality care for all Canadians*”ⁱⁱ. A high quality, sustainable health care system is built upon all health sectors working together to deliver the best possible care and achieve the best possible outcomes for people every time they interact with the health care system.ⁱⁱⁱ For recipients of care, high quality health care means that their needs are met and that there is an exceptional customer service orientation. For providers, it means that diagnoses are accurate; they are part of a well-functioning system; the care they provide is appropriate – at the right place, the right time and by the right person, and is effective. For society, it means that the overall health of individuals improves.

This paper presents examples of the effectiveness, outcomes and potential of home care as an integral component of an accessible, high quality health care system. It provides a brief history and evolution of home care in Canada, highlights its contributions to an efficient and sustainable health system, and presents three strategies to realize the potential of and the optimization of the value of the home care sector to our overall health care system and the quality of life for Canadians.





Home Care in Canada

The Canada Health Act recognizes home care as an element in the category of “extended health services”, and, as such, it is not an insured health service to which the principles of the Act apply, but, is subject to conditions of reporting. Currently nine provinces have legislation related to public home care through various acts and policies. Other provinces and territories have orders-in-council or guidelines that direct the delivery of their home care services. Despite this lack of legislative framework, all provincial and territorial governments have increasingly relied on home care as an important component to their health system and have clearly signalled a shift in policy focus from provision of care in an acute care setting to provision of care “closer to home”.

Home care has emerged as an essential element of the health care system. The CHCA estimates that one million clients receive publicly funded home care annually across the country.

The Evolution of Home Care

Home care was first evident in Canada in the early 17th century, when nuns from religious orders arrived in Quebec to provide both direct care and disease prevention services.^{iv} The first publicly funded home care program was established in 1970 in Ontario. By 1988 all provinces and territories supported publicly funded home care programs for both acute (or short-term) care and chronic (or long-term) care needs. Throughout the 1980s home care programs underwent restructuring and the addition of services to meet public demand. In 1981, the nationally funded and administered Veterans Independence Program (VIP) was launched as an alternative care model for aging World War

Home care is an array of services for people of all ages, provided in the home and community setting, that encompasses health promotion and teaching, curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration and support for the family caregiver.

Canadian Home Care Association

II Veterans. VIP included home care and community based institutional care as a pilot project. The late 1990s saw an expansion of services and organizational changes within provinces / territories into regional health authorities and other community based models to provide service planning, coordination and delivery. Nationally funded and administered programs for First Nations and Inuit and the Royal Canadian Mounted Police were developed in response to increased demand for home based care. The Nunavut home care program was established in 1999, that jurisdiction having been formed in the same year.

The home care sector has experienced enormous growth over the past 40 years. One million Canadians receiving publicly funded home care services annually reflect a doubling of individuals served over the past 15 years^v and it is estimated that another 500,000 individuals are accessing

home care services not funded by government.^{vi} The unprecedented growth in the home care sector has been largely due to hospital restructuring; changing policy focus to the provision of health care service “closer to home”; consumer choice to “age at home”; primary health care renewal and new approaches to chronic disease management that include proactive home care services.

While individual provinces and territories have variations in their mandate and principles for home care services, there are consistent themes that transcend all programs across Canada. All provinces and territories provide a range of coordinated health and social services within their home care programs. These services are provided to individuals of all ages for the purpose of promoting, maintaining or restoring health within the context of their daily lives. Home care services are designed to meet the needs of persons who require assistance or support in order to remain at home or whose functioning without home care is likely to deteriorate making it impossible for the person to stay at home in the community. In many jurisdictions, home care is a component of “continuing care” which refers to the care provided outside of hospital and includes health and social care and support on a long or short-term basis.

Home care services are designed to complement and supplement, but not replace, the efforts of individuals to care for themselves with the assistance of family, friends and community. Through the case management function within home care programs the delivery of health care is integrated with community services (e.g. meals on wheels, day programs, respite care facilities, volunteer services, and transportation services). Many home care programs will also coordinate and/or provide long term care placement, ambulatory care clinics, home adaptation and home maintenance.

Integral to the delivery of home care services are family caregivers – individuals who provide care and assistance^{vii} for family members and friends who are in need of support because of age, illness or disability. The Canadian Caregiver Coalition^{viii} estimates that over five million Canadians are involved in family caregiving responsibilities. Family caregivers provide more than 80 percent of care needed by individuals with ‘long-term conditions.’^{ix} Today, the cost to replace family caregivers (adults aged 45 and greater caring for those 65 years and older with long term health or physical limitations) with members of the paid workforce at market rates (entitled to benefits, vacation, supervisory support, education and other overhead obligations of an employer) would be approximately \$25B.^x



Home care services help people with a frailty or with acute, chronic, palliative or rehabilitative health care needs to independently live in their community and coordinate and manage an admission to facility care when living in the community is not a viable alternative.

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Portraits of Home Care 2008

Five Critical Challenges Impacting Access to Quality Health Care

The 2004, 10-Year Plan articulated a coordinated approach to meeting the current health care challenges and built a strong foundation for the next generation. Today, six years later, we still face a number of challenges that will impact our ability to make timely access to quality care a reality for all Canadians. Recognition of these challenges and understanding of the potential of a strong home care sector is critical to the development of a robust health care plan to ensure quality, sustainable health care into the next decade.



1. An Aging Population with Increasing Life Expectations

While Canadians today are typically healthier and more independent longer in life, our aging population is changing our view of health care and our need to consider ways to remain autonomous in our homes for as long as possible. Projections by Statistics Canada indicate that the number of senior citizens will increase rapidly over the next few decades, reaching 23% to 25% of the population in 2031 and 25% to 30% in 2056.^{xi} Those aged 80 and greater are in one of the fastest growing segments of the population. By 2056, about one in ten Canadians will be 80 years and over, compared with about one in 30 in 2005.^{xii} The demographic dependency ratio^{xiii} will increase rapidly until 2031 when it will be 61, compared with 44 in 2005.^{xiv}

Seniors will represent 23% to 25% of the population in 2031 and 25% to 30% in 2056. In 2015 seniors will become more numerous than children.

The greatest users of long term /chronic home care are seniors, defined as individuals aged 65 and over. According to a recent health report, 42% of seniors aged 85 or older received home care, compared to 20% of those aged 75 to 84, and 8% of those aged 65 to 74.^{xv} Notwithstanding the amount of home care provided, many seniors living at home reported unmet needs. Almost one in five seniors who used a combination of both formal and informal home care reported unmet needs.^{xvi} It is expected that the number of seniors requiring home care services will rise dramatically as the population ages.

Evidence indicates that people want to remain at home for as long as possible, and if given a choice would prefer early discharge from hospital followed by provision of home care.^{xvii} In the Continuing Care Research Project, undertaken by Hollander for Veterans Affairs Canada and the Government of Ontario, satisfaction levels were found to be greatest for those receiving home care, followed by those in supportive housing and then by those in facility care.^{xviii} The findings also clearly point out the importance, and potential cost-effectiveness, of home care services and the critical role played by informal caregivers, home support workers, and other non-professional care providers.

2. Escalation of Chronic Disease

The aging population and associated escalation of chronic disease impact greatly on our health care system and its sustainability. Chronic diseases are now the major cause of death and disability worldwide. The emerging need to better manage this demographic in order to contain costs, and, more importantly, improve the quality of life for the aging boomers, has led to a focus on health promotion and illness prevention across the health system.

The number of chronic conditions has been found to be the strongest determinant of the frequency with which seniors consult physicians and use medications.

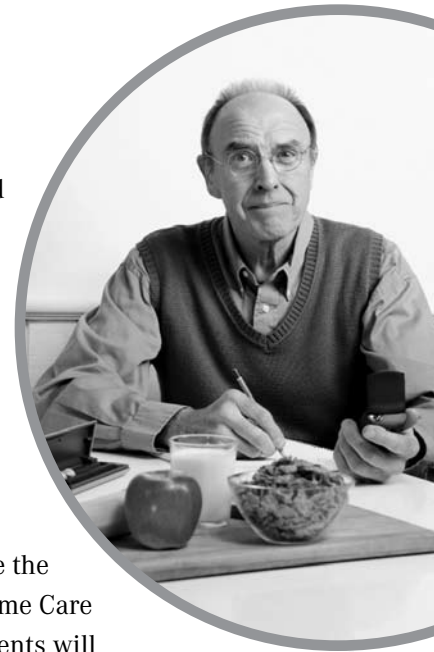
Currently, four in five seniors living at home have at least one diagnosed chronic condition compared to one in ten of those between the ages of 25 and 54.^{xxix} Chronic conditions are expected to increase with the population's changing age composition. The total number of Canadians with a disability is expected to grow from 4.5 million in 2006 to between 6.4 and 7.1 million in 2031; according to recent projections, most of this growth will occur among seniors aged 70 years and older.^{xxx} Having chronic conditions also increases the likelihood of being hospitalized and receiving home care.^{xxxi}

3. Limited Supply of Health Care Workers

Central to meeting future health care needs is having adequate human resources to carry out frontline services. The aging and pending retirements of home care workers (nurses, home support workers, therapists), the majority of whom are women over age 40, challenge the availability of home care services to meet the care needs of the future.^{xxii} The Canadian Home Care Human Resource Sector Study projected that the ratio of home care nurses to home care clients will change from 1 RN:37 clients in 2001 to 1 RN :100 clients in 2046^{xxiii}. Home Support Workers^{xxiv} who provide 70-80 percent of home care services are projected to have a ratio change from 1 HSW to 17 clients in 2001 to 1 HSW to 45 clients in 2046.^{xxv}

Without national policy to address the needs of both formal and family caregivers of older persons with long term health problems, the availability of these caregivers to meet future demand for assistance is questionable.

Strategies to attract the human resources required to meet the needs of the older population in the future need to be developed. Issues that need to be addressed to achieve greater recruitment and retention to the sector include recognition, funding, education, working conditions, wages and benefits.^{xxvi}



4. Rapid Advancements in Technology

Technology has an important contribution to make to the health care system and the home care sector. Across Canada, home care leaders are beginning to test applications that will enable individuals to remain safe and independent in their homes. Examples include: remote monitoring to support client-self-management and leverage the home care work force^{xxvii}; communication between providers and the client and health care team through portals, emails and data file transfers; standardization of care through care management systems and consistent data collection and automation of business processes within home care organizations.

Effective application of technology can help to ensure that the system is appropriately and efficiently used and improve the ability to measure, assess and manage health care.

Technology helps to improve care at the point of delivery and the quality of life for those requiring home care. For the home care provider, technology improves the ability to see more patients, in part serving as a replacement for staff. Technology decreases paperwork and facilitates access to the right information at the right time which is key to enabling collaboration with other providers.

5. Determining Value for Investment

No one would disagree with the call for accessible, safe, and high quality health care and yet the realization of such a goal is challenging today. Factors that compromise the goal include:

- Funding mechanisms that are silo based and often providing incentives to care processes which may have little reflection on the patient's care outcome
- Clinical autonomy by practitioners of all types who profess a reluctance to subscribe to a set of practice guidelines believing that autonomous judgement is necessary and preferable
- Inadequate information exchange between practitioners, health sectors, patients and families - related to longstanding practice patterns and limited technology capacity in many jurisdictions.^{xxviii}

In trying to achieve value for patients these barriers have to be overcome as part of a health system transformation that shifts the focus away from cost containment and toward quality and value. Michael Porter argues that total quality management (TQM), process improvements, safety initiatives, disease management and other overlays are beneficial but not sufficient to substantially improve value. The only truly effective way to address value, he believes, is to reward ends or results rather than just the means, such as process steps^{xxix}. Integrated care measures must be established and used to address the full set of health outcomes achieved by the patient over the care cycle. Cure and/or survival rates are only part of the picture, the patient's experience, such as



side effects of care, place of care, etc. need to be considered. Total costs for the care of the patient's condition, not just the costs borne by a single provider need to be assessed.

The Role of Home Care Sector in Timely Access to Quality Care

Foremost on the First Minister's 10-Year Plan to strengthen health care agenda was *"the need to make timely access to quality care a reality for all Canadians"*^{xxx}. As jurisdictions shifted their policy focus to the provision of care closer to home, a number of models emerged that highlighted the importance of home care to achieve this goal.


Home Care Impacts Quality Health Care

Quality health care is about delivering the best possible care and achieving the best possible outcomes for people every time they interact with the health care system.^{xxxii} It is about delivering value to the patients served.^{xxxiii} Value in health care can be described as the health outcome per dollar of cost expended.^{xxxiii} The focus is on results, not just as a sector, single provider or episode of care but rather the full set of health outcomes achieved by the patient over the care cycle.^{xxxiv} Our ability to provide timely access to quality services lies, to a large part, in improving our ability to integrate the delivery of care and the evaluation of outcomes across the cycle of care in order to achieve a high quality, efficient and sustainable health care system and deliver true value to Canadians. Home care services play a key role in meeting this challenge.

Home care, as an adjunct to a high functioning health care system, can save money, improve care and improve quality of life for people who would otherwise be hospitalized or institutionalized.^{xxxv} Evidence to support this claim can be found across the country and through the Canadian Home Care Association's High Impact Practices.^{xxxvi} Examples include:

- using home care to improve medication use in patients with heart failure and avoid emergency room presentation^{xxxvii}
- providing enhanced end-of-life home care services in order to keep people at home longer^{xxxviii,xxxix}
- using technology to enable enhanced home monitoring and telephone support^{xl}, to name a few.

Proactive interventions through home care can improve quality of life, clinical and system outcomes. There is evidence of improvements in health and related quality of life for individuals 75 years of age or more with minimal levels of home support services.^{xli} The effectiveness of providing proactive nursing to provide health promotion and preventive care to a general population of elderly home care client and their caregivers has also been demonstrated.^{xlii}



"The only way to contain cost in health care is to worry about quality."

Michael Porter, 2009

Home Care Impacts Access to Care

Jurisdictions across Canada are undertaking initiatives to better integrate care believing that it is essential to a sustainable system that can effectively serve an aging population with long term chronic conditions. Cost containment, optimizing health human resources and providing better care are cited as goals of integration.

The home care sector plays a vital role in integrated approaches to care delivery with improved outcomes for clients/patients demonstrated through the integration of:

- **home care with primary care physicians and networks**
- **proactive home care services and emergency departments**
- **coordinated home care and palliative care, to name a few examples.**

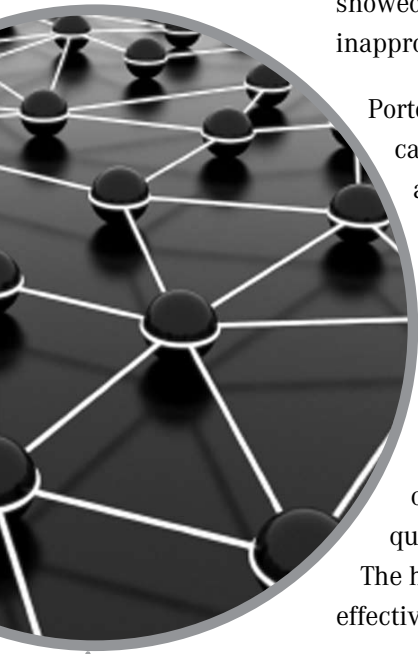
Key to the success of these integration models, at the provider level, is improved coordination of care, elimination of duplication, and the recognition and optimization of the contributions of team members. This includes the involvement of clients and their family caregivers who play a key role in the management of their health care as partners on the health care team.

The home care sector, in collaboration with parts of the health care system, is implementing successful integration models along the continuum of care in order to provide seamless care. The National Partnership Project^{xliii} demonstrated that home care contributes to effective chronic disease management through secondary and primary care intervention. The Project showed improved clinical outcomes, patient and provider satisfaction and pointed to decreased inappropriate system utilization.

Porter challenges health care organizations to take integration further and to organize integrated care programs that organize around the needs of patients. Instead of trying to be all things to all, integrated care teams would focus on an area of patient circumstance so that expertise can be developed and outcomes improved, for example care of people with migraines, diabetes or requiring joint replacements. Jurisdictions across Canada have initiated integrated service models (which include home care services) to provide better hip & knee joint replacements^{xliiv} and better chronic care management^{xliv}; and many are integrating to address specific wait times, or inappropriate emergency department utilization.^{xlvi}

Realizing timely access to quality care lies in improving our ability to integrate the delivery of care and the evaluation of outcomes across the cycle of care in order to achieve a high quality, efficient and sustainable health care system and deliver true value to Canadians.

The home care sector plays an important role in this goal and is an essential component of an effective and sustainable health care system.



Three Strategies to Realize the Potential of Home Care

The health policies we develop, the people we recruit and train and the decisions we take now will affect our future health system. In September 2004, First Ministers committed to achieving results, recognizing that making health care sustainable and able to adapt to the ever-changing needs of Canadians, will take time, sustained commitment and adequate resources.

The 10-Year Health Plan set out directions and a vision for 2014 that included specific actions and strategic investments in areas such as: Reducing Wait Times and Improving Access, Strategic Health Human Resource (HHR) Action Plans, Home Care, Primary Care Reform, Access to Care in the North, National Pharmaceuticals Strategy, Prevention, Promotion and Public Health and Health Innovation.

The Canadian Home Care Association commends the provincial and territorial governments for their work and progress to date. The focused efforts to implementing both the short-term acute home and end-of-life care services have positively impacted many individuals across Canada. However, the journey has just begun.

Home care is still a very small component of the health system accounting for only 2 – 7 percent of total provincial or territorial health care expenditures.^{xlvii} A strong, well resourced home care sector is critical to achieving the goal of access to timely quality care across Canada. Home and community based strategies to engage consumers and their families; intervene pro-actively; eliminate waste; optimize health human resources; and, continually improve the calibre of health care are being tested in jurisdictions across Canada.

The Canadian Home Care Association believes that, in order to continue the momentum and realize the potential of home care sector, governments must commit to the following strategies:

- 1. Ensure Access to a Broad Range of Services:** To support the desire of most Canadians to age at home and/or to be supported to manage their chronic conditions at home, governments must provide appropriate resources that ensure timely access to community based services that include long term care and preventative care; in addition to acute care and palliative home care. Jurisdictions must work together to articulate targets to measure access to home care so that Canadians will have the appropriate home care services regardless of where they live.
- 2. Leverage Technology for Primary and Community Based Care:** Governments and health care leaders need to support strategic planning and investment in technology to support home care and primary care as a key priority to support access to care and optimize community resources.
- 3. Support the Critical Role of Family Caregivers:** Governments and stakeholders must formally and publicly recognize the importance of family caregiving in policy, practice and legislation and implement measures to safeguard the health and wellness of family caregivers.





Conclusion

The home care sector makes an important contribution to Canada's health care system and to the health and wellbeing of Canadians. Over the past forty years home care programs have become increasingly sophisticated in the delivery of services and in the evaluation of services.

Evidence has shown that the provision of services in the home and community can reduce wait times for acute hospital beds, effectively support frail and vulnerable seniors to remain independent and safe at home, proactively support individuals with chronic conditions and provide choices for end-of-life care.

Today's reality is that the our health care system is, and will continue to be, challenged to meet the desire of Canadians to access timely, quality health care. The aging population, shifting dependency ratio, and increased costs of providing care will require that every resource is optimized. The highest quality and most efficient approach to care must equally support the continuum of care and shift the emphasis from costly episodic acute care focus to long-term preventative community based care.

Continued investment and development of the home care sector will support this continuum and enable the health system to realize the best value for Canadians.

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ENDNOTES

- i First Ministers agree to provide first dollar coverage by 2006 for certain home care services, based on assessed need, specifically to include: short-term acute home care for two-week provision of case management, intravenous medications related to the discharge diagnosis, nursing and personal care; short-term acute community mental health home care for two-week provision of case management and crisis response services; and end-of-life care for case management, nursing, palliative-specific pharmaceuticals and personal care at the end of life.
- ii 10 year plan to strengthen health care, Sept 2004
- iii Romanow, p150
- iv Community Health Nurses' Initiatives Group
- v CHCA Portraits of Home Care, 2008, p vii
- vi Health Council, p 8
- vii Caregiver tasks can include wound dressings and injections, delegated by the health care professional; personal care such as bathing, dressing, eating or toileting; support activities such as preparing meals, household management, managing medication or attending to finances, and activities such as coordinating the myriad of services that care receivers may require.
- viii The Canadian Caregiver Coalition is comprised of stakeholder organizations, researchers, employers, caregiver support groups and caregivers and serves as the national voice for the needs and interests of family caregivers. <http://www.ccc-ccan.ca/>
- ix Cranswick, K. (2003). *General Social Survey, Cycle 16: caring for an aging society*. 89-582-XIE. Ottawa, Ontario: Statistics Canada, Housing, Family and Social Statistics Division. <http://www.statcan.ca/english/IPS/Data/89-582-XIE.htm>
- x Hollander, Who Cares and How Much
- xi Statistics Canada 2005c
- xii Ibid
- xiii Dependency ratio reflects the number of children (aged 0 to 14 years) and seniors (65 years and over) per 100 working-age people (15 to 64 years)
- xiv Statistics Canada 2005
- xv Statistics Canada, 2006d
- xvi Ibid
- xvii Health Care in Canada Survey, 2000
- xviii Hollander The Continuing Care Research Project
- xix Statistics Canada, 2003
- xx Spector and Dubeau
- xxi Rotermann p 44
- xxii Canadian Home Care Human Resources Study
- xxiii Ibid, p 15
- xxiv Home Support Worker (HSW) – term used in this document to reflect the unregulated home health care worker, also known across Canada as Personal Care Attendant, Personal Support Aide Home Support Aide, Home Care Attendant, Health Care Aide, Personal Support Worker
- xxv Ibid, p 15
- xxvi Ibid
- xxvii Canadian Home Care Association High Impact Practice – Bringing it All Home; and TeleHomeCare CHF Program
- xxviii Baker, p 267-271
- xxix Porter p 88
- xxx 10-Year plan to strengthen health care, Sept 2004
- xxxi Romanow p 150
- xxxii Porter p 155
- xxxiii Porter p 4
- xxxiv Ibid
- xxxv MacAdam, Hollander
- xxxvi High Impact Practices are remarkable activities, within health care in the home and community setting, that demonstrably and tangibly improve the quality of life for individuals. They are the result of home care and other sectors of the health care system achieving effective collaboration; and they are designed to be sustainable. *High Impact Practices* are identified by health care leaders from across Canada, typically at the CHCA's annual home care summit.
- xxxvii Foebel
- xxxviii Seow
- xxxix Canadian Home Care Association, High Impact Practice – Enhanced Palliative Care Program
 - xi Canadian Home Care Association 2006 High Impact Practice – EMPcare@home
 - xii Markle-Reid (2005) Seniors at Risk
 - xlii Markle-Reid (2003) Frail Elderly Home Care Clients
 - xliv Canadian Home Care Association The National Partnership Project
 - xlv Canadian Home Care Association High Impact Practice – Hip & Knee Joint Replacement
 - xlvi Canadian Home Care Association Partnership in Practice
 - xlvii Canadian Home Care Association Integration of care
 - xlviii Canadian Home Care Association, Portraits of Home Care, p xiv