April 18, 2006 – Vancouver, British Columbia
Summary of Presentations

The following information was received with great interest by the Council. This information will be integrated with input from the public, presentations at subsequent meetings, and background readings and research on the various topics, as the Council begins to develop recommendations for its final report.

The information presented here does not necessarily reflect the position of the Government of British Columbia or the Premier's Council on Aging and Seniors' Issues.

During their April 18 session in Vancouver, Council members were informed by a series of briefings that examined the "continuum of care" for older adults. Throughout the day a series of expert speakers and panellists explored this theme from several different perspectives:

- Home Supports
- Assisted Living
- Residential Care
- Caregiving
- Population aging and future care

Overview presentation: Home and Community Care

Researcher **Neena Chappell, PhD**, Professor and Canada Research Chair in Social Gerontology, affiliated with University of Victoria's Centre on Aging, provided the Council and guests with a conceptual framework for the day. Her opening comments touched on several aspects of care for older adults:

- In spite of tremendous changes in family structure in the past century, informal care-giving by female family members is still the predominant form of care for older adults who are losing their independence to frail health.
- Dr. Chappell added her voice to others in front of the Premier's Council in advising that home-care and home-support is not only cost-effective compared to nursing homes, but that it needs more resources.
- Her interpretation of current research is that the care system for seniors *is* sustainable:
  - Seniors *want* to remain independent as long as possible, and they use services reluctantly – there is no evidence of widespread overuse or abuse
  - Seniors have more healthy years than in the past. A longer average lifespan does not mean additional years of frail health.
- Care for seniors frequently involves a *non-medical* response to *medical* conditions, yet our public policy places higher priority on medical responses than non-medical responses, e.g., for someone with arthritis assistance with household chores may provide more relief than more medication.
- She identified an essential question: *What is government's responsibility to provide care for seniors in medically-necessary areas where the medical need is best met largely by non-medical services*?
- She noted the shift of resources from ongoing home support services to short-term care support to look after people discharged from hospital, and noted that both are needed.

Following Dr. Chappell's presentation, the Council asked some questions and offered some observations:

- Currently, funding for short-term post-hospital home care is competing for the same financial resources as funding for chronic-care at home, which maintains people in their communities.

- Ethnic minorities in BC currently tend to be poorer than the non-ethnic majority – and are disproportionately burdened when home support and care services not covered by government must be purchased at market rates.

The BC Approach

The Council then heard two presentations on the care of people no longer able to manage independently. Resource people for each presentation sat together as a panel for further discussion and dialogue with members of the Premier's Council. Panel members were:

- **Ann Marr**, Executive Director, Home and Community Care, BC Ministry of Health
- **Marcy Cohen, PhD**, Research Associate and Board Chair, BC office of the Canadian Centre on Policy Alternatives

Ann Marr explained that the provincial government's Home and Community Care Services cover a range of services and deliver several different programs. She told Council the system is in a state of transformation – a redesign that is the outcome of both research and consultation:

- The redesign is now beginning to produce more beds (Net increase at the end of 2005: 607; projected net increase at end of 2006: 2,762; by 2008: approx 4,800).
- Redesign includes program innovations: intensive case management, quick-response teams in hospitals to help avoid unnecessary admissions, home-care nursing clinics, community clinics and cluster care.
- BC is a national leader in providing publicly-subsidized assisted living.
- The provincial Government uses BC Housing to deliver supportive housing programs for seniors in many BC communities.

Marcy Cohen described lack of coordination between program decisions about closing long-term care beds and the availability of home supports and homecare. Dr. Cohen noted that:

- BC has one of the lowest per-capita number of acute-care beds in Canada – earlier discharge increases the demand for post-hospital home care, which competes for and depletes funding for long-term home support and care.
- Dr. Cohen therefore recommended allocating budgets for long-term seniors' home care to a protected funding envelope.
- She also recommended creating a permanent provincial council on seniors' services as well as improved collection of data by service type and health authority, for improved reporting to the public.
- She wished to see an increased role for citizens in governance.

Home Supports

The Council then heard from a panel of three expert presenters invited to describe home support and comment on where it fits in the continuum of care, future demand (and how to meet it) and the respective roles of the public and private sectors. Panel members were:

- **Tim Rowe,** Executive Director, Home and Community Care, Northern Health
- **Marcus Hollander, PhD**, Hollander Analytical Services, Ltd
- **Joyce Jones**, Co-Chair, BC Health Coalition

Tim Rowe opened his presentation with the observation that delivering home support services in remote rural communities involves an extra set of challenges. (The region served by Northern Health is larger than France).

- Tim Rowe described the demographics of the region: 15% aboriginal; growing percentage of seniors; lower average income and lower average health status than overall BC population. Services need to be sensitive to cultural backgrounds.

- Staffing is a problem in isolated communities (recruitment and retention).
- Key issues in future include technological innovation; clinical information systems; delivery models; supporting independence; assessment and screening tools and developing service partnerships.

Marcus Hollander said the real crunch in demand for home-care services will come in 2021 when the first baby-boomers reach age 75: "There's still time to improve the system."

- Current system provides fewer and fewer services such as housekeeping and is increasingly shifting to provide medical services only.
- For many seniors the medically-necessary services they need most to maximize health and independence and keep them out of institutions are non-nursing professional home support. This is no longer funded in BC, yet an investment here would save the system significant amounts over time.
- In the long run (after three years) individuals who need non-medical home-support services and do not get those services generate "substantially more" demands and costs for the health-care system.
- In his view, "medicalizing" home care by shifting to a "hospital-based outreach model" would be a worst-case scenario, and it would be much more efficient as well as caring to have an integrated preventive system of home support and care.

Joyce Jones pointed out that Sweden and Denmark have been particularly successful keeping seniors in their own homes and out of institutions as they age. Her recommendations for change in British Columbia included:

- Standardise the training of home care workers.
- Expand home care to include more services designed to support independence.
- Assess home support on the basis of need, not means – and cover it by Medicare.
- Include home support in the Federal Medicare Plan.

Assisted Living

The Council heard two presentations on assisted living. Presenters had been asked to describe assisted living, identify where it fits in the continuum of care, and comment on projected demand and future issues. The speakers included:

- **Susan Adams**, the British Columbia's Assisted Living Registrar
- **Colleen Tracy**, Executive Director, Assisted Living Centre of Excellence

The panellists described assisted living as a form of housing for older people who do not require 24-hour care in a residential facility, but are no longer capable of managing alone in their own home.

- People moving to assisted housing are "older seniors" – often 80+.
- To qualify for publicly-funded assisted housing, a senior must be "no longer safe living in their own home."
- In addition to providing shelter, assisted living provides hospitality services (meals, social and recreational opportunities, laundry, housekeeping and emergency response system) and personal care (assistance with activities of daily living, assistance with medications), designed to maximize independence and choice.
- Assisted living facilities are registered with government, but not regulated like complex care facilities. The registrar will respond to complaints. Just over 100 residences are currently registered – representing more than 3,300 individual living units.
- Council members commented that assisted living in rural areas presents challenges for aging in place.

- A “campus of care” model that offers a range of care may be difficult to achieve in sparsely populated areas.
- If a resident can no longer make decisions on their own behalf, a transition to a residential care bed must be made as soon as possible.

Residential Care

Council then heard three presentations on residential care. The presenters had been asked by the Council to describe residential care, look at projected demand and future issues and comment on what comes between assisted living and residential care in the “continuum of care.” They were also asked whether it is possible to make better use of personnel in residential care facilities. Panellists included:

- **Ed Helfrich**, Executive Director, BC Care Providers Association
- **Dr. Michael McBryde**, Medical Director, Residential Business Partnerships, Fraser Health
- **Nancy Rigg**, Executive Director, Community Care Network, Vancouver Coastal Health

Although the three panellists spoke from differing perspectives, their assessments had much in common:

- Increased emphasis on helping people stay in their homes as they age and the relatively recent introduction of options like assisted care has reduced some demands for residential care – particularly with seniors under age 75. (Average age for moving to residential care in Vancouver Coastal Health region has risen and is now 83 years old).
- If this trend continues, the relatively expensive support provided by residential care will only need to be used by those with dementia, those near the end of life, and those with medically complex needs. Home support and care in the community will need to grow.
- The target service levels in Fraser Health: 75 beds per 1,000 for complex care, 14 for assisted living.
- Integrated neighbourhood models and “campuses of care” were two models suggested for prolonging independence and creating more opportunities for individuals to “age in place.”
- Residentialists are used in Holland - physicians who do two years training after medical school and assess and manage care of residents. This has greatly reduced the need to transfer residents to hospital for acute care.

In follow-up discussion with council, a suggestion was made that it is important to keep alternatives like group-living homes in mind as well as assisted living when discussing the continuum of care.

Caregiving

Council heard two presentations on “caregiving” and earlier in the day Dr. Neena Chappell had also addressed some aspects of informal caregiving.

The presenters in this segment had been asked by the Council to describe “caregiving,” to identify major issues and future challenges and to examine how caregivers are supported elsewhere in the world. Panellists included:

- **Alison Phinney, PhD**, Vice President, Caregivers Association of British Columbia
- **Janice Keefe, PhD**, Associate Professor and Canada Research Chair in Aging and Caregiving Policy, Maritime Data Centre for Aging Research & Policy Analysis, Mount Saint Vincent University, Halifax, Nova Scotia

Dr. Phinney said the majority of care for seniors in Canada is provided at home by “informal caregivers” – not all of whom actually live under the same roof.

- Caregivers provide “instrumental help” daily activities, emotional support, and “case management”.

- Caregivers are mostly women, may be in paid employment, may be family, most under 65 – no "typical" profile.
- Issues include need for respite, need for emotional support (especially connections with other caregivers), need for recognition and financial security.

Dr. Keefe said there are many different models overseas for financial compensation to caregivers:

- Direct payments from government to caregivers (UK, Germany, Sweden, Australia).
- Tax-exemption (Australia).
- Cash to care-receivers who opt out of direct services, with bonus payments for respite (Germany).
- Pension credits accrue to caregivers (UK).
- Dr. Keefe said that maximizing choice and flexibility is important in Canada.

During follow-up discussions with council, suggestions included tax-deferred savings vehicles for care – like RRSPs.

Population Aging and Future Care

Dr Janice Keefe returned to the speaker's podium at day's end for a second presentation to Council. Highlights include:

- Older people make major contributions to society – it is incorrect to view older people as a "burden", as they contribute to the social and economic fabric of society through volunteering, working, helping raise families, etc.
- Public-policy issues related to an aging population are not just health-related – they also relate to the labour market and economic productivity.
- Improving overall health of population will have a major impact on cost of caring for aging population.
- Caregivers are undervalued, yet are the backbone of any strategy for community care.
- Continuing questions include family versus state obligations, moral, legal and ethical challenges, changing values and the question of where we will find future human resources for home and community care.
- BC is in a good position to innovate and has a good base on which it could build.