

Twenty Years of Home Care in New Brunswick: Preliminary Investigation of Non-profit and Private Provision

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Introduction

Beginning in the 1980s, the provincial government of New Brunswick, like many other provincial governments in Canada, implemented significant policy reviews and changes to the health care system in an effort to rationalize the provision of health care services. These policy changes, both directly and indirectly influence how home care services are provided in the province.

Background and Rationale

This work is part of a larger project, which seeks to better understand the relationship between the state and the social economy in the provision of home care services in the three provinces of Ontario, Quebec and New Brunswick. The preliminary task was to document the evolution of home care services in the last 15 to 20 years; identify service providers and services offered, who had access to those services, and to determine how these services were funded in New Brunswick.

Project Methodology

Extensive document search (Phase One)

- Libraries
- Websites
- Databases

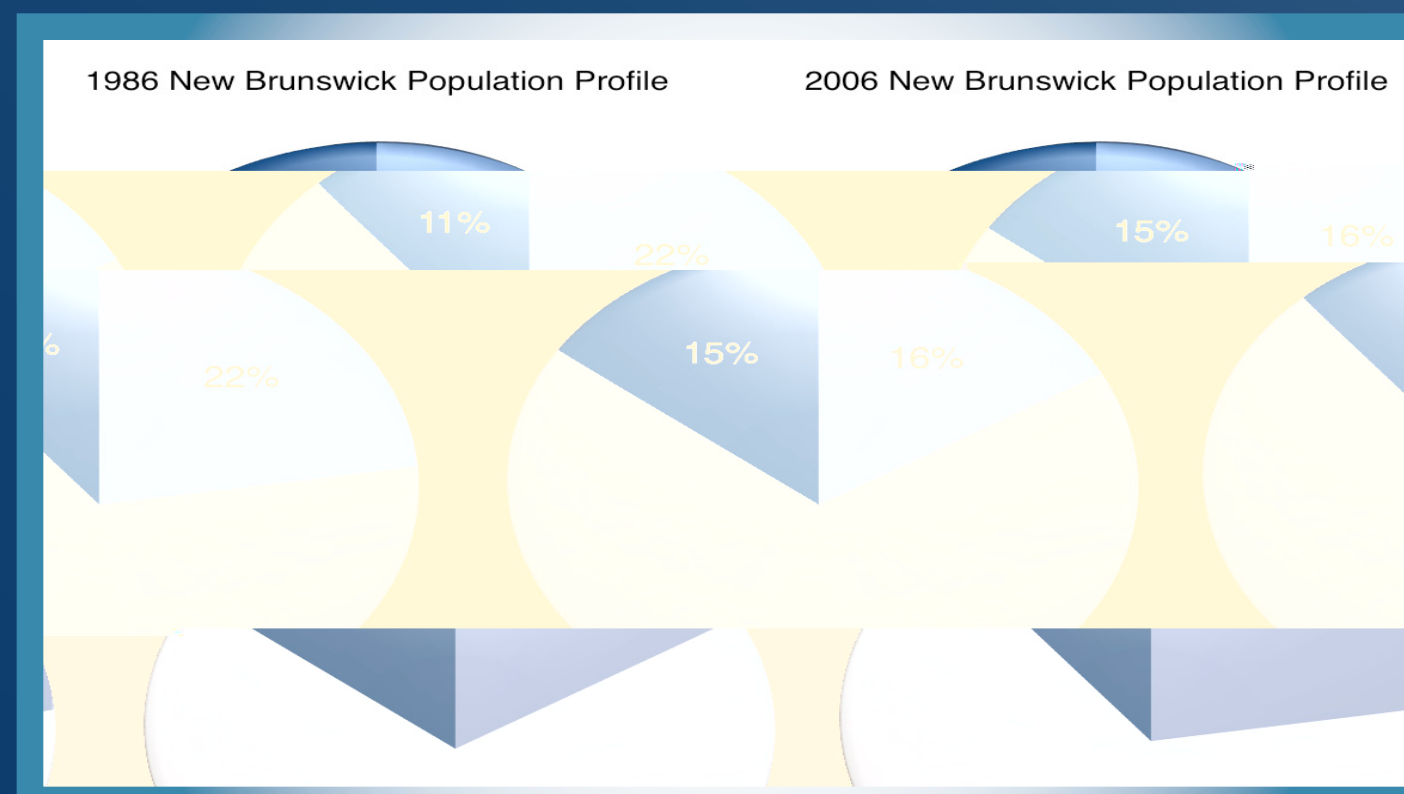
Contacting and interviewing (Phase Two)

- Government department liaisons
- Nonprofit and for-profit home support providers

Main Findings To Date

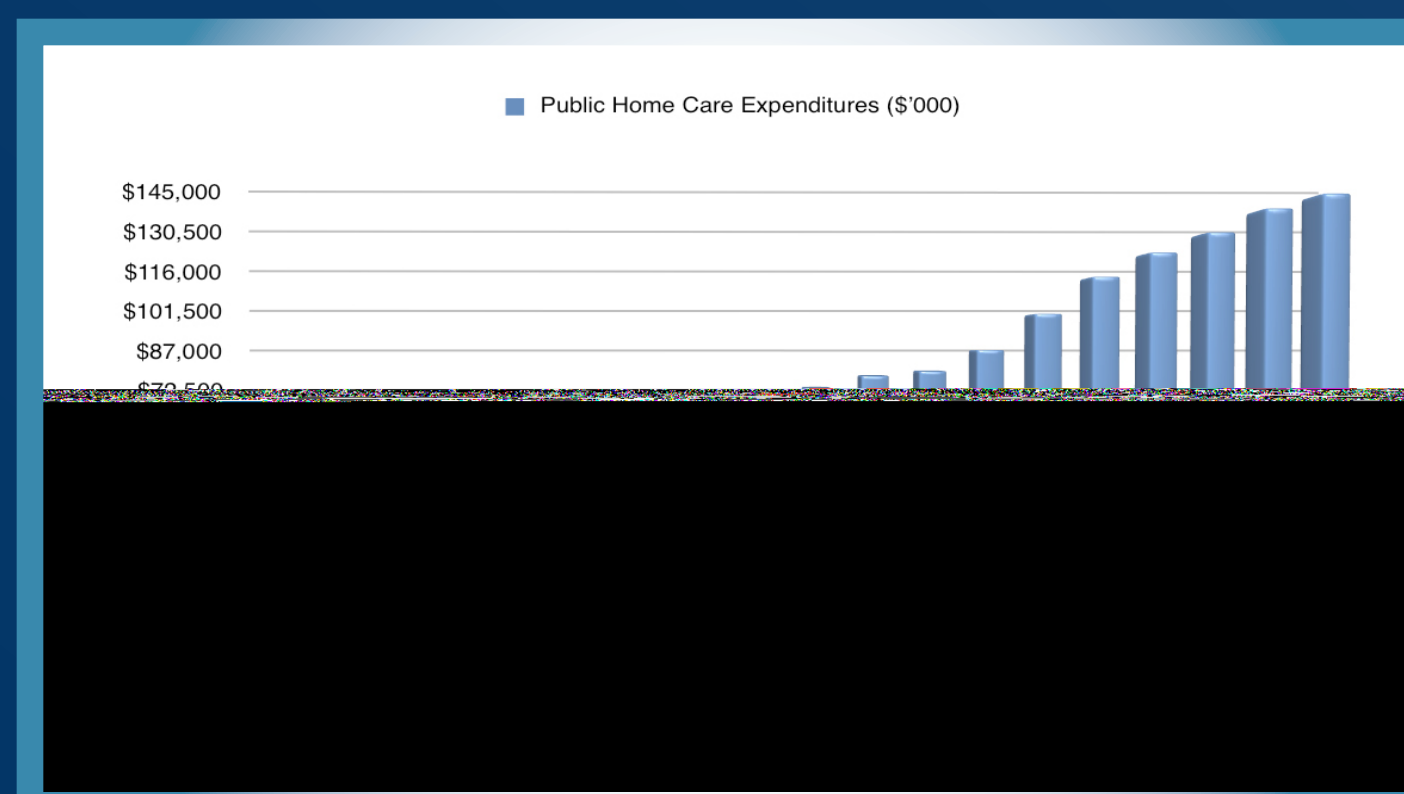
Demographic Profile
Home Care Expenditures
Home Health & Home Support Expenditures
Federal & Provincial Programs
Family and Community Services Home Support List

Demographic Profile



Preliminary research confirms a significant ageing of New Brunswick's population, coupled with small to moderate increases in disability rates for all age levels. These demographic trends combined with changes in technology and rising health care costs continue to be driving forces in health system rationalization and reorganization.

Home Care Expenditures



Public home care expenditures have increased dramatically in the province. In 1985 home care spending, at slightly more than 14.25 million dollars was about 1.98 percent of total public health expenditures. But by 2004 home care spending would be close to 140 million dollars and about 4.7 percent of total public health spending. This amounts to an increase of close to 890 percent.

Home Health & Home Support Expenditures



Although both home health spending and home support spending have been increasing, since 1997 home support spending has been increasing at a significantly greater rate. This is noteworthy as the Department of Health manages majority of publicly funded home health services are provided through the extra-mural program, whereas Family and Community services manages the provision of home support services through contracts with nonprofit and for-profit agencies.

Federal & Provincial Programs

- Veterans Independence Program (VIP)
- First Nations and Inuit Home and Community Care Program (FNIHCC)
- Extra-Mural Hospital/Program (1993)
- Single Entry Point/Long Term Care (1999)
 - Community Based Services for Disabled Adults
 - Community Based Services for Seniors
- Community Based Services for Children with Special Needs (CBSCSN) the region.

Family & Community Services Home Support List

Very few service providers are located in the northeast and northwest regions in the province. In the 3 southern regions, service providers are more concentrated around the urban center with the remainder scattered throughout rural and small communities.



Avenues of Further Research

We need to determine:

- Which agencies on the Family & Community Services approved support list are nonprofit and which are for-profit
- Extent of the workforce in the social economy
- Problems to access in rural areas
- Providers perspectives of the impact on home care government restructuring, both past and present

Conclusions and Next Steps

Although we have made inroads into discovering where the social economy is in the provision of home care in New Brunswick, there is much more that remains to be learned. With financial support from SSHRC, our research team in New Brunswick (Thériault and Cole) is planning to try to augment what we know on the subject in the next year or two. We hope to compare and contrast this information with the knowledge produced by our fellow researchers in Quebec (Jetté, Vaillancourt and Leclerc) and in Ontario (Paul L. Browne) and to disseminate our results in various millieu.

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