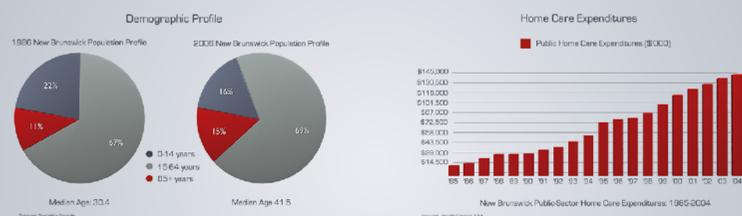


Home Care Policy in New Brunswick: Sailing Along or Headed Towards the Shoals?

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Purpose of Study



Preliminary research confirms significant ageing of New Brunswick's population, as well as small to moderate increases in disability rates for all ages. In the past twenty years public home care expenditures have increased dramatically. The demographic ageing trends in the province combined with changes in technology and rising health care costs continue to be driving forces in health system rationalization and reorganization. Therefore, it becomes important to understand the relationships between the state and the providers of home care and the roles of the various actors, in particular, the role of the social economy.

Methodology

This study is currently a work in progress:

Phase one consisted of an extensive document search involving university, public and legislative libraries, websites and databases.

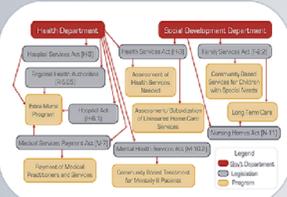
Phase two consists of interviews with government department liaisons, non-profit and private for-profit home support providers.

Phase three consists of analysis of the interviews and documents.

The current stage of the study is at an interaction between phase two and three, as analysis is leading to the need for further interviews to clarify issues brought forward in the earlier interviews.

Key Findings

New Brunswick Governmental Structure Governing Home Care



Very few service providers are located in the northeast and north-west regions of the province. In the 3 southern regions, service providers are more concentrated around urban centers with the remainder located in small communities scattered throughout the rural areas of the regions.

Sources: Ferguson 1994. http://www.gnb.ca/009/inf/5103MMP/English/Inf/nbrw_nb_fcs2007.html

The government departments of Health and Social Development oversee the provision of the two home care streams of services in the province. The Health Department oversees the health care stream, which is mainly provided through the Extra-Mural Program. The Social Development Department oversees the home support stream, which is provided by both private for-profit and non-profit agencies.

Key Findings (continued)

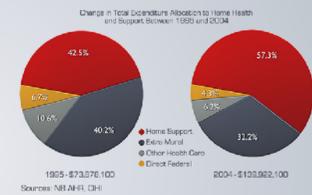
Home Care Services Streams

- Health Care**
 - Physicians
 - Nursing
 - Social work
 - Occupational therapy
 - Speech Language Pathology
 - Chronic disease
 - Respite therapy
 - Adult care
 - Family care
 - Long-term care
 - Rehabilitation therapy
 - Diagnoses therapy
- Support Care**
 - Personal care
 - Housekeeping
 - Transportation assistance
 - Personal grooming
 - Personal maintenance
 - Meal preparation
 - Shopping
 - Companionship
 - Respite/relief care
 - Teaching home support
 - Self-Management/IDLA
 - Meal planning and preparation

Sources: NBHMPP 2008, FCS 2008

The health aspect of home care consists of professional health care and is a service insured through medicare. Whereas, the home support aspect of home care consists of services to assist with daily living and personal care tasks and is a means-tested service. Those who do not qualify for subsidized care must access support services through either private insurance or as a direct out-of-pocket expense.

Home Health & Home Support Public Expenditures



Public home care services are funded primarily by the provincial government with a small percentage funded by the federal government. From 1995 to 2004, total public home care spending increased by about 66 million dollars. While home support spending increased by about 15 percentage points in this time period, all other home care spending allocations decreased in percentage points.

Summary Points

Home Care: Health & Support Provision

Funding Source	Health Care	Support Care
Extra-Mural (Public)	✓	
Private	✓	✓
Non-Profit	✓	✓

Social Development Home Support Providers (2007)

Region	Private For Profit	Non-Profit	Support Providers
1. Miramichi	8	4	12
2. Saint John	12	3	15
3. Fredericton	19	6	25
4. Edmundston		1	1
5. Moncton	6	1	7
6. Dieppe		1	1
7. Miramichi	1	1	2
Total	26	16	42

Sources: NB FCS 2008

The result of two government departments overseeing New Brunswick's two streams of home care is a complex framework that is somewhat problematic. With two departments there are: two budget streams, two streams of legislation and multiple funding sources.

Documentation and interviews support that both private for-profit and non-profit agencies provide a limited amount of home health service, but we do not know the proportions allocated to each sector. There is a problem pulling out the distinct proportions of private for-profit and non-profit contributions in both provincial (annual reports) and federal (CIHI) documents.

Although home support spending allocation is larger than home health spending, health care services have a priority of importance, as even a government document pertaining to seniors categorizes social support services delivered in the home, as "welfare" and hence less important than "health" services."

As there is no standardized model in Canada for home care, each province has unique characteristics. New Brunswick is one of seven provinces that offers both the provider model of home care (services are arranged for and provided through staff hired by home care agencies) and the self-managed care model (individuals can choose which agency provides services).

Interviews with agency directors express a concern with the ageing of the population. This concern is not just limited to the increasing frailty of clients but encompasses the older ages of home support care givers.

Policy Implications

At this point it is difficult to make recommendations as the study is not completed. However, there are a number of policy implications that affect the accessibility and quality of home care in the province. In light of an expected exponential increase for the need of home care in the future, for both the elderly and disabled adults, it becomes imperative to chart a plan for navigating successfully towards that future.

The complex framework of two departments overseeing care needs can sometimes lead to a disconnect between the relationship of support care and health needs, of which both contribute to a state of well-being and quality of life.

When documenting the non-governmental contributions to home care, both private for-profit and non-profit agencies are lumped together as market. Although there is awareness that non-profit agencies/organizations are providing services, there is a lack of awareness to how large the social economy contribution is to home care.

The perceived lesser value of home support care compared to home health care creates a tension between the two streams of care. Wage differentials reflect this tension. Health care is delivered as a professional service that is well paid, whereas, support care is delivered as 'home-making' or 'maid' services that are 'natural' skills of women and therefore are not well paid. This has an impact on the policies which underlie the contracting of services with home care agencies.

New Brunswickers technically have the option to receive care under either the provider model or the self-managed model, but in reality these options can be quite limited. Services are not necessarily available in all areas of the province. Rural areas and northern regions are particularly disadvantaged. A lack of providers limits access to care services, especially support services because of the nature of the work.

Although a larger allocation of spending is directed towards home support rather than home health, both private for-profit and non-profit express concerns about needs not being met. With needs becoming greater as seniors are ageing and becoming more frail, there is concern surrounding quality of life and the amount of support that can be provided under current government allocations and contract limitations.