

Seniors' use of home care by Gisèle Carrière

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In the coming years, the need for home care services in Canada can be expected to increase. As the number of elderly people in the population grows, so will the prevalence of age-related chronic conditions that may jeopardize an individual's ability to live independently in the community.

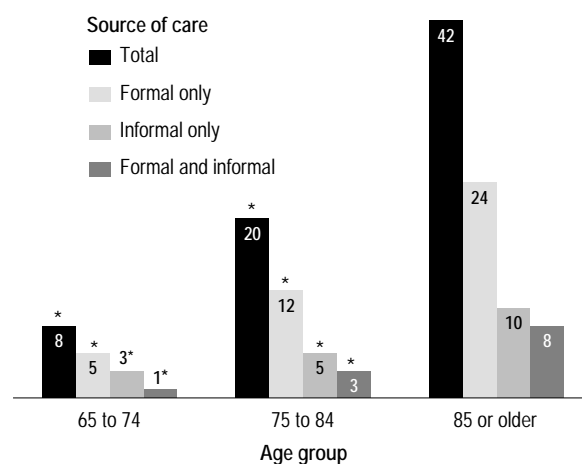
In 2003, the Canadian Community Health Survey (CCHS) collected detailed information about sources of formal and informal home care. For this report, formal home care encompasses government-subsidized health care or homemaker services, and care purchased from private agencies or provided by volunteers. Informal home care refers to help provided by family, friends or neighbours (see *The questions*).

In 2003, 5% of Canadians aged 18 or older—an estimated 1.2 million—reported that they had received some form of home care in the past 12 months (data not shown). Although over half of these recipients (648,000) were aged 18 to 64, this group made up only 3% of the 18-to-64 population. A smaller number of home care recipients were seniors, but they comprised 15% of the household population aged 65 or older. This article focuses on home care use among seniors.

Most seniors rely on formal care

An estimated 322,000 seniors reported that they had used only formal home care in the past 12 months (Table 1). Half as many, about 156,000, used only informal care, and 85,000 received a combination of formal and informal care.

Chart 1
Percentage of seniors who received home care in past year



* Significantly different from corresponding estimate for 85+ age group ($p < 0.05$)

Source: 2003 Canadian Community Health Survey

Regardless of the source—formal, informal or mixed—women were more likely than men to receive home care. This may partially reflect the higher proportions of women at very advanced ages.

Age, in fact, was strongly related to home care use. At 85 or older, 42% of seniors reported having received home care, compared with 20% of those aged 75 to 84, and 8% of 65-to-74-year-olds (Chart 1). The pattern was similar for each source of care.

Living arrangements

Among seniors who lived with a spouse and no one else, a relatively small share (11%) had received

Table 1

Number and percentage who received home care in past year, by source of care and selected characteristics, household population aged 65 or older, Canada, 2003

	Source of care							
	Total		Formal only		Informal only		Formal and informal	
	'000	%	'000	%	'000	%	'000	%
Total	563	15	322	9	156	4	85	2
Sex								
Men	192	12*	114	7*	52	3*	26	2*
Women†	371	17	208	10	104	5	58	3
Living arrangements								
Alone	222	21*	142	13*	49	5*	31	3*
With others (with or without spouse)	130	17*	55	7	49	7*	26	3*
With spouse only†	211	11	125	6	58	3	28	1
Number of chronic conditions								
None	17	5*	11	3*	6 ^E	2 ^{E*}	F	F
1	51	8*	34	5*	12	2*	5 ^E	1 ^{E*}
2 or more†	495	18	277	10	139	5	79	3
Main source of income								
Social assistance or Old Age Security and Guaranteed Income Supplement	144	20*	86	12*	38	5*	20	3*
Other†	344	13	193	7	99	4	52	2
Missing	75	17*	43	9*	20	4	12	3

† Reference category

* Significantly different from estimate for reference category ($p < 0.05$)

^E Use with caution (coefficient of variation 16.6% to 33.3%)

^F Too unreliable to be published (coefficient of variation greater than 33.3%)

Source: 2003 Canadian Community Health Survey

home care in the past year. The figure was 17% for those who lived with other people (with or without their spouse) and 21% for those who lived alone (Table 1). Seniors living alone were also more likely than the other two groups to receive only formal care (significance testing not shown). While this may reflect a lack of informal support, it could also indicate a greater likelihood of meeting eligibility requirements for formal care among those who lived alone.

Seniors living alone had other characteristics associated with the receipt of home care. In particular, they were more likely than those who lived with a spouse to have been admitted to hospital in the previous year, and to have at least one chronic condition (data not shown). And, as expected, the proportion of seniors receiving home care increased with the number of chronic conditions.

A comparatively large percentage of seniors whose main source of income was social assistance had used home care, notably formal care.

Services provided

Housework was the most common type of home care service received by seniors (Table 2). Aside from housework, the nature of the service varied with the source of home care. For those receiving only formal care, nursing ranked second, and personal care, third. For seniors whose help came only from informal sources, both meal preparation/delivery and shopping ranked second. And for those receiving care from formal and informal sources, personal care, meal preparation/delivery, and shopping ranked second.

Table 2
Number and percentage who received home care in past year, by type of care, household population aged 65 or older, Canada, 2003

Type of care	Formal only		Informal only		Formal and informal	
	'000	%	'000	%	'000	%
Housework [†]	161	53	127	83	73	89
Nursing care	114	38*	17	11*	43	53*
Other health care	26	9*	7 ^E	4* ^E	15	18*
Personal care	87	29*	47	31*	56	68*
Meal preparation/delivery	39	13*	80	53*	55	67*
Shopping	16	5*	82	53*	56	69*
Respite	14	5*	9 ^E	6* ^E	15	19*

[†] Reference category
 * Significantly different from estimate for reference category ($p < 0.05$)
^E Use with caution (coefficient of variation 16.6% to 33.3%)
 Note: Because respondents could receive more than one type of care, column total exceeds 100%.
 Source: 2003 Canadian Community Health Survey

Many in need not receiving care

Not surprisingly, seniors who required assistance with activities of daily living (ADL) or with instrumental activities of daily living (IADL) (see *The questions*) were more likely to receive home care than were those without such needs (data not shown). However, substantial shares of seniors

who required such assistance did not receive any form of home care (Chart 2). The majority who needed help with household chores or with getting to appointments/grocery shopping (both IADL tasks) received no home care. As well, sizeable proportions who required assistance with ADLs received no home care. The fact that 42% of seniors who required help with moving about in

Data source

Information about home care is from the 2003 (cycle 2.1) Canadian Community Health Survey (CCHS).¹ Previous national health surveys had asked only about government-subsidized home care.

The CCHS covers the household population aged 12 or older in all provinces and territories, except residents of institutions, all members of the regular Armed Forces, people living on Indian reserves and in some remote areas, and civilian residents of military bases. Cycle 2.1 began in January 2003 and ended in December that year. The response rate was 80.6%, yielding a sample of 135,573 respondents. Most of the analysis in this article is based on 28,672 respondents aged 65 or older, weighted to represent an estimated population of 3.8 million.

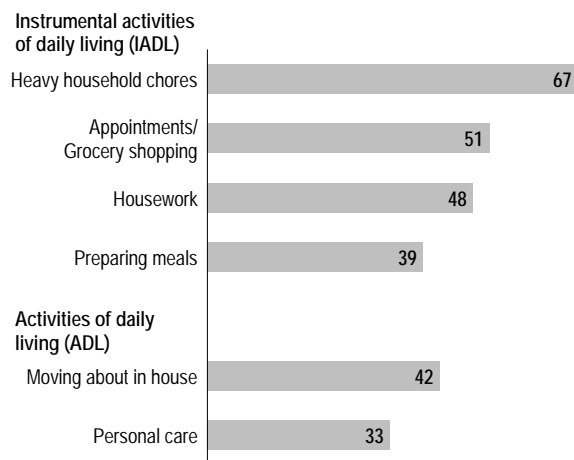
Variance on estimates, and on differences between estimates, was calculated using the bootstrap technique, which accounts for the complex sampling design of the survey.^{2,3}

Information about the amount of home care received or its duration is not available from the CCHS.

It has been reported elsewhere that informal care accounted for more than half the total "help time" provided to seniors, and formal care, the smallest amount of help time.⁴ Consequently, although CCHS results show that fewer seniors relied only on informal sources, these people may have received significantly more hours of care than did those relying exclusively on formal sources.

As well, no information was collected about whether home care was necessary, sufficient or appropriate. Data on unmet home care needs reflect only the perceptions of the respondent; no external validation or clinical verification of the needs was performed.

Chart 2
Percentage of seniors with IADL or ADL needs who did not receive home care in past year



Source: 2003 Canadian Community Health Survey

The questions

In the 2003 Canadian Community Health Survey, respondents aged 18 or older were told that "Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery." They were then asked if they "received any home care services in the past 12 months, with the cost being entirely or partially covered by government." If they had, the interviewer read a list of services and marked all that applied: nursing care, other health care, personal care, housework, meal preparation or delivery, shopping, respite care, and other. Next, all respondents were asked if they had "received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a spouse or friends)." (For homemaker services, interviewers were instructed to include only services provided because of a respondent's health problem or condition). Affirmative responses prompted the question, "Who provided these [other] home care services?" The interviewer read a list of categories and marked each that applied: nurse from private agency, homemaker from private agency, neighbour or friend, family member, volunteer or other.

For this report, *formal home care* was defined as services entirely or partially covered by government, private agencies, or volunteers. *Informal home care* was services provided by family, friends or neighbours. Responses indicating that an "other" person provided non-government home care were not used because these could not be definitively categorized as a formal or informal source of care. Three mutually exclusive home care sources were derived: *formal only*, *informal only*, or a *combination* of both. Responses of "don't know," refusals, or not stated to either question or to any source of non-governmental care meant that the respondent was excluded from the analysis (57 respondents; 0.2% of the unweighted and weighted samples aged 65 or older).

Dependency in *instrumental activities of daily living (IADL)* was measured by asking: "Because of any physical condition or mental condition or health problem, do you need the help of another person with: preparing meals? getting to appointments and running errands such as shopping for groceries? doing normal everyday housework? doing heavy household chores such as spring cleaning or yard work?" Dependency in *activities of daily living (ADL)* was measured by extending the question to include: "personal care such as washing, dressing, eating or taking medication? moving about inside the house?"

Self-perceived unmet home care needs were measured by asking if, in the past 12 months, there was ever a time when respondents felt they needed home care services, but didn't receive them.

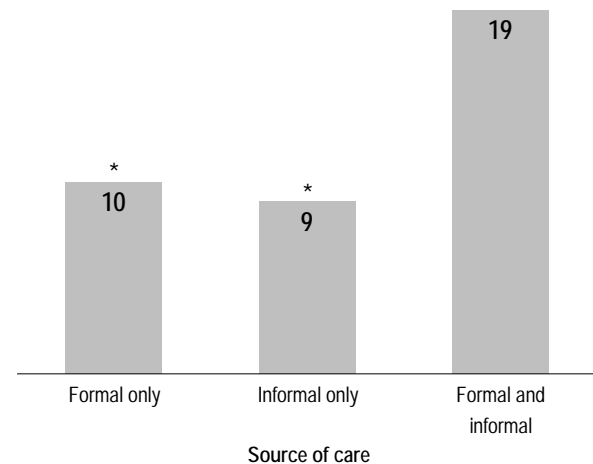
Respondents who indicated that their *main source of household income* was Old Age Security and the Guaranteed Income Supplement, or provincial or municipal social assistance, were grouped as relying on "social assistance"; all other income sources were grouped as "other."

their homes (53,000) did not report home care from any source—not even friends or family—suggests a population who may be at increased risk of injury.

Self-perceived unmet home care needs

Some seniors who received home care reported that they still had unmet home care needs (Chart 3). Among those whose care came from either formal or informal sources only, the percentages with unmet needs were 10% and 9%, respectively. Almost one-fifth (19%) of seniors who used a combination of formal and informal home care reported unmet needs. Relying on more than one source of care may reflect more complex needs, some of which remained unaddressed.

Chart 3
Percentage of senior home care recipients with self-perceived unmet home care needs, by source of care they received



* Significantly different from estimate for "formal and informal" ($p < 0.05$)
Source: 2003 Canadian Community Health Survey

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