

October
2017

Home Care in Canada: An Environmental Scan

SUPPORTING HEALTHY AGING IN PLACE

SHANTHI JOHNSON

JUANITA BACSU

TOM MCINTOSH

BONNIE JEFFERY

NUELLE NOVIK



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Recommended citation:

Johnson, C.S., Bacsu, J., McIntosh, T., Jeffery, B., & Novik, N. (2017). Home care in Canada: An Environmental Scan. Regina, SK: Saskatchewan Population Health and Evaluation Research Unit, University of Regina and University of Saskatchewan.

Table of Contents

Introduction	1
Purpose	2
Methodology	2
Environmental Scan	3
National Scan	3
National Government Organizations	3
National Non-Government Organizations	6
Table 1: National Summary	8
Provincial/Territorial Scan	9
British Columbia	9
Alberta	14
Saskatchewan	18
Manitoba	21
Ontario	24
Quebec	28
New Brunswick	32
Nova Scotia	35
Prince Edward Island	38
Newfoundland and Labrador	40
Yukon	41
Northwest Territories	43
Nunavut	44
Table 2: Provincial/Territorial Summary	45
Discussion	45
References	47
Appendix I: Search Terms and Phrases	58

Home Care in Canada: An Environmental Scan

Introduction

For the first time, in 2015, Canada had more people aged 65 and older than children aged 0 to 14. That gap has widened. On July 1, 2016, 5,990,511 Canadians, or nearly one in six (16.5%) persons were at least 65 years of age compared with 16.1% of children aged 0 to 14. New Brunswick was the province with the largest proportion of people aged 65 and older (19.5%), while Nunavut had the lowest proportion (4.0%). According to the most recent population projections, the proportion of people aged 65 and older will continue to grow to reach 25% of the population in 2055 (Statistics Canada, 2017).

The demand for home care is expected to rapidly increase with Canada's aging population. Home care typically refers to the spectrum of services and supports that allow seniors with some mental, cognitive, or physical challenges to live at home and receive required care. Some examples of home care services include care giving, nursing, rehabilitation, and personal care such as bathing, transferring and repositioning, and grooming assistance (Ayalon, Fialová, Areán, & Onder, 2010; Government of Canada, 2016). Home care and community supports (e.g., seniors' housing, access to information, public transportation) have been shown to improve health outcomes, decrease the need for long-term care, and facilitate seniors' independence and ability to age in place over time (Canadian Medical Association, 2016).

There have been urgent and repeated calls to strengthen home care in Canada (Canadian Home Care Association, 2016; Conference Board of Canada, 2015). A national study showed that approximately 40% of those who were receiving home care had unmet needs related to activities of daily living and social support (Turcotte, 2014). It has also been reported that seniors who require complex care experience a lower quality of care as the system does not fulfill their needs as users (Hamilton Central Health Links, 2016). The Conference Board of Canada recently published a report that sheds light on the aging demographic requiring home care and recommends a sustainable, efficient and collaborative response among the public and private stakeholders that make up the sector (Conference Board of Canada, 2015).

Although there is a growing need for home care services in Canada, many programs are implemented in isolation often by local health authorities or regional health boards. There is a paucity of research on provincial government programs and policy related to home care, despite that these governments are responsible for seniors'

healthcare and well being. For example, the Canadian Medical Association (2016) asserts that there is a patchwork of seniors' care strategies and that more must be done to build on examples of innovation and excellence in home care across Canada.

As people age and live longer, home care and community supports are increasingly more critical to support seniors to age in place and to address complex care-related concerns. The right balance of home care and community supports allow seniors the independence they seek in remaining at home for as long as they can. As policy makers, researchers and community leaders work to address the needs of the aging demographic, information on healthy aging frameworks and interventions from different jurisdictions can offer insight, evidence, and innovative alternatives.

Given Canada's aging demographic, there is an urgent need to identify, develop, and implement changes to strengthen home care services for older adults. This environmental scan aims to identify existing policies, strategies and frameworks to support home care initiatives across Canada. In particular, this scan seeks to build awareness of provincial initiatives and policy strategies to foster new knowledge and innovation to support home care for older adults.

Purpose

The purpose of this environmental scan is to review the national and provincial level responses to home care in supporting seniors, and those aged 65 and over with complex care needs in their homes. This review extends to a national and provincial/territorial government and non-government scan of information that is relevant to home care in Canada. The scan is intended to inform researchers, decision makers, and other community-based organizations regarding responsive and effective support for seniors with complex care needs in their homes and to help better integrate and coordinate services.

Methodology

This research was primarily conducted by reviewing the Government of Canada and provincial/territorial government websites. To provide a more comprehensive overview, academic and non-governmental websites related to home care were also searched. The focus was to review work on home care supports specifically for seniors in home care, those age 65 and over with complex care needs. Internet research was conducted with specific keyword searches for each level of analysis to obtain secondary data sources from non-government health organizations. The details of the keyword and phrases search are contained in Appendix I.

Environmental Scan

The National Scene

National Government Organizations

In Canada, most directly delivered health care services are provided under provincial insurance and regulatory frameworks, while the federal government provides transfer payments for medically necessary physician and hospital services according to the principles of the Canada Health Act (1985), as well as an important regulatory role with regards to health care technologies such as pharmaceuticals. The recent bilateral funding agreements between Ottawa and each of the provincial governments have also included additional monies earmarked for improvements to home care services. These commitments reflect the growing importance that has been placed on home care services of all types over the last decade and a half.

In 2002, the landmark *Commission on the Future of Health Care in Canada (CFHCC)*, popularly known as the Romanow Commission, confirmed the growing importance of home care, calling it “the next essential service”. The Commission recommended a ‘home care transfer’ and revisions to the *CHA* to include some forms of home care as an insured service. The Report called for annual federal contributions of almost \$1 billion to support mental health case management and intervention services; home care services for post-acute patients, including coverage for medication management; and rehabilitation services and palliative home care services to support people in their last six months of life. The Commission argued that health care had evolved beyond the original focus on physician and hospital-based services to recognition of a need for increased services available at home (Romanow, 2002).

Also in 2002, the Standing Senate Committee on Social Affairs, Science and Technology (SCSAST), led by Senator Michael Kirby, recommended that the post-acute home care costs should be publicly funded under Medicare because they are incurred as a direct extension of hospital care (Kirby, 2002). To date, neither of these sets of recommendations have been enacted at the federal level.

In 2012, the Health Council of Canada (HCC), a national, public reporting agency, recommended by the Romanow Commission and created as part of the 2003 First Ministers' Accord on Health Care Renewal, released, *Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?* The report examined the challenges faced by older Canadians receiving home care, their family caregivers, and the sector overall. The review also contained an analysis of strategies

and innovative approaches underway in some provinces and other countries. A key finding was that seniors with complex health needs might receive a few more hours of home care per week compared to seniors with moderate needs resulting in a burden on many family caregivers. Family caregivers are often stretched beyond their capacity, reporting stress, anxiety, depression, and challenges in providing constant care (HCC, 2012).

The report used the MAPLe (Method for Assigning Priority Levels), a decision support tool to prioritize client needs assigning clients to one of five priority levels. It was estimated that nearly one-third of clients in each of the regions had a MAPLe score of high or very high (clients with complex chronic care needs including challenging behaviour, physical disability and/or cognitive impairment) (HCC, 2012, p. 14). The report went on to say that:

Seniors with these scores have complex health problems, such as challenging behaviour or physical disability combined with cognitive impairment. Their family caregivers have the highest risk of burnout, and the seniors have a high risk of placement in long-term care facilities if they do not receive the support services they need (HCC, 201, p. 13-14).

The report noted that many family caregivers of high need seniors are at a breaking point (HCC, 2012, p. 56). The report concluded by offering governments and the health system elements to consider in moving forward with home care planning and services including: recognize that home care has become a cornerstone of the health care system, provide ongoing support for family caregivers and immediate relief for those in distress; adapt or expand what is working, and consider new home care options before investments in long-term care facilities¹ (HCC, 2012, p. 56-57).

Following the release of both the Romanow and Kirby Reports, the federal government entered into two “Health Accords” with the provinces in 2003 and 2004. Their intent was to provide stable and predictable funding, something that had been lacking in the previous decade that had seen the federal government unilaterally restructure and reduce transfers to health care (McIntosh, 2004), and commit to priority areas for reform. Ultimately the federal government committed to a fixed annual increase in the Canada Health Transfer (CHT) of 6% for ten years as well as an additional \$40B over that decade for key reform priorities, including home care. While

¹ Prior to any of these recommendations being implemented, HCC was disbanded in 2014, after a decade of operation. Two provinces, Alberta and Quebec, refused to participate in the Council, viewing it as interference in provincial jurisdiction. Further, the Council’s presumption of a desire for intergovernmental collaboration backed by a strong federal role in reforming the health care system did not square with the approach to federal-provincial-territorial relations in health reforms.

the 2003 Accord provided for reporting on progress with regard to those reform priorities, the 2004 Accord softened those requirements. It is fair to say that in the absence of any substantive reporting it is virtually impossible to say what, if any, reforms to home care were made in the provinces as a result of the additional funding.

Although the 2004 Accord expired in 2014, the Harper government extended it for three years and then announced that the annual increase would fall to 3% or to the rate of growth in the GDP, whichever is greater. Interestingly, the return of a Liberal government in Ottawa in 2015 did not change the proposed resetting of the transfer levels. Despite significant objections from the provinces the new federal government stuck to the proposed general increase of 3%/annum, although it promised additional monies (\$3B over 4 years) for both home care and mental health services provided there was adequate reporting on progress from the provinces (CBC, 2016).

Initially, the provinces refused to sign a new Health Accord with the federal government on these terms. This led to significant concerns in the media and amongst some commentators about the future of health care policy in the absence of a national agreement on funding levels (McIntosh, 2016). When talks with the provinces as a group failed, the federal government announced it would enter into bilateral agreements over funding with each province within the general outline of what it had offered previously (McIntosh, 2017). As of early 2017 the federal government had successfully negotiated bilateral arrangements with all ten provinces which were virtually identical to what had been on the table previously. All of the provinces began the 2017/18 fiscal year with an agreement for some level of increased federal support earmarked for home care and mental health services.

In addition to transfers to the provinces, the federal government is also responsible for the delivery of home care services to on-reserve First Nations and Inuit in designated communities, members of the armed forces and the RCMP, federal inmates, and eligible veterans. In developing comprehensive home and community care services, Health Canada (HC) works with First Nations and Inuit communities to respect traditional, holistic, and contemporary approaches to healing and wellness. Home and community care may include nursing care, personal care such as bathing and foot care, home support such as meal preparation, and in-home respite care (HC, 2016).

The First Nations and Inuit Home and Community Care (FNIHCC) Program's 10-year Plan (2013-2023) was developed in collaboration with First Nation and Inuit partners, and Health Canada FNIHB both at the national and regional levels. The plan identifies the priorities for home care over the next decade and is intended to be used as a guide for future home and community care work plan activities. The plan calls for

the development of partnerships between Health Canada and First Nations and Inuit communities to provide culturally appropriate and culturally safe care across all phases of life and includes clients, families and communities in designing and implementing responsive, adaptable service delivery models (HC, 2015 p.1).

What is not available from Health Canada is any kind of comprehensive description or list of what actual services are available in various locations for First Nations and Inuit residents across the country. What we do know is that on-reserve health care services vary considerably in terms of availability, quality and consistency across the country and can be influenced by a wide variety of factors specific to the community itself, not the least of which is location. There are fewer and less consistently delivered services in rural, remote and northern First Nations communities than in those near southern urban population centres.

The only comprehensive overview of health services for Inuit populations was done by Marchildon and Torgerson (2013) in their profile of the Nunavut health system. They note that long-term and home-care services are the largest single expenditure under the FNIHCC program in the territory, providing a range of supports depending on community size and need. They also note the ongoing work on developing a set of Inuit-specific indicators designed to help the territory measure both the effectiveness and appropriateness of care.

National Non-Government Agencies

At the national level in Canada, there have been several notable reports relating to support for seniors in their homes and some specific to complex care needs in the past several years from non-governmental agencies. The Canadian Home Care Association (CHCA) worked in partnership with the Canadian Nurses Association and the College of Family Physicians of Canada to create a National Action Plan for Home Care. This plan emphasized that the home is one of the best places to receive care to recover from an injury or illness, manage long-term conditions, and palliative care. The report *Better Home Care in Canada: A National Action Plan* released October 27, 2016 which specifically addressed complex chronic needs of seniors living with frailty provides direction for strengthening home care and achieving more integrated patient-centered healthcare (CHCA, 2016). In anticipation of the new multi-year Health Accord, the Action Plan demonstrated how to make home care more available and accessible, achieve better health outcomes and quality of care, and improve the experiences of individuals receiving health care and support. Among several recommendations, the report recommended the following immediate action - accelerate the identification and adoption of integrated, community-based practices that address the needs of individuals

with chronic complex needs, including end-of-life care (CHCA, 2016).

The Canadian Foundation for Healthcare Improvement (CFHI) is acknowledged as a national resource that can assist in the identification and scale of best practices, such as One Client, One Team™, Home First™, Home is Best™, The Way Forward Integrated Approach to Palliative Care, and The Patient's Medical Home (CFHI, 2016). The Home Care Knowledge Network (HCKN) provides access to tools, educational tools, and information on home care challenges. It also provides current reports on evidence-informed care (HCKN, 2016).

The Canadian Medical Association (CMA) released *The State of Seniors Health Care in Canada* in September 2016. The purpose of the report was to assess efforts in Canada to develop and implement a pan-Canadian seniors' strategy for effective and timely care including objectives and targets. Home care was specifically addressed by emphasizing the home care needs across Canada and in particular rural and northern areas. Among several other recommendations, the CMA proposed that a targeted home care innovation fund be established (CMA, 2016, p. 12-13).

In August 2016, the CHCA released *Harmonized Principles for Home Care* developed in consultation with 350 stakeholders. The principles are a statement of home care values shared across Canada. They are intended to provide a foundation for the identification of national standards and indicators for home care and best practices. The principles include client- and family- centered care, accessibility, evidence-informed care, accountability, sustainability and integrated care (CHCA, 2016).

The Canadian Research Network for Care in the Community (CRNCC) conducted research into home support workers. *Home Support Workers in the Continuum of Care for Older People* noted that there was little recognition of the role that front line, non-medical home support workers played in the different health care settings. This report provided an overview of the role of home support workers within the board continuum of care, their training programs, and standards in Canada and other jurisdictions (Lum, Sladek & Ying, 2010).

What remains unclear is the extent to which these national organizations' work influences or gets directly taken up by the policy networks in the provinces or at the federal level. And, as we know, the ability of the federal government and the provinces to communicate policy innovations across jurisdictional lines remains quite weak (Lazar et al., 2013).

Table 1: National Summary

- Aging demographic presents complex, social, economic and health care challenges in Canada.
- Increases in chronic diseases, complex social and health needs, and the desire to age in place are significant issues for seniors and for the provision of home care services.
- Role of the Government of Canada in home care continues to be primarily through the provision of transfer payments for health and social services.
- Complex care has not been well defined at the national level to ensure coherent and consistent understanding and coordinated action to support seniors' needs.
- Growing recognition for improved, sustainable, and enhanced home care as outlined by national commissions and reports.
- Urgent need for federal leadership to support home care across Canada.
- The role with First Nations and Inuit communities is increasingly important- the FNIHCC holds potential promise. Success lies in effective implementation and real collaboration with First Nations people.
- Non-governmental organizations have released a series of reports calling for an immediate, sustainable, efficient, and collaborative response to home care needs.
- Health promotion, education, and coordinated action are critical to supporting home care, complex care, and healthy aging in place.

Provincial/Territorial Scan

British Columbia

Currently, home care in British Columbia includes services and home support to help seniors remain independent and in their own homes. Home support services are provided by community health workers to assist with mobility, nutrition, lifts and transfers, bathing and dressing, cueing, and grooming and toileting. Services may also include safety maintenance activities such as clean-up, laundry of soiled bedding or clothing, and meal preparation and some specific nursing and rehabilitation tasks that have been delegated by health care professionals. Home support services provide caregivers with temporary relief from the demands of providing and are usually provided over a longer period of time although are also offered on a short-term basis after a discharge from hospital or as part of end-of-life care.

Determination of home care needs resides solely with health care professionals in the senior's regional health authority. Seniors are expected to help cover at least some of the costs associated with their care (BC Ministry of Health, n.d.c). Service regulation in the province falls under the Continuing Care Act, the Hospital Act, and the Community Care and Assisted Living Act.

Eligible seniors also have the option to join the Choice in Supports for Independent Living (CSIL) program. Under this program, regional health authorities provide a monthly allowance to seniors, who then use the funds to hire their own home care support services. This provides more flexibility in home care services and a greater sense of independence for seniors still capable of organizing their own care needs. However, participants are still required to pay the same rate that they would under their regional health authority's regular home care plan (BC Ministry of Health, n.d.b).

The British Columbia Ministry of Health recently focused their attention on the integration of the initiatives and policy to improve primary care and home/community care which as described in the 2015 *Primary and Community Care in B.C.: A Strategic Policy Framework* has been developed as two independent streams. Primary health care provides the entry point of contact to the health care system and serves to ensure the continuity of care across the system. Home and community care provides services to help people receive care at home and to live as independently as possible in the community. The report states that primary and community care is a major component of the British Columbia health system, delivering over thirty million health care services each year to the population's 4.5 million residents, with a total expenditure of approximately \$5.4 billion (BC Ministry of Health, 2015, p 1). The report sets out

principles to drive decision making – patient-centred, integrated and comprehensive; quality and value for money; and responsible operational capital investment within the overarching objective to reduce complexity. Specific recommendations were made with respect to practice level – service delivery; organizational level – operationally based enabling supports; and provincial level – system based enabling support (BC Ministry of Health, 2015, p 7-8).

In 2008, the Office of the Ombudsperson embarked upon a year-long, two-part investigative review of seniors' health care services in British Columbia, which included home care services. *The Best of Care: Getting it Right for Seniors in British Columbia 2012* final report listed 176 recommendations and 143 overall findings for improving seniors' health care and services in the province (BC, Office of the Ombudsperson, 2012). Among the recommendations were:

- Health authorities ensure that seniors are assessed for home and community care services within two weeks
- Ministry of Health ensure that all seniors and their families are informed of the availability of home and community care services and that they can meet with health authority staff to determine what support is available
- Ministry of Health provide specific direction to the patient care quality offices on the steps they should follow in processing care quality complaints
- Ministry of Health require staff providing care to seniors to report information indicating that a senior is being abused or neglected
- Ministry of Health require service providers to immediately notify the police of all incidents of abuse and neglect that may constitute a criminal offence
- Ministry of Health ensure that seniors who receive home support . . . have same protection from financial abuse as seniors who live in residential care (BC Office of the Ombudsperson, 2012, p 1).

Following the report, the Ministry of Health began implementing 26 key recommendations related to the Ombudsperson's report. A dedicated provincial phone line was established to handle clients' complaints about their quality of service, including home care delivery and management. The website, www.seniorsbc.ca, was revamped to include more information on home care and advance care planning services in the province.

Additional resources were provided to the province's Community Response Networks to investigate and prevent elder abuse and neglect, and guidelines were developed to help "frail seniors in emergency and hospitals to improve care outcomes and establish follow up care and supports for a successful return home" (BC Ministry of

Health, 2014, p. 4). The Ministry partnered with the United Way of the Lower Mainland to expand non-medical home care services to up to 65 provincial communities. The June 2015 Update report highlighted progress on the status of recommendations (BC Office of the Ombudsperson, 2015).

The Ministry also conducted a national review of best practices for seniors' care to help create a new model for seniors care in British Columbia (BC Ministry of Health, 2014). As part of this review, the Ministry hired the Michael Smith Foundation for Health Research (MSFHR) to co-host a forum in Vancouver on January 15, 2014, featuring six international speakers who discussed their country's respective approaches to home care services for seniors of all care levels. The forum reviewed the best practices and lessons learned from the United Kingdom, Australia, Germany, Japan, Italy, Finland, and Denmark. Some of the key ideas that arose from the forum included:

- ensuring that home care workers receive all necessary information about their clients, so that seniors and their caregivers are not retelling their medical backgrounds, care needs and concerns;
- ensuring that family physicians and primary caregivers are involved in creating each client's care plan;
- assigning a case manager to each senior, who is tasked with coordinating and helping them access care services and informing home care workers on their clients' requirements; and
- setting clear goals that the client can achieve and providing the services necessary to reach those goals (MSFHR, 2014, p. 19).

In March 2014, British Columbia also became the first jurisdiction in Canada to create an Office of the Seniors Advocate and appoint a Seniors Advocate, a Ms. Isobel Mackenzie, who has worked on behalf of seniors at the regional, provincial and national level for 18 years. The office "monitors and analyzes seniors' services and issues in B.C., and makes recommendations to government and service providers to address systemic issues." (BC Ministry of Health, 2014, p. 6).

In May 2015, the Integrated Care Advocacy Group and the BC Health Coalition released *Living Up to the Promise: Addressing the High Cost of Underfunding and Fragmentation in BC's Home Support System* suggesting that it is more difficult than ever for seniors, particularly those with moderate needs, to access these services. They made two recommendations based on a literature review and focus groups:

Provide the funding for home support that is required to increase staffing levels, teamwork and training, and to increase the number of case managers,

community rehabilitation staff, practical nurses available to support community health workers in providing care to older adults at home with chronic, acute and palliative care needs. The funding should be based on a plan that includes significant targeted yearly increases over the next ten years tied to the system improvements outlined in the second recommendation below.

Develop a plan for how to align BC's home support delivery system with current research on what is needed to provide high quality, cost effective services that are inclusive of family caregivers, support seniors to better manage their chronic physical and mental health challenges, and ensure that seniors can remain as independent and socially engaged as possible (Cohen & Franko, 2015, p. 29-30) Independent research studies of British Columbia's home care services have also been undertaken by the Canadian Centre for Policy Alternatives – BC Office (CCPA-BC) and the University of British Columbia (UBC) Centre for Health Services and Policy Research, among others.

In 2008, UBC conducted an extensive study to learn more about BC's home care users and what types of services they most commonly employed between 1995/96 and 2004/05. The study found that long-term home care users are usually "older, female, and frail. Long-term users have more medical conditions and are more likely to reside in lower income neighbourhoods compared to community-dwelling seniors who do not use home health services" (UBC, 2008, p. 1). The study also found a reduction in the number of seniors using home care services, as well as a reduction in the number of seniors relying on those services for an extended period of time.

The CCPA-BC confirmed a reduction in the number of seniors accessing home and community care services between 2001/02 and 2009/10 despite the growing number of seniors over 75 years old living in the province. However, they believe the trend lies with the fact that "eligibility criteria have become increasingly restrictive, to the point that seniors often have to wait until they are in crisis and admitted to hospital" (Cohen, 2012, p. 7) before they receive home care services. Their premise is based on the 35.5 per cent increase in the number of seniors remaining in hospital because the necessary home and/or community care services were unavailable (also called Alternate Level of Care) between 2005/06 and 2010/11, which is contributing to the overcrowding of hospitals across the province. The CCPA-BC's report advocates for changes to BC's home and community care system, as well as an increased use of those services across the province, which will reduce hospital congestion and decrease wait times and health care costs overall.

SUMMARY

- The British Columbia Ministry of Health has recognized a lack of integration in services and are working on initiatives and policy to improve primary care and home/community care to enhance continuity of care for seniors.
- They have moved forward with several initiatives to improve home care in the province although not specific to complex care.
- The Office of the Ombudsmen continues to have home care on their radar and the government has begun implementing several key recommendations including establishing a dedicated phone line and updating their website.
- British Columbia also became the first jurisdiction in Canada to create an Office of the Seniors Advocate and appoint a Seniors Advocate.

Alberta

Alberta is one of the few jurisdictions that refers to seniors with complex care issues within the context of home care. There are three forms of living support for seniors – home living, supportive living and facility living. Home living is for people who live in their own home, apartment, condominium, or other independent living option. They are responsible for arranging any home care and support services they require, such as nursing and grooming assistance. Supportive living is a combination of accommodation services and other supports and care. Care and accommodation services are provided for people with complex health needs who are unable to remain at home or in a supportive living setting (AB, Ministry of Health, n.d.). People with more complex health issues are expected to reside in long-term care facilities such as nursing homes and auxiliary hospitals.

Home Care in Alberta is publicly funded personal and health care services for clients of all ages living in a private residence or other private residential setting, such as suites in a retirement residence. The goal is to help people remain well, safe and independent in their home for as long as possible. It promotes client independence, and supplements care and supports provided by families and community services. Home care provides services such as nursing and rehabilitation, and personal support services like homemaking, bathing or grooming assistance. Seniors may choose other services on a fee-for-service basis such as housekeeping, transportation or grocery delivery.

The Alberta government sought public input on the province's nursing homes and home care legislation. Two online public surveys in the summer of 2016 solicited thoughts and feedback from Albertans as the province updates regulations for long-term care facilities and home care services. Of importance to this scan is the impending review of the *Co-ordinated Home Care Program Regulation*. The regulations expire in 2017. In September 2016, the Health Quality Council of Alberta released the results of a survey indicating that the majority of those who responded rated personal care services as good, very good or excellent. Clients in Calgary and Edmonton rated the quality of their home care at 7.9 out of 10 compared with 8.2 in smaller cities such as Red Deer, Grande Prairie and Lethbridge. Seniors in rural areas were most satisfied at 8.4 out of 10. A total of 7,171 home-care clients answered the survey — a provincial response rate of just under 65 per cent (AB, Alberta Home Care Client Experience Survey, 2016).

Home care in Alberta had been under considerable scrutiny due to a series of issues with the contracting of services to the private sector and cuts to home care services that generated media attention. The *Edmonton Sun*, for example, reported on

December 17, 2012 that Alberta Health Services had cut the number of service minutes that home care workers were providing to their clients. A senior who required home care, stated that the hours she received had been reduced from 1.5 hour to 75 minutes. Alberta Health Services of Community and Mental Health for the Edmonton Zone responded that time had been cut from their operations in response to the growing demand for service.

Concern over this issue led Public Interest Alberta to develop a Senior's Task Force to research and develop a set of recommendations on home care. Public Interest Alberta is a non-profit, non-partisan, province-wide organization focused on education and advocacy on public interest issues. The group's *Position Paper on Home Care* was designed to:

Outline the scope and essential elements of an effective and economically viable Home Care system that enables frail seniors and the disabled to remain in their homes as long as possible, thereby reducing the need for institutional care and relieving the pressure on the health care system, particularly emergency rooms and acute care hospital beds. (Public Interest Alberta, 2013, p. 1)

The report indicated that the scope of home care services should include:

- All medical, paramedical, nursing and personal care services necessary to keep the patient safe and well in their own home.
- Day programs and companionship to support socialization.
- Therapeutic services including mental health counseling and referrals.
- Post-operative and rehabilitative care.
- Wellbeing counseling.
- Respite care where the family is involved in provision of care.
- Palliative care. (Public Interest Alberta, 2013, p. 1)

The report also recommended that to improve the quality of home care, the system needs to include a sufficient number of care workers with the proper communications skills and training, who are also adequately compensated, to reduce staff turnover. Direct responsibility for the management of home care should be in the hands of case managers employed by Alberta Health Services, who are given reasonable caseloads. As well, home care should be a comprehensive and fully integrated service that is universally available on the basis of assessed needs. It should be administered using a community-based model involving Family and Community

Social Services, municipal organizations, cooperatives and other community organizations in accordance with provincial standards.

Home care in Alberta continued to be under scrutiny in 2013 when Alberta Health Services moved from 45 home care providers to 17. That was followed by the decision of Revera Inc., a major Ontario-based home care provider, to terminate their contract to care for 300 patients in southwest Edmonton because they had problems managing their new clients, resulting in several missed visits. This led to an apology from Health Minister Fred Horne and a commitment to have the Health Council of Alberta review “the adequacy of quality assurance processes used by AHS, as well as the current process for ensuring adherence to quality standards” (Dykstra, 2013, para. 2).

The Health Quality Council of Alberta (HQCA) released its findings in June 2014. It created two separate reports: *Review of Alberta Health Services’ Continuing Care Wait List: First Available Appropriate Living Option Policy* and *Review of Quality Assurance in Continuing Care Health Services in Alberta*. The first report focused on the quality and patient safety implications of an AHS policy and contained information on capacity planning, measurement data and policy development. The key findings from that report included:

- The HQCA recommends Alberta Health Services develop a policy and procedure to support fairness in transitioning patients to a continuing care living option.
- Individuals facing this life transition should have *some degree* of choice in determining a living option. The HQCA recommends that AHS develop information that supports patients and caregivers so that they can make informed decisions about available continuing care options.
- If an individual is waiting in acute care for a continuing care living option, there is a downstream impact on those needing hospital services. In order to manage this capacity challenge and better align resources now and in the future, the HQCA recommends that AHS refine its demand/capacity modeling (HQCA, 2014, p. 1)

The second report examined the adequacy and monitoring of quality assurance processes used by AHS regarding continuing care services delivered directly by AHS and by contracted providers. This review did not look at individual facilities, but focused on the structures and processes that support quality and safety management. The key findings from this report include:

- Continuing care contracts are not yet standardized across the province, resulting in variable contract accountabilities. The HQCA recommends that AHS move all continuing care contracted providers to a standardized master services agreement, and make explicit where responsibility and accountability for contract compliance monitoring and oversight resides.
- There are tools and mechanisms in place for managing quality and safety in continuing care across Alberta's healthcare system, however they can be strengthened and applied more consistently. The HQCA recommends the Ministry of Health and AHS:
 - Eliminate redundancies and inefficiencies in standards and auditing processes;
 - Provide clarity on the requirement for accreditation;
 - Ensure the performance information used to assess the quality and safety of care has been fully implemented and utilized across the continuing care sector in Alberta;
 - Clarify roles and responsibilities for quality and safety management in continuing care;
 - Further, that the HQCA complete the establishment of standardized client and family experience surveys in continuing care (HQCA, 2014, p. 2)

SUMMARY

- The Alberta government has recently sought public input on the province's nursing homes and home care legislation in anticipation of an impending review of the *Co-ordinated Home Care Program Regulation* set to expire in the year 2017.
- Issues arising from contracting services to the private sector resulted in a Senior's Task Force to research and develop a set of recommendations on home care.
- The ensuing report recommended broad system changes to improve the quality of home care and better integrate and coordinate services using a community-based model.
- The Health Quality Council of Alberta (HQCA) released its findings in of their reports on continuing care wait lists and quality assurance.
- Alberta is one of the few jurisdictions that refers to seniors with complex care issues within the context of home care.

Saskatchewan

In Saskatchewan, health regions deliver home care services based on assessed needs and are intended to assist people who require acute, palliative and support care to remain independently at home. Primary home care services include assessment, case management and care coordination, nursing, homemaking and meal services. Additional services, such as home maintenance, visiting, transportation and therapies, are also available. Fees for these services are based on income levels (SK, Ministry of Health, n.d.).

In December 2015, the Saskatchewan Ministry of Health released its updated *Home Care Policy Manual* developed to ensure consistency of home care services and home care standards throughout the province. The purpose of home care is described as helping “people who need acute, end-of-life, rehabilitation, maintenance, and long-term care to remain independent at home. Home care encourages and supports assistance provided by the family and/or community.” The objectives were described as helping people to maintain independence and well-being at home, facilitating appropriate use of health and community services, making best use of home care resources and collaboratively meeting client needs (SK Ministry of Health, p.1).

One of the most notable studies in Saskatchewan is *The Home Care Program Review*, prepared by Hollander Analytical Services Ltd. for the Community Care Branch of Saskatchewan Health in 2006. Although dated the study still has relevance. The purpose of this review was to assess the program design and vision, range and mix of services, overall capacity, and financial resources of home care programs as well as to review overall strengths and weaknesses. The report contained 19 recommendations, although only a few applied to either seniors with complex health issues or the development of more innovative home care solutions. These recommendations included:

- Saskatchewan Health and the RHAs should actively review the adoption, or expansion, of more medically related home care interventions such as IV therapy, respiratory therapy, and other related services, and determine safe and appropriate procedures for adopting promising approaches. The adoption, and/or expansion, of preventative home care initiatives should also be reviewed.
- Consideration could be given to expanding case management from home care *per se* to having case managers work at the broader systems level to ensure the best fit between client needs and services delivered, on an ongoing basis. In smaller RHAs, it may, nevertheless, still be

appropriate to have nurses do both case management and hands-on care, as appropriate.

- Saskatchewan Health and RHAs should work collaboratively to review the enhancement of existing home care services, and the addition of new services, in regard to the Home Care Program.
- RHAs should consider making a part-time physician and a part-time pharmacist available as a resource to home care.
- Saskatchewan Health and other appropriate bodies should work together to review existing health human resource issues and develop creative solutions to issues which impact service delivery, and the recruitment and retention of home care workers in the north.
- Saskatchewan Health should consider the benefits of further investments in home care (Hollander Analytical Services Ltd., 2006, p. viii-ix).

Saskatchewan has conducted significant research on aboriginal women and home care. The Canadian Centre for Policy Alternatives reviewed this issue in 2004 because home care would assist many Aboriginal women with disabilities, activity limitations and chronic health issues; they were primary caregivers in many families; and institutional care may not exist in their communities. The researchers, Haug and Thomas Prokop, concluded that:

The ongoing development of culturally appropriate home care services that best reflect the needs, circumstances, and rich healing traditions of Saskatchewan Aboriginal women and their communities, is critical. As the primary providers of home care, both formally and informally, Aboriginal women, and particularly Elders, as traditional community leaders, must be at the forefront of envisioning, creating and implementing Aboriginal home care research, policies, training and services. Addressing this need is of great concern as the demand for Aboriginal health care services continues to increase. Building community capacity to provide home care service to Aboriginal people must be done in a fashion that respects the diverse traditions and cultures of Aboriginal people. As an extension of Aboriginal culture, home care is a vital component to the well-being of Aboriginal communities as a whole (Haug & Prokop, 2004, p. 3).

Krieg of the University of Regina and Martz of the University of Saskatchewan initiated a project in 2008 that looked at barriers to health care service access for elderly Metis women in Buffalo Narrows in terms of accessibility, affordability, acceptability and accommodation. The results

indicated that these women experienced multiple, interconnected barriers to accessing health care services. The Metis women profiled in the article called for better funded and more comprehensive home care programming. Some of the suggestions provided in the report included: more home visits, eliminating the costs for meal delivery and home maintenance; extending home care services to include overnight care; increasing social activities (such as school children visits and craft making) and providing a free medical van for emergencies (Krieg & Martz, 2008).

SUMMARY

- The Saskatchewan Ministry of Health released its updated *Home Care Policy Manual* developed to ensure consistency of home care services and home care standards throughout the province – complex care needs was elaborated on only in the context of children.
- *The Home Care Program Review*, prepared for the Community Care Branch of Saskatchewan Health in 2006 contained recommendations, relating to medically related home care interventions, expanding case management, working collaboratively and increasing investment in home care.
- Although primarily a federal domain, Saskatchewan has conducted significant research on culturally appropriate home care services that best reflect the needs, circumstances, and healing traditions of aboriginal women and their communities.

Recently, the provincial government announced that the health regions will be amalgamated into one, province-wide health entity; it is unknown how this change will impact the delivery of home care.

Manitoba

The Manitoba Home Care Program was established in 1974 to provide “effective, reliable and responsive community health care services to support independent living, develop appropriate care options with clients and/or family and facilitate admission into long-term care facilities when living in the community is no longer possible” (Long Term and Continuing Care Association of Manitoba, n.d., Home Care section, para. 2). The program is administered by the province’s Department of Health, Healthy Living and Seniors with the regional health authorities implementing the services. These services include personal care assistance such as walking, wheelchair, bathing, dressing, etc.; nurse care such as counseling and physiotherapy; in home relief and respite care; supplies and equipment; and recreational day programs (MB. Health, Healthy Living and Seniors, n.d.). The program is described in *Your Guide to Home Care Services in Manitoba* revised in 2015.

In the most recent provincial election, Brian Pallister said he would not rule out the introduction of private sector options in health care. In March 2016, the CCPA released *UNSPUN: Home care in Manitoba best kept public* arguing that home care is vulnerable to privatization because it does not enjoy the protections of the Canada Health Act. “One USA corporation once described the Canadian system as the last unopened oyster. We need to keep the shell tightly closed and work to improve what we have” (CCPA. Manitoba. 2016).

A March 2016 editorial in the Winnipeg Free Press *Home-care model is failing Manitoba* by Wayne Anderson argued for a complete examination of the home-care delivery model. He explained that the system is not efficient or effective; for example home-care coordinators who organize home care for patients being discharged from hospital are not employed by the hospital. They work in the hospital, but report to the Winnipeg Regional Health Authority, since home care is a regional program. He described a promising model for more effective and efficient models for delivering home care - the Burton or neighbourhood-care model developed in the Netherlands (Anderson. WFP. 2016). In October, 2016, the *CCPA Fast Facts: Private Long Term Care & Home Care Zombies* stated that “for-profit companies are not more efficient. They do not save governments money, and they offer neither better quality care nor more choice. They reduce democratic input. At the same time, they offer fewer benefits to those who provide care, whether paid or unpaid. And they increase inequalities in access to care” (CCPA-MB. 2016).

Between 1990 and 1997, home care spending in Manitoba more than doubled, which led the Manitoba Centre for Health Policy to make recommendations on home care delivery and how to improve data collection. The report indicated that in 1998-99, home care served more than 31,298 people, or 2.7% of Manitoba’s population, and that 44% began receiving services that year. These statistics led the researchers to conclude that although home care

is free, it was being targeted by the government. For example, individuals who were married and more likely to have help at home, were less likely to receive home care services. However, these services appeared to be uniform throughout the province with 26% of Winnipeg residents over age 74 being home care clients over a one-year period compared with 23% in rural areas (Sullivan, 2001).

Home care appeared to be extending the amount of time clients lived in their community before entering a nursing home – 93% of individuals who entered a nursing home in 1998-99 were home care clients prior to admission. Nine per cent of home care clients died in 1998-99, and the average number of days of care they received after April 1, 1996 and prior to death was 417. The total days for many of these clients were accumulated in the course of several episodes, and the use of home care prior to death was similar throughout the province. In urban Manitoba (Winnipeg and Brandon), residents of the poorest neighbourhoods were more likely to receive home care after hospital or outpatient surgery than residents of middle and upper income neighborhoods. Since low income neighborhoods were more likely to have poorer health, this finding suggested that home care was being targeted to those who need it. This report also noted two significant gaps in home care data – provincial records contained basically no information on about 10-13% of people who received home care services; and that most reporting was based upon blocks of clients rather than individuals (Sullivan, 2001).

Research has been conducted by the University of Manitoba Centre on Aging. Using information from the *2010-11 Manitoba Health Population Report*, the centre's researchers discovered that out of a total of 23,691 clients in all of Manitoba, Winnipeg had a monthly average of 14,337 people, or 60.5% of all home care clients, in a given month. On the other extreme, the Regional Health Authority of Churchill had an average of 8 clients in a given month or less than one per cent of all home care clients in Manitoba (University of Manitoba Centre on Aging, 2014).

In 2011, Manitoba Centre for Health Policy released *Population Aging and the Continuum of Older Adult Care in Manitoba*. The research provides a tool to ensure that supportive housing functions as an intermediate step between home-based and PCH care. A strategy was developed to define PCH needs. The report acknowledged if trends to expand community-based may impact the need for home care services thus making it even more to have a single provincial system for measuring home care use (MB. Manitoba Centre for Health Policy, 2011).

One of the more innovative programs that the provincial government has created is the Primary Caregiver Tax Credit. This program was introduced in the 2009 tax year:

To provide recognition and financial support to individuals who serve as primary caregivers for more than three consecutive months. This program builds upon the Manitoba Home Care Program and is intended to help care-recipients remain independent as long as possible. Care recipients may have cognitive, physical or behavioural barriers. Therefore, they require assistance in completing personal care and home making activities and in using community resources, so that they can remain in the community longer. (Manitoba. Health, Healthy Living and Seniors, n.d., Primary Caregiver Tax Credit section, para. 1

Through this program, the caregiver may be a spouse, other relative, neighbour or friend who provides the care without receiving payment. The person receiving the care must be assessed as requiring Care Levels 2, 3 or 4 under the Manitoba Home Care Program guidelines while living at home. Some examples include those with a disability, people with life threatening illnesses, and others needing care and supervision for periods of more than three months. After a three-month qualifying period, the maximum refundable credit was \$1,400 per year to the primary caregiver of each client. A caregiver may not earn the credit for more than three clients in a given month.

SUMMARY

- Between 1990 and 1997, home care *spending in Manitoba more than doubled, which* led the Manitoba Centre for Health Policy to make recommendations on home care delivery and how to improve data collection.
- The concept of home care for complex needs is not addressed specifically.
- Manitoba Centre for Health Policy released *Population Aging and the Continuum of Older Adult Care in* which acknowledged that trends to expand community-based may impact the need for home care services thus making it even more to have a single provincial system for measuring home care use
- A recurring issue on Manitoba appears relates to privatization. The CCPA released *UNSPUN: Home care in Manitoba best kept public* arguing that home care is vulnerable to privatization because it does not enjoy the protections of the Canada Health Act.
- One of the more innovative programs that the provincial government has created is the Primary Caregiver Tax Credit.

Ontario

In Ontario, the provision of government-funded home care services – including type, length of service and eligibility for care – is managed by 14 provincial Community Care Access Centres (CCACs). Private home care services are arranged and paid for by the client and/or their family caregiver. Available home care services include professional support for nursing care, occupational and speech-language therapy, and dietary needs; housekeeping chores, bathing, eating, and shopping; and palliative care support services (Government of Ontario, n.d.).

In 2015, the Ontario government launched *Patients First: A Roadmap to Strengthen Home and Community Care*, built on putting the needs of the patient first. The report built on the Donner report entitled, *Bringing Care Home*" which was released March 2015. It is a three-year plan to transform home and community care to introduce greater consistency in care, a better understanding of the services available, more support for caregivers and better access to the right care for those who need it most. The goals were to:

- Put clients and caregivers first
- Improve client and caregiver experience
- Drive greater quality, consistency and transparency
- Plan for and expand capacity
- Modernize delivery of services

Several key reports have been initiated in Ontario focusing on home care in the province. *Ensuring Healthy Aging For All: Home Care Access in Ontario* was released by the Wellesley Institute in July 2016. It concluded that immigrant seniors are less likely than their Canadian counterparts to receive government-funded home care and must therefore count on family and their community. It was also reported that access to services, such as help with bathing and light housekeeping, varies among newcomer communities, with visible minority groups least likely to be served (ON, Wellesley Institute, 2016). *Bringing Home Care into Ontario's Technology Strategy* was released by Home Care Ontario in October 2016. The report examined the current state of technology in the publicly funded home care system from the perspective of the patient's home as experienced by Home Care Providers. It also gathered the insight of health system partners. It pointed to the need to greatly improve connectivity across and between sectors and settings (ON, HCO, 2016).

Implementation of local quality improvement efforts, including the expansion of Health Links now envisioned by the creation of sub-LHINs will depend on provincial

resources and support for technology to enable real-time connectivity and continuity of care at the front line. Access to critical home care data and analytics must be significantly improved in order to underpin the large scale change efforts now expected in the broader Ontario health care system (ON. HCO. 2016). HCO also released *Capacity Planning: The Home Care Perspective* in April 2016 provided insight and recommendations as to how home care can enhance the capacity of the broader health care system and how the home care system can be enhanced (ON. HCO. 2016).

Making Way for Change: Transforming Home and Community Care, a white paper from the Ontario Association of Community Care Access Centres was released in October 2014. The recommendations included:

- Create flexible, adaptable home-care service models that recognize and respond to the unique needs of patients
- Stabilize sector funding to ensure more equitable, evidence-based and predictable funding decisions that support better patient care
- Strengthen province-wide and regional health system capacity planning and ensure that future home and community care needs are built into long-term planning
- Introduce a modern, patient-centered legislative framework for home and community care (OACCAC, 2014).

The OACCAC released *Right Care, Right Time, Right Price: Investing in Ontario's Home and Community Care Sector* for consideration for the 2016 Ontario Budget in January, 2016. The report reinforced the need for a strong accountable and sustainable home care system to meet the needs of the aging population. Recommendations relating to home care included that the government ensures home and community care sector sustainability by increasing base funding to support growth in core services and leverages existing CCAC technology infrastructure to better integrate home and community care with other health care sectors (OACCAC. 2016).

Hamilton Central Health Links defines the concept of complex care in home care as the presence of four or more chronic/high cost conditions including a focus on mental health and addictions conditions and at least one problem relating to economic and social determinants (Hamilton Central Health Links, 2016, p. 2). According to the Ontario Medical Association (2014), complex home care is provided to seniors battling at least one chronic condition. The Toronto Central Local Health Integration Network (LHIN) is now working to keep seniors with complex conditions at home and living independently for as long as possible. Their program – the Integrated Client Care Project – utilizes a team approach to care giving “that includes the family physician,

CCAC case manager. . . , a single pharmacy, and home care providers who offer ongoing support in the home” (Ontario Medical Association, 2014, p. 22). According to the Ontario Association of Community Care Access Centres (OACCAC), which represents the province’s 14 CCACs, the Integrated Client Care Project “has contributed to a 50 per cent reduction in patients waiting for alternate levels of care in hospital and a 20 per cent reduction in the number of patients waiting for long-term care home placement in hospitals” (2013a, p. 9). The OACCAC has focused some of their attention to developing collaborative provincial innovations in care and approaches to their implementation. Their shared priorities include the usage of technology, health links, information and referral, nursing initiatives, outcome based care and physiotherapy (COCCAC. n.d.)

They released several reports highlighting recommendations for improving the province’s home care system. Among the OACCAC’s (2012) recommendations were the need to: encourage individuals and seniors to plan ahead for their care needs; increase their overall access to information on home and health care services; and increase supports for caregivers and home care access across the province.

The Home First strategy focuses on providing support to seniors through home care, so that they can recover and continue to live at home, or remain at home until a spot becomes available in a long-term care facility. “In the 2012/2013 fiscal year, CCACs helped 192,344 people return home from hospital with CCAC care through Home First and other channels. . . . Fifty per cent of patients referred through hospitals get home care services within one day of referral” (OACCAC, 2013a, p. 8).

However, not all of the reports coming out of Ontario are in favour of the Home First strategy. The Canadian Patient Safety Institute released its findings about the dangers seniors may face in home care environments where safety standards are not in place and regular reporting is not required. “The researchers found that 10 to 13 per cent of home-care patients experience an ‘adverse event’ – a serious fall, medication error or preventable infection – every year (the comparable rate for hospitals is 3.3 to 5 per cent)” (Goar, 2013, para. 5). The researchers attributed these incidents to ever-changing home care support personnel, inconsistent record keeping, insufficient communication between caregivers and home care support workers, and the different types of packaging used for medicines and medical equipment which can lead to patient and caregiver confusion (Goar, 2013).

A report from OACCAC (2013a, 2013b) also outlined potential challenges and solutions that Ontario’s home and health care system will face looking to the year 2027 when the Baby Boomer generation will be in their eighties. According to the OACCAC,

roughly 25 per cent of Canadian informal caregivers reported being in distress and overwhelmed by their responsibilities (2013a, p. 13). This distress was also investigated in a study by Hirdes, J. (2011). OACCAC recommends that caregiver supports must be considered in home care plans, including addressing the impact that being a full- or part-time caregiver has on a person's ability to earn a living, while balancing family, career and caregiving responsibilities (2013a, p. 13). OACCAC recommended using primary care coordinators who will manage the home care services for seniors with complex care needs, including coordinating the necessary health support workers and equipment needed to ensure the patient can remain safely in their home for as long as possible. They also recommended including the seniors and their family caregivers in the planning of their home care services and using more technology to provide better and longer care at home (2013b, p. 1-4).

SUMMARY

- Not surprisingly, given its size and population, Ontario is at the forefront of many significant reports and strategies relating to home care with some specific reference to seniors with complex care needs.
- The reports offer a strong case for the transformation of home care in the province, greater consistency in care, stabilizing funding, a better understanding of the services available, more support for caregivers, strengthening province-wide and regional health system capacity planning, introducing a legislative framework and better access to the right care for those who need it most.
- Of note, *Ensuring Healthy Aging For All: Home Care Access in Ontario* concluded that immigrant seniors are less likely than their Canadian counterparts to receive government-funded home care.
- Ontario has specifically researched *Bringing Home Care into Ontario's Technology Strategy* which pointed to the need to improve connectivity across and between sectors and settings.
- According to the Ontario Medical Association, complex home care is provided to seniors battling at least one chronic condition. The Toronto Central Local Health Integration Network (LHIN) is now working to keep seniors with complex conditions at home and living independently for as long as possible.
- Ontario has explored several home care strategies including the *Home First* strategy which focuses on providing support to seniors through home care so that they can either recover and continue to live at home or remain at home until a spot becomes available in a long-term care facility.

Quebec

The Quebec government, through regional authorities provides home care support services to help people who are losing their autonomy or are unable to get around due to health problems or a physical or mental impairment. Home care services include professional care and services, home help, services for caregivers and technical support. The goal is to reduce hospital stays and facilitate returning home following an illness or surgery. A personal care plan defining the services needed to stay at home is drawn up following a professional assessment (Quebec-Citoyens, n.d.).

In 2012, the Québec Ombudsman published a report *Is Home Support Always the Option of Choice? Accessibility of home support services for people with significant and persistent disabilities*. The Ombudsman made two recommendations - determine the level of funding needed for home support services and clearly set out the slate of services according to public need (Quebec Ombudsman, 2012, p 25).

In September 2016, home care providers in Laval Quebec criticized the provincial government's decision to award a three-year contract for elder care to a private-sector company. The Health Minister, Gaétan Barrette announced that Quebec awarded 50,000 hours in home care services to l'Agence, a private company that places health professionals in different hospitals and homes. In 2016, the Quebec government announced an investment of over \$22 million for home care - \$8 million of which was intended to increase access to home care. The announcement enabled trained home health care workers to provide more services to more Quebec seniors, including house-cleaning, cooking, laundry and running errands (Global News, 2016).

PRISMA, Program of research on Integration of Services for the Maintenance of Autonomy is a research program bringing together the expertise of researchers from the Centre St-Augustin de Beauport (Québec) and from the Research Center on Aging of the Sherbrooke Geriatric University Institute (affiliated with the Université de Sherbrooke). The goal of the partnership is to develop and assess tools and processes to better integrate services related to maintaining the autonomy of seniors. It is a multidisciplinary partnership where researchers, the government and the Regional Health Boards collaborate in the interest of better responding to seniors needs. PRISMA is funded by the Canadian Health Services Research Foundation in partnership with the "Fonds de la Recherche en Santé du Québec" (Quebec Health Research Fund), the Quebec Ministry of Health and Social Services, the Sherbrooke Geriatric University Institute and five Regional Health and Social Service Boards (PRISMA, 2016).

PRISMA is one of the leading research programs focusing on home care issues, and several of these research projects have implications for seniors with complex health issues. In 2015, Evaluation results indicated that the PRISMA Project implemented in 2001 improved the system of care for seniors although some challenges were noted including reducing unmet need for case management and home care services, creating incentives for increased physician participation in care planning and improving the computerized client chart, among others.

In March 2016, PRISMA released the findings of their study *The Association between Freedom of Choice and Effectiveness of Home Care Services* concluding that freedom of choice does not exist for all clients and by changing social welfare activities and structure it is possible to show greater respect hence improving the effectiveness of home care services (Steffansson et al., 2016).

A report by Dubuc et al., (2011) examined the impact of its ISD network on unmet needs among disabled older persons living in the community. This project involved using growth-curve analysis to examine changes in unmet needs over time and the variables associated with initial status and change. Other areas that were examined included sociodemographic characteristics, level of disability, self-perceived health status, cognitive functioning, level of empowerment, and hours of care. Research also focused on the prevalence of needs and unmet needs for 29 activities. The results of this research indicated that elders living in the area where ISD was implemented and those with higher levels of disability experienced better fulfillment of their needs over time. Other factors that impacted initial unmet needs included the area, being a woman, living alone, having a higher level of disability, more cognitive impairments, and lower levels of empowerment. At the end of the study, 35% of elders with needs living in the ISD area had at least one unmet need, compared to 67% in the other area. These unmet needs included bathing, grooming, urinary incontinence, walking outside, seeing, hearing, preparing meals, and taking medications.

Another notable research project was to determine the adequacy of home care services in the Montérégie region. In this study, the level of functional autonomy scores assessed using a standardized measure were used to assign predetermined levels of nursing care, personal care, and support services. The total number of hours deemed necessary was then compared to the actual hours of service provided to home care recipients. The study showed that the public provision of home care services in the region of Montérégie did not meet the actual service requirements (Longwoods, 2007, Abstract section, para. 1).

Research on frail adults and seniors with disabilities was undertaken by Dubuc et al., in 2013. The purpose of the study was to develop the content of integrated care pathways (ICPs) to follow up frail and disabled older people living in their own homes. The study revealed that:

Once computerized, ICPs facilitate the exchange of information as well as the clinical decision-making process with a perspective to adequately matching the needs of an individual person with resources that delay or slow the progression of frailty and disability. Once aggregated, the data will also support managers in organizing teamwork and follow-up for clients. (Dubuc et al., 2013, Abstract section, para. 4)

The Ombudsman also conducted an assessment of home care in 2007 which indicated there was a major shortfall between demand for home care services and the ability of local community service centres to meet the demand. This resulted in more emergency room visits, hospital stays, and early placements in care centres for people who had difficulty functioning at home. The Ombudsman also noted that there were problems of equity between regions as well as areas within regions. These problems were the result of financial resources allocated to each local community care centre (Quebec Ombudsman, 2007).

The Ombudsman expressed concern about access to rehabilitation services. The report noted that hospitals tended to give priority to hospitalized patients and patients who had undergone surgery. Patients who returned to their home regions following surgery often did not receive the same access. This forced some people to return to wait lists for assistance or they received services from a private clinic. The lack of timely care caused some people to have their conditions aggravated. The Ombudsman made several recommendations to the provincial government to improve service. It recommended that the Health and Social Services Centres plan a timeframe for making contact with users and inform them of the approximate wait time for services. It urged the government to consider the consequences of reducing or ceasing services – both for the users and for the other resources in the home care system.

In its follow-up report in 2008-09, the Ombudsman expressed its dissatisfaction with the progress the government had made since the previous year and requested that an access plan for home support services be submitted for review as soon as possible. It noted that the Ombudsman continued to receive complaints that indicated wait times could compromise home support and that priority criteria were not the same in all institutions. As a result, the Ombudsman requested that the government specify the prioritization criteria for access to service and that it instruct institutions to apply them

with timelines and accountability guidelines to ensure consistent home care support (Quebec Ombudsman, 2008-09).

Further research by the Ombudsman continued to point out inefficiencies with the home care system. In its *2010-11 Annual Report*, the Ombudsman stated its concern that some individuals had part or all of their home care services removed without considering how it would impact their lives. Other individuals were refused service, while others found themselves on lengthy waiting lists (Quebec Ombudsman, 2010-11).

The Ombudsman also noted that although some regions developed tools to ensure equitable allocation of services, these tools were sometimes applied too rigidly and left “little room for the professional judgement needed to handle complex situations” (Quebec Ombudsman, 2010-11, p. 83). Another issue that was identified was that the support of a family caregiver was often taken for granted without ensuring that the caregiver had the availability and capacity to look after the individual. It was noted that some people suffered because their services were cut since they were living with a spouse or because their condition did not match a disability rating provided for the guidelines (Quebec Ombudsman, 2010-11).

The Ombudsman noted that these issues continue to permeate the system. Due to the shortage of resources and the increasing demand for services, the level of care varied widely between each region. It recommended that the government’s home care policy, adopted in 2003, be updated as soon as possible (CNW, 2014).

SUMMARY

- The Ombudsman conducted an assessment of home care in 2007 which pointed to a major shortfall between demand for home care services and the ability of local community service centres to meet the demand.
- In 2012, the Québec Ombudsman published a report *Is Home Support Always the Option of Choice? Accessibility of home support services for people with significant and persistent disabilities* to address the level of funding needed for home support services and the slate of services according to public need.
- The ensuing progress reports noted a lack of progress and a recommendation to review the government’s home care policy.
- PRISMA, Program of research on Integration of Services for the Maintenance of Autonomy, an innovative integrated service delivery system developed to improve continuity and increase the efficacy and efficiency of services shows some promise in dealing with the home care challenges faced in Quebec.

New Brunswick

Home support services such as personal care (ex: bathing, grooming, feeding), light housekeeping, and meal preparation are provided by the government of New Brunswick. These services can also include relief to caregivers. Clients can choose to receive home support services from approved Home Support Agencies or from private individuals (NB, Department of Social Development, n.d.). Services are accessed through the Department of Social Development. LTC Services are not covered by Medicare, and senior's incomes will determine what they pay. The government may provide financial assistance to individuals unable to pay for the full cost of their services. (NB, Department of Social Development, n.d.).

In November 2016, The Coalition for Seniors and Nursing Home Residents' Rights recommended that home care for seniors should fall under the jurisdiction of the New Brunswick Health Department. The advocacy group released a document called *Home Care: Meeting a Need*, which suggests ways the province can provide better care for seniors who want stay in their own homes (The Coalition for Seniors and Nursing Home Residents' Rights, 2016). The Coalition has been lobbying the government to achieve and maintain affordable and accessible programs that enhance the quality of life for seniors and their families since 2004. In 2013, the coalition released a number of recommendations to the government that would help seniors "Age in Place":

- Incorporate home support workers under the umbrella of the Regional Health Authorities. . . [creating a] program [that's] comprehensive, based on non-profit or public delivery and be accessible for all . . .
- Set national training standards for caregivers and minimum hours of care given to individuals . . .
- Call on the federal government . . . to implement a National Home Care Program with standards and provisions of core services comparable from province to province. (Coalition for Seniors and Nursing Home Residents' Rights, 2013, Recommendations for Home Care Services section, para. 1-3).

In March 2016, a survey done by the New Brunswick Health Council *New Brunswickers' Experiences with Home Care* was released. It shows people are generally satisfied with their level of home care, but say it could be better. The survey of people across the province who receive home care showed that 89 per cent of home support clients say they are satisfied with their level of care. The produces several measurable indicators on the quality and experience of home care services. Through its surveys, standardized data is collected to set benchmarks and performance targets.

The high senior population has put a strain on the province's housing situation. This is not necessarily due to the fact that senior care homes are in short supply, but many seniors have shown a preference to live on their own. Some of these seniors, though, are unable to meet their daily needs, so modifications to their homes must be made. These seniors also need access to services such as meals and laundry (NB. Housing Corporation, & Social Development, n.d.).

The Government of New Brunswick is addressing this issue through the Department of Social Development, which offers several Long-Term Care (LTC) Services for persons 65 and over that will allow them to stay in their own homes. These cover a range of personal support, physical, social and mental health services required by individuals who, because of long-term functional limitations, need assistance to function as independently as possible.

The New Brunswick Senior Citizens Federation (NBSCF) has been at the forefront of advocating for change to the home care system. The NBSCF advocated for a change in the way that long-term care costs are calculated. In the past the government used to include all of a senior's assets in their calculations rather than being calculated by income. However, the NBSCF successfully lobbied for increased hours of patient care. The NBSCF is also continuing to promote housing strategies that will enable seniors to stay in the comfort of their own home for as long as possible. They address the issue of rising property taxes. These taxes have risen even though social programs for low-income seniors are not keeping pace. NBSCF is lobbying for a rebate program which will ensure that seniors don't have to compromise on their basic necessities (NBSCF, 2015).

New Brunswick's *HomeFirst* strategy is a three-year plan to enhance healthy aging and care for all seniors in New Brunswick. It represents a move away from nursing home care toward a greater focus on healthy aging, and on home and community-based care integrated across sectors (NB, Home First, 2015).

SUMMARY

- Jurisdictional issues continue to play a role in the delivery of home care services to seniors. The Coalition for Seniors and Nursing Home Residents' Rights recommended that home care for seniors should fall under the jurisdiction of the New Brunswick Health Department to better provide care for seniors who want stay in their own homes.

- New Brunswick seniors are generally satisfied with home care in the province. In March 2016, a survey done by the New Brunswick Health Council entitled, *New Brunswickers' Experiences with Home Care* shows people are generally satisfied with their level of home care, but say it could be better.
- The New Brunswick Senior Citizens Federation (NBSCF) has been at the forefront of advocating for change to the home care system; including the way that long-term care costs are calculated, promoting housing strategies to enable seniors to stay in their own homes and lobbying for a rebate program to ensure seniors do not have to compromise on their basic necessities.
- New Brunswick has initiated the *HomeFirst* strategy to enhance healthy aging and care for seniors.

Nova Scotia

There are currently a number of home care support services available to seniors through the Department of Health and Wellness' Continuing Care offices in each District Health Authority. The range of personal care and home support services that are available include dressing/undressing, bathing, toilet use, feeding and help with mobilization. Home support services also include light housekeeping, laundry and meal preparation (Nova Scotia. Health and Wellness, n.d.a).

In addition to these basic services, there are several programs and services that apply to seniors with more complex health issues. For those who qualify, the Caregiver Benefit offers a benefit of \$400 a month. Specialized hospital type beds are loaned free of charge to seniors who need them at home. Eligible Nova Scotians can receive oxygen equipment and the Personal Alert Assistance Program provides financial assistance to eligible, low-income seniors (up to \$480/year). Facility-based respite care is made available for \$34 a day. There is also a wheelchair loan program. The Supportive Care Program supports eligible Nova Scotians with cognitive impairments by providing them with \$500/month for Home Support Services (NS, Health and Wellness, 2016)

In April, 2016 it was reported that the Nova Scotia home care wait list was up by 50%, and in the western health care zone it had more than doubled (NS, CBC, 2016). Pictou County however was held up as an example of what is needed to reform the home care system in the province. Success was reported as a result of better communications between clients, the province, and home care agencies such as the Victorian Order of Nurses (VON) who provide services in this region (NS, Chronical Herald, 2016). As of November 2015, the Victorian Order of Nurses announced that it was ceasing operations in six provinces and decreasing the size of its head office in Ottawa as part of a major restructuring. It said it would focus its efforts in Ontario and Nova Scotia with possible implications for the delivery of home care.

The Department of Health and Wellness released its *2015-16 Statement of Mandate*. Within the health system goal of 'Health of the population' the Department the first of two strategic priorities was "Improvement in, and more use of, community focused care for seniors and patients with chronic conditions" (NS, Department of Health and Wellness, 2015).

The Continuing Care Strategy for Nova Scotia, *Shaping the Future of Continuing Care*, did outline a strategy to respond to complex health needs. Specifically the recommendation was to incorporate clients with complex physical and mental health

needs to expand home care and long- term care services. An example cited was nursing services can support in-home dialysis.

The provincial Home Care Network, comprised of operators of home support agencies, created a working group to “determine how the sector can best prepare to effectively respond to increased demand for services in a way that is collaborative, client and family centred, accessible, affordable and sustainable” (Health Association Nova Scotia, 2014, p. 4). This working group consisted of representatives from the Home Care Network, District Health Authority, and the Department of Health and Wellness. Their recommendations included:

- Build Human Resource Capacity in the Sector to Meet Client Care Needs
- Expand Array of Services, Increase Flexibility to Access Services, and Examine Current Funding Approach
- Better Utilize Evidence for System Planning, Improved Wait List Measurement and Management
- Improve Communication, and Use of Technology to Support Better Sector-wide System Planning and Service Delivery
- Improve Case/Care Management
- Develop and Implement a Change Management Strategy
- Develop a Caregiver Strategy (Health Association Nova Scotia, 2014, p. 5).

There are other groups in the province that are also looking at home care solutions. The Nova Scotia Centre on Aging (NSCA) is located at Mount Saint Vincent University and conducts applied research on age-related issues with the mandate to advance knowledge on aging to inform social policy and practice and enhance the quality of life of older people and their families Dr. Janice Keefe is leading a project *Building Capacity for Research on Chronic Care Home and Community Supports*. The project involves the development of a background paper and hosting of a planning seminar that brought together interested researchers from across Canada. The group examined the feasibility of a study on home and community-based care for older adults with chronic care needs (Keefe, 2016).

An issue in Nova Scotia is related to the differences in health care services between urban and rural areas. A 2013 report conducted by Health Association Nova Scotia indicated that: unique to rural areas is the combination of its aging population, outmigration of younger informal caregivers, and fewer resources for continuing care services (Canadian Institute for Health Information, 2006; DesMeules et. al., 2012;

Skinner, Hanlon and Halseth, 2012; Dandy and Bollman, 2008). This gap in continuing care, particularly related to long-term care and enhanced home care options, was viewed as a definite issue (Health Association Nova Scotia, 2013, p. 13).

SUMMARY

- In Nova Scotia, a contentious issue appears to be wait lists for home care. In April, 2016 it was reported that the Nova Scotia home care wait list was up by 50%, and in the western health care zone it had more than doubled.
- The Continuing Care Strategy outlined a strategy to respond to complex health needs, recommending specifically incorporating clients with complex physical and mental health needs to expand home care and long-term care services,
- The Department of Health and Wellness released its *2015-16 Statement of Mandate* including a focus on the improvement in, and more use of, community focused care for seniors and patients with chronic conditions.
- The provincial Home Care Network recommended building human resource capacity, expanding services, improving the funding approach, enhancing communications, using a system approach, improving case management, and developing a caregiver strategy.

Prince Edward Island

Prince Edward Island's Department of Family and Human Services outlines the home care services and resources on Planning for Ageing in Place. Home care is services include nursing care, home support, palliative care, social work, dietary, occupational therapy, home dialysis, adult protection, assessment for long-term care and adult day programs (PE, Health PEI, n.d.).

In February of 2009 the Government of Prince Edward Island released a Healthy Aging Strategy and pledged \$1.5 million in home-care programs to extend health services. One of the pillars of this program includes a Palliative Home Care Drug Pilot Project. The province invested \$547,500 to provide drug coverage for pain and symptom management to residents wishing to remain living in their own homes. Medication is supplied to eligible clients through their local pharmacies. Another aspect focused on Enhanced Home Care. The government promised to define processes to distribute funding and to update/redefine services to reflect current population needs. The government also pledged to ensure all residents are receiving long-term care with a uniform philosophy. Some specific goals included: confirming the long-term care bed care target and refining or redefining the model of care and determining the requirements of the program for the special needs population. The government wanted to ensure seniors would be less reliant on institutionalized care and could stay in their homes (Prince Edward Island's Healthy Aging Strategy, 2009).

Other government programs designed to enable seniors to live independently include:

- *Seniors Safe @ Home Program*: Helps seniors make the modifications necessary to ensure they are safe and healthy in their own homes and enable them to maintain independence. They can access a lifetime grant of up to \$5,000 to make modifications that will enable them to remain in their own homes longer.
- *Seniors Home Repair Program*: Helps seniors make necessary repairs to their principal residence. The program provides assistance to low- and moderate-income seniors to make necessary repairs to one of the major components of the physical structure (for example, the roof, furnace, windows and doors). Applicants must have an income of less than \$35,000 per year. The program will contribute 50 per cent of the cost of eligible repairs to a maximum of \$2,000.
- *Seniors Property Tax Deferral Program*: Lowers the cost of living for seniors with an income of less than \$35,000 per year by offering to defer property taxes on the principal residence. Upon acceptance into this program, annual property

taxes are deferred. The Taxation and Property Records Division maintain an accumulated total of taxes owing each year.

Beyond the government, Saint Elizabeth Research Centre has been conducting research and examining ways to identify the full scope of practice of Personal Support Workers in the health care system and how to enable them to work to that full scope. They also want to discover ways to support Personal Support Workers in home care so that they can realize their potential. The Keeping the 'Home' in Home Care project, funded by Saint Elizabeth and the Canadian Health Services Research Foundation, examined the value of home care to clients, identifying how the delivery of this care could be changed to fulfill client expectations (Saint Elizabeth Research Centre, n.d.).

SUMMARY

- As with the other provinces PEI is seeing a need to expand home care. In February of 2009 they released a Healthy Aging Strategy and pledged \$1.5 million in home-care programs to extend health services.
- Beyond the government, Saint Elizabeth Research Centre has been conducting research and examining ways to identify the full scope of practice of Personal Support.
- The Keeping the 'Home' in Home Care project, funded by Saint Elizabeth and the Canadian Health Services Research Foundation, examined the value of home care to clients, identifying how the delivery of this care could be changed to fulfill client expectations (Saint Elizabeth Research Centre, n.d.).

Newfoundland and Labrador

Home support services - personal and behavioural supports, household management and respite at the minimum level to maintain individual independence are intended to supplement, not replace, service provided by the individual family and/or support network. Services are non-professional in nature and are delivered by an approved home support agency or by a home support worker hired by the individual or family. The services may be either purchased privately by an individual or subsidized from public funds to a maximum financial ceiling. The Special Assistance Program provides basic medical supplies and equipment to assist with activities of daily living for individuals living in the community who meet the eligibility criteria for the program (NL, Health and Community Services, n.d.)

Much of the research on older adults in Newfoundland and Labrador is coordinated through the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) although there appears to be little research focused on home care and even less on seniors with complex care needs (Newfoundland and Labrador Centre for Applied Health Research, n.d.).

There are other organizations that are involved in home care, but few, if any, are conducting research of this nature. In 2014, the Newfoundland and Labrador Association of Public and Private Employees (NLPPE) is launched a public relations advertising campaign called “Home Care. It’s Everyone’s Concern.” This campaign was designed to bring attention to the services that home care workers provide and place pressure on the government to increase funding for home care (NLPPE, n.d.).

SUMMARY

- There has been limited research on home care and more particularly on seniors with complex care needs.
- Much of the research on older adults in Newfoundland and Labrador is coordinated through the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) although there appears to be little research focused on home care and even less on seniors with complex care needs.

Yukon

The Yukon Home Care, Palliative Care and Regional Therapy programs provide a continuum of home care services for seniors. Home care program professionals include nurses, occupational therapists, physiotherapists, home support workers and therapy assistants.

In May 2016, the Government of the Yukon spearheaded \$244,000 to expand home care services in Yukon – specifically to add three home care staff, or another 5,850 hours of service to increase in-home supports for Yukon seniors and others requiring specialized care. Since 2002, the Yukon government has increased the budget for home care by 364 per cent and added approximately 22,000 hours of service since 2011 (YT, News Releases, 2016).

The Yukon Government's Department of Health and Social Services is working to provide the means for seniors to remain in their own homes. The government's Continuing Care Branch provides residential, home care and regional therapy services for its residents. In Whitehorse there is the Community Day Program, which provides services and support to adults with cognitive or physical impairments and their caregivers. This allows them to optimize their living experience while staying in their home. A similar program is Respite Care Services, which provides short-term relief to caregivers looking after a relative or friend at home. The government's home care program ensures health is not a barrier for residents to remain living at home by providing them with accessible health-care services (YT. Health and Social Services, 2015).

In 1972, the Yukon Government created the Yukon Housing Corporation (YHC) out of the *Housing Corporation Act* due to concern for the quality and availability of affordable housing throughout the Territory. YHC works toward keeping seniors living in their own homes. Its Seniors' Home and Yard Maintenance Program works on a referral basis, matching independent-living seniors who have basic home and yard maintenance needs (but are having difficulty paying commercial rates) with community service providers. The senior and worker come to an agreement regarding payment, with \$20 per hour usually being a standard rate. YHC's Accessibility Advisory Committee focuses on accessibility concerns on new projects it manages. The committee is made up of representatives from YHC, the government, Challenge – Disability Resource Group and the Yukon Council on Aging. YHC also has a Social Housing Program that assists community residents most in need of affordable, suitable and accessible housing (YHC, 2015).

The Yukon Council On Aging (YCOA) has long played an important role in influencing government on senior home care policies. The YCOA, a volunteer organization of Yukon seniors administered by a Board of Directors elected from its membership, was formed in 1978. Soon after, it recommended that the Yukon Government implement a Pioneer Utilities Grant, which would assist seniors in staying at home. YCOA has also helped push for a property tax rebate, city and territorial utilities grants, Pharmacare, eye, hearing and dental care and extended health benefits for seniors. They also operate a Seniors Information Centre and the Home and Yard Maintenance Program under contract with Government of Yukon and Yukon Housing Corporation, respectively (Yukon Council on Aging, n.d.).

Perhaps the most comprehensive research report on the home care system in the Yukon comes from the Canadian Institute for Health Information in 2007. *The Yukon: Pioneers in Home Care Information* provides an analysis of client pathways to and from the Yukon's home care sector as well as the formal and informal care needs of home care clients and their relationship to caregiver stress. Some of the key findings within this report include:

- Health providers in the community accounted for the largest proportion of referrals to home care. A quarter of clients were self-referrals or were referred by a family member, friend or neighbour.
- A third of clients had their case management services start on the same day that they were referred, and two-thirds had access within a week.
- A third of clients scored high or very high on the MAPLe [Method of Assigning Priority Levels]. These individuals require considerable support to remain safely at home.
- While half of the clients lived alone at referral, over three-quarters had an informal caregiver [family, friends and neighbours] available to support them.
- One in five caregivers expressed symptoms of caregiver burden (Canadian Institute for Health Information, 2007, p. 3-9).

SUMMARY

- There has been limited research on home care and more particularly on seniors with complex needs.
- The Yukon Government has recently expanded home care services and has developed strategies to enable seniors to remain in their own homes.
- The Yukon Council On Aging (YCOA) has long played an important role in influencing government on senior home care policies.

Northwest Territories

Home and Community Care Services provide individuals with nursing care and support for personal care and daily living activities when they are no longer able to perform these activities on their own. These services help people to stay in their own homes rather than go to a hospital or long-term care facility when they need nursing care or help with daily living activities because of age, disability, injury, or illness. Home care includes services such as:

- Home support for bathing and making meals;
- Nursing services for wound care and health checks;
- Help with organizing and taking medications;
- Palliative care for those who are dying and want to be at home;
- Loan of equipment, such as bathroom equipment or a walker; and
- Respite care to help out in the home, so caregivers can get a break (NT, Home and Community Care Services, n.d.)

Starting in 2013, Dr. Pertice Moffitt and Brianne Timpson led a team at the Aurora Research Institute that conducted a community based participatory action research study with the seniors' society. Their report, *Influences on Quality of Life of the Older Adult in the Northwest Territories*, found that home care issues are a major concern for seniors. One person commented:

People should be home when they are dying. When we are in the hospital, residential school, they took our young kids away and it broke up our home and everybody turned to alcohol. And they say, what's wrong with us? And now the same people [survivors of residential school] are being sent into the dementia place – now sent back into these institutions to die. Sure, we may need these institutions but we need them at home. (Moffitt, P., & Timpson, B., 2015, p. 32)

The report recommended that seniors continue to advocate for an affordable cost of living (Moffitt, & Timpson, 2015).

SUMMARY

- There has been little research on home care in the Territory, although the research that has been conducted has shown that home care is a major concern for seniors in the Northwest Territories

Nunavut

The Government of Nunavut's Department of Health offers a Home and Community Care (HCC) program that helps seniors care for themselves with help from family and community members while keeping their sense of independence and well-being. The program is available to those enrolled in the Nunavut Health Care Plan for those who need in-home assistance due to illness, poor health or disability. Specific offerings include:

- Homemaking – house cleaning and assisting with meals and/or groceries;
- Personal Care – bathing and dressing;
- Nursing Care – injections and bandage changing;
- Respite Care – relief for family members;
- Rehabilitation – recovery exercises (NU. Health, Services section, n.d. para. 1).

There is little research underway involving home care in Nunavut. Dr. K. Amanda Marazan, Assistant Professor, and Dr. Michael J. Stones, Professor, with the Department of Psychology at Lakehead University, conducted a research project in 2013 on the use of the resident assessment instrument to measure depression in Indigenous home care clients. This research examined the socio-demographic influences on depression in Indigenous people living off-reserve and assessments for home care of potential long-term care admission using data from the Resident Assessment Instrument for Home Care (RAI-HC).

Findings indicate that the demographic risk factors for depression are similar for Indigenous and non-Indigenous adults. Clients of female sex, younger age, and lower educational attainment had higher depression scores, as did clients of poorer health status. Further investigation of the RAI's use with Indigenous peoples is warranted (Marazan & Stones, 2013, Abstract section, para. 1).

SUMMARY

- Nunavut has conducted some research on the use of the resident assessment instruments to measure depression in Indigenous home care clients which revealed that demographic risk factors for depression are similar for non-Indigenous people.

Table 2: Provincial/ Territorial Summary

- Inconsistent definitions of what home care means for seniors across the provinces – generally reflects services that allow seniors with some mental or physical challenges to live at home and receive required supports.
- Little clarity around complex care needs in home care. Alberta, Ontario, and Nova Scotia have used the concept as it relates to home care.
- All the provinces and territories have funded home care programs although there is great variation in services and programs available with varying levels of assessment and care coordination. The extent of coverage and costs vary.
- British Columbia has moved forward with the concept of an ombudsman in attempt to help protect older adults.
- Home care jurisdiction is primarily in the Department of Health although there is discussion in New Brunswick where home care services are currently subsumed in the Department of Social Services.
- Home care services are funded through a combination of provincial and territorial funds, federal funds, private insurance, and payments by individual Canadians – some provinces use tests to determine eligibility.
- Increasing discussion and implementation of new health care models to encourage aging in place and decrease pressures on informal caregivers.
- Growing indication of disparities and un-met home care needs– specific research on this relates to immigrant and aboriginal seniors.
- Role of technology is beginning to enter dialogue to improve home care.
- Well recognized that provincial and territorial spending on home care will increase and needs to be better integrated into the continuum of care.

Discussion

As the demographic ages, there are growing demands for improved home care services and supports. Recent reports indicate that many seniors currently have unmet home care needs (Canadian Home Care Association; 2016; Canadian Medical Association, 2016; Conference Board of Canada, 2015; Turcotte, 2014), and seniors with complex care require additional assistance (Hamilton Central Health Links, 2016). Subsequently, family caregivers are increasingly stretched to compensate for the gaps in home care services.

Through a review of federal and provincial government websites, this environmental scan provides information and data on home care initiatives across Canada. This environmental scan offers a review of the national and provincial level responses to support seniors, and those 65 and over with complex care needs in their homes. By identifying the different provincial home care policies and strategies, this scan provides pertinent insight to foster new knowledge and innovation to support home care in Canada.

This environmental scan found that there are substantial differences in home care governance and funding across the country. Although older adults' health and well-being is primarily the provincial governments' responsibility, home care is often implemented in isolation by local health authorities or regional health boards. Subsequently, there is considerable variability in home care service provisions and priorities among the different health authorities and boards. This contributes to little consistency and coherence of home care services and supports within the provinces.

The findings from this scan also suggest that there are inconsistent definitions and understandings of home care throughout the country. In addition, there is ambiguous terminology and definitions for complex care. Shared terminology and understandings would help to facilitate consistent and coordinated action to address seniors' needs and support healthy aging in place.

This scan found little information on home care programs targeted towards supporting First Nations, Inuit, and Aboriginal seniors. However, the *First Nations and Inuit Home and Community Care (FNIHCC) Program's 10-year Plan (2013-2023)* was identified as a potential strategy to support effective progress. However, the FNIHCC's success requires local partnerships and true collaboration in supporting the development and implementation of effective home care services.

In moving forward, there is an urgent need for federal leadership to support home care in Canada. Currently, the federal government's role in home care continues to be through the provision of transfer payments for health and social services to the provinces and territories. However, national leadership and collaboration is needed to support the development of cost effective and innovative ways to improve home care processes and services offered. Moreover, national leadership and standards for home care are needed to ensure equity of services across jurisdictions. Without national collaboration, there is a risk for substantial disparities and gaps in home care programming between the provinces.

References

- Age-Friendly Community-University Research Alliance. (n.d.). *Community age-friendly priorities*. Available from, http://umanitoba.ca/centres/aging/media/Generic_Community_Summary.pdf
- Age and Opportunity. (n.d.). *This full house*. Available from, http://www.ageopportunity.mb.ca/services/this_full_house.htm
- Alberta. Ministry of Health. (n.d.). *Alberta's continuing care system*. Available from, <http://www.health.alberta.ca/services/continuing-care-system.html>
- Ayalon, L., Fialová, D., Areán, P. A., & Onder, G. (2010). Challenges associated with the recognition and treatment of depression in older recipients of home care services. *International Psychogeriatrics*, 22(04), 514-522.
- Bayswater Consulting Group Inc. (2004). *Nunavut housing requirements, needs and demand to 2016: Background report for a ten-year Nunavut housing strategy*. Available from, <http://www.tunngavik.com/documents/publications/2004-12-00-Nunavut-Housing-Requirements-to-2016.pdf>
- British Columbia Ministry of Health. (2014). *Improving care for B.C. seniors: An action plan*. Available from, <http://www2.gov.bc.ca/gov/topic.page?id=81EE7A7817EE4EB9AAD2F4CA640666F8&title=What%20We%27ve%20Done>
- British Columbia Ministry of Health. (n.d.a). *Assisted living registrar*. Available from, <http://www.health.gov.bc.ca/assisted/glossary.html#complexcare>
- British Columbia Ministry of Health. (n.d.b). *Choice in supports for independent living*. Available from, <http://www2.gov.bc.ca/gov/topic.page?id=14655A297B1A477F9A8468E6C6EC3436>
- British Columbia Ministry of Health. (n.d.c). *Home support*. Available from, <http://www2.gov.bc.ca/gov/topic.page?id=DE862A6FFEB24E4B9FADA14BE79BF412>
- British Columbia Ministry of Health, & Michael Smith Foundation for Health Research. (2014). *Best practices in home care for seniors: Synthesis report from the 2014 international forum*. Available from, <http://www.msfr.org/news/msfhr-news/report-highlights-best-practices-seniors-home-care>
- British Columbia Office of the Ombudsperson. (n.d.a). *The best of care, (part 2) fact sheet*. Available from, <https://www.bcombudsperson.ca/seniors/seniors-care-investigation/seniors-report-part-two>

- Cohen, M., & Farrell, J. (2013). *The ombudsperson's report on seniors care: A brief analysis of the government's (non)response*. Canadian Centre for Policy Alternatives – British Columbia. Available from, <https://www.policyalternatives.ca/publications/reports/ombudspersons-report-seniors-care>
- Conference Board of Canada. (2015). Future care for Canadian seniors. Available from, <http://www.shapeseniorscare.ca/887/documents/2544>
- D'Alvise, D. (2013, June 5). Ontario funds \$13M in quality health care research at McMaster. *The Daily News*. Available from, <http://dailynews.mcmaster.ca/article/ontario-funds-13m-in-quality-health-care-research-at-mcmaster/#sthash.kciZpPew.dpuf>
- Dubuc, N., Dubois, M. F., Raiche, M., Gueye, N., & Hebert, R (2011). Meeting the homecare needs of disabled older persons living in the community: Does integrated services delivery make a difference? *BMC Geriatrics*, 11(1), 1-13.
- Dubuc, N., Bonin, L., Tourigny, A., Mathieu, L., Couturier, Y., Tousignant, M., et al. (2013). Development of integrated care pathways: toward a care management system to meet the needs of frail and disabled community-dwelling older people. *International Journal of Integrated Care*, 13(2013), 1-13.
- Dubuc, N., Hebert, R., Desrosiers, J., Buteau, M., & Trottier L. (2006). Disability-based classification system for older people in integrated long-term care services: The Iso-SMFA profiles. *Archives of Gerontology and Geriatrics*, 42 (2),191-206.
- Dykstra, M. (2013, October 10). Alberta Health Services apologizes for home care problems in advance of a Health Quality Council of Alberta review. *Edmonton Sun*. Available from, <http://www.edmontonsun.com/2013/10/10/alberta-health-services-apologizes-for-home-care-problems-in-advance-of-a-health-quality-council-of-alberta-review>
- Goar, C. (2013, July 5). Ontario home care more hazardous than families told. *The Toronto Star*. Available from, http://www.thestar.com/opinion/commentary/2013/07/05/ontario_home_care_more_hazardous_than_families_told_goar.html
- Government of Canada. (2016). *Home and community health care*. Available from, <https://www.canada.ca/en/health-canada/services/home-continuing-care/home-community-care.html>.
- Government of Ontario. (n.d.). *Ontario homecare for seniors*. Available from, <https://www.ontario.ca/health-and-wellness/homecare-seniors>
- Hall, K. (2012). *Conceptualizing aboriginal health centres in the Northwest Territories: A discussion paper*. Available from,

http://gordonfoundation.ca/sites/default/files/publications/ConceptualizingAboriginalHealthCentreintheNWT_KH_6.pdf

Hamilton Central Health Links. (2016). Managing patients with complex healthcare needs: workshop resource. Available from, <http://hchealthlink.ca/resources>.

Haug, E., & Prokop, S. T. (2004). Aboriginal women and home care in Saskatchewan. *Saskatchewan Notes*, 3(1), 1-3. Available from, <https://www.policyalternatives.ca/publications/reports/aboriginal-women-and-home-care-saskatchewan>

Health Association Nova Scotia. (2013). *Rural Health and Service Delivery in Nova Scotia: A Profile and Recommendations for Discussion*. Available from, <https://www.healthassociation.ns.ca/Generic.aspx?PAGE=Section+Our+Services+%2FResearch+and+Policy+Dev+Section%2FDecision+Support&portalName=base>

Health Association Nova Scotia. (2014). *Rising to the challenge: Responding to increasing demands in home care*. Available from, <https://www.healthassociation.ns.ca/>

Health Canada. (2015). First Nations and Inuit home and community care (FNIHCC): 10-Year Plan (2013-2023). Available from, <https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-care-services/first-nations-inuit-home-community-care-10-year-plan-2013-2023.html>.

Health Council of Canada. (2012). *Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?* Available from, http://www.healthcouncilcanada.ca/rpt_det.php?id=348

Health PEI. (n.d.) Judy Lynn Richards, PhD. Available from, <http://www.healthpei.ca/index.php3?number=1052197&lang=E>

Health Quality Council of Alberta. (2014). *HQCA Releases Two Reports That Address Continuing Care in Alberta [News release]*. Available from, <http://hqca.ca/news/2014/06/hqca-releases-continuing-care-reports/>

Herbert, R., Durand, P., Dubuc, N., & Tourigny, A. (2003). Frail elderly patients: New model for integrated service delivery. *Canadian Family Physician*, 49, 992-997. Available from, <http://www.cfp.ca/content/49/8/992.full.pdf>

Hebert, R., & Tourigny, A. (2007). *Program of research to integrate the services for the maintenance of autonomy*. Available from, <http://www.cfhi-fcass.ca/SearchResultsNews/07-05-01/7f44383e-da1b-4f83-b12d-b11e3f0e7959.aspx>

- Hirdes, J. (2011). *Because this is the rainy day: A discussion paper on home care and informal caregiving for seniors with chronic health conditions*. Available from, <http://www.changeofoundation.ca/library/because-this-is-the-rainy-day/>
- Hollander Analytical Services Ltd. (2006). *Home care program review: Final report*. Available from, <http://www.health.gov.sk.ca/homecare-review-2006-final>
- Home Care Knowledge Network. (2016). *Building capacity: Improving performance*. Available from, <http://www.homecarekn.ca/>.
- Kirby, M. (2002). Reforming health protection and promotion in Canada: Time to act. Ottawa, ON: Standing Senate Committee on Social Affairs, Science and Technology. Available from, <https://www.canada.ca/en/health-canada/services/health-care-system/health-human-resources/strategy/kirby-report.html>.
- Krieg, B., & Martz, D. (2008). Meeting the Health Care Needs of Elderly Metis Women in Buffalo Narrows, Saskatchewan. *Journal of Aboriginal Health*, 4(1), 34-41. Available from, <http://www.naho.ca/journal/2008/01/12/meeting-the-health-care-needs-of-elderly-metis-women-in-buffalo-narrows-saskatchewan/>
- Larson, J. L. (2012, December 17). Alberta quietly cuts home-care services. *Edmonton Sun*. Available from, www.edmontonsun.com/2012/12/17/alberta-quietly-cuts-home-care-services
- Lazar, H., Forest, P-G., Lavis, J.N. & Church, C. (eds.) (2013). *Paradigm Freeze: Why it is so hard to reform health care policy in Canada*. Kingston, ON: McGill-Queen's University Press.
- Long Term and Continuing Care Association of Manitoba. (n.d.). *Home care options for seniors*. Available from, http://www.ltcam.mb.ca/options_homecare.htm
- Longwoods. (2007). Home care services in Quebec do not adequately meet user needs. *Home and Community Care Digest*, 6(2). Available from, <http://www.longwoods.com/content/18884>
- Lum, J., Sladek, J., & Ying A. (2010). *Home support workers in the continuum of care for older people* [Fact sheet]. Available from, <http://www.crnc.ca/knowledge/factsheets/>
- Majumder, S. (2012). *A snapshot of home care for seniors in Canada and the impact on their caregivers*. Health Council of Canada. Available from, http://www.healthcouncilcanada.ca/rpt_det_gen.php?id=375&rf=2
- Manitoba. Health. (n.d.). *Caring for seniors: Aging in place*. Available from, http://www.gov.mb.ca/health/aginginplace/docs/aging_in_place.pdf

- Manitoba. Health, Healthy Living and Seniors. (n.d.). *Manitoba home care program*. Available from, <http://www.gov.mb.ca/health/homecare/index.html>
- Marazan, K. A., & Stones, M. J. (2013). Use of the resident assessment instrument to measure depression in indigenous home care clients. *Clinical Gerontologist*, 36(5), 421-439.
- Marchildon, G., & Torgerson, R. (2013). *Nunavut: A health system profile*. Montreal, QC: Ithaca: McGill-Queen's University Press.
- McIntosh, T. (2017, January 5) No National health accord? No Problem. *Winnipeg Free Press*. Available from, <http://www.winnipegfreepress.com/opinion/analysis/no-national-health-accord-no-problem-409737485.html>.
- McIntosh, T. (2016, October 19). Canada needs a better Health Accord. *Winnipeg Free Press*. Available from, <http://www.winnipegfreepress.com/opinion/analysis/canada-needs-a-better-health-accord-397545881.html>.
- McIntosh, T. (2004). Intergovernmental relations, social policy and federal transfers after Romanow. *Canadian Public Administration* 47(1), 27-51.
- McMahon, R. C. (2010). *Nunavut community population projections 2010 to 2036*. Available from, <http://www.gov.nu.ca/sites/default/files/files/Nunavut%20Community%20Population%20Projections%20a%20Brief%20Methodology.pdf>
- Moffitt, P., & Timpson, B. (2015). *Influences on quality of life of the older adult in the Northwest Territories*. Available from, <http://nwtresearch.com/resources/publications-and-reports>
- Mount Saint Vincent University. (n.d.). Current projects. Available from, http://www.msvu.ca/en/home/community/Centres_Institutes/centreonaging/projects/current/default.aspx#capacity
- New Brunswick. Post-Secondary Education, Training and Labour (2013). *New Brunswick Population Growth Strategy 2013-2018*. Available from, http://www2.gnb.ca/content/gnb/en/departments/post-secondary_education_training_and_labour/promo/PopulationGrowthStrategy.html
- New Brunswick. Housing Corporation, & Social Development. (n.d.). *Hope is a Home: New Brunswick's Housing Strategy*.
- New Brunswick. Social Development. (n.d.). *Long-term care for persons 65 and over* [Brochure]. Available from, http://www2.gnb.ca/content/gnb/en/services/services_renderer.10115.Long-Term_Care_Services_for_Seniors.html

- New Brunswick Health Council. (2012). *New Brunswickers' experiences with home care, 2012 survey results*. Available from, http://www.nbhc.ca/publications/reports#.VQb39eHR_AI
- New Brunswick Senior Citizens Federation. (2015). *Many challenges, a united voice*. Available from, <http://nbscf.ca/>
- Newfoundland and Labrador Association of Public and Private Employees. (n.d.). *Home Care, it's everyone's concern campaign*. Available from, <http://www.nape.nf.ca/homecare/>
- Newfoundland and Labrador Centre for Health Information. (n.d.). *Current Research*. Available from, <http://nlchi.nl.ca/index.php/current-research>
- Newfoundland & Labrador Centre for Applied Health Research. (n.d.). *Presentations and resources – Aging REG*. Available from, http://www.nlcahr.mun.ca/Research_Exchange/AgingRes.php
- Northwest Territories. Bureau of Statistics. (n.d.). *Population projections, by age, sex and ethnicity, 2011 to 2031*. Available from, <http://www.statsnwt.ca/population/community-projections/>
- Northwest Territories. Health and Social Services. (2008). *Home care in your community*. Available from, <http://www.hss.gov.nt.ca/publications/brochures-fact-sheets/home-care-your-community>
- Northwest Territories Housing Corporation. (2014a). *Rentals*. Available from, <http://nwthc.gov.nt.ca/>
- Northwest Territories Housing Corporation. (2014b). *Repair and renovation*. Available from, <http://nwthc.gov.nt.ca/repair-and-renovation>
- Northwest Territories Seniors' Society. (2013-14). *2013-14 Annual Report*. Available from, <http://www.nwtseiorsociety.ca/wp-content/uploads/2013/11/2013-2014-NWTSS-Annual-Report-With-Financials.pdf>
- Nova Scotia. Health and Wellness. (2012). *2012-13 Statement of Mandate*. Available from, http://novascotia.ca/dhw/corporate-reports/documents/DHW_Statement_of_Mandate_for_2012-2013.pdf
- Nova Scotia. Health and Wellness. (n.d.a). *Continuing care*. Available from, <http://novascotia.ca//dhw/ccs/home-care.asp>
- Nova Scotia. Health and Wellness. (n.d.b). *Continuing care: Live well at home*. Available from, <http://novascotia.ca/dhw/ccs/live-well-at-home.asp>
- Nugent, L. T. (2004). *Understanding home support work in New Brunswick: The human costs of care*. Thesis, University of New Brunswick. Available from, [53](http://tools.hhr-</p></div><div data-bbox=)

rhs.ca/index.php?option=com_mtree&task=viewlink&link_id=9106&Itemid=109&lang=en

Nunavut. Health. (n.d.). *Home and community care*. Available from, <http://www.gov.nu.ca/health/information/home-and-community-care>

Nunavut Housing Corporation. (n.d.). *Senior and persons with disabilities preventative maintenance program* [Brochure]. Available from, <http://www.nunavuthousing.ca/apps/Docs/displayDocs.aspx?cat=&page=2>

Nunavut Housing Corporation. (2014). *Senior citizen home repair program*. Available from, <http://www.nunavuthousing.ca/apps/UPLOADS/fck/file/NHC%20SCHRP%20Guidelines%20-%20Clean%20-%20October%202014.pdf>

Ontario Association of Community Care Access Centres. (2012). *Improving care for seniors and caregivers: Submission to the seniors care strategy*. Available from, <http://oaccac.com/Policy-And-Research/research-papers-and-reports>

Ontario Association of Community Care Access Centres. (2013a). *Health comes home: A conversation about aging and chronic care, part 2*. Available from, <http://oaccac.com/Policy-And-Research/research-papers-and-reports>

Ontario Association of Community Care Access Centres. (2013b). *Health comes home, part 4: Launching the conversation*. Available from, <http://oaccac.com/Policy-And-Research/research-papers-and-reports>

Ontario Medical Association Health Policy Department. (2014). *Home care: Recommendations to support physicians and patients as they access home care services*. Available from, <http://www.homecareontario.ca/home-care-reports/other-home-care-publications/home-and-community-care>

Prince Edward Island Community Services, Seniors and Labour. (2011). *Preventing and Reducing Poverty in Prince Edward Island: A Strategy for Engagement*. Available from, http://www.gov.pe.ca/photos/original/cssl_povertyred.pdf

Prince Edward Island Community Services and Seniors. (n.d.). *Housing*. Available from, <http://www.gov.pe.ca/sss/index.php3?number=1037028&lang=E>

Prince Edward Island Department of Health. (2009). *Prince Edward Island's Healthy Aging Strategy*. Available from, http://www.gov.pe.ca/photos/original/doh_agingstrat.pdf

Prince Edward Island. (2014). *Prince Edward Island Population Projections 2014-2053*. Available from, http://www.gov.pe.ca/photos/original/pt_pop_proj.pdf

- Public Interest Alberta. (2013). *Position paper on home care*. Available from, <http://pialberta.org/node/870>
- Prince, M. J. (2003). *Respecting family caregivers: What's been happening recently?* Available from, <http://web.uvic.ca/spp/publications/pastpubs.htm>
- Quebec. Espace Citoyens. (n.d.). *Home care support services*. Available from, <http://www4.gouv.qc.ca/EN/Portail/Citoyens/Evenements/aines/Pages/service-soutien-domicile.aspx>
- Quebec Ombudsman. (2007). *Service accessibility and continuity must be improved throughout Quebec especially for home care patients*. Available from, <http://www.protecteurducitoyen.qc.ca/en/press-room/press-releases/press-releases-archives/>
- Quebec Ombudsman. (2008-09). *2008-09 Annual Report*. Available from, https://www.protecteurducitoyen.qc.ca/fileadmin/medias/pdf/rapports_annuels/2008-09/en/Protecteur_2009_A6.pdf
- Quebec Ombudsman. (2010-11). *2010-11 Annual Report*. Available from, http://www.protecteurducitoyen.qc.ca/fileadmin/medias/pdf/rapports_annuels/2010-11/en/RA_10-11_10_SanteSerSociaux_EN.pdf
- Romanow, R. (2002). *Building on values: The future of health care in Canada*. Saskatoon, SK: Commission on the future of health care in Canada. Available from, <http://publications.gc.ca/collections/Collection/CP32-85-2002E.pdf>.
- Saint Elizabeth Research Centre. (n.d.). *Personal Support Research*. Available from, <http://www.saintelizabeth.com/Services-and-Programs/Research/Our-Research/Personal-Support-Research.aspx>
- Saskatchewan. Ministry of Health. (n.d.). *Home Care*. Available from, <http://www.health.gov.sk.ca/home-care>
- Seniors' Information Centre Inc. (n.d.). *About Us*. Available from, <http://www.seniorsinformationcentre.com/about-us/>
- Stolee, P., Berg, K., Bryne, K., Chesworth, B., Cook, R., Egan, M., et al. (n.d.). *Enhancing home care rehabilitation through better use of health information*. Available from, http://www.ohcrn.org/bank/rip_detail.cfm?ripID=2
- Statistics Canada. (2017). *Age and sex, and type of dwelling data: Key results from the 2016 Census*. Available from, <http://www.statcan.gc.ca/daily-quotidien/170503/dq170503a-eng.htm>.

- Sullivan, K. (2001). *A look at home care in Manitoba*. Manitoba Centre for Health Policy. Available from, http://mchp-appserv.cpe.umanitoba.ca/reference/home_care_summ.pdf
- Turcotte, M. (2014). *Canadians with unmet homecare needs*. Ottawa, ON: Statistics Canada. Available from, <http://www.statcan.gc.ca/pub/75-006-x/2014001/article/14042-eng.htm>.
- Turcotte, P. L., Lariviere, N., Desrosiers, J., Voyer, P., Champoux, N., Carbonneau, H., et al., (2015). Participation needs of older adults having disabilities and receiving home care: met needs mainly concern daily activities, while unmet needs mostly involve social activities. *BMC Geriatrics*, 15(95), 1-14.
- University of British Columbia (UBC) Centre for Health Services and Policy Research. (2008). *Home health services in British Columbia: A portrait of users and trends over time* [Research briefs]. Available from, <http://www.chspr.ubc.ca/research-area/project/bc-seniors%E2%80%99-use-home-health-care-services-population-based-description-and>
- University of Manitoba Centre on Aging. (n.d.). *Research in gerontology*. Available from, http://umanitoba.ca/centres/aging/research/coa_research_index.html
- University of Manitoba Centre on Aging. (2014). *Health Status and Health Care Use: Profile of Manitoba's Seniors, Quickfacts*. Available from, <http://umanitoba.ca/centres/aging/pubs/624.html>
- University of Regina. (2014). *Researchers looking at how seniors can age in their home communities in rural areas* [News release]. Available from, <http://www.uregina.ca/external/communications/releases/current/nr-05062014.html>
- Western Health. (2008). *Protective community residences – enhanced assisted living*. Available from, http://www.nlcahr.mun.ca/Research_Exchange/Aging18_K_OBrien.pdf
- Who Are We? Gerontology Social Workers Action Group. (n.d.b) *Who are we?* Available from, <http://www.ab-cca.ca/uploads/files/GSWAG%20description-2.doc>
- Worral, G. & Moulton, N. (1993). Cognitive function: Survey of elderly persons living at home in rural Newfoundland. *Canadian Family Physician*, 39, 772.
- Yukon Bureau of Statistics. (2011). *Population Projections 2021*. Available from, www.eco.gov.yk.ca/pdf/Projections2011.pdf
- Yukon Council on Aging. (n.d.). *Yukon council on aging*. Available from, <http://www.yukon-seniors-and-elders.org/yukoncouncil/yukoncouncil.home.htm>

Yukon. Health and Social Services. (2015). *Continuing care*. Available from, <http://www.hss.gov.yk.ca/continuing.php>

Yukon Housing Corporation. (2015). *Programs and services for Yukon seniors*. Available from, <http://www.housing.yk.ca/seniors.html>

Appendix I: Search Terms and Phrases

❖ Key search terms and phrased used to guide this environmental scan:

I. National Research

- “senior home care Canada”
- “complex home care for seniors Canada”
- “Health Council Canada”
- “complex” "home care for seniors" “Canada”
- “seniors home care research Canada”
- “aging research Canada”

II. Provincial/ Territorial Research

British Columbia

- “senior home care British Columbia”
- “complex home care for seniors British Columbia”
- “Health Council Canada”
- “complex” "home care for seniors" “British Columbia”
- “Simon Fraser Institute”
- “aging research BC”

Alberta

- “senior home care Alberta”
- “complex home care for seniors Alberta”
- “Alberta Health”
- “Health Quality Council Alberta”
- “seniors home care research Alberta”
- “Aging research Alberta”

Manitoba

- “senior home care Manitoba”
- “complex home care for seniors Manitoba”
- “Manitoba centre on aging”
- “Manitoba Health”
- “aging research Manitoba”

Saskatchewan

- “senior home care Saskatchewan”
- “complex home care for seniors Saskatchewan”
- “Saskatchewan Health”
- “aging research Saskatchewan”
- “Saskatchewan Health Research Foundation”

Ontario

- “Ontario home care for seniors needing complex home care”
- “complex home care for seniors Ontario”
- “home care research Ontario”
- “aging research Ontario”

Quebec

- “senior home care Quebec”
- “complex home care for seniors Quebec”
- “complex” “home care for seniors” “Quebec”
- “PRISMA”
- “seniors home care research Quebec”
- “aging research Quebec”

Newfoundland and Labrador

- “senior home care Newfoundland”
- “complex home care for seniors Newfoundland”
- “memorial university”
- “seniors home care research Newfoundland”
- “aging research Newfoundland”

New Brunswick

- “senior home care New Brunswick”
- “complex home care for seniors New Brunswick”
- “New Brunswick Department of Social Development”
- “New Brunswick Health”
- “aging research New Brunswick”
- “New Brunswick centre on aging”

Nova Scotia

- “senior home care Nova Scotia”
- “complex home care for seniors Nova Scotia”
- “Mount Saint Vincent University”
- “Nova Scotia Health”
- “aging research Nova Scotia”
- “Nova Scotia centre on aging”

Prince Edward Island

- “senior home care Prince Edward Island”
- “complex home care for seniors Prince Edward Island”
- “Prince Edward Island Health”
- “aging research Prince Edward Island”
- “Prince Edward Island Department of Community Services and Seniors”

Northwest Territories

- “senior home care Northwest Territories”
- “complex home care for seniors Northwest Territories”
- “complex” “home care for seniors” “Northwest Territories”
- “seniors home care research Northwest Territories”
- “aging research Northwest Territories”

Yukon

- “senior home care Yukon”
- “complex home care for seniors Yukon”
- “Canadian Institute for Health Information”
- “complex” “home care for seniors” “Yukon”
- “seniors home care research Yukon”
- “aging research Yukon”

Nunavut

- “senior home care Nunavut”
- “complex home care for seniors Nunavut”
- “complex” “home care for seniors” “Nunavut”
- “seniors home care research Nunavut”
- “aging research Nunavut”