TO: UBCM Members

FROM: **Healthy Communities Committee**
Mayor Ella Brown, Chair
Mayor Sharon Hartwell, Vice Chair
Director Rhona Martin
Director Eileen Benedict
Brenda Binnie (VP Liaison)

POLICY PAPER
 # 3

2008 CONVENTION

DATE: September 2, 2008

RE: HOME SUPPORT

1. DECISION REQUEST

To review the general issues and challenges on home support and consider the position local government should adopt at this time.

2. BACKGROUND

This policy paper is intended to provide UBCM members with an overview of home support issues, including the roles and responsibilities of various levels of government, policies and their recent changes, challenges, and recommendations.

In July 2007, a resolution passed by the Council of the District of Saanich requested UBCM to consider presenting a policy paper at the Annual Convention with respect to the home support component of the health care system and the need for a broader and more widely available program. The Healthy Communities Committee considered and supported this request to move forward and develop a paper for full member consideration.

The provision of home support programs are a form of preventative health care and are an important service to seniors, persons with chronic illnesses and persons with disabilities. Many members have communicated their concerns regarding the adequacy of health services throughout the province and the implications of an aging population. A broader and more accessible home support program may lessen these concerns by reducing the demand for emergency health services, encouraging aging in place for seniors and contributing to greater continuity of care within communities.

The UBCM membership has previously endorsed several resolutions on the topic of home support that have generally called for the provincial government to ensure access to and adequate funding for home support programs throughout the province (Resolutions 2007- B191, 2006-B155, 2006-B158, 2003-B132, 2000-A3). The most recent resolution, 2007-B191, is found below and all other resolutions can be found in Appendix A.

> WHEREAS home support is a vital part of our health care system that allows seniors, people with disabilities or people with chronic health conditions to live independently and with dignity;
>
> AND WHEREAS significant cuts to hospital and residential care beds, combined with reduced access to home support have resulted in a larger burden for home support to address acute needs for fewer patients:
>
> THEREFORE BE IT RESOLVED that the UBCM request that the Province of British Columbia:
> • halt further cutbacks to home support services, ensure that home support is a universal program including full and part time positions,
> • overcome staff shortages by improving and standardizing training, implementing competitive wage scales for workers and developing an active recruitment program for home support workers, including new workers from aboriginal and ethno-cultural communities, and
> • create an appeal board for people to dispute their home support assessment that is both impartial and representative of seniors and people with disabilities.

3. WHAT IS HOME SUPPORT?

Home support is generally referred to as *non-professional* care services provided in BC by trained community health workers for seniors and persons with disabilities. Services can include both personal (bathing, grooming, toileting, feeding) and home-related care (housekeeping, laundry, meal preparation).

Home care is *professional* services for seniors and persons with disabilities provided by visiting health professionals such as nurses, physiotherapists, occupational therapists, social workers, pharmacists and dieticians.

Home support and care can be provided on a short or long-term basis for post-acute, chronic and palliative care needs. Service is provided as needed rather than 24 hours a day. Clients in post-acute circumstances may require support if they have recently been discharged from hospital after a stroke, heart attack or other acute health episode. Home support and care are also used to adjust to ongoing health impairments such as cancer, arthritis, diabetes, and heart disease[1].

Jones (2007) presents a useful diagram that places home care within the continuum of seniors' care. The continuum of care is described as the range of housing and care options that require different levels of supervision and health and personal supports. On the diagram below, home support falls between health promotion/wellness and home care.

[1] Jones, Allison. The Role of Supportive Housing for Low-Income Seniors in Ontario. Canadian Policy Research Networks. 2007.

Figure 1: Continuum of Care

Other useful definitions are:

Continuing care, also called **Home and Community care**, is the range of programs designed to maintain or improve the health and functioning of seniors, individuals requiring post acute care, people with disabilities and those at the end-of-life. It includes home support, home care, adult day programs, long term care case management, assisted living, residential care and other community-based health services[2].

Supportive housing provides independent housing with added services, such as meals, housekeeping and laundry included. Housing may be subsidized for lower income individuals (through programs such as those provided by BC Housing or service clubs such as Rotary and Kiwanis) or may be provided through the private sector. Individuals living in supportive housing receive home health services on the same basis as those living independently in their own homes[3]. On-site staff provide some support services while other services may be delivered on an outreach basis.

Assisted living, as described here, applies only in BC. It provides independent housing with access to 24/7 care for adults who can live independently but require regular assistance with daily activities, usually because of age, illness or disabilities. Support services promote clients' independence, allowing patients, their families and their friends to be involved in directing the clients' care[4]. Assisted living residences range in form from high-rise apartment complexes to private homes and can vary from one room to private, self-contained apartments. Assisted living residences can be run by either non-profit or private operators, though many in BC are funded and managed by health authorities. These residences must be registered through the Assisted Living Registrar, and are covered by the *Community Care and Assisted Living Act*.

Long-term care/Residential care provides 24-hour professional nursing care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes.

While the definitions for home support and home care are fairly clear, it should be noted that there are many inconsistent definitions and understandings of terminology in the supportive housing field. Recent studies by policy makers and academics recommend that a streamline in terminology is required for future Canadian policy development on national seniors' supportive housing initiatives[5].

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[2] "BC Issues: A Snapshot of Recent Provincial Policy Changes." Canadian Centre for Policy Alternatives Apr. 2005.
[3] Hill, Katie. Director of Home and Community Care. Ministry of Health Services. Telephone interview. 7 July 2008. Interview conducted by the author.
[4] Home and Community Care A Guide to Your Care. BC Ministry of Health. 2007.
[5] Jones, Allison. The Role of Supportive Housing for Low-Income Seniors in Ontario. Canadian Policy Research Networks.

Although access to affordable, appropriate housing is an important determinant of health, the health care system is not responsible for the development of housing. This paper is limited in scope and only deals with home support and home care, and not supportive housing, assisted living or other living arrangements.

4. BENEFITS OF HOME CARE

Home support and care is desirable for those seniors who require health care supports. It promotes aging in place, allowing seniors to remain independent in their homes and with their families and community supports for as long as possible. Research has shown that seniors overwhelmingly prefer to stay at home as they age.

Home care is also recognized as a form of preventative care for both seniors and persons with disabilities as it lowers health care costs by reducing the need for long-term and residential care beds and trips to the emergency room. Marcus Hollander, co-director of the National Evaluation of the Cost-Effectiveness of Home Care, showed in a recent study that when home care and home support services were reduced in the 1990s, the costs to our health care system were 52% more for persons who had had their home care services cut than for those who did not[6].

5. THE GROWING NEED

The demographics of seniors in BC are changing rapidly. The *Report of the Premier's Council on Aging and Senior's Issues* notes that today nearly one in seven persons is over the age of 65, and 25 years from now, the number will be nearly one in four. In less than ten years, there will be significantly more people in BC who are over 65 than under 15. Another significant transition will occur in 2011 when the baby boomers start turning 65 years of age. Seniors are also living longer with life expectancy rising from 62 years in 1921 to over 81 years in 2005.

6. MEMBER SURVEY

In July 2008, UBCM staff conducted a survey of all 189 members to assist in reviewing the general issues and challenges on home support for local governments. The survey targeted chief administrative officers, given their ability to assess the full range of political, financial, regulatory and organizational barriers to improve home support in their communities. Actual respondents also included councillors, mayors and social planners.

Results were collated as of August 5, 2008 and UBCM received a response rate of 23%.

2007.

[6] Aging well in British Columbia: Report on Progress. Premier's Council on Aging and Senior's Issues. 2007.

6.1 Problem Identification

When asked the question, "Is home support an issue for your community?" **86**% of respondents acknowledged that home support was an issue in their community while **14**% did not see this as an issue. Of the respondents that did not see home support as a prominent issue in their community, some felt that it could be a problem; however, the topic had not previously been brought forth to the Council or regional board.

Respondents cited several challenges with home support in their area. The primary concerns were:

- **staff shortages**- including community health workers, nurses to conduct assessments and volunteers to provide home support

- **lack of service to rural and outlying areas**- including not enough staff in these locations and a lack of transportation to connect seniors with services

- **limited home support services-** such as no allowance for housework, personal care, cooking or home maintenance. Also, respondents felt that there was not enough staff and services on evenings and weekends, and the time allocated to each patient was insufficient.

Other challenges were:

- large and growing population of seniors
- high cost of private support
- no information and lack of accountability from health authorities as to budget allocations for each community
- high turnover of casual staff and not enough local staff
- no facilities at the municipal/regional district level

6.2 Local Government Activities on Home Support

In response to the question, "Does your local government work with your health authority to address home support?" **37**% **indicated yes, 58**% **indicated no,** and 5% provided no response to the question. **Thirty percent** of respondents indicated that although they did not work with health authorities on home support, they would be open to collaboration.

Local governments did take action on home support, with the most prevalent activities being:

Establishing Health Committees

A number of local governments indicated that they have established committees to address health needs, including home support, in their communities. Committee members included council members, health authority representatives, and local residents. Some local governments did not have a specific Health Committee but did meet with health authorities through other venues such as seniors advisory group meetings.

Providing Workshops, Dialogues, and Forums for Seniors
Several local governments gathered information about seniors' issues through workshops, dialogues, resource fairs and forums in their communities. These events also assisted in communicating information to seniors on services available to them. Collaboration between local governments and health authorities in this area was noted. Health authorities provided small grant funding, supported seniors' wellness clinics, printed information, and received feedback from pilot projects.

Conducting Research and Creating Action Plans
Research was conducted through workshops, dialogues, forums, studies and surveys. The research gathered was often used to inform action plans and projects. A few examples of such projects include an Aging in Place project; an Older Adults Strategy with the intention of working more closely with community stakeholders including the health authority; and a Community Seniors Support Services Plan.

6.3 Improving the Situation

When asked the question, "What do you think should be done to improve home support in your community?" local governments said:

Increase Staff
Many local governments felt there was a shortage of home support workers to address the needs in their communities, especially those living in rural or remote areas. Respondents acknowledged that community health workers, nurses and volunteers are doing the best job they can under the circumstances, however, there is a large and growing demand for services and not enough workers to meet the need.

Several suggestions were made to improve the working conditions for home support workers. These included supporting training and education; providing daycare so workers can take evening/weekend shifts; increasing pay; more recruitment into the home support profession; and more support for workers when in the field working alone and faced with stressful decisions.

Expand Service
Providing clients with services such as house cleaning, laundry, meal preparation and transportation was the primary suggestion for improving home support. Respondents also noted that increased and extended service hours (into evenings and weekends) were needed, as well as more time allocated for each client. Rural and remote communities particularly felt that they needed more staff and services.

Access to service was also cited as an issue. Local governments suggested better education programs for seniors to increase awareness of programs and 'take the fear out of accessing programs'. Some felt that eligibility requirements could be broadened and perhaps everyone should be able to receive services without review of finances. In rural and remote communities, respondents stated that

many seniors have moved to larger centres to receive proper home support and health care.

Financial Support
Local governments were concerned that home support services did not meet the needs of seniors who often cannot afford to pay for private services. Many respondents would like to see increased financial support to fund a wide range of additional programs and services including financial support for non-profits in smaller communities to develop programs and projects that improve home support services.

Home Support Structure
Some respondents felt the issue of home support required a policy review that could include a look at the isolation of seniors, residential and long term care, homelessness, affordable housing, and transitional homes. In such a review, there is a need to recognize that urban and rural situations and challenges are different. Greater flexibility at the local level to accommodate area needs is required.

Another area that respondents felt could be improved upon is the relationship between local governments and health authorities. Local governments expressed interest in more dialogue with health authorities and the establishment of a formal relationship between the groups that provide home support services.

Coordination of Services
A number of respondents cited a need to coordinate existing and future services and programs between the local government, non-profits and health authorities. Local governments felt their role was to provide secondary supports such as program implementation, seniors advisory committees, hosting seminars, coordination, and information exchange.

To assist in coordinating services, respondents suggested that health authorities compile and share information with local governments on best practices. Respondents also suggested that health authorities conduct an inventory of all existing programs, services, funding and staff currently allocated to home support services.

Other Concerns/Comments
Respondents commented that home support is a more efficient way to deliver care as the population ages and there is a need to plan for the future with the growing number of seniors. In addition to home support services, seniors also require affordable housing, transportation, senior friendly sidewalks, meal delivery services, life line or emergency response systems, friendly phone or visitor services, social support systems, self care education and connection to volunteer services.

Survey Summary
The majority of local governments surveyed felt that home support was indeed an issue for their community, particularly those in rural and remote areas of BC. Respondents cited several challenges including staff shortages and limits to

home support service. While several local governments are engaged in home support activities and some are working with their health authorities, many respondents expressed interest in more collaboration between local governments and health authorities. A number of suggestions were made on how to improve home support.

7. ROLES AND RESPONSIBILITIES

Federal Role
The federal government is responsible for setting and administering national principles for the health care system through the *Canada Health Act*. The definitions section in the *Canada Health Act* is the only area that refers to home care:

> "extended health care services" means the following services, as more particularly defined in the regulations, provided for residents of a province, namely,
>
> (a) nursing home intermediate care service,
> (b) adult residential care service,
> (c) home care service, and
> (d) ambulatory health care service;

Provincial/Territorial Role
The administration and delivery of health care services is the responsibility of each province or territory, guided by the provisions of the *Canada Health Act*. The provinces and territories fund these services with assistance from the federal government in the form of fiscal transfers.

The **BC Ministry of Health Services** (previously known as the BC Ministry of Health) is responsible for medical home health services, assisted living and residential care, end of life and palliative care, and community care facilities licensing.

One of the Ministry's goals for 2008/09- 2010/11 is high quality patient care, including "increasing the range of supportive living environments and community care options, across the spectrum from home care to residential facility care, for the elderly and persons with disabilities so they can remain as independent as possible in their own homes and communities while also having the full support of residential care if their health conditions require the highest level of care. Part of this strategy is completing the commitment to build 5,000 net-new residential care, assisted living and supportive housing with care beds by December 2008." Also, many of the province's older facilities have undergone renovation or replacement to provide more appropriately for the care needs of seniors[7].

The newly created **BC Ministry of Healthy Living and Sport** is responsible for women and seniors issues, taking over the responsibility from the BC Ministry of Community Services. One of the 5 goals for the Ministry of Community Services

[7] Hill, Katie. Director of Home and Community Care. Ministry of Health Services. Telephone interview. 7 July 2008. Interview conducted by the author.

in the 2008/09–2010/11 Service Plan is improved social and economic well-being for seniors by developing and implementing a government action plan to adapt to an aging population. This Ministry is responsible for non-nursing and non-medical home support such as shopping, meal preparation and transportation[8].

Health Authority Role
The ministries mentioned above provide province-wide goals, leadership, direction, support and funds to each of the five health authorities to deliver home and community services in their region. Health authorities provide home and community services directly or through contracts with not for profit and for profit service providers. Some services have a client fee attached, which is calculated on the basis of the client's income level.

Local Government Role
Local governments recognize that health care and home support are the responsibility of the provincial government. Respondents to the survey said, "home support falls under the health authority jurisdiction"; "not a local government mandate"; "services required cannot be carried out by local governments"; and "no funding to work on home support".

However, local governments are uniquely positioned to hear the concerns and needs of its residents. A united position can be adopted to advocate for better provisions of home support. As stated in UBCM's *Statement of General Policies*, "local government should be involved in the development and delivery of programs of other orders of government which are designed to meet local needs" and "governments should be committed to consultation and joint decision-making whenever they have responsibilities within the same area of jurisdiction"[9].

8. HOME SUPPORT HISTORY & INITIATIVES

Home support and home care have undergone many changes over the last few decades. Services were originally provided for low income British Columbians through the Department of Rehabilitation and Social Improvement[10] but moved to the Ministry of Health (now the Ministry of Health Services) over 20 years ago.

In the period from 2001/02 to 2004/05 the Ministry of Health phased in changes in policy for home support services with a goal of prioritizing services to clients with the highest need and urgency[11].

Health authorities are introducing more innovative, specialized care options, in addition to or in place of traditional home support services, which better meet

[8] Burgess, Robin. Project Management Analyst. Ministry of Healthy Living and Sport. Telephone interview. 22 July 2008. Interview conducted by the author.
[9] Section 2.6 and 2.8 of the Statement of General Policies of the UBCM. Adopted at t he 80th Annual Convention September 14th, 1983. Revised and reaffirmed at the 93rd Annual Convention September 18, 1996.
[10] Cohen, Marcy, Arlene McLaren, Zena Sharman, Stuart Murray, Merrilee Hughes, and Aleck Ostry. From Support to Isolation: The High Cost of BC's Declining Home Support Services. Canadian Centre for Policy Alternatives. June ed. Vancouver, 2006.
[11] Hill, Katie. Director of Home and Community Care. Ministry of Health Services. Telephone interview. 7 July 2008. Interview conducted by the author.

the needs of high-care-needs clients living in the community, such as intensive case management, quick response teams in hospitals, ambulatory home care nursing clinics, community health clinics for the frail elderly, "respite hotels", home monitoring, implementation of technical assistive devices, and integrated neighbourhood networks that link health and non-health services in existing apartment blocks in the community[12].

Recently released reports that address home support include the Premier's Council on Aging and Seniors' Issues- *Aging Well in British Columbia,* the Conversation on Health which asked British Columbians to voice their opinions on the health care system, and the 2008 Throne Speech that stated "people who choose to, will have the option of staying in their homes with their families as long as possible at the end of life".

9. CRITICISMS AND CHALLENGES OF THE SYSTEM

The debate on home support and care revolves around a few key issues: accessibility, the reduction of home support and home care services, the challenges for community health workers, and the lack of funding.

9.1 Accessibility

The Romanow report in 2002 identified home care in Canada as the next essential service however this is not a completely free service in British Columbia. While home nursing is free, home support services are based on income. According to the *Aging Well in British Columbia* report, about 73% of clients are provided with home support at no cost due to their lower incomes.

Individuals referred to community care are evaluated by a clinician who conducts an assessment of the client's health needs and develops a plan of care. Where this includes personal care, such as assistance with bathing, dressing, or application of topical medications, home support services are authorized and a community health worker is scheduled to provide them. Although many seniors need assistance with household tasks, such as housekeeping, shopping, and snow shoveling, these are not provided through the publicly funded health care system[13].

If extra services are needed, clients must pay for private services which range from $16 (for home support) to $45 an hour (home care with professional nursing services). This can cause an enormous financial burden especially for the large numbers of unattached, that is single or widowed, elderly women that require continuing care (which includes home support and care)[14]. About three quarters of women aged 70 years and older have incomes of less than $25,000 per year[15].

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[12] Hill, Katie. Director of Home and Community Care. Ministry of Health Services. Telephone interview. 7 July 2008. Interview conducted by the author.

[13] Hill, Katie. Director of Home and Community Care. Ministry of Health Services. Telephone interview. 7 July 2008. Interview conducted by the author.

[14] BC Issues: A Snapshot of Recent Provincial Policy Changes." Canadian Centre for Policy Alternatives Apr. 2005.

[15] BC Issues: A Snapshot of Recent Provincial Policy Changes." Canadian Centre for Policy Alternatives Apr. 2005.

Rural populations experience their own accessibility challenges with a lack of transportation to help patients attend to their personal needs. These areas have also experienced a significant decline in home support agencies in their communities. In 1969, 13 of 20 home support agencies located in rural communities of less than 10,000 people[16]. Although the number of agencies has been reduced, each health authority has assumed financial management of home support services in that region and service levels are expected to be comparable over time.

9.2 Reduction of home support and home care services

Home and community care includes a number of programs and services, including case management, home care nursing, adult day programs, community rehabilitation, home support, home oxygen, Health Services for Community Living, and acquired brain injury services. Health authorities budget their services, reflecting the fact that each community may utilize a different combination of adult day programs, assisted living, home support, activity programs, and community resources to provide supports to their clients.

Residential and Assisted Living Cuts

Researchers believe the home care issue cannot be separated from residential and assisted living 'as a reduction in one area can create a need in another'[17]. However, there is a difference in opinion about the actual number of residential and assisted living beds.

This may be due to the fact that, prior to 2001, residential care included both lower level care needs and higher. Many clients with only personal care needs were institutionalized. This same population may now be supported in assisted living or residential care – creating more options for greater independence.

Reduction in Services

Over the years, the Ministry of Health has re-directed funds and services to focus on clients with the highest need and urgency.

Between 2000 and 2005, researchers found a 24% drop in home support clients, a 12% drop in home support hours and home service levels 30% below the national average[18]. Recent figures provided by the Ministry of Health Services[19] are consistent with these findings but show improved home support from 2005 to 2008 in the tables below:

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[16] Cohen, Marcy, Arlene McLaren, Zena Sharman, Stuart Murray, Merrilee Hughes, and Aleck Ostry. From Support to Isolation: The High Cost of BC's Declining Home Support Services. Canadian Centre for Policy Alternatives. June ed. Vancouver, 2006.

[17] Cohen, Marcy, Arlene McLaren, Zena Sharman, Stuart Murray, Merrilee Hughes, and Aleck Ostry. From Support to Isolation: The High Cost of BC's Declining Home Support Services. Canadian Centre for Policy Alternatives. June ed. Vancouver, 2006.

[18] Cohen, Marcy, Arlene McLaren, Zena Sharman, Stuart Murray, Merrilee Hughes, and Aleck Ostry. From Support to Isolation: The High Cost of BC's Declining Home Support Services. Canadian Centre for Policy Alternatives. June ed. Vancouver, 2006.

[19] Up to date statistics were requested for this paper and were provided by Katie Hill, Ministry of Health Services.

BC Home Support Expenditures ($ millions)

2001/02 (Actual)	2002/03 (Actual)	2003/04 (Actual)	2004/05 (Actual)	2005/06 (Actual)	2006/07 (Actual)	2007/08 (Actual)
258.5	242.2	281.3	283.5	326.7	343.1	345.3

BC Home Support Client Count and Service Volumes*

Client Count						
2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
40,507	38,720	34,591	32,633	30,941	32,526	33,995

Hours						
2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
8,035,648	8,192,988	7,711,466	7,636,865	7,551,868	8,071,909	8,344,456

Source: Ministry of Health Services CERTS 2008-0154, HCC Age Standardized Client Counts and Service Volumes
* All Age Groups - Figures include Choices in Supports for Independent Living

The breakdown of home support clients and hours by municipality from 2000 to 2005 can be found in Appendix B. The concern is not only that home support clients and hours are being reduced but also that with the increasing population of seniors, this points to a much greater problem.

The Premier's Council on Aging and Seniors Issues recommended in their 2006 report that a broader home support system was needed with increased assistance for clients in meal preparation, home maintenance and other household related services. They calculated that if 7% of older people required this service for 2 to 4 hours per week, then this would cost the health care system $120 million per year. Even with the increased cost to the health care system, the Premier's Council believed that this initiative would save money in the long run.

9.3 Challenges for Community Health Workers

Community health workers (CHWs) are responsible for delivering non-professional home support services, according to a prescribed plan of care and under the direction of a health professional. They have experienced many challenges and changes in their profession, namely that they are required to deliver more medicalized services without increased pay.

Other challenges identified by CHWs who deliver home support services are:

- discontinuity of care- service not provided by same person on a regular basis, due to split shift scheduling and casual staff[20]

[20] Split shift scheduling and casual appointments are outlined by Community Health Worker's collective union agreement. For permanent workers, there is a 10 hour window for work and the most senior workers are assigned the best shifts. There is a huge demand for service at the end of the day, therefore causing split shift scheduling. (Hill, Katie. Director of Home and Community Care)

- increased complexity, inadequate support- increased complexity of tasks given to CHWs with increase in training, professional support and pay

- less time, more medicalized care- CHWs deliver more complex care with less time allotted per visit

- lack of communication and professional coordination

- prevention and maintenance undermined- reduction of basic services and cutting hours

- wages- in 2004 CHW wages were reduced by 4% and regular staff were laid off and replace with casual workers with fewer benefits and fewer hours.

9.4 Lack of Funding and Accountability

In addition to lack of funding for home and community care, one of the criticisms is that there is a lack of public reporting. Since 2001, the province has allocated an additional 2.4 billion into health care and regional health authority budgets have increased 21% from 2000/01 to 2003/04. However, critics note that the province has stopped tracking health authority spending on continuing care services so it is unclear how much money has been spent on seniors care[21].

[21] "BC Issues: A Snapshot of Recent Provincial Policy Changes." Canadian Centre for Policy Alternatives Apr. 2005.

10. RECOMMENDATIONS

Local governments can work together to advocate, facilitate and encourage better home support in their communities. The following recommendations are based on research findings and member survey responses. They are presented as positions that local governments can adopt for the Provincial and Federal governments to consider.

Home Support Services

1. Providing a wider range of home support services, including cleaning and home maintenance (culturally-specific where appropriate, such as with meal preparation) to people who are unable to carry out these tasks on their own.
2. Increase number of home support hours and extend hours into the evening and weekend.
3. Provide more home support services in rural and remote communities.
4. Improve access to services and information on services available.
5. Coordinate services and increase collaboration between local governments, non-profits and health authorities.

Research and Policy

6. Prioritize research on innovative models and best practices for home support delivery.
7. Conduct an inventory of existing programs, services, funding and staff currently allocated to home support.
8. Incorporate home care into the *Canada Health Act* or into a separate piece of national or provincial legislation to govern home and community care.

Funding and Accountability

9. Encourage the federal/provincial government to provide additional funding for support services (including non-profits in smaller communities) delivered in people's homes.
10. Increase transparency and accountability in health care by requiring health authorities to report their continuing care expenditure by category.
11. Support a 1% increase over the current level of the Ministry of Health Services budget to provide for a broader system of care.

Community Health Workers

12. Improve support and working conditions for CHWs and provide more opportunities for CHWs to have input in health care planning.
13. Improve training and education for CHWs, competitive wage scales and active recruitment for home support workers.
14. Improve respite options at the community level, such as adult day care and substitute care provided in the home.

APPENDIX A- UBCM MEMBER RESOLUTIONS ON HOME SUPPORT

2000 A3- Home Support Services

WHEREAS early hospital discharges and delayed admissions to hospitals and facilities mean that individuals are living at home longer, with increasingly acute and complex care needs;

AND WHEREAS the reduction in hospital facility capacity in British Columbia is now being followed by cuts in home support services:

THEREFORE BE IT RESOLVED that the UBCM urge the Premier of British Columbia and the Ministers responsible for home support services to:

1. Rescind the cuts in funding for home support applied in the past 12 months; and
2. Make a commitment to increase the funding for home support services commensurate with the proven need for the service in all British Columbia communities.

2003 B132- Home Support Funding

WHEREAS the province of British Columbia will receive funds from the federal government under the First Ministers Accord on Health Care Renewal for the delivery of home care services from 2002-2006

AND WHEREAS this funding was designated under the Health Accord to be directed only to palliative, mental health and post-acute care home care, which made no provision for home support for the frail elderly, the chronically ill or people with disabilities;

AND WHEREAS home support, a part of the home care program maintains safe, healthy living environments for frail seniors, the chronically ill, and people with disabilities; allowing them to live with dignity in their own homes;

AND WHEREAS a decade of cutbacks has caused shortages of long term care and continuing care beds in communities throughout the entire province;

AND WHEREAS high demand and service cuts have obliged citizens in need of care to move from their own homes, and unnecessarily increased demands on institutional and acute care services;

AND WHEREAS people with disabilities and elder citizens of our society are entitled to be treated with respect and dignity:

THEREFORE BE IT RESOLVED that the Union of BC Municipalities strongly encourage the Health Authorities and the provincial government to enhance the Home Care program, and particularly home support, for frail elderly, chronically ill and people with disabilities in order to prevent the clients of this service from requiring more expensive and dislocating institutional care;

AND BE IT FURTHER RESOLVED that the Union of BC Municipalities strongly encourage the Health Authorities and the provincial government to reinstate the home support services and to budget sufficient funds to keep them in place.

2006 B155- Home Support Service, Interior Health Bathing Policy

WHEREAS Interior Health Authority has recently made further cuts to the Home Support Services for Seniors in our region, eliminating all services to any senior who is considered to be an Intermediate Level 1 client;

AND WHEREAS there are now seniors who had been receiving up to three baths per week but

no longer qualify for any bathing assistance unless they have special issues such as incontinence and then they would now only qualify for one bath per week;

AND WHEREAS this action will not only impact negatively on the health of the affected seniors and will eventually result in increased acute care costs, but this is an unacceptable humiliation to individuals who may require additional bathing for personal conditions such as incontinence:

THEREFORE BE IT RESOLVED that the Union of BC Municipalities appeal to the provincial government to have Interior Health Authority immediately amend its current bathing policy to adequately accommodate those seniors who require assistance with bathing;

AND BE IT FURTHER RESOLVED that, given that the provincial government's goal was to have seniors age in their own surroundings and remain in their homes for as long as possible, they must then implement and retain those services to ensure that seniors remain safe and healthy and, in doing so, are treated with the respect and dignity that they deserve.

2006 B158- Universal Health Care for Long Term Care

WHEREAS subsequent to a sad event which involved the transfer of an elderly and very ill patient out of the community it became clear that several families had been faced with a choice to accept a similar transfer or to return a patient in need of a long-term care bed to the home;

AND WHEREAS universal health care is a Canadian value and it is unfair that a patient who has been assessed as eligible for long-term care and listed for the "first available bed" will receive a truly appropriate level of care only if they have the ability to pay for private service:

THEREFORE BE IT RESOLVED that a person who has been assessed as meeting the standard for long-term care in a public bed, but for whom no public bed is available, shall be provided government-funded care either in a private facility bed or through home support services sufficient to provide a satisfactory level of care.

2007 B191- Home Support

WHEREAS home support is a vital part of our health care system that allows seniors, people with disabilities or people with chronic health conditions to live independently and with dignity;

AND WHEREAS significant cuts to hospital and residential care beds, combined with reduced access to home support have resulted in a larger burden for home support to address acute needs for fewer patients:

THEREFORE BE IT RESOLVED that the UBCM request that the Province of British Columbia:
- halt further cutbacks to home support services, ensure that home support is a universal program including full and part time positions,
- overcome staff shortages by improving and standardizing training, implementing competitive wage scales for workers and developing an active recruitment program for home support workers, including new workers from aboriginal and ethno-cultural communities, and
- create an appeal board for people to dispute their home support assessment that is both impartial and representative of seniors and people with disabilities.

APPENDIX B: Home Support Care by Local Authority, Clients aged 75 years + All Care Levels (Cohen et al, 2006).

Local Health Authority	Clients/1,000 Population Age 75+			Hours/1,000 Population Age 75+		
	2000/01	2004/05	% Change	2000/01	2004/05	% Change
Interior Health Authority						
100 Mile House	266.8	95.4	-64.2%	37,867	16,244	-57.1%
Armstrong-Spallumcheen	139.1	102.7	-26.1%	20,003	15,559	-22.2%
Arrow Lakes	112.3	72.9	-35.1%	16,286	14,782	-9.2%
Cariboo-Chilcotin	205.2	98.6	-52.0%	31,564	27,364	-13.3%
Castlegar	207.2	125.4	-39.5%	35,394	30,590	-13.6%
Central Okanagan	105.3	80.7	-23.4%	14,120	11,837	-16.2%
Cranbrook	185.4	95.0	-48.8%	25,307	16,660	-34.2%
Creston	160.0	97.7	-39.0%	30,945	21,281	-31.2%
Enderby	216.4	90.2	-58.3%	30,658	13,576	-55.7%
Fernie	148.5	115.0	-22.5%	18,363	25,927	41.2%
Golden	90.6	78.4	-13.4%	15,766	20,459	29.8%
Grand Forks	189.4	111.8	-41.0%	31,051	20,766	-33.1%
Kamloops	114.8	79.6	-30.6%	14,043	12,375	-11.9%
Keremeos	137.9	94.2	-31.7%	17,690	13,755	-22.2%
Kettle Valley	169.7	104.5	-38.4%	28,298	19,448	-31.3%
Kimberley	155.0	96.2	-37.9%	25,941	18,853	-27.3%
Kootenay Lake	189.9	49.1	-74.1%	33,220	6,809	-79.5%
Lillooet	105.0	67.3	-35.9%	10,407	14,848	42.7%
Merritt	138.5	109.8	-20.7%	12,370	10,778	-12.9%
Nelson	141.3	103.6	-26.7%	28,690	23,066	-19.6%
North Thompson	151.7	124.4	-18.0%	16,572	16,266	-1.8%
Penticton	97.9	61.4	-37.3%	14,925	12,044	-19.3%
Princeton	177.2	106.0	-40.2%	44,571	33,001	-26.0%
Revelstoke	158.9	107.1	-32.6%	26,012	21,382	-17.8%
Salmon Arm	127.3	77.1	-39.5%	18,837	10,405	-44.8%
South Cariboo	131.3	95.4	-27.3%	15,857	16,844	6.2%
Southern Okanagan	53.0	40.5	-23.7%	9,848	7,427	-24.6%
Summerland	89.3	61.8	-30.7%	17,164	11,008	-35.9%
Trail	106.4	78.7	-26.0%	16,837	10,324	-38.7%
Vernon	130.6	79.3	-39.3%	14,723	9,868	-33.0%
Windermere	131.4	81.8	-37.8%	20,478	20,651	0.8%
Fraser Health Authority						
Abbotsford	111.2	98.4	-11.6%	17,758	17,066	-3.9%
Agassiz-Harrison	48.5	70.7	45.6%	5,375	11,846	120.4%
Burnaby	103.7	77.0	-25.8%	19,060	17,061	-10.5%
Chilliwack	122.4	119.9	-2.1%	22,399	25,460	13.7%
Coquitlam	99.2	66.3	-33.1%	17,787	10,619	-40.3%
Delta	103.6	53.5	-48.4%	12,570	9,251	-26.4%
Hope	126.5	105.3	-16.7%	22,177	18,053	-18.6%
Langley	117.8	67.7	-42.5%	15,980	12,509	-21.7%
Maple Ridge	81.0	68.4	-15.6%	17,265	11,174	-35.3%
Mission	145.0	146.7	1.2%	28,033	37,369	33.3%
New Westminster	118.1	80.1	-32.2%	21,659	15,744	-27.3%
South Surrey/White Rock	104.6	76.6	-26.8%	11,438	11,105	-2.9%
Surrey	106.0	79.4	-25.1%	19,448	15,895	-18.3%

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Local Health Authority Name	Clients/1,000 Population Age 75+			Hours/1,000 Population Age 75+		
	2000/01	2004/05	% Change	2000/01	2004/05	% Change
Vancouver Coastal Health Authority						
Bella Coola Valley	180.0	156.0	-13.4%	36,110	34,463	-4.6%
Central Coast	n/a	n/a	n/a	n/a	n/a	n/a
Howe Sound	170.5	109.2	-36.0%	22,549	19,921	-11.7%
North Vancouver	123.7	66.9	-45.9%	18,117	14,596	-19.4%
Powell River	121.3	108.2	-10.8%	24,954	25,086	0.5%
Richmond	122.1	51.6	-57.7%	18,878	10,288	-45.5%
Sunshine Coast	91.1	86.0	-5.5%	18,190	18,054	-0.7%
Vancouver – City Centre	174.3	111.1	-36.3%	25,553	15,537	-39.2%
Vancouver – Downtown Eastside	295.7	160.7	-45.7%	37,106	21,807	-41.2%
Vancouver – Midtown	181.7	83.3	-54.1%	20,063	12,266	-38.9%
Vancouver – North East	143.1	83.5	-41.6%	21,405	16,568	-22.6%
Vancouver – South	119.9	80.4	-33.0%	17,929	14,165	-21.0%
Vancouver – Westside	155.2	78.1	-49.7%	24,457	13,377	-45.3%
West Vancouver-Bowen Island	98.9	51.7	-47.8%	19,806	13,076	-34.0%
Vancouver Island Health Authority						
Alberni	112.0	87.6	-21.8%	17,355	18,095	4.3%
Campbell River	164.1	122.5	-25.3%	40,351	29,891	-25.9%
Courtenay	97.4	89.3	-8.3%	22,249	21,689	-2.5%
Cowichan	124.8	98.6	-21.0%	24,050	22,115	-8.0%
Greater Victoria	100.1	80.3	-19.9%	15,263	16,986	11.3%
Gulf Islands	90.0	76.0	-15.6%	17,465	25,841	48.0%
Ladysmith	110.7	91.4	-17.4%	22,813	16,920	-25.8%
Lake Cowichan	71.9	2.5	-96.5%	9,018	139	-98.5%
Nanaimo	97.6	77.5	-20.5%	17,983	15,072	-16.2%
Qualicum	91.5	66.2	-27.7%	18,124	13,279	-26.7%
Saanich	163.8	184.7	12.8%	33,438	35,193	5.2%
Sooke	97.6	123.2	26.3%	23,792	28,930	21.6%
Vancouver Island North	253.4	136.1	-46.3%	88,984	43,882	-50.7%
Vancouver Island West	n/a	n/a	n/a	n/a	n/a	n/a
Northern Health Authority						
Burns Lake	198.6	126.1	-36.5%	40,799	43,049	5.5%
Fort Nelson	75.5	36.6	-51.5%	6,368	6,372	0.1%
Kitimat	66.7	55.2	-17.1%	10,365	19,083	84.1%
Nechako	172.9	84.0	-51.4%	34,655	17,982	-48.1%
Nisga'a	n/a	n/a	n/a	n/a	n/a	n/a
Peace River North	180.8	57.8	-68.0%	14,108	7,159	-49.3%
Peace River South	191.2	105.4	-44.9%	23,868	18,837	-21.1%
Prince George	169.0	74.8	-55.7%	18,941	9,183	-51.5%
Prince Rupert	101.2	140.9	39.3%	15,456	26,797	73.4%
Queen Charlotte	53.8	147.9	174.7%	11,927	46,601	290.7%
Quesnel	178.0	65.6	-63.2%	25,421	14,494	-43.0%
Smithers	144.7	125.0	-13.6%	25,898	46,802	80.7%
Snow Country	47.6	90.9	90.9%	14,429	3,000	-79.2%
Stikine	n/a	n/a	n/a	n/a	n/a	n/a
Telegraph Creek	n/a	n/a	n/a	n/a	n/a	n/a
Terrace	90.7	81.3	-10.4%	19,257	21,416	11.2%
Upper Skeena	86.3	55.9	-35.2%	14,820	6,757	-54.4%
British Columbia	116.9	82.3	-29.6%	19,465	16,023	-17.7%

Notes:

Age 75+ refers to the age of both the clients and the underlying population size to which the number of clients is being compared.

Please note that Local Health Authority data is not as robust as data for larger areas, because there can be discrepancies in the way data is reported, irregularities in the relationships between jurisdictions, and errors due to the way addresses are coded. In several communities, there is home care provided, but the care is not provided through the channels that are typical of the rest of the province (i.e. the care is provided by local communities or First Nations band councils). For this reason, we have listed several communities as "n/a" because the true level of care is unclear. For some additional small communities for which data is reported, the data from PURRFECT may be flawed due to the irregularities noted above.

Source: PURRFECT Version 11.1, CCASUR Version 11.1, report date April 13, 2006.

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