

# Projecting family support needed to assist older Canadians living in the community, 2006–2031

presented by

Janice M. Keefe, PhD

Professor, Canada Research Chair and  
Director, Nova Scotia Centre on Aging

Co-Authors:

Yann Décarie

Patrick Charbonneau

Jacques Légaré

Université de Montréal

# Future demand & supply of support for older Canadians

## **BUILDING ON PREVIOUS RESEARCH:**

- ▶ Assessed the use of formal and informal support networks in the future considering changes in the structure of the informal network (supply) and in the need for chronic home care services (demand).

Carrière, Y.; Keefe, J.; Légaré, J.; Lin, X.; Rowe, G. 2007. Population aging and immediate family composition: Implications for future home care services. *Genus*, LXIII (1-2): 11-31

- Assessed implications of different policy options to support informal caregivers

Keefe, J.; Légaré, J.; Carrière, Y. 2007. Developing new strategies to support future caregivers: Projections of need and their policy implications. *Canadian Public Policy*, 33, 65-80

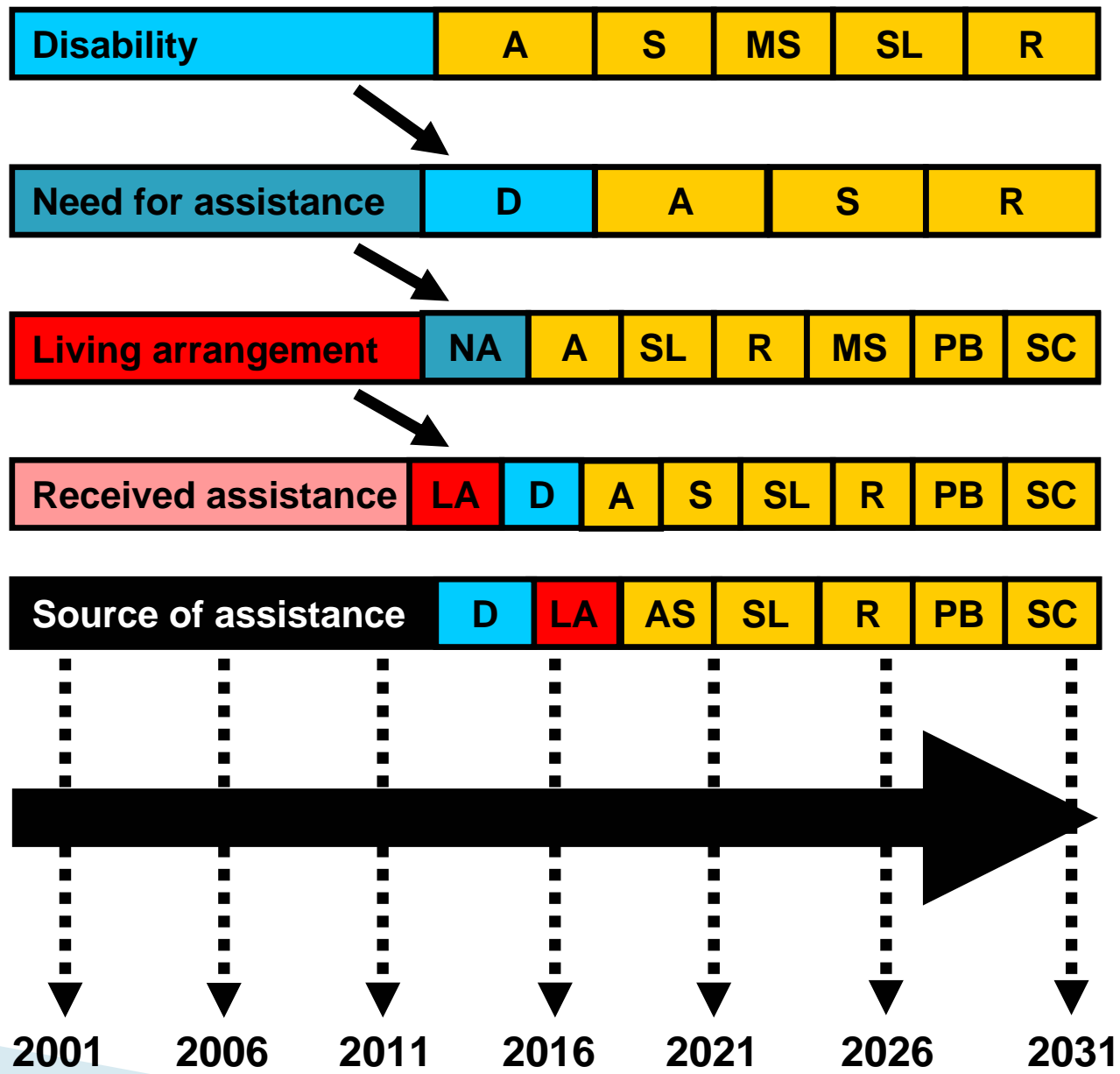
# Research Questions & Methods

- ▶ How will changing socio demographic characteristics effect use of informal and formal support among Canadians aged 65+?
  - 2001 Canada Community Health Survey (CCHS) & 2002 General Social Survey (GSS) – logistic regression parameters for characteristics of receivers/non receivers of assistance.
- ▶ How do these changes affect the **amount** of support needed by informal and formal caregivers?
  - GSS data used for hours of care received.
- ▶ How many hours of home care support (**informal**) will be needed until 2031?
  - Projection technique: Dynamic projections using Statistics Canada *LifePaths* microsimulation model

# Micro-simulation (LifePaths)

# Cross-sectional: GSS & CCHS

Age	A
Sex	S
Schooling level	SL
Region	R
Marital status	MS
Age of spouse	AS
Place of birth	PB
Surviving children	SC



Source: Carrière, Y.; Keefe, J.; Légaré, J.; Lin, X.; Rowe, G. (2007).

# Definitions

## Disability

- ▶ Based on questions from Health Utility Index: mobility, dexterity, cognition and pain
- ▶ No, Mild, Moderate or Severe disability

## Need for assistance (NA):

- ▶ Assistance needed, because of chronic health or disability, to perform everyday activities
- ▶ Concentrated on four activities that are more commonly associated with these services:
  1. Everyday housework
  2. Grocery shopping
  3. Meal preparation
  4. Personal care

## Source of Assistance:

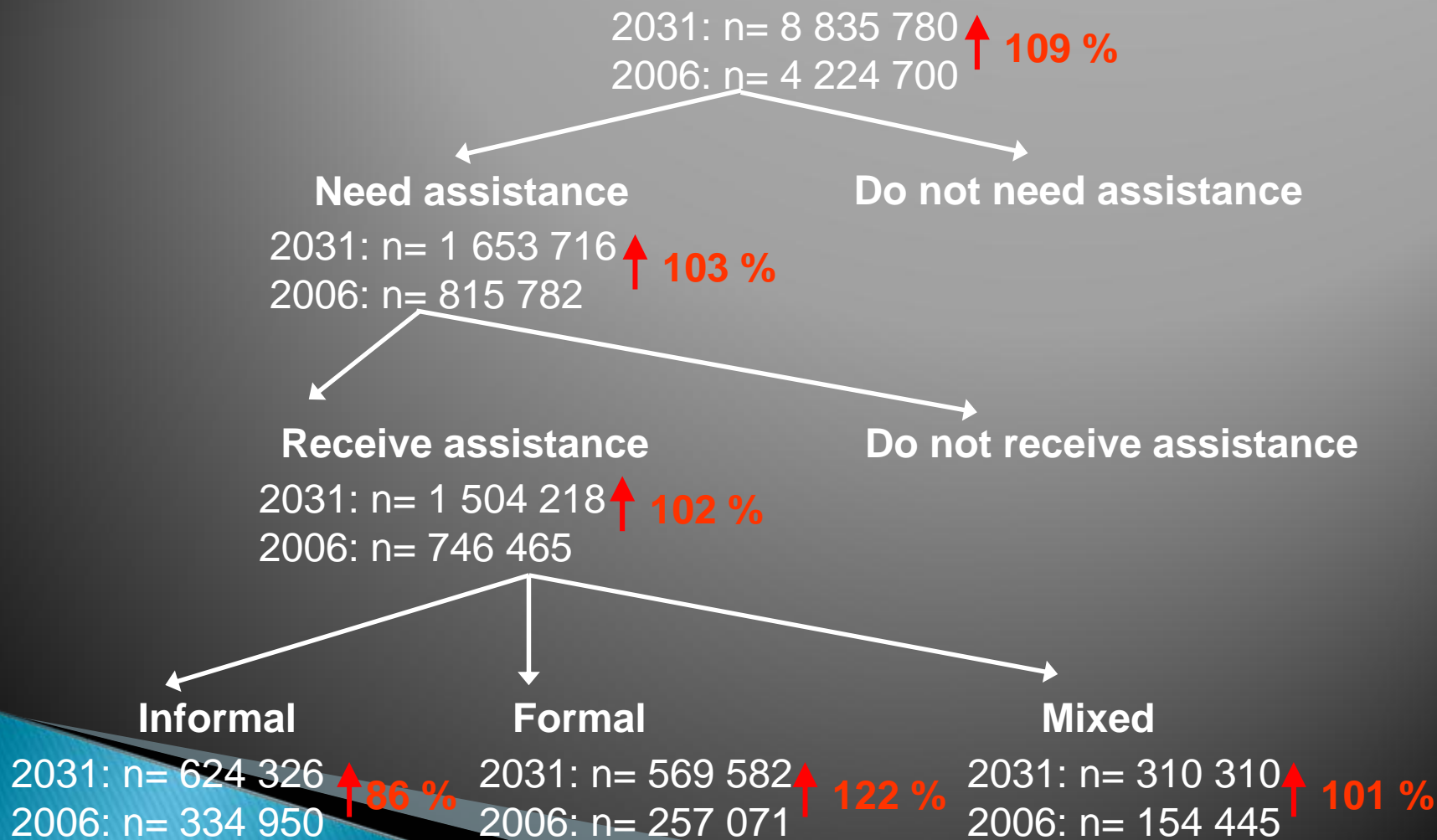
- Informal (family, friends and neighbours)
- Formal (government, private agencies or volunteer groups)
- Mixed (both informal and formal)

# Definitions (continued)

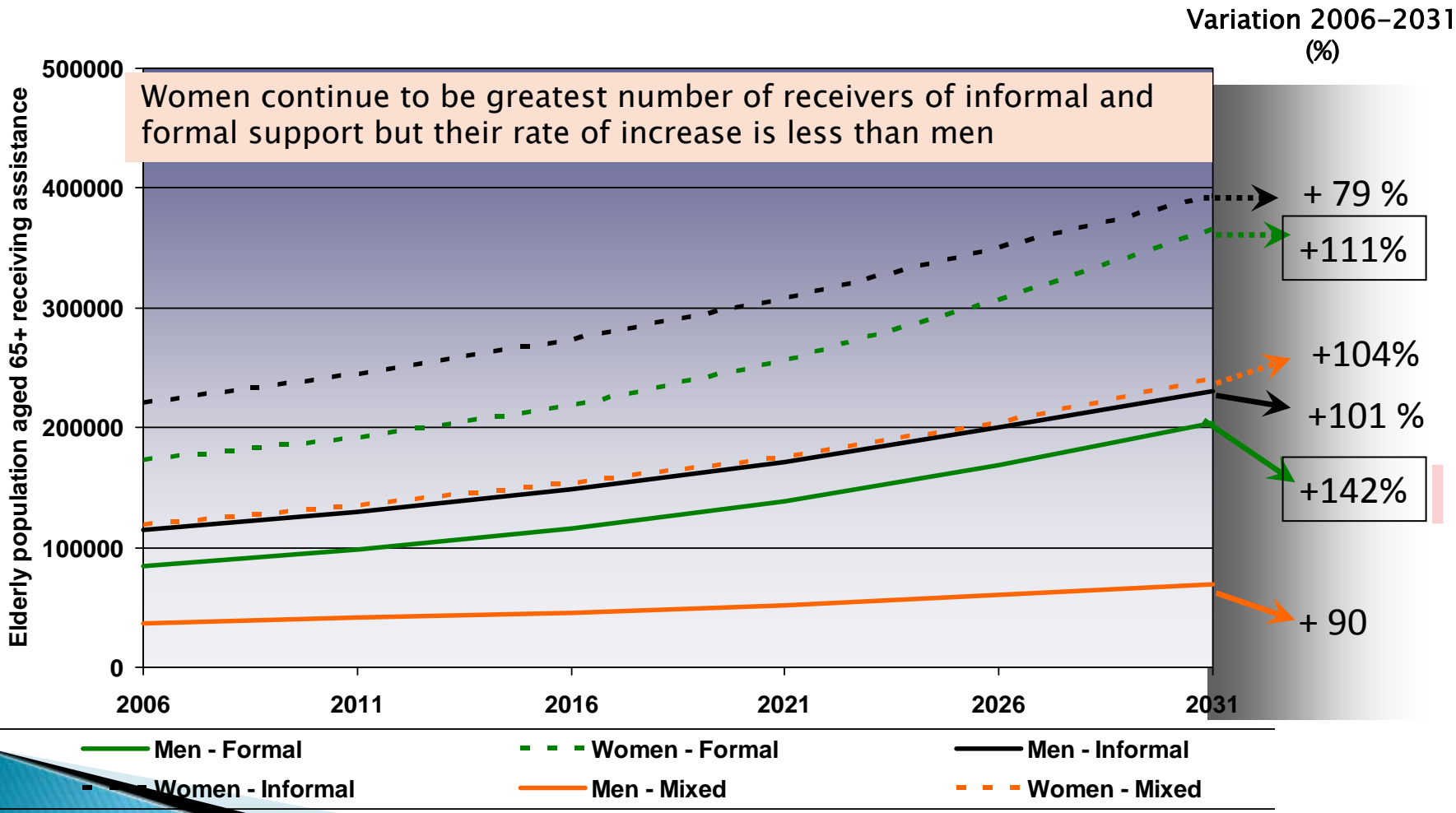
## Hours of help received:

- ▶ Calculated using data from the 2002 GSS.
- ▶ Calculated for all 4 activities provided by each source of assistance (formal, informal and mixed).
- ▶ Hours of help received not a symmetric statistical distribution
  - ✘ Mean – 13.8 hours / week
  - ✓ Median – 4.5 hours / week
- ▶ Assumption – Median hours of help received by age, sex and source of assistance will stay constant over time.

# Canadian population aged 65+ living in a private household



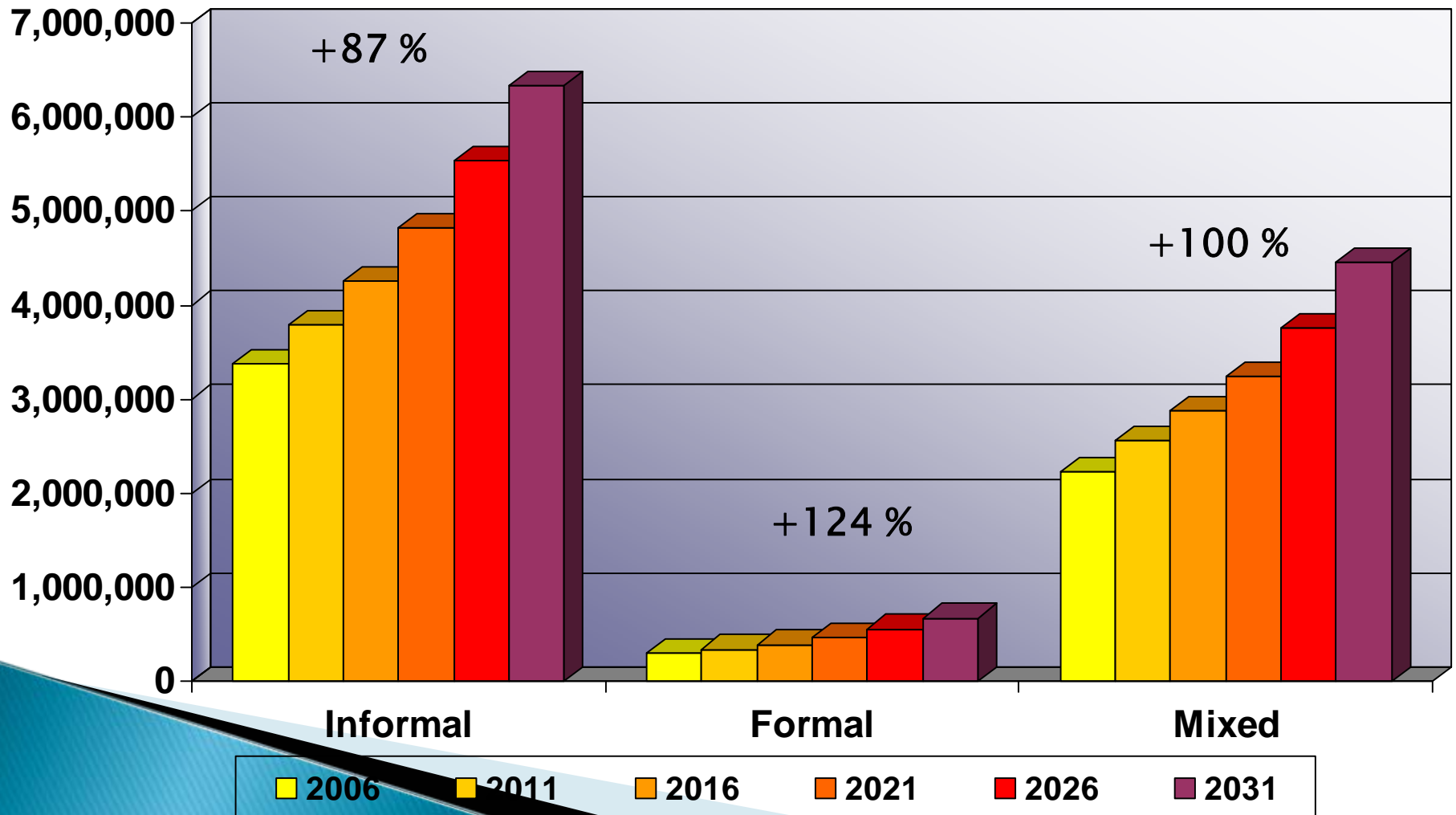
# Elderly population 65+ receiving assistance, by sex and source of assistance, Canada, 2006–2031



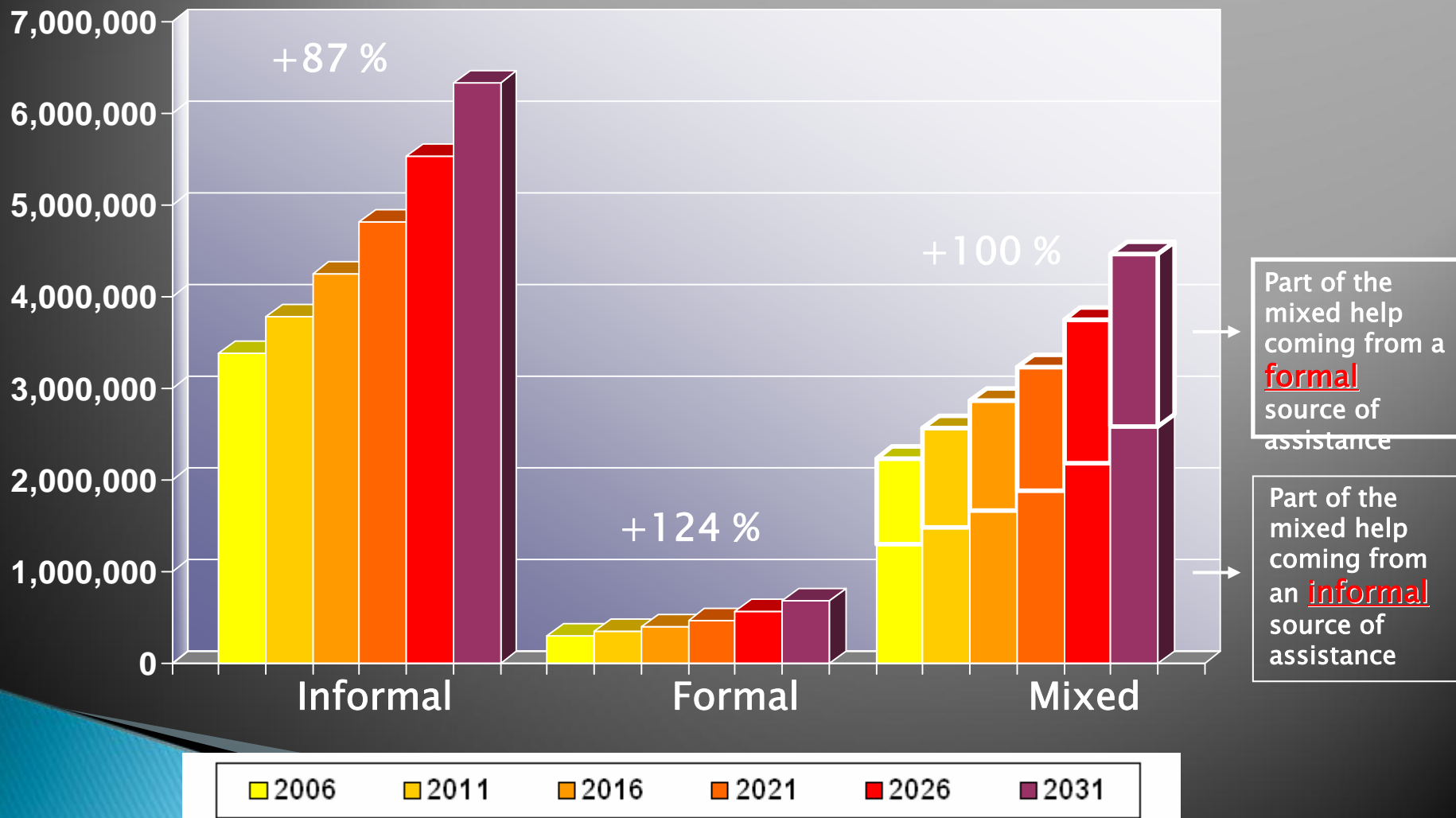
Source: Keefe, J. & Légaré, J. (unpublished data)



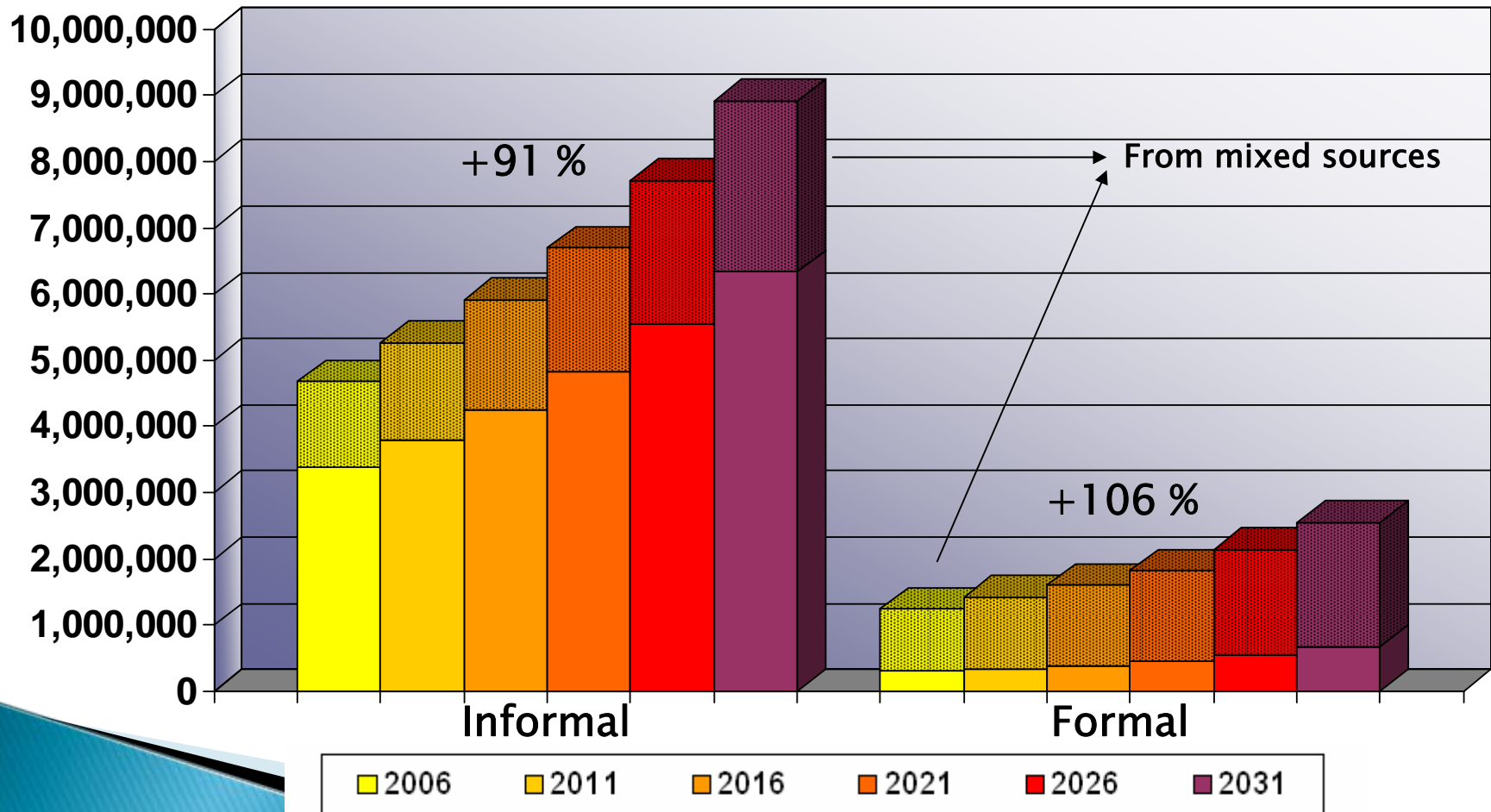
# Number of hours of help received, by source, 2006–2031



# Number of hours of help received, by source, 2006–2031

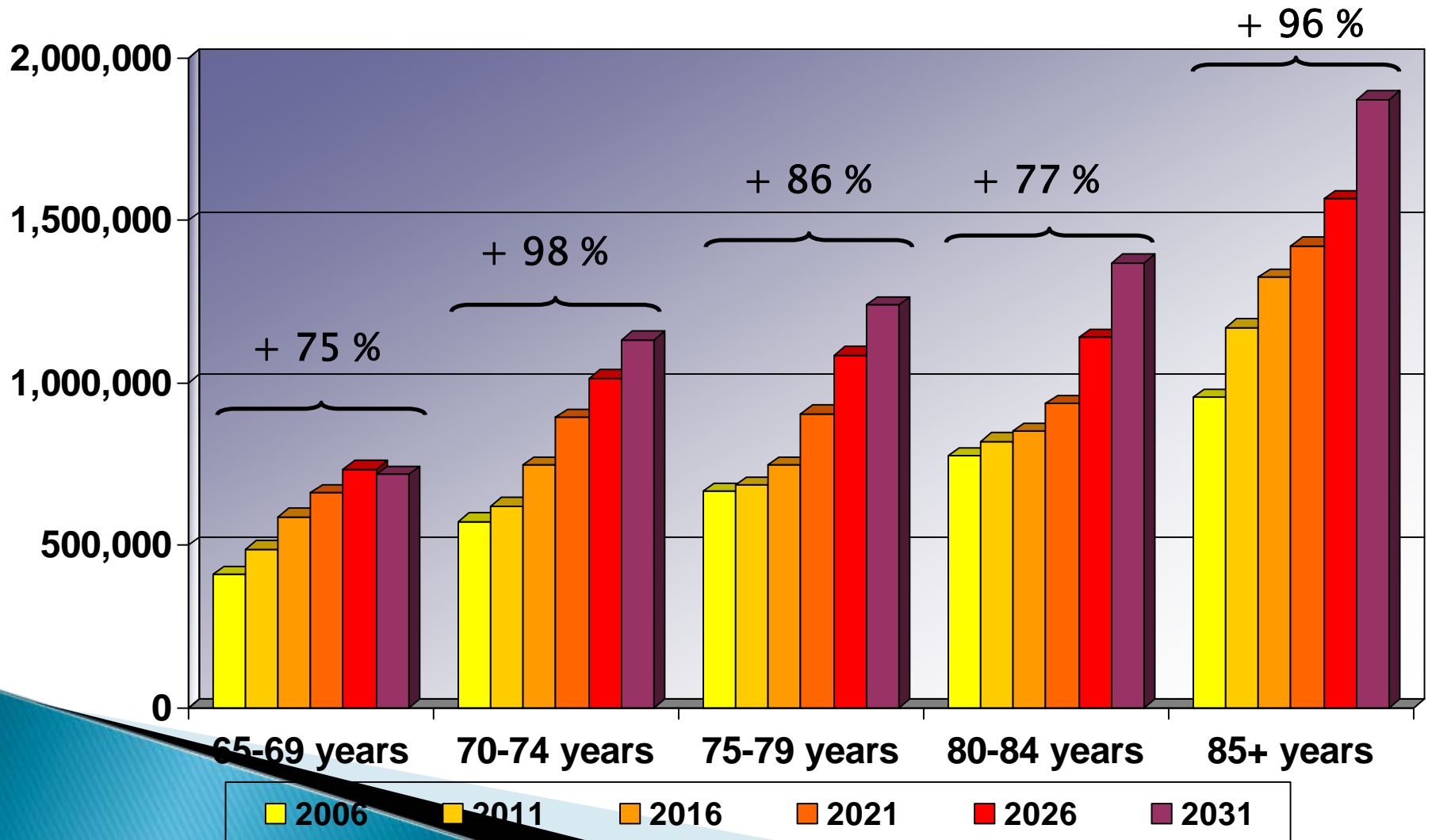


# Number of hours of help received, by source\*, 2006–2031

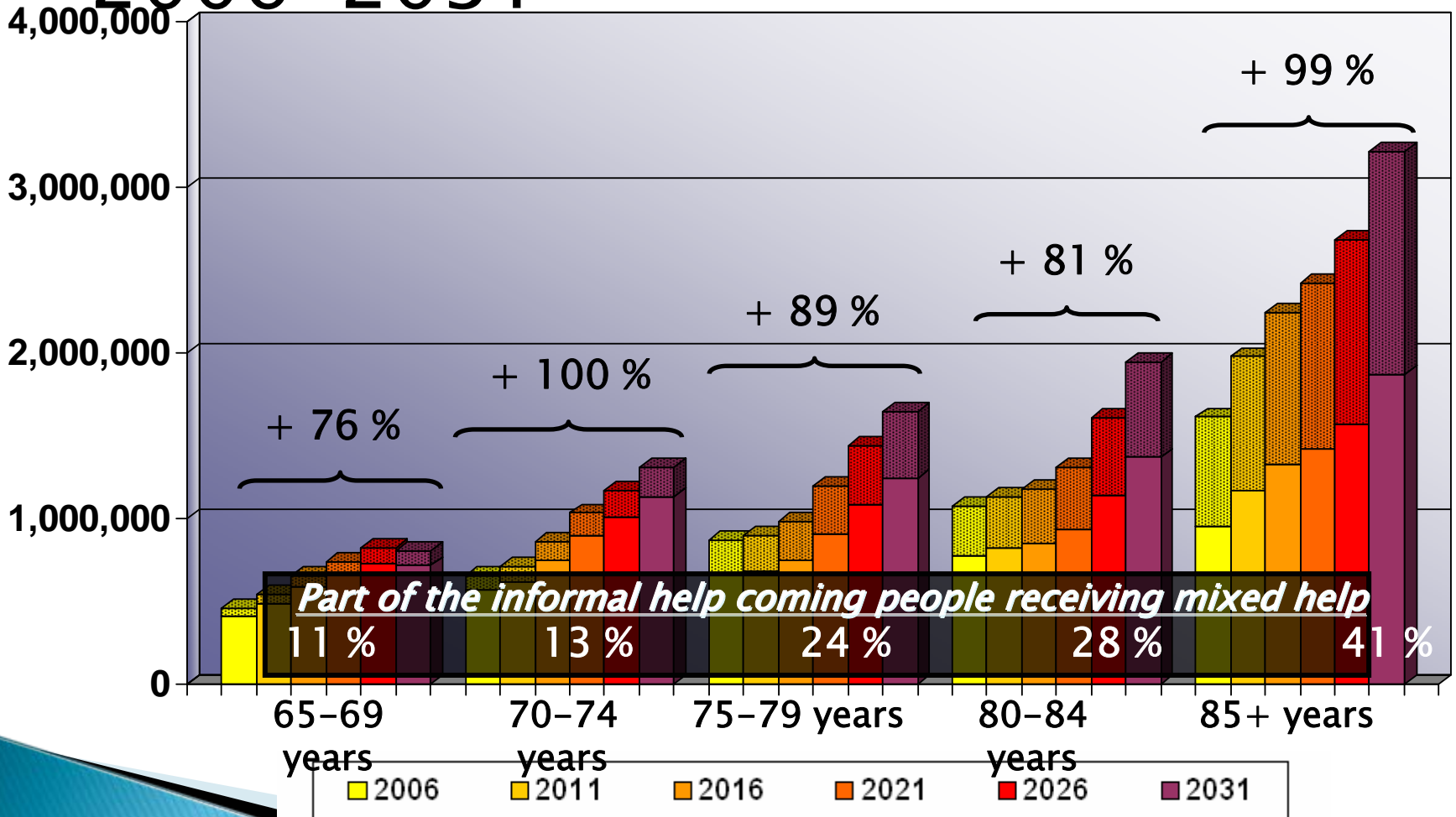


\* After splitting the mixed source of assistance

# Number of hours of help received from informal source, by age, 2006–2031



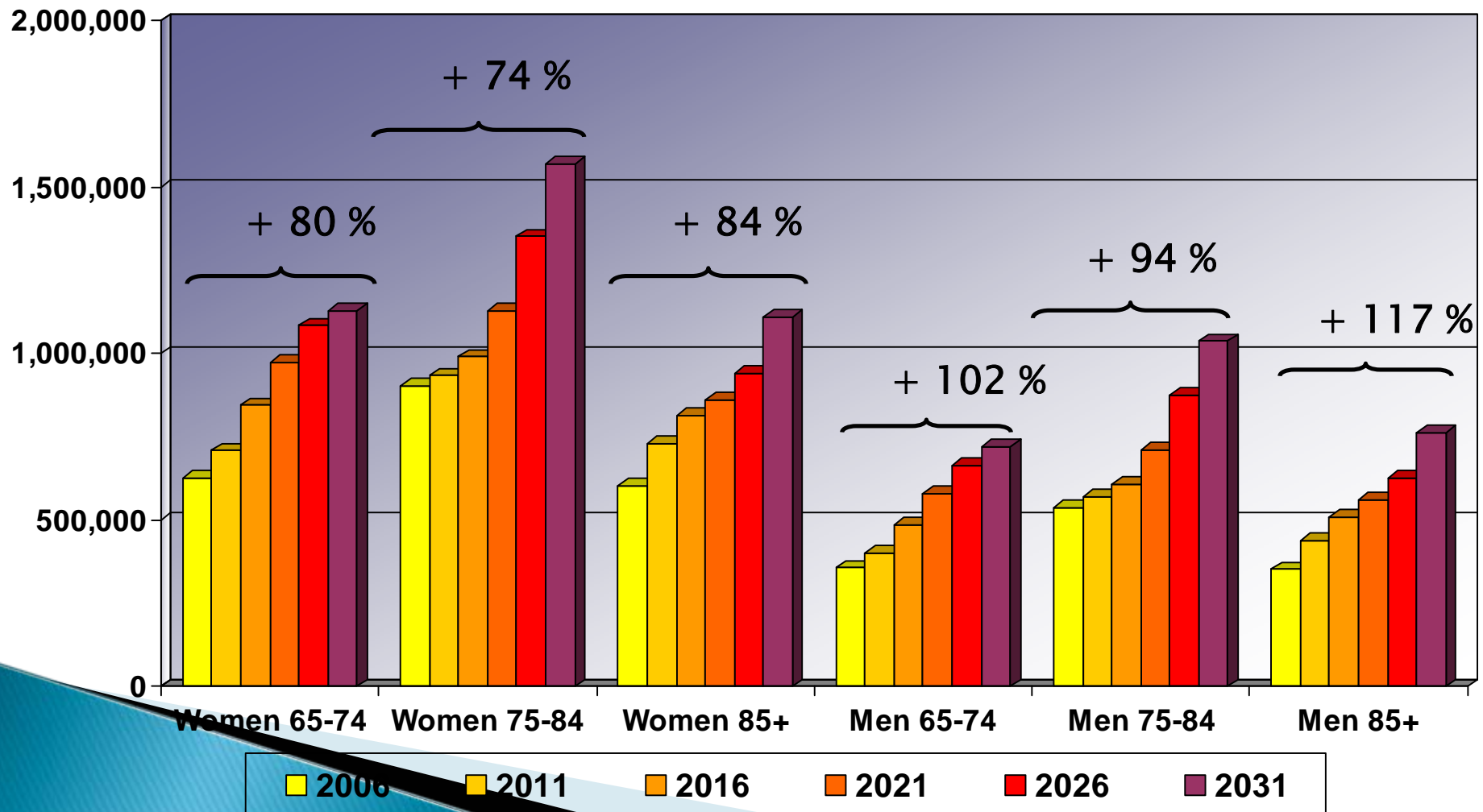
# Number of hours of help received from informal source, by age, 2006-2031



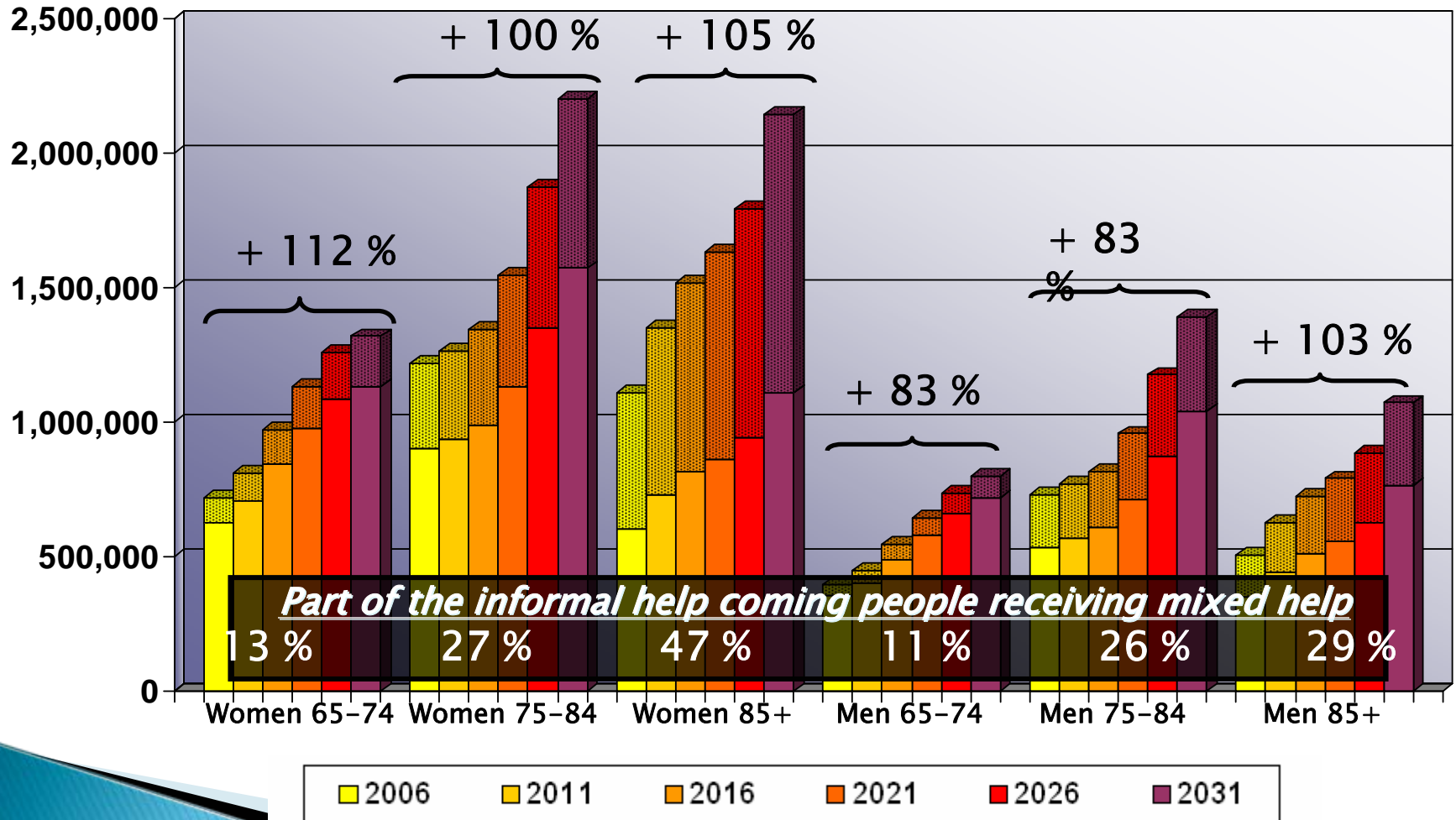
Shaded area:

hours of informal help coming from people receiving mixed help

# Number of hours of help received from informal source, by age and sex, 2006–2031



# Number of hours of help received from informal source, by age and sex, 2006-2031



Shaded area: Hours of informal help coming from people receiving mixed help

# Summary

- ❑ In general, the number of hours of help will grow in every age group and source of assistance from 2006 to 2031.
- ▶ Informal sources of support remain the most important contributor in terms of hours of support.
- ▶ People aged 85 and older use the greatest amount of support from all sources of assistance.
- ▶ When we estimate that 70 % of the hours in the mixed category are from informal sources, we realize that the proportion of person receiving support from informal sources only declines with age.
  - almost half of informal support in community to women 85+ are for persons who also receive formal support
- ▶ The proportion of informal care will decline in the relation to the total number of hours.



# Summary (continued)

- ▶ More analysis is needed to develop a better estimate of the proportion of the mixed support that is from formal and informal sources;
- ▶ This study does not take into account changes in cultural norms and behaviour, despite that they could alter the patterns of sources of assistance.
  - Likely under-estimating usage of formal support

# Policy Implications

- ▶ **Family/friends caregivers are the reason why home care is cost-effective yet supply and demand changing.**
- ▶ **Shift to Community Care**
  - ◆ Reduced hospital stays
  - ◆ Increased complexity of care and expectations/ burden on family/friend caregivers.
  - ◆ Caregiver needs not assessed
- ▶ **Limited access to supports for these caregivers**
  - Income security limited
  - few tax benefits, and employment insurance for dying relatives
  - (no direct financial support, pension provisions or refundable tax benefits)
- ▶ **Diversity in support:**
  - Public home care programs vary in supportive services for family/friend caregivers
  - Most can only be accessed through the client

# Policy Implications (cont)

- ▶ Increased proportion of very old persons who receive both formal and informal support
- ▶ Increased demand for formal supports for older people
- ▶ **System Challenges**
  - Continuing care policies are under Provincial/Territorial jurisdiction (not federal)
  - Public continuing care programs becoming increasingly used for acute care substitution
  - Formal support for chronic care privatized and not regulated
- ▶ **Human Resource Challenges**
  - Recognition of importance of Front-line worker
  - Working conditions problematic
  - Limited standards

# Acknowledgements

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