Home Care and Policy: Bringing Gender Into Focus

Maritime Centre of Excellence for Women's Health

With assistance from: Sandy Bentley, Lesley Poirier, Carol Amaratunga, Janice Keefe, Gail Bruhm, Joan Campbell, Jocelyn Downie and Colleen Flood. Special thanks for the Nova Scotia Health Survey 1995 results shared by Hope Beanlands and Kathy MacPherson. The MCEWH is financially supported by the Centres of Excellence for Women's Health Program, Women's Health Bureau, Health Canada.

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Home Care Defined

... an array of services which enables clients incapacitated in whole or in part to live at home, often with the effect of preventing, delaying or substituting for long-term care or acute care alternatives. ... Home care may address needs specifically associated with a medical diagnosis, and/or may compensate for functional deficits in the activities of daily living ... to be effective it (home care) may have to provide services in which other contexts might be defined as social or educational services (e.g., home maintenance, volunteer visits, etc.)[2]

Public Concerns

- The population affected by a universal home care policy includes 2.8 million Canadians who provided informal care to someone with a chronic illness or disability in 1996.[3]
- In 1960 only 16% of Canadian women over age 50 had a surviving parent, by 2010 this is expected to rise to 60%.[4]
- Two thirds of informal Canadian caregivers work outside the home, 20% report health impacts, and 40% incur expenses.[3]

Public concerns with respect to home care include:

- an increasing perception that fiscal constraints and associated health care restructuring, in the absence of corresponding reinvestment in home care infrastructure, will save money at the expense of both the sick and the caregiver[5]
- a concern that family members will be expected to provide home care support as an extension of their domestic and family work;
- a realisation that when one member of a family requires care, the stress of caregiving affects everyone in the family; and that women and men recognise and respond to stress differently;[6]
- a growing concern that informal caregiving will negatively affect lifetime earning capacities and related employment benefits;
- fear that in the future, if the need for home care arises, the services and the quality of the services will not be there for Canadians.

Social and Economic Costs of Informal Caregiving

- Employer costs include high rates of absenteeism, interruptions in the workplace, high turnover rates, unstable hours, and emotional and physical strain that affects performance.
- Employee costs include accommodations in work patterns,[8,9] adverse personal, career and remuneration losses, including diminished opportunities for advancement, supplementary benefits and pension securities.[10,11] As most professional and paraprofessional home care workers are women, this burden is borne disproportionately by women.[12,13]

- Family costs and benefits include satisfaction from the caregiving role[14,15] while simultaneously incurring expenses out-of-pocket for hiring respite caregivers. Families also have to bear and share the social and economic costs of providing informal care experiencing mental, physical fatigue and social isolation.[16,17]

Home Care Policy Considerations

Policy-makers will be called upon to consider many complex factors when analysing and developing home care options:

- The large cohort of baby-boomers will represent a significant increase in the absolute number of older persons requiring home care over the next three decades.
- As it ages, this baby-boom cohort will be relatively larger than other age groups, partly because of the declining birth rate. This change from the demographic "pyramid" to the "vase" will have consequences on two levels: the health-related costs of an aging population, including home care, will be borne by a relatively smaller number of younger Canadians, and declining birth rates will mean fewer offspring to care for aging parents. These demographic patterns coupled with other changes in family structure, including diminishing nuclear and extended family supports,[6] will generate greater demand for formal home care services.
- Technological advances[7] in health care are a double-edged sword: they will make shorter hospital stays and ambulatory care more possible, but as the complexity of care provided in the home increases, better-trained community and home caregivers will be required.
- Canadians continue to place high value on accessible, quality health services and to trust these services. Home care options will need to live up to these expectations and standards.
- There are competing cost and time demands at work and at home for caregivers. In considering the demands of home care on family members, public policy will need to examine the role of employers in facilitating the delivery of these services; and consider the extent to which this form of unpaid work should be acknowledged and valued and whether/how it should be remunerated.
- Restructuring of the present health care system may result in a shift of costs from the institution to home care, potentially resulting in patients bearing the cost as in the case of medication and supplies that are covered during hospitalisation but may not be covered when the care venue shifts.
- Cost/benefit analysis of care options must take into account all costs (including direct costs in the health sector, costs in the social services sector, the "hidden" costs of formal and informal care) and health outcomes.
- The role and the implications of private insurance/insurers, user fees, means tests, etc.
- Introducing or expanding home care services and coverage incrementally versus coverage immediately for all types of home care services.
- Whether home care providers are hospitals or community-based or private sector organisations will affect the nature and structural arrangements of the services they provide; each may pursue a different model of service, with ensuing differences in cost and comprehensiveness.

The scope of coverage, program financing, quality of care and models of delivery are among the issues that program and policy planners will have to address. All of these have a significant gender dimension.

Why is Gender Analysis Important?
A recent Montreal Gazette article featured TD Bank's strategy to attract women investors by marketing the impact of the increasing divorce rate and life expectancies on women demonstrating that, "at some point women are going to have sole responsibility for financial management".20 The importance of understanding and reflecting the needs and values of the clientele has served this sector well.

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