



# Home Health Services in British Columbia A Portrait of Users and Trends over Time

Home health services span an array of interventions that enable people who are frail and often nearing the end of life to remain in their own homes. These services are known to prevent, delay, and even serve as substitutes for long-term or acute care. Most of the home-based care that older Canadians receive (some estimates are up to 80 percent) is provided on an unpaid basis by relatives and friends. In 2003, an estimated 11 percent of Canadians aged 65 and older received publicly-funded home health services.

Despite a long history of home health service provision in BC within the publicly-funded health care system and through community agencies, little is known about the recipients of these services. This report seeks to better understand this population by describing who home care users are, what services they use, and how they differ from community dwelling non-users.

Analyses focus on services provided through the provincial health care system to seniors aged 65 and over, from 1995/96 to 2004/05. This decade saw substantial policy change within the health care system in general, and the home health services sector in particular.

### Based on research presented in

McGrail KM, Broemeling AM, McGregor MJ, Salomons K, Ronald LA, McKendry R. Home Health Services in British Columbia: A Portrait of Users and Trends Over Time. Vancouver (BC): Centre for Health Services and Policy Research; October 2008.

Research funded by the BC Ministry of Health Services

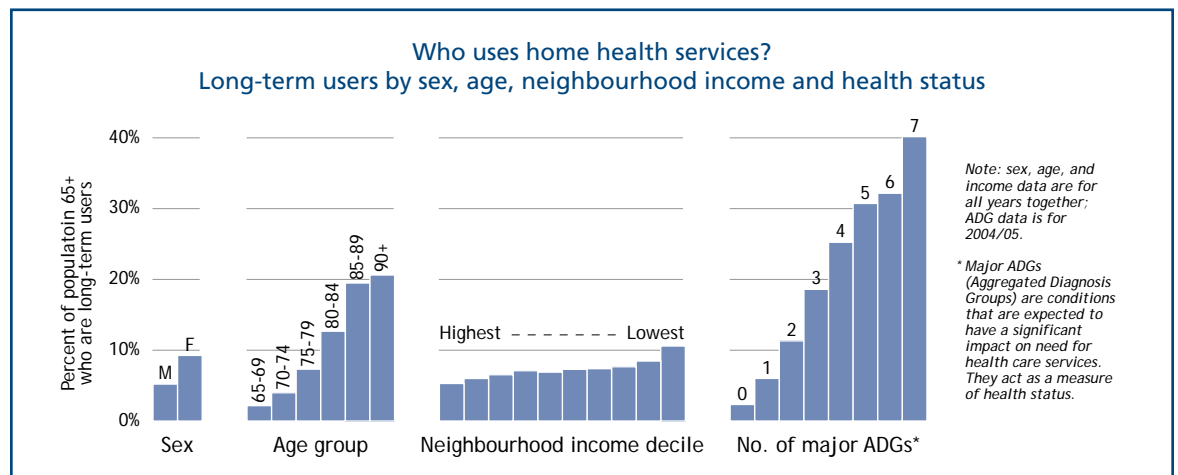
### Who are the long-term users of home health services in BC and how has this changed over time?

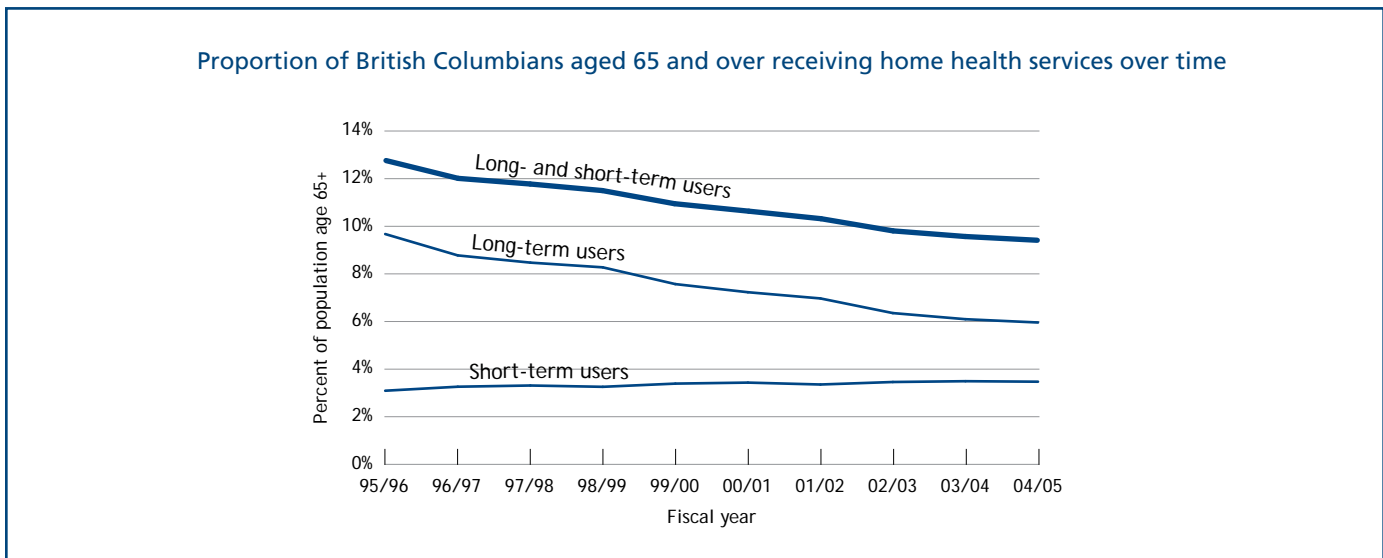
Long-term home health service users are defined as those who receive 90 or more consecutive days of service. Seniors are more likely to be long-term than short-term users. The typical long-term user of home health services is older, female, and frail. Long-term users have more medical conditions and are more likely to reside in lower income neighbourhoods compared to community-dwelling seniors who do not use home health services. Long-term users also received more physician, diagnostic and hospital care than non-users.

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Over the course of the study, fewer seniors received home health services and fewer were long-term users. Nine percent of seniors aged 65 and over in BC used home health care services in 2004/05, compared to 13 percent ten years earlier. Long-term users declined from 10 percent to 6 percent of the senior population between 1995/96 and 2004/05. The reduction was greater among older, female, lower income, and healthier seniors.

**What home health services do long-term users use?**

Services used by long-term users ranged from a few hours a week of personal care to full nursing and clinical care. Over time, long-term users were more likely to receive home care services, but less likely to receive home support. Those who did receive home support tended to receive more hours of care.

Likelihood and intensity of home health services use among long-term users, by service type, 2004/05	
<b>Home nursing care</b>	One in three long-term users had at least one visit Home care nurses made an average of 34 visits per user
<b>Occupational therapy (OT) and physiotherapy (PT)</b>	One in five long-term users had at least one visit Users receiving OT averaged five visits, while PT users averaged six visits
<b>Adult Day Program</b>	One in eight long-term users used Adult Day Programs Users averaged 10 visits
<b>Home support</b>	Three in five long-term users had at least one visit Users averaged 17 hours per month

**Conclusions**

The changes over time reflected in this report should be interpreted with caution. It was not possible to determine whether the right people received the right services at the right time. Nor are all the services that people use part of the data that we analyzed for this report.

Seniors receive a complex mix of services, and this mix appears to be changing over time. Publicly-funded care is increasingly concentrated among individuals who are older and have greater morbidity, which is consistent with policy. At the same time and bearing in mind the limitations of the data used in this report, the decline between 1995/96 and 2004/05 in the proportion of seniors receiving publicly-funded services appears inconsistent with the broad policy objective of providing more community-based care. A better understanding of the range of services both in the public and private sectors, how they currently interact, and how those interactions could be improved, are clear directions for future work.