



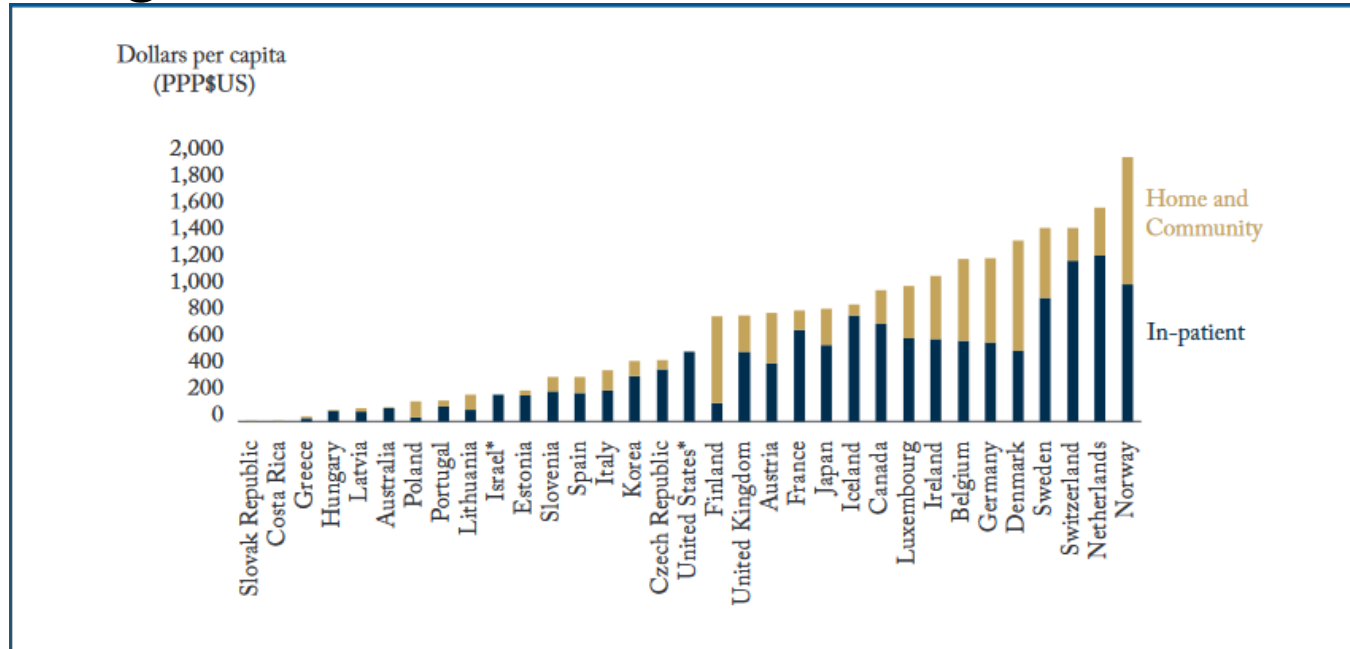
Enhancing Capacity and Transforming Home Care and Community Services – International Comparisons and Examples

Rosalie Wyonch
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Presentation: AAG Futures Policy Forum (Webinar #5)
October 13, 2022.



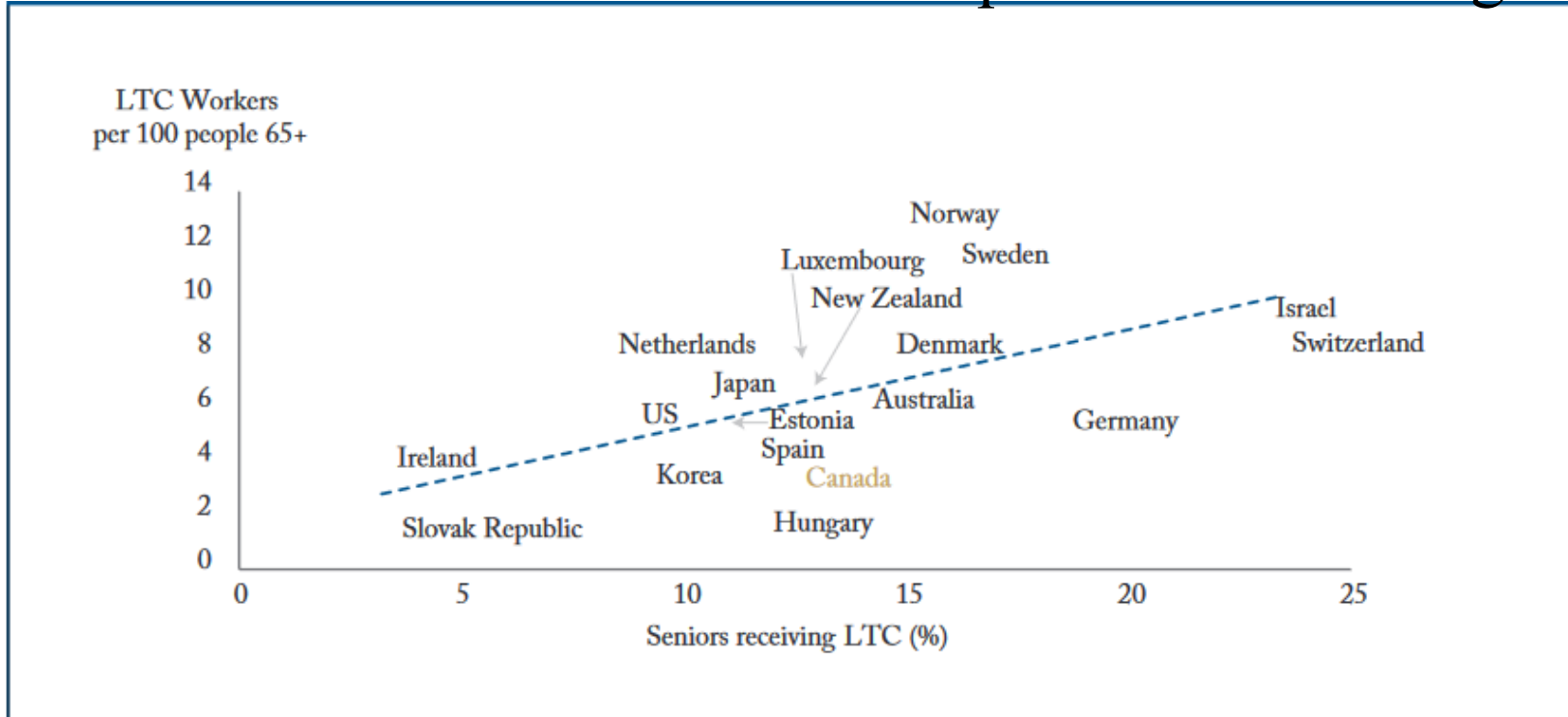
Spending on Seniors Care, 2019 or Most Recent Available



* Home and community care spending data are unavailable. PPP = Purchasing Power Parity.

Source: LTC utilization and resources, health expenditure and financing – OECD (2019, or latest available).

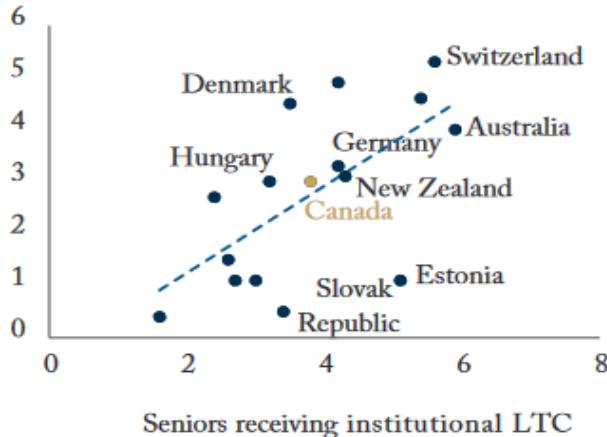
Seniors Care Workers Relative to Population Receiving Care



Average in Institutional Care, Last in Home and Community

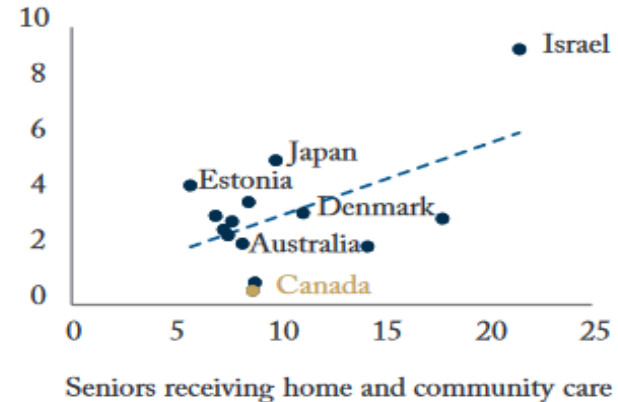
7A: LTC in Institutions: Workers Relative to Residents

Instit. LTC workers
per 100 seniors



7B: LTC at Home and in the Community: Workers Relative to Population Receiving

Home and Community
LTC workers
per 100 seniors



Health Industry Observations – Labour market and COVID-19

- Residential care facilities and home care appear to be struggling to recruit and retain employees. Community care facilities for seniors and “other” residential care facilities had declining employment.
- Despite significant increase in wages, employment in home health care services and residential developmental handicap, mental health and substance abuse facilities had relatively small employment growth (Table 1).
- Nursing care facilities (LTC homes) have increased both employment and wages, suggesting a constrained labour supply.
- Ambulatory health care services notably differ from the rest of the health industry – the proportion of earnings from overtime declined overall and employment increased by 12.5 percent (Jan 2020 – Oct 2021), more than the total health and social services industry and the aggregate economy (5.82 percent and 0.02 percent respectively).
- Growth of Outpatient Care Centres appear to be driving this result: 43.6 percent growth in employment and 11.8 percent growth in wages during the pandemic

Table 1: Employment and Earnings by Health Industry Sector

Industry (NAICS)	Employment		Wages	
	# of Employees (Dec 2021)	% Change Jan 2020 – Dec 2021	Average weekly earning (including overtime, Dec 2021)	% Change Jan 2020 – Dec 2021
Health care and social assistance [62]	2,201,142	5.8	1,021.89	6.8
Offices of physicians [6211]	127,577	4.5	1,275.80	1.4
Out-patient care centres [6214]	156,483	43.6	1,210.61	11.8
Medical and diagnostic laboratories [6215]	30,616	6.8	1,088.89	-6.1
Home health care services [6216]	78,028	1.0	869.73	15.0
Hospitals [622]	673,545	3.7	1,203.53	4.3
Nursing care facilities [6231]	224,132	11.0	902.44	12.9
Residential developmental handicap, mental health and substance abuse facilities [6232]	72,099	1.9	835.66	22.4
Community care facilities for the elderly [6233]	130,062	-5.5	775.21	3.9
Other residential care facilities [6239]	52,940	-3.8	858.45	8.9

Source: Statistics Canada. Table 14-10-0220-01 Employment and average weekly earnings (including overtime) for all employees by industry, monthly, seasonally adjusted, Canada. Author's calculations.

Denmark

- Prioritizes community care over residential care – push for de-institutionalization originated in the 1970s, no new construction of traditional care homes since 1984
- “Reablement” – emphasizes user-centred preventative care focusing on maintaining the skills to live independently
- Other panelists will cover Denmark in detail, but some highlights include:
 - Annual preventative visit for people 75+ from case manager (municipal)
 - Assessments for formal homecare form individually tailored care plan and service contract
 - Individuals have free choice of providers

Belgium

- Seniors' medical services are organized at the federal level while personal care services are organized at the regional/provincial level.
- Available services include: personal support for ADL, medical nursing home care, day care and short-stay respite beds, residential care for severe needs
- Homecare recipients generally pay 15-20 percent of costs (subsidized by means-tested federal benefits)
- Voucher model: subsidizing various homecare and other services
 - Each adult can buy up to 500 “service vouchers” per year (up to 2,000 for those with disabilities). They are low cost (~10 euros each) and are eligible for 30% income tax credit.
 - Vouchers can be used for activities in and out of the home: cleaning, preparing food, shopping, and providing transportation for persons with low mobility
- Since 2014, informal carers can request formal recognition from the national health insurance system. This helps quantify how much informal care is being provided and allows carers to access additional social assistance benefits.
 - Insurance providers are responsible for checking that beneficiaries comply with specific criteria regarding the carer-care recipient relationship.
 - Informal carers provide non-professional help in cooperation with at least one care professional and provide at least 20 hours of care per week

Germany

- The German system is very different from Canada's – it provides an example of how things could be done differently
- Universal coverage for LTC insurance (additional public social assistance systems at municipal level)
 - Since 1995, Germans have been enrolled in either public or private LTC insurance that provides coverage for care in the form of services, cash, or a combination of the two.
 - Insurers provide assistance with care coordination by providing information about quality and costs of available services and support case management.
 - Providers negotiate contracts with regional insurance providers and municipal social assistance (all providers that meet national quality standards are entitled to contracts)
 - Benefits are paid at standard rates related to level of needed care.
- The vast majority of seniors choose cash benefits (80 percent) representing nearly two-thirds (64 percent) of LTC insurance expenditures

Summary

- Seniors care policy in Canada favours institutionalization, while Canadian seniors would prefer to remain in their homes as long as possible
- Canada has underinvested in home and community care, relative to other countries – particularly labour.
- As a result, we pay more for less
- There are plenty of examples internationally of different policies for providing and financing seniors care that could help address the current imbalances between residential and home and community care



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