Challenges and Considerations for Rural Communities Caring for Seniors

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Key messages

- Reality 1 - Context is Important
  - Atlantic Canada highest proportion of rural.
  - Seniors living in Rural areas
  - Rural issues affecting continuing care

- Reality 2 – limited supports for Caregivers
  - Trends/Issues affecting carers
  - Types of Caregiver Support
  - Policy Examples

- Summary
Reality #1

Context is important..
especially rural
Competing assumptions about living in Rural Canada

- Rural communities are isolated and lack formal services
- Rural communities are warm and friendly places to live
From the national perspective of rural communities across Canada
Percent of rural – 1951-2011

Source: Statistics Canada
Community characteristics

- Physical locality
  - Size of the population
  - Distance from an urban centre
  - Resources for continuing care services
  - Climate Change (Joseph, Skinner & Yantzie, 2013)

- Social aspects
  - Seniors
  - Female
  - Household income
  - Part-time/part-year employment
  - Long-term residents
Characteristics that differentiate community supportiveness

- Population size
- Proportion of long term residents
- Proportion of seniors
- Hours per week of unpaid housework
Seniors’ perspectives of their own rural communities

- “Older”,
- “Supportive”
- “Established with long standing residents”
- “Small enough that everybody knows each other”
- “Close to all services I need”

## Effects of not driving on access

<table>
<thead>
<tr>
<th>Impact</th>
<th>Never</th>
<th>Rarely</th>
<th>Some/most/all of the time</th>
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<tbody>
<tr>
<td>Ability to socialize with others</td>
<td>51%</td>
<td>17%</td>
<td>32%</td>
</tr>
<tr>
<td>Ability to get goods or services</td>
<td>63%</td>
<td>15%</td>
<td>21%</td>
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From the local perspective of key players in three diverse rural communities
Rural Case Studies – What we learned

- Seniors are diverse
- Different groups of seniors have different sets of needs
- Seniors’ ability to fulfill their needs depends on physical, social, and economic resources as well as access to information
Types of Seniors in rural communities

Active Seniors....
- These are the backbone of the community
- They are leaders of municipal gov't, service organizations like Legion, Lions/Kinsmen Clubs Churches, etc
- Long standing members

And they put on suppers, again, that’s the seniors. So they really contribute greatly to the community as well as being helped themselves. They’re out there doing their bit too and they help greatly in the community. (20P_SR_tr Community active senior)
Types of Seniors in rural communities

Stoic Seniors....
- Proud, private and often isolated
- independent

They want to continue living on the farm until they can no longer manage because it’s home, there’s privacy, and we’re used to it.

Limited resources – money, social support, services
- disconnected, may be struggling

Vulnerable Seniors....

I am so comfortable here, really...And where would I go? To [city]? I don’t know anybody there and I couldn’t afford it. (2B_SR_tr Vulnerable senior)
When I was a boy we only bathed once a week and seven of us used the same water!

Hey, don’t give the government any ideas!
Types of Seniors in rural communities

Frail Seniors....

- Isolated
- Needing support
- Health issues

See now people got to know that I, that my eyes are bad and they’ll see me walking along, and they’ll come along... Give me a hand across the street, or anything like that. It’s just, it’s just like a big family. (22B_SR_tr Frail senior)
Persons 65+ in Nine NL Rural secretariat areas – Census 2006

Unpublished data from Community Accounts
Persons 55+ in Nine NL Rural secretariat areas – Census 2006

- Stephenville: 32%
- Labrador: 17%
- Grand Falls: 31%
- Gander: 30%
- Corner brook: 30%
- Clarenville: 29%
- St Anthony: 29%
- Burin: 25%
- Avalon: 25%

Unpublished data from Community Accounts
Created by the Dept. of Health and Community Services based on a map and information provided by the Dept. of Finance.
Program implications

How can programs be responsive to diversity

- in seniors,
- in needs and
- in rural communities?
Care in rural communities

My sister in the city has three doctors, a chiropodist, a physiotherapist, a home care worker and meals on wheels. Out here, all I've got is a can opener and a box of band-aids.
Reality #2

Limited Supports for Family/Friend Caregivers
Diversity in support:
- Public home care programs vary in supportive services for family/friend caregivers
- Most can only be accessed through the client

Shift to Community Care
- Reduced hospital stays
- Increased complexity of care and expectations/ burden on family/friend caregivers.
- Caregiver needs not assessed

System Challenges/opportunities
- Continuing care policies are under P/T jurisdiction
- Public continuing care programs becoming increasing used for acute care substitution
- Formal support for chronic care privatized and not regulated
Trends affecting caregiver availability

Future Availability
- Baby boomers aging
- Birth rate decreasing
- Divorce rate increasing
- Common-law partnerships increasing
- Geographic mobility increasing
- Ethnic diversity increasing

Increased Demand
- living longer with multiple chronic conditions
Caregivers:
Invisible and unrecognized but critical ingredients in the maintenance and growth of the aging population
Where can I go for support?

**Federal**
- Compassionate Care Benefit
- Tax relief

**Federal - Issues**
- CCB limited scope
- Tax Credits are non-refundable

**Provincial**
- Home care, respite
- Tax relief
- Education, information, support

**Provincial - Issues**
- Varies by province and region
- Eligibility, entitlement
  - ↑ Acute HC

**Private**
- Home support services
- Respite

**Private - Issues**
- Limited to those who can afford these services
  - Location

**Community**
- Voluntary organizations
- Advocacy and support groups

**Community - Issues**
- Do not exist in all regions
  - Rural/urban
POLICY DOMAINS

- **Health/Continuing care**
  - Respite care/Home Care
  - Recognize caregivers as a client
  - Assess caregiver needs

- **Employment/Labour**
  - Leave policy – employment insurance
  - Labour Standards policy

- **Health Human Resources**
  - Improve working conditions
  - Training and Standards
  - Focus on Recruitment and retention

- **Income Security**
  - **Direct Financial Support:**
    - Caregiver Payment/Allowance
  - **Pension Schemes**
    - reduced penalty for dropout
    - State pays pension credits
  - **Taxation System**
    - Inclusion of care expenses
    - Expansion of Tax Credits
  - **Social Security**
    - State pays employment/sickness insurance

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Keefe, Glendinning & Fancey (2008). In A. Martin Matthews & J. Philips (Eds) Blurring the Boundaries
Types of Financial Compensation

Direct
- Cash benefits paid to the caregiver or care receiver to pay caregiver.
- Wage, salary, allowance or voucher.

Indirect
- Non-direct benefits that have a delayed monetary or economic value.
- Tax relief, third party payment of pension credits or insurance premiums.

Labour Policy
- Enable employees to take leave from work to provide care.
Policy for Caregivers in Canada

Federal: Taxation and EI

- Reviewed financial support policies in 10 countries (direct, indirect & labour)
  - Review policies for compensating caregivers and assess their applicability to Canada
  - Understand strengths and limitations of other countries approaches
  - Assess how they might be implemented in Canada
Provincial Policy in Canada (examples)

- NS Caregiver Benefit
  - Income tested CR
  - 4-5 on Maple score
  - Non-Taxable income
  - $400/month
- Enhanced Respite
- Supports for IADLS

- Manitoba
- Refundable Caregiver tax credit
  - Assessed by home care
  - 1100 per CR
- Caregiver Recognition Act
  - Caregiver Day
  - Caregiver Policy lens
Policies for caregivers - international

• International review of policies in 10 countries
  • At the national level Canada offers:
    • Tax relief (e.g. Caregiver Tax Credit, Infirm Dependent Credit)
    • Compassionate Care Benefit
  • Why international comparison?
    • To understand strengths and limitations of other countries approaches and how they might be implemented in Canada.
  • Why these 10 countries?
    • Mix of welfare and health systems
    • Range of approaches to compensation
Australia

Carer Allowance

• ~$90 CAD every two weeks to caregiver (+$600 annual bonus)
• Available to all caregivers who meet care requirements for child or adult (including elderly)
• Not taxable
• “Recognition” rather than income replacement
• CG may be eligible for Carer Payment and direct services

Germany

LTC insurance Home Care/Domiciliary Care Benefit

• Eligible clients choose money or services or combination
• 3 payment levels based on CR needs
• $318 to $1033 per month
• Paid to CR to pay CG – but no evidence of how it is used
• Additional payment available for 1 month Stand-In Care
• Pension and accident insurances premiums covered

All 10 Policy Profiles are available at:
www.msvu.ca/mdcaging/policyprofiles.asp
To Pay or not to Pay: Key issues and debates

1. Introducing Money into the care relationship
2. Supportive or negatively affecting women
3. Consumer Choice and empowerment
4. Woodwork effect – costs

Keefe & Rajanovich (2007). In Canadian Journal on Aging
Models of Integrated Care for Rural Community-Dwelling Seniors

- Flexibility
- Focus on Caregivers
- Integration across home and continuing care and acute
- Opportunities
- Challenges
Contact

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