

Setting the Balance of Care in Northwestern Ontario

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Acknowledgements

Thesis Committee:

Dr. Paul Williams (Supervisor)
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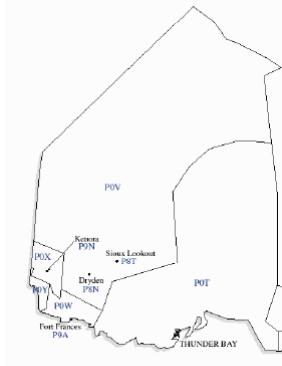
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Key Participants:

North West Community Care Access Centre (CCAC)
North West Local Health Integration Network (LHIN)
North West Balance of Care Steering Committee
North West Balance of Care Expert Panel

Sample



Individuals waiting for LTC facility placement in Northwestern Ontario = 858

Urban NWO (Thunder Bay) = 475
Population: 110,000

Rural NWO (all communities outside of Thunder Bay) = 383
Most communities have a population of <10,000



Research Questions

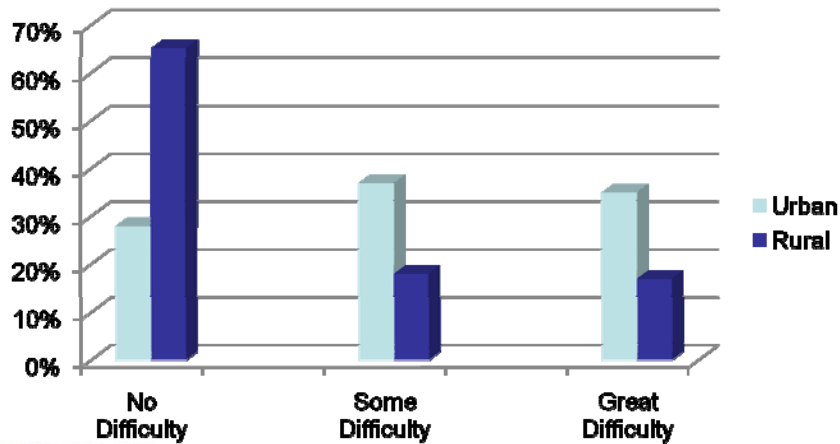
“What are the characteristics of individuals waiting for LTC facility placement in urban and rural areas of Northwestern Ontario?”

“How many individuals in urban and rural areas of Northwestern Ontario can safely and cost-effectively age at home with a community-based care package?”



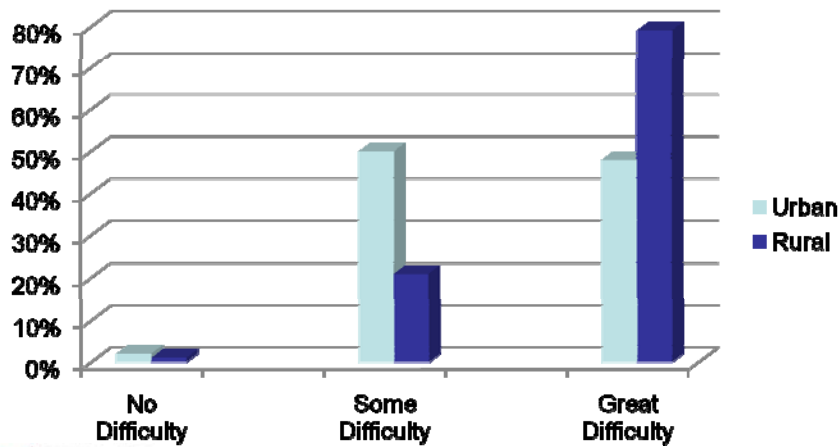
Activities of Daily Living

Eating, Personal Hygiene, Locomotion, Toileting



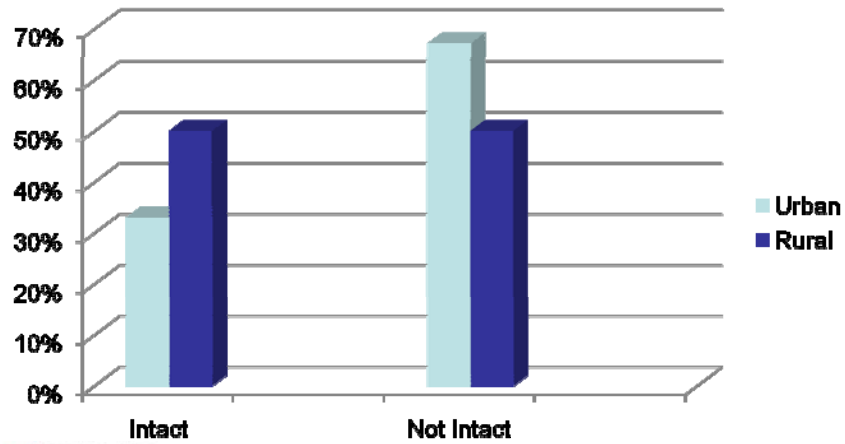
Instrumental Activities of Daily Living

Medications Management, Housekeeping, Meal Preparation, Using the Phone



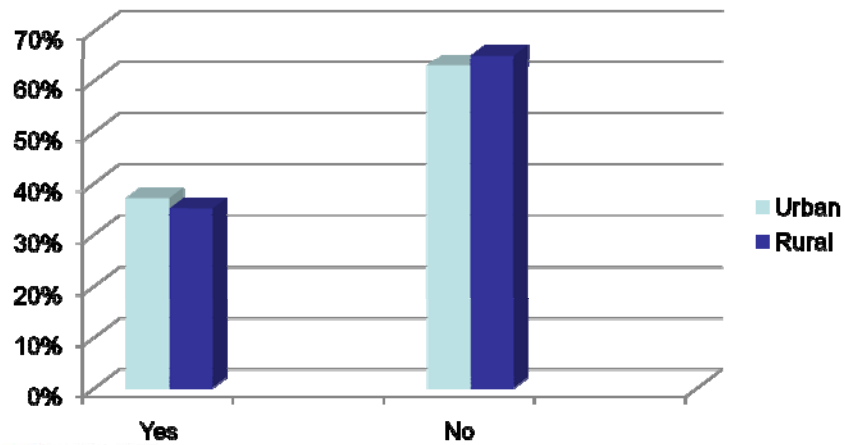
Cognition

Short term memory, decision making ability, ability to make self understood, eating self-performance



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Caregiver in the Home?



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Stratifications

Individuals stratified into 1 of 36 possible For example, one group consisted of individuals who had no difficulty with ADLs, no difficulty with IADLs, were cognitively intact, and had a caregiver in the home.

	Urban NWO	Rural NWO
Low Needs (stratifications 1-6)	13.2%	40.0%
High Needs (stratifications 31-36)	26.2%	13.0%



Care Package Similarities

- Personal Support Worker for bath assistance and light housekeeping
- Meal Support
- Transportation (medical appointments and social activities)
- Adult day centre (meals, activation, socialization)
- Support for the caregiver (respite care)
- Built in emergency response system
- OT for home modifications and safety checks



Care Package Differences

- **Urban packages were more expensive**
 - Community support services generally had a higher unit cost than the rural community support services) and contained more units of service
- **Urban packages generally contained more units of service**
- **Some of the service choices varied depending on what was available**
(e.g. greater reliance on professional respite care program in urban NWO compared to volunteer respite program in rural areas)



Results

After the costs were calculated for each of the care packages- there were 3 possible outcomes:

Location	Safe and Cost Effective	Safe but not Cost Effective	Unsafe (no package created)
Urban NWO	8%	79%	13%
Rural NWO	49%	30%	21%



Conclusions and Policy Implications

Conclusion

- Services that support IADLs are needed by most but most difficult to access

Policy Implication

- Services that support IADLs are not readily available across jurisdictions
- There remains little capacity to coordinate health and social care into care packages
- Trends of out migration of informal caregivers in this region also preclude access to social care



Conclusions and Policy Implications

Conclusion

- Waiting lists for LTC facility placement are **not just driven by the needs of individuals, they are a reflection of community-based capacity**- we see this expressed in rural and remote areas

Policy Implications

- Future investments need to consider the real meaning of waiting lists. Some people require institutional care....but do all?
- How can we build up service capacity in areas that lack critical mass?



Future Research

- Establish ways in which service capacity can be built up in communities that lack critical mass
- Analyze the cost implications of a shrinking informal care sector in rural areas, and how this impacts on an individuals ability to age at home



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