

## **Home care housekeeping cuts: The real impact**

Savings from home-care cuts may be short term

**By Dr. Gordon Guyatt**

"They've taken the help away and I obviously can't do it, but I try until I can't anymore and it leaves me depressed. It has affected my health."

The speaker, an elderly woman, is describing the effects of losing the homemaking services she was receiving through British Columbia's home care program. Her story, documented by Gerontology Masters' student Georgia Livadiotakis, is a common one.

In late 1994, the British Columbia government, responding to tight budgets, instituted a policy to cut services to "low level" home care clients. "Low level" refers to people who need only a few hours of homemaking or personal support services each week, rather than the extra hours of nursing or physiotherapy that more disabled people require.

Ms. Livadiotakis interviewed 137 people whose services were cut. The typical patient was an 80 year old woman, living alone on a low income, with up to 4 medical diagnoses. The most common medical conditions included arthritis, high blood pressure, and heart disease. These are the sort of older people public home care typically serves: frail, poor, with few supports.

Ontario is now undergoing the same sort of home care cuts that British Columbia experienced in the mid 1990s. As I described in this column two weeks ago, half of Ontario's 43 Community Care Access Centres projected deficits in the current fiscal year. The CCACs let the provincial government know that without additional funds, service cuts would follow. Health Minister Tony Clement's reply: go ahead and cut, and stop complaining.

The natural place to cut is where the need appears least urgent. In Ontario, the cuts have been so severe that some CCACs have had to cut nursing services. In Kingston, for a four week period, the CCAC had to refuse referrals for patients leaving hospital. For the most part, however, Ontario CCACs are following the BC lead and concentrating their cuts on

homemaking and personal care.

The obvious downside of these cuts is the personal suffering that the frail elderly experience. They push themselves to do the laundry, clean the fridge, and manage the groceries and meals, and suffer the fatigue and pain that goes with the effort. Some older people do without a bath because they cannot manage safely without personal assistance. Another easily overlooked consequence is the isolation of disabled elderly.

"With the home support worker, there was someone there to care for you. Without them, I just feel deserted," was the way one elderly BC woman put it.

As a society, we may decide that tax cuts are important enough that we are ready to put up with the problems of the frail elderly who do without homemaking and personal services. But even in strictly financial terms, we may be making a mistake. Could it be that even low level home care prevents more costly use of health services later on?

The first Canadian study that addressed this issue suggested that preventative home care was no bargain. The study, conducted in Saskatchewan and reported in 2000, compared elderly people receiving home care to a group of apparently similar people not receiving home care. The study found that those receiving home care were more likely to die or lose independence than those not receiving home care. Furthermore, home care recipients generated three times the health care costs.

Could it really be that home care is hazardous for your health? Not likely. Picture a study that compared death rates in hospital to people of similar age and sex in the community. Death rates would be far higher in hospital. Does this mean that hospitals kill people? Of course, the real explanation is that people go to the hospital because they are ill.

The home care story is likely similar. People receive housekeeping services because they have difficulty coping. Their health is deteriorating, and they are at increased risk of needing nursing home care, or of dying.

For a fair comparison, we need to study people receiving or not receiving home care whose health is really similar. The ideal way to make this

comparison would be to decide who receives home care by a process equivalent to a coin flip, which researchers call "randomization". Medical researchers use randomized trials to establish the benefit – or lack of benefit – of new drugs or surgical procedures.

There are no randomized trials that have focussed strictly on homemaking services. The BC home care cuts of the mid-1990s, however, provide a comparison that may be almost as strong as a randomized trial.

The need for cuts varied greatly throughout BC. Some regions did not cut at all. This enabled researchers to compare the fate of patients in regions where the cuts occurred to regions that maintained services.

A research team headed by health economist Marcus Hollander compared the fate of patients in areas with large cuts to those in areas with no cuts at all. Of the home care recipients from regions that were cut, 21% died during the next three years, in comparison to 14.5% in regions without cuts. Admissions to nursing homes were also higher in patients from regions that suffered cuts: 37.9% versus 7.1%.

While there were no differences in the first year, in the second and third years, hospital admissions and need for home care services also proved higher in regions that suffered cuts. Because nursing home and hospital care is very expensive, by the third year average costs were, on average, \$3,500 higher in patients from regions that experienced cuts than regions that did not.

The BC finding represents the results of a single study involving a relatively small number of people. The study was not a randomized trial, and so perhaps the patients from the regions that cut were, for some reason, a more vulnerable population.

Nevertheless, the results suggest that by forcing CCACs to cut services, the Ontario government's short-term savings will, over a period of three years, result in far greater costs.

The message of this story is that cuts in publicly funded and administered health services, may not only cause people suffering, but end up resulting in greater overall health costs. The Tory government's home care cuts may prove to be no bargain.