Experiences with two-tier home care: a focus on inequalities in home care use by income in Ontario

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Outline

• **Setting the context:** In what way is home care two-tiered?

• **Describing the study:** Are home care services distributed equitably?

• **Results:** Home care use varies by income, but it is difficult to assess equity

• **Implications**
Publicly funded system operates alongside an active private sector

Publicly funded:
- Eligibility for home care is based on need
- Cost containment through service maxima

Privately funded:
- Substitutive: opt out
- Supplementary: top up

Globe and Mail 2011
Home care constitutes about 4% of total health spending in Ontario

- Includes short (post-acute) and long-term care
- Includes health (e.g., nursing, rehab), personal (e.g., help in activities of daily living), and support services (e.g., meals on wheels, house cleaning)

Source: Office of the Auditor General of Ontario
The home care workforce in Ontario is changing over time

Head counts per 100,000 population, CIHI data
Describing the study: Data

• Canadian Community Health Survey (CCHS) 2007-2015 for Ontario

• Over 40,000 older adults (age 65 and over)
Describing the study: Methods

• Predict the probability of choosing one of the following 4 options using multinomial logit:
  • No home care
  • Public home care
  • Private home care
  • Both public and private

• Models run separately for home health and home social care

• Control for factors related to need
Trends of Home Care Use in Ontario for Seniors 65+

Source: Canadian Community Health Survey

- Public Home Care
- Private Home Care
Predictive Margins of Home Care Use by Household Income Quintile

Source: Canadian Community Health Survey
Predictive Margins of Home Health Care Use by Household Income Quintile

Source: Canadian Community Health Survey
Predictive Margins of Home Social Care Use by Household Income Quintile

Source: Canadian Community Health Survey
Implications