Exploring Homecare Needs Among Canadian Older Adults

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Background

The growing demand for home care among Canada's aging population underscores the need for effective health policies and services.[1] Homecare supports older adults by enabling independence and quality of life within their homes.[2] The factors influencing the utilization of these services—categorized into predisposing, enabling, and need-based components[3] —form the foundation for understanding how healthcare, including homecare, is accessed by older adults.

Objectives

The primary aim of this study is to examine the characteristics of older Canadians who use homecare, focusing on the interplay between social and medical factors. Through a systematic review, we first sought to identify key determinants of homecare use in older adults. Following this, by analyzing data from the Canadian Longitudinal Study on Aging (CLSA),[4] we aim to explore the true effects of these determinants in Canadian populations, with the goal of providing insights to inform more effective policies and interventions.

Methods

1) Search Strategy:
A comprehensive search was conducted from MEDLINE,[5] EMBASE,[6] and CINAHL[7] using a set of predefined search terms. This process resulted in an initial pool of 7,345 articles.

2) Abstract Screening:
Studies were evaluated through Covidence based on predefined inclusion and exclusion criteria.[8] This phase was critical in narrowing down the articles to those most relevant to our research focus.
- Inclusion Criteria: Quantitative studies on all forms of homecare (formal and informal) used by older adults (65+), that investigated the impact of social or physical determinants.
- Exclusion Criteria: Studies focusing on individuals in long-term care or other institutional settings, and studies focused on healthcare providers.
- Bias Reduction: Using Covidence, two reviewers independently screened each abstract, with discrepancies resolved by a third party.

3) Full-Text Review:
This step focused on evaluating the methodological quality and relevance of each study to the research question, as well as identifying gaps in the literature.

4) Data Extraction:
Data extraction will then be conducted on all applicable articles which enabled relevant data to be capture for further analysis.

Figures

Figure 1. PRISMA Flow Chart (selection, identification, screen and inclusion phases)[8]
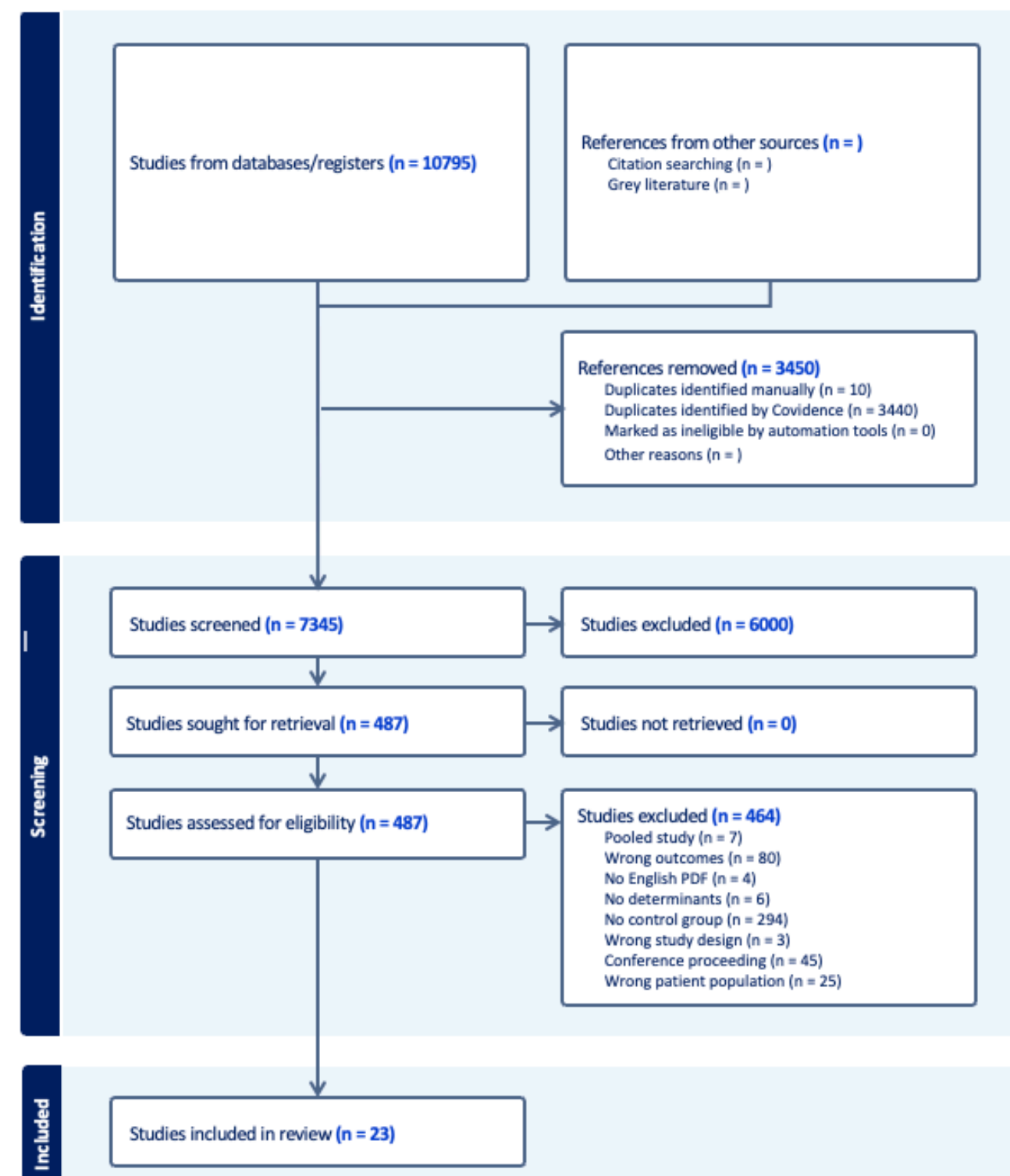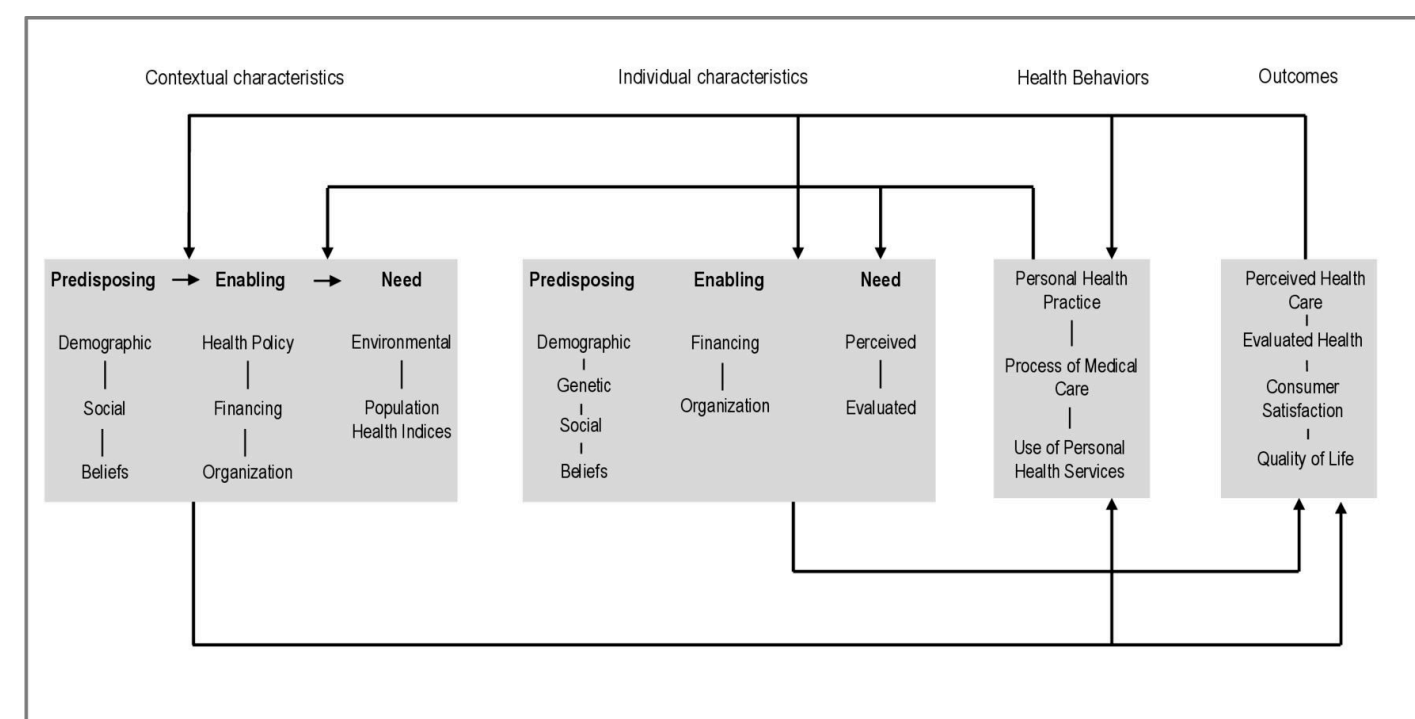

Figure 2. Andersen's behavioural model of health services use[3]

Preliminary Results

1) Social Networks and Ethnicity:
The presence and strength of social networks, including family, friends, and community connections, significantly impact the decision to utilize homecare services. Cultural attitudes towards caregiving also vary across ethnic groups, influencing the preference for family-provided care over formal homecare services.[10-11]

2) Quality and Accessibility of Services:
Accessibility to high-quality homecare services is often influenced by socioeconomic status, geographic location, and the availability of healthcare infrastructure. Disparities in these areas lead to inconsistent care standards, with significant differences observed between urban and rural settings.[12-15]

3) Dementia:
Individuals with dementia often require continuous and specialized care, which increases the demand for paid homecare services. Unmet needs in self-care and mobility are common.[15-17]

Limitations and further directions

1) End of life care:
The place of death, whether at home, in hospice, or in a hospital, plays a significant role in shaping the utilization and type of homecare services. Studies that focused on place of death often shifted the research emphasis from ongoing homecare needs to end-of-life considerations, thereby altering the intended scope of the study.[18-21]

2) Workforce Challenges:
The homecare sector frequently encounters significant workforce challenges, such as shortages of qualified caregivers, high turnover rates, and burnout among staff. These challenges can severely impact the quality and continuity of care provided to older adults.[12,22]

Further research should assess the impact of homecare policies and explore policy changes to support equitable access these services for diverse populations.

Acknowledgements