

---

## **PRESS RELEASE**

### **Re-Thinking Healthcare for the Elderly**

*For release on Friday June 1, 2007*

The aging of the population presents a number of challenges regarding how best to care for our seniors. A paper entitled “Providing Care and Support for an Aging Population”, prepared as part of the Canadian Initiative on Frailty and Aging and published today in *Healthcare Quarterly*, presents a discussion of these challenges. The authors, four Canadian aging and health policy researchers, note that the time has now come to bring the care of the elderly into the healthcare mainstream. They call for the development of comprehensive and integrated systems of care delivery that are specifically designed to meet the varying needs of seniors. Such systems would allow seniors to receive a range of coordinated services including home care, supportive care, assisted living, residential long-term and chronic care, and hospital and community based geriatric care, without the different eligibility requirements, user fees, and other factors, which currently inhibit coordinated care. The authors provide evidence that integrated systems of care delivery for the elderly can result in better care for the same, or lower, cost. They also estimate that a broad based, integrated system of care for the elderly could constitute the third largest, publicly funded, component of our health care system after hospitals and physician services.

While the authors note that the focus of the Romanow Commission and Kirby Committee was on short-term and specialty home care, they state that it is now time to re-balance priorities by recognizing the need for, and contribution of, long-term home care and home support services. They note that while people with long-term care needs have a variety of medical conditions, these conditions are often best treated by providing non-professional supportive care. Assisting a senior with a bath, preparing a meal, or helping someone eat, does not necessarily have to be done by health professionals. The authors go on to state that “for people who are too frail to shop, cook or take baths on their own, due to their medical conditions, this type of personal support can allow them to maintain their independence for as long as possible, and may actually save the healthcare system money by avoiding repeated hospital admissions and premature entry into long-term care facilities.”

The authors also address the important role played by family caregivers. They state that the vast majority of care in industrialized countries with universal healthcare is unpaid care provided by family members and friends. “While now giving rhetorical recognition, Canadian policy does not provide substantial support to caregivers, and thereby does not reflect the critical role that caregivers play in society” says Dr. Neena Chappell, one of the authors of the report. Dr. Chappell says that this lack of attention to caregivers may be based on the belief that there would be a deluge of requests if such services were to be provided, but adds that “the evidence suggests the contrary.” The authors conclude by noting that caregiver needs should be integrated into the policy and delivery of healthcare services.

## **SUPPLEMENTARY INFORMATION**

### **About the Authors**

Any of the authors of the paper can be contacted for comments.

Marcus J. Hollander, PhD  
President, Hollander Analytical Services Ltd.  
Tel: (250) 384-2776  
E-mail: [marcus@hollanderanalytical.com](mailto:marcus@hollanderanalytical.com)  
<http://www.hollanderanalytical.com>

Neena L. Chappell, PhD, FRSC, CRC  
Canada Research Chair in Social Gerontology, and Professor, Centre on Aging and the  
Department of Sociology, University of Victoria  
Tel: (250) 472-4465  
E-mail: [nlc@uvic.ca](mailto:nlc@uvic.ca)  
<http://www.coag.uvic.ca>

Michael J. Prince, PhD  
Lansdown Professor of Social Policy, Faculty of Human and Social Development,  
University of Victoria  
Tel: (250) 721-8043  
E-mail: [mprince@uvic.ca](mailto:mprince@uvic.ca)  
<http://www.hsd.uvic.ca>

Evelyn Shapiro  
Professor and Senior Scholar, Community Health Sciences (CHS), Faculty of Medicine,  
University of Manitoba  
Tel: (204) 789-3819  
E-mail: [shapiroe@cc.umanitoba.ca](mailto:shapiroe@cc.umanitoba.ca)  
<http://umanitoba.ca/faculties/medicine/chs>

### **About Healthcare Quarterly**

Healthcare Quarterly is a journal that focuses on best practices, policy, innovations, and applied research, in the administration of healthcare. Readers of the journal include administrators, academics, insurers, suppliers and policy pundits. Healthcare Quarterly includes peer reviewed research papers and is edited by Dr. Peggy Leatt of the University of North Carolina in Chapel Hill.

## **About the Canadian Initiative on Frailty and Aging**

For more information please contact:

Howard Bergman MD

Dr. Joseph Kaufmann Professor of Geriatric Medicine, and Director of the Division of Geriatric Medicine, McGill University, and Director of the Division of Geriatric Medicine at the Jewish General Hospital.

Tel: (514) 340-8222 ext.4352 Fax: (514) 340-8617

E-mail: [howard.bergman@mcgill.ca](mailto:howard.bergman@mcgill.ca)

## **Representatives of National Organizations Who Are Prepared to Comment on the Paper**

Judy Cutler

Director, Government Relations

CARP, Canada's Association for the Fifty-Plus

Tel: (613) 421-9227 (office) / (416) 666-7213 (cell)

E-mail: [j.cutler@rogers.com](mailto:j.cutler@rogers.com)

Sharon Sholzberg-Gray

President and CEO

Canadian Healthcare Association

Tel: (613) 241-8005 ext. 202

Fax: (613) 241-5055

E-mail: [chapresident@cha.ca](mailto:chapresident@cha.ca)