

# Does home care serve men and women equally?

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As the population ages, there is increasing demand for publicly funded home care services to help older people preserve their independence, improve their quality of life, and delay or avoid going into a long-term care facility.

The majority of [home care](#) users are older [women](#), who have higher rates of disability and chronic conditions than men the same age, and are more likely to live alone or be caregivers when they live with others.

"Men and women are known to have different health care needs and the quality of care in hospitals and physician's offices can differ for women and men," said Dr. Arlene Bierman, a physician-researcher at St. Michael's Hospital and an adjunct scientist with the Institute for Clinical Evaluative Sciences.

"But no one has assessed whether quality and outcomes of home care differ for women and men. This information is needed to understand how to deliver care that provides the best possible outcomes to all."

In a paper published online today in the journal *Women's Health Issues*, Dr. Bierman, the senior author, found there were important differences between men and women receiving home care in the health outcomes that matter to patients, such as pain and ability to care for themselves. *Women's Health Issues* is the official journal of the Jacobs Institute of Women's Health, which is based at the Milken Institute School of Public Health at the George Washington University.

But those differences disappeared when the quality indicators were risk-adjusted for clinical conditions such as mobility or dementia, or for caregiver stress. Risk adjustment is a tool used to level the playing field by adjusting for differences among specific patients, such as severity of illness or number of chronic conditions.

However, after risk adjustment there were large differences in outcomes between men and women across the province of Ontario, indicating opportunities to improve care.

Dr. Bierman said the sizable differences between the unadjusted and adjusted measures still provide important information needed to improve home care services for men and women.

"Quality improvement efforts in home care will need to address the specific needs of both sexes and these indicators should be publically reported by sex so we can monitor whether care is improving for all," she said

The study used data from the Home Care Reporting System database collected on nearly 120,000 residents of Ontario 65 and older who received home care service for 60 days or more between April 2009 and March 2010. Publicly funded home care in Ontario covers a range of services, including nursing, support for daily activities and rehabilitation therapy.

The study used four quality indicators to determine whether men and women were receiving the same quality of service: decline or failure to improve in the activities of daily living such as bathing, dressing and eating, cognitive functioning, symptoms of depression and pain control.

Before the figures were risk adjusted, she found:

- 43.2 per cent of women and 53.4 per cent of men saw a decline or failure to improve in the activities of daily living
- 50.8 per cent of woman and 61 per cent of men had a decline in cognitive thinking
- 9 per cent of women and 7.9 per cent of men had symptoms of depression
- 23.1 per cent of woman and 18.7 per cent of men reported poorly controlled pain

After risk adjustment there were geographic differences in quality of home care across Ontario's 14 Local Health Integration Network health-planning regions.

Dr. Bierman found a 1.5-fold variation across the regions in the rate for both men and women reporting a decline or failure to improve in the activities of [daily living](#). There was a 1.4-fold variation for both men and women reporting a decline in cognitive thinking. For symptoms of depression, there was a 2.4-fold variation for woman and a 2.6-fold variation for men. There was a 1.4-fold variation in the rate of women reporting inadequate pain control and a 1.3-fold variation in the rate for [men](#).

Provided by St. Michael's Hospital

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