



May 27, 2004

Sue VanderBent  
Executive Director  
Ontario Home Health Care Providers' Association  
19 Melrose Avenue South  
Hamilton, Ontario L8M 2Y4

Dear Sue VanderBent:

We are pleased to enclose a summary of the results of our research project:

***Making a Difference: Nursing Health Promotion for a Vulnerable Elderly Home Care Population is More Effective Yet No More Expensive***

This was a collaborative project between the McMaster University's System-Linked Research Unit and the Community Care Access Centre of Halton. The Canadian Health Services Research Foundation, the Ontario Ministry of Health and Long-Term Care, the Community Care Access Centre of Halton, and the McMaster University's System-Linked Research Unit provided funding for this project. A complete summary of this study is available on the Canadian Health Services Research Foundation Web Site ([www.chsrf.ca](http://www.chsrf.ca)).

We would be pleased to meet with you or send you additional information on this research project. We are particularly interested in developing ways in which the results and implications from this study can be applied at local, provincial and national levels. We look forward to your comments with regards to this research initiative.

Sincerely Yours,

Handwritten signature of Maureen Markle-Reid in black ink.

Maureen Markle-Reid  
Assistant Professor, School of Nursing

Handwritten signature of Robin Weir in black ink.

Robin Weir  
Professor Emeritus, School of Nursing  
Director and VP of Bridgepoint Health Research Institute

Handwritten signature of Sandra Henderson in black ink.

Sandra Henderson  
Executive Director  
Community Care Access Centre of Halton

Encl. Final Research Summary

***MAKING A DIFFERENCE: NURSING HEALTH PROMOTION FOR A  
VULNERABLE ELDERLY HOME CARE POPULATION IS  
MORE EFFECTIVE YET NO MORE EXPENSIVE***

**May 2004**

Maureen Markle-Reid, RN, MScN, PhD, Robin Weir, RN, PhD, Gina Browne, RN, PhD,  
Sandra Henderson, RN, MSc, CHE, Jackie Roberts, RN, MSc, Amiram Gafni, PhD

**Context:**

Budget constraints, technology and a growing elderly population have led to increasing competition for publicly funded home care services and a shift of function of home care away from maintenance and preventive functions to acute care functions. For seniors with chronic needs, these changes create service gaps and a fragmented system of health care delivery characterized by providing on-demand and isolated services. Recent data in Ontario suggests that under servicing vulnerable seniors with on-demand care is more expensive than providing proactive care, and can result in functional decline and changes in quality of life.

**Purpose:**

This randomized controlled trial was designed to examine the 6-month effects and expense of proactively adding nursing health promotion to usual home care services for an elderly home care population and their caregivers.

**Approach:**

A total of 288 seniors ( $\geq 75$  years) assessed as eligible for personal support services through the CCAC of Halton, were randomly assigned at baseline to receive the nursing intervention or not. Of these 288 seniors, 171 (or 59%) had an available caregiver who also participated in the study. In the nursing intervention group, a nurse visited the home or contacted elderly participants and their caregivers by phone to assess their health status, use of resources, and their need for resources using a participatory approach.

**Results and Implications:**

At 6-months, results showed that providing seniors with nursing health promotion compared to providing nursing services on-demand, results in better mental health functioning, a reduction in depression, and an enhanced level of social support at no additional expense (i.e. both interventions cost the same). Nursing health promotion also resulted in improvements in caregivers' social functioning and a reduction in depression. This is the first study in a Canadian home care setting that provides clear evidence that nursing health promotion, provided to a general population of frail seniors, 26% of whom are depressed and 79% of whom are functionally limited, enhances quality of life while not increasing the overall costs of health care. The results provide support for Ontario to re-invest in nursing services for health promotion for elderly home care clients with chronic needs and their caregivers.

**Funding Provided by:**

Canadian Health Services Research Foundation, Ontario Ministry of Health and Long-Term Care, Community Care Access Centre of Halton, McMaster University, System-Linked Research Unit on Health and Social Services Utilization

**A complete summary of this study is available on the Canadian Health Services Research Foundation Web site ([www.chsrf.ca](http://www.chsrf.ca))**

**For more information, please contact:**

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