CHAPTER NINE

SHARI BROTMAN

THE DILEMMA OF PROLONGED ENGAGEMENT

Building Opportunities for Reciprocity Among Ethnic Female Clients and Workers in Elder Care Services

The rate of population aging continues to be a serious preoccupation of health care professionals and policy makers. Much has been written about the potential impact of aging on the ability of the health and social service system to respond adequately to the increased demand placed upon it by the rapidly growing population of older people (Chappell, Strain, and Blandford 1986; Rittner, and Kirk 1995). In the past decade in Canada, the question of access to community elder care services has been taken up with greater frequency in elder care research and policy initiatives, partially in response to concerns about the financial and resource strains that older people place upon the health care system. Initiatives focused upon improving access have been undertaken largely in an attempt to improve service delivery, delay institutionalization, and streamline the system, thereby increasing efficacy, reducing service duplication, and lowering costs.

Targeting practices have emerged as a major focus of strategies to improve and streamline access. Increasingly, elder care organizations are directing their services towards those most likely to represent a current or future burden to the health care system, that is either “elders at risk of institutionalization” (Binstock 1994a; Binstock 1994b; Cutler 1991; Kutza 1995; MacAdam, Greenberg, Greenlick, Gruenberg, and Malone 1991; Zweibel, Cassel, and Karrison 1993) or those who have significant barriers to receiving care resulting in additional health risks, such as poor people or those from ethnic communities (Kamikawa 1991). What this means is that elder care programs are increasingly aiming their gaze solely at those who fit these categories of “need” and “risk,” namely the disabled, sick, poor, and ethnic seniors – most of whom are women. In an environment of scarce resources, only those elders deemed “needy” or “at risk,” such as those who are too poor to purchase services such as home care, assisted housing, or meal programs, will receive services from the public sector. Others will have to obtain services through the

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private sector, if and when they are available. But who is “needy enough” or who is “at risk enough” and who is not remains unclear (Aronson 1992; Neysmith 1987).

Ironically, while older ethnic women, particularly women of color, with a loss of autonomy may be the most likely targets of current emphases on adapting access in elder care, they may be the ones whose issues and needs are least likely heard within the system. Often identified as the most vulnerable to access barriers, the hardest to serve, and representing an increasing proportion of client caseload, older ethnic women may end up, inadvertently, being the focus of new efforts. Despite this, elder care organizations rarely incorporate the needs and experiences of these women into the design of programs and services. In addition, older ethnic women may be least likely to articulate their experience in a way familiar to the professional language of everyday practice in elder care thus having even less influence on the shape of care than Anglo-Canadian elderly women.

Since older ethnic women with disabilities and illnesses are the ones most profoundly affected by the current emphasis on access, and since they have the most to gain or lose by these new efforts to streamline long-term care, it is essential that gerontologists understand the process of access and the way in which this process is experienced by older ethnic women. Undertaking research on the process and practices of elder care institutions from the standpoint of ethnic elderly women’s everyday experience of access may do much to shift the way services are designed and delivered to reflect the experiences of these women. This inquiry can serve to illuminate institutional processes which also have an impact upon those differentially (and often less problematically) marginalized but who are, nonetheless, still subject to dominant practices in elder care, such as elderly Anglo-Canadian women and elderly ethnic men.

This chapter reports on some of the central findings of a qualitative institutional ethnographic (Smith 1986; 1987a; 1987b; 1990a; 1990b) study on health care access among ethnic elderly women. The study, undertaken between 1998-1999, addresses the problem of access for ethnic elderly women through an examination of the working processes of Eldercare, a publicly-funded organization that provides elder care services in Ontario, from the standpoint of these women. Eldercare is one of many publicly funded organizations that have recently opened across Ontario mandated to facilitate access to community care services and act as single-entry access points to community care. These organizations emerged out of two Ontario community care programs, namely home care and placement coordination. The organization currently provides case management and referral services for persons living independently in the community (non-institutionalized persons) and placement coordination services for people requiring placement in a long-term-care residential setting, such as nursing homes and chronic care facilities. Eldercare does not provide personal support services, homemaking and professional services such as nursing, directly to clients. Instead, case managers assess clients and develop care plans and then contract out the direct service provision to service provider agencies (both for-profit and not-for-profit) in the community. Thus, Eldercare agencies are