

GUEST EDITORIAL

Home Care in Canada: Housing Matters

Patricia McKeever

It was a pleasure to work with Laurie Gottlieb to produce Volume 33 No. 2 of the *Canadian Journal of Nursing Research*. To the best of our knowledge, this is the first time a nursing journal has devoted an entire issue to home care. We hope that readers will share our pleasure in the result! The focus is very timely because, after more than a decade of dramatic "restructuring," most health care currently is provided in the homes of Canadians. The articles featured draw on an array of disciplines and perspectives, hence this collection contributes significantly to the growing body of knowledge pertaining to the reconfiguration of health-care systems that has occurred in many industrialized countries.

Although the contributors address very different issues associated with the provision of home care, each one highlights actual and/or potential inequities and tensions that have arisen. These inequities clearly revolve around axes of discrimination such as gender, disability, age, socio-economic status, ethnicity, and geographical location. Anderson poignantly asks us to grapple with the knowledge that increasing numbers of homeless Canadians are literally and metaphorically left "out in the cold" because they largely are excluded from home-care programs. By way of evaluating a telephone support intervention for family caregivers, Ploeg and her colleagues reveal that loneliness and isolation may characterize home-care experiences. These findings raise the possibility that under the rubric of community integration for citizens with disabilities, a paradoxical but unconscionable pattern of dispersed segregation has been created. Ward-Griffin describes the complex relationships and tensions that develop between nurses and family caregivers who provide care to frail elders, and Angus, by describing the particular predicaments women experience as they recover from heart surgery in their homes, illustrates how meanings of home are deeply gendered. Coyte and McKeever review home-care service utilization and financing in various provinces and conclude that national standards should be developed to increase the likelihood

that health-care systems will be equitable at micro, meso, and macro levels. Finally, Dyck implores us to recognize that because homes are unique places, they are highly relevant to the provision and receipt of home care and are worthy of study in their own right.

The devolution of health care to the home setting is changing the meanings, material conditions, spatio-temporal orderings, and social relations of both domestic life and health-care work. Unlike institutional settings such as hospitals, homes are idiosyncratic places with aesthetic, physical, and moral dimensions that reflect their occupants' gendered, socio-economic, and ethnic characteristics. Little is known about the suitability of contemporary homes for providing and receiving extraordinary care, or about the effects of superimposing one major institutional order (health care) over another (the family) in light of the changes in structure and function that both have undergone in recent decades. Furthermore, delivering home-care services is particularly challenging in Canada, because the population is ethnically diverse and unevenly distributed, climatic and geographical variations are extreme, and regional disparities in natural and sociocultural resources are marked. Finally, in a climate of political fiscal constraint, some publicly funded services such as homemaking are being discontinued, having been categorized as medically unnecessary and/or inessential.

To facilitate the development of an equitable Canadian health-care system in which home care is pivotal, the terrain needs to be re-conceptualized, re-explored, and re-mapped. Nurse theorists, practitioners, and researchers are ideally positioned to lead these endeavours. A useful point of departure is the contention of human geographers that people and places are always mutually constituting and interdependent. By recognizing and exploiting the ambiguous nature of the term "home care," the claim can be made that it should refer equally and simultaneously to *care of homes* and *care in homes*. Given that every home is actually or potentially a caregiving site, it is essential that all Canadians are adequately and appropriately housed. It is equally essential that all care recipients and members of their households receive the services, supplies, resources, and amenities that allow them to enjoy full citizenship.

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