

Ontario Community Support Association – 2010 Budget Recommendations

Background

The Ontario Community Support Association submits the recommendations below with the knowledge that Ontario's economic situation – and the government's fiscal situation – has changed dramatically over the past 12 months. According to the government's own 2009 Fall Economic Statement, tax revenues are down, the GDP has declined and the budget deficit has grown.

The OCSA understands the province's difficult economic situation very well. Our health workers have seen first-hand in the homes of their clients the affects of a recession, market turmoil, job loss and pension cutbacks. In short, the long-held belief in a correlation between economic circumstance and quality of health has never been more visible.

We also appreciate the resulting impact on the provincial budget and the unique challenges the government will now face. Further, as a not-for-profit organization representing not-for-profit agencies, we understand restraint.

But what we also see quite clearly is community need and public policy opportunity.

This government is very familiar with the dual challenges posed by demographic shifts and public health trends – namely an aging population struggling with more chronic conditions and disabilities and the increasing prevalence of diseases such as diabetes. Consider:

- Ontario's senior population is expected to double in the next 16 years.
- Almost 80% of Ontarians over the age of 45 have a chronic condition, and of those, about 70% suffer from two or more chronic conditions.
- Persons with disabilities develop age-related diseases much earlier than the general population – at 50 years of age. They also have much higher incidents of chronic diseases.

The government has also demonstrated a clear understanding of the value and cost efficiency of the home and community care model, particularly with the decision to maintain planned levels of funding in the 2009 Budget, even as the economy had begun its downturn.

The OCSA wishes to applaud the government for its past consistency. However, we do not succeed by standing still and there is much more to be done.

Our 2010 Budget recommendations draw heavily on the themes of responsibility and possibility.

Recommendations

Recommendation #1 – Stay the course on funding support for Home and Community Care, particularly the Aging at Home Strategy

As referenced earlier, the OCSA is conscious of the fiscal climate the provincial government finds itself in, a result of a global recession from which we are slow to recover from.

But this reality is inseparable from the demographic changes occurring in our province – the population is aging, while at the same time we are living longer, chronic diseases are becoming more prevalent, and smaller families are often scattered across the country making care-giving more challenging. In addition there are many people living with chronic conditions who are not seniors; many families care for medically fragile children at home, and many people of all ages require help to remain independent. Home and community support is not just about seniors, it is about care in the community.

The reality is people need care. They want to be in their homes not in hospitals or institutions. One recent survey found 88% of Ontarians indicated a preference for home care for themselves.

Further, health outcomes and overall quality of life improve when comprehensive home and community support services are available. The impact of community support and supportive housing on clients/tenants has been researched in Ontario (Lum, Simonne, & Williams, 2005). Some of the indicators arising from that research include:

- Reduction in Emergency Room visits
- Reduction in 911 calls
- Reduction in caregiver burden,
- Mental well-being (peace of mind/stress scale),
- Increase in personal perception of health, and social connectedness.

And now here is the key – care in the community is a more cost effective means of health delivery than institutional care. Investing in home and community care frees up hospital beds and unclogs emergency waiting rooms. There are also shortened wait lists for long-term care homes and decreased long-stay hospitalizations. There is less demand for chronic care hospital beds. All of these come at lower cost when care is provided in the community. Consider that for every \$1,200 spent by the Ministry of Health to pay for a person staying in a hospital bed for one day, 15 people can be supported in their homes through attendant care services providing 2.5 hours of daily care.

Overall, public investment in community support services represents just 1% of total health spending. That one percent of funding directly services hundreds of thousands of Ontarians. It provides critical funding for a vast array of programs that serve Ontario's most vulnerable

citizens, such as medical monitoring, foot care, personal hygiene assistance, homemaking, healthy eating services, social and recreation services, respite care and transportation services.

In addition, home care services represent only 4% of the overall health budget. These critical services help people leave hospital sooner, help parents care for medically fragile children living at home, meet the health needs of special needs children at school and support frail elderly to remain independent in their own homes. It is our belief that a greater funding focus on preventative home care services would create a healthier population while reducing long term health care costs.

Maintaining and enhancing funding levels for home and community support services is consistent with consensus opinion that these services are an effective and affordable means of delivering health care. In fact, effectively managing the delivery of health services at a time when the population is aging and the prevalence of disabilities is on the rise will be a key determinant in the province's future fiscal health.

It would be a strategic mistake to deviate from the government's committed vision for the transformation of health care. Yet past recessions have persuaded previous governments to reduce funding for home and community care, cuts from which the sector took years to recover. It is prudent then, even in this economic climate, for the government to continue on its current path.

As Health Minister Deb Matthews has recently said: "The Aging at Home Strategy is having the impact we hoped it would have, we are making investments. This is the highest priority -- people want to be at home and it costs the system less money."

(<http://www.lfpress.com/news/london/2010/01/06/12360876-sun.html>)

We believe this is the most direct argument for staying the course on home and community support funding.

Recommendation #2 – Enhance the results home and community care can deliver by making strategic investments

There exist tremendous possibilities to improve public health while reducing overall government expenditures by making small, targeted investments to programs. This requires a mix of innovation, evidenced-based planning and long-term vision. Here are some specific initiatives worthy of investment:

- **Preventative home and community support services**

A significant proportion of individuals on Long-Term-Care wait lists – between 30% and 50% - could potentially be “diverted” safely and cost-effectively to the community if given access to the necessary mix of health and social care services.¹

With almost 80% of Ontarians over the age of 45 having a chronic condition, and of those, about 70% suffering from two or more chronic conditions, the future impacts on our health system will be enormous.² Consider also that persons with disabilities develop age-related diseases much earlier than the general population – at 50 years of age, and have much higher incidents of chronic diseases.

Encouragingly, studies show that by providing the right basket of services to people with chronic physical or mental illnesses or frail elderly persons, there are improvements in well-being.³ It is therefore our recommendation that funding for Aging at Home Strategies in partnership with Chronic Disease Prevention and Management be enhanced. This action will keep people healthy at home and reduce the length of hospital stays and re-admissions. In addition, by investing in community-based care, the government will be allowing our health system to focus more significantly on “prevention” programs such as nutrition and medicine management, with the long-term benefit being a reduced need for more costly “treatment” programs.

- **Implementation of the Common Assessment Tool for Community Support Services**

Another strategic investment worthy of serious consideration is support for the implementation of a common assessment tool for the community support sector.

With waiting lists for expensive long-term-care facility beds requiring some seniors to stay in even more costly acute-care hospital beds, it is in both the individual and government interest to quickly and accurately assess whether home and community care is an appropriate option.

The selection process of the tool will be complete by March 31, 2010, a year early. In last year’s Pre-Budget submission, the OCSA requested the creation of such a tool, and we commend the government for following through.

But it will be the speedy implementation of this tool that will do much to ensure that services are targeted at those who will benefit most and add efficiency and equity of access to these community services. The data that the tool generates will be extremely valuable for decision making at the service delivery, funding and policy levels.

¹ In Focus Fact Sheet, Balance of Care pilot projects in Ontario, Knowledge Transfer, the Canadian Research Network for Care in the Community, www.crnc.ca, 2009

² Dr. Jack Lee, presentation, May 30, 2006, “More Prevention = More Cure: Ontario’s Chronic Disease Prevention & Management Framework, Ontario Ministry of Health & Long-Term Care.

³ Challis et al., 1990; Challis & Hughes, 2003; Phillips, 1996, Balance of Care, www.crnc.ca.

Home and community support is a complex system which interfaces with all other parts of our health care system including primary care, CCACs, hospitals, mental health and addictions programs, emergency departments and senior centres. Implementation of the common assessment tool will require significant resources because few resources have been provided in the past: this sector has little information management infrastructure when compared to the rest of healthcare. And in fact, it is because the acute care system is so well developed with systems in place and data to demonstrate value that funds have continued to flow to hospital-based services. We need robust systems in the community to truly understand how our overall healthcare system works and to appropriately allocate resources.

We therefore strongly encourage you to consider investing adequate resources in the implementation of the common assessment tool for community support services.

- **Human Resources in Home and Community Support**

There are serious shortages of home and community health workers in all areas of the province, especially outside the GTA. One of the reasons for the difficulty in recruiting and retaining workers is the disparity in compensation and working conditions between workers in the community health sector and those in the institutional health sector. This disparity makes it difficult to attract and retain workers in the community. In addition workers are often unwilling to move from hospital to the community when the location of services is shifted because of wage reductions and loss of benefits, especially pensions.

If these shortages are not resolved, the level of services home and community support agencies can provide will be reduced, putting further stress on the more costly acute care system.

To ensure the stability of home and community support services, we urge the government to look more closely at the disparity in compensation and benefits within the health sector, including the absence of a pension plan for workers in the community health sector. We would be pleased to work with you in developing specific initiatives.

We do not have data for health human resources in the home and community support sector. Because of the contracted service delivery model in home care we have no knowledge of the workforce that delivers home care services. Even the most basic of information such as how many workers there are is not available. We have good information on the staff of CCACs, but none on the health care workers who provide home care services at the bedside. Recently HealthForce Ontario has provided OCSA with funds to survey the community support service workforce, and this work is now well under way. We urge the government to provide the resources to allow us to understand the home care workforce.

Recent media reports have raised concerns about the quality of training provided to Personal Support Workers. PSWs provide 70% to 80% of the care in the community. We ask the government to provide resources to develop and implement monitoring of the training organizations to ensure adherence to the Ministry of Health and Long-Term Care approved curriculum, and we ask that you investigate and resource the development of a worker registry to

track training and employment of Personal Support Workers. We believe these measures would assist employers and ensure public confidence.

- **Attendant Service Wait Times**

Attendant service wait times currently range from 4 to 10 years. While people are waiting for attendant services they are inappropriately using hospital beds and long-term-care homes that are needed by others. The wait list for Assisted Living in Supportive Housing and Attendant Outreach services in Toronto alone is 900 people, with 10% of these people inappropriately living in hospital Alternate Level of Care beds, chronic care hospitals or long-term care homes. Another 14% are living with aging parents.

As a good first step towards a long-term solution, we recommend adding Attendant Services wait times to the provincial Wait List Strategy and have the Ontario Health Quality Council report annually on progress.

- **Support for home and community care agencies as they implement the HST**

The creation of the HST will provide the home and community support sector with challenges. While we recognize that steps have been taken to ensure that the impact on charities will be neutral, we ask that you monitor the situation as the HST is implemented to identify and address any unanticipated consequences. We also ask that home and community support agencies, regardless of their GST registration status be eligible for transition funding. Community providers will have additional costs as they make changes to their process and IT systems. The new HST may, in fact, complicate the reporting requirements for these agencies.

Conclusion

The Ontario Community Support Association is pleased to submit these recommendations for consideration as part of the Ontario Government's 2010 budget deliberations. We trust you will find them to be an important contribution to your discussions. We are prepared to provide any additional information you may require and would be pleased to clarify any of our points or answer any questions you may have. We look forward to continuing a dialogue with the government on building a sustainable and innovative health care system accessible to all Ontarians.