



Helping People Live at Home

Home & Community Care in Ontario

**Where Healthy Societies Begin;
Where Tax Dollars Go Farther**

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**Submission to the Standing Committee
on Finance & Economic Affairs**

January 12, 2005

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What We Do:

- ◆ **OCSA represents 360 not-for-profit community agencies, 25,000 staff and 100,000 volunteers across Ontario. We serve over 750,000 people/year, and volunteers donated over 6.9 million hours of service.**
- ◆ **Community Support agencies receive about 60% of their funding from the Ministry of Health & Long Term Care (\$300 million). The remainder comes from client co-payments, fundraising and community donations (\$120 million). This represents 1% of Ontario's \$28 billion health care budget.**
- ◆ **Our services include attendant care, palliative care, personal support, caregiver support, nutrition programs like Meals on Wheels, Alzheimer day programs, transportation to doctor appointments, client intervention, assistance with housekeeping and supportive housing.**

Note: Twenty community support agencies also have contracts with Community Care Access Centres across the province to deliver services such as nursing, personal support/homemaking and therapies. The CCAC system represents 4.2% (\$1.2 billion) of the \$28 billion health care budget.

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A Health Care System for the 21st Century

We are most encouraged by the government action on health care. We applaud elements of the Commitment to the Future of Medicare Act Medicare legislation which reaffirms that every member of our society has an equal right to quality health care, based on need and not income.

We approve the purpose of this Act to protect essential health care services and to ensure that our public health insurance system remains publicly funded and publicly-administrated.

We are supportive of the goal of transforming the healthcare system to make it more patient-centred and responsive to local needs.

Last year we told you that:

“Our current health care system operates in silos. An ideal system would encourage and offer incentives for innovative local health care initiatives to create a seamless continuum of care for the people who live in a local catchment area.”

***Real change comes from the bottom up –
at the local level***

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Local Health Integrated Networks (LHINs):

We welcome LHINs as a "Made-in-Ontario" solution that engages communities in health system transformation by enhancing and supporting local capacity to plan, coordinate, integrate, and fund the delivery of health services at the community level.

The principles guiding LHINs match the principles of our sector:

- ✓ Equitable access based on client/patient need**
- ✓ Preserves client/patients' choice**
- ✓ Measurable, results-driven outcomes based on strategic policy formulation, business planning and information management**
- ✓ People-centred, community-focused care that responds to local population health needs**
- ✓ Shared accountability between providers, government, community and citizens**

Ontarians want public policy that provides the right services at the right time to help them age successfully in place for as long as possible.

This the right of every citizen.

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Early Opportunities for Change

- 1. Support for greater coordination of care for frail elderly persons and people who live with chronic diseases and disabilities. National research studies continue to provide evidence that Home & Community Care is a cost effective alternative to hospitals, nursing homes and Emergency Rooms**
- 2. People must receive the help they require to stay at home. We must identify “high risk” individuals, provide them with the education and supports they need to maintain their health that will allow them to continue to live in their communities.**
- 3. Family Caregivers must be recognized for the fact that they provide over 80% of care. They must have the supports and relief they need to continue to care for their family members.**
- 4. Volunteers need to be appreciated and their agencies supplied with the capacity to “care and feed” volunteers.**

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Early Opportunities for Change, Cont'd

- 5. Family health teams must be implemented in a way that includes community services like Community Support Services and Community Mental Health and Addictions Programs. Comprehensive primary care through primary care networks including Community Health Centres are the key to transformation.**

If we must keep our acute care services functioning, we need Home & Community Care services to help maintain people in the community – avoiding a visit to the ER or hospital in the first place Events like a fall can be avoided with adequate supports in the community - personal care services, nutrition education, Meals on Wheels, seniors recreational and social programming and medication management.

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A Cost-effective System of Care

Dr. Marcus J. Hollander: “The emerging evidence in Canada seems to support the potential for long-term home care, including home support, to increase the overall cost-effectiveness of the Canadian Health care system” *Unfinished Business: The Case for Chronic Home Care Services, a Policy Paper*”, August 2003.

Average costs/day of care:

Hospital:	\$812.
Complex Continuing Care	\$494.
Nursing Home:	\$117.
Home Care:	\$ 44.
Community Support Services	\$ 5. – 25.

Community Support Services can provide care for as little as \$5/day depending on the service needed. Some people just need a meal delivered each day to maintain their independence and stay in their home.

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Today's Issues: Today's Crisis

- **Ontario does not have a comprehensive community support system where caregivers can get the relief they require, individuals can get a ride to a clinic or people can receive a meal program where they live. If the transformation in health is to happen, you must invest in a community-based system.**
- **Last year the government invested \$29.2 M in Community Support Services. This allowed for a 3.8% increase to assist with increases to the cost of living. It was a good beginning for a sector that had only received a 2.5% increase during the previous ten years while the cost of living had risen over 40%.**
- **Current funding is not stable, not adequate and not predictable. A recent Toronto District Health Council/University of Toronto/Ryerson University Research Report outlined serious concerns about the sustainability of the community support sector. This situation is replicated across the province.**

The Final Frontier: Impacts for Health Reforms and Population Change on the Community Support Sector in Toronto, November, 2003: A Research Report, www.tdhc.org

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Immediate Action is Required

There is a need for a multi-year funding commitment to allow communities to develop the comprehensive infrastructure of community support services that are required. We are recommending a three year commitment \$ 225M (\$75M for each of the next three years).

- ◆ We are asking that the priorities for this funding be:
 - Base funding to allow for cost of living – salaries, rent, utilities, insurance, volunteer expenses, etc.
 - Coordinated and integrated transportation services for hospital treatments including cancer and dialysis, diagnostic processes, and medical clinics, and social engagement
 - Support for the management of volunteers and caregiver support to ensure that the over 100,000 volunteers are retained and supported in their work
 - Increases supporting caregivers in their role
 - Increases to non-CCAC homemaking, CIA and personal care services for individuals with continuing and chronic care needs
 - Other Community Support Services including adult day centres and meal programs
 - Resources to ensure high risk clients receive the education and support they require to avoid more expensive medical intervention

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Immediate Action is Required

Many individuals – seniors, persons with mental health challenges, individuals with physical disabilities require living and housing support to continue to live in communities. Supportive living (housing) is the opportunity for this government to provide a cost-effective solution. We are recommending a three year commitment of \$80M for each of the next three years.

- **Increases for supportive living services required by new clients (2/3 (6,000) seniors; 1/3 (600) physically handicapped)** Many municipalities are prepared to provide the infrastructure.**
- **Increases to provide additional services to 1000 seniors and 100 disabled individuals already living in community supportive living settings.**

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Moving Forward

Countries with the best health outcomes and lowest expenditures of GDP have strong primary health care systems – ones which includes home and community care. (*Johns Hopkins School of Public Health*)

The Ontario Community Support Association's members continue to work with clients and caregivers to ensure they are engaged in decisions about their health care services. OCSA promotes system change with our partners in the health care system such as Ontario Home & Community Care Council and the Ontario Health Providers Alliance.

Ontario is well positioned to introduce new thinking and models for health care based on cost-effective, community-based, primary care for people.

We look forward to working collaboratively with the Ontario Government to ensure Ontarians get appropriate and cost effective health care.

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The New Government's Commitment

“In our health care platform, *The Health Care We Need*, we have committed to investing over \$700 million to improve the services seniors depend on. We have committed to ensuring that seniors have access to the home and community care services they need to stay independent and healthy. We have allocated nearly \$300 million in funding to help us achieve that goal.”

“A McGuinty government will work with our partners in the community support sector, including VITAL, to implement our plan and address the funding shortfalls so that we can be sure seniors have access to the services they provide. We agree that a good start would be to use the first budget to resolve the under funding of these services by increasing the Ministry of Health and Long-Term Care portion of the base funding for community support agencies by 25 percent.”

Source: Letter to VITAL (Toronto-based community support service agencies) from Dalton McGuinty, September 17, 2003

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