

## WHY NOW?

The 14 Local Health Integration Networks (LHINs) across Ontario identified older adults (seniors) as a major local priority. The Ministry of Health and Long Term Care (MOHLTC) initiated the *Aging at Home Strategy* to be implemented by each LHIN. Broad community consultation resulted in many innovative ideas. However, a year later it became clear that hospital crises would determine Ontario's home care policy. The priorities became 1) fewer patients waiting in hospital for Alternative Level of Care (ALC) beds and 2) the reduction of wait times in hospital emergency rooms. Without designated funding this will continue to happen. We have been told that some programs initiated under the Strategy will be continued. There is absolutely no guarantee that the current funding will enable that to happen, let alone return to the original vision of a strategy that will allow people to age at home.

Ontario's ad hoc mode of providing home care is not working. Older people, service providers and the Province must come together to define a home and community care policy that is consistently accessible, open to innovation and based on a funding system that facilitates rather than impedes progress and innovative programs.

**The time is NOW!**

**Contact YOUR Member of Parliament today and ask the candidate(s) in the upcoming election about Designated funding for Supportive Home Care**

**Supportive  
Home Care  
requires  
DESIGNATED  
funding**

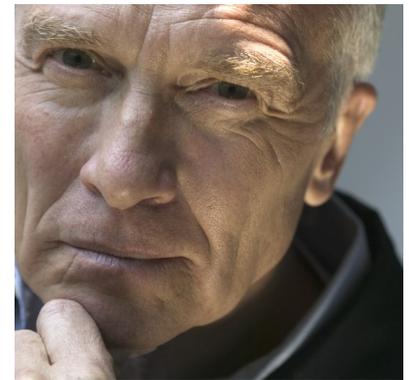
*If you wish to receive this information in a different format or larger type please contact us.*

## Care Watch

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## A Pragmatic Proposal

Supporting Quality Home & Community Care



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**Care Watch**

# A Pragmatic Proposal

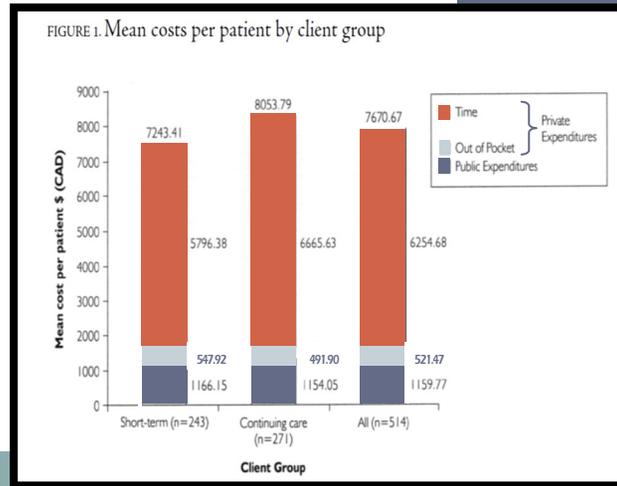
## Designated Funding for Supportive Home Care

### Introduction

We know that population change in North America is a reality. A growing proportion of the population is reaching 65+ (15.5%), with many reaching 85+ (1.5% in 2009). Eighty percent of people over age 65 are living with a chronic disease; 70% of those have more than one. These conditions do not require around-the-clock hospital care and many seniors are able to lead active lives at home and are engaged in their community with the support of family or paid caregivers.

More than seven million Canadians currently care for loved ones who are not their children. Increasingly, senior-directed health care will shift from demands for acute care to more supportive services that help them to manage chronic degenerative disorders and continue to be active participants in society. It is time for our public health care system to take proactive steps to address this coming reality.

As *Figure 1* shows, when unpaid time is calculated, families spend \$6.50 for every \$1.00 spent by the government.



Adapted from: Leong V., Guerrier, D., Coxford, R. & Coyte, P. (2007) The Magnitude, Share and Determinants of Private Costs Incurred by Clients (and their Caregivers) of in-home Publicly Financed Care. *Healthcare Policy*, vol.3(1): 2-19

While senior health support may include medical care provided by professionals (doctors, nurses, etc.) on-going help with ordinary daily tasks will become more and more important. A substantial body of research has documented the cost-effectiveness of home care (Beland et al. 2006; Hébert et al. 2010; Hollander & Chappell 2007; Williams et al. 2009), and there are numerous articles on how home care benefits senior wellbeing.

Supportive services, including cooking, shopping, laundry and bathing, are the critical, cost-effective difference between active living and hospital care that costs families and the province. It is imperative that the Provincial Government recognizes in-home support as an integral part of the health care mix and allocates appropriate funding and support for its delivery.

### Our Plan

The quality-of-life value of supportive home care is irrefutable. Changing population demographics, the documented cost-effectiveness of home and community care and the current pressures on provincial budgets, must be reflected in policy debates **now** and the discussion must include a **new and stable funding plan for supportive home care** – a scheme that is equitably funded and provides for universal services.

### Importance of Designated Funding

Funding that cannot be used for anything except Supportive Home Care is essential if we are ever to realize its potential: dignity and maximum independence for people who wish to age at home, as well as considerable cost saving in the long run.

To propose this without recognizing that there are associated costs would be irresponsible. Thus, we suggest an insurance plan with contributions from employee and employer. (*with the usual low-income cutoffs*). Undoubtedly there are also other ways to ensure designated funding. For instance, a percentage of the health budget, or the Ontario Health Premium, about \$3 billion, could be designated for supportive services. All options should be considered. **The bottom line is that the funds be designated.** Eligibility for the services financed by these funds would be universal and accessed, as now, through the Community Care Access Centres (CCAC's) on the basis of age-related and other functional deficits.