

## Seniors – Your Votes Count!

May 13, 2018

Care Watch asked all parties competing for our votes in the Ontario Election on June 7, 2018 to specify what they are prepared to do to ensure that seniors can age safely in their own homes and communities. The parties and their leaders were also advised that Care Watch would publish their responses with our own commentary.

As of May 2, 2018, Care Watch had not received a response from ONTARIO’S LIBERAL PARTY (LP). As a proxy, and to facilitate understanding and voter choice, Care Watch has selected excerpts from the March 19, 2018 Liberal Throne Speech and subsequent March 28, 2018 Ontario Budget. Care Watch recognizes that these statements speak from the perspective and with the resources of the “governing party” (or “government”), not necessarily the Liberal Party of Ontario.

Below is a summary of the response received from **ONTARIO’S LIBERAL PARTY**

LIBERAL PARTY OF ONTARIO Excerpts from the 2018 Throne Speech	LIBERAL PARTY OF ONTARIO Excerpts from the 2018 Ontario Budget	Care Watch (CW) COMMENTARY
<p><b><u>General Commitment to Care of People in Ontario:</u></b></p> <p>“People are struggling to take care of themselves, and their loved ones.”</p> <p>“Government hears from people every day who are carrying a great burden.”</p> <p>“We are taking bold steps, guided by a commitment to care.”</p> <p>“That is our responsibility.”</p> <p>“That is why, after delivering a balanced Budget this year, your government has made a deliberate choice to make more investments in the care and the services that the people of this province rely on.”</p>	<p>“The number of seniors in our province is expected to grow from 2.4 million today to 4.5 million by 2040. Seniors have unique needs and, along with their families, often struggle with added costs related to health care and well-being.” (Budget, p. vii)</p> <p>“Many seniors would prefer to stay in their homes and live independently. But that comes with added costs to maintain their living spaces and pay for support. Investments in this area can relieve significant costs while reducing stress for seniors.” (Budget, p. vii)</p>	<p>Care Watch <b>appreciates</b> the general “commitment to care” highlighted in the Throne Speech.</p> <p>CW also <b>appreciates</b> the recognition that “...many seniors want to stay in their homes and live independently”. However, this realization is framed within the Budget from the perspective of “...<i>added costs and financial burden for seniors</i>”, which while valid, ignores the important context of access to in-home care and supportive community services.</p> <p><b>However, of concern to CW is whether ...</b></p> <ul style="list-style-type: none"> <li>• an appropriate basket of services will exist, regardless of a seniors’ postal code; and</li> <li>• seniors will be able to afford non-medical services.</li> </ul>

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		<p>CW advises that <i>both</i> added costs and lack of access to in-home care and community support services are significant issues that require attention.</p>
<p><b><u>Home Care for Seniors:</u></b></p> <p>In the Throne speech, it is noted that</p> <ul style="list-style-type: none"> <li>• “... seniors built this province into what it is today. They deserve the best care possible so they can live at home or in their community for as long as possible.”</li> <li>• “There will be major investments in home care, to provide more services for people aging at home and provide financial relief for families caring for aging loved ones.”</li> <li>• “When more sons and daughters who are caring for aging parents at home have professional support and financial relief, they can go to work every day, with more energy and confidence -- and save for their own future.”</li> </ul>	<p><b><u>Home and Community Care</u></b></p> <p>In the 2018 Budget, the LP advises that</p> <ul style="list-style-type: none"> <li>• The government has “...increased its investment in the [home and community care] sector by <i>about \$250 million per year since 2013, and has more than doubled funding for home and community care since 2003</i>”, to “...address rising demographic pressures from a growing and aging population, and help more people get the care they need, at or close to home, and in the community.” (Budget, p. 28)</li> <li>• “On-going home care funding of more than \$3 billion per year now provides about 670,000 clients and their families with more access to home and community care services from professionals like registered nurses, physiotherapists, social workers, registered practical nurses and personal support workers (PSWs), and enhances other important services, such as caregiver respite. In 2017, Ontario invested an additional \$140 million in home care, and an estimated 15,000 more people received care.” (Budget, p. 28)</li> </ul>	<p>CW acknowledges that the Liberals, as the Governing Party, have increased funding to home care and community support services, and in making such investments, attempted to recognize the growing population of Ontario’s seniors. The volume of services has increased, as has the number of seniors and their caregivers who may benefit from such services.</p> <p><b>CW supports the expansion of home care and community support services.</b></p> <p>What is <b>absent</b> from the Liberal presentation are strategies that will ensure that seniors in different parts of the province have similar access to the same basket of services. Currently, access is more dependent on where one lives than on one’s needs.</p> <p>Also <b>absent</b>, are policies or strategies to ensure that funding provided is dedicated to service provision, rather than syphoned off into corporate profits. <b>CW believes that not-for-profit organizations should be the main providers of home care and community support services.</b></p> <p><b>Some key questions are:</b></p>

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	<ul style="list-style-type: none"> <li>• “The government is investing an <b>additional \$650 million in home care over the next three years</b>. Part of this investment includes <b>\$180 million in new funding that will make available 2.8 million more hours of personal support, including caregiver respite, plus 284,000 more nursing visits and 58,000 more therapy visits.</b>” (Budget, p. 28)</li> <li>• “This [...additional \$650 million to be invested over the next three years...] will <b>help clients with complex needs leave the hospital and return home</b> to appropriate home care when they are ready, and <b>will help them avoid unnecessary emergency department visits and hospital readmissions.</b>” (Budget, p. 28)</li> <li>• Home and community care investments will also enable “... Better coordination, scheduling and connections among clients, families and caregivers, <b>with a \$5 million investment in improved digital information and communication tools</b>” (Budget, p. 28)</li> <li>• “The Province is also helping seniors who cannot afford to live independently and require assistance with health care or daily activities such as bathing or meal preparation, <b>by providing 200 new rent subsidies to provide access to affordable housing, as well as home and community care.</b>” (Budget, p. 33)</li> </ul>	<ul style="list-style-type: none"> <li>• What proportion of the new funding will go directly to service provider contracts?</li> <li>• What proportion, if any, will be allocated directly to clients (.e.g., self-directed funding)?</li> <li>• What type of provider organizations will be funded (private, for-profit or not-for-profit/municipal) organizations?</li> </ul> <p>CW would also like more information on the types of home care services that will receive the additional \$650 million in funding (i.e., interventions that are primarily medical versus social determinants of health). Aside from the \$180 million allocated for more personal support hours, caregiver respite, nursing visits and therapy visits, how is the remaining \$470 to be spent (of the total of \$650 million in additional funding)?</p> <p>CW <b>supports</b> the development and implementation of strategies that will help seniors avoid unnecessary trips to the emergency department and return home from hospital stays when ready to do so, as well as reduce hospital readmissions. However, responsibility for such strategies is delegated to the LHINs (not the Ministry of Health and Long-Term Care (MOHLTC) <i>per se</i>) and, to date, LHINs have not effectively implemented such procedures.</p> <p>CW believes that more information on how the \$5 million investment in digital information and</p>

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	<ul style="list-style-type: none"> <li>“As part of [the government’s strategy] <i>Aging with Confidence</i>, Ontario is also <b>investing \$6 million over three years for expanded access to house calls for seniors</b>, including visits by professional care providers such as social workers, therapists and nurses. With this investment, seniors who are ill will not need to travel to their health care providers.” (Budget, p. 33).</li> </ul>	<p>communication tools will be deployed is required. For example, will a proportion go to the individuals expected to use it – and may need help to acquire and use the technology or only to agencies?</p> <p>While laudable, 200 new rent subsidies is negligible given the population in need, and easily absorbed into rent increases in the private housing market. In Toronto alone, the wait list for affordable housing for seniors is in the thousands. The Province needs to actively support the provision of new affordable housing, through mandatory inclusionary zoning in all municipalities and reintroduction of not-for-profit housing options, which provide for ageing-in-place, as well as meaningful rent control.</p> <p><b>CW supports</b> increasing access to house call services for seniors, but note that such services are not yet available in all postal codes, especially northern communities. Significant investment in primary care services (e.g., community health centres and nurse practitioner groups) accompanied by clear policy direction to the LHINs, would make more of a difference.</p>
<p><b><u>Assistance with Cost of Maintaining a Home:</u></b></p> <p>Not mentioned</p>	<p>To help seniors live healthy, independent, active and socially connected lives, the LP proposes:</p> <ul style="list-style-type: none"> <li>Investment of <b>over \$1 billion over three years, beginning in 2019–20 in a Seniors’ Healthy Home Program</b>, with the goal of providing <b>up to \$750</b> for every eligible</li> </ul>	<p>CW does not believe that this initiative represents sound housing policy.</p> <p>Housing costs are a key problem for low income seniors – both renters and owners. This proposal would benefit a segment of home owners, but not renters or those seniors who may have to</p>

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	<p>household led by a senior who is 75 years or older, to help offset the costs of maintaining a home.” (Budget, p. vii).</p> <ul style="list-style-type: none"> <li>• Additionally, the government “...will consult with seniors’ groups and other stakeholders on the design of the benefit, including what specific types of expenses should be eligible. Legislation would be introduced after consultations are completed.” (Budget, p. 27)</li> </ul>	<p>live with their somewhat younger family caregivers. It will require new bureaucracy by government and record-keeping by seniors. These funds would be better used to enhance the existing Ontario Trillium Benefit and Seniors’ Property Tax Grant (which although income-tested, do not require record-keeping) OR provide more funding for home care and community supports.</p>
<p><b>Professionally Trained Caregivers:</b> “As well, for too long, professionally trained caregivers in Ontario were undervalued.” “These kind, compassionate and skilled individuals devote their whole lives to caring for others.” “To them, providing care is more than a job. It is a calling.” “Personal support workers and early childhood educators are the people who provide essential care for our growing children and our aging parents.” “They are mostly women, many are new to Canada, and the care they provide is essential.” “Your government raised their wages.”</p>	<p>The government proposes several “<b>new investments</b>”, totalling approximately \$194 million:</p> <ul style="list-style-type: none"> <li>• ... <b>\$126 million</b> to increase the number of PSWs in underserved communities and provide them with additional training.” (Budget, p. vii)</li> <li>• ... <b>\$45 Million</b> to improve working conditions and contract rates for PSWs, registered practical nurses, registered nurses and therapists (Budget, p. 28)</li> <li>• ... <b>an additional \$23 million over three years to add an estimated 5,500 PSWs</b> to the workforce to ensure home care clients will get the care they need, including in currently underserved areas such as rural, northern and remote communities.</li> </ul> <p>The government also estimates that the new investment of <b>\$180 million</b> to expand home care could <b>add 2,805,000 personal support</b></p>	<p>CW <b>appreciates</b> the clear acknowledgement that PSWs have long been undervalued and acknowledge that the governing party had previously significantly improved PSW hourly wages.</p> <p>CW <b>welcomes</b> the commitment to increase the number of PSW full-time-equivalent positions (FTEs) by 1,400, although (a) the time line for such increase is unspecified; (b) the commitment to reducing precarious working conditions is vague; and (c) the source of the “\$180 million” to add these additional FTEs is unclear within the identified proposed new investments.</p> <p>CW remains <b>concerned</b> that:</p> <ul style="list-style-type: none"> <li>• There is no commitment to ensure that PSWs working in the community are paid at the same rates as those working in institutions;</li> <li>• There is no clear plan or strategy to recruit, train and deploy new PSWs (or upgrade training for existing PSWs), much less ensure</li> </ul>

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<p>“These targeted solutions are making a meaningful difference in a changing world.”</p>	<p><b>hours, or the equivalent of 1,400 full-time personal support worker positions.”</b> (Budget, p. 29)</p> <p>In addition to the existing PSW training fund, the Province will invest:</p> <ul style="list-style-type: none"> <li>• <b>...an additional \$38 million over the next three years</b> to enhance training and skills development for new and existing PSWs to ensure they have the tools they need to meet the changing and increasingly complex home care needs of Ontarians” (Budget, p. 29)</li> </ul> <p><i>PSW Retirement Security</i></p> <p>To help PSWs who work in <i>publicly funded home care to save for retirement</i>, the government will:</p> <ul style="list-style-type: none"> <li>• <b>Invest \$65 million over the next three years.</b></li> <li>• Consult and work with <i>employers</i>, to <b>pilot</b> a program that <i>provides an initial contribution to a group Tax-Free Savings Account</i> on behalf of eligible PSWs. PSWs who make additional contributions would have their contributions matched to a maximum of 2.5 per cent of their earnings. (Budget, p. 29)</li> </ul>	<p>their deployment in rural, northern and remote communities.</p> <ul style="list-style-type: none"> <li>• To the best of our knowledge, there are no widely accepted statement of competencies and “professional” standards for PSWs to which training institutions must adhere.</li> </ul> <p>CW believes that Improving the retirement security of PSWs is much-needed and long overdue. However, CW reservations include:</p> <ul style="list-style-type: none"> <li>• Clarity regarding what constitutes “publicly-funded home care”, which appears to be the primary eligibility criterion for PSW participation. Are PSWs working for both not-for-profit and for profit agencies eligible as long as the “employer agency” is contracted to a LHIN?</li> <li>• What will be the criteria for eligibility? Will a PSW be required to earn a minimum amount in a specified period to be eligible?</li> <li>• Will the PSW’s contribution be transferred if s/he changes agencies or location?</li> <li>• As the employer contribution will be a taxable benefit, can a PSW decide to opt out in order to maintain current take-home pay?</li> <li>• How long will the “pilot” last and how will it be evaluated?</li> </ul> <p>CW is concerned that the precarious work conditions experienced by most PSWs have not</p>

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		been effectively mitigated by any of the employment-related proposals.
<b>Potential to Improve the lives of Seniors</b>		<i>Included because these commitments are viewed as related components by the LP</i>
<p><b>Long-Term Care:</b></p> <p>“Your government has committed to building <b>5,000 new beds over the next four years</b> as part of a <b>10-year plan to create more than 30,000 new beds in the long-term care sector.</b>”</p> <p>“A portion of these new beds will serve <b>specific cultural needs</b>, including Indigenous populations.”</p> <p>“<b>By 2022</b>, residents in long-term care homes will also have access to 15 million more hours of care from nurses, personal support workers, and therapeutic care workers every year.”</p> <p>“This will help to ensure seniors have the care they need, and their loved ones have peace of mind.”</p>	<p>As part of its <i>Aging with Confidence: Ontario’s Action Plan for Seniors</i>, the government proposes to:</p> <ul style="list-style-type: none"> <li>• Create 5,000 new long-term care beds by 2022; and</li> <li>• 30,000 new LTC beds over the next decade; plus</li> <li>• Invest <b>\$300 million over the next three years in long-term care homes</b> for seniors who have <i>complex health needs</i>. This will include: <ul style="list-style-type: none"> <li>○ <b>\$50 million in 2018-2019</b> to hire a registered nurse for every home; and</li> <li>○ <i>Setting the goal</i> of increasing the <i>provincial average to four hours of daily care per resident by 2022</i>. (Budget, p. vii and p. 31)</li> </ul> </li> </ul> <p>“This will provide residents with more direct, one-on-one patient care, including nursing, personal support and therapeutic care. It will also ensure that every home will have staff with specialized training in behavioural supports and in palliative and end-of-life care.” (Budget, p. 31)</p>	<p>Care Watch acknowledges the need for more long-term beds, despite its focus on better investment in and expansion of home care and community support services.</p> <p>CW <b>supports</b> the provision of services that are culturally sensitive and appropriate, including homes for Indigenous and LGBTQ2S seniors, which it views as immediately needed. However, key issues are:</p> <ul style="list-style-type: none"> <li>• What will be the basis for the allocation of beds province-wide (i.e., on a straight population-based formula, specific needs assessments or political criteria)?</li> <li>• Will the new beds be allocated to private, for-profit or not-for-profit/municipal providers?</li> </ul> <p>While CW acknowledges that private, for profit organizations will continue to play a role in the provision of residential LTC services, <b>CW advocates stronger regulation and monitoring</b> to ensure that service/care and labour standards are met and maintained.</p> <p>CW also <b>generally supports</b>:</p> <ul style="list-style-type: none"> <li>• The provision of more direct, one-to-one care time in both residential facilities and access to</li> </ul>

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		<p>more direct-service time for those who need it in the community.</p> <ul style="list-style-type: none"> <li>• Improved access to staff with specialized training in behavioural supports.</li> <li>• Improved palliative and end-of-life care.</li> </ul>
<p><u><b>Ontarians Living with Dementia</b></u> Not mentioned</p>	<p>The government has invested “<b>more than \$100 million over three years</b>” in a provincial Dementia Strategy, <b>including \$34.5 million to expand community dementia programs and respite care</b> services to improve the lives of people living with the disease and their families”. These programs offer activities such as art, music and exercise, which can provide meaningful social and recreational engagement....” (Budget, p. 30)</p> <p>Additionally, the Alzheimer Society of Ontario’s First Link program will be expanded over three years to communities across Ontario, with the <b>addition of 46 new First Link Care Navigator</b> to assist “...those living with dementia and their care partners [to] access the services of health professionals, information about day-to-day living and care, counselling, and other community programs and services” and “...make access to care more consistent and fair for <b>14,000 people newly diagnosed with dementia</b>, regardless of where they live.” (Budget, p. 30)</p>	<p>Care Watch <b>generally supports</b> the provision of community-based services for people living with dementia and their care partners. CW particularly supports expansion of such services province-wide.</p>

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	<p>“By 2020, Ontario will increase access to community dementia programs to support an additional 8,000 people living with dementia, while providing respite to their families and other care partners.” (Budget, p. 30)</p>	
<p><b>Pharmacare:</b> “OHIP+, the pharmacare program that is providing free medications for children and youth, will be expanded to include other parts of the population. More people without a drug or dental benefits plan will have access to more affordable prescription drugs and dental care.”</p>	<p>“OHIP+ will be expanded to include free medication for seniors beginning in August 2019. Every person aged 65 and above in Ontario receiving prescription medications through the Ontario Drug Benefit (ODB) program will do so at no cost. We are eliminating the annual deductible and co-payment under the ODB program so no senior has to be out-of-pocket to pay for eligible medicines, or has to choose between care and other life essentials.” (Budget, p. vii)</p> <p>“This represents an <b>investment of about \$575 million per year by 2020–21.</b>” (Budget, p. vii)</p>	<p>Care Watch <b>supports</b> the expansion of “OHIP+”, which will eliminate the annual deductible and co-payments for ODB recipients for eligible prescribed medications.</p> <p>CW recognizes that a potential consequence of this initiative is the dropping of dental (and other) benefits by employer-related plans. Further action will have to be taken to prevent such wholesale transfer of costs to the public purse and/or private individuals.</p> <p>CW also believes that strategically using the province’s considerable purchasing power and employing rigorous negotiation with international pharmaceutical companies would significantly mitigate the cost associated with universal pharmacare and improve access for all Ontarians.</p>
<p><b>Hospital Care</b> “... [Y]our government will make significant investments in the operation of our hospitals.” “This will reduce the wait times people experience when they need care.”</p>	<p>“The government is committed to investing in hospitals providing essential services to patients and their families. By ensuring the people of Ontario are able to access the treatment and services when and where they need them and closer to home, the Province is upholding its</p>	<p>CW acknowledges that Ontario’s hospitals are experiencing unprecedented overcrowding and long wait times, and thus <b>supports</b> strategies and investments to ensure and improve equitable access to necessary services.</p> <p>However, CW argues that some of the best ways to prevent hospital overcrowding and costs, and</p>

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	<p>commitment to provide greater fairness in the delivery of health care.” (Budget, p. 8)</p> <p>“Over the next 10 years, the Province will provide <b>approximately \$19 billion in capital grants to hospitals to continue building infrastructure</b> that will support the health needs of local communities and residents.” (Budget, p. 8)</p> <p>“Across the province, approximately <b>40 major hospital projects</b> are under construction or in various stages of planning.” (Budget, p. 8)</p>	<p>the need for massive new capital investments, include:</p> <ul style="list-style-type: none"> <li>• Investing in strategies that prevent unnecessary hospitalization, such as home care and community support services;</li> <li>• Improving access to primary care at home and in local communities; and</li> <li>• Providing <i>alternative levels care (ALCs)</i>, such as convalescent, rehabilitation, and respite beds, and sheltered housing.</li> </ul> <p>CW strongly advocates the <i>balancing of investments</i> in hospital and community-based initiatives within a comprehensive and equitable health system.</p>
<p><b><u>Palliative and End of Life Care</u></b> Not mentioned</p>	<p>“Investing <b>\$75 million over three years to strengthen and expand palliative and end-of-life care</b>, including support for up to <b>20 new hospices</b> across Ontario.” (Budget, p. 30)</p> <p>“To provide compassionate palliative and end-of-life care for more patients and their families, Ontario will invest <b>an additional \$15 million in 2018–19 to improve access to community-based palliative care.</b>” (Budget, p. 13)</p> <p>“[Other] key initiatives include:</p> <ul style="list-style-type: none"> <li>• Providing more non-medical supports to patients and caregivers in the community through an <b>additional investment to</b></li> </ul>	<p>Care Watch <b>supports</b> improved end of life care in the community, including care that is culturally appropriate and supportive of Ontario’s Indigenous and LGBTQ2S communities.</p> <p>CW supports the development and expansion of community-based palliative care programmes (including hospices), and the training of community-based health service providers to offer appropriate care, especially culturally appropriate support.</p> <p>Care Watch <b>appreciates</b> the caregiver tax credit, but point out that only those with higher levels of disposable income (which will exclude a significant proportion of caregivers) benefit from tax credits.</p>

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	<p><b>providers of visiting hospice volunteer services.</b></p> <ul style="list-style-type: none"> <li>• Providing palliative care training for health service providers working in First Nation and urban Indigenous communities, with an emphasis on delivering culturally appropriate services.” (Budget, p. 13)</li> </ul> <p>“The Ontario Caregiver Tax Credit also came into effect in 2017 to simplify and enhance access to tax relief for people caring for infirm relatives, thereby easing the financial burden often felt by those who take care of loved ones.” (Budget, p. 30)</p>	