



7 REASONS TO CARE

WHY WE NEED TO INVEST IN ONTARIO'S
HOME AND COMMUNITY CARE SECTOR
TO SAFEGUARD THE FUTURE
SUSTAINABILITY OF OUR HEALTH SYSTEM

2022 Pre-Budget Consultation
Submission

OCSA **30**
Ontario Community
Support Association 1992-2022

SUMMARY

Ontarians have expressed time and time again that they want to receive care in their own homes and communities. Home and community care services improve the quality of life of clients and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. The sector is a safe way to deliver services to enable people to live well at home and in their community.

However, without adequate funding for home care and community support services, the lives of clients are at risk; the well-being of caregivers is jeopardized, and the impacts on hospitals and long-term care will become unmanageable. These outcomes can be avoided with government action and sector investment.

CANADA'S PROVINCIAL HOME AND COMMUNITY CARE SPENDING FROM 2016-2021



The 2021 provincial budget did not include any additional investment for home and community care. Over the past few years, most previous investments, including those announced in the 2021 Fall Economic Statement (FES), have only targeted service expansion and not base funding increases. This means that a majority of providers are providing services at funding rates that are nearly a decade old. Due to inflation and increased costs related to COVID-19, home and community care services cannot continue to support existing clients and meet the growing demand with existing funding levels.

What is even more troubling is that the most recent investment announced in the FES only funded home care service expansion and excluded base rate adjustments and funding for community support services and independent living services. This year's lack of investments into community support organizations demonstrates how undervalued these services are by government.

This needs to change for the sake of over a million clients and over 22,000 sector employees.

The front-line staff in home and community care are the lowest paid in the entire health system. This has resulted in an inability to recruit and retain staff to deliver services. The health human resource capacity challenges facing the sector is impacting the entire health system and threatening clients' ability to live well at home. This staff shortage is being reflected in lower home care referral acceptance rates, rising Alternative Level of Care (ALC) rates, longer waitlist for long-term care and increased caregiver burnout.

Our submission can be distilled to seven reasons why the Ontario government needs to fund the home and communities care sector. They are:

REASON

1

Ontarians and health care professionals want care at home and in their communities.



REASON

2

The sector is an underutilized resource that could provide more support to a severely strained health system if it is properly funded.



REASON

3



The continued underfunding of the home and community care sector has resulted in Ontario's funding levels to the sector falling behind other Canadian jurisdictions.

REASON

4

Current funding levels are insufficient to continue to deliver services, meet the growing client demand and prevent further strain on an already overburdened hospital sector.



REASON

5

Home and community care staff are drastically underpaid resulting in low recruitment and retention rates and diminished capacity to deliver services.



REASON

6

Without significant investment into home and community care sector the province will not clear its COVID-19 surgical backlog, end hallway medicine or tackle the long-term care waitlist.



REASON

7

Investing in home and community care delivers cost savings to the entire health system.



To enable people to live well at home and in their community, to protect and optimize hospital and long-term care capacity and to strengthen the front-line workforce, this year the government must invest \$677 million into the home and community care sector.

This investment would enable three key results

1

Stem the mass exodus of staff and ensure there is capacity to deliver home and community care services by **providing \$470 million to increase the salaries** of home and community care frontline staff and exempting the entire community health sector from Bill 124

2

Prevent hospitalizations and early admissions to long-term care as a result of cuts to community support services and independent living services by **investing \$57 million in community support services base funding**. Without this 5% increase, many organizations will either be in financial deficit position or be forced to cut service levels, create waitlists, or increase client fees.

3

Enable the clearing of the surgical and procedural backlog by facilitating the delivery of the additional home care volumes announced in the Fall Economic Statement by **injecting an additional \$150 million directly into home care service providers**. Without this 5% rate increase, providers won't have the necessary infrastructure and operational sustainability to continue delivering services.

ABOUT HOME AND COMMUNITY CARE

The sector cares for diverse clients of all ages, across the province, from those with mild needs to the highest needs clients. The sector is made up of over 25 different services. Without these community-based programs, clients would find themselves in need of much more expensive hospital care. This includes clients who are on ventilators, requiring dialysis or other critical care services.

Often the sector is referred to in three related but distinct service groups: home care, community support services and independent living services for those with physical disabilities. While all three are funded by government, most community support services organizations are also only partially funded and many of the programs are served by volunteers.

The services OCSA members provide span:

- in-home nursing
- attendant care services
- rehabilitation
- meal preparation
- personal support
- assisted living
- adult day programs
- Meals on Wheels
- wound care
- toileting and bathing

Impact of Home Care & Community Support Services 2019-2020



INDIVIDUALS SERVED BY HOME CARE:
760,000

PERSONAL SUPPORT AND HOMEMAKING HOURS DELIVERED:
38.2 MILLION

MEALS DELIVERED BY MEALS ON WHEELS:
2,717,313

INDIVIDUALS SERVED BY CSS:
1,008,000

INDIVIDUALS SERVED BY HOSPICE:
27,588

CSS EMPLOYEES:
19,684

NURSING HOURS:
9,898,035

CLIENTS SERVED IN DAY PROGRAMS:
42,331

HOURS OF VOLUNTEER SERVICE DONATED:
2,866,976

RIDES PROVIDED BY TRANSPORTATION SERVICES:
1,834,752

INDIVIDUALS PROVIDED WITH ASSISTED LIVING SERVICES:
24,789

ESTIMATED VALUE OF VOLUNTEER SERVICES:
\$78 MILLION

Sources: CSS OHRS Comparative Reports and (OHFS) Database, Home Care/LHIN Delivered Services Sector.

REASON 1:

Ontarians and health care professionals want care at home and in their communities.

- This pandemic has caused Ontarians to think more about their futures. A recent national survey indicated that if a senior was on a waitlist for a long-term care facility, but additional supports could be provided to keep them at home or living with a family member, 91% of seniors would prefer to stay at home.ⁱ
- 85% of Ontario doctors surveyed stated that increased access to home care would improve health outcomes for their patients or allow them to remain in their homes longer.ⁱⁱ
- The Ontario Medical Association believes we need to improve and expand home care and other community care, to avoid hospital and long-term care admissions, and stable patients can leave hospital sooner with more choice about where they receive follow up care.ⁱⁱⁱ



91%

of seniors would prefer to stay at home if they were on a waitlist for a long-term care facility, and additional supports could be provided to keep them at home or living with a family member.

REASON 2:

The sector is an underutilized resource that could provide more support to a severely strained health system if it is properly funded.

- Despite providing critically needed services throughout the pandemic, it has been made clear by the lack of investment that the outstanding work done in the sector is invisible and undervalued.
- Not investing in home and community care is costing Ontarians more. It leads to spending more tax dollars towards expensive institutionalized care and resulting in hallway healthcare.
- According to CIHI, 1 in 9 newly admitted to long-term care residents could have been kept at home with appropriate home and community care services.^{iv}
- In 2019-20, there were 1.3 million hospital bed days used by ALC patients in Ontario^v, meaning that they could have been cared for in another setting had the services been available.
- In 2020, the province estimated that it would cost \$103 per day to provide care for a long-term care equivalent client at home with home and community care. This contrasts with \$201 per day to provide comparable service in long-term care and \$730 per day to support an ALC patient in hospital.^{vi}

REASON 3:

The continued underfunding of the home and community care sector has resulted in Ontario's funding levels to the sector falling behind other Canadian jurisdictions.

- Ontario has fallen behind other provinces in funding the sector. Ontario ranks 8th in per capita spending on home and community care.^{vii}
- Ontario is one of three provinces whose share of spending on home and community care as part of the entire health budget has decreased over the last five years.^{viii}
- From 2016 to 2021, Canada's provinces increased home and community care spending by 30% on average. In contrast, Ontario increased its spending by 19%, ranking 7th out of 10 provinces.
- By comparison, Quebec increased its spending on home and community care by 59%.^{ix}
- Home and community care in Ontario is becoming less of a priority and the clients needing this service are falling through the cracks within the health system.

SURVEY OF OCSA MEMBERS



55%

would decrease service volumes for LHIN funded programs if they do not receive a funding increase this year.



55%

would increase client fees.



68%

would create or expand a waitlist.

REASON 4:

Current funding levels are insufficient to continue to deliver services, meet the growing client demand and prevent further strain on an already overburden hospital sector.

- Most providers delivering these essential services have not received a cost-of-living increase in nearly a decade, while others have only received a small base increase in the last few years. Recent inflation pressures of nearly five percent have quickly taken up any small increases some providers had received.
- Costs to deliver these needed services have risen exponentially during the pandemic. Providers are facing unfunded additional costs for PPE, testing and other operational costs to comply with public health orders.
- A recent OCSA survey found that critical community programs are facing serious financial short falls threatening their continued operation.
- The same survey found that 55% of respondents stated that they would decrease service volumes for government funded programs if they do not receive a funding increase this year. Further 55% of respondents would increase client fees and 68% would create or expand a waitlist.^x
- Their shutdown or service reduction risks sending thousands of clients who are dependent on this care to live well in their home and community into long-term care or to overburdened hospitals.

REASON 5:

Home and community care staff are drastically underpaid resulting in low recruitment and retention rates and diminished capacity to deliver services.

- Personal Support Workers (PSW) in the home and community care sector are making on average 19% less than PSWs in the hospital sector and 9% less than PSWs in the long-term care sector.

PERSONAL SUPPORT WORKERS (PSW) SALARY



Home and community care sector

19% less than hospital sector

9% less than long-term care sector.

- On average PSWs in home and community care make \$17/hour^{xi} while \$16.50 is the minimum wage. Nurses in the home and community care sector are paid less than those in the hospital sector. The median salary wage gap for Registered Nurses (RNs) working in home care versus hospitals is \$11.00 an hour.
- Recent Campaign Research survey results indicate that 67% of Ontario seniors believe that professional caregivers, such as personal support workers and skilled therapists, should be paid at the same rates regardless of whether they work in home care, long-term care or in hospital.
- Recent statistics indicate that Ontario's home care system has lost 3,000 nurses, hundreds of skilled therapists, and thousands more personal support workers.^{xii}
- PSWs, RPNs and RNs in home and community care deserve to be paid equitable compensation as compared to other sectors. This is the only way to ensure the retention of staff in the home and community care sector. Their work is complex, requiring a high degree of specialized skills and should no longer be unrecognized.
- The compensation restrictions outlined in *Bill 124, Protecting a Sustainable Public Sector for Future Generations Act* limit home and community care providers' ability to recruit and retain front-line workers. These wage constraints applied to the sector serve to exacerbate staff attrition in the sector. Home and community care workers, and the entire community health sector, must be exempt to receive an appropriate raise in pay and bridge the gap between sectors.



67%

of Ontario seniors believe that professional caregivers, such as personal support workers and skilled therapists, should be paid at the same rates regardless of whether they work in home care, long-term care or in hospital.



REASON 6:

Without significant investment into home and community care the health system will not clear the COVID-19 surgical backlog, end hallway medicine or tackle the long-term care waitlist.

- Without appropriate staffing levels in the sector, the ability to keep clients out of long-term care as well as the ability to clear hospital post-surgical backlogs becomes increasingly challenging, if not impossible.
- The backlog is estimated to be at over 200,000 procedures. The only way the province will be able to eliminate this backlog is with appropriate home and community care support. A lack of home and community care services results in unmet personal care needs, unhealed wounds, malnutrition, deteriorating mental health, increased isolation and caregiver burnout and worsening dementias. All of these unmet health care needs lead to premature institutionalization or unnecessary hospital admissions.
- As a sector that serves over one million Ontarians, a one percent reduction in the number of clients served by community support service and independent living services would put over 10,000 individuals at risk for hospitalization or long-term care admission. The same reduction in home care services could put over 7,000 clients at risk.
- The COVID-19 pandemic has demonstrated that even an increase of a few thousand patients needing acute care and institutionalization can seriously jeopardize the stability of the entire health system.

REASON 7:

Investing in home and community care delivers cost savings to the entire health system.

- A recent report by the Canadian Institute for Health Information confirms that 8% of newly admitted residents to long-term care in Ontario could have been kept at home with the right supports in place; that's close to 8,000 Ontarians.^{xiii} Keeping these people at home would have generated annual health system savings of approximately \$238 million.
- In 2020, Deloitte completed a report entitled "Home Care in Ontario: Unlocking the Potential" where their research shows that there will be an additional 446,804 clients needing home care by 2040. With appropriate investments into the sector, the health system could save \$1.8 billion in 2040.^{xiv}
- A report by the National Institute on Ageing estimates that the province could save between \$212,259 and \$268,369 in capital costs for every long-term care bed it no longer needs to build due to enhanced home and community care services.^{xv} Reducing the demand for long-term care beds by a similar 8,000 could unlock capital costs savings between \$1.7 billion and \$2.1 billion.





SOLUTIONS

OCSA recommends the Ontario government invest \$677 million into home and community care to keep seniors and those adults with disabilities receiving care where they want to be, while alleviating pressure on other areas of the health care system.

Breakdown of recommended investments:

1. Invest \$470 million to increase the salaries of home and community care frontline staff and exempt the entire community health sector from Bill 124, to allow an increase in wages to stem the mass exodus of staff and ensure there is capacity to deliver home and community care services.
2. Devote \$57 million to community support services base funding to prevent service cuts, the creation of waitlists and increases to client fees. Without this 5% increase, many community support services will either be in financial deficit position or forced to cut services, create waitlists or increase client fees which will lead to more hospitalizations and early admissions to long-term care.
3. Inject an additional \$150 million directly into the sector to ensure service providers have the necessary infrastructure and operational sustainability to continue delivering services. Without this 5% rate increase the sector will not be able to deliver the additional volume announced in the Fall Economic Statement.



Endnotes

- i. Home Care Ontario. Home care study. Campaign Research. September 2021
- ii. OMA Ontario Medical Association. Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care. 2021 OMA Member Survey.
- iii. Ibid.
- iv. Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020
- v. Ibid.
- vi. About long-term care in Ontario: Facts and figures, Ontario Long-Term Care Association, 2020
- vii. OCSA Analysis of Canadian Institute for Health Information "National Health Expenditure Trends, 2021: Data Tables – Series D4"
- viii. Ibid.
- ix. Ibid.
- x. OCSA Pre-Budget Survey, 2021
- xi. Ontario Launches Historic Long-Term Care Staffing Plan, Government of Ontario.
- xii. Home Care Ontario. Home care study. Campaign Research. September 2021
- xiii. Bringing Long-Term Care Home, National Institute on Ageing, 2020.
- xiv. Making Canada the best place to age by 2030: A Senior-Centric Strategy. Deloitte Canada. 2021.
- xv. About long-term care in Ontario: Facts and figures, Ontario Long-Term Care Association, 2020.



About OCSA

The Ontario Community Support Association (OCSA) represents over 220 not-for-profit organizations that provide home care and community support services to over one million Ontarians. Our members help seniors and people with disabilities live independently in their own homes and communities for as long as possible. These proactive and cost-effective services improve quality of life and prevent unnecessary hospitalizations, emergency room visits and premature institutionalization. They are the key to a sustainable health care system for Ontario.

For more information, visit www.ocsa.on.ca

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