



## **Submission to the Senate Committee on Aging**

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### **Presenter**

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### **The Ontario Home Care Association**

The Ontario Home Care Association (OHCA) is an organization of home health and social care service providers. Association members deliver nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home. Ontario Home Care Association members are contracted by all three levels of government, Community Care Access Centres, insurance companies, institutions, corporations and by private individuals. OHCA members are accredited through the Canadian Council on Health Services Accreditation (CCHSA) and/or the International Standards Association (ISO).

The OHCA endorses:

- the principles of the Canada Health Act and the Canadian health care system which delivers a range of essential health care services available to all residents of Canada on the basis of need, not ability to pay
- Ontario's vision – *"A health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren."* (MOHLTC 2006)

- and advocates for, the funding and resourcing of a strong publicly funded home care delivery system in Ontario made available through public administration and delivered by the private sector.
- the contribution of home care service provision that is currently available in addition to the publicly funded and publicly administered home care system
- and believes that all home health care service providers must be held equally accountable to deliver the highest standard of care in the home.

### **Home Care in Ontario**

Home care is not part of the Canada Health Act and accordingly policy and services and definitions vary between provinces and territories. In Ontario, publicly-funded home care falls under the jurisdiction of the Ministry of Health and Long-Term Care (MOHLTC). The MOHLTC provides stewardship of the health system and local health services are planned and funded by Local Health Integration Networks (LHINs). Accountable to the LHINs are Community Care Access Centres (CCACs) which provide access to government-funded home and community services and long-term care homes.<sup>1</sup>

Eligibility for publicly funded home care is determined through the CCAC and care is delivered by service provider agencies that have met high standards of excellence through a rigorous competitive process. Service provider agencies can be privately-owned or non-profit organizations. Service provider agencies can be contracted to deliver care to private individuals and through other privately-insured employment plans and/or government programs. Any Ontarian that meets the eligibility criteria for publicly-funded home care service can receive the service. As elsewhere in Canada, OHCA estimates that the majority of home care is still given to loved ones by their families and other concerned unpaid caregivers.

#### Home care statistics in Ontario:

- 649,244 clients received home care services funded by the CCACs in 2005/06 (note a client who is transferred or re-admitted may be counted more than once)<sup>2</sup>
- On any given day approximately 185,000 Ontarians receive services through CCACs<sup>3</sup>
- 25,766,724 visits/hours of care were delivered in 2005/06<sup>4</sup>
  - 67% of care delivered was personal support / homemaking
  - Nursing represented approximately 27%
  - Therapies 6%
    - Occupational Therapy – 2.2%
    - Physiotherapy – 2.1%
    - Dietetics – 0.2%
    - Social Work – 0.3%
    - Speech – 1%
- In addition to the hours of care delivered, 670,000 case management visits by CCAC staff for assessments, reassessment and coordination of care were conducted<sup>5</sup>
- The elderly represented 58.5% of admissions in 2005/06; Adults 32.1%, Children 9.5%<sup>6</sup>
- CCAC expenditures in 2005/06 were \$1.41 billion<sup>7</sup>
- 88% of Ontarians surveyed indicate a preference for home care for themselves<sup>8</sup>
- The majority of clients are satisfied with their home care services<sup>9</sup>
- Investing in home-based care can save money, improve care and improve quality of life for people who would otherwise be hospitalized or institutionalized<sup>10</sup>
- A well resourced home care system is imperative to address the aging population in Ontario which will mean more people with chronic conditions and fewer health care providers<sup>11</sup>

### **Aging in Ontario**

Ontario's growing active senior population is a testament to a progressive health care system and to our success as a society. Our seniors play an invaluable role in their own families and contribute significantly to the social fabric of their communities. One of the greatest health care priorities facing our province is the need to respond to the changing societal norms regarding seniors' expectations to live and age independently in their own

homes. While seniors of the future are predicted to be among the healthiest in history, it is also known that the likelihood of developing chronic conditions increases with age and can compromise the prospect of independence. As a result, our social services must retool to respond to the needs of our growing senior population so they can remain in the home and community setting.

Most, if not all people, wish to remain independent during their older years. Successful aging requires a holistic approach – avoiding disease and disability; maintaining cognitive ability; and engaging with life.<sup>12</sup> One of the most significant and least desirable outcomes for a community-dwelling senior is to be prematurely institutionalized<sup>13</sup> because of the lack of home and community care based health and social support options.

Growing numbers of community-dwelling seniors are ‘at risk’ for loss of independence because they need more help than is currently available in the health care system to age at home. A clearly identifiable trigger point for imminent loss of independence occurs when families decide, with the support of the Community Care Access Centre or family physician, to activate the search for placement for the senior to a retirement or long term care facility. This activity is often initiated for individuals at the ‘fringe’ - those needing a little more support than offered within the community system and not really requiring the full scope of services offered in the facility. It is at this point where enhanced and focused services delivered in the home could make a major difference in the quality of life for both the senior and their families.

## **Aging and Home Care**

### **Option 60: Introduction of a National Home Care Program**

The development of an publicly-funded national home care program with a minimally-defined standard basket of services could stall the pace of progress and expansion of provincially publicly-funded programs currently underway. The definitions of home care across the country are broad and need to be considered in the context of the whole health care system delivering care to individuals. The OHCA believes that to prescribe home care service through a national home care program in isolation of the broader provincial health

system – from public health and primary care to specialty acute care, would be problematic for most jurisdictions. OHCA strongly believes that home care should be expanded to be more actively engaged in activities that address the prevention and management of the long-term effects of chronic disease.

With the incidence of chronic disease increasing dramatically (in Ontario almost two-thirds of Ontarians over the age of 45 have a chronic condition)<sup>14</sup>, it makes sense that home care become more actively involved in health strategies that prevent or delay deterioration. As demonstrated in the Canadian Home Care Association's *National Partnership Project*<sup>15</sup>, OHCA believes that home care's mandate and concomitant funding should be expanded to address the needs of those with chronic disease. In so doing, not only can home care better serve those traditionally referred, but it can help pre-empt those who would need acute care services at a later time.<sup>16</sup>

OHCA believes that by drawing on the expert knowledge of home and community resources and applying strategies to support independence, individuals with chronic disease can be positioned to self-manage their condition effectively and responsibly. This proactive management could significantly enhance quality of life by reducing the need for institutionalization and acute care utilization.

By increasing consumer access to a 'virtual' team in the home - *physicians, nurses, therapists, personal support workers, case managers, community pharmacists and required medications, medical equipment and supplies* - individuals can be supported to maintain their health despite the downward trajectory of their chronic illness. This virtual team must be aligned and committed to care pathways that draw on the expertise of the right health care professional at the right team across the health care continuum. Based on evidence informed clinical guidelines, the care pathway identifies multiple opportunities for health promotion and illness prevention and also promotes consistency amongst the team thereby instilling consumer confidence in the health system, and as importantly, improving clinical outcomes and quality of life for individuals.

Further, by strengthening the home and community team through enhanced communication systems and strategies to achieve productive collaboration, many of the inefficiencies and costly redundancies of the health care silos can be eliminated.

**Option 61: Address the uneven qualifications and conditions of work of home care staff**

Personal care workers are unregulated practitioners across the country and have a variation of responsibilities and titles.<sup>17</sup> In Ontario, the role of the personal support worker (unregulated practitioner) is one of support with limitations on independent action and judgment. Personal Support Workers (PSW) are the largest class of workers in the home care system. They provide care and assist clients of all ages, and their families/caregivers, with tasks of daily living, personal care and hygiene, restorative/activation activities and home management activities. Services are provided in homes and apartments in the community, in long-term care facilities, congregate housing settings and day programs.<sup>18</sup> PSW activities are supportive and non-medical in nature. Typically, PSWs provide care that clients could be expected to perform by themselves if physically and/or cognitively able.

PSWs have a skill and knowledge level that equips them to provide high quality personal care, supportive care for ongoing conditions and/or cognitive impairments, assistance to the family/caregiver with activities or respite, assistance with medications and caring for palliative care clients and their families.

OHCA believes that PSWs occupy a very important supportive role in home care assisting people to continue to live and age at home independently. Indeed, the role of the PSW is considered the backbone of care delivery in the home care system. However, the OHCA believes that the PSW does not need to be regulated as a profession in Ontario. The work carried out by PSW is supportive in nature and an analysis of the criteria for regulation does not point to the need for a regulated practice.<sup>19</sup>

Nursing and therapy staff practice is more consistent across the country, however the scope of services provided in the community varies, in large part due to the supply of staff and the presence of sufficient critical mass and demand to support ongoing competency in the

community setting. In Ontario nursing and therapy comprise approximately 32 percent of home care services in Ontario.<sup>20</sup>

The variation in labour issues across the country precludes the adoption of a national approach to working conditions. In Ontario, as in most areas of the county, the supply of health human resources is low and so home care employers compete to provide the best and most flexible working conditions.

### **Option 62: Create a registered chronic care savings plan**

Governments cannot, and should not, attempt to directly finance all needs related to home and community care. The ability to remain at home is in large part determined by an individual's ability to manage their living circumstances, whether it is a house in a rural or urban setting, in an apartment or assisted living environment. Social isolation and escalating fears about safety risks can prompt the family and/or the health care team to recommend an institutional option. The work of maintaining a home, cleaning, snow shoveling, and home repairs can become too difficult for seniors and their families. Research has shown that the balance of care can be tipped to remaining at home when supports that address isolation and simple assistance with home maintenance are provided.<sup>21</sup> These relatively simple and low cost supports may be provided by family and friends, however in this day and age, families are often widely dispersed and juggling multiple priorities.

With the continued growth in demand for health care services, particularly to address the need to support the acute care sector, the amount of home care services available to support individuals with chronic care needs has declined. The OHCA believes that the opportunity for a tax exempt savings plan so that seniors can afford basic services is an effective means of ensuring care.

### **Supporting Informal Caregivers**

Families and caregivers that have gone beyond their physical and emotional ability to cope are more likely to consider institutionalization of a senior. This occurs because families are expected to bear the greatest burden of care for a senior loved one. The current home care system depends heavily on family and friends to provide the majority of continuous care

and support in the community and this is unsustainable for many families.<sup>22</sup> Research has shown that family counseling and mental/emotional health support for caregivers can reduce the rate of institutionalization for some groups of seniors with Alzheimer's disease.<sup>23</sup> Investment in planned respite that addresses the caregivers' needs and acknowledges their importance to keeping our elders at home is critical to ensuring the sustainability of the caregiver role.

### **Option 63: Provide Information to Caregivers**

OHCA believes that family caregivers need to be recognized in policy and supported in practice. Family caregivers have a wide range of responsibilities for the person for whom they are providing care and need access to information and support that helps them to provide better care and look after themselves. OHCA believes that this role could be aptly coordinated in Ontario by the Community Care Access Centres (CCACs). However the Association also recognizes that all health professionals in the course of their work and practice have a responsibility to ensure that individuals are supported and informed. Health systems need to value this component of care and ensure that funding provides for adequate consultation with clients and caregivers who are often making decisions related to care needs for their loved ones .

### **Option 64: Create a National Respite Program**

Respite for caregivers is essential. OHCA supports the Canadian Caregiver Coalition's perspective that respite is an outcome. In other words, it is an array of services based on assessed need as determined by caregivers, in order to obtain a break, time out, or relief from their caregiving responsibilities. As such it may include the provision of health care services or assistance with other tasks within the home. Respite needs to be a fluid concept that is built into the delivery of health care at home. OHCA believes that a national respite program framework could be established so there is consistency in approach across the country but still the opportunity for local flexibility as required by the individual provincial/territorial contexts.

**Option 65: Make Changes to the Compassionate Care Benefit**

The Compassionate Care Benefit provides important relief to family caregivers who are caring for a family member who is gravely ill. Changes to this Employment Insurance benefit would be helpful to the millions of Canadians providing care for family members with long-term health care problems. The aging population and concomitant chronic conditions indicate that the caregiving burden will be of longer duration. OHCA believes that individuals will require a great deal of flexibility from their employers in order to be able to balance employment and caregiving responsibilities. The OHCA recommends that the federal government develop financial incentives for employers to create employment practices that are supportive to family caregivers.

**Option 66: Provide financial support to caregivers**

Financial support in the form of tax credits are essential and critical to helping families cope with the expense of providing care to a loved one. More than one third of caregivers report extra expenses due to their caregiving responsibilities<sup>24</sup> and it is estimated that two-thirds of these caregivers spend more than \$100 per month on caregiving.<sup>25</sup>

**Option 67: Introduce a Canada Pension Plan (CPP) drop-out provision for caregivers**

As a component of financial relief, OHCA supports further study and in-depth exploration and analysis of the CPP dropout. Our premise is that it assists the family caregiver who is employed, which we know represents a substantial number of Canadians. OHCA recommends, therefore, that the option be studied further.

**Option 68: National Policy Initiative for Integrated Care**

Integration of health care is the most effective way to address the needs of an aging population which typically has more frequent interactions with the health care system and uses a broader array of services. It is imperative that providers coordinate care and that clients/patients are supported to be key members of the integrated team. Many seniors are particularly vulnerable to the lack of coordination and communication between different sectors in the health care system.<sup>26</sup> Recent hospitalization and poor transition planning following discharge from acute care is a known precursor of loss

of independent living.<sup>27</sup> This occurs because appropriate supports to enable a durable discharge are not planned and communicated to the next caregiver. An integrated and effective health system addresses the transition points of care and works to ensure safe and consistent bridging of services and/or sectors.<sup>28</sup>

In Ontario, LHINs have the legislated authority to achieve integration. Notwithstanding, however, the OHCA believes that the added impetus at a national level will help to support this dramatic and necessary change to the health system. Home care plays a vital role in supporting an integrated system. Improved outcomes for clients/patients have been realized through the integration of home care in emergency departments, primary care and palliative care to name a few examples. OHCA believes that the mandate and funding for home care in Ontario needs to be expanded to achieve better integration with system partners.

**Option 69: Share best practices related to integrated care**

The variability of practice, particularly as it relates to home care can be a strength for our system. OHCA is aware of a number of leading practices that relate to integrated care. More sharing of these practices should be encouraged and facilitated. Excellence in system integration practices can be encouraged through continuous quality improvement initiatives as part of accreditation processes.



## **Conclusion and Recommendations**

We are indeed fortunate to live in a prosperous country where our citizens can enjoy a high quality of life as they age. OHCA recognizes that there are a number of opportunities to create an environment where seniors can live at home for as long as possible. It requires a willingness to change current practice and should include rigorous evaluation that addresses specific outcomes related to system utilization, cost, clinical status and, most importantly, quality of life for the senior. OHCA welcomes the opportunity to actively support effective collaboration amongst health care partners so that even the frail person can remain at home, living with supports to enjoy independence and dignity in later years.

In response to the Special Senate Committee on Aging Second Interim Report – *Issues and Options for an Aging Population*, OHCA provides recommendations on the home care section. To summarize, OHCA recommends that:

- a national home care program that could potentially reduce or restrain the basket of services currently offered in existing provincial home care programs not be adopted
- home care be expanded to be more actively engaged in activities that address the prevention and proactive management of chronic disease
- the tax exempt savings plan (registered chronic care savings plan) be adopted so that basic services to support activities of daily living can be purchased by families
- a national respite program framework be established so there is consistency in approach across the country but still the opportunity for local flexibility as required by the individual provincial/territorial contexts
- the federal government develop incentives for employers to create employment practices that are supportive to family caregivers
- forums be created to enable more sharing of integration practices across the country
- the mandate and funding for home care in Ontario needs to be expanded to achieve better integration with system partners
- financial support, including CPP drop-out provisions, for family caregivers be studied further with an aim to ensuring appropriate and meaningful financial support for family caregivers.

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## Endnotes

- <sup>1</sup> Ministry of Health & Long-Term Care, [http://www.health.gov.on.ca/english/public/contact/ccac/ccac\\_mn.html](http://www.health.gov.on.ca/english/public/contact/ccac/ccac_mn.html)
- <sup>2</sup> OACCAC, *CCAC Sector At a Glance 2005/06*, Electronic Reports, retrieved from [www.ccac-ont.ca](http://www.ccac-ont.ca)
- <sup>3</sup> OACCAC, *Building Bridges to Better Health*, Ontario Association of Community Care Access Centres Submission to the Standing Committee on Finance and Economic Affairs, January 25, 2007
- <sup>4</sup> OACCAC, *CCAC Sector At a Glance 2005/06*, Electronic Reports, retrieved from [www.ccac-ont.ca](http://www.ccac-ont.ca)
- <sup>5</sup> Ibid
- <sup>6</sup> Ibid
- <sup>7</sup> Ibid
- <sup>8</sup> Pollara, *SSCA Procurement Review Quantitative Survey Results*, March 2005, p28
- <sup>9</sup> Caplan, *Realizing the Potential of Home Care*, 2005, p22
- <sup>10</sup> Chappell and Hollander, *Synthesis Report: Final Report of the National Evaluation of the Cost-Effectiveness of Home Care*, March 2002
- <sup>11</sup> OHCA, *Creating an Age-Friendly Ontario*, 2007, <http://www.homecareontario.ca/public/about/publications-position-papers.cfm>
- <sup>12</sup> Rowe, J. W., & Kahn, R. L. *Successful aging*. *Gerontologist*, 37, 433–440, 1997
- <sup>13</sup> For the purposes of this paper, institutionalization is understood to be a setting where decision-making related to ADLs (such as meals, baths and bedtimes) are outside of the control of the individual
- <sup>14</sup> MOHLTC presentation 2006
- <sup>15</sup> Canadian Home Care Association, 2006. *Partnership in Practice* [http://cdnhomecare.ca/national\\_partner/final\\_report.php?npp=2](http://cdnhomecare.ca/national_partner/final_report.php?npp=2)
- <sup>16</sup> Ibid
- <sup>17</sup> The personal care worker is also known as the Personal Care Attendant, Personal Support Aide, Home Support Aide, Home Care Attendant, Health Care Aide, Home Support Worker and Personal Support Worker
- <sup>18</sup> Personal Support Workers are those who have completed a standardized training program. This program replaces and consolidates Health Care Aide and Home Support Worker (Level I, II & III) training. Reference to the PSW in this document reflects the broadest scope of definition and includes personal care – assistance with activities of daily living which may include help with dressing, bathing, grooming, feeding, toileting, mobilization and transferring; and homemaking – essential housekeeping tasks necessary to enable the individual to remain at home in a safe and acceptable environment, including cleaning, laundry, meal preparation, shopping, banking and transportation.
- <sup>19</sup> Ontario Home Care Association Presentation to the Health Professions Regulatory Advisory Council, January 2006
- <sup>20</sup> OACCAC, *CCAC Sector At a Glance 2005/06*, Electronic Reports, retrieved from [www.ccac-ont.ca](http://www.ccac-ont.ca)
- <sup>21</sup> Challis, D and Hughes, J “Frail old people at the margins of care: some recent research findings” *British Journal of Psychiatry* 180 126-130 2002
- <sup>22</sup> Naleppa, MJ. Families and the Institutionalized Elderly, *Journal of Gerontological Social Work*, Volume : 27 Issue : 1 / 2, 1994 (p.87)

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<sup>23</sup> Mittelman MS, Ferris SH, Steinberg, G. Shulman, E, MacKell, JA, Ambinder A, and Cohen J “An Intervention that delays institutionalization of Alzheimer’s disease patients: treatment of spouse-caregivers” *The Gerontologist*, Vol 33, Issue 6 730-740 1993

<sup>24</sup> Cranswick, K. (2003). *General Social Survey, Cycle 16: caring for an aging society*. 89-582-XIE. Ottawa, Ontario: Statistics Canada, Housing, Family and Social Statistics Division.  
<http://www.statcan.ca/english/IPS/Data/89-582-XIE.htm>

<sup>25</sup> Health Canada. (2002). *National Profile of Family Caregivers in Canada - Final Report*. [www.hc-sc.gc.ca](http://www.hc-sc.gc.ca)

<sup>26</sup> McWilliams, CL, *Achieving the Transition from Hospital to Home: How Older Patients and their Caregivers Experience the Discharge Process*, Working Paper Series, Thames Valley Family Practice Research Unity Paper #93-1, December, 1993

<sup>27</sup> Hollander, M., and Chappel, Final Report of the National Evaluation of the Cost-Effectiveness of Home Care, Health Transition Fund 2002.(2a)

<sup>28</sup> VanderBent, S, Ontario Home and Community Care Council, “Transition Planning in Health Care Systems: Key Quality Processes and Outcome Measures” *HealthCare Quarterly*, June 2004