PRE-BUDGET SUBMISSION

2025-2026

Towards Sustainability in Home and Community Care

Introduction

Over 90% of Ontarians would prefer to age in place. The capacity to support a growing population to do so is going to become more challenging as the oldest baby boomers approach 80. The "Projected Patterns of Illness in Ontario" study, conducted by the Dalla Lana School of Public Health at the University of Toronto, in collaboration with the Ontario Hospital Association, paints a grim picture of the escalating burden of chronic disease in Ontario. By 2040, approximately 3.1 million people are expected to be living with major illness—up from 1.8 million in 2020. In addition, one in four adults over the age of 30 will be living with a major illness in 2040.[1] More patients will be living with multiple chronic diseases for longer due to a) an aging demographic, b) the escalation of health inequity, and c) the unique health needs of many newer immigrant Canadians who have a predisposition to earlier onset of chronic diseases such as diabetes.

Increasing health system capacity necessitates broadened scope of practice [for key professions], increased use of different care models, and more community-led outreach programming to help prevent disease progression and enable earlier detection in community settings, particularly for those with lower access.[2] Seniors and people with complex medical conditions can often stay in their own homes with the right supports, reducing the need for emergency room visits and hospital or long-term care stays.

Over the past few years, we have been grateful to see the Government of Ontario make significant investments in Home and Community Care, however there is still a significant shortfall within the sector. In light of these significant and escalating system and sector pressures, we were disappointed by the lack of any mention of Home and Community Care funding as a government priority in the "2024 Ontario Economic Outlook and Fiscal Review: Building Ontario for You."

Continued incremental investment in the Home and Community Care sector is critical to meet the growing demand for care, and support the significant contributions of our skilled workers. We must build, in a challenging climate, effective and sustainable programs and support services for the sector.

Key recommendations

[1] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil

[2] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil

We urge the Government of Ontario to provide further investment in Home and Community Care to attract and retain skilled workers, provide effective, integrated care to Ontarians of all ages, and enhance healthcare system capacity. Here are our key recommendations:

1 Increase funding to the sector by at least 5% ($241 million).[3]

With an aging population and growing demand for home care, this investment would increase access to integrated Home and Community Care services for our frail elderly and individuals with disabilities or complex health needs. It would enable us to reduce waitlists, transform service delivery, support volunteers, and contribute effectively to health system transformation.

2 Invest in a 3% ($144 million) compensation increase for the Home and Community Care workforce.[4]

The Home and Community Care sector is at a significant disadvantage when recruiting and retaining skilled workers, who can currently earn more in all other health sectors. This investment would help us to close the wage gap so that we can attract and retain nurses and PSWs and ensure clients get the services they need and expect.

3 Allocate appropriate funding to chronic disease management pathways that support upstream strategies to address the rising risk.

Chronic disease will rise [exponentially] as a result of population growth and aging and from the amplification of underlying health disparities across chronic disease risk factors.[5] In order to address this, we must develop, standardize, and fund cross-sector integrated care pathways that deliver upstream strategies to reduce the healthcare burden of chronic disease. We can and will reduce the disease trajectory, if we better fund more upstream, pre-emptive strategies to better manage disease progression, specifically for marginalized populations.

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[3] OCSA The Care That's Needed – The Care That's Wanted Investing in home and community care to expand access to care and build a strong workforce 2025

[4] OCSA The Care That's Needed – The Care That's Wanted Investing in home and community care to expand access to care and build a strong workforce 2025

[5] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil

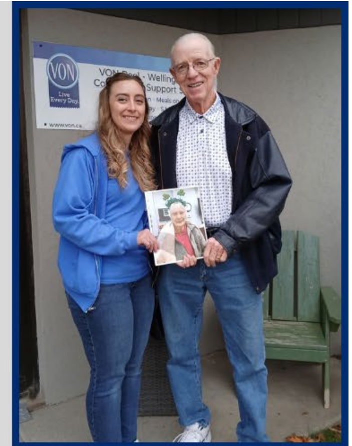
System Context

As a longtime provider of Home and Community Care services, VON treats people with complex care needs, meeting them where and when they need us. Our dedicated teams treat individuals with chronic conditions, those who need post-acute care at home, individuals with disabilities who need care over an extended period to live safely at home, and those who require palliative and end-of-life care.

Retired firefighter Tom was the primary caregiver for his wife, Helen, who had dementia. Initially, he believed that he could care for his beloved partner on his own. On one painful day, after her condition had deteriorated significantly, Tom found himself at his wits' end, driving around aimlessly with Helen at his side until he remembered having previously seen a VON office sign.

The staff of the Adult Day Program (ADP) welcomed Tom that day, calmed the couple, and assured them they could help. Helen became a regular visitor to the ADP.

"It was a tremendous relief for me just to get a bit of time off," Tom says. "I was a firefighter for many years, and I don't think I was ever as stressed as I was with my wife over a few years, because she had a tough time."



With the addition of community support services like Meals on Wheels, Adult Day Programs and transportation to medical appointments, we're able to provide wraparound care that keeps people healthier, happier and socially connected.

The demand for care at home is growing. Currently, the system cannot keep pace. Most people would prefer to age at home, if at all possible. As it stands, many frail seniors are admitted prematurely to long-term care when some could have been supported at home with the right combination of clinical and non-clinical services.

Given the choice, most people would prefer not to be admitted to hospital or long-term care. With the necessary investment, the Home and Community Care sector can reach people in greater numbers, to provide care for those transitioning out of hospital stays back into their homes, and to better contribute to the health and wellness of people in their homes and communities, so they do not have to go to hospital in the first place.

The 80+ population in Ontario is projected to more than double by 2040.[6]

Adding to the challenge, a growing number of seniors have complex care needs. And, waitlists for long-term care are expected to grow to 48,000 individuals by 2029.[7] It is more crucial than ever that we continue to invest in solutions that help seniors with complex care needs to age at home and reduce long-term care waitlists.

By improving access to primary care and Home and Community Care, providing essential mental health and addiction supports, and addressing the social determinants of health, we and our health system partners can help to reduce the burden on hospitals and long-term care and give people the care they

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[6] *The Data - OLTCA*. (n.d.). OLTCA. https://www.oltca.com/about-long-term-care/the-data/
[7] How to Support Our Frail Elderly – Suggested Action Plan November 2023

need and want. The sector will need greater investment in Home and Community Care to achieve these important outcomes.

Family caregivers are overburdened and buckling under the pressure. Family and other loved ones taking care of older adults say they are burning out.

With current service levels, 63% of caregivers say they reached their breaking point but had no choice but to keep going.[8] Investment in caregiver respite and support is essential to the health and wellbeing of caregivers and their loved ones.

Addressing the wage gap

As client complexity and volumes increase, the wage gap in Home and Community Care has resulted in significant workforce instability. If the sector wage gaps continue to widen for Home and Community Care nurses and personal support workers (PSWs), it will exacerbate our already serious health human resources situation. New and innovative models of care that will help meet growing demand require appropriate funding to provide for an adequate number of staff.

Chronic disease management

Over the next two decades, the conditions expected to increase the most in number are those that increase with age, including osteoarthritis, diabetes, and cancer.[9] While the aging population is a significant factor, underlying structural and social determinants of health (including growing wealth inequity) and an increase in chronic disease risk factors, notably among newcomer populations predisposed to chronic disease, also contribute.

According to the Dalla Lana School of Public Health study, "Many chronic diseases can be managed outside the hospital with appropriate support, and investments in disease prevention, early detection and early and continuous treatment can reduce the subsequent strain on the hospital system."[10]

In "The Path Forward," the Ontario Ministry of Health identifies its vision for a connected health system, which allows for implementing integrated clinical pathways for people living with congestive heart failure, diabetes, chronic obstructive pulmonary disease and stroke.[11]

The success of these pathways relies in part on the successful integration of primary care and Home and Community Care, as well as a strong focus on prevention and disease management.

When provided in conjunction with home nursing and personal support services, community care can aid in chronic disease prevention and management, increasing years spent in good health and overall quality of life. Community support services—both preventative and rehabilitative—that target social

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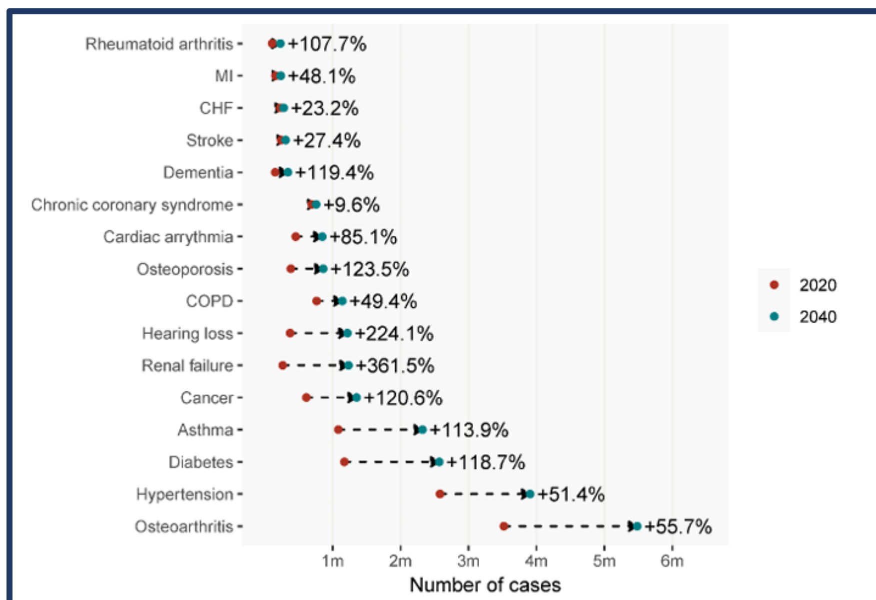
[8] Health Quality Ontario, Measuring Up 2018 http://www.hqontario.ca/Measuring-Up
[9] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil
[10] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil
[11] Ontario Health Teams & Ministry of Health. (2022). *A plan to accelerate Ontario health teams*. https://www.ontario.ca/files/2024-01/moh-oht-path-forward-en-2024-01-22.pdf

determinants of health include programs such as: Meals on Wheels, social and congregate dining, friendly visiting, exercise and physiotherapy programs, and adult day programs. Risk of multimorbidity increases with lower household income, overweight and obesity, smoking, and physical inactivity.[12] Community support services address a range of factors that influence health outcomes by increasing food security, encouraging exercise and falls prevention, reducing social isolation and providing mental stimulation and caregiver respite.



Number of cases (2020) and number of projected cases (2040) for 16 chronic conditions1 in the Ontario population aged 30 and older (n2020 = 9.5 million). 1MI: myocardial infarction; CHF: congestive heart failure; COPD: chronic obstructive pulmonary disease.

Conclusion

With an aging population, structural and socioeconomic determinants, and growing levels of chronic disease, Ontario's health system will face increasing challenges in the coming years. Many Ontario seniors on the long-term care waitlist could have their complex health needs addressed in their own homes with the right supports. Taking them off the waitlist would in turn help others who urgently need long-term care to get it faster.

To make this a reality, we must further invest in strategies available to us, including expanding services that enable people to age and recuperate at home. Appropriate investment in Home and Community Care will allow us to increase the type of wraparound care supports that keep seniors living in good health at home for longer, alleviating pressure on hospitals and long-term care and helping to create an equitable and sustainable healthcare system.

[12] Projected patterns of illness in Ontario October 2024 - Laura C. Rosella PhD1,2, Emmalin Buajitti MPH, Imtiaz Daniel PhD, Monica Alexander PhD5, Adalsteinn Brown D.Phil