VON Canada
Pre-budget Submission 2026

Executive summary

In recent years, we have been grateful to see the Government of Ontario make much-needed investments in home and community care. While we welcome the announcement of $1.1 billion over three years for more home care services, the community support sector also faces mounting pressures and urgent need for sustained funding to stabilize services, attract and retain staff, and meet growing demand. Without an increase in base funding for both home and community care services, waitlists will continue to rise and clients will face reduced capacity to receive important care.

Along with the growing need for home nursing and personal care services, demand is dramatically increasing for supports like Meals on Wheels, transportation, Adult Day Programs, and exercise programs for seniors. While the demand for care continues to grow, the system is not keeping pace.

SMART (Seniors Maintaining Active Roles Together)® is an exercise and reconditioning program that enhances strength and mobility for frail seniors, reducing the risk of falls, and helping to prevent an escalating process of surgery, hospitalization, and deconditioning.

Even though most seniors wish to age at home, currently many frail seniors are being admitted prematurely to long-term care or awaiting long-term care beds from hospital. In addition, many older adults are at risk of admission, living in the community with complex health needs. Without appropriate supports, they may experience increasing difficulty with activities of daily living, chronic disease, isolation, depression, and food insecurity. At the same time, family caregivers face increasing burnout and isolation.

A September 2025 report from Deloitte Canada, commissioned by Home Care Ontario, concludes that a $255.4 million investment in home care would deliver $372.9 million in system-wide cost savings—primarily by reducing alternate level of care (ALC) days and delaying long-term care placements. This funding results in a net benefit of $117.4 million and a 46% return on investment, demonstrating that targeted investments in home care not only improve patient outcomes but also enhance system efficiency and sustainability.[1]

In alignment with the recommendations of the Ontario Community Support Association (OCSA), VON strongly urges the Government of Ontario to build on recent progress by further investing in home and community care.

[1] Deloitte Canada for Home Care Ontario. (2025). *Investments in Home Health Have Shown Strong Positive Results.*

Key investments recommended

1. **$442 million annually for three years** – An annual investment over three years would protect home care progress by allowing for a 5% base budget and service volume increase.
2. **$150 million annually for three years** –This investment would strengthen community support services (CSS) and independent living agencies, with 5% base and service growth, workforce supports, and digital infrastructure.
3. **$20 million annually to expand healthy aging initiatives** – A further investment of $20 million annually would enable the expansion of healthy aging initiatives by funding coordinators in 100 naturally occurring retirement communities (NORCs) and connecting 30,000 seniors to community wellness hubs.
4. **$25 million annually for two years to expand and optimize home care clinics** – This budget would allow the sector to expand and optimize home care clinics, providing wraparound care and stronger links to primary care and rehabilitation.
5. **$4 million over three years to build leadership and governance** – An investment of $4 million over three years would help to build leadership and governance capacity across home and community care organizations.

Introduction

Ontario's population is getting older, their care needs are becoming more complex, and family caregivers are feeling the strain. It's a perfect storm that is poised to add significant challenges to an already overburdened healthcare system. A 2024 study projects that, by 2040, 3.1 million people in Ontario will be living with major illness, a significant rise from 1.8 million in 2020.[2] The number of seniors aged 65 and over is expected to increase significantly, from 3 million in 2024 to 4.6 million by 2051.[3] Today, over 48,000 people are waiting for long-term care and that number is expected to grow.[4] Add to this the 2.5 million people without a primary care provider[5] and we have a large population of individuals in limbo. Fortunately, the most cost-effective solution is—for many people affected—the most compassionate one too. Most Ontarians would prefer to age in place, and the home and community care sector is best positioned to help them do so.

[2] Rosella L.C., Buajitti E., Daniel I., Alexander M., Brown A. (2024). *Projected patterns of illness in Ontario*. Toronto, ON: Dalla Lana School of Public Health. https://www.oha.com/Documents/externalresources/Projected%20patterns%20of%20illness%20in%20Ontario.pdf
[3] Rosella L.C., Buajitti E., Daniel I., Alexander M., Brown A. (2024). *Projected patterns of illness in Ontario*. Toronto, ON: Dalla Lana School of Public Health. https://www.oha.com/Documents/externalresources/Projected%20patterns%20of%20illness%20in%20Ontario.pdf
[4] Ontario Long-Term Care Association, The Data: Long-Term Care in Ontario https://www.oltca.com/about-long-term-care/the-data/
[5] Ontario College of Family Physicians (2023, November 7). *More Than Four Million Ontarians Will Be Without a Family Doctor by 2026*. https://ontariofamilyphysicians.ca/news/more-than-four-million-ontarians-will-be-without-a-family-doctor-by-2026/

About VON

As Canada's longest-serving provider of home and community care, VON cares for seniors, individuals with chronic conditions or disabilities, and people who require post-acute, palliative, or end-of-life care. Our Ontario footprint includes: 13 nurse practitioner clinics; 22 home nursing clinics; 34 Adult Day Programs; community support services such as Meals on Wheels, transportation, and assisted living; and service navigation programs like Seniors Managing Independent Living Easily (SMILE) and Let's Go Home (LEGHO). These wraparound care supports play an essential role in keeping Ontarians healthier, more mobile, independent, socially connected, and out of hospitals and long-term care.

Let's Go Home (LEGHO), a free, four- to six-week community support service for seniors and adults transitioning from hospital to home, helps to stabilize individuals at home and avoid expensive hospital readmission. Low-cost services like transportation, meal delivery, light housekeeping, and wellness checks promote recovery and independence.

Tools for effective system change

In addition to increased funding, building system capacity requires changes in funding models and service organization. Integrated care models that align medical, social, and wellness services are demonstrating improved health outcomes and quality of life—particularly for seniors and individuals with complex or chronic needs—while creating system efficiencies.

Housing models and care hubs

Housing developments in which many older adults live—whether naturally occurring retirement communities (NORCs), program of all-inclusive care (Pace) models, cluster care models or neighbourhood models—are hubs for cost-effective, people-centred, community-based care. With targeted investment, they can continue to become important spaces for preventative health and wellness. People with income restraints, mental health issues, or advancing frailty receive support and assistance with daily needs, while healthcare providers experience reduced travel time and missed visits are decreased. The cost of a building coordinator compares to the operating cost of a single long-term care bed, but avoids the $600,000+ cost of building one.[6] Other types of care and wellness hubs in the community can also offer stronger care pathways and a more integrated approach to service delivery, co-locating services like foot care, exercise programs, health assessments, and community clinics.

Community nursing clinics

Investment in home and community nursing reduces pressures on more expensive areas of the system, with benefits to preventative care and management of chronic disease. Home and community nursing enables earlier discharge from hospital, with safe follow-up in areas such as wound care, medication and chronic disease management, and palliative support. Increasing access to care delivered within community-based nursing clinics for non-emergency needs reduces emergency department (ED) congestion and reserves in-home care for those with mobility challenges. With client safety in mind, qualified clinic staff members are able to refer to primary or hospital care if needed.

[6] Ontario Community Support Association (OCSA). (2026). *Pre-budget Submission*.

Saugeen Shores Nurse Practitioner-Led Clinic

In 2025, VON expanded a Nurse Practitioner-Led Clinic in Saugeen Shores, partnering with Ontario Health, the Town of Saugeen Shores, the Grey-Bruce OHT, and the local Primary Care Network to provide more area residents with access to primary care. The new clinic space is shared with a registered nurse, a social worker, an independent pedorthist, VON's Assisted Living program, and our SMART exercise program. A secondary clinic provides nurse practitioner services to the Wiarton service area. Urgent care services are provided for seasonal visitors. Clinics like this one increase primary care access in small communities and support ED diversion.

Meals on Wheels

Food-insecure adults are more likely to experience chronic conditions, including diabetes, infectious diseases, and depression. These associations persist after adjusting for social determinants of health like income, education, and race and ethnic origin.[7] Compared with fully food-secure adults, food-insecure adults had 26% to 69% higher odds of acute care admission. Social interventions that reduce food insecurity and increase out-of-hospital care may lower healthcare use and associated costs.[8] Meals on Wheels helps vulnerable individuals to maintain or improve nutritional status and remain at home. A report by Meals on Wheels America concluded that the program is associated with reduced use of health care and increased ability to age in place.[9]

Adult Day Programs (ADPs)

ADPs serve people with Alzheimer's disease, dementia, cognitive and physical impairments, and chronic illness. They provide therapeutic activities in a safe environment, giving family caregivers time for respite. In 2023, more than 173,000 people over age 66 in Ontario were living with dementia, visiting a physician approx. 11 times a year.[10] That same year, over 56,000 older adults living with dementia visited the ED and more than 41,000 experienced a hospitalization.[11] An evidence scan by Provincial Geriatrics Leadership Ontario found that whole person-centred dementia care called for home care and community supports, care for caregivers, and palliative care.

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[7] Ontario Agency for Health Protection and Promotion (Public Health Ontario), & Ontario Dietitians in Public Health. (2025, April 9). *Food insecurity & food affordability in Ontario*. https://www.publichealthontario.ca/-/media/Documents/F/25/food-insecurity-food-affordability.pdf?rev=b6a02915d36b4821a37866915335ee9f&sc_lang=en

[8] Men, F., Gundersen, C., Urquia, M.L., & Tarasuk, V. (2022, January). *Food insecurity is associated with higher health care use and costs among Canadian adults* (CRDCN Research-Policy Snapshot). Canadian Research Data Centre Network. https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.01637

[9] Meals on Wheels America. (2023). *The case for Meals on Wheels: A review of research and evidence on outcomes for older adults*. https://member.mealsonwheelsamerica.org/wp-content/uploads/2023/09/report_the-case-for-meals-on-wheels_9-19-23-1.pdf

[10] Warren, C., Mondor, L., Bronskill, S., Paterson, M., Plumptre, L., An, D. (2023). *Characteristics and Utilization of Physician Specialist Services among Older Adults with Dementia and Frailty in Ontario – 2023 Update, Applied Health Research Questions (AHRQ) # 2024 0800 263 001*. Toronto: Institute for Clinical Evaluative Sciences.

[11] Provincial Geriatrics Leadership Ontario (n.d.). *Developing a Provincial Framework for Dementia Care in Ontario: Results of an Evidence Scan*. Geriatricsontario.ca. https://geriatricsontario.ca/resources/developing-a-provincial-framework-for-dementia-care-in-ontario-results-of-an-evidence-scan/

This includes increased access to community care to reduce ED use, and ensuring caregivers are supported and informed.[12] Among patients with dementia, caregiver depression appears to be significantly associated with increased ED visits. Addressing this vulnerability could improve health outcomes and lower costs.[13] For those with dementia, regular social interaction can slow cognitive decline, ease anxiety, and improve quality of life.

Digital modernization

Technology is a much-needed enabler for increased capacity in the home and community care sector. Programs like eHomecare allow us to serve more individuals at home and in the community. This unique program sees registered nurses (RNs) oversee and guide the work of specially trained personal support workers—called healthcare technicians (HCTs)—who act as the hands of the RN. One nurse can supervise several HCTs, allowing us to care for more clients. Investments in virtual technology can reduce travel costs and administrative burdens and improve access, particularly in rural or remote areas. Investments in software, equipment, licensing, and cybersecurity are key to digital modernization, data collection, tracking, and analytics. Dedicated base funding for needed digital infrastructure and remote care tools would support home and community care providers to maintain secure systems, develop strong analytics, and enable better integration with our health system partners.

Conclusion

Government investments in home and community care have helped to stabilize our workforce, support clients and family caregivers, and reduce the burden on hospitals and long-term care. Further investments are required to provide care to an aging population, treat increasing levels of chronic disease, and provide proactive health and wellness support. We are calling on the Government of Ontario to build on progress with a sustainable investment in home care, clinics and community support services. A lack of needed investment in the sector is sure to have long-term consequences, increasing the burden of disease for Ontarians, and significantly impacting already-high demands on the healthcare system, particularly hospitals and long-term care homes.

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[12] Provincial Geriatrics Leadership Ontario (n.d.). *Developing a Provincial Framework for Dementia Care in Ontario: Results of an Evidence Scan*. Geriatricsontario.ca. https://geriatricsontario.ca/resources/developing-a-provincial-framework-for-dementia-care-in-ontario-results-of-an-evidence-scan/

[13] Guterman, E.L., Allen, I.E., Josephson S.A., et al. (2019, July 8). *Association Between Caregiver Depression and Emergency Department Use Among Patients With Dementia*. *JAMA Neurology.* 2019;76(10):1166–1173. doi:10.1001/jamaneurol.2019.1820