



Convenient Care at Home Act, 2023
(Bill 135) Consultation:
RTOERO Response

RTOERO response to *Convenient Care at Home Act, 2023 (Bill 135) Consultation:*

RTOERO is pleased to submit this feedback to help inform the proposed amendments to the Connecting Care Act, 2019.

Bill 135 would establish Ontario Health atHome as a new service organization, consolidating the 14 Local Health Integration Networks (LHINs). At first, Ontario Health atHome would offer the same services as the LHINs. In time, Ontario Health Teams (OHTs), and health service providers working within them, would assume responsibilities related to home care.

The backdrop to our response to Bill 135 is our belief all Canadians should have a right to aging in place. Ensuring that – and providing the supports that make it possible – is of prime importance to RTOERO's 84,000+ members across Canada.

Since 1968, RTOERO has been a voice for teachers, school and board administrators, educational support staff and college and university faculty in their retirement. The organization's mission is to improve the lives of its members and Canadian seniors.

One of the fundamentals to improving the lives of seniors is having a care and social support system that is equitable, and that provides the right assistance around living conditions/accommodations for those who choose to remain at home.



A strong desire to age in place

A national survey found that 78% of Canadians want to age in their current homes, but just 26% predict they will be able to do so. Issues around health, mobility, safety and more can derail the dream of aging in place. Any solutions must consider these four realities:

- **Cost is a major obstacle for many.** In many cases it is difficult for adults over age 65 to live at home when the costs of equipment and remodelling living quarters for health issues are unaffordable. Often, it is possible for older adults to stay at home with some basic modifications.
- **For compassionate and economic reasons, it is best practice to keep older adults with health challenges at home as long as possible.** Older persons often reluctantly leave home for long-term care residences. Health-care costs increase on the continuum from home care to long-term care to acute care. Staying in a long-term care bed costs a little over \$200 per day, and hospital beds cost \$700 to \$1,000 per day. In contrast, the cost of home care is a little over \$100 per day. Long-term care, where people often go reluctantly, can also be stressful and bring an emotional cost to seniors who would have preferred to remain in their familiar surroundings.
- **Aging in place removes a burden on the system.** For older Canadians, managing their health care must start before situations become acute. Successful home-care programs remove a considerable burden from long-term and acute-care services.
- **The need for a comprehensive solution is growing.** Finding the supports to enable that is becoming more urgent as the seniors cohort continues to increase. We're getting close to the point where people age 65 or older account will account for 20% of the Canadian population, according to Statistics Canada.



Canada spends significantly less on home and community care than the Organisation for Economic Cooperation and Development average. Across the country, almost nine in 10 health care dollars go towards institutional care. The equation is out of whack.

With proper teams skilled in physical and mental health, support for home accommodation and the right framework for care, Canada's older adult population may live in their own homes and communities. That's where they want to be.



Our view of Bill 135

After reviewing the proposed changes to the Connecting Care Act, 2019, to create the Convenient Care at Home Act, 2023, we're left with three main areas of concern.

1. A move to centralization might hamper local responsiveness

LHINS were created to plan, fund and monitor hospitals, home care (via Community Care Access Centres or CCACs), community support services, community mental health and addictions services, and long-term care facilities within their regions. The planning, funding and monitoring role was transferred to the super agency Ontario Health under the Connecting Care Act, 2019.

At present, LHINs operate as home and community care support services. Once Bill 135 passes, the LHINs will be a single entity called the Ontario Health atHome, a subsidiary of Ontario Health. Both will be Crown organizations, and Ontario Health will fund and oversee Ontario Health atHome. So we'd be going from what was initially a decentralized set of planning, funding and monitoring functions towards centralization.

The advantage is cutting the administrative costs of 14 entities. Service provider organizations that manage contracts with multiple LHINs will reduce administrative burdens by having all their contracts with a single entity – Ontario Health atHome.

However, the disadvantage is that the management of health care services can't be tailored to the needs of the local levels. With all planning and decision-making power appearing to be centralized at Ontario Health, could we miss out on the ability to respond effectively to local needs?

2. The burden of costs is unclear

Health service providers and Ontario Health Teams (OHTs) may have to purchase the services of Ontario Health atHome, e.g. the use of Ontario Health employees or other back office supports. Are they going to transfer this cost onto the final consumers, i.e. the patients?

As well, Ontario Health may fund the health service providers and OHTs for the services they deliver to their clients. Does that mean not all the services patients receive from health service providers and OHTs will be free? If not, what could the cost burden to patients entail?

3. A new service organization may not be as accountable

Bill 135 talks about the governance of the Ontario Health atHome but does not specify any process for the public's access to Board meeting minutes and reports. Therefore, we are concerned about transparency and accountability to the public. Moreover, it is not clear if the OHTs will be public/private or non-profit organizations.



We can't separate aging in place from other needed action

Any discussions of an aging-at-home strategy should happen around the broader context of needed progress for the overall well-being of seniors. RTOERO has been advocating for change in the following priority areas:

- **National seniors strategy.** Gaps in our health care and social policies create barriers to the independence of older adults, and to their essential role in vibrant, healthy communities and economies. We must re-design and re-engineer the health care and financial infrastructures that theoretically support Canadians as they age (including psychosocial services).
- **Health care standards.** These must govern aging concerns along the whole pipeline and all networks within the pipeline. Maintaining well-being involves teams of experts collaborating to find solutions to address physical illnesses, disabilities, social isolation, loneliness and elder abuse. All levels of government need to support health standards for older adults in a holistic way. Such standards will guide health care practices for the aging – around mind, body and spirit – and establish robust accountability models.
- **Long-term care.** The pandemic highlighted how the health care system has been failing one of Canada's most vulnerable populations — residents of long-term care homes. LTC homes have been understaffed, understocked, unprepared, underprotected and underserviced. Their personnel have been underpaid and underskilled. This reality has been presented to governments again and again. We have been calling for action to improve conditions and inspections in LTC homes; funding for more permanent LTC staff; and increased wages, job security and benefits for staff (especially sick leave). We also support a national plan for LTC homes, with standards and processes for robust accountability, and a transition to an entirely not-for-profit LTC home model.

- **Healthy aging.** Many older people live in conditions unfavourable to well-being. Healthy aging encompasses active lifestyles, social inclusion, mental health, age-friendly communities and coping with change. Yet care, services and policies for seniors can often focus more narrowly on physical health. We need to evaluate how older adults are faring in terms of their overall well-being, and provide resources/ programs to support healthy aging in every dimension.
- **Geriatrics training.** Older Ontarians constitute about 16% of our population, but account for nearly half of our health and social care systems costs. A broader pool of geriatricians, who play a vital role in helping older adults remain healthy and independent for as long as possible. Canada only has about 300 geriatricians serving the older population – one for every 15,000 adults. That is unacceptable if our senior population is to age with dignity and receive the best health care. We don't invest enough in geriatric care training. We want to remove the cap restricting the number of graduates specializing in geriatrics. And also see special post-graduate programs and diplomas to help create careers in geriatrics for health care and psychosocial service workers. It's vital to improve the pipeline of these health-care workers.
- **Elder abuse prevention.** North American studies show that 2-10% of older adults will experience some type of elder abuse each year: physical, emotional, psychological, financial and neglect. This is a widespread yet mostly hidden problem. Ontario was the first province to introduce a strategy to combat elder abuse. Still, the awareness of the issue and resources available to help remain lacking. Many older Canadians in need of supportive services are not using them. Some may not be aware that these resources even exist, or lack access to them. Others may not accept that they are in an abusive situation or may be uncomfortable disclosing. We need to invest in the resources that detect older people at risk, serve victims and raise the profile of elder abuse.
- **Social isolation.** Meaningful connections with others keep us engaged and active. In contrast, social isolation can trigger mental, emotional and cognitive distress and worsen chronic health problems. It may also lead to various forms of elder abuse. One Canadian study reported that almost one-quarter of people aged 65-plus have feelings of loneliness. Isolation can be a particular risk when people retire, lose a spouse, or experience decreased mobility or cognitive decline. Our governments should support more ways to connect seniors to family, friends, neighbours, colleagues and their communities. Reducing social isolation will have a meaningful impact on the emotional, mental and physical health of our seniors.

- **Universal pharmacare.** Canada is the only developed country with a universal health-care plan that lacks universal drug coverage. We pay among the highest prices for prescription drugs. Ten per cent of citizens don't have adequate coverage. One in four households can't afford their prescriptions. Pharmacare is fragmented. We need a national pharmacare program that ensures access to medications and treatments essential to well-being and health. Financially-strapped seniors shouldn't have to choose between food or prescriptions.
- **Ageism.** Society is focused on dismantling of social structures that reinforce racism, discrimination and oppression. Ageism is a systemic bias too. In one survey, more than four in 10 Canadians said ageism is the most tolerated form of social prejudice. We have been active in fighting ageism, including supporting the work of the RTOERO Chair in Geriatric Medicine at the University of Toronto. This is the time to take decisive action on a rights-based approach to the needs of seniors. We support the UN Convention on the Rights of Older Persons. An international legal framework is an essential component of dismantling systemic ageism, and creating a more just and fair society for all Canadians as we age.



In short, we need more balanced health-care spending, and a deeper care workforce that's skilled in physical and mental health for older adults.

Successful home-care programs remove a considerable burden from the long-term and acute-care situations. In fact, these community-based solutions are key to solving the crises in those other areas of the health-care system.

Aging in place solutions must also recognize the need for more support for caregivers. Beyond home health-care professionals, spouses, children and friends play a key role in helping older adults to stay at home and in times of crisis. These caregivers give significantly of their time, and often experience health, social, career and economic consequences related to their caregiving role. Statistics Canada says almost 25% of people aged 65 and older are caregivers themselves. When caregivers are under stress, it can affect both their well-being and the health outcomes of the people for whom they're caring.

Older adults are the fastest-growing age group in Canada. Yet too many older people live in conditions unfavourable to well-being. The availability of appropriate health, social and community care providers supports healthy aging.

With policy improvements, we can address urgent needs now and create a more secure and compassionate future. Aging at home is part of providing dignity and quality to older peoples' lives, and ensuring supportive and sustainable communities for all.



Who We Are

RTOERO is a bilingual trusted voice on healthy, active living in the retirement journey for the broader education community. With 84,000+ members in 51 districts across Canada, we are the largest national provider of non-profit group health benefits for education retirees. We welcome members who work in or are retired from the early years, schools and school boards, post-secondary and any other capacity in education.

We believe in a better future, together!

For more information:

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