SUBJECT: State of Care for Seniors (CS09026) (City Wide)

RECOMMENDATION:

(a) That the Mayor correspond with the Minister of Health and Long Term Care to request additional funding for the Aging At Home Initiatives to assist seniors to live independently in their own home.

(b) That copies of the letter be forwarded to all local MPPs, the Ontario Association of Non-Profit Homes and Services for Seniors, the Association of Municipalities of Ontario and the Hamilton Niagara Haldimand Brant Local Health Integration Network.

(c) That Item "H" - State of Care for Seniors, be considered complete and removed from the Emergency & Community Services Committee’s Outstanding Business List.

Joe-Anne Priel,
General Manager
Community Services Department

EXECUTIVE SUMMARY:

At its Emergency and Community Services Committee meeting on June 20, 2007, staff presented an update to members on the transfer of the Homemakers and Nurses Services Program to Participation House Hamilton. Given the projected increase of seniors living in Hamilton who will require some health and social support assistance to
remain in their homes, staff were asked to provide the costs and benefits associated with providing institutionalized care versus assisting seniors to reside longer in their home with appropriate Home Care Services. “Aging in Place” programs that support seniors to live independently at home can decrease health care costs as well as demand for long-term care home beds and enhance seniors’ physical and psychological well-being by avoiding disruption to seniors’ personal lives.

The Ministry of Health and Long Term Care (MOHLTC) through its Local Health Integration Networks (LHINs) has invested a total of $702 million over three years in Ontario, and $60 million in the Hamilton Niagara Haldimand Brant (HNHB) area for an Aging at Home Strategy. This is an excellent initiative that is consistent with the positive findings in “Aging in Place” research studies. Staff are recommending the MOHLTC increase their investment in strategies such as the Aging at Home programs to ensure seniors can reside longer in their own homes with the necessary supports required.

**BACKGROUND:**

Background to Homemakers and Nurses Services Program:

The City of Hamilton managed the Homemakers and Nursing Services Program for more than 25 years. This discretionary program, which was cost shared at 80% Provincial and 20% Municipal, provided homemaking services for financially eligible clients. As part of the 2003 budget deliberations, Council directed staff to begin negotiations with the MOHLTC for the upload of this program to the MOHLTC. The City began to negotiate this transition with the MOHLTC and Hamilton Community Care Access Centre (CCAC).

During the discussions at the Emergency & Community Services Committee meetings on the transfer of Homemakers and Nursing Services from the City of Hamilton to Participation House and HNHB CCAC, concern was expressed by committee members about the increased future need for Home Care services such as Homemakers, given Hamilton’s aging population. Staff were asked to provide the costs and benefits associated with providing institutionalized care versus assisting seniors to reside longer in their home with appropriate Home Care Services.

**ANALYSIS/RATIONALE:**

Demographics of Seniors:

Seniors are at the centre of an unprecedented demographic shift in Canada and around the world. In 2006, one in seven Canadians was a senior over the age of 65 and by 2031 that number will grow to nearly one in four (Statistics Canada 2006a). In Hamilton, 2001 census data indicates that seniors (65 years and older) comprise 14.3% of our total population (75,393). It is expected that this will increase to 82,775 seniors by 2009. Comparative data also highlights that Hamilton’s seniors’ population is proportionately larger and growing at a faster rate than that of the province or the country as a whole. A recent (2006) population forecast by the Honourable Deb
Matthews, suggests that between 2001 and 2051, while the total population of Hamilton is anticipated to grow by 43.5%, the population age 65+ will grow by 104%. Further to this, the growth in the number of those aged 85 and over, will increase to 160%.

Older Canadians are living longer and with fewer disabilities than generations before them. At the same time, the majority of seniors have at least one chronic disease or condition. An expert panel of federal, provincial and territorial officials observed in their 2006 report that “our health care system primarily focuses on cure rather than health promotion and disease prevention.” A focus on the latter is needed in order to help people maintain optimal health and quality of life. The officials conclude that if left unaddressed, the aging of the population will have “far-reaching social, economic and political impacts that will far outweigh the costs of investing in healthy aging now” (Health Aging in Canada: A New Vision, A Vital Investment from Evidence to Action, 2006).

“Aging in Place”:

“Aging in Place” has become a popular alternative to placing seniors in institutional settings. It is the process by which seniors are able to grow older in the familiar and comfortable surroundings of their homes while being provided with the assistance necessary to maintain a relatively independent lifestyle (Heumann and Boldy: Aging in Place with Dignity: International Solutions Relating to the Low-Income and Frail Elderly, 1993.) This concept is an attractive policy alternative for multiple reasons.

Research has shown that it is more cost-effective to deliver health care services at the community level than in hospitals, long-term care facilities and other institutions. For example, a recent study found that for every $1,200 spent by the MOHLTC to pay for a person staying in a hospital bed for one day, it can treat 15 people in their homes through attendant care services providing 2.5 hours of daily care (Unleashing Attendant Services: Enhancing People’s Potential, Reducing Wait Times in Acute and Long-Term Health Care, July 2008). Hollander, in a study of the cost-effectiveness of chronic home care found that over time and for all levels of care needs, home care, on average, was significantly less costly than care in a long-term care facility (Unfinished Business: the Case for Chronic Home Care Services, A Policy Paper, 2003). For example, average annual costs to the government for people with moderate care needs in the mid-to-late 1990s in British Columbia was $9,624 for persons on home care and $25,742 for people in institutions. In a more recent study, Hollander evaluated the cost benefit of Veterans receiving community support (home visitor, meals on wheels) and home care services in the home versus in the hospital, and found that “facility costs were approximately four to five times the cost of community care” (The Continuing Care Research Project for Veterans’ Affairs Canada and the Government of Ontario, 2008). Hollander did conclude that seniors require a continuum of seamless integrated services that address the full spectrum of need, to assist seniors to live longer in their own home.

Currently, approximately 90% of older Canadians live independently in their community. The vast majority of seniors want to “age in place”, often in the homes where they raised their own families, or in a smaller house in those same neighbourhoods.
Maintaining independence as one grows older, has become a key objective for both individuals and policymakers.

“Aging in Place” also helps to address the current demands currently being placed on hospitals since approximately 30% of hospital acute beds are utilized by seniors who are waiting to either be admitted to a long-term care home or require additional community supports before they can return home.

For the above reasons, “Aging in Place” has become an attractive policy option because it can decrease health care costs, decrease the demand for long-term care home beds and stabilize seniors’ physical and psychological well-being by avoiding disruption to seniors’ personal lives.

Creation of the Local Health Integration Networks:

In 2006, the MOHLTC created 14 Local Health Integration Networks (LHINs) in a move to bring health care decision-making to the regional level. LHINs have delegated responsibility for the majority of health care funding and local health care priorities. Given the changing demographics, the needs of seniors is a priority for all of the LHINs. The LHINs are committed to working in partnership with community support services, the social housing sector, and all health care services to provide a continuum of services to seniors.

Aging at Home Strategy:

The MOHLTC in response to the above “Aging in Place” research findings introduced the Aging at Home Strategy (AAH), in August 2007 to support seniors to live independently in their own home. The objectives of the AAH are:

1. to provide seniors with a continuum of supports that enables independence and dignity in their homes;
2. to provide a comprehensive plan for an integrated continuum of care that includes community support services, home care, supportive housing, long-term care beds and end-of-life care; and,
3. to offer preventative supports to sustain the healthiest population of seniors possible.

This initiative has dedicated $702 million dollars from 2007 to 2010 in Ontario. The HNHB LHIN 4 received $60 million dollars over the same time period. The LHIN 4 AAH Strategy is committed to funding programs and services that provide the right services in the right place at the right time for seniors. Strategies must be innovative, respond to Ontario’s diverse aging population, and be built on community-based partnerships which will ensure the delivery of an integrated continuum of services to seniors. Focus areas include:

- transportation;
- supports in the home and supportive housing;
• falls prevention; and,
• supports for the frail elderly.

In 2008-2009, Year-One of the AAH, the HNHB LHIN funded 32 proposals at a cost of $7.6 million to assist seniors to live independently at home. Macassa Lodge’s Adult Day Program received additional funding to provide weekend programs for seniors with dementia. City Housing Hamilton (CHH) staff partnered with Catholic Family Services and were successful in receiving funding for case management, personal support and homemaking for 670 seniors currently living in supportive housing units. Other proposals provided additional supports in the home, such as homemaking, friendly calling, and “Home to Stay” where additional support is provided to frail seniors from a mix of community and professional services for up to one month after discharge from hospital.

The priorities for the Year-Two 2009/2010 year, are for Falls Prevention and Specialized Services for frail seniors. The HNHB LHIN received over 38 proposals, and decisions on the successful programs will be announced in the Spring 2009, with an estimated value of approximately $19 million.

The MOHLTC is to be commended in the implementation of the Aging at Home Strategy. By investing in partnerships that provide a basket of health and community services, seniors are able to live longer in their homes at a reduced cost to the health care system. Given the projected growth of the seniors' population over the next few decades, and the cost effectiveness of community health programs, staff are recommending that the MOHLTC increase funding for initiatives such as Aging at Home to ensure there are adequate community resources to support seniors to live independently in their own home for as long as they are able.

**ALTERNATIVES FOR CONSIDERATION:**

Failure of the MOHLTC to increase investment in community health support services for seniors will result in a significant economic burden for all citizens in Ontario since it is more costly for seniors to be hospitalized or reside in long-term care homes than to live in their own home.

**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

Financial:

There are no financial implications associated with the recommendations of Report CS09026 as the Aging at Home Initiative is 100% funded by the MOHLTC.

Staffing:

There is no proposed increase in staffing associated with the recommendations of Report CS09026.
Legal:

There are no legal implications associated with the recommendations of Report CS09026.

POLICIES AFFECTING PROPOSAL:

The Aging at Home Initiative is consistent with the City of Hamilton’s Vision 20/20; as well as the City of Hamilton’s Vision theme of Personal Health and Well-Being. It also reflects several of the City of Hamilton’s Strategic Goals, such as Financial Sustainability, Social Development and Inter-Governmental Relations.

RELEVANT CONSULTATION:

Staff consulted with the HNHB LHIN; Council on Aging and members of the Ontario Community Support Association.

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, and economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

- **Community Well-Being is enhanced.** ✓ Yes ☐ No
  Additional supports to assist seniors to live independently and longer in their own home enhances their quality of life.

- **Environmental Well-Being is enhanced.** ☐ Yes ✓ No

- **Economic Well-Being is enhanced.** ✓ Yes ☐ No
  Since it is more cost effective for seniors to reside in their own home with community supports versus being institutionalized, this will place less of a tax burden on Hamilton citizens.

- **Does the option you are recommending create value across all three bottom lines?** ☐ Yes ✓ No

- **Do the options you are recommending make Hamilton a City of choice for high performance public servants?** ☐ Yes ✓ No