



RECOVERY & RESILIENCY

Making Care at Home a Priority for Seniors

2021 Federal Budget Submission

February 2021



Canadian
Home Care
Association

RECOMMENDATIONS

As Canada begins the process to build back better, to learn from the global pandemic we must create a long-term care system (both home and facility-based) that provides Canadians with the choice to receive services when they want it and where the best health outcomes are possible.

Fast-track funding for long-term care at home: Provide federal funding to provinces and territories to expand home-based restorative care programs that enable early hospital discharge and support seniors at home. Reprofile the 2017 funding commitment of \$6 billion for home and community care and allocate \$1.5 billion in the 2021 budget.

Create conditions for a sustainable workforce: Support the federal governments \$38.5 million investment in micro-training up to 4,000 ‘personal support worker interns’ through the creation of a program directed by home care provider organizations. Expand on-line training in continuing education and resiliency training, in addition to a cost-sharing for ongoing mentoring and employment commitments for new hires. The federal government is positioned to take a leadership role in creating opportunities and conditions for individuals to choose a career in long-term care, both in the home and in facilities.

Create broad-based principle-based long-term care standards: Embedding a “home is best” philosophy into the creation of national principle-based standards for long-term care. Build on existing work done by the CHCA to develop long-term care standards that are principle-based and reflect national consistency in services, workforce skills and competencies, and quality care.

Advance a national caregiver strategy: Recognize and confirm caregivers as essential partners in the delivery of health and social care. Build on the work of Carers Canada to recommend support and empower caregiver to ensure their health and well-being, minimize the financial burden, access information and be employed in flexible caregiver-friendly workplaces.

OVERVIEW

COVID-19 has clearly shown that home, not a hospital or long-term care facility, is the safest and preferred setting of care for seniors living with a frailty, individuals with chronic conditions and those at end-of-life. For many Canadians (over 1.2 million seniors) this means that receiving long-term care services in their own home results in better quality of life for both themselves and their loved-ones.

Publicly funded home care programs offer services from regulated health professional (nursing, therapists, physician consultations, etc) and non-regulated health professionals (personal care, meals, laundry, cleaning). They also arrange respites services and supports for family caregivers.ⁱ

The response and outcomes of the global pandemic has underscored the urgent need to re-evaluate how we provide care and support for individuals with long-term needs. A disproportionate number of Canada seniors living with a frailty are prematurely admitted to long-term care facilities (i.e. nursing homes) rather than receiving care in their own homes. Individuals are less likely to be exposed to infections in a home setting where interactions are limited to a circle of providers and family members. In contrast, facilities have a high volume of close contacts with both residents and staff. Between March and June 2020, infection rates in a home setting due to COVID-19 were 0.04%, with no COVID-related deaths to date.¹

The Canadian Institute for Health Information reported that 1 in 9 newly admitted residents in long-term care homes could have been cared for at home². This represents more than 5,000 seniors who are prematurely moved to congregate care where the potential for exposure to diseases such as COVID-19 is greater. Additionally, the solutions that were implemented to manage the spread of COVID-19 resulted in increased isolations for seniors (restricted access to family caregivers) and rapid decline for many dealing with mental illness. Providing safe and appropriate long-term care for seniors and other vulnerable populations requires targeted funding and increased resources for expanding home care services and provided by skilled and knowledgeable health care workers.

These pre-budget recommendations of the Canadian Home Care Association (CHCA) present a path to build back better, to learn from the experiences of COVID-19 and to create the best option for sustainable long-term care to meet the needs of our aging population. Immediate action is needed from all levels of government (federal and provincial / territorial) to build capacity and meet demand in our currently underfunded and underdeveloped home care system. We know that investing only 5% of the total public health care budget on home care is not enough investment from governments in terms of time, capacity and funding to support seniors in their preference for long-term care at home.

Long-term care services include health and supportive care for individuals who have a significant loss of physical and mental capacity. They help people maintain a level of functional ability consistent with their basic rights, fundamental freedoms, and human dignity. (WHO, 2020).

Long-term care services are provided in care facilities (e.g. nursing home) or home settings (e.g. residence, retirement community).



ⁱ A caregiver (also referred to as a family caregiver or carers) is a person who takes on an unpaid caring role for someone who needs help because of a physical or cognitive condition, an injury or a chronic life-limiting illness.

LESSONS LEARNED FROM COVID-19

The acute care/hospital-centric approach to the challenges of COVID-19 resulted in many unintended negative consequences. Impacting seniors, vulnerable individuals, health care providers and family caregivers physical and mental health, the lessons learned from COVID-19 clearly show that we must change how we think about and provide long-term care. Our approach to managing and mitigated COVID-10 provided an opportunity to learn from our mistakes and build a better, more robust health and social care system for our most vulnerable.

Cancelling and limited essential long-term care in the home:

Early in the COVID-19 response jurisdictions cancelled “non-urgent home care services” with the intent to provide surge capacity from hospital discharge. While well intentioned, this action resulted in increased demand placed on family caregivers – where individuals had to take on a new caring role or increased burden was placed on existing caregivers. Since the start of the first wave of COVID-19, family caregivers have provided more care and spent more money. The cancellation and limitation of home care visits also impacted health human resources where home care organizations had to lay off workers when service volumes declined.

According to a global survey*, the COVID-19 pandemic has exacerbated the distress of Canadian caregivers with 70% stating the pandemic has worsened their emotional/mental health, compared to 61% of the 12-country average.

61% of Canadian caregivers say the pandemic has worsened their physical health, compared to 46% of the 12-country average.

41% of caregivers in Canada report increased home care responsibilities due to the pandemic

Access to personal protective equipment (PPE), infection control training and vaccinations:

At the start of the pandemic, access to PPE was prioritized for hospitals, resulting in the vast majority (70%) of home care providers with a critical shortage of PPE. Supplies of surgical masks, eye protection, gowns, gloves, and hand sanitizer were severely limited. Home care providers were left on their own to source and purchase supplies, as most government channels were focused on hospitals. Education for donning and doffing PPE was available for a controlled hospital setting and not useful for the home and community needs. Vaccination distribution strategies again focus on hospitals and then long-term care facilities with minimal access for home care providers and no clear protocols for family caregivers who are providing up to 80% of the supportive care in the home.

Shortage of home care workers. Ad-hoc responses from governments with “pandemic pay increases or targeted recruitment for a specific sector” exacerbated the challenges facing home care providers across the country. Prior to COVID-19, there was a projected short-fall of non-regulated workers (personal support workers) of approximately 18,000 full-time equivalents. Given the drastic limitations on immigration, and the targeted recruitment and incentives for individuals to work in facility-based care, the home care sector is experiencing a human resource crisis. The December 2020 federal government announcement of \$38.5 million over two years to support micro-training up to 4,000 ‘personal support worker interns’ is only a small measure to address this crisis. Lower skilled and qualified individuals will require greater supervision and investment in ongoing skills training if they are to remain active and productive. Broader issues such as access to continuing education, wage disparities between home care, LTC facilities and hospitals, incentives to work in rural areas, and resiliency training must be considered immediately.

IMMEDIATE PRIORITIES

Invest in expanded long-term care services at home for seniors and vulnerable populations where exposure to COVID-19 is limited.

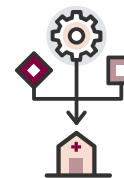
While COVID-19 itself did not discriminate, it did disproportionately impact seniors who are often coping with multiple chronic diseases. Canada's response to COVID-19 resulted in much higher mortality rates in seniors versus other nations. In Canada, 81% of COVID deaths occurred in a long-term care facility. The majority of seniors in Canada can and should have their long-term care needs met in their home instead of a congregate care setting (nursing home) where frail and vulnerable individuals are at greater risk of exposure to infectious diseases (e.g. COVID-19).

Health care providers working in home care have the expertise and ability to safely deliver complex care for individuals with long-term care needs. Unfortunately, the policy and funding decisions made in response to COVID-19—rationing of home care services, incenting non-regulated workers (i.e., personal support workers) to work in hospitals and long-term care facilities, limited access to PPE and challenges in accessing medications—created artificial barriers to making this happen.

Receiving long-term care in the home is safer for seniors living with a frailty, individuals with chronic conditions and those at end-of-life.

To facilitate economic recovery and ensure sustainable long-term care for seniors and other vulnerable population, the following actions must be taken:

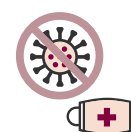
1 Increase long-term care at home: Provide federal funding to provinces and territories to expand home-based restorative care programs that enable early hospital discharge and support seniors at home. Reprofile the 2017 funding commitment of \$6 billion for home and community care and allocate \$1.5 billion in the 2021 budget. As of 2020, only 46% (\$2.8 billion) of the federal commitment has been transferred to provinces and territories. The immediate urgency to expand long-term care services at home and address shortages in health human resources requires federal leadership and funding. Ensuring seniors get the care they need in a safe environment, with the support of family caregivers, can only be achieved through this commitment.



2 Create sustainable workforce attachments for new hires: Support the federal governments \$38.5 million investment in micro-training up to 4,000 'personal support worker interns' through the creation of a program directed by home care provider organizations. This approach should include expanding on-line training in continuing education topics and resiliency training, in addition to a cost-sharing for ongoing mentoring and employment commitments for new hires.



3 Maintain systems to access PPE and vaccinations: Home care providers and caregivers are a priority group if we are to maintain a safe care environment for over 1.2 million seniors (aged 65+ with the majority 80+). Access to PPE, appropriate education for using PPE in the home setting, and financial support for home care companies who must purchase additional PPE must be in place. Recognition and recommendations on vaccinating home care workers and caregivers that can be adopted by provinces and territories is necessary.



BUILD BACK BETTER – LONG-TERM CARE PRIORITY

Create a long-term care system (both home and facility-based) that provides Canadians with the choices to receive services when they want it and where the best health outcomes are possible.

Institutionalized residential care is not the only option for supporting the long-term care needs of seniors. Countries around the world have successfully created systems to provide quality care and reinforce quality of life for seniors living with a frailty. These systems have strategically and systematically expanded long-term care services at home so that only the individuals with the highest needs (i.e., those not able to manage at home) are admitted to long-term, facility-based care. In Canada, 42% of individuals over the age of 80 years that need long-term care receive it in an institutional setting compared to 30% in other comparable countries.³

Building capacity in home care, specifically for seniors living with a frailty and other vulnerable populations, requires leadership from the federal government in partnership with provinces and territories, to focus on the following priorities:

Health care workforce: Long-term care (in the home or a facility) is becoming more medically complex. Expanded competencies, greater knowledge and skills and increased resiliency are required for both regulated and non-regulated health care workers. While the immediate challenge is non-regulated workers (personal support workers), it is anticipated that there will also be a shortage of regulated home care staff (nurses, therapists and social workers). Recruitment and retention will be increased through better working conditions, less wage disparity between long-term care and acute care, career progression and continuing education. The health care workforce shortage across Canada will get worse. The federal government is positioned to take a leadership role in creating the opportunities and conditions for individuals to choose a career in long-term care, both in the home and facilities.

Principle-based long-term care standards: Embedding a “home is best” philosophy to guide long-term care re-design and funding ensures that seniors who prefer to live at home and receive necessary services safely remain there as long as possible. In January 2021, the federal government announced their intention to create “new, national standards for long-term care so that seniors get the best support possible”. This work must include home-based long-term care. Building on existing work done by the CHCAⁱⁱ, long-term care standards should be principle-based and reflect national consistency in services, workforce skills and competencies, and quality care.

Essential role of caregivers: Caregivers need to be recognized and included as essential partners of the care team. They must know where to get resources and supports for themselves and the care recipient. Our country needs national caregiver legislation to define and strengthen caregiver rights and recognition, ensure resources are available to support their health and well-being, minimize the financial burden, and enable access to necessary information and flexible caregiver-friendly workplaces.

ii In response to the federal government request in 2016, the CHCA created a [framework for national principle-based standards](#) for home and community care that was endorsed by stakeholders across the country.

-
- 1 Survey on home health care providers by the Canadian Home Care Association.
 - 2 Canadian Institute for Health Information. (2019). *Common Challenges, Shared Health Priorities: Measuring Access to Home and Community Care and to Mental Health and Addictions Services in Canada*. Ottawa, ON: CIHI.
 - 3 The C.D. Howe Institute. (2020). COVID-19 Crisis Public Health and Emergency Measures Working Group, Communique #4: A Tale of Two Epidemics: Why Seniors' Care in Canada was So Hard Hit. *Crisis Working Group Report*. Retrieved from https://www.cdhowe.org/sites/default/files/attachments/communiques/mixed/CWGR_2020_0602.pdf
 - * The Carer Well-Being Index is a global research study commissioned by Embracing Carers and fielded in partnership with an independent, third-party market research provider and non-governmental organizations across 12 countries: United States, Canada, United Kingdom, France, Germany, Italy, Spain, Australia, Brazil, Taiwan, India and China. https://www.embracingcarers.com/en_US/home/carerfacts/carerwellbeingindex.html

CANADIAN HOME CARE ASSOCIATION

CHCA is dedicated to ensuring the availability of accessible, responsive home care to enable people to safely stay in their homes with dignity, independence and quality of life. Our vision is an integrated health and social care system that provides seamless patient- and family-centred care that is accessible, accountable, evidence-informed, integrated, and sustainable. The CHCA is a recognized and respected resource for our members as we make connections and facilitate the sharing of new ideas and leading practices across the country. Through our diverse membership base, the CHCA represents public and private organizations that fund, manage and provide services and products in the home and community.

www.cdnhomecare.ca 905-567-7373