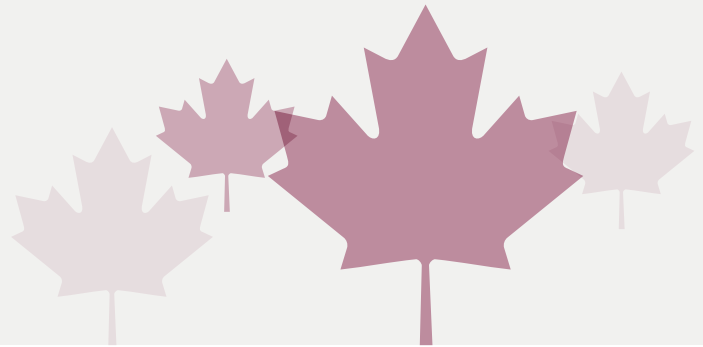




Canadian Home Care
Association

Written Submission for the Pre-Budget Consultations in Advance of the 2025 Federal Budget



List of Recommendations

1

The federal government should invest \$800 million annually over five years to expand access to home and community care services and create robust data systems and reporting mechanisms to track progress effectively and utilize resources.

2

The federal government should invest \$300 million annually for four years to support the development of a skilled and sustainable healthcare workforce.

3

The federal government should invest \$750 million over three years in an Integrated People-Centred Care Transition Fund, managed and coordinated by Health Canada, to accelerate the adoption and scaling of integrated home care and primary healthcare models.

4

The federal government should invest \$17.6 million to expand and extend the Digital Literacy Exchange Program (DLEP) for an additional three years to build patients' and caregivers' skills in digital health literacy.

Home care provides essential health and support services in homes and community settings for individuals with acute, chronic, palliative, or rehabilitative needs. Canadians prefer home over hospitals or long-term care for recovery, managing conditions, and end-of-life care. However, rising demand is outstripping resources, limiting access to necessary care.

This pre-budget submission outlines four key priorities for federal investment to align with provincial and territorial initiatives, fostering a coordinated nationwide approach to home care.

Recommendation 1:

Enhancing Access to Home and Community Care Services

The federal government should invest \$800 million annually for five years to expand home and community care services and develop strong data systems for tracking progress. This funding will support the Aging with Dignity Bilateral Agreements and ensure Canadians, especially seniors and those with chronic needs, receive effective care at home.

Justification

- **Quality of Life:** Enhancing home care services improves patients' quality of life, allowing them to age in place and remain in familiar surroundings. Studies have shown that home care can significantly improve seniors' well-being and mental health (National Seniors Council, 2024).
- **Economic Benefits:** Investing in home care services reduces the need for more expensive hospital admissions and long-term care placements. The average hospital stay cost is approximately \$7,000, compared to \$95 per day for home care services (CIHI, n.d.).
- **Demonstrated Success:** Continuation of targeted funding ensures that investments result in improved access and quality of care. The Shared Health Priorities and Aging with Dignity Bilateral Agreements have already demonstrated positive outcomes in participating provinces, making this a viable model for national implementation.
- **Accountability:** Investing in data systems and reporting mechanisms ensures transparency in federal fund use and progress tracking in home care. The Canadian Institute for Health Information (CIHI) contributes with its National Home Care Indicators, offering insights into service performance. Tracking metrics such as client outcomes and service utilization helps identify areas for improvement and enhances access and quality of care.

Implementation Strategy

Targeted funding through bilateral agreements (e.g., Working Together, Aging with Dignity) will meet provincial needs effectively. Direct funding to the Canadian Institute for Health Information (CIHI) will enhance its reporting and analysis, helping jurisdictions build essential capacity.

Recommendation 2:

Strengthening the Health Care Workforce

The federal government should invest \$300 million annually for four years to develop a skilled and sustainable healthcare workforce, addressing workplace challenges faced by women, many of whom are racialized and immigrant workers who predominantly make up the home care sector workforce.

Justification

- **Labour Shortages:** Over 148,600 non-regulated providers (personal support workers and health care aides), 98,900 nurses, and 19,100 allied healthcare professionals are employed in the home care sector. Given the anticipated increase in service demand and expected retirements, a labour shortage of 22,200 non-regulated providers and 5,000 regulated providers is predicted by 2031 (Statistics Canada, 2021).
- **Working Conditions:** High turnover rates and burnout are significant challenges in the home care sector (Denton et al., 2022). Fostering sustainable workforce attachments through tax-based worker retention programs and rebates can help maintain a stable workforce.
- **International Workers:** New immigrants comprise a significant portion of the non-regulated home care workforce. The new federal government 'Enhanced Caregiver Pilot' program, announced in June 2024, will positively impact foreign-trained home care workers arriving in Canada.
- **Psychological Safety and Employee Resiliency:** Enhancing mental wellness, employee resiliency will improve worker health and safety. Through building emotional intelligence skills, healthcare workers are better able to manage change, experience greater job satisfaction, and deliver higher quality of care (Cascio, 2017).

Implementation Strategy

Increased investment in Health Workforce Canada is crucial for improving workforce data and sharing best practices. Funding for specialized online training in emotional intelligence will build worker resiliency and positively impact retention rates.

Recommendation 3:

Promoting Innovation and Integrated Care

The federal government should invest \$750 million over three years in an Integrated People-Centred Care Transition Fund to accelerate the adoption of integrated home and primary care models. This fund will support team-based approaches that connect care points, enabling seamless, patient-centered care.

Justification

Integrating home and primary health care ensures a continuous, holistic patient care experience, particularly for those with complex chronic conditions.

- **Cost Efficiency:** Integrated care models reduce costs by minimizing hospital admissions, reducing service duplication, and improving overall health outcomes (Roland, M., et al. 2012).
- **Improved Patient Outcomes:** Integrated care models enhance patient outcomes by providing coordinated, comprehensive care that addresses all patient health aspects. This approach ensures timely interventions and better management of chronic conditions (Tsasis, P., et al. 2012).

Implementation Strategy

An Integrated People-Centred Care Transition Fund, coordinated and managed through Health Canada, would provide the necessary resources to accelerate the spread and scale of integrated primary and home-based care models. Funded projects would build upon successful initiatives that have resulted in large-scale sustained change, as experienced in ON, QC, and AB, for example.

Recommendation 4:

Recommendation 4: Improve Digital Health Literacy

The federal government should invest \$17.6 million to expand and extend the Digital Literacy Exchange Program (DLEP) for an additional three years to build patients' and caregivers' skills in digital health literacy. This funding will empower vulnerable populations to utilize new digital health tools like telehealth services, virtual care, virtual physician visits, and electronic health records.

Justification

Expanding the DLEP to include digital health tools and virtual care platforms is crucial for modernizing our healthcare system. Through this existing program, patients from underrepresented and vulnerable populations (e.g., seniors living with frailty, individuals in areas with limited access to healthcare services, racial and ethnic minorities, and individuals living with complex chronic conditions) will gain skills on how to use digital tools effectively.

- **Seniors' Digital Literacy:** In 2022, only 37.8% of seniors made online voice or video calls, a marginal increase of 0.6% from 2021, indicating that most seniors aged 65+ have not experienced virtual conversations. Additionally, only 40.7% of seniors booked appointments online, highlighting that less than half are scheduling appointments using online services (Statistics Canada, 2023). Including digital health literacy in the DLEP will facilitate seniors' engagement and improve their accessibility to healthcare.
- **Enabling Primary Care Providers:** Video consultations and online communication are essential for primary care delivery. According to CIHI (2023), 48.7% of Canadian physicians provide care through video consultations, while 48.8% offer communication via email or a secure website for medical questions. Additionally, 83% report that telehealth has significantly improved care timeliness. Expanding the DLEP will enable primary care providers to deliver timely access to care.
- **Measuring Outcomes:** The newly introduced CIHI national indicator on digital health literacy will capture the outcomes of an expanded DLEP beyond March 2025 that includes a focus on digital health literacy.

Implementation Strategy

The DLEP expansion should focus on digital health literacy. This investment will build on the success of the DLEP, which successfully trained 400,000 Canadians in digital literacy (Innovation, Science and Economic Development Canada, 2023). A phased and targeted approach would yield maximum results. Collaboration with jurisdictions that have identified digital health and virtual delivery of primary care and home-based care should be an immediate priority (e.g. BC, ON, AB, and NL have all prioritized virtual care delivery in their health plans).

Summary of Recommendations

Recommendation 1:

The federal government should invest \$800 million annually over five years to improve home and community care services and develop robust data systems for tracking progress. This funding supports the Aging with Dignity Bilateral Agreements and aims to enhance seniors' quality of life, reduce healthcare costs, and ensure transparent use of resources. Targeted funding through bilateral agreements will address provincial needs, and direct funding to CIHI will improve reporting and support capacity building.

Recommendation 2:

The federal government should invest \$300 million annually for four years to build a skilled and sustainable healthcare workforce. This funding will address labor shortages, improve working conditions, and support racialized and immigrant women who predominantly work in home care. Key initiatives include better wages, enhanced working conditions, and specialized training, particularly in emotional intelligence and resiliency. The investment will also support Health Workforce Canada in improving workforce data and sharing innovative practices.

Recommendation 3:

The federal government should invest \$750 million over three years in an Integrated People-Centred Care Transition Fund to promote the adoption of integrated home and primary health care models. This fund will support team-based approaches that connect various care points, improving coordination and patient outcomes while reducing costs. Health Canada managing the fund will build on successful initiatives and accelerate the implementation of seamless, patient-centered care models.

Recommendation 4:

The federal government should invest \$17.6 million to expand and extend the Digital Literacy Exchange Program (DLEP) for three years to enhance digital health literacy among patients and caregivers. This investment will help vulnerable populations, such as seniors and those with limited access to healthcare services, better use digital health tools like telehealth and electronic health records. Expanding the DLEP will improve access to virtual care and support primary care providers in delivering timely services. The program will be evaluated using CIHI's new national indicator on digital health literacy.

The Canadian Home Care Association (CHCA)

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 and sustainable. 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.

REFERENCES

- Canadian Institute for Health Information. (n.d.). Health spending. CIHI. Retrieved from <https://www.cihi.ca/en/health-spending>
- Canadian Institute for Health Information. (2023). How Canada compares: Results from the Commonwealth Fund's 2022 international health policy survey of primary care physicians in 10 countries — Data tables. Ottawa, ON: CIHI.
- Cascio, M. (2017). The role of emotional intelligence in health care professionals' burnout. *International Journal of Healthcare and Medical Sciences*, 3, 8-16.
- Denton, M., Zeytinoglu, I. U., Davies, S., & Lian, J. (2022). Job stress and job dissatisfaction of home care workers in the context of health care restructuring. *International Journal of Health Services*, 32(2), 327-357. <https://doi.org/10.2190/VYN8-6NKY-RKUM-LOXW>
- Innovation, Science and Economic Development Canada. (2023, June 7). Digital literacy exchange program. Retrieved from <https://ised-isde.canada.ca/site/digital-literacy-exchange-program/en>
- National Seniors Council. (2024). Final report of the expert panel supporting Canadians aging at home. Retrieved from <https://www.canada.ca/content/dam/esdc-edsc/documents/national-seniors-council/programs/publications-reports/aging-home/NSC-ExpertPanel-AgingAtHome-FinalReport-EN-20240621.pdf>
- Roland, M., et al. (2012). Economic evaluations of integrated care models: A systematic review. *PLOS ONE*, 7(4). Retrieved from <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0032822>
- Statistics Canada. (2021). Home care labour market by the numbers. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-003-x/2021002/article/00002-eng.htm>
- Statistics Canada. (2023, July 20). Table 22-10-0137-01: Selected online activities by gender, age group, and highest certificate, diploma or degree completed. Retrieved from <https://doi.org/10.25318/2210013701-eng>
- Tsasis, P., et al. (2012). Integrated care in Canada: The case of chronic disease management. *International Journal of Integrated Care*, 12. Retrieved from <https://www.ijic.org/articles/10.5334/ijic.1045/>



Canadian
Home Care
Association

[CHCA Website](#) / [X](#) / [LinkedIn](#)