



## CARP's New Vision for Aging at Home

CARP advocacy at the provincial level is focussed on health care, especially integrated continuing care, which will help make aging at home a reality for older Canadians. Canadians want to live at home for as long as possible, regardless of physical limitations and changes in health.<sup>iii</sup> Aging at home remains a promise not a reality, despite a patchwork of provincial efforts and policies. Provincial home care policies, where they do exist, tend to focus on post-acute services, disregarding the individual and systemic benefits to an integrated continuum of care that accounts for the well-being of Canadians throughout the age and health spectrum.

CARP is calling for a new vision for aging at home that addresses the diversity of needs and challenges that Canadians may experience that also contributes towards building a sustainable healthcare system. CARP's new vision of aging at home requires a commitment to sustainable funding and standards for an integrated system of continuing care that meets the variety of needs and challenges of all Canadians as they age.



### CARP Recommends

that provincial governments coordinate to develop a national homecare strategy that establishes national standards of care, an integrated model of continuing care, by:

- Promoting an integrated system of continuing care delivery for older Canadians;
- Developing a homecare navigation system with single entry-point/client centred approach;
- Guaranteeing a basic level of homecare services across Canada;
- Developing national homecare standards, to be adopted by all provinces;
- Integrating health, homecare, social, and housing services to ensure that Canadians are receiving the right supports to age at home, by developing a national model for integrated continuing care;
- And providing sustainable funding.

***“Post acute home care was declared the next essential service in the 2004 Health Accords, and billions were put on the table for it; that this is so far from being realized almost a decade later is a national shame. Living out one’s days in the safety and comfort of one’s own home should be taken for granted. With all the research and technology available to us today, there are no more excuses.” said Susan Eng, VP Advocacy, CARP***



## Growing Demand for home care and Integrated Continuing care

Older Canadians are increasingly expecting to age at home and seamlessly move from acute care to long-term continuing home care. Demand will grow as the population ages, yet most CARP members don't know if or where home care is available in their home province.

- 1 of 7 senior households received some homecare services in 2003.<sup>iii</sup>
- 71% of CARP members polled don't know if 24-hour home care is available for those who require it.
- 25% of CARP members expect to live at home with a mixture of private and public sector care when they can no longer live on their own.
- Over 40% of CARP members say that they would not know where to get homecare if they needed it.

As an integrated part of a system of continuing care, homecare should be coordinated with other continuing care services such as case management, supportive housing, assisted living, long term care, and geriatric assessment and treatment units, making the most of investments in each constituent program.<sup>iv</sup> More efficiency and better health outcomes will ensue that older Canadians are able to easily navigate and access the necessities for aging at home.

## Home is an Affordable & Desirable Place to Age

Many older homeowners do not have sufficient incomes to keep up with home maintenance, repairs, property taxes and other housing costs. By the time they enter their 70s, Canadians begin to sell off their homes, perhaps to downsize or use their homes' equity in retirement.

However, with the high costs of retirement home living and compounding expenses of aging, Canadians might use-up and out-live their homes' value, which jeopardizes quality of life, and puts many at risk of deteriorating health. The outcomes are costly for already strained healthcare services that must step in to address preventable or controllable health problems.

## Comparative Cost of Care in BC- 1996/97 Cohort in 1996/97 Dollars Average Cost<sup>v</sup>

Level of Care	Community Care (\$)	Facility Care (\$)
Light Care	9,624	25,742
Moderate Care	16,315	31,907
Heavy Care	24,560	40,324
Extended Care	34,859	44,233



Currently, average, non-subsidized rent for seniors housing that includes light care supports is unaffordable for most older Canadians. Yet, affordable housing and government subsidized options are limited in number.

- 72% of all senior households own their home.<sup>vi</sup>
- Average market priced units cost \$1,909 per month for bachelors and private rooms.<sup>vii</sup> Given that the 2006 median after-tax income of unattached seniors was \$20,800,<sup>viii</sup> the average unattached senior, spending all of his or her income on housing, would fall short by nearly \$3,000 in one year.
- Private facilities offering heavier care are even more expensive. Average rent in these facilities varies considerably across the major provinces. Nationally, the average rent is \$3,530 per month, totaling \$42,360 per year.<sup>ix</sup>

Since the nationally accepted guides for housing affordability require shelter to cost less than 30 percent of Canadians' before-tax household income (this includes payments made for fuel, water and other municipal services), only older Canadians with very high incomes would be able to personally manage to pay for institutional care or seniors housing at market rent.

## Home Care is the More Cost Effective Way to Deliver Care

Homecare is a cost-effective way to address the aging population's continuing care needs without entering institutional care. Program Analysis from BC shows considerable savings from home care compared to institutional care:

- Home care can produce savings of between 40% and 75% compared to care in a long-term Care facility.<sup>x</sup>
- Light care at home versus in an institution is the most cost-effective trade-off, saving about 60% compared to institutional care.

Hospital readmissions are costly. Individuals in need of post-acute support or care for chronic conditions can, with the right supports, age at home helping save the healthcare by minimizing hospital readmissions.

The Virtual Ward is a model of care that is designed to help patients who are at high risk of readmission after discharge by providing them with Comprehensive supports as they continue recovering at home. It is being used throughout the UK and is beginning to be used in Ontario as a way to reduce hospital readmissions by providing short-term transitional care to patients who are deemed high-risk.<sup>xi</sup> It holds the potential to shorten waitlists and reduce high healthcare expenses of hospital readmission, while enhancing patients' quality of life by helping them maintain their health.

## Moving Ahead

Despite the limited efforts in comprehensive homecare delivery so far, all provinces have an opportunity to make the most of this sustainable and cost-effective solution to supporting aging at home. This sentiment has recently been echoed in the Drummond Report [Ontario] as a key component to reducing healthcare costs and ensuring the long-term sustainability of the provincial system.<sup>xii</sup> Comprehensive supports to help people age at home will help reduce the premature use of expensive healthcare resources, decrease the building and reliance on LTC beds, while encouraging independent and dignified aging.

<sup>i</sup> CMHC. 2008. Impacts of the Aging of the Canadian Population on Housing and Communities.

<sup>ii</sup> CARP Poll, August 2011, Age Centred Poll Report.

<http://www.carp.ca/2011/08/15/age-centred-poll-report/>.

<sup>iii</sup> CMHC. 2008. Impacts of the Aging of the Canadian Population on Housing and Communities.

<sup>iv</sup> Chappell, N. and Hollander, M. 2011. "The Authors Response," *Healthcare Papers* 11:1, 86-91.

<sup>v</sup> Hollander, M.J. 2001. Substudy 1: Final Report of the Study on the Comparative Cost Analysis of Home Care and Residential Care Services. Victoria: National Evaluation of the Cost-Effectiveness of Home Care.

<sup>vi</sup> CMHC. 2010.

[publications.gc.ca/collections/.../NH18-23-110-021-eng.pdf](http://publications.gc.ca/collections/.../NH18-23-110-021-eng.pdf)

<sup>vii</sup> Canada Mortgage and Housing Corporation. 2011. Seniors' Housing Report: Canada Highlights.

<sup>viii</sup> National Seniors Council. 2009. Report of the National Seniors Council on Low Income Among Seniors, Retrieved on December 14, 2011.

[http://www.seniorscouncil.gc.ca/eng/research\\_publications/low\\_income/2009/hs1\\_9/page00.shtml](http://www.seniorscouncil.gc.ca/eng/research_publications/low_income/2009/hs1_9/page00.shtml).

<sup>ix</sup> Canada Mortgage and Housing Corporation. 2011. Seniors' Housing Report: Canada Highlights.

<sup>x</sup> Hollander, M. and Chappell, N.L. 2007. "A Comparative Analysis of Costs to Government for Home Care and Long-term

Residential Care Services, Standardized for Client Care Needs," *Canadian Journal on Aging* 6:1, 149-161.

<sup>xi</sup> Canadian Agency for Drugs and Technologies in Health. "The Use of Virtual Wards to Reduce Hospital Readmissions in Canada

<http://www.cadth.ca/en/products/environmental-scanning/environmental-scans/environmental-scan-27>

<sup>xii</sup> Drummond, D. 2012. Commission on Reform of Ontario's Public Services. Retrieved on February 15, 2012.

<http://www.fin.gov.on.ca/en/reformcommission/>