Aging in the Community

WHEREAS in September 2015, Statistics Canada reported there are now more Canadians aged 65 and over (16.1%) than aged 14 and younger (16%); and

WHEREAS the proportion of Canadians aged 65 and over is expected to increase to nearly 25% by 2041; and

WHEREAS the Canada Health Act does not offer universal access for home and community care and Long Term Care Services; and

WHEREAS a key element of the Action Plan for Seniors developed by the Province of Ontario was the Aging at Home Strategy that demonstrated that provision of support services in the home significantly reduces the rate of admission to hospital or nursing home and and thereby a significant reduction in costs of providing long term care; and

WHEREAS Naturally Occurring Retirement Communities (NORCs) promote aging in community by supporting independence, dignity and healthy aging by engaging seniors before a crisis occurs and proactively responding to each senior's changing needs; and

WHEREAS public funding has been critical to the successful initiation and maintenance of NORC Supportive Service Programs that provide health and social services, and community engagement, and has often served as a catalyst for financial participation by housing sponsors, provider agencies, local philanthropists and the communities themselves;

BE IT RESOLVED that the Government of Canada take the lead in partnership with the Provinces, Territories and indigenous peoples by establishing a framework for stable funding that supports aging in community, thereby promoting independence, dignity, healthy aging and quality of life within Naturally Occurring Retirement Communities across Canada.

Kingston and the Islands Riding Association
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****(Permission to use as background to be obtained)****
From http://www.nationalseniorsstrategy.ca/pillar-3/access-to-services/

BACKGROUND

Supporting older Canadians to age in their place of choice depends on having access to appropriate care services when and where they need them. Over the last decade, there has been a significant reorientation of health care delivery from institutional-based settings, like hospitals and long-term care (LTC) homes, toward more home and community-based settings. Despite this shift, there is a general recognition that we continue to inadequately meet the home and community care needs of older Canadians.

Statistics Canada recently estimated that while **2.2 million Canadians receive home care, 15% of them still reported having unmet needs.** These figures are likely underestimated given that a number older Canadians who could benefit from the support of government-funded home care services don't know how best to access them or choose not to access them because they don't feel it would adequately meet their needs. Furthermore, it has been demonstrated that there are still many older Canadians who are prematurely institutionalized in LTC homes due to challenges in accessing even basic home and community care supports or other more general appropriate support services. Indeed, the lack of adequate home and community care services that can support individuals' activities of daily living (ADLs) is not only a strong predictor of institutionalization, but also an extremely strong predictor of overall utilization of health care services for older adults. Across Canada there have been varied approaches to bridging the unmet needs gap to support older Canadians' health and ADL needs in their homes. One of the latest promising approaches to address access to care issues are community paramedicine models, especially in more rural and remote communities.

While understanding the interface of services across the continuum of care is complex, legislative factors further complicate realizing the potential role of home and community care and LTC services in reducing ALC days. With both home and community care and LTC services considered "extended health services" under the Canada Health Act, they remain completely regulated, organized and funded at the provincial, territorial and, in some instances, municipal levels. The exclusion of home and community care and LTC services from the Canada Health Act has been criticized for the resulting "postal code lottery" of care available for older Canadians in need of these services. Table 1 [not included] summarizes descriptions of income based home care services, public expenditure on home care, as well as proportion of individuals over 85 years of age in LTC along with the number of LTC beds by province/territory. We would expect to see that as the proportion of public spending for home and community care increased, rates of LTC placement may be curtailed. That some provinces (e.g. Newfoundland and Labrador) spend a higher proportion on home and community care yet also have higher than average rates of LTC placement, while provinces such as Prince Edward Island spend a very low proportion on home and community care yet also have the highest rates of LTC placement, demonstrates the importance of understanding contextual complexities in health system capacity planning.