



2012 Pre-Budget Consultations

Improving Services for Families: Healthy Living Includes Caregiving

Presented to:

Honourable Dwight Duncan, MPP

Minister of Finance

Chair of the Management Board of Cabinet

Deputy Premier

**c/o Budget Secretariat
Frost Building North, 3rd Floor
95 Grosvenor Street
Toronto, ON M7A 1Z1**

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**March of Dimes
celebrates its 60th
Anniversary in 2011.**



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Healthy Living Includes Caregiving

Ontario March of Dimes welcomes the opportunity to participate in and contribute to the discussion about the 2012 Budget with the Minister of Finance, Honourable Dwight Duncan.

Since 1951, March of Dimes has worked to identify, eliminate and prevent barriers to the full participation of Canadians with disabilities in all aspects of our society and economy. Sixty years later, we are one of Canada's largest service providers to Canadians with disabilities, their families, caregivers, employers and communities.

Our aging population with increasingly complex needs is placing significant pressure on our health care system, our long-term care system, and our family caregivers.

The issues associated with informal caregivers are a significant concern of our organization. March of Dimes offers more than a half-dozen distinct services and we daily see tremendous contribution of caregivers who do more than complement the professional who delivers services.

Our society depends on informal caregivers for the elderly and people with disabilities – be they your children, your parents or other family members. It is organizations like March of Dimes that complement the family, and when there is no family, we do our best to supplement with an array of services and inter-agency cooperation.

Despite the many excellent programs and services delivered by or on behalf of the Government of Ontario, too many Ontarians with disabilities live without adequate income support, access to affordable and supportive housing, access to the necessary modifications that allow them to remain in their homes, and the quality of caregiving support that puts Ontario on par with other countries that have developed comprehensive caregiver strategies (eg. UK, New Zealand, Australia).

These are areas of public policy that the Government of Ontario should already be addressing in a forward-looking and pro-active fashion. March of Dimes is available to work with and assist in any way to develop both immediate action plans and long-term strategies in these areas.

Scarce Resources and Growing Demand

The government's emphasis on the provincial deficit and the accompanying goal of deficit reduction is a shared concern, as is the acknowledgement that some of the solutions may be achieved through reduced expenditures.

However, strategic spending can also achieve the same end -- if it puts people back to work, helps the economy transition to new technologies, or replaces expensive solutions with more cost effective ones.

In light of the fiscal challenges, we need to re-prioritize the delivery of health services.

The goal of the health care system is to keep Ontarians healthy in their homes and active in the community. Yet the tendency often is a systemic and disproportionate focus on the hospital and primary care, rather than wellness and community supports. By flipping our priorities, we can reduce costs and contribute toward an improved quality of life.

Lessons Learned: Example #1

Primary care receives most stroke funding. Yet the average stroke survivor lives, hopefully in the community, for 15 years post-stroke.

In the Waterloo Wellington Local Health Integration Network (LHIN), March of Dimes operates a small program, *Linking Survivors with Survivors*, in which volunteer stroke survivors meet with patients and their families while still in the hospital. The goal is to educate stroke survivors and their families about life after stroke, as well as the transition back to the community, and provide continued peer support post-discharge.

In the three years since the program began, 500 stroke survivors have participated. No participant has been re-admitted to hospital. The cost of the program is approximately \$148,000 per year.

The Government's introduction of Bill 2, An Act to amend the Taxation Act, 2007, to implement a health homes renovation tax credit, although independent of the healthcare portfolio, will contribute in helping stroke survivors return to and remain in their homes and in their communities. The need for physical renovations of a home often accompany the incidence of stroke, disability and aging in general. When passed, this tax credit will help many.

The Aging at Home initiative is another example that needs to be acknowledged. This is an excellent framework of public policy that needs to be extended to others with disabilities who would benefit, thereby expanding existing programs

such as the Home and Vehicle Modifications Program (administered by March of Dimes) to improve people's ability to remain in their homes with supportive families.

Linking Survivors with Survivors, though, also creates a critical dialogue between primary and community care, and the stroke survivors. Three other LHINs have requested similar programs.

Lessons Learned: Example #2

The second example focuses on the family caregiver – and herein is the greatest potential damper on rising health costs.

The caregiver provides direct services which alleviate home care and primary care demands, and provides the survivor with greater emotional and economic stability. But it comes at a cost to the caregiver.

The caregiver may have to quit a job or reduce hours of work, deal with changing family dynamics, address financial loss and absorb physical challenges related to service provision.

The recently introduced Bill 30, An Act to amend the Employment Standards Act, 2000, in respect of family caregiver leave, represents an excellent step in the right direction. The Government is to be applauded for the policy briefings conducted with the caregiver community (including March of Dimes) and the formal introduction of the Bill in the Legislature on December 8.

What more can be done?

We must consider an overall strategy of investing in caregiver education, emotional support, additional tax relief and the provision of tools to deliver service safely for both parties. Study after study shows that Canada lags behind many countries that have recognized the value and return on investment of the family caregiver.

Don Drummond, in his recommendations to the Ontario Government, is wisely suggesting that we need to think outside of the box to address many of the fiscal and service challenges we face, particularly in the delivery of health services.

March of Dimes fully supports this approach.

Concluding Remarks

The goal of the health care system is to keep Ontarians as healthy as possible, in their homes and active in the community. This is facilitated by the community service sector and the Community Care Access Centres. Illness, the first level of health failure is addressed by physicians and clinics. More severe illness requires the hospital, which has the goal of returning the individual to his or her home.

Increasingly, wellness and community supports will need to form a more prominent pillar in Ontario's healthcare system. In the short term, investing in community supports and associated less expensive preventative services can reduce the high demand on expensive primary care.

Government investments must be guided by the ideal of building a culture of care, developing sufficient capacity, identifying and delivering support for caregivers, and facilitating integrated services.
