



Institute of Health Policy, Management & Evaluation  
UNIVERSITY OF TORONTO

# Aging at Home in Ontario

## Challenges and Lessons Learned

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# Objectives

- To highlight:
  - **Theoretical lessons:** Challenges of sustaining policy change in unstable long-term care sectors.
  - **Policy Lessons:** Implications supporting particular resource distributions.

# Policy Context

- Policy-makers face twin challenges:
  - Sustaining stretched health and social systems.
  - Meeting the needs of aging populations.
- “Aging at Home” policy in Ontario
  - Demands to age in familiar settings.
  - Prevent inappropriate, ‘higher cost’ institutional interventions.

# Aging at Home has been difficult to sustain

- Balance of resources remains largely the same:
  - 80% of budgets dedicated to hospital global budgets.
  - <10% of budgets dedicated to home and community care (H&CC).

# Theoretical Lessons Learned

- **Existing theory:** Canadian health care policy has remained stable.
  - Historical policy legacies
  - Institutionally embedded interests

# Theoretical Lessons Learned

- **Yet...**
  - Persistent reform in Ontario H&CC sector.
  - E.g.:
    - '93 — Multi-Service Agencies
    - '95 — Managed competition
    - '00 — Expansion of long-term care homes
    - '04 — Regionalization

# Theoretical Lessons Learned

- **Lesson 1:** Health care systems are not monolithic.
  - E.g.
    - Ontario: stable 'Mainstream' vs. unstable 'Marginal' sectors

# Theoretical Lessons Learned

- Competing policy agendas:
  - Aging at Home
  - Aging in Institutions – Expanding capacity in long-term care homes
  - Don't age in hospitals – Lower costs for frail seniors



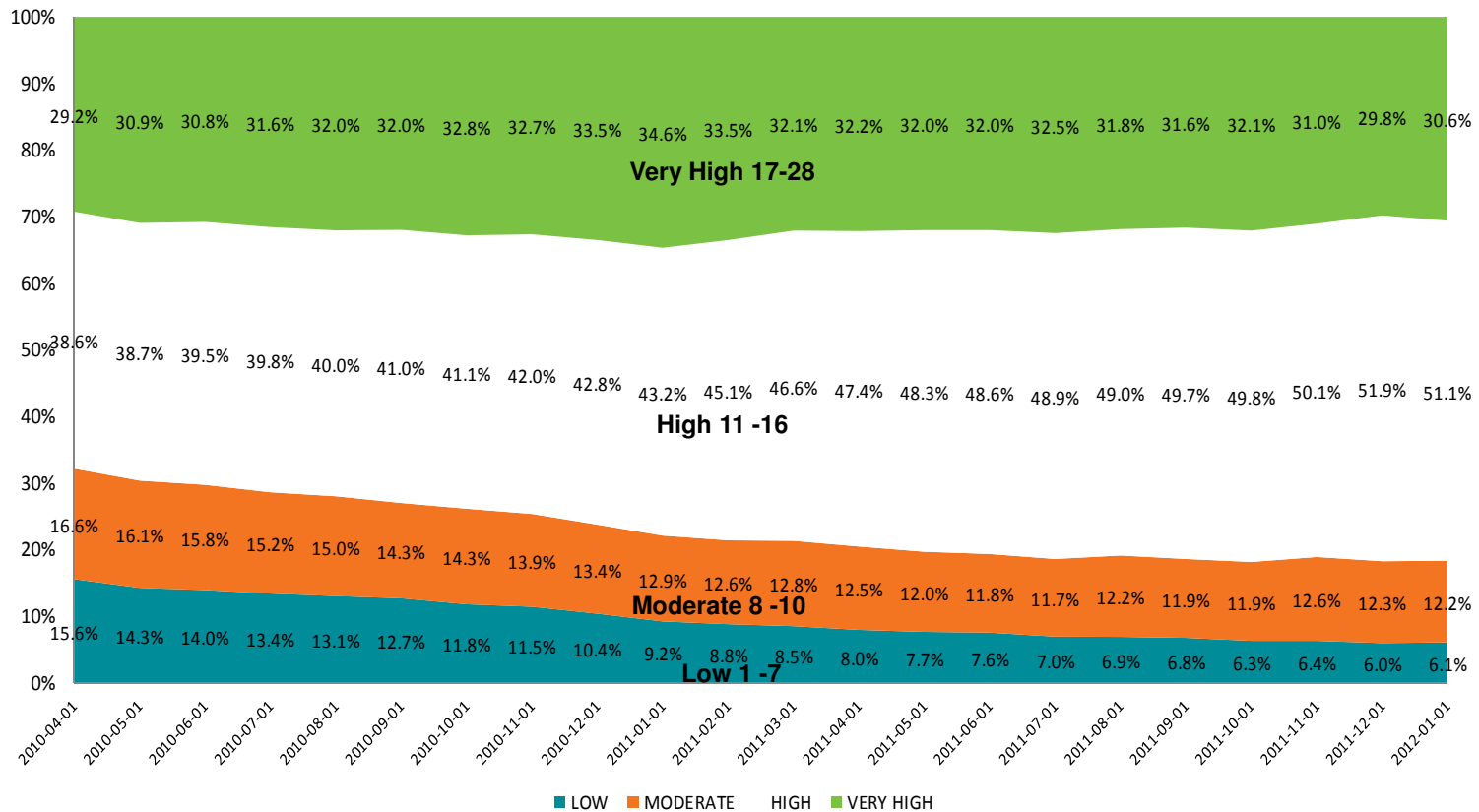
# Ontario Aging at Home Strategy

- **2007:** 80% of Aging at Home budget to expand community capacity, 20% for innovative projects.
- **2008:** Regulatory changes increase service levels for high needs / complex clients.
- **2009 - 2011:** Aging at Home Strategy shifts focus to 'high needs' seniors and improvements in hospital flow-through.

Aging at Home appropriated agenda in 'Mainstream' sector

# Distribution of Resources

## PSW Units by RAI-HC Score



Source: Central CCAC, 2012

# Theoretical Lessons Learned

**Lesson 2:** Health policy change can be contingent on competing policy agendas in other sub-sectors.

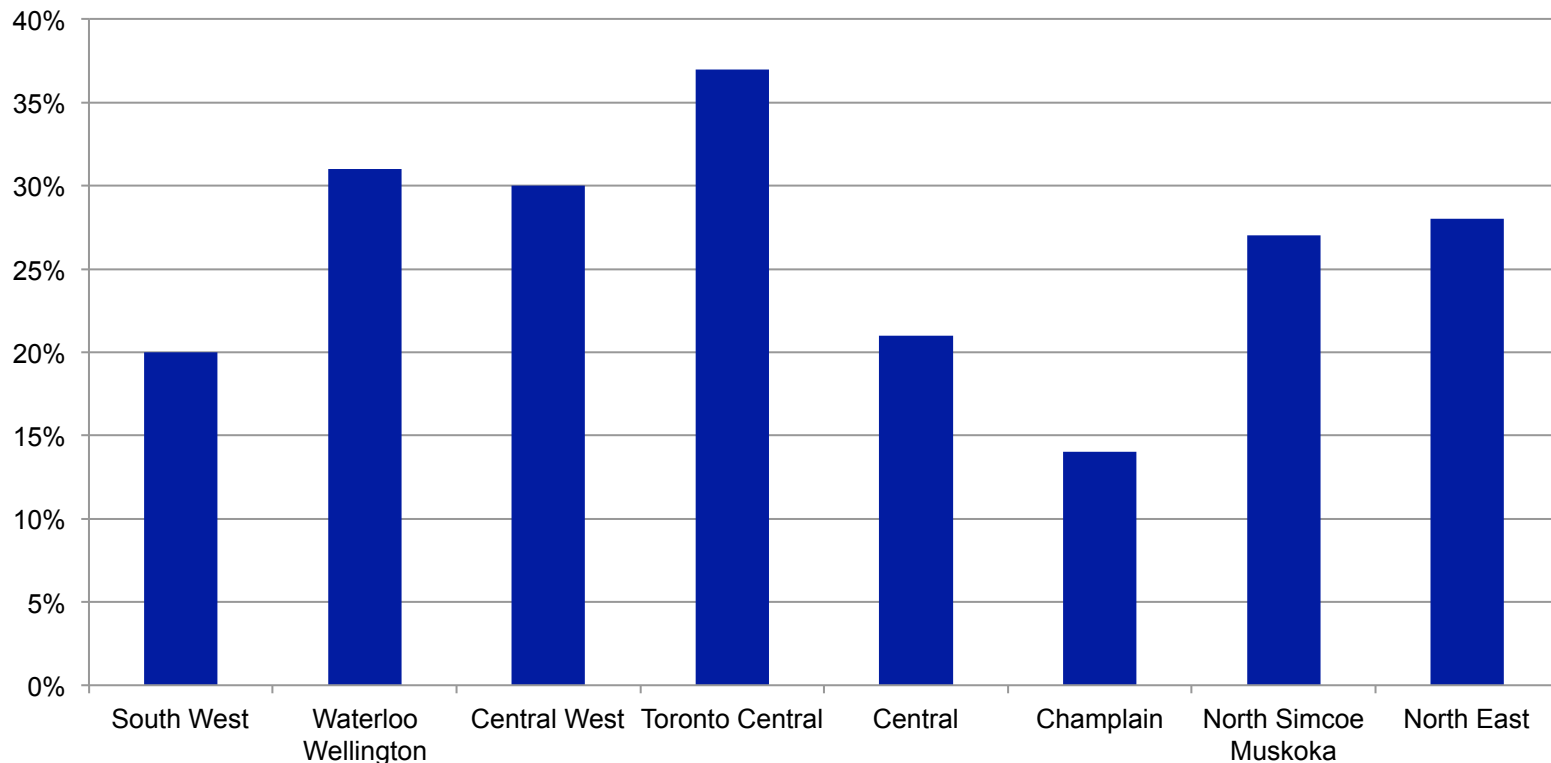
# Policy Lessons Learned

# *Balance of Care*

(Williams et al. 2009a; Williams et al. 2009b)

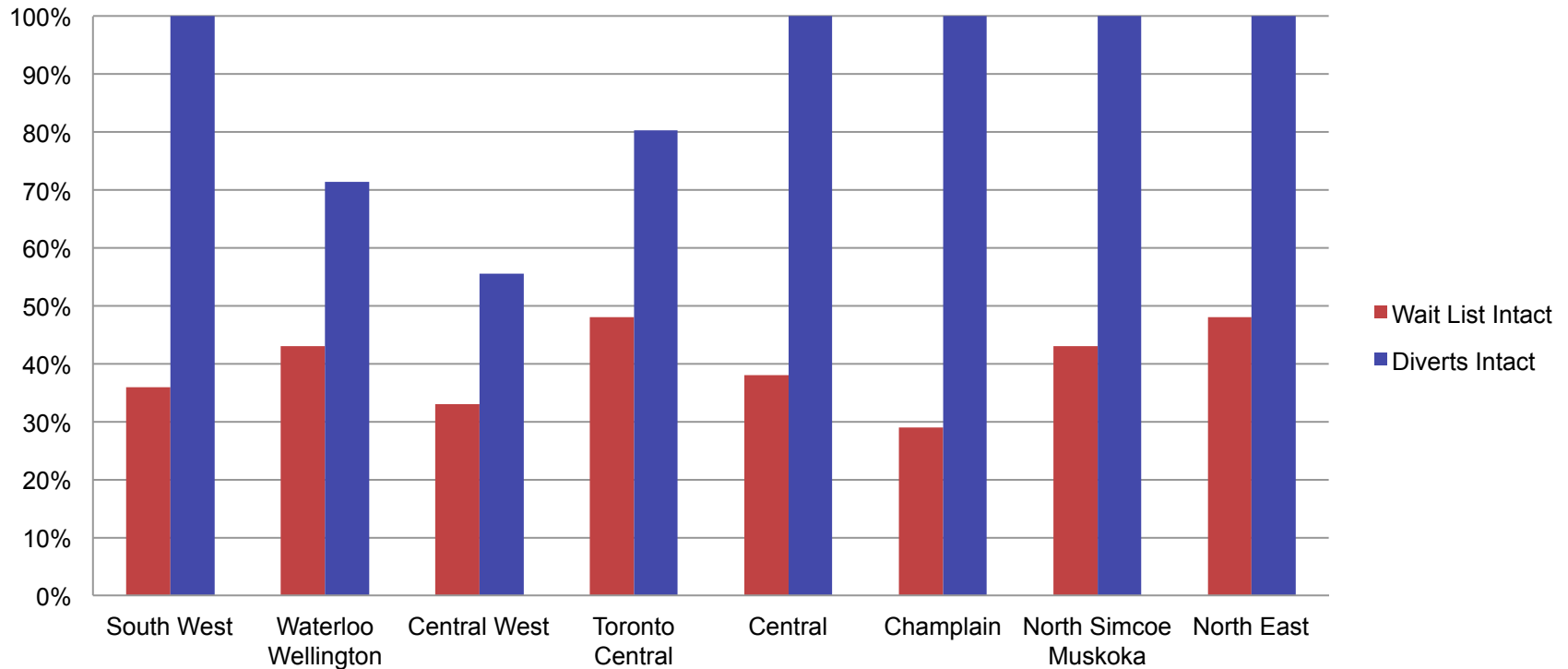
# Balance of Care

## Home and Community Care Divert Rates Across Ontario LHINs



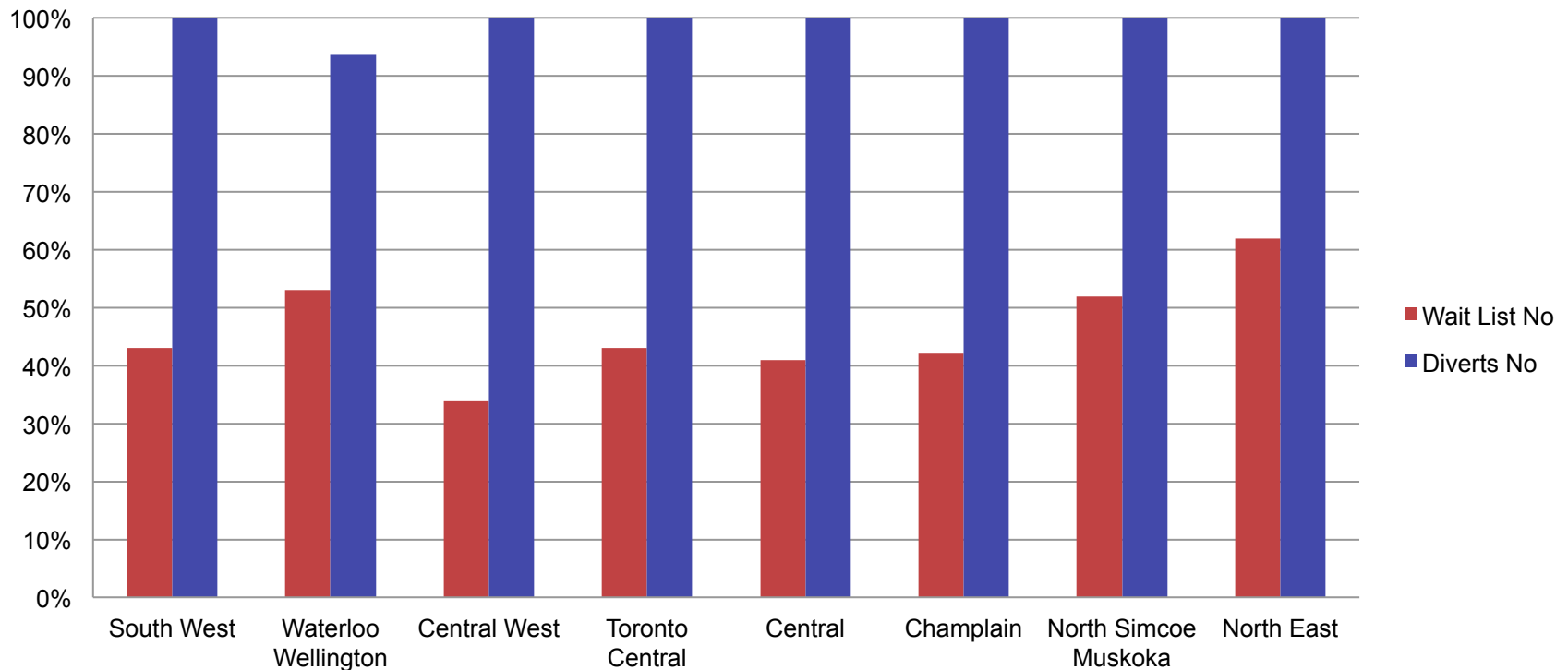
# Balance of Care

## Cognition Comparisons: Intact



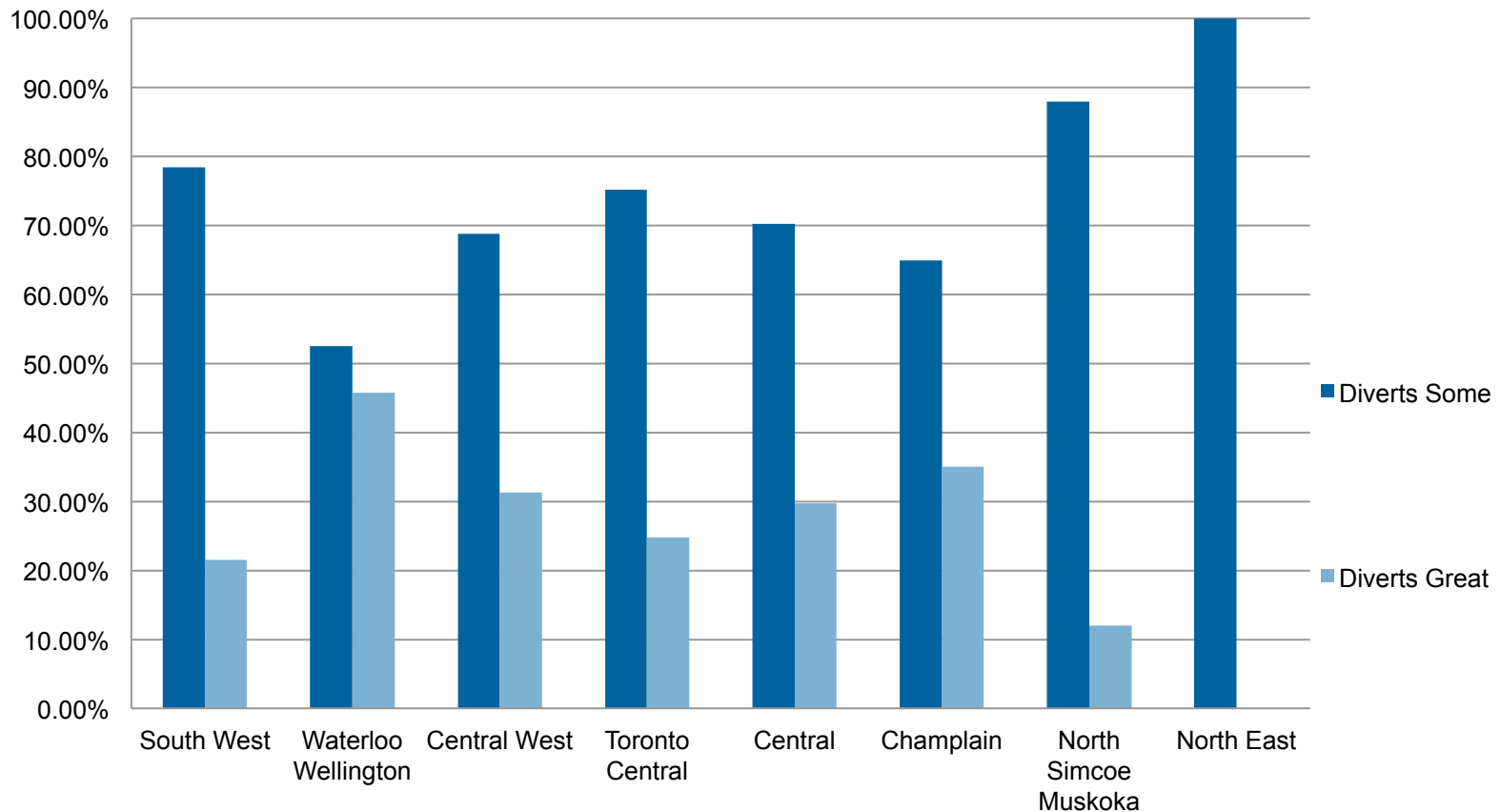
# Balance of Care

## ADL Difficultly Comparisons: No Difficulty



# Balance of Care

## IADL Difficulty Comparisons: Some and Great Difficulty





# Policy Lessons Learned

- **Lesson #3:** Potential for more appropriate allocation of resources.
  - **At least 24%** of seniors waiting for long-term care could have been supported more cost-effectively in the community

# Summary

1. Health care is not monolithic.
2. Contingencies across health care sub-sectors.
3. Potential for more appropriate allocation of resources.

# References

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# Thank You

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