

Brief submitted to the House of Commons Standing Committee on the Status of Women

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Currently, the majority of home care service users are seniors, and expectedly, women.¹ This is especially true as Canadian women have a longer life expectancy than men.¹ As a result, one of the best ways to support and enhance the health of senior women is through the strengthening of home care services. Successful provision of home care is pivotal as it allows for aging-in place, delaying or altogether preventing entry into long-term care homes, and hospitalization of elderly patients.²⁻⁴ It is estimated that “the freeing of acute care resources through providing more appropriate levels of care for older Canadians could result in 2.3 billion in annual savings.”² Home care services are also cost efficient with one week of hospital care being twenty times more expensive than receiving necessary care at home.⁵ Enabling older Canadians to safely age-in-place by providing services that assist with daily activities, such as personal care, decreases overall reliance on health services.² This is in line with the provincial governments’ commitments, like that in Ontario, to end hallway medicine by having more integration with long-term care and home care sectors.⁶ The negative health effects of a lack of home care support includes possible injuries from falls, poor nutrition from an inability to prepare food, depression, and social isolation.² Home care also includes the services of nurses, occupational and physical therapists providing medicalized care. Current statistics indicate that twice as many senior women have unmet home care needs as senior men.⁷ Providing sufficient funding to, reinforce, and standardize home care access across Canada only improves the health and quality of life of senior women in Canada.

Recommendations:

1. Strategies for the recruitment and retention of home care nursing staff
 - a. Implementing wage parity, improve benefits, and guarantee shifts for home health care nurses across the provinces and territories
 - b. Support internationally trained nurses to join the Canadian workforce

Rationale:

The aging Canadian population only increases the demand for home care and community nursing, making the recruitment and retention of home health care workers is a priority. High turnover rates not only impact the employer but also the continuity of patient care. Continuity of care is “known to reduce the risk of adverse events and contribute to the delivery of safe care in the home as well as enhancing the comfort and confidence of home care recipients.”⁸ Reduction of adverse events decreases the risk of emergency room visits and hospital admissions.⁸ Research has demonstrated the factors that lead to high turn-over in community nursing staff include lack of satisfaction with pay and benefits in comparison to other nursing settings.^{4,9} There is no uniformity across the provinces and territories in guaranteed shifts for home care nurses. This means that if a patient cancels a shift, the nurse no longer is paid. This lack of stable income

leads to a difficulty in nurse retention in the community setting. In addition, inadequate staffing has been identified as a cause of high job related stress among community nurses.¹⁰ Making it easier for internationally trained nurses to obtain Canadian credentials will only help ease work related stress due to human health resource demands. This is in line with current IRCC funding for the CARE Centre for Internationally Educated Nurses in Ontario to assist immigrant nurses in registering for Pre-Arrival Supports and Services (PASS).¹¹ Similar funding across the provinces and territories to programs supporting internationally trained nurses will only help with nursing recruitment nationally. In turn, addressing the recruitment and retention of community nurses will improve the availability of home care services and the overall access of senior women relying on these services.

2. Improve supports to provinces and territories in their provision of home care services
 - a. Increase targeted funding to provinces and territories for the purposes of supporting home and community care
 - b. Create national standards and guidelines for the standardization of care across the country.

Rationale:

While the federal government has committed \$11 billion over the next ten years to the provinces and territories in targeted funding for mental health and addiction services as well as home and community care¹², this agreement is inadequate to address the needs of senior Canadians. Ontario alone is projected to spend \$29 billion on mental health and community care in the next 5 years.¹³ Furthermore, as home care is considered continuing care services and excluded from the Canada Health Act, there is significant variability across the provinces and territories in the services that are publicly offered, eligibility, and the accessibility of home care services. Federal guidelines would assist in the standardization of care, ensuring that Canadians are not unduly burdened. These guidelines would create national standards for the provision of home care, in addition to creating a framework that would “design principles for access to publicly funded medically necessary services in the home and community setting that can become the basis of a “Canadian Extended Health Services Act.””¹⁴ Such a framework would need to be created in conjunction with a national dialogue on the necessity of home and community care services in maintaining the sustainability of our health care system. By providing care in the community and supporting senior women to age-in place, hospital and long-term care costs are mitigated and Canadians are provided with care in the setting of their choosing.

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