



## **SENIORS FOR SOCIAL ACTION (ONTARIO)**

### ***Editorial***

# **MEMO TO ONTARIO GOVERNMENT: LESS TALK AND MORE ACTION ON NON-PROFIT INTEGRATED CARE OPTIONS**

**April 28, 2025**

The concept is simple enough. Bundle services older adults usually need together and provide case management support to help them to navigate an increasingly complex and fragmented system of care.

### **WHAT DOES INTEGRATED CARE LOOK LIKE?**

Instead of having 20 PSWs running around an apartment building to serve 20 clients, then having to drive to their next appointments, have a non-profit organization send in 3-4 PSW's that stay all day providing care in the same building to the same clients.

No revolving door. No new PSW every visit. A more efficient and cost effective service delivery system.

The question is - why has it taken the government so long to act on this simple concept of delivering the services where they are most needed?

It should not be impossible for hospitals to provide information about where most of their emergency admissions of older and disabled adults are coming from and concentrate services there.

### **STOP REMOVING FRAIL ELDER'S RIGHTS!**

Instead of labeling frail elders as 'bed blockers', termed "alternative level of care" officially (those in hospital no longer requiring acute care), and shipping them off to an institution 70 – 150 kilometres from home against their will or face hospital charges of \$400 per day, why not provide [hospital at home](#) programs in every community? British Columbia appears to have managed it.

### **AFTER 10 YEARS ARE PROFESSIONALS REALLY STILL "DEFINING THE CONCEPT"?**

If you can believe it, professionals have been arguing for almost 10 years about how to "[define the concept](#)". What is so hard to figure out?

- Bundle commonly used services for frail elders together (medical and nursing care, pharmacy, occupational and physiotherapy, housekeeping support, handyperson services, and personal support with activities of daily living and friendly visiting);
- Deliver services in a flexible fashion so that individuals receiving care obtain it based on their stated needs, and when those needs change, services change to address that;
- Provide a service coordinator/case manager to be available to discuss with individuals what they require assistance with, then organize that assistance according to their instructions. That is called [client-directed case management where the individual is in charge, not client-centered care](#) where staff “collaborate” with clients.

## **THE CARE DELIVERY FRAMEWORK IS ALREADY THERE**

Currently there are numerous non-profit organizations across the province that could be delivering integrated care and support services where they are most needed – in community housing, seniors’ buildings, and areas where a large percentage of the population is over 65 – naturally occurring retirement communities (NORCs).

## **THE PROVINCE CONSISTENTLY MISSES THE MARK IN FUNDING INTEGRATED CARE**

The provincial government appears to be unable to get its act together to establish the programs that can deliver these services, primarily PACE (Program of All Inclusive Care of the Eldelry) like the one in Burlington, OneConnect in Durham Region, and Hub and Spoke in Peel Region.

They have already demonstrated their success at keeping people out of nursing homes and hospitals yet they continue to have to go “hat in hand” to a provincial government that appears to still not get it.

## **THE PROVINCE CANNOT BUILD ITS WAY OUT OF THE LONG-TERM CARE CRISIS**

Seniors for Social Action Ontario has made it clear to the Ontario government that it cannot build its way out of the long-term care crisis providing billions in construction costs to predominantly for-profit long-term care companies, then [\\$208+ per person per day](#) to the same companies that have failed to meet provincially legislated standards for decades.

To make things worse, it is funding construction costs for these institutions. “For several planned homes whose estimated construction began to far exceed the Government of Ontario’s originally proposed construction funding subsidies, the government recently more than doubled its proposed construction funding subsidies from an average [of \\$240 to \\$560K per bed, or \\$14 to \\$34B overall.](#)”

Let that sink in. Up to \$560,000 PER BED to institutionalize older adults in this province. This is our money!

## **REDIRECT THE FUNDING!**

These billions need to be invested in integrated care and support services delivered by non-profit agencies in the community not in huge impersonal institutions.

If the same funding was provided to non-profit organizations, they could be building assisted living residences with support services included.

They could be acquiring ordinary homes in neighborhoods to house up to 6 people in each, renovated for accessibility, and staffed 24/7 to house people with dementia in a much more familiar, home-like environment in their own neighborhoods.

Government has been funding small homes like this for other disability groups for five decades, but continues to institutionalize older adults with dementia in locked wards – expensive to operate and far less humane.

## **VIDEOS OF THE ALTERNATIVES TO INSTITUTIONS**

For those unfamiliar with this wide range of alternative options to institutions, SSAO has held Zoom session for four years now detailing them.

**To view these alternative options, watch the videos on SSAO's YouTube Channel:**

PACE, Councilor Paul Sharman, Burlington -

<https://www.youtube.com/watch?v=HN2wAaa7s0E&t=101s>

Hub and Spoke Model, Ray Applebaum, CEO of Peel Senior Link:

<https://www.youtube.com/watch?v=-wMf-ApnVZw&t=823s>

OneConnect Model, James Meloche, CEO, Community Care Durham:

[https://www.youtube.com/watch?v=\\_7L3I6myexk&t=169s](https://www.youtube.com/watch?v=_7L3I6myexk&t=169s)

Community and Home Assistance to Seniors, CEO Christina Bisanz:

<https://www.youtube.com/watch?v=iPbvImXSIJo&t=208s>

**For information on NORCs:**

Dr. Howard Abrams, University Health Network NORC Innovation Centre:

<https://www.youtube.com/watch?v=JGHMa8vDpeo&t=248s>

Gerry Gryba – NORC at 100 Madison in Toronto:

[https://www.youtube.com/watch?v=s\\_sUT72Qqx4&t=128s](https://www.youtube.com/watch?v=s_sUT72Qqx4&t=128s)

## **WHY HAS THE ONTARIO GOVERNMENT NOT ACTED?**

The simple reason that the Ontario government has not put integrated care programs in place across the province is that older adults and their allies have not demanded it in sufficient numbers. They have not asked to meet with their MPPs or written to the Minister of Health, copied to the Premier.

If they had, an investment of \$6.4 billion plus all those billions in construction costs given to long-term care institutions could have been directed to non-profit in-home and residential community care and we would already have a 21<sup>st</sup> Century community-based long-term care system in Ontario supporting people in their own homes and communities. Like Denmark. [Which has not built a nursing home since 1988.](#)

## **TIME TO LOBBY YOUR MPP's!**

**Don't know how to contact your MPP? You can look it up here:**

<https://www.ola.org/en/members>

Just click on Find An MPP, then click on their names to get their e-mail addresses.

**Don't know how to brief your MPP? We have a video for that too:**

<https://www.youtube.com/watch?v=ILPLqWEIRQ8&t=11s>

## **FAILURE TO ACT EQUALS CONTINUATION OF THE STATUS QUO**

If we do not act together, we will be stuck with the status quo. We are the change we need to see in the world. SSAO cannot achieve this alone. It is up to all of us to advocate for a 21<sup>st</sup> Century long-term care system – non-profit and community-based.

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Comments welcome to [seniorsactionontario@gmail.com](mailto:seniorsactionontario@gmail.com)

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