I. Kitrina Fex, Executive Director — Heart House Hospice

- Non-profit organizations such as Heart House Hospice rely on fundraising initiatives to provide their services to many vulnerable people in the community. Fundraising helps to bridge the gap between our commitment to service excellence, innovative practices and the level of annual funding received by our funder. In 2020/2021, predictable funding will only account for 48% of the costs required to continue to deliver our programs and services.
- Fundraising opportunities and abilities of such organizations were dramatically impacted by the pandemic as in-person events were halted. Heart House Hospice relies heavily on its in-person events as they contribute heavily to our requirements to fundraise the disparity between our predictable and unpredictable funding streams.
- Lockdown measures disproportionately impact regions such as Peel that other public health units may not be affected by, raising concerns of inequities regarding fundraising initiatives that can hurt vulnerable persons in more restricted public health units. Events — which are essential to fundraising — are therefore significantly impacted.
- In the case of Heart House Hospice, Canadian wage subsidies are what has kept them afloat throughout the challenging 2020 and 2021 fiscal years.
- Concerns raised regarding non-provision of cost-of-living increases to community agencies (only 2% increase in 9 years). Furthermore, concerns regarding stress induced by loss and grief have come to affect community groups dealing with the vulnerable and the elderly they continue to persevere through the pandemic.

I. Heart House Hospice

Heart House Hospice has been providing community hospice services in the Cities of Brampton and Mississauga since 1985. Programs and services include: hospice counselling and support; in-home volunteer support; day wellness program; complementary therapies (Reiki, Therapeutic Touch, Aromatherapy with Hand and Foot Massage - offered both in our office and in homes to individuals, family members, caregivers and our bereavement clients); HUUG (Help Us Understand Grief – a program for children living with someone who is dying or has died), Spiritual Support and Bereavement Support. Currently, most of our programming is being offered virtually. Unfortunately, the Region of Peel has seen high rates of Covid-19 which has forced us to provide in-home visits again only for initial assessment where a referral is considered urgent and cannot be supported virtually. As you can appreciate under normal circumstances the families we work with, and support are under incredible emotional distress and the burden on caregivers are substantive. With Covid-19, caregivers' distress and the emotional burden have dramatically increased and amplified their situations with new levels of layered complexity.

In 2020/21, our team of staff and volunteers supported 2,416 individuals through 9,713 visits in-person, by video conference or over the phone through our Hospice Counselling, Caregiver Support, Help Us Understand Grief (HUUG), Social Connextions, and Bereavement programs.

Services are personalized, focused, flexible, and responsive to supported individuals and families. Staff and volunteers are well trained, professional and compassionate. Our programs and services are designed to support various needs in various settings through the illness

trajectory both before and post-loss with families and caregivers and are delivered free of charge to people of all ages and from all socioeconomic backgrounds.

The Pandemic has heightened awareness for the need for bereavement support for families. Funding through MH HCCSS is allowing Heart House Hospice to offer Bereavement Support groups and support in Hindi, Punjabi, Urdu, Cantonese and Mandarin. This additional funding will help to address our waitlist for Bereavement Support. However, the need has continued to grow, and the funding will end March 31, 2021. The diversity of this program warrants sustainable funding, and the need is only growing.

Having received approval from the Ministry of Health and Long-Term Care, Hospice Capital Program, to open a 10-bed residential hospice, we have partnered with Trillium Health Partners and will be co-locate to create a Seniors Health Campus that will include a 632-bed Long Term Care Home, the largest Long Term Care facility in the Province when open, our Hospice Centre and an out-patient clinic. We look forward to working collaboratively with Trillium Health Partners to develop programs that can be accessed across our Campus. The importance of this partnership allows us to better partner within the continuum of care to facilitate more seamless transitions and ensure hospice palliative care is integrated more effectively within the healthcare system in this region. We will build on the work we have been engaging in over the past year in terms of enhancing provision of psychosocial supports for individuals and caregivers to support people dying at home.

We know with 100% certainty that everyone dies. The increasing hospice palliative care's presence poses significant savings to the system. The contribution it makes to ending hallway medicine and creating an integrated approach to care increases the quality of life of our citizens and is more fiscally responsible. Our community-based program model provides services where people want them most – at home; the place where we know they will feel comfortable, dignified, and surrounded by their loved ones. Unfortunately, research tells us that 70% of Canadians currently die in hospitals. We know that the cost for an acute care bed is approximately $1,100/day vs. a hospice suite being approximately $470/day. Given people do not want to die in acute care there is an opportunity for significant savings to the system, while giving patients, families and caregivers an environment more conducive to their needs. We believe everyone should have access to quality hospice palliative care and in a cost-effective manner to the healthcare system.

The Province's population projections to 2041 show that in Ontario, by 2031 all baby boomers will be 65 or older and the number of deaths will start to increase more rapidly. From 2013 to 2023, the annual number of deaths will rise from 92,000 to 108,000. Over the remaining years to 2041, the annual number of deaths will increase faster, to reach over 153,000. (Government of Ontario, Ministry of Finance (2014), "Ontario Populations Projections.")

In addition to the growing number of seniors, the region which Heart House Hospice serves will see an overall population increase greater than the provincial average. The population of the Region of Peel is expected to increase by 714,000 over 2013 – 2041, a 52.2 % increase. Our experience at Heart House Hospice is that as much as 43% of persons served are under the age of 65.

Our reality:

1. Heart House Hospice fund raises 52% its annual operating budget and is committed to raising 87% of the construction costs for a 10-bed facility not currently government funded. Heart House Hospice does want to extend its appreciation to the provincial government for funding $2 million of the $25 million of the total costs to build and operate our future Hospice Centre.

2. We have been plagued by many years of static funding from the Ministry of Health despite growth in population, in service provision and increasing fixed costs (rent, insurance and such). Covid-19 has tremendously impacted our ability to fund raise and hold events that were typically well supported. We have been able to access the Canada Emergency Wage Subsidy (CEWS) which has assisted us significantly for the 2019/2020 and 2020/2021 fiscal years. The concern remains that as this pandemic persists and the subsidies and other grants close or sunset, we will continue to struggle in terms of fund raising well into the 2021/2022 and 2022/2023 fiscal years. Small businesses, many of whom support us both financially and through donations and sponsorships for our events have been greatly impacted by the ongoing pandemic and the "lockdowns" in our Region. While we are initiating virtual activities, the return is not as significant as a golf tournament where you net $100,000 or Gala events.

3. Covid-19 persists just as we are moving into a capital campaign to build our Hospice Centre in Mississauga with a timeline set for completion currently considered for late 2024. Mississauga is the largest community in the Province without a residential Hospice Centre. Therefore, we suggest that a 10-bed hospice in Mississauga is insufficient for such a large community given the strain on our local health care system and the growing needs in our local community. Current construction costs are estimated at $500 per square foot for a future 30,900 square foot facility with 12 resident suites ($15.4 m) which is $1,287,500 per suite. Increasing the floorplans to add a 3rd wing of 6 suites would require $7,725,000 and bring the total residential capacity to 18 suites – more suited for an ever-growing community such as Mississauga. Hospice continues to be a more cost-efficient option to an acute care setting and the experience in hospice is more home-like and less medicalized.

Recommendations: To support viability, grow capacity and expedite the development of community hospice palliative care services to meet the inevitable and rapid increase in demand for health care with the aging and dying population:

1. Recognize Community Hospice Services - Recognize the value of community hospice as a partner in the provision of home supports and keeping people out of hospital. Increase funding for our community programs – we must raise more 52% annually – cost of living increases is needed just to meet increasing hydro costs, rent, benefit costs not to mention IT costs (which is not covered by government funding). Annual funding needs to be adjusted to reflect the impact of COVID-19 on long-term health human resources;

increased clinical support for clients and operating costs that will not decrease post-COVID-19.

2. Support Mental Health Hospice at home and residential hospices make up the largest providers of bereavement support in the province. Hospices provide communities with psychosocial services – a range of practical, social, spiritual, and bereavement services that support the well-being of patients and families, i.e. prevention of caregiver burnout and grief and loss counselling, as well as the broader community. These services are supporting well-being, preempting more serious mental health issues, and keeping people out of the health care system, lowering system burden and costs.

   Hospices provide these services to their patients and their families, and most often the community at large, using fundraised dollars. However, demand and need has been steadily growing, with a recent spike due to the impact of COVID-19. Some hospices are reporting a 300 to 500 % increase in demand in the summer of 2020. Hospices require additional funding support beyond community donations, to manage the increasing demand for care. Our hospice has offered a program based on international best practice for children living with someone who has died. This program is geared to promoting healthy grieving and resiliency reducing likelihood of future mental health distress.

   Fund psycho-social services provided by hospices throughout Ontario including programs for children such as HUUG (Help Us Understand Grief).

3. Ensure Viability – Help ensure the viability, sustainability and equitable access to lower cost, high quality community hospice palliative care by providing a funding formula that fairly covers patient clinical costs.
   - Hospices are the only medical provider that must fundraise to pay for clinical care costs. Clinical care costs are covered in other care settings.
   - At present, residential hospice is not fully funded, and while funding varies across hospices provincially, it does not exceed approximately 60% of operating budgets.