

THE CANADIAN HEARING SOCIETY
LA SOCIÉTÉ CANADIENNE DE L'OUÏE



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SUBMISSION TO STANDING COMMITTEE
ON FINANCE AND ECONOMIC AFFAIRS
PRE-BUDGET CONSULTATIONS

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Submitted by:
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“Consider someone who has a chronic illness, lives alone, and is having trouble coping. Without any concerted effort to help them with problem-solving and adjustment to their particular circumstances, this person will probably spend a lot of time seeking medical help. When we compared a group who received counseling and support to a group who were left to cope on their own, the people with chronic illness, poor adjustment and poor problem-solving capacity who struggled with depression and loneliness on their own were half as well adjusted, and cost the health system 10 times more (\$40,000 per year per person vs. \$4,000).”

- *The Effectiveness and Efficiency of Health Care Promotion in Specialty Clinic Care, “Medical Care 33 (9),” Roberts et al, 1995*

INTRODUCTION

The Canadian Hearing Society (CHS) is a 67-year-old non-profit organization that provides services to deaf, deafened, and hard of hearing people in 28 offices across Ontario.

We believe we share with your government the fundamental goal of making Ontario a better place for people who are deaf, deafened, and hard of hearing. Your government has taken several initiatives that have helped and the thousands of people who we serve acknowledge these efforts. But there is more to do.

Our submission comes from the perspective of the three ways we function: first, as a community health-care provider; secondly, as an agency serving people with disabilities; and thirdly as a member of the voluntary sector.

From all perspectives, our submission will make recommendations that we believe are essential for the provincial budget and as you requested, we will give you our thoughts on how they can be funded.

PRIORITY #1: HEALTH CARE

Senior Population and the Need to Address Chronic Conditions

The fundamental transformation of Ontario's health care system that your government has undertaken presents a major opportunity for the Ontarians we serve now and perhaps more importantly, for those we will serve in the future. But opportunities are often missed and we are concerned that the important will get overlooked by the urgent in this time of change.

As baby boomers age the percentage of seniors in Ontario will rise dramatically and the strains on systems including health care could be unprecedented. It is critical that Ontario plan for this demographic shift, and the 2007/2008 budget should form part of that planning process. In particular, investments in mitigating chronic conditions with early diagnosis and appropriate intervention could considerably reduce the cost of leaving such conditions unaddressed and contribute markedly to the majority of our seniors “aging well.”

While acute care often gets the bulk of attention and funding, chronic conditions have more hidden but no less significant impacts on individual health and on costs to the system as a whole. Compounding the challenge is an increasing focus on metrics, evidence-based decision-making, and measurable outcomes. Acute situations – such as wait times and times in surgery – are relatively easy to measure. The percentage of Ontarians with chronic conditions is large and growing, but their circumstances are harder to measure. If, for instance, Mrs. Smith doesn’t hear or can’t see the instructions given to her for her heart condition and consequently does not comply, the costs to her and the health care system can be significant. Unfortunately we do not have enough specific studies to develop a comprehensive system of metrics and map out the clinical and community interventions that would be most effective both for patients who have hearing loss and for the health care system as a whole.

Recommendation 1: It will be increasingly important to ensure appropriate metrics are developed around chronic care and that system-wide plans, procedures, and funding are in place to address chronic conditions as well as acute.

The Need to Develop a Provincial Hearing Health Care Strategy

There is considerable anecdotal and increasing research evidence that indicates hearing loss is a chronic condition that is often misdiagnosed as dementia in older Ontarians; that

those with undiagnosed hearing loss admit that they often do not understand medical instructions; and that depression and other strains on the health care system are often directly attributable to untreated hearing loss in the seniors' population.

This is significant because hearing loss is the fastest growing disability in Canada and aging is the leading cause of hearing loss. While almost 25% of adults report having some hearing loss, that percentage increases dramatically in the senior population where approximately 40% of people over age 65 have hearing loss. The number of hard of hearing seniors will grow rapidly with the aging population and currently there is no provincial strategy to address this looming issue.

The Canadian Hearing Society believes that in addition to general health services, attention must be given to hearing health care in particular. Detected early, successful and cost-effective interventions can take place. Seniors can get hearing aids, for instance, and have devices placed in the home to ensure their safety and independence. This is aging in place: it not only represents an increased quality of life for the senior, but a significant savings for the government relative to the high cost of long-term care, which is very often the alternative when diagnosis and intervention don't take place.

Early identification, intervention and accommodation can also prevent other costly problems associated with unrecognized hearing loss, including mental health problems resulting from isolation and frustration, and the risks of misdiagnosis and non-compliance described above.

Recommendation 2: Just as there are provincial strategies to deal with stroke, cataracts, and Alzheimer's, a provincial strategy to deal with hearing loss should be funded and developed in consultation with all stakeholders.

The Need to Value Community Health Care Providers

The Canadian Hearing Society believes that one potential benefit of Ontario's new Local Health Integration Networks (or LHINs) could be the proper balancing of effort and outcome between acute and community service providers. If the LHINs enable hospitals to focus on those activities which only they can do – which tend to be acute, urgent, and high cost – and leverage community health care providers to assume increasing responsibility for other services with the potential to reduce both wait times (by reducing the burdens on hospitals) and cost (by enabling earlier interventions and better self-management of chronic conditions) we stand to make significant gains over time as the research we quote on page 2 demonstrates. As the Ministry of Health advances its transformation agenda, then, community health care partners become increasingly important, especially in dealing with chronic conditions provided there is adequate funding for this work.

Recommendation 3: Wherever health care delivery is moved from institutions to community health care providers, sufficient funding for service delivery must accompany the move.

PRIORITY #2: DISABILITY and THE RIGHT TO ACCESS

We applaud the government, indeed all parties as it received unanimous support, on the passage of the Accessibility for Ontarians with Disabilities Act (AODA) in 2005. Action on this legislation has the real potential to make society more accessible to all people with disabilities and in fact, to bring Ontario closer to equal citizenship and full human rights.

In addition to the AODA there are other substantial federal and provincial pieces of legislation and regulation (*see Appendix A*) that assure people with disabilities the right to access and equitable treatment. The newest addition to these requirements is the August

11, 2006 Federal Court decision in *Canadian Association of Deaf v. Canada*. In his ruling the Honourable Mr. Justice Mosley wrote that, “As Canadians, deaf persons are entitled to be full participants in the democratic process and functioning of government. It is fundamental to an inclusive society that those with disabilities be accommodated when interacting with the institutions of government. The nature of the interests affected is central to the dignity of deaf persons. If they cannot participate in government surveys or interact with government officials they are not able to fully participate in Canadian life.”

Although technically the Federal Court decision only applies to the Government of Canada, on a substantive and ethical level, the decision applies to municipal and provincial governments. Should the municipal and provincial governments ever be challenged in court on a similar basis, there is little to differentiate their provision of services, as well as involvement in the democratic process and functioning of government with respect to deaf and hard of hearing persons as required under *Charter of Rights and Freedoms*.

However, despite that recent judgment and the passage of the AODA, no new funds have been announced to turn these legal tenets into social realities. Rights without capacity do not guarantee social progress.

It is important to note that 54% of current complaints received by the Ontario Human Rights Commission relate to people with disabilities. That is as much as race and colour, sexual harassment, creed, and age combined. Over half of those disability complaints relate to accommodation. Investing in making Ontario a more accessible province for people with disabilities, including those who are deaf, deafened, and hard of hearing, offers a real opportunity to reduce the costs related to human rights complaints.

In particular, adequate budgets directed explicitly to access and accommodation need to be included in a number of Ontario’s program and ministry plans:

In the Ministry of Health:

There can be no health care without communication and informed consent. Deaf people use sign language interpreters. Deafened and hard of hearing people use note-takers or other supports. Devices – such as visual, not only audible, alarms – must be in place in hospitals. Critical health information should be provided on websites in sign language. And health care centres must be accessible by TTY.

In the Assistive Devices Program:

Limitations of funding under ADP result in both reduced independence for Ontarians who would benefit from essential devices and increased costs for the government as a result of that reduced independence. Some provincial legislation has even made the playing field less, rather than more, even. For example, in order to comply with the new Fire Code Regulation and ensure safety, deaf, deafened and hard of hearing people must have fire alarms in their homes. Audible fire alarms, which are relatively inexpensive, are of no benefit to people who can't hear them. Visually accessible fire alarms that include a strong strobe light are considerably more expensive than audible alarms. In addition to the cost of the hardware, the most suitable visible detectors must be hardwired into the electrical system of a residence, which requires hiring an electrician. Without ADP support to cover these costs, the regulation places a much higher burden on people with hearing loss, all the more so since deaf, deafened and hard of hearing people tend to have above average underemployment rates and generally lower incomes.

In MCSS:

Ontario Disabilities Support Program (ODSP) should be enhanced. ODSP has had no increase in funding in five years which represents a loss of capacity in real terms. With that loss of capacity comes the real risk of focusing only on the easiest-to-serve, especially in the employment supports stream. There appears to be movement towards leaving harder-to-serve clients on income supports as a cost-saving measure within the MCSS envelope, rather than funding them to seek employment. However research suggests this is a false economy. Employment is a key social determinant of health. Life on income support leads not only to economic disadvantage and reduced participation in

the social and financial aspects of society, but also to physical and mental health problems that place demands on the system. In other words, savings in the MCSS portfolio become expenses in the MOH portfolio. (*See research results on page 2*).

In Democratic Renewal:

Government cannot represent constituents with whom they cannot communicate. Society as a whole loses when people with disabilities are unable to volunteer, make educated choices about candidates (via vehicles such as all-candidates meetings), vote, or run for office. As was reaffirmed in the Federal Court decision cited above, people with disabilities are entitled to be full participants in the democratic process and the full functioning of government.

Recommendation 4:

In these and other ministries/programs, there must be a budget line for access and accommodation to ensure that the objects of the Ontario Human Rights Code are met – the fostering of a “climate of understanding and mutual respect for the dignity and worth of each person so that each person feels a part of the community and able to contribute fully to the development and well-being of the community and the Province.”

Recommendation 5:

ODSP and ADP budgets should be increased.

PRIORITY #3: THE VOLUNTARY SECTOR

Community health care and services for people with disabilities are often delivered by agencies that are largely voluntary sector organizations. These agencies are frequently over-stretched and their limited staff are chronically underpaid.

This historic lack of adequate resourcing must be corrected in order for community health care providers to be an effective partner in meeting the upcoming demands on the health care system and for people with disabilities to enjoy equal access and contribute to all the opportunities Ontario has to offer.

The voluntary sector must be acknowledged and respected as an increasingly key part of the Canadian economy. A 2005 study commissioned by Imagine Canada and funded by the federal government demonstrated that the non-profit sector now employs nearly two million people – almost the job size of the manufacturing industry in this country. February 2006 Ontario Labour Force statistics reveal that one in eleven Ontarians works in the nonprofit sector.

Furthermore it is a sector that delivers incredible value. Many recent studies substantiate the claim of the Ontario Community Support Association: that for every \$1 of funding, the voluntary sector delivers \$1.50 worth of service. In part this is due to the unpaid contributions of volunteers; in part it is due to the fact that most voluntary sector organizations are not fully funded by governments (as a result of client co-payments, donations, and other contributions).

That return on government dollars may be attractive, but it is not sustainable. While CHS has been heartened to receive some increases to our base provincial funding in the last three fiscal years, those increases have yet to catch up with the erosion in funding in real terms that occurred in this sector over the last decade or more. Here are some examples of that erosion and its impact on services:

- In 1996, cuts of \$19M in government funding resulted in the closure of 33 agencies and the elimination of 313 programs across the 629 non-profit organizations surveyed. (*Municipality of Metropolitan Toronto, 1997*).
- Over the last ten years, provincial funding for administrative and core-cost expenditures has increased by at most 1% in total. Until 2004, most government

grant programs had provided no administrative increases for five years (*Howarth 2003, Shaken Foundations: The Weakening of Community Building Infrastructure*). With inflation, that represented an effective loss of at least 15% in agency operating expenses throughout the sector.

- Reporting requirements have, perhaps rightly, increased, but there is often no increase in funding to cover the additional paperwork and required financial management – resulting in a major strain on the infrastructure of the sector. (In other words, on one hand increased infrastructure and accountability are deemed more necessary than ever, but on the other hand are unfunded and undervalued as “administration”). We believe that accountability is a two-way street.

Adding to these challenges, some ministries have begun to elevate the competition for contracts, often opting solely for the lowest cost provider. In the case of home care, this lowest common denominator approach decimated the traditional providers who had operated for decades and brought real expertise to their work. It also left clients in the lurch during a transition and with reduced, poor quality, or eliminated services afterwards. Ultimately this proved to be an ineffective solution for Ontarians who needed home care and as a result, the government has gone some way to reverse its original position. However, some of the damage done as a result of that process is irreversible and worse, history threatens to repeat itself if cost is the only factor considered in awarding contracts going forward.

For these and other reasons, it is critical that the provincial budgeting process not promote further erosion to this major, under-funded, and cost-effective sector.

The provincial budget’s funding of the voluntary sector and its services will demonstrate the value this government places on this sector, any weakening of which threatens the quality of life of everyone in Ontario.

Recommendation 6: We urge the government to provide increased funding in the voluntary sector, particularly for those agencies engaged in the health care of seniors. Minimally, this increase should be in the order of 5%. This should be a base funding increase to go some way towards remedying the erosion of capacity experienced by the sector in the last decade.

CONCLUSIONS

Finally we'd like to elaborate on our six recommendations and provide you with some suggestions about how they could be funded.

Recommendation 1: It will be increasingly important to ensure metrics are developed around chronic care and that system-wide plans with funding are in place to address chronic conditions as well as acute.

Ministry of Health funding must ensure an appropriate balance of investment for chronic conditions. In addition, funding must be provided to develop metrics in chronic care to inform future decision-making. Some of this money can be redirected from what is currently deployed against acute care to ensure that Ontario is better positioned to meet the needs of an aging population. It may be possible to leverage some from increases already flowing to various players in the system if they are sensitized to the impact of hearing loss among seniors on the overall management of seniors' health.

Recommendation 2: Just as there are provincial strategies to deal with stroke, cataracts, and Alzheimer's, a provincial strategy to deal with hearing loss should be funded and developed.

We firmly believe, and preliminary empirical evidence suggests, that a provincial hearing health care strategy, focused on identification and early intervention in the seniors' population most prone to hearing loss, would represent a net savings to government, compared to the costs throughout the system incurred as a result of no diagnosis or misdiagnosis. (*See research results on page 2*). The Canadian Hearing Society would be pleased to work with the Ministry of Health and colleagues in the sector to undertake a study quantifying current costs and developing a more efficient systematic approach.

Recommendation 3: Wherever health care delivery is moved from institutions to community health care providers, sufficient funding for service delivery must accompany the move.

We believe community health care can deliver savings relative to care delivered through institutions. While funding would have to be sufficient, this move would represent savings to the overall health care system in Ontario.

Recommendation 4: Ministries and programs must have a budget line for access and accommodation to ensure that the objects of the Ontario Human Rights Code are met – the fostering of a “climate of understanding and mutual respect for the dignity and worth of each person so that each person feels a part of the community and able to contribute fully to the development and well-being of the community and the Province.”

Recommendation 5: ODSP and ADP budgets should be increased.

We see two primary possibilities to fund this incremental cost:

1. Reallocate dollars in the current budget for this purpose. Some of this could come from fines associated with being inaccessible, for instance fines given to people who park illegally in an accessible parking spot. In the longer term, with enforcement of the AODA and penalties for lack of compliance, these revenues could be designated for re-investment in accessibility.
2. Raise new funds – through a levy, surcharge, or small tax premium – that would be directed to accessibility measures for people with disabilities. If each Ontarian paid just \$1 a month, \$132M would be generated annually!

Again, savings could be realized in the reduction of Human Rights complaints if Ontario were more accessible.

Recommendation 6: We urge the government to provide increased funding in the voluntary sector, particularly for those agencies engaged in the health care of seniors. Minimally, this increase should be in the order of 5%. This should be a base funding increase to go some way towards remedying the erosion of capacity experienced by the sector in the last decade.

Of course we would like to see more than 5%, but we see that as the minimum starting point to at least stop the bleeding and stabilize a critical sector at its current state.

Without this “catch up” funding we will be seriously challenged to handle the coming demographic changes in this province.

We hope you will consider our comments and recommendations. We would welcome the opportunity to work with you or anyone else you think would be appropriate, to develop the concepts and explore implementation.

APPENDIX A

Legal Agreements, Policies and Legislation on Duty to Accommodate

FEDERAL

- Canadian Association of the Deaf, et. al. v. Her Majesty the Queen [2006]:
This recent Federal Court of Canada decision requires that all Federal Government programs, offices and services provide sign language interpreters “upon request.” The ruling makes explicit the right to access government for Deaf Canadians and reinforces the legal precedent set by the *Eldridge* decision.
<http://decisions.fct-cf.gc.ca/en/2006/2006fc971/2006fc971.html>

- No Answer II: A Review of Federally Regulated Organizations’ Telephonic Communications with People Who Are Deaf, Deafened or Hard of Hearing [2006]
The report is a review meant to test the responsiveness and effectiveness of TTY services (where available) in federally regulated organizations. The key recommendations of the study are that: all concerned entities should ensure that their services are accessible by providing appropriate assistive devices, including but not limited to, TTYs; those who have TTY service should list the TTY number wherever the telephone number is listed; effective and consistent TTY training should be provided to staff; and finally, provision of accessible telephonic services should be part of a policy that makes specific reference to the duty to accommodate as provided under the Canadian Human Rights Act (CHRA).
http://www.chrc-ccdp.ca/proactive_initiatives/tty2_ats2/toc_tdm-en.asp

- Canadian Human Rights Commission Memorandum of Understanding with Treasury Board Secretariat [2006]:
The MOU formalizes the consultation and collaborative process between the Treasury Board and the CHRC with respect to ensuring accessibility to Government of Canada telephone communications for all Canadians, particularly those who are Deaf, deafened, hard of hearing or have a speech impediment. The MOU is in response to the CHRC report, *No Answer: A Review of Government of Canada Telephonic Communication with People who are Deaf, Deafened, Hard of Hearing or Have a Speech Impediment* (2005).
http://www.chrc-ccdp.ca/proactive_initiatives/tty_ats/chrc_mou_tbs-en.asp?highlight=1

Update on the progress to-date of improving accessibility of government communications with people who are Deaf, deafened or had of hearing.
http://www.chrc-ccdp.ca/proactive_initiatives/tty_ats/pr_rp-en.asp

- No Answer: A Review of Government of Canada Telephonic Communication with People who are Deaf, Deafened, Hard of Hearing or Have a Speech Impediment [2005]

The report addresses the Government of Canada's failure to adequately accommodate the needs of Canadians who cannot use the regular government telephone system, particularly for Canadians who are Deaf, deafened, hard of hearing, or have a speech impediment. The report recommended that the Government of Canada develop a strategy to provide telephonic services for people with hearing loss or a speech impediment, specifically referencing the duty to accommodate as provided by the Canadian Human Rights Act. **The report also recommended that the government review other communication issues**, including the availability of American Sign Language/langue des signes quebecoise (ASL/LSQ) services, the provision of real-time captioning at federal meetings and consultations, consideration of the special needs of hard of hearing people, and captioning of federally sponsored television feeds, videos and the audio portions of websites.

http://www.chrc-ccdp.ca/proactive_initiatives/tty_ats/toc_tdm-en.asp

- Eldridge v. British Columbia (Attorney General) [1997]:

The responsibility of governments to provide sign language interpreters was dealt with by the Supreme Court of Canada in the leading case of Eldridge v. British Columbia (Attorney General) 151 DLR (4th) 577. While Eldridge dealt specifically with the right to sign language interpreters in the health care system, the principles set out apply more generally to services provided by government, or provided by non-government organizations carrying out specific government objectives.

<http://scc.lexum.umontreal.ca/en/1997/1997rcs3-624/1997rcs3-624.html>

- The Canadian Charter of Rights and Freedoms [1982]:

The Charter is explicit in its provision for sign language interpreters during any proceeding in which Deaf Canadians are involved (see Section 14 and 15.1).

<http://laws.justice.gc.ca/en/charter/index.html>

- Canadian Human Rights Act [1976/77]:

The Act extends the laws of Canada to "give effect...to the principle that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated...without being hindered in or prevented from doing so by discriminatory practices based on...disability."

<http://laws.justice.gc.ca/en/h-6/text.html>

Duty to Accommodate Fact Sheet: a short explanation of the duty to accommodate, its requirements and restrictions

http://www.chrc-ccdp.ca/preventing_discrimination/duty_obligation-en.asp?lang=en&url=%2Fpreventing%5Fdiscrimination%2Fduty%5Fobligation%2Den%2Easp

ONTARIO

- Accessibility for Ontarians with Disabilities Act [2005]:
Ontario unanimously passed the Accessibility for Ontarians with Disabilities Act (AODA) in June 2005. The legislation promises to create, implement and enforce standards of accessibility with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises for the 16 per cent of Ontarians with disabilities, including people who are deaf, deafened and hard of hearing.
www.e-laws.gov.on.ca/DBLaws/Statutes/English/05a11_e.htm
 - ✓ Ministry of Community and Social Services Accessibility Plan 2005-2006
<http://www.mcsc.gov.on.ca/mcss/english/ministry/accessibilityPlans/2005.htm>
 - ✓ Ministry of Community and Social Services Guide to AODA
http://www.mcsc.gov.on.ca/mcss/english/pillars/accessibilityOntario/what/aoda_guide.htm

- Ontario Human Rights Commission Guidelines on Accessible Education [2004]
These guidelines set the standard for how educational institutions can ensure compliance with the Ontario Human Rights Code as it relates to accommodation for students with a disability, allowing them to access educational services equally.
<http://www.ohrc.on.ca/english/publications/accessible-education-guide.shtml>

- Ontario Human Rights Commission's Policy and Guidelines on Disability and the Duty to Accommodate [2000]
The Ontario Human Rights Code explicitly states that everyone has the right to be free from discrimination. The Policy and Guidelines outline the details and give practical measures for workplaces, public transit, health services, restaurants, shops and housing to provide Ontarians with a disability equal treatment and barrier free access.
<http://www.ohrc.on.ca/english/publications/disability-policy.shtml>

- Ontario Human Rights Code [1990]
The Code protects Ontarians from discrimination based on disability or other characteristics (e.g. race, ancestry, family status, sexual orientation, etc.) and endeavours to create a “climate of understanding and mutual respect for the dignity and worth of each person so that each person feels a part of the community and able to contribute fully to the development and well-being of the community and the Province.”
http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/90h19_e.htm