



**CANADIAN ASSOCIATION
OF RETIRED PERSONS**

Submission for Consultations in Advance of the 2026 Ontario Budget

Submitted By:

The Canadian Association of Retired Persons

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The Canadian Association of Retired Persons (CARP) makes the following recommendations for Ontario's Budget 2026:

Recommendation 1: Adapt a Home-First Care Model to Relieve Acute Care Pressure and Keep Seniors at Home

Ontario is experiencing the oldest demographic shift in its history, and the health system is already showing signs of strain. The province's own projections show that the number of Ontarians aged 75 and over is expected to double over the coming decades - the age group that relies most on hospitals, home care, and long-term care (LTC). Without a deliberate change in how care is delivered, Ontario will see a greater intensity of overcrowded emergency departments (EDs), delayed discharges, and long waits for support, which will push more seniors into avoidable crises and leave them stuck in the wrong place for care.

The warning signs are already clear. Ontario's Auditor General has documented that ED patients wait 9 to 19 hours for a bed, with many waiting more than 24 hours.¹ These delays are not solely an ED issue. They are a hospital-flow problem caused by insufficient downstream capacity, particularly when patients who no longer need acute care cannot be discharged because the right home and community support are not available.

LTC capacity makes this problem more complex. As of 2025, over 50,000 people are waiting for LTC beds in Ontario, with this number expected to double in a matter of years.² While the province has rightly committed to building new LTC beds, the Ontario Financial Accountability Office (FAO) reports that bed expansion does not solve the capacity issue on its own. It is projected that to maintain the status quo, Ontario would need 55,000 additional new LTC beds in just seven years - by 2033-34, underscoring **the demand growth that outpaces supply**. Even when beds are built, staffing determines whether they are usable.³ Ontario is experiencing shortages of nurses and personal support workers (PSWs), with the projected shortfall of 33,000 nurses and PSWs by 2027/28, which jeopardizes the province's ability to maintain even the current programs and meet expansion commitments.

¹ Office of the Auditor General of Ontario, Value-for-Money Audit: Emergency Departments (2023). Office of the Auditor General of Ontario. Retrieved from https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf.

² *The Data: Long-Term Care in Ontario*. OLTCA. (n.d.). <https://www.oltca.com/about-long-term-care/the-data/>

³ *Long-Term Care Homes Program: A review of the plan to create 15,000 new long-term care beds in ontario - financial accountability office of ontario %*. Financial Accountability Office of Ontario. (2019, October 30). <https://fao-on.org/en/report/ontario-long-term-care-program/>

For seniors, the most effective way to prevent avoidable admissions and reduce delayed discharges is straightforward: **make “Home First” care the default pathway, not the fallback.**

A Home First approach to care is the only logical pathway to slow the inevitable bottleneck in care at the doors of the hospital ER, at doctors’ offices, and LTC homes. This means investing upstream in chronic disease management, caregiver support, and integrated home-based services that can stabilize people earlier, before they need emergency services. It also means treating “aging at home” as the priority in healthcare planning. Canadian data has consistently shown that the overwhelming majority of older Canadians want to remain in their homes and communities for as long as possible, yet feasibility is shaped by affordability and available support, especially for those with lower income, poorer health, or who rent.

The demographic surge is not speculative, and Ontario cannot build and staff its way out fast enough - more hospitals, LTC spaces, and more beds will not come quickly enough to match the pace of the increasing demand. Prevention and home and community care is the only solution that can reduce demand for acute beds and enable discharges when acute care is no longer needed. If Ontario does not act now, it will continue to pay the highest cost: more seniors in emergency, more delayed discharges, and more bottleneck of LTC beds.

CARP recommends that the Ontario government:

- Adopt a “Home First” model of care as the main budget priority to relieve ED and inpatient pressures. Home and community care should be treated as essential hospital-flow infrastructure, not an add-on or back-up plan.
- Invest in aging at home supports that make homecare work realistically, such as caregiver supports, aid in navigation through the system, and community wraparound services

Recommendation 2: Prevention First: Falls, Fitness, and Vaccines to Help Seniors Age at Home

CARP urges the Ontario government to treat prevention as a central budget priority, as Ontario cannot address hospital overcrowding, reduce ALC patients taking up acute care beds, or stabilize long-term care demands without materially reducing avoidable injuries and illnesses among older adults. One of the clearest and most actionable opportunities is upstream



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prevention that helps seniors age safely at home: **fall prevention campaigns**, improving strength and balance through affordable fitness, and protecting older adults with equitable access to expert-recommended vaccines.

Falls are not an inevitable consequence of aging. They are common, costly and often preventable - yet Ontario's outcomes are moving in the wrong direction. 1 in 3 seniors fall each year, and falls are a major cause for injuries such as fractures, a catalyst for sudden functional decline, and a loss of independence that accelerates transitions into long-term care and ALC.⁴ Falls also drain acute-care capacity and resources because fall-related hospitalizations last longer: the average length of stay for fall-related hospitalization is approximately 4-5 days longer than the average for all-cause hospitalizations.⁵ Put plainly, preventable falls are not only a personal and family health crisis, but they are a direct and avoidable capacity hit to Ontario's already strained hospitals.

The economic case is equally clear. Canada estimates preventable injuries cost \$29.4B (2018), including \$20.4B in direct health-care costs, and falls are the single largest cost driver at \$10.3B.⁶ Ontario-specific data enforces this urgency. Public Health Ontario estimates that falls were among the province's highest-cost injury mechanisms, costing \$3.3B.⁷ In the same year, there were 3,000 deaths, more than 52,000 hospitalizations, and nearly 500,000 ED visits. The economic burden extends beyond the health system: PHO estimates that the indirect (productivity) costs lost to falls, which includes lost productivity related to disability and premature death, was more than \$547M. In a fiscal environment where Ontario must deliver better outcomes with limited capacity, fall prevention is a high-return investment that reduces demand rather than merely shifting it.

Ontario should also invest in modifications to the built environment because this is where some of the best fall prevention returns are found. Robust research has found that

⁴ Canada, P. H. A. of. (2024, February 20). *Government of Canada*. Canada.ca. <https://www.canada.ca/en/public-health/services/publications/healthy-living/surveillance-report-falls-older-adults-canada.html>

⁵ Canada, P. H. A. of. (2024, February 20). *Government of Canada*. Canada.ca. <https://www.canada.ca/en/public-health/services/publications/healthy-living/surveillance-report-falls-older-adults-canada.html>

⁶ *Cost of Injury in Canada*. Parachute. (2021, July 5). <https://parachute.ca/en/professional-resource/cost-of-injury-in-canada/>

⁷ Public Health Ontario. (2024, September). *The Cost of Injury in Ontario*. https://www.publichealthontario.ca/-/media/Documents/C/24/cost-of-injury-ontario.pdf?rev=1783406dc00543eebe6167a7c7b31bad&sc_lang=en



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government-financed and targeted home modifications, including the installation of grab bars in bathrooms and handrails on stairs, resulted in a 31% reduction in fall injuries at home.⁸ Yet, in Ontario, many seniors cannot access home modifications benefits because the current model assumes people can pay up front. Ontario previously offered the Seniors' Home Safety Tax Credit, a refundable credit with 25% of up to \$10,000 in eligible expenses. CARP supports reinstating a home safety initiative but warns that a tax credit-only approach can miss seniors living on fixed incomes who cannot finance modifications and those living in older housing requiring larger and more expensive adaptations. If Ontario is committed to fall prevention, home safety support must be designed to be usable, not merely available.

Fitness and physical activity are the second pillar of a fall prevention strategy. Strength and balance protect independence and mobility, while also reducing chronic disease burden and social isolation. Evidence shows that exercise programs focused on strength and balance reduce falls in older adults. Beyond the health benefit, the returns on investment are substantial: a Canada-focused analysis estimated \$23.4B in health savings generated by sports and physical activity (2019).⁹ Ontario should reduce cost barriers and expand access to age-friendly programs that seniors can readily use in their communities. The most cost-effective hospital bed is the one that is never needed.

Vaccination is the third pillar of prevention that Ontario should protect and strengthen. CARP commends Ontario for funding expert-recommended vaccines for older adults and urges the province to continue their leader role, as immunization is one of the most efficient ways to prevent illness, avoid complications, and reduce health-care utilization. At the same time, CARP also urges Ontario to close the gap on shingles coverage. Ontario's publicly funded shingles program covers those aged 65-70, while the National Advisory Committee on Immunization (NACI) recommended shingles vaccination for adults 50+. This mismatch creates avoidable inequity and avoidable illness.

CARP therefore recommends that the Ontario government:

⁸ Keall, M. D., Tupara, H., Pierse, N., Wilkie, M., Baker, M. G., Howden-Chapman, P., & Cunningham, C. (2021). Home modifications to prevent home fall injuries in houses with Māori occupants (MHIPI): A randomised controlled trial. *The Lancet Public Health*, 6(9). [https://doi.org/10.1016/s2468-2667\(21\)00135-3](https://doi.org/10.1016/s2468-2667(21)00135-3)

⁹ CNW Group. (2022, August 12). *Revealed: The increase in Canada's social value from getting more active*. Cision Canada.

<https://www.newswire.ca/news-releases/revealed-the-increase-in-canada-s-social-value-from-getting-more-active-835767593.html#:~:text=The%20total%20value%20of%20health,borne%20by%20public%20health%20systems>.



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- Implement a province-wide fall strategy integrated into primary and community care, including a standard pathway, shared tools and clear referral options (exercise, OT/PT supports, home safety).
- Routinize fall-risk screening for older adults across primary care and community pharmacy (mobility/balance, medication review, vision/hearing prompts, built-environment risk questions), with funded follow-through supports
- Reinstate and modernize Ontario's home safety support, building on the Seniors' Home Safety Tax Credit but adding low-income workable options such as up-front grants, accessible financing, and direct benefits, so all seniors can implement safety modifications
- Introduce a \$1,200 refundable seniors fitness tax credit to reduce cost barriers and incentivize more age-friendly programming and participation province-wide
- Maintain and protect funding and delivery infrastructure for older adult vaccines and expand shingles coverage beyond 65-70 towards alignment with NACI recommendations

Recommendation 3: Protect Investors by Increasing Competition and Advisor Accountability.

CARP is deeply concerned that Ontario seniors are being exposed to preventable investor harm at the point when they are most reliant and trust advice for their retirement security. At a time when older Canadians are doing everything right by saving, investing and seeking advice to maintain financial independence in retirement, they are being systematically steered into lower-return products by financial 'advisors' at the branch level. These advisors are, in fact, salespeople, offering proprietary bank funds exclusively. They are not legally obligated to act in their clients' best interests and are only held to 'suitability' standards.

This is not speculation. In July 2025, the Ontario Securities Commission (OSC) and the Canadian Investment Regulatory Organization (CIRO) published a survey of bank branch advisors, which revealed:¹⁰

¹⁰ *Sales culture concerns at five of Canada's bank-affiliated dealers.* OSC. (n.d.). <https://www.osc.ca/en/news-events/reports-and-publications/sales-culture-concerns-five-canadas-bank-affiliated-dealers>



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- The vast majority (94%) of representatives report that they are only able to offer clients bank mutual funds (i.e., proprietary mutual funds) and are not able to offer external (i.e., third-party) mutual funds.
- When asked ‘if there were comparable third-party funds available with a similar cost to those available at my bank - but with better performance - it would be in my clients’ best interest [to] offer these,’ more than two-thirds of representatives agreed with this statement.
- 25% of representatives across banks reported that clients have been recommended products or services that are not in their interests at least ‘sometimes’, which suggests that product recommendations may not always be in the interests of clients.

One in three Canadian investors use bank branches to save for retirement - this is roughly 6 million Canadians. Seniors are disproportionately affected because they are more likely to seek financial advice through traditional channels. Financial Consumer Agency of Canada (FCAC) data shows that Canadians aged 65+ are more likely to seek advice from a financial advisor or planner (51%) or a bank (41%), and exactly where sales incentives can be most influential. Many seniors are often loyal customers, for many decades - many CARP members report being with the same bank for 50 years or more. However, many seniors lack access to financial literacy resources and alternative advisory channels, leaving them trapped in a financial system designed to favour banks over clients and are left to fend for themselves with shrinking returns and eroding nest eggs, while these banks post record-breaking profits annually at the expense of the very customers they are meant to serve. These advisors are motivated by sales quotas and incentives that put the interest of the banks ahead of their clients. Regulators are aware but have taken no action to end this exploitation

When seniors lose retirement savings due to poor financial advice, the financial fallout does not stop there. Seniors become more reliant on public programs such as GIS, OAS, and subsidized healthcare, creating downstream fiscal pressure. In the long run, a stronger, fairer financial system is not just good for seniors; it is sound long-term fiscal policy. Protecting retirement security is therefore not only consumer protection, it is also prudent, long-term fiscal policy.

CARP calls on the Ontario government to act decisively to protect senior retail investors by:



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- Requiring stronger competition, expanded investment choices at banks and firm regulatory accountability
- Legislating a fiduciary standard requiring financial advisors and banks to act in the best interest of clients, particularly vulnerable investors such as seniors.

Respectfully submitted,

The Canadian Association of Retired Persons National Office