

Strengthening Age-Friendly Communities and Seniors' Services for 21st Century Ontario

A New Conversation about the Municipal Role

September 2016



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Executive Summary

The municipal sector in Ontario is increasingly at the forefront of developing age-friendly communities and providing vital services to seniors. This includes long-term care, affordable housing, public health services and community support services. Municipal governments are committed to providing high quality services to their residents and ensuring safety and affordability. While some services are required through legislation, many municipal governments have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. Fundamentally, however, providing the same quality of service on the same budget will not be possible given growing demand and service requirements. A broader conversation is needed about current capacity and level of demand.

The ability to fund and deliver the range of programs and services needed varies significantly across the province. Most municipal governments believe they are best positioned to provide services to residents, but that they should have the flexibility to choose the services they offer, including whether to operate long-term care homes. Whichever services municipal governments choose, a conversation must be had about adequate resources to maintain a service standard.

Building on two previous AMO papers, this document furthers the dialogue on the municipal role in facilitating age-friendly communities and providing services to seniors. It outlines key issues for municipal governments, including developing plans, providing community services including transportation and housing, providing long-term care, and ensuring services are culturally-appropriate and relevant in northern and rural communities. Opportunities for improvement are highlighted, and recommendations are made, calling on the Province to:

- Continue to play a supportive role to facilitate age-friendly community development under its Action Plan for Seniors;
- Work with municipal governments to enhance community services and housing including transportation options, the Elderly Persons Centres program, and seniors' housing;
- Amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a long-term care home which would allow them the flexibility to provide the most appropriate care to suit their local residents' needs;
- Work with municipal governments to address issues in long-term care delivery including simplifying regulatory frameworks, reducing wait times, developing a human resources strategy, addressing challenging behaviours, undertaking systems capacity planning, supporting the redevelopment of long-term care homes, facilitating innovative models, developing community hubs, reviewing the funding model, and pursuing additional funding sources;
- Address regionally-specific issues; and
- Support the municipal sector to deliver culturally-appropriate services.



Introduction

AMO and municipal governments are increasingly at the forefront of creating age-friendly communities in Ontario and providing vital services to seniors, including long-term care, affordable housing, public health services and other community support services. The conversation about Ontario's aging population began years ago, and since then, stakeholders, policy makers, and researchers have worked to understand how best to respond. A range of policy frameworks, guidelines, and initiatives have been put in practice, and while these have been good first steps, new challenges have emerged indicating that it is now necessary to review overall capacity and demand for services, and address the issues.

As delivery partners and co-funders of services to seniors, and as the order of government closest to seniors' issues in our communities, municipal governments know these issues well. They include responding to increasing demand on the current budget allocation, implementing programs and policies which are relevant to the range of contexts across municipalities, and attempting to creatively solve problems when there is little flexibility in program design. Municipally-operated seniors' services are universally provided to everyone, from the most vulnerable to the well off, which is not the case for all non-profit or private service providers. Municipal services often set the benchmark of quality in communities for long-term care and other services.

Municipal governments are committed to providing high quality services to their residents and ensuring safety and affordability. Many have filled gaps when provincial allocations are insufficient, introducing additional services, and developing innovative ways of working beyond what is required. Fundamentally, however, providing the same quality of service on the same budget will not be possible in the current way of operating given growing demand and service requirements. A broader conversation is needed about current capacity and level of demand, and about what solutions could help move towards sustainable service provision.

In recent years, AMO has sought to engage with the Province on the municipal role in developing age-friendly communities and delivering services to seniors, primarily through long-term care. For this purpose, AMO released in 2009 *Coming to a Cross Road: The Future of Long-Term Care in Ontario*.¹ The intended purpose of this 2009 paper was to clearly communicate to provincial decision-makers that municipal governments are obligated partners in the provision of long-term care, and the growing legislative requirements and increased risk were undermining and compromising the municipal role in this important service. AMO also urged the government to engage the municipal sector in policy and program decisions as the partners they are. Municipal governments are more than merely stakeholders in this regard. They are co-funders of long-term care services and set the bar in the provision of service excellence for the entire province.

¹ AMO, *Coming to a Cross Road: The Future of Long-Term Care in Ontario*, 2009, found at <<https://www.amo.on.ca/AMO-PDFs/Reports/2009/2009ComingtoCrossroadAMOLTCpaper.aspx>>.

More recently, AMO's 2011 paper *Coming of Age: The Municipal Role in Caring for Ontario's Seniors*² sought to enunciate the municipal role in delivering a broad range of seniors' services. *Coming of Age* examined the demographic changes and the municipal capacity to provide seniors' services within the context of a perfect storm of growing need and shrinking capacity. The paper outlined options for consideration by municipal governments on how they might best meet the long-term care needs of residents in their communities. The main conclusion was that there was no single approach to the municipal role in providing services to seniors. Communities are unique and differ from each other in substantial ways. Municipal governments are in the best position to know what their respective communities are asking for and need. What municipal governments need is the support and flexibility to invest their tax dollars in the areas of seniors services that would best suit their residents, and this may or may not include long-term care homes. However, as municipal governments currently operate homes and many wish to continue to do so, there is a vested interest in helping to shape government policy to maintain high quality, safe and affordable accommodations.

Building on the work of these two previous papers, this document aims to further the dialogue on the municipal role in facilitating age-friendly communities and providing services to seniors. It highlights both challenges and opportunities for improving service provision. It aims to re-ignite the conversation with the Ontario government, as our partners in caring for seniors, about possible options for how to work within our policy and program framework to meet the needs of senior residents in an appropriate, affordable, and respectful manner. Together with the provincial government, we can work together to strengthen age-friendly communities and municipal seniors' services for the 21st century.

Context and the Municipal Role

Demographic Change and Growing Service Demand

The huge demographic shift in Ontario is by now well-known and documented. In 2011, there were 1,878,325 Ontarians aged 65 years and older, representing 14.6 per cent of the province's overall population.³ This number will more than double by 2036, causing a profound effect on our communities.⁴ These changing demographics are a global phenomenon; with the number of older persons expected to more than double, from 841 million people in 2013 to more than 2 billion in 2050 to 21.1 per cent, exceeding the number of children.⁵

While the impacts will be widespread, parts of the province will be affected differently. In Ontario's rural areas, the movement of young people from rural areas to larger centres and the low rates of immigration lead to higher proportions of senior populations. According to the 2006 Census, rural areas had a much higher proportion of people aged 65 and over (16.1 per cent) than metropolitan

² AMO, *Coming of Age: The Municipal Role in Caring for Ontario's Seniors*, 2011, found at <https://www.amo.on.ca/AMO-PDFs/Reports/2011/2011_Coming_of_Age_the_Municipal_Role_in_Caring_fo.aspx>.

³ Government of Canada, Statistics Canada, *2011 Census*, 2012.

⁴ Government of Ontario, *Independence, Activity and Good Health: Ontario's Action Plan for Seniors*, 2013.

⁵ United Nations Department of Economic and Social Affairs Population Division, *World Population Aging 2013*, 2013.

areas (13.2 per cent).⁶ In Ontario's oldest rural community, Perth, the population of seniors is already at the projected provincial average rate for 2036, at 28 per cent.⁷

As the population is shifting towards a larger proportion of seniors, we are also living longer. The scope of seniors' interests, needs, and expectations has expanded and become increasingly complex. In Ontario and around the world, governments, care providers, and researchers have been working to understand the implications of these changes and develop programs and policies to respond to them. For example, the World Health Organization's Age-Friendly Communities framework is widely recognized as one to follow to ensure municipalities have physical infrastructure, social, civic, and health services, and planning approaches which are appropriate for older adults.

The Continuum of Care (see Figure 1) is another way of understanding how to provide quality services in a cost effective manner as individuals age and their needs change. The continuum spans from wellness and prevention to home care to residential programs and services to long-term care to hospital based care, and finally, to palliative care.

Figure 1. Continuum of Care (source: Niagara Region)

⁶ Stacey McDonald for the Rural Ontario Institute, *Ontario's Aging Population: Challenges & Opportunities*, Ontario Trillium Foundation, 2011.

⁷ McDonald, 2011.



The manner in which services are provided is also changing. While 70 to 90 per cent of the everyday care that older persons require to remain at home is provided by unpaid family, friends, and neighbours, this type of support is becoming less frequently available.⁸ Family dynamics are changing, along with the ability for families to provide informal care. Formal service provision, including non-profit, for-profit, and governmental agencies, is assuming the central role in providing services to ensure seniors remain healthy, safe, and active members of society.

The Municipal Role in Providing Seniors' Services

Given these changing demographics, municipal governments across the province are searching for new appropriate and innovative ways to respond to their aging populations. This includes adapting municipal customer services and making the built environment more accessible.

In other cases, municipal governments provide direct services across the continuum of care including: wellness and prevention programs to promote active lifestyles including community recreation programs and Elderly Persons Centres, community based services, housing and residential programs, and long-term care. These services are vital as they contribute to the Aging in

⁸ A. Paul Williams et al., *Integrating Long-Term Care into a Community-Based Continuum: Shifting from 'Beds' to 'Places'*, IRPP, No. 59, February 2016.

Place philosophy of the Ontario government and also reflect the wishes of senior residents in our communities.

Not all the services are legislatively mandatory. Providing affordable housing is a municipal responsibility in Ontario as is the provision of long-term care homes. Each municipal government in southern Ontario is required by law to establish and maintain a long-term care home, either directly or jointly with another municipality. Northern municipal governments may choose to provide long-term care services, either directly or jointly with another municipality. Long-term care is cost shared with the provincial government. The range of other community support services is being provided voluntarily by municipal governments, often funded through the property tax base.

While some of these services and programs are legislated by the province, many municipal governments go beyond what is required of them to ensure their residents receive what they need. Across Ontario, municipal governments have developed seniors plans and strategies, accessible streetscapes, buildings, and public spaces, seniors housing, transportation services, recreation activities, and seniors' advisory groups or councils. For example, some municipalities have attained World Health Organization Age-Friendly Communities designation. Some have piloted community para-medicine services which primarily serve seniors. Many operate more than the required one long-term care home.

Not only are municipal governments partners in service delivery, they are also co-funders. They finance seniors' services including social and recreational activities, transit subsidies for seniors, grants to non-governmental organizations providing seniors' services, affordable housing, seniors' housing, seniors' drop-in centres, and more. Overall, municipal governments expended approximately two billion dollars in capital and operating dollars in support for seniors in 2014.⁹ This includes \$156 million in capital expenditures and \$1.8 billion in operating expenditures in 2014.¹⁰ Between 2009 and 2014, municipal governments spent \$765 million in capital expenditures.¹¹ This is a significant amount, will come at the expense of other municipal activities and services if it continues to be paid through the property tax.

The ability to fund and deliver the range of programs and services needed, however, varies significantly across the province. Perspectives on the role and obligations municipal governments should have also vary significantly. Most municipal governments believe they are best positioned to provide services to residents, but that they should have the flexibility to choose the range of services they offer. Municipalities across the province have different populations, capacities, and needs, and requirements (such as the operation of a long-term care home) may not be the most

⁹ FIR data, 2014 and AMO, *What's Next Ontario*, 2015. Capital expenditures include assistance to aged persons (FIR Line 1220 Assistance to aged persons, administration grants to voluntary organizations assisting the aged, grants under the Municipal Elderly Residents' Assistance Act, homes for the aged, housing for elderly persons, seniors drop-in centres, social and recreational activities, transit subsidies for elderly persons, other expenses for assistance to the aged), as well as expenditures related to seniors in hospitals, public health service, and ambulance service. Operating expenditures include expenditures on seniors in public health services, hospitals, ambulance services, ambulance dispatch, and assistance to aged persons.

¹⁰ FIR, 2014 and AMO, 2015.

¹¹ FIR, 2014 and AMO, 2015.

appropriate way to serve local residents in all areas. The rising costs, coupled with fact that many areas are well served by private and non-profit long-term care operators, has some municipalities questioning their need to remain in the long-term care business, but rather seeking to invest in other areas of senior's services that better meet local needs.

Overall, municipal governments need the flexibility to choose which services to provide, including whether to operate long-term care homes. Whatever services municipal governments choose, a conversation must be had about adequate resources to maintain a service standard. Particularly regarding long-term care, while municipal governments are still in the business of operating homes, it is necessary to re-examine the funding model, legislation and regulatory framework. Based on the role municipal governments have been playing in providing services to seniors, it is essential for the Province to recognize the municipal sector as its partner. AMO as the voice of the municipal sector must be regularly involved in policy discussions with the Province. Without this partnership, the Province cannot achieve strong policies and programs, and Ontario's aging population is disserved.

Recommendation 1

AMO calls on the government to establish a regular policy forum with AMO and municipal long-term care administrators to inform policy planning and decision making from a municipal perspective.

While municipalities are diverse, there are some principles which municipal governments across the province agree must underscore all work on seniors' services. These are outlined in the following section, and these should be the basis for change moving forward. Following the principles, the key issues for municipal governments in providing services to seniors are outlined: developing plans, providing community services including transportation and housing, providing long-term care, and ensuring services are culturally-appropriate and relevant in northern and rural communities. In addition to outlining key issues, opportunities for improvement are highlighted, and recommendations are made. Based on these recommendations, we call on the Province to engage with the municipal sector to address the issues and capitalize on opportunities.

Principles

The following principles underpin AMO's approach to providing services to seniors.

1. Ontario's seniors deserve a continuum of high quality, safe, accessible, culturally-appropriate and affordable community services, housing, and long-term care.
2. Long-term care homes, affordable housing, and seniors' services contribute to the economic, social, and health well-being of Ontario's communities and the Province as a whole.
3. Ontarians are best served by local government when their direct voices are reflected in age-friendly community planning exercises.
4. Municipal governments are in the best position to know what their respective communities are asking for and need. Therefore, what municipal governments need is the support and flexibility to invest their tax dollars in the areas of seniors' services that would best suit their residents.

5. Funding health care programming primarily through property tax revenue is unsustainable and at odds with basic principles of good public policy and good fiscal policy.
6. So long as municipal governments are co-funders of long-term care and seniors' services in Ontario, they should be treated by the Province as partners and co-policy makers, not merely stakeholders.
7. The Province must play a vital role to support municipal governments in partnership to maintain an adequately funded long-term care system that meets the needs of Ontarians and ensuring that all homes have the resources and capacity that they require in the face of increasing complex care need.
8. Permanent, sustainable and flexible funding commitments are needed from provincial government to address complex problems across the full spectrum of seniors' policy.
9. The Federal, Provincial and Municipal governments in Ontario must have a clear plan and strategy for collaboration and action on seniors' issues.

Municipal Challenges and Opportunities

Planning for Age-Friendly Communities

Municipal governments are increasingly at the forefront of creating age-friendly communities in Ontario. Age-friendly communities play a vital role in improving the material and social environment of older people to help them age well. They include structures and services to be accessible to, and inclusive of, older people with varying needs and capacities, ensuring they remain in civic life.

Many municipal governments have formed plans for providing services to seniors, including strategies to develop accessible spaces, transportation services, community services, housing, and address workforce replacement. For example, the County of Brant and City of Brantford recently released a Master Aging Plan that creates a roadmap for the delivery of a comprehensive and coordinated set of community services to older adults that have a wide range of needs. Municipal governments have been assisted in these plans by the Ontario Seniors Secretariat in various ways including the publishing of an age-friendly communities development guide called *Finding the Right Fit: Age-Friendly Community Planning*.¹² The Ontario Seniors Secretariat is actively working to facilitate age-friendly community development across the province. Local leadership and provincial support are key to success.

Some municipalities are moving towards World Health Organization Age-Friendly Community designation as part of this process, and some have received provincial support through the Age Friendly Communities Planning Grant. The World Health Organization holds that creating age-friendly communities is one of the most effective ways to be responsive to demographic change. Promoting active ageing and civic engagement is a big part of the approach. The City of London was

¹² Province of Ontario, *Finding the Right Fit: Age-Friendly Community Planning*, found at <<http://www.seniors.gov.on.ca/en/afc/guide.php>>.

the first community in Canada to officially participate in the World Health Organization's Age-Friendly Communities program, and Niagara Region, Halton Region, Thunder Bay, Hamilton, Waterloo, Cambridge, and others have also pursued this designation. Cornwall is also one of the first municipalities in Ontario to pursue a dementia-friendly community designation- a designation which has some overlap with the age-friendly community designation, but is different and independently-organized. This designation involves training all front-line municipal staff to interact with persons with dementia and identify municipal buildings as dementia-friendly offices.

While some municipal governments are innovating and excelling in planning for their changing populations, the capacity to even undertake this work varies significantly. Overall, Ontario is far behind other provinces such as Quebec and British Columbia when it comes to developing age-friendly communities. Some municipal governments lack the financial and human resources to undertake a planning process. The Age Friendly Communities Planning Grant, and the Seniors Community Grant Program from the Ontario government are effective tools in leveling the playing field and helping municipal governments take the first step, and their ongoing availability would be of great value. At \$1.5 and \$2 million dollars for the whole province, however, they are grossly insufficient in addressing the need. Further, the Age Friendly Communities Planning Grant is ending by March 2017. While new funding may not be immediately available, coordinating these two grant programs by aligning the grant objectives, target populations, and funding cycles would help amplify their impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment such as curb cuts, benches, and barrier-free entryways. The Province should explore coordinating such a program with other accessibility initiatives.

There is also a particular need to disseminate and support age-friendly community best practices that are evidence-informed so that communities can learn from each other and replicate or scale up successful initiatives. Supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, to share best practices is a role the Province could assume to development of age-friendly communities across the municipal sector. The Age Friendly Communities Planning Guide and provincial webinars are also part of this solution and should be maintained and updated as innovative and successful practices continue to develop. As the number of age-friendly communities continue to grow, it will be very important to enhance the focus on implementation and evaluation.

Recommendation 2

AMO calls on the provincial government to continue to disseminate the *Finding the Right Fit: Age-Friendly Community Planning* guide.

Recommendation 3

AMO calls on the provincial government to facilitate the dissemination of best practices by supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, and updating and disseminating provincial webinar series and support materials as new strong and innovative practices develop.

Recommendation 4

AMO calls on the provincial government to continue to provide the Age-Friendly Communities Planning Grant and the Seniors Community Grant Program, and align their grant objectives, target populations, and funding cycles to amplify impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment.

Another central issue for municipal governments in the planning process for serving seniors is establishing a level of coordination and integration in municipal seniors' plans, or bundling of services. Planning and establishing integrated service provision would involve connecting and aligning health and social services and solidifying the partnership between the range of service providers into a coordinated continuum of care for seniors. It would also mean coordinating between mental health and addictions strategies and seniors' service planning. Currently, the different elements of service provision operate relatively independently without a coordinating strategy or initiatives to integrate client services across providers and settings. For seniors wanting to access multiple services from multiple providers, each with different services, eligibility criteria, and user fees, the current system is challenging, particularly for older people who may be experiencing cognitive limitations.

Integrated service provision would allow for the best quality of services through establishing a central access point for a range of needed health and social services, and facilitating the development of unique solutions to issues of accessibility and social service delivery at the local level. In large urban areas, work has been done to coordinate intake and referral across more than various different service providers separate from the municipal seniors' plan (for example, Toronto's Community Navigation and Access Program), but not all municipal governments have the capacity to undertake this work.¹³

The Province has already passed legislation and work has been done to increase accessibility in communities. Integrating service provision would mean building on this work rather than reinventing the wheel to provide physical and social infrastructure that caters to aging populations. It would also mean coordinating between designation systems such as age-friendly and dementia-friendly designations, to ensure solutions are streamlined.

Integrated plans could also mean co-locating services in a central location to, for example, allow seniors to pay taxes, access government forms, renew licenses, register for municipal programs and health services including housing and transit services, purchase medication, and post letters, and gather socially. Locating child day care and caregiver support services with seniors' services could also allow for caregivers with children to access what they need in one area. Models which intentionally integrate rather than segregate age specific programs such as seniors' services and

¹³ Williams, 2016.

childcare have been implemented with great success in the Netherlands, Scandinavia and Europe.¹⁴ Integrated and coordinated service provision is particularly well suited to homes in smaller communities or rural or suburban areas where traveling between service providers is more complicated.

This approach could mean solidifying a connection between local college programs and admission rates, and seniors' services to ensure students can receive training for work with seniors where a human resources need is identified, and that students, care providers, and seniors can collaborate to support goals in research, learning, and service provision. Following a coordinated approach could also allow for partnerships between service providers and cultural centres, to ensure seniors can access services that are culturally appropriate and in their language.

The fact that the Province is pursuing a Community Hubs vision presents a good opportunity to build on the recognized strengths of service and program integration and apply them to a seniors planning process in partnership with municipal governments for provincial, municipal, and non-governmental service provision. The provincial Community Hubs¹⁵ initiative is based on the recognition that providing a central access point (whether this be a physical or virtual space) for a range of needed health and social services, along with cultural, recreational, and green spaces brings significant benefit.¹⁶ Established by Ontario Premier Kathleen Wynne, a Community Hubs Advisory Committee led by Karen Pitre, the Premier's Special Advisor, is continuing the process of engaging the public and stakeholders to further the development of community hubs. In 2015, the Special Advisor tabled a report, *Community Hubs in Ontario: A Strategic Framework and Action Plan*, containing recommendations to guide the creation of community hubs.

Where municipalities have begun to develop community hub models for seniors' services that offer a continuum of housing and services, applying a bundled care model would be client-centered, support continuity and consistency of care, and avoid costly fees and patient dissatisfaction associated with duplication, delays, and accessibility of services.

Other examples include bundling of various mental health and addiction services to support communal therapeutic living and expanding service options into the community that follow the patient with programs such as telemedicine and remote patient monitoring that tap into non-traditional service providers through such examples as community paramedicine and the "Alternative Pathways" model.

¹⁴ OPPI, *Healthy Communities and Planning for Age Friendly Communities: A Call to Action*, 2009.

¹⁵ The provincially-commissioned Community Hubs Framework Advisory Group defines "community hub" as "providing a central access point for a range of needed health and social services, along with cultural, recreational, and green spaces to nourish community life. A community hub can be a school, a neighbourhood centre, an early learning centre, a library, an elderly persons centre, a community health centre, an old government building, a place of worship or another public space. Whether virtual or located in a physical building, whether located in a high-density urban neighbourhood or an isolated rural community, each hub is as unique as the community it serves and is defined by local needs, services and resources." Community Hubs Framework Advisory Group, *Community hubs in Ontario: A strategic framework and action plan*, Province of Ontario, 2015, found at <https://www.ontario.ca/page/community-hubs>.

¹⁶ Community Hubs Framework Advisory Group, 2015.



Recommendation 5

AMO calls on the Province to support municipal governments with its Community Hubs vision to develop coordination or co-location across the various actors and initiatives providing services to seniors to establish coordination and integration.

Planning for age-friendly communities must also include province-wide capacity planning for the seniors' service system overall. Capacity planning is important, not only to determine the demand for seniors' services and long-term care, but as the recent OANHSS white paper asserts it is about identifying the right mix and levels of care and service both locally and at the provincial level. The next step from planning is capacity building or development to encourage innovation that improves the efficiency and effectiveness of seniors' care and services. Investments as well as new ideas are needed to spur innovation to create a full continuum of senior's care. The OANHSS white paper outlines a number of ways that innovation can be enabled and these are deserving of careful consideration by both municipal governments and the Province. Further, OANHSS has pointed out that while the province undertakes capacity planning, it needs to include the full range of stakeholders, including municipal governments, or the technical modelling needed to guide resource allocation. AMO understands that the Ministry of Health has begun a system-wide capacity planning framework, but the municipal sector has yet to be engaged in this exercise. Without the right partners at the table, this process will be flawed. It is essential that AMO, as the voice of the municipal sector, actively participates in the Province's capacity planning to ensure well-informed solutions that are based on local expertise.

Recommendation 6

AMO calls on the Province to engage AMO on behalf of the municipal sector as they undertake a systems capacity planning exercise to determine the need for seniors' services, long-term care beds and supportive housing.

Community Services and Housing

Municipal governments provide services and programs that help keep seniors engaged, active, and healthy, as well as services to support seniors in their everyday lives as they require additional support while remaining in their homes. These services include fitness and recreation classes, meals on wheels programs, adult day programs, affordable housing, and transit subsidies and services, seniors' property tax grants, and can help seniors remain living at home and receive various levels of support as their needs change. These are the ways that municipal governments help support the aging in place policies of the provincial government.

Community Services

Demand for these services is growing, and seniors increasingly indicate their preference for them as community services and housing support allow seniors to remain independent and in their homes. With 93 per cent of seniors in Canada living in private households, community services is the most

in-demand type of seniors' service.¹⁷ These services are also less costly than long-term or hospital-based care. While some seniors are being directed to long-term or hospital care, providing in-home supports allows them to stay in their homes longer and manage the public health care budget.

Existing services are also being eroded as programs have not received and annual inflationary increase in five years. Though the Province has invested the last several years and going forward in new community programs, they are not sustaining the existing programs thereby negating or reducing the overall impact of additional programs.

For these reasons, a proportionally larger funding investment in community services and housing would lead to better quality care and cost savings across the health care system. Since municipal governments are responsible for offering community services, housing programs, and long-term care, a more flexible funding envelope could help provide an appropriate balance of services, with a greater emphasis on community and home services if needed.

Recommendation 7

AMO calls on the Province to change the way municipal governments receive funding for the range of seniors' services they provide (including long-term care) by creating a broad and flexible funding envelope. This would allow municipal governments to innovate, problem solve, and provide context-appropriate services.

Another aspect of seniors' community services is providing accessible and affordable transportation services. In his *report Living Longer, Living Well*, Dr. Samir Sinha recommended that provincial ministries and municipal government work to enhance the development and availability of transportation for older Ontarians in both urban and rural areas.¹⁸ This will require provincial and federal help to make this happen in a meaningful way.

Recommendation 8

AMO calls on the Province to examine ways to support municipal governments to develop transportation options for seniors, especially in rural and northern areas.

A key issue in the municipal provision of community services and housing is that of insufficient and inconsistent provincial support across the province. Approximately 14 per cent of seniors depend on others to assist them with activities of daily living, such as eating and bathing, and this number is expected to triple over the next 50 years.¹⁹ Health care spending represents 40 per cent of the provincial budget, and if business continues as usual, will rise to 70 per cent by 2027.²⁰ Funding for all service recipients decreased by 20 per cent from 2009-10 to 2012-13, whereas the proportion of

¹⁷ Krystal Kehoe MacLeod, *Integrating care for seniors living at home*, IRPP Policy Options, August 1, 2012.

¹⁸ Dr. Samir Sinha, *Living Longer, Living Well: Report Submitted to the Minister of Health and Long-Term Care and the Minister Responsible for Seniors on recommendations to Inform a Seniors Strategy for Ontario*, 2012.

¹⁹ OANHSS, *Meeting the Needs of Seniors Today and Planning for Tomorrow*, 2014.

²⁰ Sharon Lee Smith, *Provincial Perspective*, OANHSS Capacity Planning Summit, 2015.

high risk/need service recipients increased from 37 to 58 per cent.²¹ Without sufficient community services and housing support available, informal caregivers are often required to fill the gap, leading to strain on caregivers, who are often elderly themselves, as spouses.

Funding for community services through Community Care and Access Centres (CCACs) is inconsistent across municipalities, ranging from 27 to 69 per cent of the total community investment.²² Supportive housing programs, offering a range of services for seniors with varying levels of ability and acuity are not keeping pace with demand or costs, yet assisted living programs which target high risk seniors have been receiving increased funding.²³ There is also great disparity in funding allocated to providers of the same service, with some receiving \$19,000 per client per year and others receiving \$25,000, with organizations that have been providing services the longest typically receiving the lowest funding rates.²⁴

The Elderly Persons Centres network also has a role to play. There are currently 263 Elderly Persons Centres in the province that provide social and recreational programs to promote wellness for seniors. Some also offer preventative, health, education and support services that help keep seniors healthy, active and independent for as long as possible. Approximately 40 per cent of the centres are municipally run while the other 60 per cent are run by non-profit operators. The *Elderly Persons Centres Act* requires Centres to be established through funding partnerships with municipal governments. It requires a minimum 20 per cent cost share of operating funding by the municipal government. The funding is flexible and can include in-kind contributions, such as space. The provincial funding envelop for the program is \$11.5 million. The changes the government is working on for the Elderly Persons Centres are important, and new funding will be critical to realize the opportunity of expanding the centres to more areas of the province. At the time of writing this paper, the government is introducing new legislation affecting Elderly Persons Centres. If passed the legislation would change the name to the Seniors Active Living Centres Program, provide greater flexibility in how the programs are delivered and foster locations as community hubs. This is all positive and moving in the right direction.

Recommendation 9

AMO calls on the Province to enhance funding for the Elderly Persons Centres program to expand the number of centres across the province, and to rename them to Seniors Active Living Centres.

Local Health Integration Networks (LHINs) are also inconsistent in regard to seniors' services across the province. Some support age-friendly communities, some support long-term care, and some do

²¹ OANHSS, *The Need is Now: Addressing Understaffing in Long Term Care: OANHSS Submission to the Ontario Standing Committee on Finance and Economic Affairs*, January, 2015.

²² OANHSS, *Ensuring the Care is There: Meeting the Needs of Ontario's Long-Term Care Residents: Submission to the Ontario Standing Committee on Finance and Economic Affairs*, January 2016.

²³ OANHSS, 2016.

²⁴ OANHSS, 2016.

neither. With CCAC responsibilities being transferred to LHINs, there concern that this inconsistency will become amplified.

If community support were available at a more consistent and sufficient level, seniors would be able to stay at home longer, and long-term care budgets could be more easily managed with more moderate demand.²⁵ Researchers have found that the inability to perform key activities of daily living such as cooking, getting from place to place, doing household chores, and managing medications was a key long-term care home wait-list driver across the province.²⁶ They identified that between 20 and 50 per cent of individuals on long-term care waitlists could potentially be diverted safely and cost-effectively to independent living with community and housing services if these services were available.²⁷ Studies have also shown that diversion rates could be further increased by offering supportive housing, where needed services could be more easily added to those received by seniors as they remain in the same building.²⁸

Nonetheless, it is important to note that even if demand diversion is successful, the demographic shift is so significant that demand for long-term care, even if it is for a shorter period of time, will still be more than the current infrastructure can accommodate.

Affordable Housing

Affordable housing for seniors is another key issue for municipal governments in providing community and housing services. While the majority of seniors own, rather than rent, their homes, those who rent face specific challenges.²⁹ There is growing demand for seniors' social housing. Ontario Non-Profit Housing Association's annual waiting list survey identified that the number of seniors on waiting lists had increased from 21 per cent in 2003 to 29 per cent in 2012.³⁰

Seniors' residences cost an average of 2.5 times the cost of rents in the private market across the country, and are not an option for many seniors, with only three per cent of seniors living in seniors' residences in 2011.³¹ Nearly one in three senior-led households in Canada's larger cities and communities are renters; almost half of these face affordability challenges, and a quarter live in housing unaffordability.³² More affordable housing, and a broader range of housing types, including small units and homes with secondary suites, is needed. Sufficient affordable and supportive housing for the growing population of seniors is a significant concern for municipal governments. Wait lists for social and supportive housing are already at record levels. Much of Ontario's social housing stock is in need of capital repairs and demand for housing will continue to grow as the

²⁵ Williams, 2016.

²⁶ A.Paul Williams, et al., *Aging at Home: Integrated Community-Based Care for Older People*, Healthcare Papers 10 (1), December 2009.

²⁷ Williams, 2009.

²⁸ Williams, 2016.

²⁹ Margie Carlson for the Housing Services Corporation, *A Slice of Affordable Housing for Seniors in Ontario may be Diminishing: Assessing the Impacts of Social Housing End Dates for Senior Projects*, May 2014.

³⁰ Ontario Non Profit Housing Association, *2015 Waiting List Survey: ONPHA's Report on Waiting Lists Statistics for Ontario*, 2015.

³¹ FCM, *Seniors and Housing: The Challenge Ahead*, Quality of Life Reporting System, 2015.

³² FCM, 2015.

population ages. The ability to promote aging in place for low and moderate income seniors is contingent on an adequate supply of affordable and supportive housing. While the province's 2016 budget announcement of increased funding for affordable and supportive housing is welcome, broader solutions are needed. The Long-Term Affordable Housing Strategy, and the soon to be developed National Housing Strategy by the federal government needs to account for the growing demand of affordable housing for seniors.

Recommendation 10

AMO calls on the Province to increase capital and operating funding for seniors' affordable and supportive housing within the provincial capacity planning work, especially in rural areas and northern areas where supportive housing has been proven to be particularly effective, and make it easier to develop additional stock.

One leading practice of community services and housing support is the campus care model. A campus model is a form of community hub with a range of housing options and seniors' services. Some municipal governments have innovated with this approach, which involves the co-location of various types of housing, a range of home-based services, grocery stores, health care centers, and recreation programs. Within these community settings, the campus model can serve as a perfect template to establish central care coordinators available 24/7 and nurture the concept of self-directed funding within a bundled care model. The campus model also addresses increased demand for housing and services and creates the opportunities for economic growth and operational sustainability. This model would be ideal for older adults that live in these community hubs and require transition to/from hospital for specific procedures and/or require ongoing services for chronic disease management.

This approach eliminates the need for seniors to move to a different centre if they require a greater level of services, and improves their quality of life by increasing their access to daily services. Providing municipal governments with support and broad flexibility to provide and fund services in the manner appropriate to their community would allow for innovation such as the campus care model.

Community Paramedicine

Community paramedicine is another area worthy of exploration. Paramedics offer services in local residents' homes, primarily to seniors. It is worth the Province evaluating the pilots with a cost-benefit analysis to determine the feasibility and desirability of expanding the program locally across the province. However, land ambulance services are cost shared 50-50 between municipal governments and the Province. Given it is a health care service, it is not appropriate to cost-share paramedicine on the property tax base. The programs should be 100 per cent funded by the Province.

Recommendation 11

AMO calls on the Province to consider the role of community paramedicine in providing primary health care in the community, and to fully fund its implementation.

Long-Term Care

Long-term care homes are designed for people who require 24-hour nursing care and supervision within a secure setting. Each southern Ontario municipality is required by law to establish and maintain a long-term care home, either directly or jointly with another municipality. In northern Ontario, this is optional. The province is responsible for legislative, regulatory and program requirements. Under the *Local Health System Integration Act, 2006*, long-term care homes must have a Service Accountability Agreement with their Local Health Integration Network. Of the 627 long-term care homes (78,120 beds) licensed and approved to operate in Ontario, 16 per cent are municipal (103 homes with 16,433 beds).³³

While some municipal governments have chosen to go beyond what is required of them and operate more than one long-term care home, consensus does not exist across the sector about whether this requirement should exist at all. While many municipal governments believe that they are best positioned to provide this service to residents, for others, this is not the case. Some municipalities may be already well served by non-profit or for-profit operated long-term care homes. In some communities, other forms of community supports may be more highly needed and would more appropriately serve the population. The municipal sector is diverse, with different populations, existing services, assets and challenges. It requires the flexibility to choose the appropriate services to best address local needs. For those municipal governments that believe operating long-term care homes is appropriate for their residents, and while municipal governments are still in the business, several key issues must be discussed to ensure that adequate care can continue to be provided.

To be clear, AMO is not advocating for municipal governments to get out of the long-term care home business altogether. In many place, there are high community expectations and demonstrated need for long-term care homes. In others, as mentioned previously, this may not be the case. Also, there is a role than many municipal governments play to support aging at home strategies and diversion from long-term care homes. Many would prefer to focus their energies on these community support services. However, it should also be said that many municipal governments struggle with the significant costs of operating and re-developing homes. More provincial support would help to make municipal homes more sustainable over the long term. Municipal homes play a leadership role and often set the bar high for the rest of the sector. With the right mix of funding support and enabling, flexible legislation and regulations, it will be more

³³ OANHSS, *Municipal Delivery of Long Term Care Services: Understanding the Context and the Challenges*, 2014.

viable for municipal homes to continue providing the high quality of care that they currently offer the communities that they serve.

Recommendation 12

AMO calls on the Province to amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a Long-Term Care Home which would allow the flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.

Governance and Management

The operation of long-term care homes has become subject to increased regulatory requirements, which reduces their flexibility and innovative capacity. Provincial authorities are rightly striving for greater accountability in long-term care services, but the increased administrative oversight comes with a price tag. Municipal governments need financial support for these increased costs, as well as recognition that they are already accountable and should not be treated the same as private service providers. To encourage innovation, it is important to shift the focus towards outcomes reporting rather than compliance with burdensome, inflexible regulatory frameworks and service agreements.

Additionally, there is concern regarding the authority of LHINs. LHINs are required to have service accountability agreements in place with all of their Health Service Providers, including municipal long-term care homes. They have been granted broad decision-making powers on service integration and funding for municipally operated long-term care homes, including discretion to unilaterally change or terminate funding. As publically owned and operated facilities, municipal long-term care homes have transparent accountabilities and municipal governments question such oversight from an unelected body. Municipal operators have significant expertise in managing long-term care homes, and establishing a fair, respectful working relationship would allow them to conduct high quality work and develop innovative solutions.

Recommendation 13

AMO calls on the Province to provide for greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward outcomes reporting.

When the Ministry of Health and Long-Term Care consulted on the Patient's First Strategy, it was striking that long-term care was not included within the scope of the planned changes. Long-term care entails primary care on-site and should have been included as part of the consultations. There is a need to look at long-term care modernization and consider its role on the continuum of health services in the province.

Quality of Care

Municipally-operated long-term care homes face challenges in providing timely access to care, sufficient hours of care, and high quality care from trained staff. These issues stem from long

waitlists due to demand that has overtaken capacity, challenges in recruiting, maintaining, and funding enough staff, and the increasing complexity of health care needs, requiring levels of health care training beyond what current staff can provide. These challenges point to the need to assess capacity, predict future need, re-examine the funding model, and provide flexibility to allow for creative problem-solving.

As of October 2015, 27,464 people were on the wait list for a long-stay bed, representing a wait time of approximately 93 days.³⁴ The occupancy rate was 99 per cent, and has been over 98 per cent since 2007.³⁵ If there is no change to the current capacity, the number of people waiting for a long-term care bed will more than double to over the next seven years.³⁶ Even if efforts over that period are successful in diverting 50 per cent of those on the waitlist to community support, there will still be approximately 24,000 people on the remaining waitlist.³⁷ A new source of funding will be needed to ensure adequate supply of beds is available.

Recommendation 14

AMO calls on the Province to work to develop a strategy to reduce wait times in long-term care homes to avert care on acute care, and consider other options including increasing access to supportive housing as seniors transition from aging at home to other forms of care.

In 2008, the Ministry of Health and Long-Term Care commissioned a review of staffing and care standards in long-term care homes, which recommended a target staffing level of four paid hours per resident per day.³⁸ Currently, Ontario has among lowest staffing levels in the country, at approximately three hours per resident per day.³⁹ Several studies have indicated that high staffing levels are associated with better care and care outcomes.⁴⁰ In many communities, particularly in northern and rural Ontario, there are challenges faced to recruit and retain qualified staff, especially personal support workers and nurses. For example, Thunder Bay is in need of 80 personal support workers, and has been unable to fill these positions. Across Canada, labour demand for continuing care is projected to increase at 3.1 per cent annually until 2026, and accelerate to 3.7 per cent annually between 2026 and 2036.⁴¹ This rate of increase will result in a level of demand far greater than the projected one per cent annual growth in employment.⁴² In some cases, this leads to excessive overtime work by staff, and in other cases, the gap is filled by volunteers who cannot always provide the type of care necessary. For example, at the County of Frontenac's Fairmount Home for the Aged, registered volunteers provided over 5,700 hours of

³⁴ OANHSS, 2016.

³⁵ OANHSS, 2016.

³⁶ OANHSS, 2014.

³⁷ OANHSS, 2014.

³⁸ S. Sharkey, *People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes*, Ontario Ministry of Health and Long-Term Care, 2008.

³⁹ Ontario Long Term Care Association, *This is Long-Term Care 2015*, 2015.

⁴⁰ OANHSS, 2016.

⁴¹ Greg Hermus, Carole Stonebridge, and Klaus Edenhoffer, *Future Care for Canadian Seniors: A Status Quo Forecast*, The Conference Board of Canada, November 2015.

⁴² Hermus, Stonebridge, and Edenhoffer, 2015.

volunteer activities in 2011.⁴³ In addition, because long-term care homes do not have administrative departments as hospitals do, as reporting requirements rise, staff members must spend more time reporting and less time caring for residents.

Recruiting Personal Support Workers and other health care staff remains a challenge in many parts of the Province, particularly in rural and northern areas. In many areas, there are not yet sufficient numbers of qualified staff residing in the area to fill the positions. The tuition costs of personal support worker programs prevent individuals from pursuing training. One approach to addressing this issue is to allow people to work in long-term care homes and earn certification as they work. One successful approach to allowing long-term care home staff to upgrade their skills is offering a nurse practitioner training program inside the long-term care home. This has proven effective in Simcoe County. The Ontario government should develop a province-wide human resources strategy to address these issues.

Recommendation 15

AMO calls on the Province to work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions especially northern and rural areas.

As the population ages, people live longer, and seniors are directed to long-term care later in life, the elderly have increasingly complex health care needs, requiring more specialized care. As a result, there is growing concern that long-term care has become a health service, which is a provincial responsibility. On average, over 40 per cent of residents in long-term care have six or more different medical conditions, and that number is growing by nearly eight per cent each year.⁴⁴ The proportion of new admissions to long-term care homes with high to very high MAPLe scores (a method for assigning priority levels) has grown from 76 per cent in 2010 to 84 per cent today.⁴⁵ Sixty per cent of residents have dementia, with 35 per cent demonstrating moderate aggressive behavior and 11 per cent considered severely aggressive.⁴⁶ There is a need for dedicated teams in every long-term care home with specialized skills in caring for residents with dementia and moderate responsive behaviours, and a need for more designated behavior units to ensure safe and proper care for residents with more severe responsive behavior.

This means that older adults are experiencing more complicated and chronic health issues, and that health care provision is shifting from illnesses that can be treated on an episodic basis to chronic health and social needs that must be managed over the longer term.⁴⁷ Greater provincial capacity

⁴³ OANHSS, 2014.

⁴⁴ OANHSS, 2016.

⁴⁵ OANHSS, 2016.

⁴⁶ OANHSS, 2016.

⁴⁷ Williams, 2016.

planning and resourcing additional beds across the municipal, non-profit, and for-profit sectors will be necessary to meet the need.⁴⁸

Increasing Costs and Insufficient Funding

In long-term care homes, the Ministry of Health and Long-Term Care pays directly for the costs of nursing and personal care through a funding formula determined by the Province. Residents are required to pay an accommodation fee that is set by the Province, though in many cases, the fees do not fully cover the expense. Ministry of Health and Long-Term Care funding has not kept pace with increases in costs to long-term care homes, including staff salaries and benefits, capital renewal funding to maintain facility standards, providing behavioural services, and funding specialized staff and equipment to address complex health conditions.⁴⁹ Residents' increasingly complex health care needs and increased regulatory requirements are also significant factors leading to rising costs. The provincial government recently confirmed its 2016 Budget announced of an additional \$10 million to enhance existing behavioural supports programs and to add more specialized staff for the program across the province, which is welcome and appreciated, and is part of the solution.

Another significant cost is the need to repair and modernize homes as facilities age and new compliance requirements emerge. As facilities age and new compliance requirements emerge (such as design guidelines and the Ontario Building Code), there is an increasing need to modernize facilities; however, this is a costly proposition for municipal governments. Municipalities are stretched to re-develop and replace aging homes with new ones on the property tax base. While the Enhanced Long-Term Home Renewal Strategy is helpful, the program does not extend to all homes in need of redevelopment across the province. To reach the target level of staff care hours, an additional \$385 million is required.⁵⁰ Modernizing facilities through a provincial capital redevelopment strategy is important, along with support to develop new innovative models, such as the campus care model.

As a result, most municipal governments have seen their share of service costs increase over the past 10 years, which means cuts in other areas.⁵¹ Municipal governments top up the funding over and above the resident fees and provincial per diem amounts just to provide the basic level of services required by residents. Overall, municipal governments spend \$300 million annually above the long-term care cost-sharing requirement.⁵² This is a significant contribution, and demonstrates the investment and commitment of municipal governments to addressing the important issue of providing services to seniors. Fundraising campaigns in municipal long-term care homes have not met the needs to maintain levels of care for residents.⁵³ Stretched budgets also means that a certain level of quality may not be possible, such as offering culturally and language appropriate

⁴⁸ For more on the issue of capacity building, see the recent OANHSS paper, *Improving Services for Seniors in Ontario: OANHSS Position Paper on Capacity Planning and Development*, April 2016.

⁴⁹ The Town of Northeastern Manitoulin and the Islands, *Resolution No. 34-02-15*.

⁵⁰ OANHSS, 2015.

⁵¹ AMO, *Coming of Age: The Municipal Role in Caring for Seniors*, 2011.

⁵² AMO, 2011.

⁵³ The Town of Northeastern Manitoulin and the Islands, *Resolution No. 34-02-15*.

care. Adequate provincial funding models to care for an aging population with more complex medical conditions and challenging behaviours, such as dementia, is necessary.

Recommendation 16

AMO calls on the Province to provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia, and shift over time to funding for four hours of care per resident per day.

Some private long-term care homes choose to operate on a smaller budget compared to municipally-operated homes, yet it is the municipal homes that set the standard of quality. Private for-profit long-term care homes most often operate with lower costs primarily related to lower staffing levels and reduced compensation plans for their employees. Many municipally-operated homes provide a higher quality of care, and this comes with a cost. Many are prioritizing sourcing quality food because they know it is an important part of providing good care, but this can be a significant additional cost. Between 2010 and 2015, food inflation has increased by 18 per cent, yet Ministry funding has only increased by 10 per cent.⁵⁴

Several alternative ways of funding long-term care have been proposed. OANHSS has recommended collapsing the current nursing, personal care, program, and support services funding into a single acuity-adjusted envelope, and retaining the other accommodation and raw food envelopes as a non-care unadjusted envelope.⁵⁵ Others have proposed allowing people to work in their scope of practice, to minimize salary costs. The suggestion has also been made to grow long-term care homes into community hubs with a range of services to better meet the needs of seniors in the community. Promoting social inclusion through culturally appropriate services for ethnic groups and aboriginal people must also be part of the solution. Some alternatives were proposed in AMO's 2011 paper, *Coming of Age: The Municipal Role in Caring for Seniors*, and are outlined in Appendix 1. These options are reasonable, and should be considered if municipal long-term care homes are to respond to the demand for care, while maintaining quality. Overall, municipal governments need the flexibility to innovate and explore leading practices in order to address fiscal constraints and challenges.

⁵⁴ OANHSS, 2016.

⁵⁵ OANHSS, 2015.

Recommendation 17

AMO calls on the Province to play a role in gathering and disseminating promising practices to facilitate innovation with new models, e.g. the campus care model.

Recommendation 18

AMO calls on the Province to facilitate the growth of long-term care homes into community hubs where feasible and desirable with a range of services to better meet the needs of seniors in the community.

The Province is providing much needed assistance with re-development costs of homes through the Enhanced Long-Term Care Renewal Strategy. However, the program is limited in scope to certain classes of beds. Municipal governments across the province are seeking to re-develop their aging buildings. This is an expensive proposition and challenging to fund off the property tax base. Broadening the renewal strategy to assist with re-development costs is one way that the Province could support the sector.

Recommendation 19

AMO calls on the Province to undertake a review of the adequacy of the current funding models for long-term care homes.

Recommendation 20

AMO calls on the Province to work towards identifying a new source of funding to ensure adequate supply is available given the assessed future need.

Recommendation 21

AMO calls on the Province to expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of homes to modernize and re-develop.

Regionally-Specific Issues

Rural and northern Ontario municipalities face different health concerns, different challenges in accessing services, and require different solutions to providing services to seniors.

Populations in rural areas tend to have a greater prevalence of health risks such as obesity, smoking, and heavy drinking leading to disparities in health outcomes in rural versus urban settings.⁵⁶ Moreover, as the population of seniors in rural and northern Ontario increases and more young residents move to larger areas, demand for seniors' services and long-term care homes in rural communities will rise. Demand is particularly higher for long-term care homes. Because community services are less readily accessible, seniors living in rural or northern areas are more likely to be directed to long-term care earlier than those living in larger urban areas. One study

⁵⁶ Ontario Trillium Foundation, *Small Towns, Big Impact*, 2007.

demonstrated that those on waitlists for long-term care in rural areas were more likely to be cognitively intact and less likely to have difficulties with daily living.⁵⁷

There are also challenges with the supply of services in rural areas. Given the trends of youth and working age residents moving to larger communities which offer broader employment opportunities, informal caregivers are less frequently available. Attracting and retaining an adequate range of health professionals is a challenge, and specialty equipment and services are offered in fewer areas. Qualified staff attraction and retention is a particular challenge in rural and northern areas, and provincial incentives would help address the issue. Residents must often travel long distances to see specialists or access specialized health treatments, and very few transportation options exist. Consequently, accessing services or visiting someone in care is more challenging and costly.⁵⁸ Long-term care homes are more likely to be smaller, and consequently do not have the economies of scale to be financially viable.

Recommendation 22

AMO calls on the Province to ensure a minimum network of affordable, reliable transportation service routes across rural and northern Ontario to ensure residents of remote areas can access the care they need. This should include maintaining and enhancing the Northern Health Travel Grant.

Recommendation 23

AMO calls on the Province to support virtual seniors' services and care for residents in remote areas where transportation options are limited.

Service providers are working collaboratively to address these issues, overcome fragmentation and use available resources effectively, but in rural areas the solutions are often not scalable and time-consuming, and are based on filling gaps that are not mandated or funded.⁵⁹

In the context of these challenges, two practices have worked particularly well: supportive housing and hub models. Because this approach can allow for services to be adapted as individuals require more services, supportive housing was consistently identified as the preferred option for high-needs older persons in one study.⁶⁰ In fact, because supportive housing has proven so effective, older persons now stay longer, often to the end of their lives, yet funding has not kept up with this rising demand.⁶¹ In addition, community hubs also are particularly effective in rural areas because they can use the resources and infrastructure of a central location to provide a range of services, allowing residents to visit one location rather than making several trips. Web-based hubs are also successful in remote areas because they permit people to access services and experts without requiring transportation.⁶²

⁵⁷ Williams, 2016.

⁵⁸ ROMA, *A Voice for Rural and Northern Ontario*, 2015 and Ontario Trillium Foundation, 2007.

⁵⁹ Williams, 2016.

⁶⁰ Williams, 2016.

⁶¹ Williams, 2016.

⁶² Williams, 2016.

Recommendation 24

AMO calls on the Province to prioritize supporting community hubs, supportive housing, and transportation options in rural, northern, and remote areas.

An additional issue of particular concern to rural areas is the closure of small private retirement homes because they are not able to afford what is required to meet Fire Code compliance. Most of these homes are located in municipalities which do not have water systems, meaning installing sprinkler systems is prohibitively expensive. These homes support aging residents in rural Ontario where few social services are available, and transportation options for accessing services are limited. They allow residents to age in place and are employers in small communities where few job options exist. While safety in retirement homes is crucial, the transition will only be possible with provincial support. In Quebec, retirement homes with 30 people or fewer are eligible for a substantial provincial subsidy and Alberta has set aside \$70 million for retrofitting subsidies. Action from the Ontario government is needed to ensure these homes remain in operation.

Recommendation 25

AMO calls on the Province to provide financial support to ensure small private retirement homes in rural areas can afford to install sprinkler systems to comply with the Fire Code and continue to operate.

Delivering Culturally-Appropriate Services

Ontario's population is diverse, including a range of aboriginal communities and immigrants from various ethno-cultural groups. 301,430 people of Aboriginal identity live in Ontario.⁶³ Ontario has the largest share of people born outside of Canada of all provinces, at 29 per cent of Ontario's population in 2011.⁶⁴ In 2011, 26 per cent of Ontario's population had a first language other than English or French.⁶⁵

As individuals age, and particularly for those who develop dementia, providing good quality service means providing services in their own language, food that they recognize, and programs that are appropriate for them. Providing culturally-appropriate services also increases health outcomes. For example, for individuals who require support services and who have challenges expressing themselves, needing to communicate their needs in a foreign language can lead to misdiagnosis and prevent accessing appropriate support. According to the Institute of Medicine's report (2002), *Unequal Treatment Confronting Racial and Ethnic Disparities in Healthcare*, research consistently indicates that a lack of culturally-appropriate care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services

⁶³ Statistics Canada, *Demographic characteristics of Aboriginal people*, 2015.

⁶⁴ Statistics Canada, *Immigration and Ethnocultural Diversity*, 2015.

⁶⁵ Statistics Canada, *Immigration and Ethnocultural Diversity*, 2015.

and systems available.⁶⁶ It is well documented that certain causes of death are more common among certain groups of minority older adult populations including lung cancer, breast cancer, and hypertension.⁶⁷

For many service providers, training and sharing best practices would help in understanding how to approach providing culturally-appropriate service. The Province could play a role in facilitating this support. Particularly as Ontario continues to welcome individuals from elsewhere in the world, the importance of culturally-appropriate service will grow.

Recommendation 26

AMO calls on the Province to develop a strategy, in consultation with indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.

Building Blocks for Sustainability

The following is a summary of the recommendations made throughout this document.

Age-Friendly Communities

AMO calls on the Province to:

1. Establish a regular policy forum with AMO and municipal long-term care administrators to inform policy planning and decision making from a municipal perspective.
2. Continue to disseminate the *Finding the Right Fit: Age-Friendly Community Planning* guide.
3. Facilitate the dissemination of best practices by supporting existing age-friendly communities of practice, such as the Southern Ontario Age Friendly Network, and updating and disseminating provincial webinar series and support materials as new strong and innovative practices develop.
4. Continue to provide the Age-Friendly Communities Planning Grant and the Seniors Community Grant Program, and align their grant objectives, target populations, and funding cycles to amplify impact. The scope of these grant programs should also be expanded to include funding for small infrastructure and capital projects that improve accessibility of the built environment.
5. Support municipal governments with its Community Hubs vision to develop coordination or co-location across the various actors and initiatives providing services to seniors to establish coordination and integration.
6. Engage AMO on behalf of the municipal sector as they undertake a systems capacity planning exercise to determine the need for seniors' services, long-term care beds and supportive housing.

⁶⁶ Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, Institute of Medicine, 2002.

⁶⁷ Linda Hollinger-Smith, *The Need to Develop a Culturally Competent Workforce in Senior Living and Long-Term Care*, Matherlifeways, 2012.

Community Services and Housing

AMO calls on the Province to:

7. Change the way municipal governments receive funding for the range of seniors' services they provide (including long-term care) by creating a broad and flexible funding envelope. This would allow municipal governments to innovate, problem solve, and provide context-appropriate services.
8. Examine ways to support municipal governments to develop transportation options for seniors, especially in rural and northern areas.
9. Enhance funding for the Elderly Persons Centres program to expand the number of centres across the province, and to rename them to Seniors Active Living Centres.
10. Increase capital and operating funding for seniors' affordable and supportive housing within the provincial capacity planning work, especially in rural and northern areas where supportive housing has been proven to be particularly effective, and make it easier to develop additional stock.
11. Consider the role of community paramedicine in providing primary health care in the community and fully fund its implementation.

Long-Term Care

AMO calls on the Province to:

12. Amend the *Long-Term Care Homes Act, 2007* to provide municipal governments the choice to operate a Long-Term Care Home which would allow the flexibility for municipal governments to invest their property tax dollars in the provision of services most appropriate to their local residents' needs.
13. Provide for greater local flexibility and shift from burdensome inflexible regulatory frameworks and service agreements toward outcomes reporting.
14. Work to develop a strategy to reduce wait times in long-term care homes to avert care on acute care, and consider other options including increasing access to supportive housing as seniors transition from aging at home to other forms of care.
15. Work with the sector to develop a province-wide human resources strategy to address staffing issues, including overcoming the challenges of insufficient human resources, such as nurses and personal support workers, in certain regions especially northern and rural areas.
16. Provide adequate provincial funding to care for an aging population with more complex medical conditions and challenging behaviours such as dementia, and shift over time to funding for four hours of care per resident per day.
17. Play a role in gathering and disseminating promising practices to facilitate innovation with new models, e.g. the campus care model.
18. Facilitate the growth of long-term care homes into community hubs where feasible and desirable with a range of services to better meet the needs of seniors in the community.
19. Undertake a review of the adequacy of the current funding models for long-term care homes.
20. Work towards identifying a new source of funding to ensure adequate supply is available given the assessed future need.

21. Expand the Enhanced Long-Term Care Renewal Strategy to help a greater number of homes to modernize and re-develop.

Regionally-Specific Issues

AMO calls on the Province to:

- 22. Ensure a minimum network of affordable, reliable transportation service routes across rural and northern Ontario to ensure residents of remote areas can access the care they need. This should include maintaining and enhancing the Northern Health Travel Grant.
- 23. Support virtual seniors' services and care for residents in remote areas where transportation options are limited.
- 24. Prioritize supporting community hubs, supportive housing, and transportation options in rural, northern, and remote areas.
- 25. Provide financial support to ensure small private retirement homes in rural areas can afford to install sprinkler systems to comply with the Fire Code and continue to operate.

Delivering Culturally-Appropriate Services

AMO calls on the Province to:

- 26. Develop a strategy, in consultation with indigenous peoples and ethno-cultural groups, to support the long-term care sector to develop culturally appropriate and responsive programming through training and development of resource toolkits.

Conclusion: Moving Towards Sustainable Service Provision

Provincial and municipal governments in Ontario share the responsibility of providing community and health services to seniors. We also share a commitment to the fundamental principle that seniors deserve a high quality of service, and that governments are responsible for the wellbeing of their residents. Nonetheless, governments of all orders are facing fiscal challenges, and this means that if quality is to be maintained, collaborative and innovative solutions are needed based on an informed analysis of overall capacity. Where provincial funding has been inadequate, municipal governments have worked to fill gaps and come up with solutions, but as needs grow and fiscal challenges continue, it is crucial that both partners – provincial and municipal governments – work together to come up with solutions. A broader conversation is needed about how to work together towards sustainable service provision.

The 2016 Ontario Budget introduced some initiatives that will be helpful for the sector. These include a Behavioural Supports Ontario program with \$10 million annually for three years to enhance services for older adults with responsive behaviours linked to cognitive impairments, a two per cent increase to nursing and personal care, and increased funding to supportive housing. This is a step in the right direction, but does not solve the issues with providing services to seniors. A broader discussion about overall capacity and sustainability must take place.



This conversation will need to be based on an understanding of the current capacity and projected demand. It will need to address funding levels, fiscal tools, and program design. It should also address the governance of health care and community services, and the need to establish respectful partnerships and working structures. It should acknowledge what is working well, including the Age-Friendly Communities Planning Guide and Grant, and what could be built upon, including the provincial Community Hubs work.

Ultimately, solutions must be based on a strong, respectful, and well maintained partnership, and the need for flexibility. Municipal governments are in the best position to know what their respective communities are asking for and need. Flexibility would allow them to invest their tax dollars in the areas of senior services that best suit their residents, and this may or may not include long-term care facilities.

AMO calls on our provincial partners to collaborate and work towards solutions to improve service delivery and make sure seniors across Ontario receive the support they deserve and need.

Appendix 1: Possible Alternatives for Long-Term Care Operation

Various alternative approaches to municipal long-term care provision are possible. A number of options were outlined in AMO's 2011 report, *Coming of Age: The Municipal Role in Caring for Seniors*⁶⁸, and are included here as well. These options represent a continuum, from full municipal involvement to no involvement. It is important to note that many of these would require provincial approval, as well as implementation considerations.

Continued Fulfillment of Legislative Requirements

At one end of the continuum of options is to change nothing and continue operating as is. Status quo does not take into consideration the changing demographics and increased municipal administration costs. To remain viable, municipal operators would need to cut expenditures and find ways to reduce service to more affordable levels.

Municipal Flexibility - Change Legislative Requirement

On the other end of the continuum, is the option to work towards eliminating the legislated requirement of providing long-term care. This would allow municipal governments to fund customized services better suited to their communities which vary across the Province. It still may be that the municipality supports their involvement in owning and operating long-term care homes or they may choose to redirect their current dollar investments into programs and services that support seniors in their homes as long as possible. Different areas of Ontario have different needs because their citizens are different. Eliminating the legislated requirement would allow for the greatest flexibility to customize services to better suit the individuality of our communities.

Outsource Operations and Keep Governance

The operations of municipal long-term care homes can be determined through a competitive process such as a Request for Proposal (RFP). The option would remain for the municipality to keep the governance role and maintain their accountability and funding relationship with the LHIN's and the provincial government.

Outsource Operations and Governance but Maintain Ownership of the Home

The municipality would be in the role of landlord in this scenario. The operator and its governance structure would have the direct accountability and funding relationship with the LHINs and the provincial government.

Sell the Home and Operations and Redirect Municipal Contribution

This approach could make municipal dollars derived from the asset sale available for other community and human services, which may be more appropriate for the community or specific services for specific areas.

⁶⁸ Available online here: https://www.amo.on.ca/AMO-PDFs/Reports/2011/2011_Coming_of_Age_the_Municipal_Role_in_Caring_for_Seniors.pdf

Transfer Municipal Beds to Non-profit and/or For-Profit Service Providers

Over time, municipal long-term care beds could be transferred to new or existing non-profit and/or for-profit homes and service providers. As in the option above, this could free up municipal dollars for other needed community and in-home services including additional Assisted Community Living (ACL) units for municipal and non-profit social housing projects.

Various Forms of Partnerships

Municipal governments have gained experience with various types of partnerships within their social housing portfolios. A variety of provincial funding programs for social housing have required unique and out-of-the-box thinking on behalf of municipalities and community organizations to find ways to partner with each other and the provincial government in order to access money being made available. Even though dollars have recently been available for much-needed social housing, strict and sometimes strange eligibility requirements could be barriers to getting or being able to use this money. This situation has seen the creation of new partnerships where municipal governments own or contribute equity to the building of the asset, while other credible organizations provide the services and run the project. Other arrangements have seen municipal governments investing in upfront "equity contributions" to enable the facility to be built with reduced capital debt. This allows for operating costs to be low enough that the revenue streams (e.g. subsidy and resident contributions) cover the costs.

Appendix 2: Leading Municipal Practices in Developing Age-Friendly Communities

Municipalities across the province are innovating and developing leading practices in providing services to seniors and developing age-friendly communities. Some of these are outlined below.⁶⁹ Initiatives such as these should be shared with the sector to ensure municipal governments can learn from each other and continue to innovate.

City of Ottawa

The Glebe Centre is a not-for-profit organization that operates a 254-bed long-term care facility, located in Ottawa. Its elderly persons centre, Abbotsford House, offers day programming and services to community members.

The Glebe Centre recognized the growing demand for long-term care, and to explore whether it could divert the demand by making living at home more manageable, it reached out to the nearly 400 people on its long-term care waitlist. The Glebe Centre found that seniors on the wait list were overwhelmingly interested in additional supportive programs to help them cope with day-to-day needs.

The Glebe Centre developed a community-based, client-centric, and cost-effective model of care that supports comprehensive care for seniors living at home. The model will draw upon the Centre's existing services, programs and multidisciplinary expertise, as well as the care provided by informal caregivers. With the goal of deferring or eliminating the need to place seniors permanently in a long-term care home, the model will explore both direct supports for seniors who would otherwise require a long-term care bed as well as relief for their informal caregivers to prevent burnout. As part of this plan, selected seniors on the waitlist for long-term care will receive respite care using long-term care beds. The Centre is on track to launch a pilot of its expanded service model in 2016.

Simcoe County

Recognizing the need for increased capacity across the seniors' care continuum, the County of Simcoe undertook the development of a new concept adult lifestyle community in Penetanguishene, Georgian Village, that includes a long-term care facility, a full range of seniors' housing, and a suite of resident and community support services, all located within a single campus.

The 20.7-acre campus includes indoor and outdoor walking paths, sports grounds, a fitness centre, therapeutic pools, a restaurant, a salon, a greenhouse, a woodworking shop, a worship centre, a public library, a family health team, a pharmacy, and more amenities. It is also a hub for local services, including the County of Simcoe Adult Day Programs, the Red Cross, Meals on Wheels, and a farmers' market. In collaboration with the local municipality, on-site public transportation will soon be introduced. Campus services are currently available to the nearly 400 residents, of which 143 reside in long-term care. The balance of residents inhabits one of the site's seniors' housing

⁶⁹ These examples are drawn from OANHSS' 2016 paper, "Improving Seniors' Services in Ontario: OANHSS Position Paper on Capacity Planning and Development", accessible here < https://www.oanhss.org/MediaCentre2/PositionPapers/Apr_2016_Cap_Plan_Full.aspx>.



developments, which include 40 affordable housing units, 40 life lease suites, 17 life lease garden homes, and 42 retirement living units. With these housing choices come care options that range from fully independent living to 24-7 care.

Through its relationships with municipal services, the County has succeeded in identifying priorities for seniors' housing and securing associated funding. Additionally, through the expansion of its long-term care home and by combining seniors' services into one location, the County will save more than \$500,000 in taxes annually.

The County is currently working to make campus services available to seniors in the community through a membership-based program. It is also in negotiations with the local CCAC to use its nursing staff for home care in the surrounding community. To enable the ongoing availability of high-quality nursing staff, Georgian Village has begun hosting the Georgian College registered practical nurse program. The co-location of the program will provide students with training opportunities in seniors' care and help to ensure a supply of local nursing graduates.

Region of Peel

In partnership with the leadership of the Region of Peel's five long-term care homes, Community Support Services has strived to build capacity across the continuum of seniors' care through expanded adult day programming and a variety of community support programs. The result is a robust seniors' care sector that pairs long-term care facilities with a range of community services.

Current adult day services in the Region include exercise and wellness programs, support for the activities of daily living from personal support workers, registered nurse healthcare monitoring, social and cultural events, and social worker support to caregivers. One overnight respite bed is available for short stay. As part of its continued development, the Region is now in the developmental stages of designing programs for seniors living at home, including comprehensive planning and support for the coordination of their care in the community. These programs are envisioned for both the Mississauga Halton and Central West LHINs. Comprehensive care plans will be shared across healthcare and service providers and address all aspects of living well, from recommendations about how to retrofit the home, to healthcare needs, to provisions for day-to-day service co-ordination.

As part of the program, seniors may attend adult day services on a long-term care campus or visit the site to access physicians, nurses, allied health professionals, a laundry service, meals, social programs and more. The programs are modeled after lessons taken from the Program of All-inclusive Care for the Elderly (PACE). PACE is a model of care that grew out of a public health initiative to promote effective and efficient treatment of patients with multiple chronic conditions outside of the hospital setting. The PACE Model of Care is centered on the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. This model of care puts the long-term care campus and its resources at the core of the service delivery model for seniors living at home.

Bibliography

- AMO. *What's Next Ontario? A Fiscal Overview*. June 2, 2015.
- AMO. *Coming of Age: The Municipal Role in Caring for Seniors*. 2011.
- Carlson, Margie. Housing Services Corporation. *A Slice of Affordable Housing for Seniors in Ontario may be Diminishing: Assessing the Impacts of Social Housing End Dates for Senior Projects*. May 2014.
- Community Hubs Framework Advisory Group. *Community hubs in Ontario: A strategic framework and action plan*. Province of Ontario. 2015.
- Conference Board of Canada. *Elements of an Innovative Strategy for Long Term Care in Ontario*. January 2011.
- FCM. *Seniors and Housing: The Challenge Ahead*. Quality of Life Reporting System. 2015.
- Government of Ontario. *Independence, Activity and Good Health: Ontario's Action Plan for Seniors*. 2013.
- Hermus, Greg, Carole Stonebridge, and Klaus Edenhoffer. *Future Care for Canadian Seniors: A Status Quo Forecast*. The Conference Board of Canada. November 2015.
- Hollinger-Smith, Linda. *The Need to Develop a Culturally Competent Workforce in Senior Living and Long-Term Care*. Matherlifeways. 2012.
- Kehoe MacLeod, Krystal. *Integrating care for seniors living at home*. IRPP Policy Options. August 1, 2012.
- Lee Smith, Sharon. *Provincial Perspective*. OANHSS Capacity Planning Summit. 2015.
- McDonald, Stacey. The Rural Ontario Institute. *Ontario's Aging Population: Challenges & Opportunities*. Ontario Trillium Foundation. 2011.
- OANHSS. *The Need is Now: Addressing Understaffing in Long Term Care: OANHSS Submission to the Ontario Standing Committee on Finance and Economic Affairs*. January, 2015.
- OANHSS. *Meeting the Needs of Seniors Today and Planning for Tomorrow*. 2014.
- OANHSS. *Municipal Delivery of Long Term Care Services: Understanding the Context and the Challenges*. 2014.
- OANHSS. *Ensuring the Care is There: Meeting the Needs of Ontario's Long-Term Care Residents: Submission to the Ontario Standing Committee on Finance and Economic Affairs*. January 2016.
- Ontario Long Term Care Association. *This is Long-Term Care 2015*. 2015.
- Ontario Non Profit Housing Association, *2015 Waiting List Survey: ONPHA's Report on Waiting Lists Statistics for Ontario*, 2015.
- Ontario Trillium Foundation. *Small Towns, Big Impact*. 2007.
- OPPI. *Healthy Communities and Planning for Age Friendly Communities: A Call to Action*. 2009
- ROMA. *A Voice for Rural and Northern Ontario*. 2015.
- Sharkey, S. *People Caring for People: Impacting the Quality of Life and Care of Residents of Long-Term Care Homes*. Ontario Ministry of Health and Long-Term Care. 2008.
- Smedley, Brian D., Adrienne Y. Stith, and Alan R. Nelson, eds. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. Institute of Medicine. 2002.
- Statistics Canada. *Demographic characteristics of Aboriginal people*. 2015.
- Statistics Canada. *Immigration and Ethnocultural Diversity*. 2015.



Statistics Canada. *2011 Census*. 2012.

The Town of Northeastern Manitoulin and the Islands, *Resolution No. 34-02-15*.

Williams, A. Paul et al. *Aging at Home: Integrated Community-Based Care for Older People*.

Healthcare Papers 10 (1), December 2009.

United Nations Department of Economic and Social Affairs Population Division. *World Population Aging 2013*. 2013.

Williams, A. Paul et al. *Integrating Long-Term Care into a Community-Based Continuum: Shifting from 'Beds' to 'Places.'* IRPP, No. 59. February 18, 2016.