

## **Today's Discussion**

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- Assisted Living in Seniors' Supportive Housing
- Seniors' Care Providers and Ontario Health Teams (OHTs)



# **About AdvantAge Ontario**



- > For more than 100 years, AdvantAge Ontario has been the voice of notfor-profit seniors' care in Ontario.
- > We represent more than 480 providers of long-term care, seniors' housing, supportive housing and community service agencies, including **98 per cent of all municipal long-term care homes** and 83 per cent of all not-for-profit long-term care homes.
- > Our members house seniors across the aging continuum, by providing much more than long-term care. That includes independent rental units, supportive housing, life lease housing and other creative affordable housing options.
- > Currently, our members operate 126 housing projects that account for ten thousand units.

## **Core Services**



#### Advocacy

Strong, influential and effective voice for members



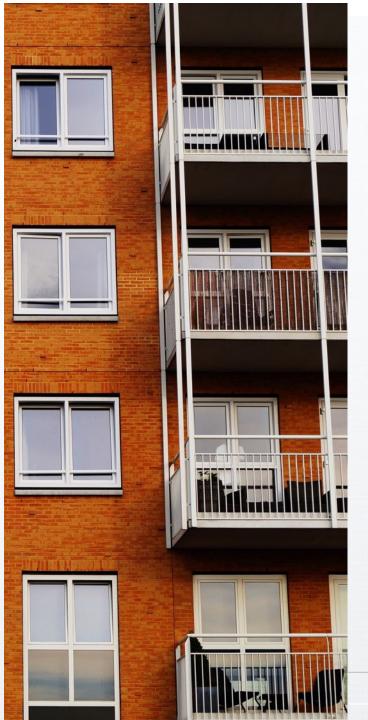
#### Education

Recognized leader in sector-specific training and education



#### Services and Supports

Specialized communications, programs, tools, and networking forums



## **Seniors Housing Needs**

#### The Current Landscape

- > Canadians aged 65 years and older make up 19% of the population, however, in 2017, this age group already represented 47% of Canada's total health care spending.
- > Seniors are a sizable share Ontario's population and continue to increase (2.25M population, 1.3M households).
- > As of 2021, the percentage of persons 65 years and over living in poverty is 5.1% in Ontario. In 2017, an estimated 129,000 female seniors in Ontario were living alone and in poverty.
- > Growing number of seniors are living alone (45% of senior households). Increasing need for assistance with activities of daily living as seniors age in order to maintain independence.

## **Overview: Seniors Care in Ontario**

- Long-Term Care (LTC): provide a residential alternative for patients with high care needs
   most have dementia, and many have mobility issues.
  - > Long-term care market is split between **for-profit** and **not-for-profit/municipal** homes
- > Retirement Homes: no government funding; provide rental accommodation with care and services for seniors who can live independently with minimal to moderate support. Most are private, a few are non-profit.
- > **Supportive Housing in Assisted Living for Seniors:** affordable rent combined with personal care services for those who can live independently but require a supportive environment due to physical and functional health challenges. Currently has patchwork funding.
- > **Home Care:** seniors and people with complex medical conditions of all ages can stay in their own homes if they have some family caregiver support. It is a sector that is drastically underfunded.

## LTC Bed Distribution in Ontario

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Home Type	Homes	Homes %	Beds	Beds %
For-Profit	352	57.5%	41,381	52.2%
Not-for-Profit	160	26.1%	21,661	27.3%
Municipal	100	16.3%	16,215	20.4%
TOTAL	612	100%	79,257	100%



## **Seniors Housing Supply**

- > Continuum of care for seniors in Ontario is siloed and incredibly limited.
- > <u>Long-term Care</u>: 79,000 beds, wait list of 38,000 and growing. It is estimated that ½ of those entering Long Term Care have needs that could be served in the community.
  - > Long Term Care Placement from Hospital and Community:
    - > Average Monthly Community Crisis Placement to LTC: 789
    - > Patients placed from hospital into long term care: **5,320** (between September 21, 2022 and January 31, 2023)
    - > As of August 17th, 2022, there were approximately 5930 ALC patients in hospitals.
- > <u>Retirement Housing:</u> 67,000+ beds in non- Long-Term Care/retirement homes BUT notable vacancy rates (19.5%) and rents not affordable to many seniors (average of approx. \$4,000/month.).



# **Seniors Housing Supply**

#### **Supportive Housing for Frail Seniors:**

- > Few units and supply shrinking; lack of local options means many seniors stay put (underserved), pre-maturely seek Long Term Care options (overserved) and/or end up in hospital.
- > Based on Census figures from 2016 for Ontario, senior renters living in subsidized housing accounted for 73,285 households. A subset of these units are supportive housing for frail seniors.

#### **Home and Community Care Services:**

- > Home care is provided to more than 600,000 people per year
  - > 60 % are seniors
- > Includes 27 million hours of personal support and homemaking, 6.5 million nursing visits and 1.9 million hours of nursing shifts. Community support services assist about 1.46 million people per year who are mostly seniors.



## **Homeless Seniors**

According to the Canadian Housing Evidence Collaborative and their work on *Aging in the Right Place*:

- > Canada's older homeless population is rising at alarming rates and remains largely invisible in research, policy, and practice domains.
- > On the one hand, homelessness programming continues to target youth and chronic homelessness through rapid rehousing models. On the other hand, aging in place strategies are based largely on the assumption of stable housing.
- > Consequently, few appropriate supportive housing options have been developed and evaluated for the diverse population of older people experiencing homelessness. There is an urgent need to build capacity in order to develop additional supportive housing that meets the complex health and social needs of this growing population across Canada.



## Challenges



- > Unfortunately, there is no single "go to" provincial Ministry for seniors' supportive housing to make access to funding and information easier.
- > Existing operators have not had significant funding increases in years for supportive housing.
- > At the provincial level in Ontario, responsibility for services to seniors crosses a number of ministries and entities, including:
  - > Ministry of Health, Ontario Health, Ministry of Long-Term Care; Ministry of Senior's and Accessibility, Ministry of Municipal Affairs and Housing.

## Seniors Supportive Housing and Home Care



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- > The average cost per day of providing services to a senior in supportive housing is \$62, versus more than \$200 in longterm care.
- > Home care is the other option, but publicly funded home care is limited.
  - > In 2019 it was found that of households receiving home care services, only around 52% of them have their home care services funded solely by public sources, and 27% of Canadian households paid for home care services using only their own money.
  - > Before the COVID-19 pandemic began, Ontario home care providers reported being able to fulfill requests for care 95% of the time. This number, unfortunately, decreased to just 56% by the end of 2021



## Intro to OHT Participation by Seniors' Care **Providers**



- > While some seniors' care providers are part of their local OHTs, many are not
- > There is precedent for good working relationships-during the pandemic, Ontario Health and Ontario Health regions became responsible for identifying strategies to address specific issues in the pandemic, and implementing these strategies at the local level.

AdvantAge Ontario

# Common Barriers to OHT Participation by Seniors' Care Providers



- > The participation of providers of LTC and seniors' housing and community services in Ontario Health Teams (OHTs) is critical to regional healthcare planning and expanding options to care for seniors as they age, however, there are some common barriers that exist.
- > Long-term care and housing are not always seen as key player or even included in many OHT tables or discussions.
- > Hospitals are struggling with hallway health care and rising ALC rates. The answers lie in more community care.
- > We are advocating that these providers should be part of the governance structure of OHTs. They need to be on equal footing, regardless of the size of their organization, to ensure their expertise is valued and taken into consideration in the decision-making process.

## Common Barriers to OHT Participation by **Seniors' Care Providers**



- > Some OHTs are not inviting municipalities to the table despite their significant financial contribution to health costs. Some improvements have been made in this area but more can be done.
- > Difficulty finding partners that share similar principles and objectives.
- > Smaller organizations like senior care providers lack organizational capacity (financial, human resources) to undergo and participate in OHT work.
- > An earlier barrier to entry was fees for participation, however, recent changes to OHT rules has lessened that issue.
- > Without seniors' provider participation, especially LTC, there is a lack of knowledge of the relevant legislation and regulations on those teams and therefore community healthcare decisions may be made that would be counter to the way homes are required to operate.

# Opportunities to OHT Participation by Seniors' Care Providers



- > There are many opportunities for collaboration when seniors' care providers are involved in regional healthcare governance, building upon the good working relationships established during the pandemic.
- > Often at the local level there is the most knowledge of challenges in care for seniors.
- > Families and clients should be involved in OHT planning as they can provide the best feedback on the patient journey.
- > There is greater knowledge of assisted living for seniors and its potential at this level than at the provincial level.

# How Can Municipalities Work with OHTs to Expand Seniors Housing?



- > Request that OHTs provide funding for operating supported housing in order to offset more costly alternatives.
- > Municipalities could build and own the senior's housing and/or donate land and have non-profit group run the operations.
- > With possible municipal top up- obtain capital funding from federal government to build new or convert a senior's building (social housing or private rental) into supported housing.
- > Create a senior's campus of care use life lease or non-profit retirement housing to cross subsidize supportive senior's housing.
- > Identify possible NORCs in your community (could be single family cluster of homes) and coordinate service delivery.



# Thank You

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