

# Rural, Remote and Forgotten: Addressing the Health Human Resources Crisis in Seniors' Care

*Rural Ontario Municipal Association Conference*

January 19, 2025

AdvantAge  
Ontario

Advancing Senior Care





# Agenda

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- > About AdvantAge Ontario
- > Overview of Health Human Resources (HHR) in Rural Care
- > The need for a Rural and Remote HHR Strategy for Ontario
- > 5 Pillars of Action
  1. Establish Wage Parity & Rural Incentives
  2. Stabilize Workforce: Reduce Agency Dependence and Improve Immigration Pathways
  3. Expand Local Training & Rural Pathways
  4. Tailor Legislation & Funding to Scale
  5. Enable Workforce Through Housing, Transportation & Childcare Supports
- > Call to Action
- > Q&A



# Today's Presenters

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**Olivia Nero**  
VP Public Policy  
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**Jennifer Cornell**  
Director of LTC & Senior  
Services for Grey County  
and AdvantAge Ontario  
Board Chair



**Shawn Chirrey**  
Director, Public Policy  
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## About AdvantAge Ontario

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- > AdvantAge Ontario has been the trusted voice for not-for-profit senior care for over 100 years and is the only provincial association representing the **full spectrum of the senior care continuum**.
- > Our more than 530 members are located across the province and include not-for-profit, charitable, municipal, and hospital-affiliated long-term care (LTC) homes, seniors' housing, assisted living in supportive housing, and community service agencies.
- > We represent **96% of all municipal LTC homes in Ontario**. We also represent **88% of the non-profit sector**.
- > Our unique perspective and policy expertise allows us to give honest advice on how government can best meet seniors' needs.
- > With a focus on advocacy and education, AdvantAge Ontario works on behalf of our members to help all stakeholders understand what the not-for-profit approach means and what it can do for the future of senior care.



# Core Services

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## **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

# AdvantAge Ontario: Membership Value



## Trusted Provincial Voice

- > Only provincial association representing the full non-profit seniors care continuum (LTC, housing, community services).
- > Deep municipal footprint: 96% of municipal long-term care homes.

## Unique Benefits to Municipal Members

- > **Policy & Advocacy:** Leverage collective expertise to influence provincial policy, funding, regulatory frameworks.
- > **Data & Benchmarking:** Access to sector-wide financial / operational data, comparative analytics for not-for-profit LTC / housing providers.
- > **Shared Resources & Efficiency:** Policy library (1,000+), preferred purchasing programs, cross-municipal collaboration.
- > **Education & Capacity Building:** Discounts on webinars, courses, management training, convention access.
- > **Network & Influence:** Participate in committees, communities of practice, shape sector direction.

# AdvantAge Ontario: Membership Value

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## Our Value Propositions

- > Better alignment with local seniors' housing / LTC priorities.
- > Stronger municipal voice in provincial decisions re senior's housing and LTC.
- > Cost efficiencies through aggregated services and shared tools.
- > Enhanced local capacity to deliver quality seniors' care .



# Supporting Municipal Members

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- > Municipal Member Advisory Group – includes AMO staff participation.
- > LTC Governance and Leadership Training.
  - > Eight on-line modules focused on key elements of LTC from a governance perspective.
- > Municipal Financial Assistance to LTC Homes – 2024 Survey.
- > Monthly CEO Webinar – over 2,000 participants in 2025.
- > Policy Exchange – online digital library; sample operational policies and resources, 1091 policies uploaded to Policy Exchange in the past year.
- > Capital Development – online resource library and discussion forum.
- > Data and Analytics Service – LTC expenditures comparative financial report; HHR benchmarking; LTC inspections quarterly and annual report.
- > Centre for Education in Senior Care – over 35 courses and 3,000 participants to date in 2025.
- > CEO Lisa Levin also sits on the AMO's Health Transformation Task Force.



# The Municipal Difference

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- > Municipalities are vital and proud partners in Ontario's Long-Term Care system:
  - > The provincial LTC home system originated with municipalities.
  - > Municipalities have been operating homes and providing care for over 150 years.
  - > 1 in 5 LTC residents live in a municipal home.
  - > Several municipalities have chosen to operate more than one LTC home to meet their community's needs.
- > Municipal investment and active involvement in operating homes makes a huge difference in seniors' lives.



# The Municipal Difference

## Re-invest in care

Any surplus gets reinvested back into operations to continually increase the level and quality of care. This results in a range of positive impacts:

- > **higher staffing levels, lower staff turnover and lower hospital admissions.**
- > **more hands-on, high-quality care.** Over 20% more hours of direct daily care per resident than other homes.

## Strong community support

They are a **reflection of the communities around them.**

Municipal homes have deep ties to their communities, often involving **volunteers** to keep residents engaged and ensure programming is reflective of the homes' residents. They are also major employers in communities.

Municipal homes' governing bodies are community based.

## Lead in innovation

Municipal homes are **leaders in innovative and integrated care for seniors:**

- > emotion-focused models of care.
- > continuum of housing options.
- > valuable local partnerships and connections to services.
- > campuses of care.



## Rural & Remote HHR Context

# Context & Challenge



- > Long-standing health human resource (HHR) challenges intensified during COVID-19. Conditions have improved somewhat, but serious and persistent shortages remain.
- > Ongoing gaps strain care providers and limit access to care for vulnerable populations.
- > Reliance on temporary agency staff has decreased in some long-term care homes but remains significant.
- > Immigration barriers - recent changes to the Temporary Foreign Worker program and permanent residency pathways for international students are limiting access to internationally recruited PSWs and nurses.

# AdvantAge Ontario's Response



- > We will be releasing a report that:
  - > Examines drivers of the HHR crisis in northern and rural communities and
  - > Proposes solutions with immediate and lasting impact.
- > Goal: To help stabilize the workforce and ensure equitable access to care for older adults in rural, remote, and northern communities.
- > Approach included:
  - > Literature and white paper review – Comprehensive scan of existing research and policy.
  - > Stakeholder consultation - Engaged sector leaders and organizations across rural and northern Ontario to identify practical, actionable solutions.
- > Puts forward actions that include:
  - > Targeted recommendations to the province.
  - > Select recommendations for federal collaboration.

# AdvantAge Ontario Response - Engagement



## **Organizations Consulted:**

- > Administrators from rural and northern long-term care homes
- > AdvantAge Ontario's Northern & Rural Advisory Committee (25+ members)
- > Association of Municipalities of Ontario
- > Mohawks of Bay of Quinte
- > North East Specialized Geriatric Centre
- > Ontario Aboriginal Housing Services
- > Pikangikum Health Authority
- > Rural Ontario Institute
- > St. Joseph's Care Group
- > Rural Ontario Medicine Program
- > The United Way

# Defining Rural and Northern

- > Common definitions:
  - > Communities <30,000 population, >30 minutes from a larger centre.
- > Our approach:
  - > No rigid definition.
  - > Any community identifying as rural/northern and facing health workforce challenges is included.
- > Focus: Non-urban communities with seniors' care staffing shortages.
- > Solutions tailored to unique demographics, geography, and population needs.



# Overview: HHR in Rural Seniors' Care

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- > HHR recruitment and retention challenges persist across the sector, especially in rural and remote communities, where they have always been more pronounced.
- > Escalated during COVID-19; pressures eased somewhat but remains a serious pressure point.
- > Rural Ontario faces more difficulties in attracting and retaining healthcare professionals compared to urban settings due to factors such as isolation, lack of amenities, and limited professional development opportunities.
- > LTC homes in rural areas often experience high staff turnover rates, leading to disruptions in care and increased recruitment costs.
- > Staffing is fundamental to meet the needs and enhance the wellbeing of seniors in these communities; both quality of life and care are at risk when supports and services are understaffed.
- > The Rural Ontario Institute's Community Wellbeing Dashboard, which we presented at ROMA 2025, can help in understanding your community context and healthcare workforce needs. (<https://www.ruralontarioinstitute.ca/wellbeing-dashboard>)

# Care Access Challenges in Rural & Remote



- > Primary care often becomes emergency care – costly and inefficient.
- > Key stats:
  - > Older adults make up 24% of rural population vs 17% in urban settings.
  - > Rural Ontarians are losing primary care access 4x faster than urban residents.
  - > Ontario experienced 600+ emergency department closures in 2023 in rural Ontario.
  - > 670,000 Ontarians live more than 50 km from a family doctor and 130,000 live more than 200 KM away.
- > Results: Long drives, wait times, growing inequalities. This adds pressures in other parts of the healthcare system including long-term care.

# Why Action is Urgent



- > Municipalities and other care providers are competing for scarce HHR talent.
- > Reliance on staffing agencies is costly and drains resources.
- > Ontario's aging population:
  - > 2.6M older adults (2021) → 3.7M by 2030 → 4M+ by 2040.
  - > Ontario Frailty cases: 644K → 932K by 2030 → 1M+ by 2040. (PGLO, 2023)

Frailty is a condition of increased vulnerability caused by decline in multiple body systems, making people less resilient and more likely to experience serious health problems—not just because of age.

- > Opportunity to lead:
  - > Solutions exist.
  - > Provincial and some federal leadership is needed to stabilize the workforce and ensure equitable care.



# 5 Pillars of Action for Rural and Remote HHR

# Our 5 Pillars of Action for Rural and Remote HHR



- > **HHR Strategy** – Calling for the development of a fully funded northern and rural health human resources strategy to address the unique challenges faced by these communities. Such a strategy needs to build off 5 pillars of action:
  - > **1) Establish Wage Parity & Rural Incentives**  
*Harmonize wages and benefits across care settings and introduce rural/northern pay incentives to level the playing field.*
  - > **2) Stabilize Workforce: Reduce Agency Dependence and Improve Immigration Pathways**  
*Limit reliance on costly temporary staffing agencies while leveraging international talent through streamlined immigration processes and retention strategies.*
  - > **3) Expand Local Training & Rural Pathways**  
*Increase satellite training opportunities, rural clinical rotations, and Indigenous-led “grow-your-own” programs to build a sustainable pipeline of health workers.*
  - > **4) Tailor Legislation & Funding to Scale**  
*Adjust regulatory requirements for small homes, ensure flexibility without compromising safety and provide ELDCAP funding parity.*
  - > **5) Support Workforce Through Housing, Transportation & Childcare Services**  
*Address practical barriers to recruitment and retention by improving access to affordable housing, transportation stipends, and childcare options in rural and northern communities.*

# Pillar 1 – Why Wage Parity Matters



## **Challenge:**

- > Older adult and seniors' care providers in home and community care (LTC, home care, mental health, primary care) cannot compete with other settings (e.g. hospitals) for wages and benefits.
- > Wage disparities drive staffing shortages and turnover.
- > Urban centres often offer higher pay, more flexible scheduling, and cost-of-living advantages—making rural/northern roles less desirable.
- > Hospitals outcompete LTC for PSWs and nurses due to richer benefit and retirement plans.

## **Impact:**

- > Persistent wage gaps lead to care shortages: older adults end up in hospitals instead of community settings.
- > Rural/northern homes face added challenges from lack of transit and higher living costs.

# Pillar 1 – Recommended Actions



## > **Goal:**

- > Level the playing field for recruitment and retention, reduce turnover, and stabilize seniors' care workforce in rural and northern Ontario

## > **Proposed Action Steps:**

- > Ministries of Health and Long-Term Care must harmonize wages and benefits for like positions across care settings.
- > Introduce and expand northern/rural pay incentives for all staff delivering publicly funded community health care in these communities.
- > Provide targeted funding so small rural/northern providers can offer benefit and retirement plans comparable to hospitals.

# Pillar 1 - Recent Ontario HHR Announcements



- > **Ontario Nursing Plan (\$180M):** Includes JOIN LTC bonuses of \$25,000 for a two-year LTC commitment, plus \$10,000 rural/northern top-up and \$10,000 relocation incentive for RNs and RPNs.
- > **Community Commitment Program for Nurses (CCPN)** provides the same rural retention and training investments extending to hospital, home and community care, primary care and mental health settings.
- > **PSW Incentive Programs:** Recruitment bonuses of \$10,000, relocation support of \$10,000, and an additional \$10,000 rural/northern incentive for PSWs who commit to 12 months with publicly funded home and community care or LTC settings.
- > **Local Training Investments:** Expansion of Living Classrooms and PREP (Preceptor Resource and Education Program) LTC programs to deliver on-site training in LTC homes, including rural and remote locations, to strengthen local pipelines for PSWs and nurses. (Pillar 3)
  - Clinical-placement training support now extends to home and community care PSWs, with stipends up to \$5,440.
  - PSW Training Fund reimburses home and community care employers for PSW education and upskilling costs.

# Pillar 2 – Workforce Stabilization



## Challenge:

- > Rural and northern homes often rely on costly temporary staffing agencies, eroding budgets and continuity of care.
- > \$40.15: Average hourly rate for registered nurse directly employed by a long-term care home and \$97.33: Average hourly rate for an agency staff nurse contracted to a long-term care home (2023, Auditor Gen).
- > Immigration barriers worsen shortages:
  - > Temporary Foreign Work (TFW) permits cut from 2 years to 1 year.
  - > Labour Force Market Impact (LMIA) validity shortened from 12 to 6 months, adding admin burden.
- > Homes risk losing staff before permanent residency is achieved.
- > International students graduating as PSWs and nurses face increasing residency denials, creating sudden gaps in care.

# Pillar 2 – Recommended Actions



## > **Goal:**

- > Reduce reliance on agencies and stabilize staffing through permanent hires and international talent retention.

## > **Proposed Action Steps:**

### > Agency Use:

- > Recent changes (Bill 11, 2025) introduced mandatory licensing and increased transparency for agencies (disclosure requirements).
- > Monitor impact of these changes; set rate caps if needed.
- > Develop best-practice guidelines and conversion incentives for turning temporary staff into permanent hires.

## Pillar 2 – Recommended Actions



### > **Proposed Action Steps:**

#### > Immigration Pathways (Federal Collaboration):

- > Restore longer Temporary Foreign Worker (TFW) permits and streamline Labour Market Impact Assessment (LMIA) processes (one LMIA per facility).
- > Ensure equitable access for rural and remote communities – so they are not disadvantaged compared to urban areas or hindered by rural definitions that are not consistent.
- > Develop streamlined immigration and clear pathways for international students graduating as PSWs and nurses to transition from study to permanent roles in LTC and home/community care settings. remain and work in LTC.

# Pillar 3 – Expand Local Training & Rural Pathways



## Challenge:

- > Rural and northern communities lack local training options for PSWs, nurses, and allied health roles.
- > Students leaving for education often do not return, worsening shortages.
- > Indigenous communities face severe gaps—many rely on fly-in staff and lack “grow-your-own” programs.
- > Only **8% of medical residencies occur in rural areas**, despite 17% of Ontario’s population being rural. (Rural Ontario Medicine Program).

# Pillar 3 – Recent Ontario Training Investments



## Challenge:

- > Rural and northern communities lack local training options and students often leave for education and do not return, worsening shortages. Indigenous communities have limited programs and options.

## Provincial Response:

Ontario has introduced good programs to strengthen local pipelines and reduce outmigration.

- > **Living Classrooms Expansion:** Brings PSW and nursing education into LTC homes, including rural and remote sites, to strengthen local pipelines.
- > **PREP (Preceptor Resource and Education Program):** Supports on-site clinical training in LTC homes, including rural and northern communities, improving mentorship, local capacity and retention.

## Impact:

- > These programs reduce local outmigration by creating community-based training opportunities, enabling rural and remote learners can access education without leaving their region.
- > Supports sustainable supply of PSWs and nurses in underserved areas.

# Pillar 3 – Recommended Actions



## **Goal:**

Build a sustainable pipeline of health workers rooted in rural and northern communities, reducing reliance on external recruitment and improving culturally appropriate care.

## **Proposed Action Steps:**

### **> Expand Local Training**

- > Scale up Living Classrooms and PREP across rural and northern Ontario.
- > Partner with colleges/universities to deliver hybrid programs (virtual + in-person) where internet access allows.
- > Remove financial barriers (e.g., tuition supports) and offer incentives for graduates committing to rural/northern work.

# Pillar 3 – Recommended Actions



## **Proposed Action Steps:**

### **> Indigenous-Led Pathways**

- > Fund Indigenous-led “grow-your-own” programs with wraparound supports (housing, childcare, mentorship).
- > Support partnerships like Pikangikum’s model with Confederation College for remote PSW and nursing training. (NW Ontario, 230 km north of Kenora, Fly-in community)

### **> Medical Education & Rotations**

- > Incentivize medical schools to increase rural/northern rotations and seniors’ care placements.
- > Work with ROMP (Rural Ontario Medicine Program) and NOSM (Northern Ontario School of Medicine) to expand rural residency programs and preceptor supports.

# Pillar 4 – Tailor Legislation & Funding to Scale



## Challenges:

- > Current regulations under the *Fixing Long-Term Care Act, 2021* create barriers for small northern and rural homes:
  - > Mandatory IPAC lead hours (17.5/week) are difficult for small homes to meet.
  - > Requirement for Director of Care to be an RN and 24/7 RN coverage is unrealistic during severe HHR shortages.
- > ELDCAP (Elderly Capital Assistance Program) provides long-term care–level beds in small northern hospitals for communities too small to support a full LTC home
- > While the number of ELDCAP beds in the province is small, all of them are in the northwest (147 beds) and the northeast (137 beds), making this challenge unique to the north.
- > ELDCAP beds must meet LTC standards but receive no LTC funding, creating financial strain.

## Pillar 4 – Tailor Legislation & Funding to Scale



### **Challenges:**

- > Without flexibility, small homes risk non-compliance and closure, further reducing access for rural seniors.
- > Funding parity ensures ELDCAP homes can deliver care equivalent to LTC without draining hospital budgets.
- > Legislative adjustments do not compromise safety—they recognize unique realities of rural and northern communities.

# Pillar 4 – Recommended Actions



## **Goal:**

- > Ensure regulations and funding models reflect the realities of small northern and rural homes by introducing flexibility without compromising safety and providing funding parity for ELDCAP beds, so these communities can maintain compliance and deliver quality care.

## **Proposed Action Steps :**

### Recommended Legislative Adjustments

- > Flexibility for Small Homes:
  - > Allow RPNs to serve as Director of Care and fulfill 24/7 coverage when RN shortages exist.
  - > Reduce IPAC lead hourly requirements during outbreak-free periods; maintain safety standards.
- > Funding Parity for ELDCAP:
  - > Create supplementary funding stream for ELDCAP beds to meet LTC requirements (including staffing and wage parity).

# Pillar 5 – Workforce Supports for Rural & Northern Communities



## Challenge:

- > Practical barriers—housing, transportation, and childcare—make recruitment and retention in rural and remote areas extremely difficult.
- > Limited affordable housing options, no public transit, and scarce childcare services add hidden costs and stress for health workers. All are critical enablers for stabilizing the workforce.
- > Rural areas have only 22.8% regulated childcare spaces vs. 34% in urban areas.
- > Lack of public transit acts as a “silent tax” on rural staff, especially lower-paid PSWs.
- > Some providers already build/pay for housing (mostly larger for-profit providers); smaller non-profits need provincial support. A coordinated provincial approach ensures smaller non-profit homes can compete with larger operators.
- > Need for a multi-sector approach on these shared issues (broad target of public sector workers, not just health care).



# Pillar 5 – Recommended Actions



## **Goal:**

- > Remove practical barriers that make it difficult to attract and retain health care workers in rural and northern communities by improving access to housing, transportation, and childcare, ensuring these communities can build and sustain a stable workforce.

## **Proposed Action Steps :**

### **Housing**

- > Provincial Leadership: Coordinate public sector worker housing development in rural and northern communities.
- > Funding for Providers: Create grants or subsidies for LTC and seniors' care providers to offer housing allowances or build staff housing.
- > Innovative Solutions: Explore modular homes and repurposing existing properties
- > Housing costs currently absorbed through agency contracts—redirecting these funds to permanent workforce housing is more sustainable.

# Pillar 5 – Recommended Actions



## **Transportation**

- > Transportation Stipend: Offset costs of vehicle ownership for rural health workers (fuel, insurance, maintenance).
- > The average cost for vehicle ownership in Canada is \$1,370/month.

## **Childcare**

- > Co-Located Childcare: Partner with Ministry of Community and Social Services to develop childcare at or near LTC homes.
- > Benefit: Makes rural LTC sites more attractive to nurses and PSWs; research shows co-located seniors' and childcare services benefit both populations.

# Conclusion – The Case for Action



- > **Persistent HHR Crisis:** Northern and rural seniors' care faces severe staffing shortages, worsened by geography, aging demographics, and systemic inequities.
- > **Impact on Care:** Seniors in these communities have less access to primary care, leading to higher emergency use and poorer outcomes as well as increased strain on LTC.
- > **Urgency:** Ontario's senior population will grow from **2.6M (2021) to 4M+ by 2040**—without intervention, gaps will widen.
- > **Key Drivers:** Wage disparities, agency dependence, immigration challenges, lack of local training, rigid regulations, and practical barriers (housing, transport, childcare).

## Conclusion – Call to Action



- Develop and fully fund a northern and rural health human resources strategy to address the unique challenges faced by these communities, by closing wage gaps, reducing agency reliance, improving immigration, expanding local training, adjusting regulations, and removing barriers like housing, transportation, and childcare.
- > Provincial leadership and collaboration with municipalities, Indigenous communities, the federal government and providers are essential.
- > Implementing these pillars will stabilize staffing, improve equity, and ensure seniors in rural and northern Ontario receive the care they deserve.



# Thank You

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# Q&A

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