



Supporting Seniors in Rural Communities

Rural Ontario Municipal Association Conference

January 23, 2023



About AdvantAge Ontario

- > 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 450 members are located across the province and include not-for-profit, charitable, municipal, and hospital-affiliated long-term care homes, seniors' housing, assisted living in supportive housing, and community service agencies. We represent all municipal long-term care homes in Ontario except for 2.
- > Our unique perspective and policy expertise allows us to give honest advice on how Ontario's 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.

Our Members:	+400 Member Organizations	36,000	8,000
	<ul style="list-style-type: none"> ✓Municipal ✓Charitable ✓Not-for-profit ✓Hospital Led 	LTC Residents in care	Senior's housing units

What is a Campus of Care?

- > A single organization, or formal collaboration of a number of independent health and social services providers (e.g., community, housing, LTCH), that strive(s) to integrate the provision of a broad spectrum of seniors' care (e.g., physical/psychosocial/social) and within a defined geographic area. Campuses are often further characterized by:
 - > offering different levels of care
 - > a shared commitment /coordinated responsibility for wrap-around care (e.g., service planning, provision, case management, funding)
 - > “Campuses of Care” co-locate a mix of community-based health and social supports, along with housing and LTC beds.
 - > In rural and northern Ontario, there are unique gaps in service deliver and coordination of care due to scarcity of resources (e.g., health human resources, supportive housing, mental health supports, medical specialists, technologies, etc.), varied enablement of health professionals to work at the full scope of practice and limited availability of cultural and linguistically appropriate services (e.g.. Aboriginal, Francophones). Campuses help integrate acute and primary care that is often far out of reach for seniors in rural communities.
-

Campus of Care Services

- > Campuses offer coordinated access to a full continuum of care including:
 - > **A mix of housing options:** market rent apartments or condos, retirement home units (licensed under provincial legislation), affordable and rent geared-to-income social housing units (subsidized rents for low-income individuals), and life lease (residents own their own units but must sell back to the organization when moving or in the event of death).
 - > **LTCH beds:** long stay, respite and transitional care.
 - > **Community support services on and off-campus:** assisted living/supportive housing programs for high needs individuals living in designated housing units; meals on wheels; congregate/communal dining; adult day programs; seniors' active living centres and gyms; falls prevention; personal care, housekeeping, and respite
 - > **Active Living Centres/Wellness Centres:** therapy pools, gym
-

Where Do We Have Campuses of Care?

- > Many of our members have campuses of care which provide innovative solutions for older adults and caregivers wishing to age-in-place in their communities. Among our members, there are more than 33 campuses of varying sizes offering a continuum of integrated services to seniors. They are in large urban as well as rural communities. Some examples include:
 - > Au Château (located in Sturgeon Falls)
 - > Georgian Village (located in the County of Simcoe)
 - > Spruce Lodge (located in Stratford)
 - > Bruyère Village (located in Ottawa)
 - > Radiant Care Pleasant Manor (located in Niagara)
 - > Shalom Village (located in Hamilton)





Campus of Care Amenities

- > Campuses offer features that create vibrant, age-friendly communities including:
 - > A general store or tuck shop for everyday basics.
 - > Pubs, restaurants and cafés to create social opportunities for residents and visitors.
 - > On-site hospitality suites or discount arrangements with local hotels to facilitate visits by family and friends.
 - > Libraries to enable access to print and electronic media.
 - > Communal recreation facilities to encourage physical activity and social engagement.
 - > Shared recreation opportunities: bingo, mass, bistro, live entertainment, choir, art classes, BBQs, woodworking, pool, shuffleboard
 - > Other Amenities: Hair salon, audiology, pharmacy, community garden, laundry, blood lab



The Advantages of Campuses

- > A continuum of affordable housing options for seniors, along with appropriate supports, can enable them to remain independent for longer. Shorter LTC waiting lists; less ALC patients.
 - > Campuses offer built-in opportunities for providers and community partners working alongside each other to communicate, collaborate, and share expertise and resources. This promotes more integrated, “person-centred” care that avoids unnecessary hospital admissions and LTCH placements
 - > They help eliminate the unique challenges that exist for rural communities including lack of access to a continuum of care services, lack of affordable housing and transportation barriers to support services
 - > Reduced use of ER, hospital admissions, and LTC admissions
 - > Promising approaches for broader integration of care for seniors and informal caregivers wishing to age-in-place
 - > New window of opportunity with Senior’s Strategies, Dementia Strategies and Affordable Housing Strategies
 - > Campuses are also attractive partners for education, worker training, research, and the development of best practices in the care of aging populations.
-

Key Partnerships

- > Campuses have robust networks of partnerships that extend the care continuum for people living on and off campus including:
 - > **Government partners:** local municipalities (e.g., housing, paramedics); provincial ministries and agencies (e.g., Health, Long-Term Care, Municipal Affairs and Housing, Infrastructure Ontario, Public Health); and federal agencies (e.g., Canadian Mortgage and Housing Corporation).
 - > **Community partners:** community support agencies; hospitals; community health centres; the local Alzheimer Society; mental health agencies; faith organizations; local businesses; community arts and recreation groups (e.g., choirs); and shelters.
 - > **Clinical partners:** primary care medical practices; audiology clinics; chiropody; denture care; phlebotomy labs; physiotherapy; and pharmacies.
 - > **Academic partners:** colleges (e.g., co-op placements); universities (e.g., research); and schools (e.g., student volunteers).
-

Current Challenges

Campuses face an array of barriers that enable complicated challenges for those in rural communities:

> **Conflicting Laws and Regulations:**

> For example, because LTCH wait lists are controlled externally (currently by local health integration networks), people who have lived on-campus for lengthy periods may still have to move off-campus when they require a higher level of care, even when on-campus LTCH beds are available.

> **Human Resource Shortages**

> Like other providers, campuses face persistent shortages of personal support workers (PSWs). Northern and rural communities experience significant challenges with the recruitment and retention of health care workers.

Current Challenges

Complicated funding arrangements/ limited funding

- > Budgets for CSS and supportive housing in Ontario had not increased significantly in more than a decade or kept pace with rising client needs.
- > The basket of services in rural communities is not as comprehensive. Residents have limited availability and access to primary health care, specialists, hospitals and community services and supports.
- > In rural communities it is difficult to secure funding for redevelopment as they do not have larger base assessments compared to bigger cities, thus causing financial pressure on taxpayers

Lack of data on population health in rural communities

- > Standard definition of "rural" does not exist in Ontario , which is a barrier to determining health needs. A consistent definition of rural Ontario is needed in order to measure the population health of rural residents, and to identify needs, gaps, as well as plan and monitor health services.
-

Thank You



Lisa Levin
CEO
llevin@advantageontario.ca
(647) 531-8821

Appendix

- > [AdvantAge Ontario Campuses of Care: Supporting People, Sustaining Care Systems in Ontario Executive Brief](#)
- > [AdvantAge Ontario Bridging the Gap: Opportunities to Address Seniors' Supported Housing Needs in Ontario](#)