

Long-Term Care Service Planning Data Analysis



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1 Introduction

In May 2018, Toronto City Council directed the Long-Term Care Homes and Services division to undertake a capacity assessment for long-term care services for the City of Toronto. The request comes amid increasing pressure on long-term care facilities due to myriad converging issues:

- an aging and growing population;
- a lack of suitable and affordable housing alternatives for people requiring care;
- a provincial strategy mandating the redevelopment of beds that do not comply with current design standard by 2025;
- land price, availability, and urban site restrictions in Toronto that present barriers to this redevelopment;
- and looming, large-scale administrative transformation in Ontario's healthcare sector.

To a small extent, these issues have been mitigated by advances in sophistication, coordination, and availability of care in the home that has allowed more people to age in their communities. Furthermore, the significant challenges facing the redevelopment of long-term care beds are also accompanied by opportunities to re-imagine the role of long-term care facilities and explore integrations with other community support services that span the continuum of care.

2 About This Report

This report provides a condensed synopsis of the long-term care capacity in the City of Toronto; it is not intended to match the breadth or complexity of this system. It begins with a summary of an aging population with increasingly complex needs and forecasts growth to 2041. It then describes the continuum of care from home to residential facilities and situates long-term care beds within that spectrum. Finally, the current supply of long-term care beds, proportion slated for redevelopment, and the current waitlist and its forecasted growth are presented.

In addition, challenges with the availability and timeliness of data have limited what can be presented here. Both the Ministry of Health and Long-Term Care (MOHLTC) and Health Shared Services Ontario (which administers the province-wide digital health platform used to coordinate home and long-term care services) declined to provide data. Consequently, data requests were made to the five LHINs that straddle the City of Toronto. Only one of these LHINs, Toronto Central, is fully enclosed by the City of Toronto's boundaries, covering about 40% of the City's population. The remaining four LHINs serve parts of Toronto and extend to other urban and rural areas (Figure 1). Some of the LHINs are not able to filter or segment certain data points to the portions of their region that cover Toronto. The data requisition process also highlighted differences in the data collected between LHINs with Toronto Central LHIN and Central LHIN using the Resource Matching and Referral (RM&R) system in addition to the provincially-mandated Client Health and Related Information System (CHRIS).

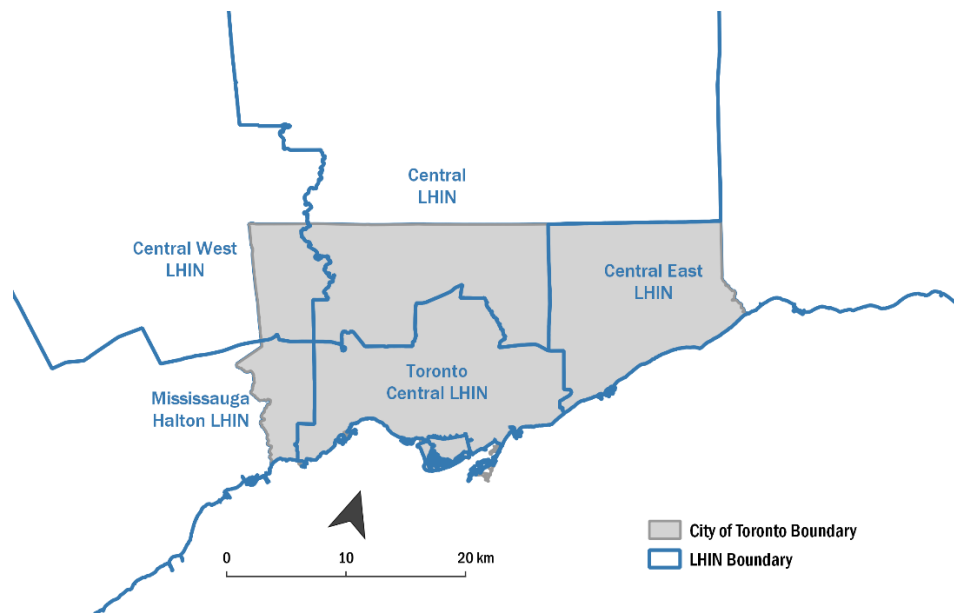


Figure 1. City of Toronto and the five GTA LHIN boundaries

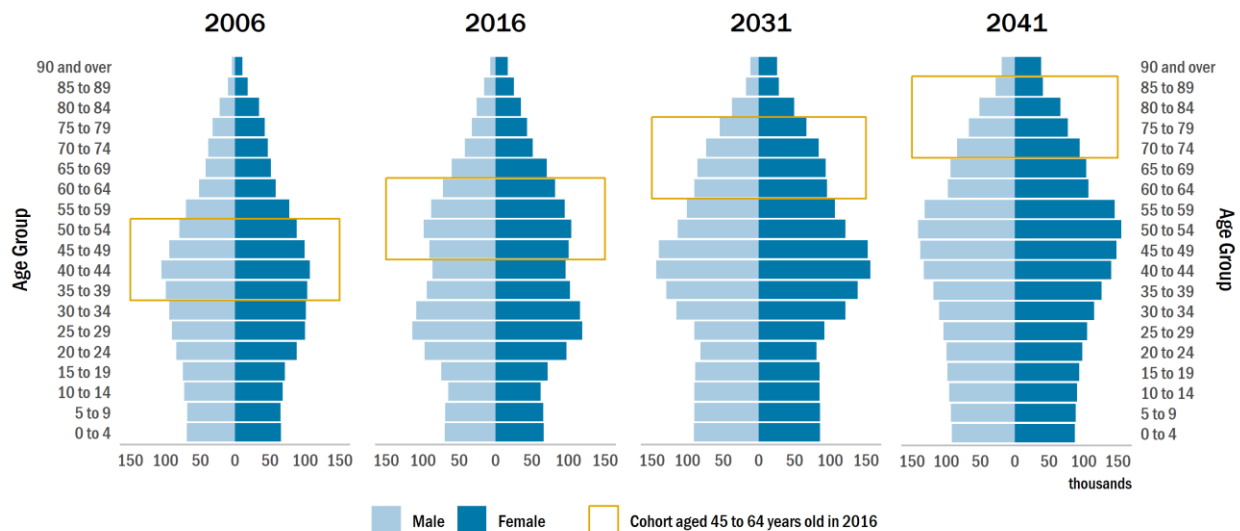
In the absence of complete data, personal communication from informational interviews with MOHLTC, Toronto Central LHIN, and Mississauga Halton LHIN are referenced in this report. To assist with modelling the population projections, a number of assumptions have been made in the absence of robust, Toronto-specific health service utilization data. For example, data published by the Canadian Institute for Health Information (CIHI) have been used to create age-standardized estimates of the prevalence of comorbidities for the Toronto-based portions of each LHIN administrative region. These estimates assume that the distributions within the population are uniform across each LHIN region.

While data collection has been hampered by administrative boundaries it should be noted that LHIN and municipal boundaries have little bearing on where people choose to access health care. Therefore, it is also important to consider the regional context and potential flow across boundaries.

3 Population and Demographic Trends

Over the last 25 years, Toronto's population has grown an average of 1.1% per year and the rate is expected to accelerate to an average of 1.4% per year out to 2041. Much of this growth has occurred within the cohort aged 45 to 64 years old and this group will become the next wave of seniors as they age over the next 25 years (Figure 2). With increases in life expectancy, the rate of growth of the population aged 85 years and older has increased precipitously at more than 5% per year, a pace that will lead to nearly double, by 2041, the 72,022 people who were in this group in 2016. With half of current long-term

care residents in City-run facilities aged 85 years and over¹, this age group is of critical interest for anticipating long-term care demand.



Source: Statistics Canada, 2016 Census of Population; Canadian Centre for Economic Analysis, Prosperity at Risk

Figure 2. Historical and Forecasted Population Growth by Age and Sex in the City of Toronto

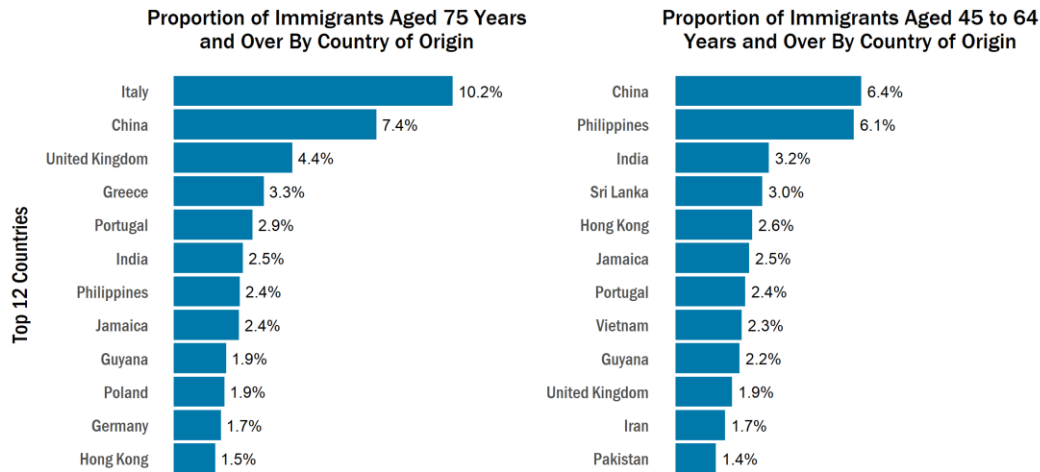
Regionally, population growth in the Greater Toronto Area has outpaced the City of Toronto with an average annual growth rate of 2.3% over the last 25 years and this trend is expected to continue into the future. The number of seniors aged 85 years and older will also increase at a faster pace, tripling from 133,119 to over 419,000 people in the region. This will dramatically change Toronto's share of seniors aged 85 years and over in the GTA from 54% in 2016 to 32% by 2041 which will undoubtedly influence in-flow and out-flow demand for long-term beds in the City and surrounding regions.

A critical characteristic of Toronto's aging population is that seniors are more culturally and ethnically diverse than they have ever been. This has implications for long-term care providers who are committed to meeting the language, dietary, religious, and cultural needs of their residents. While forecasting ethnocultural population change is unreliable due to the influence of unpredictable geopolitical conditions and domestic immigration policy, one approach to anticipating future needs is to compare the characteristics of an older cohort that is most likely to have long-term care needs now with a younger cohort that is likely to have long-term care needs in 25 years time. Note that this approach should be interpreted cautiously as it disregards differences in life expectancy or age-related health outcomes between groups and it assumes minimal population changes from in- or out-migration.

Two census variables, immigrant country of origin and mother tongue language, are examined. Seniors aged 75 years and older are designated as the older cohort and people aged 45 to 64 years, who will be 70 to 90 years old in 2041, are chosen as the younger cohort.

¹ City of Toronto, Fact Sheet: Long-Term Care Homes & Services, 2018.

The top 12 countries of origin for immigrants for both cohorts are shown in Figure 3. Among the older cohort, four of the five top countries of origin are Western European, reflecting the early post-war immigration history of Canada. Within the younger cohort, the top five countries are from East Asian, Southeast Asian, and South Asian regions. While the prominence of different countries of origin has clearly shifted between generations, these two groups also have 8 of the 12 top countries of origin in common.



Excludes persons born in Canada and non-permanent residents.

Source: Statistics Canada, 2016 Census of Population

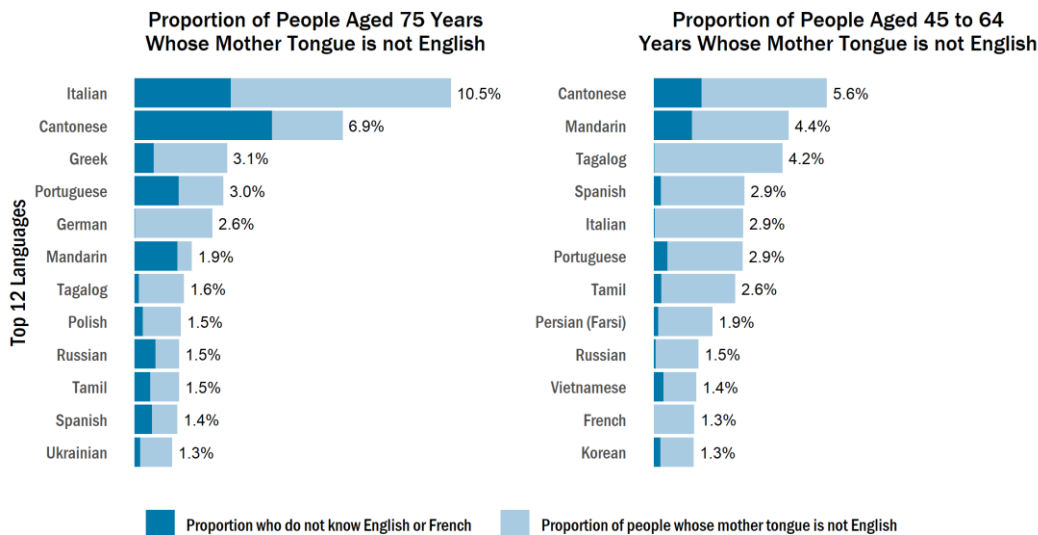
Figure 3. Top 12 Immigrant Countries of Origin by Cohort in the City of Toronto, 2016

The language differences between the older and younger cohorts are shown in Figure 4 and these largely reflect the immigration patterns presented above. Mother tongue is defined as the first language learned at home in childhood and still understood by the person at the time of the census². Of interest to long-term care providers, this can often be the language that patients revert to with the onset of dementia³.

Between cohorts, the European languages spoken by seniors aged 75 years and older are largely being replaced in the group aged 45 to 64 years by Asian and Middle Eastern languages. However, the most substantive change is that fewer people in this group have no knowledge of English or French. This reflects the federal points-based immigration system introduced in 1967 that prioritizes language ability as well as the rise of English as a global language. The increasing trend that Toronto residents can speak English or French even when it is not their mother tongue may serve, in time, to relieve some of the burden of providing language-specific services for long-term care residents.

² Statistics Canada, 2016 Census of Population.

³ Personal communication, Kathy Lashley, Director, System Flow and Capacity, TC LHIN, Dec 10, 2018



Excludes persons whose sole mother tongue is English or who have multiple mother tongues.

Source: Statistics Canada, 2016 Census of Population

Figure 4. Top 12 Non-English Mother Tongue Languages by Cohort in the City of Toronto, 2016

In addition to changing demographics, the health profile of individuals requiring long-term care is trending towards increased complexity and acuity. The Long-Term Care Homes and Services division reports that residents entering long-term care in City-run facilities have an average of six co-morbidities. This is not surprising as life expectancy, and consequently the average age in long-term care facilities⁴ has risen.

Data from CIHI have been used to estimate the prevalence of the top 13 conditions by care setting in the City of Toronto. Figure 5 shows that the majority of conditions become more prevalent with age and following admission to residential care. A notable exception to this is individuals with a psychiatric diagnosis which reflects the reduced life expectancy of people with severe mental illness. Because CIHI's definition for residential care includes other residential facility types such as assisted living and supportive housing that provide services to lower needs residents, these numbers are also likely to underestimate the prevalence of most conditions in long-term care homes.

⁴ The average age of long-term care residents City of Toronto-run facilities is 85 years old

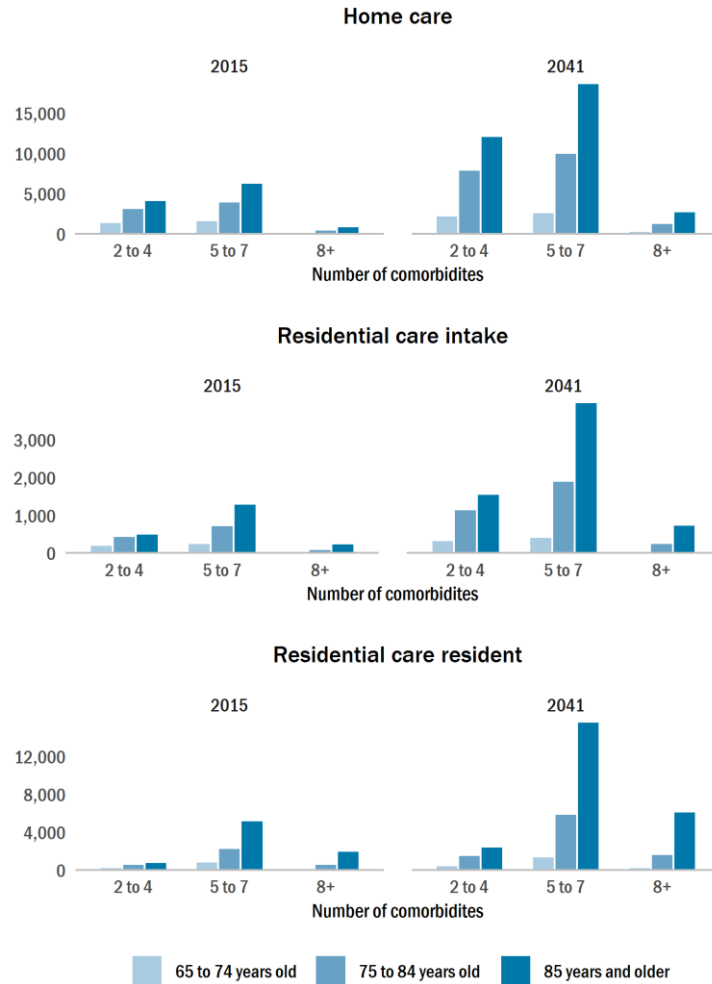


Note: Due to a variety of naming conventions across Canada, the term 'Residential Care' is used to describe all residential care settings including assisted living, supportive housing, and long-term care. 'Res. care intake' includes only assessments conducted upon admission. 'Res. care resident' includes the most recent assessment conducted with residents that fiscal year. Individuals may appear in more than one care setting within a fiscal year.

Source: Canadian Institute for Health Information, Seniors in Transition: Exploring Pathways Across the Care Continuum

Figure 5. Estimated Proportion of People Assessed by Comorbidity and Care Setting in the City of Toronto

These data have also been used to estimate the total number of people with multiple comorbidities by care setting in 2015 and the projected change with population growth by 2041. Figure 6 shows substantial growth over time across all care settings, especially for seniors 75 years and over with 5 to 7 comorbidities. While the number of seniors aged 75 years and over in the general population is expected to triple between 2015 and 2041, the number of seniors aged 75 years and over with 5 to 7 comorbidities in each care setting are projected to be 4 to 7 times larger.



Note: Due to a variety of naming conventions across Canada, the term 'Residential Care' is used to describe all residential care settings including assisted living, supportive housing, and long-term care. 'Res. care intake' includes only assessments conducted upon admission. 'Res. care resident' includes the most recent assessment conducted with residents that fiscal year. Individuals may appear in more than one care setting within a fiscal year.

Comorbidities are estimated based on prevalence in the population assessed for each care setting, but they are assumed here to be independent.

Source: Canadian Institute for Health Information, Seniors in Transition: Exploring Pathways Across the Care Continuum

Figure 6. Estimated number of people with 2 to 4, 5 to 7, and 8+ comorbidities by care setting, 2015 and 2041

4 Continuum of Care

There are many different ways to conceptualize the continuum of health interventions available to an aging population and there have been numerous needs-based, care type-based, and accommodation-based frameworks developed which are not covered in detail here. However, since long-term care is a dependent living environment that assists with all activities of daily living, it is most commonly represented towards the end of the continuum of care and therefore sensitive to the capacity and transitions from upstream services. These include community support services such as adult day programs, meals on wheels, and caregiver supports as well as home care such as nursing, physical therapy, and personal care that help people to live independently in their communities longer. It should also be noted that there are private alternatives to much of the continuum, though, costs escalate rapidly for private residential services.

Data for community support services are available at the LHIN-level, but because of the aggregate nature in which these data are reported, the LHINs are unable to segment data to the smaller portions of their regions that only serve Toronto. Due to differences in socioeconomic status across the city, similar rates in the population cannot be assumed elsewhere in Toronto, precluding further extrapolation to make City-wide estimates. Consequently, only the service volumes for Toronto Central LHIN which is fully enclosed by the City are presented in Table 1 by care type along with home care service volumes.

Table 1. Individuals Served by Toronto Central LHIN-funded Community Support Services, 2014-15

Care Type	Individuals Aged 65 Years and Over
Adult Day Services	4,170
Meals on Wheels	2,309
Personal Support	327
Respite	886
Homemaking	1,918
Personal Support/Respite/Homemaking Combined	9,480
Caregiver support	3,397
Home care	9,935

Note: Counts individuals served within fiscal year 2014-15. Individuals may be enrolled in multiple services and may be counted more than once within a service if accessing identical services (e.g. Adult Day Services) from multiple providers.

Source: Health Data Branch

Aside from not being able to estimate service levels for the City of Toronto, the aggregated nature of the data prevents any understanding of how services are used in combination, their sequence, and even the

number of unique individuals served. This is important not just for understanding system capacity, but also to understand how this may affect long-term care services downstream. For example, the Mississauga Halton LHIN reports that they are seeing demand for home care service rise 1.5% per year, a figure they attribute to improving quality of care available in the home⁵. This has coincided with a decrease in long-term care residents with lower needs, presumably those now being cared for at home, and an increase in residents with complex and chronic needs, suggesting that the growth in home care is not just population driven but also a reflection of the increasing capability of the home care system.

Downstream of community support services but upstream of long-term care facilities are supportive housing and assisted living programs which provide assistance with some activities of daily living and offer non-24-hour care to support semi-independent living. Assisted living and supportive housing services may be delivered in either dedicated, purpose-built facilities or in private dwellings in the housing market. Again, only the service volumes for Toronto Central LHIN are presented in Table 2. Due to differences in the distribution of social housing stock where much of the assisted living and supportive housing units are concentrated, similar rates in the population cannot be assumed elsewhere in Toronto. Furthermore, these numbers exclude non-LHIN funded supportive housing units.

Table 2. Individuals Served by Toronto Central LHIN-funded Assisted Living or Supportive Housing, 2014-15

Care Type	Individuals Aged 65 Years and Over
Assisted Living Services	2,803
Supportive Housing	6,531

Note: Counts individuals served within fiscal year 2014-15.

Source: Health Data Branch

The figures above provide a reasonable count of the number of individuals served through Toronto Central LHIN-funded services, but they do not provide insight into the total physical units that this represents or the waitlist and wait times for these services. The Access Point which administers the waitlist for mental health and addictions-specific supportive units for the entire City of Toronto reported a waitlist of 13,645 at the end of 2017 on an estimated 4,923 units⁶. An estimated additional 9,700 units of non-health focussed supportive housing are funded and administered through the City of Toronto⁷.

⁵ Personal communication from Rod Millard, Director, Decision Support, Mississauga Halton LHIN, Feb 6, 2019

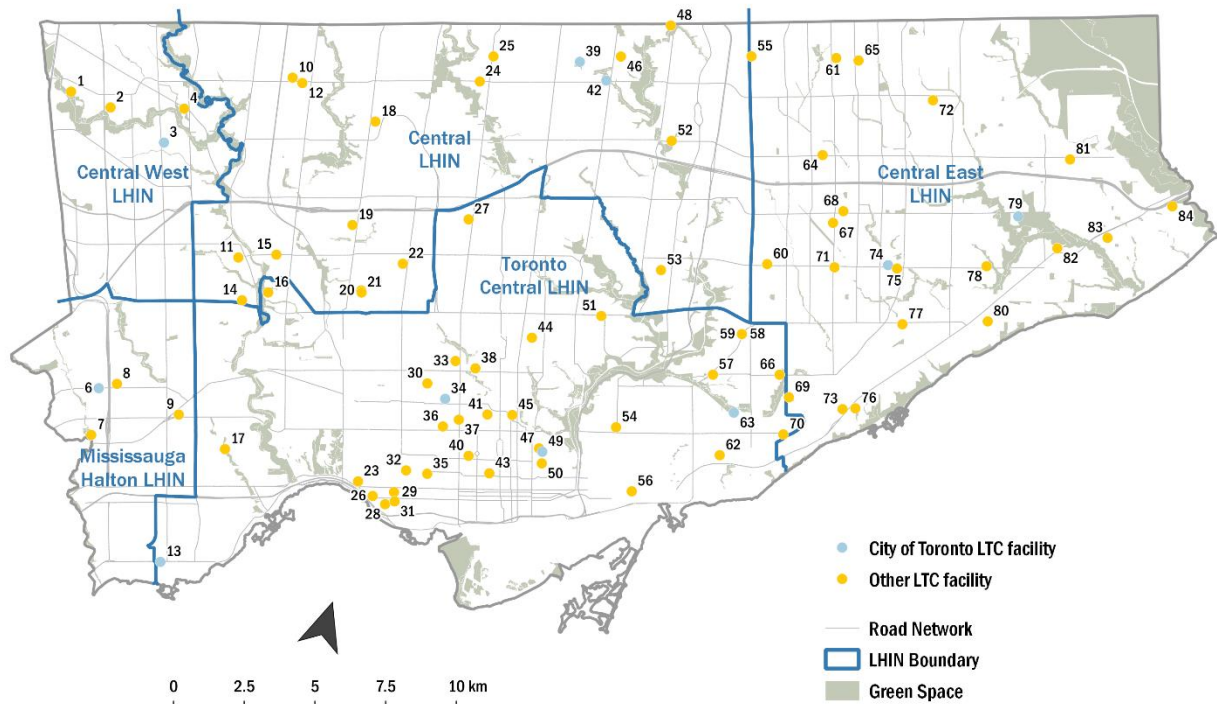
⁶ Sirotych, F., Durbin, A., Suttor, G., Um, S-G. & Fang, L., (2018). Seeking Supportive Housing: Characteristics, Needs and Outcomes of Applicants to The Access Point

⁷ City of Toronto, Update on Emergency Shelter Services, Feb 20, 2018

While assisted living and supportive housing clearly offer an affordable residential alternative that can bridge home and long-term care, the extended wait times, risk of future diminished capacity, and lack of opportunities to build new units present similar challenges to long-term care.

5 Long-Term Care Beds

There are currently 15,184 long-term care beds operated out of 84 facilities in the City of Toronto (Figure 7). Of these, 7,581, or 50%, are categorized as Class B, C, or D beds and have been identified by the Ministry of Health and Long-Term Care as requiring redevelopment by 2025 in order to bring beds up to current design standards (identified with an asterisk in Table 3)⁸.



Source: Central LHIN, Central East LHIN, Central West LHIN, Mississauga Halton LHIN, Toronto Central LHIN

Figure 7. Long-Term Care Facilities in the City of Toronto

⁸ Ministry of Health and Long-Term Care, Enhanced Long-Term Care Home Renewal Strategy, 2014

Table 3. List of Long-Term Care Facilities in the City of Toronto (numbering coincides with map in Figure 7)

* indicates beds that are categorized as Class B, C, or D and need to be redeveloped

1	Deerwood Creek Care Community 70 Humberline Dr Beds: 160	29	Elm Grove Living Centre 35 Elm Grove Ave Beds: 126*	57	St. Clair O'Connor Community Nursing Home 2701 St Clair Ave East Beds: 25*
2	Humber Valley Terrace 95 Humber College Blvd Beds: 158*	30	Hellenic Care for Seniors 33 Winona Dr Beds: 81	58	Fountain View Care Community 1800 O'Connor Dr Beds: 158
3	Kipling Acres 2233 Kipling Ave Beds: 337	31	Norwood Nursing Home 122 Tyndall Ave Beds: 60*	59	Harmony Hills Care Community 1800 O'Connor Dr Beds: 160
4	Westside 1145 Albion Rd Beds: 242*	32	Fairview Nursing Home Ltd. 14 Cross St Beds: 108*	60	Wexford Residences Inc. 1860 Lawrence Ave East Beds: 166*
5	Chartwell Westbury 495 The West Mall Beds: 187	33	Rose of Sharon Korean LTCH 17 Maplewood Ave Beds: 60	61	Mon Sheong Scarborough Long- Term Care Centre 2030 McNicoll Ave Beds: 158
6	Wesburn Manor 400 The West Mall Beds: 192	34	Castlevue-Wychwood Towers 351 Christie St Beds: 456*	62	Main Street Terrace 77 Main St Beds: 150*
7	Dom Lipa Nursing Home 52 Neilson Dr Beds: 36 & 30*	35	Maynard Nursing Home 28 Halton St Beds: 77*	63	True Davidson Acres 200 Dawes Rd Beds: 187
8	Eatonville Care Centre 420 The East Mall Beds: 247*	36	O'Neill Centre 33 Christie St Beds: 162*	64	Shepherd Lodge 3760 Sheppard Ave East Beds: 252
9	Labdara Lithuanian Nursing Home 5 Resurrection Rd Beds: 90	37	Vermont Square LTC 914 Bathurst St Beds: 130*	65	Yee-Hong Centre (Scarborough- McNicoll) 2311 McNicoll Ave Beds: 154
10	Norfinch Care Community 22 Norfinch Dr Beds: 160	38	Cedarvale Terrace Long-Term Care Home 429 Walmer Rd Beds: 218*	66	Cardinal Ambrozic Houses of Providence 3276 St Clair Ave East Beds: 288
11	Village of Humber Heights 2245 Lawrence Ave West Beds: 192	39	Cummer Lodge 205 Cummer Ave Beds: 391	67	Kennedy Lodge Nursing Home 1400 Kennedy Rd Beds: 281*
12	Hawthorne Place Care Centre 2045 Finch Ave West Beds: 269*	40	Kensington Gardens 25 Brunswick Ave Beds: 350	68	Fieldstone Commons Care Community 1000 Ellesmere Rd Beds: 224
13	Lakeshore Lodge 3197 Lakeshore Blvd Beds: 150*	41	St. George Care Community 225 St George St Beds: 238*	69	Ina Grafton-Gage Home 40 Bell Estate Rd Beds: 128
14	Ukrainian Canadian Care Centre 60 Richview Rd Beds: 152	42	Carefree Lodge 306 Finch Ave East Beds: 127*	70	Chester Village 3555 Danforth Ave Beds: 203

15	Weston Terrace Care Community 205 Lawrence Ave West Beds: 224	43	Mon Sheong Home for the Aged 33 D'Arcy St Beds: 105	71	Hellenic Care Home for the Aged 2411 Lawrence Ave East Beds: 127
16	West Park Long Term Care 82 Buttonwood Ave Beds: 200	44	Isabel and Arthur Meighan Manor 155 Millwood Rd Beds: 168	72	Yee-Hong Centre (Scarborough-Finch) 60 Scottfield Dr Beds: 249
17	Ivan Franko Home 767 Royal York Rd Beds: 85*	45	Belmont House 55 Belmont St Beds: 140	73	Craiglee Nursing Home 102 Craiglee Dr Beds: 95 & 74*
18	Downsview Long-Term Care Centre 3595 Keele St Beds: 252*	46	Extencicare Bayview 550 Cummer Ave Beds: 205*	74	Bendale Acres 2920 Lawrence Ave East Beds: 300
19	North Park Nursing Home 450 Rustic Rd Beds: 75*	47	Wellesley Central Place 160 Wellsley St East Beds: 150	75	Rockliffe Care Community 3015 Lawrence Ave East Beds: 202*
20	Garden Court Nursing Home 1 Sand Beach Rd Beds: 45*	48	Chartwell Gibson Long Term Care Residence 1925 Steeles Ave East Beds: 202*	76	Midland Gardens Care Community 130 Midland Ave Beds: 295*
21	Harold and Grace Baker Centre 1 Northwestern Ave Beds: 120*	49	Fudger House 439 Sherbourne St Beds: 250*	77	Chartwell Trilogy Long Term Care 340 McCowan Rd Beds: 195
22	Villa Colombo Homes for the Aged 40 Playfair Ave Beds: 391	50	Sherbourne Place 345 Sherbourne St Beds: 126*	78	Extencicare Scarborough 3830 Lawrence Ave East Beds: 151*
23	Copernicus Lodge 66 Roncesvalles Ave Beds: 228	51	Suomi-Koti Toronto Nursing Home 795 Eglinton Ave East Beds: 34*	79	Seven Oaks 9 Neilson Rd Beds: 247*
24	Valleyview Residence 541 Finch Ave West Beds: 174	52	Seniors' Health Centre 2 Buchan Ct Beds: 32 & 160*	80	Extencicare Guildwood 60 Guildwood Pkwy Beds: 167*
25	Cheltenham Nursing Home 5935 Bathurst St Beds: 170*	53	Thompson House Home for the Aged 1 Overland Dr Beds: 136*	81	Extencicare Rouge Valley 551 Conlins Rd Beds: 192
26	Chartwell White Eagle Nursing Home 138 Dowling Ave Beds: 56*	54	Nisbet Lodge 740 Pape Ave Beds: 103*	82	Ehatare Retirement and Nursing Home 40 Old Kingston Rd Beds: 32*
27	Baycrest Center Jewish Home for the Aged 3560 Bathurst St Beds: 472	55	Tendercare Living Center - Scarborough 1020 McNicoll Ave Beds: 244*	83	Tony Stacey Centre for Veterans Care 59 Lawson Rd Beds: 96*
28	Lakeside Long Term Care Centre 150 Dunn Ave Beds: 128	56	Heritage Nursing Home 1195 Queen St East Beds: 201*	84	Altamont Care Community 92 Island Rd Beds: 157*

There are specific challenges to redeveloping some sites in Toronto: MOHLTC Long-Term Care Design Standards dictate 32 beds per resident home area or up to 40 beds in a retrofit project⁹. This may not be a viable building floor plate given the lot size of some existing facilities. Land values make purchasing additional land prohibitive as the provincial model does not provide funding for land. Given existing land values, any facility with fewer than 220 to 256 beds is not seen as viable. In many cases, existing zoning does not support the building height required to make projects of this size viable.

While the MOHLTC has stated that it has no interest in seeing beds relocated outside of Toronto and that permission would be required for any major relocations¹⁰, nothing prevents a facility from closing and realizing the value of its land. If redevelopment does not have long-term consequences for future capacity, it is likely that it will impact capacity in the short-term. For facilities that elect to redevelop an existing site while remaining operational, it is likely that they will have to temporarily reduce the number of beds to accommodate construction. It is not apparent whether there are efforts yet to coordinate these temporary closures at a LHIN or regional level.

In addition to redevelopment, the provincial government has announced 15,000 new long-term care beds will be constructed over the next five years. MOHLTC confirmed that 6,000 of these have been allocated already and that operators across the province have been notified of their new licenses¹⁰. The allocation process takes into consideration population forecasts, the urgency of need in different communities, future care giving models, and the availability of community support services and home care.

These new builds along with some facility redevelopments could also provide opportunities for long-term care facilities to become more integrated in the community care system. Some long-term care facilities such as the City of Toronto's Bendale Acres, Cummer Lodge, and Kipling Acres homes already provide on-site programs such as Adult Day Services that are available to external participants.

Neither MOHLTC or the LHINs were able to provide information about how many of the 6,000 new beds would be coming to Toronto. Regardless of that number, it is likely that the waitlist for long-term care beds will remain stubbornly high. The number of people who required long-term care in 2016 was roughly 29,000 people, including those who occupied the 15,184 existing beds and the approximately 13,500 who were on the waitlist. With population growth, demand for long-term care is expected to grow by approximately 600 people each year between 2016 and 2021 and accelerate to an additional 2,500 people per year between 2036 and 2041.

Assuming business as usual and if no new beds are created, the waitlist could grow to be as large as 52,500 by 2041, nearly four times its current size. Conversely, a strategy to limit increases to the waitlist to the rate of growth in demand, would require an average of 1,000 new beds per year between now and 2041, but this would still see the waitlist more than double to 31,500 and nearly 50% of people requiring long-term care would continue to be waitlisted. To hold the waitlist at its current level of 13,500 people and prevent it from growing further, an average of 1,800 new beds would need to be created each year in order to keep up with new demand alone.

⁹ Ministry of Health and Long-Term Care. (2015). Long-Term Care Home Design Manual 2015.

¹⁰ Personal communication from Brenda Blackstock, Director, Long-Term Care Home Renewal Branch, Ministry of Health and Long-Term Care, Dec 11, 2018