

Don't Sweat the Small Stuff

Chapter 21 - Long Term Care – What to do with all these seniors!

I will start this week's chapter with a bit of a digression. If you stand at the foot of Yonge Street in Toronto by Lake Ontario there is a map embedded in the sidewalk. For many years the Guinness Book of World Records supported the claim that Yonge Street was the longest street in the world at 1896 kilometres starting at the foot of Yonge Street in Toronto and ending in Rainy River, Ontario. The truth is that Yonge Street is the start of highway 11 and highway 11 is 1896 km long, but the name changes frequently along the way. About 25 years ago the claim was modified and Yonge Street still is the longest street in the world because it does go by the name Yonge Street all the way to Barrie.

Aside from their fleeting fame as the other end of the longest street in the world, Rainy River had another relatively unique characteristic. Rainy River was a busy town a hundred years ago as a centre of the huge lumber industry that surrounded the southern end of Lake of the Woods. A massive fire in 1910 burned down four large sawmills, thousands of acres of white pine and the entire town of Baudette Minnesota which is across the river from Rainy River. Forty three people lost their lives in Baudette that day but hundreds of lives were saved by the people of Rainy River as they used railway box cars to bring residents from Baudette across the railway bridge to safety. Rainy River then became a CN rail hub for most of the next century. The town was never the busy centre it had been during the lumber days but it did have a significant population that enjoyed the lifestyle the area afforded – an unparalleled wilderness, great fishing, hunting and boating, good farmland, great proximity to the US, and just a few hours to Winnipeg. The CN rail line runs through Minnesota under Lake of the Woods. In this part of Ontario you are just three hours to Winnipeg and a 24-hour drive to our provincial capital – people do not realize how large Ontario is!

Around twenty years ago Rainy River had one other characteristic and that was never fully appreciated by planners and policy makers. The age structure of the community was skewed and the community had many more elderly people than a similar community of its size elsewhere in Ontario. As we are now dealing with the impacts of an aging population across Ontario, Rainy River was dealing with this same challenge twenty-five years ago. Rainy River, (and there are probably dozens of similar communities across Ontario) could provide us with an opportunity to look into the future and make our planning efforts more accurate and prescient. Demographics tell us we are aging and give us a sense of where we are going as 14 million people in Ontario, but we need to dig deeper as we are given the averages and often forget that there are different things that make up those averages. Rainy River provided us with the opportunity to look into the future. We did not use this to our advantage but we should make the most of these types of opportunities across our province.

As we are in the middle of what is often termed the grey tsunami, we have been caught being reactionary once more instead of being prepared for an event that we knew was going to

happen. We are scrambling to build 30,000 additional long term care beds. I had the honour and privilege to sit on the Premier's Council under the leadership of the late Dr. Rueben Devlin. There was a committee to develop a LTC strategy and the data indicated that there needed to be a new investment in the number of LTC beds in Ontario. If nothing was done, the number of beds per 1,000 people 75+ would drop from 72 to 29 – a 60% drop in capacity. It was clear that given the demographics more LTC beds were needed. Out of the recommendations from the council came the decision to build 30,000 new LTC beds. I sat on the LTC committee which brought LTC leaders from both the for profit and not for profit sectors to the table to discuss and advise how the system could be improved. One telling bit of information that was shared by the industry representatives, and seemed to be the situation right across Ontario, was the difficulty in identifying and acquiring property, and getting the required zoning to actually build a facility. So while everyone realized the need for additional capacity it routinely took two to three years for the municipalities to go through the approval process before a shovel could hit the ground. This seemed ludicrous but also uncovered another issue that municipalities dealt with – everyone wanted more LTC beds close by, but not in their “neighbourhood”. This “Nimby” reality stalled and delayed what should have been priority projects. The beds will get built but it will not be the end of the capacity issue.

Some research indicates that 40,000 beds are needed, not 30,000. We should also not forget that the building of the LTC bed is the relatively affordable part of the equation. The ongoing operation of the beds is the real cost. Aside from co-payments the cost to the government of LTC is around \$7 billion per year for approximately 70,000 LTC beds or a cost of about \$100,000 per bed. Adding 30,000 beds will require \$3 billion in additional annual spending.

Funding of LTC will continue to be a growing part of the provincial budget. Before we double down on LTC beds we should explore other less costly opportunities such as a truly robust and accessible home care system. Programs that keep seniors independent such as retirement homes should also be part of the government's plans. Such facilities are not subsidized but do keep seniors living independently and save the overall system significant costs. This brings the thought to how we might use the tax system and public funds differently. We could provide incentives that would allow families to explore different options in caring for their loved ones that would delay the need to access a LTC bed. The problem with the current publicly funded home care program is the highly bureaucratic nature of the system we have set up in Ontario, further challenged by significant human resource shortages in the sector. Perhaps if we allowed families to decide on care and manage resources directly, we might find innovative and less costly approaches to keeping seniors out of LTC. Interesting that we have very different views on how public funds should be used. We do allow individuals to direct their tax dollars when we are looking at funding of education where a portion of taxes can be directed to the school board of a taxpayer's choice.

In health care we have often felt that the government and ministry know best and we continually set up provincial programs that seek to be a “one size fits all”. Perhaps now is the

time to allow individuals to direct the publicly funded care their loved ones need. We do this in certain cases – perhaps we need to experiment to see if there might be better ways of dealing with our seniors than having them wait for unacceptably long delays for a bed in a LTC facility often the outcome of last resort for the senior and their family. Recent experiences due to covid has taught us that sometimes the government and the planners do not know best. Perhaps we need to look at public funds, taxation and tax incentives as levers that can be used to improve the situation for our seniors.

Next week – Serving remote Indigenous communities – capacity, cost and community empowerment.