AdvantAge Ontario

Advancing Senior Care

Transforming the Future of Ageing in Place through Innovative Solutions

Ontario Municipal Social Services Association Conference

December 4, 2024

About AdvantAge Ontario

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- For over 100 years, AdvantAge Ontario has been the trusted voice for non-profit senior care.
- We are the only provincial organization representing the full spectrum of non-profit seniors' care in Ontario, including long-term care, retirement and supportive housing, life-lease, social housing and community services.
- Our unique perspective and policy expertise allows us to give credible advice on how Ontario's government can best meet seniors' needs
- Our over **500** charitable, not-for-profit and municipal members are deeply connected to their communities, including small towns, rural areas, urban neighborhoods, and ethnic, cultural and religious communities.
- Currently, we represent **98% of all municipal long-term care homes** and **83 per cent of all not-for-profit long-term care homes**.
- Our members also operate **143 seniors housing buildings in Ontario.**

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

Sector-specific communications, programs, tools, networking forums, and more.

The Not-for-Profit Difference

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> The roots of our Association go back to 1919

> A small group of committed individuals came together to form the Association of Managers of the Homes for Aged and Infirm

> They had a shared belief in not-for-profit delivery of services for seniors and that remains our mission today

> From those humble beginnings we have grown to become the only provincial organization representing the full continuum of not-for-profit seniors' care

The Municipal Difference

- Municipalities are vital and proud partners in Ontario's LTC system
  - Provincial LTC home system originated with municipalities operating homes and providing care for over 150 years
- Municipal LTC homes are tailored to meet local needs
- Municipalities operate about **1 of every 6** LTC homes
- They are home to over **1 in 5 individuals** receiving long-term care in Ontario.
- Are an integral part of their communities
  - Often more resources for staffing and supports
  - Highly connected with other services
  - High satisfaction rates and quality outcomes

Overview- Continuum of Care

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- The continuum of care for seniors in Ontario is siloed and incredibly limited for those that are low and middle income.
- Growing number of Ontario seniors (aged 65 and over)
    - 2020: **2.6** million
    - 2046: **4.5** million
- A study led by the Ontario Hospital Association in 2024 projects 3.1 million adults (one in four) will be living with major illness in Ontario by 2040 and require significant hospital care. This is up from 1.8 million in 2020.
- Increasing need for assistance with activities of daily living as seniors age in order to maintain independence.
- Canada's health care and support systems have not kept pace with its rapidly ageing population.
    - Older adults represent **one fifth of the population and account for 47% of Canada's total health care spending.**

Overview- Continuum of Care

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> 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.

> Impacts of isolation are significant. According to the National Institute on Aging the health risks of prolonged isolation are **equivalent to smoking 15 cigarettes a day**

Overview- Continuum of Care

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- Currently, aging in place strategies across the province are based on the assumption of housing stability.
- **Long-Term Care:** provide a residential alternative for patients with high care needs such as those who need more care, have mobility or cognitive issues.
  - Long-term care market split between **for-profit** and **not-for-profit/municipal** homes
  - It is estimated that ¼ of those entering long-term care have needs that could be served in the community.
- **Retirement Homes:** privately-owned residences that provide rental accommodation with care and services for seniors who can live independently with minimal to moderate support. They are not subsidized by government and are under the oversight of, and inspected by, the Retirement Home Regulatory Authority.
- **Home Care:** seniors and people with complex medical conditions of all ages can often stay in their own homes if they have some support however it is a sector that is drastically underfunded.
- Lack of local options means many seniors stay put (underserved), pre-maturely seek long-term care options (overserved) and/or end up in hospital after an avoidable adverse event.
- These strategies leave out the missing middle of seniors who are looking for affordable options to age independently beyond LTC and retirement housing.

Promising Practices

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- Not for profit organizations, and especially municipalities, are pioneering innovative solutions to enable older adults to age in the right place.
- These promising practices have proven to improve the health and quality of life for seniors who want to remain in their communities, while also breaking down barriers to service navigation, accessibility and affordability.
- These practices also help delay entry to long-term care, reduce strains to health care systems by preventing emergency department visits, and creating better partnership opportunities with local providers.
- Today we will be sharing insights into the following promising practices that you might be able to implement in your communities:
  - **Seniors Supportive Housing**
  - **Campuses of Care**
  - **Nursing Home Without Walls**
  - **Community Wellness Hubs**

Seniors Supportive Housing

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- Seniors' supportive housing refers to a combination of housing and supports that enables seniors to live as independently as possible in their community and that:
  - accommodates seniors of varying abilities who require assistance to maintain independence
  - are appropriate to seniors housing needs and are attainable
  - Affordable rents/rent geared to income
  - provide suitable and flexible services that address needs as they may change over time
- Seniors' supportive housing is in short supply and is the missing piece in the continuum of care for seniors in Ontario who cannot afford retirement housing or private home care but are not able to find their way into long-term care.
- **The average cost per day of providing services to a senior in supportive housing is $62, versus more than $200 in long-term care.**
- Unfortunately, there is no single "go to" provincial Ministry for seniors' supportive housing to make access to funding and information easier.
- There is currently no avenue for new supply of seniors housing and existing operators have not had significant funding increases in years. Support is needed to ensure they stay open while also creating new units.

Supportive Housing- Promising Practices

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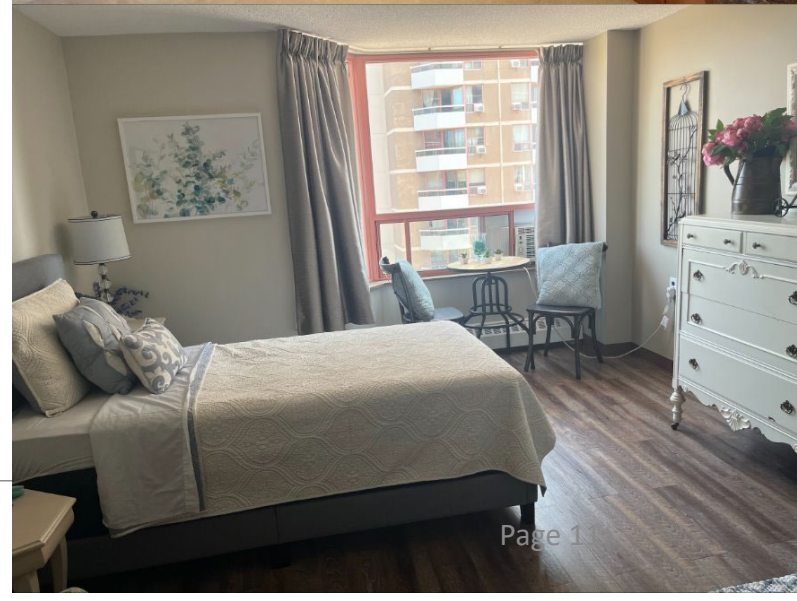
Oakville Senior Citizens Residence- OSCR (Oakville)

- Not-for-profit organization offering a wide range of healthy living programs and on-site services (including social and community services)
- OSCR provides supportive housing, supports for daily living, respite and rent-geared-to-income apartments for seniors 65 years and older.
- Other programs also include free blood pressure and health assessments by trained Paramedics
- Buildings are owned by Halton Region which helps funds ongoing capital upkeep.



Supportive Housing- Promising Practices

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Sunnyside Supportive Housing (Kitchener- Waterloo)

- Sunnyside Supportive Housing is an apartment building run by the Regional Municipality of Waterloo in Kitchener for older adults who need a small amount of help to live on their own.
- It is located on Sunnyside Campus, with amenities and services like the Sunnyside Wellness Centre, with massage, foot care and physiotherapy to help with aging.
- Personal support, food services and community programs are provided to optimize quality of life.
- Sunnyside Supportive Housing is a rent-subsidized program. Seniors above the age of 60 can apply to the Waterloo Region Housing and have rent lowered.
- Other older adults 55+ who have mental health challenges are also eligible for the program

Campuses of Care

- Some seniors supportive housing programs operate on a campus of care, which help eliminate challenges including lack of accessible supports and transportation barriers in rural communities.
- Many municipalities have developed campuses of care which offer the opportunity to coordinate access to a full continuum of care including:
  - A mix of housing options: retirement, life lease, affordable housing- rent geared to income
  - Community support services: assisted living/supportive housing programs; meals on wheels; congregate/communal dining; adult day programs; seniors' active living centers and gyms; falls prevention; personal care, housekeeping, and respite
  - Active Living Centers/Wellness Centers: therapy pools, fitness equipment, etc.

Campuses of Care

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- Campuses have robust networks of partnerships that extend the care continuum:
  - **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 centers; 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).

Campuses of Care- Promising Practices

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Spruce Lodge Continuum of Care (Stratford)

- Offers a full continuum of housing and care supports for older adults to age with dignity and autonomy in their own community. This includes supportive housing programs, independent living, and long-term care on one integrated site.
- This campus is municipally owned and governed since 1896
- On the Spruce Lodge campus, you will find a wide range of services and programs, some of which include developed in partnership with others in the community:
  - Day programs for those with Alzheimer's, respite care, foot clinics, music therapy, end of life care, exercise and balancing classes, therapeutic swimming, congregate dining, and much more, to help seniors to remain in their own homes for as long as possible.

Campuses of Care- Promising Practices

Simcoe Campuses of Care – Georgian Village

- The County of Simcoe created a “60+” adult lifestyle community offering an entire continuum of housing and services to help seniors age in place - Georgian Village campus opened its doors to its residents in 2013 in Penetanguishene, Ontario.
- The County operates four long-term care homes and offers a broad range of seniors’ housing that includes affordable housing units, garden homes and apartment suites, life lease and market rentals, retirement living, and supportive housing.
- This is complemented by adult day programing, and a range of outreach programs that include meals on wheels, and assessment clinics.

Nursing Homes Without Walls

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- The Nursing Home Without Walls (NHWW) program was created by researcher Dr. Suzanne Dupuis-Blanchard from the Université de Moncton and facilitates healthy aging at home by providing access to essential knowledge, support, and services through Long Term Care Homes.
- The target population is older adults (60+) and their care partners who are living in the community
- It began in 2019 with four homes who volunteered to pilot the program (funded at the time in collaboration with the Waltons Trust). These homes were in the rural communities of Port Elgin, Lamèque, Inkerman and Paquetville.
- These homes provided the physical space and administrative oversight to support NHWW operations, as well as connection to local community resources.

Nursing Homes Without Walls

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- The core elements of the NHWW programs include the following:
  - System navigation supports
  - Social health initiatives to counter isolation and loneliness (such as by having older adults visit the homes to socialize with other residents)
  - Empowering the local community to respond to the needs of an aging population (such as providing transportation to NHWW clients on outings in the community etc.)

Nursing Homes Without Walls- Promising Practices

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- **Early results of the NHWW pilot programs:**
  - 100% of older adults are satisfied with the services offered by NHWW
  - 86% of participants stated the services helped them stay in their homes
    - 80% stated they believe they can stay in their homes for 5+ years
  - Increased knowledge on who to contact to get information on services for aging at home- over 87%
  - 28% of NHWW participants avoided going to the emergency department or after-hours clinic for a non-urgent matter

Nursing Homes Without Walls- Promising Practices

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- NHWW is now a funded government-led program through the New Brunswick Department of Social Development and has expanded to 30 sites this year.
- Programs do not duplicate existing services and are customized to meet the unique needs of older adults in their community.
- Each NHWW program site forms unique partnerships with other organizations and community members based on their location and community needs.
- This program has been helpful in rural municipalities who can help connect seniors to services in the community through cross sectoral partnerships – and it is now also going into urban areas.
- Each NHWW program is developed based on the local community's needs, through an assessment and by engaging with community (including municipalities and service providers) before developing service offerings.
- Each participating community has a NHWW navigator that provides support in a number of ways include assessing and enrolling individuals in services, conducting follow-up for referrals and providing direct services, such as completing applications for federal and provincial programs.

Nursing Homes Without Walls- Promising Practices

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- **Some examples of services include but not limited to:**
  - Weekly telephone calls by volunteers, and seniors' navigators to vulnerable seniors
  - Helping seniors to access subsidized rental apartments, as well as completing the entire process of home repairs from beginning to end
  - Loans donated health care equipment to any registered seniors in need (e.g., lifts, walkers)
  - Hosts meal programs and weekly coffee groups
  - Coordinates lawn care/ snow removal
  - Supports footcare and bathing

Nursing Homes Without Walls

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- In November 2023, the Association sent in a proposal to get funding to pilot Nursing Home without Walls in Ontario- which has not been done in the province before.
- We are advocating for the program to be funded through a pilot in Ontario.
- We are part of the NHWW design working group led by Healthcare Excellence Canada to scale this program across the country.
- Our Association has over **28 members operating seniors care services in rural and urban areas, who are interested** in developing NHWW programs in their communities.
- Innovation projects are included in the Association's 2025-26 pre-budget submission and there will be further advocacy opportunities related to this during the budget cycle.

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Program of All-Inclusive Care for the Elderly (PACE) inspired Community Wellness Hubs (CWH)

Presented By:
The Coalition of the Willing

COALITION OF THE WILLING

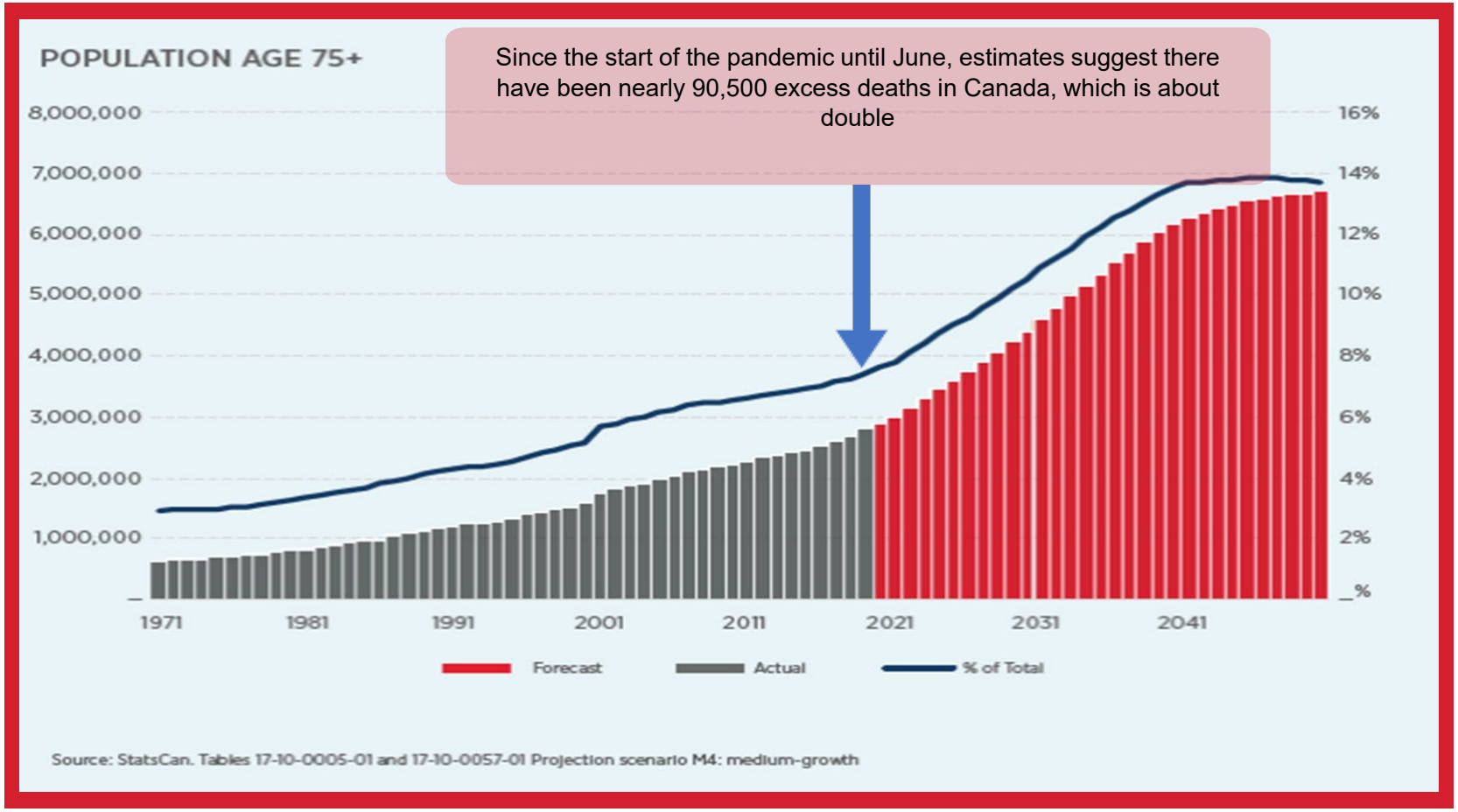
In Loving Memory

Margaret Sharman

Sept 17, 1922 – January 31, 2015

COALITION OF THE WILLING

How Bad Is It In Canada?



PACE Inspired: Rivertown Center, Detroit

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- May 2017 Washington DC
- 2017 Detroit Visit Aug
- Detroit housing/PACE combo
- 2017 Nov 8 Community Meet
- 1974 On-Lok China Town SF
- Chinese culture of respect & caring for elders + trusting relationships
- Integration and collaboration of all services and support systems
- Now in 30 states, 400 centres

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Burlington Beginning of the Journey

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Think outside the box
Retool
Pretend constraints don't exist
Revolution not Evolution
Forget compliance first
Focus 100% on needs of community members

- 2015 Mayor's Seniors Advisory Ct.
  - 30% seniors; Relatively wealthy community
  - Few housing options
  - Few older support options
  - Primary care relatively available
- 2017 Nov 8 community Meet
- 2017 community leaders PACE advisory convened
  - Region Social Services and Housing
  - Jo Brant Hospital
  - Habitat for Humanity
  - Business leaders/developers/charity leaders
  - LHIN
- 2018 figuring out what to do
- 2018 Region Anchor Table created/accepted PACE
- Side of desk design
- 2019 Coalition charter created, MOU's
- HCHC seniors building, $1m renovation to accommodate
- LHIN transformation- OHT/BOHT
- 2019 Community Wellness Hub born

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PACE/CWH IN ONTARIO TODAY

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It is no longer a question of whether it can be done.

The question now is how quickly can it be adopted?

COALITION OF THE WILLING

The Burlington Community Wellness Hub

Presented by
Kathy Peters, Executive Director, Burlington Ontario Health Team

Community Wellness Hub

The Community Wellness Hub Model | Opportunity

The PACE-inspired[1] **Community Wellness Hubs (CWH)** are an **alliance of health, wellness, housing, and social service providers** that coordinate and deliver services to older adults. CWHs are organized around community housing facilities, serving both residents and the surrounding area. This is an innovative approach to "aging at home" that centres:

Proactive, Holistic, & Integrated Care

Proactively addresses medical and social determinants of health, supporting preventative care and social prescribing

Interdisciplinary Teams, Trusted Relationships, & Person-Centeredness

Diverse experts coordinated through a central coordinator, intake-point, and care plan improves primary care attachment/access and meets older adults' complex needs

Serving Equity-Deserving Populations

Co-design with community and an adaptable model helps meet specific cultural, language, and accessibility needs

Cost-Effectiveness & Scalability

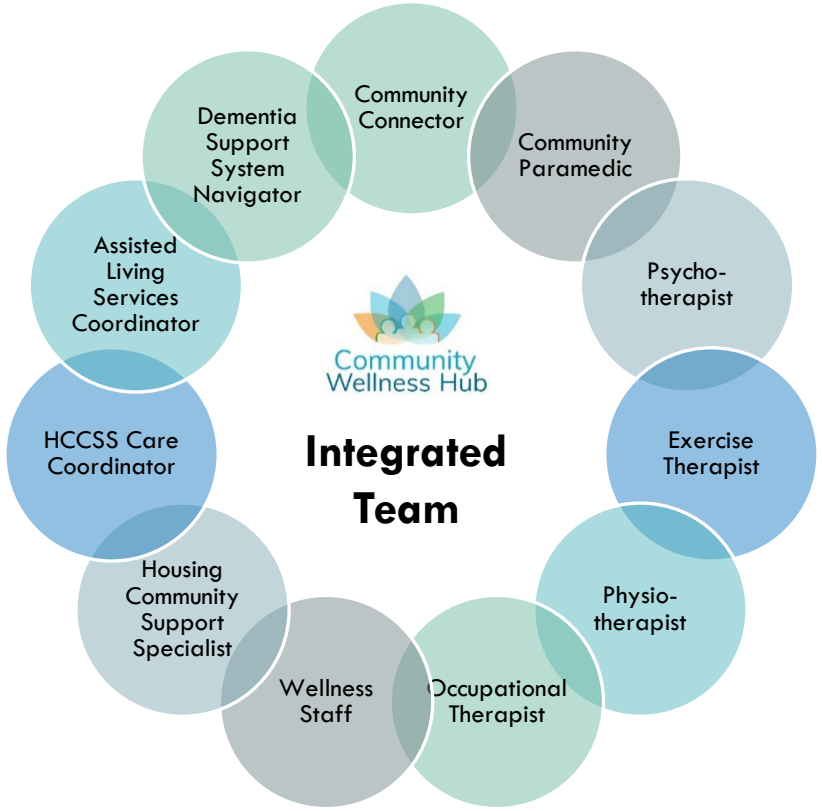
Leverages collaboration efficiencies and reduces healthcare system pressures; CWHs have navigated funding silos, need few additional resources to implement, and are easily replicable

[1] *Program of All Inclusive Care of the Elderly (PACE) is a US government-funded healthcare model originating in San Francisco, designed to provide comprehensive medical and social to older adults*

The Community Wellness Hub Model | Structure in Burlington

Burlington Ontario Health Team (OHT) members and collaborators have partnered with Halton Community Housing Corporation and other housing providers to offer **primary healthcare, housing, wellness and recreation, mental health**, and **system navigation** featuring:

- **On-site Community Connector** to identify member needs and connect members with service provider partners.
- **Interdisciplinary service providers** providing home-based or on-site 1:1 and group services co-designed to meet community needs and provided at no or low cost to members.
- **Service providers that work as a team** to discuss member progress, address concerns, prevent service duplication, and provide HR and administrative resources (including in-kind).

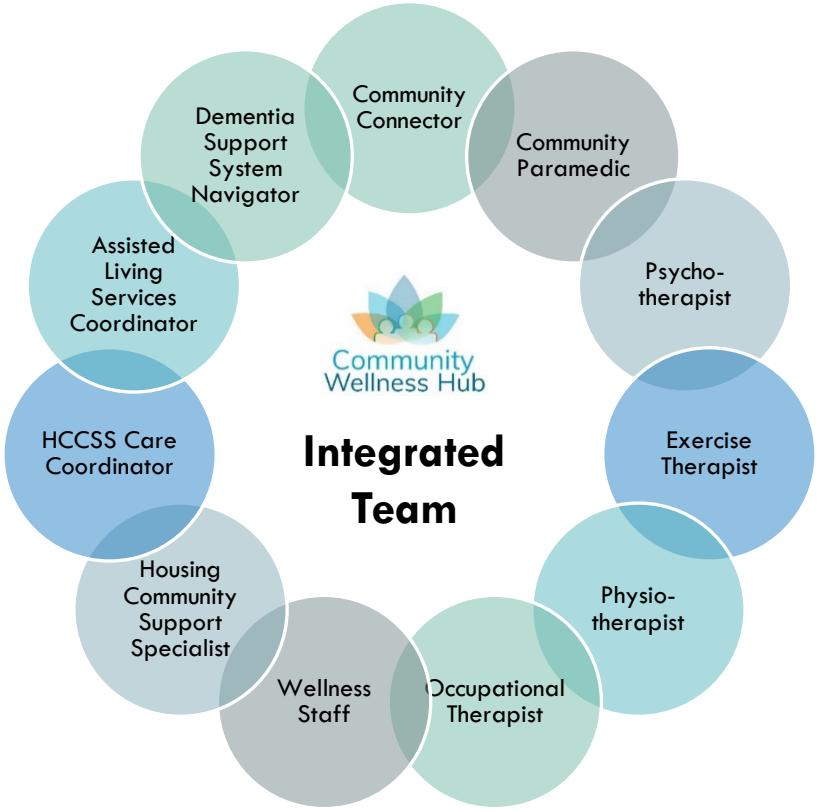


Since 2019, there have been five Hubs serving all of Halton Region. Due to interest from other jurisdictions to replicate the model, **two additional hubs have launched in Hamilton** – and interest continues to grow.

The Community Wellness Hub Model | Structure in Burlington

This model and interdisciplinary team addresses common issues many municipalities face and support older adults in the community through building trusted and long-term relationships

- **All-Inclusive System Navigation is embedded in the model**
- **Focus on social medicine for equity-deserving populations**
- **Connects siloed systems including health, social and housing**
- **"*One Team, One Plan*" approach means shared accountability for safety and wellness of the hub member**
- **Shared goals and measurement which includes longer tenancy while remaining healthy and aging in place**



Community Wellness Hub

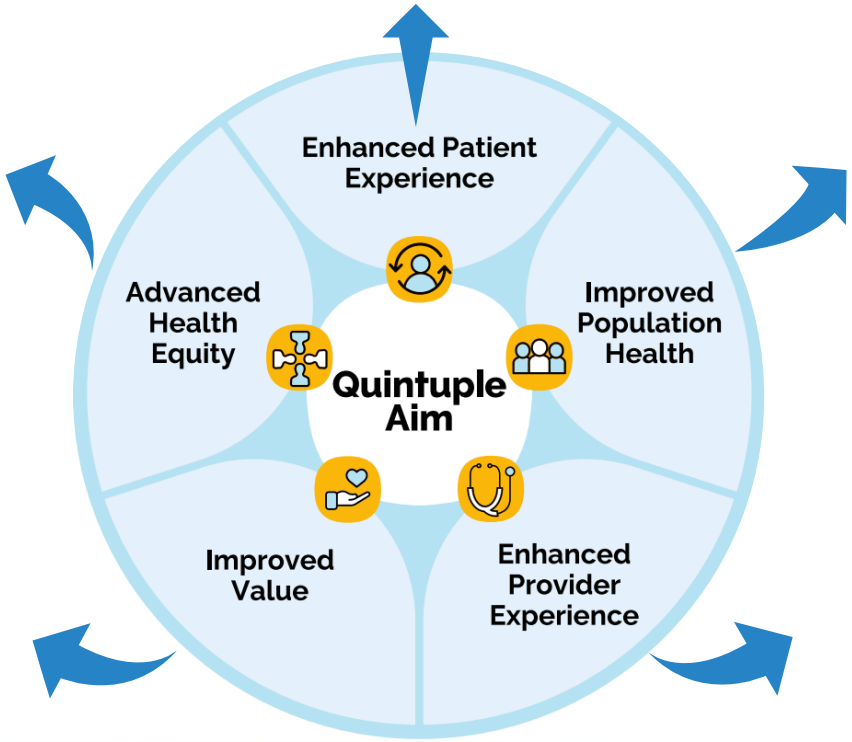
BURLINGTON ONTARIO HEALTH TEAM

Outcomes & Impact | Overview of CWH Model Benefits

CWH's comprehensive evaluation approach **aligns with Ontario Health's Quintuple Aim**:

→People prefer to age at home
→Patient/provider trust
→Members identify goals, co-create program

→Accessible, adaptable services improve health equity



→Early identification and upstream care reduces acuity of care needs
→Addresses mental health and social isolation

→Upstream care is more cost-effective than acute or long-term care (LTC)
→ Efficiencies for service providers related to coordination and co-location

→Improved provider communication and collaboration
→Improved sense of "team", promoting effectiveness and retention

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

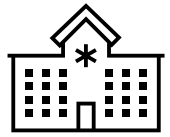
Outcomes & Impact | Health Outcomes

Improved Self-Perceived Wellness[1]

Despite aging and conditions that worsen with time, members reported **better or same** self-perceived wellness after participating in CWH

31% Lower Rate of Hospitalizations for ACSCs[2]

Non-CWH members, similar in frailty and in home care, were **1.4x more likely** to be hospitalized for ambulatory care sensitive conditions (ACSCs) with longer stays, compared to CWH members



14% Fewer Less/Non-Urgent ED[3] Visits[4]

CWH member ED visits that were less/non-urgent **= 6%**

vs

Ontario population aged 65+ ED visits that were less/non-urgent = **20%**[5]

[1] *Wellness indicators include general health, pain and/or discomfort, loneliness, physical health, mental health, and feelings of anxiety or depression.*
[2] *See Appendix for further details and calculations.*
[3] *ED refers to Emergency Departments, sometimes referred to as Emergency Rooms (ERs).*
[4] *Based on Canadian Triage and Acuity Scale (CTAS); less/non-urgent ED visits represent CTAS 4 & 5. Fewer CTAS 4&5 ED visits helps improve system-wide problems of staffing shortages, closures, wait times, and delayed/missed diagnosis.*
[5] *OH dashboard/ OHTs reports, 2024*

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Outcomes & Impact | Value

If scaled across Ontario, the Community Wellness Hub model can significantly **increase healthcare system capacity** and **optimize scarce budget resources**.

$90M
/year

value from reduced hospitalization demand[1]
related to chronic conditions[2] for 100,000 older adults; further, ~57K days of hospital beds could be reallocated annually, improving access

30%
or 3.4x less[1]

of the average healthcare system cost
for people with a similar profile to CWH members (living in community) vs long-term care residents

$1.3M
/year

value from reduced less/non-urgent ED demand[1]
and improved ED staffing shortages, closures, wait times, and delayed/missed diagnoses

[1] *See Appendix for further details and calculations.*
[2] *Chronic conditions include asthma, diabetes, chronic obstructive pulmonary disease, heart failure, hypertension, epilepsy, and more.*
The number of Ontarians living with chronic diseases will dramatically increase by 2024 according to Projected Patterns of Illness in Ontario

Outcomes & Impact | Member Experience & Equity

Accessible and adaptable services, trust and support, close-knit community[1]

HUB MEMBER DEMOGRAPHICS[2]

74
Average Member Age

$20,000
Average Member Income

7
Languages Spoken

11%
Hub Members with a non-English first language[3]

"I feel like I belong here. It's very inclusive and good for my self-esteem. I'm **recovering my dignity;** the Hub makes us feel like we belong, **and we are not invisible and forgotten.**"

"As a **visually impaired person I find the assistance a huge asset**….I have used the Hub for help reading and sorting my mail, getting a new family physician, appointment assistance, and much more."

"We have monthly activities such as bingo, trivia, social teas, and arts & crafts. It's nice to gather in a social group again. This makes me **feel included and not alone.**"

"This program encourages me to **get up and get active.** It has been a wonderful way to **be social** and get to know the people in the building."

"Having a person [Community Connector] available in the building daily is great for us, it's nice to have someone who can **help with things I find difficult** to do."

"I enjoy the fact that I can access most, if not all of the services onsite and **within the comfort of the community** I reside in."

Hear more from members and providers in our video at: https://www.burlingtonoht.ca/community-wellness-hub/

[1] *See Appendix for detailed member experience survey results.*
[2] *Approximate Hub member demographics from four existing Hubs in Halton Region.*
[3] *26/235current hub members have a non-English first language.*

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Outcomes & Impact | Provider

Reduced travel, more patients served, improved communication, greater retention, collaboration efficiencies, economies of scale

"The Hub has allowed me to not only continue my patient care but **build stronger bonds with my clients.**"

"I develop connections, and I see changes in **patient's health and mental well-being,** in real time."

"We are more aware of who is doing what, so we **do not to duplicate service or create redundancy,** which was definitely happening before."

"**Resource sharing** has been a huge success…we use each other and our unique strengths and knowledge to support residents in the best way possible."

"I get to work with many community partners who are experts into their fields, this has provided me with **valuable insights,** and I see the difference we are making."

"The Hub transformed our approach to providing care, we **work as a team,** not individual organizations. The hub helps us do our job more **efficiently.**"

"Partnering with other agencies in providing care has **increased communication and awareness** of services and programs."

"…being seen daily lets the members know I [the Community Connector] am here to help them. It also helps me **build relationships** with other tenants and providers."

Hear more from members and providers in our video at: https://www.burlingtonoht.ca/community-wellness-hub/

[1]*See Appendix for detailed member experience survey results.*

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Current Hub Locations: Supporting Older Adults Across Ontario

The Burlington OHT have shared this model, including the methodology, tools and templates for implementation and evaluation to other OHTs and organizations who wish to replicate the model in their community.

Since the initial 2019 launch in Burlington, the model has scaled and spread and is now operating in:

Burlington: 410 John Street (HCHC Owned)

Burlington: 5250 Pinedale Street (HCHC Owned)

Burlington: Bonnie Place, 500 Claridge Street

Oakville: 271 Kerr Street (HCHC Owned)

Georgetown: 8 Durham (HCHC owned)

Hamilton: 405 York Blvd

Hamilton: 801 Upper Gage

New communities Considering: Milton, Oshawa, Ajax, Scugog, Peterborough

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Future Opportunities: Supporting Older Adults Across Ontario

The Community Wellness Hub Model delivers **proven health and economic outcomes**. To date, CWHs have been implemented with limited investment, leveraging existing funding envelopes and distributed, in-kind resources. However, **coordinated support from all local and provincial levels of government is required to sustainably fund** this model and scale it across municipalities, OHTs and the entire province.

With this support, the CWH model provides the following opportunities:

- **Upstream and preventative care to help relieve pressure on the acute care system**
- **Improve health outcomes of older adults in Ontario allowing people to age well in place**
- **Optimize scarce Ontario healthcare system resources**
- **Make Ontario a leader in the future of innovative integrated health and social care**

A **5-year annual investment of $10M** could launch and operationalize Community Wellness Hub pilots in all 58 OHTs, reaching 30,000 older adults across Ontario.[1]

[1] *This investment covers the one-time startup ($110k) and annual operational ($160k) costs of 58 CWHs each supporting 500 members. See further details in Appendix.*

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

To learn more about the Community Wellness Hub, please contact:

Kathy Peters
Executive Director
Burlington Ontario Health Team
kpeters@burlingtonoht.ca

Community Wellness Hub

BURLINGTON ONTARIO HEALTH TEAM

Relatively Easy and Low Cost to Implement

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- Start with community seniors housing where critical mass already exists
- All service providers already have administrative personal & systems and staff, funded mostly by Ontario
- Works with community members who reside in own homes; no need for institutional housing. Can work with local “Handivan” services
- Incremental/Direct Cost of community coordinator role

COALITION OF THE WILLING

Scale and Spread so far and in the works

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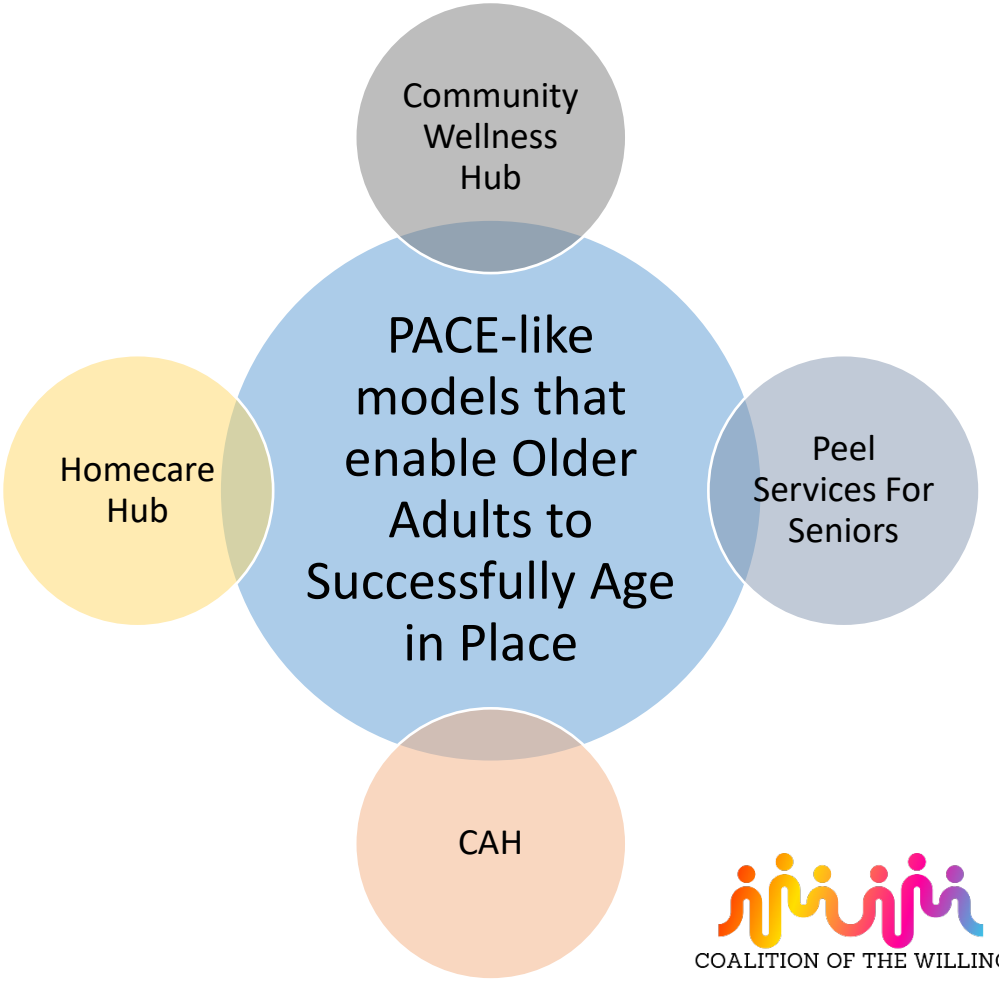
- PACE-like models have been in existence around Ontario:
  - 10 years in existence: Peel Seniors Link (380 participant)
  - 45 years existing: Centres d'Accueil Héritage(“CAH”) (Francophone community both in house and distributed)
- In addition to the previously mentioned 7 Community Wellness Hubs in operation new construction is underway including 265 Kerr, Oakville (HCHC)
- New communities considering: Milton, Oshawa, Ajax, Scugog, Peterborough



COALITION OF THE WILLING

Coalition of the Willing Members

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- Burlington Ontario Health Team
- Halton Community Housing
- Peel Seniors Link
- Peel Housing Corporation
- Centres d'Accueil Héritage (CAH)
- Homecare Hub
- You?

What Are We Talking About?
1 Million PACE Capacity by 2031
2Million PACE Capacity by 2042

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- Estimated 3 million people in Canada over the age of 75 today
- Estimated 1 million need support services & housing
- By 2041, those in need of support services & housing will double to 2 million
- Service providers need to mobilize and deploy PACE model through partnering with governments

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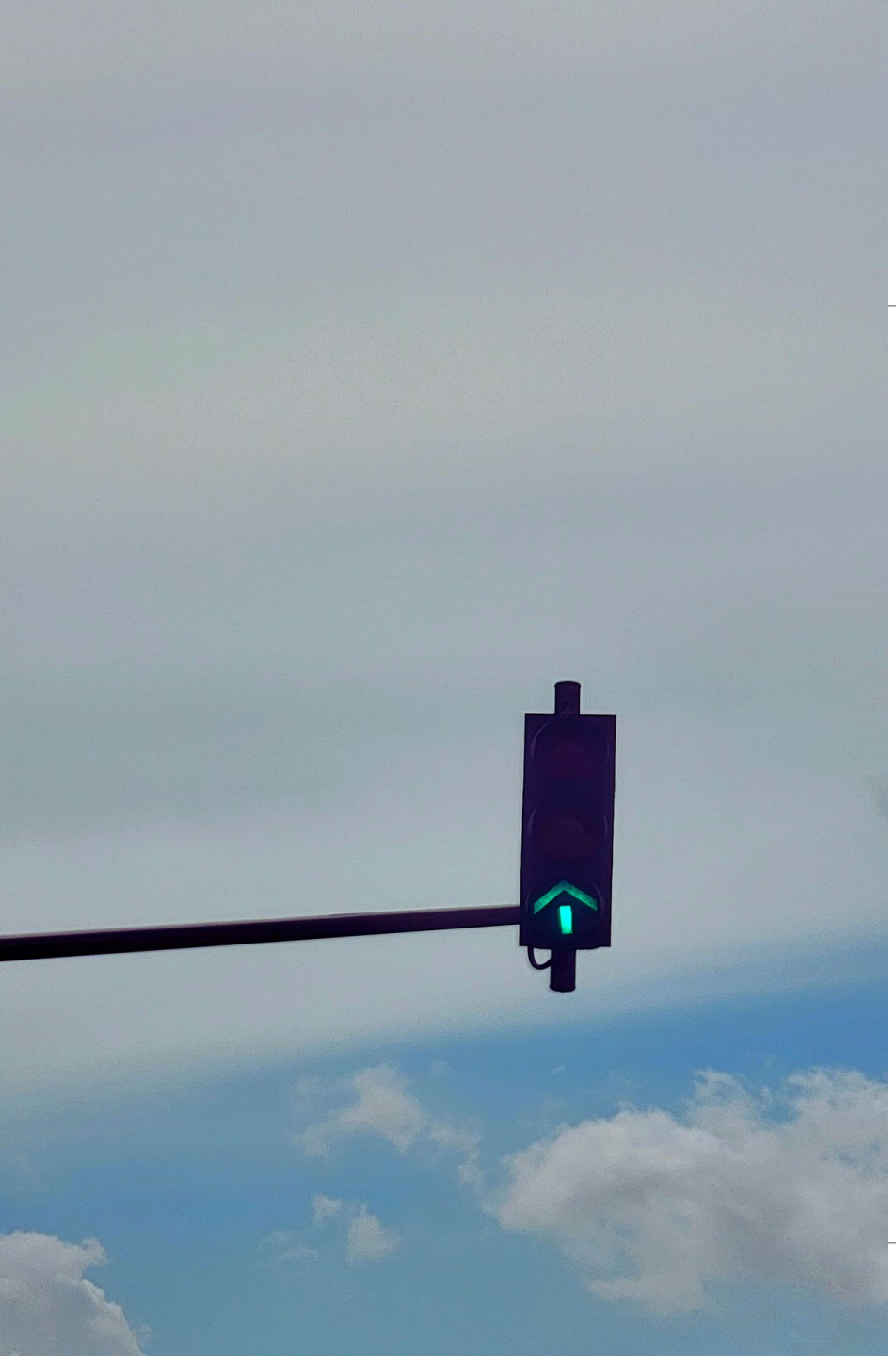

Where To Go From Here?

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- **All Hands-on Deck**
- Consultants hired to create implementation guide, Ph 1 Fall 2024
- Distribution channels for implementation and training: AdvantAge & OCSA
- Community college partner to develop curriculum and create credit program(s) to develop workforce
- Join our voluntary “Coalition of the Willing” PACE/CWH Ontario Action Table
- Please send me an email Paul.Sharman@Burlington.ca if you would like to participate
- **Spread the word!!**

COALITION OF THE WILLING

Interactive Discussion

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> We would like to take this opportunity to allow participants to interact with one another, by answering the following questions.
> At the end of your discussions, we will be taking volunteers to report back.

- Please characterize the community you represent (population size, % of seniors, average income, availability of housing and care services)
- What is the makeup of seniors and the trajectory of their needs in your community over the next decade? (e.g., increasing rates of ALC, high ageing population, etc.)
- What services/ supports are currently available in your municipalities for seniors?
- What are the gaps in services to meet the needs of seniors in your community?
- Are there any promising practices that you are looking to incorporate into your communities/ what types of partnerships are you pursuing?

Final Thoughts

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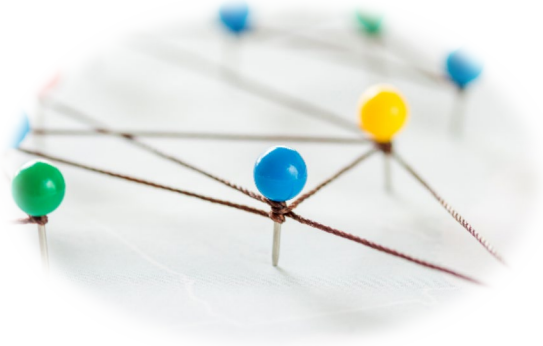
- We hope that this presentation has spurred interest to adopt these approaches or seek out other innovative options according to the needs of seniors in your community
- Often at the local level there is the most knowledge of challenges in care for seniors and opportunities that can be leveraged
- Think about how these programs fit into your communities and whether there are other opportunities to support seniors
- Think about some ways to collaborate with other senior care providers and build better relationships to improve service delivery and navigation



Final Thoughts

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How Municipalities Can Expand Supply

- Work with local Ontario Health Teams to obtain funding for operating supportive housing
  - Build and own the seniors' housing 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 seniors' building (social housing or private rental) into supportive housing
- Provide free or low-cost land to non-profit groups for this purpose e.g., Abbeyfield; Stillbrook
- Create a seniors' wellness hub or supports in existing non-profit seniors housing
- Create a seniors' campus of care – use life lease or non-profit retirement housing to cross subsidize seniors' supportive housing
- Identify possible NORCs in your community (could be single family cluster of homes) and coordinate service delivery

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Thank You

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