AdvantAge Ontario

Advancing Senior Care

Campuses of Care: **Supporting People, Sustaining Care Systems in Ontario**

Executive Brief
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Foreword

This briefing was written in early 2020 just before the COVID-19 pandemic began to take its terrible toll in Canada and worldwide. While, as discussed below, a growing weight of international evidence shows that chronic conditions are now the main source of illness, disability and loss of independence in aging populations, the pandemic reminds us that communicable diseases have not yet been defeated. It also emphasizes that the burden of illness and disease almost always falls disproportionately on vulnerable groups and individuals, such as frail older persons and persons living with cognitive, mental health and physical disabilities.

The pandemic has also sparked vigorous public and political debate not only around what's needed to maintain the safety and dignity of older Canadians living in long-term care homes (LTCH), but also how to ensure that the vast majority who wish to live in community settings have viable options for doing so as independently as possible for as long as possible.

Campuses of care add an important dimension to this debate. Because campuses can bring together a full continuum of community supports and residential care options, including LTC beds, people who need ongoing care can receive it in the least intrusive, most cost-effective setting possible, without having to leave their communities and social networks as care needs advance.

Moreover, because they concentrate expertise and resources at a single location and encourage collaboration between providers and supports on- and off-campus, campuses appear better equipped to respond to extraordinary challenges such as the pandemic. Rather than standing alone and seeking assistance on an ad hoc basis from external entities such as hospitals and the military, LTCH on campuses have more immediate access to an expanded range of resources, such as a deeper pool of workers, social supports to promote well-being and reduce isolation, and spaces to facilitate physical distancing. Conversely, community supports can benefit from the expertise and resources present in LTCH, including consolidated purchasing of supplies and protective equipment, infection control expertise, and commercial kitchens to address food insecurity due to an inability to shop or prepare meals. Instead of cobbling these elements together reactively, campuses can do it proactively.

With these thoughts in mind, we invite you, the reader, to examine the characteristics of Ontario's campuses of care, and their potential for maintaining the well-being and independence of growing numbers of older Canadians with multiple chronic health and social needs, while sustaining increasingly stretched health care systems.

1.0 Introduction

Campuses of care, where a continuum of community support services, housing options and LTCH beds can be "co-located" close to each other and to the people who need them most, are a proven means of supporting aging populations and sustaining health care systems.

While strongly aligned with international, cutting-edge innovations such as "healthy aging," "age-friendly/dementia-friendly" communities, and the integration of health and social care for older people with complex chronic needs and their carers, campuses have been operating successfully in large urban, small urban, and northern areas of Ontario for decades.

This brief, commissioned by AdvantAge Ontario, details the practice and promise of campuses of care. It is designed for readers, including policy-makers and providers, who need to know the basics of campus design and operation as well as the opportunities that campuses offer for health system change and transformation in a period of rising challenges.

2.0 Rising Challenges

Like those in industrialized countries around the world, Ontario's health care system now faces converging demand-side and supply-side challenges.

Demand-side. A steadily aging population means that care needs will continue to grow in volume and complexity. The authoritative Global Burden of Disease studies show how medical conditions that can be cured on a short-term, "episodic" basis – the focus of conventional, hospital-based health care systems – have been surpassed by chronic conditions that cannot be cured but must be managed over the longer-term, often "closer to home."[1] The Canadian Institute for Health Information (CIHI) confirms that while a majority of older Canadians say they are in good health, most still experience one or more (with a median of two) potentially debilitating chronic conditions, such as diabetes, asthma, high blood pressure, heart disease, arthritis and stroke.[2]

Social factors also come into play. Poverty – one in 10 older Canadians lives below the poverty line – increases the likelihood of experiencing illness and disability while making it less likely that people will be able to get the help they need when they need it.[3] Social isolation and loneliness, even if not health conditions themselves, have been linked to an increased risk for high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death; in January 2020, the UK published a first annual report detailing progress on its national strategy to reduce loneliness.[4,5]

Supply-side. Conventional, hospital-based health care systems struggle to respond to such complex health and social needs in a coherent and cost-effective way. As Health Quality Ontario notes in its 2019 report, there have been improvements in health care delivery in discrete areas like wait times for cancer care and the use of electronic communications between patients and providers. Nevertheless, persistent and costly problems remain, key among them are the difficulties faced by growing numbers of persons with multiple needs attempting to access different areas of care. While trying to navigate on their own, these persons can "fall through the cracks" and "get stuck" for extended periods in inappropriate care settings such as acute care hospital beds, thus contributing to "hallway medicine."[6,7]

Conventional, hospital-based health care systems struggle to respond ... in a coherent and cost-effective way.

The economic and human costs are massive. The 2019 Report of the Premier's Council on Improving Healthcare and Ending Hallway Medicine estimates that "on an average day in 2018, there were approximately 1,000 patients waiting for a hospital bed in an unconventional space or emergency department stretcher."[8] At a cost of $500 per bed per day,[7] this means that the hundreds of millions of dollars spent each year on care is, by definition, inappropriate.[8] (By comparison, the estimated daily costs of LTCH beds and home care are $126 and $50 respectively).[9] Worse still, data from the National Health Service (NHS) in the UK suggests that extended hospital stays can actually harm older persons; for someone over 75 years of age, 10 days of hospitalization can produce a 10% loss of physical capacity and a 14% loss of muscle strength, equivalent to what would occur in an additional 10 years of aging.[10]

Such challenges are complicated by a less visible, but equally, important trend: the decline of traditional social arrangements that have, in the past, supported older persons in their homes and communities. Recent census data show that almost half of older Canadians now live alone without someone in the household to help them.[11] More generally, unpaid caregiving by family, friends and neighbours appears to be in decline due to social changes, including lower birth rates, greater mobility of family members, and the increasing participation of women in the paid workforce.[12] Given that unpaid carers provide an estimated 70-90% of the daily care required to maintain the health and well-being of older persons in community settings, this points to a growing "care gap" that already-stretched health care systems will be hard pressed to fill.[13]

3.0 How Campuses of Care Respond

Faced with these challenges, Ontario is now restructuring its health care system. Key initiatives include building or redeveloping 30,000 residential LTCH beds and creating a province-wide network of Ontario Health Teams (OHTs) accountable for "delivering a full and coordinated continuum of care to a defined geographic population."[14]

Campuses of care (also commonly referred to as seniors' villages) are uniquely positioned to support these specific initiatives and advance the broader goals of system change and transformation.

There is no single campus blueprint: campuses come in different shapes and sizes reflecting local needs and resources. However, all "co-locate" a mix of community-based health and social supports, along with different types of housing and LTCH beds, at a particular geographic location (the "campus") for a defined population, which is typically older persons with multiple chronic needs and their carers.

Because campuses can provide access to a "full and coordinated continuum" where people live, there is a lower likelihood of them "falling through the cracks" and defaulting to inappropriate care settings. Instead, people can access the community-based care they need when they need it to maintain well-being and functional capacity at the highest levels possible.

Moreover, 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 and ensures quicker discharges when hospitalization does occur. Campuses can also make the best use of stretched human resources, since travel times are minimized and work can be scheduled flexibly. Further, because they can pool infrastructure and resources and cross-subsidize key programs and services that might otherwise be difficult to sustain, campuses can generate efficiencies not available through stand-alone provision.

Just as important, campuses of care look beyond conventional service-by-service delivery to the creation of vibrant, "age-friendly" communities[15] that promote "positive aging"[14] even in the presence of chronic illnesses and disabilities.[16] Through shared activities, accessible public spaces, and diverse forms of community engagement, campuses can stimulate active participation, social inclusion and the creation of networks of mutual support among providers, clients, carers and local communities. Further, by building "critical mass," campuses can become attractive partners for municipalities, businesses, faith organizations, schools and universities to access new resources, create new opportunities for on-campus and off-campus communities, encourage volunteerism, and train new generations of workers, clinicians, and researchers.

Best of all, campuses offer a "made in Ontario" solution to rising health system challenges: campus models have been supporting high-needs populations across Ontario for decades.

4.0 State of the Art: Ontario Campuses of Care

Campus Characteristics

Led by one of the co-authors of this brief (Frances Morton-Chang), a province-wide study of campuses of care was conducted in 2017-18 in collaboration with AdvantAge Ontario and its member organizations. Aims were to document the characteristics of existing campuses and generate much-needed "real world" intelligence to guide the development of future campuses.[17]

Note that this study included AdvantAge Ontario members *only*, all of which are not-for-profit, charitable, or municipal organizations. Further, campuses were considered only if they offered a full continuum of care including mixed housing options, LTCH beds, and community support services for on-campus clients as well as people living off-campus.

In total, 37 campuses serving thousands of Ontarians in all parts of the province met these rigorous criteria. These numbers, while significant, under-state the reach and impact of campuses since they do not include organizations that were not AdvantAge Ontario members (e.g., for-profit organizations) or "campus-like" organizations that offer, for example, mixed housing options or LTCH beds but not both.

Six campuses were selected for in-depth study: Au Château, Georgian Village, Spruce Lodge (operated by municipalities), and Bruyère Village, Radiant Care Pleasant Manor, and Shalom Village (operated by not-for-profit organizations). Key findings are summarized below.

Organization. Selected campuses:

> *Operate across the province:* in cities (Hamilton, Ottawa, Stratford), in small urban centres (Penetanguishene and Virgil), and in Northern Ontario (Sturgeon Falls).
> *Are well-established:* most have offered all key service components for more than 15 years.
> *Adapt different forms of corporate governance:* one is governed by a public hospital board; three by municipal/county boards; and two by "shared" or "crossover" boards that draw members from service-specific "sub-boards" in areas such as LTCH and housing.

Population. Campuses support underserved, high-needs populations including:

> *Seniors and adults with special needs (e.g., women escaping violence).*
> *Cultural and faith communities:* Francophone, German, Jewish, Catholic, and Mennonite.

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.

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 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).

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.

Campuses support underserved, high-needs populations and have robust networks of partnerships.

Key Informant Insights

In-depth, "key informant" interviews were conducted with senior managers and board members of the selected campuses as well as campus partners (e.g., municipalities, community agencies, universities, libraries, primary care providers, local health integration networks, and pharmacies).

Campus Advantages

Key informants emphasized that, compared to conventional service-by-service delivery models, campuses offer important advantages.

> *Campuses provide coordinated access to a full continuum of care in urban, small urban and northern areas of Ontario.* While not limited to a specific needs group, campuses typically serve older persons with multiple chronic health and social needs and their carers, among those least likely to be able to navigate multiple services and providers on their own. Moreover, because campuses offer a range of supports to promote well-being and functional capacity, they reduce the likelihood that people will default to hospitals or LTCH beds because of a lack of viable community-based care options.

> *Campuses promote cost-effective, "person-centred" care.* By locating providers close to each other and to clients, campuses encourage communication, collaboration, care integration, and the sharing of workers, infrastructure and expertise. By working side-by-side to serve the same clients, providers can create integrated care packages tailored to changing client and carer needs thus reducing duplication, enhancing "person-centred care" and increasing the likelihood of "aging in place" even as care needs advance. Further, by aligning different services and supports together under joint management, budget surpluses generated in enterprises such as "life lease" apartments or seniors' residences can be used to sustain vital programs such as supportive housing for low-income seniors.

> *Campuses become resource "hubs" for the broader community.* Because they create a "critical mass" of providers and clients at a single location, campuses have the potential to "radiate out" services and supports to vulnerable people in surrounding communities; supportive housing programs offered to older persons living off-campus are one example. Campuses are also attractive partners for education, worker training, research, and the development of best practices in the care of aging populations.

Campus Barriers

Ontario campuses face high barriers to achieving their full potential. Key among them are the following:

- *Campuses confront an array of sometimes conflicting laws, regulations, funding arrangements and accountability requirements.* While campuses do their best to ensure that people have "seamless" access to a coordinated continuum of care, they still have to navigate a fragmented health care "non-system" with numerous institutional "silos" (e.g., hospitals, LTCHs, supportive housing, and different community support programs) each with their own "rules" thus multiplying administrative burden and undermining coordinated "person-centred" care. 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; this can disrupt long-standing marriages, sustaining friendships and vital social support networks. For persons living with dementia and their carers, the effects can be devastating; avoidable transitions can trigger rapid decline and difficult-to-manage behaviours.[18]

- *Campuses face human resources shortages and inequities.* Like other providers, campuses face persistent shortages of personal support workers (PSWs). On the plus side, this has motivated some campuses to partner with educational institutions to train workers on site and to develop ways of scheduling workers across programs and services to provide more predictable work and reduce the need for workers to be employed in more than one location. However, campuses still face difficult equity issues. For example, historical funding arrangements mean that PSWs working in LTCHs may have access to better pay and benefits than their counterparts in home and community care, even on the same campus.

- *Community support services (CSS) remain undervalued and underfunded.* Key informants noted that budgets for CSS and supportive housing in Ontario had not increased significantly in more than a decade or kept pace with rising client needs. They expressed frustration that CSS were "*treated as less essential to other healthcare offerings despite their value and ability to offer high level care at the same or lower cost than if they were to be placed in institutional long-term care*." While policy-makers emphasize the importance of supporting people "closer to home," they still focus on hospitals and LTCHs.

Budgets for CSS and supportive housing had not ... kept pace with rising client needs.

5.0 Moving Forward: A Check List for Campus Innovators

The results of the Ontario study, combined with international cutting-edge innovations such as "healthy aging", "age-friendly/dementia-friendly" communities, and the integration of health and social care for older person and carers suggest three key considerations for policy-makers and providers planning to build, scale-up, or spread campuses of care.

Key Consideration 1: Create Age-Friendly Communities

Campus projects need to look beyond conventional service-by-service delivery to the creation of cohesive, age-friendly communities that actively promote well-being, independence and social inclusion for all community members. Campuses projects should:

> *Plan "intentional physical and social design."* Covered walkways, adjoining buildings, park benches, libraries, fitness facilities and cafes can encourage people to get out and take part in exercise, congregate meals, and social activities. Good design can also promote connections that reduce social isolation and loneliness, link clients and carers to crucial information and resources, and build a culture of mutual support.

> *Integrate non-medical determinants of healthy aging.* While not health care *per se*, housing, transportation, social facilities and assistive devices are identified by the World Health Organization (WHO) as crucial to maintaining the well-being and functional capacity of older persons even in the presence of potentially debilitating chronic illnesses and disabilities.[19] This pushes policy-makers and planners to look beyond health care service delivery, to what it takes to promote the health of individuals and communities.

> *Look outward.* In addition to supporting people on-campus, campuses can offer significant "value-add" to surrounding communities by radiating services outward: off-campus supportive housing and on-campus adult day programs open to the local community are two examples. Further, because they build critical mass in a single location, campuses are attractive partners for municipalities, business and educational institutions; these can increase visibility, generate new resources, create new economic opportunities and jobs for local communities, and build broad stakeholder support.

Key Consideration 2: Build Organizational Vision and Readiness

Successful campus projects require a clear vision and thorough groundwork.

> *Be guided by a clear, values-based vision.* Key informants emphasized that campus founders – senior leaders, board members and partners – worked from a shared vision of what they wished to accomplish. This meant that, at every stage, decisions were made to ensure that while tending to the business "bottom line," the needs of people and underserved communities came first. Here, not-for-profit providers can offer an important "social dividend" to policy-makers, funders and partners, since available resources are invested in people rather than profits.

> *Leverage existing capital.* Leaders need to consider how best to use existing assets (funding, facilities, human resources, and partnerships) to "kick-start" campus projects; campuses rarely emerge from scratch. Key informants identified existing LTCH beds as an "anchor" on which to build campuses since these bring valuable infrastructure and funding. However, even organizations that do not have beds can partner with those that do to enhance the viability of campus projects and build a full continuum of care.

> *Be "shovel ready".* Successful campus projects have been driven by leaders who "see the big picture", continuously scan the policy environment and anticipate "windows of opportunity"; forward-looking strategic thinking is essential. Pre-planning for mortgages, building permits and "intentional physical and social design" are essential to ensure that organizations are "shovel ready" when opportunities arise.

Not-for-profit providers can offer an important "social dividend" ... , since available resources are invested in people rather than profits.

Key Consideration 3: Establish Enabling Policy Frameworks

While individual campus organizations can make considerable strides, enabling policy frameworks are needed to advance the scale and spread of campus projects at organization and system levels.

> *Simplify funding mechanisms.* In countries like Germany, Japan and the U.S., integrated client-funding envelopes, based on assessed needs, are used for the care of older persons. For instance, the 118 PACE (Program of All Inclusive Care for the Elderly) programs operating in 31 U.S. states — widely considered an international "gold standard" for the care of high-needs older persons — receive capitated (per diem) funding based on what it would cost to place individuals in a nursing home. Since PACE is responsible for all care, including the costs of hospital and LTCH admissions, the incentive is to keep people as well and independent as possible for as long as possible.[20] Ontario is now experimenting with "bundled funding" where providers are paid a single fee for a specified package of care to an individual. Leveraging the PACE model, bundled funding could be extended to cover all care for campus clients; in addition to reducing administrative burden, this would incent innovative "before-the-fact" care that avoids unnecessary hospitalization and LTCH placements and alleviates "hallway medicine."

> *Remove barriers to client flow.* Since a key aim of policy-makers, providers, older persons and carers alike is to maintain people in their own communities, campuses have to be able to flow people to the most appropriate settings along the care continuum, including on-campus LTCH beds when they are required. One promising approach, used in the U.S. under the *Affordable Care Act*, is to offer "innovation waivers" to states aiming to pursue innovative strategies for providing high quality, accessible care.[21] If adapted to Ontario, campus-specific waivers could potentially allow campus clients to be transitioned smoothly to on-campus LTCH beds when they require this higher level of care, or back to community settings if they improve, without requiring changes to placement protocol elsewhere.

> *Incent the use of technologies.* "Virtual care" has been identified by the Premier's Council on Improving Healthcare and Ending Hallway Medicine as a key element of a "modern, sustainable and integrated health care system that is centred on the patient". In the same way that universities and colleges are now building "virtual" campuses of learning, emerging technologies can assist in the creation of "virtual" campuses of care that extend reach and impact to underserved communities beyond campus boundaries. Because they build critical mass and partnerships, including those with colleges and universities, campuses are particularly well equipped to lead in this area; financial and technical investments from governments could spur new innovations that can be scaled and spread across the health care system as a whole.

6.0 Conclusion and Postscript

As detailed in this brief, campuses of care can offer coordinated access to a full continuum of community and residential care options (although policy barriers to the smooth flow of people to LTCH remain). This means that older persons with multiple chronic health and social needs and their carers can receive predictable, coordinated support in the least intrusive, most cost-effective setting possible without having to move away from their communities and social networks as care needs advance, a particularly daunting prospect for those living with dementia. Moreover, campuses can offer valuable add-ons such as public spaces, recreation centres and shops as well as partnerships with off-campus organizations such as libraries, educational institutions and municipalities that create vibrant, age-friendly communities on and off-campus.

Not only is this good for people, the vast majority of whom wish to remain in their own homes and communities as independently as possible for as long as possible, it is good for an increasingly stretched health care system where people can too easily "fall through the cracks" and default to costly hospital and LTCH beds worsening "hallway medicine".

In doing this, campuses align with international best practices emphasizing the importance of integrated approaches to maintaining proactively the well-being and independence of growing numbers of older persons even in the face of potentially debilitating chronic illnesses and disabilities.

Moreover, campuses are not an esoteric solution imported from elsewhere that needs to be shoehorned into local realities. Rather, campuses are a "made-in-Ontario" solution that matches local needs to local resources. Campuses have been operating successfully in large urban, small urban, and rural areas of Ontario for decades, in that time generating valuable intelligence for planners, policy-makers and providers on design and implementation. As Ontario moves forward to boost its LTCH bed capacity, knowing that this new capacity is unlikely to keep pace for long with growing needs in a rapidly aging population, such intelligence is especially valuable for emerging health teams that will have to make the best use of available resources whether in community or residential settings.

As we noted in our foreword, the COVID-19 pandemic and the terrible toll it has taken in LTCH across Canada add greater urgency to discussions about how to keep residents safe. Just as importantly, it spurs policy-makers, planners and providers to consider how to ensure that the vast majority of older Canadians who wish to continue to live in the community have viable options for doing so. Here, "either/or" approaches are unlikely to be useful. As recent experience has shown, complex problems — such as pandemic control or even population aging — require complex solutions, including an ability to reach across a broad continuum of care spanning LTCH, public health, hospitals, community support services, voluntary organizations, and municipal services. By concentrating diverse resources and expertise at a geographic location and building partnerships proactively, campuses are uniquely equipped not only to respond but also to lead the creation of new and innovative approaches to care that support people and sustain health care systems.

Campuses are a "made-in-Ontario" solution that matches local needs to local resources.

Tables

Table 1: Key Characteristics of Selected Campuses

Campus	Principal Provider Type and Maturity*	Geography and Populations Served**	Housing Types and Numbers
Au Château	Provider Type: Municipal Campus Maturity: 4 components offered for 15+ years	Geography: Northern (town) Unique Population: Francophone, Catholic Heritage	162 LTCH beds 175 mixed housing units: social, affordable, market rent, life lease
Georgian Village	Provider Type: Municipal Campus Maturity: 4 components offered for 5+ years	Geography: Semi-Rural (town) Unique Population: Francophone	143 LTCH beds 139 mixed housing units: social, affordable, market rent, retirement home, life lease
Spruce Lodge	Provider Type: Municipal Campus Maturity: 4 components offered for 15+ years	Geography: Urban (small city) Unique Population: None specified	128 LTCH beds 198 mixed housing units: social, affordable, market rent, life lease
Bruyère Continuing Care	Provider Type: Charitable Campus (with off-site hospitals and a second LTCH) Maturity: 4 components offered for 5-10 years	Geography: Urban (large city) Unique Population: Francophone	198 LTCH beds (at campus location) 227 mixed housing units: social, affordable, market rent, cluster care
Radiant Care – Pleasant Manor	Provider Type: Charitable Campus (with sister-site Radiant Care Tabor Manor in neighbouring city) Maturity: 4 components offered for 15+ years	Geography: Semi-Rural (township) Unique Population: Mennonite Heritage	41 LTCH beds 189 mixed housing units: social, affordable, market rent, life lease
Shalom Village	Provider Type: Charitable Maturity: 4 components offered for 15+ years	Geography: Urban (city) Unique Population: Jewish Heritage	127 LTCH beds 81 mixed housing units: social, market rent

* Maturity at the time of the study

** While campuses serve unique populations (e.g., cultural, linguistic), they also serve the general population.

Table 2: Key Partnerships

Government Partners	Community Partners	Clinical Partners	Academic Partners
> Municipal (e.g., housing, paramedics) > Regional (e.g., Local Health Integration Network homecare) > Provincial (e.g., ministries of Health, Long-Term Care, Housing and Municipal Affairs, Infrastructure Ontario, Public Health) > Federal (e.g., Canadian Mortgage and Housing Corp)	> Community care agencies/ Service providers > Hospitals > Community health centres > Primary care > Alzheimer Society > Community living > Mental health agencies > Pharmacies > Faith communities > Local businesses > Community programs (e.g., choirs) > Shelters	> Audiology > Chiropody > Denture care > Primary care > Phlebotomy lab > Physiotherapy > Pharmacy services	> Colleges > Universities > School boards

Table 3: Recreation Opportunities, Amenities, Events and Volunteer Opportunities

Recreation Opportunities*	On-Site Amenities*	Events and Volunteer Opportunities*
> Bingo > Pub nights > Art classes > Choir > Line dancing > Religious services > Off-site outings > Woodworking > Shuffleboard > Wellness centres – gym, therapy pools	> Health-related clinics/labs > Hair salon > General store/Tuck shop > Community gardens > Library > Restaurant/Bistro/Café > Laundry > Common spaces for planned and spontaneous activities > Hospitality suites**	> BBQs > Live entertainment > Bazaars > Golf tournaments > Tuck shop > Friendly visiting > Family councils > Board committees

* Offered at many campuses

** Hospitality suites on campuses are available in many campuses for a modest fee to accommodate visiting family and friends to increase access and affordability and promote visitors. Campuses without hospitality suites noted informal arrangements with their local hotel which provided discounts to guests specifically visiting residents of the campus.

References

1. Institute for Health Metrics and Evaluation (2017). Global burden of disease: Canada. Accessed on-line, January 2020, at http://www.healthdata.org/canada
2. Canadian Institute for Health Information (2018). How Canada compares. Results for the Commonwealth Fund's 2017 international health policy survey of seniors. Accessed on-line, January 2020, at https://www.cihi.ca/sites/default/files/document/commonwealth-survey-2017-chartbook-en-rev2-web.pptx
3. Healthcare of Ontario Pension Plan (2017). Seniors and poverty – Canada's next crisis? Accessed on-line, January 2020, at https://hoopp.com/docs/default-source/newsroom-library/research/hoopp-research-article---senior-poverty---canada-next-crises.pdf
4. National Institute on Aging (2019). Social isolation, loneliness in older people pose health risks. Accessed on-line, March 2020, at https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
5. GOV.UK (2020). Loneliness annual report: the first year. Accessed on-line, March 2020, at https://www.gov.uk/government/publications/loneliness-annual-report-the-first-year
6. Health Quality Ontario (2019). Measuring up 2019. Accessed on-line, January 2020, at https://www.hqontario.ca/System-Performance/Yearly-Reports/Measuring-Up-2019
7. Ontario Hospital Association (2019). A balanced approach: The path to ending hallway medicine for Ontario patients and families. Pre-budget submission 2019 Ontario budget. Accessed on-line, January 2020, at https://www.oha.com/Bulletins/A%20Balanced%20Approach%20-%202019%20Pre-Budget%20Submission.pdf
8. Premier's Council on Improving Healthcare and Ending Hallway Medicine (2019). Hallway health care: A system under strain. Accessed on-line, February 2020, at https://files.ontario.ca/moh-hallway-health-care-system-under-strain-en-2019-06-24.pdf
9. Sinclair, J (2017). Building a seniors campus: A sustainable model to support positive aging and strengthen our communities. County of Simcoe. Accessed on-line, January 2020, at https://www.simcoe.ca/LongTermCare/Documents/County%20of%20Simcoe%20-%20Building%20a%20Seniors%20Campus%202017.pdf
10. NHS (2018). Guide to reducing long hospital stays. Accessed on-line, January 2020, at https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf
11. Statistics Canada (2015). Percentage of the population aged 15 and over living alone by age group, Canada, 2001 and 2011. Accessed on-line, January 2020, at https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/2011003/fig/fig3_4-2-eng.cfm
12. Williams, A.P., Peckham, A., Kuluski, K., Lum, J., Warrick, N., Spalding, K., Tam, T., Bruce-Barrett, C., Grasic, M., & Im, J (2015). Caring for caregivers: Challenging assumptions. HealthcarePapers Vol. 15, No. 1, 2015. Accessed on-line, January 2020, at https://www.longwoods.com/content/24401/healthcarepapers/caring-for-caregivers-challenging-the-assumptions
13. Williams, A.P., Peckham, A., Kuluski, K., Lum, J., Morton-Chang, F., Warrick, N., Spalding, K., Tam, T., Bruce-Barrett, C., Grasic, M., & Im, J (2015). Caring for caregivers: Bridging the care gap. HealthcarePapers Vol. 15, No. 1, 2015: 62-66. Accessed on-line, January 2020, at https://www.longwoods.com/content/24393/healthcarepapers/caring-for-caregivers-bridging-the-care-gap
14. Ontario (2019). Ontario health teams: Guidance for health care providers and organizations. February 2019. Accessed on-line, December 2019, at http://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf
15. Public Health Agency of Canada (2016). Age-friendly communities. Accessed on-line, January 2020, at https://www.canada.ca/en/public-health/services/health-promotion/aging-seniors/friendly-communities.html
16. World Health Organization (2015). Healthy ageing. Accessed on-line, January 2020, at https://www.who.int/ageing/healthy-ageing/en/
17. Morton-Chang, F., Majumder, S., & Berta, W (2019). Seniors' campus continuums: Local solutions for broad spectrum seniors care. BMC Geriatrics. Accessed on-line, August 2020, at https://www.researchsquare.com/article/rs-7306/v2
18. Morton-Chang, F., & Williams, A.P (2018). Behavioural Supports Ontario (BSO): Review of qualitative stories. Accessed on-line, January 2020, at http://behaviouralsupportsontario.ca/Uploads/ContentDocuments/2019-07_BSO_Review_of_Qualitative_Stories.pdf
19. World Health Organization (2015). Ageing and health. Infographic. Accessed on-line, March 2020, at https://www.who.int/ageing/events/world-report-2015-launch/healthy-ageing-infographic.jpg?ua=1
20. Williams, A.P., Lum, J., Morton-Chang, F., Kuluski, K., Peckham, A., Warrick, N., & Ying, A (2016). Integrating Long-term care into a community-based continuum: Shifting from "beds" to "places." Institute for Research on Public Policy (IRPP), No. 59. Accessed on-line, February 2020, at http://irpp.org/research-studies/integrating-long-term-care-into-a-community-based-continuum/
21. Centres for Medicare and Medicaid Services (2020). Section 1332: State innovation waivers. Accessed on-line, March 2020, at https://www.cms.gov/CCIIO/Programs-and-Initiatives/State-Innovation-Waivers/Section_1332_State_Innovation_Waivers-#Fact_Sheets

Photos: Bruyere Continuing Care; Georgian Village - Georgian Manor; Spruce Lodge

Notes

AdvantAge Ontario

Advancing Senior Care

AdvantAge Ontario is the only provincial association representing the full spectrum of the senior care continuum and has been a trusted voice for over 100 years. Our nearly 400 members are located across the province and include not-for-profit, charitable, and municipal long-term care homes, seniors' housing, assisted living in supportive housing and community service agencies.

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