

**Putting “old wine in new bottles”
The sale of city land 3188 Vivian Line 37 for a long term
care facility 9 September 2024
Stratford City Council Meeting**

"That every hospital in Canada of 100 beds or more introduce either independently, or in association with other hospitals in the same centre, other community organizations, the local health department, or any combination of these, a home care programme."

1964 Royal Commission on Health
Services

Introduction

Good evening Mayor Ritsma, Councillors and members of the public. My name is Paul Brown. I continue to oppose the sale of city owned property at 3188 Vivian Line 37 for the purpose of constructing and operating a private for-profit Long Term Care Facility. My opposition is grounded on the following evidence:

My concerns are fourfold: the staggering taxpayer cost that accompanies such a project with no public ownership of the resulting facility; secondly lack of acknowledgment of the enhanced quality of medical care in homecare; thirdly recognizing the metamorphosis in Canadians attitudes toward “aging in place” for older adults, and fourthly a lack of due diligence for the homecare changes coming in 2025. These four factors are confronting our community and our city’s long term care decisions. They challenge the old institution-centric model of long term care. In the meantime, our health system is showing signs of buckling, if not collapsing under an old system. I’m advocating for a new direction that brings healthcare to the home and community within a new model of long term care. I’m advocating for new wine in new bottles

1) The Cost of Long Term Care Facilities

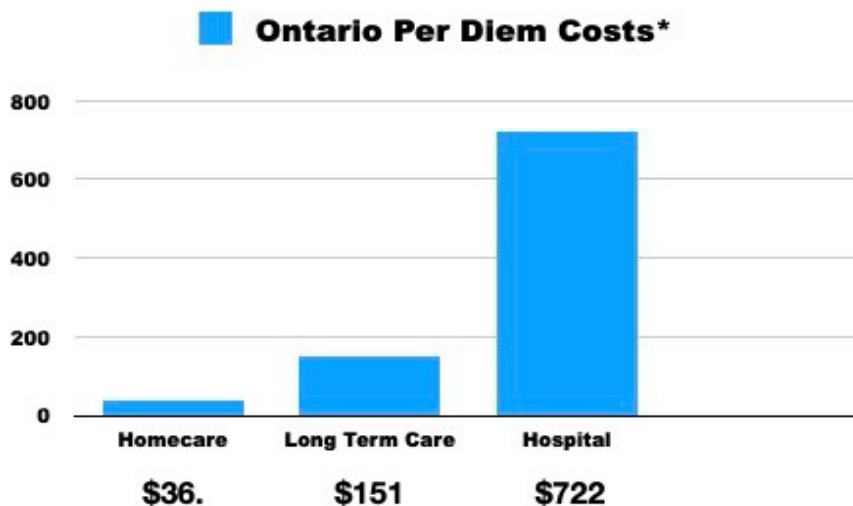
The financial projection below reveals the staggering costs for constructing and operating a new LTCF with either 160 beds or 288 beds. The annual cost for one person in a new LTCF is \$119,296 per year. The following table shows the costs over a 25 year mortgage for a 160 bed and a 288 bed facility.

Projected Cost Of A New Long Term Facility

Beds	Gov’t Pays/Day *	Resident Copay/Day *	Gov’t ConGrant	Total/Day	Total/Year	25 Year Total
1	\$205.99	\$65.32	\$55.53	\$326.84	\$119,296	\$2,982,415
160	“	“	“	“	19,087,456	\$477,186,400
288	“	“	“	“	34,357,420	\$858,935,520

*Based on July 2023 Ontario Ministry of Long Term Care rates.

The cost of a new 288 bed long term care facility is over \$859M with \$687M (80%) paid for by the taxpayer over the 25 year term of the mortgage. Moreover, the magnitude of this liability diverts significant investments away from locally driven home and community service agencies such as Huron Perth's OneCare and Huron Perth's new Health Team. This institution-centric development leads us in a downwards fiscal circle. A new model can lead us in an upwards sustainable trajectory. The following graph shows the "limited" Ontario's homecare's costs and the potential to make responsible value- added homecare investments.



*For the year 2022

2) Quality of home care

My second concern is an absence of evidence recognizing recent medical research and studies. Medical knowledge leads to scientific discovery and technological breakthroughs. In 1951 medical knowledge was doubling every 50 years. Today medical knowledge doubles every 73 days. It is not mere speculation that medical knowledge will continue to accelerate homecare advances.

Hip Fractures: "...direct costs to the health care system are significantly lower for patients who return to the community - \$21,000 per patient – versus those who were transferred to long-term care living, which can be upward of \$47,000. Dr. Peter Zhang & Dr. Anser Daud, "Modernized home care can help stabilize health costs." March 22, 2023, [The Globe and Mail](#).

Pediatrics: "Ontario gave Ottawa Children's Hospital of Eastern Ontario (CHEO) money to open more "acute care" beds... our clinicians had a different take. They created a program that welcomed young people more quickly, got them home at night to sleep and reconnect with their families? Our clinician's solution is steeped in evidence and research." Alex Munter, CEO of CHEO: March 16, 2023, [Stratford Beacon Herald](#).

Stem Cell Transplant: At-home Stem Cell Transplant Recovery: "Patients typically spend 30 days in hospital.... Ms. Millar convalesced in a home environment with her sister for company...And, according to Dr. Jonas Mattsson, it leads to better health outcomes." April 21, 2023, [The Globe and Mail](#).

Home Dialysis: A pilot project at eight hospitals across Ontario. Personal support workers are trained to help people with hemodialysis at home, the same way family members are trained. [Ontario Renal Network website](#) 2024.

Residential Assessment: With a Canadian Red Cross donation and the assistance of a Huron Perth Working Group, Prof. John Hirdes from the University of Waterloo's interRAI program is analyzing Huron Perth older adults needs and identifying priority areas for remaining in their homes. [CRC/interRAI Huron Perth Working Group](#), July 2024

Heart Failure Palliative Care: "Cardiologist Susanna Man and Dr. Leah Steinberg came up with a Collaborative at-home palliative care approach for heart-failure patients that can provide home visits and help manage their symptoms there, reducing the need for them to go to hospital. October 22, 2022, [The Globe and Mail](#).

Loneliness: "Loneliness is even more common in long-term care institutions. The prevalence of severe loneliness among older people living in care homes is at least double that of community-dwelling populations: 22% to 42% for the resident population compared with 10% for the community population.

[J Am Med Dir Assoc 2020 Jul;21 \(7\):966-967](#)

These are some examples that demonstrate the ability of home care to deliver impressive clinical quality results. Early talk about the "homespital" it is not idle speculation. I believe that is a trajectory that society is moving on. I fear that large long term care facilities are moving in the opposite direction?

3) Quality of life

The clinical results from the home care initiatives listed above are accompanied by a societal shift in attitudes towards institutionalizing our older adults. This change in attitudes, accelerated by the pandemic, is showing up in initiatives across the country. They don't require massive construction projects, and they can delay placement in long term care facilities.

The Nursing Home Without Walls (NHWW) program aims to enhance the experience of aging by empowering older adults and their caregivers in New Brunswick to age in their homes. Created by researcher Dr. Suzanne Dupuis-Blanchard from the Université de Moncton, this program facilitates healthy aging at home by providing access to essential knowledge, support, and services. By enabling older adults to age in place, NHWW contributes to prolonged independence, minimizing the need for premature admission to long-term care (LTC) facilities and decreasing unnecessary emergency department visits.

CAPABLE: (Community Aging in Place, Advancing Better Living for Elders): opened to seniors in the Preston Nova Scotia area in December 2023. It is now available to seniors in Kings County NS. Eligible seniors are paired with a nurse, occupational therapist and handyperson to identify simple changes to their daily activities and homes that will help them live more independently.

NORCs (Naturally Occurring Retirement Communities): are geographical communities that hold a large concentration of older adults. NORCs are popping up throughout Ontario. “They can exist within a residential building (vertical NORC) or a neighbourhood covering a larger geographical area (horizontal NORC). Unlike retirement homes, assisted living facilities, and long term care homes NORCs are not purpose-built to care for people as they age. Rather, they include a wide range of intergenerational housing types that have evolved with changing population dynamics to have a high percentage of older adults.” [Healthcare Excellence Canada](#).

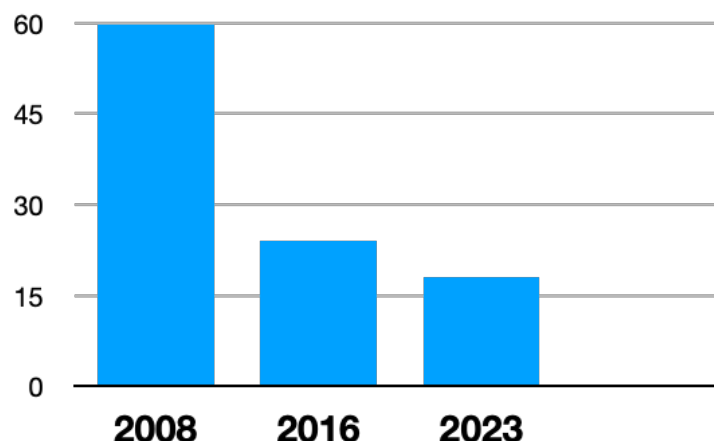
In Newfoundland and Labrador there is a paid family caregiver option under Home Care that helps to reduce any financial hardship faced by families caring for loved ones. [Seniors for Social Action Ontario](#) states that Ontario has no such program.

Canadian society seems to be mobilizing. From Healthcare Excellence Canada’s “[National Aging In Place Webinar Series](#)” (eight sessions running from September 25, 2024 to November 26, 2025), to Stratford Public Library’s [55+ Aging With Agility](#) (sessions running from June 6, 2024 to December 20, 2024).

Sessions that will ultimately help us to live actively and delay admission to a long term care facility.

4) Due Diligence: Our limited homecare and community services help to postpone “placement” in long term care facilities, which in turn leads to shorter long term facility stays, resulting in a reduced demand for new long term care bed construction. This length of stay reduction is demonstrated in this graph.

Average Length of Stay in Ontario LTCFs - In months



Expanded homecare services under a new mandate will serve to further reduce the length of stay required in long term care facilities. Please note that a reduction from 24 months to 12 months in length of stay is the equivalent of doubling the number of long term care beds in our community. Let me be clear; I am not opposed to a long term care facilities. But long term care does not mean just long term care facilities.

4) Due Diligence:

Due diligence by the Canadian population is telling us that our health system is failing. We are failing in our responsibility to so many Canadians. The old model of long term care relied on housing older adults in expensive institutions. I suggest that model has helped destabilized our health system. The new model advances the opportunity to redesign long term care as part of a primary care, community care and home care model...new wine in a new bottle.

Conclusion

It was 60 years ago that the of Royal Commission on Health Services made its recommendation on homecare: But home care was left out of the *Diagnostic Services Act* and out of the *Medical Services Act* and therefore out of Canadian Medicare. No federal home care legislation was passed, omitting a third leg to our "universal" health care system....and we've been paying for it ever since.

Long term care does not mean expensive long term care facilities. The magnitude of such an investment in these large facilities serves to suck out most of the potential tax dollars needed for new and better homecare services. This is going to quickly become apparent in our community. A new Ontario *Convenient Care at Home Act* received Royal Assent on December 4, 2023. This law is setting up local Health Teams to be "...responsible for connecting people to home care services starting in 2025"...that is, in less than four months from today. This new *Convenient Care at Home Act*, will no doubt require additional taxpayer investment in homecare services. In light of this new *Convenient Care at Home Act*, I conclude that City Council's approval of the 3188 Vivian Line 37 land sale for a long term care facility is premature. This new Ontario homecare legislation was passed into law seven weeks before the City Council's meeting of January 23, 2024, when mention was first made of a "Long Term Care Home" arising out of Council's in-camera meeting that evening. This proposed land sale seems to pre-empt our new Huron Perth and Area convenient homecare services. This land sale appears to be against the fiscal requirements of *Convenient Care at Home* and the needs of our taxpayers.

There is no longer a local District Health Council to engage citizens, receive concerns and consider our options. Our DHC has been disbanded. There is no longer a local Community Care Access Centre. Our CCAC has been disbanded. There is no longer a Local Health Integration Network. Our LHIN has been disbanded. So, in order to voice legitimate concerns about our community healthcare, that rely on taxpayer dollars, who are the citizens of Stratford to appeal to if not City Council?

Recommendations

- a) That Stratford City Council retract its land sale for the construction of a Long Term Care Facility at 3188 Vivian Line 37
- b) That Stratford City Council co-sponsor an annual homecare symposium.

People want to stay in their homes also in their communities. Many times this puts people outside of our larger urban centres at a disadvantage. Stratford is a beautiful community and a gem in Canada. Their innovation and thoughtfulness in care could be a model for others.

Dr. Catherine Burns, Associate Vice-President, University of Waterloo