The Cost of Waiting for Care

Delivering Equitable Long-term Care for Toronto's Diverse Population

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advancing urban health

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Introduction

Our long-term care (LTC) system does not deliver consistent care across Ontario. Where you live matters when it comes to waiting for services and quality of care.[1,2] However, it's not only where you live, it's also your income and your ethnicity. Those with financial and language barriers wait much longer, in some cases up to eight years, for LTC homes of their choice. With Toronto's increasingly diverse aging population we are facing a serious equity issue in how we deliver LTC to meet the health, financial, and cultural needs of Torontonians.

This paper looks at the numbers behind the LTC waitlists across the GTA, and what is needed for an equitable, high-quality system. In an equitable system the aim is for people to receive the same outcomes regardless of where they live, who they are, how much they earn, and which language they speak.[3] In December 2015, the Ministry of Health and Long-term Care (MOHLTC) announced a proposal to improve equitable access to high-quality and consistent care across the care continuum.[4] This is an important step moving towards greater equity in health and LTC, but we know very little about the existing gaps in accessing LTC beyond the regional disparities. To improve equity in our publicly-funded LTC system, we first need to understand how the current system is performing to meet the care needs of all Ontarians.

This paper aims to bring diversity as well as equity lens into our conversation on the LTC reform. It identifies some of the existing disparities in accessing LTC homes, publicly-funded residential care facilities. The Community Care Access Centres' (CCACs) LTC waitlists data presented here suggest that lower-income Torontonians and those from ethnic and linguistic minority populations may face much longer waits than others for a LTC bed. It further discusses how financial barriers and cultural and linguistic barriers affect the waiting time for LTC beds.

Older people are waiting a long time for care, but who waits the longest?

Ontario's current LTC home waitlist is long, longer than ever before. In general, people staying home tend to wait longer than those waiting in hospital. In 2013/14, the median wait times for a LTC bed were 116 days for people waiting at home and 69 days for people waiting in hospital. These wait times have almost doubled and quadrupled, respectively, over the last decade: from 68 days for those waiting at home and from 18 days for those waiting in hospital in 2004/05.[5]

All LTC home admissions in Ontario are made through a centralized process that is currently managed by 14 regional CCACs, which now report to Local Health Integration Networks. Individuals who are seeking admission to a LTC home must contact their local CCAC for assessment and placement. A CCAC placement coordinator determines the applicant's admission eligibility, assigns a priority category, and places eligible applicants on the waitlist for their preferred homes (up to five homes).

Local CCACs provide information on how long residents waited for LTC beds based on the experience of nine out of ten residents. The CCAC's 90th percentile wait time data generally reflect that nine out of ten individuals are placed within the reported number of days. The waitlists are publicly available online and individuals seeking admission to a LTC home are encouraged to consult the waitlists before deciding on homes to apply.

Our analyses are based on the waitlists available as of January 2016. A closer examination of the waitlist

of the Toronto Central CCAC as well as other CCACs serving GTA populations indicates large disparities in the 90th percentile wait times across accommodation types and LTC homes, suggesting that some groups, particularly low-income people and those from ethnically and linguistically diverse communities, may experience longer wait times than others in getting into a LTC home of their choice.

Persons who apply for basic accommodation wait about three months longer than those who apply for private accommodation

The Toronto Central CCAC manages all admissions to 36 homes within the Toronto Central LHIN boundary, covering a fully urban Toronto population. It serves 1,650 clients for LTC home admission and placement per year and approximately 1,100 individuals are currently on the waitlist.[6]

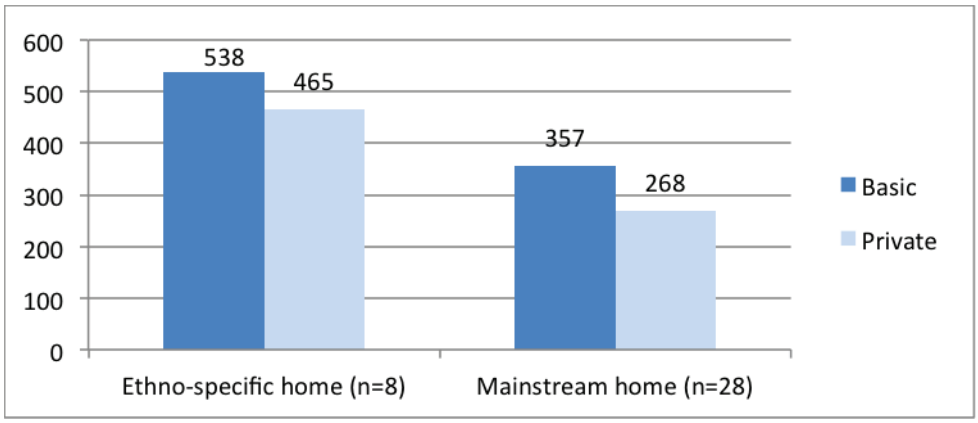
According to Toronto Central CCAC's current waitlist[7] there are significant differences in wait times between basic accommodation (i.e., two to four beds per room) and private accommodation. On average, those in basic accommodation waited 86 days longer than those in private accommodation (397 days for basic vs. 311 days for private rooms).

Persons who apply for ethno-specific homes wait about six months longer than those who apply for mainstream homes

Currently, there are eight ethno-specific LTC homes within the Toronto Central LHIN boundary and at least ten other ethno-specific homes across the GTA. These homes, founded by strong community efforts, provide culturally-sensitive services catering to one specific ethnic group. Typically, ethno-specific LTC homes provide services by staff speaking the same language as the resident group, ethno-specific meals, and various cultural and religious programs.

The analysis of the Toronto Central CCAC data found that individuals who applied for ethno-specific homes waited significantly longer than those who applied for mainstream homes. The 90th percentile wait times for residents in one of the eight ethno-specific homes are about 18 months for basic accommodation and 15.5 months for private accommodation, approximately six months longer than those who were placed in one of the non-ethno-specific homes (for both basic and private rooms). There were also wide variances in wait times across ethno-specific homes. The wait times range from 4.5 months to 30 months for basic accommodation and from 11 months to 19.5 months for private accommodation (See Figure 1). Other CCAC waitlist data indicates that it takes even longer to enter ethno-specific homes within Central, Mississauga Halton, and Central East LHINs. Chinese-serving homes in Scarborough, Richmond Hill, Markham, and Mississauga have particularly long waitlists of up to over eight years for basic accommodation (see Table 1).

Figure 1: The number of days waited for a LTC bed within Toronto Central LHIN



*The number of days waited is calculated in the 90th percentile, meaning that they reflect the overall experience of nine out of ten people. Some people may wait longer or shorter depending on the circumstances and the number of available beds. Source: Toronto Central CCAC LTC waitlist, available online as of 12 January 2016.

Table 1: Wait times of ethno-specific LTC Homes in the GTA

CCAC	Name of LTCH	Serving	Wait time for basic bed (days)	Wait time for private bed (days)
Central East	Mon Sheong LTC Centre Scarborough	Chinese	3,152	2,961
Central East	Hellenic Home for the Aged Scarborough	Greek	2,769	313
Central East	Yee Hong Centre for Geriatric Care Scarborough	Chinese	2,696	1,885
Central	Mon Sheong Richmond Hill LTC Centre	Chinese	2,604	1,343
Central East	Yee Hong Centre Scarborough Finch Centre	Chinese	2,555	1,599
Central	Yee Hong Centre for Geriatric Care Markham	Chinese	2,503	1,155
Mississauga-Halton	Yee Hong Centre Mississauga	Chinese	2,033	896
Toronto Central	Baycrest Centre	Jewish	908	553
Central	Ukrainian Canadian Care Centre	Ukrainian	759	1,144
Toronto Central	Rose of Sharon	Korean	759	477
Toronto Central	Mon Sheong Home for the Aged	Chinese	742	500
Toronto Central	Copernicus Lodge	Polish	624	333
Mississauga-Halton	Dom Lipa Nursing Home	Slovenian	579	600
Mississauga-Halton	Labdara Lithuanian Nursing Home	Lithuanian	504	842
Toronto Central	Hellenic Home for the Aged	Greek	500	468
Toronto Central	Suomi-Koti	Finnish	355	341
Toronto Central	Ivan Franko Nursing Home	Ukrainian	279	585
Toronto Central	Maynard Nursing Home	Portuguese	134	463

*The number of days waited is calculated in the 90th percentile, meaning that they reflect the overall experience of nine out of ten people. Some people may wait longer or shorter depending on the circumstances and the number of available beds. Source: Toronto Central, Central, Mississauga-Halton, and Central East CCAC LTC waitlists, based on data available on the local CCAC websites as of 12 January 2016.

The High Cost of Waiting for Long-Term Care: Why Some People Wait Longer for Care

Financial barriers to LTC access

The longer wait time for basic accommodation suggests that low-income Torontonians may experience greater barriers to accessing LTC homes compared to those who can pay more for private accommodation.

International literature has documented inequities in the use of LTC services, with socioeconomic status being an important contributing factor.[8] According to a European Commission report on the use of LTC services in eleven European countries, higher-income individuals tended to utilize a larger share of formal LTC services provided by professionals, while lower-income individuals were more likely to rely on informal care provided by family and friends.[9]

In Ontario, the MOHLTC's regulations on accommodation types, resident fees, and government subsidy all contribute to the income-related inequities in accessing LTC homes. Under the Long-Term Care Homes Act, all homes are allowed to designate a maximum of 60 percent of their beds as "preferred" accommodation – private or semi-private rooms – charging more than basic rooms. Given the fee difference, however, more applications are received for basic rooms than for preferred rooms. In 2012, 60 percent of all LTC home applicants requested basic accommodation.[10]

In spite of the longer wait time, low-income applicants tend to request basic rooms for lower fees. The monthly accommodation rates, set by the MOHLTC and paid by residents, are currently $1,774.81 for basic rooms and $2,535.23 for private rooms. Low-income residents can apply for government financial support, but only for the basic room. Regardless of the level of their care needs, individuals who can afford to pay for private accommodation may get placed faster than those applying for basic accommodation. This creates an obvious inequity in who gets care first, and in some cases who gets better care.

While waiting for a bed, it is likely that low-income older adults rely heavily on informal caregivers. Currently, publicly-funded home care services often do not deliver sufficient levels of care to meet individuals' health and care needs. As well, private formal care options such as home care services, which range in cost from $14 to $35 per hour, and retirement homes, which range in cost from $1,860 to $6,300 per month, are out of reach for many low-income Torontonians.[11]

Furthermore, within Ontario's under-staffed and under-funded LTC system, individuals' income and wealth may affect not only LTC access but also the quality of LTC services they receive after admission. A recent study on Ontario's long-term residential care highlights the increasingly common practice of many LTC residents who directly hire private caregivers or companions in order to fill the care gap between the services needed and received.[12] Accordingly, the understaffing creates the gap in the amount and quality of received services between those who can hire private caregivers and those who cannot.

Cultural and linguistic barriers increase health risk

Canadian literature has documented that ethno-cultural and racialized groups often experience barriers to accessing appropriate care and has presented linguistic and cultural competence as one of the key strategies for improving accessibility.[13] The Toronto Central LHIN also acknowledged linguistic difference

as a significant barrier for older adults to accessing mainstream services and identified meeting the needs of ethno-cultural, religious and linguistic communities as one of its priorities.[14]

Yet, securing a bed in a LTC home that meets the individual's linguistic and cultural needs has been extremely challenging. The longer wait times for ethno-specific homes suggest that the mainstream LTC homes may not deliver quality services that sufficiently meet the linguistic and ethno-specific needs of our diverse populations. As well, across the GTA, the demand is far greater than current supply of culturally-sensitive LTC services provided by ethno-specific homes.[15,16] As shown in the CCAC waitlists, those from linguistic and ethnic minority communities may have to wait for years to enter their preferred homes that serve traditional cuisines and activities and provide care and nursing services by staff who speaks their mother tongues.

Cultural accommodation is so important for the health, well-being, and quality of life of LTC residents. Among others, proper food is the top requirement when children from ethno-cultural communities check out homes for their parents.[17] Chinese residents, for example, would prefer congee rather than toast and cereal for breakfast and rice rather than pasta for supper. Research shows that culturally-appropriate meals can promote residents' food and liquid intake, which in turn can reduce the risk of malnutrition and unintended weight loss, prevalent concerns for LTC residents.[18] Also important is culturally-sensitive care offered by residents' own language. It has been reported that linguistic and ethno-specific care services have positive impacts on residents' physical and mental health such as reduced social isolation, lower rates of depression, and fewer falls and hospitalizations.[19]

The long waitlists for ethno-specific homes reflect the large demand for culturally-sensitive LTC services, which is far beyond what the existing mainstream and ethno-specific homes can deliver. The waitlist data also show particularly long wait times for basic rooms across most ethno-specific homes, suggesting that the high prevalence of low income among immigrant and racialized populations may lead to even longer wait times for these populations wanting a basic-room placement in order to meet their own financial and cultural needs.

Starting Point For Solutions: Building Equity and Diversity into Long-term Care

As our population ages and becomes more diverse, the demand for LTC in general and for culturally-sensitive services in particular will continue to grow. Although this report provides limited context from the analysis of publicly-available CCAC waitlist data, our findings can spark discussions about the ways to move forward to build greater equity and diversity in LTC.

First, we need a LTC system that ensures greater access for lower-income individuals. Regulations on accommodation fees, room types, and government subsidy eligibility must be carefully re-considered because they can adversely affect those with low income and lead to inequities in accessing care.[20]

Second, we need a LTC system that provides enhanced cultural accommodation for all Ontarians across mainstream and ethno-specific homes. The extremely long wait times for most ethno-specific homes indicate that our current system does not meet the linguistic and ethno-specific care needs of those who need LTC. LTC services and programs, from meal services, therapy and social programs, to nursing and care support, need to be designed to better reflect the diversity of cultures and languages in resident

populations. With improved cultural accommodation, LTC homes will become healthier places for our diverse populations.

This list is not exclusive and can include many other ways to address systematic barriers facing marginalized population groups. We definitely need a deeper understanding of how income, ethnicity, language, and other socio-economic factors are associated with LTC access in a wide range of services, including home and community-based care. Good evidence can inform the ways that decision makers frame the issues, identify target populations and decide on effective equity strategies. Further, if improving equitable access is the goal, the MOHLTC needs to consider whether any new or revised policies will increase or decrease potential harmful impacts on marginalized populations. The Health Equity Impact Assessment tool will help identify and mitigate such unintended impacts on specific population groups.

We need to continue this discussion about inequities in LTC access and to develop better strategies to promote equitable access to LTC homes and services for all. With the LTC issue high on the provincial agenda, we have an important opportunity to build equity and diversity into how we provide LTC in Ontario.

Endnotes

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