

## **How many long-term care beds do we need? Just do the math**

By Michel Bilodeau

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It is not news that Canadians, as a group, are aging. The 2016 census showed that there are more people aged 65 and over than people under 16. “Seniors” represent 17 per cent of the population of Ontario. There are currently 1.1 million people 75 and over in this province. The number is projected to reach 2.8 million in 25 years.

In 1950, there were 205 people aged 100+ in Canada. In 2020, this number will reach 8,500, and, in 30 years, there may be 34,000 people over 100 years old.

In its report, the Health Services Restructuring Commission (1996-2000) proposed to use the population 75+ as a proxy to predict the need for long-term care beds. Successive governments did not follow through. There are currently 78,000 LTC beds in Ontario and 34,000 people on waiting lists. Thousands are waiting in hospital beds, thus contributing significantly to hallway medicine.

Ontario would need 112,000 beds (78,000 + 34,000) to meet current needs. For the 1.1 million people 75 and over, this represents a ratio of 100 beds per 1,000 people. Since demographic projections suggest there will be 2.8 million people 75+ in another 25 years, we should plan to have 280,000 beds by then – or 202,000 more than the current number. This means Ontario needs to build (and staff) some 202,000 beds over that period, or 8,000 per year, way more than the 15,000 over five years announced by the Doug Ford government, or the 30,000 beds over 10 years announced by the Liberals in 2017.

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It is possible that better home care, more adapted housing or other measures will reduce the need for LTC beds. But whether or not there are more beds, home care or adapted housing, where will the staff come from?

There is currently a severe staff shortage in long-term care, in Ontario and across the country. The Ontario Health Coalition describes this as a “crisis” and the government recognizes the seriousness of the situation.

Since the public sector seems unable to meet the need, the private sector is stepping in. Several companies in Ottawa now offer to coordinate all your service needs, ranging from health care, support and housecleaning to meals, transportation, and so on. These services are expansive but since the client pays, the companies can offer better working conditions and attract staff, who then become unavailable for the public system.

People with greater financial means will be able to afford these services, while those who rely on the public sector may face poor services, or none at all.

The recent decision of the Ontario government to establish a task force to look into staff shortages in long-term care is commendable. But even if solutions were found to fill the current gap (through immigration or better working conditions, perhaps), it might not address the problem for the future.

How will the necessary beds be funded? Where will the staff come from? The creation of the task force is a positive step forward but it is far from enough. Long-term care is only one aspect of aging that needs to be addressed. In 2017, the Ontario government published “Aging with confidence,” which provides a good analysis of the needs and is filled with good intentions, but is short on actual measures.

We still need a real action plan. For me, a real action plan should propose a reality-based number of LTC beds; a real projection of home care needs; a program to retrain people who lose their jobs as a result of the digital revolution into the health care and LTC sectors; and a realistic expectation of the role of the private sector. If this means tax increases, so be it. We are now living the result of tax cuts from the era of Ontario premier Mike Harris. It is time to understand that when politicians propose to “put more money in your

pockets,” what they really means is “I will reduce public services.” It is time to reverse that trend.

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