



Community and Health Services Department
Office of the Commissioner

Memorandum

TO: Members of Committee of the Whole

FROM: Adelina Urbanski
Commissioner, Community and Health Services

DATE: May 5, 2016

RE: **York Region Health and Wellbeing – 2015 Year End Review**

I am pleased to provide *York Region Health and Wellbeing – 2015 Year End Review*, summarizing data, trends and indicators related Community and Health Services' programs and services. Some data, however, continued to be unavailable due to the provincial implementation of the Social Assistance Management System (SAMS).

As in previous years, population and employment rates continued to grow in the Region, along with a trend of rising housing prices, increasing debt loads and a greater demand for affordable rental housing and social supports. Despite challenges new and existing programs and services continue to have a positive impact on our residents. For example, the Home Repair Program helped 54 recipients make accessible or critical safety modifications to their homes; Belinda's Place provided the Region's first emergency beds for women who are not victims of domestic violence; and, Paramedic Services, again, exceeded their annual response time performance targets for the year.

In 2015, new provincial and federal commitments were announced, which may have impact on our programs and services going forward. We will continue to monitor these and their impacts on Community and Health Services' programs and services and provide Council with a mid-year update in November.

Adelina Urbanski
Commissioner, Community and Health Services

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Attachment (1)

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York Region Health and Wellbeing

2015 Year End Review



York Region Health and Wellbeing – Year End Review 2015

The Community and Health Services (CHS) Department provides programs and services for York Region residents to address their needs at every stage of life. This report summarizes key trends where reporting data is available and presents new annual data, where applicable, to help identify factors influencing service delivery in the Region in 2016.

Political, economic and social factors continue to influence CHS programs and services

Municipal program delivery is increasingly becoming a focus for the provincial and federal governments

In 2015, the *Child Care and Early Years Act, 2014*, which repealed and replaced the *Day Nurseries Act*, was proclaimed. The first phase of this new legislation improved and increased Ministry oversight in both the licensed and unlicensed child care sector. Region staff anticipate additional regulatory changes in 2016, including updated staff/child ratios and an expanded role for municipalities as the Child Care Service System Manager.

Also in 2015, Ontario established an Expert Advisory Panel on Homelessness, which reported back with a series of recommendations, including setting a target to end chronic homelessness in 10 years. Since then, Ontario has updated its Long-Term Affordable Housing Strategy and included a \$178 million dollar investment over three years which includes:

- A portable housing benefit pilot project for survivors of domestic violence;
- Enhancements to supportive housing, including the construction of 1,500 units;
- Additional funding for the Community Homelessness Prevention Initiative; and,
- The creation of an Innovation, Evidence and Capacity Building Fund.

Ontario is also proposing to introduce legislation that would, if passed, allow municipalities the choice of establishing inclusionary zoning policies. If a municipality chose to use this tool, new housing proposals would require a certain percentage of affordable units in order to be approved. Other housing initiatives include requiring municipalities to provide development charge exemptions for second units in new homes, and amending the Building Code standards to reduce unnecessary costs to building second units. These steps are consistent with the Human Services Planning Board's advocacy to create the conditions for developers to re-engage in the rental market.



Ontario also continued with its plans to phase in the upload of Ontario Works Financial and Employment Assistance Costs between 2010 and 2018. The 2016 Budget included an increase in benefits of 1.5 percent for adults on Ontario Works and people with disabilities receiving assistance from the Ontario Disability Support Program. Additionally, a ‘top up’ for Ontario Works single adults with no children will be implemented, which – when combined with the 1.5 percent rate increase – will amount to a total increase of \$25 a month. These increases are expected to have a nominal impact on the Region.

The Ministry of Health and Long-Term Care continued to evaluate how health-care is provided in Ontario. As part of the process, in February 2015, the Ontario government released *Patients First: Action Plan for Health Care* which outlines four objectives on how the province will create a more sustainable health care system:

1. **Access** – providing patients with faster access to the right care
2. **Connect** – delivering better coordinated and more integrated care in communities
3. **Inform** – providing people with the education, information and transparency needed to make the right decisions about their health
4. **Protect** – ensuring that decisions are based on value and quality in order to sustain the universal public health care system

Most recently, in March 2016, the province released the *Palliative and End-of-Life Care Provincial Roundtable Report*, which compiles feedback from stakeholders across the province on how to specifically address the needs of Ontario’s aging population. While there have been no immediate impacts to date, the Ministry’s evaluation may have future implications for CHS Public Health, Social Services and Long-Term Care.

The federal government committed to developing a 10-year plan to deliver significant new funding to provinces, territories and municipalities, which includes reference to social infrastructure, such as affordable housing, seniors’ facilities, early learning and child care, and cultural and recreational infrastructure. This was also referenced in a commitment to develop a national affordable housing strategy.

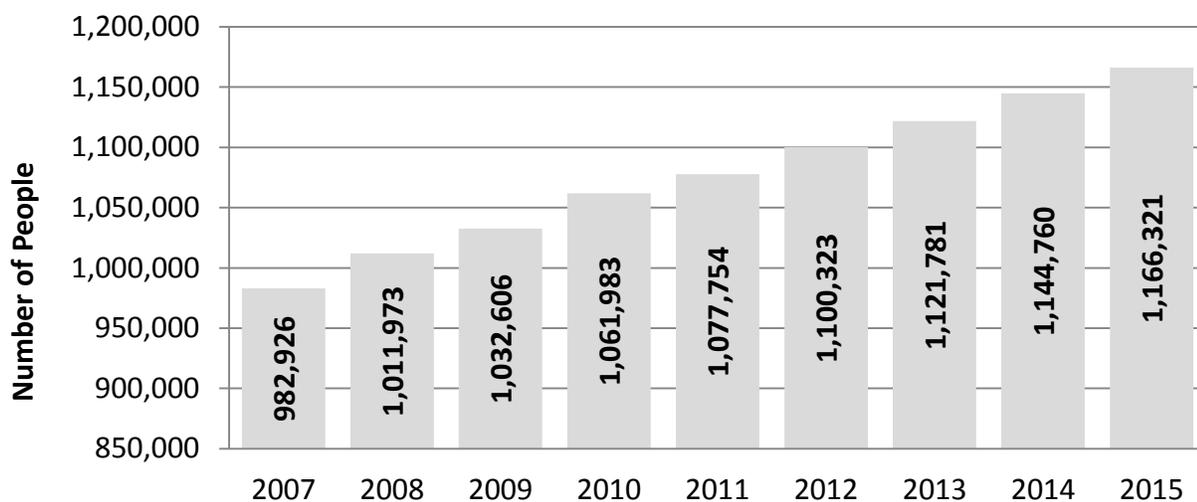
The implementation of new commitments will have impacts on CHS programs and services, particularly as new funding is made available. CHS will continue to monitor announcements and include relevant updates in the 2016 Health and Wellbeing Mid-Year Report.



York Region's Population Continues to Grow

York Region's population continued to grow through 2015 and was estimated to be 1,166,321 by the end of 2015, which was an increase of two percent (21,561 residents) from 2014 (Chart 1). Each of the Region's local municipalities experienced population growth in 2015, with growth rates ranging from 0.4 percent in Newmarket to 3.8 percent in King. Although York Region has experienced population growth across all age groups in recent years, the older age groups have experienced the greatest growth. Current projections indicate that the proportion of seniors making up the Region's total population will increase to 21 percent in 2031.

Chart 1: York Region Annual Population Growth, 2007-2015



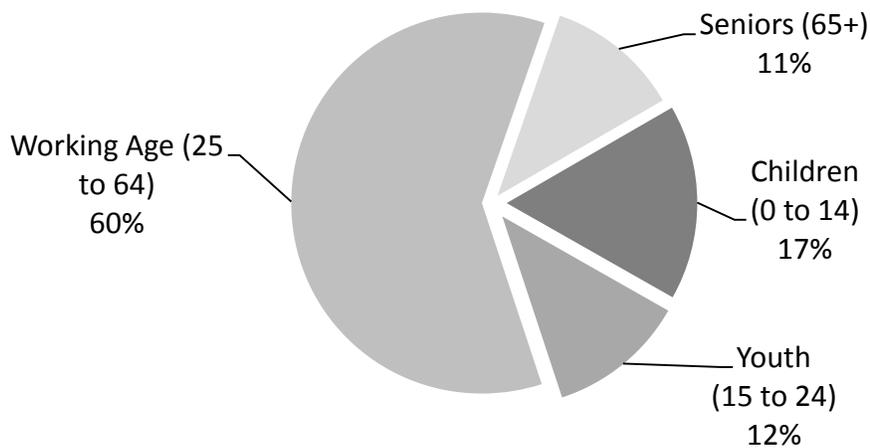
Source: York Region, Office of the CAO, Long Range Planning Branch

Immigration continues to be an important component of York Region's population growth. Over the past decade, approximately 10,000 new permanent residents landed in York Region each year (Immigration, Refugees and Citizenship Canada, 2016).

Over 60 percent of new permanent residents settling in York Region between 2010 and 2014 were working age (between 25 and 64 years old), 29 percent of new permanent residents settling in York Region were children or youth and 11 percent were seniors (Chart 2).



Chart 2: New Permanent Residents Intending to Settle in York Region, 2010-2014, by Age Group



Source: Immigration, Refugee and Citizenship Canada RDM, as of September 2015

Increases in the number of residents choosing to live in York Region, have critical, long-term effects on the demand for all services provided by CHS – including public health, paramedic services, seniors services and social services.

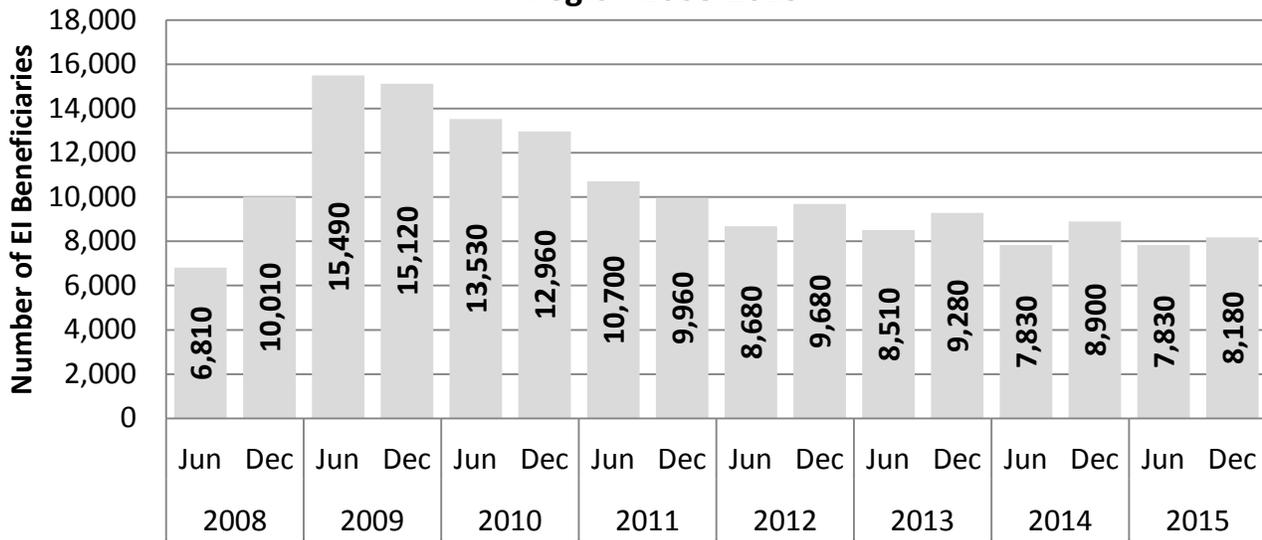
The number of Employment Insurance beneficiaries is decreasing

Regular Employment Insurance (EI) benefits are paid to claimants who have permanently or temporarily lost their employment.

By December 2015, there were 8,180 people receiving regular EI benefits in York Region, which was a decrease of 720 people or eight percent compared with December 2014 (Chart 3). The decline brings the number of EI beneficiaries to a level approaching that observed before the start of the economic downturn in 2008.



Chart 3: Regular Employment Insurance Beneficiaries in York Region 2008-2015



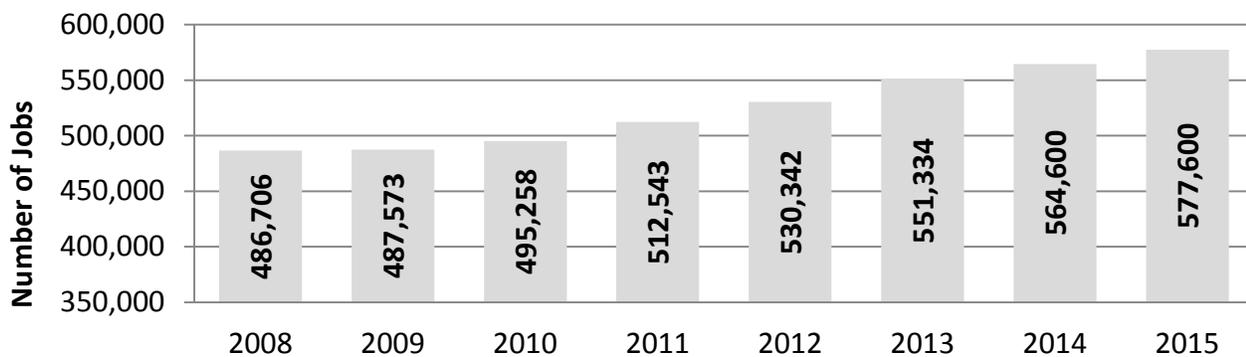
Source: Statistics Canada, CANSIM Table 276-0035

York Region employment was estimated at 577,600 jobs as of 2015

At the same time, while the number of EI recipients has decreased, York Region’s economy has continued to show positive employment growth. According to the *York Region Employment Survey*, there were approximately 577,600 jobs in York Region in 2015 resulting in an estimated increase of 13,000 jobs or 2.3 percent increase from 2014 (Chart 4).

York Region’s solid job creation performance has resulted in close to 90,000 new jobs created since the end of recession in 2009 – a gain of almost 18.5 percent.

Chart 4: Number of Jobs in York Region, 2008-2015



Source: Planning and Economic Development Branch, York Region Employment Survey, 2015



Solid employment, economic and population growth provided strong support to the housing market in 2015

A relatively strong regional economy coupled with low mortgage financing costs resulted in a sharp increase of housing demand in York Region. There were over 19,000 residential real estate sales (all housing types) concluded in 2015, an increase of 12 percent from 2014. The value of York Region residential sales was \$14.7 billion, up from \$11.7 billion in 2014. The overall average resale price for 2015 home sales in York Region was \$777,771, an increase of 13.5 percent from 2014 (all housing types) (Toronto Real Estate Board, Market Watch, December 2015).

York Region posted 9,775 new home starts in 2015, an increase of 32 percent since 2014. Of these, almost 52 percent were freehold houses (a residence where the owner owns the dwelling and lot outright) and 48 percent were condominium apartments. However, the highest increase in total housing starts occurred in condominium apartment market – 70 percent (Canadian Mortgage and Housing Corporation, Housing Now Tables, January 2016).

However, while many York Region homeowners have benefited from continued drop in mortgage rates, rising home prices have left some behind.

Housing affordability continued to be a key issue in York Region in 2015

York Region residents reported affordable housing as the most serious community issue

According to the 2015 Ontario Municipal Social Services (OMSSA) Benchmark Poll, the most serious community issue identified by York Region respondents was affordable housing (30 percent, significantly higher than the province-wide average of 24 percent), followed by people living in poverty (21 percent) and youth unemployment (19 percent). The results of 2015 OMSSA Benchmark Pool are very similar to 2014 findings.

Some low and moderate income households carry a high debt burden to keep their homes. In 2015, the average household in York Region had \$362,357 in mortgage debt (Enviroics Analytics, Wealthscapes 2015). Rising debt load may put many households in a financially vulnerable position. For example, a half percent interest rate increase would result in a near five percent increase in monthly mortgage payments (Financial Consumer Agency of Canada Calculator, March 2016).

In 2015, mortgage debt accounted for 77 percent of all York Region's household debt. Consumer debt, which includes credit cards, car loans and lines of credit, accounts for another 23 percent and reached \$59,138 per household in 2015 (Enviroics Analytics, Wealthscapes 2015).



Affordable rental housing in York Region continues to experience pressure

York Region continues to experience pressure on the local rental market with extremely low vacancy rates and fewer housing starts intended for the rental market. In 2015, only 40 out of a total 9,775 housing starts were intended for the rental market (Housing Now, January, 2015, Canadian Mortgage and Housing Corporation). There was no significant change in York Region's average vacancy rate of 1.6 percent in 2015 compared to the previous year.

The lack of available rental units has led some York Region families to turn to the more expensive newly completed condominium rentals. As a result, the vacancy rate for rental condominiums dropped to 1.8 percent in 2015 from 2.1 percent in the previous year. The average monthly rent for a two bedroom condominium was \$1,736 in 2015, compared to \$1,262 for the two bedroom private apartment.

York Region is continuing its work to address this challenge. Efforts by the Human Services Planning Board, a York Region led collaborative, resulted in a partnership between the Town of Newmarket, York Region and The Rose Corporation to develop a pilot project at 212 Davis Drive. The pilot broke ground in June 2015 and will result in an additional 225 private purpose-built rental units, including up to 56 units reserved for households who will receive a Regional rent subsidy.

CHS housing and homelessness prevention supports are in high demand

York Region's Home Repair Program helps homeowners who need accessibility modifications or critical repairs to make their homes safer

The Home Repair Program provides grants to eligible homeowners who need to modify their homes for accessibility or critical safety reasons. Examples of modifications and repairs include wheelchair ramps, stair lifts, barrier-free showers and the replacement of unsafe furnaces, leaking windows and roofs and mold remediation.

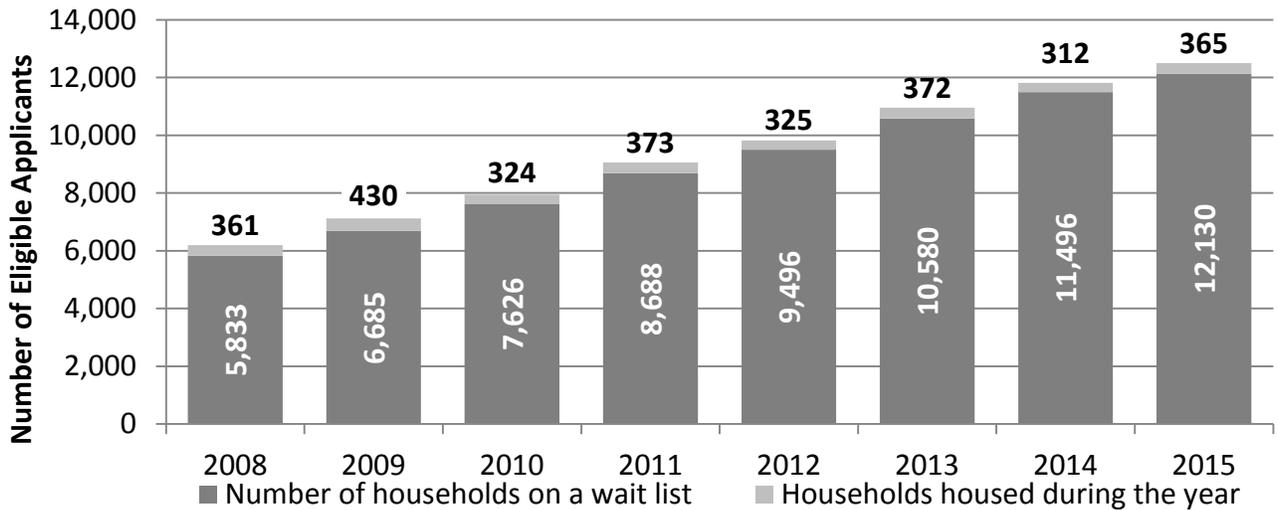
In 2015, 75 applications were received and 54 were approved for funding. Of this, 42 were for seniors (as defined as 60 years of age or older). Fifty-two percent of homeowners received funding for accessibility upgrades, forty-three percent for critical home repairs and five percent for both. About forty-six percent of home repair grant recipients had incomes below \$30,000 and about forty-five percent had incomes between \$30,000 and \$50,000.

The waitlist for the Region's subsidized housing continues to grow

The low supply of affordable rental units and rising rental costs continue to contribute to the rising demand for the Region's subsidized housing units. As of December 2015, there were 12,130 eligible applicants on the waitlist (Chart 5).



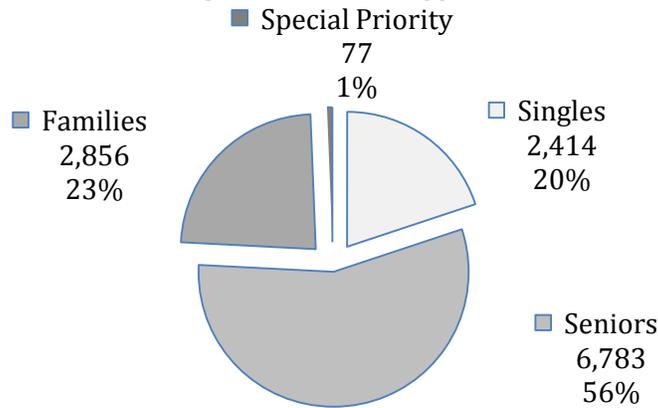
Chart 5: Subsidized Housing Waiting List Trend, 2008-2015



Source: Centralized Waiting List records, December 31 2015; Housed Report, January 2016

Seniors continue to be the largest group waiting for subsidized housing, making up about 56 percent of applicants on the waitlist, followed by families at 23 percent, singles at 20 percent, and Special Priority (applicants attempting to permanently separate from someone abusive) at one percent (Chart 6).

Chart 6: Applicants on the Subsidized Housing Waiting List by Household Type, 2015



Source: York Region, Community and Health Services Department, Housing Services Branch Subsidized Housing Waiting List records as of December 31, 2015



Emergency housing continues to be an important part of York Region’s housing continuum for those who are experiencing homelessness

The Region funds the operations of five emergency housing facilities, providing a total of 157 emergency beds (Chart 7). In December 2015 and March 2016 the Region opened new multi-service sites, which include emergency housing targeted to single homeless women and to youth, which increased the number of beds by 37 percent. Previously in York Region, there were no emergency housing options serving women who are not victims of domestic violence or emergency housing for youth in the southern part of York Region. These two new facilities will address these service gaps.

In addition to emergency housing, transitional housing and drop-in centres have become part of the integrated service delivery model. Transitional housing provides up to 364 days of housing and individualized, wrap around supports to enable individuals who are homeless to stabilize and develop skills for independent living in the community. In 2015, there were 10 transitional housing units for youth and in 2016 this increased to 21 units for youth and 9 units for single women. Two youth drop-in centres, one at the Richmond Hill Youth Hub in the south and the other at Sutton Youth Shelter in the north are also part of the system.

Chart 7: Number of Emergency Beds in Emergency Housing Facilities

Emergency Beds	2015	2016
Families	60	60
Single Males	29	29
Youth	26	40
Women	0	28
Total Beds	115	157

Source: York Region Community and Health Services Department, Social Services Branch
Emergency Beds as of December 31, 2015

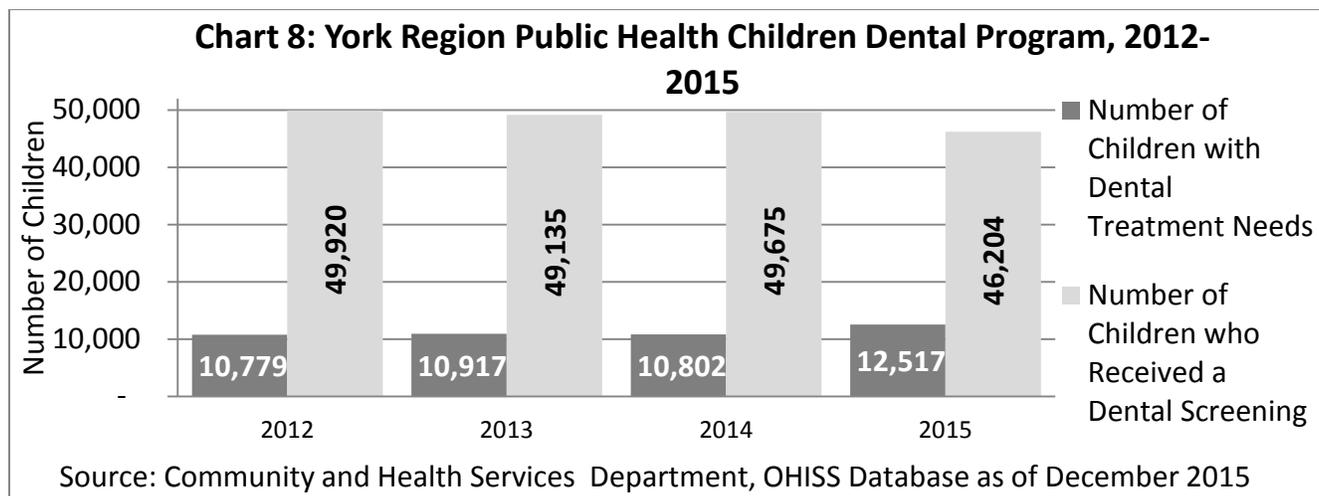
CHS provides a variety of programs and services to support its diverse residents

Public Health Dental Programs serve thousands of children each year

The York Region Public Health Dental program monitors the oral health status of the Region’s children and provides oral health screening in elementary schools, Public Health dental clinics and community venues such as Ontario Early Years Centres (Chart 8). Eligible children



identified with dental treatment needs are referred to the Children in Need of Treatment program and the Healthy Smiles Ontario program¹.



In 2015, the Public Health Dental program expanded its use of the Ontario Health Information Systems mobile application to track screening data. However, to ease the transition process, the mobile application was initially implemented to a smaller sample size to ensure data integrity. As a result, the number of screenings from 2014 to 2015 appear lower.

The requests for the Region’s breastfeeding supports are high and steadily increasing

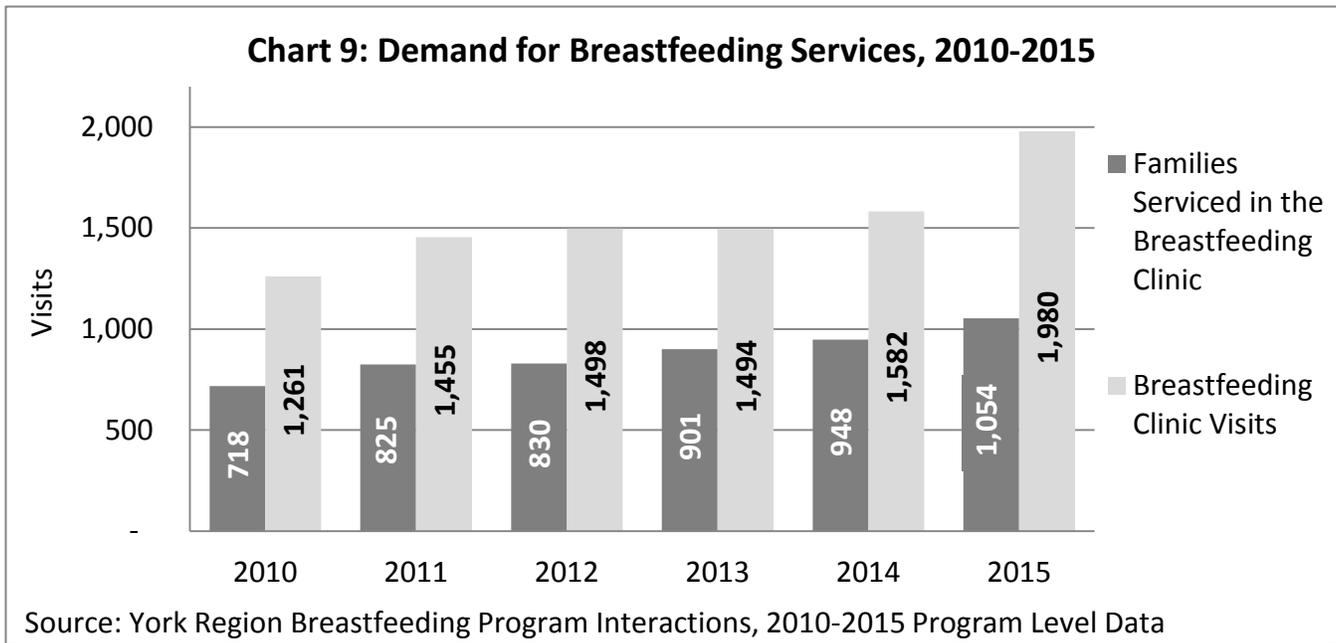
Promotion, protection, and support of breastfeeding are critical public health needs. York Region Public Health provides a wide variety of programs and services for women who are planning to breastfeed or are breastfeeding their children.

Between 2010 and 2015 the number of families accessing York Region’s Breastfeeding Program increased by 47 percent, from 718 referrals in 2010 to 1,054 in 2015. During the same time period the number of Breastfeeding Clinic visits increased by 57 percent, from 1,261 in 2010 to 1,980 in 2015 (Chart 9).

In addition, a joint breastfeeding clinic between Mackenzie Health and York Region Public Health was implemented in 2015. This partnership contributes to ensuring the breastfeeding messaging and health teaching is consistent between hospital and community. The joint breastfeeding clinic provided an additional 390 breastfeeding clinic appointments in 2015.

¹ On January 1, 2016 the Children in Need of Treatment program was integrated into the Healthy Smiles Ontario Program





The Integrated Support Program continues to support clients experiencing multiple barriers

The Integrated Supports Program (ISP) is a specialized social work program that augments the work of Social Services staff by helping multi-barrier clients who otherwise cannot fully benefit from the Branch’s Employment and Financial Supports, Homelessness Community programs or Integrated Children Services. The program enhances levels of services provided so that clients can fully participate in Branch programs. Support can include short-term counselling, case management, and community referrals. In 2015, ISP provided support to 263 clients, an increase of 150 percent from the previous year. The most common needs were:

- Mental health – 78 percent of clients
- Complex family issues – 54 percent of clients
- Medical issues – 30 percent of clients
- Repeated unemployment - 29 percent of client

The majority of referrals (76.6 percent) were made by staff of the Ontario Works programs, followed by Early Intervention Services (19.4 percent), Child Care Services (3.5 percent) and other programs (0.5 percent).

With the increase in ISP referrals, there has also been an increase in the number of clients awaiting service. As of December 2015, there were 56 clients with multiple barriers on the waitlist for the ISP services. However, the length of time clients wait from referral to active service decreased from 13.5 weeks on average in 2014 to 7.5 weeks on average in 2015. This is largely a result of a second social worker starting at the beginning of 2015.

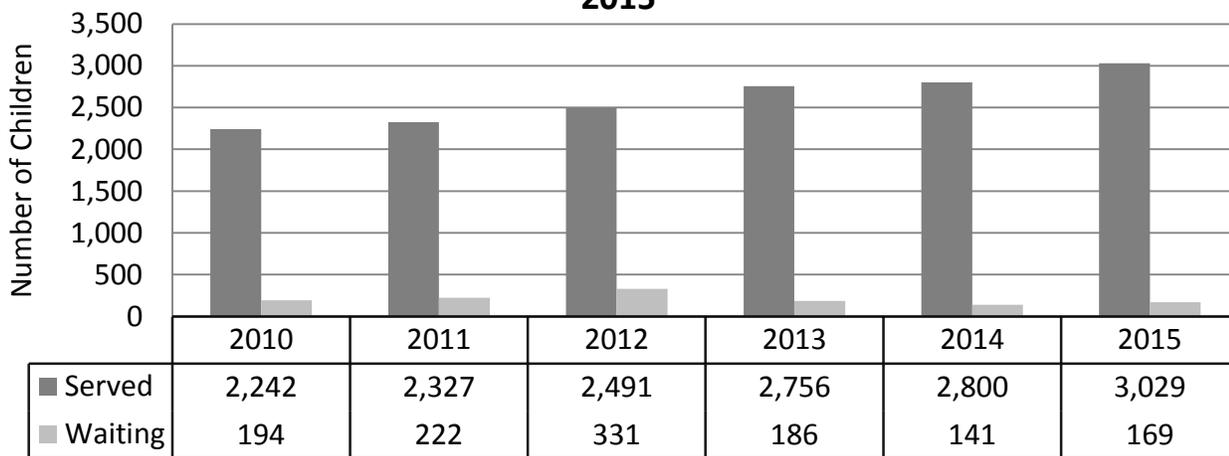


York Region’s demand for Early Intervention Services continues to grow

Early Intervention Services (EIS) delivers programs to support children with special needs and their families. These early identification and intervention programs are free of charge for children from birth to school age, who have special needs or are at risk due to developmental delays, disabilities, an established diagnosis or biological factors such as prematurity.

In 2015, York Region provided EIS services to 3,029 children with special needs and their families. As of December 2015, there were 169 children waiting for EIS services (Chart 10). Almost 59 percent of children receiving EIS services in 2015 were under four years of age.

Chart 10: Early Intervention Services: Served vs Waitlist, 2010 - 2015



Source: York Online Database Access, as of December 2015

Autism spectrum disorder (covers a range of neurological developmental disorders characterized by difficulties with social interaction and communication, repetitive behaviors and/or a range of cognitive deficit) is the most frequent diagnose of children being served by York Region’s EIS, followed by Down syndrome and Cerebral Palsy.

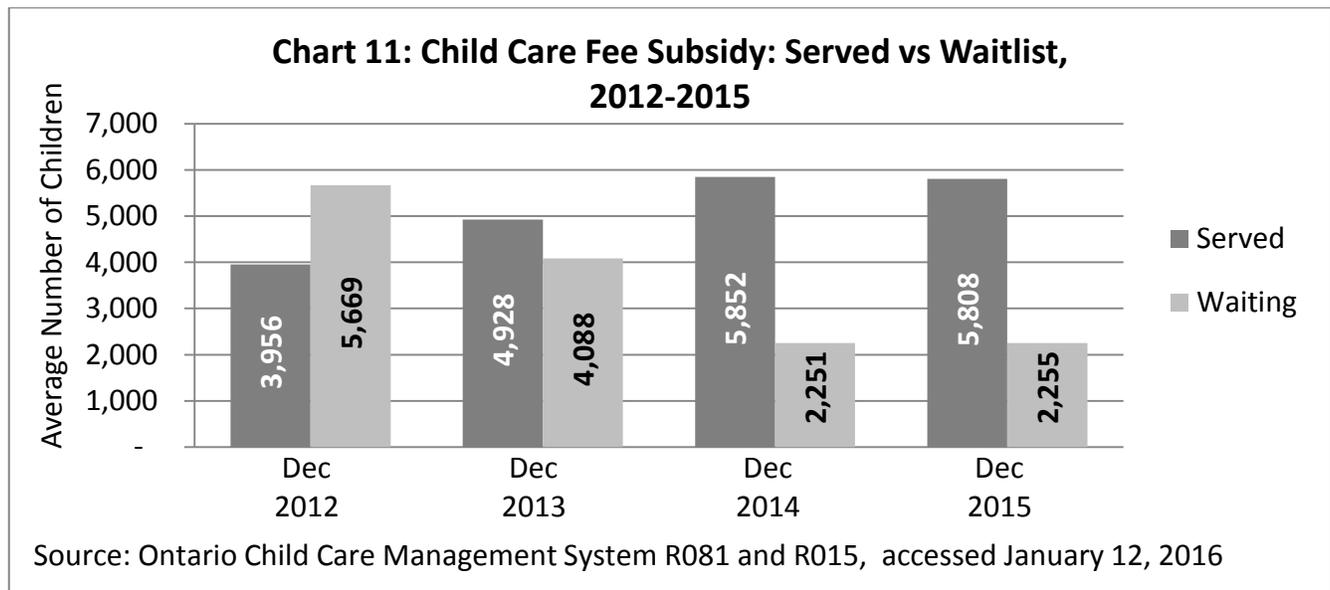
The 2015 Discharge Survey of parents receiving support from EIS found that approximately 95 percent of responding parents stated that their child made gains as a result of what they learned from staff at EIS.



York Region’s Child Care Fee Subsidy helps low and moderate income families to participate in employment, training and developmental opportunities.

The licensed child care system is for children 0 – 12 years of age and in total, there are 44,000 licensed spaces in York Region. Approximately 80 percent of child care operators have a contract with the Region for fee subsidy.

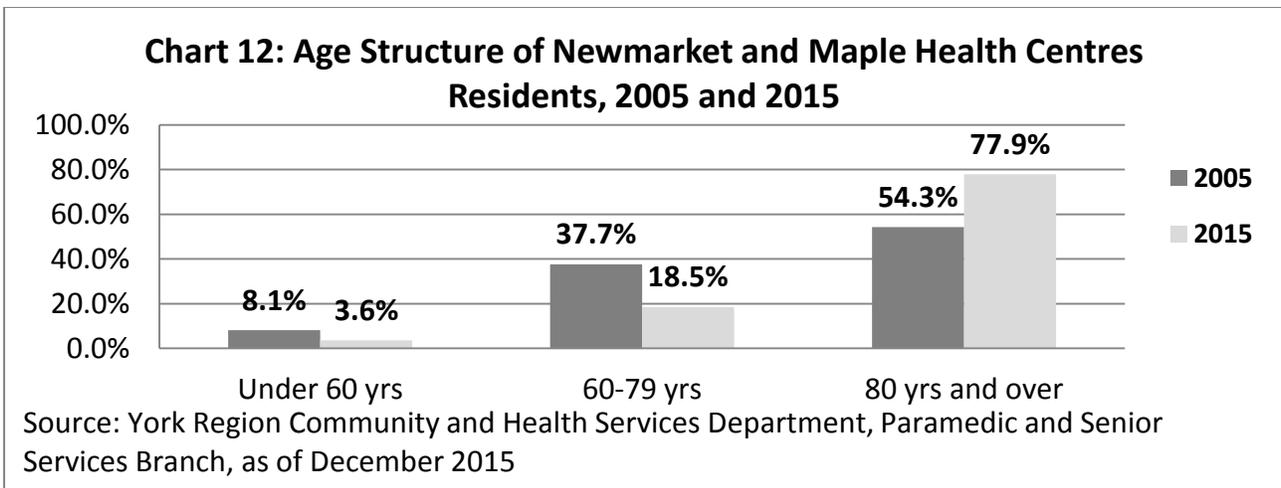
Since 2013, the Region has been able to reduce the gap between service levels and waitlist levels primarily due to new provincial funding. As of December 2015, there were, on average per month, approximately 5,808 children receiving fee assistance and 2,255 children on the waitlist for child care fee assistance (see Chart 11).



An increasing seniors population also increases the demand on York Region long-term care
York Region CHS operates two long-term care homes: Maple Health Centre and Newmarket Health Centre, which can accommodate a total of 232 residents.

The age make-up of the residents in both Maple and Newmarket Health Centres has changed significantly over the last decade. For example, in 2015, the proportion of residents in both long-term care homes aged 80 years and over reached almost 80 percent, compared to only 54 percent in 2005 (Chart 12).





The majority of Maple and Newmarket Health Centre residents have complex needs that require more intensive and time-consuming levels of care. For example, residents diagnosed with dementia accounted for 26 percent (57 residents) of the total number of residents in the long-term care homes.

The rapid growth of the seniors’ population continues to increase the demand for adult day programs

In response to an aging population and an expressed desire by older adults to remain living in their homes as long as possible, adult day programs have become an important part of community-based health care services available for York Region’s seniors.

In 2015, 223 seniors participated in adult day programs, which provide a supervised setting where adults can enjoy activities designed to meet their social and recreational needs. The programs help people avoid entering long-term care early while giving caregivers a break during the day. The average age of adult day program participants in 2015 was 74.5 years. Most of these clients have advanced cognitive impairment and require close monitoring and assistance with personal activities.

As adult day programs benefit both clients attending the programs, as well as their family members, the programs continue to be in high demand. As of December 2015, there were 108 applicants on the waitlist, and of these, almost 66 percent were seniors 75 years and over (Chart 13).



Chart 13: Age Distribution of Adult Day Program Waitlist, 2015



Source: York Region Community and Health Services Department, Paramedic and Senior Services Branch, as of December 2015

Public Health’s Fall Prevention Program helps prevent injuries and emergency department visits among older adults

Among older adults, falls are the leading cause of both fatal and non-fatal injuries and are a result of a combination of factors including environmental hazards (e.g. surroundings inside/outside the home), medications (e.g. four or more, or medications for sleep/anxiety), physical health (e.g. vision, hearing, oral, balance, muscle strength & flexibility), inactivity and chronic disease (e.g. arthritis, diabetes, abnormal blood pressure).

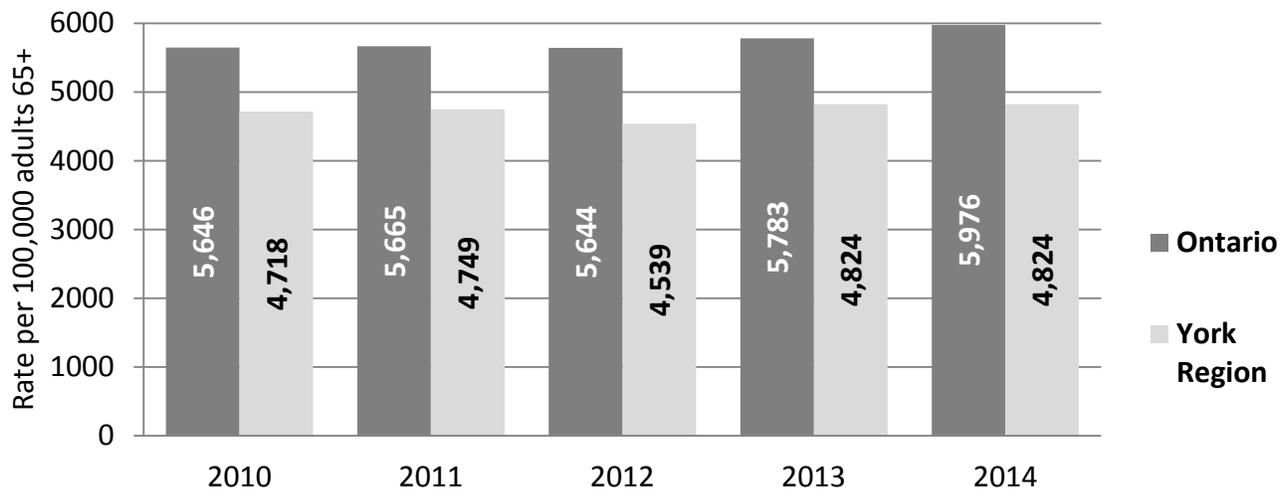
York Region Public Health continues to work to address these risk factors through a multi-faceted approach, including having:

- Researched and developed an over-arching Healthy Aging Strategy to address falls
- Initiated and led a community based group to address falls and healthy aging
- Provided training to health and community based organizations serving older adults

This approach to prevention may be contributing to York Region’s continued lower rate of hospital emergency department visits for a fall-related injury, which was 4,824 for every 100,000 adults 65 years old age and older, compared to 5,976 for the rest of Ontario in 2014 (Chart 14).



Chart 14: Fall-related emergency visit rate among adults aged 65+, York Region and Ontario, 2010-2014



Sources: Ambulatory Emergency External Cause 2014, Ontario Ministry of Health and Long-Term Care, IntelliHealth Ontario, June 2015, Statistics Canada. Table 051-0062 - Population Estimates (by census division, sex and age group for July 1, based on Standard Geographical Classification (GSC) 2011, annual (persons) June 2015

Paramedic Services is experiencing increasing demands

York Region Paramedic Services provides emergency and non-emergency ambulance services for York Region residents, transporting about five percent of the Region’s population annually. As the Region’s population increases, so does the number of transports provided by York Region’s paramedics. In 2015, Paramedic Services received 77,770 calls, an increase of 3,895 calls from 2014. This includes an increase in the number of seniors related calls, up from 17,838 in 2014 to 18,439 in 2015.

Some of the increase in demand is driven by a small group of frequent users who call on Paramedic Services more than five times in a calendar year. In 2015, there were 569 frequent users of Paramedic Services, an increase of 56 from 2014. The number of responses to frequent users also rose in 2015 to 4,129 responses compared to 3,625 responses in 2014. Age, housing status, mental illness and social isolation could be contributing factors to frequent use. Paramedic Services has seen a slight increase in mental health related calls in 2015, 4,429 mental health related calls compared to 4,102 mental health related calls in 2014.



Despite increasing demands Paramedic Services continues to exceed performance targets

Paramedic response times are an indicator of service delivery level to the community. Emergencies are categorized from one to five on the Canadian Triage Acuity Scale (CTAS), with CTAS 1 being the most severe and CTAS 5 being non-urgent. Response time targets are set by Ontario's Ministry of Health and Long-Term Care for sudden cardiac arrests and for CTAS 1, and by York Region for the remaining CTAS categories. In 2015, York Region's Paramedic Services surpassed the response time targets as shown in Chart 15 below, providing a high level of service delivery.

Chart 15: Paramedic Services Response Time Performance, 2015

Category	Target Set By	Target Time (Minutes)*	Target (%) 2015	Performance (%) 2015
Sudden Cardiac Arrest	MOHLTC	Community Target - arrival of any person equipped with an AED within 6 minutes	60	66
CTAS 1	MOHLTC	8	75	79
CTAS 2	York Region	10	80	87
CTAS 3	York Region	15	90	98
CTAS 4	York Region	25	90	99
CTAS 5	York Region	25	90	100

* Arrival of paramedics from time of dispatch notification
Source: York Region Community and Health Services Department, Paramedic and Seniors Services Branch

Conclusion

A growing, diversifying and aging population has critical, long-term effects on the demand for services provided by CHS. While the Region experienced overall economic growth with positive job creation performance, increased housing demand and decreased EI recipients in 2015, there are still populations in need of supports.

As such, new and existing CHS programs and initiatives will continue to play a critical role for our residents. Successes in the previous year included increasing the number of emergency beds in the Region, exceeding performance targets by Paramedic Services, providing services to more women who plan to or are breastfeeding and doubling the number of clients served through the Integrated Support Program, to name only a few.



Going forward, CHS will continue to proactively plan for and respond to the many external factors which influence program delivery such as the recent provincial and federal commitments, related to affordable housing, homelessness, healthcare and Ontario Works. Examples of our work already underway include building the Richmond Hill Housing and Community Hub, developing Mental Health and Seniors Strategies and leveraging community partnerships like the Accessibility Advisory Committee and Human Services Planning Board.

CHS will continue to monitor the trends influencing the Region and its residents and report back to Council in the fall of 2016.

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