



Understanding the impact of COVID-19 on residents of Canada's long-term care homes – ongoing challenges and policy responses

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1. Key findings

- While there are many sources of data on the impact of COVID-19 on the Canadian population in general, timely, consistent and accurate information on the number of confirmed cases of COVID-19 in Canadian long-term care homes continue to be a challenge in this pandemic.
- As new information becomes available and cases evolved or resolved, we have observed changes to previously estimated prevalence and case fatality of residents in Canadian long-term care homes.
- We estimate a case fatality rate of 36% (range 20 to 42%) among residents in Canadian long-term care homes.
- Based on publicly available information from official sources, we have found that deaths in long-term care residents currently represent up to 85% of all COVID-19 deaths in Canada.
- Difference in population size and density in each province, which influences the rate of community transmission, may partially affect regional differences in prevalence of COVID-19 cases in long-term care homes, rather than the proportions of provincial/territorial populations 80 years or older living in these settings.
- Given the vulnerability of residents in long-term care homes, the proper implementation of infection prevention and control policies is the most effective strategy to reduce overall rates of deaths in this population.
- Policy measures to ensure the adequate staffing, the limitation of movement of healthcare workers between multiple sites, access to personal protective equipment and ensuring that staff know how to use it properly are key in helping to prevent the continued spread of COVID-19 and associated mortality in Canadian long-term care home residents.
- With decreasing growth rate, many provinces are starting to consider relaxing visitation restrictions. Continued screening for both typical and atypical symptoms, as well as periodic surveillance testing of long-term care staff and residents are critical for balancing resident safety and well-being.

2. Impact of COVID-19 on Canadian long-term care homes so far

According to the 2016 Census, 425,755 Canadians live in long-term care or retirement homes as well as assisted living facilities.¹ So far, we estimate approximately 17,246 of these residents (representing 4.1% of all residents in long-term care and retirement homes) have been infected with COVID-19, and 6,236 of them have died as a result. Much like populations in nursing homes in other countries, residents in Canada's long-term care homes are frail and at the highest risk of experiencing severe symptoms and death from COVID-19.²

Recent studies of long-term care home residents in Ontario — Canada's most populous province with 14.5 million residents — illustrate the high burden of chronic disease and frailty in this population.^{3,4} Because residents in long-term care homes are more susceptible to serious infection once exposed to COVID-19, homes where infection has been introduced have suffered dire consequences. Over the course of the pandemic, reports of tragic resident deaths from rapid outbreaks in long-term care homes across several Canadian provinces — such as Pincrest Nursing Home in Bobcaygeon, Ontario⁵; Lynn Valley Care Centre in North Vancouver, British Columbia⁶; McKenzie Towne Continuing Care Centre in Calgary, Alberta⁷; Résidence Herron in Montreal, Québec⁸; and Northwood long-term care home in Halifax, Nova Scotia⁹ — have illustrated the need to protect the vulnerabilities of this population from COVID-19 exposure.

Context: Within Canada, long-term care homes are establishments that provide 24-hour supervision and functional supports for people who are frail, require assistance with their daily activities and often have multi-morbidity. Most residents of long-term care homes are over 80 years old and 70% of them have dementia. Across the provinces and territories, these homes may be referred to as: long-term care homes (in Ontario, Saskatchewan, British Columbia, and Yukon), care homes (British Columbia), nursing homes (in Nova Scotia, and New Brunswick), personal care homes (in Newfoundland and Labrador as well as Manitoba), long-term care facilities (in Newfoundland and Labrador, Prince Edward Island, British Columbia, and Northwest Territories), residential care facilities (in Nova Scotia, Alberta and British Columbia), special care homes (in New Brunswick and Saskatchewan), continuing care facilities (in Northwest Territories), or continuing care centres (in Nunavut). In the province of Québec, they are known as centres d'hébergement de soins de longue durée (CHSLD).

Many older Canadians require substantial health supports but not at the intensity offered in long-term care homes. These people may choose to live in residences primarily designed for older adults and provide these services in a home-like setting, with fewer skilled staff and lower staff-to-resident ratios than in long-term care homes. These residences are commonly referred to as assisted living residences in Alberta, retirement homes (Ontario) or private senior residences (résidences privées pour aînés, RPA) in Québec. They are occasionally collocated with long-term care homes so that residents may seamlessly transfer between them as their care needs change.

2.1. Number of reported cases in long-term care

According to publicly available data as of June 1, 2020, there are now at least 91,705 confirmed cases of COVID-19 in Canada;¹⁰ with 17,246 (or 19%) of these in long-term care homes or other residential care settings such as retirement homes and assisted living facilities. This amounts to 4.1% of Canada's approximately 425,755 long-term care and retirement home residents. Below is a summary of COVID-19 cases in long-term care homes and other residential care settings for seniors across Canadian provinces based on publicly available data.

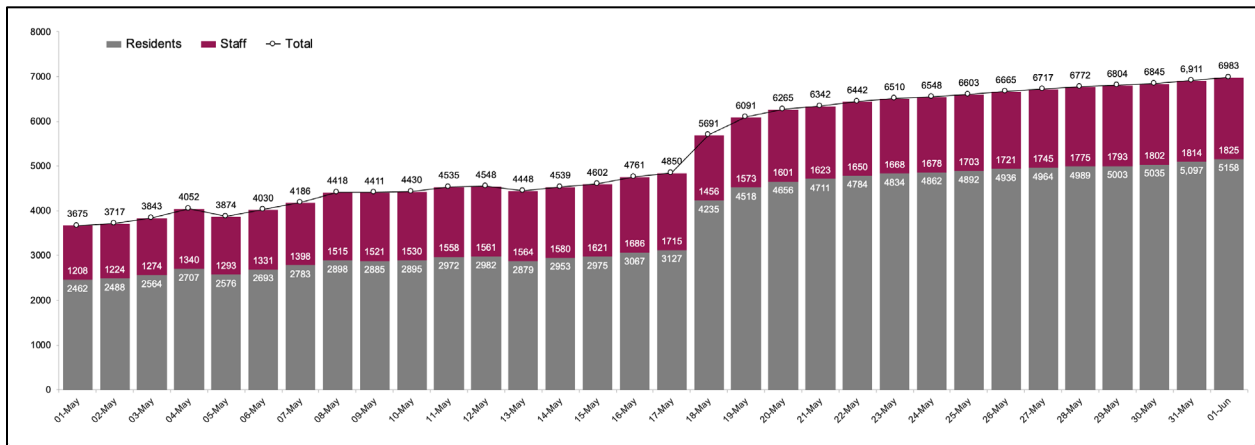
Methodology note: There remains some challenges to accessing timely data on the number of confirmed cases of COVID-19 in Canadian long-term care homes. While each province's Chief Medical Officer and/or premier has provided daily updates, data that are collected by public health agencies are not always readily accessible to the public or organized in a way that is conducive to examination of temporal changes. These challenges are reflected in the numbers that are presented in this report, which were mainly taken from the official epidemiological reports produced by the provinces or their provincial public health agencies (such as [Public Health Ontario/Government of Ontario](#) and the [BC Centre for Disease Control](#)), as well as daily updates or news releases provided by the province (in [Québec](#), [Nova Scotia](#) and [Alberta](#)). We have also attempted to validate our counts against the websites of individual long-term care homes or their corporate offices.^{11,12}

Since the beginning of May, several provinces have shifted from reporting cumulative cases to active cases. While these status updates may be helpful for establishing point prevalence, it hinders our ability to examine longitudinally the impact of COVID-19 on Canadian long-term care homes. In this report, we continue to present cumulative cases (where possible) and indicate any potential deviation from official numbers.

After discovering a technical error in the enumeration and reporting of cases in Québec's long-term care homes (CHSLD) and private senior residences (RPA), the province had suspended regular updates between May 1st and May 12th.¹³ Since May 12th, the province has been reporting active instead of cumulative cases. On April 30th, official sources had reported a combined total of 6,592 cases in CHSLDs and RPAs. As of June 1, 2020, there are 51,593 confirmed cases of COVID-19 in the province of Québec, and our best estimate indicate that at least 9,882 of these cases were in long-term care homes.¹³

Ontario has the second highest number of cases of COVID-19 among residents in long-term care homes. As of June 1, there are 28,709 total confirmed cases of COVID-19 in the province. Based on official numbers produced by Public Health Ontario, the cumulative number of confirmed cases in nursing home residents and staff are 5,158 (18%) and 1,825 (6%), respectively. Temporal trend over the past 30 days are illustrated by Figure 1.

Figure 1. Total number of reported cases in Ontario's long-term care homes with confirmed COVID-19 outbreaks over the past 30 days (May 1, 2020 to June 1, 2020)



Source: Derived from Daily Epidemiological Summaries produced by Public Health Ontario. Accessed on June 2, 2020 from: <https://www.ontario.ca/page/2019-novel-coronavirus>

Retirement homes in Ontario, which represent approximately 4% of the cases in the province, have 714 cases among residents and 376 cases in staff as of June 1st. This is likely an underestimate as there are known discrepancies between the counts of cases extracted from the province's integrated Public Health Information System (iPHIS) and other sources due to lags in reporting time. Estimates produced by the National Institute on Ageing's (NIA) Long-Term Care COVID-19 Tracker Open Data Working Group suggest there are at least 6,250 cases among residents and 3,042 staff in 1,396 long-term care and retirement homes in Ontario as of June 1, 2020. For consistency, most data and calculations presented in this report are derived from iPHIS, as this is the official data source for the provincial counts of cases and deaths and will allow us to calculate the proportion of all deaths in the province represented by only residents in long-term care homes. We note deviations from this approach where possible.

As a result of infrequent official data updates and a lack of consistent reporting of cases in long-term care settings, we have opted not to present the daily increase in cases over time for most provinces. The province of British Columbia had the earliest publicly reported outbreak in long-term care homes in Canada on March 5th.⁶ Among the 2,597 confirmed COVID-19 cases in the province reported on June 1, 2020,¹⁴ 284 (or 11%) are among residents in long-term care homes and assisted living facilities, while 172 (7%) are workers in these settings.

Alberta has the third highest number of COVID-19 cases in Canada, with a total of 830 cases (comprised of both residents and staff) in long-term care homes as of June 1, 2020.¹⁵ They represent 12% of the 7,052 confirmed cases in Alberta. Case tracking by the NIA Long-Term Care COVID-19 Tracker Open Data Working Group has identified 551 cases in long-term care homes residents.

Nova Scotia reported 267 confirmed cases among residents in long-term care homes as of June 1, 2020.¹⁶ They represent 25% of the 1,057 confirmed cases in the province.

Based on publicly available information, many Canadian provinces and territories have had fewer than 10 cases (including both residents and staff) in long-term care homes:

Table 1. Prevalence of COVID-19 in Canadian provinces or territories reporting fewer than 10 cases in long-term care and retirement homes (as of June 1, 2020)

Province or Territory	Number of Cases
Newfoundland and Labrador	1 long-term care home resident
Prince Edward Island	No reported cases in long-term care homes
New Brunswick	4 long-term care home residents; 2 healthcare workers from 2 long-term care homes
Manitoba	4 residents (2 resulting resident death) and 2 healthcare workers from 5 long-term care homes
Saskatchewan	3 residents (2 resulting resident death) and 4 healthcare workers from 2 long-term care homes
Yukon	No reported cases in long-term care homes
Northwest Territories	No reported cases in long-term care homes
Nunavut	No reported cases in long-term care homes

Sources: Estimates based on various sources, including provincial public documentation and health officer and premier updates to press.

2.2. Number of reported deaths due to COVID-19 in long-term care

Global estimates indicate that approximately 13-26% of people over the age of 80 have died if infected with COVID-19.^{17,18} Based on the publicly available Canadian data presented in this report, we estimate a case fatality rate of 36% (range: 20 to 42%) among residents of Canadian long-term care homes (Table 2). This sobering case fatality rate is much higher than the 8% for the total Canadian population, where there have been 91,705 confirmed cases and 7,326 deaths as of June 1, 2020. The case fatality rate would be even lower if cases and deaths from long-term care homes were removed from this calculation. A recent study of skilled nursing facilities in the U.S.,¹⁹ where long-term care residents are comparable in frailty to Canadian residents, found a case fatality rate among its residents of 33.7%. A possible explanation for the higher mortality among U.S. long-term care residents is that their outbreak occurred earlier in the pandemic, before appropriate infection control measures were implemented and before asymptomatic, pre-symptomatic and atypical presentations of COVID-19 in older adults were well-understood.^{20,21} It is important to note that case fatality can only truly be determined once every infected person either recovers or dies, therefore, regional differences in rates may also be due to incomplete data on outcomes of currently infected residents.

Table 2 presents the current number of cases and deaths due to COVID-19 among residents in Canadian long-term care homes. Deaths from long-term care homes and retirement homes in Québec and Ontario, Canada’s two most populous provinces, account for the bulk of all deaths among individuals in this setting. Nearly all (>99%) deaths comprised of residents receiving care in this setting; to date, only 10 deaths among staff in long-term care homes have been noted.

Table 2. Best estimates of case fatality rate among residents in long-term care homes, retirement homes and assisted living facilities in Canada (as of June 1, 2020), by provinces and territories

Province or Territory	Last update	Number of cases among long-term care home residents	Number of deaths among long-term care home residents	Best estimate of case fatality rate
<i>Canada</i>	<i>June 1</i>	<i>17,246[§]</i>	<i>6,236[§]</i>	<i>36%[§]</i>
Newfoundland and Labrador	June 1	1	0	Too few cases to provide a meaningful estimate
Prince Edward Island	June 1	0	0	No reported resident cases
Nova Scotia	June 1	267	55	21%
New Brunswick	June 1	4	0	No reported resident cases
Québec	June 1	9,882 [‡]	4,126 [‡]	42%
Ontario	June 1	5,872 [†]	1,616 [†]	28% [†]
		6,250 [‡]	1,851 [‡]	30% [‡]
Manitoba	June 1	4	2	Too few cases to provide a meaningful estimate
Saskatchewan	June 1	3	2	Too few cases to provide a meaningful estimate
Alberta	June 1	551	109	20%
British Columbia	June 1	284	91	32%
Yukon	June 1	0	0	No reported resident cases
Northwest Territories	June 1	0	0	No reported resident cases
Nunavut	June 1	0	0	No reported resident cases

Notes: [†]Estimates derived from Daily Epidemiological Summaries produced by Public Health Ontario/iPHIS data. [‡]Estimates produced based on data collected by NIA's Long-Term Care COVID-19 Tracker Open Data Working Group. [§]Calculated based on NIA's estimate for Ontario and authors' own estimate of the current number of cases in Québec. **Sources:** Estimates based on various sources, including provincial public documentation and health officer and premier updates to press.

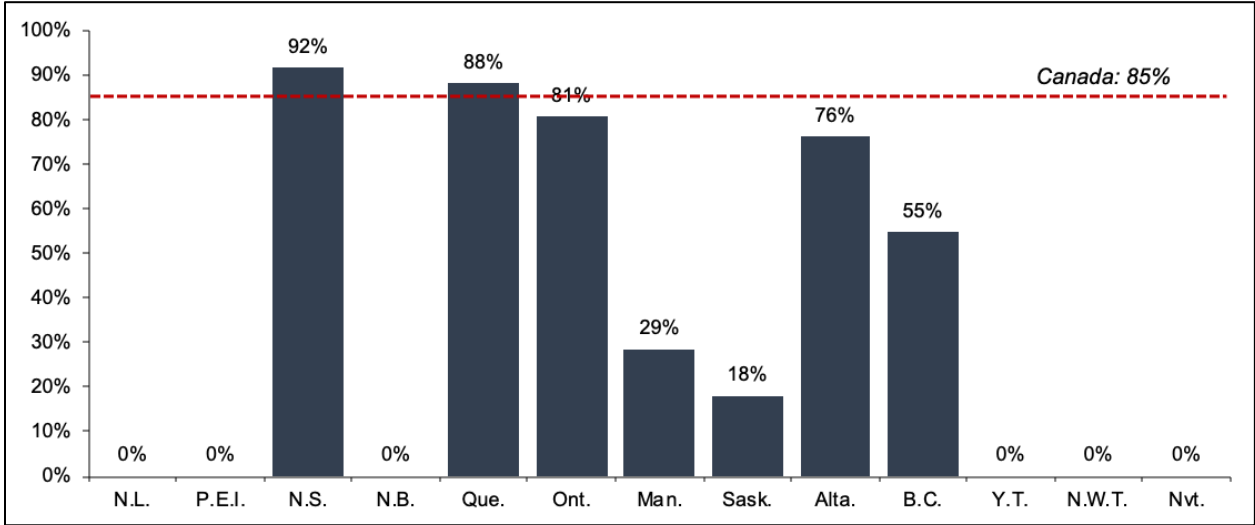
2.3. Large proportion of Canadian COVID-19 deaths are in long-term care residents

Deaths in long-term care homes constitute the majority of COVID-19 deaths in Canada, as shown in Figure 2. Most provinces have been reporting combined cases and deaths from long-term

care homes, assisted living facilities, as well as retirement homes (or other private residences for seniors) as their populations are quite similar in many respects. Nationally, they comprise of 85% of all deaths due to COVID-19.

It is important to note that, in Canada, most official sources have been reporting total counts of deaths in long-term care homes, whether or not COVID-19 was determined to be a contributing or underlying cause of death. This may have inflated our estimates of the proportion of deaths due to COVID-19. Unfortunately, due to the low rates of testing early on in the pandemic, we won't know whether all of the residents who died in this period had COVID-19. Furthermore, seniors with multimorbidity are often considered as dying *with* COVID-19 rather than dying *from* COVID-19 because the viral infection exacerbates their underlying health problems. Comparing the deaths during the COVID-19 pandemic to deaths during the same period in previous years (e.g., in the same weeks or months to determine the excess mortality) may be the best way to estimate the true mortality impact of COVID-19.

Figure 2. Deaths from residents in long-term care and retirement homes as a proportion of the total number of deaths in each province or territory (as of June 1, 2020)



Sources: Estimates based on various sources, including provincial public documentation and health officer and premier updates to press.

As studies of older adults in China and Italy reveal a dramatic increase in COVID-19 case fatality among adults aged 80 years and older, even compared to those aged 65-79,^{17,18} we wanted to examine whether the proportion of individuals over the age of 80 living in long-term care homes in each province may have contributed to the high observed mortality rates. Table 3 presents the proportion of Canadians over the age of 80 residing in long-term care homes or other residences for seniors, such as retirement homes and assisted living facilities. In provinces like Québec, Alberta and Manitoba, which have the highest proportions of their populations 80 years or older living in long-term care settings, one might expect to see a greater proportion of provincial deaths. However, the death rates in these three jurisdictions vary from 88% to 76% and 29%, respectively, between them. Ironically, Nova Scotia and Ontario that have some of the

lowest proportions of their populations 80 years or older living in long-term care settings but observed some of the highest death rates. It is worthwhile to note that most of the cases and deaths in Nova Scotia were the result of an outbreak at one long-term care home (Northwood long-term care home). Based on this crude analysis, the findings suggest that the proportion of individuals over the age of 80 living in long-term care settings (out of all individuals 80+ within each province) does not explain the between-province variation.

We then examined whether the age structure of those residing in long-term care homes could have accounted for the high proportion of deaths in each province (Appendix Table A1). In provinces like Ontario, British Columbia and Saskatchewan, where more than three-quarters of their long-term care residents are 80 years or older, one might expect to see a greater proportion of provincial deaths. However, the death rates in these three jurisdictions also varied from up to 81% to 55% and 18%, respectively, between them. Interestingly, Québec has one of the lowest proportions of individuals residing long-term care homes who are over the age of 80 (i.e., they have a younger population receiving care in these settings than many other provinces); yet, they have one of the highest proportion of deaths from long-term care at 88%. This may be an indication that other contributing factors — including underlying health conditions or multi-morbidity of the population, the expediency in which infection prevention and control measures were implemented — may have influence the high count of deaths in Québec today.

Based on these observations, we propose that the main underlying contributors of the current spread of COVID-19 in long-term care homes are between-province differences in the overall size and density of their populations, which strongly influences the extent of community transmission. Further research is needed and we will continue to explore this issue in our future updates.

Table 3. Proportion of Canadians aged 80+ living in long-term care homes and residences for senior citizens, by provinces and territories, 2016

	Total Population ≥ 80 years old in region, N	Population ≥ 80 years old living in long-term care homes and residences for older adults, N	Proportion of population ≥ 80 years old living in long-term care homes and residences for older adults, %
<i>Canada</i>	1,520,430	313,130	20.6
Newfoundland and Labrador	20,430	3,525	17.3
Prince Edward Island	6,450	1,330	20.6
Nova Scotia	43,560	6,985	16.0
New Brunswick	35,270	6,530	18.5
Québec	376,520	103,385	27.5
Ontario	592,260	101,745	17.2
Manitoba	54,525	11,930	21.9
Saskatchewan	50,060	10,295	20.6
Alberta	125,555	30,680	24.4
British Columbia	214,440	36,560	17.0
Yukon	680	105	15.4
Northwest Territories	520	70	13.5
Nunavut	155	20	12.9

Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016018.

3. Long-term care policy and practice measures

Because one in three Canadian long-term care residents with COVID-19 have died from it, preventing infection in this population is key to Canada’s evolving COVID-19 strategy as we anticipate potential second and third waves of the COVID-19 pandemic. Some of the measures implemented to date with ongoing results are described below.

3.1. Restricting all non-essential visits

One of the first policy measures to be implemented in long-term care homes was prohibiting non-essential visitors from entering a home. Family and friends undoubtedly play an important role in the overall health and well-being of residents. They often also provide direct care to residents in long-term care homes. However, out of concerns about visitors who could inadvertently introduce the virus into a home, in many provinces, the only visitors who have been permitted access to long-term care homes are those who are deemed as “essential”; in addition to the staff employed by these establishments, this may include a family member visiting or caring for a resident who is near the end of life. Recently, as a result of slowing rates of transmission in the community, some provinces are beginning to consider relaxing the restrictions on visitations. New Brunswick, Prince Edward Island and Manitoba are among the first provinces to re-open its doors to visitors.^{22,23,24} These provinces now allow outdoor visitations, with physical distancing and in designated areas, on long-term care home campuses. This is in spite of the recent outbreaks in long-term care homes in New Brunswick.

While restrictions to visitations may soon be lifted, active screening of all care provider and other visitors entering the home for signs and symptoms of COVID-19, as well as other risk factors (e.g., recent travel outside of Canada) will likely continue. In Ontario, for example, screening has been performed twice-daily, at the beginning and end of the day or shift (for staff).²⁵

Provinces that are ready to re-open its doors to visitors have also maintained some restrictions, such as limiting the number of visitors to a maximum of two per resident and enforcing an appointment system to minimize the number of guests in the home each day.^{22,23,24}

A recent Delphi panel comprised of 16 experienced long-term care professionals in the U.S., including 14 physicians,²⁶ unanimously agreed that point prevalence facility-wide testing of all staff and residents will be essential as we continue to monitor and manage COVID-19 outbreaks in long-term care homes. Although the Ontario Ministry of Long-Term Care has now taken a more proactive approach and recommending surveillance testing of all LTC staff at least twice in the month of June, there is currently no long-term strategy for ongoing point prevalence surveys to ensure a vigilant monitoring for potential outbreaks.

3.2. Measures to manage staff availability

In times of a severe and rapid respiratory outbreak, the shortage of healthcare workers in Canada’s long-term care sector has led to initial amendments to the requisites for employment and re-deployment of staff to new roles within the home. For example, as a result of reduced staffing capacity in the long-term care sector, the Government of Ontario enacted a temporary emergency order²⁷ on March 23rd to “ensure personnel are properly deployed to help prevent the spread of COVID-19 to keep staff, volunteers and residents in long-term care homes safe.” Under this emergency order,²⁸ long-term care homes have the capacity to:

- Change the assignment of work among its staff, including assigning non-bargaining unit employees or contractors to perform bargaining unit work;

- Employ extra part-time or temporary staff or contractors, including for the purpose of performing bargaining unit work; and
- Use volunteers to perform work, including to performing bargaining unit work.

While emphasis has been placed on ensuring redeployed and temporary staff as well as contractors receive appropriate training and education to perform their new assignments, the rapid redeployment and broad introduction of temporary staff in the long-term care sector may have unintended consequences, specifically the rapid transmission across several homes within a short period of time. As a result, many provinces later revised their strategies and restricted the employment of healthcare workers to one care setting (more in Section 3.3). The consequence of this initial strategy has been made apparently in a recent report by the Canadian Armed Forces,²⁹ which cites inadequate training and orientation of new staff as one of the main problematic areas in Ontario's long-term care homes.

Even prior to the current pandemic, one of the greatest challenges faced by the long-term care sector were staffing shortages.³⁰ To stabilize the current workforce and attract prospective employees, Ontario subsequently introduced a pay enhancement of four dollars per hour to support front-line healthcare workers for 16 weeks.³¹ Québec has also recently announced their plan to stabilize the workforce by hiring 10,000 personal support workers (at a rate of \$26 per hour CAD), in preparation for possible future waves of the pandemic.³² The Government of Canada has also introduced a similar measure to increase the hourly wages of low-income essential workers, a purported investment of \$3 billion dollars.³³

3.3. Measures to prevent the introduction and spread of COVID-19 within and between care settings

Early data from the U.S. demonstrated the ability of long-term care workers to spread COVID-19 between facilities where they are employed,¹⁹ which eventually led to all provinces to implement measures to restrict the employment of healthcare workers to a single home. As the reality for most health care workers in Canadian long-term care settings is part-time employment opportunities at lower wages and without benefits (such as sick leave), this hiring practice often necessitates that these care providers will work across multiple homes to earn a living wage.³⁴ This further contributes to the high level of staff turnover in these settings as these workers will often seek full-time, better paid positions with benefits that are usually available in publicly-funded hospitals.

On March 27th, the Provincial Health Officer for British Columbia were the first to enact under the province's *Emergency Program Act* and *Public Health Act* restrictions to long-term care home workers' movement across multiple healthcare organizations, including hospitals and long-term care homes.³⁵ The estimated cost to support the single-site order was approximately \$10 million a month but was designed to stabilize its front-line workforce by bringing all care home staff in that province under the employment of the Government of British Columbia with an entitlement to full-time pay with benefits.³⁶ All provinces have now enacted similar policies.³⁷

3.4. All care providers and visitors should wear appropriate protective equipment

It is recommended that all care providers and visitors in a care setting wear surgical masks and other appropriate protective equipment, given the high rates of community transmission, the early asymptomatic spread that can occur with COVID-19 between individuals, and a lower likelihood that older residents will display the typical signs and symptoms of a COVID-19 infection. Wearing a mask, in particular, can help to prevent or limit the early transmission of the virus from care providers to residents or to other care providers. As care providers might enter a home being asymptomatic, they should continuously self-monitor for any symptoms and screening should be done at least twice daily. With plans to relax visitation policies in the near future, and in light of ongoing dialogues pertaining to the importance of unpaid caregivers to long-term care home residents' health and well-being, provinces should ensure there is adequate supply of appropriate protective equipment for staff as well as visitors, family members and friends who may become involved in providing bed-side care.

4. Lessons learnt so far

Of the 425,755 long-term care and retirement home residents in Canada, 4.1% have COVID-19, but they account for 85% of COVID-19-related deaths in Canada. Our estimated case fatality rate of 36% (range 20 to 42%) in long-term care and retirement home residents suggests that their chance of survival with COVID-19 is far lower than people who are over 80 years old living in the community. This is likely due to the high prevalence of frailty and chronic disease of residents receiving care in long-term care homes. Preventing infection with COVID-19 and its spread through long-term care homes is critical for preserving the lives of Canadians in long-term care homes.

The rapid spread of COVID-19 in Canada's long-term care homes highlights many pre-existing and systemic issues — such as the risks of living in shared accommodations and chronic understaffing issues — as well as the slow implementation of effective infection control measures as the COVID-19 pandemic quickly spread across Canada and into long-term care and retirement homes. Despite the higher wages of many long-term care home staff, compared to their community counterparts, chronic underfunding to the sector leading has been cited³⁸ as one of the main drivers of inadequate staffing levels in long-term care homes. British Columbia's early introduction of measures to ensure equitable compensation to support their employee single-site order has been recognized as an important step to perhaps slowing fatalities from COVID-19 in its long-term care homes. The repercussions of other provinces' delayed attempts at increasing staffing and minimizing the ability of staff to work in multiple care settings is now evident from observations made in recent reports by the Canadian Armed Forces. While the number of community cases has declined in recent weeks, it is expected that the situation in long-term care will continue to evolve and be impacted by the re-opening of businesses and considerations for relaxing visitation restrictions. Future versions of this report will continue to evaluate and reflect on the impact of these policy changes on long-term care homes in Canada.

As our global community comes together to preserve life among long-term care home residents in our countries, we must remember to carry the lessons learned from COVID-19 forward in our public policy making. Policy measures implemented during this pandemic, such as single-site work orders and adequate remuneration of long-term care employees, are likely to benefit residents of long-term care homes beyond the current pandemic. We are optimistic that the continued documentation of these effects will allow policymakers to make lasting improvements in how we care for the most vulnerable members of our society.

Appendix

Table A1. Proportion of Canadians aged 80+ living in long-term care homes and residences for senior citizens, by provinces and territories, 2016

	Total population living in long-term care homes and residences for senior citizens, N	Population ≥ 80 years old living in long-term care homes and residences for senior citizens, N	Proportion of residents in long-term care homes and residences for senior citizens who are 80 years of age or older, %
<i>Canada</i>	425,755	313,130	73.5
Newfoundland and Labrador	5,290	3,525	66.6
Prince Edward Island	1,945	1,330	68.4
Nova Scotia	9,800	6,985	71.3
New Brunswick	9,970	6,530	65.5
Québec	146,405	103,385	70.6
Ontario	133,470	101,745	76.2
Manitoba	15,960	11,930	74.7
Saskatchewan	13,350	10,295	77.1
Alberta	41,695	30,680	73.6
British Columbia	47,510	36,560	77.0
Yukon	175	105	60.0
Northwest Territories	135	70	51.9
Nunavut	40	20	50.0

Source: Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016018.

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