



Seniors for Social Action Ontario

Research, Evidence, and Elder Care Reform

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<https://www.therecord.com/opinion/2022/01/26/research-on-elder-care-reform-shows-nursing-homes-not-the-answer.html?rf>

In recent years, research has become of utmost importance. The pandemic has made clear that we need research and science to guide important public health decisions.

As an applied social researcher, I have often asked the question “how much knowledge is enough?” In other words, what is the threshold whereby we can say we have enough research and knowledge to move ahead on a particular approach?

Elder care, like all areas of health, should be guided in large part by research. Policy makers often tout ‘evidence based’ decisions in the development of social policy, as in the case of the Covid-19 pandemic. This recognizes that research and evidence point policy makers in the proper direction. Any new idea, often referred to as social innovation, is about finding enough solid evidence, in conjunction with other social and political factors, to move ahead with a new policy.

Researchers and scientists understand that developing evidence is a process which is always evolving as new evidence becomes available.¹ Figuring out how

research can influence and guide decisions in long-term care and elder care is complex and ever changing. This is the way research works, as we gather new evidence, the insights for policy and practice also change.

Unfortunately, the current Ontario government is failing to use research and science to influence their elder care vision and policies. Most importantly, they are failing to ask the question, ‘how much knowledge is enough to decide what to do?’ Instead, they are stuck on old questions, such as ‘how do we fix long-term care facilities?’ In fact, it is astonishing how seldom, if ever, proponents of ‘fixing long-term care facilities’ cite research to support their case.

To consider the research related to our question, ‘Is there enough knowledge?’ we need to assess at least three areas - what do older adults themselves want? What is the evidence for alternatives? What can we learn from cross-cultural comparisons on elder care?

Let us look at each of these questions.

First, what do older adults themselves want? When asked about long-term care, well over 90% say they want to age at home and do not want to go to a nursing home. Surveys with people over age 55 consistently get the same result.² When governments or Statistic Canada use surveys to get a sense of citizen’s perceptions, they rarely reach a 75% threshold. Over 90% is an astonishingly high agreement. So, why does the Ontario government, and nursing home researchers, consistently ignore what older adults want?

Second, what is the evidence for alternatives? One source of evidence comes from thirty years of research on the outcomes of deinstitutionalization of people with disabilities.³ From the late 1970’s until about 2010, there were dozens of studies completed on how well people with disabilities were doing living in the

community. Some of these studies compared community living with institutional living. The evidence is clear – people with disabilities experience better health and well-being, and greater satisfaction, when they live in the community, usually in small homes that are well staffed. In addition to well-constructed research studies, there are countless stories from family members about how their loved one is now thriving in comparison to their previous life in an institution.

Another source of evidence comes from the emerging research on alternatives to institutions for frail older adults. Money Follows the Person, for example, is a US program where people can leave an institution with funds for community living. Over 100,000 people have utilized this program in several states. Studies show that people's quality of life and life satisfaction have improved considerably, whether they have moved to their own home or apartment or are living in a small community support residence.⁴

Evidence about alternatives also comes from studies on people with dementia, most of whom have better outcomes when they live in small community homes.⁵

A final source of evidence on alternatives comes from the growing number of studies which show that home care costs are significantly less than institutional living and that the current system is very unbalanced. Don Drummond and Duncan Sinclair from Queen's University summarize this evidence in their report *Ageing Well* and show how our current institutional approach is not financially sustainable.⁶

Third, we need to ask what can we learn from cross-cultural comparisons on elder care? Several researchers and advocacy groups have highlighted how several European countries as well as Japan have taken more progressive approaches to elder care. Denmark, for example, has not built any nursing homes since 1984 and

has invested heavily in home care and small community homes.⁷ The evidence from other countries speaks volumes about Canada's mistaken priorities. We spend 87% on long term care nursing homes and 13% on home and community care, while Denmark spends 36% on nursing homes and 64% on home and community care.⁸ The difference in these approaches is remarkable and instructive.

Governments in Canada spend billions on long-term care institutions. In Ontario, the Financial Accountability Office has shown that the government will spend up to \$10 billion a year, up from about \$4 billion, on such facilities by 2030.⁹ Given the research and evidence, this is not only wasteful but totally inappropriate. With our rapidly aging population, it is also unsustainable.

In conclusion, it is important to stress that research does not tell us what to do but points us in a certain direction. The research on elder care is clearly pointing toward policies and practices where people can age in place and have the support they need in their own homes or in a range of community alternatives. As Timothy Caulfield has written, "policies should be transparent, evidence based, and applied in a manner that ensures diverse perspectives can be heard and openly debated."¹⁰ The problem in Ontario is that our government and many policy leaders are not acknowledging the evidence and seem unwilling to do so.

It is time for a government in Ontario to use research and evidence to guide their decision-making and to engage in conversations with older adults about the evidence that might help transform elder care.

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End Notes

- ¹ Catherine Chambers (2021) How scientific evidence evolves: A case study on Covid-19 in pregnancy. *Healthy Debate*, Nove 22, 2021. [How scientific evidence evolves: A case study on COVID-19 in pregnancy - Healthy Debate](#)
- ² Home Care ON summary of studies. <https://www.homecareontario.ca/news-events/news/2021/12/13/home-care-ontario-op-ed---our-ageist-health-care-system-must-be-reformed>
- ³ Raymond Lemay (2009). Deinstitutionalization of people with developmental disabilities: A review of the literature. *Canadian Journal of Community Mental Health*, 28:1, Spring.
John Lord and Cheryl Hearn (1987) *Return to the Community: The Process of Closing an Institution*. Kitchener, ON: Centre for Research and Education.
- ⁴ Medicaid.gov. (2021). Money follows the person. <https://www.medicaid.gov/medicaid/longterm-services-supports/money-follows-person/index.html>
Paying For Senior Care. (2021). Money Follows The Person: Helping seniors live at home. <https://www.payingforseniorcare.com/medicaid/money-follows-the-person>
Robison, J., Porter, M., Shugrue, N., Kleppinger A., Lambert, D. (October, 2015). Connecticut's 'Money Follows The Person yields positive results for transitioning people out of institutions. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0244>
- ⁵ Wiley-Blackwell. (2011). Small group homes are better for many dementia patients and their families, study suggests. <https://www.sciencedaily.com/releases/2011/09/110915083649.htm>
- ⁶ Don Drummond and Duncan Sinclair (2020). *Ageing Well*. Queen's University: School of Policy Studies. <https://www.homecareontario.ca/news-events/news/2021/12/13/home-care-ontario-op-ed---our-ageist-health-care-system-must-be-reformed>
- ⁷ SSAO (2021). Denmark: The gold standard in long-term care. 50033d_d612afead4c041fcaa092cc240a8c141.pdf (filesusr.com)
- ⁸ CARP, Canadian Association for Retired Persons (2021). <https://www.carp.ca/longtermcare/>

⁹ Ontario Financial Accountability Office (2021). *Long-term care report*.

¹⁰ Timothy Caulfield (2022). Correcting falsehoods isn't cancel culture. *Globe and Mail*, January 14.