A DIGNIFIED OLD AGE: CARE IN THE COMMUNITY
Fall 2020 Pre-Budget Submission

SENIORS FOR SOCIAL ACTION ONTARIO
A Force for Progressive Change

https://www.seniorsactionontario.com/

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Introduction

Seniors for Social Action Ontario (SSAO) is comprised of older adults from across Ontario with decades of experience in finance, policy development and analysis, service provision, post-secondary education, human rights, advocacy, and social action.

SSAO's recommendations are threefold:

There is no need for Ontario to rely on an antiquated institutional model of care, in particular one operated for-profit, without comprehensive pro-active inspections and oversight. Nor is it necessary for Ontario to have a Home Care option that is unreliable, disorganized, and unhelpful in maintaining people in their own homes and communities.

To this end, SSAO's budget submission has a threefold focus:

- Greatly reduce Ontario's reliance on an institutional model of care in favor of a strengthened non-profit in-home and community-based option;
- Gradually eliminate for-profit provision in institutional and home-based care;
- Fund a strengthened, more effective Inspection Branch.

The Impact of Institutionalization

For too long seniors and their families have had little choice but to institutionalize elders if they needed care. Institutionalization is devastating for older adults, especially those with cognitive and physical disabilities.

To be uprooted from everything that is familiar, removed from family, friends, and neighbors and "placed" in an institution, often precipitously, at a time of life when the person feels most vulnerable is a cruel and inappropriate way to address the challenges that come with aging.

Forcing someone, because of a lack of other alternatives, to live with strangers, subjected to institutional routine, lack of privacy, and assembly line care, in often short-staffed facilities is traumatic and unnecessary.

Older adults in long term care institutions were separated from family and friends during a frightening pandemic, forced to be segregated alone in their rooms with almost no one looking in on them to ensure that they were fed and given fluids, over a period of months. That is unconscionable. And it is what too many vulnerable older adults have been forced to endure, because of institutionalization in facilities that are too large, too impersonal, and too prone to the spread of infection.

This pandemic has shone a light on the complete inadequacy of an institutional model of care – particularly one operated for profit.

No other age group is afforded so few choices – either a dysfunctional, unreliable, and inadequate Home Care program[1] or placement in an institution.

All other age groups have available to them individualized and direct funding, in-home attendant care, supported independent living (SIL) programs, and small group homes in the community operated by non-profit organizations.

Other provinces have embraced funding for family caregivers.[2]

Other jurisdictions have funded "money follows the person" initiatives that have allowed individuals with disabilities to leave institutions.[3]

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[1] https://www.cbc.ca/news/canada/toronto/ontario-home-care-research-study-1.5416431

https://www.homecareontario.ca/docs/default-source/position-papers/home-care-ontario-more-home-care-for-me-and-you-february-28-2018.pdf?sfvrsn=16

[2] https://www.gov.nl.ca/hcs/long-term-care/family-caregiving/

[3] https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html

In Canada, only two provinces, Ontario and Quebec, have relied so heavily on institutional care, and both experienced serious COVID outbreaks that infected and killed residents and spread to the wider community.

The Impact of Privatization

Privatization has prevented government from being able to take over facilities when they have endangered their residents. It has fallen to Medical Officers of Health to order in hospital teams. The government had to introduce legislation allowing it to send in hospital teams.

Press reports during the pandemic showed that for-profit facilities had higher death and infection rates than municipally operated facilities.[4] The military and hospital takeovers have occurred more frequently in for-profit facilities.[5]

A recent study published in the Canadian Medical Journal also showed that there were "5965 resident cases and 1817 resident deaths in Ontario LTC facilities compared to 466 cases and 156 deaths in British Columbia care facilities" (Liu et al, 2020). It also showed that rates of severe acute respiratory COVID infection and mortality were several times higher in Ontario than in British Columbia. Ontario has almost double the rate of for-profit long term care facilities as B.C.

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[4] Please see: https://www.thestar.com/business/2020/07/22/new-study-confirms-covid-19-cases-and-deaths-far-more-prevalent-at-for-profit-long-term-care-homes-than-non-profits.html

https://www.thestar.com/business/2020/05/08/for-profit-nursing-homes-have-four-times-as-many-covid-19-deaths-as-city-run-homes-star-analysis-finds.html

https://www.thestar.com/news/canada/2020/09/30/poorer-preparation-slower-response-to-covid-19-led-to-more-deaths-in-ontario-long-term-care-homes-study-finds.html

[5] https://news.ontario.ca/en/release/57011/hospitals-assume-management-of-two-long-term-care-homes

https://ottawacitizen.com/news/local-news/public-health-orders-hospital-to-take-over-management-of-long-term-care-homes

https://www.cp24.com/news/province-appoints-hospital-to-manage-woodbridge-long-term-care-home-after-union-calls-for-intervention-1.4969408

The Impact of Weakened Inspections

Comprehensive yearly inspections that might have allowed proactive responses to prevent at least some of what occurred in long term care during this pandemic had been all but suspended. [6] And the Inspection Branch itself appears to have had no teeth as no licenses were revoked in even the most grievous circumstances and very few Cease Admissions notices were ordered even in facilities that were severely short staffed (Legislative Research, 2020). Residents had better protections than this in the 1980's.

All of this adds up to a dangerous situation for older adults residing in these facilities.

Ontario can and must do better. It must emerge from a regressive policy that has relied on institutionalization to care for elders for decades and move instead to a more progressive policy of helping to maintain older adults in the community, in their own homes wherever possible.

RECOMMENDATION 1:

Greatly Reduce Ontario's Reliance on Institutional Care for Elders

The current reliance on long term care institutions is not only regressive. It is ageist.[7] For all other age groups, irrespective of their level of disability, institutions have been closed in favor of home and community-based care. Ontario needs to begin funding alternatives to institutions for older adults and begin downsizing these large facilities.

Many municipalities, seniors serving non-profit organizations, religious and cultural groups, and community living associations stand ready to respond to a Request for Proposals to begin to create a comprehensive, coordinated, and progressive non-profit, community-based long term care system.

- **Direct funding to family caregivers** to maintain loved ones at home by re-allocating funding currently earmarked for long term care beds to family caregivers. At almost $200.00 per diem, family members could take leaves

[6] https://www.cbc.ca/news/canada/seniors-homes-inspections-1.5532585

of absence from their jobs to care for older adults at home. They could purchase necessary respite services to allow them to take breaks. They could purchase specialized rehabilitative and other services to be provided at home. Furthermore paying family to care for loved ones reduces reliance on PSW's which are currently in short supply in Ontario. Institutions are having trouble finding staff, even with additional funding because no one wants to work there. Paying family caregivers would also reduce the spread of infection. It would also help end hallway medicine without having to spend months building new institutions. And it would, in this way, also take the pressure off the wait list for long term care. And of course, it would be the most humane option for older adults who would then receive care from the people who know and love them most, not strangers. Newfoundland and Labrador have already introduced payment to family caregivers. Ontario should follow suit. The Newfoundland Labrador program is outlined here: https://www.gov.nl.ca/hcs/long-term-care/family-caregiving/

- **Money follows the person** funding. In the United States under Medicaid a "money follows the person" initiative has been funded that allows individuals with disabilities, under certain circumstances, to leave the institutions in which they live and take the per diem funding with them, allowing them to purchase community living options. SSAO is recommending this approach for older adults who do not wish to live in institutions. Having up to $200.00 per day to purchase alternative services in their own homes and communities would allow many residents to leave nursing homes and reduce demand for them. It would also introduce an element of competition as empowered consumers exercise their choice in in-home or residential care. The "Money Follows The Person" initiative is outlined here: https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html

- **Shift funding from institutions to Home Care** delivered by not-for-profit community-based organizations and non-profit nursing services like the Victorian Order Of Nurses. At the present time the funding emphasis is on institutions and therefore the people follow the money. By shifting funding to Home Care, and removing current Home Care caps, more people will be in a position to remain at home. The current bureaucratic structure where agencies and companies are allowed to "bid" on which families will be

served must be eliminated in favor of a service mandate requiring agencies to serve those referred to them. Using "float staff" to provide care in a crisis or if a regular home care worker is not available is critical so that families do not experience a lack of reliability in care provision. Funding for staffing and benefits must be more attractive in Home Care and more full-time positions need to be made available to ensure that individuals needing care receive it. The profit motive should be eliminated from Home Care provision. All government funding should go towards care not profit margins. Manitoba's Regional system of care provision is a model worth considering in Ontario. https://www.gov.mb.ca/health/homecare/

- **Increase In-Home Palliative and Residential Hospice Care.** Ontario does not fund nearly enough hospice and palliative care, whether provided in the home or in small residential settings. This option needs to be greatly increased. Cohn et al, 2017 have produced an excellent report on how palliative care can best be implemented in the community https://nam.edu/wp-content/uploads/2017/04/Community-Based-Models-of-Care-Delivery-for-People-with-Serious-Illness.pdf

- **Make in-home respite care available to families.** Families caring for loved ones at home can become exhausted unless they receive regular breaks. By providing in-home respite services rather than institution-based services, families can feel confident to take a break, get chores and errands done, and visit with friends and family. Respite provision is a vital part of helping caregivers to also care for themselves while caring for others. The U.S. has several models for how this care can be provided including:

  - the National Family Caregivers Support Program https://acl.gov/programs/support-caregivers/national-family-caregiver-support-program

  - the Lifespan Respite Program https://acl.gov/programs/support-caregivers/lifespan-respite-care-program

- the Alzheimer's Disease Supportive Services Program https://nadrc.acl.gov/sites/default/files/uploads/docs/ADSSP%20fact%20sheet%202018.pdf

- the National Alzheimer's Project Act https://aspe.hhs.gov/national-alzheimers-project-act

- **Staff Supportive Housing Programs**. If funding was made available for many supportive housing programs across Ontario to be staffed 24/7 if necessary, many older adults would be able to age in place and avoid institutionalization. The government should give serious consideration to this possibility.

- **Fund small, community based group homes**. Older adults, especially those with dementia, do not do well in large facilities. By funding small group homes operated by non-profit organizations, with built in trauma-informed care and services, many older adults may regain lost capacity and be cared for in more home-like environments. Having the ability to sit on a porch or patio, walk safely in a fenced in yard, and smell food cooking can help older adults to feel more at home and safely cared for. Lower staff-to-resident ratios make more individualized care possible. And community homes provide a friendlier environment for family and friends to visit while also reducing the likelihood of infection. All that is needed is for government to re-direct funds earmarked for institutional care to community-based non-profit agencies and municipalities. The per diems currently paid to institutions would adequately fund residential care in the community.

RECOMMENDATION #2:

Reduce the Role of Profit in Long Term Care

- For-profit provision of care has been shown to conflict with meeting residents' needs, and has resulted in outdated, substandard conditions too frequently. Municipalities and non-profit organizations that have fared much better in providing care to older adults during the pandemic deserve to be given the chance to bid on long term care beds that could be provided in small community residences rather than large institutions. To date the tight timelines for bed awards has given the advantage to for-profit companies. Non-profits and municipalities must get their proposals passed by Boards and Councils, and a tight timeline for submissions places them at a disadvantage. Not only should **more funding be directed towards non-profits in this sector to allow more creative and humane alternatives to institutions, but timelines need to be eased when proposal calls go out to allow them to meet their accountability requirements.** More funding also needs to be given to the non-profit sector and RFP's should include requirements that proposals contain creative community-based residential and in-home support alternatives to decrease Ontario's reliance on institutional long term care. Building more institutions will simply prolong and exacerbate the problems that institutionalization creates.

RECOMMENDATION #3:

Fund a Strengthened Inspection Branch

- **Re-introduce a prosecution policy and attach a Crown Attorney to the Inspection Branch.** This was put in place in 1983 by Hon. Larry Grossman who was Minister of Health at the time. It resulted in charges against nursing home operators who repeatedly violated the Act and Regulations. This needs to occur again to send a strong message that failure to meet the requirements of provincial legislation will not be tolerated.

- **Strengthening the relationship between police and the Inspection Branch** would also build investigative capacity in the Branch, leading to

more thorough evidence-based inspections more likely to hold up in the event of court challenges. And a police presence within the branch would facilitate referrals to police when criminal acts are suspected or identified during inspections.

- **Fund forensic accountants and attach them to the Branch and develop enabling legislation to allow them to conduct audits of facilities that fail to staff appropriately or have adequate care-related, linen, and PPE supplies.** This would also allow the government to examine more carefully whether or not operator's requests for more funding which appear to be endless, are legitimate.

SUMMARY

Focusing on these three issues would, in SSAO's opinion, create significant improvements in the long term care sector in Ontario and signal that Ontario is moving in a much more progressive direction.

References:

Legislative Research. (2020). Director referrals and Director's orders Excel spreadsheet.

Liu, M., Maxwell, C.J., Armstrong, P., Schwandt, M., Moser, A., McGregor, M.J., Bronskill, S.E., Dhalla, I. (September 30, 2020). COVID-19 in long-term-care homes in Ontario and British Columba. *Canadian Medical Association Journal.* https://www.cmaj.ca/content/cmaj/early/2020/09/29/cmaj.201860.full.pdf