

We've learned what's wrong with long-term care, and we've learned it the hard way. Care Watch welcomes the inquiry into COVID-19 in Ontario's nursing homes. Home care and institutional care serve many of the same clients and employ many of the same workers. What we learn through the inquiry will benefit the system as a whole.



We support the Long-Term Care COVID-19 Commission's interim recommendations on standards, infection control, staffing, and collaboration, along with the call to act immediately. We also have several concerns.

- **Accountability.** Government funds nursing homes, so needs to set and enforce consistent standards. Increasing funding is not enough. Nursing homes need to be accountable for how they use that funding.

Care Watch recommends that all nursing homes be inspected regularly, in person, and sometimes without advance warning. Nursing homes must face consequences, including loss of licences, for failing to meet standards and remedy deficiencies within prescribed timelines.

- **Workers.** Personal support workers tell painful stories. Government has recognized they need and deserve higher wages. Now we need to build a strong, sustainable pool of dedicated and qualified workers.

Care Watch recommends that Ontario's government address pay, working conditions, and development of a labour pool. We further recommend that Ontario explore working with other provinces and the federal government to develop a labour strategy for people working in home and institutional long-term care.

- **Privatization.** When an organization must compensate shareholders, it has less to spend on its residents. A British Columbia study showed that in 2016/2017 and 2017/2018, with the same public funding, non-profit homes spent about \$10,000 more per year on each resident than did for-profit homes. Recent *Toronto Star* investigations show that for-profit homes have the worst COVID infection rates and outcomes, and more resident deaths, yet continue to post significant profits and shareholder payouts. Home care services also need to be delivered by organizations that emphasize client care more than shareholder profit.

Care Watch recommends that government explore decreasing privatization of long-term care. Selection criteria should allow non-profit providers to be competitive, with the goal of eventually eliminating privatization.

- **Home and community care.** Government proudly announces new beds, but says much less about services to reduce pressure on those beds. Home care clients had fewer COVID infections than those in institutions. Home care also costs the system less – about \$103 per day vs. \$180 in a long-term care home. Some seniors will need nursing homes. Others are better served in their own homes or in smaller settings with supportive services. Government has announced long-term care funding, and part of it hasn't yet been assigned to corporations building beds. Some of this funding could be used for alternative services and settings.

Care Watch recommends that government explore models used in other jurisdictions and for other populations (for example, younger people and people with disabilities). We further recommend allocating some unassigned long-term care funding to home and community care.

What can you do?

Care Watch has sent its concerns to the COVID-19 Long-Term Care Commission. Now it's time to add your voices.

- ❖ **Learn as much as you can** about long-term care – both within and outside institutions.
- ❖ **Don't be satisfied** with care that isn't what seniors want or need.
- ❖ **Speak up** – to friends, neighbours, organizations, newspapers, politicians.