



## **SENIORS FOR SOCIAL ACTION ONTARIO**

### **SUBMISSION TO THE AUDITOR GENERAL OF ONTARIO**

**September 28, 2020**

I am writing on behalf of Seniors For Social Action Ontario - a group of older adults from across all areas of Ontario with backgrounds in law, policy development and analysis, clinical work, service provision, post-secondary education, systemic advocacy and social activism. This is the final draft of our intended submission to you.

We have significant concerns about the appropriateness and effectiveness of the Ontario government's funding policies related to long term care.

We are also concerned that the public, and especially seniors, may not be receiving value for money, and that the government's funding policies are discriminatory. Few or no community residential or in-home attendant care alternatives exist for seniors, creating a lack of options. This forces too many individuals to be unjustifiably institutionalized in facilities that have been shown during the pandemic to endanger them.

With 91% of older adults saying they want to remain in their own homes and communities, it appears that the Ontario government is ignoring their wishes while financially supporting the institutional long term care sector, and more specifically the almost 60% of that sector that is operated for-profit. <https://www.newswire.ca/news-releases/new-poll-shows-over-90-of-ontario-seniors-want-to-live-at-home-as-they-age-and-want-government-to-invest-to-help-them-do-it-857341964.html>

#### ***Funding For New Institutional Long Term Care Beds, Renovations, and Air Conditioning***

The Ontario government introduced a new funding policy to speed up construction of even more institutions to house older adults in Ontario - this, in spite of long term care institutions having been shown to be vectors for the spread of COVID-19 within the facilities and into the community. Four regional categories are created to accomplish this - large urban, urban, mid-size, and rural. This appears to mean that urban areas are targeted for larger institutions and rural areas for smaller ones.

Development grants of 10 - 17% are also being provided to cover upfront costs, including development charges, land, and construction expenses. Operators are also being assisted to ensure they can secure loans and real estate as well as what government describes as

"incentivizing the construction of basic accommodation and continuing top-ups for small and medium sized homes". <https://news.ontario.ca/en/release/57613/ontario-accelerating-the-development-of-long-term-care-homes>

Since the companies that are building these institutions are often large REITs and stand to make considerable profit from government funding, it seems unreasonable that the government is also subsidizing their upfront costs. The whole purpose of privatization was to have been private enterprise bringing its own capital. Since that appears to no longer be the case, why continue to foster privatization in this sector?

Government says it wants to help these institutions meet modern design standards and eliminate 4 person wards as well as add beds to address the 38,000 wait list for them. It is investing \$1.75 billion dollars of taxpayer funds to accomplish this.

**SSAO is concerned that this sector has been handsomely compensated for years through the Accommodations funding envelope with funds paid by residents in amounts ranging from almost \$1900.00 to over \$2700.00 per month per person.**

The Accommodations funding envelope was to be used to pay for upgrades of these facilities and any required renovations to meet provincial standards. But now government is paying for these renovations and upgrades. This raises the question - "where has this funding gone?" It adds up to a considerable amount over the last decade. Why is the provincial government now financially supporting these operators through the tax base to upgrade their facilities when residents have already paid for these upgrades through their co-payments? It was disturbing to learn that Extendicare, only one large company that owns long term care institutions in Ontario, paid \$10 million to shareholders while spending only \$300,000. of its own funds on COVID-related expenses. <https://www.newswire.ca/news-releases/long-term-care-dividends-must-come-to-an-end-in-exchange-for-government-contracts-after-extendicare-corporation-paid-out-over-ten-million-dollars-in-dividends-this-quarter-during-covid-19-828088592.html> Why is it necessary for the Ontario government to underwrite the expenses of a company that is paying out millions to shareholders during a pandemic, and has presumably done so for years? Extendicare Guildwood is one example of a facility that does not even have air conditioning and whose management had to be taken over by a hospital. Is this company receiving subsidies from the Provincial as well as the Federal government? Please see: <https://www.newswire.ca/news-releases/long-term-care-dividends-must-come-to-an-end-in-exchange-for-government-contracts-after-extendicare-corporation-paid-out-over-ten-million-dollars-in-dividends-this-quarter-during-covid-19-828088592.html>

<https://www.thestar.com/politics/provincial/2020/06/16/scarborough-hospitals-take-over-troubled-guildwood-nursing-home.html>

The government of Ontario has no audit mechanism or financial accountability system to determine the answers to these questions, yet it is now underwriting these operators' costs with almost \$2 billion of taxpayer funds in addition to what residents have paid them for years. Please see: <https://www.ontario.ca/page/get-help-paying-long-term-care>

## *Funding Policies As Systemic Discrimination*

**SSAO's concern is that the vast majority of older adults wish to remain in their own homes and communities, but are instead being forced, in large numbers, into institutions - an antiquated, impersonal and inhumane system - because of a government funding policy that favors it. This system does not meet their needs, has endangered them during the pandemic, and is regressive. Government's failure to fund viable in-home and community-based non-profit residential alternatives to institutional care – all options that are widely available to other age groups with disabilities in Ontario and elsewhere is driving the demand to institutionalize older adults.**

Unjustifiable institutionalization like this is a form of systemic discrimination. For all other age groups, institutions have been closed and are now a thing of the past. Yet today in Ontario 78,000+ older individuals are forced to live there - 58% of them operated for-profit. Too often we hear the plaintive cries of residents “I want to go home”. The current funding formula forces them to live there. Please see:

[https://www.oltpca.com/oltpca/OLTCA/Public/LongTermCare/FactsFigures.aspx#Ontario's%20long-term%20care%20residents%20\(2015-2016\)](https://www.oltpca.com/oltpca/OLTCA/Public/LongTermCare/FactsFigures.aspx#Ontario's%20long-term%20care%20residents%20(2015-2016))

Lehnen (2018:14) writes that “long-term care has medicalized, professionalized, and bureaucratized elder care resulting in the creation of a self-perpetuating system.”

<http://dtp.r.lib.athabasca.ca/action/download.php?filename=mais/700/ReneeLehnenProject.pdf>

We would argue that government funding has done the same. And this self-perpetuating system is serving the operators and everyone else associated with it except the residents and families it is intended to serve.

SSAO defines institutions as any facility where a significant number of individuals are forced to live together because of their devalued social status, and where centralized services (dietary, cleaning, personal care) resources are allocated to them.

No other age group is subjected to this level of institutionalization and commodification for profit. All other age groups, even those with highly complex physical and health needs, are either housed at home with in-home assistance, or in small group homes, or supported independent living programs in community settings that have 24/7 staffing support. (Example:

<https://rygiel.ca/about-us/>)

Other age groups also have access to Passport and other individualized funding mechanisms to allow them and their caregivers to purchase services tailored for them. That is also not available to older adults and their families.

### ***Why Not Paid Family Caregivers?***

In Newfoundland and Labrador there is a Provincial Home Support Services Program Paid Family Caregiving Option introduced in 2014 allowing current and former home support clients to remain in their homes and communities. It provides subsidies for seniors and people with disabilities to pay family members for approved home support. The subsidies are provided through direct individualized funding allowing more flexibility for clients and reducing

administrative burden. It is now a permanent option of choice in the delivery of in-home services. <https://www.gov.nl.ca/hcs/long-term-care/family-caregiving/>

If Ontario was to develop an option of this nature, redirecting current per diem funds designated for institutional long term care to allow families on the 38,000 person waiting list to apply to become paid family caregivers, it is very likely that the wait list could be substantially reduced. Caregivers are unwillingly institutionalizing loved ones due to exhaustion and an absence of respite services that could be purchased if this option was available to them.

Furthermore, this option would help reduce the current shortage of PSW's and other front-line caregivers, and allow older adults to receive personal care from loved ones who know them best rather than being forced into institutions where they are likely to receive impersonal assembly-line care. This option would also reduce the likelihood of infection spread.

If Newfoundland and Labrador can develop an Adult Home Support Program that includes a family caregiver option, why can Ontario not develop one?

### **What About Individualized Funding?**

**SSAO wonders why government funding is being directed primarily towards institutions when it could be directed to more humane individualized and community-based residential options in order to prevent institutionalization at the same or less cost. This is clearly what older adults have requested. Almost no older adults are saying they want to enter institutions.**

In addition to the paid family caregiver option, we are attaching reports we have prepared outlining alternatives to institutionalization. These alternative options are currently unavailable to older adults in Ontario – a problem that has contributed to Ontario having one of the highest rates of institutionalization in Canada and the world, even though there are six provinces with higher populations of people over age 85. <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016004/98-200-x2016004-eng.cfm?wbdisable=true>

### **Why Can't Money Follow The Person?**

Historically governments have ignored funding of these alternative options that exist in other jurisdictions, some of which are currently available to other age groups in Ontario as well, but not seniors.

In the United States, the Olmstead decision established the qualified right of individuals with disabilities to live in the community and not be institutionalized. Please see:

<https://www.olmsteadrights.org/about-olmstead/>

This led to the Medicaid directive for money to follow the person.

<https://www.medicaid.gov/medicaid/long-term-services-supports/money-follows-person/index.html>

If an absence of community options forcing individuals with disabilities into institutions was seen as discrimination in the Olmstead Case, how is the same situation not discrimination against older adults in Ontario?

If Ontario embraced the possibility of long term care funding being re-directed and “following the person”, many older adults might actually be able to leave these facilities and return to their family homes to be cared for by family caregivers, or receive sufficient in-home support to remain in their condos and apartments. The rates paid to long term care facilities by government could purchase up to 8 hours of 1:1 care per day. In long term care facilities, residents are lucky if they receive less than 3 hours of care per day and staff work on a 1:12 or more staff to resident ratio. These facilities have also been criticized for short staffing and providing substandard care. That does not seem to be value for money.

### ***Portable “Money Follows The Person” Funding Puts Service Recipients Back In Control***

Smaller homes in the community are also a much better fit for individuals with cognitive impairments and dementia than long, impersonal corridors and lack of access to safe areas to wander. With 90% of those in long term care facilities experiencing cognitive impairment, it would make more sense for them to receive care more tailored to their needs, including trauma informed therapy, in a small household setting. Please see:

[https://nadrc.acl.gov/sites/default/files/uploads/docs/TraumaInformedCarePeopleDementia\\_508.pdf](https://nadrc.acl.gov/sites/default/files/uploads/docs/TraumaInformedCarePeopleDementia_508.pdf)

Portable funding would allow the POA’s of people with dementia who are unable to care for them at home, to take the funding that would normally be given to a long term care institution and pay their way in a small, community-based, non-profit group home with specialized care for people with dementia. This puts older adults and their substitute decision makers back in control. Once smaller homes of this nature are more widely available, there are few who would choose to put loved ones in large, impersonal institutions. Please see:

[https://www.oltca.com/oltca/OLTCA/Public/LongTermCare/FactsFigures.aspx#Ontario's%20long-term%20care%20residents%20\(2015-2016\)](https://www.oltca.com/oltca/OLTCA/Public/LongTermCare/FactsFigures.aspx#Ontario's%20long-term%20care%20residents%20(2015-2016))

There is literally no service delivered in a nursing home that cannot be delivered in a small community setting or at home. PSW's provide the bulk of care to individuals in nursing homes and they have very little training with some PSW's receiving certification within just 20 weeks. Please see: <https://www.conestogac.on.ca/fulltime/personal-support-worker-fast-delivery> There is generally very little supervision of PSW’s, and some facilities have been cited by inspectors for not even having registered nurses on-site. The lack of infection control and spread of COVID-19 in many of these facilities seems to have underscored this problem.

Currently younger individuals with very complex care needs are being supported at home with in-home assistance, in Supported Independent Living Programs, and in small group homes in the community. Where the assistance of an R.N. or R.P.A. is required this could be contracted by any of these programs. It is not necessary to require people to go into nursing homes to receive these services.

**SSAO is concerned that older adults and the public have not received value for money in primarily for-profit facilities.**

With studies and press reports showing that deaths were higher in for-profit facilities we are concerned that, in light of these conditions, the value for money quotient is lower in for-profit facilities, raising the question of whether or not continued government policy of funding them makes sense. Please see: <https://www.cmaj.ca/content/192/33/E946>

<https://www.thestar.com/news/canada/2015/10/07/death-rates-higher-in-for-profit-nursing-homes-report-says.html>

<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>

**SSAO is also concerned that Home Care is in shambles. Most older adults and their families have reported to us that it is unreliable and overly bureaucratic.**

What this means is that older adults who enter hospital, for whatever reason, are likely to find themselves shunted into institutions in order to empty hospital beds. With home care in disarray it is not a viable alternative at present for those wishing to remain in their own homes and not enter an institution. A recent study by St. Michael's MAP Centre for Urban Health Solutions showed that the highest concern people have is that there is not enough home care to meet people's needs and home care not being in place when people return home from hospital. Please see: <https://www.cbc.ca/news/canada/toronto/ontario-home-care-research-study-1.5416431>

This past week the Ford government announced \$457 million to prepare the health system for a surge in COVID-19 cases. Mr. Ford said that part of this was to be used to "expand care in communities and in homes to reduce pressures on our hospitals...we're hoping 20,000 more seniors and patients transition from hospitals to long term care, home care and alternative care. We're investing \$100 million to deliver 484,000 more home care visits and 1.4 million more hours of care.." Please see: 1:00 - <https://www.youtube.com/watch?v=sDqXnhBF81o>

SSAO would be interested to know how the Ontario government plans to monitor distribution of this money and ensure that it is used for its intended purpose.

**To that end we are asking your Office to please:**

- Review the appropriateness of the Ontario government having subsidized the long term care industry with a \$1.75 billion dollar investment to upgrade its facilities, build new facilities and put in air conditioning when it would appear that residents had already paid for that.
- Investigate how that money is being used and if the government has adequate financial accountability processes in place to ensure that the money is being used for its intended purpose.

- Determine whether or not Ontario has sufficient aging in place and community-based residential options allow older adults to avoid institutionalization and whether these alternatives might provide better value for money.

- Determine whether employing a “funding follows the person” initiative might be reasonable to undertake through OHIP in Ontario since it has been implemented through the U.S.’s Medicaid funding program and used to decrease the reliance on institutions there.

- Investigate whether or not current long term care funding could be re-directed to prevent institutionalization rather than fostering it, and whether it might be used to pay caregivers to stay home and not institutionalize elders thereby reducing the waiting list for long term care beds and the need to build additional beds as well as helping to ease the shortage of PSW's and other health care workers.

- Examine whether or not for-profit long term care companies are providing value for money commensurate with non-profit and municipally operated facilities in light of their track records during the pandemic.

- Consider whether or not Home Care funding and delivery is currently adequate to help in preventing admission to long term care from hospital and community settings or whether more long term care funding could be directed to Home Care to prevent institutionalization.

- Investigate whether or not the government’s financial accountability systems are effective enough to properly track whether or not the \$457 million announcement by Premier Ford this past week will in fact help 20,000 more seniors transition out of hospitals and deliver 484,000 more home care visits, and 1.4 million more hours of care.

SSAO wishes to thank you for reviewing this rather lengthy submission. We apologize for its length, but consider these issues of vital importance and believe that your Office’s review of these funding policies could be helpful in improving the quality of life for thousands of older adults in Ontario.

Seniors for Social Action Ontario