



## Long-term Care and Women

### Women are Saying:

- Cuts to staffing levels are leaving patients without appropriate care.
- Chronic care hospitals are closing at an alarming rate leaving elderly women displaced and without adequate care.
- Women from different ethno-cultural communities are not being given appropriate care, as the majority of staff cannot communicate in the languages of these women.
- Waiting lists are huge for long-term care facilities. If a patient declines acceptance to a facility due to condition of facility or any other reason their name is taken off the list for 1 year.
- Each registered nurse in a long-term care facility is responsible for an average of 60 residents during a day shift and 100 residents during a night shift.

## What's happened?

---

Health restructuring has moved patients out of hospitals into homecare and long-term care. This shift has been accompanied by an increase in private for-profit ownership of nursing homes and a reduction in care standards.

- Approximately 5,000 chronic care hospital beds were cut in the mid 1990s.
- Patients who were moved or saw their beds converted to nursing home beds were they are funded at  $\frac{1}{2}$  the previous rate.
- Waiting lists for long-term care facilities ballooned to almost 30,000 by December 2001.
- Fee increases have been imposed for long-term care beds.

- Minimum staffing levels have been removed by the provincial government.
- The percentage of beds held for basic accommodation has decreased while the percentage for premium pay residents has increased.
- For-profit corporations now own the majority of long-term care beds.
- More of the care giving burden has been shifted to families and friends as staffing is inadequate.
- Community Care Access Centres which now control homecare as well as long-term care placement were established in 1997 without legislative authority.
- Community Care Access Centres have also been given fixed budgets, which, year after year, have proven inadequate to the population needs.
- Sufficient staff to provide 2.25 daily hours of care per resident and a registered nurse on duty at all times has been rescinded by the Provincial Conservative government.

## What Women Need:

---

- A moratorium on for-profit nursing homes. Beds and funding should go to care not profit.
- Re-regulation of facilities with clear care standards, enforceable patient rights and regular, unannounced inspections.
- Whistle-blower protection for staff reporting on poor facility management and conditions.
- Recognition of Family Councils to advocate for residents.
- Culturally sensitive accessible care for ethno-cultural minorities.
- Special attention to access issues for poor and marginalized women.




---

## Listen Up! Women and the Future of Medicare

The last decade has seen dramatic changes to the basic structure of Medicare and its delivery. Women, as the majority of caregivers, frontline health care worker and as patients have felt the brunt of these changes, through privatization, de-regulation, cuts and downloading of care. The Ontario Health Coalition has created this project "Listen Up! Women and the Future of Medicare" to help engage women in the debate about the future of Medicare.

Listen Up! Women and the Future of Medicare project has been funded by the Status of Women Canada, Women's Program. This document expresses the views and opinions of the authors and does not necessarily represent the official policy or opinion of Status of Women Canada or the Government of Canada. All photos were taken without the expectation of privacy.