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A Critically Important Warning in New Financial Accountability Office Report: Ford Government's Long-Term Care Plan is a House of Cards

Toronto – The new [report on long-term care](#) from Ontario's Financial Accountability Office "FAO" supports what the Ontario Health Coalition has been warning about and more. In the neutral language of accounting, it highlights that there is no actual plan to fund needed health care services in the Ford government's budget. It echoes what the Coalition has been warning for months, indeed for years.

In plain language the bottom line is as follows:

- There are more than 30,000 beds (a bed is a LTC space for one person) with licenses that expire in 2024 and there is no plan to redevelop 15,000 of them. At the same time, there is a 40,000 person wait list for LTC with significant growth in demand projected as population aging is now upon us.
- The budget planned by the Ford government is not sufficient to increase LTC staffing and deal with health care needs, even on Ford's timeline that both the Coalition and the LTC Commission urgently report is too slow. The Coalition and the Commission have called for the staffing increase to be fast-tracked as a priority because LTC residents are suffering with worse care levels than prior to the pandemic when the staffing shortages were already a crisis. It is entirely unacceptable for the Ford government to continue to choose not to fund this desperately needed care and to just leave the residents without.
- The FAO highlights the inadequate plans for health care funding post-pandemic. They make clear that, in the Ford government's plans, the LTC commitments cannot be met without starving other vital parts of health care. The Health Coalition calls for the Ford government to drop its plans to return to austerity budgets for health care post-pandemic. The indisputable evidence is that Ontario has a severe health human resources and capacity crisis across hospitals, long-term care, home and community care. Ontarians' health and lives depend on proper government planning to address these.
- The FAO reports the very significant funding increase (a 41% hike) that the Ford government has given for LTC bed redevelopments. The Coalition notes the vast majority of that is going to for-profit LTC corporations that have not redeveloped beds that were outdated decades ago. This policy choice is taking billions away from needed services and beds that could be redeveloped as public and non-profit homes at cost and run in the public interest, rather than for profit.
- The Coalition notes that the FAO numbers show in detail how the Ford government has made a choice to fund LTC for-profit operators tens of millions of dollars throughout the pandemic that they have taken in dividends (profits) and for executive bonuses, rather than actually improving care, and while leaving the sector without enough funding to meet desperately important public priorities.

"The bottom line is that the Ford government has planned severe underfunding of health care. In human terms, without a profound change in government policy, it means ongoing neglect of long-term care residents, lengthening wait lists, poor access to care across the health system, and the accelerated siphoning of public funds away from public needs to profit," warned Natalie Mehra, executive director. "Yes, it is fair for the Ford government to say they are in a position of catch up. But this fact was well-known before the last election and the Ford government is responsible for the political choice, leading into the pandemic, to prioritize tax cuts that primarily benefit the already-wealthy and other revenue cuts that deprive needed public services. That was a political *choice*, not a necessity. It has been made worse by the Ford government's choice throughout the pandemic to give the for-profit operators millions in public funding from which they have taken profits and bonuses without actually improving care."

“More than that, as the FAO report makes clear, the media and Opposition Parties must question on the public’s behalf the decision that the Ford government made to dramatically increase the cost per bed to entice for-profit long-term care companies to finally redevelop their outdated beds after they have failed for decades to do so. Why are they now being rewarded for their negligence?” she asked.

“The government has to get out of the pockets of the for-profit long-term care industry. We urgently need the government to act in the public interest, not in the interests of health care privatizers who are getting government contracts across the system. The FAO report underlines the profound damage that has been done and is still being done. It cements that case that Ontarians desperately need a real change in direction. It is entirely unacceptable for our province to continue to leave elderly Ontarians, and those who need health care, to suffer in this way,” she said. “It is even more egregious that while patients and residents go without needed care, profit-taking corporations are raking in profits from public funds for health care.”

“These are hugely important public policy issues. The current plan of the government is a house of cards. This province needs, finally, real leadership and a mature discussion about what we need and how we can fund it. Ontario has, up until the pandemic, funded health care at among the lowest rates in Canada. To change course is absolutely doable, in fact it is imperative, but we cannot go on pretending that services are going to materialize without the resources, planning and investment to create them. This has to be a top priority,” said Ms. Mehra.

With this release, the Ontario Health Coalition issued a briefing note on the key data.

Ontario Health Coalition
Financial Accountability Report & Planned Inadequate Funding for LTC & Health Care
Key Issue Brief

Last year, the Ontario Health Coalition “OHC” projected that Ontario needs more than 33,600 full-time equivalent RNs, RPNs and PSWs to get LTC staffing levels up to safety (4-hours per resident per day). The Financial Accountability Office [report on long-term care](#) projects that number to be 37,000 full-time equivalents. If past practice regarding the use of part-time and temporary staff continues, and the Ford government has done nothing to stop it, this translates to approximately 50,000 new full and part-time workers. The Ford government plans for 27,000 FTEs 4-years from now, far short of what is needed even to meet their own plan for long-term care, and it does not deal with shortages in hospitals and long-term care.

The Coalition repeatedly advocated that the Ford government follow the example of Quebec which hired approximately 10,000 PSWs, paid them for intensive training and got them into the homes for the second wave. The Ford government refused to do so, letting staffing collapse in dozens of LTC homes in the second wave. Overall LTC staffing levels have dropped significantly below even the critical levels of understaffing prior to the onset of the pandemic.

The Ontario Health Coalition continues to advocate in every way possible for the government to fast-track the improvements in LTC care levels. The Long-Term Care COVID-19 Commission also recommended fast-tracking staffing increases as a top priority. The Ford government still refuses to speed up the staffing plan and has done nothing to improve wages and working conditions to attract and retain staff in long-term care.

The Ford government’s plan delays any improvements to April 2022, at which point residents are supposed to get a 15 minute per day improvement on average. That does not even bring staffing back up to pre-pandemic levels which were inadequate. After April 2022 staffing increases remain slow with a target to get to 4-hours of care per resident per day 4-years from now. The entire staffing plan is back-end loaded to the last 2-years, beyond the lifespans of most residents in long-term care. Worse, as the FAO revealed today, the Ford government’s budget does not include sufficient funding for the staffing increase, even with their own unacceptable timeline.

The Coalition reported that the government has planned 15,000 new beds and 15,000 redeveloped beds. In long-term care a “bed” means one-person’s long-term care placement space. The Coalition has repeatedly warned that the licenses end in 2024 for more than 30,000 outdated beds that have to be rebuilt, leaving a shortfall of approximately 15,000 beds whose licenses expire within four years. There is neither a fiscal plan for this, nor for the next five years after that when additional thousands of licenses expire. The FAO report echoes and validates the Coalition’s warnings. There is neither a plan in the budget to provide for these, nor is there a plan in policy.

In addition, the FAO report shows that there is not enough funding planned to meet other health care needs, for example in hospitals, home and community care, public health, primary care. The FAO reports that the Ford government’s health sector funding plans will not keep pace with the LTC cost increases for the needed staffing and bed increases, meaning that other aspects of healthcare will starve, unless the government improves its funding plans.

Worse, the Ford government has already awarded thousands of new and redeveloped beds to the same for-profit companies that had terrible records of negligence and incompetence in the pandemic and before it.