Ontario Health Coalition

Briefing Note: Municipal Election Key Health Care Issues

September 27, 2022

Long-Term Care

For more than 150 years Ontario's municipal governments have been integrally involved in the provision of long-term care homes and seniors' care. In 1947 the Homes for the Aged Act was created. By 1949 all municipalities were required to have at least one home for the aged, as they were then called. In 2007, under the Long-Term Care Homes Act, a new name "long-term care homes" took hold, and changes in the legislation meant that each upper tier municipality (regional council and the equivalent) in southern Ontario was required to operate at least one long-term care home and northern municipalities may operate at least one home individually or jointly. Please note: this is the bare minimum. Municipalities can - and do - operate more than one home. The City of Toronto, for example, operates ten long-term care homes and the Region of Peel operates five long term-care homes.

Currently, municipalities operate almost 1 of every 5 long-term care home and those homes house almost 1 of every 4 long-term care residents in the province.

Municipal governments have a moral obligation to provide for seniors and others who require long-term care (LTC) in our communities and to ensure that safe living and care conditions are provided to protect and promote their well-being.

Many municipalities have done an excellent job at this. Municipally operated long-term care (LTC) homes have better levels of care for residents compared to for-profit homes. In the pandemic, differences in staffing and care levels resulted in for-profit long-term care homes having death rates almost *five times* the rate of municipally owned LTC homes. However, some municipalities have tried to close down and privatize their LTC homes despite the clear need for them. (Across Ontario wait lists for long-term care beds number 38,000 and the majority of people are waiting for municipal (public) and non-profit long-term care homes, versus the for-profit homes). It is clearly in the public interest to expand public municipal long-term care.

Municipal councillors, regional councillors and mayors make a big difference in long-term care. Working with municipal councillors, we successfully fought off attempts to privatize the long-term care homes in the City of Toronto under mayor Rob Ford. In North Bay and the region, local unions and community members fought to successfully stop the privatization of a municipal home. In other communities, they have contracted out the operation of the municipal long-term care homes to for-profit companies, closed or sold some or all of their municipal long-term care homes.

Where municipal candidates stand on long-term care should be a key municipal election issue.

How Long-Term Care is Being Privatized

In 1998, Ontario's Conservative Mike Harris government began the construction of 20,000 new LTC beds and the majority of these beds were given to for-profit businesses, notably big chain companies. This tipped the balance. Before the Harris government, the majority of Ontario's long-term care homes were public and non-profit. The Harris government, for the first time, offered funding to for-profits to build long-term care homes that they would own and operate for their own profits. After the Harris/Eves years, the majority were private and for-profit. Mike Harris went on to become the chair of Chartwell, one of those for-profit chains, when he left office.

The Doug Ford government is midstream in building another 30,000+ new and renovated long-term care beds and it is following the same formula as Ford's predecessor Mike Harris. As of last fall, the Ford government had awarded the majority of those beds (more than 18,000) to for-profit companies, mostly the large chains, including those chain for-profits where thousands of people died in the pandemic, and where the worst records of negligence have been documented. In so doing, Doug Ford is privatizing the majority of our long-term care home beds for the next generation as the license terms extend for thirty years.

Clearly there is a drive from the provincial conservative party leadership to privatize our long-term care. However, municipalities play a role in this. Municipalities can make land available, submit proposals to expand the number of their long-term care homes and build new long-term care homes with the province's approval. We need municipal politicians who believe in and will support expanding municipal (public) long-term care.

Municipal long-term care homes are better

Municipal long term care homes are not-for-profit organizations, and according to rigorous systematic reviews of hundreds of research studies, not-for-profit homes offer, on average, better quality care than for-profit homes. Not-for-profit homes excel on a range of quality measures. They have, on average:

- Higher hours of care
- Higher staff-skill mix
- Lower mortality rates
- Lower staff turnover
- Less use of restraints
- Lower hospital admissions and emergency department visits

Municipalities help to push for better standards of care. In December 2019, for example, the City of Toronto approved a motion to increase the level of care in the ten municipal long-term care homes from 3.4 hours to 4 hours of care per resident per day. This meets our longstanding demand to get daily hands-on care up to 4-hours across the province. The model provided by the City of Toronto can be achieved in your municipality also.

Care for cultural and underserved groups

Municipal homes care for underserved populations, including those who are vulnerable and challenging to serve. They offer programs that help seniors with cognitive and behavioural issues and accept seniors with addictions or mental health difficulties who may be turned away from other homes. Because municipalities know their citizens' distinctive cultural and local needs, they provide cultural options and activities, activities for LGBQT communities. French language services are provided in areas such as Sturgeon Falls, which has a strong French community. Similarly, tailored programs may be provided in homes serving Indigenous communities.

Integration with other municipal services for seniors

Municipalities integrate the other services they provide– including social, paramedic and transportation services – to meet the needs of people in their long-term care homes. Municipal homes also have strong partnerships with other health care providers, community service agencies, schools and universities, places of worship, service clubs and other groups. Many homes have expanded their operations, partnering with other organizations to create "hubs" that may include a variety of seniors' housing options, community services, wellness programs, and Seniors' Active Living Centres that are accessible to all seniors.

Why long-term care should not be privatized

All LTC homes are funded by the public through taxes and residents' fees for their beds. The regulation and subsidies for building and operating the homes are provided by our provincial government. On top of what the province provides, municipal and non-profit homes supplement provincial funding with municipal funding and fundraising. Those funds go to better care, programming and services for residents, whereas in the for-profit homes, tens of millions of dollars per month are taken in profits. For-profit homes also hire fewer full-time staff, opting to hire instead more casual and part-time staff to avoid providing staff benefits. In the municipal homes, the extra subsidies provided from local taxes at the municipal level are used to raise the quality of care for residents and to give staff members better wages and working conditions. The difference is significant.

See this link for more information on the benefit of municipal LTC.

Employment and economic benefits

In some communities, municipal homes are major employers. In Walkerton (population 5,000), Brucelea Haven Long Term Care Home is the largest employer, providing good jobs for over 200 people. The Region of Peel's long-term care and seniors' services divisions employs 20% of the region's 6,000 municipal employees. Because municipal homes are fair workplaces that offer competitive wages and benefits and have appropriate staff-to-resident ratios, they are often an employer of choice and the workforce is a reflection of the community they serve.

We are calling on municipal governments to:

- Expand the number of municipal LTC homes in our communities.
- Support municipal and non-profit LTC projects when selling, rezoning or otherwise providing municipal land.
- Continue to support and fund municipally run long-term care homes to guarantee that adequate and humane care is provided. Support a minimum care standard of 4-hours of direct hands on daily care for LTC residents.
- Stop the contracting out of the operation of municipal long-term care homes to for-profit companies.

Public Health

What is Public Health?

Public Health Units are the front line in infectious disease prevention and health promotion services in Ontario. Public Health Units run food and water safety programs, infectious disease tracking and prevention programs, immunization campaigns, prenatal training and safety initiatives, overdose prevention programs, safe needle and biohazard programs and school breakfast programs, among other initiatives. They respond to outbreaks of disease, reduce second-hand smoke and promote sexual and reproductive health. While other parts of the health system treat illness, public health works to prevent illness and promote health.

Public health is 30% municipally funded and 70% funded by the provincial government. There are currently 34 local Public Health Units in Ontario governed within municipalities or by their own non-profit boards of directors.

Public Health services are under threat from underfunding, mergers & privatization

In 2019, the Ford government made clear its plans to eradicate 24 locally-governed Public Health Units (PHUs) by merging the current 34 PHUs into just 10 regional PHUs. (Note: There were 35 PHUs at the beginning of this process, but one local PHU already took over/merged with another leaving 34.) Like other mergers and amalgamations, the ostensible goal of this plan was increased efficiencies, reduced "duplication", and cost savings. However, given the evidence, it is unlikely that such cost savings would materialize. (The Conservative Mike Harris government planned to cut $1 billion from local hospitals through closures, mergers and amalgamations but in the end the restructuring cost escalated to more than $3.9 billion.) The plan is radical. In just one example, the draft restructuring proposal would amalgamate Ottawa's Public Health Unit with four other South Eastern Ontario Health Units. The new mega Health Unit, covering almost 29,000 square kilometres from the Quebec border in the north and east to beyond Kingston, would serve more than 1.6 million people across Ottawa and the areas of Prescott-Russell, Stormont, Dundas and Glengarry, Renfrew, Lanark, Leeds and Grenville, Lennox and Addington, Frontenac, Kingston and Cornwall. The Ford government also significantly cut funding to Public Health just prior to the pandemic and changed the funding formula, leaving municipalities at a loss without notice.

Local governance of public health matters because local communities have different challenges (urban/rural, linguistic and cultural, etc.). The evidence from previous rounds of restructuring in health care is that mergers cost a fortune and do not yield better care but rather less responsive, less democratic services at a high price.

Some mayors and councillors spoke out and fought back. The fightback from municipalities was effective in pushing the Ford government back on its plans winning back some of the funding that was cut and pushing the Ford government to reduce the number of Public Health Units they intend to close. Then the pandemic hit, the cuts/restructuring were put on hold, but not abandoned. We are concerned that the public health cuts and restructuring will again become an issue.

Until recently, most vaccination programs have been provided by public health, family physicians, and in the pandemic, public hospitals also. Under the McGuinty/Wynne Liberal government, they began to privatize the provision of flu shots to for-profit drug store chains and others. The Ford government took this a step further. It drastically cut access to public OHIP-covered COVID tests provided by local Public Health Units and hospitals and contracted them to private for-profit pharmacies and other companies. Those companies are now forcing Ontarians to pay up to $200 for testing even if they are symptomatic and should be covered by OHIP.

We are calling on municipal governments to:

Where local municipal leaders spoke out to fight the Ford budget cuts, they were successful in rolling them back (though not entirely stopping them). Where local Public Health Units took action, they have effectively stopped or reduced outbreaks and saved lives in the pandemic. Municipal/regional councillors and mayors matter to public health and we need to ensure that candidates running for municipal office understand and support the vital contributions of public health, of disease prevention and public health measures, and commit to actively oppose restructuring, cuts and privatization.

Emergency Medical Services

Why Should the Municipal Government Care about Our Paramedics & EMS?

Municipalities fund more than 50% of our ambulance and paramedic services. As hospitals have merged and local hospital sites have closed, more patient transport has been required and the costs are borne by regional governments. Further, as underfunded and understaffed hospitals have fallen into crisis, paramedics are increasingly tied up waiting to offload their patients for hours at hospital emergency departments. Each year, the load on local EMS services has increased putting additional strain on our ambulance and paramedic services. Currently there is a serious crisis in EMS, and local services are pushed into Code Zero (and its equivalent) meaning that all ambulances are busy and there are no available ambulances to respond to calls.

EMS Services under threat of privatization and restructuring

Ontario has 59 emergency health services operators (e.g. 52 EMS, six First Nations, Ornge) and 22 provincial dispatch communication centres. In 2019, just prior to the pandemic, the Ford government planned to cut and close 42 local EMS operators and merge them down from 52 to 10. All of the issues regarding the high cost of mergers and amalgamations in the preceding section on Public Health Units apply to this plan also. Further, there are problems of slower response times in rural areas due to long travel distances. In urban centres there are inadequate numbers of ambulances available due to crisis-level hospital overcrowding and paramedics stuck in long offload delays. The Ford government's restructuring plan does not address any of the causes of too long EMS response time, it does not ameliorate services even where there is evidence of significant need. All areas will be hit under this restructuring plan but rural areas will be hardest hit.

There is also a serious threat of privatization of ambulance services. The Ford government's restructuring proposal mirrors that of a proposal from the former owner of a large for-profit ambulance corporation. The *EMS vision-Ontario 2050 Report* came out after the 2018 provincial election, penned by owners of a private, for-profit, ambulance company. The report set out a map towards privatization of land ambulance services. It suggested Ontario could "save" $200 million by consolidating over 50 provincial paramedic services into only 10, run by a single Commission. The fact that the government announced that 59 provincial paramedic services will indeed be consolidated into 10 as the report suggested has led to concerns that the privatization of EMS services is part of Ford's agenda. The report has also mentioned a plan to reduce the number of Public Health Units from 35 to 10 - a plan that is being implemented by the Ford government.

The opposition of municipalities to the cuts, restructuring and privatization of EMS services forced the Ford government to distance itself from the privatization plans and commit to rolling back the number of local EMS operators it intends to close and merge. However, nothing was made firm before the pandemic hit and again, like Public Health Units, the plans have only been put on hold, not stopped entirely. These plans will likely resurface and it is critical that municipal and regional politicians are committed to safeguarding and advocating for public local EMS services.

We are Calling on Municipal Governments To:

When local governments have fought back against the planned EMS cuts and privatization, they have effectively forced the Ford government to backtrack. We need to elect municipal and regional governments who will commit to being vocal, effective protectors of local public EMS services and who will fight cuts, mergers and privatization.

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Ontario Health Coalition
Protecting public healthcare for all.