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For Immediate Release

Attn: Assignment Editor

“There are not enough staff for existing beds & why should more money go to profit? We need *care*, urgently.” Health Coalition Responds to Ford Government’s Announcement of Enriched Capital Funding for LTC Homes

Toronto – In Thunder Bay there are more than 60 long-term care beds that have not been able to open for years because there is a critical shortage of long-term care staff despite a [wait list](#) that numbers almost as many as the total available beds and stretches to more than five years. For now, the hospital has taken over the space and is providing their staff (with better pay and working conditions) to operate them as transitional care beds. The situation in Thunder Bay shows, in part, the folly of the press announcement yesterday by the Ford government in which they revealed that they have once again enriched the pool of money available to long-term care corporations to build new beds and voluntarily renovate their homes to come up to current design standards, reported the Coalition.

The Coalition said that unless the Ford government takes measures to improve working conditions and recruit and train staff, new beds can’t be opened because there is no staff to provide care in them.

“No care can happen without staff to do it, and inadequate care has been the priority for families and care workers for years,” said Natalie Mehra, executive director of the Ontario Health Coalition. “Today, the long-term care staffing crisis is the worst it has ever been. Basic care cannot be done and fundamental safety is at issue. For years, the for-profit long-term care lobby has wanted more money for capital and profit-taking funding envelopes. While new beds are needed, why is it taking precedence over people currently in the homes being fed and bathed, for there to be someone to help them go to the bathroom, to be repositioned so they don’t get bed sores, and for emotional care? People have died of malnutrition, they are losing weight, they are lonely, they are declining. This is the top emergency right now. It cannot wait.”

Ford’s announcement yesterday was a reannouncement of \$1.75 billion in funding for capital – new beds and bed redevelopments (renovations). This time, the money will buy less new beds. Originally it was slated to build 15,000 new beds and redevelop another 15,000. Under the new announcement, the funding per bed will be enriched, making it more lucrative for the long-term care industry, including a majority of for-profit companies, to build new beds and redevelop existing beds from public funding. This means the same funding will buy fewer beds. Now the \$1.75 billion is now slated to build 8,000 new beds and redevelop 12,000 existing beds if the industry chooses to do so. There was no money announced to improve care and deal with the staffing crisis.

“It begs the question, why is the government not building the homes at cost, operating them as public and non-profit community-owned assets in the public interest, and requiring homes that have not voluntarily come up to standards in decades to do so, period?” said Natalie Mehra, executive director of the Ontario Health Coalition. “These policies meet the priorities of for-profit long-term care companies, taking money away from care to profits and at the same time failing to meet safe standards.”

Last night the Coalition’s Facebook feed, email and social media lit up with comments from long-term care workers and families alike in response to the Ford government’s announcement demanding where the care is going to come from for new beds when there is not enough staff for the existing beds. People are also angry at the increased funding to for-profit long-term care corporations. Six for-profit chain corporations alone account [for more than half](#) of the

deaths in Ontario's long-term care homes under COVID-19. This week, the Health Coalition is collecting surveys from front-line staff in long-term care about current staffing levels. The results will be released early next week.

For-profit homes were first given funding to pay for building long-term care beds that they would own and operate for their own profit when the Mike Harris government was in office in 1998 under that government's [new capital development policy](#). Mr. Harris is now [chair](#) of Chartwell, a for-profit long-term care and retirement home company. Prior to that, the public did not pay for-profit operators to build LTC homes. Long-term care homes are already funded by public taxes and residents' fees for their daily care and programs. The for-profit homes have routinely advocated for regulatory and policy changes to make more room for profit from this funding. The Coalition has questioned since the 1990s why the public should also pay to build the for-profit homes. In 1999, 2009, 2015 and every year since, governments have repeatedly provided funding for homes to voluntarily redevelop to meet the current design standards, each time enriching the pool to try to entice the homes to come up to standard. (Details and links in the backgrounder below.) At the same time, for-profit homes have paid hundreds of millions of dollars a year in profits to shareholders and investors, the Coalition reports. Those LTC homes that are "C" bed homes with 4-beds per room, have had many opportunities with funding to come up to standard, the Coalition notes, yet governments have not required them to do so. A list of beds classified by structural standards is on the OHC website [here](#).

"There is a very legitimate question as to why the public should pay for the private assets of for-profit long-term care homes at all, let alone pay even more for private for-profit homes to run for their own profit, and at the same time never require them to meet safe design standards," said Ms. Mehra.

The Coalition is calling for:

- An immediate priority to get more staff into existing long-term homes in order to get the care levels up to safe standards. The situation is an emergency, the Coalition reports. This means improving wages, providing full-time work, and a provincial strategy to recruit and train staff. In B.C. and Quebec, governments have made significant policy initiatives to deal with understaffing. Ontario has not and as staff have left and been required to choose one long-term care home (out of a number of part-time jobs) homes' staffing and care levels, already critically short, are worse than ever.
- New beds are needed but they should be built at cost and owned on a public or non-profit basis, not for-profit.
- A sound plan must be made for where existing residents will be housed while facilities are being redeveloped.
- Homes must be required to come up to a safe design standard.

Background:

- In 1998/99 the Harris government provided funding for the first time to for-profit long-term care corporations to build new long-term care beds. New design standards were issued and funding provided to voluntarily redevelop. [This is the 1999 policy](#). Most of the new beds under these plans were awarded to for-profit corporations.
- In 2007 the Liberal government announced a new LTC renewal strategy (with funding), then revised the program due to low uptake and announced a new program in 2014. See Slide #4 [here](#). This is the October 2014 Enhanced Long-Term Care Home Renewal Strategy. www.nsmh.on.ca/~media/sites/nsm/SecondaryNavigation/HSPs/3,-d-Capital/Capital%20LTC%20Construction%20Funding%20Subsidy%20Policy%202015.pdf?la=en
- [Here](#) is the 2018 application for construction subsidy.
- [Here](#) is the 2020 funding with enrichment again. This has been enriched again with the announcement yesterday.

Bottom line: Despite repeated public funding, the homes that are still C or D bed classifications with 4-beds per room, have not redeveloped.