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A National Disgrace: Long-Term Care and COVID-19

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A NATIONAL DISGRACE:
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"ALL HELL BREAKS LOOSE"

Little did Adolina Covante, federal Minister of Health, know that the relationships that she worked so hard to forge with the provinces and territories since 2016 would be tested so greatly. She had been deeply involved with her cabinet colleagues on the COVID-19 file since January 2020. But now, one year later, it was clear the virus was spiralling out of control, not only in Canada but around the world with some exceptions, such as Australia and New Zealand where severe lockdown and other measures were imposed early on.

She recalled what she was doing on the COVID-19 file in January 2020. Although she was acutely aware of news of a virus appearing in several countries, most notably from China, Southeast Asia and Russia, there was little indication that it was spreading to Canada. Such suppositions were quickly dashed when the first case was detected in Toronto, when a man in his 50s arrived from Wuhan, China on January 25th. The man was admitted to Sunnybrook Hospital in Toronto and specimens sent to the National Microbiology Lab in Winnipeg for testing. His wife became the second presumptive case of COVID-19, and also tested positive for the virus on January 26th. On January 27th, the National Microbiology Lab publicly confirmed that the COVID-19 virus was present in Canada. Additional cases were detected in Vancouver at the end of January, again with individuals returning to Canada from the Wuhan area (Canadian Press, 2020).

By March 6th, the federal and provincial governments were going through their options for a policy response, although there was little by way of coordinated strategies. There were 51 cases across Canada (43 active cases, 8 recoveries) and the projections by the Public Health Agency (PHAC) were that if governments did not act, the virus would continue to spread rapidly. On March 9th, a man in his 80s was the first to die from the virus at a long-term care facility[i] in North Vancouver. Early data showed that the virus affected the elderly more harshly than younger Canadians, and that nursing homes and long-term care centres were most at risk given the high foot traffic in these places, and the fact that staff often served at more than one facility.

> *Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those – China and the Republic of Korea - have significantly declining epidemics. 81 countries have not reported any cases, and 57 countries have reported 10 cases or less. We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic. If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission. WHO Director-General, March 2020.*

On March 11th, the World Health Organization (WHO) declared COVID-19 a global pandemic. The Director-General of the WHO informed the world that it had called on every country to take urgent and aggressive action against the virus. "We have rung the alarm bell loud and clear," he declared (World Health Organization, 2020).

In Canada, it was decided after much deliberation at the federal and provincial/territorial levels that the COVID-19 pandemic would mean a nation-wide shutdown of all businesses, public events, and all social and business gatherings as of March 14th. In effect, the country had closed down. On March 20th, the Canada-US border was partially closed to non-essential travel, with a full closure later in the month. Since then, deadlines to re-open the border were extended several times given that control of the virus in the US was well beyond tolerance levels in Canada for accommodating US citizens with potential infection.

By May 2020, of growing concern to her officials and her cabinet colleagues was the fact that nursing and long-term care facilities were especially vulnerable to the virus. The Québec and Ontario Premiers called in the Canadian Armed Forces (CAF) to assume management responsibility for several long-term care homes, including five in Ontario. In the case of Ontario where the number of COVID cases was extremely high, many staff had abandoned the facilities, leaving vulnerable residents to fend for themselves. CAF personnel moved into these facilities and brought the virus spread under control by treating sick residents and closing all access to outside visitors and staff. In their final summary report of May 2020 to the Ontario government, CAF investigators called the management of these facilities a "national disgrace," explaining that they had never seen such poor conditions, nor the blatant incompetence and negligence of management and staff (Boisvert, 2020).

It was abundantly clear that Canada was not dealing with the virus well in its long-term care facilities and that the problem had only been getting worse. The minister and her cabinet colleagues considered how best to respond given that the "first wave" response had been less than exemplary, although the Atlantic provinces, New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island, worked together and responded well to minimize the health and economic impacts of the pandemic. Would the provincial response improve over the second and subsequent waves? Did Canada need a national coordinated strategy for dealing with the problems in long-term care facilities? How would such a strategy to engage in a national conversation be developed and implemented, assuming this was considered necessary and the most effective way to proceed?

UNDER IMMENSE PRESSURE TO ACT

This issue of long-term care was to become the real test of Covante's tenure as health minister. There was not a week that went by without public calls being made for federal leadership to take action, beginning with her office and including the centre of government (the PM, Privy Council Office, and Finance). One of the most prescient moments was the publishing of a major piece in the *Globe and Mail* in July 2020 by Doris Grinspun, the Chief Executive of the Registered Nurses Association of Ontario. In that article the failures of managing the virus in long-term care facilities were laid bare: "COVID-19 deaths in long-term care homes account for eight out of ten coronavirus deaths in our country. Canada leads the way in this deadly statistic in all of the wealthiest countries globally: Our death rate in long-term care is double that of the Organization for Economic Co-operation and Development average" (Grinspun, 2020).

In that piece, it was indicated that as of July, "more than 9,650 long-term care health workers have been infected by COVID-19, representing about 10 percent of the country's cases, which is most likely because of a lack of personal protective equipment" (Grinspun, 2020). Grinspun maintained that public health resources were used to buffer "the already resource-rich hospital sector, leaving

the other sectors to fend and fail for themselves. That our health system didn't collapse is a fallacy: hospitals were the only elements that didn't crumble."

> *While Canada's overall COVID-19 mortality rate was relatively low compared with the rates in other OECD countries, it had the highest proportion of deaths occurring in long-term care. LTC residents accounted for 81% of all reported COVID-19 deaths in Canada, compared with an average of 38% in other OECD countries (ranging from less than 10% in Slovenia and Hungary to 66% in Spain).* (Canadian Institute for Health Information, 2020).

It was clear to Covante and her cabinet colleagues that most provinces were not managing long-term care facilities very well – Ontario was seen as the canary in the mineshaft, and the canary was not singing any longer. There were similar stories in British Columbia, Alberta and all points east, except for the Atlantic "bubble." Once into the "second wave" of the pandemic (September 2020 onward), the pressure on the Health Minister and her officials to act was intense. There were several calls and demands for provincial and territorial premiers to address long-term care head on. In fact, other media articles expressed dismay that the brief hiatus between the first and second wave of the pandemic in Canada was not used to better support sectors such as long-term care. The Ontario Premier had announced $540 million to "improve measures for infection-prevention and control, hire more staff and buy personal protective equipment" in September 2020 (Stone & Howlett, 2020). Other premiers, such as Quebec and British Columbia, had made similar announcements.

Statistics varied across the country on provincial/territorial management of the virus in long-term care facilities. British Columbia fared quite well for several months, whereas other provinces such as Alberta, Saskatchewan and Manitoba suffered much higher case numbers and deaths in the first wave. Quebec long-term care homes had shown signs of good response early on but shifted quickly to rapidly increased cases by the spring. When asked why British Columbia was doing better up to September 2020, the provincial Chief Medical Officer of Health stated that "a new study… published in the *Canadian Medical Association Journal*… points to less funding, more privatization and less coordination between homes and hospitals as factors that drove the spread of the novel coronavirus among Ontario's most vulnerable." This was in contrast to the BC conditions. In addition, the study indicated that, "Before the pandemic, 63 percent of Ontario residents shared a common room compared to 24 percent in British Columbia" (Szklarski, 2020).

Such factors played heavily on the minds of Health Canada officials and the minister. In fact, the calls for a national response to managing long-term care through the pandemic and beyond were growing louder daily. Several advocacy groups, including the Canadian Long-Term Care Association and the Council of Canadians had long called for a national strategy to deal with the "funding trap" for such facilities, calls which have only been exacerbated by the pandemic. Given the "pathetic" management of homes during the pandemic, families felt "abandoned" by the system arguing that they have an important role to play in assisting with caring for loved ones. Provinces provide oversight for the quality of care in long-term care facilities and contribute funding toward achieving these quality targets, and this funding is supplemented by co-payments from seniors and other older adults and their families. However, when provincial budgets are squeezed, funding for these programs and services is often cut. These same advocacy groups have called on provincial/territorial governments and federal ministers to step up and coordinate the

standards of care, and also ensure that federal transfers are tied directly to provincial and territorial budgets through the Canada Health Transfer or equivalent mechanism.

Many families with loved ones in long-term care facilities have observed the decline in the quality of care over the years, and many homes were already struggling just to keep up with minimum standards. The pandemic laid bare just how fragile many provincial and territorial systems are in this sector (Iwanek, 2020) (Luck, 2020).

> *In the beginning, no one told us anything about what was going on inside the home. We were kept in the dark. The first time I heard about Altamont on the news was when the army was ordered in. Before that, I watched three bodies be taken out on different days from the rooms across the hallway from me. Two of them were from the same room, and the other was two doors down.* (Iwanek, 2020)

Some Uncomfortable Truths

Provincial governments faced pressure in the past to supplement the contributions they make to long-term care facilities. The longstanding problem has been that most facilities have aged to the point that repairs have become very expensive, and many jurisdictions in Canada cannot afford the price tag. The Canadian Long-Term Care Association, an organization that represents long-term care homes across Canada, has advocated for many years for federal infrastructure funding to improve and update homes, in an effort to make them safer for seniors and other residents.

In addition to aging facilities, there have been widespread staffing shortages that have approached crisis proportions pre-pandemic. Given the underfunding of long-term care, families have routinely supplemented the care of loved ones by supporting staff in their regular responsibilities. Those residents with little or no support have generally experienced inferior care relative to those with frequent family visits. The crisis in these facilities reached such proportions that the Ontario Health Minister ordered a study on staffing in February 2020. The study led by the Honourable Eileen Gillese, Commissioner of the Long-term Care Homes Public Inquiry, was completed in July 2020 and found ultimately that shortages of personnel could be traced to various factors including poor wages and working conditions, insufficient resources, high workloads due to increasing case loads over time, and greater pressure to reduce costs (Gillese, 2020). Although the study addressed long-term care in Ontario, the commissioner concluded that these same problems could be observed in most other jurisdictions in Canada. Problems are particularly acute in Ontario due to limited number of available rooms relative to other provinces. However, other provinces such as British Columbia and Alberta have similar problems despite the fact that there are fewer residents sharing rooms in those jurisdictions. As a result of increasing demand for senior

> *As of July 2020, 52% of long-term care homes in Ontario have not had any cases of COVID-19, while outbreaks were declared in the other 48% of long-term care homes. Due to these outbreaks and other COVID-19 related issues, the sector peaked at 38 homes reporting critical staffing shortages. The largest proportion of missing shifts were among PSWs, with one home reporting as many as 60 vacant PSW shifts experienced daily. Shortages existed in other staffing categories, as well. For instance, one 128 bed home reported 10 registered nurses missing per day.* (Gillese Report, 2020)

care in many jurisdictions, and the fact that most facilities are aging, most provinces have turned to for-profit corporations to carry responsibility for long-term care facilities. To date, approximately 40 percent of long-term care facilities in Canada are run by for-profit corporations, although this figure varies from province to province (see appended data). Such businesses operate 57 percent of facilities in Ontario (Malek, 2020). Moreover, there is sufficient evidence to suggest that for-profit long-term care homes showed a higher number of COVID deaths relative to publicly-operated facilities, whether provincial/territorial or municipal. In fact, a CBC special study showed that 5 percent of Ontario residents in for-profit homes died compared to 3 percent of non-profit homes and 1.1 percent of municipal homes (Pederson, Mancini, & Wolfe-Wylie, 2020).

Under the current crisis, staffing shortages have been exacerbated to the point that the pandemic has overwhelmed an already fragile LTC system. Combine this fact with the lockdowns of long-term care homes, and it does not take long to devastate a delicate balance of care. This problem is further compounded in for-profit homes because they have four times as many COVID-19 deaths as city-operated homes in Ontario according to another major study, this time by the *Toronto Star* (Chown-Oved, Kennedy, Wallace, & Bailey, 2020). Again, the authors found that similar stories could be observed across the country, with the worst records of deaths of seniors and older adults in long-term care in Ontario, Quebec, and the Prairie provinces (Alberta, Saskatchewan, and Manitoba).

TIME FOR THE NATIONAL GOVERNMENT TO ACT?

By the end of September 2020, Covante and the federal Chief Public Officer of Health, Dr. Jessica Torrino, were being inundated by calls from provincial and territorial ministers of health and public health officers at the provincial/territorial and municipal levels. More importantly, their offices were receiving hundreds of letters from families pleading for help beyond the patchwork quilt of solutions being implemented by provinces such as the military intervention in Ontario's most vulnerable long-term care homes.

Calls for action were being borne out by statistics that the quality of care in long-term care homes had not improved at all since the first wave. Despite the fact that the worst cases and outbreaks were limited to a small number of homes, it was clear that some sort of coordinated approach was needed to address the problem (Hughes-Tuohy, 2020). Covante raised the matter once again in the weekly cabinet meeting on October 8th, but there was widespread reluctance to intervene. Her colleagues had given the usual refrain that this matter was squarely in provincial and territorial jurisdiction. Covante pressed that there was sound precedent for federal leadership here, as had been demonstrated on the question of social transfers, regulating marijuana, or providing national standards that meet the spirit of the *Canada Health Act*. Covante argued that "certainly there is ample impetus in times of crisis to implement strong federal standards." There was agreement on this point, but that was as far as cabinet would go.

The Prime Minister, Covante, Torrino and the Parliamentary Secretary for the Public Health Agency held a Zoom conference with provincial and territorial first ministers early the following week asking that they work with the federal government to develop national standards of care. The Premier of Alberta was fairly blunt in his view that, "the federal government has no place in this issue, but we are more than willing to accept more federal money to bolster limited provincial coffers."

The Premier of Quebec was equally resolute: "Quebec can manage the health of its seniors without any help from the federal government. We are having our challenges to be sure, but federal "help" is not what is needed right now. The best that we can expect from the federal government is to get vaccines approved so we have something to fight this virus with! Do your job, and we will do ours. You are playing with fire."

Even the Premier of Prince Edward Island spoke up, arguing, "I have to agree with my provincial counterparts. The federal government does not have a particularly good track record when it gets involved with matters we understand better. We can each name several federal programs, such as the Family Violence Initiative, Opioids crisis, or even current talk of national Pharmacare, where the results have been disastrous!"

The Ontario Premier was one of the last to speak. "I was around last year when the federal government wanted to expand the National Housing Strategy. Does everyone remember that? The feds wanted national standards on that too, which would cost provinces and the industry a lot of money. And what did the feds offer? 5 cents for every dollar that we spend. This experience hardly builds confidence. We are not willing to subscribe to federal leadership in exchange for pennies on the dollar to follow you. Show me the money, and we might consider your "help." We are willing, however, perhaps to listen to federal discussion of restart funding for these residences."

The Prime Minister more than expected this sort of response, recalling his predecessor's experience when the question of national standards associated with health reforms was raised in the Romanow Report of November 2002. This "old chestnut" was difficult to crack, even under pandemic conditions.

Subsequently, the Prime Minister responded to routine calls for leadership on long-term care on October 16th at his usual daily press conference: "This is a moment for us to step up and reassure Canadians that their loved ones, that they themselves as they advance in age, won't be left aside, won't be made vulnerable. Obviously, I respect provincial jurisdiction in running those institutions. But we've seen that those institutions haven't done a good enough job in this pandemic particularly, but it is a longstanding challenge" (Rabson, 2020). He continued to say, "any proposal for 'national norms' wouldn't mean a top-down approach from Ottawa, dictating what provinces must do on long-term care."

Despite the federal government's response, reactions to a hands-off approach have been swift. The federal NDP Leader called a press conference on November 19th condemning the government's response. He indicated that unions in particular are worried about outbreaks, and that there is little protection for staff in these homes, especially in for-profit care homes operated by corporations like Revera. Revera confirmed that 93 residents had tested positive for the virus and 32 had died as of November 19th in one Toronto facility – one of two dozen homes where outbreaks have occurred (Press, 2020).

> *"We are losing people we care for because profits are taking priority over people," [the NDP Leader] said, calling for-profit residences the site of "the worst conditions."*
> *Chris Aylward, president of the 200,000-member Public Service Alliance of Canada, dubbed the treatment of residents in private seniors' homes a "national crisis" that is "absolutely shameful."* (Press, 2020)

Because so much attention was being drawn to the issue of long-term care, the PM and cabinet decided that it might be necessary to have a national conversation on the appropriate standards of care that meet the basic tests of universality. The Minister of Health and the Chief Public Officer of Health were asked to begin efforts (mid-November) to have some preliminary guidance in hand by the beginning of December for consideration.

The Prime Minister held informal discussions with provincial and territorial first ministers on the same day that such guidance was being crafted, and that they should consider "playing ball," or they could face the consequences of reduced or no funding for long-term care under the Canada Health Transfer.

Predictably, most first ministers reacted badly (again), arguing that they were not consulted, and that the federal government was "playing the same old game of dictating and not collaborating." The PM, feeling the pressure, decided to announce his government's plans to improve standards as the complaints from various stakeholder groups (e.g., families, unions, health care workers, advocacy groups, municipalities, senior's associations) was deafening. The number of cases was not improving, and the death toll in long term care homes continued to remain stubbornly at approximately 75 to 80 percent of all new COVID-19 cases in the second wave. Reluctantly, most premiers agreed to at listen to the federal position, despite the rhetoric and ultimatums.

> *The provinces that don't choose to give their seniors the highest level of standards will be asked questions on that by the folks who are sending their moms and dads into those senior centres. And it will become a difficult answer for them to give. I guess, theoretically we could have said, 'No, it's your area, you deal with it.' No. The federal government is going to be there to look out for every single Canadian and that means, yes, working with premiers." Prime Minister of Canada, December 2020.* (Bryden, 2020)

In his year-end address, the Prime Minister indicated that provinces that do not work with Ottawa to improve standards in long-term care homes will not get federal funding but that his government will "happily partner" with those that want to boost standards (Bryden, 2020). He also said that the federal government would help provinces cover the costs of improvements associated with the standards, but there was no indication

what facilities would be eligible or how much funding would be available. First ministers have maintained that funding for long-term care especially has been limited and that the federal government should increase unconditional health transfers to help with fighting COVID in sectors such as long-term care homes. Some first ministers, such as Quebec, reiterated that "I don't see what the federal government knows about nursing homes. If the Prime Minister wants to help with nursing homes and hospitals, he has to boost recurring funding" (Bryden, 2020).

Most first ministers again agreed with Quebec's position, except for those from the Atlantic provinces who were more willing to collaborate on developing national standards. The Prime Minister even hinted in his press conference of December 16th that he was open to bilateral negotiations but hoped that it would not come to that – that premiers would welcome a national coordinated approach (Bryden, 2020).

WHERE TO GO FROM HERE: THE CASE CHALLENGE

To say that addressing national standards in long-term care facilities is a challenge would be to understate the matter. The Minister of Health, Adolina Covante, has been asked to accomplish something that has been tried before on many other issues of national importance, whether it is in education, health or various other issues of provincial and territorial jurisdiction. What is particularly challenging in this case is that people in long-term care facilities are contracting the COVID-19 virus at rates higher than the national average and dying in large numbers, especially in long-term care homes with outbreaks. Although it is understood that only a small number of facilities are experiencing outbreaks (a situation that has since shifted in January 2021), the delicate balance between adequate care and falling into outbreak is best described as tenuous, meaning that many facilities are at-risk. It would not take much more stress to push more long-term care homes into crisis conditions.

In addition, provinces and territories have each responded in their own ways to the challenges of managing the crisis in long-term care facilities. Provincial and territorial strategies have almost invariably meant locking down these facilities to prevent further spread of the virus. However, to deal with staffing and resources shortages, strategies have ranged from prohibiting staff to work in more than one facility, increasing training, bringing in trained volunteers, and/or inserting medical doctors into residences in the short term. That said, there has been little direction provided by provinces and territories on standards of care related to baselines in resourcing, staffing, personal protective equipment, patient/resident care, or facilities management and upkeep beyond what is expected for minimum terms and conditions for provincial funding. Despite these basic standards however, the actual quality of care has been largely unenforced leading to a general decline in long-term care management across the country.

Federal and provincial/territorial governments are under increased pressure in 2021 to actually do something about this neglected area of health care. All levels of government have been subjected to intense pressure to act. The Prime Minister has asked his health minister to develop draft guidelines or standards of care for long-term care facilities or to propose other strategies for dealing with the problems of long-term care facilities that includes advice on policy instruments. But clearly this cannot be done unilaterally. The Minister of Health knows and understands this very well, having been part of all conversations to date with provincial and territorial leaders. The current strategy to develop standards at the federal level requiring provinces and territories to

comply or else face a funding reduction or no funding for long-term care is being met with robust resistance. All of the work the health minister has done to forge new relationships is at risk of falling apart.

As Minister of Health, Covante thought it appropriate to create a national task force of officials from the federal, provincial and territorial levels alongside officials in the Privy Council Office's Intergovernmental Affairs Branch, and Finance Canada's Federal, Provincial and Territorial Relations Branch. The primary mandate of the task force is to prepare guidance to all first ministers and health ministers on the conditions necessary to engage in a conversation on a nationally coordinated strategy to prepare national standards of care for long-term care facilities across Canada. Due to Prime Ministerial direction, the mandate has been extended to include representations on other preferred strategies, beyond national standards, to address long-term care more broadly that can be coordinated at the federal, provincial and territorial government levels. The major question on the minds of federal officials especially is what can be done to improve long-term care conditions in Canada? However, the conditions of engagement remain the first priority to nail down for the task force.

Provinces and territories are each having internal conversations about the challenges in long-term care, and are each working through their own solutions. Some will want to have a national conversation about the issue, but they are worried about the costs associated with any federal monies tied to national standards. That said, they are fully aware that long-term care facility management has been neglected for a long time, and that such neglect has made the cracks visible as a result of the pandemic. Some provinces and territories will want to "play ball" with the federal government or at least agree to have a national conversation, whereas others will resist. Regardless, for many other reasons unrelated to the pandemic, the issue of long-term care is not going away anytime soon.

YOUR TASK

You are a member of a working group appointed by your **provincial** Minister of Health to provide advice firstly to the senior management in your health department, which would then move this advice up to the Minister and eventually the Premier's office. As such, your working group comprises individuals at the junior and mid-executive level, as well as senior policy officers who frequently work with counterparts in other jurisdictions.

Senior officials from your department will be representing your provincial jurisdiction as members of the national health ministerial task force being orchestrated by Adolina Covante. Your working group is the main source of advice supporting your department's senior officials. Each provincial and territorial jurisdiction has been asked to contribute advice that addresses the same questions to the national task force.

The federal government is asking the provinces and territories to convene at the end of March 2021 to provide an update on how each jurisdiction has dealt with long-term care during the pandemic, and to discuss how to coordinate a national response to improving long-term care across the country. As such, it has asked each province and territory to carry out their own analyses and prepare advice by the end of February. This means that your working group is expected to prepare

a presentation to your provincial or territorial officials on the national task force by the third week of February, so that they are able to take your working group's advice and prepare an official presentation for the national meeting of the task force at the end of March. The timeline is extremely short, which only serves to indicate the severity of the problem in long-term care facilities throughout the country.

Your working group's task is to prepare a PowerPoint "deck" of no more than 25 slides for senior officials in your department who sit on the national task force setting out clear advice on the following questions:

- What measures have your province/territory taken since the beginning of the pandemic on ensuring that long-term care facilities (and their residents and staff) are safe?
- What is your jurisdiction's current position with respect to a national effort to coordinate a response to the issue of long-term care?
- What conditions would you insist upon be in place within your province or territory in order to make a decision to support federal efforts to coordinate a national response to the issue of long-term care? Likewise, what external conditions related to other jurisdictions would you insist be in place to enter a national conversation? (Note that it is not enough to say that your jurisdiction will not support national efforts under any circumstances. Funding is at stake, which means that some sort of relationship with the federal government and potentially with other jurisdictions will have to be established on this issue.)
- How would your jurisdiction go about implementing the conditions you have proposed from the perspective of your province or territory, including how these conditions will likely be received by other jurisdictions?
- What ***draft*** solutions on improving long-term care nationally would your province or territory propose? These may be in addition to proposals being developed in your jurisdiction. These options might help to spearhead initial policy conversations for the task force.

To help guide the deliberations of your working group, you might consider first what conditions your jurisdiction would insist upon in order to participate in a national conversation on long-term care with the involvement of the federal government. Next, how would you implement these conditions in a way that takes into account the perspectives of other jurisdictions? Finally, what initial policy options would you propose to improve long-term care that would garner support from other jurisdictions?

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PRELIMINARY RESOURCES TO GUIDE YOUR TEAM'S WORK

The following provides some basic information to help your team get started on addressing this case. This brief provides information on:

- Number and type of long-term care homes by province/territory as of August 2020;
- Number of deaths in long-term care by province: public vs. private facility as of August 2020; and
- Long-Term Care Public Funding Mechanisms by Province/Territory.

1. Number and Type of Long-Term Care facility by province (and subtotals for privately-owned types in red):

Province/Territory	Total # Publicly-Owned	Total # Privately-Owned	# Private For-Profit	# Private Non-Profit	# Private (Other/No Data)	**Total**
Newfoundland & Labrador	35	1	1			**36**
Prince Edward Island	9	10	9	1		**19**
Nova Scotia	12	71	37	34		**83**
New Brunswick		68	8	60		**68**
Quebec	376	61			61	**437**
Ontario	100	526	357	169		**626**
Manitoba	71	54	16	37	1	**125**
Saskatchewan	119	40	6	33	1	**159**
Alberta	83	93	44	49		**176**
British Columbia	111	182	100	82		**293**
Yukon	5					**5**
NWT	9					**9**
Nunavut	3					**3**
Canada Total	**933**	**1,106**	**578**	**465**	**63**	**2,039**

Source: https://www.cihi.ca/en/long-term-care-homes-in-canada-how-many-and-who-owns-them

2. Number of Deaths in Long-Term Care Facilities in Canada (As of August 21, 2020)

Province/Territory	Total Deaths in LTC	Total COVID Deaths
Newfoundland & Labrador	0	3
Prince Edward Island	0	0
Nova Scotia	57	64
New Brunswick	2	2
Quebec	4,819	5,733
Ontario	2,026	2,796
Manitoba	1	12
Saskatchewan	2	22
Alberta	153	228
British Columbia	145	200
Yukon	0	0
NWT	0	0
Nunavut	0	0
Canada Total	**7,205**	**9,060**

Source: https://www.theglobeandmail.com/canada/article-in-covid-19s-second-wave-canadas-long-term-care-homes-aim-for-a/

3. Long-Term Care Public Funding Mechanisms by Province/Territory

Canada:

- 73% of LTC home costs are covered in Canada by provincial, territorial and municipal plans and agencies;
- 23% of costs are covered by residents either out-of-pocket or through supplementary private insurance;
- In 2018, total spending on nursing home care was $27 billion:
    - $20 billion from public funds (74%)
    - $7 billion from private funds (26%)

Source: https://hillnotes.ca/2020/10/22/long-term-care-homes-in-canada-how-are-they-funded-and-regulated/

British Columbia:

- Subsidizes up to 80% of a resident's expenses after tax ($1189-$3444/month) (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020)
- https://www.broadbentinstitute.ca/bc_s_swift_response_to_long_term_care_crisis_sets_the_bar_for_other_provinces
    - $1.3B in public funding/year
    - "In February 2020, just weeks before the World Health Organization declared a COVID-19 pandemic, BC Seniors Advocate Isobel Mackenzie issued a scathing report on the long-term care sector in BC. She found that the $1.4 billion for-profit long-term care sector – which receives $1.3 billion per year from BC taxpayers – spends $10,000 less per year per resident than its non-profit long-term housing counterparts."

Alberta:

- Pays $1743-$2120/resident/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020) at: https://open.alberta.ca/dataset/05bd4008-c8e3-4c84-949e-cc18170bc7f7/resource/79caa22e-e417-44bd-8cac-64d7bb045509/download/budget-2020-fiscal-plan-2020-23.pdf
- 2020-2021: $1.2B on continuing care (p.126).

Saskatchewan:

- Pays $1152 + 57.5% of each resident's income over $1579/month, to a maximum of $2859/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020);
- https://www.federalretirees.ca/en/news-views/news-listing/july/federal-retirees-breaks-down-saskatchewan-budget-2020#health
    - Total for Budget 2020: $341M;
    - "A further $15.7 million will fund the construction of the previously announced long-term seniors care facility in Meadow Lake, which will add 72 beds to the province's total. Another $8 million will be spent to add 36 new acute care beds at Saskatoon's Royal University Hospital. Approximately $2.3 million will go toward creating 100 community-based long-term care beds in Regina and Emerald Park. An additional $15 million is outlined for the planning and preparation of the previously announced $300-million Prince Albert Victoria Hospital. The budget also indicates ongoing planning and scoping for hospitals in Wyburn and Yorkton."

Manitoba:

- Pays $39-$95/resident/day based on their income. Minimum retained monthly income: $370 (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020.)
- https://www.gov.mb.ca/asset_library/en/budget2020/budget.pdf
    - The budget doesn't break out spending further than the Health, Seniors, and Active Living expenditures, which are $6.8B in 2020/2021 (p. 3) and includes:
        - Addictions Foundation of Manitoba
        - CancerCare Manitoba
        - Manitoba Health Services Insurance Plan
        - Not-for-Profit Personal Care Homes and
        - Community Health Agencies
        - Regional Health Authorities (including
        - controlled organizations)
        - Interlake-Eastern Regional Health Authority
        - Northern Regional Health Authority
        - Prairie Mountain Health
        - Southern Health-Santé Sud

        - Winnipeg Regional Health Authority
        - Rehabilitation Centre for Children, Inc.
        - Shared Health Inc.
        - St. Amant Inc.
    - In 2019/2020, the total spent on "Seniors and Healthy Aging" was $2.6M, $1.2M on continuing care, and $2M on primary care (https://www.gov.mb.ca/asset_library/en/budget2019/estimate-expenditures.pdf) (p.73)

Ontario:

- Pays between $1891-$2700/resident/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020.) at: https://www.fao-on.org/web/default/files/publications/FA1810%20Long-term%20Care%20Bed%20Expansion%20Analysis/Long-term-care-homes%20program.pdf
    - $4.3B on long-term care homes (7% of Ontario health budget) (2018-2019)

Quebec:

- Pays between $1211-$1946/resident/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020.) at: http://www.budget.finances.gouv.qc.ca/budget/2018-2019/en/documents/Health_1819.pdf
    - $84M/year in 2018/2019, 2019/2020, 2020/2021 (p.10) + $96M to improve accommodation and care standards in 2019.

Nova Scotia:

- Subsidizes residents' expenses on the basis of income: up to 85% or after tax up to $110/resident/day. Minimum left to resident: $260/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020) at: https://novascotia.ca/budget/
    - (2020-2021) $5.3 M increase to enhance long-term care in the province, for total long-term care funding of $612.4M;
        - $2.3 million increase, for a total of $5.1 million, to implement findings of the Expert Panel on Long Term Care
        - $1.7 million increase to support clients with complex needs
        - $1.3 million to convert under-utilized residential care facility beds to long-term care beds in Halifax.

New Brunswick:

- Dependent on services required, average spent on each resident: $3437/resident/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020) at: https://www.bienvenuenb.ca/content/dam/gnb/Departments/fin/pdf/Budget/2019-2020/MainEstimates2019-2020BudgetPrincipal.pdf
    - $363M (p.141) (2019-2020)

Prince Edward Island:

- Pays $92/day/resident (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020).

Newfoundland and Labrador:

- Income-based approach to a maximum of $2990/resident/month. Minimum left to resident: $150/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020) at: https://www.gov.nl.ca/budget/2019/wp-content/uploads/sites/2/2019/04/estimates.pdf
    - Not broken down specifically, but under the "Regional Health Authorities and Related Services" which includes:
        - Delivery of acute care, long-term care, nursing and community-based services in the Province through the four Regional Health Authorities,
        - Lease payments for health centres being acquired under lease-purchase arrangements;
        - Insured hospital services received by residents outside the Province;
        - The Province's share of operating costs of the Canadian Blood Services;
        - Operating funding for the Newfoundland and Labrador Centre for Health Information;
        - Repairs and renovations to health facilities;
        - Medical transportation and other related programs and services.
    - In total, these expenses are approximately $2.2B annually.

Yukon:

- $35/resident/day (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020).

Northwest Territories:

- $844/resident/month (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020).

Nunavut:

Residents incur no charges. (Restoring Trust: COVID19 and The Future of Long-Term Care – A Policy Briefing by the Working Group on Long-Term Care, Table 1, p.53-54, June 2020.)

[i] Note: language varies by jurisdiction on what constitutes a long-term care facility. For example, some facilities include independent living, semi-independent or semi-private living, and some include full-time care facilities and services. It is advisable that you verify how your jurisdiction understands what constitutes long-term care and the definitions of facilities and services in these that are covered under provincial health plans.