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LIPSTICK ON A PIG?

A strange phenomenon has emerged in Ontario's long term care landscape. We now have unions, some union-aligned academics and doctors, and multi-national long term care corporations all on the same page.

All are bleating out the same message that government needs to provide more funding for staff, better pay, and more hours of care.

Throw more money at long term care institutions and their staff! Throw more money at the over 60% for-profit long term care owned, operated, or managed system and those who staff it and it will fix problems in long term care. So goes the argument.

Some facts may be in order here.

Myth

Throwing more money at staffing and long term care will solve the problem.

Fact

Canada spends \$6.00 on institutions for every \$1.00 it spends on home care (Drummond et al, 2020). It is one of the most unbalanced funding allocations in the developed world and it has led to high rates of institutionalization of elders and long wait lists.

Long term care corporations were paying out healthy dividends to shareholders while receiving additional government money (Lancaster, 2020).

Long term care corporations have never met basic legislated accountability requirements with the funds they have been given (Pedersen et al, 2020).

Some long term care corporations had to be "reminded" by the Minister to even pay pandemic pay that the government had provided (Wilson, 2021).

Long term care corporations have paid their executives significant bonuses during a pandemic while residents were dying in their facilities (Milstead, 2021).

The Ontario government has no means of effectively auditing how funds in long term care are spent, and whether or not they are applied according to their intended purpose. Its inspection system has no forensic audit capability, and was greatly weakened when comprehensive Resident Quality Inspections were eliminated in 2019 (Pedersen et al, 2020). This means that the Inspection Branch cannot simply order an audit when inspectors find facilities are short staffing, short supplies, not being cleaned, or serving low quality food to residents.

The question becomes why lobby to throw more money at this system when no accountability exists for current funding? And why throw even more funding at institutions when funding could be shifted towards reducing Ontario's reliance on them, while also addressing older adult's cries to age at home, or at least in small non-profit, home-like residences in their own communities?

Myth

Staff should be full-time, paid better, and there should be more of them.

Fact

All staff are not created equal. Inspection, press, and even the military reports are rife with staff abusing and neglecting residents and providing grossly substandard care, and this has gone on for years (Pedersen et al, 2018; Brewster & Kapelos, 2020; Goldfinger et al, 2020). While some staff are dedicated, conscientious, and caring and this should be monetarily rewarded, this does not apply to all staff.

Does every staff person, even those who mistreat residents, deserve an across the board increase, or to be made full-time, and should even more be hired to staff these institutions or should the resident population in facilities that regularly flaunt the law be drawn down until appropriate staffing levels are reached?

Staff of government and non-profit operated institutions for people with developmental disabilities were predominantly full-time, paid well on government salaries, and the institutions were not understaffed. Yet residents of those facilities were so badly abused and mistreated that a former Premier had to apologize for their mistreatment in the Ontario Legislature and their class actions were successful (Canadian Press, 2013).

Why are well-resourced, vested interests in long term care with loud voices ignoring this basic historical fact? More staff, paid better, and full-time did not make any difference in these facilities, nor will it fix the problem in long term care. History has certainly shown us that.

It is a myth that simply throwing more money at outdated, unsustainable institutions will fix things. It never has, and it never will. It is like putting fresh lipstick on a pig and expecting a different outcome.

It is institutionalization, which promotes routinization and dehumanization, removing control from residents and their families, that is the problem. And no amount of money will fix that.

A shift in funding to home care, paid family caregivers, money following the person instead of the service provider, and the creation of much stronger in-home and community residential programs can significantly reduce our reliance on these institutions.

And that would fix long term care.

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