SENIORS FOR SOCIAL ACTION ONTARIO

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HOW VESTED INTERESTS IN LONG TERM CARE MAINTAIN THE CURRENT SYSTEM

Many have asked the question, "why are problems in long term care so entrenched"? It is a reasonable question since not much has changed for long term care residents in over 40 years. This report explains it.

The usual stakeholders are fighting it out for the ears of government officials using the arguments of forty years ago. Unions argue for more staff, better pay, elimination of profit. The predominantly corporate long term care industry lobbies for more beds, less regulation, more funding for staffing, and government money to renovate its facilities.

The arguments have never changed. There is nothing new or innovative about them. All do nothing to confront the unsustainability of an 18th century institution-based system that is well past its best before date.

None offer fresh new alternatives that would fundamentally change the long term care system for the better and respond to the calls of older adults to age in place, or at least in their own communities.

THE PROTAGONISTS

Long Term Care Corporations: Profit At Any Cost

Long term care corporations hire expensive consultants many of whom previously worked for government, or who were political operatives tied to the party in power, in order to make their case (Paling, 2020a; Paling, 2020b)).

Former provincial premiers sit on the Boards of long term care companies – Mike Harris on the Board of Chartwell and Bill Davis on the Board of Revera (Milstead, 2021; Revera, n.d.).

Principals of long term care companies, their lobbyists, and the developers who benefit from building institutions make major campaign contributions to the party most likely to be elected (Paling, 2020c). Mackenzie Health, home to the Mackenzie Health long term care facility is one example. It is operated by UniversalCare Canada Inc.[1]a for-profit company with a chequered history.[2] Mackenzie

[1] See Inspection Report http://publicreporting.ltchomes.net/en-ca/homeprofile.aspx?Home=2825&tab=0

[2] UniversalCare Canada Inc. was sued for $25 million and an additional $10 million in punitive damages over dozens of deaths at Villa Colombo Vaughan, another non-profit that it managed for allegedly failing to maintain a minimum standard of care. UniversalCare was also linked to an anti-teacher ad campaign after posing as a fake parents' group called Vaughan Working Families in 2018 registered by another non-profit Vaughan Health Campus of Care. Nevertheless Ford government politicians continue to have photo ops taken with UniversalCare principals.

Health renamed its Vaughan campus after the Cortellucci family – also big donors to Premier Ford and to the hospital (Cortel Group, 2020; PressProgress, 2018).

What the corporations want is always the same - more money, while not having to meet basic legislated accountability requirements (Pedersen et al, 2020). Still they demand more money – to build even more institutional beds, and upgrade outdated facilities. Government responds by giving them millions (Canadian Press, 2021).

The lobby group representing owners and operators of long term care facilities thinks the Inspection Branch should "work with them" and not be punitive by levying sanctions, even when they fail repeatedly to meet legislated care standards. Their argument is "throw more money at our institutions" (built to achieve economy of scale) and all will be well.[3] They have made the same argument for more than forty years. But all continues not to be well.

Their arguments do not stand up to scrutiny. There has been no effective financial accountability for funding already provided to this sector, and therefore no guarantee that any additional funding would improve standards. Over a period of forty years standards have not improved. The same violations that appeared in inspection reports when they were first made public in the 1980's continue to appear in current inspection reports.

Institutions built to more modern design standards also had significant outbreaks and deaths during the pandemic, so modern design standards are also no panacea (Barker, 2021).

The private long term care sector appears unable to staff its facilities without government help, or update them without government help, or put in air conditioning without government help, or even ensure that their staff get vaccinated (Ireton, 2021). Because of the number of staff who enter and exit these large facilities, bringing infections and deaths under control is problematic, especially in areas with high levels of community spread.

Even though Canada spends $6.00 on institutions for every $1.00[4] it spends on community care, these institutions badly failed residents during the pandemic as they have done for decades.

Yet the "give us more money" arguments continue from this sector, as they have for over forty years.

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https://www.thestar.com/local-vaughan/news/2021/01/22/process-questioned-after-vaughan-private-firm-picked-for-long-term-care-home.html

[3] The provincial lobby group of Ontario's long term care institutions, the Ontario Long Term Care Association thinks inspection, which many consider to be ineffective, to be "too punitive". Their calls are the same as those of the unions – the government should fund them to hire more staff Pg. 2 https://www.oltca.com/OLTCA/Documents/OLTCA%20-%20Short%20Term%20Red%20Tape%20Submission%20-%20Final.pdf

[4] Queen's University Ageing Well report – Pg. 4
https://www.queensu.ca/sps/sites/webpublish.queensu.ca.spswww/files/files/Publications/Ageing%20Well%20Report%20-%20November%202020.pdf

Unions: Jobs at Any Cost

In the other corner we have the unions and their supporters in the NDP and among various professional and community groups. Their argument? Staff should be full-time, paid better, and there should be higher staffing levels in the institutions. According to them 4 hours of care a day would help solve the problem (Ontario Health Coalition, 2020). Get rid of for-profit and redirect that money to them and their members in the form of better pay and full-time work. Maintain union jobs and memberships by continuing the old arguments thereby ensuring that the outdated institutional model remains in place.

Unfortunately these old arguments do not hold water either because they entirely miss the point.

Institutions for people with developmental disabilities were government (Schedule 1) or non-profit operated (Schedule 2). Staff was unionized and primarily full-time. But the alleged abuse and neglect in those facilities led to class action lawsuits brought by Koskie Minsky in echoes of the alleged abuse and neglect in long term care institutions that also led to class actions brought by several other law firms. In the case of those government and non-profit operated institutions, a former provincial Premier had to apologize publicly for the horrendous treatment of residents there over a period of decades.

Institutionalization itself leads to the objectification, dehumanization, and mistreatment of those who are forced, through lack of alternative community-based options, to live in them. Patricia Deegan documented this phenomenon poignantly in her essay – Spirit Breaking: When The Helping Professional Hurt.[5]

No amount of pay, or training, or additional staffing changes the fact that staff in institutions have almost total control over residents and that residents have literally no control. This creates the dangerous situation documented in numerous press reports (Payne, 2020; Goldfinger et al, 2020).

It is interesting to note that apparently the same problems do not occur with staff in home care where 91.8% of individuals receiving in-home care indicated satisfaction with the care provided.[6]

It is a problem that has gone on for decades (Welsh & McLean, 2011) so it should come as a surprise to no one that when staff of institutions have almost complete control over residents, and when people are congregated in large facilities operated by multi-national companies whose priority is the bottom line, that abuse, neglect, and mistreatment become the real pandemic.

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[5] See Patricia Deegan – Spirit Breaking. "the phenomenon of spirit breaking, which occurs when human services workers dehumanize and depersonalize those who come to receive services. The inhuman and inhumane emerge from the rupture that occurs when one human being fails to recognize and reverence the humanity and the fundamental sanctity, sovereignty, and dignity of another person." https://psycnet.apa.org/record/1991-15973-001

[6] 91.8% of home care patients were satisfied with their care from both care coordinators and service providers in 2015-16 https://www.homecareontario.ca/home-care-services/facts-figures/publiclyfundedhomecare

The Professions: Medicalization and Institutionalization at Any Cost

Many medical and nursing professionals support the union cause (Kelly, 2021) because most do not understand the history or the dynamics of this system, and are unable, because of their adherence to the medicalized, institutional model and belief system, to recognize that a social, community-based, rather than a medical model of care would best serve older adults. They are unable to envision a system with which they are unfamiliar.

They are not alone. History tells us that doctors over a period of decades told parents to place their children with developmental disabilities in institutions and go on with their lives. Decades later it became clear that this was entirely the wrong approach and it led to the suffering and deaths of countless innocent children, abandoned to life in institutions.

The same is now happening to older adults. And of course, nursing professionals and medical directors are hired by these institutions, therefore jobs are also at stake.

Historically, when the first steps were taken to close these large institutions for people with developmental disabilities there was massive opposition from unions and families of residents who could also not envision a different future for their sons and daughters. Once residents were relocated to small, community residential placements, families were able to see how much more humane they were, and professionals were able to see that these smaller, more home-like settings provided better living conditions for residents and better working conditions for them. But until that was achieved, many believed it could not happen, and resisted the change.

The same is occurring today with unions silent about the need for alternatives to these institutions and families not comprehending what might be possible in the way of alternatives, clinging to the belief that all that is required is to make the institutions better.

Over a period of forty years, irrespective of increased government funding and better legislation, that has not happened for the simple reason that institutions, by their nature, cannot be “improved”. History has already made that case.

Families and Community Organizations: It Must Be True If Key Stakeholders Say So

Some families and community organizations have been recruited to support the union and sometimes the corporate long term care cause, having been led to believe that staff concerns are the same as resident concerns, and that dealing with funding issues will result in better care. Some non-profits and municipalities that also run institutions have joined that chorus, none able to envision a long term care system that actually addresses what older adults themselves want – to remain in their homes and communities.

Families desperate for any kind of help - many also not knowing the history of the long term care system - buy into corporate and union arguments that more funding for their priorities will fix things, in the hopes that it will lead to positive change for their loved ones.

In over forty years it never has.

The basic arguments are "throw more money at the institutions for staffing and better pay and elimination of profit" and "throw more money at updating the institutions and building more modern institutions and give us money without all that red tape" and this will fix long term care.

These same arguments have been made for 40+ years even though there has never been effective financial accountability for funding government has given these facilities in all that time. There is no guarantee that companies would even apply additional government funding for its intended purpose. Corporations had to be "reminded" by the Minister of Long Term Care to even pay pandemic pay (Wilson, 2021). 85% of long term care facilities have regularly been out of compliance with the law (Pedersen et al, 2020).

In government-operated and non-profit institutions for people with developmental disabilities where most staff were full-time and well paid, abuse and neglect were still rampant. It is a fact of life in institutions.

Older Adults: Keep Us Out Of Institutions

What is missing from all these arguments by key stakeholders is the voice of older adults themselves and their calls to keep them out of institutions. These calls are regularly ignored by these stakeholders and government in a blatant form of ageism. The self-interests of powerful stakeholders with access to far more resources than older adults on fixed incomes repeatedly trample on the rights and voices of those most directly affected by institutionalization. In fact, their interests are diametrically opposed. Institutions, like hospitals and nursing homes pay higher wages than community care programs, hence one of the reasons of the focus by unions on maintaining them.[7]

Any reform of long term care must emphasize the voices and lived experience of older adults, especially with research indicating that over 90% of older adults have made it clear they wish to age in their own homes and communities (Home Care Ontario, 2020). Neither argument made by the main protagonists in long term care addresses what seniors themselves have been saying for decades – both inside and outside of these institutions. They never want to enter one, and "I want to go home!" or "get me out of here!"

Powerful stakeholders and government appear to embrace the patronizing view that they know what is best for older adults and do not need to listen to the people with decades of lived experience and who are directly affected by bad public policy resulting in high rates of institutionalization. These stakeholder's voices, protecting their own self-interests, repeatedly drown out the voices of those being exploited.

[7] 'Sue VanderBent, the CEO of Home Care Ontario, said a group of 50 service organizations is concerned with increasing worker movement from home care to higher wage jobs in long-term care homes, where personal support workers are paid an average of $5 an hour more than they earn in community care settings." https://www.cp24.com/news/steps-to-bolster-ontario-long-term-care-home-pay-leading-to-destabilization-of-home-care-sector-advocates-1.5337134

Patronizing, ageist attitudes by these stakeholders and the governments who listen to them are what has created and maintained the disaster that is long term care. None are able or apparently willing to examine what impact preserving their own interests has had on older adults and people with disabilities forced, in the absence of completely viable community alternatives if funding was available for them, to live in these impersonal, soulless places.

Thousands of staff have left the sector, tired of being exposed to infection, dealing with corporate short staffing, and woefully untrained and unprepared to meet the needs of residents. Nevertheless older adults and people with disabilities, devalued by the larger society and self-interested stakeholders in long term care, continue to be forced to live in these same conditions.

The Economists Weigh In

Well respected economists have pointed out that Canada allocates only 1.3% of its Gross Domestic Product (GDP) to long term care and that this is well below the Organization For Economic Development and Cooperation (OECD) average of 1.7%. This spending has barely increased in spite of the demographic aging of the population. Canada spends only 0.2% of its GDP on home care – one of the lowest expenditures in the OECD. It also spends six dollars on institutions for every one dollar spent on home care – one of the most imbalanced resource allocations of all developed countries. This has resulted in only 6% of Canadians receiving publicly funded home care.[8]

Those countries that spend equal amounts or more on home care than institutions have found that the people follow the money. Where more is spent to keep people out of institutions, countries accomplish that. Where countries spend heavily on institutions, unjustifiable and unnecessary institutionalization of its aging population occurs.

Queen's University economists argue that "If the propensity to 'warehouse' them in LTC-homes does not change, Canada is going to be overwhelmed. The senior population is expected to reach nearly 25 percent (10.8 million) by 2041, 4.2 million more, equivalent to a 63.6 percent increase. Accommodating their needs in only 22 years will constitute a tremendous challenge…..The argument that Canada needs primarily to expand the capacity of LTC-homes misses the mark on several points. It is based on the current policy of "warehousing" seniors, among whom there is actually little demand for such homes. Rather, the problem is a paucity of alternatives from which seniors can choose, coupled with chronic underfunding of preferred alternatives such as home care and community services." "Hospital beds are the most expensive; each day in ALC[9] or complex continuing care costs upwards of $842 to $949 per patient. LTC-home beds cost around $142.32 Communal home care varies but is normally much cheaper than hospitals or LTC-homes; Oasis, a communal

[8] Please see Ageing Well Report by Queen's University - https://www.queensu.ca/sps/sites/webpublish.queensu.ca.spswww/files/files/Publications/Ageing%20Well%20Report%20-%20November%202020.pdf

[9] "Alternate level of care (ALC) is used in hospitals to describe patients who occupy a bed but do not require the intensity of services provided in that care setting." https://www.cihi.ca/en/guidelines-to-support-alc-designation

living home in Kingston, Ontario, costs $10 each weekday in addition to each senior's living expenses. Formal home care in Ontario costs around $45 per day, while informal care is usually free in financial terms but has other economic costs such as lost wages and additional forms of productivity loss for caregivers (Drummond et al, 2020:12, 14).

What conclusion can be drawn from this? Continuing to rely on institutional long term care is unsustainable in the face of a rising older adult population.

Institutionalization: Unsustainable and a Violation of Human Rights

Forcing thousands of older adults to be unjustifiably and unnecessarily institutionalized against their will is a human rights issue that would not be tolerated for any other group. Only prisoners are currently institutionalized in the same numbers as older adults in Ontario.

It is the devaluation of elders as human beings that has contributed to older adults being objectified and labeled "high acuity" that has set the stage for them to be institutionalized in large numbers. Becoming old and disabled is equated with the loss of basic human rights - the right to continue to live in your own home and community, in familiar surroundings and to have a sense of control. It is considered perfectly socially acceptable to place elders in institutions – out of sight, out of mind - when they need help.

Those who say "there are some who will always need an institution" are usually not referring to themselves. This ageist, patronizing, and untrue statement reflects all that is wrong with long term care and it refers primarily to older adults and people with disabilities. Imagine the public outcry if this statement was applied to racialized groups as needing to be institutionalized? Yet it continues to be perfectly acceptable to be applied to older and disabled people.

People in other age groups, with very complex needs continue to live in the community in small residences or in their family homes with appropriate supports. But the public simply accepts the dehumanization and institutionalization of older adults, and the long term care corporations, unions, and professional organizations profit from it.

Those who pay the price of that profit are often the most vulnerable and stigmatized people in Ontario. Literally no one, except Seniors For Social Action Ontario, has consistently spoken for them – reflecting what they are saying – "I don't ever want to enter an institution" or "I want to go home!" Perhaps that is because we are seniors ourselves and understand all too well what the impact of ageist policies and practices are.

What follows are theoretical explanations for why institutionalization of older adults is so readily accepted in Ontario and elsewhere.

THE THEORIES

Institutionalization Is a Social Construct

In 1966 Berger and Luckmann in The Social Construction of Reality introduced the concept of habitualization as "any action that is repeated frequently becomes cast into a pattern which can then be…..performed again in the future in the same manner and with the same economical effort". The notion of institutionalization of older adults, over time, became a process of habitualization, embedded in the culture, and is now cast in stone in the minds of many people who are unable to believe or envision that things could ever be otherwise.

This is the reason that the public, policy makers, elected officials, and many older adults themselves do not call for an alternative approach to long term care – one that values older adults instead of stigmatizing and devaluing them. It is the reason many families and members of the public cannot imagine a long term care system that does not include institutions, just as families of people with developmental disabilities could not imagine a service and support system that did not include institutions for them decades ago. Today that community service and support system exists, and the institutions of decades ago no longer exist. It is not perfect and continues to suffer from underfunding by government, but it is there and thousands now live in more home-like environments instead of institutions because of it. What was needed was the vision to make it happen, and thousands of people standing up to government and powerful stakeholders and saying "enough"!

Equating old with institutionalization has become hegemonic: "the processes by which dominant culture maintains its dominant position: for example, the use of institutions to formalize power; the employment of a bureaucracy to make power seem abstract (and, therefore, not attached to any one individual); the inculcation of the populace in the ideals of the hegemonic group through education, advertising, publication, etc…." (Purdue, n.d.)

But hegemonic beliefs of this nature can, and must be challenged or older adult's human rights will continue to be violated.

Medicalization and the Medical Industrial Complex

Medicalization refers to "a process by which nonmedical problems become defined and treated as medical problems, usually as illnesses or disorders" where "aspects of all human life are subsumed under medical jurisdiction" (Conrad, 1992:209; Zola, 1972).

Zola described the medical establishment as having become an institute of social control, and of medicalization being applied to a range of human conditions and life processes not previously considered to be medical problems (Conrad, 2007). By medicalizing old age, where people generally require assistance with activities of daily living not hours of medical care, the stage was set for institutionalization in "nursing homes". Ironically nursing is not widely available in "nursing homes" irrespective of their title (Till, 2021). "Nursing homes" are not "homes". They are institutions.

It is the biomedical model itself that is now considered to play a role in the oppression of aging individuals as reflected in these high levels of institutionalization, and in the maintenance of these high levels. Much of this is the result of medical professionals ignoring older adult's pleas not to be institutionalized (Estes & Binney, 1989), instead joining the union chorus for more funding for these institutions for higher staffing and better wages.

Blame the Victim: Anti-Aging as a Belief System

Scarcely hidden within the medicalization framework is a suggestion that perhaps if people had taken better care of themselves they would not be suffering health problems resulting in their institutionalization.

An anti-aging culture quickly grabs onto this view while failing to consider the serious impact of genetics, economic deprivation, isolation, racism and ageism on older adults' health. Blaming older adults themselves for their misfortune and for ending up in institutions is much easier than promoting a more dignified, community-based approach to their care and inclusion. Compassion like this might come at a cost to career paths at a time when the loudest voices are calling for more money to address their self-interests while maintaining institutional dependence.

Our culture's emphasis on youth and vitality, as reflected in social and cultural institutions, promotes an anti-aging or ageist world view that contributes to broader ageism in society (UBC, n.d.). And this ageism is reflected in the views of many health professionals, government and political party officials, resulting in bad public policy that has a negative impact on older adults.

In 1980, Dr. Arnold Relman discussed the new medical-industrial complex. He described a private industrial complex with great potential for influence on public policy in health care – a growing network of private corporations "engaged in the business of supplying health care services to patients for a profit". He names proprietary nursing homes, home care, and private laboratories as being part of this system.

We see this playing out in Ontario today as the nursing home industry is having a disproportionate impact on government policy. Relman's medical-industrial complex is alive and flourishing in today's Ontario.

The Negative Impact of Labeling

Labeling theorists have detailed how labeling – applying stigmatized statuses to older adults -leads to negative outcomes that include low self-esteem, diminished feelings of control, internalization of negative stereotypes, lower resilience, interference with roles, and age- stereotypical behavior. They have also pointed out how the consequences of negative labels and the "over-attribution to age-related deficits can be reversed by environmental interventions" (Rodin & Langer, 1980; Dionigi, 2015).

By labeling older adults as “high acuity” the stage is set for their institutionalization in “nursing homes” even though they do not offer much in the way of nursing care since most “care” is provided by staff with very little training, and could easily be provided in their own homes and communities instead.

Repatriation of people with developmental disabilities, many with highly complex needs, to community from institutions resulted in many re-acquiring abilities long lost (Lord & Hearn, 1987), thereby supporting the arguments of labeling theorists that people often live up or down to their labels which tend to create self-fulfilling prophesies.

Seeing individuals as having value, capitalizing on their strengths, and continuing to see them as vital members of their communities has tended to reinforce these same beliefs in the individuals themselves. The result has been that they have flourished. Mapping the strengths of older people previously thought incapable, and removing barriers to their empowerment can sometimes provide surprising results (Dong & Dong, 2018).

THE THEORIES IN PRACTICE

Powerful Stakeholders Embrace Medicalization, Labeling, And Institutionalization

By simply examining media statements it is easy to see how powerful stakeholders are using all of the methods outlined – medicalizing aging, applying labels like “higher acuity” to support calls for funding for higher staffing, and continuation of the institutional system at the cost of older adults in order to maintain union, medical, and nursing jobs and corporate profits. It is not unusual now to see a professional association team up with a union to call for more funding for increased nursing staff and more hours of care daily in long term care rather than calling for community-based alternatives to these institutions as older adults are asking (OLTCA, 2015/16; Ireton, 2020). By calling on government to invest millions more for staffing institutions it ensures that millions will not be invested in community care.

Ageist Silences in Public Discourse

Where are the silences in the public discourse on long term care? None of the main stakeholders are supporting calls from older adults themselves to end Ontario’s reliance on institutions.

When we examine the arguments being made, the press, the public, and government have a responsibility to think critically, and ask some basic questions, such as “who benefits from this argument?” The entrenchment of the long term care institutional system is made clearer after asking this basic question.

Who benefits? Multi-national long term care corporations and the developers who profit from building them, unions, and medical and nursing professionals benefit.

The only people who do not benefit, because their one request over a period of decades not to be institutionalized has been ignored, is older adults.

And that is why long term care does not change.

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