

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities

House of Commons
Ottawa, Ontario
K1A 0A6

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A note from our Chair

Dear Honourable members of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities,

I want to start by thanking you for this opportunity to submit a brief on the topic of the impact of COVID-19 on Seniors. My name is Bob Breen, and I am the Interim Chair of the Canadian Association for Long Term Care (CALTC). CALTC is committed to ensuring quality long-term care for all and we advocate on behalf of seniors and share knowledge, insights, and best practices to ensure seniors can live and age with dignity.

As the number of seniors and life expectancy in Canada rises, so will the need for improved care, more complex care and increased capacity in long-term care homes. As you know, provinces and territories across Canada are struggling with the increasing demand for care. We are pleased to see that the federal government recognizes its role in helping to ensure our seniors have a long-term care system that will meet their complex needs.

The Impact of COVID-19 on Canadians in long-term care

As devastating as the effects of this virus have been on seniors and long-term care homes around the globe, this is an opportunity for governments, advocates, and supporters of the long-term care sector to make meaningful changes for residents, families, and staff – changes that are long overdue.

Prior to this pandemic, long-term care homes across Canada have been struggling due to a lack of recognition, funding, and support from all levels of government, while grappling with challenges around staffing, infrastructure, and adequate data collection. These challenges are compounded as demand for services continues to grow. The need for long-term care in Canada is expected to increase 10-fold by the year 2038, as the number of seniors in Canada increases.¹ According to Statistics Canada, the number of Canadians aged 65 and older will increase to 25% by 2036, and

¹ Hewko SJ., Cooper SL., Huynh H., Spiwek TL., Carleton HL., Reid S & Cummings GG. (2015). Invisible no more: A scoping review of the health care aide workforce literature. BMC Nursing. 14:38.

the number of seniors 80 years of age and over will double by 2036.² Furthermore, for the first time in Canadian history, seniors outnumber those under the age of 14.³

Many of today's seniors are also living with multiple conditions and illnesses that require 24/7 care, and the prevalence of chronic conditions and cognitive impairment among residents is increasing dramatically. In 2018/2019 for example, 62% of Canada's long-term care residents were living with Alzheimer's disease or other forms of dementia, with a third of those individuals severely affected.⁴ When families can no longer manage the complex care needed for their loved ones at home, long term care becomes home for Canada's seniors.

The challenges presented by Canada's ageing population have been **exacerbated by COVID-19**. Right now, our efforts as a nation should be focused on rallying around long-term care homes to ensure that seniors have the housing and care that they need, not just in a time of crisis, but every day. With this in mind, the Canadian Association for Long Term Care (CALTC) presents this submission to the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities in support of Canada's seniors. CALTC and its members across the country look forward to working with all Members of Parliament to make seniors living in long-term care a top priority.

Chronic Underinvestment & COVID-19

For years prior to the pandemic, CALTC has been raising structural challenges in Canada's long-term care homes. None of the problems we are seeing right now are new. All care that is provided in a long-term care home is heavily regulated and is covered by already stretched provincial health budgets. Chronic underfunding of homes on the part of the federal government has hindered provinces' and operators' ability to meet the needs of an ageing population and has left the sector vulnerable to COVID-19. Only with federal investments in better infrastructure, data, and human resourcing can we ensure that seniors will receive the care they deserve.

Health Human Resources

Canada is facing a serious shortage of seniors' care workers. Attracting and retaining individuals in careers that care for Canada's seniors has become increasingly challenging, especially when preparing for a further influx of seniors that will require care for multiple and complex conditions.

² Provinces and Territories. 2015-11-27.

³ Statistics Canada. Age and Sex Highlight Tables, 2016 Census.

⁴ Canadian Institute for Health Information (CIHI). CCRS Continuing Care Reporting System: Profile on Residents in Continuing Care Facilities 2018-2019. CIHI.

The heightened risk that seniors' care workers have had to assume since the start of the COVID-19 pandemic has also made staff acquisition challenging.

In May 2020, the federal government announced that it is looking at creating a training program for unemployed Canadians to provide assistance in long-term care homes amid the COVID-19 pandemic.⁵ This “micro-credential” program will allow prospective care aides to begin working immediately as an apprentice upon completion of a short online training course. Once the entire program has been completed, the apprentice could apply those credits received during their training toward a full certification program.

CALTC commends the federal government on this first step. However, COVID-19 has exposed the need for **specially trained infection prevention and control (IPAC) care workers** in addition to the staff required to provide hours of direct care a day. This expertise is desperately needed but adds an additional cost to provincial funding envelopes for staffing.

An investment of **\$92.3M** to complement provincial staffing budgets for the training and hiring of one IPAC manager or lead for every long-term care home, regardless of size, will improve resident experience, safety, and ensure a robust career for Canadians in the long-term care sector.

Recommendations

Due to the chronic staffing shortages in long-term care, it is incumbent on the federal government to fund at least one IPAC specialist, who can also provide direct care, in each long-term care home, regardless of size, to mitigate against future outbreaks.

CALTC calls on the federal government to include private designated learning institutions that offer recognized and equivalent training programs for health care aides as eligible programs under the Post Graduate Work Permit.

This will provide all types of prospective students with the skills they need to be successful and will provide a path toward citizenship and employment in Canada's long-term care sector.

Senior's Housing

Despite increased availability of home care and community services, demand for long-term care **continues to surge**. It is estimated that demand for long-term care was approximately 263,000 beds in 2016. In Ontario alone, the wait list for long-term care has reached 38,000 individuals as

⁵ Neustater B. (2020). CTV News: Feds looking at training unemployed Canadians to help in long-term care homes: employment minister. Accessed from: <https://www.ctvnews.ca/health/coronavirus/feds-looking-at-training-unemployed-canadians-to-help-in-long-term-care-homes-employment-minister-1.4932994>

of June 2020 and continues to grow at a rate of 15% per year. Meanwhile, due to COVID-19, Ontario has had to remove 5,000 beds from the system to ensure the appropriate physical distancing that would otherwise be impossible in a three or four-bedroom ward. This is putting even more pressure on the system.

Seniors living in long-term care homes are excluded from all major infrastructure programs. When Canadians can no longer live at home, long term care homes offer the support and services they need, along with expertise in dementia and end-of life care. Care homes offer around-the-clock nursing care, supervision, support with daily activities, and a safe and caring environment where people live comfortably and with dignity.

Recognizing long-term care as seniors' housing where care is provided and opening up federal infrastructure projects to include long-term care will help meet current and future demand. This will also decrease financial pressures in other areas of health infrastructure. Changes in the number of seniors and the complexity of their health issues has corresponded with significant changes in the type of care provided to residents. Unfortunately, the physical infrastructure where these seniors live has not evolved with the change in demographics.

When a senior is unable to access long-term care but is too ill or frail to remain at home, they occupy beds in hospitals known as alternate level of care beds or "ALC" beds while they wait for placement. In 2014/2015, there were 407,255 reported ALC days in B.C., accounting for 13% of total hospital days across the five regional health authorities. Furthermore, a study released in 2014 found that ALC patients occupied 33% of beds in two New Brunswick hospitals (of which 63% had been diagnosed with dementia), with the average length of hospital stay for those ALC patients being 380 days.

Hospitals are not a suitable place for seniors who require the specialized care and support that long-term care homes offer. Not only is this an unsuitable place for ageing seniors but it also puts additional pressures and financial strains on other parts of the health care system, particularly the acute care system which is an increased cost to taxpayers.

In Canada, the cost of an ALC bed can reach up to \$1,800 per day, compared to approximately \$200 per day in long-term care. If seniors occupying ALC beds in hospitals were able to access long-term care, the savings to our health care system would equal \$2.3B annually.

Summary of Recommendations

Longer-Term System Planning

Support Canadian and international students - CALTC calls on the federal government to include private designated learning institutions that offer recognized and equivalent training programs for health care aides as eligible programs under the Post Graduate Work Permit. This will provide all

types of prospective students with the skills they need to be successful and will provide a path toward citizenship and employment in Canada's long-term care sector.

Expand infrastructure funding to include long-term care - CALTC calls on the federal government to immediately expand the projects eligible for infrastructure funding to include seniors housing which incorporates long-term care. CALTC also calls on the federal government to invest in the construction, renovation, and retrofit of 780 long-term care homes so that they meet current design standards as well as the needs of today's seniors, especially those living with dementia, by 2025.

Commit funding to build new long-term care homes - CALTC calls on the federal government to increase capacity by committing to fund an additional 42,000 new long-term care resident beds across the country by 2025 to meet current and future demand for long-term care.

Implement a standardized Management Information System (MIS) - CALTC calls on the federal government to mandate a standardized system for collecting residential and financial performance data in long-term care homes as part of the Canada Health Accord agreements signed with each of the provinces and territories. CALTC also calls on the federal government to provide CALTC with \$19.5M to ensure the full implementation of standardized MIS across Canada for publicly-funded care homes.

Modernize the Canada Health Transfer - CALTC calls on the federal government to address the increased health-related costs provinces and territories are struggling with due to an ageing population by providing a dedicated "demographic top up" through the Canada Health Transfer. The overall cost associated with current demographic changes is projected to be \$93B over the next decade. The federal share of those costs is 22% or \$21.1B over the next 10 years.

About CALTC

CALTC is the national organization representing provincial associations and long-term care providers that deliver publicly funded health care services for seniors across Canada. Since its inception in 2002, CALTC has been working together to share information, best practices and evidence in order to improve the quality of care provided to residents in long-term care, no matter where they live.

CALTC appreciates your continued engagement and support for the sector and welcomes the opportunity to continue engaging with you. Please don't hesitate to have your staff direct any questions or comments about CALTC to Ian Chesney at ian@caltc.ca or by telephone at 647-453-0173.

Yours sincerely,



Bob Breen

Interim Chair, Canadian Association for Long Term Care (CALTC)