Justice Studies 384 / Nonprofit Sector Leadership & Innovation 320:

Advocacy

Problem-Based Learning Case #4: Affordable, assisted care homes

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Submitted to
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Submitted March 2018

PBL Case #4 - Affordable, assisted care homes: "There does not seem to be enough affordable, assisted living facilities in Saskatchewan, thus, many older adults stay in their own homes too long; this can be very socially isolating and risky regarding falls and injuries, etc. We know there are private companies that operate assisted living facilities but there seems to be holes in our continuum of affordable housing options. We need to change this situation by advocating for more housing choices." (This assignment was co-created by Gloria, Holly and the SSM Issues Committee during the Fall of 2017.)

Issue:

Our group decided to focus on the issues pertaining to the privatization of care homes, specifically how the number of beds is decreasing as the population of seniors is rising, the change in pension plans has disregarded years of labour creating a ceiling few older adults can afford to break through, and the lack of standards in the care residents should be receiving on a daily basis.

Recent History:

Santa Maria Case

74-year-old Margaret Warholm had been diagnosed with severe spinal stenosis and was sent to live in the Santa Maria Senior Care Citizen's Home in Regina. In 2013, after days of excruciating pain, Margaret was taken to the hospital and was found to have four spinal fractures from being dropped by two care workers who told Margaret's family that she had only suffered a bump on the head. Nurses at the hospital also discovered a massive bedsore that covered her whole back. Her family knew about the bedsore but were originally told by the care workers that it was only the size of a quarter. Margaret ended up dying a few days later in the hospital. The W5 nursing home investigators tried to find out about more reported incidents in nursing homes around Saskatchewan, but the Regina Qu'Appelle Health Authority would only give statistics. They said there were only 9 reported incidents within 2013 over the whole authority, but did not provide names of homes, dates, or other details. Saskatchewan gives little information about these incidents, unlike Ontario where all of the details can be found online. Although Saskatchewan does better than Quebec who gives zero information. Dustin Duncan, the Saskatchewan Health Minister told W5 that the province has the ability to look into how other

provinces are disclosing this information to the public and being more transparent. (Sourtziz & Bandera, 2015).

W5 conducted a one-year investigation in 2013 and found that there were 1,500 cases of abuse and neglect in nursing homes across Canada. Experts in senior care say that the numbers of incidents are actually a lot higher than 1,500 because of under-reporting. W5 conducted an anonymous survey for care workers in nursing homes to see if under-reporting was an issue. "38% reported having witnessed one of their colleagues abusing a resident, only 51% said they reported abuse they had witnessed to a manager or administrator, and more than 80% said that the staff member they had seen abusing a resident was still employed at the facility" (Sourtziz & Bandera, 2015). After Margaret died, her family took their complaints against Santa Maria to the Saskatchewan Legislature which resulted in Duncan having to ask the provincial ombudsman to start an investigation into care homes across Saskatchewan.

Nursing homes, or special care homes as they are called in Saskatchewan are long-term care facilities for senior citizens that provide 24-hour supervision and care. They are run by municipalities, affiliated organizations, and private for-profit organizations. Fees are set by the Saskatchewan Ministry of Health. Regional Health Authorities (RHA) determine whether an older adult is eligible for long-term care based on an in-home assessment of their needs. A report is sent to the Regional Committee which decides if they are eligible for a special care home. Eligibility is determined by a number of requirements: they must be a Canadian citizen over the age of 18 that require 24-hour care due to age, disability, injury, or long-term illness, and must hold a Saskatchewan Health Services card. If a client is accepted, they are given the first bed that is available in the system and then put on a waitlist to transfer to a facility of choice. (Sun Life, 2016).

Cost of Living

A client's income is assessed by Saskatchewan Health Services. The standard resident charge is $1,076/month plus 50% of their monthly income (between $1,400 and $3,340) (Sun Life, 2016). This rate increased on July 1st, 2017 to 57.5% with Saskatchewan's budget cuts. The fee hike affected half of long-term care residents. (CBC News, 2017). Respite care beds cost between $35.87 and $68.20/day. Personal care homes which are mostly privately-owned charge from $1000 to $4000 a month. 20 percent of personal care homes charge more than $2,800 a month. Twelve of them charge more than $3,500 a month. The care home fees include room and board, 24-hour nursing care, personal care and food (PowerPoint). There may be additional charges for transportation, clothing, medications and medical supplies, oxygen therapy equipment, mobility equipment, dental, vision, prosthetic devices, cable services, personal grooming, and telephone. (Sun Life, 2016). In 2012 Saskatchewan introduced a $20.00 monthly fee for personal hygiene products. Other provinces usually include these products, but not Saskatchewan or Northwest Territories. (MacDonald, 2015). Since there is an uprising of expensive privately-run care homes, there is a dwindling number of affordable public homes so older adults are being forced into debt just to be comfortable. The private care homes, therefore, have power over others (older adults) and this system is entrenched in our society, allowed by the government (Nozick, 1992). The issue of unaffordable care homes is a means of control by economic structures (neoliberalism) and political structures (Saskatchewan government) that allow privatization and are only concerned about making profits (Grabb, 2007).

A study done using Bradford Hill's framework for examining causation in observational research found enough evidence to support that for-profit/privatized care homes gave inferior care compared to non-profit care homes. For-profit care homes cannot afford to pay for

numerous staff because a large part of their profits goes to their shareholders and investors. Non-profit care homes have higher amounts of staff resulting in higher levels of care where patients get all of the one-on-one time with a caregiver that they need. Some benefits to having more caregivers available for patients are a "reduced resident time in bed, improved feeding assistance, incontinence care, exercise and repositioning, fewer regulatory deficiencies, and lower rates of pressure ulcers" (Ronald & McGregor, 2016).

The privatization of nursing homes began after Saskatchewan signed the Health Facilities Licensing Act in 1996. Under NAFTA, private facilities were allowed to move into provinces from other countries. The government had to create a regulatory framework for private facilities that were moving into the market. The only limitation for private facilities in Saskatchewan was banning physicians to practice both publicly and privately simultaneously. The government then made the HFLA in response to this which regulated private and public facilities so that they had to choose either one revenue source and like physicians could not choose both. The HFLA does not prohibit privately run facilities on the condition that they meet regulatory standards (McIntosh & Ducie, 2009). One reason there is an issue of underreporting incidents in care homes is because the owner of the care home (licensee) whom under HFLA is "responsible for the actions, activities and undertakings of every person who provides or assists in providing diagnostic or therapeutic medical procedures at the licensee's health facility" could then lose their facilities license because of employee's misconduct (HFLA, 1996).

Advocacy Plan:

We need to pressure the Saskatchewan government and the Ministry of Health to stop allowing the privatization of care homes because it is making them unaffordable for clients. We cannot stop privatization, but we can try and lessen it so that there are more non-profit care

homes available. We need to encourage communities to start charitable non-profit facilities and pressure government to rethink privatization of care homes and how it's affecting the affordability. The Minister of Health needs more pressure to make improvements of the regulatory standards in the HFLA for the private care homes that do exist because while the private care homes might not go away, their standards should at least be improved. We should pressure the government to decrease the rate of income, which is 57.5%, so that care homes can be made more affordable. Also, start paying for the hygiene products that residents need, residents already have to pay for so much, they should not have to pay an added $20 monthly fee for products the facilities should be providing. The structural factor of neoliberal ideology has allowed the implementation of privatized care homes that only care about their profits not the level of care seniors are receiving (Mullaly, 1997). Older adults are expected to be responsible to pay for the expensive care home fees, creating a sense of hopelessness when they cannot afford to live in a care home that they need (Whitmore, 2011).

Purpose:

To develop a quantitative plan to find a solution to private housing and instead optimize public care homes. Private care homes are a system meant only to profit owners rather than assist the clients which negatively affects both their income and their mental and physical well-being. The negligence older adults face is incomprehensible and therefore should be eradicated, however, taking the process incrementally alleviates the chance of legal backlash from private companies but also lessens the chances of a client being misplaced during a transitional period.

Goal(s) and Objectives:

To avoid chaos, the restraining of private care homes must be addressed in steps by using an incremental approach to the change. Before moving on from one step to another all members

of the advocacy group must agree that a certain level of stability has been obtained with the original step. If it has not and the step falls through it could have a negative impact on the outcome, and support, of other steps. The hope is to eventually create a system that better ensures private homes are following mandatory regulations on the level of care and to find new ways to encourage public spending on RHA run care home.

Unfortunately, money is a constant struggle for the government to decide which public area requires the spending. A reasonable objective would be to request an audience with the ministers of health in Saskatchewan to argue the need for public spending on care homes. Part of the reason privatization exists is because it is money outside of the government and therefore does not impact their spending. If the argument in favour of public spending was heard (i.e. this research paper) close to the time of a provincial meeting, it would be fresh in officials' minds and therefore the fact that privatization is still a problem could also be a revisited concept.

Group Members:

It is important to ensure that every member of the group has their own crucial role to assist with. On page seven of the Advocacy Workbook written by Dr. Gloria DeSantis at the University of Regina, there is an important list of people every group requires, however, the main advocates for our group would be: a movement builder, an inside advocate, and a statesperson. These three positions would be critical for the group because the main focus of the first goal is to have someone be able to convey the importance of the movement, have knowledge of the best way to actually get the attention of officials, and someone who has first-hand experience to add a realness to any conversations.

This group would also benefit from associating with people such as a defender of public law because of the basic human rights being violated (i.e. 22. The right to social security, 25.

food and shelter for all and 29. responsibility). Also trying to align with the ministers of health in Saskatchewan Hon. Jim Reiter and Hon. Greg Ottenbreit, and the minister of social services in Saskatchewan Hon. Paul Merriman, would be valuable assets for recognition and political advice.

Conclusion:

Private care homes are not going to disappear as long as they have clients. At the current point in time tighter regulations on private care homes, revisiting the rate increase, and encouraging public spending are the incremental steps this province needs to take in order to start seeing a change needed not only by the current generations in the care homes but the future generations to join them.

References

CBC News. (2017, March 22). Half of all long-term care residents will have to pay higher fees. *CBC News.* Retrieved from http://www.cbc.ca/news/canada/saskatoon/2017-saskatchewan-health-budget-cuts-1.4035280

Grabb, E. (2007). *Theories of Social Inequality.* Toronto: Thomson Nelson.

HFLA. (1996). The Health Facilities Act. *Statutes of Saskatchewan*. s.12(2).

MacDonald, M. (2015). Regulating individual charges for long-term residential care in Canada. *Studies in Political Economy*. Retrieved from http://reltc.apps01.yorku.ca/wp-content/uploads/2012/11/Regulating-Individual-Charges-for-Long-Term-Residential-Care-in-Canada.pdf

McIntosh, T. & Ducie, M. (2009, December). Private Health Facilities in Saskatchewan: Marginalization through Legalization. Canadian Political Science Review. 3(4). Retrieved from http://www.queensu.ca/iigr/sites/webpublish.queensu.ca.iigrwww/files/files/Res/crossprov/McIntosh--Marginalization.pdf

Mullaly, R. (1997). *Structural social work: Ideology, theory and practice*. Don Mills, ON: Oxford University Press.

Nozick, M. (1992). *No place like home: Building sustainable communities*. Ottawa, ON: Canadian Council on Social Development.

Ronald, L. & McGregor, M. (2016, April 19). Observational Evidence of For-Profit Delivery and Inferior Nursing Home Care: When Is There Enough Evidence for Policy Change? *PLOS Medicine*. Retrieved from http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001995#pmed.1001995.ref050

Sourtziz, L. & Bandera, S. (2015, April 10). W5 nursing home investigation reveals 1,500 cases of staff-to-resident abuse in one year. *CTV W5*. Retrieved from https://www.ctvnews.ca/w5/w5-nursing-home-investigation-reveals-1-500-cases-of-staff-to-resident-abuse-in-one-year-1.2321287

Sun Life. (2016). Long term care in Saskatchewan 2016. *Sun Life Assurance Company of Canada*. Retrieved from https://www.sunnet.sunlife.com/files/advisor/english/PDF/Completereport-LTC-Costs-SK.pdf

Whitmore, E., Wilson, M.G. & Calhoun, A. (Eds.) (2011). Activism that Works. Winnipeg: Fernwood Publishing.

CUPE Research. (2015, June 3). Overview of Continuing Care in Saskatchewan. *CUPE Healthcare Council Conference.* Retrieved from Nancy Odonnell-Monk.

SEIU-West. (2016, September 26). *Submission of the Service Employees International Union West (SEIU-West) to the Saskatchewan Regional Health Authorities (RHA) Review Advisory Panel.* Retrieved from Nancy Odonnell-Monk.