

COVID-19 has taught us seniors must be a priority

BY JULIE TURENNE-MAYNARD

Knowing that Manitoba accounts for just one of the approximately 6,000 COVID-19 deaths in personal care homes in Canada, you'd be forgiven for thinking we place a higher priority on senior care than in other provinces. The owners of 29 of Manitoba's non-profit personal care homes would like to correct that mistaken impression.

These owners have the first-hand experience to know the people who live in long-term care are not high on the priority list of most Manitobans nor the provincial government.

If these seniors were a priority, would provincial funding for basic operations have been frozen for 10 years?

The average resident in a personal care home today is not the same as the average resident 20 or 30 years ago. Years ago, many residents were relatively healthy, independent and ambulatory. Today, the majority of residents in a Manitoba personal care home are over 85 years old and have numerous medical conditions resulting in complex health-care challenges, including advanced dementia.

While it costs more to care for these high-needs residents, most personal care homes in Manitoba — and all our homes in Winnipeg — have received no increase in their global operating budgets for more than 10 years. This at a time when, for example, dietary expenses at homes have increased by 36 per cent and nursing supplies and incontinent supplies have increased 50 per cent.

Clearly, something's got to give. So the operators of these homes are forced to reduce spending on things like social and recreational programs that help provide the quality of life residents deserve, and on things like maintenance, housekeeping and ancillary services in order to pay salaries and the grocery bill.

If seniors in care were a priority, wouldn't the government increase the hours of care provided by nurses and

aides to meet the increasingly complex needs of personal care home residents?

The higher needs of today's residents mean they need more help with things like getting dressed, bathing, brushing their teeth, using the bathroom and eating. Many require two-person assistance and greater supervision. Experts say at least 4.1 hours of care are required per resident per day, but the province provides funding for only 3.6 hours — a number that has not changed since 2009. This means assistance is not always available when residents need it. As well, government regulations require nurses to spend more and more time filling out paperwork and conducting audits, leaving less time for them at the bedside to provide and oversee resident care.

If seniors' living conditions were a priority, would government have essentially frozen funds for capital repairs and improvements for 25 years?

It's not just Ontario and Quebec that have antiquated, multi-bed facilities that make infection control difficult. There are also personal care homes in Manitoba that are more than 40 years old and have multiple beds per room. In the non-profit sector, our personal care homes need an average \$6 million in critical upgrades per home. Owners need to repair leaking roofs, replace faulty boilers and make long overdue renovations.

Yet provincial money for repairs was basically frozen for a quarter-century, even though inflation over those years was 57 per cent. As a result, the only repairs made at most personal care homes have been those required by new fire or building codes — and the new money finally announced by government last month can be used only for further fire safety upgrades. Those upgrades are important, but they won't fix crumbling infrastructure.

To make matters worse, it typically takes 10 to 12 years for the province to approve a capital expense. The de-

mands for capital projects have surpassed the funding levels for so many years — and projects so rarely get approved — that personal care homes often give up in frustration and try instead to raise the needed funds from community members. This is sometimes successful, but of course community groups and members eventually get tapped out and so the next upgrade that would improve resident care and quality of life simply doesn't happen. Moreover, community members shouldn't be called upon to provide funding that should be a responsibility of government.

With more than 100 years of experience caring for seniors in our communities, the owners of community-based, non-profit homes want to work as partners with government to jointly find solutions to the long-term problems of under-funding, inadequate staffing, and unsuitable policies and regulations.

Most of all, we want the provincial government to significantly increase funding to our personal care homes to allow us to provide safe, appropriate care to the people who live there. At minimum, we must receive annual increases equal to the cost of inflation for both operating and capital expenses, and additional funding to allow extra hours of care for each resident.

We hope Manitobans who care about their elderly relatives and friends will join us in telling government that chronic under-funding of personal care homes is not compatible with excellent care. The COVID-19 nightmare in other provinces has reinforced that it's high time seniors moved up a few pegs on everyone's priority list.

» Julie Turenne-Maynard is the executive director of the Manitoba Association of Residential and Community Care Homes for the Elderly (MARCHE), representing owners of 29 community-based, non-profit personal care homes in Manitoba.

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