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Manitoba Association of Residential & Community  
Care Homes for the Elderly

## **A CALL TO ACTION**

**Protecting Manitoba's  
Not-for-Profit Personal  
Care Homes**



Three years have passed since the World Health Organization declared COVID-19 a global pandemic. Across the globe, 17 million lives were lost, including approximately 51,000 Canadians and 2,350 Manitobans, **a disproportionate number of whom were residents of personal care homes<sup>1</sup>.**

As the pandemic now transitions to endemic status, a more stable and manageable state of the disease, we must never lose sight of the valuable lessons COVID-19 taught us, key among them: **the importance of a strong system of personal care homes<sup>2</sup>.**

As the wise adage goes, when we fail to learn from history, we are doomed to repeat it. Ignoring the wisdom learned from the global pandemic would not merely be folly, it would be unforgiveable.

COVID-19 shone a light on the state of long-term care in Manitoba, including **significant cracks** in our system's foundation:

- A shameful history of chronic underfunding by past and present governments of Manitoba.
- An aging infrastructure of personal care homes that requires immediate remediation.
- An insufficient workforce to meet the rising complexity of care needs for residents of personal care homes.
- Increased demands upon our sector to do more, with less.

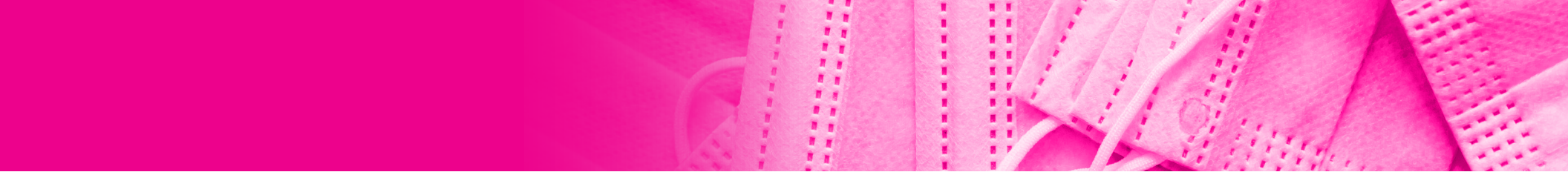
We have authored this Call to Action to foster public understanding of the issues that have long plagued our province's system of personal care homes. In doing so, we hope to galvanize the political will that is urgently needed to **ensure the tragedies of COVID-19 are never repeated.**

Representing Manitoba's Association of Residential and Community Care Homes for the Elderly (MARCHE), we provide high-quality, resident-centred care to the most vulnerable members of our communities. We are privileged to provide care to those who once cared for us, and we advocate for those who cannot speak for themselves.

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<sup>1</sup>Canada has one of the highest proportion rates of COVID-19 deaths for long-term care residents in the world: 85%, compared to USA (35%), Australia (29%), and the UK (54%).

<sup>2</sup>Personal care home residents may include both elderly persons and persons who live with disabilities.



Our service philosophy is rooted in the shared understanding that **every person has the right to an adequate standard of living**, regardless of ability, race, income, or geography of residence, and that this right is protected in Manitoba by the Seniors' Rights and Elder Abuse Protection Act (2015) and the Accessibility for Manitobans Act (2013). Recognition of this human right serves as our moral compass in all aspects of our work, and it underpins our decision to release this Call to Action at the risk of repercussions.

Our residents are worthy of quality care delivered by skilled, compassionate, and consistent staff. And all Manitobans deserve the peace of mind that comes from knowing their right to an adequate standard of living will be upheld through a strong, responsive, and universally accessible system. **This is why we advocate, fearlessly, on behalf of our residents and on behalf of all Manitobans.**

MARCHE represents Manitoba's **not-for-profit sector** of personal care homes, an important distinction within our province's multi-tiered system of long-term care, which also includes for-profit care (e.g., Maples Personal Care Home) and publicly operated care (e.g., Deer Lodge Centre). **There is great support for Manitoba's not-for-profit sector of residential care for the elderly**; indeed, a [2020 poll](#) indicates two-thirds of Manitobans prefer not-for-profit or publicly operated personal care homes.

In contrast, there is significantly less public support of for-profit personal care homes, and with good reason: a [2021 comparison study](#) showed higher COVID-19 related resident deaths within the for-profit residential care sector compared to the not-for-profit sector. There are other [indicators](#) that demonstrate the enhanced value of the not-for-profit sector of residential care, including greater hours of direct care to residents.

Given such evidence, we are proud to belong to the not-for-profit sector of Manitoba's personal care homes, and we are heartened by the public's overwhelming support for this model of service delivery. However, **the offering of not-for-profit personal care homes cannot be taken for granted in our province** – this is our urgent message to Manitobans.

The public preference for not-for-profit personal care homes is at imminent risk if the government of Manitoba does not take immediate action in four priority areas:

1. Redress the historic underfunding for operational costs by past and present governments of Manitoba.
2. Invest in the infrastructure for personal care homes through a separate and robust capital fund.
3. Collaborate with MARCHE to ensure a sufficient workforce that can meet the rising complexity of care needs for personal care home residents.
4. Support and resource personal care home operators to ensure compliance with the national and provincial enhanced standards in service delivery.





## Redress the historic underfunding for operational costs by past and present governments of Manitoba.

While we applaud the government of Manitoba's recent investments in our sector, funding directives earmark these monies for specific areas. This leaves several important budget areas unaddressed by the new funding, including **operating funds, which have been frozen for 15 years.**

With the significant increase to operational costs over the past years<sup>3</sup>, this funding freeze is simply unsustainable. With ever-increasing costs for operations, a freeze on funding translates into an actual decrease in funding – and we feel it. Tough cost-cutting decisions are our current reality, while ensuring high-quality direct care for our residents. But there is no fat to cut, and many of our not-for-profit residential care providers are at a breaking point.

We urgently call upon the government of Manitoba to, at long last, redress the historic underfunding for operational costs through an increase that aligns with current inflation rates. Such increases must also align with future inflation rates, moving forward. Additionally, efforts must correct the inconsistent funding approaches among the different types of service delivery among personal care home operators (some regional health authority facilities receive more funds compared to not-for-profit operators).

## Invest in the infrastructure for personal care homes through a separate and robust capital fund.

The government of Manitoba's funding for repairs has not increased in 25 years, despite an inflation rate of over 57% over this time period. As explained previously, funding that does not keep up with inflation rates is, in effect, a funding decrease. **With the average age of Manitoba's personal care homes at 40+ years, there is an urgent need for a capital fund dedicated to repairs and improvements.**

Cost estimates indicate a need of 6 million per personal care home, totalling 1.8 billion across the province. Deferring the infrastructure needs of our sector will only exacerbate the issues with our aging infrastructure, leading to even greater costs for repair and upgrades.

Put simply, the time to act is now. Ignoring the infrastructure needs of Manitoba's personal care homes will undermine the government of Manitoba's efforts to implement the recommendations of the [Stevenson Review](#) (2021), an external investigation into the Maples Personal Care Home COVID-19 Outbreak.

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<sup>3</sup>Examples of increased operational costs include, but are not limited to:

- Food costs, which have increased for our sector by 3.3% per year between 2008 and 2020, and 10% a year since 2021.
- Nursing supplies, which have increased for our sector by 4.6% per year between 2008 and 2020, and 8.5% a year since 2021.

Additionally, the carbon tax is a new cost for which we receive no additional funding support.



## Collaborate with MARCHE to ensure a sufficient workforce that can meet the rising complexity of care needs for personal care home residents.

In [response](#) to the Stevenson Review, the government of Manitoba has indicated a willingness to implement all 17 recommendations put forward by Dr. Lynn Stevenson, including recommendation 14: develop and implement a robust workforce plan for personal care homes. While this is a promising commitment by the government of Manitoba, meaningful collaboration with MARCHE is integral to the success of any workforce recruitment and retention plan to ensure the local contexts of personal care homes and innovative practices for same are considered.

It is also imperative that any workforce enhancement plan aligns with best practices in long-term care. For example, experts and advocates in our sector call for an increase in direct resident care<sup>4</sup> from 3.6 hours per resident per day to 4.1 hours. This increase in direct care hours relates to the additional health care needs of today's aging population, including higher incidences of dementia and related behavioural needs.

In its response to the Stevenson Review, the government of Manitoba has indicated a commitment to enhancing direct resident care to 4.1 hours over the next 6 years. This is a promising investment; however, we believe the increase to 4.1 hours in direct resident care must be fully implemented—and resourced—within 4 years.

Further, while the government of Manitoba's planned investment in training and education for healthcare aides is an important step toward enhancing the workforce for personal care homes, additional and ongoing funding must accompany this initial investment to ensure wages and incentives that truly recognize the value of these important staff.

Last, funding provided by the government of Manitoba for personal care home staff is already below our sector's current actual costs. Most facilities in the not-for-profit residential care sector follow provincially negotiated contracts and benefit plans, which stipulate the cost of employee benefits at 22%, even though the government of Manitoba funds benefits at only 18%. Expecting residential care providers to absorb the current difference between provided funding and actual costs is unsustainable and puts the government of Manitoba's commitment to the recommendations of the Stevenson Review at risk of failure. An increase in funding that reflects actual employer costs for staff is required.

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<sup>4</sup> Direct resident care includes paid hours of direct care, as well as mandatory employment related costs (e.g., vacation pay, sick time).



## Support and resource residential care operators to ensure compliance with the province's enhanced standards in service delivery.

We commend the government of Manitoba for commissioning the Stevenson Review, and for committing to an action plan to ensure Dr. Stevenson's 17 recommendations are fully implemented. High quality and enhanced safety in residential care have been and continue to be our goals, as well. However, without sufficient funding to ensure full compliance with new and enhanced standards of practice, our sector of not-for-profit residential care is **very concerned** that implementation of new regulations may come at the expense of direct care provision.

Regulatory compliance is important, and we remain committed to upholding such standards, but additional funding support is needed to ensure direct care for residents is provided at the appropriate level (4.1 hours per resident per day, according to experts). Quality of direct care for our residents continues to be our priority, and we are, as always, committed to regulatory standards that honour the important lessons learned from COVID-19.

In closing, we wish to acknowledge the government of Manitoba's newly released [Provincial Seniors Strategy](#) and its commitment to ensuring our eldest citizens are supported in their aging journeys and are recognized for their significant contributions to Manitoba.

However, we believe the strategy overemphasizes its focus on aging in place while ignoring the ever-increasing need for enhanced funding and resourcing for residential care and home care supports (e.g., supportive housing, adult day programs, congregate meal programs).

Both approaches must be fully supported, resourced, and coordinated through a provincial strategy that responds to the present and future needs of every Manitoban senior.

## About MARCHE

The Manitoba Association of Residential Care Homes for the Elderly (MARCHE) represents 23 **not-for-profit organizations** who operate 29 long-term care and housing facilities across the province. We have a long history of providing services in Manitoba, in collaboration with government partners.

MARCHE also collaborates with the Long-Term Care Association of MB (LTCAM), the Interfaith Healthcare Association of MB (IHCAM), and the Catholic Health Association of MB (CHAM) on various issues. Our shared goals are to:

- Advocate for sufficient resources for quality care and respectful and safe work environments.
- Support the relationship between our members and government, including regional health authorities, allied health agencies and the community.
- Influence public policy to best respond to the evolving needs of our residents.
- Nurture a learning environment and network to share knowledge, expertise, and resources.