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For Immediate Release

Attn: Assignment Editor

## **COVID-19 Death Rates in Ontario Long-Term Care Homes Significantly Higher and Increasing in For-Profit Homes vs. Non-Profit and Publicly-Owned Homes: New Data Analysis**

Toronto – A new analysis released today by the Ontario Health Coalition shows a significantly higher death rate as a result of COVID-19 in long-term care homes that are owned by for-profit corporations as compared to non-profit and public (municipal) homes. The research, done by Rabbi Shalom Schachter, LL.B., executive member of the Interfaith Social Assistance Reform Coalition and member of the Ontario Health Coalition, analyses the death rates in 93 Ontario long-term care homes with outbreaks of COVID-19 that have resulted in death. The total number of deaths tracked in the data is 1,057, with 700 in for-profit homes, 275 in non-profit homes and 82 in municipal homes that have outbreaks resulting in death. Charts with analysis are available here:

<https://www.ontariohealthcoalition.ca/index.php/death-rates-in-long-term-care-by-ownership-release/> (all sources are cited).

Importantly, before outlining the summary, the Coalition wished to extend its heartfelt condolences and express its sorrow at the terrible loss of human life that these numbers represent. They hoped that this analysis can contribute meaningfully to improving care, saving lives and preventing a repeat of this tragedy.

In summary, the Health Coalition reported that the rate of death, as measured by the proportion of deaths over the total number of beds in homes with COVID-19 outbreaks resulting in death, is:

- 9 per cent in for-profit homes
- 5.25 per cent in non-profit homes, and
- 3.62 per cent in publicly-owned (municipal) homes.

The Health Coalition reported the data shows not only that for-profit homes exhibit higher rates of death but also that rate has increased in the for-profits since April 28 faster than in non-profits. The rate of death per bed has declined in publicly owned (municipal) homes over this period.

The number of homes with outbreaks resulting in death has increased for all types of homes from April 28 to May 5, as has the number of deaths in those homes as follows:

- The number of municipal homes with outbreaks resulting in death has increased from 8 to 10 in this period.
- The number of non-profit homes with outbreaks resulting in death has increased from 28 to 33 in this period.
- The number of for-profit homes with outbreaks resulting in death has increased from 45 to 50 in this period.

When the number of deaths is compared to the number of beds in these homes, there are significant differences both in the proportion of deaths per bed in individual homes and across the ownership type as a whole. From April 28 to May 5 the proportion of deaths over total number of beds in these homes increased or declined as follows:

- In for-profit homes the increase in the death rate has been 28.52 per cent.
- In non-profit homes the increase in the death rate has been 14.15 per cent.
- In public (municipal) homes the increase has been negative, thus, a decline of (-)18.46 per cent.

The bottom line? The outbreaks resulting in deaths are still increasing across the long-term care sector as a whole, and the number of those outbreaks has gone up in homes of every type of ownership. But the death rate is significantly higher in the for-profit homes and is increasing more quickly. The death rate is increasing, but at half the rate, in non-profit homes and is declining in publicly-owned (municipal) homes.

“The data shows that for-profit homes have a much worse record than public and non-profit homes,” said Rabbi Shalom Schachter. “Already even prior to COVID-19 it has been recognized that the current model of delivering long term care has to be overhauled. The pandemic has brought to the fore the consequences of the current model. The overhaul should respond to the ways that ownership impacts quality and outcomes of care.”

“We know historically that government data shows staffing levels have been highest in municipal homes and lowest in for profit homes,” he added, stating that the overhaul of long-term care needs to involve representatives of residents in homes through the Family Councils and Residents Councils and advocacy groups as well as unions representing the workers. He called for the provincial government needs to be more transparent, “The government regularly receives from individual homes the levels of daily staffing by classification and by shift. This data from each home should be available on the government website so that the public can make informed choices when it comes to selecting a home for their family member.”

“We can never forget that these death rates are cold hard numbers but they represent real human beings: mothers, fathers, sisters, brothers. The differences between the death rates in for-profit versus non-profit and public long-term care raises momentous questions about the different practices regarding staffing, working conditions and wages, levels of care, and profit-taking,” said Natalie Mehra, executive director of the Ontario Health Coalition. “Clearly the outbreaks are not under control yet, and stronger, faster, more effective measures must be taken to save the lives of the residents living in long-term care. As we go forward, the disproportionate power of the for-profit industry, and of providers in general, over advocates for residents and workers must end. The government can and must revoke licenses and appoint interim management to take over the homes in crisis. Ontarians need a concrete commitment from government to stop the for-profit privatization of long-term and chronic care in our province.”