SOC340H1

The Invisible Influence of Privatization: COVID-19-Related Deaths in Public and Private LongTerm Care Homes

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Countries' responses to the COVID-19 pandemic have given us an opportunity to re-examine social policies. These policies provide citizens with the services necessary to live and work in a society. Healthcare services are one large area of social policy. The policies that governments passed during the COVID-19 pandemic greatly affected healthcare systems. Naturally, governments put forth a wide range of policies, and their impacts on healthcare differed. However, what happens when governments pass similar policies, but their results vary? For example, in Canada, the provinces of British Columbia (BC) and Ontario enacted similar policies to contain COVID-19 outbreaks in long-term care homes (LTCHs). But, the policies' outcomes were quite different. Ontario reported 70 percent of all COVID-19 deaths occurred in its LTCHs while BC reported only 46 percent.[1]

What can explain this difference? One factor that set BC and Ontario apart is their levels of privatization within their LTCH systems. Ontario privatizes 57 percent of its LTCHs while BC privatizes 32 percent.[2] Many studies connect higher levels of privatization in healthcare with a poorer level of care. One author Heather Whiteside points out that this is because private homes can lower operating costs to increase their profits.[3] This results in a poorer quality of care. For this reason, we can consider how privatization might affect both BC's and Ontario's LTCHs. Specifically, 78 percent of Ontario's COVID-19 deaths in LTCHs were from private homes,[4] while only 45 percent were in BC.[5] Using Whiteside's theory that private services offer poorer care than public services, we can see that Ontario is no exception. The results of private homes cutting corners in their services lead to poor working conditions for LTCH staff. It also resulted in a poor quality of care for residents and an inability for healthcare experts to share lifesaving, scientific data with homes.

Both Ontario and BC passed policies to limit staff from moving between LTCHs to prevent the spread of COVID-19.[6] However, Ontario had more cases of cross-contamination because private LTCH staff worked at multiple homes. This is because private homes hire less staff and make their shifts longer, so staff tend to work at multiple homes.[7] The vulnerability of LTCH staff allows for-profit homes to exploit workers. Many of these workers reported that during the pandemic they were "overworked, burned out, and ha[d] no time off."[8] As a result, workers were unable to follow the healthcare and government mandates for infection prevention,

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[1]Nathan Stall et al., "COVID-19 and Ontario's Long-Term Care Homes," (Toronto, ON: COVID-19 Science Advisory Table, 2021).

[2] Ernst and Young, "BC Ministry of Health Long-Term Care COVID-19 Response Review," (Vancouver, BC: British Columbia Ministry of Health, 2020).

[3] Heather Whiteside, 2015, *Purchase for Profit: Public-Private Partnerships and Canadas Public Health-Care System*, (Toronto, ON: University of Toronto Press).

[4] Rob Ferguson, "Ontario's For-Profit Nursing Homes Have 78% More COVID-19 Deaths than Non-Profits, Report Finds," *The Toronto Star* (Toronto, ON), Jan. 20, 2021, sec. Provincial Politics.

[5] Tara Carman, "COVID-19 Outbreaks More Common in for-Profit Senior Residences in B.C.," *Canadian Broadcasting Corporation* (Victoria, BC), Feb. 4, 2021.

[6] Katherine DeClerq, "Ontario Restricts Long-Term Care Home Workers to One Facility amid COVID-19 Pandemic," *CTV News* (Toronto, ON), Apr. 14, 2021.

[7] Vaughn Palmer, "Single Site Strategy for Health Care Workers a Long Time in Coming," *The Vancouver Sun* (Vancouver, BC), Apr. 10, 2020.

[8] Conrad Joseph John Mialkowski, 2020, *OP Laser—JTFC Observations in Long Term Care Facilities in Ontario*. 4th Canadian Division Joint Task Force Canadian Armed Forces, 5

like sanitization and mask-wearing.[9] [10] Workers also reported feeling extremely unsafe because of a large shortage of masks and gloves.[11] In contrast, in BC, LTCH staff are unionized.[12] Both private and public homes provided workers with an increased salary during the pandemic.[13] Private LTCH workers received similar wages, which reduced the risk of them being overworked.[14] Ultimately, in BC, LTCH staff were more stable, a factor that made it difficult for private homes to exploit workers.[15]

In addition, private homes in Ontario cut costs in their use of medical supplies. For example, many workers reported that homes encouraged them to not change Personal Protective Equipment (PPE) in between checking residents. Workers also stated that there was a "general culture of fear to use [adequate PPE] supplies because they cost money."[16] Staff who did try to use the recommended number of supplies were "afraid for their jobs on this issue."[17] Because private homes in Ontario tried to cut costs with medical supplies, workers were exposed to unsafe working conditions.

Similarly, one report found that because private homes in Ontario tried to lessen operating costs, workers could not properly care for residents.[18] For example, homes kept extra masks" under lock and key, [making them] not accessible [for] staff."[19] In addition, many private homes did not properly isolate residents with COVID-19. Staff put infected residents in the same rooms as residents who tested negative. This created" a near 100% contamination rate for equipment, patients, and overall [facilities]."[20] While LTCHs in BC also did not follow disease prevention protocols, this mostly happened in private homes.[21]

Finally, both provincial governments encouraged hospitals and LTCHs to share scientific data relating to COVID-19. This was one way to give LTCHs timely, important strategies to prevent the spread of the virus. However, private homes in Ontario did not receive these strategies. This was due to the structure of privatized services within Ontario's healthcare system.[22] Private homes are isolated from public healthcare, including hospitals.[23] Public homes received timely updates about COVID-19 and had access to doctors and disease experts through hospitals.[24] Because private homes are not partnered with local hospitals, as public homes are, for-profit homes did not receive the information or human expertise that public homes did.[25] In

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[9] Bonnie Lysyk, 2021, *Covid-19 Preparedness and Management: Special Report on Pandemic Readiness and Response in Long-Term Care*. Toronto, ON: Office of the Auditor General of Ontario.
[10] Conrad Mialkowski.
[11] Ernst and Young.
[12] Ibid.
[13] Ibid.
[14] Conrad Mialkowski.
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] Ibid.
[19] Ibid.
[20] Ibid.
[21] Isobel Mackenzie.
[22] Bonnie Lysyk.
[23] Heather Whiteside.
[24] Isobel Mackenzie, 2021, *Review of COVID-19 Outbreaks in Care Homes in British Columbia*. Victoria, BC: Office of the Seniors Advocate of British Columbia.
[25] Bonnie Lysyk.

contrast, all of BC's LTCHs are integrated into the healthcare system. As a result, all homes received timely best practices and human expertise.[26] This ability to share information and resources directly affected the homes' lower death rates.[27] In short, the influence of privatization on LTCHs is evident in the structure of Ontario's healthcare system.

Overall, private healthcare may offer poorer care to its patients. The COVID-19 pandemic was one example of how governments can pass similar policies but have different effects on the people these policies are supposed to protect. Ultimately, the impact of privatization should be taken into account when governments look to deliver healthcare services.

BIBLIOGRAPHY

Carman, Tara. 2021. "COVID-19 Outbreaks More Common in for-Profit Senior Residences in B.C." *Canadian Broadcasting Corporation*, February 4.

Canadian Institute for Health Information. 2020. *Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare with Other Countries?* Ottawa, ON.

DeClerq, Katherine. 2020. "Ontario Restricts Long-Term Care Home Workers to One Facility amid COVID-19 Pandemic." *CTV News*, April 14.

Department of Finance Canada. 2022. "Major Federal Transfers." Retrieved March 3, 2022. https://www.canada.ca/en/department-finance/programs/federal-transfers/major-federal-transfers.html.

Ernst and Young. 2020. *BC Ministry of Health Long-Term Care COVID-19 Response Review*. Vancouver, BC: British Columbia Ministry of Health.

Ferguson, Rob. 2021. "Ontario's For-Profit Nursing Homes Have 78% More COVID-19 Deaths than Non-Profits, Report Finds." *The Toronto Star*, January 20.

Greene, Jeffrey D. 1996. "Cities and Privatization." *Policy Studies Journal* 24(1):135–44. doi: 10.1111/j.1541-0072.1996.tb00557.x.

Kotschy, Rainer, and Uwe Sunde. 2021. "Income Shocks, Inequality, and Democracy." *The Scandinavian Journal of Economics* 123(1):295–326. doi: 10.1111/sjoe.12398.

LaGuardia, Michael, and Nelly D. Oelke. 2021. "The Impacts of Organizational Culture and Neoliberal Ideology on the Continued Existence of Incivility and Bullying in Healthcare Institutions: A Discussion Paper." *International Journal of Nursing Sciences* 8(3):361–66. doi: 10.1016/j.ijnss.2021.06.002.

Liu, Michael, Colleen J. Maxwell, Pat Armstrong, Michael Schwandt, Andrea Moser, Margaret

[26] Michael Liu et al., 2020, "COVID-19 in Long-Term Care Homes in Ontario and British Columbia," *Canadian Medical Association Journal* 192(47):E1540–46. doi: 10.1503/cmaj.201860.
[27] Ibid.

J. McGregor, Susan E. Bronskill, and Irfan A. Dhalla. 2020. “COVID-19 in Long-Term Care Homes in Ontario and British Columbia.” *Canadian Medical Association Journal* 192(47):E1540–46. doi: 10.1503/cmaj.201860.

Lopez, Lorena K., Navisha Weerasinghe, and Tieghan Killackey. 2021. “The Contemporary Crisis of Hallway Healthcare: Implications of Neoliberal Health Policy on the Rise of Emergency Overcrowding.” *Nursing Inquiry* Online.

Lysyk, Bonnie. 2021. *Covid-19 Preparedness and Management: Special Report on Pandemic Readiness and Response in Long-Term Care*. Toronto, ON: Office of the Auditor General of Ontario.

Mackenzie, Isobel. 2021. *Review of COVID-19 Outbreaks in Care Homes in British Columbia*. Victoria, BC: Office of the Seniors Advocate of British Columbia.

Mialkowski, Conrad Joseph John. 2020. *OP Laser—JTFC Observations in Long Term Care Facilities in Ontario*. 4th Canadian Division Joint Task Force Canadian Armed Forces.

Milovanska-Farrington, Stefani. 2021. “The Effect of COVID-19 as an Economic Shock on the Gender and Ethnic Gap in Labour Market Outcomes.” *Studies in Microeconomics* 9(2):227–55. doi: 10.1177/23210222211046411.

Mora Rodríguez, Roberto. 2021. *Political Communication and COVID-19: Governance and Rhetoric in Times of Crisis*. Milton Park, Abingdon, Oxon ; Routledge.

Palmer, Vaughn. 2020. “Single Site Strategy for Health Care Workers a Long Time in Coming.” *The Vancouver Sun*, April 10.

Roman, Karina. 2022. “New Post-Pandemic Standards for Long-Term Care Proposed to Federal Government.” *Canadian Broadcasting Corporation*, January 27, 2022. https://www.cbc.ca/news/politics/long-term-care-standards-pandemic-covid-1.6328569.

Sharma, Amalesh, Sourav Bikash Borah, and Aditya C. Moses. 2021. “Responses to COVID-19: The Role of Governance, Healthcare Infrastructure, and Learning from Past Pandemics.” *Journal of Business Research* 122:597–607. doi: 10.1016/j.jbusres.2020.09.011.

Stall, Nathan M., Kevin A. Brown, Antonina Maltsev, Aaron Jones, Andrew P. Costa, Vanessa Allen, Adalsteinn D. Brown, Gerald A. Evans, David N. Fisman, Jennie Johnstone, Peter Juni, Kamil Malikov, Allison McGeer, Paula A. Rochon, Beate Sander, Brian Schwartz, Samir K. Sinha, Kevin Smith, Ashleigh R. Tuite, and Michael P. Hillmer. 2021. *COVID-19 and Ontario s Long-Term Care Homes*. Toronto, ON: Ontario COVID-19 Science Advisory Table. doi: 10.47326/ocsat.2021.02.07.1.0.

Statistics Canada. 2020. “Demographic Estimates by Age and Sex, Provinces and Territories: Interactive Dashboard.” Retrieved March 3, 2022 (https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2020018-eng.htm).

Watson, Scott D. 2020. *International Order and the Politics of Disaster*. New York: Routledge.

Whiteside, Heather. 2015. *Purchase for Profit: Public-Private Partnerships and Canada s Public Health-Care System*. Toronto, ON: University of Toronto Press.