

**Eldercare Working Report for The Ecclesiastical Province of Ontario Synod
Presented on October 14th, 2021
by Laura Walton, ODT – Prolocutor and Chair**

Archbishop Anne has gathered a small group of lay and clergy from across our ecclesiastical province to work on critical aspects of eldercare that were brought to light when the pandemic deaths began to rise in early 2020. While much of our synods provincial work had to be put on hold with the pandemic, the devastation that became visible in Ontario's Long Term Care homes made it clear that eldercare issues both in and out of the health care system had become critical.

Here is some background information to help explain the depth of the issues that this new working group has had to come to grips with and get up to speed on in the last 18 months:

Up until 2020, the care of many of our elders has been a generally obscure part of the health care system. It was surprising to learn about its scope. The Province of Ontario has 626 licensed Long Term Care homes and over 77,000 long-stay beds. 58% of long term care homes are privately owned, 24% are non-profit or charitable and 16% are municipal¹. These numbers do not include retirement homes or unlicensed care. There is a waitlist for long term beds of almost 38,000 individuals in the province². This means placement near family can be problematic, patients are stuck in hospitals long term and couples can be split up as keeping families together is not always doable. Almost 300 of these Long Term Care homes that house almost 30,000 beds are outdated and need to have significant work done³. Many of those are for-profit homes.

These numbers became even more daunting when our group looked at what happened to this older demographic when the pandemic hit. When you look at the data, deaths in long term care from COVID-19 outpaced the general population. While this is already generally known, there is further data that compares deaths in long term care throughout 16 countries that are part of the Organization for Economic Co-operation and Development. This data looks at the proportion of deaths in long term care compared to all covid-19 deaths in the general population. Canada is at 81% and has the highest proportion of Covid deaths in long term care when compared to our general population⁴. This is the highest rate when compared to the other 16 countries. 81%. We are #1 in long term care deaths from Covid-19. That number is shocking. The majority of these deaths in Canada were in Ontario.

¹Stall NM, Brown KA, Maltsev A, et al. (2021) COVID-19 and Ontario's long-term care homes. Science Briefs of the Ontario COVID-19 Science Advisory Table. 2(7) <https://doi.org/10.47326/ocsat.2021.02.07.1.0>

² Bueckert, Kate. (2021, March 31). More beds coming as system tackles 5-year wait lists for long-term care | CBC News. Retrieved from <https://www.cbc.ca/news/canada/kitchener-waterloo/long-term-care-homes-wait-times-waterloo-wellington-1.5968393>

³ Rebuilding Long-Term Care. (n.d.). Retrieved from <https://ltxexplained.ca/infrastructure>

⁴ Canadian Institute for Health Information. Pandemic Experience in the Long-Term Care Sector: How Does Canada Compare with Other Countries?. Ottawa, ON: CIHI; 2020.

So, what do we do with these numbers? The working group began to analyze how we can best support the elderly and caregivers in our province. The statistics are all about what happens in the healthcare system, but we also have to include the many who are outside of it as well. We realized that we need to do something concrete to address the issues of not only poor care in our long term homes but also address the issues of abuse, neglect and loneliness that is found outside of them as well.

While advocacy is always an important part of our church, eldercare is going to become more and more prevalent as a ministry need. The Ecclesiastical Province of Ontario's churches is home to over 700 congregations with over 600 clergy and 45000 people worshipping pre-pandemic in-person every Sunday⁵. These statistics show that there are active and busy parishes that are contributing in deeply meaningful ways to our communities. However, as active as they are, many congregations are made up of seniors who are doing ministry and others who are no longer able. This growing demographic will need more and more support as the numbers climb. How do we as a Church, support them especially when they are no longer active in parish and diocesan life? The demographics show an ageing church population, so we have to shift and change to meet those needs. That significant group of elders in our communities should be part of our pastoral focus if they aren't already.

It is important to see the reality that these numbers represent, we are not a dying church. We are one that is redefining our ministries. Our working group wants to help shift the mindset, so senior's ministry is present and that includes support, resources and advocacy. It means that no matter what is at the forefront of the news cycle, how many outreach ministries the church offers, the need for eldercare within our parishes and our communities needs to be a central piece of diocesan and parish life and become a constant. Each ministry is important in and of itself.

Finding out what was needed was the group starting point. As with many of the issues in the world, the news cycle often dictates focus. The work of this group stalled once the news cycle on the Long Term Care issues slowed down. The shock wore off and the news stories moved on. We were left with interspersed input from our 7 Diocese and unsure of where to even begin to tackle what felt like an overwhelming problem. After many conversations and frustrations, we have begun the process of tackling this multifaceted issue by beginning to create resources and looking at advocacy.

Our group sent out a letter out in the spring requesting diocesan input. What we got back was limited but all of it was helpful. The responses were from seniors, long term care workers, nurses, lawyers, priests, caregivers, chaplains and parish committees. They said they wanted resources for seniors and caregivers, parish support for those who were not able to attend church, the ability to understand reporting guidelines when it came to abuse and the

⁵ 2017 Statistical Report Anglican Church of Canada. (2019. December 18) <https://www.anglican.ca/wp-content/uploads/2017-ACC-Stats.pdf>

need for care. People also wanted to learn about advocacy. Many stated that there needs to be a way to have our Provincial voice heard on the issue of halting for-profit long term care homes. This is backed by studies showing that with 58% of care homes being privately owned there are care issues there. Multiple studies show that the infection rate is higher than in not-for-profit, as are deaths⁶. There are fewer staff, lower wages, less infection control and reduced care in many of them.

With this in mind, we are taking a two-pronged approach as we start our work. Our first work will be in the area of resources. We hope to have a representative from each Diocese who will make it their priority to be the link between the provincial working group and their home diocese. They will help us research what is already in place and the gaps in each area. We do not want to reinvent the wheel. They will also make sure that when resources are ready, they get to where they need to be in the diocese. There is nothing worse than having resources that then sit unread and are under-utilized.

These resources will be centralized on the Provincial website making them easy to find and not just be links to sites and information. We hope it will be programs, assistance and community that will interact. We have had offers from parishes that already have programs in place such as [St. Clements](#) in Toronto and we are hoping to work with their Diocesan committee on Senior's ministry. We have also recently been approached by [Advocacy Centre for the Elderly](#) (also known as ACE). They are a legal advocacy group for seniors and want to work with us to build support as we move the resources into place. We are pleasantly surprised that so many are looking to build a wider team in both the diocesan and secular world creating a support system that goes from the most basic of parish involvement right up to the government level of advocacy. With these resources in place, we can then move on to working on advocacy and pushing for change in the system. One area of our work will blend with the second.

While all this is in the works, we need help. We are a small volunteer group that needs commitment from our provincial synod members to make this work happen and put it to good use. This group was created when the need to address seniors' issues became clear but simply having us meet without the work going somewhere is just a make-work project. We need buy-in from all levels of the ecclesiastical province. For many of you, it will simply be that you agree to pass on an email, resource or information as needed, but we also need a rep from each Diocese to take a more active role in the work. Someone willing to connect with the core working group, help with research and also be the link between province and diocese. If this is something you are interested in, please be in touch with me. This link is important to our next steps.

⁶ Stall NM, Brown KA, Maltsev A, et al. (2021) COVID-19 and Ontario's long-term care homes. Science Briefs of the Ontario COVID-19 Science Advisory Table. 2(7) <https://doi.org/10.47326/ocsat.2021.02.07.1.0>

We understand that we are not the only group with an important mandate. There are so many areas of focus that need addressing coming out of the pandemic and only so much energy and time to give to them. However, we want to do our part to protect those seniors who need our support and are vulnerable. Many have given so much to build our parishes and church as a whole. They and others in the community deserve our support so they are safe and cared for whether they are part of a church family or part of the wider community. The eldercare working group will not ask for a lot of your time but a willingness to engage. Many hands make the work less daunting and make sure that resources are available quicker and our advocacy for change in the eldercare system can be heard.

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