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What We Heard Report #1

Findings from HSO's Inaugural National Survey
on Long-Term Care

OCTOBER 7, 2021

About Health Standards Organization (HSO)

HSO stands for Health Standards Organization. Formed in February 2017, our goal is to unleash the power and potential of people around the world who share our passion for achieving quality health services for all. We are a registered non-profit headquartered in Ottawa, Canada.

Mailing Address

Health Standards Organization
1150 Cyrville Road
Ottawa, ON, Canada
K1J 7S9

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Key Contributors

Survey Development

HSO's Inaugural National Survey on Long-Term Care was developed by:

Dr. Kaye Phillips

Executive Director, Global Programs,
Health Standards Organization

Dr. Samir Sinha

Director of Geriatrics, Sinai Health and
University Health Network in Toronto
Chair, HSO's National Long-Term Care (LTC)
Services Technical Committee

Dr. Louise Clément

Executive Director, Clinical Partnerships,
Health Standards Organization

Nadine Ibrahim

Program Manager,
Health Standards Organization

Research Team

This report was developed by:

Dr. Ashley Flanagan

Research Fellow,
National Institute on Ageing

Weni Chen

Summer Scholar,
National Institute on Ageing

This report summarizes findings from HSO's Inaugural National Survey on Long-Term Care. While completing the survey, all respondents gave consent for their information to be used for the development of HSO's National Long-Term Care Services Standard. In accordance, all responses have been treated in confidence and have been anonymized in this report.

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Executive Summary

In the spring of 2021, HSO invited Canadians to complete its Inaugural National Survey on Long-Term Care (LTC) to get a better sense of their views on what an optimal future state of LTC ought to look like in Canada. The following report provides highlights from the 16,093 responses that were received between March 31 and July 31, 2021, to help HSO’s National Long-Term Care Services Technical Committee develop the new National LTC Services Standard.

What We Heard

We begin the report by providing an overview of the demographic profile of survey respondents by age, gender, race, ability, language, geographic location, and relationship to long-term care.

When asked about “the most important issue to address within LTC,” respondents gave the following key issues: ensuring the provision of high-quality care, ensuring the safety of LTC residents and staff while respecting the rights of residents, ensuring a well-supported, strong and capable LTC workforce, ensuring appropriate LTC funding exists to support the provision of high-quality care, and ensuring greater transparency and accountability and reconsidering the provision of for-profit LTC care.

The remainder of the report unpacks key issues identified by survey respondents. We start by presenting what we heard from survey respondents with respect to their awareness of existing long-term care standards (e.g., 79.5% of survey respondents were aware that standards are currently being used in long-term care in Canada). Next, we present survey respondents’ opinions regarding whether or not long-term care homes in Canada are providing safe, reliable, and high-quality care (e.g., 67% of survey respondents did not feel that long-term care homes in Canada were providing safe, reliable, and high-quality care).

When asked what was most important when it comes to the provision of “resident- and family-centred care practices that value the importance of respect, dignity, trust and quality of life” in LTC homes, survey respondents’ answers fell within the following themes: prioritizing the rights, needs, and satisfaction of residents; caring, compassionate, and competent interprofessional care teams; and an environment that upholds the qualities of home.

When asked what was most important when it comes to the provision of “safe, reliable, and high-quality care” in long-term care homes, the following themes summarize answers provided by survey respondents: the reimaging of long-term care as a true continuum of care; adequate funding; responsible national standards and governance; and enhanced organizational accountability and transparency.

When asked what was most important when it comes to maintaining a “healthy and competent workforce” in long-term care homes, answers provided by survey respondents are represented by the following themes: job security; prioritizing the health and safety of the long-term care workforce; an affirming, positive, and supportive work environment; and education and licensing standards.

When asked what was most important when it comes to the environment, operations and maintenance of long-term care homes to improve the quality of life of residents and families, survey respondents' answers fell within the following themes: aiming to enhance resident quality of life; ensuring safety and security of residents and staff; and striving for the highest standards of cleanliness and maintenance.

This section of the report concludes by summarizing survey respondents' opinions on whether or not long-term care homes should be required to meet standards (e.g., 99.4% of survey respondents felt LTC homes should be required to meet standards).

Where Do We Go From Here?

We conclude by offering an overview of the next steps in HSO's public engagement that will inform the development of HSO's new National LTC Services Standard—which will be released for public review in early 2022 and then completed in the fall of 2022.

Introduction

In response to the federal government’s commitment to improve the provision of long-term care across Canada, the Standards Council of Canada (SCC), Health Standards Organization (HSO), and Canadian Standards Association (CSA Group) are collaborating to develop two new complementary National Standards for Long-Term Care (LTC) that are shaped by the needs of residents, families, and Canada’s LTC workforce.

About HSO’s Standards and How They are Used

Standards exist in every aspect of Canadian life. They are the “invisible infrastructure” that allow us to live and work safely and to thrive. Standards can become the basis of government legislation, policy, regulations, and accreditation programs.

HSO is an independent, non-governmental, not-for-profit organization recognized by the Standards Council of Canada (SCC) as a Standards Development Organization (SDO), which develops National Standards of Canada (NSC). HSO is the only SDO in Canada that is solely dedicated to health and social services and has developed standards that are currently being used in over 15,000 locations across 38 countries.

In light of the COVID-19 pandemic, HSO is developing a new National LTC Services Standard to bring the voices of residents, families, and Canada’s long-term care workforce to the forefront.

HSO’s National LTC Services Standard will focus on:

- Resident- and family-centred care practices that value the importance of respect, dignity, trust, and quality of life,
- Safe, reliable, and high-quality care based on evidence-informed practices,
- A healthy and competent workforce to ensure sustainable, team-based, compassionate care, and,
- An organizational culture that is outcome-focused and strives towards the safety and well-being of all Canadians.

Long-term care homes, also referred to as residential, continuing, personal care or nursing homes, are residential settings where the majority of residents live with complex health care needs. LTC homes are defined as facilities that provide 24-hour care, seven days a week, including professional health services and personal care.¹ A LTC home is considered the formal “home” address of the people who live there.

Engaging with Canadians on what matters most to them when it comes to the delivery of long-term care has been, and will continue to be, a priority for the HSO LTC Services Standard Technical Committee – the group leading the development of this new national standard. Learn more about the National LTC Services Technical Committee here: www.longtermcarestandards.ca/technical-committee



HSO’s Inaugural National Survey on Long-Term Care

HSO is specifically revising its current Long-Term Care Services Standard (last updated in 2020) to bring the voices of residents, families, and the LTC workforce to the forefront of developing safe, reliable, and high-quality care. The new National LTC Services Standard will provide LTC homes across Canada with evidence-informed practices that define how LTC homes and LTC teams can work collaboratively to keep people safe, provide safe, reliable, and high-quality care, and demonstrate positive, outcome-focused change.

One of the first steps in designing and building the new standard is hearing what matters most to Canadians when it comes to long-term care. From March 31, 2021, to July 31, 2021, HSO invited Canadians to complete its Inaugural National Survey on Long-Term Care to get a better sense of their views on what an optimal future state of LTC ought to look like in Canada. A total of 16,093 responses were received to help HSO’s National LTC Services Technical Committee develop the new National LTC Services Standard—which will be released for public review in early 2022. Following the incorporation of feedback generated from the public review, the standard will be completed in the fall of 2022.

What We Heard

In what follows, we provide highlights from the 16,093 responses that were received from across the country to help HSO’s National Long-Term Care (LTC) Services Technical Committee develop the new National LTC Services Standard.



Who We Heard From: An Overview

Of the individuals who provided responses to the demographic questions included in our survey:

- ✓ 37% of survey respondents were 65 years of age or older.
- ✓ 83% of survey respondents self-identified as female.
- ✓ 2% of survey respondents indicated that they were First Nations, Métis, or Inuit.
- ✓ 12% of survey respondents self-identified as being from a visible minority.
- ✓ 8% of survey respondents self-identified as living with a disability.
- ✓ 90% of survey respondents answered in English.
- ✓ 70% of survey respondents reported living in Ontario.
- ✓ 34% of survey respondents self-identified as a Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident; while 21% of survey respondents self-identified as being part of the LTC Workforce and 2% of survey respondents self-identified as being a LTC Home Resident.

A more detailed breakdown and analysis of the demographic profile of survey respondents is provided in **Appendix A**. Please note that while we received a total of 16,093 survey responses, not all survey respondents chose to respond to all demographic questions. Full breakdowns including non-responses for each question can be found in **Appendix B**.

What They Told Us

The following discussion presents what the 16,093 individuals who responded to our survey told us about their views on what an optimal future state of LTC ought to look like in Canada.

The Key Issues

When asked about what the **most important, or key**, issue to address within LTC, the responses from survey respondents are summarized within the following 5 key categories:

Ensuring the Provision of High-Quality Care

An overwhelming majority of survey respondents took this opportunity to reiterate that ensuring the provision of high-quality care was the most important issue to address within LTC. In particular, survey respondents want to see resident-centred care provided by a caring, compassionate, and competent interprofessional care team that values the involvement of family members within an environment that upholds the qualities of a home.

Ensuring the Safety of LTC Residents and Staff, While Respecting the Rights of Residents

While many survey respondents felt that the most important issue to address in the provision of LTC was ensuring the safety of residents, this call for safety was also accompanied by some survey respondents advocating for the need to respect and uphold residents' rights to independence, autonomy, and self-determination. Alongside calls for ensuring residents' safety, survey respondents also stressed the importance of ensuring the health and safety of staff, as well as considerations for safe and accessible building infrastructure.

Ensuring a Well-Supported, Strong and Capable LTC Workforce

Stemming out of concerns for ensuring the health, well-being and safety of LTC staff, many survey respondents felt that ensuring the LTC workforce is competent, consistent, and capable is the most important issue to address within LTC. To ensure this, survey respondents advocated for full-time, permanent employment opportunities that are equitably compensated (e.g., salary, benefits, paid time off). Survey respondents also want to ensure the LTC workforce consists of individuals with specialized training in geriatric care who have access to continuing education opportunities.

Ensuring Appropriate LTC Funding Exists to Support the Provision of High-Quality Care

In order to ensure the provision of high-quality and safe care by a competent, consistent, and capable workforce, many survey respondents felt that ensuring adequate funding was the most important issue to address within LTC. Specifically, survey respondents advocated for increases in funding that ensures the provision of high-quality care, which reflects the value and respect that older adults living in long-term care homes deserve (e.g., timely access, appropriate staffing levels).

Ensuring Greater Transparency and Accountability and Reconsidering the Provision of For-Profit LTC Care

In alignment with calls to address the ownership of long-term care homes that have emerged in response to the treatment of LTC home residents during the COVID-19 pandemic, many survey respondents felt that abolishing for-profit long-term care was the most important issue to address within LTC. As well, many survey respondents called for a significant increase in transparency and accountability within the long-term care sector.

Unpacking Respondents' Perspectives on Long-Term Care

In what follows, we share and discuss the perspectives provided by survey respondents that are summarized above as the key issues to address within long-term care in Canada.

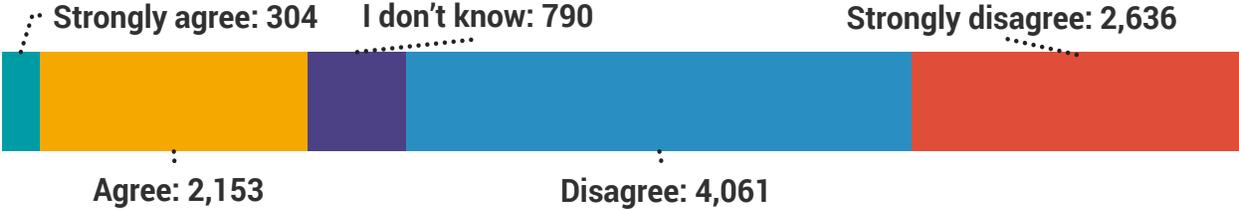
Are you aware that existing long-term care standards are currently being used by long-term care homes in Canada?

A total of 9,908 survey respondents provided an answer for this question. While 79.5% (7,875) were aware of existing standards currently being used in long-term care in Canada, it is important to note that 20.5% (2,033) of survey respondents were not aware—indicating a gap in survey respondents' understanding and awareness of existing LTC standards currently being used by long-term care homes in Canada.



In your opinion, are LTC homes in Canada providing safe, reliable, and high-quality care?

Of the 9,944 survey respondents who provided an answer to this question, 67.3% (6,697) did not (i.e., disagreed or strongly disagreed) feel that long-term care homes in Canada were providing safe, reliable, and high-quality care, while 24.7% (2,457) of survey respondents felt that they were (i.e., agreed or strongly agreed).



Other highlights

Overall, survey respondents did not feel that LTC homes in Canada are providing safe, reliable and high-quality care:

- Of the survey respondents who were aware of existing LTC standards, 65.9% did not feel that (i.e., disagreed or strongly disagreed) LTC homes in Canada were providing safe, reliable, and high-quality care (versus 27.2% of survey respondents who agreed or strongly agreed).
- Of the survey respondents that were not aware of existing LTC standards, 72.4% did not feel (i.e., disagreed or strongly disagreed) that LTC homes in Canada were providing safe, reliable, and high-quality care (versus 14.7% of survey respondents who agreed or strongly agreed).
- 75.7% (2,532) of survey respondents who self-identified as Family members, Friends, or Unpaid Caregivers to a LTC Resident did not feel that (i.e., disagreed or strongly disagreed) LTC homes in Canada were providing safe, reliable, and high-quality care (versus 16.8% (563) of survey respondents who either agreed or strongly agreed). 7.5% (250) responded that they did not know.
- 54% (1,050) of survey respondents who self-identified as LTC Staff Health Care Providers did not feel that (i.e., disagreed or strongly disagreed) LTC homes in Canada were providing safe, reliable, and high-quality care (versus 40.4% (785) of survey respondents who either agreed or strongly agreed). 5.6% (108) responded that they did not know.
- 43.2% (64) of survey respondents who self-identified as LTC Home Residents did not feel that (i.e., disagreed or strongly disagreed) long-term care homes in Canada were providing safe, reliable, and high-quality care (versus 42.6% (63) of survey respondents who either agreed or strongly agreed). 14.2% (21) responded that they did not know.
- 84% (367) of survey respondents who self-identified as Older Adults did not feel that (i.e., disagreed or strongly disagreed) LTC homes in Canada were providing safe, reliable, and high-quality care (versus 6.4% (28) of survey respondents who either agreed or strongly agreed). 9.6% (42) responded that they did not know.

What is most important to you when it comes to providing “resident- and family-centred care practices that value the importance of respect, dignity, trust and quality of life” in LTC homes?

When it comes to the provision of “resident- and family-centred care,” many respondents agreed that respect, dignity, trust, and quality of life are important (or the “cornerstone”). The following themes help clarify the implementation of these values within resident- and family-centred care:

Prioritize the rights, needs and satisfaction of residents

When it comes to providing resident- and family-centred care, many survey respondents highlighted the necessity of prioritizing the rights, needs, and overall satisfaction of residents. In particular, many LTC Staff Health Care Providers expressed that they strive to “ensur[e] that the residents receive the best care possible and that they are supported, as well as their family members”—as shared by one LTC Staff Health Care Provider from Ontario.

According to survey respondents, long-term care residents have a right to high-quality care that is not only individualized but is responsive to evolving and increasingly complex care needs of the range of individuals (e.g., varying ages and abilities) living in long-term care homes. In particular, one LTC Researcher from Ontario shared, “There are residents who are not ‘old’ (in terms of chronological age), for example, individuals who live with developmental disabilities, [living in LTC]. The standards should address their care requirements.” Further, one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident shared that it is most important to “Understand disabilities, or limited abilities, and provide environmental and procedural supports to accommodate such limitations [in order to] provide equity care.”

For many survey respondents, prioritizing the rights, needs, and satisfaction of residents also looks like:

- Provision of timely and comprehensive support for activities of daily living (ADLs), as exemplified by the response of one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from Alberta, “Patients need a bath more often than once or twice a week as many are incontinent or staff have no time to take patient to bathroom in a timely manner. Staff assume all patients have dentures not real teeth - failure to brush teeth at least twice a day and floss daily probably due to lack of training and time. Proper regular hygiene will bring to light new medical issues in a timely manner.”
- Focus on relational and emotion-based care that emphasizes social connection (rather than the completion of tasks). For example, one LTC Manager/Administrator from Ontario said, “Ontario Long Term Care Home Act, Regulations and Inspection Protocols promote task-oriented and administrative focus. It focuses on paperwork, paper-based evidence and whether the resident received the required ‘care task.’ As a result, it promotes a task-oriented care plan. It also includes whether 100% staff received the annual retraining while many staff have worked there for many years already. The team is just focused on meeting the administrative requirement.”
- Emphasis on holistic well-being (e.g., emotional, spiritual, mental, social, physical) and quality of life (e.g., pain management).
- Provision of culturally sensitive and appropriate care (e.g., trauma-informed, harm-reduction approaches) that is respectful of residents’ intersecting social identities (e.g., race, ethnicity, 2SLGBTQIA+, language, Indigenous identities). For example, many survey respondents advocated like one LTC Home Manager/Administrator from Ontario, who said, “opportunit[ies] for residents to speak their language, practice their culture, and use their traditional medicines within LTC.” Another survey respondent from Québec described the need to, “Take into account the specific care needs and cultural differences of the various populations of the province, including Aboriginal people, ethnic minorities, people with disabilities and francophones.”
- Respect for residents’ independence, autonomy and self-determination. As one LTC Staff Health Care Provider from Ontario described the importance of, “Empowering the residents by strictly upholding their rights and freedoms, especially regarding their right to privacy and the ability to make decisions about their care.”

- Ample opportunity for meaningful engagement in purposeful and appropriate recreation (e.g., intergenerational programming, pet visiting, 1:1 connection). For example, one Long-Term Care Staff Health Care Provider from Nova Scotia described the importance of meaningful engagements as, “Having choice about how care is provided, and enough staff providing care so that those choices can be respected (Staff would love to give each person time to get up/lay down exactly when they want without feeling rushed, or have a long soak in a bath a few times a week, but if one person has to get up 8-10 people in the morning, things get rushed. Being rushed does not make a resident feel valued and respected) [and] B) having frequent engaging activities available to keep residents interested in their life (and not just social ones; facilitating independent activities often gets neglected). So many people just vegetate in front of the TV; it’s depressing. If that’s what they actually enjoy, then I’m all for it, but when it’s just the only option, that’s sad. Recreation departments are always the first to get their budgets cut. Give people access to safe outdoor spaces. That should be required. I know some people who haven’t been outside in years. I would hate to live like that.”
- Specialized training in geriatric care with an emphasis on dementia care and behavioural support (e.g., aggression).



Respect and dignity must be shown to residents by recognizing that they are still people who can contribute to their LTC home instead of being an old person shuffled around by a young person.

– LTC Home Resident from Ontario

Caring, compassionate, and competent interprofessional care teams

For many survey respondents, one of the key components of the provision of resident- and family-centred care was the delivery of care by a caring, compassionate, and competent interprofessional care team. As one survey respondent from Ontario who self-identified as Métis stated, “People not just thinking of it as a job but a chance to make someone’s life a little better.”

Survey respondents who self-identified as LTC Home Residents and Family Members, Friends, or Unpaid Caregivers to a LTC Home Resident clearly reported that they want to see care providers who genuinely care about residents, demonstrate compassion in their care interactions, and are competent in the provision of geriatric care. In addition to the values of “respect, dignity, trust and quality of life,” various survey respondents also stated that empathy, kindness, patience, insight, diligence, honesty, integrity, accountability, collaboration, critical thinking and creativity were integral values in the provision of resident- and family-centred care.

Beyond the characteristics of care providers, many survey respondents wanted to see an interprofessional team approach to care provision adopted across LTC settings. To provide holistic and relational care, survey respondents felt that care teams should include the resident and family member(s), as well as physicians, nurse practitioners, registered nurses, registered practical nurses, personal support workers/care aides, dietitians, occupational therapists, physiotherapists, speech-language pathologists, social workers, oral hygienists, therapeutic recreation practitioners, and spiritual care practitioners. According to one Long-Term Care Staff Health Care Provider from Québec, interprofessional care teams “...ensure the client is treated as a ‘whole’ and not in silos.”

As we work to create caring, compassionate, and competent interprofessional care teams within LTC homes, one of the foundational aspects of these care teams—as identified by survey respondents—is ensuring open and consistent communication between all levels of care (e.g., care team-resident, care team-family, leadership-care team, leadership—residents and families, etc.). For example, a Family Member, Friend, or Unpaid Caregiver to a Long-Term Care Home Resident from British Columbia advocated, “For the family members (essential in the case of a resident with advanced dementia) to be treated with respect, to receive timely and detailed communication from the facility regarding the resident’s actual status, to be welcomed as part of the care team and have our reasonable requests accepted as part of resident-centric care.”

While advocating for the inclusion of residents and family members within interprofessional care teams was important to many survey respondents, some survey respondents also cautioned that family members may not always be helpful or supportive. For example, one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from Ontario said, “I know we can’t legislate people to care for their family but if we can hold them accountable for their school aged children and pets we should hold them accountable for their families. Only two out of 10 residents see their families on a regular basis. Those of us that do are not being heard because the majority is silent and hibernating behind excuses such as ‘I’m not comfortable with going there!’”

Some respondents also noted the need to acknowledge that not all residents have family members to advocate—either alongside or on their behalf—for their rights, needs and satisfaction. As a result, survey respondents felt that “resident-centred care” must acknowledge the growing diversity in family (or kinship) relationships, as well as provide support options for residents who do not have family members involved in their care. One LTC Organization Representative from Manitoba proposed “the assignment of an advocate for those people who do not have family/caregiver support” within each long-term care home (similar to patient advocates in health care).

Overall, the majority of survey respondents agreed that the needs, rights, concerns of the resident—not family members—should be prioritized when it comes to providing resident- and family-centred care. As one survey respondent from Ontario stated, “Residents’ wishes first before family drama.”

 Ensuing that the care I provide is based on a holistic manner, culturally sensitive and working with residents, families and the team together to ensure quality care.

– LTC Staff Health Care Provider from Ontario

Uphold the qualities of home

When asked about providing “resident- and family-centred care practices that value the importance of respect, dignity, trust and quality of life,” many survey respondents talked about the need for long-term care homes to uphold the qualities of home. According to survey respondents, the necessary qualities of home include:

- Private and comfortable spaces (e.g., individual rooms, private spaces for visiting).
- Quality mealtime experiences with food that is nutritious and delicious. One Long-Term Care Staff Non-Health Care Provider from Ontario shared, “Meal time for example-based on regulations must be within specific times- that is not resident-centred. We are changing our meal delivery model to point of service meaning providing full meal on demand. This should be a standard, not a nice to have. Food services is rarely considered when the ministry makes changes. Mealtime is essential for good health, healing, social interactions for well-being, yet overlooked every time there is new funding. There is not enough food service staff as we are forced to follow an old formula-based staffing model. ...We are an interdisciplinary team for residents. Food service staff can do more at mealtime to free up the PSW staff to enhance better encouragement to eat and one-on-one interaction. Now PSWs help serve and clear dishes, so although there is more funding to PSWs, the hours aren’t applied where they need to go. There needs to be more food service hours to serve so PSWs can spend more time feeding.”
- “Open-door” policy for visiting with family and friends.
- Strong sense of belonging and community within and beyond the home. One Long-Term Care Staff Health Care Provider shared that long-term care needs to embrace “A culture and physical and emotional environment that contributes to individualized and flexible care as close as possible to living in the broader community. E.g., a day care or school attached to the [LTC] home, a village with a store, cafe, doctor’s office, pharmacy, etc.”
- Clean and well-maintained.



High-quality, client-centred, empathic and enriched places to not just live, but THRIVE!

– LTC Researcher from Alberta

What is most important to you when it comes to providing “safe, reliable, and high-quality care” in long-term care homes?

When it comes to providing “safe, reliable, and high-quality care” in LTC homes, the majority of survey respondents felt that safety, reliability, and high-quality are the bare minimum. For some survey respondents, a significant barrier to the provision of “safe, reliable, and high-quality care” is the public perception that Canadian long-term care prioritizes profit over care, or as one Family Member, Friend, or Unpaid Caregiver to a Long-Term Care Home Resident from Ontario said, “Residents must be treated as individuals not just as though they are being warehoused until they pass away.” In particular, survey respondents noted that working to change the narrative of long-term care by addressing long-standing fears surrounding long-term care that are rooted in societal ageism is essential to providing high-quality care.



Alleviating the fears so that those who need help can get it, and reassure families and friends of those in LTC that the treatment of their loved one is of utmost importance, and consistently follow through with promises to improve their quality of life.

– Family Member, Friend, or Unpaid Caregiver to a Long-Term Care Home Resident from Ontario

To achieve “safe, reliable, and high-quality care” in long-term care homes, survey respondents called for the reimagining of long-term care as a true continuum of care that:

- Provides equitable care for all (e.g., choice, access, cost) across jurisdictions (e.g., geographic location, ownership). As one Long-Term Care Staff Health Care Provider from Ontario stated, “[We need] a financially sustainable system with the structure geared towards equitable access for the majority of patients.”
- Prioritizes continuity in care (e.g., same staff providing care to build rapport).
- Respects and values the workforce (e.g., staffing, workplace conditions).
- Asserts zero tolerance for neglect (e.g., timely personal care) and abuse of residents (e.g., physical, sexual). For example, one Long-Term Care Home Resident from Ontario shared, long-term care should be a place “Where you can receive care in a timely fashion and you don’t have to worry about it not coming.”
- Integrated into broader health care system (e.g., medical records, access to medical care).
- Includes options for ageing in place (e.g., home care). For example, one survey respondent from Ontario shared an idea, “Pay family caregivers to provide assistance to prevent institutionalization. Institute a ‘Money Follows the Person’ initiative so people can purchase their own care in the community.”

In order to support and ensure the provision of “safe, reliable, and high-quality care,” one of the overarching themes brought forward by survey respondents was the need for adequate funding from federal and provincial/territorial governments (e.g., incentives for exceeding minimum standards). As one Long-Term Care Home Resident from Newfoundland said, “This kind of care requires funding for a minimum of at least 4.1 hours of care per day, funding to hire the required skill mix of RNs [Registered Nurses], LPNs [Licensed Practical Nurses, or Registered Practical Nurses in Ontario], and Personal Care Attendants with educational preparation and necessary equipment and supplies. High-quality is absolutely necessary.”



Our budgets are not big enough. We have to be “stingy” and that makes for a cold work environment. This is their home.

– Long-Term Care Home Manager/Administrator from Nova Scotia

However, while many survey respondents called for more funding to be directed to the provision of care within long-term care settings, they noted that increases in funding must also be tied to strict guidelines regarding the oversight and operation of LTC homes.

Oversight

With respect to oversight, many survey respondents called for responsible national standards and governance with provincial/territorial implementation that comprises “the right combination of environment (building and facilities), people (organization, skills, empathy, care), adequate funding and enforcement,” according to one Older Adult survey respondent from Ontario. Specifically, survey respondents wanted to see the development of an independent regulatory body to ensure consistency of care across the country—while accounting for regional diversity.

According to survey respondents, the national LTC standards should:

- Be clear and attainable.
- Include a variety of indicators and metrics (e.g., standards for practice, workforce, working conditions, infrastructure/design, environment, reporting, governance). For example, an LTC Organization Representative from Nova Scotia stated, “Indicators of excellent care must also be defined; there should be both quantitative (e.g., incident rates) and qualitative (e.g., resident feedback) components to the data collected. For standards, inspection, and licensing to instill public confidence in long-term care, these indicators must have an obvious connection to resident welfare and be clearly reflected in public reporting.”
- Offer guidance and support for exceeding expectations since, according to one Concerned Citizen from Ontario, “Right now the system is punitive like a prison always telling homes where they go wrong; [instead, we need to] focus efforts on celebrating when the standards are met and raise the bar.”
- Be continually updated to reflect best practices, design and technology from across the world. As one Concerned Citizen from Ontario shared, “I have read of alternate models, the Butterfly model, dementia villages, green model. These should be adopted as the norm.”
- Build from existing standards and include community input. A Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from British Columbia reported, “I believe the LTC standards as set out in HSO 21001:2020 LTC Services: People Powered Health are incredibly well-researched, comprehensive and on-point. However, I am concerned that a National set of LTC Standards without an express avenue for monitoring and enforcement will change nothing.”

Survey respondents felt that the role of the regulatory body is to enforce legislation and mandate compliance via thorough surprise inspections and timely follow-up. For example, one LTC Organization Representative from Nova Scotia stated that, “The [LTC] facilities must be monitored to ensure that every aspect of care to give quality of life to the residents is maintained.” Beyond enforcement, many survey respondents felt that a regulatory body is also necessary for holding LTC homes accountable to the national LTC standards set out by Health Standards Organization.

Operation

With respect to operation, many survey respondents wanted to see enhanced organizational accountability and transparency when it comes to the provision of care within LTC homes.

At the organizational level, survey respondents want to see:

- Present and knowledgeable leadership. As one LTC Home Resident from Newfoundland and Labrador stated, “It is important that the facility where I live is managed by leaders who hire staff that understand and embrace what practices are necessary to value respect, dignity, trust and quality of life and are given the staffing complement, skill mix, and time to make it happen every day. Management and staff must walk the walk as well as talk the talk.”
- Leadership structures that include residents and families at all levels (including Board level).
- Policies, protocols and practices that ensure a focus on care. For example, one LTC Manager/Administrator from Ontario shared, “There needs to be policy and procedural guidelines that are standardized across the nation. What we have now is a patchwork of policy at best, that is left open to interpretation by operators.”
- Continuous quality improvement and evaluation. For example, an LTC Organization Representative from Nova Scotia stated, “Quality improvement processes should employ a well-defined and objective process to capture resident-centred indicators of quality of life (e.g., those used by Canadian Institute for Health Information). These data, especially feedback from residents, should inform future organizational strategic planning, thus closing the loop.”
- Open channels for feedback and complaints (without fear of reprisal). As one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from New Brunswick shared, “Ability for a resident and their family to feel ‘safe’ and respected in the home. No fear of repercussions or displacement if concerns with care arise.”
- Transparent public reporting and ongoing review of documentation.



Expediency seems to be the order of the day in the system as it exists now. Resident care seems to be funded based on variables that have no real meaning in truly compassionate care.

– LTC Staff Health Care Provider from Ontario

What is most important to you when it comes to maintaining a “healthy and competent workforce” in long-term care homes?

When it comes to maintaining a “healthy and competent workforce” in LTC, the majority of survey respondents stated the immense importance of ensuring a workplace culture in which staff are respected, valued, and empowered. For example, the words of HSO’s National LTC Services Technical Committee Member Dr. Pat Armstrong were reiterated by several survey respondents, “the conditions of work are the conditions of care.”²



Pay them well. Show them the love they have shown during their careers as caregivers. Make their jobs good secure positions that assure them and their families that they are appreciated.

– Concerned Citizen from Ontario

The following themes highlight the additional considerations for ensuring a “healthy and competent workforce”—that is also respected, valued, and empowered—from the perspective of survey respondents:

Job Security

Job security refers to full-time, permanent employment that is equitably compensated (e.g., wages, benefits, pension, paid time off) for expertise and skills. In addition to equitable wages and benefits, survey respondents would like to see improved access to well-being supports (e.g., counselling, Employee and Family Assistance Programs, work/life balance initiatives) and opportunities for career advancement. For example, one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from British Columbia advocated for “providing a living wage. Not allowing excessive overtime or excessive hours worked at multiple facilities, so that staff have adequate rest and recovery time between shifts. Available resources and ongoing support for staff to develop strategies for individual residents and families. Ensuring that staff are relieved for all entitled breaks. Provide paid continuing education for staff. Ensure staff have adequate language skills to communicate with residents and provide support for them to gain it if necessary. This would include ensuring there are staff to communicate clearly in the residents’ first language.”

Many survey respondents felt that by guaranteeing job security, LTC homes would be better positioned to retain staff and ensure continuity in care for residents by enhancing opportunities for full-time employment in one establishment.



You can’t expect champagne care when you pay peanuts! It is about respect!

– Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from Ontario

Prioritize the Health and Safety of the LTC Workforce

Prioritizing health and safety as it connects to maintaining a “healthy and competent workforce” is linked to considerations for both staffing and workplace conditions. Specifically, the majority of survey respondents reported the need for a stable and consistent workforce (e.g., appropriate staffing levels and ratios) with access to the physical (e.g., proper equipment, sufficient hygiene products) and time (e.g., direct care allocations, amount of documentation/paperwork) resources necessary for the provision of high-quality resident- and family-centred care. For example, a Long-Term Care Staff Health Care Provider from Ontario shared, “You talk about a competent work force, but you do not talk about numbers. As a health care worker who retired because of the lack of staffing to take care of residents, the most important thing for me is an adequate number of staff.”



Adequate staffing is essential - without a more reasonable ratio of staff to patients everything else suffers - the medicine, the nursing, the programming, etc.

– LTC Staff Health Care Provider from Newfoundland and Labrador

Survey respondents would also like to see active and “strong psychological and occupational health and safety requirements and committees”—according to one LTC Manager/Administrator from Alberta—in all LTC homes; as well as explicit attention paid to staff well-being—at an individual and collective level. Further, for the protection of both staff and residents, many survey respondents also called for legislation to require mandatory vaccinations for health care workers.

Affirming, positive, and supportive work environment

Creating and maintaining a work environment that is affirming, positive, and supportive was identified by survey respondents as integral to maintaining a “healthy and competent workforce.” In particular, the key components of an affirming, positive, and supportive work environment identified by survey respondents were:

- Rigorous attention to hiring caring, compassionate, and competent staff (e.g., background and credential checks).
- Emphasis on collaboration (e.g., team approach) and positive reinforcement (e.g., staff appreciation events). For example, one Long-Term Care Staff Health Care Provider from Alberta would like to see, “Staff appreciation, training, weekly team huddles, team building efforts, come with incentives so more people will join the workforce to tackle short staffing issues by the government.”
- Cultivating a culture that is free from harassment (e.g., bullying) and discrimination (e.g., cultural sensitivity training).
- Ongoing supervision (e.g., annual staff performance reviews).



Good pay, good benefits. Good pension. Change the hiring process to favour compassionate and empathetic individuals.

– LTC Staff Non-Health Care Provider from Ontario

Education and Licensing Standards

In order to best ensure a “competent workforce,” survey respondents stated the need for enhanced education and licensing standards that include standardized training programs, the establishment of regulatory bodies to ensure professional accountability, and ongoing competency examinations. According to survey respondents, the implementation of such standards would ensure that every member of the workforce has received specialized training in geriatric care (e.g., dementia, end-of-life /palliative care), providing culturally appropriate care, and understandings of resident-centred care.

For example, a Long-Term Care Home Resident from Ontario stated, “Most importantly staff need to be trained in what affects the current residents not just the bare minimum. Mental health for all ages, Indigenous Cultural Competency Training, LGBT health, and currently the residential school legacy in Canada. Until homes start to respond to their residents’ needs there will never be high-quality care.” In order to ensure continued growth, LTC homes should also provide opportunities for paid on-the-job mentorship and continuing education (e.g., current best practices, approaches to care).



In-house ongoing education and the opportunity to advance one’s career which will help to prevent workforce burnout.

– LTC Home Resident from Ontario

What is most important to you when it comes to considering the environment, operations and maintenance of long-term care homes to improve to the quality of life of residents and families?

When it comes to considerations of the environment, operations and maintenance of LTC homes, many survey respondents highlighted a desire for continuous quality improvement and innovation with respect to the delivery of care. In particular, survey respondents felt that specific attention must be paid to infrastructure and maintenance in ways that:

- Aim to enhance residents’ quality of life.
- Ensure safety and security for residents and staff.
- Strive for the highest standards of cleanliness and maintenance.

Aim to enhance resident quality of life

According to survey respondents, there are a number of important considerations related to building infrastructure and location that directly impact residents’ quality of life. As a whole, there is a dire need to focus on the de-institutionalization of LTC homes, according to survey respondents. For example, one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from Ontario, said, “From the ground up, we need to reconsider the actual design of the buildings that we are putting up for people to live in, think out of the institutional ‘box’ and factor family access (and live in if necessary) as part of the equation.”

Further, many Family Members, Friends, or Unpaid Caregivers to a LTC Home Resident would like to see a shift towards smaller, low-density buildings that are situated within and integrated into their surrounding communities to foster community engagement (e.g., intergenerational programming). In fact, according to one Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from British Columbia, “One issue is location. The care homes should not be in isolated areas that make it hard for people to visit with loved ones—especially if public transit is not frequent or available. Also, it is good for residents who use walkers or scooters to be able to access things like neighbourhood coffee shops so that they have contact with the general public rather than being isolated in the company of other residents and caretakers. If they can get out a bit it will make them feel like they are still part of the community. I felt cut off from the community even with a short hospital stay—how much worse it must be to feel permanently isolated!”

Within these reimagined buildings, there would be a focus on accessible (e.g., common areas, private rooms), comfortable (e.g., furnishings), and aesthetically pleasing (e.g., décor, paint) spaces that not only reflect best practices in care provision (e.g., Butterfly Model) and technology (e.g., wi-fi-enabled) from across the world but also uphold the qualities of home.



That it looks and feels like a home, not an institution. Residents and families have a say in the design from paint color, flooring, to the layout of space. Allow the space to be changed on a regular basis.

– LTC Organization Representative from Ontario

Further, survey respondents advocated for private, single- or double-occupancy rooms for residents (i.e., address overcrowding), as well as ensuring each building offers a mix of private and public spaces for visiting with family and friends. For example, one Family Member, Friend, or Unpaid Caregiver from Ontario said, “We all want LTC homes to feel like home but they do not. It is absurd that we allow multiple residents in a single room. Where is the dignity in that? The bathing facilities in LTC are horrendous - cold and institutional. I don’t know how we can expect a PSW to bathe a resident (2/3 of which are people living with dementia) in 6 minutes. This is an intimate process. The resident is frightened and freezing. If you lead by agenda you will fail every time. It’s no wonder this is such a stressful process in LTC homes.”

Beyond indoor spaces, there was also an explicit call for open access to outdoor spaces (e.g., gardens, courtyards). In particular, one Family Member, Friend, or Unpaid Caregiver from Nova Scotia highlighted the need to, “Have an outdoor place where residents can walk or sit. Big windows to see outside and that open for fresh air when needed. Nice gardens or trees.”

In addition to concerns regarding privacy and overcrowding, survey respondents noted the need for thoughtful building designs that ensure accessibility, as well as air, light, and sound quality within LTC homes. For example, one Family Member, Friend, or Unpaid Caregiver from British Columbia shared, “The same purpose-built facility did not install air conditioning in residents’ rooms, (because in BC it only ever rains!) nor did they install automatic door openers in resident rooms for those in wheelchairs. Resident bathrooms also have under sink cabinets, making reaching the sink and taps to wash or brush teeth all but impossible. Thoughtful design with input from experienced staff and families would go a long way to improve quality of life. Considering what residents pay for their “homes” (\$15,000 /month in our situation) these should not be issues.”

Some suggestions from survey respondents included:

- Updating heating, ventilation, and air conditioning (HVAC) systems.
- Ensuring that each resident has access to natural light (e.g., exterior window).
- Minimizing amount of noise created by day-to-day operations (e.g., timely responses to call bells).



Older buildings need to be updated, air conditioning needs to be standard, private rooms should be the norm, maintenance should be ongoing, not just when things fall apart.

– Family Member, Friend, or Unpaid Caregiver to a LTC Home Resident from Prince Edward Island

Ensure safety and security (for residents and staff)

For many survey respondents, considerations of the environment, operations, and maintenance of LTC homes was directly related to ensuring the safety and security of residents and staff alike. For example, emergency preparedness plans must be routinely updated and practiced in order to best ensure the safety of everyone within the building. As one Long-Term Care Staff Non-Health Care Provider from Ontario shared, “We come to work doing our best to make our workplace a safe place for residents and staff alike.”



No one should be hurt in the giving and receiving of care. If someone should be accidentally harmed then the incident should be properly investigated and followed-up on so that a similar occurrence does not re-occur.

– LTC Home Manager/Administrator from Newfoundland and Labrador

Further, some survey respondents—particularly survey respondents who self-identified as Family Members, Friends, or Unpaid Caregivers to a LTC Home Resident—would like to see the integration of security systems within LTC homes in order to ensure the safety of their loved ones. For example, a Concerned Citizen from Ontario said, “All facilities should have audio/visual surveillance. So that body camera-like evidence can be brought to bear. This may be dismissed as invasion of privacy but the truth is living in an LTC residence is by definition a loss of privacy. This exposure to constant staff surveillance is one of the fundamental rights that are stripped from those committed to LTC! By definition, such surveillance of staff interactions with vulnerable, helpless residents is, or should be, a requirement to assure safety, security and quality of life.” However, when it comes to surveillance, there is a larger conversation to be had regarding consent, privacy and autonomy.

Strive for the highest standards of cleanliness and maintenance

When thinking about the maintenance of LTC homes as it relates to the quality of life of residents and families, many survey respondents stressed the importance of a dedicated staff for cleaning, groundskeeping, and maintenance. In delegating dedicated staff for the various aspects of day-to-day operations, LTC homes are better positioned for strict adherence to regulatory practices and standards (e.g., infection prevention and control protocols), as well as providing high-quality care. Another consideration shared by many survey respondents is the adoption of environmentally friendly practices.



Proper temperature control and properly cleansed and circulated air. Enough staff to ensure fastidious cleaning measures and proper waste management protocols. Regular routine maintenance on all equipment and furnishings. These things should be blended with aesthetic maintenance to present a well-cared for and friendly surrounding.

– Concerned Citizen from Ontario

In your opinion, do you think long-term care homes should be required to meet standards?

After providing input on what was most important with respect to providing “safe, reliable, and high-quality” resident- and family-centred care practices, maintaining a “healthy and competent workforce,” and considerations for the environment, operations and maintenance of LTC homes, survey respondents were asked whether or not LTC homes should be required to meet standards.

Reflecting the tone of the majority of written responses, the majority of survey respondents (99.4%, 9,758) felt that “yes”—or absolutely—LTC homes should be required to meet standards. “Otherwise, LTCs are just IDCs (I Don’t Care) where profit, not people (patients/staff), is the only /primary consideration,” as one Older Adult survey respondent from Ontario stated. While the majority of survey respondents felt that LTC homes should be required to meet standards, survey respondents also clearly added the caveat that the implementation of standards must be accompanied by accountability measures (e.g., enforcement).



Other highlights:

- Of the survey respondents who did not feel that (i.e., disagreed or strongly disagreed) LTC homes in Canada were providing safe, reliable, and high-quality care, 99.6% (6,587) felt that LTC homes should be required to meet standards.
- Of the survey respondents who did feel that (i.e., agreed or strongly agreed) LTC homes in Canada were providing safe, reliable, and high-quality care, 98.8% (2,381) felt that LTC homes should be required to meet standards.

Where Do We Go From Here?

The responses from our inaugural HSO National LTC Standards Survey have helped HSO's National LTC Services Technical Committee better understand what is important to Canadians when it comes to the future delivery of long-term care. The broad themes discussed herein have informed the questions that HSO's National LTC Services Technical Committee is now asking during its next phase of public engagement. Moving forward, we will be continuing to engage more deeply with Canadians through an additional series of consultations in order to ensure Canadians have a clear voice in the development of HSO's new National LTC Services Standard.

During the immediate next phase of public engagement, we are welcoming additional input through the completion of **HSO's National LTC Services Standard Consultation Workbooks**. The Consultation Workbooks can be completed by anyone who is interested in providing their input on improving the delivery of LTC in Canada, whether you are an LTC resident, family member, health care provider, researcher or anyone else. There are options for individuals and groups to complete workbooks. Alongside our engagement via the Consultation Workbooks, HSO will be hosting a series of Town Halls in fall 2021 to engage more deeply with diverse communities of stakeholders (e.g., LTC Residents and Family Caregivers, LTC Workforce, Francophone, Indigenous, and other Equity-deserving groups).

The feedback collected throughout the course of our engagement (i.e., Inaugural National Survey, Consultation Workbooks, Town Halls) will directly inform the development of HSO's new National LTC Standard—which will be released for public review in early 2022 and then completed in the fall of 2022 after incorporating the feedback generated from the public review.

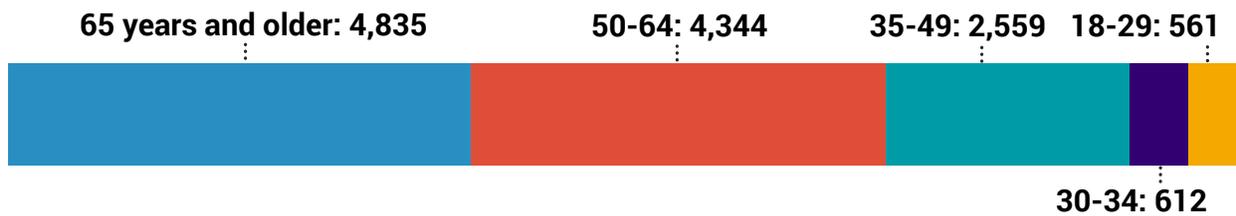
For more information and to follow HSO's standard development and engagement activities, go to: www.longtermcarestandards.ca

Appendix A: Who We Heard From

In what follows, we unpack the demographic profile of the **16,093** individuals who provided responses to the demographic questions of our survey. While the majority of survey respondents provided a response for each demographic question, it is important to note that the survey respondents who chose not to respond are not included in this analysis. Full breakdowns including non-responses for each question can be found in **Appendix B**.

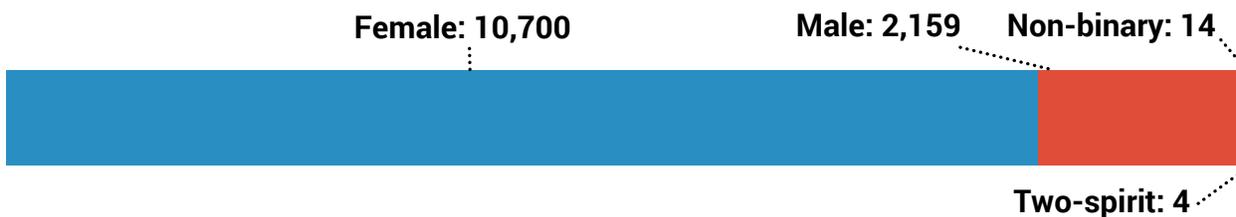
Age

A total of 12,911 responses were received for the question: What is your age? The majority (71.1%, 9,179) of individuals who responded to this question indicated they were over the age of 50; all respondents were over the age of 18. This range in ages is reflective of the collective interest that people in Canada have around the conditions of care and work in long-term care settings. While the majority of Canadian adults are interested in the future of LTC in Canada, the fact that 37.4% of all respondents were 65 years and older demonstrates that these issues are closer to home for older adults in Canada.

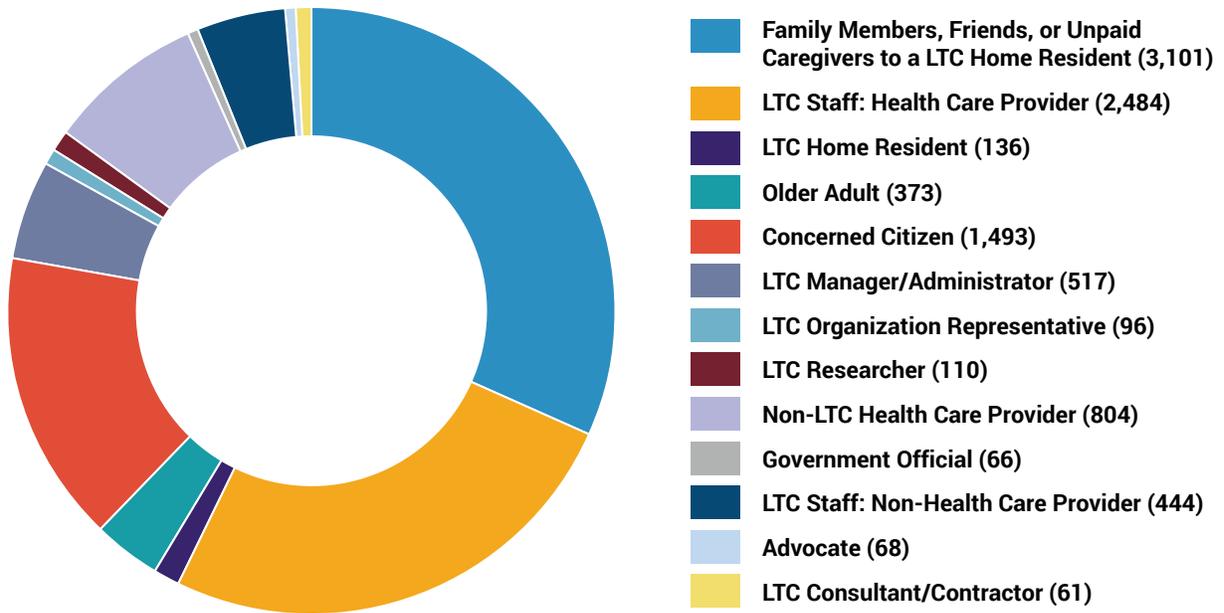


Gender

A total of 12,877 responses were received for the question: Do you identify as being male/female/non-binary/Two-spirit? Reflecting both gendered differences in who is more likely to provide care (both paid and unpaid) and the dominant gender of residents living within LTC settings. The majority (83.1%, 10,700) of individuals who responded to this question identified their gender as female—which is significantly higher than Canadian population averages, where 50.6% of people over the age of 18 in Canada are female.³

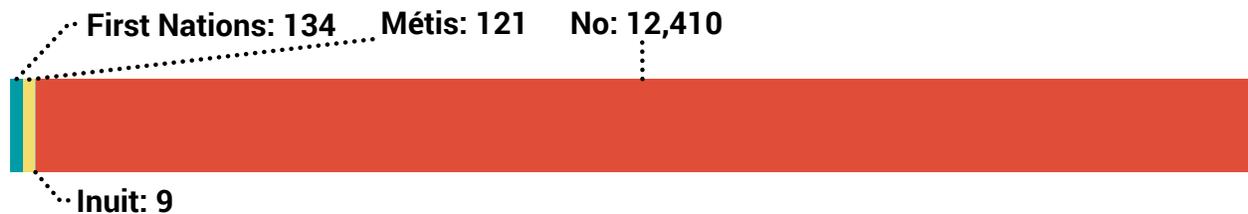


In fact, of the survey respondents who self-identified as Female, 31.7% (3,101) of them were also Family Members, Friends, or Unpaid Caregivers to a LTC Home Resident, 25.5% (2,484) were also LTC Staff Health Care Providers, while 1.4% (136) were also LTC Home Residents. The following chart illustrates the distribution of relationships to LTC that were shared by survey respondents who self-identified as female.



Race

A total of 12,674 responses were received for the question: Do you identify as being First Nations, Métis, or Inuit? While Indigenous peoples comprise 4.9% of the total population in Canada, only 2.1% (264) of individuals who responded to this question indicated that they were First Nations, Métis, or Inuit.⁴



A total of 12,233 responses were received for the question: Do you identify as being from a visible minority? Of the individuals who provided a response to this question, 12.2% (1,495) self-identified as being from a visible minority—which is significantly less than the 22.3% of the total Canadian population who identify as being from a visible minority.⁵ In alignment with The Employment Equity Act, visible minority was defined as “persons, other than Aboriginal persons, who are non-Caucasian in race or non-white in color.”⁷ However, when asked to elaborate, the survey responses ranged from self-identified racialized identities to sexual identities.

⁴ While the term “visible minority” is used in alignment with the Employment Equity Act, we acknowledge the growing sense that the term “visible minority” is outdated—and even discriminatory in some instances. Instead, the term “people of colour” is now more commonly used to reflect shifts in population demographics.

Yes: 1,495

No: 10,738



Of the survey respondents who self-identified as being from a visible minority, 44.6% (607) of them were also LTC Staff Health Care Providers, 17.7% (241) were also Family Members, Friends, or Unpaid Caregivers to a LTC Care Home Resident, and 7.2% (98) were also LTC Staff Non-Health Care Providers; while 2.9% (40) were also LTC Home Residents.

Ability

A total of 12,757 responses were received for the question: Do you identify as a person with a disability? Survey respondents were also asked about their ability status. 7.7% (984) of survey respondents self-identified as living with a disability—compared to 22% of the total population in Canada⁸.

Yes: 984

No: 11,773



Language

A total of 15,976 responses were received for the question: Would you prefer to continue in English or French? Of the individuals who provided a response to this question, 9.5% (1,512) responded in French—which is significantly less than the 22.8% of the Canadian population who speak French as their first language.⁹

English: 14,464

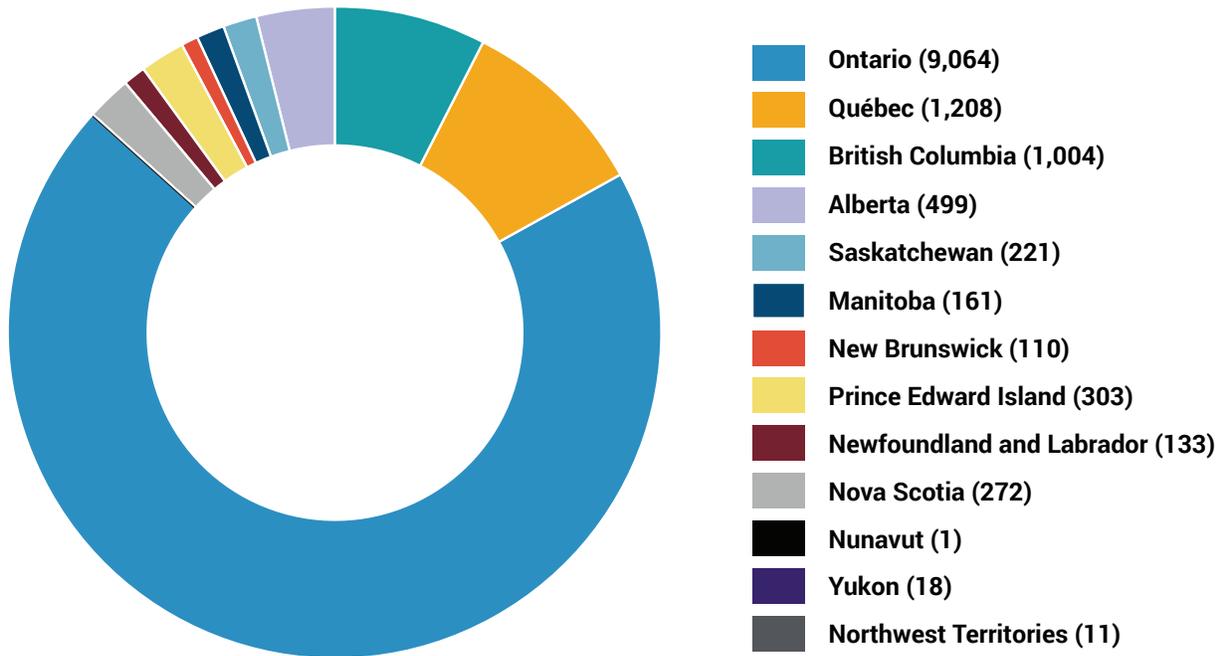
French: 1,512



Of the survey respondents who responded in French, 87% (1,032) lived in Québec, 9.9% (117) lived in Ontario, and 1.9% (20) lived in New Brunswick.

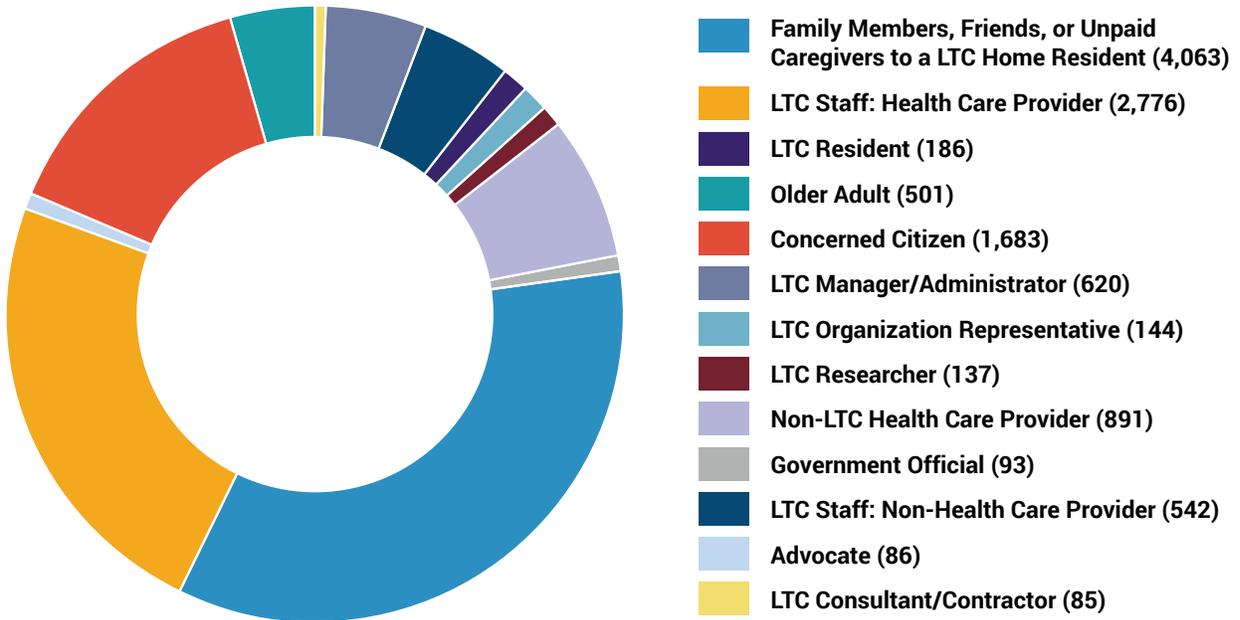
Geographic Location

A total of 13,005 responses were received for the question: Where do you live? The overwhelming majority were located in Ontario (69.7%, 9,064); followed by Québec (9.3%, 1,208) and British Columbia (7.7%, 1,004). While there was an overrepresentation of survey respondents who called Ontario home, responses from Yukon and Northwest Territories were representative of Canadian population demographics, each with 0.1% of total survey responses.¹⁰



Relationship to LTC

A total of 11,807 responses were received for the question: Do you identify as being a/an...? The largest proportion of surveys were completed by Family Members, Friends, or Unpaid Caregivers to a LTC Resident (34.4%, 4,063), followed by LTC Staff Health Care Providers (23.5%, 2,776) and Concerned Citizens (14.3%, 1,683); while only 1.6% (186) of the surveys were completed by LTC Home Residents. However, 25.7% of survey respondents preferred not to identify their relationship to LTC—which most likely reflects concerns survey respondents held about data usage and the potential of being identified by their responses.

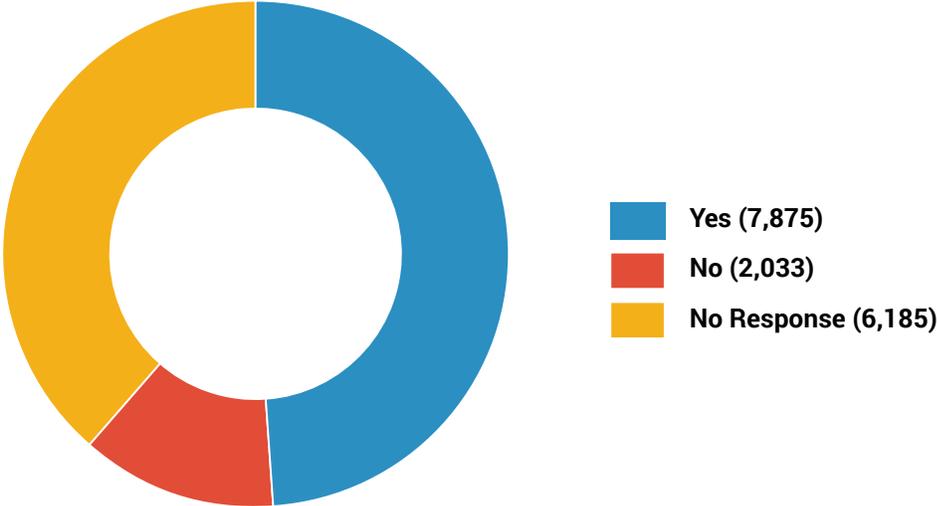


Appendix B: Non-Response Rates from Demographic Questions

While the majority of the 16,093 individuals who responded to our survey provided a response for each demographic question, there was a non-response rate ranging from 20-24% for each question. This rate of non-response most likely reflects concerns survey respondents held about data usage and the potential of being identified by their responses. In what follows, we provide an overview of the non-response rate for each demographic question.

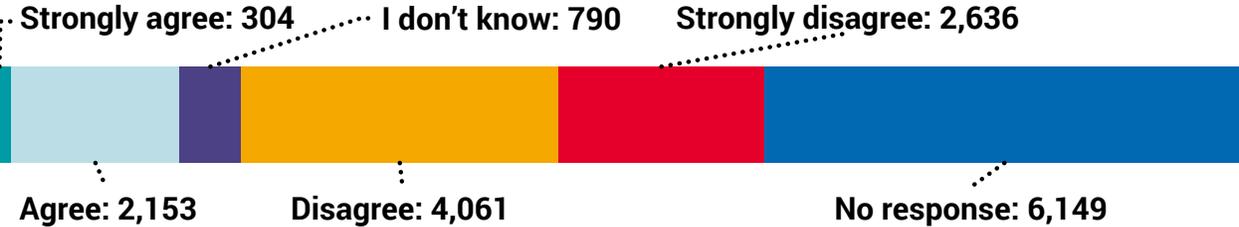
Are you aware that existing long-term care standards are currently being used by long-term care homes in Canada?

38.4% (6,185) of survey respondents did not respond to this question—perhaps indicating the potential for a more significant gap in survey respondents’ overall awareness of existing LTC standards.



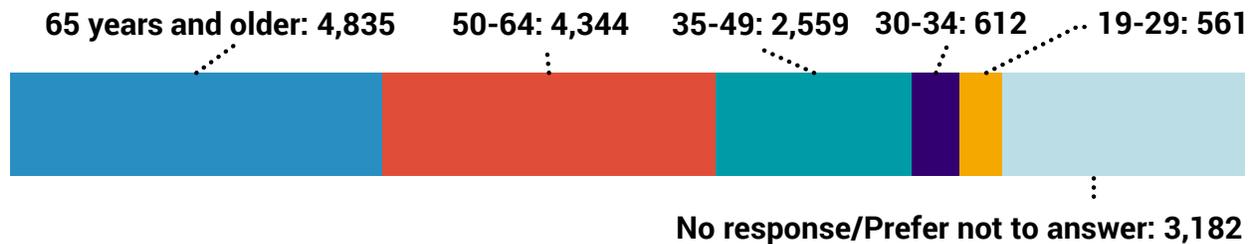
In your opinion, are LTC homes in Canada providing safe, reliable, and high-quality care?

38% (6,149) of survey respondents chose not to provide a response to this question; however, there is no clear rationale for this significant non-response rate.



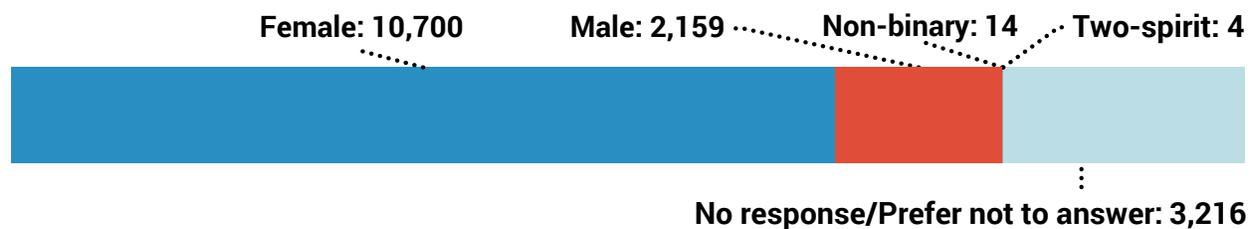
Age

When it comes to the age of survey respondents, 19.8% (3,182) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, what is your age?



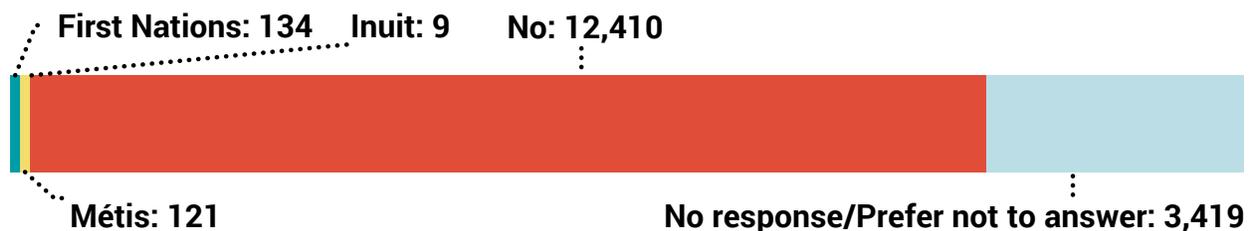
Gender

When it comes to the gender of survey respondents, 20% (3,216) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, do you identify as being male/female/non-binary/Two-spirit?

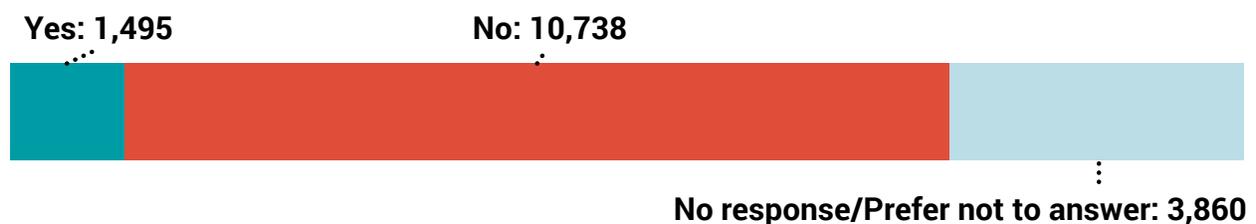


Race

When it comes to the race of survey respondents, 21.2% (3,419) either did not provide a response or selected “prefer not to answer” in response to the question, do you identify as being First Nations, Métis, or Inuit?

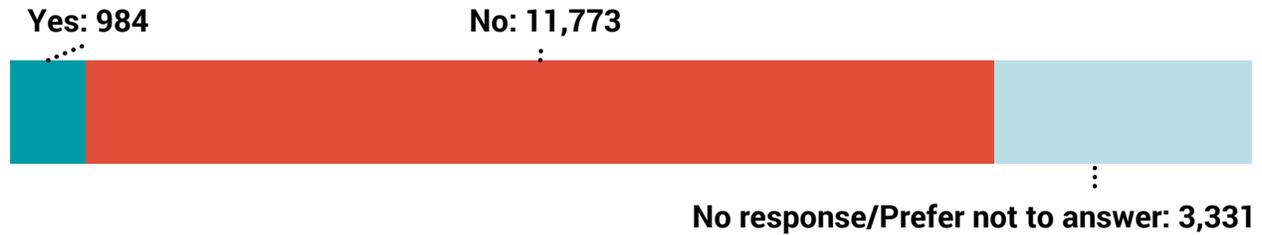


Further, 24% (3,860) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, do you identify as being from a visible minority?



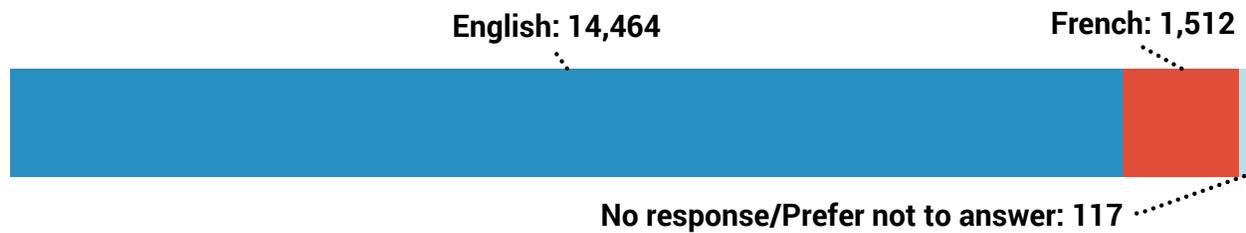
Ability

When it comes to the ability of survey respondents, 20.7% (3,331) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, do you identify as a person with a disability?



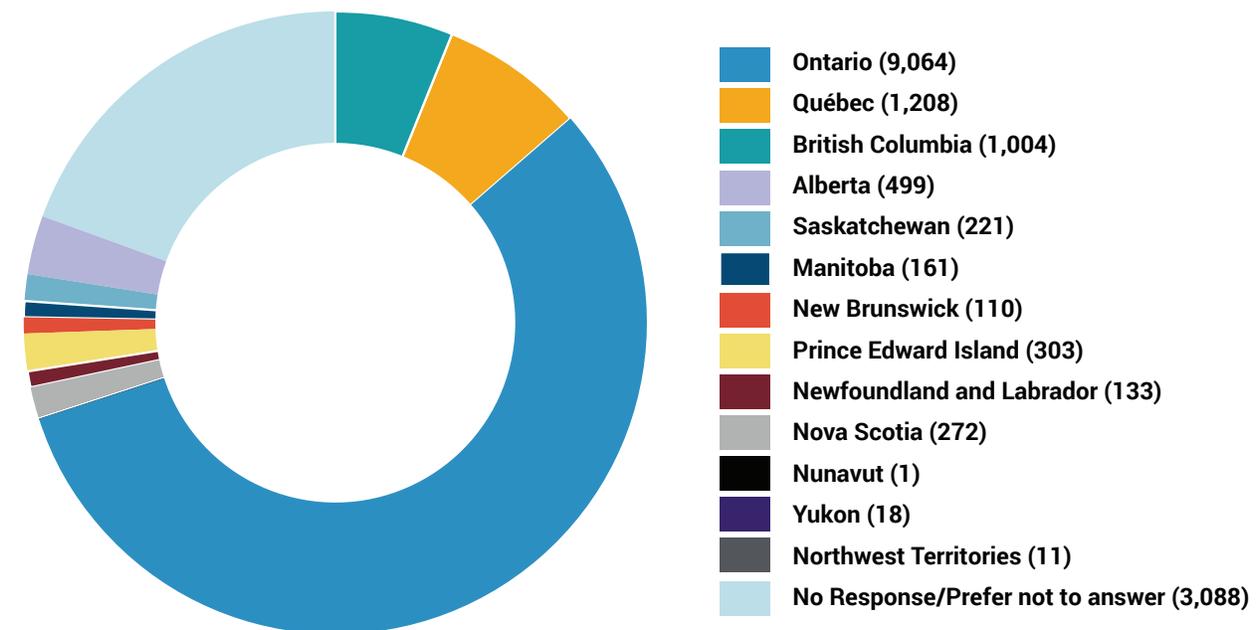
Language

When it comes to the language of survey respondents, 0.7% (117) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, would you prefer to continue in English or French?



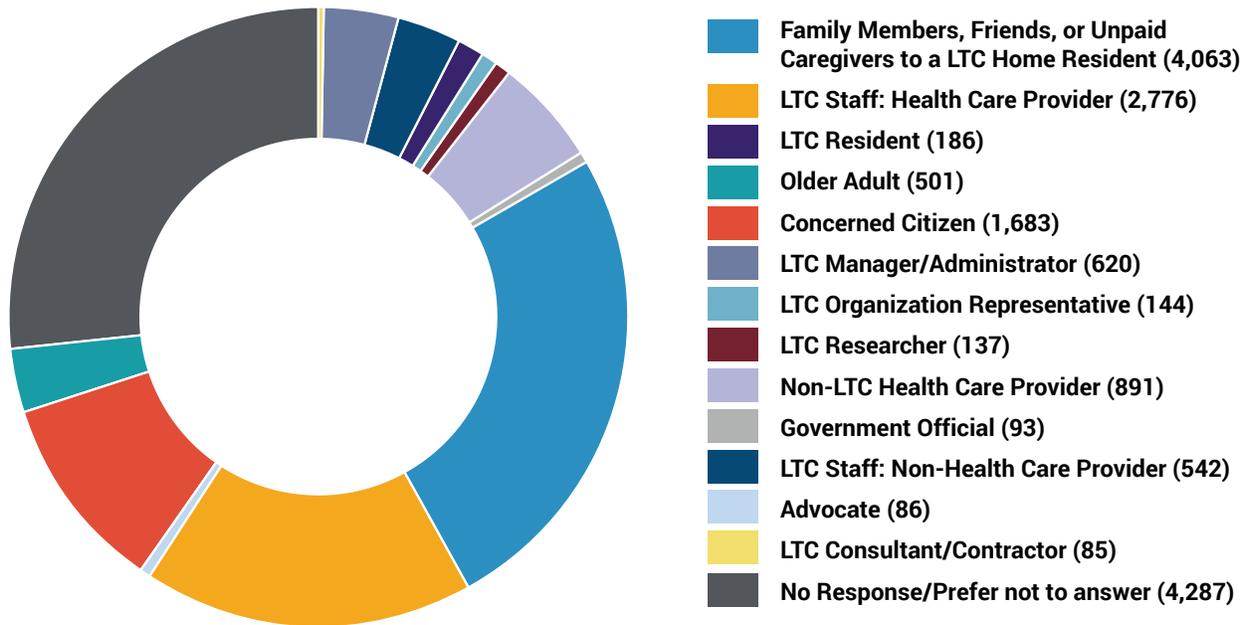
Geographic Location

When it comes to the location of survey respondents, 19.2% (3,088) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, where do you live?



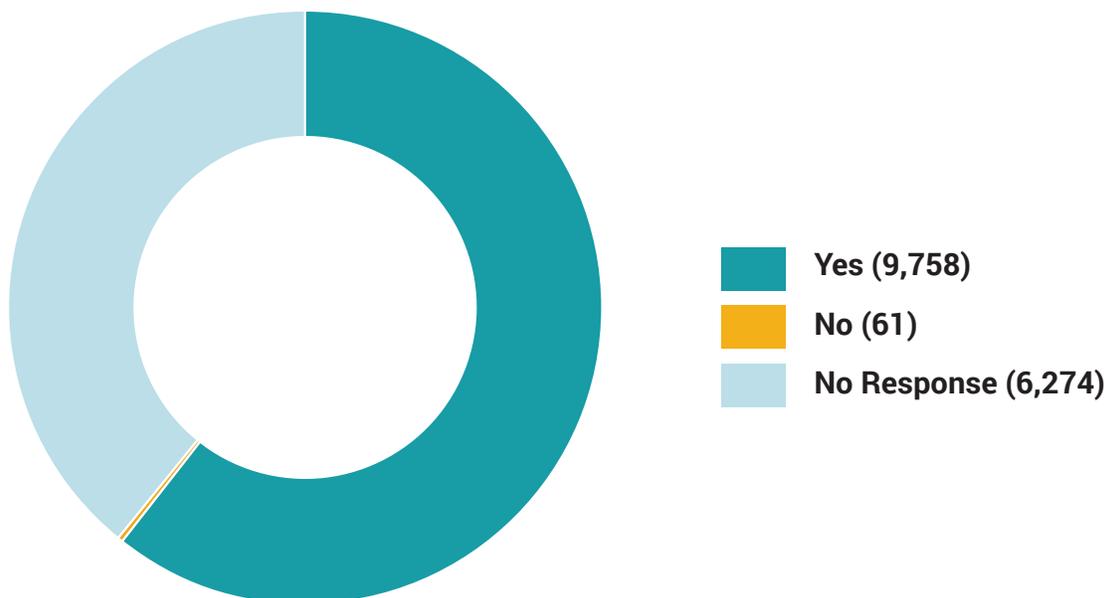
Relationship to LTC

When it comes to the relationship of survey respondents to LTC, 26.6% (4,287) of survey respondents either did not provide a response or selected “prefer not to answer” in response to the question, do you identify as being a/an?



In your opinion, do you think long-term care homes should be required to meet standards?

38.8% (6,274) of survey respondents did not provide a response to this question.



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