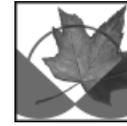


BC ISSUES

a snapshot of recent provincial policy changes



CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

ISSUE #2

CUTS TO CONTINUING CARE

APRIL 2005

CUTS TO RESIDENTIAL & HOME HEALTH CARE IN BC

There is a heated debate underway about the state of residential and home health care services in BC. The provincial government says it is successfully implementing a plan for continuing care "renewal". British Columbians in communities across the province know that residential care facilities have been closed, and seniors groups say cuts are leaving the elderly without access to affordable care.

This edition of *BC Issues* sets the record straight. It reviews the findings of the CCPA study *Continuing Care Renewal or Retreat? Residential and Home Health Care Restructuring 2001-2004*, published in April 2005.

The bottom line? Access to continuing care services has decreased over the last three years. Seniors and their families are being left with no choice but to pay out-of-pocket for care. Those who can't afford to pay must rely on their families or go without — until they end up in hospital. And hospitals are struggling to deal with the backups and bed shortages that result.

What is continuing care and why does it matter?

Continuing Care refers to the range of programs designed to maintain or improve the health and functioning of frail seniors

and people with disabilities. These services are delivered outside of hospitals and doctors' offices. They include home care, home support, assisted living, residential care and other community-based services. (See the Glossary on the back page for more detail on the different types of services.)

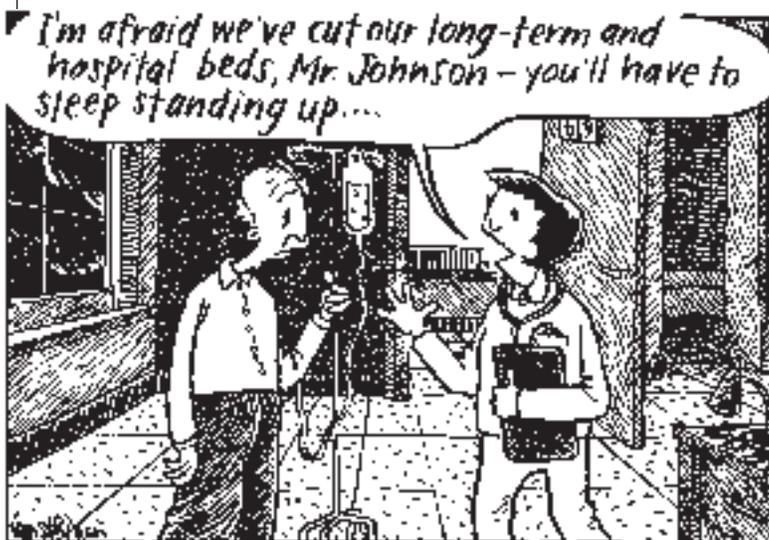
The idea behind continuing care is to provide a range, or continuum, of care. People who have serious medical conditions, but who don't need to be in hospital, can be housed in residential care. Those who need some help with daily living, such as cleaning or taking medication, can remain in their own homes and receive home support or home care.

Continuing care is supposed to relieve pressure on the health care system by providing care, when appropriate, outside of medical facilities, and by focusing on prevention and early intervention. It is also good for patients and their families, because it helps maintain them in their own homes and communities, while also providing higher levels of care when needed.

In the 1990s, public demand for continuing care was high and health care reforms across Canada focused on developing new strategies for delivering these services. In 1991, BC's Royal Commission on Health Care and Costs — the Seaton Commission

— proposed a "closer to home" theme for health care restructuring. It recommended a transfer of resources from hospitals to the community to promote early intervention, prevention and integrated, local care.

In response to the Seaton Commission, BC's hospital system was scaled back. However, as the CCPA documented in its report *Without Foundation*, continuing care services were not expanded enough to make up for the reduction. They also did not keep pace with an aging population. This was especially true for home support and residential care. During the 1990s, while no residential care beds were actually closed, the government did not create enough new beds to make up for the growing number of British Columbians aged 75 and older.



The Beds Equation

Residential care beds cut
between 2001 and 2004:

2,529 beds cut

+

New assisted living beds
created since 2001:

1,065 beds added

=

Net change in total number of
beds between 2001 and 2004:

↳ 1,464 net reduction

The beds debate

During the 2001 provincial election campaign, the BC Liberal Party promised that it would build 5,000 new non-profit long-term residential care beds by 2006.

Shortly after its election, however, the government shifted gears. It began talking about “de-institutionalizing” seniors’ care by substituting a new assisted living housing model along with greater access to home support and home care.

Assisted living is a type of seniors’ housing that provides some meals and personal support, but not the nursing supervision or level of personal assistance provided in residential care. As a result, it is less costly to provide.

On April 23, 2002, the province announced its three-year *Continuing Care Renewal Plan*.

It included the decision to close 3,111 existing residential care beds, while still keeping the promise of 5,000 net new beds by 2006.

In reality, by December 2004, BC had 2,529 fewer residential care beds than it did in 2001. During the same time period, the government created 1,065 assisted living units. That means a net loss of 1,464 beds since 2001.

In 2001, BC’s “bed rate” (the number of beds for the population of seniors aged 75 and over) was close to the national average. By 2004, the province had fallen 13 percent below the national

average. Along with New Brunswick, BC now has the lowest level of access to residential care beds in Canada for people aged 75 and over.

The provincial government continues to insist that it has created thousands of new beds, and that it will meet its original promise of 5,000 net new beds by 2008.

However, the government is counting renovated beds — ie: a residential bed converted into an assisted living unit is counted as a net new bed. It’s like changing a loonie for four quarters, and then telling your friends you have more money in your pocket. The province also appears to be counting *all* forms of publicly-subsidized seniors’ housing, including housing where meals — but no personal or medical care — are provided.

Along with New Brunswick, BC now has the lowest level of access to residential care beds in Canada for people aged 75 and over.

Assisted living vs. residential care

The provincial government’s plan for continuing care “renewal” is based on the assumption that assisted living can be substituted for residential care.

The government’s addition of assisted living to BC’s continuing care system is a valuable contribution. But using it as a less costly substitute for residential care is not.

Assisted living does not include registered nursing care, and it is not designed for people with significant physical or mental needs.

Reviews of assisted living in BC, however, have found that many residents have care needs that are too high or too diverse to be properly met. These needs include dementia, depression, medication management and help with daily living activities.

Home support and home care reduced

Home support includes non-professional services such as cleaning, help with bathing, and meal preparation. Relative to the number of seniors in BC aged 75 and over, home support hours decreased by 13 percent between 2001 and 2003. The number of clients fell by 21 percent.

Home care includes professional nursing services provided to people in their homes. Between 2001 and 2003, both the proportion of seniors over 75 receiving services and the number of home care hours provided fell by 8 percent.

By 2003, BC’s home health programs were second to last among Canadian provinces — with service levels 30 percent below the national average.

REALITY CHECK: The Cost of Private Care

Without access to publicly-funded services, seniors and their families must increasingly pay out-of-pocket for care. Seniors who do not have families to support them often go without until they are admitted to a hospital emergency ward in crisis.

- The vast majority of people who need continuing care services are “unattached” (single or widowed) elderly women.
- Three quarters of women aged 70 and older have incomes of less than \$25,000 per year. Only 5% have incomes over \$50,000.
- The cost of private residential care in BC ranges from an average of about \$44,000 per year to a high of \$67,000 per year.
- The cost of private home care (with care by a registered nurse) ranges from \$37 to \$45 per hour. The cost of private home support ranges from \$16 to \$25 per hour.

Penny wise, pound foolish

BC already had the leanest hospital system in Canada in 2001. Yet, an additional 1,279 hospital beds have since been cut. When population increases over the same time period are taken into account, this means a 19 percent reduction in BC's hospital system.

The combination of cuts to continuing care and hospital beds creates a vicious cycle. When seniors don't have access to adequate continuing care services, they are more likely to end up in an emergency ward in need of medical attention. And when there is a shortage of residential care beds, many seniors get stuck waiting in hospital for a bed to open up.

A number of health authorities now admit that cuts to residential care have contributed to overcrowded hospital wards. A recent Capital Regional District (Victoria and area) staff report stated that:

"The shortage of residential care is one of the reasons preventing effective use of hospitals by acute care patients... It also contributed to congestion in emergency departments with patients waiting to be admitted."

A number of health authorities now admit that cuts to residential care have contributed to overcrowded hospital wards.

The lack of residential care doesn't just reduce access to hospital beds for all patients. It also costs more. The BC Ministry of Health Planning's own estimates put the cost of hospital care at four to seven times higher than residential care.

The Capital Regional District reported in February that there are now, on average, 162 elderly people who should be in residential care waiting in hospital each month. Housing these seniors in hospital beds costs between \$2 million and \$4 million per year more than it would to house them in residential care.

Accountability gap

Since 2001, the provincial government has put an additional \$2.4 billion into health care. Regional health authority budgets increased by 21 percent between 2000/01 and 2003/04.

However, the province has stopped tracking health authorities' spending on continuing care services. It is now impossible to find out how and where the health authorities have spent the increased funding or if this money has been used to support seniors' care. It is also impossible to find how they are using the money saved from closing residential care beds.

Regional Inequality in Access

Cuts to continuing care services have been much deeper in some health authorities than others, creating inequality in access to services for people living in different regions.

NORTHERN HEALTH AUTHORITY

- 94 residential care beds cut + 117 assisted living beds added = 23 net increase in total beds
- Change in beds per 1,000 seniors 75 and older: -11%
(Even though the number of beds in this health authority went up, the bed rate still decreased because of the growing population of seniors.)

INTERIOR HEALTH AUTHORITY

- 935 residential care beds cut + 219 assisted living beds added = 716 net reduction in total beds
- Change in beds per 1,000 seniors 75 and older: -25%

VANCOUVER ISLAND HEALTH AUTHORITY

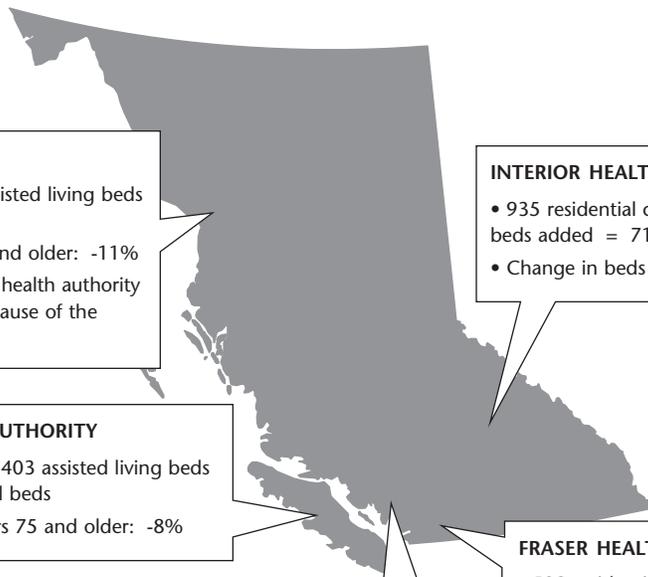
- 495 residential care beds cut + 403 assisted living beds added = 92 net reduction in total beds
- Change in beds per 1,000 seniors 75 and older: -8%

VANCOUVER COASTAL HEALTH AUTHORITY

- 503 residential care beds cut + 135 assisted living beds added = 368 net reduction in total beds
- Change in beds per 1,000 seniors 75 and older: -13%

FRASER HEALTH AUTHORITY

- 502 residential care beds cut + 191 assisted living beds added = 311 net reduction in total beds
- Change in beds per 1,000 seniors 75 and older: -14%



What's the solution?

The province's plan for continuing care "renewal" has caused suffering for some of the most frail and vulnerable members of our society, their families and communities. The plan was developed without public consultation and does not reflect the needs of British Columbians.

The provincial government should begin by immediately setting up an independent external review of continuing care services. It should include a public consultation and participation process, and involve experienced and independent experts.

The review would:

1. Re-create a plan for continuing care services based on the actual needs of people — not on the ability of individuals to pay, or on arbitrary health authority priorities.
2. Evaluate the assisted living program, its performance and structure.
3. Develop a five-year strategic plan for building new community-based, non-profit continuing care services.
4. Develop a process to ensure the ongoing involvement of seniors and people with disabilities in decision-making on these services at the local, health authority and provincial levels.
5. Develop a public reporting and accountability process for health authorities on continuing care. This must include the requirement for regular and detailed reporting on expenditures and service use by population and for all programs and services.

GLOSSARY

CONTINUING CARE: Also called Home and Community Care. Refers to the range of programs designed to maintain or improve the health and functioning of frail seniors and people with disabilities. It includes home support, home care, assisted living, residential care and other community-based health services. Continuing care services are not covered by the Canada Health Act.

HOME CARE: Professional nursing services provided to individuals in their own home, including post-acute, chronic and palliative care.

HOME SUPPORT: Non-professional personal care services, provided by trained Community Health Workers. Includes personal assistance such as bathing, grooming, meal preparation, etc., and can include housekeeping.

ASSISTED LIVING: A type of housing for seniors who need daily support but are still able to direct their own lives. People live in apartments within the facility and are provided some personal care services. It does not include Registered Nursing support or medical supervision. In publicly funded assisted living, the user fee covers most meals, some housekeeping and a maximum of two prescribed personal care services. Additional services or assistance are paid for out-of-pocket by the residents or their families.

RESIDENTIAL CARE: Previously referred to as long-term care, residential care is for individuals who require nursing supervision and who have limited ability to direct their own care. As of 2002, only people with complex care needs are being admitted to residential care. In publicly funded residential care, residents pay a user fee based on income.



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Contact us:

1400-207 W. Hastings St, Vancouver, BC V6B 1H7

tel: 604-801-5121 email: info@bcpolicyalternatives.org

This edition of BC Issues is based on the CCPA study *Continuing Care Renewal or Retreat? BC Residential and Home Health Restructuring 2001-2004*, by Marcy Cohen, Janice Murphy, Kelsey Nutland and Aleck Ostry (published on April 4, 2005).

The study is part of the Economic Security Project, a joint research initiative of the CCPA and Simon Fraser University. The project is examining the impact of provincial policy changes on vulnerable groups.

Continuing Care Renewal or Retreat is available free at www.policyalternatives.ca.