Economic Security Project

An Uncertain Future for Seniors

BC'S RESTRUCTURING OF HOME AND COMMUNITY HEALTH CARE, 2001–2008

Summary

The full research report can be downloaded from www.policyalternatives.ca/reports/2009/04/uncertain_future

by Marcy Cohen
Jeremy Tate and
Jennifer Baumbusch

April 2009

CCPA
CANADIAN CENTRE for POLICY ALTERNATIVES
BC Office

ACCESSIBLE, HIGH-QUALITY CARE FOR SENIORS: this issue touches everyone at some point in their lives—seniors receiving health services, people caring for aging relatives, anyone who worries about what their own life will be like when they grow old.

It's a safe bet that most of us have similar ideas about what we want for ourselves and others as we age, including:

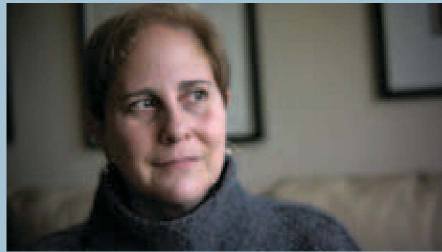
- The ability to stay in our own homes and communities as long as possible;
- Free or affordable health care;
- Respectful treatment that allows us to maintain dignity, independence and choice; and
- Services that are responsive and well coordinated, so that as we age and our needs change, we get the appropriate level of care.

Home and community care (formerly called continuing care) was developed in BC to meet people's needs for respectful and effective care in their own communities, and at the same time save costs by reducing the need for more expensive hospital services.

In the mid-1990s, funding cuts and restructuring began to weaken the home and community care system. In 2001, during the provincial election, the BC Liberals promised to improve services for seniors, specifically by adding 5,000 new not-for-profit residential care beds. Despite this promise, today's community care system is in serious decline, after years of inadequate funding, restructuring and lack of leadership.

This study is a follow-up to our 2005 report *Continuing Care Renewal or Retreat? Residential and Home Health Care Restructuring 2001–2004*. Here we examine the ongoing changes, looking behind the numbers to consider the serious consequences for seniors, their families and the health care system as a whole. A companion report, *Innovations in Community Care: From Pilot Project to System Change*, highlights promising innovations in home and community care that, if implemented system-wide, could not only improve services, but also save costs. British Columbians need to know about the serious gaps in our home and community care system—and also about the innovative, cost-effective solutions that are already being piloted in our province.

The CCPA is not alone in raising concerns about home and community care. Key BC organizations have reported that the system is seriously compromised: the BC Medical Association, the BC Auditor General, the Ombudsman's Office, BC Care Providers Association and the Centre for Health Services and Policy Research at UBC. And it's not just these high-profile agencies that have identified problems—it's seniors themselves, seniors' family members and friends, and staff and administrators in the home and community care sector—those who are working with the system every day.



REVA — GERIATRIC PHYSICIAN

"There has also been a change in how sick you need to be to have your nursing home care covered in British Columbia. Now you have to be actually very frail and very unable to manage at home, whereas before you had to be a little less frail to live in a facility and get the help that you needed."

Watch the interview with Reva at www.policyalternatives.ca/reports/2009/04/uncertain_future

WHAT IS HOME AND COMMUNITY CARE?

The Canadian health care system has three main areas: primary care (physicians, clinics and community health centres), acute care (hospitals) and home and community care.

Today, most health care resources are focused on caring for people with chronic conditions. It's estimated that chronic conditions (e.g. diabetes, heart disease, arthritis) account for two thirds of hospital admissions through emergency departments and 80 per cent of physician visits.

When home and community care services are adequately funded, well coordinated and accessible, they can be a key part of caring for people with chronic conditions, reducing pressure on the more expensive primary and acute care systems.

GLOSSARY

HOME SUPPORT
Personal care services, such as assistance with bathing and dressing as well as help with medications and simple wound dressings.

HOME CARE
(also known as Home Nursing and Community Rehabilitation)
Services delivered to clients in the community by nurses, physiotherapists and occupational therapists.

ASSISTED LIVING
Housing for people with low to moderate levels of disability who require daily personal assistance to live independently.

RESIDENTIAL CARE
24-hour nursing supervision and care for people with complex needs.

PALLIATIVE CARE
(also known as end-of-life care)
Provided in hospital, residential care settings, and at home, for people in the advanced stages of a serious progressive illness, nearing death.

These services should form a well-coordinated continuum of care, but the reality is that they are fragmented and inadequate.

Other home and community care services include adult day care, supportive housing, community mental health services and others. A complete list can be found at www.health.gov.bc.ca/hcc/.

However, home and community care is not covered by the Canada Health Act: there are no national standards or minimum service levels required of provincial governments. In other words, there is no "right" to community health care, and fees can be charged for publicly-funded services.

Home and community care includes both in-home and residential services, from personal care and home nursing, to assisted living and residential care. It also includes palliative end-of-life care (see glossary).

Clients of home and community care services include frail seniors and people with multiple chronic conditions involving physical and/or mental disability. The vast majority of service users are seniors over 75. Services for this group are more important than ever given BC's rapidly aging population: since 2001, the population aged 75 to 84 has increased by 15 per cent; the population 85 and over has increased by 43 per cent. This study focuses primarily on what has been happening to services for the frail elderly.

Even assuming that assisted living is an adequate substitute for residential care, the province has fallen short of its 5,000 bed promise by 1,411 beds. In the meantime, the number of seniors over 85 has grown by 43 per cent.

Changes and Cuts, 2001–2008

During the 2001 provincial election, the BC Liberals promised to build 5,000 new non-profit residential care beds by 2006. However, today there are actually 804 fewer *residential care* beds. In their place, 4,393 new *assisted living* units have been added since 2001, albeit with lower support and staffing levels. Instead of 5,000 new residential care beds only 3,589 net new assisted living units have been added to the public system.

In 2006, the government acknowledged that it had not met its 5,000 bed target, and moved the target date to 2008. The target remained 5,000 beds. However, the number of beds should have been adjusted to reflect the growth in the elderly population and other factors that influence the demand for residential care. Just looking at population growth alone for seniors 75 and older, the 5,000 bed target should have changed to 6,815 beds by 2008 and 8,988 by 2010, and should be increased as long as the population continues to age.

Access to home and community health care services in BC has declined significantly since 2001. Years of inadequate funding, restructuring, and lack of leadership have led to a system in serious decline.

THE BEDS EQUATION

+ 4,393 new assisted living beds − 804 fewer residential care beds = 3,589 net new "long-term care" beds

- Because the aging population has grown while residential care has been cut, the bed rate (number of residential care beds per 1,000 people over 75) has declined by 20.5 per cent. In other words, there is significantly less access to residential care than there used to be.
- Even assuming that assisted living is an adequate substitute for residential care, the province has fallen short of its 5,000 bed promise by 1,411 beds.
- Given increases in the population over 75, the province should actually have built 6,815 beds by 2008 to meet the growing demand.
- The provincial government claims to have met and even exceeded its 5,000 bed target. However, government calculations include many different types of housing that are not at all equivalent to residential care (see *Reality Check*, page 6).

In 2002, changes to BC's Long Term Care Act restricted access to residential care to those with complex care needs (severe cognitive impairment, dementia, multiple disabilities and complex medical problems). This policy change was based on the view that people with less complex needs could be more appropriately supported with more "homelike" services such as assisted living and home support. However, access to home health services has also decreased (see page 5).

Not only has access to residential care decreased, but it has decreased unevenly across the province, meaning that seniors have unequal access depending on where they live (see map).

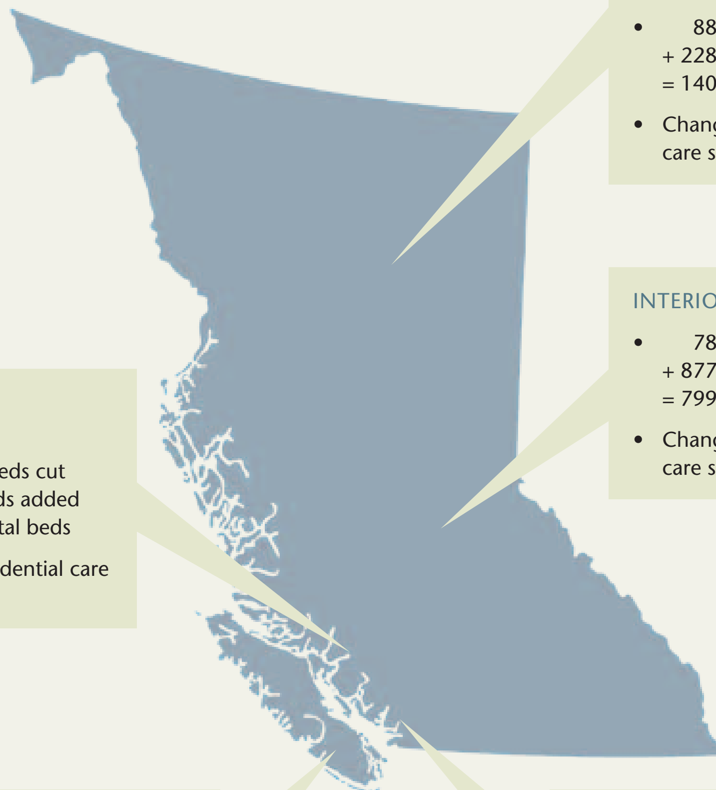
Regional Differences in Residential Care

Since 2001, most of BC's five health authorities have made significant cuts to residential care. Cuts were deeper in some regions than others. In the meantime, the population of seniors has grown, putting even more strain on access.

While every health authority has created new assisted living units, assisted living is not an effective substitute for residential care, which provides a much higher level of service.

Not only has access to residential care decreased, but it has decreased unevenly across the province, meaning that seniors have unequal access depending on where they live.

CHANGE IN ACCESS reflects the change in the number of residential care beds per 1,000 seniors aged 75 and older between 2001 and 2008.



NORTHERN HEALTH AUTHORITY

- 88 residential care beds cut
  + 228 assisted living beds added
  = 140 net increase in total beds
- Change in access to residential care since 2001 **–35.1%**

INTERIOR HEALTH AUTHORITY

- 78 residential care beds cut
  + 877 assisted living beds added
  = 799 net increase in total beds
- Change in access to residential care since 2001 **–20.6%**

VANCOUVER COASTAL HEALTH AUTHORITY

- 641 residential care beds cut
  + 944 assisted living beds added
  = 303 net increase in total beds
- Change in access to residential care since 2001 **–27.2%**

VANCOUVER ISLAND HEALTH AUTHORITY

- 143 new residential care beds
  + 1,007 assisted living beds added
  = 1,150 net increase in total beds
- Change in access to residential care since 2001 **–11.8%**

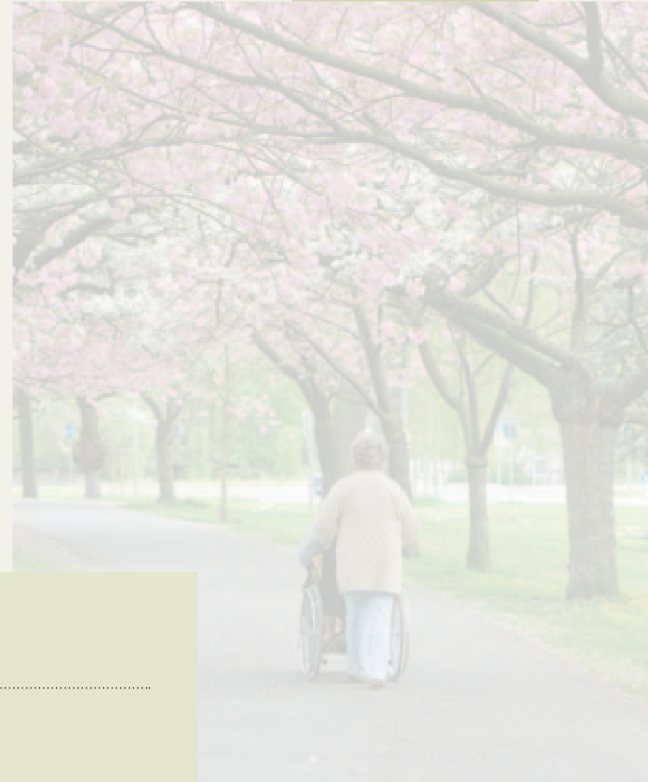
FRASER HEALTH AUTHORITY

- 140 residential care beds cut
  + 1,317 assisted living beds added
  = 1,177 net increase in total beds
- Change in access to residential care since 2001 **–18.2%**

SUBSTITUTING ASSISTED LIVING FOR RESIDENTIAL CARE

The BC Ministry of Health Services has counted new assisted living beds towards its goal of adding 5,000 new residential care beds. But while assisted living can be a positive choice for many seniors with limited needs, it is not an effective substitute for residential care. Assisted living is for people who can live relatively independently and who are able to direct their own care. Residential care provides a much higher level of service (see glossary).

To date, there has been no formal evaluation of the effectiveness of assisted living as a substitute for residential care. The health authorities now appear to be changing direction; there are no plans to build additional assisted living units. Instead, there is a recognition of the high demand for residential care services and a shift in focus for new construction back to residential care. However, the provincial government still has no overall plan for determining the number and level of residential care and other home and community care services needed to support BC's aging population over the next 5 to 10 years.



BC IN CONTEXT

How Does BC Compare to Other Provinces?

OVERALL HEALTH CARE FUNDING

- In 2001, BC ranked second in Canada in per capita health funding. By 2007, we had fallen to sixth place, with the lowest annual increase in Canada.
- BC's funding increases in residential services have been much lower than increases to other home and community care services and to the overall health care budget.

RESIDENTIAL CARE

- In 2001, BC was just above average compared to other provinces in terms of access to residential care for people 75 and over. By 2008, BC had the second lowest rate of access, after New Brunswick.
- Along with Alberta, BC had the greatest rate of decline in access to residential care between 2001 and 2008.

HOME HEALTH SERVICES

- In the mid-1990s, BC was a leader in the provision of home health services, which include home nursing and rehabilitation. However, by 2003, BC had fallen well below the national average in terms of per capita spending on these services.

By 2008, BC had the second lowest rate of access to residential care of any Canadian province, after New Brunswick.

REALITY CHECK

Numbers Game Highlights Lack of Transparency and Accountability

It's extremely difficult to accurately assess the current and future state of home and community care in BC, due to a number of transparency and accountability problems.

NUMBERS GAMES: In 2008, when the Ministry of Health Services reported on its progress towards the 5,000 new residential care bed commitment, its bed numbers conflicted with those reported by the health authorities. It included:

- 672 supportive housing units — these units cannot be included because supportive housing has no care component; and
- 976 beds that were inaccurately counted, or were ineligible because they include convalescent care (short-term reactivation following hospitalization and hospice care for those who are terminally ill), group homes, independent living units and mental health facilities.

LACK OF TRANSPARENCY: The province does not make accurate information freely available; Freedom of Information requests were required to get information on residential care bed numbers and staffing levels in residential care for this research.

LACK OF ACCOUNTABILITY: There is no provincial tracking or monitoring system to ensure that home and community care services are meeting the needs of the aging population. For example:

- There is no standardized method for designating or tracking the number of seniors waiting in hospital for residential and home health services — or for tracking how much time they spend waiting.
- There is no province-wide policy for palliative care. Funding for palliative care is provided to hospitals and hospices, but not to most residential care facilities, where more and more people are dying.
- Some policies have not been updated since before the major restructuring of residential care in 2002.

LACK OF LEADERSHIP: There is a lack of strategy and planning at the Ministry of Health Services.

- A 2008 report by the BC Auditor General criticized the government for not adequately fulfilling its stewardship role in helping to ensure that the home and community care system was meeting the needs of an aging population.
- The Auditor General called on the government to develop a new strategic direction for home and community care. The ministry commissioned a private consultant, Deloitte & Touche, to develop this report. The report was to be completed by October 31, 2008 but has not been released to the public as of March 2009.

All of these factors contribute to and indicate an inadequate level of services, lack of planning for the future, and a disappointing lack of accountability on the part of the provincial government.

REDUCED ACCESS TO HOME SUPPORT AND HOME NURSING

Home support can provide important support for seniors whose needs are not high enough to qualify for residential care. In fact, a document prepared by the BC Ministry of Health Services in 2003 described home support as an appropriate substitute for residential care. As access to residential care was restricted, beginning in 2002, access to home support was supposed to increase.

However, the promised increase in home support has not materialized. On the contrary, between 2001 and 2007, there was a 30 per cent decrease in access to home support services for seniors over 75. There was also an 11 per cent decrease in access to home nursing, a key service for those with significant health concerns who want to remain in their own homes.

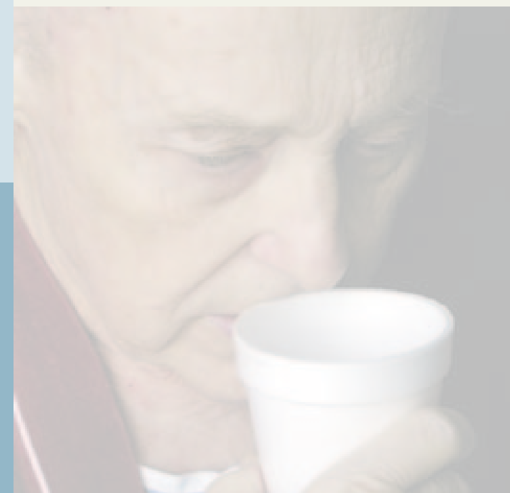
THE SHIFT TO FOR-PROFIT CARE

Since 2001, the BC government has required that all new publicly-funded residential care facilities be tendered through a request for proposals (RFP) process. This favours private corporations and a few large non-profits with the infrastructure to participate in a bidding process. Not surprisingly, since 2001, there has been a more than 20 per cent increase in the number of for-profit residential care facilities and a decline of more than 11 per cent in non-profit facilities. Most new residential care facilities are now private and for-profit.

International and BC studies have shown that private for-profit facilities provide a lower quality of care than non-profit facilities. There are higher rates of hospitalization for conditions like anemia, pneumonia and dehydration, and more substantiated complaints from residents and families.

In 2002, Bill 94 gave employers unlimited rights to contract out direct care and support services in residential care facilities. Employers also gained the right to terminate and re-tender contracts for these services with just 60 days' notice. Employers have taken advantage of this provision, and terminated contracts in cases where staff advocated for higher wages and better working conditions.

High turnover in residential care staff has a significant impact on residents, who consider the facility to be their home. Research has shown that residents have better health when they are able to form strong, stable connections with staff.

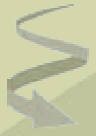


A 2008 report by the BC Auditor General criticized the government for not adequately fulfilling its stewardship role in helping to ensure that the home and community care system was meeting the needs of an aging population.

Downward Spiral

Health authorities make cuts to residential care.

Seniors who can't access residential care turn to assisted living, home support and home nursing, where they are given priority over seniors with lower needs.



Seniors with lower needs do not have access to less intensive services.

The prevention and early intervention functions that home support and home nursing can provide are undermined.

Seniors' health deteriorates.

By the time seniors are able to access home support and home nursing, they have higher needs.

By the time seniors enter residential care they are in poorer health and more likely to need palliative care.

Death rates in residential care have increased by 60 per cent since 2001.

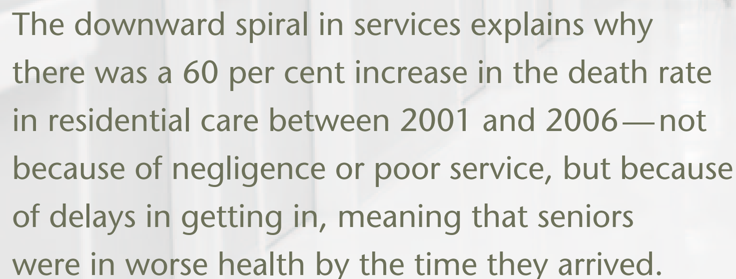
SHIFTING THE FOCUS TO HIGH-NEEDS CLIENTS

There are more and more elderly people in our province who need home and community care services, but those services have been cut and restructured to reduce access for those with lower level needs. Because there are not enough services to go around, priority is given to those with the highest needs. The impact of this shift in focus affects all areas of home and community care and have created a "downward spiral."

This downward spiral explains why there was a 60 per cent increase in the death rate in residential care between 2001 and 2006—not because of negligence or poor service, but because of delays in getting in, meaning that seniors were in worse health by the time they arrived.

Quite clearly, end-of-life care is becoming an increasingly important part of residential care. But most residential care facilities do not receive funding to provide palliative care, and thus cannot offer the necessary staff, equipment or medications. End-of-life patients in residential care facilities often pay for equipment or medication out of their own pockets, or, if they can't afford it, simply receive inadequate care.

The BC Care Providers Association, comprised of both non-profit and for-profit providers, has stated that staffing levels and training in residential care facilities have not kept pace with the higher needs of residents. In addition, many facilities are running deficits, as government funding does not even cover the existing negotiated wage and benefit costs.



The downward spiral in services explains why there was a 60 per cent increase in the death rate in residential care between 2001 and 2006—not because of negligence or poor service, but because of delays in getting in, meaning that seniors were in worse health by the time they arrived.

CRISIS RESPONSE INSTEAD OF PREVENTION AND EARLY INTERVENTION

The focus on high-needs patients means reduced capacity for home and community care to provide preventive care and early intervention, once a key strength. Instead of intervening early and thereby reducing the likelihood of more intensive and expensive care down the road, services are increasingly delivered in response to a crisis such as an emergency room visit or hospital admission.

Indeed, the lack of prevention and early intervention, combined with reduced access to residential care, means that more seniors end up in hospital. These seniors often must wait in hospital until they are able to get into residential care, becoming "bed blockers" in the acute care system. This reduces the capacity of hospitals to serve acutely ill people, and contributes to elective surgery cancellations and emergency room overcrowding.

Not only do these patients increase pressure on the acute care system, but health authorities also have the discretion to place these patients in residential care ahead of seniors who are waiting in the community, yet again leading to a delay in services for seniors with lower needs and an increase in the number of residential care residents with high needs.

It is difficult to assess the extent of this problem, in part because the five health authorities have different ways of reporting the numbers of such patients. It appears that there has been a decrease in days taken up by these patients province-wide, but there has been an increase in three out of five authorities and overall BC levels are well above the Canadian average.

More seniors end up in hospital. These seniors often must wait in hospital until they are able to get into residential care, becoming "bed blockers" in the acute care system.

CARLA — HOME SUPPORT WORKER

"It's very clinical now, as opposed to how the service was meant to be. I can still remember our original motto which was 'to foster independence in the home.' And we're not doing that anymore. I feel like when I'm working it's more of a stopgap… So that's how it's changed."

Watch the interview with Carla at www.policyalternatives.ca/reports/2009/04/uncertain_future

INCREASED STRESS AND SUFFERING FOR PATIENTS AND FAMILIES

The gaps in home and community care, and the shift towards privatization, have left individuals and their families shouldering more of the burden and cost of care.

In 2007, the average cost for a private residential care bed was $50,000 a year. At the same time, average annual income for unattached seniors (those most likely to be in residential care) was $38,000 for men over 65 and $24,000 for women. Only eight per cent of unattached men over 65 and five per cent of women earn more than $60,000 a year and could therefore afford private residential care. The vast majority of seniors rely on publicly-funded care, which, as noted above, is in short supply.

More and more seniors are turning to family and friends to make up for the shortfall in services. Seniors living at home or in assisted living who need more services than those provided by the health authorities have to pay for additional services privately. If they can't afford it, they must rely on family and friends. And in residential care the story is much the same: because of inadequate staffing, residents increasingly rely on family members and friends to pay for or assist with their care. Seniors without family and friends to look after them simply go without.

This is effectively leading to a two-tiered system based on income and availability of friends and family.

Currently, 80 per cent of care of the elderly is provided informally by families and friends. As the population ages and family size shrinks, informal support may become less available and baby boomers might find it more difficult to stay at home through declining health. But they may also find it difficult to get the care they need from our home and community health system.

COMPANION PAPER

Pilot Projects to Improve Home and Community Care

Innovative projects have already improved the lives of seniors in a number of communities and regions. But they have not been incorporated into the mainstream of the health system or instituted province-wide. To do this, strong leadership is required from the provincial government.

The companion paper to this report, *Innovations in Community Care: From Pilot Project to System Change*, looks at case studies of such projects.

Download the report at www.policyalternatives.ca/reports/2009/04/innovations.

RECOMMENDATIONS

There are serious weaknesses in BC's home and community care system that will only be repaired with a committed, concentrated effort by the provincial government. We have developed ten recommendations for creating a strong system of cost-effective services that would allow all British Columbians to age with dignity and comfort. The top five are:

- The provincial government should increase the number of residential care beds, prioritizing funding for under-served regions. If the government returned to the 2001 proportion of total health authority funding that was spent on residential care, in 2009 BC would be spending about $94.5 million more on residential care—the equivalent of adding 1,500 new beds.
- The government should provide public financing so that new residential care facility services can be delivered by not-for-profit organizations and/or the health authorities.
- The government should fully fund current operating costs of residential care facilities sufficient to bring all residential care facilities up to a minimum of 3.2 hours of care per resident per day, the level proposed by the BC Care Providers Association and the Hospital Employees' Union. (Research indicates that 4.1 hours is the minimum required to prevent adverse outcomes, and 4.5 hours would actually improve quality of life.)
- The government should develop a provincial standard of core services for palliative care whether they are provided in residential care or assisted living or to individuals living in the community.
- The government should provide $100 million in additional funding for home support to cover provincial implementation of a team-based delivery model, ease recruitment and retention pressures and enable a 15 per cent increase in services.

Other recommendations include: annual public reporting on home and community care using a standardized system for all health authorities and a full public consultation process on future directions for home and community care.

Now is the time for a focused and thorough process to determine the best way to ensure effective, respectful care for all BC seniors.

Now is the time for a focused and thorough process to determine the best way to ensure effective, respectful care for all BC seniors.

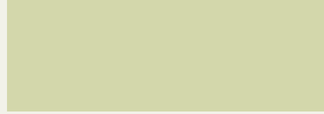
ABOUT THE AUTHORS

MARCY COHEN coordinates the community health stream of the CCPA/SFU Economic Security Project and is Research Director for the Hospital Employees' Union. Marcy has published extensively with the CCPA and in academic journals on long-term care, community health and workforce restructuring.

JEREMY TATE has a Masters of Urban and Regional Planning from Queens University. Over the past 30 years he has worked in the health and non-market housing sectors as a housing agency leader, a consultant and formerly Director of Health Facilities Planning at the Capital Regional District in Victoria. He has conducted program and policy reviews and various planning projects, mainly in continuing care and homelessness.

JENNIFER BAUMBUSCH is an Adjunct Professor of Nursing at the University of British Columbia. She recently completed her doctoral studies, which focused on the organization of long-term residential care in BC.

The authors would like to thank Stephen Elliot-Buckley, Seth Klein, Kim McGrail, Margaret McGregor and Janice Murphy for their assistance with this research project.



ECONOMIC SECURITY PROJECT

The Economic Security Project is a research alliance led by the CCPA's BC Office and Simon Fraser University, and includes 24 community organizations and four BC universities. It looks at how provincial policies affect the economic well-being of vulnerable people in BC, such as those who rely on social assistance, low-wage earners, recent immigrants, people with disabilities, seniors, youth and others. It also develops and promotes policy solutions that improve economic security. The project is funded primarily by a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) through its Community-University Research Alliance Program.

www.policyalternatives.ca/economic_security

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

The Canadian Centre for Policy Alternatives is an independent, non-partisan research institute concerned with issues of social and economic justice. Founded in 1980, it is one of Canada's leading progressive voices in public policy debates. The CCPA is a registered non-profit charity and depends on the support of its more than 10,000 members across Canada.

1400 – 207 West Hastings Street
Vancouver BC V6B 1H7
604.801.5121
ccpabc@policyalternatives.ca

www.policyalternatives.ca

Download this summary and the full report free from the CCPA at www.policyalternatives.ca/reports/2009/04/uncertain_future.

Making a donation to the CCPA or taking out a membership will help us continue to provide people with access to our ideas and research free of charge.

Copyedit and design: Nadene Rehnby and Pete Tuepah, handsonpublications.com

ISBN 978-1-897569-36-8