



Privatization & Declining Access to BC Seniors' Care

AN URGENT CALL FOR POLICY CHANGE

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Summary

HOME AND COMMUNITY CARE SERVICES—home health care, assisted living and residential care—are critical parts of BC's public health care system, and they require urgent attention. This report finds, in fact, that BC seniors have less access to these services today than in 2001.

Seniors benefit physically, mentally and emotionally when they can age at home. And when that's not possible, quality assisted living and residential care are equally important. Having these essential services in place contributes to the most-effective use of our public health care resources and reduces pressure on hospital and emergency services—the most-expensive parts of the health care system.



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For the past 16 years, underfunding, privatization and fragmentation of the system have left many seniors, their families and communities patching together care—and even going without.

This is not acceptable in a province as wealthy as ours. BC’s home and community care system is failing to meet the needs of seniors, and requires urgent policy change.

REDUCED ACCESS AFFECTS SENIORS AND ALL BRITISH COLUMBIANS

Four previous CCPA–BC reports—published in 2000, 2005, 2009 and 2012—documented declining access to home and community care services in BC. Updated statistics obtained from the Ministry of Health for this report show the downward trend has continued.

In March 2017, the BC government announced \$500 million over four years in new funding to increase residential care staffing levels that fall below the provincial staffing guideline. This is a response to the BC Seniors Advocate’s 2017 report that revealed 91 per cent of facilities for which data were available did not meet the guideline, including every single for-profit facility. Although this is a much-needed investment in home and community care, it does not reverse the reductions in access to these services after 16 years of privatization and underfunding.

Increasing access to home and community care is widely acknowledged as a key solution to reducing hospital overcrowding and surgical wait times that will improve health care for all British Columbians.

In analyzing data for this report, four areas of concern were identified.

Declining access to residential care and assisted living

- Between 2001 and 2016, access to residential care and assisted living spaces declined by 20 per cent measured as beds relative to the population of people 75 and over. There was reduced access in the province’s five health authorities.

Declining access to home health services

- BC’s seniors have less access to publicly funded home support today than in 2001. There was a 30-per-cent decline between 2001 and 2016 with access falling in the five health authorities.
- Although a larger share of seniors receives home care services (nursing and rehabilitation) in BC compared to 16 years ago, on average, each client receives fewer visits with nursing and health science professionals.

Privatization and care quality

- Publicly funded residential care delivered by for-profit businesses is increasing at a faster rate than care delivered in facilities operated by health authorities and non-profit organizations. The number of residential care

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Figure 1: Declining access to residential care and assisted living spaces by health authority and BC, 2001–2016

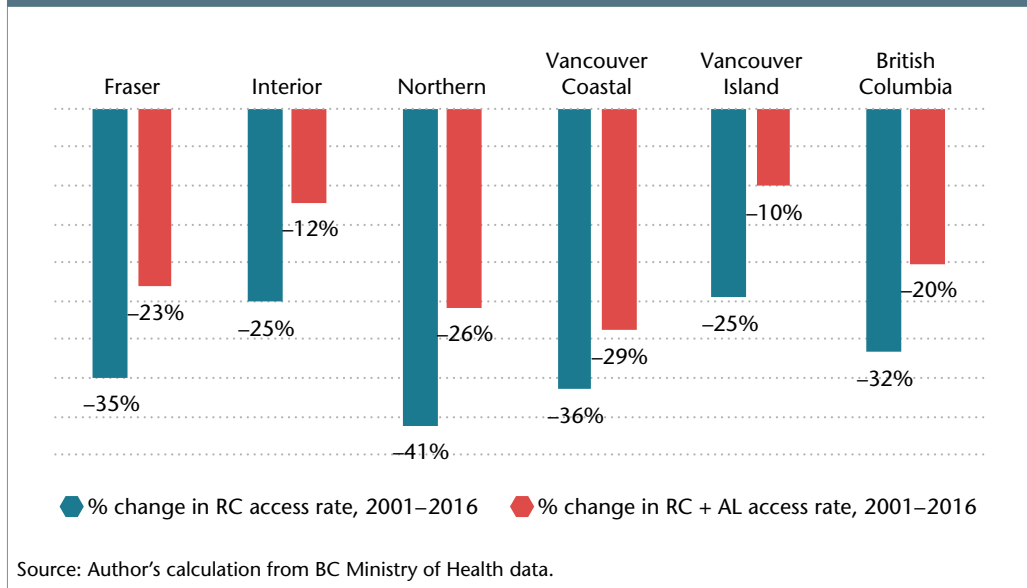
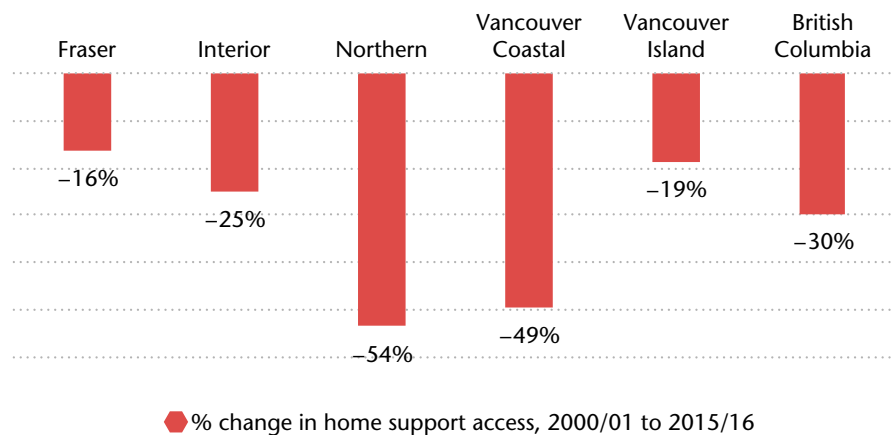


Figure 2: Declining access to home support by health authority and BC, 2000/01 to 2015/16



Source: Author's calculation from BC Ministry of Health data.

Funding decisions are political choices that have real consequences on the availability and quality of seniors' health care services.

beds operated by BC health authorities and non-profit organizations declined 11 per cent while beds in the for-profit sector increased 42 per cent between 2001 and 2016.

- Research shows ownership of residential care facilities affects care quality and staffing levels, and that for-profit residential care is generally inferior to care delivered in public or non-profit facilities.

BC health care spending not keeping pace

- In 2001, BC ranked second in per capita provincial health care spending. By 2016, BC fell to eighth place among Canada's ten provinces.
- BC's average annual increase in health care spending between 2001 and 2016 was the lowest among the provinces.

A well-funded and coordinated home and community care system allows seniors to live independent and healthy lives in their own homes and communities rather than ending up in hospital. And, a strong home and community care system also reduces pressure on family members, especially women, who often work full-time and care for children and aging relatives.

To determine the level of access to home and community care services, this report looks at the number of residential care beds, assisted living spaces and home health services provided each year relative to the number of seniors over 75 (the age group likely to

require these services). Between 2001 and 2016, the number of BC seniors aged 75 and older increased by 49 per cent and access to care must be considered in relation to population needs.

Funding decisions are political choices that have real consequences on the availability and quality of seniors' health care services. The level of provincial health care spending significantly influences whether there will be improvements in seniors' health and timely access to health care services for all British Columbians.

RECOMMENDATIONS

This report makes three recommendations to strengthen the system of home and community care in BC:

1. Stop the privatization of the home and community care system.
2. Improve access to publicly funded home and community care provided by health authorities and non-profit organizations.
3. Develop a home and community care framework and action plan to improve access and service integration, and to establish legislated standards including staffing levels consistent with research evidence.

An accessible and integrated home and community care system will make more-effective use of public health resources. And it will provide seniors—our family members, friends and neighbours—with the care services they need to maintain their health in old age and live in dignity.

About the author

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