Privatization & Declining Access to BC Seniors' Care

AN URGENT CALL FOR POLICY CHANGE

By Andrew Longhurst

MARCH 2017

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

PRIVATIZATION AND DECLINING ACCESS TO BC SENIORS' CARE
An Urgent Call for Policy Change

By Andrew Longhurst

March 2017

ABOUT THE AUTHOR

ANDREW LONGHURST, MA, is a research associate with the BC Office of the Canadian Centre for Policy Alternatives (CCPA–BC) and the BC Health Coalition, and a researcher and policy analyst with the Hospital Employees' Union. His research focuses on health and social policy, poverty and inequality, and labour market change. His past publications include *Reducing Surgical Wait Times: The Case for Public Innovation and Provincial Leadership* (with Marcy Cohen and Dr. Margaret McGregor, 2016) and *Precarious: Temporary Agency Work in British Columbia* (2014), both published by the CCPA–BC.

ACKNOWLEDGEMENTS

The author thanks Marcy Cohen, Shannon Daub, Iglika Ivanova, Jean Kavanagh, Chris Kinkaid, Seth Klein, Adam Lynes-Ford, Margaret McGregor, Jennifer Whiteside and three anonymous peer reviewers for their helpful comments and suggestions.

Thanks to the Hospital Employees' Union for its financial contribution to this work.

Copyedit: Lucy Kenward
Layout & design: Paula Grasdal
Cover photo by Alexander Raths/Shutterstock.com
ISBN 978-1-77125-336-9

CCPA
CANADIAN CENTRE
for POLICY ALTERNATIVES
BC Office

520 – 700 West Pender Street
Vancouver, BC V6C 1G8
604.801.5121 | ccpabc@policyalternatives.ca

www.policyalternatives.ca

Contents

Summary

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.

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.

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 & 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 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's seniors have less access to publicly funded home support today than in 2001.

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:

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

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.

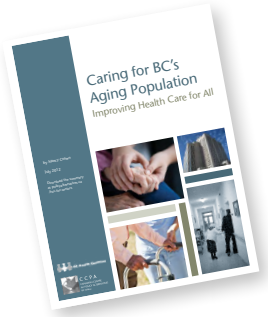
Introduction

HOME AND COMMUNITY CARE SERVICES are a critical part of our public health care system. They are a cost-effective way to improve the well-being and independence of frail seniors.

Home and community care services are a critical part of our public health care system.

Medical and nursing associations, labour unions and advocacy organizations are urging the federal and provincial governments to improve health care services and supports for our aging population.[1] The Wait Time Alliance — which represented 18 national medical organizations — concluded that the issue of seniors ending up in hospital because community alternatives are not available is "the single biggest challenge to improving wait times across the health care system."[2]

In recent years, the BC government has moved in some positive directions. In a 2015 policy paper, the government affirmed its commitment to improving access to integrated primary and community care services, especially for seniors with complex health conditions.[3] In March 2017, responding to concerns of seniors, unions and advocates, the government announced $500 million over four years in new funding for home and community care directed primarily to increase residential care staffing levels in facilities that fall below the provincial staffing guideline. Although this much-needed investment in home and community care is a step in the right direction, it does not fully make up for the decline in access to services that has resulted from years of privatization and underfunding.



Previous CCPA studies have looked at the relationship between the underfunding and poor co-ordination of BC's home and community care system (for seniors and people with disabilities) over the last 15 years, and the growing problem of hospital overcrowding and wait times. This report builds on that work.

1 See, for example, BC Health Coalition, n.d.; Canadian Medical Association, 2015; Canadian Nurses Association, 2016; Canadian Union of Public Employees, Council of Canadians and Hospital Employees' Union, n.d.; Hospital Employees' Union, 2017.

2 Wait Time Alliance, 2015, p. 2.

3 BC Ministry of Health, 2015.

HOME AND COMMUNITY CARE SERVICES IN BC

Home and community care services are not covered under the Canada Health Act, which means there are no national or minimum requirements in how these services are delivered. Put simply, there is no "right" to home and community care currently under federal or provincial legislation in the way that physician and hospital services are provided to all Canadian residents regardless of a person's ability to pay. Provinces can charge fees for publicly funded home and community care and determine eligibility criteria.

The continuum of home and community care services available in BC includes:

Home and community care services are not covered under the Canada Health Act, which means there are no national or minimum requirements in how these services are delivered.

Home support: Personal care services provided in the client's home, 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): Medical and rehabilitation services delivered to clients in their home by nurses, physiotherapists, occupational therapists, dietitians and other health science professionals. Home support and professional home care services are collectively referred to as **home health services**.

Assisted living: Supportive housing for people with moderate levels of disability who require daily personal assistance to live independently.

Residential care (also known as long-term and nursing home care): Housing that provides 24-hour nursing supervision and care for people with complex needs.

Palliative care (also known as end-of-life care): Medical, emotional and spiritual care provided in hospital, residential care settings and at home, for people in the advanced stages of a serious progressive illness, nearing death.

Other home and community care services include adult day care, respite, supportive housing and community mental health services, among others. A full list is available on the BC Ministry of Health's website at http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care.

This report focuses exclusively on publicly funded home health, assisted living and long-term residential care services.

Beginning in the year 2000, the BC Office of the Canadian Centre for Policy Alternatives (CCPA–BC) began monitoring policy changes that have affected access, affordability, coordination and quality in the home and community care sector for seniors and people with disabilities. This report updates the data and builds on this body of seniors' health care policy analysis. Specifically, this report examines the state of home and community care in BC and analyzes trends in access to publicly funded residential care, assisted living and home health services within the context of underfunding and privatization over the last 16 years.

Better home and community care access can reduce wait times

OUR PUBLIC HEALTH CARE SYSTEM consists of three intersecting parts: primary care (family doctors, clinics, etc.), secondary or acute care (hospitals and emergency services) and home and community care (home support; home nursing and community rehabilitation; assisted living and residential care; adult day care; respite and hospice).

A well-funded and coordinated home and community care system, with a prevention focus, is a critically important part of public health care. It allows seniors to live independent and healthy lives in their own homes and communities. Without these supports, seniors are more likely to suffer deteriorating health and end up in the acute care system. A strong home and community care system also eases the burden on family members who are often working full-time and caring for children at the same time as caring for aging relatives. And making these integrated home and community care services available to all seniors, based on need and not on ability to pay, can also reduce pressure on hospitals—the most-expensive part of our health care system.

A strong home and community care system also eases the burden on family members who are often working full-time and caring for children at the same time as they care for aging relatives.

One way to spot shortfalls in access to home and community care is to look at the number of hospital patients who no longer require in-patient care but who continue to occupy a hospital bed because appropriate health care services are not available at home or in the community. These patients are referred to as Alternate Level of Care, or ALC, patients. When elderly ALC patients end up stuck in hospitals because of a lack of community alternatives, their mobility and ability to live independently often decline. ALC patients also contribute to hospital overcrowding, bed shortages, cancelled elective surgeries and longer wait times for all patients.

In a 2015 report, the Wait Time Alliance—which represented doctors in 18 areas of medical practice—concluded that the ALC issue is "the single biggest challenge to improving wait times across the health care system."[4] Furthermore, the BC College of Physicians and Surgeons has identified hospital bed access as the "fundamental problem" driving longer surgical wait times in

4 Wait Time Alliance, 2015, p. 2.

BC.[5] Therefore, ensuring that home and community care is affordable, accessible and available to seniors when they need it can partially address this issue of long wait times for beds, whether for elective surgery or for admission from the emergency department.[6]

In BC, the problem of ALC has, arguably, marginally improved over the last decade and a half, but it remains a significant barrier to improving access to health care services and reducing wait times for all British Columbians. In 2001/02, 15 per cent of all hospital in-patient days were classified as ALC days (Table 1), meaning that patients were in hospital beds because community alternatives were not available. In 2005/06, 10 per cent of total in-patient days were ALC days, but by 2015/16, that share had increased again to 13 per cent. Although ALC days as a percentage of total in-patient days decreased by 2 percentage points between 2001/02 and 2015/16, ALC days still remain high as a share of total hospital days.

Table 1: Alternate level of care (ALC) days as a proportion of total hospital days, 2001/02 to 2015/16

	Total in-patient days	Total ALC days	Total 65+ ALC days	ALC as a % of total days	ALC 65+ as % of total ALC days
2001/02	2,611,595	387,978	328,030	15%	85%
2005/06	2,651,332	274,795	225,781	10%	82%
2010/11	2,906,263	372,390	310,029	13%	83%
2015/16	3,158,663	420,536	351,889	13%	84%
# increase from 2001/02 to 2015/16	547,068	32,558	23,859		

Source: BC Ministry of Health, HealthIdeas, Hospital Workload by Governance Authority (reports retrieved February 10, 2017).

5 Longhurst et al., 2016, p. 39.

6 For other solutions to long surgical wait times, see Longhurst et al., 2016.

Access to home and community care services

FOUR CCPA–BC REPORTS—published in 2000, 2005, 2009 and 2012—have shown declining access to home and community care services in BC.[7] This section updates these analyses with more-recent data to examine whether these trends have continued.

The weight of Canadian and international research evidence shows that for-profit residential care is inferior to care delivered in public or non-profit facilities.

Residential care

Residential care, which is often referred to as long-term care, provides 24-hour nursing supervision and care for seniors with complex needs. Most of this direct care and social support is provided by care aides, known as health care assistants or personal support workers, in facilities or care homes that are owned and operated by public health authorities, by non-profit organizations or by for-profit businesses. This report focuses exclusively on publicly funded residential care services (excluding short-term or convalescent care, and for-profit residential care spaces that are entirely funded by private fees). The vast majority of residential care beds in BC are publicly funded and are required to charge residents no more than 80 per cent of their after-tax income.

In BC, access to residential care can be measured by looking at the bed access rate, which is defined as the number of publicly funded beds per 1,000 seniors aged 75 and older. Between 2001 and 2016, residential care access in BC declined by 32 per cent according to Ministry of Health data (Table 2). Every health authority experienced a decline in access: Northern Health (–41 per cent), Vancouver Coastal Health (–36 per cent), Fraser Health (–35 per cent), Interior Health (–25 per cent) and Vancouver Island Health (–25 per cent). In absolute terms, the number of residential care beds in the province increased negligibly (2 per cent), from 25,420 beds in 2001 to 25,874 beds in 2016, while the number of seniors aged 75 and over rose substantially in every health authority (and is projected to continue to do so as BC's population ages).[8]

7 Cohen and Pollak, 2000; Cohen et al., 2005; Cohen et al., 2009a; Cohen, 2012.

8 BC Stats population projections by age group are available at: http://www.bcstats.gov.bc.ca/StatisticsBySubject/Demography/PopulationProjections.aspx.

Over the last 16 years, seniors' residential care has been steadily privatized, and care delivered by health authorities and non-profit organizations has been substantially undermined by provincial policy directions.

Table 2: Publicly funded residential care access rates, 2001–2016

	Number of beds		Bed rate (beds per 1,000 seniors aged 75+)		Change, 2001–2016 (%)		
	2001	2016	2001	2016	No. of beds	Bed rate	Seniors pop. 75+
Fraser	7,471	7,620	100	65	2%	–35%	57%
Interior	4,769	5,359	97	73	12%	–25%	50%
Northern	1,006	1,110	124	73	10%	–41%	88%
Vancouver Coastal	7,091	6,610	120	76	–7%	–36%	47%
Vancouver Island	5,083	5,175	90	68	2%	–25%	35%
British Columbia	25,420	25,874	103	70	2%	–32%	49%

Source: Author's calculations from BC Ministry of Health, 2016; BC Stats; Cohen et al., 2009.

Note: Short-term residential care beds are excluded. The 2001 bed counts come from Cohen et al., 2009. The 2016 bed counts come from the Ministry of Health's Detailed Facilities Report. Bed rates are calculated from population data using BC Stats' P.E.O.P.L.E. database, retrieved January 30, 2017.

Ownership matters: privatization, for-profit ownership and care quality

Health policy research demonstrates a relationship between public health care cuts and privatization and rising health inequalities.[9] More specifically, the weight of the Canadian and international research evidence shows that for-profit residential care is inferior to care delivered in public or non-profit facilities.[10] For-profit residential care facilities tend to increase profits by keeping staffing levels and wages low, which negatively affect the quality of care that seniors receive. High staff turnover, which is linked to lower wages and the heavy workloads demanded by inadequate staffing levels, is associated with lower-quality care in large for-profit facilities.[11]

Over the last 16 years, seniors' residential care has been steadily privatized, and care delivered by health authorities and non-profit organizations has been substantially undermined by provincial policy directions. Beginning in the late 1990s, the BC government ended direct capital funding

9 Pollock, 2004; Bambra, 2016. For an analysis of the consequences of public funding cuts and austerity policies on population health, see also Stuckler and Basu, 2013.

10 Ronald et al., 2016. See also Cohen et al., 2009a, pp. 33–35.

11 Hospital Employees' Union, 2009. See also Longhurst et al., 2016, for an analysis of the problems associated with outsourcing or contracting-out health care services to for-profit providers; Hemingway, 2016, for a discussion of private sector waste due to profits, higher administration costs and inefficiencies; BC Health Coalition, 2016, for a discussion of the problems of investor ownership, specifically private equity ownership of residential care, and turning residential care into a high-risk, high-yield business model that puts seniors and health care workers at risk.

grants to non-profit residential care operators,[12] forcing non-profit and for-profit operators to turn to private financing to expand or build new facilities. Further, in 2001, the provincial government shifted to a competitive bidding process for all new publicly funded residential care beds and facilities. This process favoured private corporations and large non-profits with the infrastructure to prepare administratively complex bids. As Cohen et al. noted in an earlier CCPA–BC report, this was a significant policy change from a time when "the [BC Ministry of Health] and regional hospital districts provided the majority of capital funding and technical support to non-profit societies in the design and building of new residential care facilities."[13]

In 2002, the passage of Bill 29, the Health and Social Services Delivery Improvement Act, unilaterally changed negotiated collective agreements between unions and health care employers and eliminated key job security, pay equity and contracting-out provisions.[14] This legislation allowed many non-clinical services in both the acute care and residential care sectors to be privatized, and led to the layoff of more than 9,000 unionized health care workers, most of whom were women. In addition, Bill 94, the Health Sector Partnerships Agreement Act, passed in 2003, allowed contracting out—or outsourcing—of residential care and support services to subcontractors and eliminated the successorship rights of unionized health care workers, meaning their ability to maintain their negotiated contract is void if the business, or a part of it, is sold or transferred. This legislation opened the door for "contract-flipping," a practice in which employers lay off the existing workforce, restructure the workplace and avoid union successorship rights. The same employees are often rehired at lower wages with fewer benefits.[15] In sum, this legislation led to an increase in complex ownership, subcontracting and investment arrangements in residential care and assisted living that make financial and clinical accountability very difficult.

This legislation opened the door for "contract-flipping," a practice in which employers lay off the existing workforce, restructure the workplace and avoid union successorship rights.

The unrestricted ability to outsource jobs and flip contracts created a market of seniors' community health care and social services by establishing favourable conditions for private investment. Fundamentally, it enabled a model in which public funding subsidizes the real estate acquisitions of private investors while allowing these operators to erode wages and working conditions through contracting out and contract-flipping.[16] In other words, these private operators shed their role as a direct employer and use subcontracting to reduce labour costs[17] at the expense of care quality.

In 2012, BC's Ombudsperson released a two-volume report with 143 findings and 176 recommendations intended to improve seniors' home and community care.[18] As of June 2015 (the most recent update available), only 12 of 142 recommendations directed at the BC Ministry of Health—or 8 per cent—have been fully implemented.[19] Notably, none of the five recommendations designed to reduce the detrimental impacts of residential care contracting out (outsourcing) and contract-flipping have been fully implemented by the BC Ministry of Health.[20] The unabated erosion of working conditions continues to undermine the quality and continuity of residential care.[21]

12 Cohen et al., 2009, p. 27.
13 Cohen et al., 2009, p. 27.
14 Cohen, 2003; Cohen and Cohen, 2004.
15 Cohen et al., 2009, p. 27. See also Lee and Cohen, 2005, and Stinson et al., 2005.
16 For a history and analysis of the legislative context in BC, see Cohen, 2003. See also Burns et al., 2016, for analysis of the highly profitable private investment business model in residential care.
17 See Weil, 2014, and Burns et al., 2016.
18 BC Ombudsperson, 2012a, 2012b.
19 Based on information provided in BC Ombudsperson, 2015.
20 Ibid.
21 See Burns et al., 2016.

The BC government's policy direction can be characterized as a form of privatization: it had the effect of drawing private investment into the residential care and assisted living sector. Little money has been invested in new residential care and assisted living facilities owned and operated by health authorities and non-profit organizations in the last 16 years. In fact, 40 of these facilities—representing a total of 2,082 beds—have closed since 2001 (Tables 3 and 4). Simply put, between 2001 and 2016, the number of beds in facilities owned and operated by health authorities and non-profit organizations decreased while beds in the for-profit sector increased rapidly (Table 3).

Table 3: BC residential care beds by ownership (long-term care only), 2001–2016

	Number of beds in 2001	% of total	Number of beds in 2016	% of total	Change in # of beds, 2001–2016	Rate of change, 2001–2016 (%)
For-profit	6,211	24%	8,832	34%	2,621	42%
Health authority and non-profit	19,209	76%	17,127	66%	–2,082	–11%
Total	25,420		25,959		539	2%

Source: Author's calculations from Cohen et al., 2009; Office of the Seniors Advocate, 2016a.

Note: In order to provide analysis of ownership change, this table uses different Ministry data than is used in Table 2. There is a small difference in the 2016 bed numbers.

Table 4: BC residential care facilities by ownership (long-term care only), 2001–2016

	Number of facilities in 2001	% of total	Number of facilities in 2016	% of total	Change in # of facilities, 2001–2016	Rate of change, 2001–2016 (%)
For-profit	83	27%	107	37%	24	29%
Health authority and non-profit	225	73%	185	63%	–40	–18%
Total	308		292		–16	–5%

Source: Author's calculations from Cohen et al., 2009; Office of the Seniors Advocate, 2016a.

Most residential care facilities in BC are owned and operated by health authorities or non-profit organizations (63 per cent), but a growing share of facilities are in the for-profit sector (Table 4). The share of total residential care beds in BC operated by for-profit businesses increased from 24 per cent of total publicly funded residential care beds in BC in 2001 to 34 per cent in 2016 (Table 3). With the closure of health authority and non-profit care homes (Table 4), the total number of

residential care facilities in BC declined between 2001 and 2016 (i.e., from 308 to 292 facilities), and the absolute number of residential care beds saw a negligible increase.

Although staffing is identified in the research literature as a structural determinant of residential care quality,[22] the vast majority of residential care facilities do not meet the minimum guideline of care outlined by the BC Ministry of Health, which is 3.36 hours per resident per day (HPRD), including nursing care and allied health services.[23] According to the BC Seniors Advocate's 2017 report, 254 out of a total of 280 facilities for which data were available—91 per cent—did not meet the Ministry's minimum staffing guideline.[24] Notably, not a single for-profit facility met the provincial guideline in 2017.[25]

The $500 million in new funding will not reverse the large decline in access to residential care that has resulted from 16 years of privatization and underfunding.

In March 2017, in response to concerns of seniors, unions, advocacy groups and BC's Seniors Advocate, the provincial government announced $500 million over four years in new funding for home and community care to increase staffing levels in residential care facilities that fall below the provincial guideline.[26] BC's Ministry of Health has also noted that health authorities "will continue to invest in expanding capacity to meet growing demand for home and community care services…in the region of $200 million."[27] This $200-million investment to improve access is an important step forward, but it remains unclear if this is new funding provided to health authorities or if they will be forced to reduce funding and compromise service levels in other program areas in order to find this money in their existing budgets. The $500 million in new funding is a much-needed investment in home and community care—and the BC government should be applauded for this important commitment. However, it will not reverse the large decline in access to residential care that has resulted from 16 years of privatization and underfunding.

Assisted living

In 2003, the BC government introduced assisted living as a new type of community-based health care service for seniors. Prior to 2003, the province had intermediate care facilities that provided services to residents based on three progressively higher levels of care: IC 1, IC 2 and IC 3. Intermediate care facilities were staffed by licensed nurses (i.e., registered nurses and licensed practical nurses) 24 hours a day. In contrast, assisted living facilities are not required to have registered nurses on site.

Publicly funded assisted living facilities provide accommodation, one to three meals a day, light housekeeping, laundry services and no more than two prescribed care services, including, for example, assistance with daily living activities (e.g., mobility, bathing and toileting), cash or medication management, and psychological supports. Based on BC Ministry of Health policy, residents in publicly funded assisted living facilities must have at least $325 per month of residual income after paying the assisted living charges (which can be no more than 70 per cent of their after-tax income). However, unlike publicly funded residential care, there are many extra costs associated with assisted living. For example, health care supplies that are covered in residential care, but not in publicly funded assisted living include general hygiene supplies (e.g., soap, shampoo, toilet paper, etc.); routine medical supplies (e.g., sterile dressings, bandages, syringes, etc.); bed

22 Ronald et al., 2016.
23 Chan and Carman, 2017.
24 Chan and Carman, 2017.
25 Author's analysis based on Office of the Seniors Advocate, 2017.
26 BC Ministry of Health, 2017a, p. 12.
27 Ibid.

alarms, special mattresses, surveillance system devices; disposable incontinence pads or briefs; and catheters.[28]

When the BC government introduced assisted living in 2003, it stated that this service would meet the needs of seniors who can live nearly independently but require personal care services and supports. Assisted living is a suitable option for semi-independent seniors, but it is not appropriate for individuals who have complex care needs. Previous CCPA–BC reports have documented the provincial government's attempt to substitute assisted living beds in situations when residential care beds are actually required.[29]

Even when including both assisted living and residential care spaces together, access to these services, defined by the number of residential care and assisted living spaces per 1,000 seniors aged 75 years and older, declined by 20 per cent between 2001 and 2016 in BC (Table 5). During this period, access fell in all health authorities: Vancouver Coastal Health (–29 per cent), Northern Health (–26 per cent), Fraser Health (–23 per cent), Interior Health (–12 per cent) and Vancouver Island (–10 per cent) (Table 5 and Figure 1).

Table 5: Publicly funded long-term residential care (RC) and assisted living (AL) access rates, 2001–2016

	2001				2016				Change, 2001–2016 (%)	
	RC beds	AL units	Total RC beds + AL units	RC + AL bed rate (beds per 1,000 seniors 75+)	RC beds	AL units	Total RC beds + AL units	RC + AL bed rate (beds per 1,000 seniors 75+)	RC + AL bed rate (beds per 1,000 seniors 75+)	Seniors pop. 75+
Fraser	7,471	0	7,471	100	7,620	1,393	9,013	77	–23%	57%
Interior	4,769	0	4,769	97	5,359	931	6,290	85	–12%	50%
Northern	1,006	0	1,006	124	1,110	290	1,400	92	–26%	88%
Vancouver Coastal	7,091	0	7,091	120	6,610	790	7,400	85	–29%	47%
Vancouver Island	5,083	0	5,083	90	5,175	992	6,167	81	–10%	35%
British Columbia	25,420	0	25,420	103	25,874	4,396	30,270	82	–20%	49%

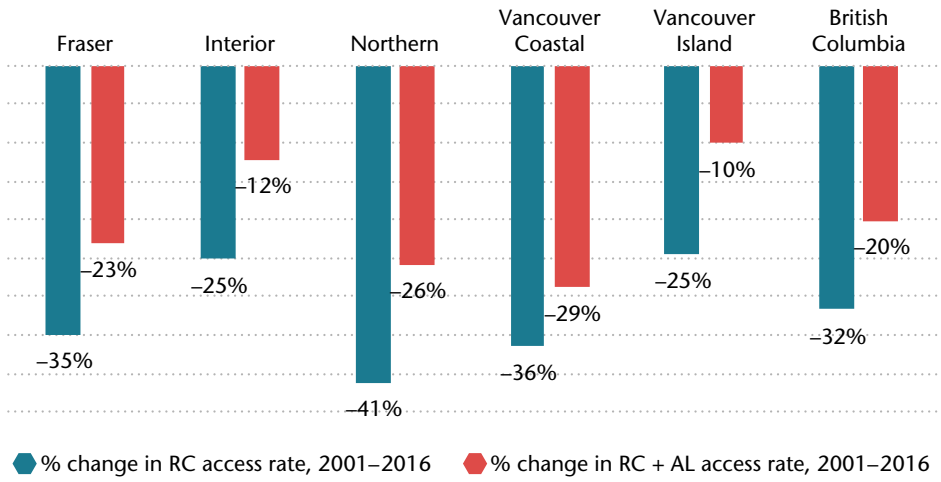
Source: Author's calculations from BC Ministry of Health, 2016b; BC Stats; Cohen et al., 2009.

Notes: Assisted living (AL) was a new publicly funded community care service introduced in 2003, and therefore there were no AL units in 2001. Assisted living beds are reported as "units," which "can range from a unit in a high-rise apartment complex to a private home. Units can vary from one room to private, self-contained apartments." The 2016 bed rates are calculated from population estimates and projections from BC Stats' P.E.O.P.L.E. database (report retrieved January 30, 2017).

28 Office of the Seniors Advocate, 2015, p. 48.

29 See, for example, Cohen et al., 2009a, pp. 22–24.

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



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

Home support

Publicly funded home support is an important part of the health care continuum and is intended to help seniors live in their homes for as long as possible while maintaining their health and independence.[30] Home support services are direct care services provided by community health workers, including assistance with daily living activities (e.g., bathing, dressing, eating), assistance with mobility lifts and transfers, and the provision of basic nursing tasks. Previously, home support services routinely included help with meal preparation, laundry and light housekeeping, however, these services are now only provided in some circumstances.[31]

Increasing access to publicly funded home support services can help seniors maintain their health, live independently and reduce pressure on our hospitals, the most-expensive part of the health care system.

BC Ministry of Health data show that between 2000/01 and 2015/16, access to home support in BC, measured by the number of home support clients per 1,000 seniors aged 75 and older, fell by 30 per cent (Table 6). Home support access declined in all health authorities: Northern Health (–54 per cent), Vancouver Coastal Health (–49 per cent), Interior Health (–25 per cent), Vancouver Island Health (–19 per cent) and Fraser Health (–16 per cent).

In addition, the 2015 study *Living Up to the Promise: Addressing the High Cost of Underfunding and Fragmentation in BC's Home Support System* documents a number of systemic barriers to improving the quality of home support, including a lack of BC Ministry of Health coordination, inadequate staffing levels and insufficient time for community health workers to provide person-centred care and social support.[32] In March 2017 the BC government promised "additional home-support services and hours" as part of a $500-million funding commitment over four years.[33] It remains to be seen how much of this additional funding will be directed to home support and whether it will be enough to reverse the record of declining access over the last 16 years.

30 Other home health services, including home nursing and community rehabilitation, are addressed in the following section. This section focuses only on home support provided by community health workers.

31 Cohen and Franko, 2015, p. 4.

32 Cohen and Franko, 2015.

33 BC Ministry of Health, 2017b. See also BC Ministry of Health, 2017a.

Increasing access to publicly funded home support services can help seniors maintain their health, live independently and reduce pressure on our hospitals, the most-expensive part of the health care system. Current levels of home support services are not meeting the needs of BC's growing population of seniors, which is resulting in increasing health inequalities between seniors who can afford to pay out-of-pocket for the level of support they need and lower-income seniors who depend on an underfunded and fragmented publicly funded home support system. At the same time, seniors with mild to moderate care needs who could benefit from the preventive care aspects of home support may not be getting the support they need because the eligibility criteria for publicly funded services have become more restrictive due to growing demand.[34]

Table 6: Home support access by health authority and BC, 2000/01 to 2015/16

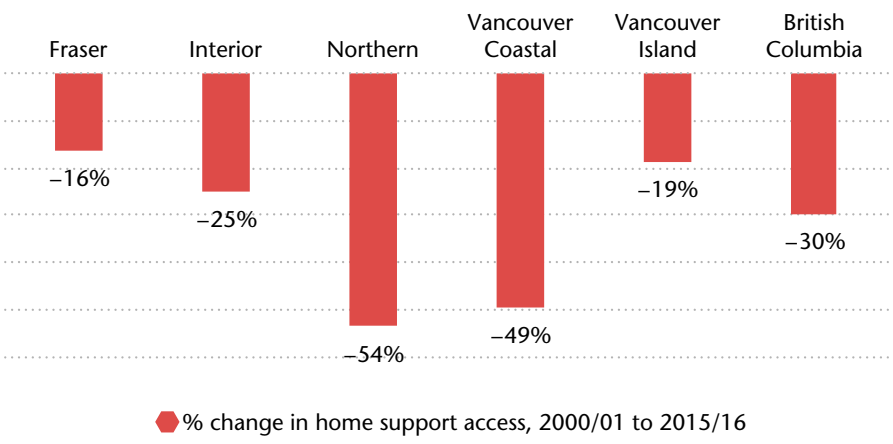
	Client count			Change (%)		Home support access rate (clients per 1,000 seniors aged 75+)		
	2000/01	2015/16	Change, 2000/01 to 2015/16	Client count, 2000/01 to 2015/16	Seniors pop. 75+, 2000/01 to 2015/16	2000/01 rate	2015/16 rate	% change in rate, 2000/01 to 2015/16
Fraser	10,553	13,682	3,129	30%	55%	143	120	–16%
Interior	8,275	9,291	1,016	12%	50%	171	128	–25%
Northern	1,958	1,696	–262	–13%	86%	245	114	–54%
Vancouver Coastal	11,766	8,674	–3,092	–26%	46%	202	102	–49%
Vancouver Island	8,243	8,987	744	9%	34%	148	120	–19%
British Columbia	40,507	42,170	1,663	4%	48%	166	117	–30%

Source: Author's calculations from BC Ministry of Health, 2008; BC Stats; Office of the Seniors Advocate, 2016b.

Note: Client count includes clients of all ages. Population change by fiscal year is calculated by averaging the two years (i.e., average of 2000 and 2001 for fiscal year 2000/01). Client counts include Choice in Supports for Independent Living (CSIL), a self-managed care option chosen by a small number of BC's home support clients. Population estimates and projections from BC Stats' P.E.O.P.L.E (report generated January 31, 2017). The number of home support clients does not reflect the length or intensity of the home support services.

34 Cohen and Franko, 2015, pp. 10–11.

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.

Home care

A larger share of seniors receives home care services in BC compared to 16 years ago, but each client receives fewer visits from health care professionals.

Home care services (also referred to as home nursing and community rehabilitation) are provided by health care professionals including nurses, physiotherapists, occupational therapists, dietitians and social workers in the client's own home. These publicly funded services are allocated by health authorities to clients with post-acute, rehabilitation, and chronic and palliative (end-of-life) care needs.

In this report, access to professional home care services is tracked using two measures: the number of home care clients and the number of client visits per 1,000 seniors aged 75 and over. Between 2000/01 and 2015/16, the client count per 1,000 seniors in BC increased 11 per cent overall, meaning that a larger share of seniors received home care services (Table 7). Regionally, access to home care increased in Interior Health (61 per cent) and Vancouver Island Health (8 per cent) but remained unchanged in Fraser Health. Access declined in Northern Health by 40 per cent and in Vancouver Coastal Health by 4 per cent.

When the number of client visits per 1,000 seniors aged 75 and over is considered, the story becomes more complicated. Between 2000/01 and 2015/16, the rate of client visits declined in BC as a whole (–15 per cent), and in all but one health authority. Whereas access decreased in Northern Health (–59 per cent), Vancouver Coastal Health (–25 per cent), Fraser Health (–23 per cent) and Interior Health (–1 per cent), the client visit access rate increased by 9 per cent in Vancouver Island Health (Table 8). Put simply, a larger share of seniors receives home care services in BC compared to 16 years ago (with Northern Health as a notable exception), but each client receives fewer visits from health science professionals.

Table 7: Professional home care client access by health authority and BC, 2000/01 to 2015/16

	Client count			Change (%)		Professional home care access rate (clients per 1,000 seniors aged 75+)		
	2000/01	2015/16	Change, 2000/01 to 2015/16	Client count, 2000/01 to 2015/16	Seniors pop. 75+, 2000/01 to 2015/16	2000/01 rate	2015/16 rate	% change in rate, 2000/01 to 2015/16
Fraser	13,721	21,245	7,524	55%	55%	186	186	0%
Interior	10,804	26,063	15,259	141%	50%	223	359	61%
Northern	3,125	3,508	383	12%	86%	392	236	–40%
Vancouver Coastal	13,647	19,087	5,440	40%	46%	234	224	–4%
Vancouver Island	12,308	17,823	5,515	45%	34%	221	238	8%
British Columbia	53,220	87,289	34,069	64%	48%	218	242	11%

Source: Author's calculations from BC Ministry of Health, 2008; BC Stats; Office of the Seniors Advocate, 2016b.

Note: Client count includes clients of all ages. Clients who received professional services from more than one health authority in the same year are counted in each regional health authority's total, but only once at the provincial level. Client count columns therefore cannot be summed.

Table 8: Professional home care visits by health authority and BC, 2000/01 to 2015/16

	Client visits			Change (%)		Professional home care access rate (visits per 1,000 seniors 75+)		
	2000/01	2015/16	Change, 2000/01 to 2015/16	Client visits, 2000/01 to 2015/16	Seniors pop. 75+, 2000/01 to 2015/16	2000/01 rate	2015/16 rate	% change in rate, 2000/01 to 2015/16
Fraser	217,581	259,523	41,942	19%	55%	2,957	2,277	–23%
Interior	198,647	295,890	97,243	49%	50%	4,104	4,081	–1%
Northern	62,060	47,689	–14,371	–23%	86%	7,775	3,207	–59%
Vancouver Coastal	220,663	241,558	20,895	9%	46%	3,781	2,838	–25%
Vancouver Island	181,896	266,463	84,567	46%	34%	3,260	3,565	9%
British Columbia	880,847	1,111,123	230,276	26%	48%	3,608	3,076	–15%

Source: Author's calculations from BC Ministry of Health, 2008; BC Stats; Office of the Seniors Advocate, 2016b.

Demand for home and community care services

AS BC'S POPULATION AGES, demand for home and community care services will increase. The BC government put forward some very positive ideas and recommendations in a 2015 primary and community care policy paper that recognizes the need for better access to, and integration of, primary and community care services for older adults with moderate to complex chronic health conditions and an aging population with increased frailty.[35] Specifically, the BC government has projected the rate of growth of each population group by health status and care needs. By 2036, BC is projected to see:

- 121 per cent growth in the frail population living in residential care;
- 94 per cent growth in the population with palliative care needs;
- 91 per cent growth in the population with high complex chronic conditions;
- 73 per cent growth in the population with medium complex chronic conditions;
- 60 per cent growth in the population with mental health and substance use needs; and
- 50 per cent growth in the frail population living in the community.[36]

Meeting the health care needs of our aging population will require increasing access to home and community care services. The trends documented in this report are not encouraging. The provincial government urgently needs to expand access to services. Contrary to the position of some commentators, our aging population will not overwhelm our health care system. We can plan for and effectively manage the increased need for seniors' health care services, but we need to shift from the current policy direction that has undermined both access and the quality of seniors' care.

Meeting the health care needs of our aging population will require increasing access to home and community care services. The trends documented in this report are not encouraging.

35 BC Ministry of Health, 2015, p. 44.
36 Ibid.

Provincial funding context

In 2001, BC ranked second in per capita provincial health care spending, but by 2016 the province fell to eighth place and below the Canadian average.

EVERY YEAR THE PROVINCIAL GOVERNMENT decides how to fund our province's public services. Funding decisions are political choices—and they have real consequences for the availability of health care services in our province. The level of public spending on our home and community care system significantly influences whether there will be improvements in the health and well-being of BC's seniors and reduced pressure on hospital services—or whether public funding decisions will exacerbate health and social inequalities.

Commentators and politicians often warn that our public health care system is unsustainable, especially with an aging population. It is a persistent and pernicious myth. On the contrary, BC is a wealthy province with a prosperous economy and can afford to have a high-quality public health care system that ensures all seniors who need it have access to home and community care. In March 2017 in response to the concerns of seniors, unions and advocates, the provincial government announced $500 million in new funding over four years, primarily to increase staffing levels in residential care facilities that fall below the provincial guideline. Adequate staffing is a critical part of providing seniors with the level of care required to improve their health outcomes and quality of life. Although this money is a much-needed investment in the home and community care system, it will not reverse the 16-year trend of declining access to residential care beds documented in this report.

One-time funding announcements must be considered in the context of changes in provincial public health care spending over time. When we look at public health care spending relative to provincial GDP (what our province can afford to spend), spending is anticipated to decline from a high of 7.8 per cent of GDP in 2010/11 to 7.4 per cent in 2019/20.[37] This is hardly a story of unsustainable spending. From 2001 to 2010, provincial tax cuts, amounting to $3.4 billion in lost revenue, eroded tax fairness and BC's ability to maintain and improve key public services, including health care.[38]

It is also important to consider how BC compares to other provinces in provincial spending on public health care services. In 2001, BC ranked second in per capita provincial health care spending, but by 2016 our province fell to eighth place and below the Canadian average (Table 9). BC's annual increases in health care spending since 2001 are the lowest in Canada (3.3 per cent on

37 BC Ministry of Finance, 2017, p. 135.

38 Lee et al., 2011. For an updated analysis of diminishing tax fairness since 2001, see Hemingway and Ivanova, 2017. For progressive tax options to increase BC's fiscal capacity and strengthen the province's progressive tax system, see Ivanova and Klein, 2013.

average) and are significantly below the Canadian average (4.2 per cent), and the provinces of Alberta (5.1 per cent), Ontario (4.2 per cent) and Quebec (3.9 per cent).

Investing in better seniors' health care and social services is smart health policy and makes good economic sense. In addition to improving the health outcomes and quality of life of frail seniors, it can help relieve pressure on our hospitals and result in a more-efficient and cost-effective use of our health care system, which would improve health outcomes for all British Columbians over the long term (as discussed earlier in the report). Improving access to quality services is not only a question of more funding; it often requires a combination of additional funding and redesigning how particular services are delivered and integrated within the broader public health care system.[39] Improving access often requires supporting and scaling up promising practices and innovations, and fostering a culture of leadership and organizational change that facilitates quality improvement.

Investing in better seniors' health care and social services is smart health policy and makes good economic sense.

Table 9: Provincial government health expenditure, by province and Canada, 2001–2016 (current dollars)

	2001		2016		Average annual % change, 2001–2016	Ranking (% change)
	$ per capita	Ranking	$ per capita	Ranking		
NL	2,555	1	5,333	1	5.1	2/3 (tie)
AB	2,301	4	4,793	2	5.1	2/3 (tie)
MB	2,427	3	4,774	3	4.6	5
SK	2,280	5	4,741	4	5.0	4
PEI	2,232	6	4,411	5	4.8	5
NS	2,022	10	4,272	6	5.2	1
NB	2,128	7	4,101	7	4.5	7
BC	2,481	2	4,050	8	3.3	10
ON	2,123	8	3,888	9	4.2	8
QC	2,098	9	3,718	10	3.9	9
Canada (average)	2,209		4,095		4.2	

Source: CIHI National Health Expenditure Trends, 1975–2016, Table B.4.2.

Note: 2016 figures are forecasted.

39 On the importance of improving access and quality in health care services through system redesign and promising practices, see for example, Rachlis, 2004; Cohen et al., 2009b; Baines and Armstrong, 2015; Longhurst et al., 2016; Martin, 2017.

Conclusion and recommendations

During a period when BC's aging population increased by about 50 per cent, access to residential care and assisted living declined in all regions of the province.

OVER THE LAST TWO DECADES, reports by the Canadian Centre for Policy Alternatives and other organizations have raised the alarm about declining access to seniors' health care and social services. Publicly funded health care services for older adults—including home health care, assisted living and residential care—have been undermined by provincial underfunding and privatization.

The policy approach the BC government has taken over the last 16 years is not working. During a period when BC's aging population increased by about 50 per cent, access to residential care and assisted living declined in all regions of the province. Even with the introduction of assisted living, combined access to residential care and assisted living spaces saw a decline. In rural and urban communities across our province, home support is far less accessible than it was in 2000. Even as access to professional home care services in BC increased over the last 16 years (with Northern Health as a notable exception), the rate of visits from nurses, occupational therapists and other health professionals, fell. Seniors may have greater access to professional home care services in most regions, but they have fewer visits with nursing and health science professionals in nearly every part of the province.

BC's under-investment in seniors' care is evident. In 2016, BC ranked eighth out of ten provinces in per capita health care spending—and last in annual funding increases from 2001 to 2016. During this period, the BC government also eroded the province's fiscal capacity and ability to increase spending on health care services by ushering in an era of tax cuts for the wealthiest while diminishing tax fairness for low- and moderate-income British Columbians—workers, families and seniors. Although the government's new funding commitment announced in March 2017 to increase residential care staffing levels and improve home support is a much-needed investment in seniors' care, it does not reverse the last 16 years of declining access across the home and community care system.

We need more than a one-time funding injection, we need a government that is willing to prioritize home and community care and show leadership to significantly improve access in all communities across BC. The three following recommendations build on bold policy solutions outlined in previous CCPA–BC reports and are intended to foster an integrated system of home and community care that will allow seniors to live healthy, independent lives while also improving timely access to health care services for all British Columbians.

1. **Stop privatizing the home and community care system.**

The evidence is clear: home and community care privatization has severely eroded access to affordable, high-quality services in communities across BC. Putting an end to this unsound public policy is the first step toward restoring and improving access to high-quality seniors' care. This policy recommendation is consistent with the international research evidence linking public health care cuts and privatization to rising health inequalities. A large body of evidence reveals that staffing levels, working conditions and care quality suffer when organizations are primarily focused on returning profits to investors, and this is why BC must stop further expansion of the for-profit seniors' care sector, specifically residential care delivered in for-profit facilities. Putting an end to the privatization of seniors' care also means ending contracting out (outsourcing) and contract-flipping, which have destabilized the seniors' care sector and undermined the quality and continuity of care.

2. **Improve access to publicly funded home and community care provided by health authorities and non-profit organizations.**

Improving access will require significant increases in operational and capital investments in home and community care—and a commitment to deliver services through the more-efficient public and non-profit care model. Public financing and capital funding grants to non-profits, and new provincial capital investments, are urgently needed to address the significant social infrastructure deficit that has developed over the last 16 years.

When BC had less for-profit sector involvement in residential care and greater per capita provincial health care funding, British Columbians had better access to home and community care services. Yet, even then the CCPA–BC documented a significant gap in the availability of residential care beds. When you cut out the profit, public funding goes further, financial and clinical accountability is enhanced, and better working conditions can improve care continuity and health outcomes. However, provincial leadership is required to ensure that access to public and non-profit care increases in line with the growth of BC's aging population and that these services are better integrated with primary care providers (e.g., family doctors and primary care teams).

Sixteen years ago, when BC had less for-profit sector involvement in residential care and greater per capita provincial health care funding, British Columbians had better access to home and community care services.

3. **Develop a home and community care framework and action plan to improve access and service integration, and establish legislated minimum standards, including staffing levels, consistent with the research evidence.**

To significantly improve home and community care access for the many seniors who depend on these critical services, the provincial government should develop a comprehensive framework and action plan that includes legislated minimum standards for seniors' home health services, assisted living and residential care, including the staffing levels required to improve health outcomes. A framework and action plan should be rooted in the research evidence and include concrete plans to scale up promising practices and innovations province-wide. To do this will require ongoing leadership and resources from the BC Ministry of Health to coordinate with, and support, regional health authorities.

Underfunding, service cuts and privatization are policy choices. They have undermined access and quality of care in our public health care system. However, many progressive alternatives exist to build the kind of home and community care system that will allow seniors—our family members, friends and neighbours—to live in dignity with the health care services they need. This report is an urgent call for action.

References

Baines, D., and P. Armstrong, eds. (2015). *Promising Practices in Long Term Care: Ideas Worth Sharing*. Montreal: Canadian Centre for Policy Alternatives. Accessed at: https://www.policyalternatives.ca/publications/reports/promising-practices-long-term-care.

Bambra, C. (2016). *Health Divides: Where You Live Can Kill You.* Bristol: Policy Press.

BC Health Coalition. (n.d.). "Improving senior's care." Accessed January 31, 2017, at: http://www.bchealthcoalition.ca/what-we-do/improve-seniors-care.

BC Health Coalition. (2016). *BC Health Coalition submission re: proposed acquisition of Retirement Concepts by Cedar Tree Investments*. December 23. Accessed at: http://bchealthcoalition.ca/sites/default/files/uploads/Anbang%20Submission_BC%20Health%20Coalition.pdf.

BC Ministry of Finance. (2017). *Budget and Fiscal Plan 2017/18–2019/20*. Victoria: Government of British Columbia. Accessed at: http://bcbudget.gov.bc.ca/2017/default.htm.

BC Ministry of Health. (2008). *Home and Community Care Client Counts and Service Volumes, Fiscal Years 2000/2001 to 2006/2007*. Victoria: Government of British Columbia. Custom request.

BC Ministry of Health. (2015). *Primary and Community Care in BC: A Strategic Policy Framework*. Cross sector policy discussion paper. Victoria: Government of British Columbia. Accessed at: http://www.health.gov.bc.ca/library/publications/year/2015/primary-and-community-care-policy-paper.pdf.

BC Ministry of Health. (2016a). *Community and Residential Care Expenditure Report, 2010/11–2015/16*. Freedom of Information request. Accessed at: http://docs.openinfo.gov.bc.ca/Response_Package_HTH-2016-63891.pdf.

BC Ministry of Health. (2016b). *Detailed Facilities Report as of March 31*. Freedom of Information request. Accessed at: http://docs.openinfo.gov.bc.ca/Response_Package_HTH-2016-62311.pdf.

BC Ministry of Health. (2017a). *An Action Plan to Strengthen Home and Community Care for Seniors*. Victoria: Government of British Columbia. Accessed at: http://www.health.gov.bc.ca/library/publications/year/2017/home-and-community-care-action-plan.pdf.

BC Ministry of Health. (2017b). "Significant funding boost to strengthen care for B.C. seniors." News release. Accessed at: https://news.gov.bc.ca/releases/2017HLTH0052-000529.

BC Ombudsperson. (2012a). *The Best of Care: Getting It Right for Seniors in British Columbia (Part 2)*. Volume 1. Public Report No. 47. Victoria: BC Ombudsperson. Accessed at: https://bcombudsperson.ca/sites/default/files/Public%20Report%20No%20-%2047%20The%20Best%20of%20Care-%20Volume%201.pdf.

BC Ombudsperson. (2012b). *The Best of Care: Getting It Right for Seniors in British Columbia (Part 2)*. Volume 2. Public Report No. 47. Victoria: BC Ombudsperson. Accessed at: https://bcombudsperson.ca/sites/default/files/Public%20Report%20No%20-%2047%20The%20Best%20of%20Care-%20Volume%202.pdf.

BC Ombudsperson. (2015). *Update on Status of Recommendations: The Best of Care: Getting It Right for Seniors in British Columbia (Part 2)*. Public Report No. 47—February 2012. Accessed at: https://bcombudsperson.ca/sites/default/files/Best%20of%20Care%20%28Part%202%29%20-%202015%20Updates%20%28All%29.pdf.

Burns, D., L. Cowie, J. Earle, … and K. Williams. (2016). *Where Does The Money Go? Financialised Chains and the Crisis in Residential Care*. CRESC Public Interest Report. Manchester: University of Manchester Centre for Research on Socio-Cultural Change. Accessed at: http://www.cresc.ac.uk/medialibrary/research/WDTMG FINAL -01-3-2016.pdf.

Canadian Medical Association. (2015). *A Policy Framework to Guide a National Seniors Strategy for Canada*. Accessed at: https://www.cma.ca/Assets/assets-library/document/en/about-us/gc2015/policy-framework-to-guide-seniors_en.pdf.

Canadian Nurses Association. (2016). *Dementia in Canada: Recommendations to Support Care for Canada's Aging Population.* Brief prepared for the Senate Standing Committee on Social Affairs, Science and Technology. Accessed at: https://cna-aiic.ca/~/media/cna/page-content/pdf-en/dementia-in-canada_recommendations-to-support-care-for-canadas-aging-population.pdf?la=en.

Canadian Union of Public Employees, Council of Canadians and Hospital Employees' Union. (n.d.). "Save our health care: Keep health care public!" Accessed January 31, 2017, at: http://saveourhealthcare.ca/.

Chan, C., and T. Carman. (2017, January 26). 9 out of 10 seniors facilities in BC don't meet staffing guidelines. *Vancouver Sun*. Accessed at: http://vancouversun.com/health/seniors/number-of-senior-care-facilities-that-dont-meet-staffing-guidelines-rise-10-per-cent.

Cohen, M. G. (2003). *Destroying Pay Equity: The Effects of Privatizing Health Care in British Columbia*. Report prepared for the Hospital Employees' Union. Accessed at: http://www.heu.org/sites/default/files/uploads/research_reports/Destroying%20Pay%20Equity.pdf.

Cohen, M. (2012). *Caring for BC's Aging Population: Improving Health Care for All*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2012/07/CCPABC-Caring-BC-Aging-Pop.pdf.

Cohen, M., and N. Pollak, eds. (2000). *Without Foundation: How Medicare Is Undermined by Gaps and Privatization in Community and Continuing Care*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/publications/reports/without-foundation.

Cohen, M. G., and M. Cohen. (2004). *A Return to Wage Discrimination: Pay Equity Losses through the Privatization of Health Care*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: http://policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_pay_equity.pdf.

Cohen, M., and J. Franko. (2015). *Living Up to the Promise: Addressing the High Cost of Underfunding and Fragmentation in BC's Home Support System*. Vancouver: Integrated Care Advocacy Group and the BC Health Coalition. Accessed at: http://bchealthcoalition.ca/sites/default/files/uploads/Living%20Up%20To%20The%20Promise%20-%20Full%20Report%20-%20press%20-%20%20new%20appendixA.pdf.

Cohen, M., J. Murphy, K. Nutland and A. Ostry. (2005). *Continuing Care Renewal or Retreat? BC Residential and Home Health Care Restructuring, 2001–2004*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: http://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_2005/continuing_care.pdf.

Cohen, M., J. Tate and J. Baumbusch. (2009a). *An Uncertain Future for Seniors: BC's Restructuring of Home and Community Health Care, 2001–2008*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_2009/CCPA_bc_uncertain_future_full.pdf.

Cohen, M., N. Hall, J. Murphy and A. Priest. (2009b). *Innovations in Community Care: From Pilot Project to System Change*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/publications/reports/innovations-community-care.

Hemingway, A. (2016, November 21). The biggest source of waste in Canadian health care? The private, for-profit sector. *Policy Note*. Accessed at: http://www.policynote.ca/the-biggest-source-of-waste-in-canadian-health-care-the-private-for-profit-sector/.

Hemingway, A., and I. Ivanova. (2017). Tax fairness in BC? Hardly. *Policy Note*. Accessed at: http://www.policynote.ca/unfair/.

Hospital Employees' Union. (2009). *Quality of Care in BC's Residential Care Facilities: A Submission to the Office of the BC Ombudsman on Seniors' Care*, p. 20. Accessed at: http://www.heu.org/sites/default/files/uploads/2010%20seniors/HEU%20submission%20to%20Ombudsperson.pdf.

Hospital Employees' Union. (2017). "Care Can't Wait." Accessed January 31, 2017, at: https://carecantwait.ca/.

Ivanova, I., and S. Klein. (2013). *Progressive Tax Options for BC: Reform Ideas for Raising New Revenues and Enhancing Fairness*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/bc-tax-options.

Lee, M., and M. Cohen. (2005). *The Hidden Costs of Health Care Wage Cuts in BC*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/publications/reports/hidden-costs-health-care-wage-cuts-bc.

Lee, M., S. Klein and I. Ivanova. (2011). *BC's Regressive Tax Shift: A Decade of Diminishing Tax Fairness, 2000–2010*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/bc-tax-shift.

Longhurst, A., M. Cohen and M. McGregor. (2016). *Reducing Surgical Wait Times: The Case for Public Innovation and Provincial Leadership*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC%20Office/2016/04/CCPA-BC-Reducing-Surgical-Wait-Times.pdf.

Martin, D. (2017). *Better Now: Six Big Ideas to Improve Health Care for All Canadians*. Toronto: Allen Lane.

Office of the Seniors Advocate. (2015). *Seniors' Housing in BC: Affordable, Appropriate, Available.* Victoria: Office of the Seniors Advocate. Accessed at: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/05/Seniors-Housing-in-B.C.-Affordable-Appropriate-Available.pdf.

Office of the Seniors Advocate. (2016a). *British Columbia Residential Care Facilities Quick Facts Directory*. Victoria: Office of the Seniors Advocate. Accessed at: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2017/01/Residential-Care-Quick-Facts-Directory-2017.pdf.

Office of the Seniors Advocate. (2016b). *Monitoring Seniors' Services 2016*. Victoria: Office of the Seniors Advocate. Accessed at: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2016/12/OSA-MonitoringReport2016.pdf.

Office of the Seniors Advocate. (2017). *British Columbia Residential Care Facilities Quick Facts Directory*. Victoria: Office of the Seniors Advocate. Accessed at: https://www.seniorsadvocatebc.ca/osa-reports/british-columbia-residential-care-facilities-quick-facts-directory-2017/.

Pollock, A. M, with C. Leys, D. Price, D. Rowland and S. Gnani. (2004). *NHS plc: The Privatization of Our Health Care.* London: Verso.

Rachlis, M. (2004). *Prescription for Excellence: How Innovation Is Saving Canada's Health Care System*. Toronto: HarperCollins.

Ronald, L. A., M. J. McGregor, C. Harrington, A. Pollock and J. Lexchin. (2016). Observational evidence of for-profit delivery and inferior nursing home care: when is there enough evidence for policy change? *PLoS Medicine 13*(4). Accessed at: http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001995.

Stinson, J., N. Pollak and M. Cohen. (2005). *The Pains of Privatization: How Contracting Out Hurts Health Support Workers, Their Families, and Health Care*. Vancouver: Canadian Centre for Policy Alternatives–BC Office. Accessed at: https://www.policyalternatives.ca/sites/default/files/uploads/publications/BC_Office_Pubs/bc_2005/pains_privatization.pdf.

Stuckler, D., and S. Basu. (2013). *The Body Economic: Why Austerity Kills*. New York: Basic Books.

Wait Time Alliance. (2015). *Eliminating Code Gridlock in Canada's Health Care System: 2015 Wait Time Alliance Report Card*. Ottawa: Wait Time Alliance. Accessed at: http:// www.waittimealliance.ca/wta-reports/2015-wta-report-card/.

Weil, D. (2014). *The Fissured Workplace: Why Work Became So Bad for So Many and What Can Be Done to Improve It*. Cambridge: Harvard University Press.

C C P A
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, economic and environmental justice. Founded in 1980, it is one of Canada's leading progressive voices in public policy debates.

520 – 700 West Pender Street
Vancouver, BC V6C 1G8
604.801.5121 | ccpabc@policyalternatives.ca

www.policyalternatives.ca