

Election Priority: Improving Seniors' Care

Removing the Profit Motive from Seniors' Care

BCHC works in collaboration with community and labour groups to bring about a just, publicly-funded, comprehensive health care system that ensures equitable access to medically necessary and preventative health care services for seniors everywhere in BC.

Comprehensive and quality care for seniors requires continuity of care and collaboration across the health care system from primary care, to home care, to hospital care, to long term care and everything in between. In the currently fragmented health care system, seniors' timely and equitable access to needed health care in BC and across the country varies greatly and may depend on their ability to pay.

The reality is that seniors tend to develop a number of chronic conditions as they age and so seniors are proportionately higher users of physician services (almost double that of non-seniors), hospitals, continuing care services and prescription drugs according to the Canadian Institute for Health Information (CIHI) and the BC Seniors Advocate.

Another reality is that some seniors are living in deep poverty. BC had the worst poverty rate among seniors in Canada and the number of seniors living in poverty in BC had doubled since 2000, according to a 2018 study by SPARC BC. The SPARC study found that 16 per cent of single seniors and 9 per cent of senior couples lived in poverty in BC.

Dental care and hearing aids may be an unaffordable luxury for these seniors and polls suggest that, together with other low income Canadians, they may also have to ration their prescribed medications.

A central principle of BCHC's work is that timely and equal access to needed health care services is a fundamental right of all citizens, should be publicly-provided, and not depend on their ability to pay. In support of that right, BCHC intervened in the Dr Day/Cambie private surgery clinics case in the BC Supreme Court. Dr Day argued that citizens' access to private-pay medically necessary surgical services was a choice and a Constitutional right.

The broader implications of a win for Dr Day and private surgery clinics is that a dual private-public system of health care could be legal in Canada. In September 2020, the BC Supreme Court judge in the Dr Day/Cambie clinics case ruled against the private surgery clinics and the private provision of medically necessary surgical care in BC. The decision has since been appealed by Dr Day and may end up in the Supreme Court of Canada.

Questions for the Candidates

1. What is your position on the need for a comprehensive publicly provided health care system?
2. What is your position on access by some seniors to private medically -necessary surgical care based on ability to pay?
3. Do you support the provision by the BC government of dental care and hearing aids to low income seniors?
4. Do your party work for a national universal Pharmacare program?

Improving Long Term Care in BC

BCHC believes that BC and other provinces and territories should work collaboratively with the federal government to develop and implement national standards for long term care immediately. The next step needs to to bring long-term care under the Canada Health Act.

Accountability to Canadian citizens for any new funding transfers for LTC to provinces and territories to improve standards in long term care needs to be embedded in a funding agreement that will ensure accountability and transparency.

It has taken the many deaths of seniors in LTC from COVID-19, 81 percent of all deaths from COVID in Canada (CIHI, May 2020), and a shocking report from the Canadian Army (after it was called for emergency help in LTC facilities in Ontario and Quebec), to finally expose our collective failure to protect and safeguard the final days of the most vulnerable citizens in this country. And, although definitions of long term care vary internationally, the Canadian death rate from COVID is much higher than the average of 38 per cent deaths of seniors' 65 years and older in long term care from COVID of 16 other OECD countries.

Canada also has a higher than OECD average of seniors over age 80 living in LTC and retirement homes but at the same time has fewer health care workers (nurses and personal support workers in LTC homes with a rate half as high as the rates in Netherlands and Norway. (CIHI: 2020) Canada also spends much less as a per cent of GDP on LTC than most other OECD countries.

Now, Politicians across Canada saying rather disingenuously that people have known for years that the conditions for residents and staff in long-term care (LTC) are very bad. Previous governments are always to blame. When the Ontario government called a Commission of Inquiry into COVID-19 related deaths in LTC in mid 2020 the CEO of the Registered Nurses of Ontario commented (in a July 2020 article in the Globe and Mail) that Ontario

had completed 35 reports in the last 21 years about long-term care with little to show for it.

What politicians and many health researchers and care providers have long known is that LTC is chronically underfunded, poorly regulated, and infrequently inspected. The care aides who work in long term care are often poorly-paid casual workers. The result is that for some 3-4 per cent of seniors who end their lives in LTC in BC today, it's a sad and miserable ending to a lifetime of work for their families, communities, and country.

Nationally, there are no federal regulations or national standards for LTC. It does not come under the five principles of the Canada Health Act which guarantee public administration, accessibility, comprehensive services, universality, and portability of health care services which could help to guarantee some quality of life and protection for seniors in LTC. Though Canadian Health Commissions in the last few decades have recommended that LTC be designated an essential health service under the Canada Health Act, they have been ignored.

One result is that long term care is differently regulated and funded by provincial and territorial governments across Canada. In BC, LTC is publicly-funded but it can be provided by for-profit, not-for-profit, and government bodies.

Publicly-funded privately-operated LTC in BC has continued to grow unimpeded and is a source of reliable income for investors internationally. In the last two decades BC governments have actively supported the private provision of long term care with public dollars despite the evidence that for-profit long term care results in inferior care for the residents.

A recent study by the BC Seniors Advocate, *A Billion Reasons to Care*, shows that a significant amount of the public funding for people in privately owned long term care is more likely to go into the pockets of investors than to improvements in the quality of care.

LTC residents are mostly women, mostly in very fragile health and on average 85 years old. The care aides on the front lines are also mostly women, they are poorly paid, get only part-time casual work, and have little access to training for a demanding and skilled job.

Often the care of residents has depended on family members or volunteers to assist in caring for LTC residents. This assistance has often been critical for ensuring residents' basic needs are met. Families also provide essential emotional support. In the absence of rigorous evaluation of the quality of care and residents quality of life, families have also provided a watchful eye in preventing neglect and abuse. Those residents who don't have

family support are dependent on the over-worked part-time care aides to provide both physical care and emotional support.

From April 2020 COVID-19 BC public health directives banned all family members from visiting residents for several months. Communication was by phone or tablet. Residents were confined to their rooms and not allowed to go outside. They could not get the essential physical and emotional support they had received from family members in the past. In these months of lock-down, some relatives of residents noted a fast deterioration in the mental and physical health of the residents. Media reports have documented the trauma experienced by family members when a resident's health has declined very fast or their family member died alone. Its still unclear why all family members were banned from visiting or helping residents when employees could go home at the end of their working day.

The visiting restrictions have eased slightly but a new wave of COVID-19 seems imminent.

Questions for the Candidates

1. Is your party willing to work with the federal government to implement national standards for long term care that: a) ensure a good quality of life for residents and b) properly compensate, train, provide full-time work and protect the health and safety of all staff working in long term care?
2. Is your party prepared to phase out public funding for privately-owned, for-profit long term care residences?
3. Will your party commit to regular, rigorous and unexpected inspections of long term care residencies?
4. Will you party commit to ensuring that a designated relative or close friend is able to be tested for COVID and to access all necessary protective equipment in order to support in person their relative or friend in long term care during a COVID-19 lockdown for as long as is necessary?

Strengthening Home Care and Home Support

According to public opinion polls, most seniors would prefer to live at home for as long as possible and almost all (96 percent) manage to do so. Public policies also affirm support for seniors in their desire to live at home. Unfortunately, as the BC Seniors Advocate notes in a 2019 report Home Support...We Can Do Better, the rhetoric and the reality are different. The reality is that government-provided home support is unaffordable for most seniors. For example, a senior with an income of \$27,800 is expected to pay \$8,800 a year for a once-daily home support visit.

Only about 3 per cent of seniors access government-funded home support services. Eligibility for this service is clearly very restricted. The vast majority of seniors who need assistance to live safely in their own homes must pay for private, unregulated home support services. One outcome, according to the BC Seniors Advocate, is that about 15 per cent of seniors who could function quite well in the community with some support are in publicly-funded long-term care.

The Seniors Advocate also found that although the number of seniors has grown by 22 per cent, the number of home support clients has only increased by 15 per cent, and that the rate of home support hours for age 85 and older had decreased 10.3 per cent in the last 5 years.

Home support is often dependent entirely on volunteer family care-givers. It may also be delivered by a private agency accountable only to its owners. Although home support may also be delivered by a non-profit agency receiving some public funding, public accountability is indirect. For example, the United Way funds non-profits with government funding to deliver volunteer and contracted home support services to some seniors with payment based on income.

Publicly-provided home support and home care services are overseen by the five regional Health Authorities in BC. Their definitions of what constitutes home care and what is home support varies somewhat. However, in general, home care refers to professional care provided by, for example, a physician, nurse, physiotherapist or occupational therapist without cost to the senior and usually for a short period of time.

Home support services overseen by the regional health authorities are based on strict eligibility requirements for the services and provided by community health care workers to clients who require personal assistance with the activities of daily living including "mobilization, nutrition, lifts and transfers, bathing, cueing, grooming and toileting, and may include safety maintenance activities as a supplement to personal assistance when appropriate, as well as specific nursing and rehabilitation tasks delegated by health-care professionals."

The delivery of home support has been fragmented as it is for LTC., and is usually contracted out to for-profit groups or non-profits which provide precarious contracted employment for the workers. However, on July 20, 2019, after lobbying for two decades to bring home care support workers under government employment, BCGEU announced that three health authorities would bring home support service in-house.

Questions for the Candidates

1. Do you support public funding of home support services for all seniors with low and moderate incomes who need assistance to live safely in their own homes

Do you support regulation of private home support providers?

2. Do you support the provision of paid training for home support workers?