Residential Long-Term Care in Canada

Our Vision for Better Seniors' Care Summary

This is a short summary of a 100-page research report prepared by CUPE Research.

The full report can be downloaded, in English and French, at cupe.ca/long-term-care-tour and scfp.ca/tournee-soins-de-longue-duree

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Canadian Union of Public Employees

Equal access to health care is a bedrock value held by most Canadians. We consider universal health care a fundamental right, regardless of where we live or how much money we have.

Quality care for seniors is also important to us. We struggle with how to help our parents, friends and neighbours age with dignity, and how to provide care that respects their independence and choices.

In light of these values, we need to urgently improve seniors' care in Canada—in particular, for the most vulnerable group: seniors who live in residential long-term care (LTC) facilities.

Our actions toward seniors and others living in residential long-term care facilities reflect our values as a society.

The Canadian Union of Public Employees represents 590,000 Canadians, including 67,000 workers in long-term care facilities. Our members want the resources to provide high quality care. In addition, many of us are caring for aging relatives, and we all worry about what our own lives will be like when we grow old. We engage in the struggle for better residential long-term care for seniors—and for ourselves.

As front-line workers, CUPE members understand well the challenges in residential long-term care. We have set out the problems and put forward solutions in our full-length research report *Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care.* With over 100 pages of research and analysis, it proves what our members know: Canada's residential long-term care system has serious access and quality problems, and there are obvious and achievable solutions. As Canadians, we can do better.

This is our vision for moving forward.

CUPE / Canadian Union of Public Employees

Our Vision

Our members provide front-line seniors' care, from direct care (like rehabilitation and nursing) to support services (like cleaning, food and laundry). We know the problems. And we know the solutions.

The full research report, *Residential Long-Term Care in Canada: Our Vision for Better Seniors' Care,* presents concrete recommendations that address the two-fold challenge of access and quality. Governments and employers should:

- Extend medicare to residential long-term care, with increased federal funding and legislated standards.
- Expand home and community care services.
- Phase out public funding to for-profit operators and end contracting out.
- Increase staffing, with legislated quality of care standards.
- Provide work environments that support high quality care.
- Support education and professional development.
- Improve accountability and enforcement.

Extend medicare to residential long-term care, with increased federal funding and legislated standards

Residential long-term care coverage across Canada is inadequate and uneven. By extending medicare to residential long-term care, with increased funding and legislated federal standards, governments can deliver residential long-term care that works for Canadian seniors.

Across Canada, seniors with the same health care needs have unequal access to care depending on their location and wealth. Inequality is widespread.

While the *Canada Health Act* mentions long-term care, the federal government has never backed this up with standards or adequate funding.

In the absence of federal standards and dedicated funding for long-term care, there are enormous differences across provinces in bed levels, equipment and supplies, subsidies, and out-of-pocket costs borne by residents. Seniors with the same health care needs have unequal access to care depending on their location and wealth. Inequality is widespread.

The federal government should substantially increase funding for long-term care and tie that money to standards (letting Quebec opt out without penalty). New federal residential long-term care legislation should include the criteria and conditions in the *Canada Health Act*, namely:

- Public administration (not-for-profit);
- Universality (covering everyone in the same way);
- Comprehensiveness (covering all medically necessary services);
- Accessibility (reasonable access without extra charges or discrimination);
- Portability (coverage in any province); and
- No extra billing or user fees.

What do we mean by residential long-term care?

By residential long-term care, we mean government-funded and regulated long-term care facilities that provide 24-hour nursing care, primarily to seniors. The research report touches on wholly private-pay and unregulated facilities, but our focus is on publicly-funded and regulated facilities.

Different terms are used across Canada, such as nursing homes, personal care homes, complex care facilities, auxiliary hospitals, homes for the aged, or manors. We use the terms "long-term care facility" and "residential long-term care" interchangeably. The full report provides definitions and terminology.

People who can afford to pay privately get a richer package of goods and services in publicly-funded facilities. Meanwhile, only a small minority can afford wholly private-pay residential care.

End two-tiered care

Residential long-term care in Canada is two-tiered. While all provinces regulate and subsidize facility fees, the amount that seniors pay out of pocket varies widely.

After paying facility fees, subsidized residents (the majority in some provinces) are left with a small monthly "income allowance" ranging from $103 to $265. From this, they have to pay for medical and personal expenses that can include dentures, hearing aids, specialized wheelchairs, therapeutic mattresses, diagnostic tests, over-the-counter drugs, personal hygiene products, personal laundry, telephone, physiotherapy, foot care, and personal expenses like gifts and clothing. People who can afford to pay privately get a richer package of goods and services in publicly-funded facilities.

This is even more true of entirely private-pay long-term care facilities, which are beyond the reach of most Canadians. For example, in 2009 the average cost of a bed in BC private-pay residential care facilities was $4,718 per month or $56,616 per year. As of 2005, in the same province, less than 5 per cent of single women over 65 and just over 11 per cent of single men over age 65 had incomes over $60,000 and therefore could afford a private-pay facility.

Private-pay facility fees and income levels vary by province, but the picture is similar across the country: only a small minority can afford to live in wholly private-pay residential care facilities.

Meet the needs of Canada's aging population

Residential LTC in Canada is under pressure—and it's only going to get worse.

While demand for LTC beds is driven by many factors, an aging population is certainly a critical one.

- In 2005, 13 per cent of the Canadian population was over 65.
- In 2031, 23 per cent of the population is projected to be over 65.
- The number and proportion of *older seniors* (80 years and over) is projected to increase sharply: by 2056, they will triple to about one in 10 Canadians, compared to about one in 30 in 2005.
- The percentage of the population aged 80 and over is most relevant to residential LTC, where the average age at admission was 86 in 2002 (up from age 75 in 1977).

Yet most provinces are reducing rather than expanding access to LTC beds. Over the last seven years, the number of beds relative to seniors over 75 has been cut in all provinces except Ontario, where new beds are more likely to be for-profit and therefore understaffed. Meanwhile, hospital downsizing continues in most provinces, and investments in home and community care fail to meet needs.

Long waiting lists are forcing seniors to make difficult choices. Some must accept the first available bed, often at a facility they would not choose, or distant from a partner. In some provinces, a person who refuses an offered space is moved to the bottom of the list, waiting months, possibly years, for another opening.

Expand home and community care services

Residential long-term care, home and community care services must expand to meet the growing needs of Canadian seniors. These services should be integrated, far-reaching, and properly-funded.

Good quality home and residential long-term care means more than funding. It requires changes to how the long-term care system is governed, managed, and even conceptualized.

Seniors and others who need long-term care should have the choice of receiving care in their own homes or in facilities, and be given proper resources in either setting.

We know that many people on residential long-term care wait-lists could be cared for at home if appropriate home and community supports were available, and that these supports remain severely underfunded.

Even with better funding for home and community services, more residential long-term care beds are needed to address the growing shortfall.

Good-quality home and residential care is not simply about funding: changes are needed to the way long-term care is governed, managed and even conceptualized. Instead of pitting "home" against "institution" — and using this to justify rationing and privatization, policy-makers should improve both, and remove exploitation (of patients/clients/residents and caregivers, paid and unpaid) from the choice of setting.

Seniors' care is particularly important to women

Failing to provide adequate, quality care hurts women the most — especially in residential long-term care.

- Nearly two thirds of all long-term care residents and three quarters of residents 85 and older are women.
- On the whole, women have smaller incomes to cover costs.
- The vast majority of paid caregivers are women: nine out of ten workers in long-term care facilities.
- Women make up the vast majority of unpaid caregivers at home and in the community.

Phase out public funding to for-profit operators and end contracting out

For-profit facilities cost more and deliver less. Non-profit ownership and delivery across Canada are essential to improving both access and quality.

With few exceptions, privatization of long-term care is happening at an increasing pace across Canada. Of all LTC beds in Canada, 35 per cent are now for-profit. Newfoundland and Labrador is alone in funding only non-profit care.

- Over the last eight years, for-profit beds in BC increased by 22 per cent while non-profit beds decreased by 12 per cent.
- Over a similar period in Ontario, two thirds of new beds are for-profit.

While the pace and method of privatization vary, the impacts are the same. For-profit ownership is linked to lower staffing levels and poorer quality of care. As just three examples of many in the full research report:

- A major Canadian study found that non-profit facilities provided 0.34 more hours per resident per day (hprd) of direct care (nursing and care aides) and 0.23 more hprd of support services than their for-profit equivalents.
- In a groundbreaking study that analyzed data on 14,423 facilities across the US, researchers concluded that non-profits provide significantly higher care quality than for-profits.
- In a systematic review published recently in the *British Medical Journal*, researchers estimated that across-the-board non-profit ownership would give Canadian LTC residents 42,000 more nursing care hours every day.

Contracting out similarly undermines working and caring conditions, and assisted living represents a newer form of privatization with troubling results.

Privatization, whether of services or entire facilities, is risky. It is difficult to reverse, less transparent, and it opens seniors' care to instability that harms residents, workers, and the health care system. The LTC industry's growing clout and the movement back and forth between senior government and industry officials calls into question the very integrity of public policy making in this sector.

Long-term care privatization means public subsidies to for-profits, from public dollars to build privately-owned facilities and pad profits, to the costs borne by hospitals when residents are admitted for avoidable health problems. These broader costs must also be kept in mind.

For-profit facilities are associated with lower staffing, poorer quality of care, worse health outcomes, more hospitalizations for preventable health problems like dehydration and pneumonia, more falls and fractures, more complaints, and more out-of-pocket expenses for residents.

Increase staffing, with legislated quality of care standards

The research is unequivocal: more staff means better quality care. And legislated and enforced minimum staffing levels are necessary to guarantee that money goes into staffing and better quality of care.

Residents in long-term care facilities have far greater needs than residents 15 years ago. Yet staffing, equipment, infrastructure, policies, and care models have not kept pace with residents' needs. The consequences for residents are devastating.

Researchers consistently find that higher staffing is associated with fewer "adverse outcomes" such as falls, fractures, infections, weight loss, dehydration, agitated behaviour, and hospitalizations. On the flip side, higher staffing is linked to better quality of care and quality of life.

Research commissioned by the US Congress and carried out by the Center for Medicaid and Medicare Services (CMS) is widely recognized as the most comprehensive and academically sound research to date on the subject. The CMS found that a minimum staffing level of 4.1 worked hours per resident day (hprd) is required to avoid jeopardizing the health and safety of LTC residents.

It is important to point out that the CMS-recommended minimum of 4.1 hprd:

- Refers to worked hours, not paid hours (e.g. holidays, sick time). Paid hours are 15 to 30 per cent more than worked hours.
- Includes only hands-on nursing and care aides. Support services (food, cleaning, laundry, maintenance, clerical, and others) play a vital role and need to be reflected in staffing standards.
- Refers to the level needed to "avoid jeopardizing the health and safety of residents." The minimum level required to actually improve quality of care is about 4.5 to 4.8 worked hours per resident per day.

There is no reliable Canada-level data on staffing in long-term care facilities, but available provincial data indicate serious understaffing. In BC, LTC facilities provide on average 2.6 to 2.7 worked hours of direct care per resident per day. Ontario, the only other province with this information, provides an average of 2.6 worked hours of direct care.

No Canadian province has meaningful legislated minimum staffing levels; provinces have either "target levels," which are not enforceable, or their regulated levels are so out of date they are meaningless (such as Saskatchewan's 2.0 hours per resident per day).

Several provinces have promised more funding, but there is no guarantee this money will go to staffing unless there are legislated minimum staffing levels and strong monitoring and enforcement systems. Canadian and US experience proves that it takes legislated standards to guarantee that new money goes to care, not administration or profits.

Provide work environments that support high quality care

To create healthy and positive environments for residents, facilities must create healthy and positive environments for workers.

The degree of staff empowerment, shared decision-making, open communication and access to information, and support for problem-solving and conflict resolution have a proven effect on residents' health and well-being. This effect holds true whether researchers looked at medical indicators (e.g. rates of pressure ulcers and fractures) or broader measures of quality (e.g. social engagement or self-reported quality of life).

Turnover is central to the *quality of work = quality of care* equation. Heavy workloads and poor working conditions (including low pay and benefits, high injury rates, and workplace violence) lead to higher turnover. Higher turnover disrupts care and worsens quality.

The connection between working and caring conditions is specifically evident in research on violence: understaffing and poor working conditions are key factors in both abuse and neglect of residents and violence against staff.

Just as for-profits tend to be worse on staffing levels, they are also worse on other, broader working conditions.

In addition to the number of workers on staff, their work environment and their education/ training have proven impacts on residents' health and well-being.

Support education and professional development

Opportunities for worker education and training have a proven effect on residents' health and well-being. Where these investments are inadequate, residents suffer.

The research is clear: investments in education and training for staff lead to better health outcomes and quality of life for residents. Solutions include better program standards, more professional development opportunities, and increased resources for students.

Improving quality of care also requires proactive approaches to cultural and racial diversity. Residents and workers in long-term care facilities are more culturally diverse and more likely to be racialized than 20 years ago, and new strategies, such as professional development in this area, are needed to provide culturally competent services. The interests of workers and residents, here as elsewhere, are intricately connected.

The majority of long-term care residents are marginalized, and many do not have family or friends to advocate on their behalf.

Increase accountability and enforcement

Long-term care residents are among the most vulnerable because of their deteriorated mental and physical condition and, often, their lack of family to support and monitor their care. Strong accountability systems are necessary.

Both federal and provincial governments must have strong accountability and enforcement systems, including:

- Public reporting on staffing and other standards, by facility;
- Unannounced and regular inspections;
- Effective complaints processes;
- Resident and family councils, with resources and power;
- Whistleblower protection for staff who raise concerns; and
- Swift and increasing penalties for facilities that violate standards.

Finally, Ombudsman and Auditor General offices in every province should have full legal authority and sufficient resources to scrutinize long-term care facilities and other health care organizations.

We know the solutions.

Residential long-term care can be better.

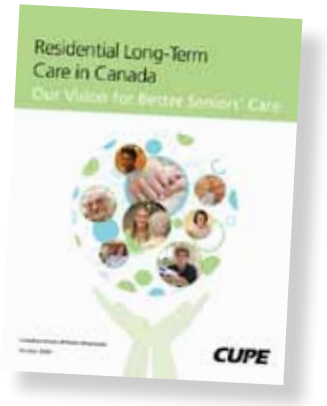
Our goal is that, through these and other necessary changes, long-term care facilities can transform from places people dread to places people trust—homes where workers and residents both are treated with dignity and respect, working and living in safe and healthy environments.

Further yet, we want facilities that give residents choice, autonomy, independence, pleasure, joy, and pride—where each resident's culture, beliefs, and language are respected.

Long-term care facilities are the places where almost a quarter of a million people live and another quarter of a million people work. By this fact alone, they deserve our close attention.

Download the full research report, in English and French, including this summary, at cupe.ca/long-term-care-tour—or order a printed copy online or by calling the CUPE National Office at (613) 237-1590, ext. 281. Share it with your allies, your employer, and your elected local, provincial and federal representatives.

Together, we can change long-term care in Canada and make a better life for seniors—and ourselves.



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We can change long-term care in Canada and make a better life for seniors—and ourselves.

This summary and the full report can be downloaded at **cupe.ca/long-term-care-tour**

Ce résumé et la version intégrale du rapport peuvent être téléchargés à ***scfp.ca/tournee-soins-de-longue-duree***

For a printed copy, order online at the web pages listed above, or call the CUPE National Office at 613-237-1590 ext. 281.

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