

# PROFIT IS NOT THE CURE

## FOR THE CONTINUING CARE CRISIS

**“Continuum of Care” Definition:** Appropriate care in homes or facilities for people with chronic or long-term care needs.

Our aging population is expanding, yet our ability to provide seniors with appropriate and affordable health care services is decreasing. People requiring long-term care facilities or home care in Canada are often unable to afford the care they need. Even those who can afford it can sit on wait lists for years.

Not having adequate care impacts seniors who are seeking care for themselves, and it affects their families who are often left trying to provide unpaid care on their own. It also hurts those waiting for hospital care as many of the acute care beds are used by people waiting for more appropriate long-term care placement or home care. This results in cancelled surgeries and longer wait times for everyone.<sup>1</sup>

Long-term care facilities are not covered under the Canada Health Act. The federal government does not provide first-dollar coverage as it does for “medically necessary” services.<sup>2</sup> The federal government has not established national standards on continuing care, which is why the number of available beds, the availability of supplies, hours of care for each resident, public funding, and out-of-pocket expenses varies between provinces and territories, and in for-profit and not-for-profit facilities.<sup>3</sup>

### Private costs for care too high

Using average incomes and the average cost of private care facilities, CUPE showed in a study conducted in British Columbia that less than five per cent of women and 11 per cent of men over the age of 65 had the income required to live in a for-profit long-term care facility.<sup>4</sup> As the 2009 Senate Committee on Aging reported: “the basic income levels provided by the Old Age Security and the Guaranteed Income Supplement do not even meet the poverty line”.<sup>5</sup> Yet for-profit facilities are increasing much more quickly than public facilities. In Canada 35 per cent of long term care beds are now provided in private facilities. Newfoundland and Labrador is the sole province to fund only non-profit care.<sup>6</sup>

#### Average Per Diem Cost<sup>7</sup>

Hospital Bed	\$842/day
Long-term Care Bed	\$126/day
Care at Home	\$42/day

## Why do we need to address the Continuum of Care?

Not only is a hospital an inappropriate place to house people with chronic or long-term care needs, it's also the most expensive place for them to be. Hospital stays are often much more expensive than home care, or long term care beds.<sup>8</sup>

People with chronic or long term care needs could be more appropriately cared for in long term care facilities where their particular needs can be met. A hospital or an ER room is not an appropriate or efficient place to provide long term care. If Canada provided affordable, public, not-for-profit long term care facilities, hospital wait times would decrease, people would be more appropriately cared for, hospital utilization would decrease, and the overall costs to the health care system would fall.

## Our aging population is NOT bankrupting the system

Those in favour of more for-profit facilities will often claim that our rapidly aging population is going to bankrupt health care for all of us. This simply isn't the case. Reports by the Canadian Health Services Research Foundation and the Health Council of Canada have shown that the aging population adds less than one per cent to the cost of health care each year, which is entirely sustainable<sup>9</sup>.

## So what do we do?

We need to stop letting large companies make a profit at the expense of our seniors and chronic care patients! The solution lies in providing more public, not-for-profit long-term care facility beds. We need to strengthen our community and home care programs so that those who need assistance to safely remain at home can do so. And we need our federal government to create national standards of care so that seniors and chronic care patients have high quality, appropriate care provided for them regardless of where they live in Canada. Profit isn't the cure to the continuing care crisis!

*For more information about the Council of Canadians campaign to protect Canada's public health care system visit our website at [www.canadians.org/healthcare](http://www.canadians.org/healthcare)*



## Endnotes

1. Cohen, Marcy; Murphy, Janice; Nutland, Kelsey; Ostry, Aleck. Continuing Care Renewal or Retreat? B.C. Residential and Home Health Care Restructuring 2001-2004. April 2005.
2. [http://www.cha.ca/documents/CHA\\_LTC\\_9-22-09\\_eng.pdf](http://www.cha.ca/documents/CHA_LTC_9-22-09_eng.pdf)
3. CUPE, Residential Long-Term Care in Canada: Our Vision for Better Senior's Care. October 2009. Page 7, 12-13. <http://cupe.ca/updir/CUPE-long-term-care-seniors-care-vision.pdf>
4. CUPE, Residential Long-Term Care in Canada: Our Vision for Better Senior's Care. October 2009. Page 7. <http://cupe.ca/updir/CUPE-long-term-care-seniors-care-vision.pdf>
5. Parliament of Canada, Senate Hearing Committee. Canada's Aging Population: Seizing the Opportunity. April, 2009. Page 7. <http://www.parl.gc.ca/Content/SEN/Committee/402/agei/rep/AgingFinalReport-e.pdf>
6. CUPE, Residential Long-Term Care in Canada: Our Vision for Better Senior's Care. October 2009. <http://cupe.ca/updir/CUPE-long-term-care-seniors-care-vision.pdf>
7. North East LHIN. (2011) HOME First Shifts care of Seniors to HOME. LHINfo Minute, Northeastern Ontario Health Care Update. <http://www.nelhin.on.ca/WorkArea/showcontent.aspx?id=11258>
8. J Am Geriatr Soc. 1999 Dec; 47(12):1430-4. Impact of integrated home care services on hospital use. Landi F, Gambassi G, Pola R, Tabaccanti S, Cavinato T, Carbonin PU, Bernabei R. Istituto di Medicina Interna e Geriatria, Centro di Medicina dell'Invecchiamento, Università Cattolica del Sacro Cuore, Rome, Italy.
9. Canadian Health Services Research Foundation, 2002; Health Council of Canada, 2009; Rachlis, 2010. As cited in Chappell and Hollander, 2011.