Submission to the Conversation on Health

B.C. Government and Service Employees’ Union

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Introduction

The B.C. Government and Service Employees' Union (BCGEU) represents approximately 60,000 members in 550 bargaining units across the province. Half of our members work directly in the provincial public service. The other half work in the private sector and the broader public sector, including community health, community social services and advanced education. Over 13,000 BCGEU members are health care workers.

BCGEU health care members work in many diverse areas including community care, long-term care, public health, mental health, medical technology and addiction counselling. Over 8,000 of our members are community health workers in home support.

British Columbians are fortunate to have one of the best health care systems in the world. However, we are facing serious challenges in the system. BCGEU members joined thousands of other British Columbians in the Conversation on Health to share their experiences with the health care system and ensure their priorities, values and solutions for strengthening and improving the system were not only heard, but acted upon.

BCGEU members attended each of the 16 health professionals meetings and many of the community forums. Over and over again, the same theme emerged: protect our public health care system.

Our members work on the front lines of the health care system. They are in the best position to determine how to enhance health care delivery to ensure quality services and access to health care for all British Columbians, regardless of ability to pay, now and into the future.

The BC health care system has undergone dramatic changes over the last five years. Our members working in the field tell us change is necessary to provide quality care. Fortunately, there are many positive solutions out there that will enhance and strengthen the system. It is time to get on with it.

-- Brenda Brown, Chair, BCGEU Health Services Component

This submission focuses on community health. It is an area that requires significant enhancements to services such as home support, residential care and mental health and addictions in order to maximize its effectiveness in the health care continuum. We also recognize that a holistic and comprehensive approach to the challenges facing the health care system is required. A complete list of our recommendations follows.
Recommendations

RECOMMENDATION 1: Reaffirm provincial commitment to universal health care and public health care funding and delivery.

RECOMMENDATION 2: Build on and expand successful innovations within the public health care system.

RECOMMENDATION 3: Re-invest in B.C.’s social infrastructure and recognize people’s health exists in different and specific contexts.

RECOMMENDATION 4: Improve home support services.

RECOMMENDATION 5: Restore home support daily living services to focus on prevention and maintenance.

RECOMMENDATION 6: Increase funding for home support and develop a global funding formula.

RECOMMENDATION 7: Better integrate home support and community health workers with other health services and within the health care team.

RECOMMENDATION 8: Undertake an independent review of the full range of continuing care services, with the goal of developing a new plan and approach to the delivery of home support.

RECOMMENDATION 9: Recognize the value of and invest in all our health care providers.

RECOMMENDATION 10: Develop a recruitment and retention strategy that addresses the need for qualified and trained health care workers in all sectors of the system.

RECOMMENDATION 11: Review the delivery of home support and standardize with amalgamation, fixed hours and improved wages.

RECOMMENDATION 12: Recognize the qualifications and credentials of foreign trained workers and provide upgrading and training opportunities for existing workers.

RECOMMENDATION 13: Improve access, expand services and increase staff in residential care.

RECOMMENDATION 14: Develop and fully fund a provincial mental health and addictions strategy.
Keep it public

RECOMMENDATION: Reaffirm provincial commitment to universal health care and public health care funding and delivery.

The BCGEU believes that at the core of this discussion is the need to reaffirm provincial commitment to the principles of universal health care, including public funding and public delivery of our health care services. Canadians cherish universal, public health care. In repeated surveys and opinion polls, Medicare is considered a fundamental Canadian value. This message was echoed in the Conversation on Health forums our members attended.

At the meeting I attended, there was an unmistakeable desire to protect public health and it was coming from across the board, other health care workers, seniors, people who rely on the system. The Minister was there, I hope he was listening.

-- Stephen Morgan, Community Care Licensing Officer, Nanaimo

The provincial government repeatedly questions the “sustainability” of the public health care system. Finance Minister Carole Taylor has even gone so far as to warn that within a decade, health care expenditures will consume almost 75 per cent of the annual budget (McMartin, page 2). Along with this have been suggestions that increased privatization and creating a “parallel” system are the only ways to deal with this “crisis”.

There is no doubt the system is under strain, most acutely in waitlist times for elective surgery. However, it is not clear this “crisis” actually exists, and research shows that private, for-profit investment in health care is not the right approach to deal with the challenges that do exist. There are many innovations within the public system working to address waitlists and other health care challenges (see CCPA, Why Wait: Public Solutions to Cure Surgical Waitlists). The policy priority must be to expand and build upon these successes.

RECOMMENDATION: Build on and expand successful innovations within the public health care system.

The BCGEU and Vancouver Coastal Health have recently partnered on an innovative pilot project to expand the role of rehabilitation assistants within the home support team. The goal is to lessen dependence on long-term home support and reduce re-admissions to acute care. It is also hoped that the pilot will provide an opportunity to strengthen the team approach to home support and improve the quality of work life for all staff.
Better link health to social determinants

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Individual and community health do not exist in a vacuum. Cuts to social programs, such as housing, income assistance, education and child care have had profoundly negative impacts on the health of individuals and communities in B.C.

Every day, I see the impact that violence and lack of community supports have on the health of women and their children. At Sandy Merriman House, women have the very basics of food and shelter which can help to start them back on the road to health, but in order to begin rebuilding their lives, these women need access to other community resources such as women's clinics, detox beds, counsellors, affordable prescription drugs and child care services. Only when these resources are available to marginalized women across B.C. will they be able to move forward with their lives. -- Shannon Beckett, community support worker

In considering the determinants of health, it is also important to recognize that people’s health exists in unique contexts. For example, because of the differences in social and economic status, educational focus and the impact of violence in women’s lives, women’s health exists in a very different context from men’s health. The health of First Nations, recent immigrants and refugees, and people with disabilities will also exist in their own context.

It is time for the province to reinvest in B.C.’s social infrastructure, such as social housing, child care and early childhood education, and income assistance. This will address the social determinants of health and, in the long run, improve both the health conditions and outcomes of countless British Columbians and the health and social fabric of our communities.

RECOMMENDATION: Re-invest in B.C.’s social infrastructure and recognize people’s health exists in different and specific contexts.

Submissions from other organizations will have dealt with these and a broad range of issues related to enhancing the public health care system. The remainder of our submission focuses on the key areas of community health where BCGEU members work: home support, residential care and mental health and addictions.
Enhance home support

RECOMMENDATION: Improve home support services.

Mrs. Cottam is 89 and, although her health suffered from a fall about three years ago, she is still living in her home of almost 50 years, thanks to home support services provided by a community health worker (and member of the BCGEU).

It was such a relief. -- Mrs. Cottam, commenting on receiving home support

I have been a community health worker for 25 years and love my job. The relationships I develop with my clients and their families are priceless and I am proud to assist people to live with dignity and independence in their own homes.

-- Donna Verdiel, community health worker

Mrs. Cottam’s community health workers come seven days a week to assist with bathing, blood sugar checks, administer eye drops and other medications, make breakfast and advise her family on any changes to her health.

We feel confident, as a family that my grandmother’s needs are taken care of, and that her independence and dignity are maintained. It improves the quality of life for all family members.

-- Sandy Long, Mrs. Cottam’s grand-daughter

Over 25,000 older British Columbians alone receive some kind of home support (Aging Well, page 50). The majority of these clients are women with incomes of less than $15,000 annually (Cohen, page 23).

Home support used to be about cooking meals and cleaning house. Now, community health workers provide a wide range of medically based complex care at home, increasingly to clients with higher needs. Ten years ago, much of this care would have been provided in a hospital or long-term care home, including palliative care, setting up tube feeds, doing glucose checks, charting catheter clients and providing basic physiotherapy for range of movement following surgery.
Not many people will do this work, especially now as the needs of our clients become more and more complex. We are now doing mental health, and we are not just talking about nice little old ladies with dementia, but people with serious mental illness and addictions. We should get danger pay. -- Community Health Worker, Victoria

Home support is also a form of preventative health care, with community health workers monitoring the health of their clients and providing a form of early warning system to identify and then deal with serious problems as they emerge.

My mother’s community health worker is a go between the family and the case nurse. She ensures mom doesn’t end up in the hospital. -- daughter of home support client

Studies have shown there are clear cost savings within the health care system in the development of a comprehensive home support system that allows older people and people with chronic illnesses or conditions to remain independent in their homes instead of being placed in institutional settings or ending up in hospital. A 2003 study by Marcus J. Hollander estimated the average cost to government for people with moderate care needs living at home was $9,624. The estimated cost for the same person in a health institution was almost three times as much at $25,742 (page ii).

The 2006 BC study, From Support to Isolation, confirms that significant service cuts in the community health sector increased the incidence of older people accessing hospital emergency rooms. When the provincial government cut back home support services, it simply transferred responsibility for care onto families and over-burdened emergency wards. As the study notes, “reduced access to publicly-funded home support means frail seniors and people with disabilities are being left without the basic supports needed to monitor their health and postpone or even avoid the need for residential or hospital care” (page 2).

With the cutbacks to home support, there has been a reduction in care and the time we spend with clients. How can I be expected to give my client a bath, assist with drying and dressing her, make sure she has taken her medication and take her for a walk, all in 50 minutes? If I could just spend more time with her, I know she would do better.

-- Carla Dempsey, community health worker

We recognize that there have been cuts to both funding of home support and the services provided by successive governments. It is time to reverse this direction.

The recent report, Aging Well in British Columbia, released by the Premier’s Council on Aging and Seniors’ Issues, calls for a “a new vision for home support services, one focused on prevention, maintaining quality of life and avoiding the high cost – financial
and human – of institutional care is needed and is important” (page 49). As the report goes on to state, ”supporting independence in the community is in everyone’s interest, as it allows older people to continue living where the vast majority of us want to be – in our homes and neighbourhoods. It also has the potential to save our province significant acute health care and residential care costs” (page 50).

The Council’s vision is for a broadened home support system that maintains independence and helps people avoid needing residential care, including “assistance with a wide range of activities of daily living, meal preparation, housekeeping, and home and yard maintenance for those assessed as unable to do these things safely themselves” (page 52). There are some successful community models that can be drawn on to implement this recommendation in effective and efficient ways to supplement the more complex medical care that also needs to be provided.

The BCGEU does not agree with the Council’s recommendation to move non-nursing/non-medical home support services out of the Ministry of Health as this would further reduce the overall integration of home support services.

**RECOMMENDATION: Restore home support daily living services to focus on prevention and maintenance.**

As with other health care challenges, there are successful models of home support that can be drawn from and adapted to fit B.C.’s needs. For example, Denmark has a universally funded program that focuses on prevention and provides older people with access to 24-hour home support services, in addition to offering all citizens over 75 years old two home visits a year. This program is very cost-effective and has resulted in decreased use of residential care and hospitals (Stuart and Weinrich, page 477).

To be truly effective, health care must be delivered on the basis of a continuum. Home care is an essential element of this continuum and needs to be better integrated into the overall health care system. This includes a focus on prevention and better coordination between home support, home nursing and primary care.

**RECOMMENDATION: Better integrate home support and community health workers with other health services and within the health care team.**
The funding model for home care also needs to reflect demand. Currently funding is provided on an hourly basis for specified services, resulting in fragmentation. Changing to a global, core funding model will increase flexibility and stability.

**RECOMMENDATION:** Increase funding for home support and develop a global funding formula.

Given the intricacies of home support and continuing care services, the BCGEU recommends that an independent review be undertaken as part of the development of a new plan and approach to home support. This review must include the viewpoints of front-line workers, including community health workers, schedulers and other members of the home support and continuing care team.

**RECOMMENDATION:** Undertake an independent review of the full range of continuing care services, with the goal of developing a new plan and approach to the delivery of home support.

**Value all health care workers**

Recruitment and retention of workers is an increasing and serious challenge in health care, as it is in virtually every other sector. There has been a lot of public attention on the shortage of doctors and registered nurses, but the challenge extends to all workers within the health care field, including community health workers and long-term care aides. Vancouver Coastal Health forecasts a gap of over 75 per cent between the need and availability of these workers by 2015. Similar shortages of community health workers exist in all health authority regions.

**RECOMMENDATION:** Recognize the value and invest in all of our health care providers.

There are systemic issues faced by our members that worsen the recruitment and retention situation. Within home support, there is a growing trend to casual hours or split shifts, which means community health workers must be available within a 10-hour window, but often end up working and getting paid for a few hours in the morning and a few in the afternoon with nothing in between. Regular and predictable hours are required to recruit and retain qualified and skilled community health workers.
It is like doing piecework. If you have a client, you get paid. If not, you don’t, but you still have to be available for a 10-hour window.

-- Ann Chambers, Vice Chair, Health Services Component

The Premier’s Council on Aging also recognized the serious retention and recruitment problems in the home support field, and recommended “standardized training, competitive wage scales and an active recruitment program” (page 52-53). Career mobility and advancement are also important elements that need to be supported.

**RECOMMENDATION:** Develop a recruitment and retention strategy that addresses the need for qualified and trained health care workers in all sectors of the system.

The best recruitment strategy used to be existing workers encouraging their friends and family to get training and apply for positions in health care. But this isn’t happening anymore. Poor working conditions and lower wages are not a recipe for recruiting new workers to the system or retaining the current ones.

-- Brenda Brown, Chair, Health Services Component

In addition, we recommend that home support services be amalgamated within all of B.C.’s health authorities. Currently, the delivery of home support is done directly by some health authorities (Northern and Interior) and by contracted affiliated agencies in others (Vancouver Coastal, Fraser and Vancouver Island, although some of these have a mix of direct and affiliated delivery). Amalgamating home support reduces costs and better integrates home support with other community and acute care services. It also provides stability for workers and increased continuity of care for clients.

**RECOMMENDATION:** Review the delivery of home support and standardize with amalgamation, fixed hours and improved wages.

The situation with home support in Greater Victoria offers a stark example of instability that can result from a system of affiliated delivery. For the last five years, home support in Greater Victoria has been provided by three agencies, all of which are unionized. In August, the Vancouver Island Health Authority re-tendered these services, reducing the billing rate they pay for home support by $1 an hour. As a result, two of the three existing providers have not submitted bids. Some 655 community health workers will be laid off. Over 1,700 seniors and others with chronic conditions will face a disruption in their care. This is the third major disruption in the last 10 years.
I've been through this three times – it is really exhausting to have this uncertainty every few years. It impacts me, it impacts my clients. Where is my worth?

-- community health worker

By contrast, home support is provided directly by Vancouver Coastal Health on the Sunshine Coast, enabling fixed hours, increased flexibility and responsiveness to client needs, and better integration of all members of the health care team, including community health workers. There are other fixed-hour pilot projects in both the Interior and Northern Health Authorities that offer positive and effective innovations.

In Gibsons, we meet everyday as a team to share information and plan for our clients’ needs. On Tuesday, a client may require a one-hour visit, but the next day only 30 minutes. It makes so much sense to work this way, and it is very satisfying to feel like an important part of the team.

-- Louise Hood, community health worker

**Poaching workers is not the answer**

The worldwide response to staffing shortages has been to poach trained workers from developing countries. This is especially true in health care. The BCGEU has serious concerns with this practice, both for the individual workers and the impact the loss of these workers has on their country of origin. Instead, the training and qualifications of the thousands of trained health care workers who are already residing in B.C. should be recognized and workers should be provided with any necessary upgrading.

**RECOMMENDATION:** Recognize the qualifications and credentials of foreign trained workers and provide upgrading and training opportunities for existing workers.

As a community health worker, I know the reality of the staffing shortage. As someone who moved to Canada to work, I am also very aware of the discrimination faced by migrant workers. It is morally wrong to solve our problem by creating shortages of trained and skilled workers in other places. -- Ann Chambers, Vice Chair, Health Services Component
**Fix residential care**

BCGEU members also work directly with seniors in long-term care facilities across the province. The closure of more than 2,400 long-term care beds between 2001 and 2004 has resulted in a critical shortage of residential care for frail seniors in B.C.

These closures are having a negative impact on the health of these people and the system itself. In 2005, 54,000 long-term residents were transferred to emergency rooms, and of those, approximately half were admitted to hospital with many staying 10 days or more (BC Health Coalition, page 4).

As in home support, the systemic changes in the delivery of long-term care have dramatically affected the care aides, LPNs and others working in these facilities. Bill 37, which was introduced in 2004, rolled back wages for thousands of workers in long-term care facilities by 15 per cent. Although there were increases in the last round of bargaining, they did not make up for this cut. The workers affected by this cut in wages are still very unhappy and are not encouraging friends or family members to seek training and employment in the industry. Ongoing staff shortages have created unsafe conditions for both workers and residents, resulting in increased injury rates and higher instances of work related stress and burnout.

> A few short years ago, overtime was a rare and unusual occurrence in residential care. Now it appears that not a day goes by at my own worksite without at least one caregiver being on an overtime shift. When there is no one available or willing to work the overtime, we work short-handed and do the best we can with what we have. There just aren’t enough of us and because of that the quality of care is slipping, despite our best efforts. It makes me feel sick to know people are not receiving the care they need, and quite frankly, deserve.

-- Bobbi Pettett, LPN

Again, we can look at successful models in other places for solutions. In the Netherlands, multi-disciplinary teams are part of the nursing home sector and transfer rates are below 10 per cent a year (BC Health Coalition, page 4).

Sufficient beds, appropriate staffing levels and multi-disciplinary teams are all key to ensuring seniors and people with severe disabilities receive the care they need, while relieving some of the pressure from the acute care system.

**RECOMMENDATION:** Improve access, expand services and increase staff in residential care.
**Improve mental health and addictions services and resources**

*I don’t want those people in my neighbourhood.*  
-- Vancouver resident at recent public meeting on re-location of the Northeast Mental Health Team.

Fear is still the dominant societal reaction to people living with mental illness, and especially those who also suffer from an addiction.

At any given time in Canada, one person out of five will be experiencing a mental disorder. There are more than 25,000 hospitalizations each year in B.C. for mental illness or addictions-related reasons, at a cost of over $347 million (Health Canada). This number climbs even higher when the societal costs related to problem substance abuse are included.

The goal of integrating people living with a mental illness into the community is good, provided the necessary resources are in place. The B.C. government, instead of providing these supports, has implemented cuts that have negatively affected people with mental health and addiction issues and left them abandoned and unsupported. Mental health disorders account for 52 per cent of hospital stays among the homeless, compared to five per cent among the general population (*The Globe and Mail*, August 31, 2007, page A1). Mental health and addictions services and programs across B.C. are seriously under-funded and, in some cases, non-existent.

*I have worked at Riverview for many years. I agree with deinstitutionalization, but it has to be done right. There are people I work with who require 24/7 care and if they don’t get it, they end up on the street.*  
-- BCGEU member

A comprehensive provincial mental health and addictions strategy is urgently needed. It may include street-level counselling services, group homes, structured community care, and institutional care for those having higher safety and care needs. There is also an urgent need for increased addiction services, such as hospital treatment, day programs and extensive counselling services.

**RECOMMENDATION: Develop and fully fund a provincial mental health and addictions strategy.**

The recent announcement by the provincial government that a consultant will be hired to develop a 10-year mental health plan is positive. So was the federal announcement on the creation of the Canadian Mental Health Commission, headed up by Michael Kirby, and tasked with developing a national strategy.
Our members have a stake and an interest in the development of these plans, and they have expertise that would add value. The BCGEU Hospital and Allied Services Component, which comprises the men and women who work at Riverview Hospital, Forensic Psychiatric Hospital and other provincial facilities, is consulting with workers, people living with a mental illness and/or an addiction, family members and advocates to better understand the challenges that exist in the sector. The BCGEU members are hoping this consultation will identify viable solutions to improve the system and health outcomes for individuals and communities.

Many of us have worked at Riverview for a long time. We have developed expertise and knowledge that is valuable and needs to be included in the development of any plan.

-- Helen Lindsay, Chair, Hospital and Allied Services Component
Conclusion

BCGEU members participated in the Conversation on Health and committed to the process by attending the forums and raising the issues that matter to them, their families and their communities. However, the success of this process will depend on how well government is listening to these workers and the thousands of other people who took the time and initiative to participate.

The recommendations put forward by the BCGEU will not solve or address all of the challenges facing our health care system. However, they will go a long way to improving access and ensuring that the ultimate goal of Medicare -- keeping people healthy -- is met.

The provincial government is in a unique financial position with yet another massive budget surplus projected for 2007/08. As was overwhelmingly supported in the 8,000 submissions to the legislative finance committee last year, these funds must be committed to dealing with the issues that have been raised as part of the Conversation. These include increased spending on health, especially community-based health care, as well as other social programs that impact on the determinants of health.

British Columbians have voiced their expectations. Now is the time for government to act.
References


