

The Continuing Care Strategy announced by Minister Liepert in December 2008 is not new; it's an escalation of policies that the Alberta government has been developing over the past two decades.

These policies were first described in a report titled [A New Vision for Long Term Care](#) in 1988, which proposed:

- Centralized control of access to all continuing care services;
- A shift from formal institutional care to "community care";
- A moratorium on additional long-term care beds; and
- More integrated and coordinated community care services including expanded home care services.

This was followed by a series of reports from the Long Term Care Policy Advisory Committee (Broda, 1999 – 2002). Like the Mazankowski and Graydon reports, the direction is to limit the services of public health care funding, and shift costs to individuals and their families.

The "new" Stelmach/Liepert Continuing Care Strategy has simply increased the rate of change to the private market, user-pay system.

Seniors and their families are facing ever-increasing cost and responsibility for essential health care services.

Home care services have already been reduced and redirected from seniors in their own homes to sub-acute care, to substitute for acute care hospital services. Now it's being shifted to provide care in the new continuing care institutions – private sector assisted living facilities.

Health Minister Liepert has said that \$41 million will be provided for the new initiatives, including more hours of home care. That's only a drop in the continuing care budget. It's unlikely to provide either more hours of care or more services.

This probably means more hours of care for some, but fewer services for all. Or, care will be provided only for persons who already need urgent care, while others are relegated to wait lists or referred to private agencies where they'll pay.

The moratorium on new, publicly funded nursing home beds continues. The 1999, 2005, and 2009 government press releases, each promising "600 new long term care beds", have not produced more long term care beds. Alberta has fewer long term care beds than we had 20 years ago and the second lowest ratio of care beds to population in Canada.

The number of seriously ill seniors waiting for a long term care bed has doubled in the last two years. The wait lists are filling scarce acute care beds and leaving seniors in the community without needed care.

In the last few years, thousands of persons assessed for nursing home care have been diverted to private sector assisted living or "Designated Assisted Living" (DAL) settings. In many cases, entire continuing care centres have been converted to, or replaced with, assisted living facilities. This trend will increase.

The new Strategy will "adjust the framework" for setting resident fees. These have tripled since 1988, increased 90 percent since 2003, and are now \$1,650 a month. **These fees will no longer be regulated by the government.**

The care facility operators have indicated that they need at least \$100 a day from residents – double the current rate – just for rent and basic "hospitality services".

Over the last twenty years, we've seen the care services in long term care reduced to a minimum. They'll now be sorted into "basic" and "enhanced" services, with the operators free to charge extra for "enhanced" services. Or maybe we'll see two-tier facilities: some with public subsidies for the eligible poor, and "enhanced" facilities and services for those who can pay extra.

The cost of "enhanced" care services in assisted living has just increased the prices, by 25 to 50 percent. **An extra bath a week is now \$75 a month, up from \$60.**

The new Strategy promises to leave seniors and their often-beleaguered families even more responsible for finding, coordinating, and paying for both accommodation and care services.

That's already the case in assisted living. Now even seniors needing the most complex care will be just another customer.

Under the Pharmaceutical Strategy, prescription drugs will be the responsibility of the continuing care centre resident. Perhaps medical supplies and equipment will be next.

One facility has already told families that residents will have to pay for their prescriptions and be responsible for administering them. The price for "medication assistance" in the assisted living sector is now \$200 a month.

Twenty years ago, hospitals were public providers of comprehensive health care services. Long term care facilities (then called nursing homes and auxiliary hospitals) were funded as part of the hospital system.

Now, long term care facilities are clearly excluded from the public health care system.

The fine art of presenting cut-backs in the language of advertising and public relations spin is alive and well in Alberta; continuing care is not.

The Stelmach government, like the previous regimes of Premiers Klein and Getty, has been consistent in regard to these "reforms". **Long term care has in many respects served as a pilot project for changes that will become the norm in Alberta's health care system:**

- rationing of publicly funded health care;
- public funding based on income rather than medical need;
- fragmentation of services by unbundling, with separate charges for each component of care and services;
- increased market opportunities and subsidies to for-profit care and service providers;
- rapid inflation in the price of health care goods and services;
- increased central control of public funding and policy, with even less accountability.

What can we do, if this does not represent our vision of the world we want our children to inherit?

⇒ **We need to talk with family and neighbours.**

⇒ **Tell your MLA – often and regularly.**

⇒ **Write to the Health Minister and the Premier – and send a copy of your letter to the leaders of the opposition parties.**

⇒ **Write to your local newspaper.**

⇒ **Remember: you have a vote!**

Alberta's Continuing Care Strategy

Understanding the context and the implications

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Distributed by SALT, the Seniors Action and Liaison Team, a self-financed group of seniors concerned with social justice issues.

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