

***Citizen Watch Continuing Care in Alberta  
and the Seniors' Action and Liaison Team***  
[www.continuingcarewatch.com](http://www.continuingcarewatch.com)

**October 30, 2008**

**From: Citizen Watch on Continuing Care in Alberta and SALT**

**Subject: MLA Bulletin 5**

We were pleased to receive a response to Bulletin 3 from the Hon. Ron Liepert, Minister of Health and Wellness. Mr. Liepert acknowledges the significance of home care for Alberta seniors, and refers to a "Continuing Care Strategy" being developed.

The current strategy, which has been in place for a long time, is to encourage the public and private housing sector to build alternative sites for delivery of services (such as assisted living, group homes, lodges and "retirement" homes) instead of building regulated and subsidized long-term care beds or providing care and support services in existing residences such as single family dwellings or mixed housing settings.<sup>1</sup> Despite good intentions, it isn't working very well for a lot of very vulnerable elders and their families. We know the wait lists for all continuing care services and settings are increasing; the services being delivered in all settings are not always adequate; the rights of residents and families are not well protected; and the cost of care and responsibility for care is increasingly shifted to seniors and their families - as is the escalating cost of care settings and support services such as meals.

We'd appreciate some specific information about the new strategy and the opportunity to have our voices heard.

The Demographic Planning Commission discussion did not include any reference to care services for seniors. There's been no indication of any assessment of the adequacy and effectiveness of current programs and care services. The last time a review of seniors' care services was done was in 1999<sup>2</sup>. After commenting that "*utilization does not necessarily equate to the need for health care but may be a function of availability of services*", the report concluded that "*The extent and appropriateness of substitution of community care for institutional care, the quality of that care, and questions of whether health outcomes are better, worse, or unchanged, are important subjects for further study.*"

Currently, the government has hired McKinsey Consultants to undertake a major review on the care of seniors as part of an initiative called 'Optimizing Seniors Care'. But the care of our vulnerable citizens – which one day might include any of us – is not just a matter of organizational efficiency or cost-effectiveness; or decreasing the rate of use of health care services. The primary goal is timely quality care for those who need care. It's also interesting to note that when "cost-effectiveness" is considered in management audits, the direct and indirect costs which have been shifted to the recipient of care and his or her family are not factored in.

MLA Bulletin 5 will address some of the issues on the agenda for the current Legislative Session. We know that your responsibility to represent our views is important to you, and hope that the information we present in these Bulletins is useful.

Sincerely,

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<sup>1</sup> This was acknowledged in the 2006 AON [Health Benefit Design Options](#) report to Alberta Health, as a means of off-setting continuing care costs and reducing capital costs.

<sup>2</sup> [Trends in the Utilization of Health Services by Seniors in Alberta](#), the Alberta Centre for Health Services Utilization Research [http://www.health.alberta.ca/key/05\\_report.pdf](http://www.health.alberta.ca/key/05_report.pdf)

**MLA Bulletin 5 October 2008**  
**from Citizen Watch on Continuing Care and SALT**  
[www.continuingcarewatch.com](http://www.continuingcarewatch.com)  
**Eldercare Issues on the Legislative Agenda**

**Three Private Members' Motions**<sup>1</sup> proposed by Government MLAs address specific aspects of continuing care. Each of these motions seeks to improve one component of elder care. But care and support for individuals (and their families and caregivers) involves many components and if these are not integrated and coordinated, or if some of these are not available or accessible, the care system will not be effective or efficient.

*518. Mr. Elniski: Be it resolved that the Legislative Assembly urge the Government to encourage family-managed care options by improving support services for families who care for elderly relatives.*

*587. Dr. Brown: Be it resolved that the Legislative Assembly urge the Government to expand home care health and support services in order to enable seniors to maintain their independent lifestyles whenever possible.*

*601. Mr. Olson: Be it resolved that the Legislative Assembly urge the Government to explore initiatives which would further the ability of seniors to age in place and continue living close to their families.*

**Concerns about the system** were discussed in the SALT Brief on Continuing Care 2008<sup>2</sup>, with a link to the Balance of Care project in Ontario which is focusing on assessing community care needs and integrating appropriate resources and services.<sup>3</sup>

The family-managed care option works well for some, but it does shift responsibilities and costs for care planning, service co-ordination, management, staff recruitment and supervision, and administration to the individual or the family. Home adaptation, supplies, medical equipment and other consumer costs can be expensive; financial and other support (including companion and respite care) remains a huge issue. The program works best where there are program supports to assist families with the management of the care and funding.<sup>4</sup>

Donna Wilson's study (MLA Bulletin 2, June 2008) provided evidence to back up the real experience of many seniors and their family caregivers. Home care is rationed to a minimum, often leaving folks without comprehensive personal and home support services that would enable them to stay healthy and safe. The system has become increasingly focused on minimum basic nursing and personal care, with home support, respite, socialization, physical activity and access to specialized services all but eliminated. For most folks, buying private care to supplement the public services is not affordable, even if they could find staff.<sup>5</sup>

<sup>1</sup> From the Order Papers and the Private Members' Motions, <http://www.assembly.ab.ca>

<sup>2</sup> <http://www.continuingcarewatch.com/pdf/SALT%20Brief%20on%20Continuing%20Care%202008%20.pdf>

<sup>3</sup> <http://www.crnc.ca/knowledge/events/SupportiveHousingSymposium.html>; see also The Balance of Care <http://www.ryerson.ca/crnc/knowledge/factsheets/download/InFocus-TheBalanceofCareApr302007.pdf>

<sup>4</sup> Health Canada, Self Managed Care Programs in Canada 2006 [http://www.hc-sc.gc.ca/hcs-sss/alt\\_formats/hpb-dgps/pdf/pubs/2006-self-auto/2006-self-auto-eng.pdf](http://www.hc-sc.gc.ca/hcs-sss/alt_formats/hpb-dgps/pdf/pubs/2006-self-auto/2006-self-auto-eng.pdf)

<sup>5</sup> Calgary Health Region Community and Supported Living Options: Information for Clients and Families: Winter 2007. Hourly rate for private agency staff: \$20 for a support worker, \$50 for a registered nurse.

“Aging in place” implies being able to receive the care and support one needs without having to move; the current system too often means moving from one setting to another (and from one wait list to another) as care needs change, and often a move far from family and friends – as well as spouses and partners. The shift to “assisted living” has been significantly influenced by market influences; it’s more efficient and cost-effective for the operator to build large facilities in central locations, rather than smaller facilities in small communities, even within urban areas. It’s probable that home care in private homes is reduced because of the increasing demands for home care services in lodges and supportive living facilities.

**Private members’ motion (592, Ms Pastoor)** urges an increase in the number of dental procedures covered by the Dental Assistance for Seniors program.

Dental care has long been recognized as basic to the maintenance of health<sup>6</sup>. It is one of the most effective health promotion and illness prevention initiatives, and saves money, time and misery in the medium and long term. Seniors are less likely to use dental care services than other age groups, in part because of mobility and transportation difficulties and associated costs, and because of income and limited insurance. Private sector payments for dental care account for 95% of dental costs – and most seniors do not have private (often employment-related) dental care insurance.<sup>7</sup>

**Bill 24, the Adult Guardianship and Trusteeship Act** is a legislative priority for the Government; getting it right is a priority for citizens.

The Act assumes that a guardian or agent will act in the best interests of the person for whom they have responsibility. In most cases, this is probably true; but the reality is that this does not always happen. Several submissions to the Committee on Health spoke to the need for safeguards for these most vulnerable people, and some suggested a provision like the Office of the Patient Advocate under the Mental Health Act.

But a majority of the members of the Committee declined to recommend a provision for all concerns or complaints to be investigated by an independent officer.

MLA Rachel Notley wrote a Minority Report, which is included in the Health Committee’s Final Report.<sup>8</sup> Ms. Notley wrote “*Complaints by the elderly often relate to the most fundamental aspects of a dependant adult’s life; we know we currently face a crisis in care for dependant adults; we know the number of dependant adults is expected to grow in the future. As we struggle to address these challenges, we must strengthen, not dilute, every opportunity for transparency and recourse similar to the Office of the Patient Advocate under the Mental Health Act.*”

We urge you to consider that access to an appeal of controlling decisions is important for all persons, regardless of age or impairments.

Prepared by Carol Wodak for Citizen Watch and SALT, October 2008

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<sup>6</sup> [Ethics in an Aging Society: Challenges for Oral Health Care](#) J Can Dent Assoc 1999; 65:623-6  
[Review of the Oral Disease-Systemic Disease Link](#) Canadian Journal of Dental Hygiene, November-December 2006 <http://www.cdha.ca/pdf/Disease%20Link%20Article.pdf>

[Seniors’ Oral Health in the Calgary Health Region 2003](#)

<http://www.calgaryhealthregion.ca/programs/dental/reports.html>

[The Oral-Medical Connection](#) Journal of the American Dental Association June 2005

<http://jada.ada.org/cgi/content/full/136/6/716>

<sup>7</sup> [Exploring the 70/30 Split: How Canada’s Health Care System Is Financed 2005](#)

[http://secure.cihi.ca/cihiweb/products/FundRep\\_EN.pdf](http://secure.cihi.ca/cihiweb/products/FundRep_EN.pdf)

<sup>8</sup> [Report on Bill 24: Adult Guardianship and Trusteeship Act](#)