

be ignored

In B.C., for-profit beds have increased by 22 per cent over the last eight years, while non-profit beds decreased by 12 per cent. Most of the new private facilities are P3s.

In recent years, HEU members have had to deal with more than their fair share of the uncertainty and instability caused by privatization and contracting out.

Contracting out of care and support services by facility owners/operators to private companies is increasing in residential care, and that's introduced a new complication – contract-flipping. When a commercial contract fails – which can happen for any number of reasons – a new contractor is brought in. Workers are pink-slipped, they lose their union contract, and they may or may not be rehired.

This is a scenario that's happened at Nanaimo Seniors Village, Beacon Hill Villa, Windermere, and Inglewood and Dufferin care centres. It's a recipe for upheaval and instability that has incurred strong opposition from residents, their families and increasingly, the public at-large.

Early in 2009, the much-loved Cowichan Lodge in Duncan was closed despite intense community opposition. It's been replaced by a private, for-profit facility through a P3 deal. With the Vancouver Island Health Authority's (VIHA) intention to sell off real estate assets, Cowichan Valley citizens are now trying to ensure the Lodge site is not sold out from under them.

Most recently, Lodge on 4th in Ladysmith, another replacement P3 facility, has put HEU health care workers on notice that it intends to contract out a wide range of jobs. HEU members have presented a plan that saves money and increases care and support; but to date, the owner/employer has rejected this.

In the Victoria area, people are pushing back against VIHA's intention to sell Oak Bay Lodge and Saanich's Mount Tolmie Hospital and replace the two facilities with one. The replacement facility will be a P3 in a "to be determined" location, with the Mount Tolmie and Oak Bay Lodge lands developed, presumably as market housing.

If this follows the established pattern, Mount Tolmie and Oak Bay Lodge residents will be relocated to the new private, for-profit facility, with more costs attached.

Community opposition has been swift and effective. Both Saanich and Oak Bay councils have unanimously passed motions objecting to the sale of publicly owned hospital land, particularly Mount Tolmie Hospital and Oak Bay Lodge. And they want VIHA to answer questions about its plans for the future of seniors' care in the region.

In Kamloops, Ponderosa Lodge, another public facility, has been closed and reopened a number of times in recent years. Currently, it's being utilized because these public beds are constantly needed. Whether these are labelled "transition" beds or long-term care beds, seniors have never really left the building.

In recent months, the B.C. government has permitted more than 15 residential care facility owner/



operators to withdraw from membership in the Health Employers Association of BC (HEABC) in a controversial move known as deaccreditation. Health care workers' unions in deaccredited facilities will now have to negotiate for each site or company. Early indications from at least one owner is that they are seeking wage and benefit rollbacks or they will contract out work performed by the current staff.

Phase out funding to for-profit operators

CUPE's report is clear. "For-profit facilities are associated with lower staffing, poorer quality of care, worse health outcomes, more hospitalizations... more complaints and more out-of-pocket expenses for residents."

That's why the report recommends phasing out public funding to for-profit operators, and putting an end to contracting out.

Here are three examples that illustrate how important that shift would be:

- 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 U.S., researchers concluded that non-profits provide significantly higher quality care than for-profits.
- In a systemic review published recently in the *British Medical Journal*, researchers estimated that across-the-board non-profit ownership would give Canadian long-term care residents 42,000 more nursing care hours every day.

Access CUPE's report and read more about residential long-term care in Canada at <www.cupe.ca>.

MARGI BLAMEY

Online advocacy course in the works

As part of HEU's Stand UP for Seniors' Care campaign, the union is working with PovNet – an internet community organization – to develop an online advocacy training course based on the *Keep Seniors' Safe* guide produced last year.

Long-Term Care Advocacy sponsored by HEU and offered through PovNetU, will provide community advocates and front-line workers with a working understanding of how the residential facilities complaint and licensing process works.

The course will include case studies and group exercises. It will equip the learner with the knowledge, skills and resources to become an effective advocate in addressing both workload and care deficiency issues through the complaints process.

The course seeks to strengthen skills among staff, family members and community advocates to ensure standards of care are maintained and improved.

PovNet will be piloting this course in early June for four to five weeks. Anyone interested in participating in the *Long-Term Care Advocacy* online course, should email povnetu@povnet.org with their full name and contact information.