



# Newsletter

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## Private sector no fix for broken promise on seniors' care

**T**HE CAMPBELL LIBERALS are relying on the private sector to bail them out of their failure to deliver on their seniors' care promise, but the results of a new study raises serious questions about the government's strategy.

The study, synopsized in an article in the March edition of the *Canadian Medical Association Journal*, concludes that not-for-profit facilities devote considerably more staff time to residents.

"We found that the number of hours per resident-day provided by direct-care staff and support staff was significantly higher in the not-for-profit facilities than the for-profit facilities," states the article, entitled, *Staffing levels in not-for-profit long-term care facilities: Does type of ownership matter?*

HEU researcher Marcy Cohen is one of the report's authors, along with Margaret McGregor of the Department of Family Practice at the University of BC, and seven others.

The group studied 167 long-term care facilities in 2001. Of these, 109, or 65 per cent, were non-profit entities run by religious, cultural or community-based societies, regional health authorities or by acute care hospitals. The remaining facilities, 35 per cent, were privately owned either singly or as part of a chain. All receive global funding from the province based on the "functional dependence" of residents and the percentage of fees they paid.

"There was no regulation by government or the regional health authorities as to how individual facilities allocated funding between staffing, administration or property costs," states the abstract. The 167 facilities studied constituted 76 per cent of such facilities in the province.

The study divided facilities into the categories of Intermediate Care, Intermediate and Extended Care, and Multilevel Care. It listed mean hours per resident-day for direct-care staff (RN, LPN, RCA), activity aides, and support staff (dietary, housekeeping and laundry). In almost every category, not-for-profit facilities out-performed their for-profit counterparts in hours devoted to residents' care.

"Compared with for-profit ownership, not-for-profit status was associated with an estimated 0.34 more hours per resident-day," states the article. The authors interpret their results as showing, "Not-for-profit facility ownership is associated with higher staffing levels."

The authors cite U.S. studies showing that not-for-profit facilities have higher direct-care staffing levels, which "is associated with better care in nursing homes."

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