

women *and* *Health Care Reform*

Women are the majority of health care receivers and health care providers in Canada. Approximately 80% of paid health care workers are women. Women provide most of the unpaid health care within the home.

During the past decade, federal and provincial governments introduced major changes to the health care system. These health care reforms have a significant impact on women as patients, health care providers, and family caregivers. Health care reforms affect women's health, work and financial well-being.

Key aspects of health care reform include:

- Controlling public expenditures on health care
- Reducing hospitalization and institutional care
- Shifting to home and community-based care
- Privatizing the delivery of health care services
- Adopting private sector management practices
- Establishing regional health authorities

WHAT DO THESE HEALTH CARE REFORMS MEAN TO WOMEN?

Health Reform Quiz

Knowledge is the key to navigating your way through current debates over health care in Canada.

Understanding the vocabulary of health care reform makes it easier to sort out different views and express your own ideas. Test your health care reform savvy. Take this quiz and find your health care word quotient!

Each item contains a definition of a health reform term. Choose the question that best matches the definition.

1. The Canadian system of publicly funded health insurance that covers payment for most hospital and physician services.
 - a. What is medicalization?
 - b. What is Medicare?
 - c. What is medicine?
2. The removal of a procedure or practice from the publicly funded health insurance plan.
 - a. What is contracting out?
 - b. What is an amputation?
 - c. What is de-listing?
3. A health-care facility that provides overnight care.
 - a. What is a hospital?
 - b. What is a hotel?
 - c. What is a hostel?
4. Fees paid by a patient or client for care over and above the amount paid for by the publicly funded health insurance plan.
 - a. What is taxation?
 - b. What is extra-billing?
 - c. What is fee for service?
5. A procedure performed on a short-term, in-patient basis not requiring an overnight stay?
 - a. What is day surgery?
 - b. What is a check-up?
 - c. What is a holiday?
6. The process of establishing laws, contracts or partnership agreements that enable private, for-profit companies to deliver health care services.
 - a. What is health insurance?
 - b. What is a two-tier system?
 - c. What is privatization?
7. Health care services provided outside the hospital, whether in a person's home, in a publicly funded non-profit residential facility or at a private physician's office.
 - a. What is community-based care?
 - b. What is continuity of care?
 - c. What is a walk-in clinic?
8. The portion of a fee for a health-care procedure that is not covered by an insurance plan.
 - a. What is a co-payment?
 - b. What is a deductible?
 - c. What is a user fee?
9. The provision of medical and/or housekeeping services within a patient's residence, whether the care provider is paid or not.
 - a. What is home care?
 - b. What is a house call?
 - c. What is first aid?
10. The transfer of activities currently performed by employees of a hospital to personnel employed by another organization, whether a private, for-profit company or a non-profit agency?
 - a. What is laundry service?
 - b. What is information management?
 - c. What is contracting out?

How to score your Health Care Reform Word Quotient.

Question 1: (a) 3 (b) 5 (c) 1

Question 2: (a) 5 (b) 1 (c) 3

Question 3: (a) 3 (b) 1 (c) 5

Question 4: (a) 1 (b) 5 (c) 3

Question 5: (a) 5 (b) 3 (c) 1

Question 6: (a) 1 (b) 3 (c) 5

Question 7: (a) 5 (b) 3 (c) 1

Question 8: (a) 5 (b) 5 (c) 5

Question 9: (a) 5 (b) 3 (c) 1

Question 10: (a) 3 (b) 1 (c) 5

Your total score: _____

Interpreting your score:

44 - 55

Your health care reform word quotient is excellent. You understand the terms being used to discuss the changes happening in the health care system in Canada. Use

your knowledge of health care reform to inform others in your family and community.

31 - 43

Your health care reform word quotient is good. You understand some of the terms being used to discuss the changes happening in the health care system in

Canada. To get a clearer understanding of the terms you are less familiar with, read this booklet.

16 - 30

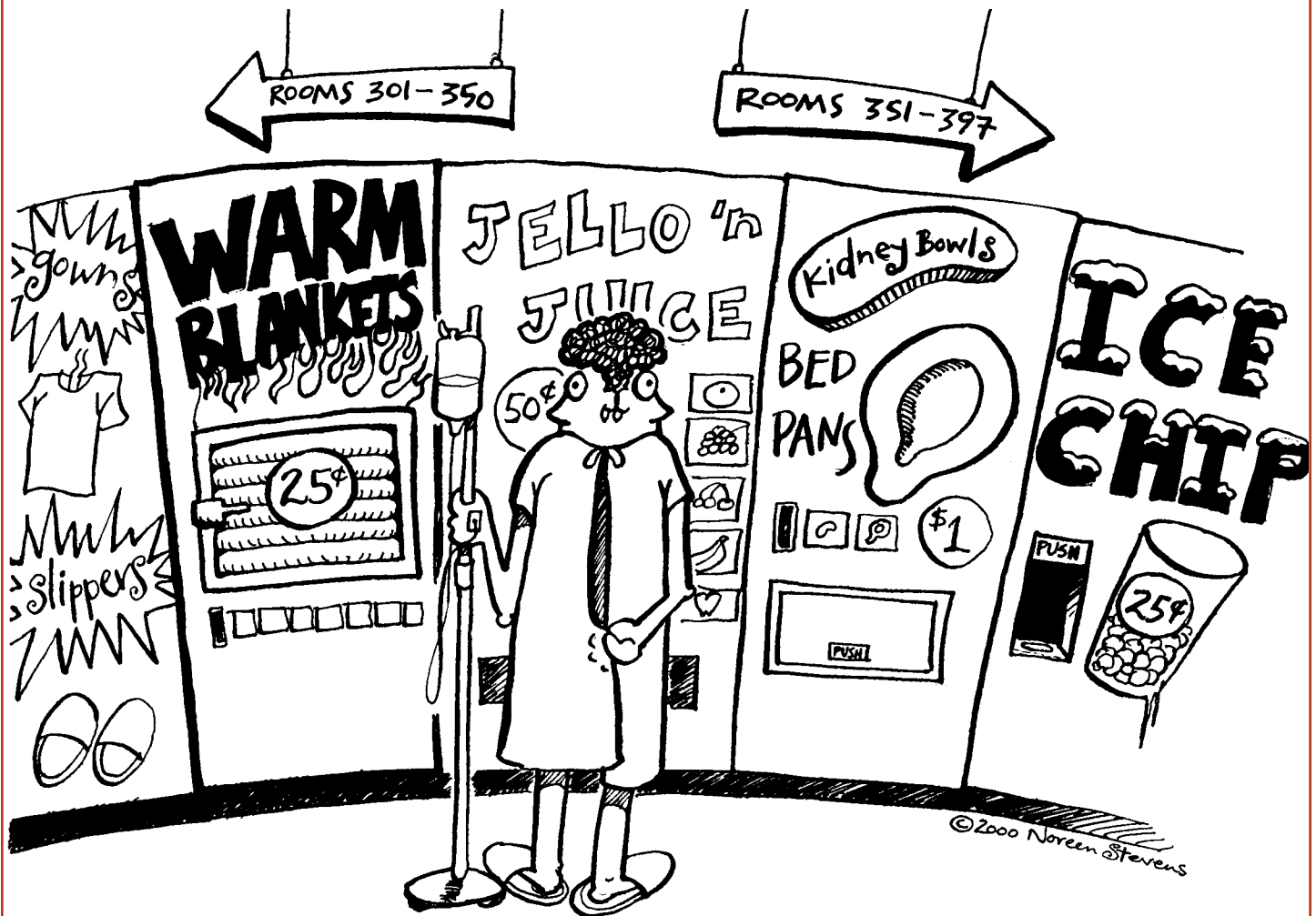
Your health care reform word quotient is average. You will find the definitions for the words you are unfamiliar with in the pages that follow. **Read on.**

Controlling Public Expenditures on Health Care

During the 1980s and 1990s, governments across Canada took measures to control public spending on health care. In 1995, the federal government announced major reductions in federal cash transfers for health care, education and social services. Several provinces introduced major cuts in health spending. In some cases, provinces cut back services or increased various forms of private payment like user fees, deductibles and co-payments. In some cases, provinces de-listed certain health services by removing them from coverage under the public health insurance system. Today women (and men) are paying more for private health expenditures including prescription drugs, eye care, dental care, home care, long-term care, and non-physicians' services.

Both women and men are affected by government cutbacks and rising health care expenditures, but women and men do not have the same financial resources to cope with these changes. Women, on average, earn less than men, have lower incomes and are more likely to live in poverty. Women are less likely to have supplementary health insurance coverage through their paid employment. As a result, women face greater financial barriers when health care costs are privatized.

As some governments look for ways to control public spending, they are considering new forms or levels of private payment for health care. Private payment schemes limit access to those who can afford to pay, and would further disadvantage women.



Reducing hospitalization and institutional care

Under the Canada Health Act of 1984, provinces are required to provide universal coverage for all medically necessary hospital and physicians' services. Extra-billing (charging patients additional fees for these services) is prohibited.

During the 1990s one of the cornerstones of health care reform was the shift from institutional to home and community-based care. Hospital expenditures

account for a major portion of provincial health care budgets, so the reduction in hospital services has been an important strategy to control health spending.

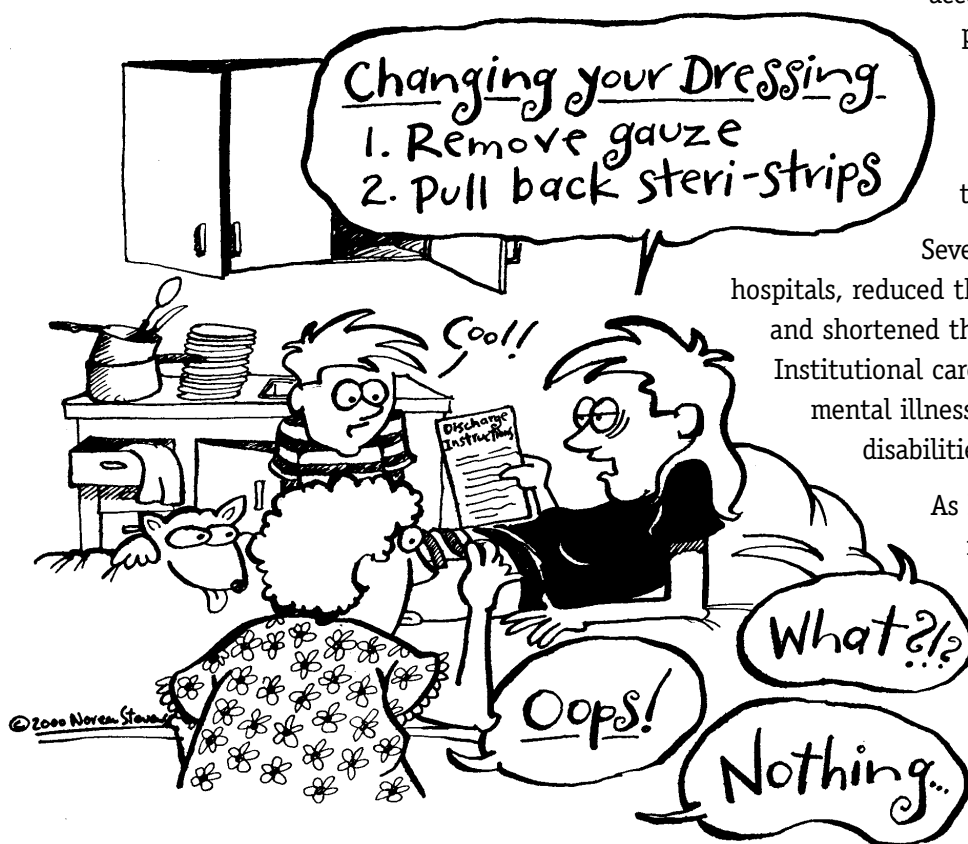
Several provinces have closed hospitals, reduced the number of hospital beds, and shortened the length of hospital stays. Institutional care for seniors, persons with mental illness, and persons with disabilities has declined.

As hospital spending declined, nurses and other hospital workers raised concerns over job losses, understaffing, higher workloads and increased levels of stress. The public expressed concern about access to services, patient safety

and quality of care. In some situations, the lack of hospital beds has caused overcrowded facilities or delays in treatment. As both patients and providers, women have been affected by cutbacks in hospital services.

Medicare covers medications and supplies used by hospital patients. When people are discharged from the hospital or receive treatment at home, the patient must often purchase these same medications and supplies. This represents a transfer of costs from the public sector to private health expenditures.

Shorter hospital stays have reduced the amount of time available for patient education. Yet this is even more important when patients are sent home to look after themselves.



Shifting to home and community-based care

Health care reform has promoted home and community-based care as less costly alternatives to institutionalization.

Home care programs include nursing, homemaking, meal preparation, personal care and other services. In some places, home care is delivered by the public health care system. In other places, private, for-profit home care companies have contracts to provide these services.

Home care programs are based on the assumption that caregiving is a family responsibility and that women are available to take on caregiving roles. Access to home care services is often limited to those who have exhausted the caregiving capacity of family members.

Shifting care from institutions to private households transfers carework from paid health care workers to unpaid family caregivers and reinforces traditional gender roles. Women continue to perform most of the unpaid caregiving work within the home, often at a cost to their own health or economic security.

Shifting care from hospitals to 'the community' places increased demands on community-based service agencies. Many of these agencies have limited budgets. As demand for community-based health care increased, some agencies have found themselves unable to keep pace. In order to handle the increased care requirements of patients released from hospitals, they have cut back in other areas, such as prevention programs or home visits to clients with lighter care needs.

Many women benefit from having the opportunity to receive health services in their homes or in community-based programs. However, under current policies, home and community-based care may increase women's health care bills and place more caregiving demands on their shoulders. It is also important to remember that many women do not have safe homes or family caregivers with the time and skills to provide adequate care.

Listen to this... in order to be eligible for public home care services, people must first have exhausted the caregiving and support capacities of friends, relatives and other community members

Exhausted
is right!!



Privatizing the delivery of health care services

In some provinces, private, for-profit clinics have been allowed to offer various surgical procedures, including abortions and eye surgery. Some of these procedures are covered under the public health insurance system, but others must be paid for privately. In some circumstances, these facilities have charged patients additional fees, over and above the fees covered by Medicare, though this is a violation of the Canada Health Act prohibition against extra-billing. Recently, the Alberta government has introduced legislation that would allow private, for-profit hospitals to offer services and receive payment under Medicare.

In some provinces, private for-profit nursing homes and private for-profit home care companies are involved in the delivery of health services. Private, for-profit companies have also received contracts to provide various non-medical services in health care facilities. This includes contracts for cleaning, kitchen and maintenance services, as well as purchasing and facilities management. The decision to contract-out certain services is often based on the assumption that private companies are more efficient and can provide the same services at reduced costs. However, there is substantial evidence to suggest that for-profit services are often of poorer quality, more costly, and subsidized by lowering workers' wages.

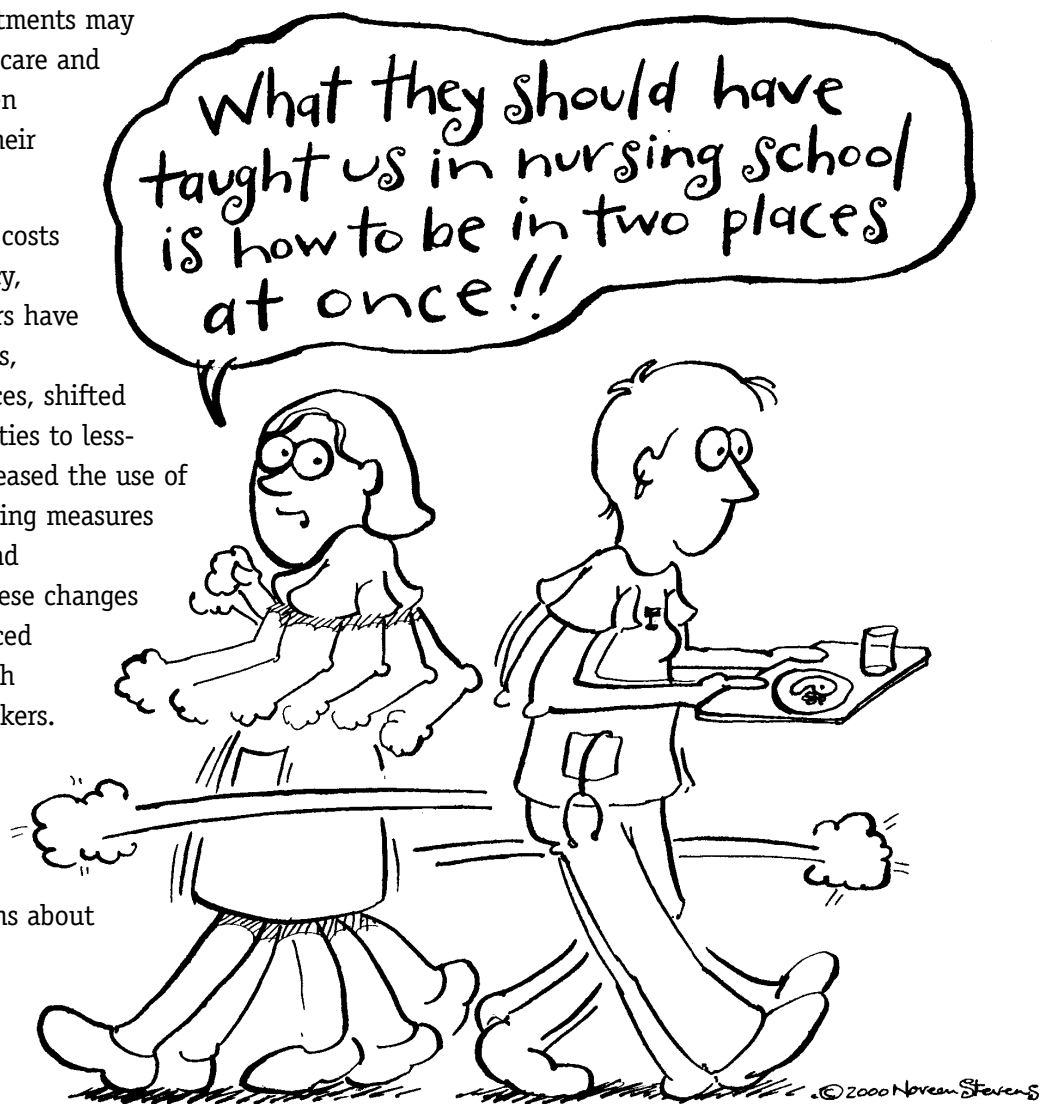
Health care is one of the most highly unionized sectors for women in the paid labour force. Union positions often mean better wages, benefits and job security. When services are contracted out to private companies, these businesses often attempt to protect their profit margins by employing non-unionized workers at lower rates of pay. Women working as nursing home aides, hospital cleaners and food service workers, have seen their work privatized and their wages drop.



Adopting private sector management practices

Pivate sector principles of management, including an emphasis on effectiveness and efficiency, have become increasingly popular in health care administration. Increased emphasis on measuring patient outcomes, and identifying the most efficient treatments could help to reduce unnecessary procedures. However, the methods used to measure patient outcomes and define effective treatments may not include the kinds of care and support that women often define as important to their health and well-being.

In the name of reducing costs and maximizing efficiency, health care administrators have raised patient/staff ratios, reorganized health services, shifted personnel, reassigned duties to less-skilled workers, and increased the use of casual workers. Cost-cutting measures are changing the pace and organization of work. These changes have often been introduced without consultation with front line healthcare workers. During the 1990s, nurses and other workers in the health care system have repeatedly raised concerns about understaffing, heavier workloads, and increased levels of stress and injury in the workplace.



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Establishing regional health authorities

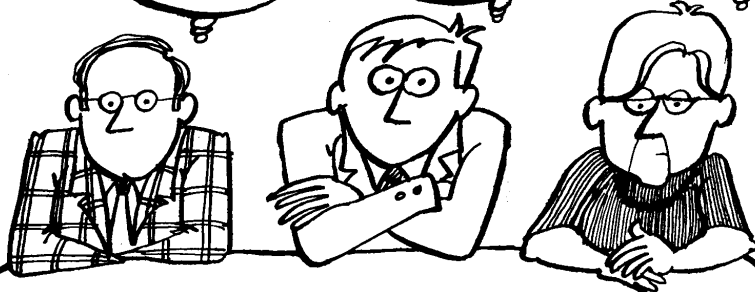
During the 1990s, several provinces reorganized their health care services under the jurisdiction of regional boards. Regional policy-makers were expected to integrate services within their region and be more responsive to local community needs.

Let's shift the focus away from money and toward people. The #1 priority in health care reform should be quality of care, not the bottom line. Money should not be our greatest consideration.



What the public says to policy makers

Blah blah blah money
blah blah blah money



What policy makers hear

In some provinces, women are well represented on regional health boards, but in others, they are under-represented. Regionalization may provide opportunities for women to communicate with local health policy makers. On the other hand, regionalization may make it more difficult for women's organizations to address policies at the provincial level.

Some women's organizations have expressed an interest in promoting women's participation in regional health planning, but so far, there has been little work done to ensure that regional health bodies identify and respond to women's health needs.

Regional health boards are often caught between the funding limits set by provincial governments and public expressions of community needs.

Within this context, women often feel that their voices go unheard.

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Women Get Organized

Having a Voice in Health Care Reform

■ Women and Health Reform Working Group, Manitoba

In 1996, representatives of several women's organizations in Manitoba established the Women and Health Reform Working Group. In 1997, they produced a report on Manitoba health reforms which identified women's under-representation on health boards, the lack of gender analysis in health planning, increased demands on family caregivers, and a lack of information, which made it difficult for women to have a voice in health care reforms. The questions raised by this group, and other women's groups on the Prairies, have led to a series of research projects on the impact of health reform on women. The Women and Health Reform Working Group sponsored a major provincial forum on this theme in March 1999.

■ Feminist Coalition for Transforming the Health Care System, Quebec

In Quebec, the Coalition féministe pour une transformation du système de santé et de services sociaux has brought together different networks including women's centres, community and volunteer organizations, unions, caregivers associations and other groups working in women's health. Created in 1996, the Coalition has played an important role in highlighting the impacts of health care reforms on women. The Coalition has developed a set of demands and organized a large consultation throughout the province, holding seven regional symposia during 1999.

■ Family Caregivers Association of Nova Scotia

A research project with family caregivers in rural Nova Scotia has given rise to a new provincial caregivers' organization. Caregivers reported providing 24 hour care with little or no relief. Many had left or changed employment because of caregiving. Caregivers reported physical, psychological and financial burdens from caregiving, though they often expressed pride and satisfaction in their work. The research project contributed to the establishment of the Family Caregivers Association of Nova Scotia in October 1998. The association has presented recommendations to the Ministers of Health and Community Services. Recently they received a major grant for a three-year project to address some of the practical supports requested by caregivers in the region.

Health Care Reform as if Women Mattered

What health care reforms respond to women's health needs? Here are some questions to start you thinking:

☞ What policies help women stay or become healthy?

☞ What policies provide all women access to appropriate services and high quality care?

☞ What policies ensure that women are not disadvantaged by the shift of carework to the home?

☞ What policies protect the wages, working conditions, and health of women working in the health care system?

☞ What policies foster women's participation in decision-making?

☞ What policies pose a threat to women's health?

who we are and what we do

The information in this booklet is based on research carried out by the **National Coordinating Group on Health Care Reform and Women**.

We came together in 1998 as a collaborative group of the Centres of Excellence for Women's Health (CEWH), the Canadian Women's Health Network and Health Canada's Women's Health Bureau, all funded by the Women's Health Bureau. Our mandate is to coordinate research on health care reform and to translate this research into policies and practices. More information about our work is available from our web pages at www.cewh-cesf.ca/healthreform/. Most recently we have been working on the issue of home care. A booklet on women and home care is available there.

A book based on our group's work, *Exposing Privatization: Women and Health Care Reform*, was published by Garamond Press in 2002. It can be ordered at www.garamond.ca/ArmstExposing.html. The book is an edited collection of reports that are available from the Centres of Excellence. Many of the reports are downloadable from Centres' websites. The CEWH website is www.cewh-cesf.ca.

The Centres of Excellence for Women's Health were initiated by the Women's Health Bureau of Health Canada in 1996. The Centres are multi-disciplinary and operate as partnerships among academics, community-based organizations and policy-makers. Their major aim is to inform the policy process and narrow the knowledge gap on gender and health determinants. Both a brochure providing an overview of the CEWH program and our *Research Bulletin* are available on the CEWH website.

CENTRES OF EXCELLENCE PUBLICATIONS ON HEALTH CARE REFORM AND WOMEN

■ British Columbia Centre of Excellence for Women's Health

E311 - 4500 Oak Street, Vancouver, BC V6H 3N1

Tel.: (604) 875-2633

Website: www.bccewh.bc.ca

Email: bccewh@cw.bc.ca

- *Hearing (Women's) Voices: Mental Health Care for Women* by Marina Morrow with Monika Chappell. A Joint Report from the BC Centre of Excellence for Women's Health, BC Ministry of Health, Minister's Advisory Council on Women's Health, and BC Ministry of Women's Equality, 1999.
- *Reality, Opinion and Uncertainty: Views on Midwifery in BC's Health Care System* by Jeanne Lyons and Elaine Carty, 1999.
- *Reformed or Rerouted? Women and Change in the Health Care System* by Colleen Fuller, 1999.
- *In Transition: Nurses Respond to Midwifery Integration* by Jude Kornelsen, V. Susan Dahinton and Elaine Carty, 2000.
- *Pushing for Change: Challenges of Integrating Midwifery into the Health Care System* by Jude Kornelsen, 2000.
- *A Difficult Labour: Experiences of Registering to be a Midwife in British Columbia* by Jude Kornelsen and Elaine Carty, 2001.
- *Gender-Inclusive Health Planning: A Guide for Health Authorities in British Columbia* by Ann Pederson, 2001.

■ Prairie Women's Health Centre of Excellence

56 The Promenade, Winnipeg, MB R3B 3H9.

Tel.: (204) 982-6630

Website: www.pwhce.ca.

Email: pwhce@uwinnipeg.ca

- *Coping as a Rural Caregiver: The Impact of Health Care Reforms on Rural Women Informal Caregivers* by JoAnn Jaffe and Bonnie Blakley, 1999.
- *Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress* by Tammy Horne, Lissa Donner and Wilfreda E. Thurston, 1999.
- *The Differential Impact of Health Care Privatization on Women in Alberta* by C. M. Scott, T. Horne and W. E. Thurston, 2000.
- *Missing Links: the Effects of Health Care Privatization on Women in Manitoba and Saskatchewan* by Kay Willson and Jennifer Howard, 2000.
- *Women's Formal (Paid) Home Care Work in Transition: The Impact of Reform on Labour Process Change in Saskatoon, SK* by Allison Williams, Susan Wagner, Monic Buettner, and Allan Coghill, 2000.

■ National Network on Environments and Women's Health

Centre for Health Studies, York University,
214 York Lanes, 4700
Keele St. Toronto, ON M3J 1PE
Tel.: (416) 736-5941
Website: www.yorku.ca/research/nnewh
Email: nnewh@yorku.ca

- *The Context for Health Reform* by Pat Armstrong, 1999.
- *Women, Privatization and Health Care Reform: The Ontario Case* by Pat Armstrong and Hugh Armstrong, 1999.
- *Assessing the Impact of Restructuring and Work Reorganization in Long Term Care* by Pat Armstrong and Irene Jansen, 2000.
- *Is There a Method to this Madness? Studying Health Care Reform as if Women Mattered* by Karen Grant, 2000.
- "Home Care Users' Experiences of Fiscal Constraints: Challenges and Opportunities for Case Management" by Jane Aronson, *Care Management Journals 4* (Winter 2000): 1-6.
- *Reflections of Rural Alberta Women: Work, Health and Restructuring* by Lynn Skillen, Barbara Heather and Jennifer Young, 2000.
- *Missing Voices in Long-Term Care Policy Making: Elderly Women and Women with Disabilities Receiving Home Care* by Jane Aronson, 2001.
- *Moving in the Right Direction? Regionalizing Maternity Care Services in British Columbia, Canada* by Cecilia Benoit, Dena Carroll and Pat Kaufert, 2001.
- *Women's Caring Work in the Context of Manitoba Health Reform* by Barbara J. Payne, Karen R. Grant and David M. Gregory, 2001.
- "Frail and disabled users of home care: Confident consumers or disempowered: Manufacturing social exclusion in the home care market" by Jane Aronson. Forthcoming in the *Canadian Journal of Aging*.

■ Le Centre d'excellence pour la santé des femmes – Consortium Université de Montréal

CESAF is now closed. Copies of their reports are available from the CWHN.

- *Les modèles de relations entre les services formels et les aidantes naturelles: une analyse des politiques de soutien à domicile du Québec* by Jean-Pierre Lavoie, Jacynthe Pepin, Sylvie Lauzon et al. Direction de la santé publique de Montréal-Centre, June 1998. See www.santepub-mtl.qc.ca for an abstract. Not available from CWHN.
- *Recommandations concernant l'impact des transformations du système de santé sur les femmes aidantes* by Jocelyne Bernier, 1999.
- *Avis sur le financement et l'organisation des services de santé et des services sociaux, présenté à la Commission d'étude sur les services de santé et les services sociaux* by CESAF, 2000.

• *Le prix de la réforme du système de santé pour les femmes: la situation au Québec* by Jocelyne Bernier and Marlène Dallaire, 2000.

• *What Price Have Women Paid for Health Care Reform? The Situation in Quebec* by Jocelyne Bernier and Marlène Dallaire, 2000.

■ Atlantic Centre of Excellence for Women's Health

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Tel.: (902) 470-6725
Website: www.medicine.dal.ca/acewh
Email: acewh@dal.ca

- *Caregivers' Support Needs: Insights from the Experiences of Women Providing Care in Rural Nova Scotia* by J. Campbell, G. Bruhm and S. Lilley, 1998.
- *Single Mothers: Surviving Below the Poverty Line. Assessing the Impact of Social Reform on Women's Health* by Cooper Institute, 1999
- *Women and Social Reform* by Pat Armstrong, 1999.
- *Equity and Diversity Approaches for Women Caregivers: The Impact of Health Reform* by Centre of Excellence for Women's Health - Consortium Université de Montréal, 1999.
- *Unpacking the Shift to Home Care* by Colleen Flood, 1999.
- *Thinking It Through: Women, Work and Caring in the New Millennium* by Pat Armstrong and Hugh Armstrong, 2001.
- *Health Reform, Privatization and Women in Nova Scotia* by Barbara Clow, 2002.

■ Canadian Women's Health Network

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Contact CWHN to receive the CEWH Research Bulletin or CWHN's Network newsletter.

■ Other Groups Working in the Area of Health Reform

- **Canadian Health Coalition:** www.healthcoalition.ca
- **La Coalition féministe pour une transformation du système de santé.** For information see www.rqasf.qc.ca/sp19/sp19_09.htm#haut. E-mail: rfemqc@total.net.
- **Council of Canadians:** www.canadians.org
- **The Medical Reform Group of Ontario:** www.hwcn.org/link/mrg/
- **Women's Health Clinic:** www.womenshealthclinic.org

*“When the health care system is cut back women get hit with a triple whammy. **First**, women tend to be the health care workers who are losing their jobs or are being run off their feet because of understaffing. **Second**, women and their children tend to be the heaviest users of the health care system. **Finally**, women have to pick up the slack when the state no longer funds health care services.”*

Susan Dusel, “Government puts the brakes on women’s movement”
Network of Saskatchewan Women,
Vol. 4, No. 7, 1987, p. 4

ordering information

Copies of this booklet can be downloaded from www.cewh-cesf.ca/healthreform/ or ordered free from the CWHN.

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Également disponible en français.

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