CMA submission

The Future of Care for Canada’s Older Adults

Submission to the House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Personal with Disabilities

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The future of care for Canada’s older adults

Inefficiencies and inequities in our health care systems that have long hindered our capacity to provide dignified care to Canada’s older adults loom larger than ever. Where they once may have been hidden from the public eye, the pandemic made them nationally transparent.

The pandemic has brought enormous hardships and change on nearly every aspect of Canadian life, yet no single issue has been more prevalent than the deficiencies of Canada’s care for older adults. Those that experienced structural vulnerabilities were hit the hardest. They were the first to suffer the illness, the neglect, the isolation and the loneliness that accompanied too many deaths in long term care facilities.

Such a painful fallout must serve as a catalyst to inform both the lessons we learn and the actions we must take to alter the course of our national approach to caring for older adults. Now any excuses for our inaction to correct the injustice are equally unacceptable. Our health care systems cannot be successful if their support neglects a significant faction of the country’s demographics.

The capacity of long-term care homes to deliver safe and compassionate care is only part of establishing better care for older adults. Real progress can only be made through sustainable investments in health, home and community care, thereby allowing an older adult to age with dignity.

The Canadian Medical Association has long been a proponent for improved care for older adults. Even in healthier times, we knew of the large discrepancy between the allocated health care funding and the increasing funds required in the years ahead to care for our aging population.

The ratio of current federal health transfers is antiquated. They are not calculated to recognize the growth of our aging population. When health care costs rise faster than the growth of the economy, the shortfall is left to provinces and territories to cover. Clearly, a concerted effort to solidify sustainability and accountability is essential, now and into the future.

We must invest in health care for older adults that is equitable and dignified. It must be done now. And it must continue as this population ages.

**Recommendations:**

**Sustained funding:** A commitment of a one-time investment of $4B was made to address the backlog of health services and procedures. It was a prudent and laudable investment that will aid in the care for older adults. But Canada must see a commitment to sustained funding. An increase in transfers to the provinces and territories would address the rise of our aging population and support the improvement of the care of older adults. While being the largest federal transfer to the provinces/territories, the CHT does not currently address the imbalance in population segments including older adults. This is fixable. The consequences of delay are dire. We can all agree that ‘dire’ is one thing we cannot afford more of.

**National standards in LTC:** Most older adults in Canada would do everything possible to avoid going into a long-term care home. It is our moral duty to make that goal as achievable as possible, while promoting the highest level of care in LTC centres. We must adopt a collaborative pan-Canadian approach that includes working with provinces and territories on new national standards for long-term care so that dignity, equity and security guide our decisions when caring for older adults.

**Supporting aging in place:** Moving Canadians out of long-term care by 2031 would provide not only dignity of older adults, it would preserve their emotional, mental and physical well-being. Most of all, the shift will respect
their choice and chosen trajectory in aging. If the federal government, in collaboration with the provinces, makes that 180 degree shift and supports home and community care, it would reduce the strain on the system and save an estimated $794 million per year.

**Seniors Care Benefit:** Greatly increasing the viability of Canadians to age in place is a pledge the federal government has made. To do so, we must uphold older adults and their caregivers with the rising out-of-pocket expenses associated with their care. These expenses could extend from 9 billion to 23 billion by 2035. A Seniors Care Benefit would directly support older adults and those who care for them. Like the Child Care Benefit program, it would offset the high out-of-pocket costs that burden caregivers and patients.