College and University Retiree Associations of Canada

Associations de retraités des universités et collèges du Canada

CURAC/ARUCC is a non-profit federation of retiree organizations at colleges and universities across Canada. Its primary aim is to coordinate activities that promote communication among member organizations, to share information, provide mutual assistance, and speak publicly on issues of common concern to its more than fifteen thousand members. www.curac.ca

Taking the Pulse of Seniors' Health Care in 2016

Despite a number of promises of better support for seniors' health care, not much has changed so far. We are more than midway through 2016 and nearly a year into a new federal government. Although this government pledged a three billion dollar boost for home care over four years, the Liberals did not put funds into their budget for this purpose. Promises were also made to put in place a new, multi-year health care package with long term funding. The previous Conservative government changed the funding model for federal health transfer payments to the provinces and territories in 2014 by adopting an equal per capita funding model while maintaining an annual increase of 6%. As of 1 April 2017 we face the end of 6% annual increases in the health care budget and its replacement with a new formula tied to GDP growth, with a promised minimum of a 3% increase. However, as the *Globe and Mail* noted on March 28, 2016, actual health transfers in the budget for 2017-18 will increase by one billion dollars to 37.1 billion which is below the 3% minimum put in place by the Harper government and so far continued by the Liberals. (Indeed according to a recent CD Howe study, between 2011 and 2015 "real per capita total health expenditure has declined by an annual average rate of 0.6 percent.") Declining or insufficient levels of federal funding will have serious economic consequences for provincial health budgets and especially for those economically challenged provinces with the highest percentages of seniors (Atlantic Canada). Seniors will suffer as a consequence.

What needs to be done?

Fortunately there is considerable public discussion happening on these issues among governments, health care organizations, seniors' groups and unions. Health Minister Jane Philpott's mandate encompasses the drawing up of a new Health Accord with the input of the provinces. She has commented publicly that she is not convinced that an increase in the Canada Health Transfer is the answer and appears

to favour targeted funding. These next few months of meetings with the provinces will be crucial to the level of funding provinces and territories can expect.

CURAC has taken positions previously on what needs to be done to provide seniors with good quality, accessible health care services. These positions are as relevant now as they were earlier:

1. We need a **National Seniors' Strategy** that pays attention to the health needs of all seniors including those with chronic illnesses, dementia and frail health. **Homecare** needs to be a priority so that those seniors who wish to remain in their own homes can do so safely. Their caregivers need to be fairly remunerated and informal family caregivers need financial and respite support. The costs of homecare are significantly less than hospital. **Pharmacare** should be a part of the healthcare system as it is in most countries with a publicly-supported health care system. A national system would reduce the cost of prescription drugs. **Palliative care/end-of-life care** ought to be part of a national seniors' strategy given our aging population. Given the increasing need for such care, its less interventionist approach in a more home-like setting and its lower costs if available outside of hospitals, it only makes sense to make sure Canadians have access to it whether in a long term care facility, a hospice or at home. We need national leadership, common standards based on research and more health care professionals trained in palliative care.
2. We need a new **National Health Accord** that supports a national health strategy for seniors (and Canadians generally) and takes into account the demographics of each province and region. Not only does age matter but so too does the distribution of population as more rural areas face specific barriers to accessing health care as do provinces with a disproportionately larger number of seniors. Clearly health funding on a per capita basis will disadvantage provinces with smaller populations. And as past president of the Canadian Medical Association, Dr. Chris Simpson, has noted "A formula that penalizes provinces which have more seniors is not acceptable. And while doctors and government are trying to find ways to care for seniors in more cost-effective ways, it will be a race to nowhere if we can't change the federal revenue that helps pay for the care seniors deserve." (*Daily Gleaner*, August 29, 2015, A11). How might the government respond to make sure seniors have appropriate and accessible care? The Canadian Medical Association has called for a "**demographic top-up**" as one means of providing necessary funds. The Conference Board of Canada estimates the cost of such a top up in 2016 to be $1.6 billion rising to $1.9 billion in 2020. Canada's premiers and territorial leaders have pressed for Ottawa to **increase its share of public health care funding to 25%** of costs (currently at 22%, down from 33% in 1984). (*Globe and Mail*, July 19, 2016) Minister of Health Philpott has hinted that she would like to see **targeted funding** or funding with strings attached which would give the federal government more visibility and control. Once this funding ends, however, provinces and

territories will be left holding the bag; the differing economic abilities of these governments to support such initiatives threaten to undercut the principles of the Canada Health Act (1984) which mandates universality, comprehensiveness, accessibility, portablility and public administration for insured health services across the country.

Sources:
C.D. Howe Institute Commentary No. 455, "Hold the Applause: Why Provincial Restraint on Healthcare Spending Might Not Last." August 9, 2016

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