



NATIONAL ASSOCIATION  
OF FEDERAL RETIREES | ASSOCIATION NATIONALE  
DES RETRAITÉS FÉDÉRAUX

**BRIEF TO THE STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE  
AND TECHNOLOGY**

**REGARDING EXAMINATION OF THE PROGRESS IN IMPLEMENTING THE 2004  
10-YEAR PLAN TO STRENGTHEN HEALTH CARE**

SUBMITTED BY:

The Federal Superannuates National Association (FSNA) operating as the  
**National Association of Federal Retirees**

Ottawa, ON

04 November 2011



Thank you for the opportunity to submit a brief to your committee.

By way of introduction, FSNA is the largest and most influential national advocacy group representing federal retirees - their partners and survivors - from the Public Service, Canadian Forces, the Royal Canadian Mounted Police and federally appointed Judges. Our members have dedicated their careers and lives to the good governance, order, protection and rule of law to serve Canada and its interests. FSNA is a not-for-profit association with more than 175,000 members in 84 branches across Canada and is governed by a volunteer National Board of Directors. Its mission is to protect and enhance its members' pensions, health and dental insurance benefits and seniors' benefits in general.

This brief highlights for your consideration, in deliberations concerning strengthened health care delivery since 2004, some of FSNA's areas of advocacy reflecting concerns of seniors, the fastest-growing Canadian demographic. A general recommendation is followed by individually-headed sections reflecting the prioritized concerns of our members.

***As a general framework for Canada's health care system we strongly endorse the retention of the principles and program criteria under the Canada Health Act, namely public administration, comprehensiveness, universality, portability and accessibility.***

1) National Pharmaceuticals Strategy

According to the Canadian Institute for Health Information, pharmaceuticals accounted for the second largest health care expenditure in Canada in 2010. Government, private insurers, and individual Canadians are all affected. Progress has

been made since 2004 in the various aspects outlined in the 10-Year Plan including enhanced drug safety, approval and pharmacists' jurisdiction, along with attempts at provincial and cross-provincial drug formularies and purchase plans. However, the Health Council of Canada concedes in their 2011 report on Health Care Renewal in Canada that progress on pharmaceutical issues has largely stalled in the last two years. The Health Council of Canada also reported in 2009 that one in ten Canadians does not fill prescriptions because of the cost, a problem which could be addressed through a national catastrophic drug coverage plan. Exacerbating the problem is the unevenness of provincial advancement in addressing pharmaceutical issues and the wide variation in public drug insurance plans which limit that ability of Canadians to move around the country and access their medications. A national impetus is required to achieve further progress in all areas of pharmaceutical management.

***As a major health care area in which cost savings could be achieved, public and individual health and safety enhanced, and equitable access for all Canadians addressed, the Senate Committee on Social Affairs, Science and Technology is strongly urged to place a high priority on the development and establishment of a national pharmaceuticals strategy.***

## 2) Long-Term Care

Long-term care, both home and institution-based, is a growing concern among seniors. Universality of standards, training and availability of medical and medical-associate staff, and personal health-care coordination/navigation are areas of significant concern to our members, and to the aging population as a whole. The financial viability of various long-term care options is of concern relative to government health-care funding, but it is also of concern to the personal financial situations of many individual seniors and their families.

## **Home Care:**

The preference of 90% of seniors is to stay in their homes as long as possible. Home care is a cheaper alternative compared to lengthy hospital stays in acute care beds and maintenance of long-term care institutions. It also provides a better quality of life for seniors. Although the 2004 Long-Term Plan addressed home care, it concentrated on short-term acute home care following hospital discharge, acute mental health situations, and end-of-life care. Although these short-term situations can apply to seniors, the more common concern is for long-term or chronic care. To keep a person in their home for as long as possible, health professional services, homemaking services, home adaptation and medical equipment, personal care assistance, and community supportive help (such as assistance with transportation, meal delivery and other services) are all considerations, and are all handled differently in each jurisdiction. A Canada-wide health policy on what constitutes home health care for long-term care, and federal/provincial agreement/direction on where the remainder of chronic care home support services fit, and to what extent they should receive public funding for those in need (such as programs similar to Veteran's Affairs VIP program) would go a long way to easing the complexity of keeping seniors at home.

***Both health care initiatives and homecare for the well-being of seniors and others chronically ill could be assisted through agreed guidelines defining chronic long-term home health care and home care and their respective assignment to areas of primary responsibility for monitoring and funding.***

## **Institutional Care:**

The two main venues for institutional care are hospitals and long-term care facilities. The occupancy of acute care beds by chronically ill seniors creates unnecessary costs, is not in the best interests of rehabilitation for seniors, and interferes with treatment of acute conditions. However, freeing up these beds must be done as part of a coordinated plan whereby both high-standard long-term care institutions and well-

developed home health care systems are in place to receive these individuals. The wide disparity across the country in funding, regulation, availability, eligibility and standards for long-term care facilities is of concern. Federal encouragement of agreed universal standards, and distribution of supporting health care funding accordingly would assist in ensuring that seniors suffering from chronic physical and mental conditions and advanced aging would receive adequate and dignified care in all jurisdictions.

***Strategies to free-up acute care hospital facilities and to enhance the universal health care of the chronically ill and aging must be done as part of coordinated program which ensures that both home and long-term institutional facilities and health care programs, meeting a national standard of care and dignity, are available in lieu.***

### 3) Elder/Senior Abuse

The third major area of concern of our members is elder abuse. It is estimated that between 4% and 10% of older adults experience abuse in one or a combination of five categories: physical, financial, psychological, sexual and neglect. Although not specifically mentioned in the 10-Year Plan to Strengthen Health Care, elder abuse is intricately linked to health status and health care delivery. Medical practitioners are ideally placed to identify and report signs of elder abuse, and the Public Health Agency of Canada provides educational guidelines for recognizing and reporting abuse by medical personnel. Elder abuse has been identified in publically funded health and long-term care institutions as well as community care and private care. With increased lifespan, elder care responsibilities are increasingly added to the other obligations of life for the boomer generation of informal caregivers. This can lead to increased health problems not only for the caregivers, but potentially for their charges as a result of increased stress and demands. Elder abuse creates additional strain on the health-care system. According to a federal government poll, 22% of Canadians think that they know

a senior who may be a victim of abuse, yet relatively few cases are reported and even fewer investigated. Part of the problem lies in the complexity of reporting mechanisms in each province and jurisdiction, for example a recently-completed practical guide to elder abuse across Canada published by the Canadian Centre for Elder Law takes 14 pages to list the authorities to which elder abuse can be reported.

***It is recommended that identification and reporting of elder abuse, along with recognition of the stresses and problems associated with informal care-giving form part of the action plan for strengthening health care. More programs such as the EI Compassionate Care Benefit and others which address the respite needs of informal caregivers should be examined.***

#### 4) Quantity and Quality of Geriatric Health Professionals, Associates and Personal Care Workers

The 2004 10-Year Plan includes activities to assess health human resource gaps and to increase the supply of health care professionals. Given the evidence of the rapidly rising proportion of seniors in the Canadian demographic, health human resource gap analysis and planning needs to place an emphasis on health care professionals specializing in geriatric care. Geriatricians, geriatric psychiatrists, family physicians specializing in geriatric care, family physicians and nurse practitioners with geriatric training will all be important components of improving and better managing demands on the health care system and addressing rising health expenditure. In addition to health care professionals, an increase in health care associates such as psychologists, physiotherapists and social workers who have geriatric needs training and experience will assist in addressing the future needs of a strong health care system.

Another concern on the human resources front is the regime for training and certification for personal care workers employed in home care and long-term seniors' care facilities. Moving toward provincial and national standardization of training and certification programs will go a long way toward providing a universal and professional standard of care for Canadian seniors who require assisted-living and care services.

***It is recommended that the aging Canadian demographic and the rising need for geriatric-oriented health care professionals and associates be taken into consideration in conducting gap analyses and in addressing health human resource development.***

***It is recommended training standards and certification of personal care workers in senior health and long-term care facilities be standardized and monitored on at least a provincial, and preferably a national level.***

#### 5) Personal Health Care Coordination

Navigating the health care system, its services and benefits, particularly for those with complex health care needs, is a complex and often confusing journey. This is exacerbated by the physical and/or mental frailty of seniors. Copious anecdotal evidence from those, in 90% of cases friends and relatives, who assist seniors in addressing their acute and chronic health care needs recount hours of navigating the system and coordinating various sources to determine how and where health care needs will be addressed. Development of such things as electronic health records, electronic prescriptions and geriatric treatment facilities are providing improvements. However, the mix of jurisdictions, assessment responsibilities and services available and the variations from location to location and by individual circumstances find these inexperienced caregivers spending inordinate amounts of time as case researchers and administrators.

***In your review and report we urge that you champion ways and means to encourage simplicity and coordination of health care processes.***

6) Information, Education and Communication

In addressing prevention and health promotion, dissemination of information through Public Health strategies and education by health professionals and their associates play an important role in the management of seniors' health for both individuals and informal caregivers. This includes the clarification of misinformation. Not all seniors are moving as fast as innovations in electronic media and communications. Information dissemination through media which appeal to many seniors such as popular publications, newspapers and television and radio should not yet be abandoned in favour of electronic means. Tangible explanations and instructions through vehicles such as pamphlets and hand-outs are still important in reaching seniors and assisting caregivers in explaining seniors' health care choices, regimes and protocols to them and helping ensure compliance.

***Appropriate health education and information dissemination for seniors, who may not be moving as fast as innovations in electronic media and communications, is important in the effective maintenance of seniors' health and delivery of senior health care.***

## **Conclusion**

Although progress has been made in various elements of the 10-Year Plan to Strengthen Health Care, significant challenges and opportunities remain to be addressed. This brief highlights some areas of concern to FSNA and its membership, but there are others in the field of seniors' health care. Thank you for the time and attention given to reviewing this brief. FSNA appreciates the opportunity to have its

concerns considered. Please contact us should you wish elaboration or have any questions. A summary of concerns and recommendations follows.

### **Summary of FSNA Concerns and Recommendations**

*As a general framework for Canada's health care system we strongly endorse the retention of the principles and program criteria under the Canada Health Act, namely public administration, comprehensiveness, universality, portability and accessibility.*

*Both health care initiatives and home-care for the well-being of seniors and others chronically ill could be assisted through agreed guidelines defining chronic long-term home health care and home care and their respective assignment to areas of primary responsibility.*

*Strategies to free-up acute care hospital facilities and to enhance the universal health care of the chronically ill and aging must be done as part of coordinated program which ensures that both home and long-term institutional facilities and health care programs, meeting a national standard of care and dignity, are available in lieu.*

*As a major health care area in which cost savings could be achieved, public and individual health and safety enhanced, and equitable access for all Canadians addressed, the Senate Committee on Social Affairs, Science and Technology is strongly urged to place a high priority on the development and establishment of a national pharmaceuticals strategy.*

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*compassionate Care Benefit and others which address the respite needs of informal caregivers should be examined.*

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*It is recommended training standards and certification of personal care workers in senior health and long-term care facilities be standardized and monitored on at least a provincial, and preferably a national level.*

*In your review and report we urge that you champion ways and means to encourage simplicity and coordination of health care processes.*

*Appropriate health education and information dissemination for seniors, who may not be moving as fast as innovations in electronic media and communications, is important in the effective maintenance of seniors' health and delivery of senior health care.*