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December 29, 2021

The Hon. Jean-Yves Duclos
Minister of Health
Brooke Claxton Building
Tunney's Pasture
Postal Locator: 0906C
Ottawa, Ontario, K1A 0K9

Subject: What Older Canadians Expect from our Minister of Health

Dear Minister Duclos,

On behalf of the Canadian Association of Retired Persons (C.A.R.P.), I would like to congratulate you on your appointment as Canada's Minister of Health. We have also reviewed your mandate letter from the Prime Minister.

C.A.R.P. is Canada's largest advocacy association for older Canadians. Backed by more than 330,000 members, our non-partisan organization is committed to working with all parties in government on issues affecting older Canadians, including equitable access to health care, financial security, and freedom from ageism.

As Health Minister, you have an important responsibility to provide Canadian seniors and future retirees greater security, a better quality of life, and better access to innovative health care. I must say, however, that I was very disappointed that your mandate letter did not feature any specific actions related to addressing cancer, dementia, arthritis, and other disease areas that are critically important for Canadian seniors – issues that have been exacerbated by the pandemic.

The COVID-19 pandemic has been difficult and disruptive for all Canadians, but particularly for older populations. During the first wave of the pandemic (March through August 2020), 80% of



all reported COVID-19 deaths were linked to long-term institutional care (LTIC) facilities. COVID-19 shone a light on the historic issues undermining the safety, dignity, and wellbeing of elders.

The federal government has made LTIC and home and community care a priority. Your government has committed funds to the provinces to respond to assist them in addressing immediate needs, as well as provided training and support for essential workers.

That said, across Canada and even within provinces, there remain gross inequities in services, facilities, and standards of care. Measures to improve the financial security and wellbeing of older Canadians are attainable if governments individually and collectively commit to improve both the standard of support and to do so equitably.

Aging Canadians have spent a lifetime contributing to their communities and to the economy. In 2020-21, all Canadians were exposed to the myriad faults in our systems and witnessed the devastating consequences of our failure to protect the vulnerable. Now is the time to address these issues and ensure the perspectives and needs of older Canadians are integrated into decision-making.

We can do better. We must do better.

C.A.R.P. engaged our members and candidates during the 2021 election regarding four key themes of high importance to older Canadians: home and community care, long-term and institutional care and facilities, access to innovative care and health system readiness.

Cutting across each issue is the need to move quickly on short-term initiatives. Many of our members cannot wait for long-term promises to kick in.

We need action today, not promises related to multi-year plans.

I would be pleased to meet with you in the coming weeks to review these issues and actions.

1. Home and Community Care

The federal government has stated that home and community care are a priority. However, there appears to be a disconnect between that federal priority and implementation in our communities in terms of funding of health services at home and for long-term care.



Home and community care services remain underdeveloped, poorly funded, and difficult to access. A better funded and functioning home and community care system would enable Canadians to age at home with dignity and alleviate pressure on the long-term care system.

For this reason, the federal government must take immediate steps to increase funding for home and community care, eliminate the tax on family funded home care, work with the provinces to improve access, and attract qualified personnel to home and community care.

2. Long-term institutional care facilities

Long-term institutional care facilities (LTIC) are notoriously underfunded, understaffed, and poorly managed. Infection control is undermined by lack of policies, inadequate training and insufficient personal protective equipment for staff. Facilities are also often outdated and as such are frequently inadequate to deal with the challenging health care needs residents require in 2021.

Canada lags well behind other countries in funding LTIC, but it is not just funding that is critical. Too often, critics point to the facility and management models for long term care as being the result of a mixed ownership model whereby private-for-profit ownership is bad, community not-for-profit is acceptable, but only publicly-owned and operated is good. However, there are many examples where not-for-profit institutions have had worse records than for-profit institutions. It is time for a shift in our thinking about how we address the systemic problems in LTIC homes.

LTIC must be reimagined and recreated with an innovative, emotion-based model of care with smaller, homelike environments and well trained and supported staff who are empowered to care for the residents with compassion and that all-important 'human touch'.

The federal government is responsible for setting national principles under the *Canada Health Act* and has committed to developing new National Long-Term Care Service Standards, set to be finalized in 2022. Financial support provided by the government in support of aging with dignity should be tied to the adoption of federal and provincial standards of care that are evidence-based, monitored, enforced and evaluated.

3. Access to innovative care

An emerging issue of significant concern to our members is the change to the PMPRB regulations and their impacts on access to medicines.



As health problems rise with age, older Canadians depend on access to new medicines to treat their increasingly challenging and often life-threatening conditions. One of the most concerning of these conditions is cancer, which disproportionately affects older Canadians. Approximately 88% of new cancer diagnoses and 95% of cancer deaths occur among Canadians over 50 years of age.¹ Cancer is a pressing concern for our members, many of whom have experienced significant COVID-related delays and disruptions in terms of diagnosis and treatment.²

The ability to access new treatments for cancer is critical to improving survival rates, and any government policies that have the potential to impact this access are unacceptable. This is what we heard in a recent survey of our members. Of the 3,642 older Canadians that participated in C.A.R.P.'s national survey from earlier this year, more than 80% believe the federal government should reconsider the new drug pricing regulations to ensure they do not block or delay access to new medicines or vaccines.³

As our population grows older, we must find a way to improve access to the best available health innovations with a balanced approach to competitive pricing. We need to avoid putting complex regulations in place that create price uncertainty and discourage innovative medicines and vaccines from coming to Canada.

For this reason, C.A.R.P. strongly advises the government to repeal the regulations and find alternative approaches to obtaining lower prices for new medicines – which is an objective we support.

Moving forward, and as our country prepares for the ensuing 5th wave of the COVID-19 pandemic, we must also prioritize the review and approval of effective treatments for COVID-19 (e.g. oral antiviral therapies). This is particularly important for vulnerable seniors, including those residing in long-term care facilities.

4. Health system readiness

The COVID-19 pandemic has exposed multiple long-standing problems with Canada's health care system and created new ones, such as a backlog that will take years to clear, leaving our already under-resourced health care system playing an endless game of catch up. Unfortunately,

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<https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/fact-sheet-cancer-canada/fact-sheet-cancer-canada.pdf>

² <https://www.carp.ca/fightcancer/>

³ <https://www.carp.ca/accesstomedis/>



Canada is paying the price for having underinvested in its health care system and poorly allocated resources within that system.

This is a major concern for our members, as older Canadians are major consumers of health care services. In this context, C.A.R.P. supports provincial calls for the federal government to increase its share of health care costs from 22% to 35% of total health care spending and to maintain this contribution level over time with a minimum annual escalator of 5%.

C.A.R.P. looks forward to working collaboratively with you and your team on these issues, once again with a focus on what needs to be done in the short term to ensure older Canadians are safe and well, despite the major challenges we all face in the context of the pandemic.

I would welcome an opportunity to meet with you personally to discuss these and other issues in the coming weeks.

Yours truly

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C.A.R.P. is a national, non-partisan, non-profit organization that advocates for financial security and improved health care for Canadians as we age. With over 330,000 members and 27 chapters across Canada, C.A.R.P. plays an active role in the creation of policy and legislation that impacts older Canadians. C.A.R.P. operates under a unique business model. Through its affiliation with Zoomer Media, C.A.R.P. has access to multiple media platforms. Advertisers interested in reaching C.A.R.P.'s audience provide a full slate of benefits to members, effectively covering the cost of membership. C.A.R.P. advocates on behalf of older Canadians with all levels of government and collaborates with other organizations on health, ageism, housing and financial issues. C.A.R.P. uses the media and enlists members' voices to increase its clout as an effective advocate. www.CARP.ca