

ACER-CART



Association canadienne des enseignantes et des enseignants retraités
The Canadian Association of Retired Teachers
www.acer-cart.org

**SENIORS' ISSUES
— FOR THE 2015 —
FEDERAL ELECTION**

PREPARED BY BCRTA

ENDORSED BY





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SENIORS' ISSUES INFORMATION FOR THE 2015 FEDERAL ELECTION



2015 is a federal election year.

ACER-CART would like to thank BCRTA for its outstanding work in preparing this booklet and sharing it with retired teachers across Canada.

The BCRTA, guided by its constitutional responsibility to provide information to its members on matters of importance to their well-being, has prepared this package of information on a variety of issues that may, and perhaps should, come to the fore during the lead up to the election.

ACER-CART wants to ensure that each political party and its candidates are fully engaged in communication with seniors. ACER-CART is committed to providing appropriate support to its member associations and their retired teachers to engage the candidates and their political parties.

Hopefully, you will use this information to visit the nominated candidates of each political party in your riding and focus their attention on the critical issues facing seniors now and in the future. The questions could also be used at all candidates' meetings.

Each issue has facts and questions to help you prepare for your visit. You may select only one or two issues important to you to talk about with the candidate.

Use the same issue(s) for the candidate of each political party so you can compare responses.

Unless the next federal government is prepared to show leadership in these areas, an increasing number of retirees will experience a crisis for which they are ill prepared.

The next elected Government of Canada must be committed to providing leadership and support to the provinces and territories so that Canada can realize a truly national approach to addressing the realities of seniors throughout the country.

DEMENTIA AND COGNITIVE IMPAIRMENTS

ISSUE

The impact of caring for individuals with Dementia and other forms of cognitive impairment has an enormous economic and social impact on Canadians.

FACTS

1. In 2011, 14.9% of Canadians 65 years and older had dementia. By 2031, if nothing changes the number could be 1.4 million. Today's costs for dealing with dementia are approximately \$33 billion. By 2040, the cost could escalate to \$293 billion.
2. One in five Canadians over 45 provides some form of care for a senior with long-term health problems. 1/4 of these Canadians are seniors. 1/3 of this number are 75 years and older.
3. The cost of looking after these individuals amounts to a loss of \$11 billion to the economy and a loss of 227,760 full-time equivalent employees.
4. By 2040, family caregivers will provide 1.2 billion unpaid hours annually. The impact on family caregivers is often depression and other psychological issues.

QUESTIONS FOR THE MP CANDIDATE:

1. If elected, will you and your party address the escalating costs of caring for Canadians with dementia?
2. If elected, will you and your party provide adequate care facilities and caregivers for individuals with dementia and other cognitive problems?
3. If elected, will you and your party provide tax credits for caregivers who have had to take leave from work or reduced their work hours?
4. If elected, will you and your party work with the provinces to provide adequate care for Canadians with dementia?

REFERENCES

- "A New Way of looking at the impact of dementia in Canada". Alzheimer Society 2012
- "Baby Boomer Survey Alzheimer's disease...it's more than you think". (2010) Alzheimer Society of Canada
- "Eldercare: What We Know Today." (2008) Statistics Canada
- "World Alzheimer Report 2012. A public priority (2012) World Health Organization." (WHO) Alzheimer Canada

GERIATRICIANS

ISSUE

There is a shortage of geriatricians in Canada. Geriatricians are specialists in the health and care of older people.

FACTS

1. In 2012, Canada had 233 certified specialists in geriatrics. Our population was 32 million. At the same time Sweden had a population of 9 million with 500 geriatricians.
2. The lack of geriatricians puts a strain on the medical system as seniors are often admitted to a hospital acute bed with health complications that could have been monitored if there had been some community care system in place. A community health system would have been able to address multiple health concerns.
3. Canadian medical students are not encouraged to choose geriatrics as a specialty. The field requires additional training and remuneration has a lower monetary average than other specialty fields.
4. Geriatrics as a field of study does not seem to have academic status.

QUESTIONS FOR THE MP CANDIDATE:

If elected, will you and your party encourage and support federal leadership that would develop a common provincial vision and strategy for the delivery of geriatric services and provide more specialty spaces for geriatricians?

There is much to be done. "Vision and action are required," says Dr. Heckman, School of Public Health and Health system at Waterloo, "if Canada is to prepare the health care system for the escalating needs of seniors. "

REFERENCES

- Hogan, David B. et. al. "Specialist Physicians in Geriatrics – Report of the Canadian Geriatrics Society Physician Resource Work Group" Canadian Geriatrics Journal, Vol. 15, Issue 3 Sept. 2012 68-79.
- Anderson, Scott, University of Toronto Magazine. Summer 2009, "Shortage of Specialists to care for Canada's Seniors".
- Special Senate Committee on Aging Final Report " Canada's Aging Population: Seizing the Opportunity" The Honourable Sharon Carstairs, P.C. Chair The Honourable Wilbert Joseph Keon, Deputy Chair April 2009

POVERTY AMONG SENIORS

ISSUE

Poverty among Canadian seniors is increasing.

FACTS

1. According to Statistics Canada, the rate of poverty among the elderly in Canada is on the rise. Between 1976 and 1995 poverty among elderly Canadians fell 25 percentage points from 36.9% to 3.9%. By 2010, the rate had risen to 12.3%. The largest increase occurred in elderly persons living alone. Between 2006 and 2010 there were more than 160 000 existing on low income. Almost 60% of these individuals were women.
2. The rate of income increase between low-income non-seniors and seniors is not equal.
3. The low-income cut off (ILCO) measure has helped reduce the number of elderly persons in the low-income category.
4. Canada has increased the age for accessing OAS to 67.

QUESTIONS FOR THE MP CANDIDATE:

If elected, will you and your party ensure that poverty among seniors is eliminated?

REFERENCES

Statistics Canada
Conference Board of Canada

SENIORS' HOUSING

ISSUE

Seniors want to remain in their homes and communities for as long as possible.

FACTS

1. 25% of seniors live below the poverty line and struggle to survive.
2. Most seniors have fixed incomes and as costs rise they are in danger of being on the verge of homelessness or forced to live in inadequate housing.
3. Access to services, such as adapted day centres and activity centres promote remaining in their homes.
4. Retrofitting homes with ramps, wider hallways and access to bathrooms promote remaining in their homes.
5. Inadequate housing, at times, forces couples to live apart.
6. The shortage of adequate senior intermediate and long-term care facilities results in seniors using hospital acute beds which are focused on seniors' issues such as maintaining mobility.
7. The cost of an acute bed is approximately \$1000 per day. The cost of an intermediate or long-term facility bed is about \$300 per day.

QUESTIONS FOR THE MP CANDIDATE:

1. If elected, will you and your party work towards ensuring that every Canadian has access to secure, adequate, accessible and affordable housing?
2. If elected, will you and your party support and fund a national housing strategy that will ensure affordable and adequate housing for Canadian seniors?
3. If elected, will you and your party reinstate the 1993 federal programme to build affordable housing?
4. If elected, will you and your party provide more intermediate and long-term housing which will address the multidisciplinary needs of seniors?
5. If elected, will you and your party strive to promote healthy living opportunities that enable Canadian seniors to age with dignity?

REFERENCES

National Advisory Council on Aging www.chf.bc.ca/pdf/s95-keyfacts-subsidy%20crisis.pdf

HEALTH ACCORD FUNDING

ISSUE

The Canada Health Accord expired on March 31, 2014.

FACTS

1. In 2004 the Federal, Provincial and Territorial governments agreed on a ten-year programme of objectives and funding for health care across Canada. This programme was called the Health Accord. In the Accord, the Prime Minister and Premiers recommitted to the Canada Health Act and its five requirements: public administration, universal access, comprehensive coverage, accessibility without extra charges or discrimination, and portability across the provinces. The Health Accord also aligned the Federal, Provincial and Territorial governments with shared goals regarding wait times, home care, prescription drugs and team based care.
2. In 2012, the Federal government announced that no talks would be scheduled with the Premiers before 2014 to renew the Health Accord. Provincial and Territorial leaders were not consulted about this decision. A coalition of several organizations including the BCRTA petitioned Federal, Provincial and Territorial elected representatives to initiate talks aimed at renewing and improving the Health Accord. The Federal government refused, no talks occurred and the Health Accord expired on March 31, 2014.
3. The Federal government provided 50 percent of provincial health care funding when Medicare was first introduced. Funding was unstable. In 1998, for example Federal funding dipped to only 10 per cent. In 2004, the Prime Minister and the Premiers agreed that during each year of the Health Accord, the Federal government would provide 6 per cent increased funding. Stable funding raised the Federal share to 20 per cent per year between 2004 and 2014. However, the Federal government claimed in 2012 that yearly increase of 6 per cent were unsustainable under current priorities.
4. In 2012, the Federal government unilaterally announced plans to cut at least \$36 billion in health care funding to the provinces in the ten years following the Health Accord in 2014. Over time the Federal government's share of health care spending will decrease to 18.6 per cent by 2024, a far cry from its original 50 per cent contribution. In place of 6 per cent yearly increases, health transfer monies will be tied to economic growth with 3 per cent minimum yearly increases. During the Health Accord transfer amounts were a mix of cash and tax points adjusted for each province's wealth. Post Health Accord transfers will be cash only and based on population, with no Federal commitment to protect provinces that lose funding.

HEALTH ACCORD FUNDING

5. The Prime Minister must meet with the Premiers to negotiate a new Health Accord based on the principles of the Canada Health Act. The new Health Accord must set national standards and guidelines for wait times, home care, prescription drugs and team-based primary care. The Parliamentary Budget Officer has shown that Ottawa can increase programme spending and transfers while maintaining fiscal sustainability. Fair tax measures at the Federal level would mean an additional \$29 billion in the public treasury. A renewed 10 year Health Accord with at least 6 per cent yearly increases in the health transfer funding will bring the Federal government closer to its original 50 per cent contribution.
6. By contributing at least \$36 billion less, the Federal government will have less influence on health care. It will be more difficult for Ottawa to ensure that both the Canada Health Act and the national standards are in place. As they did during health care transfer cutbacks in the 1990's, Provinces and Territories will cut services and privatize. Public health care will be diminished. Families will experience financial hardship as the costs of drugs and health services rise. Ultimately, Canadians will hold the Federal government accountable for the destruction of Medicare.

QUESTIONS FOR THE MP CANDIDATE:

1. If elected, will you and your party ensure that the Prime Minister and the Premiers meet to negotiate a new Health Accord?
2. If elected, will you and your party ensure that the five principles of the Canada Health Act be part of the new Health Accord?
3. If elected, will you and your party ensure that the new Health Accord include national standards for wait times, home care, prescription drugs and team based primary health care?
4. If elected, will you and your party ensure that the Canada Health Transfers will be stable and adequate to maintain the new improved Health Accord?

REFERENCES

Parliamentary Budget Officer, *Renewing the Canada Health Transfer: Implications for Federal and Provincial-Territorial Fiscal Sustainability* (2012), http://www.parl.gc.ca/PBO-DPB/documents/Renewing_CHT.pdf

Council of the Federation Working Group on Fiscal Arrangements, *Assessment of the Fiscal Impact of the Current Federal Fiscal Proposals* (2012) http://www.councilofthefederation.ca/pdfs/CoF%20Working%20Group%20on%20Fiscal%20Arrangements%20Report%20and%20Appendices_July.pdf

CUPE fact sheet No. 1: *Protect Medicare: Stable and Sufficient Federal Funding*.

Parliamentary Budget Officer, *"Fiscal Sustainability Report 2012"* (2012), http://www.pbo-dpb.gc.ca/files/files/FSR_2012.pdf

Canadian Union of Public Employees, *"Changing the Channel on the Economy"* (2012) <http://www.slideshare.net/cupescfp/changing-the-channel-of-the-economy>

Life Before Medicare Canadian Experience

NATIONAL PHARMACARE PROGRAMME

ISSUE

Pharmaceuticals are the largest cause of health costs in the country. Canada is the only industrialized country in the OECD (Organization for Economic Co-operation and Development) with a Universal Health Care System that does not provide public pharmaceutical coverage for its citizens. Legislation is needed that would guarantee that pharmacare services are available to all Canadians regardless of where they live in Canada.

FACTS

We pay 15% to 20% more than the International Average price for new drugs.

1. 10% of Canadians DO NOT FILL their prescriptions because of costs.
2. Brand name drugs are expensive.
e.g. Tylenol Extra Strength \$16.99
Generic Extra Strength \$5.99

3. Canada needs a national strategy to bid for contracts with the drug companies to negotiate better prices.
4. Canada needs to purchase drugs in bulk thus reducing the costs.
5. \$7.3 - \$11.4 billion would be saved with a National Pharmacare Programme. All Canadians would benefit.

QUESTIONS FOR THE MP CANDIDATE:

1. If elected, will you and your party support the creation of a National Pharmacare Programme?
2. If elected, will you and your party establish a bidding procedure for the purchase of drugs?
3. If elected, will you and your party support purchasing drugs in bulk?

REFERENCES

Time for a New Prescription: Universal Public Pharmacare is Safe and Affordable. Julie White November 2014, Congress of Union Retirees of Canada

Estimated cost of universal public coverage of prescription drugs in Canada Steven Morgan, Michael Law, Jamie R. Daw, Liza Abramham, Danielle Martin

NOTE: The federal government is presently negotiating the Canada European Trade Agreement. There are discussions regarding pharmaceuticals including market exclusivity, which has a "no filing" period in which no application of generic drugs can be given regulatory consideration and a two-year period during which generic drugs can progress toward market readiness but not be sold.

PENSION REFORM

ISSUE

Many Canadians do not have pension plans that they or their employers contribute to during their years of employment. They often do not have sufficient personal resources for their retirement years and rely on CPP and OAS.

FACTS

1. RRSPs are not the answer

RRSP Average holdings for Canadians (for the 58% of Canadians who have RRSPs)

Age 35	\$22,500
Age 35 - 45	\$49,100
Age 45 - 54	\$90,300
Age 55 - 64	\$124,500
Age 65 and older	\$108,200

If only 58% of Canadians have RRSPs that leaves 42% relying only on CPP and personal and other pensions.

An average RRSP of \$124,500 for a 55-64 old person will pay a non-indexed annuity of \$651/month. Add that to the maximum CPP benefit at age 65 and the person's annual income is about \$20,000 – barely above the Low Income Cut-off line of \$18,421. Even

if Old Age Security (OAS) were added in, the annual income would only be \$27,720 less income tax. Starting in April 2023, the age of eligibility for OAS will gradually increase from 65 to 67.

2. Only 32.5% of the labour force has a registered pension plan.
3. 26% of Canadians believe they are not saving sufficiently to meet future retirement needs and 15% are saving nothing because they do not earn enough to make contributions.
4. Both employees and employers generally pay into pension plans but 75%-80% of the pensions are paid by investment returns. They represent excellent value to both employees and employers and to the taxpayers. Seniors without pension benefits rely almost entirely on taxpayer funded programmes.

QUESTIONS FOR THE MP CANDIDATE:

1. If you and your party are elected, will you support Defined Benefits plans and encourage new Defined Benefit plans that are superior and provide more protection to the individual and to future taxpayers?
2. If you and your party are elected, will you support the improvement of CPP, which is a universal Defined Benefit pension plan, has forced participation and is the most economical choice?
3. If you and your party are elected, will you oppose any future movement away from Defined Benefit plans?

REFERENCES

The Wealth of Canadians – Statscan and fairpensionsforall.net
<http://www.statcan.gc.ca/tablesaux/um-som/101/cst01/labor26a-eng.htm>
Angus Reid

END-OF-LIFE CARE

ISSUE

A national, comprehensive palliative care policy/strategy is needed so that all Canadians have access to palliative care services regardless of where they live.

FACTS

Fewer than 20% of Canadians who died in 2014 had access to hospice, palliative and end-of-life care services because these services were not available consistently throughout Canada.

QUESTIONS FOR THE MP CANDIDATE:

1. If elected, would you or your party work to re-establish the National Secretariat on Palliative End of Life Care that was abandoned in 2007?
2. If elected, would you and your party ensure that all Canadians have access to appropriate palliative care services?

ISSUE

Doctors and nurses need more education and training about palliative care approaches, pain management and advance care directives.

FACTS

Systems-wide approaches to hospice, palliative care training and education are needed so that Canadians will receive quality care in all care settings where they die.

QUESTIONS FOR THE MP CANDIDATE:

If elected, would you or your party provide financial incentives and establish new national programs for the encouragement and development of doctor and nursing programs, and teaching and training facilities for persons who provide palliative care in Canada?

END-OF-LIFE CARE

ISSUE

All Canadians need to be persuaded that end-of-life planning is important for everyone, not just for those diagnosed with life limiting illnesses.

FACTS

86% of Canadians have not heard of advance care planning and less than half have had a discussion with a family member or friend about their healthcare treatments in the event that they became ill and unable to communicate.

QUESTIONS FOR THE MP CANDIDATE:

If elected, would you or your party provide models and frameworks that will encourage Canadians to discuss and plan for end of life care?

**The goal of end of life care is the same regardless of setting:
to ensure the best possible quality of life for dying people and their families.**

CANADIAN MEDICAL ASSOCIATION: DEFINITIONS

Advance Care Planning: End of life wishes discussion. Treatment goals and preferences.
e.g. Written directives or advance care plan.

Palliative Care: Prevention and relief of suffering. Treatment of pain and other physical, psychosocial and spiritual symptoms.

Euthanasia: Explicitly ending another person's life. An act undertaken with empathy and compassion.

REFERENCES

" Canadian Institute for Health Information, Health Care Use at the End of Life in Western Canada "

https://secure.cihi.ca/free_products/end_of_life_report_aug07_e.pdf

"Canadians Want End-of-Life Care Brought Out of the Shadows "(2014)

<https://www.cma.ca/.../EOL/National-Dialogue-Press-Release.pdf> Canadian Medical Association

National Ipsos-Reid poll indicates majority of Canadians haven't talked about their wishes for care (2012)

<http://www.advancecareplanning.ca/news-room/news-archives/national-ipsos-reid-poll-indicates-majority-of-canadians-haven%E2%80%99t-talked-about-their-wishes-for-care.aspx> Health Canada's Chronology of Key National Palliative and End-of-Life Care Developments in Canada (2014)

<http://www.hc-sc.gc.ca/hcs-sss/palliat/support-soutien/chronolog-eng.php>

Kirby Report: The Senate Standing Committee on Social Affairs, Science and Technology (2002)

www.parl.gc.ca/Content/SEN/Committee/372/.../repoc02vol6-e.htm

Fact Sheet Canadian Hospice Palliative Care Association (2012)

www.chpca.net/.../fact_sheet_hpc_in_canada_may_2012_final.pdf

"CBC: Palliative care motion gets unusual near unanimous support" (May, 2014)

<http://www.rcinet.ca/en/2014/05/29/palliative-care-motion-gets-unusual-near-unanimous-support-in-canadas-house-of-commons/>

SUSTAINABILITY OF MEDICARE

ISSUE

Medicare is based on the five principles contained in the Canada Health Act: public administration, universal access, comprehensive coverage, accessibility without extra charges or discrimination and portability across the provinces. In the words of Roy Romanow, the issue is, "Medicare is as sustainable as we want it to be".

FACTS

1. Public Health Care is sustainable.
2. Health costs are being driven up by prescription drug costs, medical imaging and expensive medical technology.
3. Seniors cause an annual 0.8% increase in medical costs. The Canadian population is increasing at an average of 1.1% while Inflation is 2.5%.
4. Canadians have a right to know how our money is being spent so that we can be assured that we are getting value for our money.

QUESTIONS FOR THE MP CANDIDATE:

If elected, what steps would you and your party take to assure Canadians that Medicare spending will be transparent and cost effective?

ISSUE

Tax cuts have impacted public services and Medicare.

FACTS

1. Health costs take an increasing amount of provincial budgets. The reason is not uncontrollable spending. Tax cuts have impacted the maintenance and delivery of government services.
2. Medicare spending continues to take the same share of provincial revenues as it did 35 years ago.
3. Corporate and personal income tax cuts have removed \$170.8 billion between 1997 and 2004.

QUESTIONS FOR THE MP CANDIDATE:

If elected, would you and your party assure that a universal pharmacare programme would become part of the Canada Health Act?

Prepared by the BCRTA and shared with Retired Teacher Associations across Canada

