



"It should be the right of each Canadian to age with dignity and in security."  
« Chaque Canadien devrait pouvoir vieillir avec dignité et en sécurité »

# **SUBMISSION TO THE SPECIAL SENATE COMMITTEE ON AGING – SECOND INTERIM REPORT**

## **RESPECTING CHAPTER FIVE**



**SUBMITTED BY THE  
CONGRESS OF NATIONAL SENIORS' ORGANIZATIONS**

**JUNE 2, 2008**

**C/O Federal Superannuates National Association  
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## **Overview**

The Congress of National Seniors' Organizations (CNSO) was officially established in March of 2001 by 13 seniors' organizations in collaboration with the Division of Aging and Seniors, Health Canada.

CNSO's mission is to influence and shape policies and programs on aging through efficient and effective dialogue between seniors' organizations and all levels of government.

Through more than 11 seniors' organizations, CNSO represents tens of thousands of seniors across Canada.

The following are the basic principles of CNSO:

- Seniors' organizations are an important and invaluable part of the Voluntary Sector. Their concerns and objectives are societal in nature and touch all generations, even when the focus is on seniors' issues.
- Seniors' organizations want to continue the process of getting together to develop common objectives and to more effectively influence governments at all levels on policy and program development.
- Seniors' organizations strongly support a "public involvement" approach and want to actively work in partnership with all levels of government.

## **Introduction**

CNSO values the opportunity to provide this submission to the Special Senate Committee on Aging and share our response with respect to the *Second Interim Report, Issues and Options for an Aging Population*, Chapter 5: Aging in Place of Choice.

Living arrangements have a significant impact on the quality of life for seniors. Any policy development with respect to aging in place must take into account the core values that seniors have espoused and which were highlighted in the Principles of the National Framework on Aging: a Policy Guide: dignity, independence, participation, fairness and security.

Much research has been undertaken and many papers and reports published with respect to the aging population and its impacts on Canadian society and the health care system. What Canada does next with the information will be

paramount to how seniors live out their retirement years and how all Canadians can continue to benefit from their contributions to society.

It is CNSO's hope that the Special Senate Committee on Aging will influence the Government of Canada to act quickly, in cooperation with the provinces and Canadians, and move forward on a strategy to allow seniors (which by 2031 will make up 25% of the population) to enjoy a life of dignity and hope similar to their dreams for all Canadians when they helped build this country.

## **Responses to Options**

Within Chapter 5 of the *Second Interim Report*, the Committee has posed options and several questions for further consideration. This submission is focused on responding to the topic and, whenever appropriate, the questions raised in Chapter 5: Aging in Place.

### **Options for Long-term Care**

- 58. Encourage the provinces and territories to make reciprocal arrangements to eliminate the waiting period for residents from another province.**

#### CNSO Response:

In general, CNSO believes that admission to long-term care facilities is a last option to be considered for senior Canadians. Research has shown that seniors want to remain as independent as possible, in the comfort of their own homes and in familiar surroundings. Furthermore, there is a growing recognition that Canadians who are dying – and who need palliative nursing care, medication and other supports – would prefer to die at home rather than in a hospital or nursing home<sup>1</sup>.

A number of alternatives and options are available that support seniors and are aimed at helping them with their activities of daily living so that they can continue to live in their own homes. All options, such as home care, home support, community supports, assisted living, and home re-design, to name a few, should be exhausted before consideration is given to admission to a long term care facility.

Although the proportion of seniors living in private households is on the rise, according to the 2001 Census, 7% of seniors aged 65 and over reside in healthcare institutions. This number increases to 85% when you look at seniors 85 years of age and older. For these individuals, it is vital that quality care, safety, security, cultural sensitivity, costs and portability are taken into account when considering policy on long term care in Canada.

A set of minimum standards for long term care would ensure that all seniors, regardless of where they live, would be guaranteed quality care, a sense of safety and security for the patient and their families, cultural sensitivity where appropriate, freedom to move within Canada without loss of support and within a sustaining cost to the patient, family and health care system.

In accordance with the mobility commitments of the 1999 Social Union Framework Agreement and the “portability” principle of the Canada Health Act, Canadians should be able to move from one province or territory to another to be closer to family and not lose access to or level of long term care. The provincial and territorial governments should develop transfer policies so that individuals and their families are not separated, adding undue stress at an already emotional time.

**Recommendation:**

CNSO recommends minimum standards of assessment, care and training enforced in *all* facilities – public or private - within each province and territory to ensure a high level of care, safety, security, and portability for seniors in Canada.

**59. Communicate information and best practices about adapting long term care facilities to address the needs of a multi-cultural society.**

CNSO Response:

CNSO agrees with this option and further suggests that cultural and linguistic sensitivity training become part of the minimum standards for provinces to include in their long term care programming for both staff and volunteers.

As you know, immigrants represent a considerably large group among seniors. In 2001, some 29% of individuals aged 65 to 74 and 28% of those aged 75 to 84 were immigrants. By comparison, immigrants accounted for about 17% of the non-senior population in 2001.<sup>2</sup>

Furthermore, CNSO supports the following statement within the Principles of the National Framework on Aging: a Policy Guide: “Long term care facilities must also accommodate the special needs of seniors who have a hearing and/or visual disability so they can fully participate with dignity in the life of their community.”

**Recommendation:**

CNSO recommends that the Special Senate Committee on Aging recommend the inclusion of sensitivity training (to include cultural, linguistic, hearing, visual and physical disabilities) within the overall training program for staff and volunteers of long term care facilities.

## **Home Support and Home Care**

### **60 Introduce a National Home Care Program**

Would there be a danger that a national home care program would result in a reduction of services in jurisdictions which already have exceeded the scope of a standardized program? Given that different jurisdictions have different resources, is there a danger that a standardized program would put excess pressures on those jurisdictions which have less?

CNSO Response:

Clarification must first be given to the definition of “home care” because the term has different meaning for provinces, health organizations and the general public. For the purposes of this submission, CNSO has extended the definition of home care to include all of the programs and services that are required by seniors to remain living as independently as possible in the comfort of their own homes and communities. These services include nursing care and other professional care within the home and community as well as personal and support care which includes activities ranging from home maintenance to bathing and personal hygiene.

CNSO believes there is overall support for a national home care program as suggested in the 2007 Pollara report titled, “Health Care in Canada: 10<sup>th</sup> Annual Edition Survey Results”. Their statistics signify that 78% of Canadians support the development of more home and community care programs in Canada. Significantly, this option was asked of those being surveyed as an opportunity to improve the health care system.

Federal/provincial/territorial governments recognize the growing dependence on home care within the Canadian health care system. According to the Canadian Home Care Association between 2005 – 2006, the number of home care recipients has increased by almost 100% to reach an estimated 1 million Canadians.

*Would there be a danger that a national home care program would result in a reduction of services in jurisdictions which already have exceeded the scope of a standardized program?*

No. A National Home Care Program would not expect provinces and territories to *only* provide the “core basket of services” but would expect them, as a minimum, to include the “core basket of services” within their current program.

In the 2004 10-year plan to strengthen health care, home care is described as an “essential part of modern, integrated and patient-centered health care...All governments have recognized the value of home care as a cost-effective means of delivering services.” As home care has been identified by each province and territory as an essential component of the health care system, it would be expected that a national home care program would be integrated into the continuum of health and social services.

*Given that different jurisdictions have different resources, is there a danger that a standardized program would put excess pressures on those jurisdictions which have less?*

The pressure in each jurisdiction exists now by way of the demands of Canadians in each province for more home care and community support programs. CNSO believes that a minimum “core basket of services” will, in the long term, reduce costs spent for long term care facilities and

hospitals – much costlier alternatives to home care. Dr. Marcus Hollander, co-director of the National Evaluation of the Cost-Effectiveness of Home Care stated in 2002, “If home care is integrated with long term care as part of a broader system of continuing care, it has the potential of making Canada’s health care system more cost-effective.”

The mandate of each province will be to comply with the minimum core services of home care as prescribed through the National Home Care Program. All provinces and territories have taken steps toward fulfilling their commitments as outlined in the 2004 Health Accord with respect to home care. Namely this includes which home care services to be publicly funded based on assessed need. This work should be used as a starting point toward a National Home Care Program.<sup>3</sup> As these efforts include only short-term acute home care and mental health home care as well as end-of-life care, the national program would need to be more comprehensive and include chronic care and a number of support services that allow individuals to remain independent in their own surroundings.

All provinces and territories offer some level of home care. More specifically, New Brunswick offers a good example of providing comprehensive home health care services to New Brunswickers in their homes and in their communities through the Extra-Mural Program. (<http://www.gnb.ca/0051/0384/index-e.asp>).

### **Recommendation:**

CNSO recommends that the Special Senate Committee on Aging include a recommendation in their final report to the Senate to work with the provincial and territorial governments to develop and implement a comprehensive national home care program integrated within the continuum of care.

#### **61 Address the uneven qualifications and conditions of work of home care staff.**

Is there a role for the federal government in planning a human resource strategy aimed at home care workers? Could the federal government fund the creation of a national training curriculum for home care workers?

CNSO Response:

*Is there a role for the federal government in planning a human resource strategy aimed at home care workers?*

Yes. Currently the federal government, through Health Canada, is involved and provides leadership to the Federal/Provincial/Territorial Health Human Resource (HHR) Strategy. This must be expanded to include home and community support services. In the 2004 10-year plan to strengthen health care, it was agreed that home care is an integral part of the health system. Therefore, when considering a pan-Canadian approach to health human resources, it is absolutely imperative that home care and community support services be included.

The Interprofessional Education for Collaborative Patient-Centered Practice (IECPCP) is an initiative of the Pan-Canadian HHR strategy to increase patient and provider satisfaction and ultimately, to improve patient care. This is valuable work and will prove extremely beneficial as we move forward to sustain and train Canada's health human resources. Of concern is that, to date, there has been little attention given to home and community care. As part of an integral part of the health care system, clearly these areas must be included in future HHR projects and studies.

*Could the federal government fund the creation of a national training curriculum for home care workers?*

Yes. Currently only three provinces, Alberta, Nova Scotia and Ontario, offer diplomas, programs or courses in Personal Support Worker. Best practices learned in these provinces would support the development and implementation of a national training curriculum for home care workers. These efforts would raise awareness of the value of home care and home support workers, support wage parity and help address recruitment and retention issues.

Changing the way we educate health care providers is key to achieving system change and to ensuring that health care providers have the necessary knowledge and skills to work effectively in interprofessional teams within the evolving health care system.

The para-professionals (home support/personal support workers) that provide home support services, including personal hygiene, light housekeeping and meal preparation, play a major role in helping individuals remain in their own homes and as active participants in their communities. This group of workers suffer many of the similar issues as professionals working in the home care sector including lack of parity with their complement in the hospital or long term care sector, a shortage of workers and isolation in the workplace.

**Recommendation:**

CNSO recommends that the Special Senate Committee on Aging make a recommendation in their final report to increase the focus on home care and community support services within the current Inter-professional Education for Collaborative Patient-Centered Practice initiative and to encourage the provinces and territories, through some level of funding, to share best practices and develop and implement a national training curriculum for home care workers.

**62 Create a registered chronic care savings plan.**

Because home care is not entirely publicly funded, some witnesses have suggested that Canadians be urged to save so that they will eventually be able to afford the services to meet their needs. This could be done through the creation of a registered chronic care savings plan, similar to an RRSP.

CNSO Response:

CNSO believes that home care is an essential service within the continuum of care and, therefore, should be a publicly funded service.

**67 Introduce a Canada Pension Plan (CPP) drop-out provision for caregivers.**

CNSO Response:

CNSO believes that the CPP is already a well-designed plan that includes sufficient social initiatives. The Compassionate Care Benefit, provided through the Employment Insurance Program, is an example of an initiative to support and respond to the needs of caregivers. CNSO recognizes the plight as well as the increasing numbers of caregivers

and recommends that this example, along with other options, be explored to more fully support caregivers in Canada.

## **Support for the Transition to Integrated Care**

### **68 Introduce a National Policy Initiative for Integrated Care.**

The federal government could help provincial governments address the costs of an aging population by helping them move toward models of integrated care. Witnesses have suggested that the federal government work with the provinces, through the Social Union Framework Agreement, to develop a federal funding initiative which would provide financial support to the provinces to facilitate the move toward integrated models of care for the elderly. The goals and conditions of the program could be designed to ensure:

- A move toward one-stop-shopping for seniors and their families;
- Improved portability of services between provinces; and
- A greater emphasis on independent living.

#### CNSO Response:

Currently, no shared definition of integrated care exists in Canada, therefore, CNSO's response below considered not only integrated care, but also collaborative care and reformed primary health care as terms used interchangeably to describe care involving the following key principles:

- improved access to comprehensive care
- increased emphasis on health promotion, disease prevention and chronic disease management
- expanded 24/7 access to essential services
- expanded multi-disciplinary teams so most appropriate care is provided by the most appropriate provider
- facilitated coordination with other health services / specialists

The overall goal of an integrated care approach would be primarily to improve the quality and access to care for Canadians but also to respond to the rising financial costs of the Canadian health care system.

Integrated care for seniors relies on a patient-centered collaboration with a network of health care providers, patients, families and caregivers.

CNSO understands the urgency to put an integrated care system in place to deal with the growing numbers of seniors presenting to physicians, clinics and emergency rooms with, often, multiple chronic conditions, and supports the focus on seniors initially, but recommends moving forward on a collaborative care system that will be responsive to Canadians in the future. This strategy would ensure successful health care for all Canadians – both in the quality of care and the efficiency in which it is delivered.

As previously noted, CNSO believes that home care and community support services must be considered within the continuum of care in Canada. An integrated model of care would meet this recommendation and provide access to a wide range of social and health supports and multi-disciplinary teams which would allow seniors the independence they seek and the care they need when and where they need it.

There are currently two parallel initiatives that could achieve the same end result – improved patient care, access, and efficiency. One is the integrated care initiative<sup>4</sup> and the other is the initiative to improve primary health care in Canada<sup>5</sup>. The latter has been funded through the Primary Health Care Transition Fund (PHCTF) and has much to offer with respect to the development of primary health care teams. The integrated care initiative is more focused on seniors and is in its early stage with respect to progress. Both can complement and *should* complement the other.

Since the Government of Canada announced the creation of the PHCTF in 2000, it has received \$800 million for provincial, territorial and health care system stakeholders to accelerate the development and implementation of new models of primary health care delivery. The program ran until 2006 but there is an opportunity for the Government of Canada to continue the momentum across Canada and hasten the fundamental changes required to sustain the Canadian health care system.

**Recommendation:**

CNSO recommends that the Special Senate Committee on Aging make a recommendation in their final report to the Senate that the Government of Canada continues funding for increased discussion, knowledge sharing, promotion and further implementation of improved primary health care initiatives in provinces and territories.

**69 Share of best practices related to integrated care.**

How could the federal government facilitate information sharing in this area?

CNSO Response:

Both the Canadian Policy Research Networks and The Primary Health Care Transition Fund are well positioned to share the information gleaned from their research and pilot projects. The Government of Canada should continue to facilitate the sharing of this information as widely as possible to the provinces and territories.

**Recommendations**

**1. Recommendation:**

CNSO recommends minimum standards of assessment, care and training enforced in *all* facilities – public or private - within each province and territory to ensure a high level of care, safety, security, and portability for seniors in Canada.

**2. Recommendation:**

CNSO recommends that the Special Senate Committee on Aging recommend the inclusion of sensitivity training (to include cultural, linguistic, hearing, visual and physical disabilities) within the overall training program for staff and volunteers of long term care facilities.

**3. Recommendation:**

CNSO recommends that the Special Senate Committee on Aging include a recommendation in their final report to the Senate to work with the provincial and territorial governments to develop and implement a comprehensive national home care program integrated within the continuum of care.

**4. Recommendation:**

CNSO recommends that the Special Senate Committee on Aging make a recommendation in their final report to increase the focus on home care and community support services within the current Inter-professional Education for Collaborative Patient-Centered Practice initiative and to encourage the provinces and territories, through some level of funding, to share best practices and develop and implement a national training curriculum for home care workers.

**5. Recommendation:**

CNSO recommends that the Special Senate Committee on Aging make a recommendation in their final report to the Senate that the Government of Canada continues funding for increased discussion, knowledge sharing, promotion and further implementation of improved primary health care initiatives in provinces and territories.

**Conclusion:**

Canada is on an historical journey where the number of older persons world-wide is expected to exceed the number of children for the first time ever in 2047. This will have profound impacts on every aspect of life and it is imperative that the issues highlighted above are proactively addressed.

Overall change can occur if a first step is taken and CNSO urges the Special Senate Committee on Aging to make the recommendations necessary to ensure an appropriate leadership role in helping seniors in Canada age well, with dignity and respect, now and into the future.

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<sup>1</sup>Canadian Institute for Health Information, Health Care Use at End of Life in Western Canada (2007) [www.cihi.ca](http://www.cihi.ca).

<sup>2</sup>Statistics Canada, A Portrait of Seniors in Canada (2006. pg. 271).

<sup>3</sup>Health Council of Canada, Fixing the Foundation: An Update on Primary Health Care and Home Care Renewal in Canada (January 2008).

<sup>4</sup>Margaret MacAdam, Canadian Policy Research Networks Research Report, Frameworks of Integrated Care for the Elderly: A Systematic Review (April 2008).

<sup>5</sup>Health Canada, Primary Health Care Transition Fund, Laying the Groundwork for Culture Change – The Legacy of the Primary Health Care Transition Fund (March 2007).

Submission by:

The Congress of National Seniors' Organizations is composed of the following seniors' organizations:

- Alliance des associations de retraités et d'aînés du Québec
- Fédération des aînées et aînés francophones du Canada
- Association québécoise de défense des droits des personnes retraitées et préretraitées
- Canadian Association of Retired Teachers
- Canadian Association on Gerontology
- Canadian Pensioners Concerned
- Congress of Union Retirees
- Federal Superannuates National Association
- National Pensioners and Senior Citizens Federation
- Active Living Coalition of Older Adults
- Assembly of First Nations