

Meeting with Honourable Seamus O'Regan
Minister for Seniors
March 13 @ 2:30 PM NT

Topics for Discussion:

Introductions.

We would like to address with you, the following:

- **National Seniors Strategy:** This Coalition is still calling for the establishment of a National Seniors Strategy. We have been raising this matter for several years now and we continue to be disappointed that there is no commitment to such a Strategy. While no revised Mandate Letter seems to be available for the Minister for Seniors, we are assuming that the Mandate Letter to former Minister Khera remains current. As referenced before, the directions for Minister Khera were not founded in any overall Government strategy that is guided by Principles and Values that guarantee aging persons a decent, respectful, and acceptable living as they journey through their senior years. This portfolio places a lot of emphasis on the New Horizons for Seniors Program and working in collaboration with the Ministers of Health, Justice, and Families, Children and Social Development to deliver on programs/strategies that are sourced in these other portfolios. Given what has been well documented and what we all know about our aging demographic and the vulnerabilities of aging persons, it is time that the Government of Canada directed the development and implementation of a National Seniors Strategy. This Coalition remains a strong advocate for a National Seniors Strategy.
 - There was some suggestion a couple of years ago that the National Seniors Council would be conducting consultations across the country that could possibly inform a National Seniors Strategy. This was during the time when Her Honor Joan Marie Aylward served on the Council. I recently checked the website and it shows that the Minister with the Minister of Health set the priority for the NSC to be the expert panel to examine measures to support Canadians in aging

at home. Again, all these actions, while important in their own singular right, need to be founded in a National Seniors Strategy.

- **Canada Dental Care Plan.** Reserved Congratulations! This Coalition is very pleased that 7M Canadians who never had dental care are now able to access the care they need to improve their health outcomes. And, we also have appreciation that this Plan will be a phased in plan until Canada achieves universal dental coverage. Having said this, however, we do wish to draw your attention to the exclusion of retired folks who have access to an employer sponsored dental plan. For the most part, the continuation of these plans into retirement pose a high financial burden upon the retirees, as the premiums are 100% funded by the individual with no shared responsibility with the employer (also same for current workers) and most folks on a pension are still struggling to stay ahead of the cost of living today. **Example: there are two retirees from the same employer, one with dental coverage, one without, same pension. The one with the dental coverage who might be paying a premium of \$30-40-50 per pay period x 26 pay periods = \$780 per year + is worse off than the same employee who did not take out an employer plan. The latter is eligible for CDCP while the other is not, but both have the same income below the \$70,000 threshold.**

In the next round of additions to the CDCP, this Coalition asks that you take a hard look at this group of folks who are being penalized now because they did choose their health over cost, especially since being able to retain \$780+ in your annual income would help tremendously in this high cost of living time.

- **National Universal Pharmacare: Bill C-64** is a welcome start, but we see this as an introduction to a pharmacare plan. Without being critical, as we all want to see this move forward, analysis of Bill C-64 is that is in a preamble to a pharmacare plan. Specifically, the Bill is to guide efforts to improve the accessibility and affordability of prescription drugs and related products, and to support their appropriate use, in collaboration with provinces, territories,

indigenous peoples and other partners and stakeholders, with the aim of continuing to work toward the implementation of national universal pharmacare. As a result, we have a number of questions:

1. What does this mean?
 2. When will this start? Timeline?
 3. Management of Plan Development?
 4. Will it truly be universal or will there be some “exclusions”, as with the CDCP? Particularly, will persons who have a private “drug plan” be excluded? The Bill does reference “universality”, but will that be gradual, or from outset, or provincial/territorial/indigenous governments opting in/out?
 5. Will the framework be developed nationally and then be negotiated with the jurisdictions, giving the jurisdictions authority to decide where the funding is allocated? This would not be universal, as GNL has previously stated that it would top up the Provincial Drug Plan. To emphasize the need for universality, we are concerned with this wording: Clause 6 (1) “make payments to a province or territory in order to increase any existing public pharmacare coverage – and to provide universal, single-payer, first dollar coverage – for specific prescription drugs and related products intended for contraception and the treatment of diabetes”.
- We welcome your comments, realizing this is a first signal of action on a Pharmacare Act and the “devil will be in the details”..
 - **Safe Long Term Care Act & National Long Term Care Standards.**

What is the status of the development of the Safe Long term Care Act?

On January 31, 2023, the Government of Canada was pleased to release two independent LTC standards from the CSA Group and the Health Standards Organization (HSO), which are intended to provide guidance for delivering services that are safe, reliable, and centred

on residents' needs. This Coalition thoroughly reviewed the Standards when they were in draft format and presented feedback during the consultation process. We were disappointed when they were released as the Standards were more akin to “Guiding Principles” and did not have the teeth needed to improve the residential care needs of persons requiring such accommodations.

Towards the end of July 2023, former Minister of Health Duclos and former Minister of Seniors Khera commenced a 60-day public online consultation process to support the development of a Safe Long Term Care Act. This consultation is now closed as of September 21, 2023.

In the current Government of Canada website information, there is a lot of discussion that seems to focus on how the federal government might manage/work with provinces/territories in the implementation of a Safe Long Term Care Act. No doubt this poses a bit of a conundrum but there does seem to be a bit of opportunity in that long term care is not covered by the Canada Health Act, even though jurisdictions can use Canada Health Transfer funding to help cover the cost of providing long-term care services.

GC, however, states they are committed to working collaboratively with provinces and territories to improve the quality, safety and availability of care in long-term care homes and that a Safe Long-Term Care Act will:

- focus on results and accountability to people in Canada.
- reflect the shared responsibility of all levels of governments with respect to the well-being of older adults and persons with disabilities.

We remain hopeful that the Act, when developed and approved, would have some form of accountability applied to the provincial/territorial jurisdictions to force compliance with the law. Historically, there has been a reluctance to apply accountability

measures against the provinces and territories for their implementation and management of health care.

- **Aging At Home.** The memberships of this Coalition and the research that was done to support the NL Health Accord clearly and strongly state that persons wish to age well at home or in their communities, but to achieve this, there must be a significant shift in how health care services are managed. Transforming health care from an acute care model (where some 80%-90% of all health care dollars are spent) to a community-based model that strives to improve on the social determinants of health is not an easy task. It requires a commitment from all levels of Government and community partners to a transformative strategy.

In June of 2022, Minister Khera announced the launch of a new initiative called Age Well at Home, which was intended to help seniors stay in their homes for as long as possible by providing them with practical assistance for everyday tasks. The federal budget of 2021 provided \$90 million dollars of funding over four years, starting in 2022-2023 for organizations to apply for funding for projects under two streams: In-Home Support Pilot Projects and Scaling Up for Seniors.

On October 6, 2022, the Minister of Seniors and the Minister of Health directed the National Seniors Council to serve as an expert panel to examine measures to further support Canadians who wish to age within the comfort of their own homes. The Objectives established for this direction include:

- Identifying existing measures in Canada as well as international best practices that help seniors age at home;
- Identifying the reasons that prevent seniors from aging at home and assess the areas of greatest needs to help identify domains of actions;
- Identifying and assessing current and potential new measures that could address the areas of greatest need to support aging in place, taking into account the government fiscal constraints.

To respond to the direction from the Ministers, the National Seniors Council intended to lead activities such as:

- Research
- Convening experts, and
- Consulting with seniors, their caregivers, and representatives of organizations serving or advocating for seniors.

I have done a review of the NSC website page and there are no new reports published since 2013-2014 concerning the isolation of seniors. I do understand work is happening along these lines, and that some announcements have been made, but there does not seem to be a lot of uptake, if any, in this jurisdiction.

Any comments?

- **Family Caregiver Support.** Because of the high cost of private alternatives and the limited resources for service access, most home care needs in Canada could not be met without the fundamental support of unpaid family/friend caregivers. Because of this lack of resources, more folks are ending up in institutional residential care facilities or acute care, when funding, day programming, respite care and other in-home supports for families could help alleviate the burden on the health care system and provide some relief, enjoyment of life, and personal time for family caregivers.

Although caregiving can and most likely will be the first choice of families and be very rewarding, it has negative effects. Family caregivers often experience considerable stress and subsequent health problems, isolation, fatigue, and frustration, sometimes leading to a sense of helplessness and exhaustion. Also, the effect on the caregiver is likely to be greater when the family member has a serious disorder and/or a severe disability and more care is required. Caregiving can also become a financial burden, especially if the family resources are not sufficient or when a working caregiver needs to leave full-time employment or reduce work hours to accommodate caregiving. In these situations when they become unbearable for the caregiver, the older person is often abandoned to the acute care system or long-term care. This must be

unacceptable, yet it is happening every day. If there is true commitment to caring for elderly persons at home or in the community, then the resources need to be available to deliver on this direction.

○ **Elder Abuse.**

In December 2012, the Canadian Parliament passed Bill C-36, the Protecting Canada's Seniors Act, which aims to protect older adults through amendments to the Criminal Code. This bill makes elder abuse an aggravating factor for sentencing purposes, such that criminal acts of elder abuse might be subject to maximal sentencing.

There is no specific crime of elder abuse in the *Criminal Code*. Instead, several sections of the Code deal with cases where older people are harmed, including manslaughter, failure to provide the necessities of life, and sexual assault.

However, in the Mandate Letter for the former Minister of Justice, the Minister was directed to work with the Minister of Seniors to strengthen Canada's approach to elder abuse by:

- a. Creating a national definition of elder abuse;
- b. Investing in better data collection and law enforcement related to elder abuse; and
- c. Establishing new offences and penalties in the *Criminal Code* related to elder abuse.

Can you provide an update on this direction, as I could not find any proposed or newly enacted sections of the Criminal Code?

In 2021, our Province enacted Bill 40, Adult Protection Act, 2021 and Regulations to support this act were approved in December 2022. If our provincial legislation and regulations are to be fully effective, the amendments to the Criminal Code are needed to ensure the elimination of elder abuse and that the penalties for such criminal behavior will be dealt with severely.

- **Ageism/Older Workers.** Across Canada, there is a crisis of unavailable employees, for multiple reasons. It is not the reasons that we wish to address but more importantly how we can support older persons who wish to return to work or continue to work beyond retirement while at the same time, supporting employers to be successful in their lines of business. Minor changes to tax rules, businesses offering more workplace flexibility, and some accommodations for mobility challenges could have a huge positive impact on re-sourcing the employee crisis that would be both productive for employers and older persons alike. Older workers have proven attitudes and attributes of loyalty and reliability but unfortunately these do not outweigh the negative ageist stereotypical attitudes of resistance to change, decreased capacity to learn and decreased productivity which employers have unfortunately assigned to be higher in younger workers. A cultural shift in thinking and positive promotion could go a long way to shifting these ageist opinions for more positive social and economic outcomes.
- **Cost of Living & Financial Security.** This Coalition acknowledges all past and new initiatives to put more money into the hands of Canadians, especially older persons. Notwithstanding these undertakings, however, the continuing increases to ordinary everyday living, such as the cost of groceries, medications, home heating costs, fuel, and some social activities are an everyday worry and concern for most Newfoundlanders and Labradorians. There is nothing more disheartening than being in the aisle of a supermarket and seeing folks, of all ages, putting products back on the shelves because the costs are beyond their means. Any hope of relief is fast diminishing for most folks, as the rhetoric about increasing production costs, climate changes, carbon tax, delivery delays, and so on are getting stale and unlikely to offer relief.

Thank you for your time today. Best wishes with the business of the people in the House of Commons over the next Sitting. We welcome more such opportunities as this into the future.