A DECLARATION

CONCERNING A NATIONAL HEALTH CARE STRATEGY *FOR SENIORS*

We, the undersigned, are agreed that Canada needs a national seniors strategy that is reflective of a society that is just and compassionate and equal. Our current universal health care system, Medicare, does not fully reflect these values or the changing needs of our population.

We believe that Medicare still largely addresses the priorities it did fifty years ago. At that time it was designed to meet the health care needs of a younger Canadian population requiring treatment for acute health concerns which could be resolved in a relatively short period of time.

We agree that acute care needs must still be met and be adequately funded. Today, however, our population has a much larger proportion of older citizens who often require care for multiple chronic conditions to be managed over long periods of time, and who almost always prefer care in home or community-based settings. Our current health care system does not reflect these changing needs and preferences, and urgently needs to do so.

We believe that health care innovation and reformation, through a national health care strategy that takes into account our country's changing demographics, would enhance health care delivery to all – to older and younger Canadians alike. We urge governments to coordinate endeavors to establish this strategy to improve health care in our country.

We regard the following principles to be the fundamental tenets of such a strategy:

1. QUALITY CARE

Providing quality care to senior patients through a national strategy would free up hospital beds as well as benefit elderly patients and all who care for them. Because home care and community support as well as long-term care facilities aren't readily available, a significant portion of the acute care beds in Canadian hospitals (15% or more) are being used by people with chronic conditions (many of whom are seniors) who have no other place to go. This often results in prolonged wait times and overcrowded hospitals, sometimes with emergency room patients being treated on gurneys in hallways. This gridlock situation is distressing to both patients and health care providers. Equally distressed and frustrated are Canada's army of unpaid caregivers who are struggling to look after loved ones at home, sometimes caring for children as well and holding down jobs. Often the home care support offered to unpaid caregivers is fragmented, with gaps in community services, inconsistent support among medical professionals, and a lack of access to the necessary prescription drugs that would be provided without cost to the patient in a hospital setting.

A thoughtfully structured national health care strategy for aging Canadians could enable appropriate patient placements and treatment, and provide support to informal caregivers.

2. WELLNESS AND PREVENTION

Modern health care standards require an emphasis on how best to incorporate primary and hospital care with the goal of improving the overall wellness of Canadians and of preventing disease. This approach includes

addressing the social determinants of health, which include income security, safe and affordable housing, access to nutritious food, transportation and social connection. Canada is a country characterized by the foundational richness of its Indigenous peoples and by the diversity of backgrounds, cultures and ethnicities of the population as a whole. The social determinants of health must be addressed in light of the needs inherent in this diversity ensuring that all older adults have an equal opportunity to achieve the optimal state of wellness.

It is incumbent upon all levels of government to develop health-supporting public policies that will address all the social determinants of health so that the full health potential of all Canadians can be realized.

3. HEALTH SYSTEM INTEGRATION

As noted earlier, our current health care system was designed decades ago to treat acute health concerns that could be resolved over a relatively short period of time. Advances in technology and medical interventions, however, result in people being better able to address the multiple chronic conditions that may come with aging. Consequently, seniors are living longer and require health care that manages their chronic conditions as they live out their lives, ideally in home and community settings.

Health care delivery that focuses on the patient, with seamless transitions from one form of health care to another, should define a restructured system. Our vision for the future is a collaborative, patient-centred approach which includes a broad team of health care practitioners and which addresses all the needs of patients and their families. It is a vision that includes comparable access to quality of care across geographic boundaries and regions of our country as well as those related to language, culture and ethnicity.

4. PRIMARY CARE

A priority in making the health care system work efficiently in future years must be to help seniors stay out of hospitals. For that to happen, effective primary care is crucial.

Senior patients would be better served if primary care and specialist care were to be fully integrated within a community-based system that features inter-professional teams and increased palliative care.

5. TRAINING OF HEALTH CARE PROVIDERS

There is a need for more primary care team members to have training in gerontology and geriatrics. A survey of the geriatrics content of Canadian undergraduate and postgraduate medical curricula in 2011 found that "it [was] possible in Canada to complete eight or more years of undergraduate and postgraduate medical training and receive a total of 10 hours of mandatory instruction in geriatrics." Although this number was at the very lowest end of the spectrum, it demonstrates the need for revision of medical school curricula in light of our changing demographics.

Geriatricians can play a crucial role in the health care of older persons. They can deal with the prevention, diagnosis and treatment of chronic medical conditions; and they can work with a health care team to prevent illness or restore an ill, disabled older patient to a level of optimal ability, possibly returning the person to an independent life at home. Yet, a survey conducted in 2010 found that Canada, with a population of 32 million, had 233 geriatricians; in contrast, Sweden, with a population of 9 million, had 500 geriatricians.

Governments and others involved in setting priorities for medical and allied health professional training should move to ensure that health care personnel receive adequate training in treating elderly persons, that the geriatric content of medical school curricula be reviewed, and that more medical students be encouraged to select geriatrics as a specialty.

6. APPROPRIATE PRESCRIPTION MEDICATIONS

On the one hand many seniors may be overmedicated: a British Columbia report found that nearly half of residents in care facilities and nearly 45% of those receiving home care were taking nine or more different medications. Such polypharmacy may lead to medication error, dangerous drug interactions and other adverse effects. On the other hand, because of our fragmented and incomplete system of financial coverage of prescription drugs, many seniors in British Columbia – and across Canada – cannot afford to fill the prescriptions their doctors write for them. This results in poorer health for older individuals and increased use of medical and hospital care.

To ensure that medicines are universally accessible and appropriately prescribed, federal investment and leadership are essential in the development and implementation of a national strategy. Such a strategy should address the use of appropriate, impartially assessed medicines, and coordinate an approach for purchasing medically necessary prescriptions. The implementation of a national pharmacare plan has

long been recognized as the unfinished business of Medicare in Canada.

7. HOME CARE AND COMMUNITY SUPPORT

Most senior adults would prefer to continue living at home as long as possible. Home-based care is also a cost-effective solution for an improved health care system. Unfortunately, social policy and funding have not caught up to this reality. Access to and the quality of home care and community support vary widely across Canada.

We need national standards for home care and a strategy that will provide publicly-funded in-home care by paid, qualified professionals and also offer unpaid caregivers more support, such as tax breaks, leave and respite care.

8. ACUTE AND SPECIALTY CARE

Equity and respect for an individual's human dignity require that the shift from acute care to chronic care be planned carefully, with resources available to provide a smooth transition. Poor coordination between acute and specialty care too often means long waits to access specialist care and receive treatment, often resulting in avoidable hospital stays. Senior adults may be trapped in higher-need acute care beds in filled-to-capacity hospitals because community supports are not available to take care of their particular needs in non-acute facilities. Being stuck between stages of care can put these patients at risk as well as impact those waiting for acute care beds.

A national health strategy for the care of older adults should feature practices which reduce barriers to specialist care when it is required, and which facilitate the transition for patients between hospital care, medium-level care settings and home care.

9. LONG-TERM CARE AND ASSISTED LIVING FACILITIES

As Canadians live longer, demand for long-term care increases. Most individuals who qualify for long-term care residency are over age 85 and frail; they may have numerous cognitive and health challenges that require special care. There is a need for additional long-term facilities and for refurbishment or replacement of the existing care homes that are decades old and are not designed for today's high-need patients.

In British Columbia, for example, 5 to 15 % of patients currently in residential care could be cared for in assisted living settings or in the community with supports, thereby freeing up beds for residents truly requiring the complex care that long-term care facilities provide. However, not all care homes are affordable. Assisted living is often expensive, with fees that are totally impossible for many people to pay.

A national care strategy for older persons must facilitate access to reasonably priced high quality assisted living settings and long-term care residences. Urgently needed are national standards of care, assurance that facilities have the physical and staffing resources they need to implement those standards, and a plan for funding them.

10. PALLIATIVE CARE

Access to palliative care across the country, while improving, is limited, with only 16 to 30% of Canadians and their families having timely and appropriate access. The coordination of palliative care with curative care is poor. All too often the quality and availability of the palliative care Canadians receive depend on their postal codes.

A team-based approach, with more training for health care professionals, and national standards would expand existing resources and potentially attract more physicians and other health professionals to the specialty.

11. END-OF LIFE CARE AND END-OF-LIFE DECISIONS

Patients and their families and care providers are often reluctant, before death is imminent, to have open discussions about end-of-life planning and care decisions. The vast majority of Canadians have neither end-of-life directives nor designated representatives to speak on their behalf. The failure to determine end-of-life preferences with family members or health providers will often result in patients receiving every available, perhaps unwanted, medical intervention as they approach death. Patients, families and providers need help in openly discussing end-of-life decisions. When these conversations take place, patients are more likely to get the care they value in the setting they prefer; and costly medical interventions may be avoided.

Above all, individuals at the end of their lives deserve professional and compassionate care that is in their best interests. The complex issue of end-of-life care and the decisions related to it constitute a dimension of health care that must be an integral part of a national seniors health care strategy.

ENDORSEMENTS RECEIVED TO DATE (FEBRUARY 1, 2017) IN SUPPORT OF A DECLARATION CONCERNING A NATIONAL HEALTH CARE STRATEGY FOR SENIORS:

Vancouver Roundtable Participants:

1. BC Retired Teachers' Association
2. Council of Senior Citizens' Organizations of BC
3. Canadian Association of Retired Teachers
4. BC Federation of Labour
5. Council of Advisors for the Office of the Seniors Advocate for British Columbia
6. BC Government and Service Employees' Union
7. Association of Registered Nurses of British Columbia
8. Hospital Employees Union (BC)
9. Dr. Habib Chaudhury: Chair, Gerontology Department, Simon Fraser University
10. Dr. Steven G. Morgan: Expert in Health and Pharmaceutical Policy, Professor, University of British Columbia

Beyond the Vancouver Roundtable:

Organizations:

11. United Senior Citizens of Ontario
12. The BC Institute of Technology Retirees' Association (BCITRA)
13. Newfoundland/Labrador Coalition of Pensioners, Retirees and Seniors Associations
14. Progressive Intercultural Community Services Society (BC)
15. Prince Edward Island Retired Teachers' Association
16. Federation of Senior Citizens and Pensioners of Nova Scotia
17. Congress of Union Retirees of Canada (CURC)
18. Metro Vancouver Cross Cultural Seniors Network
19. National Pensioners Federation
20. BC Federation of Retired Union Members (BC FORUM)
21. Retired Teachers Organization of the Nova Scotia Teachers Union
22. The Korean Canadian Women's Association Family and Social Services (ON)
23. The Retired Teachers of Ontario/ Les enseignantes et enseignants retraités de l'Ontario (RTO/ERO)
24. Disability Alliance BC
25. Quebec Provincial Association of Retired School Educators
26. Canadian Hospice Palliative Care Association
27. The Retired Teachers' Association of Manitoba
28. New Brunswick Society of Retired Teachers
29. British Columbia Old Age Pensioners Organization
30. Langley Retired Teachers' Association
31. Saskatchewan Seniors Association Incorporated
32. Quebec Association of Retired Teachers
33. C2V2 (Coalition citoyenne pour mieux vivre et vieillir: The "Citizen Coalition for living and aging") Quebec
34. B.C. Government Retired Employees' Association
35. Retired Teachers Association of Newfoundland and Labrador
36. Superannuated Teachers of Saskatchewan
37. Alberta Retired Teachers' Association
38. Yukon Retired Teachers Alumni
39. The Yukon Council on Aging
40. Quesnel Retired Teachers' Association

Individuals:

1. Dr. Andrew V. Wister, PhD. Director, Gerontology Research Department, Simon Fraser University
2. Maurice Brewster, Director, Avalon Chapter of CARP, Newfoundland
3. Marvin Krawec, President of the Retired Teachers' Association of Manitoba
4. Don Davies, MP Vancouver Kingsway, NDP Critic for Health
5. Arthur Kube, C.M. Member of the Order of Canada
6. Judy Darcy, MLA New Westminster, BCNDP Spokesperson for Health
7. Selina Robinson, MLA Coquitlam-Maillardville, BCNDP Spokesperson for Seniors
8. Nancy Schandall, Career Nurse, Nova Scotia Government Retired Employees Association, (NSGREA)