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Summary of CFNU's 13th MP Breakfast: Long-Term Care in Canada: Status Quo No Option February 8, 2011

Dignity should be afforded to every human being. It is the goal of many dedicated caregivers (formal and informal; paid and unpaid) to provide this to their clients, patients, residents and loved ones. The nature and needs of the population have shifted, but the system has not kept up. A national discussion to address these issues is long overdue. CFNU addresses this issue in our newly released publication: *Long-Term Care in Canada: Status Quo No Option*. The report by Ann Silversides explores long-term care in Canada, how it fits into the continuum of care, and the wider implications for Medicare. It is available on CFNU's website: www.nursesunions.ca

On February 8th, 2011, the Canadian Federation of Nurses Unions hosted a breakfast meeting on Parliament Hill to discuss the current status of long-term care in Canada. MPs, Senators and a wide range of health and labour stakeholders came together to hear expert speakers address the challenges and realities of long term and continuing care in Canada.

Panelists and presentations

Dr. Michael Rachlis is a private consultant in health policy analysis and an Associate Professor at the University of Toronto. He has consulted the federal government, all ten provincial governments, and two royal commissions.

Dr. Rachlis noted that high performing health systems can hold costs and enhance quality. A quote from the 2001 Saskatchewan Royal Commission on Health Care explains: "Many attribute the quality problems to a lack of money. Evidence and analysis have convincingly refuted this claim. In health care, good quality often costs considerably less than poor quality."

He observed that "it is not the aging of our population that threatens to precipitate a financial crisis in health care, but a failure to examine and make appropriate changes to our health care system..."

Dr. Rachlis placed emphasis on adopting an ecological view of long-term and continuing care that includes comprehensive community care and building environments which promote residents' health and well-being. He explained that this can be achieved and even demonstrated how this has been achieved already in Denmark. Denmark is a country that supports the full continuum of care and provides health promotion and system linkages. Denmark has an older population than Canada and yet provides better coverage for home care, drugs, and appliances and devices while spending a lower share of their GDP on health.

Dr. Rachlis' presentation also touched on many of the myths surrounding the sustainability of Medicare especially as they relate to an aging population. He referred participants to another CFNU report (*The Sustainability of Medicare* – accessible at: www.nursesunions.ca) that he co-authored with economist Hugh Mackenzie. The report provides data supporting the position that our public health care system can sustain the financing needed to provide safe and equitable health care for all.

The second presenter of the morning was **Wendy Armstrong**, past President and CEO of the Alberta affiliate of Consumers' Association of Canada, is an independent researcher, policy analyst and consultant.

Wendy's presentation was delivered through the lens of consumer and citizens. She noted that a number of changes to health care and social programs in Canada have been similar to restructuring in other economic sectors with a significant cumulative effect.

Her presentation emphasized that the role and value of Canada's Medicare program and companion social supports is to provide Canadian families with personal security and social cohesion. Her examples illustrated how major changes to social programs since the late 80s and early 90s resulted in the erosion of social programs, consumer protections, and the scope of Medicare benefits – particularly services supporting recuperation and rehabilitation inside and outside the hospital sector. Community services and advocacy organizations have also been cut – leaving seniors without much needed supports and voices.

She also illustrated that dramatic changes seen in the nature and role of government through new relationships with business have challenged Medicare's effectiveness as former public services and statutory responsibilities have been turned over in whole or in part to corporate interests through delegation, deregulation and outsourcing. Since the early 90s, a new commercialization industry for health care emerged – taking advantage of what appeared to be a growing number of affluent older citizens with chronic conditions and new early discharge policies.

She posited that this new approach to Medicare has led our health care system away from a citizen-based Medicare model towards a means-tested U.S.-style Medicaid model. Furthermore, the erosion of Medicare benefits through shifting the site of care and the type of care providers has reduced personal security and social cohesion that we have previously enjoyed. These and other health and elder care issues are also addressed in an article authored by Ms. Armstrong in the latest issue of the Longwoods journal *HealthcarePapers* entitled: *The Changing Landscape of Healthcare and Social Policy*. The report can be accessed at: www.healthcarepapers.com

The final presentation of the day came from **Judith Wahl**, the Executive Director of the Advocacy Centre for the Elderly and a sessional lecturer for Law and Aging in the faculty of social work at the University of Toronto. Judith spoke about her experiences as the executive director of an organization who assists low-income and other seniors with legal problems.

More than 50% of her legal practice deals with health law issues – most of which are related to access and eligibility for health care. She notes frustration with the Canadian context that experiences constantly shifting policies and eligibility, which now seem to prioritize hospitals over the needs of those in the community. She cited devastating examples of people who are denied funding and assistance because of a perception that they should be able to care for their loved ones themselves. One story illustrated denial of home care support to an elderly couple. The woman (in her 80's) was told that she should be able to care for her husband (suffering from Alzheimers) on her own.

Judith also identified a major issue of long-term care in Canada as the lack of integration between acute and continuing care. She illustrated the vicious cycle that occurs when funding is cut to support people who reside in the community in favour of increasing hospital funding. What happens to those in the community is that without home support, their health deteriorates sending them back to the hospital – the only place where they are then eligible to receive support.

She also addressed the sudden burst in retirement homes and assisted living facilities. Although they are not currently part of the continuum of care, there is a move afoot to make them legally parallel to LTC homes. The major issue here is that they have no regulatory system in place and charge exorbitant user fees for services that are covered under the public system.

Proposed solutions and key considerations

The federal government must be involved with the renewal of Medicare and the support for Pan-Canadian vision of home care and long-term care. The need for leadership and coordination through national strategies and initiatives that address the needs of patients and caregivers must become a priority for Canada. With 2014 fast approaching, discussion and negotiation for the *Health Accord* must take place and must include Pharmacare and continuing care strategies that will contribute to a more effective long-term care system.

The panellists have provided us with a sense that a holistic approach to care is lacking in Canada and with this underlying message: if we fail to provide basic needs – including physical, social and cultural – we deny people dignity in aging.

A key consideration must be the current lack of access to appropriate home care and long-term care resulting in burdens on Canadian families and costly backlogs within the health care system. The Canadian Federation of Nurses Unions is calling on governments to support a comprehensive national strategy on aging and health human resources to support a continuum of accessible, timely and appropriate care.

It continues to be CFNU's mandate to work with health care stakeholders at every level and in every jurisdiction to create positive solutions to the many challenges facing our nurses, our patients and our health care system.

Sincerely,



Linda Silas
President, Canadian Federation of Nurses Unions