



RTOERO Response to 2021 New Brunswick Public Health Care Consultation



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On behalf of RTOERO, we are pleased to submit this feedback to help inform the future of public health care in New Brunswick.

Since 1968, RTOERO has been a voice for teachers, school and board administrators, educational support staff and college and university faculty in their retirement. Our mission is to improve the lives of our members and seniors.

Health care is of prime importance to our 81,000+ members, who live across the country. The issues we describe here are of prime importance to these members. They have been for some time, even more so during what has been a challenging period for health care in general and many seniors in particular.

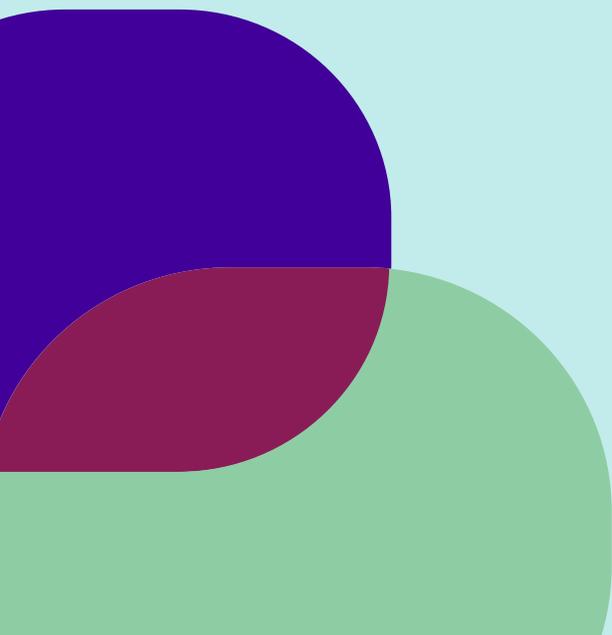
Our priorities fall under two broad categories – geriatric health care and a seniors strategy – each with specific action areas. We note how they align with the objectives listed in your discussion paper.



A. Geriatric Health Care

Today Canadians age 65 or older account for 17% of the population. Statistics Canada predicts this will rise to 20% — one-in-five Canadians — by 2024. This trend will increase as the younger Baby Boomers turn 65. As you note, by 2026, 26.3% of New Brunswick's population will be over age 65.

COVID-19 is a backdrop for any discussions about geriatric health care. The pandemic has been a huge test of Canada's health care system overall. Sadly, the system disappointed despite the heroic efforts of many dedicated health care professionals. This cannot continue. Nor can fragmented, siloed or patchwork solutions. It's time for a health care system overhaul, and for a fresh look at how it serves our older population.



1. Long-Term Care



During COVID-19, the health care system has failed one of Canada’s most vulnerable populations — residents of long-term care homes. These homes have been understaffed, understocked, unprepared, under-protected and under-serviced. Their personnel have been underpaid and under-skilled. The deaths rates from COVID have been especially high in privately-owned institutions.

Now, the tragedy in long-term-care is only accelerating during this current wave of the pandemic, looking at the number of homes in outbreak, active resident and staff cases, and deaths.

The conditions that have allowed this have been presented to governments over the past decades. If the same number of people who have died in long-term care had died in day care, the institutions would have shut down. The government responses would likely have been very different. Indifference or inaction is a reflection of ageism at its worst.

Along with a public inquiry into the long-term care situation we’ve experienced with COVID-19, we call for:

- immediate steps to improve conditions and inspections in long-term care homes;
- funding for more permanent staff in long-term care residences;
- limiting staff to working in only one nursing home;
- increasing wages, job security and benefits for staff (especially sick leave);
- support for a national plan for long-term care homes, with national standards and processes for robust accountability; and
- a transition to an entirely not-for-profit long-term care home model.

Link to New Brunswick objectives:

- Objective 1: Optimize Population Health and Well-Being
- Objective 2: Provide Quality, Patient-Centred Care
- Objective 4: Improve the Care and Service Experience of our Seniors
- Objective 7: Recruit and Retain a Qualified, Accountable Health Workforce

2. Universal Pharmacare



Canada needs a national pharmacare program that ensures access to medications and treatments essential to well-being and health. We are the only developed country in the world that has a universal health-care plan with no universal drug coverage. We consistently pay among the highest prices for prescription drugs. Ten per cent of citizens don't have adequate coverage to meet their needs. One in four households can't afford to fill their prescriptions.

Economics indicate universal health coverage is cost-effective: centralizing infrastructure; providing Canada with superior leverage for negotiating drug prices; and guaranteeing the whole country benefits from the deals.

As you note, since the introduction of the New Brunswick Drug Plan in May 2014, residents have had access to drug coverage regardless of their age or pre-existing conditions. This drug plan provides coverage to New Brunswickers who do not have prescription drug insurance, as well as some New Brunswickers who have drug coverage but who have insufficient coverage for their needs.

Still, there are gaps. In your discussion paper, you note that about 80% of New Brunswickers have drug coverage through private drug plans or through government-sponsored drug plans. The 20% who are uninsured spend approximately \$120-\$150 million on prescription drugs each year. As you say: "Many of these families face hardship associated with the cost of prescription drugs. In fact, because of the cost, many patients do not fill their prescription, which can harm their health and have negative impacts on the health-care system."

Affordable access to prescription drugs is critical to managing illnesses and chronic diseases, and achieving the best possible health outcomes. Across Canada, Pharmacare is now fragmented. The solution demands a national initiative.

We want to see New Brunswick support a national health plan, and efforts to assist financially-strapped older adults – so they needn't choose between purchasing the necessities of everyday life or their medical prescriptions.

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3. Aging in Place



Most seniors want to stay in their own homes as long as possible. Health, finances, transportation, safety and other considerations can derail that dream. In many cases, it is difficult for adults over age 65 to live at home when the costs of equipment and remodelling living quarters for health issues are unaffordable. Yet long-term care, where people often go reluctantly, can cost far more both financially and emotionally.

Today, almost nine in 10 health care dollars go towards institutional care. We spend significantly less on home and community care than the OECD average. Health care costs increase on the continuum from home care to long-term care to acute care.

Managing health care for seniors must start before situations become acute. Successful home care programs remove considerable burden from the long-term and acute care situations. In fact, community-based solutions are key to solving the crisis in long-term care.

With proper teams skilled in physical and mental health, and support for home accommodation, many more older adults can continue to live where they want to be – in their own homes and communities. That's best practice for compassionate and economic reasons.

You capture the urgent need in your discussion paper:

"To better support New Brunswickers as they age, seniors must have access to a variety of care and support services in their communities that enable them to live a healthy life at home for as long as possible. These services include access to primary health care, home support, social support and home care including allied health services such as physiotherapy.

"An enhanced focus on home support and home care has been shown to increase the quality of life for seniors, result in fewer emergency room visits, decrease negative health outcomes and reduce admission to residential care. Integrated health care and social support has been shown to improve quality of care, is cost effective and can decrease the rates of placement into long-term care facilities. Support of the family or unpaid caregiver is crucial to ensuring seniors are able to age in place."

RTOERO agrees. Moreover, COVID has shown us the cost of not investing in care and services for seniors. We need increased support to help older persons continue to live at home, and receive the health care attention they need while there.

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4. Healthy Aging

Many older people live in conditions unfavourable to well-being. Healthy aging encompasses active lifestyles, social inclusion, mental health, age-friendly communities and coping with change. Yet care, services and policies for seniors can often focus more narrowly on physical health.

You state in your discussion paper that successful population health and prevention strategies are broad based. And that protective factors include not just physical activity, but also access to emotional support, social activities, proper nutrition, adequate sleep and developing new skills.

We need to evaluate how older adults are faring in terms of their overall well-being, and provide resources/programs to support healthy aging in every dimension.

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5. Geriatric Training



In New Brunswick, as elsewhere in Canada, an aging population is consuming more and more of our health and social care systems costs. Basic education and training relevant to geriatrics and gerontology should be essential in any health care or psychosocial program. Yet we don't invest enough in recognizing and understanding older adults' needs.

You point out that New Brunswick needs a targeted and multifaceted strategy to address physician resource issues. One priority is geriatricians.

Over the next two decades, the numbers of Canadians aged 65-plus will double. Those 85 and over will quadruple. The availability of appropriate health, social and community care providers supports healthy aging. Geriatricians play a vital role in helping older adults to remain healthy and independent for as long as possible. Canada currently has only 300 geriatricians serving the older population – one for every 15,000 adults. That is unacceptable if our senior population is to age with dignity and receive the best health care.

We need programs throughout the pipeline of health care workers to ensure that people who train in geriatric care earn the respect and salaries reflecting their education.

We also want to remove the cap restricting the number of graduates specializing in geriatrics. And see special post-graduate programs and diplomas to help create careers in geriatrics for health care and psychosocial service workers.

Geriatric training should lead to careers worthy of full-time positions with respectable remuneration, incentives and benefits. COVID-19 proved that insufficient training, patchwork teams and under-paid, over-worked staff can be deadly. Specialized training for managers of these services should be mandatory.

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6. Elder Abuse Prevention



Any situation that limits or controls the rights and freedoms of an older adult is a form of elder abuse. This includes physical abuse, but also psychological/emotional abuse, financial abuse and neglect.

North American studies show that anywhere from 2-10% of older adults will experience some type of elder abuse each year. This is a widespread yet mostly hidden problem. The awareness of the issue and resources available to help remain lacking. Even those willing to seek help often do not know where to find it. Many perpetrators do not even recognize that their behaviour is abusive. We need to invest in the resources that detect older people at risk, serve victims, and raise the profile of elder abuse.

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- Objective 4: Improve the Care and Service Experience of our Seniors



B. Seniors Strategy

Seniors are Canada's fastest growing demographic. Gaps in our healthcare and social policies are creating barriers — to seniors' independence, and to their essential role in vibrant, healthy communities and economies.

COVID-19 illustrated the worst kind of neglect ageism inflicts. No one can argue against changing the status quo. The health care and financial infrastructures that theoretically support Canadians as they age (including psychosocial services) must be redesigned and re-engineered. This cannot happen overnight, but we can immediately put plans in place to truly provide dignity and quality to older peoples' lives.

7. Health Care



COVID-19 proved that we need national standards covering health care for older adults. These must govern aging concerns along the whole pipeline and all networks within the pipeline. Maintaining well-being involves teams of experts collaborating to find solutions to address physical illnesses, disabilities, social isolation, loneliness and elder abuse.

The provincial government needs to support health standards for older adults in a holistic way. Such standards will guide health care practices for the aging – around mind, body and spirit – and establish robust accountability models.

Link to New Brunswick objectives:

- Objective 1: Optimize Population Health and Well-Being
- Objective 2: Provide Quality, Patient-Centred Care
- Objective 4: Improve the Care and Service Experience of our Seniors
- Objective 5: Provide Innovative Care Using Digital Technologies
- Objective 7: Recruit and Retain a Qualified, Accountable Health Workforce





8. Financial Security

There's a link between health and wealth. Twelve per cent of senior families and 28.5 per cent of single seniors qualify as low income. Canada Pension Plan, Old Age Security program and Guaranteed Income Supplement are a step in the right direction. Yet more needs to be done.

Defined benefits pensions are proven to make retirement secure. With that, older Canadians can continue to contribute meaningfully to our economies and pump money right back into our local communities. What is the government doing to strengthen defined benefit pensions, protect accrued benefits and protect employees and retirees ensnared in corporate insolvencies?

[Link to New Brunswick objectives:](#)

- Objective 1: Optimize Population Health and Well-Being

9. Income and Health Care Rights

Canada's older adult population needs basic rights ensured in terms of income and health care. New Brunswick can work with the federal government, and other provinces and territories, to establish national standards that guarantee these rights. The province also needs to take steps to improve the infrastructure that failed our older population so badly this past year.

[Link to New Brunswick objectives:](#)

- Objective 1: Optimize Population Health and Well-Being
- Objective 4: Improve the Care and Service Experience of our Seniors

10. UN Convention on the Rights of Older Persons



To its credit, New Brunswick has an office of the Seniors' Advocate, which is independent from any departments of the government. The office strives to ensure that the rights of seniors and adults are understood, promoted and protected.

New Brunswick can play another leadership role in this arena, by supporting a United Nations (UN) Convention on the Rights of all Older Persons.

RTOERO backs the International Longevity Centre (ILC) Canada's demand of the Canadian government to take immediate and decisive steps toward leading and supporting such a UN Convention. We believe this is exactly the time to take decisive international action on a rights-based approach to the needs of seniors. This is a moment in which the decades-long neglect of long-term care has been painfully brought to the forefront of Canadians' consciousness.

Society is focused, rightly so, on dismantling of social structures that reinforce racism, discrimination and oppression. Ageism is a deadly and systemic bias too. RTOERO upholds that an international legal framework to protect the rights of older persons is an essential component of the difficult work of dismantling systemic ageism, and ensuring a more just and fair society for all Ontarians and other Canadians as we age.

We call on the provincial government to support this UN Convention and push to move it forward, to hold us accountable for how we treat our older citizens.

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11. Social Isolation

Meaningful connections with others keep us engaged and active. In contrast, social isolation can trigger mental, emotional and cognitive distress and worsen chronic health problems (high blood pressure, heart or respiratory disease, diabetes, etc.). It may also lead to various forms of elder abuse as they become prey to financial or other abusers.

COVID-19 has made all of us isolated in some way. For many seniors, it's an ongoing reality. Isolation can be a particular risk when people retire, lose a spouse, or experience decreased mobility or cognitive decline. Upwards of 30% of seniors are in danger of becoming socially isolated.

The government should support more ways to connect seniors to family, friends, neighbours, colleagues and their communities. Reducing social isolation will have a meaningful impact on the emotional, mental and physical health of our seniors.

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Who we are

RTOERO is a bilingual trusted voice for healthy, active living in retirement. With 81,000+ members in districts across Canada, we are the largest national provider of non-profit group health benefits for education community retirees. We welcome members who work in or are retired from the early years, schools and school boards, post-secondary and the broader education sector.

We believe in the power of our community to secure a better future.

For more information:

- visit our website at rtoero.ca
- call 1-800-361-9888
- email media@rtoero.ca

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