

Intelligence MEMOS



From: Fred Horne
To: Canadians Concerned about Long-Term Care
Date: January 11, 2021
Re: **ARE WE SERIOUS ABOUT SENIOR CARE IN CANADA?**

Long-term care [accounts](#) for four out of every five deaths from COVID-19 in Canada – more than 10,000 to date. Thanks to that tragic statistic, we can only hope that politicians, health system leaders and Canadians now fully understand the sad state of senior care public policy.

The best tribute we can pay to those lost, and the best solace we can give their families and the workers who cared for them, is to finally address the tough issues that drive Canada's poor performance in this field.

To be fair, lack of progress is not for lack of trying. But like other health services not provided by a physician or delivered in a hospital, there is nothing in federal legislation to guarantee Canadian seniors any level of support whether their needs involve activities of daily living, personal care, companionship or advanced care provided in a facility.

Society and governments pay lip service to the idea that senior care is a priority, but it has never been covered by the *Canada Health Act*, with its guarantee of access, quality and commitment to ongoing investment and improvement that we take for granted with “medically necessary” physician and hospital services. Including it in the Act connects senior care to the Canada Health Transfer and we should do it now.

But a legislative guarantee is a means to an end, not an end in itself. Design matters. One of the greatest risk factors for COVID-19 in long-term care is our preoccupation with institutional care at the expense of other options. A recent [study](#) by Queen's University found Canada spends \$6 on institutional care for every dollar spent on home care. And about 42 percent of those requiring ongoing care and over 80 years of age in Canada reside in a care facility, compared to about 30 percent in comparable OECD countries.

We still struggle with what would be considered “basics” in other countries: identifying and supporting the frail elderly to proactively prevent injury and maintain health; robust home care delivered by care teams that are part of a sustainable, well-supported workforce; funding based on resident/client need rather than arbitrary classifications of care or headcount.

And perhaps worst of all, we continue to resort to “alternate level of care” beds in acute care hospitals as a stop-gap for seniors waiting for access to the long-term care system.

As the second wave unfolds, the unprecedented sense of urgency to “fix” long-term care is a bitter irony for many. There is a great deal riding on the current federal-provincial discussions on healthcare funding, and the worst outcome of all would be sizeable increases in funding that flow directly to provincial general revenues with no plan and no accountability.

There are four hard questions that we need to answer before we leap.

First, what is the level of consensus and commitment among Canadians, the federal government and the provinces that access to high-quality senior care is part of “mainstream” healthcare? If we have real commitment, how do we move more care to homes and communities?

Second, how will we build, maintain and replace current infrastructure for facility care for those who need it? The \$1 billion promised in the recent federal fiscal update would be a good start for a dedicated and protected infrastructure fund.

Third, how will we balance, regulate and leverage the resources of both the public and private sectors to create a system that offers more, better and sustainable living options for our seniors?

And finally, are we prepared to rethink funding models and stop pretending that we can build and support a system of “life care” that Canadians expect and deserve using whatever leftovers are on offer from the rest of the healthcare budget? Let's explore a national program to pre-fund seniors' care for future generations through publicly administered long-term care insurance and/or regulated private plans as has been done with success in other countries such as Japan.

The tragedy of COVID-19 in long-term care is the culmination of many factors. Let's hope premiers dig in and do the hard thinking and negotiating to deliver relevant investments that will endure beyond their own budget and political cycles.

Fred Horne is a former Minister of Health for Alberta, Senior Advisor with 3Sixty Public Affairs and Adjunct Professor with the University of Alberta's School of Public Health.

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