

“ARE YOU HAPPY with our medical care?”

Health care always tops the polls, but politicians never address it usefully. Canada already spends \$192 billion annually, so it's churlish to ask for more, but we can ask if it is meeting our needs.

It matters more as we age. A fall in the garden or a stroke starts a chain of life-changing events that could leave older people in a hospital bed where instead of being helped to recover, rehabilitate or find alternative housing, they are treated as a burden. Nice term: Alternate-Level-of-Care patient – i.e., “anywhere but here” or worse, “bed blockers.”

This is an admission of failure toward an increasingly important segment of their patient base. In every other industry, heads would roll. In health care, CEOs continue to take home seven figures while ordinary families struggle with untenable choices.

No one actually wants to stay in hospital any longer than they must – so calling them names doesn't help. Let's get people home safely, placed in rehab or long term care if necessary and/or make sure they can meet their medical challenges at home.

Why is that so difficult?

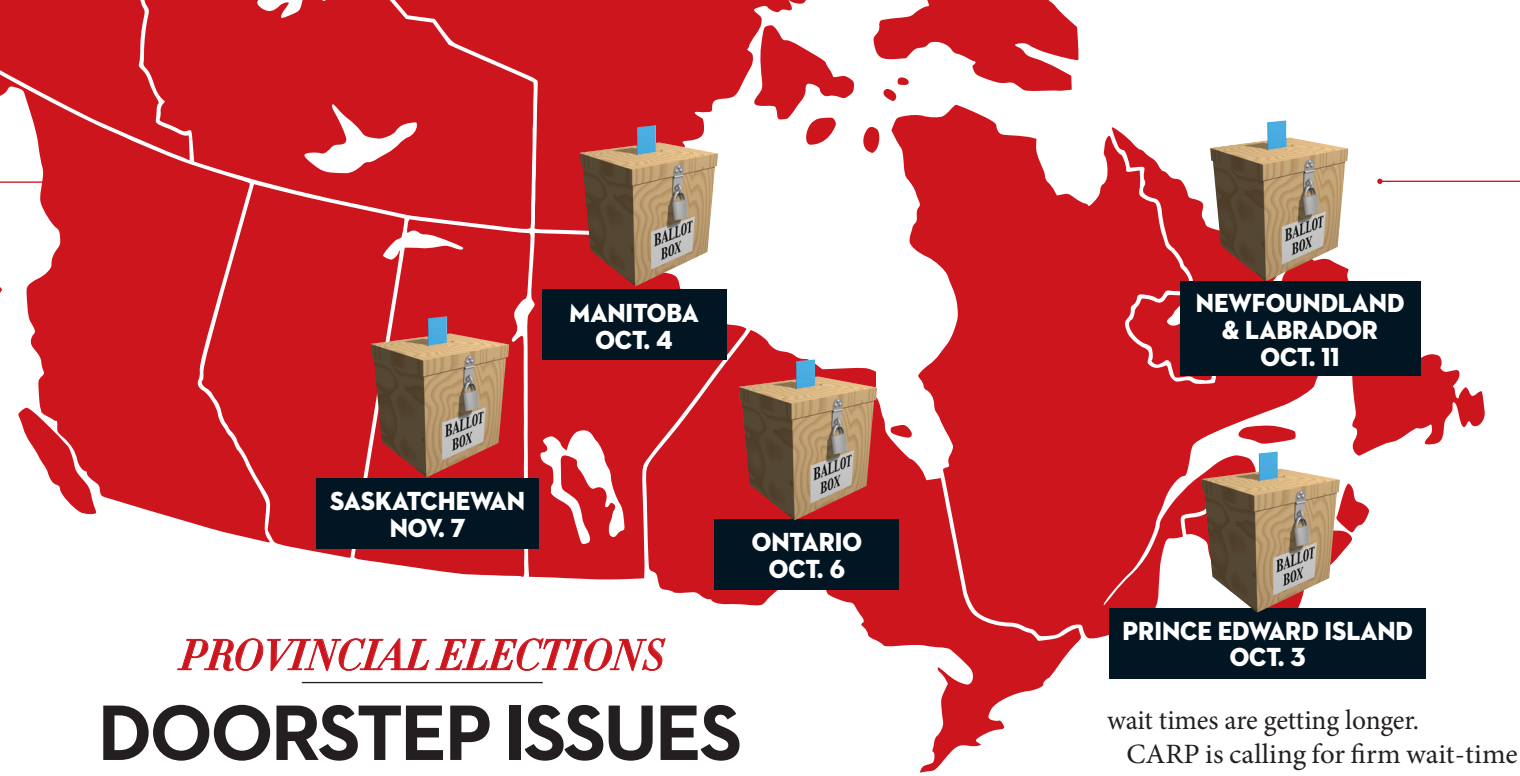
Canadians built the Canadarm, discovered the cystic fibrosis gene and lead the world in cancer care. But getting every loved one high-quality, affordable care away from hospital continues to elude us.

The 2003 Health Accord designated home care as the next essential service.

Eight years and billions of federal tax dollars later, that idea is still not a reality.

In the upcoming provincial elections, watch for animated debates over beer and wine in corner stores or gas prices but not the fundamental changes that will actually improve your quality of life.”

**SUSAN ENG,  
VICE-PRESIDENT, ADVOCACY**



*PROVINCIAL ELECTIONS*  
**DOORSTEP ISSUES**  
WHAT TO DISCUSS WHEN A CANDIDATE CALLS

THIS FALL, elections will be held in five provinces: P.E.I. (Oct. 3), Manitoba (Oct. 4), Ontario (Oct. 6), Newfoundland and Labrador (Oct. 11) and Saskatchewan (Nov. 7). So when a candidate knocks at your door, here are five issues to discuss.

**IT'S GETTING HARDER TO MAKE ENDS MEET**

Inflation rates in May 2011 reached 3.7 per cent and would be even higher if volatile items such as fresh food and energy were included in the calculation.

In 2006, 15,272 Canadians over 55 filed for bankruptcy. By 2010, the number had reached 22,891. And for the first time in decades, poverty rates among older Canadians rose in 2008.

CARP is calling for a substantial increase to provincial income supplements to help people keep up with the rising cost of living.

**HOME CARE IS A PATCHWORK OF FUNDING AND POLICIES**

Older Canadians want to live at home as long as they can. The planning can be fraught with challenges, from finding suitable caregivers to

co-ordinating services. Seventy-one per cent of CARP members polled don't even know if their home province provides 24-hour home care for those who need it. The current home-care framework is inadequate to the growing needs of older Canadians, despite the opportunity to save billion of dollars in the health system each year.

CARP is calling for a comprehensive home-care strategy and adequate funding to make the promise of aging at home a reality.

**HEALTH-CARE WAIT TIMES ARE STILL TOO LONG**

Long wait times are the biggest impediment to health care, according to Statistics Canada. In 2005, the median waiting time for a diagnostic test, seeing a specialist or undergoing non-emergency surgery was three to four weeks, remaining the same since 2003. People can expect to wait up to three months for medical care. Wait times haven't improved much since, and neither have patient perceptions. A recent poll of CARP members shows that not only have many members had to wait for treatment, but many also believe

wait times are getting longer.

CARP is calling for firm wait-time benchmarks and real improvements in wait times.

**DRUG COSTS KEEP RISING**

Drug spending in Canada amounted to \$30 billion in 2009, representing 16 per cent of the country's \$183 billion health-care budget. Besides the \$50 billion spending on hospitals, drugs are the single largest health-care expense in Canada. Twenty per cent of CARP members pay for their own prescriptions, and 10 per cent of members have not filled at least one prescription in the past year because of the high cost.

CARP is calling for lower and uniform drug prices across the country, building on the successes of Ontario's and British Columbia's generic drug pricing reforms.

**ENERGY PRICES ARE SOARING**

The price of electricity has risen dramatically, a trend that is expected to continue by more than 50 per cent countrywide by 2020. Provincial time-of-day pricing and smart meters make it worse, especially for those on low or fixed incomes and those who spend most of their time at home.

CARP is calling for reduced energy prices for lower and fixed income older Canadians. —Michael Nicin

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