

CARP Submission to the House of Commons Standing Committee on Health: Issues and Recommendations on Chronic Diseases Related to Aging

The prevalence of chronic conditions is increasing in Canada. The World Health Organization estimated that in 2005, chronic conditions accounted for 89% of all deaths in Canada. By 2015, the WHO predicts that deaths due to chronic conditions will increase by 15%.¹ Statistics Canada reported in 2005 that 65% of all deaths in Canada were caused by cancer, diabetes, heart disease, cerebrovascular diseases and lower respiratory diseases, across all age categories.²

Chronic conditions affecting seniors are also increasing. According to the Canadian Cancer Registry Database new cancer diagnoses increased by 9% from 2000 to 2009. Prevalence of diabetes also increased from 13.5% to 18.1% and high blood pressure increased from 42.8% to 48.9%, according to the Canadian Institute for Health Information.³

While chronic conditions can affect individuals across the age spectrum, the likelihood of developing chronic conditions increases with age. For those who do develop one or more chronic conditions, quality of life is jeopardized and more health care resources are needed to address the problems.⁴

Family and friends provide the bulk of support for individuals with chronic conditions, despite heavier usage of the healthcare system by those with chronic conditions. As such, strain on informal family caregivers is a serious issue. Strain on caregivers increases with the number of conditions one suffers. Co-morbidities compound the problems of chronic conditions for the individual, the health system, and family caregivers.

As life expectancy in Canada increases and the population ages, Canadians who develop chronic conditions can face a long period of having to meet such challenges. It is incumbent upon the government to develop comprehensive policies in homecare, primary care, and prevention to address the social and health effects of chronic conditions in Canada. Indeed, many of the recommendations made by CARP reflect current and prior proposals by the current federal government and opposition parties. Now is the time to act.

CARP recommends a three-part approach to addressing the chronic conditions in an aging population:

- 1. Comprehensive Homecare and Caregiver Support**
- 2. Access to Primary Care and Drug Management**
- 3. Prevention & Health Promotion**

Who We Are: CARP is a national, non-partisan, non-profit organization with over 300,000 members across the country. CARP is committed to advocating for social change that will enhance the quality of life for all Canadians as we age. Health is a principal concern for our members and our advocacy. These are our recommendations to help older Canadians age in better health.

1. Homecare and Caregiver Support

Comprehensive national homecare and caregiver support is essential to addressing the health and social effects of chronic conditions in Canada, now and for the coming decades.

With longer and increasing life expectancy, older Canadians may live many years or decades with the effects of one or more chronic conditions. Hospitals and institutional care are not the answer for most people. Most Canadians prefer to remain at home as long as possible as they age even if they face medical, physical or cognitive challenges. With proper supports such as home care workers and support for the family caregivers, an Aging at Home strategy will help people age gracefully and safely in their homes while supporting the caregivers that perform the bulk of the work.

Germany, like Japan, Korea, the Netherlands and Luxembourg, provides universal coverage for Long-Term Care (LTC), which operates much like the Canada Pension Plan. Participation is mandatory and individuals and employers pay contributions equally. Pensioners must contribute the amounts themselves and Unemployment Insurance covers the contributions for the unemployed.

LTC insurance in Germany offers recipients a number of benefit options, which can be further adjusted according to need. Every six months, recipients must choose between cash, in-kind, or a combination of the two benefits. Cash benefits are intended for recipients who require lighter care or homecare services. In-kind benefits are intended for people who require more intense care in nursing homes. The cash value of benefits range from \$225CDN to \$685CDN monthly.

German LTC insurance also provides a range of benefits to eligible family caregivers. Eligible family caregivers can receive up four weeks of vacation during which the LTC insurance covers expenses and provides a maximum of 1,510 Euros. Family caregivers may also take up to six months of unpaid leave from work to provide LTC for a family member.⁵ Informal caregivers are also provided free educational and training courses. LTC insurance also provides income replacement to caregivers who provide heavy-care. Such policies provide heavy-care providers with the financial security needed to help family members with chronic conditions.

Home care was designated as the next essential service in the 2004 Health Accords. With hospital downsizing, the aging population and shorter lengths of hospital stay, the last decade and a half has seen the rapid expansion of the post-acute home care sector. The result is an increased reliance on family and friends to fill home care service gaps. The *Romanow Report* recommended that massive Home Care Transfers to the provinces be used to support medically necessary home care services via the formal healthcare system, but also recommended that the federal government provide direct support for informal family caregivers.

Home care represents both a challenge and an opportunity. The challenge is addressing persistent system-level problems that will only intensify with a growing population of older Canadians. Individual programs and strategies have not proved adequate to support an aging population. The opportunity is found in saving the formal healthcare system billion of dollars each year, while allowing Canadians to age at home with dignity.

- The recent election demonstrated political recognition of the need to support the estimated 2.7 million Canadians now caring for loved ones at home.
- The value of the unpaid labour contributed by informal caregivers is estimated to be \$25 billion per year.⁶
- The Health Charities Council of Canada estimated that in 1997, 93 million hours of formal volunteering were provided in Canada, on top of over 2 billion hours of informal caregiving. The combined value of these services was estimated at between \$20 and \$30 billion. The exact monetary value of relieving the formal healthcare system of personal homecare responsibilities has not been estimated, but it is likely commensurately high.⁷

Caregiving is only one part of the larger issue of homecare, which includes the formal healthcare system, including doctors, personal care workers, pharmacists, and others.

It includes initiatives that get people home safely, get them placed in rehab or long term care if necessary and/or make sure they can meet their medical challenges at home as long as possible. CARP polls show that our members' demand for homecare is not currently being met:

- 71% of members polled do not know whether their home province provides 24-hour homecare to those who need it.⁸
- Over 40% of members polled do not know where they would get homecare if they needed it. And 70% agree that 24-hour in-home care is preferable to institutional care for those who need it, even though it may be more costly.⁹

For all levels of care need, home care, on average, is significantly less costly than care in a long term care facility.¹⁰ For example, average annual costs to government for people with moderate care needs in the mid-to-late 1990s, in British Columbia, was \$9,624 for persons on home care and \$25,742 for people in institutions. For people at the highest, or chronic, level of care, the corresponding costs were \$34,859 and \$44,233.¹¹

Current research is adding further urgency to the issue. Writing for the Institute for Research in Public Policy (IRPP), Dr. Neena L. Chappell reiterates CARP's recommendation on homecare and caregiver support: "We need to establish a comprehensive home care system that links and partners with informal caregivers and community organizations to form a support network for informal caregivers and care recipients; one that is also integrated into the overall health care system. This would be cost-effective and is the most appropriate option for an aging society."¹²

CARP Recommends that the federal government use the upcoming Health Accords to promote a nationally coordinated homecare strategy that ensures national standards of care, stable and sufficient funding, and supports the work of informal caregivers, by:

- **Establishing a new designated federal home care transfer to guarantee a basic level of home care services to all Canadians wherever they live;**
- **Developing and investing in programs that allow more seniors to age at home;**
- **Building upon recent recognition of the value provided by informal caregivers, by:**
 - **Providing targeted financial support, especially to caregivers providing heavy care;**

- **Providing workplace protection, respite, and work-leave;**
- **Integrating support for informal caregivers with the formal health system, through training and certification.**

2. Access to Primary Care and Drug Management

Primary care is the first step in medically managing existing chronic conditions and providing informal caregivers with requisite knowledge to support sufferers.

Yet, in 2007 15% of Canadians aged 12 or older, about 4.1 million people, reported that they did not have a regular medical doctor. This proportion was up 3 percentage points since the 1996/1997 National Population Health Survey.¹³ Among CARP members, the lack of doctors and nurses is seen as the biggest obstacle to better health care in Canada.¹⁴

Individuals with high risk for developing chronic conditions and those who already have one or more conditions, are especially in need of primary care:

- Fewer than half of seniors with chronic conditions report that their doctor reviewed their medications (48%) and explained potential side effects (47%) at least some of the time.¹⁵
- 6% of Canadians with heart disease, high blood pressure, diabetes or arthritis reported not having a doctor.¹⁶
- Seniors with chronic conditions who regularly take at least five prescription medications are twice as likely to experience side effects requiring medical attention (13%) as those taking only one or two prescription medications (6%).¹⁷
- There are approximately 200 geriatricians practicing in Canada, which is about 25% of the number needed to address health issues related to aging.¹⁸

These statistics are especially problematic in the context of chronic diseases and co-morbidities. “Strategies to reduce the number of medications a senior is prescribed, when possible, can result in better compliance with medication regimens and lead to a better quality of life”, according to Dr. Bill Hogg, Research Director of the C. T. Lamont Primary Healthcare Research Centre at the Élisabeth Bruyère Research Institute at the University of Ottawa.¹⁹ Seniors with chronic illnesses, who take a large number of drugs, face a high risk of side effects from negative drug interactions and may not be taking their medications as directed.

Primary care is essential to improving and maintaining the health of individuals with one or more chronic conditions. Additionally, specialist primary care can provide patients and caregivers with the knowledge needed to manage chronic conditions over the lifetime of the affected.

CARP recommends that the federal government use the upcoming Health Accords to promote universal access to comprehensive primary care by:

- **Providing incentives for doctors, nurses, and nurse practitioners to practice in underserved communities;**
- **Improving drug assessment to ensure quality, safety and cost and health effectiveness of prescription drugs;**
- **Promoting the study and practice of geriatric medicine.**

3. Prevention & Health Promotion

Comprehensive homecare and primary care are crucial to helping individuals with chronic conditions now. Nevertheless, prevention and health promotion policies should target the reduction of chronic conditions in Canada for younger generations.

According to the Center for Disease Control, 40% of chronic illnesses are preventable, even among seniors.²⁰ The number of chronic conditions, not age, is the more important factor contributing to a senior's level of health care use:

- Seniors with three or more chronic conditions reported using three times as many health care services as Canadians age 65 and older with no chronic conditions. Those with three or more chronic conditions also reported more than twice the rate of visits to a family doctor as seniors with only one chronic condition.²¹
- 24% of seniors who report living with three or more chronic conditions are responsible for 40% of health care use among Canadian seniors.²²
- In each of the age groups (65 to 74, 75 to 84, and 85 and older), seniors with three or more reported chronic conditions had nearly three times the number of health care visits than seniors with no reported chronic conditions.²³

Age is not the problem. Development of one or multiple - often preventable - chronic conditions is the problem. Preventing the on-set of chronic conditions is an important step in addressing age related health in Canada.

CARP recommends that the federal government implement a national health promotion strategy, including:

- **Health promotion and chronic disease management education;**
- **Fitness tax-credits for all ages;**
- **National Healthy Food Strategy;**
- **Evidence based adult vaccination programs.**

¹ World Health Organization, Facing the facts: The Impact of Chronic Disease in Canada, http://www.who.int/chp/chronic_disease_report/media/CANADA.pdf

² Statistics Canada, Mortality: Causes of death, 2007, <http://www.statcan.gc.ca/pub/91-209-x/2011001/article/11525-eng.htm>

³ CIHI, Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?

http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf

⁴ Ibid.

⁵ Rothgang, Heinz, Providing Long-term Care in an Ageing Society-How shall we organize it?, Queen's University Policy Conference, August 2011.

⁶ Hollander, Marcus J. et. al. *Who Cares and How Much? The Imputed Economic Contribution to the Canadian Healthcare System of Middle-Aged and Older Unpaid Caregivers Providing Care to The Elderly*" Healthcare Quarterly, 12(2) 2009. 42-29.

⁷ Roy, J. "Building on Values: the Future of Homecare in Canada" National Library of Canada, (2002) 171.

⁸ CARP Poll, June 2011, [http://www.carp.ca/o/pdf/health%20care%20poll%20report\(3\).pdf](http://www.carp.ca/o/pdf/health%20care%20poll%20report(3).pdf)

⁹ Ibid.

¹⁰ Hollander, Marcus J. Unfinished Business: The Case for Chronic Home Care Services, A Policy Paper, Hollander Analytical Services Ltd., August 2003

¹¹ Ibid.

¹² Chappell, Neena L., Population Aging and the Evolving Care Needs of Older Canadians, IRPP, http://www.irpp.org/pubs/IRPPstudy/IRPP_Study_no21.pdf

¹³ Statistics Canada, The Daily – June 18, 2008, <http://www.statcan.gc.ca/daily-quotidien/080618/dq080618a-eng.htm>

¹⁴ CARP Poll, October 7, 2011, <http://www.carp.ca/wp-content/uploads/2011/10/Health-Issues-Report-Oct-7-2011.pdf>

¹⁵ CIHI, Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?

http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf

¹⁶ Statistics Canada, The Daily – June 18, 2008, <http://www.statcan.gc.ca/daily-quotidien/080618/dq080618a-eng.htm>

¹⁷ Statistics Canada, The Daily – June 18, 2008, <http://www.statcan.gc.ca/daily-quotidien/080618/dq080618a-eng.htm>

¹⁸ CMA, <http://www.canadiandoctorsformedicare.ca/better-home-care-and-better-pay-for-doctors-urged-at-cma-town-hall.html>

¹⁹ CIHI, Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?

http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf

²⁰ CDC, Chronic Diseases, <http://www.cdc.gov/chronicdisease/resources/publications/AAG/chronic.htm>

²¹ CIHI, Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?

http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf

²² Ibid.

²³ Ibid.