## CARP'S TOP TEN

## **2015-16** Edition

CARP takes the long view in advocating for social, financial, and health transformation in Canada. But quickly evolving political priorities means that politicians can be reluctant to champion policies with benefits that won't be realized until well after the next election cycle. As Canadians live longer and the population ages, governments will have to lengthen their time horizon in addressing the challenges and opportunities that lie ahead. Here are CARP's 2015-16 top 10 advocacy issues that will require real political commitment and long term investment from governments.

advocated for a supplementary Universal Pension Plan (UPP), starting with a modest increase to the CPP. Canadians are not adequately saving on their own. 12 million are without a pension plan, and 600,000 over 65 live in poverty. In 2013/14, CARP played a pivotal role in the introduction of the Ontario Retirement Pension Plan (ORPP), and we will continue to advocate for a UPP for all Canadians. Now, with a new federal government that campaigned

on a promise to enhance CPP, Canadians should expect federal and provincial governments to meet in early 2016 to act on expanding the CPP. Pension reform is urgent. But until then, the federal government should administer the ORPP and let the CPPIB handle the investments.

HEALTHCARE TRANSFORMATION: The current post-acute healthcare system is fragmented and designed with the priorities of service providers in mind, not those of the people it is supposed to serve. Services are separated into discrete silos with funding models that increase costs,

leaving patients to navigate the system on their own. CARP calls for healthcare transformation that will treat patients as healthcare citizens, providing clear and direct access to care from first diagnosis or acute episode, to acute care, to home and community-based long term care, to end-of-life needs. CARP will continue to advocate for a high quality integrated continuum of care and the right to timely, appropriate, and equal treatment regardless of age, income and postal code.

UNIVERSAL PHARMACARE:
Canadians want to see universal pharmacare become a reality.
The health of Canadians depends on it, and the sustainability of our healthcare system depends on it. 75% of CARP members polled want government action on universal pharmacare. A majority agree drug prices should be identical across Canada. CARP calls for a universal pharmacare that:

1) Includes catastrophic coverage and a more comprehensive range of drugs;

2) Ensures Canadians have equal access to affordable drugs regardless of their



location and income; 3) Saves money through effective pricing, promoting affordability and system sustainability. As a first step, the new federal government plans to introduce intragovernmental bulk buying to drive down prices.

HOMECARE:



Access to homecare is essential for

Canadians to age in their communities safely, comfortably, and independently. Unfortunately, many seniors spend long periods waiting for homecare due to insufficient coordination, substandard management, and inadequate funding. CARP calls for national homecare standards and sustained funding to ensure people can age at home for as long as possible, starting with the new federal government following through on their election promise of \$4 billion in new funding for homecare services.

**SUPPORT FOR CAREGIVERS:** Eight million Canadians provide informal, unpaid care to loved ones, bearing tremendous stress while helping people avoid hospitals or nursing homes. CARP calls for comprehensive caregiver support, including financial assistance, workplace protection, respite care, and formal training. CARP successfully advocated for the Caregiver Tax Credit in 2011. This year, CARP advocacy led to the historic support for caregivers in Canada through the **Employment Insurance Compassionate** Care Benefits, which were extended from 6 weeks to 26 weeks for those caring for the terminally ill. CARP will work to ensure that the new government acts on its election promise to make the EI Compassionate Care Benefits more flexible and remove the requirement for a terminal diagnosis.

## OLDER WORKERS: The right to work

and remain engaged

in the workforce is under threat for many older Canadians pressured to "make room" for younger employees, even though they have the experience, skills, and potential to continue making contributions. Some barriers are structural; others are part of workplace age discrimination. Today's growing cohort of older workers is ready to stay engaged and demonstrate their value to the economy and society. Governments and businesses have a vested interest in encouraging and removing barriers to continued contributions from older workers.

AGE FRIENDLY CITIES: CARP is calling on municipalities across Canada to make major urban centers model Age-Friendly Cities. Nearly 80% of older Canadians 55-plus already live in urban areas, while others are moving to



cities at increasing rates. The aging demographic places greater urgency on ensuring older residents can continue to meet their daily living and healthcare needs, remain physically active and engaged in their communities, and contribute to civic life. As older Canadians confront health or financial challenges, many ask themselves, "Will I have to move?" In a truly Age-Friendly City, the answer is "no."

investors face a complex range of financial products, an unevenly regulated industry environment, and a lack of legal recourse and financial restitution for professional



fraud or misconduct. To truly level the playing field between retail investors and the financial advisory industry, CARP calls for a legislated fiduciary duty that will protect investors from conflicts of interest, misconduct, and fraud, and improve access to restitution.

**END-OF-**LIFE CARE: Improving endof-life-care must become a healthcare priority. A majority of CARP members polled say a 'good death,' one in which the patient has control, choice, and dignity, is not yet possible across Canada. In 2014, CARP hosted a televised discussion on end-of-life, which included MP Steven Fletcher, who tabled two Private Member's Bills to facilitate physician-assisted death. Since then, the Supreme Court of Canada (SCC) has ruled that the criminal ban on assisted dying is unconstitutional for those who are grievously and irremediably ill and suffering unbearably, and gave federal and provincial governments until February 2016 to craft legislation to respond to the ruling. CARP is calling for an immediate response to the SCC ruling, which the new government has proposed along with new federal funding for palliative care.



## NATIONAL DEMENTIA CARE

**STRATEGY:** Dementia is an illness that robs people of their personality, cognitive ability, independence, control, and wellbeing – essential traits that make people who they are. As a result,

living in the world of dementia is often frightening, daunting, and unpredictable for patients, as well as family and friends providing intensive round-the-clock care. 750,000 Canadians were living with dementia in 2011, and millions more were providing informal care. Within 20 years, the number of Canadians with dementia is expected to double to 1.4 million. To address the unique challenges of dementia and invest in supporting those living with it, CARP is calling for a paradigm shift in how we care for dementia. Canadians need a comprehensive approach that includes greater caregiver support, mandatory dementia care training for healthcare providers, and more funding for innovation, home care and long-term care.