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Re: [Consultation on Safe Long-Term Care](#)

Email to: ltc-sld@hc-sc.gc.ca

Home and Long-Term Care Unit, Health Canada
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September 21, 2023

To the Home and Long-Term Care Unit of Health Canada,

Thank you for the opportunity to comment on the consultation to inform the development of the Safe Long-Term Care (SLTC) Act, a Ministerial commitment. As the representative for the Canadian riding with the [third largest](#) population of seniors, and the highest median age (48.3), this topic is especially relevant for my constituency.

This government's failure to protect residents of LTCs from the ravages of the pandemic brought long-standing problems in the caregiving sector to the surface. Recent wildfires ravaging the country, which have displaced seniors and people with disabilities, further underscore the acute vulnerability of this group in a world increasingly prone to disruption.

We can no longer ignore systemic issues impinging on long-term care recipients' rights to dignity and safety, including the risks of climate change. Multi-systemic action is required.

I have been calling for a National Seniors' Strategy (NSS) since 2015. **A Safe LTC Act will only be effective if nested within a broader strategic outlook for Canada's ageing population and for climate change**, which begins to redress and address root problems.

My comments overview several interlocking challenges facing Canada's seniors and long-term care system. I propose a set of principles to help guide a nation-wide approach to supporting Canada's ageing population, before diving into related elements of an LTC Act—with an extended focus on climate-preparedness. I end with discussing the broader need for a NSS.

No future for Canada's elderly can be imagined without incorporating the impacts of climate change and associated disasters. How we treat vulnerable and ageing

populations—and how we amend past shortcomings in equitable care—will reflect the core of who we are as a country.

Background: Shifts & Shocks

Shifting demographics combined with climate shocks spark unprecedented challenges for Canada's seniors. I fully support the implementation of a Safe LTC Act, which responds with urgency to these changes.

Demographic Shifts

The year 2021 marked a significant demographic milestone for Canada: its largest cohort, baby-boomers, began to turn 75, entering a phase of life associated with higher care needs.

In fact, Canada cannot keep pace with the increasing demand for aged care. The Canadian Medical Association [estimates](#) that unmet demand for LTC is 20.4 percent. Unmet demand is expected to increase from 380,000 patients in 2019 to 606,000 in 2031, nearly doubling by 2035. Meanwhile, unmet demand for home care is estimated at 7.4 percent, increasing by nearly 600,000 (1.2 to 1.8 million) from 2019 to 2031.

Demand for care carries new financial pressures. Overall, demographic trends will add over \$93 billion in health-care costs in the next decade. As the number of 65+ Canadians increases and birth rate lowers/steadies, the base of tax-payers underwriting their costs will decrease. The total cost of care is expected to rise from \$29.7 billion in 2019 to \$58.5 billion in 2031. Cumulatively, this amounts to \$490.6 billion, not including the roughly 10,000 patients in hospitals waiting to be transferred to other care facilities, who are costing the government \$1.4 billion per year. At the same time, only one-third of [working](#) Canadians currently have pension coverage of some form, while 63 percent of families say they are not in a strong position to support older family members in need of long-term care.

It is well-known that existing policies and services are insufficient to meet the demand for care and surging costs, especially at a high quality. As the Discussion Paper [describes](#), the pandemic laid bare the long-standing challenges in long-term homes across the country, including staffing, infrastructure, quality of care, and infection prevention and control. The government's tolerance for a for-profit LTC model, which incentivizes substandard care and abuse, has led to our failure to protect seniors from harm.

Climate Shocks

The climate emergency has further [underscored](#) the scope and severity of challenges facing Canada's ageing populations. Climate change is wreaking havoc on communities around the world, causing extreme temperatures, sea level rise, coastal erosion, forest fires, and other natural disasters such as floods, droughts, and hurricanes.

Older people, particularly those with disabilities or underlying health conditions, are among the most vulnerable groups to climate-related risks. For example, adults aged 65 and older are more likely to die during heatwaves, winter storms, hurricanes, or other natural hazards, especially because natural disasters cut off access to relied-upon services. Climate change is linked to the increased spread of infectious diseases, again with disproportionate impacts on older adults. Air pollution is associated with dementia in old age.

Age is linked to forms of discrimination, disability, economic insecurity, social isolation, as well as reduced opportunity for democratic engagement, which marginalises older people in mainstream policy decisions. Furthermore, older populations may have limited access to modern information/alert systems, integral to emergency response. Older people are sometimes perceived as passive and withdrawn, and thus less worthy of support. They are more likely to feel attached to ancestral lands and unwilling to move from places facing severe climate effects. This said, diversity in the ageing process makes it difficult to generalise, underscoring the need for an individualised approach.

Given shocks and shifts, Canada needs creative solutions and investment that centre the dignity and autonomy of seniors and people with disabilities as well as of those who support them. By prioritising strategic foresight and equity, I believe that Canada can [become](#) one of the best places in the world to age. We can serve as a leader for other advanced economies experiencing similar demographic and climatic trends. The sections below build on this context.

Principles of a Pan-Canadian Vision

Canadians deserve to spend their twilight years in a way that honours the lives they have lived and the ongoing value they offer to their communities. I support a pan-Canadian vision for providing seniors and people with disabilities with the forms of care best-suited for their needs and aspirations for the ageing process.

An “age in place” strategy is consistent with the majority of seniors’ stated goals and, carried out effectively, is proven to be more financially sustainable for the whole of society. We must enhance the capacity for these populations to remain in their communities.

I believe the following sets of principles should undergird our vision for ageing with care: 1) respect and dignity; 2) autonomy and choice; 3) community integration; 4) adaptability and resilience. Community connection is core to [combating](#) loneliness—associated with poorer health outcomes and premature death—and allows seniors to better maintain their preferred lifestyle. Remaining in one’s community can also enhance opportunities for autonomous decision making and individualised care plans, both of which are required to account for the specific social, economic, and health needs of every senior. Centring autonomy will empower a culture of respect and dignity. Lastly, adaptability and resilience will help account for a world where climate disasters and infectious outbreaks are the norm.

Integrating these principles into a Safe LTC Act, and broader NSS strategy, is consistent with opinion surveys and economic analyses conducted by the Canadian Standards Association, Canadian Medical Association, and Future of Canada Centre. The specific elements of a federal LTC Act, recommended below, support the implementation of this vision and its principles through concrete actions.

Elements of Pan-Canadian LTC

Helping Canadians age with dignity was an integral objective of the 2023 Budget, which promised \$200 billion over 10 years to improve health services nationally. A Safe LTC Act must build upon the expert standards from CSA Group and the Health Standards Organization, codifying this guidance into enforceable laws. Building on the Discussion Paper, I propose the following elements to be incorporated into a Safe LTC Act or related measures—with a specific emphasis on climate-preparedness.

1) Support a National Inquiry

We must address the issue of unsafe LTC—but we first must redress past harms, rebuilding trust and repairing from wrongdoing.

The tragic, avoidable deaths of seniors and younger residents in LTC during the pandemic revealed deep failures in our care system, including understaffing and a lack of resources, which were only stretched thinner in 2020 onwards.

I am strongly in favour of a national inquiry into LTC facilities, which would interrogate exactly how and why we failed to protect residents from the ravages of the pandemic. The same mistakes must never be repeated; culpable actors must be held accountable.

2) Abolish For-Profit Care

Safe LTC is not possible within a for-profit system. The Safe LTC Act should involve amending the *Canada Health Act* to guarantee high-quality LTC. By making LTC a service under the *Canada Health Act*, we can abolish for-profit long-term care homes, removing precarious models of employment from this essential sector. The pandemic [laid bare](#) for-profit homes' one true goal: profits for stakeholders.

Safe care begins with abolishing for-profit homes and transitioning to equitable, personalised public sector approaches, which do not exploit seniors' limited resources.

3) Establish a Regulatory Body

In addition to negotiating national standards with the provinces and territories, as proposed in the Discussion Paper, the federal government can establish a regulatory body to ensure that national standards are adhered to, protecting both residents and workers from coast to coast. Such a body would work with the Canadian Institute for Health Information to develop accountability metrics and data collection models, which could help take stock of seniors' well-being and safety. Metrics would enable government and caregivers to make data-informed decisions. Results would also need to be distributed in a manner that is accessible to seniors.

4) Support High-Quality and Alternative Forms of Long-Term Care

The official position of this government should be to prioritise opportunities for ageing in place. LTC facilities benefit, focusing on seniors who need the most consistent levels of care, when LTC is extended beyond physical facilities.

As previously noted, patient surveys [show](#) a strong preference for ageing at home—this may entail home health care (visits from nurses and other medical professionals), palliative care, as well as home support care (housekeeping, meals, transportation, etc.). Ageing in-place programs are also less costly for the government and can generate more flexible working conditions for employees. In both LTC facilities and at-home services, ethno-cultural programmes can help advance culturally and religiously appropriate services, such as religious programming or specific meal plans.

The federal government can help empower seniors' autonomous and unbiased decision-making about their care journeys by [offering](#) resources and guidance to provincial and territorial

government ministries for the establishment of a service that provides free advice and information to seniors and their families deciding between their options. Such a service will help improve implementation gaps and promote equity.

5) Strengthen the Care Labour Force

Of course, one of the greatest challenges facing the future of LTC is an insufficient labour supply. The federal government can promote a more flexible labour supply by negotiating pan-Canadian licensing standards for LTC professionals, which will expand capacity for real-time service. This includes removing limitations and jurisdictional requirements for virtual care providers.

Shifting long-term care patients to home care plans will require substantial and sustained investment in the workforce. However, this shift can prevent premature placements in long-term facilities. Federal funding for immigration, licensing, and workplace benefits programmes should be explored in order to expand this sector. As a few suggestions, the Safe Long-term Care Act can encourage provinces to invest in nursing education programs, support universities that have graduates work in long term care for two years or more, and establish formal partnerships between universities and long-term care providers—offering tuition-paid scholarships for nursing students who pursue work in long-term care.

The federal government can support at-home care by providing additional support for unpaid caregivers who are usually the friends and family of Canadians in need. These Canadians often give up other forms of employment to assist loved ones. These individuals provide more than \$25 billion annually in care cost savings for publicly-funded health care systems. They deserve compensation for their labour, especially to meet their own needs.

6) Adaptation & Resilience in Action: Climate Preparedness

No future for long-term care can be envisioned without anticipating the impacts of climate change. As touched on in the background, climate change infringes on the human rights of older persons, including the rights to life, health, food, water and sanitation, housing, decent work, culture, and development. A Safe LTC Act should centre rights via climate-preparedness.

I propose the following climate-related measures. The list is by no means exclusive, but provides an implementable basis for the principles of adaptation and resilience:

- A. Standardise high-quality and disaster-proof building design, including air conditioning/purification systems, for LTC/senior homes. Designs should be person-centred as well as climate resilient;
- B. Mandate emergency training and scenario planning for all LTC staff, including doctors, allowing this workforce to effectively respond to climate and public health emergencies as well as identify health risks associated with climate change;
- C. Award federal grants to public and nonprofit medical/LTC facilities which are working to improve their climate resilience and disaster mitigation efforts. This would help ensure uninterrupted access to care in the wake of extreme weather;
- D. Require LTC facilities to transition to safer, cheaper, and more reliable clean energy infrastructure;
- E. Increase community grant funding for partnerships that create new pathways for seniors' involvement in combating the climate crisis and advocating for change, even from within LTC facilities. Create opportunities for partnership with youth climate activists;

- F. Build on existing long-term care data collection and indicators to add new measures that could tell a national story about the risks of climate change for LTC in Canada as well as promising practices;
- G. Work with provinces and municipalities to identify unique community risks, strengths, and resources, which can be leveraged through cross-jurisdictional collaboration;
- H. Develop workforce retention strategies that incorporate an understanding of the potential impacts of climate change on health deserts;
- I. Expand and strengthen cross-jurisdictional efforts to address extreme heat, including by providing increased financial assistance to community projects reducing exposure to extreme heat as well as by issuing recommendations for action on health-health issues.

While these specific proposals offer a promising start for a LTC climate strategy, it is most important that the Act maintains an ongoing commitment to adapting itself and its elements to meet the challenges posed not just by demographic change but its intersection with climate emergency.

National Seniors' Strategy

A Long-term Care Act will help to address many of the LTC system's failures. However, our LTC system is enmeshed in broader societal challenges for seniors that need to be addressed separately. Addressing these challenges is critical to mitigating pressures on the LTC system as a whole. My comments would be insufficient without bringing direct attention to The Canadian Medical Associations' National Seniors Strategy (NSS), which [encompasses](#) national standards for long-term care.

The LTC Act ought to be a commitment to nest this Act within a broader strategy developed and implemented through the Council of Canadian Governments with advice from the National Seniors Council. This strategy would address poverty and inequality for this population, protecting quality of life, beginning by:

1. Implementing a Guaranteed Livable Income, which supplements pensions, ensuring no Canadian lives in poverty;
2. Creating a national Pharmacare program so that all seniors can afford to fill their prescriptions;
3. Developing a National Housing Plan with affordable and predictable home care, especially for Indigenous seniors. Senior care must not be limited to care homes, but should also include investment into innovative home-sharing plans and other measures that enable seniors to stay in their own homes for as long as possible.;
4. Launching a National Dementia Strategy, which includes more long-term care beds in neighbourhood facilities and improved support for family members;
5. Increasing the Canada Health Transfer to account for the age of a province's population, so they can afford to provide health care with a demographic that is weighted with seniors;
6. Amending and expand the Canadian Pension Plan (CPP/QPP), phasing in over 5 to 7 years a doubling the Year's Maximum Pensionable Earnings (YMPE); and gradually increasing the maximum CPP benefit from 25% of the YMPE to 40%;
7. Promoting intergenerational programs to develop relationships that have proven benefits for all;
8. Increasing convenient and safe public transportation to support independent living;
9. Providing access to home equity to support day-to-day living expenses.

By uplifting living standards for seniors of all walks of life, but especially those with limited financial means or marginalised identities, Canada will decrease pressures on the public health and LTC systems. We know that a better quality of life—including more social connection, opportunities for community involvement, and less financial stress—will engender better health outcomes later on in the ageing process. Prevention is just as integral to any action of Safe LTC as intervention for it will decrease the pressures on this system which lead to substandard care.

Caring in the Long-Term

As demographics shift, we must centre diversity in the ageing experience and prioritise the need for climate-preparedness. Seniors' agency and desires must be centred in each step of developing this Act. I am grateful for the opportunity to consult on such an important matter as the future of long-term care in this country. I would be happy to meet with members of your team to discuss ideas further.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth May". The signature is fluid and cursive, with a long horizontal stroke at the end.

Elizabeth May, O.C.
Member of Parliament
Saanich–Gulf Islands
Leader of the Green Party of Canada