

**Saskatchewan Seniors Mechanism
Presentation to the Prime Minister's Task Force on Seniors**

November 28, 2003

As chair of the Saskatchewan Seniors Mechanism I am pleased to have the opportunity to speak with you today on behalf of the organization. The Saskatchewan Seniors Mechanism is an umbrella organization representing most of the larger senior and retirement organizations in the province. As you probably know, Saskatchewan has the highest proportion of people aged 65+ among all provinces, approximately 146 000 residents.

My references are for people of this age group, i.e., 65+, as well as for all Canadians.

I am going to speak on only three of the topics you proposed: (1) poverty among seniors including recommendations for income support, (2) housing, and (3) eldercare including issues related to home care. Although these issues are interrelated I will discuss them in order. I will first state the problem(s) followed by recommendations in each case. Since time is limited I will distribute a copy of my paper to each of you.

Poverty

Poverty among Seniors is a serious issue in Canada as the following numbers indicate. Seventeen percent of seniors in Canada live below the poverty line (\$16 521 annual income in large urban centres, \$16 407 in small urban, and \$13 311 in rural areas). Among seniors who live alone 43% of women and 31% of men live in poverty. In 1997, among people age 75+, 11% of females and 9% of males lived on less than \$10 000 annual income; 75% of females and 58% of males lived on less than \$20 000 a year. This situation is unconscionable in a country as rich as Canada.

Poverty among Canadians, not just seniors, has been exacerbated in the past decade by Federal Government income and corporate tax policy which favors the wealthy at the expense of low income Canadians.

Recommendations:

1. on tax reform
 - (a) reduce the effect of Bracket Creep by indexing tax brackets to inflation,
 - (b) restore the full amount of the tax credits which seniors receive based on age and retirement rather than retaining the current 17% credit limit,
 - (c) eliminate the clawback on Old Age Security and the Guaranteed Income Supplement,
 - (d) OAS should be paid to all age-eligible citizens and taxed at the same rate as all other income; tax back, don't clawback.
 - (e) fully index OAS and GIS to the actual inflation rate and to the cost of living index,

- (f) increase the basic exemption or give a special tax credit for low income earners,
 - (g) increase tax credits for home care expenses to reflect the true cost of service.
2. The high rate of withdrawal from RRIF's between ages 69 and 77 is a hardship for many seniors especially when interest rates are low. We recommend that the government lower the rates of withdrawal or index them to interest rates.
 3. More support must be given to seniors who live below the poverty level. This can be done by increasing Guaranteed Income Supplement payments or increasing the basic exemption for income tax purposes. Low-income seniors spend their income on the necessities of life so increasing the GIS helps the general economy as well as seniors.
 4. We urge that the Spouse's Allowance program be amended to remove the present discrimination based on marital status, so that never married, separated and divorced Canadians aged 60 to 64 be entitled to the same benefits as spouses, widows and widowers.

Housing

Many seniors live in sub-standard housing. This is a major problem in many of Canada's larger cities where rent is very high and accommodation is limited. It is also a problem for many aboriginal people living on reserves and in Canada's North. Some low-income families, including seniors, spend as much as 50% of disposable income on rent; the recommended maximum is 30%. For many seniors there is so little left after paying rent that the choice becomes either food or medication. Many are crowded into unsafe and unhealthy substandard accommodation with other family members living in poverty. Needless to say, this is a recipe for disease and abuse of both elders and children.

It is well-known that one of the major determinants of health is healthy living conditions.

Recommendations:

1. Increased federal funding is needed to provide safe and healthy social housing for low-income seniors. Federal support can take a number of forms.
2. Low-rental accommodation can be provided by governments at all levels; they can also support non-profit organizations and housing co-operatives.
3. Non-profit housing should be available for all seniors who need it and there should be appropriate regulations regarding accessibility, safety, nutrition, and supportive health care for residents as their needs demand.
4. A housing complex planned for senior living should be organized in such a way that individuals can make a smooth transition from independent living to various levels of assisted living in the same building complex. Spouses should be in close proximity even if the health of one deteriorates more quickly than that of the other. At present most of these complexes are privately owned and are unaffordable for many seniors.

Home care

Homecare workers are "silent victims in a silent system" (Report on Home Care commissioned by the Canadian Association of Retired Persons). These caregivers are usually spouses or children. They are under-funded, over-stressed and under-valued as they strive to care for ill, frail, or dying family or friends. In 1996 there were 2.1 million informal caregivers providing home care to 800 000 seniors and the current number is probably higher. When funding for health care was slashed in the 90's in order to balance both federal and provincial budgets a great deal of the responsibility for care was removed from professional providers and downloaded to families. This has taken a terrible toll on receivers of care, givers of care, and other family members who are often ignored in this whole matter. This shift in responsibility has occurred with little or no public discussion. Much of what is known in this area is anecdotal; governments have not collected nor disseminated appropriate data to make long term strategic plans.

It should be noted that while the elderly have special needs, home care policy must address all those cared for in the home. As seniors continue to make up a growing proportion of the population, there are some diseases which will put greater demands on the health care system. It is estimated that the number of people with Alzheimer's disease will double in the next ten years and that there will be a 70% increase in cancer patients by 2015.

Home care in Canada is a system by default. Although the Romanow Report makes strong recommendations re a national home care program virtually nothing has been done on a national level.

Recommendations:

The first two of these recommendations come from the Romanow Report and I am reiterating them here.

1. Revise the *Canada Health Act* to include coverage for home care services in the following areas: home mental health case management and intervention services, post-acute home care, and palliative home care.
2. Introduce a new program to provide ongoing support for informal caregivers. This support should include compensation for care givers; adjustments to CPP and EI to relieve the pressure on personnel who must discontinue regular jobs to care for sick family; respite care; and the seamless integration of the home care system into the regular health care system. The latter should include case management, training and standards for caregivers, and supervision of medications.
3. The quality and availability of home care services varies across Canada from province to province and from urban to rural. In rural areas some people refuse chemotherapy or

kidney dialysis, for example, because they have no way to get to treatment centres and no care support at home. While part of this problem comes under provincial jurisdiction the provinces are frequently too strapped for funds to equalize access and quality of care for all citizens; therefore, the federal government must provide more funding.

4. There are special situations in which patients need total care for a period of time only; for example, after hip, knee or back surgery, or during cancer treatments. Often a family member cannot provide this care, especially if the caregiver is an aged spouse. Private care is very expensive and unavailable in many areas. Short-term, intensive home care must be provided, regulated and publicly funded.

5. As hospital stays are reduced more home care should be made available; it should be available for both temporarily and permanently disabled people and it should provide continuity of service and choice for the patient.

6. The cost of medications is covered in hospitals so it should also be covered in home care situations.

7. Home care must be guided by a Strategic Direction at all levels of governments.

(a) National standards and guidelines must be developed.

(b) An accountability process must be put in place at all levels of responsibility.

(c) Home care policy must be integrated within the Medicare System. This must include funding; training of home care workers, both formal and informal; innovative models of delivery; rural, senior, and aboriginal health issues require special attention; use of information technology.

8. We encourage seniors to remain active and independent as long as possible; however assisted living supports may be required. Such options need to be available to all seniors regardless of income and some degree of supervision may be required.

9. The public must be involved in the development of home care policy because they are the most affected at the home and community levels.

10. The public must be better informed about the challenges and constraints put on the family by the demands of home care.

Other considerations:

The quality of life of many senior citizens depends on high quality, publicly funded and publicly administered health care. We are in full agreement with the recommendations in the Romanow Report. We would like to stress two aspects: (1) The Federal Government should transfer to provinces the \$2 billion additional dollars promised for health care as recommended in the Report, and (2) establish a strong Health Council to monitor and

report to the Government and to the public on health spending and on the delivery of health services in each province so that we know that we are getting "value for money spent".

The Federal Government needs to make long-term plans to cope with changing demographics. About 13% of the population of Canada in 2006 will be over 65; in 2026 it is projected that seniors will make up 21% of the population. By 2030, the last of the almost 10 million babyboomers will have turned 65. The size and nature of the work-force, pensions, the drain on health care services all require longterm planning if a decent standard of living is to be preserved for all.

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