



New Brunswick 2021 Budget Consultation

Submitted by: CanAge
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Dear Honourable Ernie Steeves, Minister of Finance

CanAge is Canada's National Seniors' Advocacy Organization. As an independent, non-partisan, non-profit organization we educate and mobilize people on the issues that matter to older Canadians. CanAge has identified critical areas that require urgent investment to improve seniors' lives in the VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada (www.CanAge.ca/voices).

A. Violence & Abuse Prevention

Since the pandemic, elder abuse and neglect has significantly increased due to financial constraints, isolation, and confinement with one's abuser. Many elder abuse and neglect response agencies are anecdotally reporting a ten-fold increase of incidents since March 2020.

RECOMMENDATIONS:

1. Increase funding for elder abuse prevention in New Brunswick.
2. Support the development of and fund a *New Brunswick Network for the Prevention of Elder Abuse* (similar to what exists in other Canadian jurisdictions).
3. Fund a seniors' abuse hotline (similar to what exists in other jurisdictions).
4. Fund the development and implementation of a *Provincial Strategy to Combat and Respond to Elder Abuse and Neglect*.
5. Amend the *Family Services Act* to include "financial abuse" and fund initiatives to combat financial exploitation of New Brunswick seniors.

B. Optimal Health & Wellness

New Brunswick must invest in health and wellness in order to meet the needs of its rapidly aging population.

New Brunswick health care particularly needs focussed budgetary investment in *preventative, diagnostic and restorative care*.

CanAge has identified key areas of this needed investment: diagnostics and imaging; eye and sensory health; mental health and addictions; human resources sector capacity building in health care.

RECOMMENDATIONS:

Diagnostics and Imaging:

6. Develop surgical and diagnostic imaging capacity generally. Provide specific new investment in surgical and diagnostic imaging to better serve rural, remote, Northern, and Indigenous communities.

Dental Care:

7. Increase public funding and service expansion for low-income seniors requiring dental care and treatment.

Vision Care:

8. Increase public funding and service expansion for low-income seniors requiring optical care and treatment, including expanded support programs for the purchasing of eyeglasses and other vision aids.
9. Expand the New Brunswick Health Services Vision Program to cover needed progressive bifocal or trifocal lenses, needed medical or surgical eye treatment, vision aids including support for replacement frames or lenses for low income adults. Provide waiver for the 30% participation fee on dispensing services for low income adults unable to reasonably pay for this fee.
10. Increase funding and patient choice for cataract, glaucoma, diabetic retinopathy, macular degeneration, and other eye-related health care needs.

Mental Health and Addictions Care:

11. Increase funding for seniors' mental health and addiction services, particularly in rural and remote areas.
12. Invest in needed online and telehealth seniors' mental health and addiction services, particularly in the time of COVID19.

Sector Capacity-Building in Health Care Professionals:

13. Invest in sector capacity building for geriatric specializations across allied health professions. Invest in the development, recruitment and retention of geriatricians and psychogeriatricians.
14. Increase grants, placements, and medical fellowships to increase the number of psychogeriatricians in Canada.
15. Allocate more funding towards allied health care professionals to develop expertise in geriatric mental health and addictions.
16. Provide incentives for physicians and allied health professionals to practise in New Brunswick.
17. Create grants and financial incentives including forgivable allied health professional education grants and upskilling grants for those who practise in New Brunswick, particularly in rural and remote areas and to Indigenous populations.

C. Infection Prevention & Disaster Response

Never before has it been so critically important to keep our seniors' population healthy and well, than in the time of COVID-19. Vaccinations are a critically important part of keeping seniors healthy - both COVID19 and other well-established vaccines.

However, New Brunswick seniors are significantly under-vaccinated and do not have the coverage for specifically formulated vaccines which are designed to keep them healthy. This leads to poor health outcomes and the spread of infectious diseases such as influenza, shingles and pneumonia.

Background:

Specifically-formulated Influenza Vaccines:

New Brunswick does not have any ongoing program for specifically formulated influenza vaccine (adjuvanted / high dose influenza vaccine) to older adults aged 65+ as recommended by NACI. New Brunswick seniors are significantly disadvantaged by its very poor coverage of vaccines - and rated an "D-" on CanAge's Vaccination Report Card 2020/21(www.CanAge.ca)

New Brunswick does not even have an ongoing program for its most vulnerable seniors who reside in long-term care facilities. Federal funding allowed specifically formulated seniors' influenza vaccine ("high dose flu") to be provided for the *first time in 2020* in response to the COVID19 pandemic. There is no ongoing commitment for New Brunswick to fund this in future years.

Shingles Vaccines: Shingles is an incredibly painful, recurrent and debilitating vaccine preventable disease. Pain caused by shingles outbreaks often requires opioids to be prescribed, and can lead to opioid addictions and increased falls. New Brunswick currently does not cover shingles vaccines, contrary to NACI recommendations that all people 50+ should be provided the shingles vaccine (shingrex). This highly effective and best-in-class vaccine is more than 90% effective and does not require revaccination of adults.

Pneumonia Vaccines: Pneumonia is a terrible vaccine-preventable disease, and has statistically worse health outcomes than influenza. It is a common cause of preventable deaths. Seniors who contract pneumonia are at increased risk for hospitalizations, complications and death. In 2016-2017, pneumonia was the 3rd most expensive Canadian hospital cost, reaching more than half a billion dollars, not including employee compensation or indirect costs such as lost income.

Immunizations are effective, yet often not encouraged for, or easily accessible to, seniors, even if the vaccine is publicly funded.

New Brunswick currently covers the Polysaccharide (Pneu-P-23) vaccine. However, New Brunswick does not cover the Pneumococcal Conjugate (Pneu-C-13) vaccine for all the full list of immunocompromised conditions as recommended by NACI.

Disaster Response: Seniors in Canada are disproportionately harmed by pandemics, emergency weather events, natural disasters, and climate change.

RECOMMENDATIONS:

18. Designate people 60+ immunocompromised due to high-risk for COVID-19 and prioritize COVID-19 vaccinations for this population.
19. Fund and create an ongoing program to provide all adult / seniors' vaccines recommended by the National Advisory Committee on Immunizations (NACI).
20. Create funding programs for specifically-formulated seniors' influenza vaccine for *all people 65+* as recommended by NACI.
21. As a first step, immediately commit to annualized funding for specifically-formulated influenza vaccine for our most vulnerable seniors - *residents of long-term and congregate care*, by converting the one-time federal funding given in 2020 to an ongoing provincial program.
22. Annualize ordering of vaccines to meet the standard of 80% uptake in healthy persons and 90% in high-risk persons for influenza. Do not fund based on last

year's usage, but rather fund and order vaccines on recommended uptake for population coverage

23. Fully fund all people 50+ for the best-in-class shingles vaccine (shingrex) as recommended by NACI.
24. Fully fund the entire list of immunocompromised conditions for pneumococcal conjugate (PCV13) vaccine by adding: *people with nephrotic conditions* (kidney) to the coverage list.
25. Fund and create a *Provincial Seniors' Emergency Response Plan* ("PSERP"), with specific sub-plans for people in Long-Term Care (LTC and congregate care, community settings and rural and remote regions. Ensure that this PSERP also has "offline" components so the information can be accessed during power outages.

D. Caregiving, Long-Term Care, Home Care & Housing Resources

The crisis brought on by COVID-19 has exacerbated long-standing issues in seniors' care. We have seen the chronic underfunding and understaffing of LTC, supported housing and home care. New Brunswick seniors are living longer and, towards end of life, have greater frailty, cognitive impairment, and unmet care needs. Significant investment is required to allow New Brunswick seniors to age-in-place, and when they can no longer stay at home, to be in safe and quality LTC homes.

RECOMMENDATIONS:

26. Create a transparent and accessible COVID-19 online and phone vaccination booking and tracking system. Invest in advertising this system through multiple awareness channels.
27. Invest in faster, more urgent deployment of COVID-19 vaccinations for seniors, essential caregivers and health care providers in long-term, congregate and community settings.

28. Create and fund innovative vaccination gateways including door-to-door, drive-thru, community hub and pharmacy-based programs for COVID-19 and other NACI recommended vaccines.
29. Immediately and significantly increase funding to LTC to address challenges with infection outbreaks, inadequate resident care, and needed building upgrades.
30. Fund immediate reimbursement for actual COVID-19 related costs to LTC.
31. Provide and urgently flow dedicated funding to achieve 4 hours of worked care a day per resident.
32. Fund an integrated holistic care team in LTC. Expand funding for staff beyond nurses and PSWs to include allied health professionals and in-home physician care.
33. Create and fund the position of Provincial Chief Medical Officer for LTC. This level of oversight and guidance was sorrowfully absent during the pandemic and immediately needed.
34. Work with federal and other provincial governments to create National LTC Standards.
35. Agree to a tethering of future transferred federal funds to these National LTC standards.
36. Provide a government backstop for infectious spread liability insurance for LTC. Infectious spread liability insurance has been halted by insurers leaving homes vulnerable, and nonprofit homes without coverage for Directors & Officers liability. The impacts of not having this coverage affects debt, lending, and the speed of vaccinations in homes, amongst other negative downflow effects.
37. Immediately commit to mass-hire and train personal support workers (PSW) and other needed LTC staff, for well-paying jobs with pensions and benefits, similar to Quebec's COVID hiring model.

38. Increase funding in New Brunswick LTC to address challenges with outbreaks, infection control management, and inadequate resident care.
39. Create a provincial integrated health and human resources aged-care staffing strategy to meet the care needs of the growing seniors population while upholding the rights and needs of overworked care providers in LTC and the community.
40. Invest in providing increased quantity and quality of Care at Home, which is equitable across New Brunswick, and not dependent on postal code or ability to privately pay. Establish *Care at Home* as the primary provincial model of care.
41. Invest in research, innovation, health and technological developments in aging through Canada's aging networks: AGE-WELL, Canadian Frailty Network, and the National Initiative for Care of the Elderly (NICE).

E. Economic Security

New Brunswick was already enduring fiscal pressure as a result of a rapidly aging population; approximately 30% of the population is over 60 years of age.

In light of the COVID-19 pandemic, older adults and those close to traditional retirement age are increasingly hard hit with the economic downturn. Many will need more flexibility to decide how to manage their money. Others already face dire straits and will need to ensure that they can earn income for longer to replace lost assets, particularly with interest rates at a record low. Pensions are a lifeline to those seniors who have them. Protecting New Brunswickers from pension losses such as those faced by Sears employees due to corporate insolvency is of critical importance.

COVID-19 has added economic pressures to seniors through increased consumer costs (delivery services, internet bills, transportation etc). Seniors are also caregivers, and many need additional support in that role as well, which can keep older New Brunswickers out of the workforce. This disproportionately negatively affects older women.

RECOMMENDATIONS:

42. During COVID-19, implement a provincial refundable tax credit during COVID-19 that can help offset increased costs for deliveries, transportation, and support services for people over the age of 60 for up to three years.
43. Work to enhance pension security, including creating a New Brunswick Pension Benefit Guarantee fund. Ensure pensioners receive 100% of their deferred wages - the pension they were promised. New Brunswick should adopt a pensions guarantee fund model similar to Ontario's model.
44. Invest in economic programs to reduce workplace barriers for older employees and invest in senior entrepreneurship programs - a proven economic engine for small business success.

F. Social Inclusion

Digital literacy and technology have become a necessity during the time of COVID-19. Seniors must use technology for social engagement, health care visits, and essential resources like groceries and supplies. It is critical to develop capacity for digital literacy and technological inclusion of seniors.

Loneliness and social isolation are endemic amongst seniors. Loneliness is associated with reduced life expectancy (up to 8 years) and has been found to be as negative to health as smoking 15 cigarettes a day.

RECOMMENDATIONS:

45. Invest in community-based technology, innovation and training programs to ensure seniors' inclusion in the modern world.
46. Prioritize digital investment in rural, remote and Indigenous communities.
47. Invest in programs to support low income seniors to afford internet services.

48. Fund intergenerational programming that engages youth and older adults to interact regularly for varied activities.
49. Invest in a New Brunswick version of the United Way's Health Aging Collaborative Online Resources & Education (CORE) Program (<https://healthyagingcore.ca>).
50. Invest in programs that offer inclusive transportation programs for seniors in rural and remote areas.

Conclusion

We respectfully ask the ministry to carefully consider our recommendations and review the VOICES of Canada's Seniors: A Roadmap to an Age-Inclusive Canada (www.CanAge.ca/voices) for detailed recommendations. We welcome the opportunity to present to the Committee.

Respectfully submitted,



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