



British Columbia Budget 2022 Consultation

Submitted by: CanAge
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Dear Budget Committee Members ,

CanAge is Canada's National Seniors' Advocacy Organization. As an independent, non-partisan, nonprofit 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).

Violence and Abuse Prevention

Since the pandemic, elder abuse and neglect appears to have 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:

- Continue to fund SeniorsFirst BC specifically for tracking and reporting data on elder abuse and neglect.
- Continue to support uptake of BC's Strategy 'Together to Reduce Elder Abuse' (TREA) in leveraging knowledge building on elder abuse throughout communities.
- Appropriately fund the [Council to Reduce Elder Abuse](#) and support coordinated community responses (CCRs) to elder abuse and neglect.

Optimal Health and Wellness

Health and wellness are imperative to achieve positive and active aging for older adults. Healthcare systems must invest in preventative care measures along with acute and chronic care services to meet the specific needs of older adults.

Older adults in British Columbia experience health care delays and limited public coverage, specifically with hearing and oral health as well as with diagnostic imaging services. Seniors have also experienced a rise in mental health concerns and substance abuse, which has become particularly amplified with increased social isolation and loneliness during the time of COVID-19 (PHAC, 2020).

Recommendations:

- Invest in hearing health and provide hearing device grants or subsidies.

- Provide affordable and accessible dental care for all seniors, including hygiene and restorative work.
- Invest in sector capacity building specifically for psychogeriatrics. Increase grants, placements, and medical fellowships to increase the number of psychogeriatricians in Canada. Allocate more funding towards allied healthcare professionals to develop expertise in geriatric mental health and addictions.
- Continue to fund programs and services for people affected by dementia.

I- Infection Prevention and 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. Only 26.17% of adults over the age of 60 are currently protected against vaccine preventable diseases (p. 10 of [CanAge Vaccine Report](#)). This leads to poor health outcomes and the spread of infectious diseases such as influenza, shingles and pneumonia. In addition, British Columbia has some of the poorest coverage of vaccines and also the highest vaccine hesitancy in the country. In the time of COVID-19, it is critically important to have proactive and robust infection prevention measures.

Enhanced Flu Vaccines: Federal funding allowed specifically formulated seniors' influenza vaccine (adjuvanted / high dose flu) to be provided for the *first time in 2020* in response to the COVID-19 pandemic. Despite being recommended by NACI, there is no clear ongoing commitment for British Columbia to fund this in future years.

Shingles Vaccines: British Columbia currently does not cover the NACI recommended Shingles vaccine, Shingrex. This highly effective and best-in-class vaccine is more than 90% effective and does not require revaccination of adults, as compared to the previous shingles vaccine which is about half as effective and requires revaccination approximately every 5 years.

Pneumonia Vaccines: 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. Seniors who contract pneumonia at increased risk for hospitalizations, complications and death. BC currently covers one dose Polysaccharide (Pneu-P-23) vaccine. BC does not fully cover the Pneumococcal Conjugate (PCV13) vaccine which is recommended by NACI for immunocompromised individuals.

Natural Disasters and Climate Change: Seniors in Canada are disproportionately harmed by natural disasters and climate change (WHO, 2018). Living longer often entails managing chronic conditions and diseases. Our health system must invest in cost-effective preventive care to meet the needs of our aging population. The recent wildfires in British Columbia have disproportionately impacted older- just under 90% of heat-related deaths between the time period of June 20th and July 29th, 2021 were of individuals aged 60 and up (BC Gov, 2021). Given the severity of the climatic events, prioritizing emergency planning for seniors is imperative.

Recommendations:

- Fully-fund the NACI-recommended enhanced / high dose flu vaccine for all British Columbia seniors (both in the community and in LTC).
- Fully-fund all seniors and those immunocompromised for the best-in-class pneumonia vaccine.
- Modernize the Shingles vaccine program to fully-fund all seniors for best-in-class Shingrex vaccine.
- Cover all vaccines recommended by National Advisory Committee on Immunizations (NACI) for all seniors in British Columbia.
- Create a provincial disaster plan for seniors with specific sub-plans for people in LTC and congregate care settings, community settings and rural and remote regions. Ensure that the disaster plan also has “offline” components so the information can be accessed during power outages.
- Establish maximum temperatures for long-term care homes and congregate care settings. Require air conditioning in all existing and newly built common and residents’ rooms, and retrofit existing care facilities for effective cooling.

Caregiving, LTC, Home Care, and Housing Resources

The crisis brought on by COVID-19 has exacerbated long-standing issues in LTC, including both underfunding and understaffing. Canadians are living longer and, towards the end of life, have greater frailty, cognitive impairment, and unmet care needs. More than 430,000 Canadians have unmet home care needs (Gilmour, 2018). 89% of Canadians want more home and community care, and 88% want better access to LTC (CMA, 2015).

Recommendations:

- Establish staffing ratios and increase staffing numbers. Include both staff-to-resident ratios as well as establishing healthcare staffing ratios of doctors, registered nurses, licensed practical nurses, rehabilitation care providers, social workers, and health care assistant workers. Stop downloading healthcare to health care assistants in long-term care.
- Allocate additional funding to the Health Care Access Program to be used for increased pay, employee benefits, sick leave, mental health supports and pensions for staff (especially health care assistants) to ensure living wages are achieved. Encourage options for full-time work at one long-term care organization. This will improve employee engagement, create stable staffing and care relationships while decreasing the potential of cross-home infection spread.
- Instead of having only health care assistant workers provide the bulk of home care assistance, transform the model to integrated Care at Home. Invest in expanding geriatric multi-disciplinary team hubs, which provide in-home visits and robust integrated home supports. Bring the care teams to the house of the community-dwelling senior. Add significantly more Care at Home support, both in terms of hours and type of care provided.
- Invest in providing increased quantity and quality of Care at Home, which is equitable across Canada, and not dependent on postal code or one's ability to privately pay. Establish Care at Home as the primary model of care for aging in place, covering medical, social, and personal care needs. Adopt the Nordic Model for Care at Home.
- Support innovative aging in place models such as Homeshare projects, co-housing solutions, naturally occurring retirement communities (NORCs), cooperative housing models, and integrated low-income or affordable seniors' housing

E - Economic Security

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 British Columbians 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 British Columbians out of the workforce. This disproportionately negatively affects older women.

Recommendations:

- 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.
- Work to enhance pension security, including creating a British Columbia Pension Benefit Guarantee fund. Ensure pensioners receive 100% of their deferred wages - the pension they were promised.
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- 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.

S - Social Inclusion

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

Recommendations:

- Create technology lending and training programs through community organizations.
- Invest in digital and technology lending or low-cost technology purchase programs for seniors.
- Invest in programs that offer inclusive transportation programs for seniors in rural and remote areas.
- Invest in high speed internet in rural and underserved communities, and subsidize connectivity for those in need.

Conclusion

We 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.

Respectfully submitted,



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