

CARP's Top 10 Advocacy Issues

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 the benefit of which will only be realized 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 top 10 advocacy issues that will require real political commitment and long term investment from governments.



1 SUPPORT FOR CAREGIVERS: Over 8 million informal caregivers in Canada provide unpaid critical support and care that allow friends and family members to recover from illness and age at home. CARP successfully advocated for the federal Caregiver Tax Credit in 2011. But more needs to be done to support the valuable work done by caregivers. CARP continues to advocate for financial support for informal caregivers, workplace leave protection, and respite care for heavy care providers.

2 RETIREMENT INCOME SECURITY: Since 2008 CARP has been advocating for a supplementary Universal Pension Plan starting with a modest increase to the CPP. Canadians are not saving adequately for their own retirement. Twelve million Canadians do not have pension plans and 300,000 Canadians over 65 still live in poverty. In 2013/14, CARP played a pivotal role in Ontario's introduction of the Ontario Retirement Pension Plan (ORPP), but CARP will continue to advocate for a Universal Pension Plan for all Canadians.



3 NATIONAL DEMENTIA CARE STRATEGY: Dementia is an illness that robs people of their personality, cognitive ability, independence and control, and well-being – essential traits that make a person who they are. As a result, living in the world of dementia is often frightening, daunting, and unpredictable for the patients as well as for their family and friends providing round-the-clock intensive care. 750,000 Canadians were living with dementia in 2011, and millions more provide 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 care and invest in supporting those living with it, CARP is calling for a paradigm shift in how we care for those with dementia. Canadians need a comprehensive approach that includes greater caregiver support, mandatory dementia care training for healthcare providers, and more funding for specialized home care and long-term care.

4 PATIENT CENTRED HEALTH CARE: CARP is calling for an integrated continuum of care to address the chronic care needs of an aging population. The current post-acute healthcare system is fragmented and patients have to navigate on their own the individual components, such as acute care, ongoing treatment, home and long term care. All levels of government have acknowledged this need, but more action is needed to ensure all patients receive timely, affordable access to high quality healthcare, regardless of where in Canada they live. CARP's care continuum calls on the healthcare system to transform into a seamless continuum of care that gives patients clear and direct access to care from first diagnosis or acute episode, through acute care, home and community based long-term care, through to end-of-life needs.



5 HOMECARE: Almost all Canadians want to live at home and stay in their communities for as long as possible. Home care services allow seniors to do this but often the services are underfunded, inaccessible, and have long wait lists due to a lack of coordination, resources, good

management, and funding. CARP calls for national standards of care and access and sustained funding.



6 OLDER WORKERS:

The right to work and remain engaged in the workforce is under threat for many older Canadians who are pressured to "make room" for younger employees yet they have experience, skills, and potential to contribute. Some of the barriers are structural and 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 business have a vested interest in encouraging the continued contribution of older workers.



7 AGE FRIENDLY CITIES: Age Friendly Cities (AFCs) have services, policies, structures and environments that enhance the quality of life for people as they age by addressing their needs and ensuring that they remain engaged in every aspect of civic life. Approximately 70% of Canadians over 65 years of age live in urban centres and rely on municipal services. Fostering age-friendly cities is critical to enabling older residents to fully and equally participate in urban life. CARP's AFC vision includes full participation for all citizens in civic and social life and the ability to access and move independently throughout the city.



8 INVESTOR PROTECTION: Canada's investment environment often puts average retail investors at a disadvantage due to the complexity of financial products, the common misconception that the investment industry is uniformly well-regulated, and the lack of legal recourse and financial restitution in the cases of professional fraud or misconduct. Consumer confidence in a well-regulated financial industry is critical for economic stability, growth, efficiency, and personal financial well-being. CARP is calling for a comprehensive approach to investor protection, including a national investor protection agency and a compensation fund to pay restitution.



9 END-OF-LIFE CARE:

In 2010 an international report on quality of end-of-life care ranked Canada in 9th place, especially because Canadians are reluctant to discuss death openly. We may know how to prolong life medically, but comparatively, death is a taboo subject in Canada. Improving end-of-life-care must become a healthcare priority. The majority of CARP members polled say that a 'good death' is not yet possible in Canada, which is defined as a death in which the patient has control, choice, and dignity. In September 2014, CARP hosted a televised discussion to promote patient choice and dignity at end-of-life. Panelists included MP Steven Fletcher who tabled two Private Member's Bills relating to physician-assisted death. CARP is leading the charge on improving end-of-life care in Canada.



10 UNIVERSAL PHARMACARE:

A report by a Carleton University researcher in 2014 calculated that universal pharmacare could save Canadians a total of \$11.4 billion annually. Drugs play an important role in healthcare. If used appropriately, drugs not only improve health outcomes but also relieve cost burdens elsewhere in the health system. But drugs prices and the need for drugs continue to increase rapidly. 10% of CARP members polled admit to skipping prescription drugs because of cost. In the OECD, Canada is the second highest per capita spender on prescription drugs. Countries that include universal drug coverage as a part of the formal healthcare system have better access to medicine, more affordable drugs, and more financial protection for the sick. Canada needs universal pharmacare to ensure that drugs are affordable, accessible, and that the system will be sustainable.

