

Seniors – Your Votes Count!

April 15, 2018

Care Watch asked all parties competing for our votes in the Ontario Election on June 7, 2018 to specify what they are prepared to do to ensure that seniors can age safely in their own homes and communities. CW's focus is community support services, and we advocate: *a 3% annual increase to bring funding into line with funding to institutions; an additional 2% annual increase so these services can grow province-wide; and annual adjustments for inflation.*

Below is a summary of the response received from **ONTARIO'S NEW DEMOCRATIC PARTY**

NEW DEMOCRAT PARTY OF ONTARIO Excerpts from the 2018 PLATFORM	CW Commentary
New Democrats will "...protect universal access to public, not-for-profit health care"; establish "...a universal national pharmacare program", "... put an end to creeping privatization... " in home care and long-term care, and "... promote health equity ".	A good start ... Care Watch particularly appreciates the commitments to end creeping privatization in home care and long-term care sectors and to promote health equity.
<p>Home Care</p> <ul style="list-style-type: none"> • Increase home care funding by \$300 million • Eliminate wait lists for personal support services. • Increase service hours. • Ensure consistent, reliable care throughout Ontario. • Remove arbitrary caps on care. • Offer more respite care for family caregivers. 	<p>The NDP Platform addresses several CW priorities respecting home care, but it is unclear if this includes <i>community support services</i> which CW views as an essential partner.</p> <ul style="list-style-type: none"> • The proposed funding increase is close to the estimate identified by CW, but it is not clear if this will be an annual commitment. CW advocates: <i>a 3% annual increase to bring funding into line with funding to institutions; an additional 2% annual increase so these services can grow province-wide; and annual adjustments for inflation.</i> • Removing arbitrary service caps, increasing service hours and offering more caregiver respite care would all help.
<ul style="list-style-type: none"> • Ensure more stable employment, better working conditions and higher wages for PSWs. 	<ul style="list-style-type: none"> • CW also advocates stable employment, better working conditions and higher wages for PSWs. However, some details regarding the mechanisms to achieve these objectives are needed. • The primary gap in the NDP proposals is a specific strategy to increase the pool of appropriately qualified PSWs, especially in the north and rural communities throughout the province.
<ul style="list-style-type: none"> • Move towards more public and not-for-profit delivery of home care, so that funding for home care goes directly to better care instead of higher profits. • <i>Believes that "... home care should be a key part of our public universal health care system".</i> 	<ul style="list-style-type: none"> • CW supports not-for-profit delivery of home care and community support services and agrees that such services are an integral component of Ontario's universal health services system. • Stopping the creeping privatization of services in the home and community care sector is particularly important. • CW advocates that better value would be achieved by not-for-profit agencies that leverage volunteers and focus on quality of service, not maximization of profits.

NEW DEMOCRAT PARTY OF ONTARIO Excerpts from the 2018 PLATFORM	CW Commentary
<ul style="list-style-type: none"> Allow seniors who own their home to defer property taxes until their house is sold ... financed by the Province to avoid municipal property tax losses. 	<ul style="list-style-type: none"> This is an interesting idea that would require agreement and cooperation by Ontario's municipalities.
<p><i>Potential to Improve lives of Seniors</i></p>	<p><i>Included because they are proposed as components of a comprehensive health services system.</i></p>
<p>Community and Primary Care</p> <ul style="list-style-type: none"> Invest \$30 million in community care and open 35 new community health centres by 2025 ... and ensure that on-going funding increases with inflation. "... While [community health organizations] provide primary care and health programs for all Ontarians, they also focus on advocacy and service delivery for people living in poverty or without stable housing, First Nations and Indigenous people, Francophone communities, new immigrants and refugees, racialized peoples, seniors, and the uninsured". 	<ul style="list-style-type: none"> CW supports the expansion of community health centres, providing primary care (via family physicians and nurse practitioners), health promotion/maintenance, and service coordination at the local level. CW notes that more accessible primary care would significantly reduce the burden on hospitals, especially and emergency departments.
<p>Long-Term Care</p> <ul style="list-style-type: none"> Create 40,000 more LTC beds, including 15,000 new beds over the next five years. Set standards to ensure each resident is offered a minimum of four hours of hands-on care per day. Will update the Long-Term Care Residents' Bill of Rights to give couples the right to stay together. Will hold a find-and-fix public inquiry into LTC. 	<ul style="list-style-type: none"> CW supports the setting of standards to ensure that each LTC resident is offered appropriate types and quantities services. CW thus proposes establishment of a <i>Basket of Services</i> which should be available to all seniors, regardless of where they live. An issue is whether the "new" beds will be allocated to private LTC corporations or developed as municipal or other not-for-profit beds. While acknowledging that 5,000 beds/year is insufficient to meet LTC needs as currently defined, CW questions the feasibility of delivering this number within the proposed time frame. The NDP may wish to consider developing more intermediate opportunities (e.g., convalescent homes, sheltered housing, assisted living, etc.) which will also relieve hospital overcrowding. Facilitating the ability of couples to stay together is dependent on the availability of suitable facilities.
<p>Dental Care</p> <ul style="list-style-type: none"> Capital investment of at least \$25 million; First year investment of \$670 million Extend public dental coverage to every senior without retiree benefits, and to every person on social assistance ... through a public health provider. Will "...work with dental professionals and health care agencies to ensure that people get 	<ul style="list-style-type: none"> CW supports the introduction of dental coverage to every senior without retiree benefits, and to people on social assistance, <i>funded through a progressive tax system.</i> CW recognizes that a potential consequence of this initiative is the dropping of dental (and other) benefits by employer-related plans. Further action will have to be taken to prevent such wholesale transfer of costs to the public purse.

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<p>publicly-funded dental services in the setting of choice, wither it's in a private dental clinic, community health centres, Aboriginal health access centres, public health units ... or mobile dental busses for rural, remote and northern communities (estimated 7 mobile dental busses and 70 new dental clinics across Ontario)".</p>	
<p>Pharmacare</p> <ul style="list-style-type: none"> • Introduce universal pharmacare for Ontarians by 2020. • Annual allocation of at least \$475 million. • Provide complete coverage for take-home cancer drugs. 	<ul style="list-style-type: none"> • CW supports the introduction of universal pharmacare for Ontarians, <i>funded through a progressive tax system.</i> • CW recognizes that a potential consequence of this initiative is the dropping of drug benefits by employer-related plans. Further action will have to be taken to prevent such transfer of costs to the public purse.
<p>Hospital Care</p> <ul style="list-style-type: none"> • Immediately increase hospital funding by 5.3% with new investment of \$916 million. • Ensure that every hospital's annual funding will be at or above inflation, population growth and include the unique needs of each community (like the ageing population). • Create 2,000 new hospital beds right now and invest \$19 Billion over 10 years into hospital capital expansion • End arbitrary caps on surgeries to shorten wait times • End "hallway medicine" • Stop further layoffs of nurses and front line health care workers. 	<ul style="list-style-type: none"> • CW acknowledges that Ontario's hospitals are experiencing unprecedented overcrowding and long wait times, and thus supports strategies and investments to end "hallway medicine". • CW agrees that annual funding to hospitals should be at or above inflation, and should take into consideration population growth and the unique needs of each community. • However, CW argues that some of the best ways to prevent hospital overcrowding and costs, and the need for massive new capital investments, include: <ul style="list-style-type: none"> – Stopping the medicalization of ageing; – Investing in strategies that prevent unnecessary hospitalization, such as home care and community support services; – Improving access to primary care at home and in local communities; and – Providing <i>alternative levels care</i> (ALCs), such as convalescent, rehabilitation, and respite beds, and sheltered housing. • CW strongly advocates the <i>balancing of investments</i> in hospital and community-based initiatives within a comprehensive and equitable health system.
<p>End of Life Care</p> <ul style="list-style-type: none"> • Eliminate wait times for palliative care • Increase access to hospices across the province. Investment of \$75 million over three years plus continue additional investment of \$15 million in 2018-19 • Respect the right of Ontarians to medical assistance in dying. 	<ul style="list-style-type: none"> • CW supports improved end of life care.