

FEDERAL HEALTH CONCERNS

Introduction

The Retired Teachers of Ontario/Les Enseignantes et Enseignants Retraités de l'Ontario (RTO/ERO) is a voluntary organization of 52,000 members, representing the needs and interests of retired teachers and administrators. RTO/ERO is an inclusive organization, divided into 43 Districts, with membership drawn from retired English, French, public, Catholic, and private, elementary and secondary school teachers and administrators.

While our members are, for the most part, no longer active in the teaching profession, they retain an avid and abiding interest in education and their communities through their volunteerism. In recent years, RTO/ERO has expanded its horizons by advocating on issues of importance to our membership and seniors in general. Our members take an active interest in the political process and are keen to have their views expressed, heard and acknowledged.

No issue touches all Canadians more deeply than health care. RTO/ERO wishes to draw to your attention, our position on several issues, namely, the Canada Health Act, the National Health Council, Health Care funding, Home Care and Long Term Care priorities, issues of 'accessibility', a National Drug Agency, and Public Health and Safety. Perhaps we could agree on one fundamental principle that people of "goodwill" will always seek to do what is in the best interest of others. RTO/ERO has a motto of "Service to Others"; it is in that spirit that we offer our suggestions.

Canada Health Act

Canada's health care system is a practical expression of the values that define us as a nation. RTO/ERO commends the Federal Government for its commitment in the Speech from the Throne 2004, to the defining principles of the Canada Health Act (universality, comprehensiveness, accessibility, portability, comprehensiveness and public administration) and to your goal to provide universal, high-quality, publicly funded health care to all Canadians.

Health Council of Canada

As a result of the recommendations of the Romanow and Kirby Reports, the Health Council of Canada has been established and is mandated to monitor and report on the progress of health care renewal in Canada. At its first meeting in Toronto on January 30, 2004, the Council decided to direct its attention, over the coming months, to the process of monitoring health reforms taking place across the country. In his address to the gathering, Roy Romanow stated ""Whether this is a truly historic meeting or not, will depend on the quality of your work, the choices you make, the resources you have and how you make use of them, and the independence required to ensure that your communications are not just clear, but accurate and constructive."

In the Speech from the Throne 2004, you state that the Government "will support the Health Council in the development of information on which waiting-time objectives can be set, and by which Canadians can judge progress toward them." RTO/ERO supports the mandate of the Health Council of Canada and will judge its effectiveness in developing and implementing comprehensive recommendations to provincial and territorial governments, on such issues as waiting-time objectives, implementation of primary health care and long-term care policies, and replenishing the health care workforce. What is needed is a clear plan of action to implement such recommendations in a timely manner.

Health Care Funding

In the Speech from Throne 2004 the Government indicated that "without going into deficit, it will now be able to provide a further \$2 billion health-care transfer to the provinces and territories this year." Although this is commendable, RTO/ERO believes there must be a multi-year commitment, to provide increased funding levels to provinces and territories. This will ensure stability for health care planning and delivery, and enable improved planning for access to health services in rural and remote areas. We also strongly support the recommendation in the Romanow Commission Report that states, "it is necessary to build alliances with members of the World Trade Organization to ensure that future international trade agreements make explicit allowance for both maintaining and expanding publicly insured, financed and delivered health care."

Home Care and Long Term Care

Although the issues related to Home Care and Long-term Care are largely a provincial matter, it is imperative that the Health Council of Canada take an active leadership role in addressing the Home Care and Long-term Care needs of Canada's aging population. RTO/ERO believes that Home Care and Long-term Care are essential components of a sustainable health care system for all Canadians.

In the document "Sharing the Learning, The Health Transition Fund - Home Care", Evelyn Shapiro stated that, "It is time for both levels of government to implement a national home care program that treats all Canadians equally and equitably. The absence of a federal-provincial agreement on a national home care program means that where Canadians live, rather than what they need, determines access to services, residency requirements, the payment of user fees and the continuity of service providers." Research has shown that providing stable primary home care is cost efficient. Providing a range of home care services will assist seniors to maintain independence, adapt to their environmental needs and live in dignity as active members of their community. We would be remiss if we did not express our concern at the absence of a national, comprehensive, home care program.

The Canada Health Act establishes criteria and conditions related to insured health care services and extended health care services that the provinces and territories must meet, in order to receive the full federal cash contribution under the Canada Health and Social Transfer (CHST). The aim of the Canada Health Act is to ensure that all eligible residents of Canada have reasonable access to medically necessary insured services on a prepaid basis, without direct charges at the point of service. We remain concerned about the state of the Long-term Care facilities in the province of Ontario.

RTO/ERO supports the Ontario Government's recent commitment to improve conditions in Long-term facilities by conducting unannounced inspections, establishing a toll free support hotline to handle nursing home complaints and by establishing a zero-tolerance level for abuse and neglect in the health care system. These are essential first steps in raising standards and improving accountability within the system. However, the Health Council of Canada must assume a leadership role to assist the provinces and territories in dealing with issues of access, regulatory powers, personnel training and compensation, and client protection. There must be mechanisms to ensure compliance in meeting mutually developed standards.

Accessibility

RTO/ERO applauds the Federal Government's commitment, "that every Canadian have timely access to quality care, regardless of income or geography - access when they need it". The Kirby Report recommended that "the federal government enact new legislation establishing the National Health Care Guarantee. Legislation must include a definition of the concept of "timely access" that will relate to such a guarantee.

'Accessibility' must not be determined by things such as age banding or level of care required. How would you like to be in the position of being 75 years old, having your family physician retire and be unable to secure another doctor because you are deemed to be too old or sickly? Canadians want and deserve to know how and when waiting lists/times will be reduced.

National Drug Agency

Pharmaceutical issues in Canada include the use of pharmacotherapy, access to credible, pertinent, understandable information on prescription drugs, affordability of drugs, especially for specialized treatments, provincial and territorial sponsored drug plans and patent laws. In his report, Romanow recommended the establishment of a National Drug Agency to address these issues. In their document ""Sharing the Learning, The Health Transition Fund - Pharmaceutical Issues", authors Dr. W. Kennedy and R. Goyer state, "Theoretically, provincial pharmacare programs should ensure cost-effective health care (i.e. the best level of care for the least cost possible) for their residents.

However, provincial governments must balance population access to needed pharmaceuticals with cost containment for the pharmacare and health care programs, which in turn must be balanced with the promotion of industrial development for the pharmaceutical industry, autonomy of prescribing for physicians and increased cost-sharing for consumers. The tendency has been to reduce public costs by increasing consumer cost-sharing." Providing access to affordable pharmaceuticals is a fundamental tenet of primary health care.

Public Health and Safety

RTO/ERO applauds the Government's establishment of "a new Canada Public Health Agency that will ensure that Canada is linked, both nationally and globally, in a network for disease control and emergency response". The establishment of a Canadian Centre for Disease Control should enable the Federal Government to reduce the vulnerability of Canadians to infectious diseases that may be incubated anywhere in the world.

The Canadian Pandemic Influenza Plan, which maps out how Canada would prepare for and respond to a pandemic influenza outbreak and which was developed collaboratively with the provinces and territories, is commendable. Although the timing of a pandemic is unpredictable and inevitable, it is essential that preparedness for such an eventuality be a priority of our health care delivery system.

We also concur with the appointment of a new Chief Public Health Officer whose responsibility will include a "much needed overhaul of federal health protection through a Canada Health Protection Act." In his "Report of the Standing Senate Committee on Social Affairs, Science and Technology", The Honourable M. J. L. Kirby states, "failure to act promptly could severely erode public confidence in health protection infrastructure in Canada. Therefore, federal government inaction in this area would be totally unacceptable. The fact is that the federal government must live up to its obligations, both national and international.

The Romanow Commission Report also recommended "the promotion of good health in reducing tobacco use and obesity, and to improve physical activity." Health promotion and disease and injury prevention measures are cost effective. RTO/ERO endorses the need for community recreation programs and services that promote wellness and enable seniors to keep active and to maintain their home environments. This could well be a cost-effective measure, with long term social and financial benefits for both individuals and governments.

Conclusion

RTO/ERO believes that Health Care is the most important issue affecting our members and the public at large. To that end, we have developed political action plans that incorporate, among other things, the distribution of this position paper to our members and other interested parties, so it can be used to influence positive change in the upcoming Federal election campaign.

In summary, RTO/ERO believes that:

- The five principles of the Canada Health Act are fundamental to the long-term sustainability of the health care system.
- Health care funding must be adequate, available, timely and targeted.

- The Health Council of Canada must make measurable progress on key issues such as waiting times, primary health care, long-term care and home care and renewal of the health provider workforce.
- Co-operatively and collaboratively, the provincial and territorial governments and the federal government must address the issues of Home Care and Long-term Care reforms.
- Accessibility benchmarks must be specific, measurable and communicated to the public in an understandable manner meeting the targeted timelines.
- Access to affordable pharmaceuticals is a basic tenet of the primary health care system.
- Renewal and reform of health protection and promotion must include structural changes, capacity enhancement, immunization and chronic disease prevention and funding.
- Health promotion will strengthen our social foundations and improve the overall health of Canadians.

We urge Canada's political leaders to take to heart the concerns that Canadians have with respect to the health care system. RTO/ERO will continue to monitor progress made to effect change in the areas of health care reform and renewal that most affect our members. We have high hopes and expectations that improvements can and will be made in both the short and long term.