

June 18, 2021

Hon. Patty Hajdu,  
Minister of Health  
Ottawa, ON  
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The Hon. Christine Elliott  
Minister of Health  
5th Floor, 777 Bay St.  
Toronto, ON  
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## Re: Supporting Ontario's Aging Population

Dear Ministers Hajdu and Elliott,

As you know, June is Seniors Month. It is a time to recognize the contributions older adults have made and continue to make to their communities, as well as generate awareness of the health and social issues seniors face. This commemorative date is important because Canada is facing a significant demographic shift that will necessitate policy reforms, some of which are contained below.

The Conference Board of Canada [estimates](#) over the next 10 years, 5.1 million Canadians will reach the age of 65. This will increase the share of Canadians over the age of 65 from 17 percent to 21 percent of the population. As a result, chronic diseases and conditions are projected to increase – a situation that will place an increased demand on the health care system and health care providers.

We applaud the Province for recently [updating](#) the income eligibility thresholds for the Ontario Seniors Dental Care Program and the Seniors Co-Payment Program. This announcement will improve the affordability of dental care and prescription medications for Ontario's most vulnerable seniors.

I am writing to provide you with recommendations shared by some members of our [Health Policy Council](#) around the following areas:

1. **Defining Alzheimer's and dementia as a post-pandemic public health priority, with a focus on early detection and support for caregivers, to align with the [Global Action Plan on the Public Health Response to Dementia \(2017-2025\)](#) adopted by the World Health Organization;**
2. **Continuing to enable, and intensify investments towards, innovative models of home and community care to reduce the reliance on costly, institutional-based care settings;**
3. **Developing a National Health Human Resources (HHR) Strategy to ensure timely access to health care for seniors living with complex chronic conditions; and**

#### **4. National licensure strategy for physicians and other healthcare professionals (e.g., nurses and paramedics) to reduce inter-provincial barriers to labour mobility.**

**To begin, Alzheimer's and dementia should be identified as a post-pandemic health priority.**

Today, 564,000 Canadians live with dementia – a number that is expected to increase to 937,000 by 2031. Recognizing this trend, the Province released the Ontario Dementia Strategy in 2017. This was complemented by the federal government's [A Dementia Strategy for Canada: Together We Aspire](#) in 2019, which centred on three themes: prevention; effective treatments; and improving services and home care for those living with dementia and their families. Taken together, these strategies reflect a shared understanding of the importance of this complex issue – for seniors, caregivers, health systems, and the economy.

While Canada's 2019 dementia strategy was key to identifying the importance of this priority population, the strategy should not remain stagnant. There have been advancements in care and new innovative technologies, while other jurisdictions have taken steps to update their own strategies. This presents an opportunity for Canada to update its strategy to reflect these changes.

To bolster its efforts, provincial government should encourage Ontario Health Teams to define seniors with complex chronic conditions, such as Alzheimer's and dementia, as a priority population. This would reduce pressure on Ontario's primary and long-term care systems, while improving the services available to seniors with complex chronic conditions.

The [stories of patients and families](#) grappling with Alzheimer's underscore the need to prioritize this patient population. The disease not only impacts patients, it also impacts caregivers and family members who are often elderly partners with their own chronic health conditions. It is not uncommon for family members to turn down a promotion, leave the workforce, or take early retirement to care for a loved one with Alzheimer's and dementia. Consequently, these care providers experience significant [strain](#) and [distress](#) when caring for a loved one with dementia.

**Second, the Province should continue to enable, and intensify investments towards, innovative models of home and community care to help Ontarian seniors, including those living with dementia, age in place.**

According to the Canadian Institute for Health Information, [most](#) Canadian seniors with dementia live at home, where they can maintain their independence and engage with their community. Despite previous investments, Budget 2021 [did not](#) include additional investments to the home care sector. Comprehensive home and community care are essential to maintaining the quality of life for people with dementia. Without further investments, the growing population of Ontarians with dementia and their caregivers will continue to seek care in more expensive and less appropriate settings.

As the Alzheimer Society of Ontario (ASO) explains in their [2021 pre-budget submission](#), some patients with dementia enter institutional settings, namely long-term care homes or their local hospital, because they had no where else to turn for support as the disease progressed. According to the ASO, approximately one in four long-term care residents in Ontario do not need this level of intensive support. Further, the hospital is not a conducive environment for those living with dementia. The change in environment and routine, coupled with the overstimulation, can spark negative behaviours that prolong a patient's stay. Where possible, long-term care placements and hospitalizations should be reserved for patients with more acute needs.

A robust, innovative, and well-resourced home and community care sector would enable the appropriate use of hospitals and precious long-term care beds, alleviating current health system constraints exacerbated by the COVID-19 pandemic. This approach would create long-term savings for the Province. In a 2018 policy brief, the Ontario Community Support Association explained that the average cost to support someone with home and community care is around \$55 per day. In contrast, it costs \$150 per day for the Province to support someone in long-term care.

**Third, the federal and provincial governments should develop a national HHR strategy that ensures adequate supply of qualified professionals to meet the needs of our aging population. This strategy should be based on comprehensive data.**

As the National Institute on Ageing (NIA) explains in the 2020 [National Seniors Strategy](#), the planning and delivery of health and social care services is largely a provincial/territorial responsibility, while the curricula and training for regulated professionals is guided by national accreditation standards developed by professional colleges and societies. Thus, a gap exists between service delivery that happens at the regional level and curriculum that is developed at the national level.

Partnering with the federal government could help the Ontario government better address its current and future HHR issues, such as the challenges associated with the recruitment and retention of health care workers in long-term care and other settings. This strategy should also be part of future pandemic preparedness planning at the provincial and federal levels. With recent [polling](#) indicating that 30 percent of surveyed nurses are considering leaving the profession due to stress and an increased workload with COVID-19, a national HHR strategy is needed now more than ever.

**Finally, as part of this national strategy the Province should also consider a national licensure strategy for physicians, thereby reducing barriers to inter-provincial labour mobility.**

The pandemic revealed that governments need to be able to leverage HHR capacity – regardless of jurisdiction – during a public health emergency. A national licensure is supported by the vast majority of physicians according to 2019 [polling](#). Allowing physicians and other health care professionals (e.g., nurses and paramedics) to work in Ontario and other jurisdiction(s) could help address regional labour shortages and improve access to care for Canadians. Permitting cross-provincial work and coverage could also provide much-needed relief to overburdened physicians in Ontario.

We would be happy to discuss these issues further and look forward to continuing to work with you on solutions that support the health of Ontarians and our economy.

Sincerely,



Rocco Rossi  
*President and CEO*  
*Ontario Chamber of Commerce*

CC: The Hon. Deb Schulte, Federal Minister of Seniors  
The Hon. Raymond Cho, Ontario Minister for Seniors and Accessibility  
Helen Angus, Deputy Minister of Health, Ministry of Health  
Melanie Fraser, Associate Deputy Minister, Health Services, Ministry of Health

Amy Olmstead, Executive Lead (Acting), Ontario Health Teams, Ministry of Health