

Budget 2017
Response from an Aging Population

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This budget commits large financial resources to many social issues that are in need of resolve. This is certainly appreciated. What it does not do is provide the funding soon enough and it has somehow manages to provide uncertainty about what and when we will see real change.

This year, we celebrate Canada's 150th birthday and we are hearing lots of positive comments about the contributions that seniors have made to build this great country.

Seniors were mentioned 20 times in this budget; much less than other societal groups like women (276 mentions), children (79 mentions), First Nations (181 mentions) and veterans (90 mentions).

Now, these mentions do not indicate how many dollars are being allocated and as seniors we support an approach that all of these important groups get the social support they need. It is however difficult to give this Liberal government a “pat on the back” for addressing the issues of aging Canadians. After all, seniors have less time to wait for necessary improvements in housing, healthcare, income security and a more equitable distribution of wealth.

Healthcare is, as everyone knows, the most relevant and pressing issue for seniors. How did we make out? We all know the government at least met with the provincial Premiers and Health Ministers but the provincial display of unity brought on a divide and conquer response resulting in more fragmentation and ongoing differences in what seniors can expect province to province. In addition, the changes promised to the previous governments financial healthcare agenda did not materialize. We were glad to see funding for home-care/caregivers and housing which were not senior specific making it difficult to measure the potential impact.

The National Pharmacare Program that National Pensioners Federation and others have been promoting got no implementation at all. The funds that were allocated to improving access to prescription medication, addressing health data gaps, digital medical records, Canada Health Infoway will provide some progress at a cost. A national [Pharmacare Program](#) would provide between 11 and 14 billion a year in savings, a national formulary for publicly covered medications, a single drug review mechanism to decide on coverage and a single price for all medications whether paid publicly or privately.

Pharmaceutical companies and insurance providers profit margins would be affected by a National Pharmacare Program.

NPF joined with many other organizations in a [“Declaration Concerning a National Health Care Strategy For Seniors.”](#) which was adopted at our 2016 annual convention. Most of the opportunities recommended in this comprehensive document were missed in this budget.

Since this budget focused on innovation, we should remember the [“Final report of the Advisory Panel on Healthcare Innovation.”](#) This report was published in July 2015 for The Minister of Health, Health Canada and all Cabinet members. The panel’s budgetary recommendation was that “Starting in 2015-16, create a ten-year Healthcare Innovation Fund with a gradual ramp-up, ideally reaching steady- state by 2020 (4.1). *The annual outlay from the Fund should rise over time towards a target of \$1 billion per annum, derived primarily from new federal commitments.” This is what is in the 2017 budget; “investment of \$51.0 million over three years, starting in 2019–20, with \$17.0 million per year ongoing.” This works out to be a total \$170 million over 10 years which will begin after the next election. This is clearly not a commitment to innovation.

Combining the savings generated by a National Pharmacare Program and the Naylor Report’s recommended funding of innovation would get us away from a fragmented, silo approach and deliver major tangible results to seniors and all Canadians.

Even the \$11.2 billion dollars proposed for a New National Housing Program are distributed as follows: 2016/17-\$0, 2017/18-\$10 million, 2018/19-\$141million, 2019/20 \$266 million, 2020/21 \$338 million, 2021/22 \$428 million. This delayed funding will do nothing to alleviate the housing accessibility issues seniors face to age in place today. “Considering the impact of housing as a social determinant of health there should be more funds available today to make the necessary improvements to allow seniors to stay in their homes. The rehab or redevelopment of the Social Housing inventory’s aa community asset, is needed now as the existing stock needs to be brought to code sooner rather than later to avoid the impact of a possible interest rate increase” said Bob Sexsmith of the NPF Housing Portfolio.

Elimination of the \$1,100,000,000 subsidy to the fossil fuel industry would have provided a substantial savings to the taxpayers by reducing the deficit or moving the funding of other programs ahead of the proposed extremely delayed distribution of funds.

“Good news in Budget 2017 proposes to invest \$13.2 million over five years, starting in 2017–18, in a new Affordable Access Program. This represents an acknowledgement that many seniors and low-income families face financial barriers to online access,” said John Lawford, Director of the Public Interest Advocacy Centre and representative for the [“Affordable Access Coalition.”](#) “The “Affordable Access Program” intends to assist service providers offer low-cost home Internet packages to interested seniors and low-income families.”

Unfortunately, this acknowledgment is not nearly enough. According to Statistics Canada, 13.5% or about 4.64 million Canadians were considered low-income in 2013. In 2016, PIAC [published survey data](#) collected from 752 online low-income respondents from across Canada who use the internet with annual, pre-tax household incomes of \$30,000 or less. What we found was the following:

- 84% of respondents cited home internet communication as essential or important.
- Respondents perceived home internet access (77%) as equally important as health care.
- About one-half of low-income respondents had to trade off other household goods or services in order to pay their communications bills—almost 1 in 5 (17%) indicated they went without other essential goods, such as food, medicine or clothing in order to pay a communications bill.

It's also important to note is the disbursement schedule for these individual funding commitments. Most of these commitments are spread over 5, 10 and 11 years, with large portions only available prior to the next election or afterwards. The dependability of these commitments has to be based on a four-year term in government. A clear example of the insecurity of this type of delayed commitment is the appreciated reversal of the previous governments legislation to raise the age of OAS and GIS eligibility from 65 to 67. Reversed after the election.

Contact:

Herb John
President, National Pensioners Federation
herb.john@nationalpensionersfederation.ca
(519) 350-3221