Addressing the needs of our aging population in a new Health Accord

In 2015 for the first time in Canada’s history, persons aged 65 years and older outnumbered those under 15 years of age.¹

Our health care system must adapt to the changing needs of our aging population.

As the federal minister of health engages with the provinces and territories in the development of a new Health Accord, the CMA is highlighting areas in need of innovation.

Investing in continuing care infrastructure in a new Health Accord

Many seniors require continuing care, such as residential care — accommodation that offers 24/7 supervised care, including professional health services and high levels of personal care.

Many older residential care homes are poorly equipped to meet the care needs of their residents, which are more complex now than when the facilities were built.

They have not been renovated or retrofitted to meet the needs of today’s patients, most of whom are over 85 and frail and are suffering from considerable cognitive and health challenges.²

As a result, care is inconsistent across Canada.

In 2012, wait times for access to a long-term care facility in Canada ranged from 27 to over 230 days.³

If we invest to expand the capacity and infrastructure of the public health care system to include more options for continuing care, senior patients can be moved out of expensive hospital beds and into more appropriate — and less costly — forms of care.

What is the CMA recommending?

The CMA recommends that the federal government include capital investment in continuing care infrastructure, including retrofit and renovation, in its commitment to invest in social infrastructure.

What would this recommendation cost?

The CMA recommends that $540 million be allocated for 2017–18, if the commitment is implemented on a cost-share basis.


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