

Federal budget disappoints seniors' advocates

The Conservative government delivered an election-ready budget, strong on promises to spend in future years — should they be re-elected — but short on new money for health or social benefits to seniors or low-income groups.

The \$289-billion budget even forecasts a relatively small surplus of \$1.4 billion, financed largely by the sale of federal shares in General Motors, dipping into employment insurance surpluses and reducing the contingency fund from \$3 billion last year to \$1 billion.

The biggest health-related highlights in the April 21 budget are a \$42-million investment over five years to create the Canadian Centre for Aging and Brain Health Innovation at Toronto's Baycrest Health Sciences facility and the extension of funding for caregivers. Recipients of the employment insurance compassionate care benefits can now get up to six months leave to care for gravely ill and dying family members, instead of the current six weeks.

"When someone you love is gravely ill, you should be free to focus on what matters most," Finance Minister Joe Oliver said when tabling the budget in the House of Commons.

Disappointingly for Seniors Vote, a coalition of seniors, professional and advocacy groups including the College of Family Physicians of Canada, the budget contains no increases in federal payments to seniors and it did not retreat on the Conservatives' earlier decision to increase eligibility for old age security to 67 (from 65).

Before the budget, the Conservative government did announce changes to registered retirement income funds (RRIF) to reduce the minimum-mandated withdrawal, allowing seniors to save capital longer. And the budget itself introduced the home accessibility tax credit to help seniors and people with disabilities fund renovations to make their homes safer and more accessible. People would have to spend \$10 000 to reap the maximum \$1500



Federal Finance Minister Joe Oliver delivered a balanced budget that included a new Centre for Aging and Brain Health Innovation.

credit. Oliver told media the credit will make it easier for seniors to "live healthy independent lives in the comfort of their homes."

The Canadian Association of Retired Persons (CARP), a lead member of Seniors Vote, applauded the government's decision to relax the RRIF minimum withdrawal limits. But Susan Eng, CARP's vice president of advocacy said they were disappointed that the government did not move to increase old age security and guaranteed income supplement payments which are "not keeping pace with the standard of living."

The coalition had hoped the Conservatives would use the budget to woo senior voters, the most committed voter demographic, 65% of whom turn out at the polls.

The Canadian Medical Association (CMA) likewise focused on seniors, particularly the need for a pan-Canadian senior's strategy. CMA is "happy seniors' issues are something seen as budget worthy," President Dr. Chris

Simpson told *CMAJ*, but measures such as those cited above are a "tiny portion of what needs to be done ... There's nothing resembling a strategy."

According to the CMA, by 2036 nearly 62% of health budgets in Canada will need to be spent on seniors' care.

"The sustainability of the health care system is at stake," said Simpson. "If you plug the numbers in ... you see it will overwhelm provincial budgets." A strategy is "the way to fix the health care system."

The need for a senior's strategy that includes not only health care, but also determinants of health such as infrastructure, housing and public transportation, will be the CMA's main issue in the upcoming 2015 election, and beyond. Its Alliance for a National Seniors Strategy, which includes 35 groups, has set up a website, demanda-plan.ca, to garner public support. "There is an amazing amount of consensus," said Simpson.

The College of Family Physicians of Canada is part of the CMA alliance.

CEO and Executive Director Dr. Francine Lemire said the financial measures in the budget “are indicators of an understanding and concern that seniors may not have enough in retirement to carry them through considering longevity and demographics.” While this is encouraging, it is a “one off ... We encourage the government to ... think of a federal leadership role.”

This budget was largely flat in terms of actual health care spending. In keeping with its announcement when the Canada Health Accord expired in 2014, the government will maintain health transfers to the provinces and territories with a 6% increase for two more years. After that, any increase in transfer payments will be limited to the percentage growth in Gross Domestic Product or 3%, whichever is higher. Canada Health Transfers will total \$34 billion this fiscal year.

Veterans’ caregivers did receive a boost with the new tax-free Family Caregiver Relief Benefit which will provide up to \$7238 so a veteran can hire respite care to give family caregiv-

ers a break. Several tax measures also addressed veterans’ income disparity and the government is hiring 100 case managers to improve Veterans Affairs Canada services.

In other health spending, the budget delivered \$14 million over two years to the Canada Foundation for Healthcare Improvement for research into health services and to evaluate and disseminate best practices in palliative care services. There is also \$2 million to bring stakeholders together to develop the Canadian Autism Partnership, tasked with creating a plan to support families and promote early detection, diagnosis and treatment.

In a hallmark of this pre-election budget, much of the promised spending, including monies earmarked for research and development, is actually forecast to roll out in future years, if the Conservatives stay in power. For example, beginning in 2017/18 this year’s budget commits \$1.3 billion over six years to the Canada Foundation for Innovation, which finances research infrastructure.

The budget also proposes \$2 million per year, beginning in 2016/17, for “specialized mental health services” in First Nations communities. The money would support four multidisciplinary mental wellness teams, one in each region that Health Canada serves. The teams are intended to consult with individual First Nations and health practitioners on reserves on how to provide culturally appropriate treatments. The Alzheimer Society of Canada had hoped the budget would provide \$150 million to establish a national dementia strategy, which Health Minister Rona Ambrose had earlier promised to develop with her provincial and territorial counterparts. Although the society is pleased the government commented on the importance of dementia, “now we need words into action,” said Chief Executive Officer Mimi Lowi-Young. There are 744 000 Canadians affected by dementia, a figure expected to grow to 1.4 million within 20 years. — Laura Eggertson, Barbara Sibbald, *CMAJ*

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