

## **New Ingredients for the Health Care Mix**

Hell hath no fury like a US town hall meeting on health care. News south of the border has highlighted the raging debate currently under way. No question other than race has ignited such hot buttons.

One of the more contentious issues is the growing public fear, warranted or not, about the introduction of so-called ‘death panels.’ These are teams of professionals who purportedly would determine which elderly persons would be considered worthy of receiving health care treatment and which ones are deemed not worth the investment.

As the aging population puts more pressure on scarce resources, debates as to who gets selected for essential health care services will become increasingly frequent and contentious. Canada is not immune from these controversies.

Within the next 20 years, the number of Canadians over age 65 will rise from 20 percent today to 40 percent of the population. The International Monetary Fund warns in a recent report that the toll of aging on G20 nations will be 10 times greater than that of the current financial crisis – and will actually be higher in Canada.<sup>1</sup>

The typical response to this alarm bell is to look for ways to reform health care in order to ration services more effectively and efficiently. Another immediate answer is to shore up the supply of nurses – again essential but certainly not sufficient. We are not going to want to house four in every ten Canadians in hospitals and nursing homes.

The angry US debate speaks clearly to a challenge that we neglect at our peril: the need to pay more attention to solutions that

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support an aging population in place – at home and in communities. We need to think more creatively about measures that bolster natural forms of care. The ‘big system’ debates on health care devote precious little attention to those who deliver the bulk of care – unpaid caregivers helping family members who need ongoing assistance because of physical, cognitive or mental health conditions.

There are an estimated three million informal caregivers in Canada. The annual economic value of their unpaid work is pegged at more than \$5 billion. The challenge is to figure out how to look after the carers so that they can cope with the pressing demands of caring for aging parents (and often children at the same time). There are many options, including greater provision of home support services and workplace policies that allow flexibility for elder care.

Another possibility involves support for the development of secondary suites. These are self-contained units, sometimes referred to as ‘granny flats,’ which are separate from a principal residence. Secondary suites are an affordable housing option – especially for singles, seniors and people on low or fixed incomes.

But they are also a good solution for many households trying to provide care to aging family members. Secondary suites allow carers to be close to care receivers while both maintain an independent living space. The caregiver is so close – and yet so far. Both parties have privacy without the strain of care travel.

Obstacles to the development of secondary suites include municipal zoning

requirements which often prohibit this kind of addition. An estimated 220 of 404 municipalities – just over half – permit this arrangement. More local governments need to come on board.

The second barrier involves cost. Because secondary suites are self-contained units, they must conform to zoning, building and fire code requirements. They must meet health and safety standards regarding natural light, heating and ventilation, thermal and sound insulation, and fire protection.

In March 2009, a new program took effect in the City of Victoria that helps homeowners install a secondary suite. The City offered a grant equal to 25 percent of construction costs of new units, up to a maximum \$5,000.<sup>2</sup> On September 8, the City of Vancouver expects to pass a bylaw that will enable secondary suites in apartments as well.

Victoria estimates that its \$250,000 investment for this purpose could result in the creation of up to \$14 million worth of safe, affordable housing. The City likely has not assessed the value of enhancing the ability of seniors to live independently and easing the pressures on caregivers who struggle daily to ensure the best possible quality of life for their loved ones. That contribution has no dollars attached – it is priceless.

Perhaps we can use the heat from the current firestorm to the south to fuel our own debate on care. Ideally, it will be calmer in tone and broader in scope in order to capture important ideas that are not now part of the health care mix. It is not immediately obvious, for example, that urban planning holds one of the keys to a pressing societal chal-

lenge. Yet affordable housing that enables the close and continuing care of seniors should be top of list.

Sometimes the best solutions are the ones found in our own backyards.

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#### **Endnotes**

1. Milner, B. and H. Scoffield. (2009). "Aging: The growing cost." *The Globe and Mail*, July 9, B1;4.
2. [www.victoria.ca](http://www.victoria.ca)

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