

The Empire Club Presents



THE HONOURABLE GINETTE PETITPAS TAYLOR

CANADA'S MINISTER OF
HEALTH

***WITH:* FROM HOSPITAL TO HOME: PREPARING OUR HEALTH CARE SYSTEM FOR AN AGING CANADA**

Welcome Address, by Mr. Kent Emerson, Associate Vice President at the Municipal Property Assessment Corporation and President of the Empire Club of Canada

June 24, 2019

Good afternoon ladies and gentlemen. From the Arcadian Court in downtown Toronto, welcome, to the Empire Club of Canada. For those of you just joining us through either our webcast or podcast, welcome, to the meeting.

Today, we present the Honourable Ginette Petitpas Taylor, Canada's Minister of Health, who will be presenting the speech "Preparing Our Health Care System for an Aging Canada."

HEAD TABLE

Distinguished Guest Speakers:

The Honourable Ginette Petitpas Taylor, Canada's Minister of Health

Guests:

Ms. Joe Blomeley, Executive Vice President, Individual and Public Sector,
Green Shield Canada

Dr. Shurjeel Choudhri, Head, Scientific and Medical Affairs, Bayer Inc.

Mr. Noble Chummar, Partner, Cassels Brock & Blackwell LLP; Past President,
Empire Club of Canada

Mr. Josh Cooper, President and Chief Executive Officer, Baycrest Foundation

Mr. Pierre Cyr, Vice President, Public Affairs, FleishmanHillard HighRoad
Ottawa; Director, Empire Club of Canada

Mr. Jon Erlichman, Senior Anchor, BNN Bloomberg; Correspondent/Anchor,
CTV National News

Ms. Karen Heim, Vice President, Patient Access and Established Brands, Astra-
Zeneca Canada Inc.

Mr. Derrick Rozdeba, Vice President, Communications and Public &
Government Affairs, Bayer Inc.

Ms. Sue VanderBent, Chief Executive Officer, Home Care Ontario; Director,
Empire Club of Canada

Mr. Gamze Yüceland, General Manager, Takeda Canada

This is the second Empire Club health care event we have had this season. We had a fantastic event earlier in the year about national pharmacare, which looked at the pros and cons of that. At that event, we had a pollster named Nik Nanos, explaining how important health care is to Canadians. With the federal election just a few short months away, it is important to take note that health care still takes priority

over many prominent issues in the minds of Canadians.

Yes, there are issues that you hear more of, such as climate change that capture the attention of the media, but just because it is in the news does not mean that is what Canadians are driven by. Just a few weeks ago, to underscore this, the Ipsos Reid poll said that 50% of Canadians rank health care in their top three issues that should be focused on well ahead of other issues. Climate change got 33%; taxes got 33%; poverty got 23%; education 22%; and immigration got 20%. One in five Canadians rank health care as their number one priority. Because health care is that important to Canadians, we made sure that we got the federal minister here at the Empire Club of Canada prior to the next general election.

One of the greatest health care priorities facing our country is the need to respond to the changing social norms regarding seniors' expectation to live and age independently in their own homes. We know that our seniors play an invaluable role in their own families and contribute significantly to the social fabric of their communities.

Canada's growing active senior population is therefore a testament to a progressive health care system and our success as a society. While seniors of the future are predicted to be among the healthiest in history, it is also known that the likelihood of developing chronic conditions such as dementia, diabetes, lung and heart disease, increases with age and can seriously compromise the prospect of future independence.

Our hospitals play an important role in supporting people with acute issues, but we know that a strong home care system will be the longer term solution to broader health care reform. Thank you, Minister, for coming to discuss how health care must retool to respond to the needs of our senior population, so they can remain healthy and happy in the home and community setting.

Before we get started, I am going to introduce our speaker today. There is going to be a Q&A just after the speech.

All of you can think of your questions. We will come to you with a microphone.

Today's speaker was elected in October 2015 as a Member of Parliament in the riding of Moncton–Riverview–Dieppe. She serves as the chair of the Subcommittee on Private Members' Business of the Standing Committee on Procedure and House Affairs and is a Member of the Subcommittee on Private Members' Business of the Standing Committee on Procedure and House Affairs, and of the Standing Committee on Procedure and House Affairs.

She also served as the deputy government whip from December 2015 to January 2017. In January 2017, she was named Parliamentary Secretary to the minister of finance.

She has spent her entire life advocating for a fair and just society for all. She was the former chair of the New Brunswick Advisory Council on the Status of Women and a member of the Coalition for Pay Equity. She has volunteered with several community organizations, both provincially and locally, including the Coalition Against Abuse in Re-

relationships and the Canadian Mental Health Association's Suicide Prevention Committee in Moncton.

She has served on the City of Moncton's Public Safety Advisory Committee, which was commissioned by Moncton city council in 1996 to proactively influence the community through crime prevention promotion and to help council respond to problematic issues as they arise.

She grew up in Dieppe, New Brunswick, and graduated from l'Université de Moncton with a Bachelor's degree in social work.

Please, welcome Canada's Minister of Health, the Honourable Ginette Petitpas Taylor.

The Honourable Ginette Petitpas Taylor

Good afternoon, everyone. Bonjour à tous. It is really an honour and a privilege for me to be here with all of you today. Before I begin, I would also like to acknowledge that the land in which we gather is the traditional territory of the Mississaugas of the New Credit. Thank you for the warm introduction. I also want to thank the Empire Club for inviting me to speak today about one of the greatest challenges and opportunities that our country faces. Finally, I would also like to thank each and every one of you for joining me here today. I am going to have to start perhaps with an apology. Coming from the east coast, we are always talking

about the weather. I was hoping that I was going to see the sun here today, but I see that I have brought the rain along with me. All kidding aside, I have had a wonderful morning so far. I started off in Davenport and had a roundtable on the issue of healthcare.

Then, from there, had an announcement on public awareness and prevention regarding cannabis.

We have had some good announcements. Today, I am very pleased this afternoon to be here with all of you.

In 2017, Canada marked a major milestone. It was a milestone that says a lot about us as Canadians, who we were, who we are, and who we will be. I am not talking about Canada 150. I am not talking about the 100th anniversary of the Battle of Vimy Ridge, nor the Tragically Hip's last concert or even the Leafs finally making it to the playoffs. In 2017, our census revealed that for the first time ever in Canada's history, Canada has more seniors than children. In the two years since then, this gap has only widened and seniors are now the fastest growing group of people within our country. As a Maritimer, we feel this more acutely out east, but it is having an impact right across the country. When I visit every province and territory and meet with health ministers, I hear this day in and day out. On a side note, I really have to say that I hate it when folks talk about aging and oftentimes refer to it as a tsunami. A tsunami arrives only with a few minutes' warning.

Aging is a challenge that we know has been coming for quite some time. I know this comes as little surprise

to many of you in this room. From the kitchen table to the boardroom table, no facet of Canadian society will be unaffected. I know that many of you are leading efforts to prepare for this, and your government is, too.

We are acting now to ensure that Canada is ready, so that all of our seniors can live life to the fullest. That is why we have created a new role in cabinet specifically for them, Canada's Minister for Seniors. We have also increased GIS payments, bolstered the Canada Pension Plan and lowered the eligibility age for Old Age Security back from 67 to 65, ensuring stability for nearly one million older Canadians.

These bold steps, along with many others, will make a difference in the lives of so many Canadian seniors. Yet, there is something that will be affected by our aging population more than anything else. That is our healthcare system.

Unsurprisingly, the older people get, the more need they have with respect to healthcare. Confronted by the demographic realities that I just mentioned, there is no question our healthcare system will come under strain. That is why we are acting now.

We know that there is no one-size-fits-all solution; rather we must prepare for an aging Canada by fundamentally shifting the orientation of our healthcare system from hospital to home care. Let us put this into perspective.

This month actually marks the 100th anniversary of Canada's first Federal Health Department. This is the perfect moment at a brief glance back.

Our system has gone through three distinct eras, and we

are about to enter the fourth. The first era government did little. For the first 50 years of Confederation, health was actually handled by the Department of Agriculture.

Yes, I said ‘agriculture’. The second era began in the 20th century when the climate of social change finally spurred government to set up a dedicated health department in 1919.

Over the next 50 years, the federal government played an ever-expanding role in health care, gradually assuming greater responsibilities until the advent of universal public health care, first in Saskatchewan and later nationwide.

The passage of the Medical Care Act in 1966, followed by the Canada Health Act in 1984, marked the dawn of the third era in which government became a central player in healthcare. The past 50 years have seen government make major investments in acute care, like hospitals and other frontline services.

As our population ages, we are entering a new era, a fourth era. Since taking office in 2015, our government has begun transforming our health care system from one focused on acute care for the young population to one serving the long-term needs of older Canadians.

Now, I know full well that government does not have all the answers. That said, I think that we can certainly ask the right questions. That is why that we have launched, last year, our Healthy Seniors Pilot Project, a \$75-million initiative based out of New Brunswick, to help us better understand the impact of aging and how we can support our

seniors. The lessons learned will be implemented nationwide. I am truly excited to see these results.

Our work to transform the healthcare system begins with major commitments to home care. It is no surprise that Canadians want to stay home for as long as they can, be it for comfort, familiarity or dignity—to say nothing of the impact on physical and mental health. There are so many reasons why we want to age at home. Yet, with government focused on acute care over the past 50 years, there was little attention and even less investment in home care. Today, we see the results.

We have changed that. In Budget 2017, our government made the largest investment in home care in Canadian history, an unprecedented \$6 billion. This represents a serious commitment towards the healthcare system that cares for Canadians right where they are at. It is being spent in four areas. Number one, scaling up home care models that are proven to work and connecting them more closely with the healthcare system, to increase support for caregivers and improve home care infrastructure, like digital connectivity and giving more people access to palliative care.

Over the past two years, we have reached agreements with every province and territory detailing how this money will be spent, ensuring that it goes where it will make the greatest difference in the lives of Canadians.

Six billion dollars is a big number. How does that money actually help Canadians? It is a personal support worker, perhaps, who used to come once a week, now caring for a

senior every day. It is a patient's health information being collected at home and directly sent to be monitored by their doctor, meaning less time in hospitals. It is those ending the end of their lives, spending their final days in comfort with those they love. Home care is also the smart thing to do for our healthcare system. Beyond seniors, it benefits many Canadians with disabilities and also those living with chronic disease. It reduces the burden on hospitals and nursing homes, freeing up space for those who need it most. It keeps Canadians healthier, both physically and mentally.

Of course, seniors are not just the biggest users of our healthcare system; they also need the most prescription drugs. Some of you might have heard that we are doing something about that these past few days. Since coming into office, we have taken several bold, concrete steps to make medication more affordable. We have joined the pan-Canadian Pharmaceutical Alliance which allows us to bulk purchase drugs. We have proposed significant changes to the rules that govern drug pricing, and we have announced the creation of the Canadian Drug Agency and committed \$1 billion towards the high cost for drugs for rare diseases.

Finally, we are making progress towards the national pharmacare program. We recently received our pharmacare Advisory Council's final report, and we are excited to move forward. We will not rest until every Canadian and, especially, our seniors get the medications that they need.

We cannot talk about aging unless we talk about dementia as well. A Canadian is diagnosed with dementia every

seven minutes in this country. We have over 400,000 seniors already living with dementia in Canada. I am pretty sure that everyone in this room knows someone who is affected by dementia—either a family member or a loved one.

I also know that dementia does not have to be scary, but it is. What could be more frightening or terrifying than losing our own memory or our mind? Yet, it does not have to be that way. Folks with dementia can live well at the heart of their communities. Our government is determined to make sure that happens. To advance our understanding of dementia, we have invested nearly \$200 million in research over the past five years and supported a national research network.

To ensure our work is informed by those who know it best, we have established the Ministerial Advisory Board on Dementia and hosted the first-ever National Dementia Conference in Ottawa last year. To unite all of our efforts, just last week, we launched Canada's first-ever national dementia strategy. I am proud to say that our Ministerial Advisory Board consists of many wonderful Canadians from coast to coast to coast: Researchers, experts in the field.

But one thing that was very important to me was to make sure that we have people with lived experience in caregivers that were there. We have several of our Advisory Council members that are living with dementia and those that are also caring for them. They are the ones that informed us and told us what needed to be in that strategy.

That is why I am very, very proud of the work that has

been done. The strategy sets out three bold objectives.

Preventing dementia; advancing therapies and finding a cure; and making a positive difference in the lives of Canadians with dementia and those who care for them.

Let us be honest: Over the years, governments—and I mean governments of all stripes—have put in place an array of national strategies. You may ask yourself what makes this one different.

It is because we are putting our money where our mouth is. In Budget 2019, we have invested \$50 million to help implement this strategy, and this is the beginning.

While we work to ensure that Canadians are ready to face challenges of aging, we must also ensure that Canada itself is ready. If we are serious about seniors living at home longer, then we must make sure that our communities are age friendly and are set up in a way that helps seniors live safe, healthy and engaged lives. This work is well under way in over 1,200 communities across our country. Big cities like right here in Toronto and Calgary have age-friendly strategies which guide these efforts. Meanwhile, small cities or towns like Saanich, British Columbia have incorporated an age-friendly lens into all municipal departments. They plan on building 200 km of new sidewalks, complete with better ramps and crossings, so that seniors can stay active and healthy. As I come to the end of my remarks today, I want to touch upon the elements of healthcare that generally come last.

That would be palliative care. Palliative care is both one

of the most essential and most difficult parts of our health-care system. It is literally a matter of life and death. I think we can all agree that everyone—and I mean everyone—should live out their final days in the comfort of their home and dignity in the setting of their choice and surrounded by their friends and loved ones. Yet, the reality is that not everyone in this country has access to palliative care.

That is why we have introduced our framework on palliative care in Canada last September. The point of the framework is to get everyone on the same page, giving government, stakeholders, caregivers and others a common reference point that helps us share ideas and best practices.

Let us not kid ourselves here. Palliative care can be scary. There are few things harder than confronting one's own mortality. We must and we must encourage all Canadians to do the same. Whenever I talk about seniors' care, I think of my dear friend, Dr. Tedros Adhanom, the Director-General of the World Health Organization. He likes to say, "When it comes to caring for our elderly, we all have a vested interest because one day we will be the ones who need it." That is why we are taking action today.

We all know that Canadians are proud of their health-care system. It is almost a cliché at this point as anyone who spent time in the United States. This is actually something that I have been reminded about while watching the Raptors game during the NBA finals when Conan O'Brien tweeted, "Win or lose, at least the Toronto Raptors know they have access to healthcare." One more thing I should

add. I see that lots of businesses here in Toronto are offering Kawhi Leonard free food, a free apartment or even a free lifetime supply of ice cream, so I want to send him the same challenge. If he stays here, we will provide him with free healthcare. Back to the matter at hand. Just because we have a sturdy vessel does not mean that we do not face rough seas. There are storm clouds on the horizon—not a tsunami, but a squall, nonetheless.

Can you tell I am a Maritimer here? That is why we are battening down the hatches, strengthening the hull and trimming the sails, so that our system can weather the storm and emerge stronger than ever. Once again, I want to take this opportunity for all of you for being here today. We all have a role to play in making sure that we prepare our healthcare for the needs of the 21st century.

Merci beaucoup tout le monde.

Questions & Answers

Q: Durhane Wong-Rieger, the Canadian Organization for Rare Disorders. I really, really want to thank the minister. I am going to put a question to you, but not to take away from, I think, the amazing things that you as a minister have brought and certainly what this government has brought. I think everything you said today really are things that we can be very proud of and can truly applaud.

First of all, I just want to thank you very much for all you have done. I have never known, personally, anybody who is so personal, compassionate and supportive of the patient community, so thank you. Your mention of Dr. Adhanom drives me to really ask—I just met Dr. Adhanom for the first time in May and he was with us on behalf of Rare Diseases and Rare Disease International. He has said before that no country can be said to actually be serving its citizens unless it actually serves those that are the most disadvantaged, and that includes those with rare diseases.

We are thrilled with the fact that there is, in effect, a drug program for rare diseases to support it, but we are really curious as to why in 2015 we presented a strategy for rare diseases to the parliament. You were there, and you spoke to it. We recognize that you cannot actually do drugs well, unless you have an overall strategy for it. We are really somewhat hopeful and somewhat puzzled why we have not actually implemented a strategy around rare diseases. I would just add very quickly again that we are truly grateful and excited about having the funding for drugs for rare diseases, but we are also very concerned that we take some real measures in terms of assuring that while we are trying to lower drug prices, we do not do it in such a way that we

drive out innovative therapies; otherwise, we will not have any need for having a drug plan, because we will not have these therapies. Thank you very much.

GT: Thank you very much for your question and for your comments. Once again, when it comes to the area of rare diseases, we certainly know it is an area that has been long overdue that we pay special attention to it.

Yes, we have received the recommendations, and I am looking forward to moving forward with putting together a strategy to specifically deal with the area of rare diseases.

In Budget 2019, we have certainly received some funding in two areas when it comes to putting together the National Pharmacare Program, but also when it comes to rare diseases. The Canadian Drug Agency is going to have a mandate of number one, putting together a formulary to make sure that we can address what is going to be covered for a National Pharmacare Program, but also, number two, going to have to make sure that we work with provinces and territories to make sure that we have a strategy in place to specifically deal with rare diseases. I know just two weeks ago I was in the riding of Fundy Royal, and I did a roundtable on the topic of pharmacare.

The roundtable really ended up being a topic on

families that have loved ones that have children that have been diagnosed with a rare disease.

It is heart-wrenching to hear what families have to go through. We want to make sure that we get this right. That is why I am looking forward within—hopefully, we will have a next mandate in order to do this work because all Canadians should have access to the medication that they need. And those also, from the rare disease community cannot be overlooked.

You have to be an important part of that conversation. I look forward to continuing this work as we move forward. Thank you.

Q: Minister, my name is Laura Tamblyn Watts. I am with the Canadian Association of Retired Persons. Thank you for your comments today on seniors, in particular. I follow with great pleasure your work on social media and particularly the T-shirts that you have been wearing saying “Vaccines Cause Adults.”

GT: It is kind of catchy, is it not?

Q: Minister, we cheer when you wear those shirts, and we cheer with the work that you have done providing leadership around vaccines. It is shocking to know that only about 3% of Canada’s seniors, who you spoke so eloquently about, have appropriate adult vaccinations.

We know that you have been tackling the issue of pharmacare right on. I am curious if you could speak a little bit to how we could tackle better the critical need for adult vaccinations.

GT: Thank you so much for your question. Concerning my T-shirt, Dr. Gigi Osler, the president of the Canadian Medical Association, came to see me and she provided me with a gift. She wanted to know if I could accept it.

The first thing she said was, “It is under \$25, Minister, so do not worry.” It was this great T-shirt that says exactly that vaccines cause adults. We took a picture together, and we put it on social media. I put it on social media, but, to my shock, we had over 14,000 comments on this post alone. I can tell you, I am a politician, and I get an awful lot of comments on social media, but nothing like for “vaccines cause adults.”

I just could not believe it. It certainly—we know that it is a discussion that is alive and well. I have got to fast forward, and, actually, three weeks ago, I was at a cabinet meeting—not that we are supposed to discuss what happens in cabinet—and I just mentioned this conversation to the prime minister about all of these comments that I had. He said, “I want one of those T-shirts.” I got him a T-shirt, and we took a picture as well. It was the same response. Again, we have to recognize there is an awful lot of anti-vaxxers that are out there, a lot of bots and probably people that

do not even exist, but certainly we know that we have to do more when it comes to increasing the vaccination rates in this country for seniors and Canadians.

That is why within the past few years in our budgets, as the Public Health Agency of Canada, we have received some money in order to increase our vaccination rates. I think, to your point, we really have to have a targeted lens as to how can we increase our vaccination rates when it comes to seniors as well.

That is an ongoing conversation that we must have and that we need to have because, if we want to increase our vaccination rates, a one-size-fits-all is not going to be helpful. We also recognize that data collection and making sure that when people live in one province but move to another province that we can keep track of these records.

I know when I speak to my public health officials, I ask what we can do to maximize the work that is being done here. There is a lot of work with respect to that, with respect to tracking, and with respect to having a specific lens on how to make sure that specific populations will be able to get their vaccine rates increased. Again, if we look at Indigenous communities as well, we again have to make sure that we have a specific lens to make sure that we can get them where they are at. That is work that is underway, but, for myself, as your health minister, my goal is to really make sure

that we can absolutely increase those rates because there are diseases that were a thing of the past, and we are seeing now they are emerging again.

We certainly have to do all that we can in order to promote the best public health tool that we have at our disposal, which is vaccines. Thank you.

Q: Good afternoon, Minister. Thank you so much for your talk today. My name is Nancy Polsinelli and I represent the Region of Peel. We are very interested in your dementia strategy. We have five long-term care homes and our seniors population is well over 80% with residents with moderate to advanced stages of dementia. We have recently adopted the butterfly model of care.

Not certain if you have heard about it. It really looks at emotional care and well-being of our seniors. Certainly, with dementia, we understand that they are feeling beings and not thinking beings. Along with physical care and clinical care, there is a lot of emphasis put on the emotional well-being of our seniors. I would really love the opportunity to see how that care model can be integrated into the seniors strategy. What we are finding is not only is there a lot of interest across Ontario, certainly in Alberta, but there is a need to help our seniors, those that are suffering with dementia to help them

a little differently than—and I apologize to some—the medication route. Certainly, when we look at our incidence of resident-to-resident behaviours, when we look at resident-to-staff, there is an opportunity here to really build on the great work of the seniors strategy. I would love the opportunity to not only talk to you about it, but maybe have you join us at one of our homes to see it.

GT: Thank you so much for that intervention. I absolutely agree with you. I think there is a role for the medical model, but there is also a role for differing models as well. I share openly that my 94-year-old mother lives with dementia, so I can tell you that putting together this National Dementia Strategy as your health minister was a priority, but it was also a personal priority of mine. I can remember very well when I had doubts that perhaps this was happening.

Nine years ago, I was going to my mom's place for supper one evening, and I had called her just an hour before to say that I was going to see what she wanted—Swiss Chalet or St. Hubert's were the two restaurants of choice, were her preferences. She had given me her order. When I got home that evening with her, she looked at me and she said, "What are you doing here?" My dad had kind of given me a few hints that he thought mom was different. I was in denial.

I will be very, very frank. Fast forward, we have provided much support for her. She stayed home for a period of time, but now she is in a special care home. I have made it a point when I am at the special care home to make sure that if there are any changes in her medication at all, I want to be made aware of it.

I can tell you, the response that I got from the nursing home was, “You cannot possibly want us to call you every time there is a change in the medication.” I was like, “Yes, I want to know exactly what is being done.” You are absolutely right.

There are different models, but we can integrate those types of models. At the end of the day, I want to make sure that my mom and all seniors have the best care, the best quality of life that they have.

Dementia does not have to be as scary as it is now, but we certainly have to work together in order to put in place a model that will meet their needs. I would be more than happy to have that conversation with you down the road to be able to share some thoughts and ideas on that. Thank you very much.

**Note of Appreciation, by Mr. Noble Chummar,
Partner, Cassels Brock and Blackwell LLP;
Past President, Empire Club of Canada**

Thank you, Minister.

Thank you for your great remarks. You have a huge responsibility as the minister responsible for something a lot of us care so deeply about, and a society that takes care of our elderly is the kind of Canada that we want to live in.

Good luck, and thank you for your remarks. Thank you for spending time with us at the Empire Club of Canada

Concluding Remarks, by Kent Emerson

Please, stand on the stage for one minute, Noble. I want to present you with something. As you might know, as a club as old as the Empire Club—1903—we capture every remark, the good and the bad from 1903.

We have spent the last six or seven years, and we have all events on video. As you are a past president of the Empire Club, and your year was 2013–2014, we have just printed your Red Book.

We call it the ‘Red Book’. As you can see it is a book that has every speech that happened during that year. I want to present it to you, Noble, for the work you did.

Congratulations, on your work. Thank you. Ladies and gentlemen, this is the 39th and final event since September of this season. I want to thank everyone who supported us through the year very much, and I want to wish you all a great summer.

We will be back in September with our new president, Michael Van Soelen, of Navigator, who will begin in September as the new president.

Thank you very much.