

Comparative Analysis of Senior Welfare Policies in Canada and Cuba

Amanda Cai

Crean Lutheran High School, Irvine, CA 92618

Abstract: This paper presents a comprehensive study of old-age welfare in two countries, Canada, and Cuba, which are well known for their remarkable old-age dependency ratios. It begins with an analysis by Canada and Cuba of demographic aging components, namely increasing life expectancy and declining fertility. The article then provides an in-depth comparison of the welfare policies of the two countries, including public policies designed to meet the needs of older adults in terms of health care and economic support. By identifying the complexities, strengths, and weaknesses of the welfare policies of these two countries, this study facilitates a nuanced comparison of the two countries.

Keywords: Old-age welfare; Old-age dependency ; Health care and economic support for senior

1. Introduction

The population increased in a dramatic way due to the product of the industrial revolution during the 18th and 19th centuries, today we reached a population of 8 billion. Over time, with the significance in medical science and societal improvements in sanitation, people's life expectancy remarkably expanded, resulting in a substantially growing population of elderly dependents. This led to the increasing attention of the nation's government to address the pressing need for comprehensive senior welfare policies. Considering the final implication on the welfare among the senior, it is crucial to illuminate and compare the state's elderly welfare and seek the advantages and disadvantages of countries' policies. This analysis enables society to be provided with a more comprehensive and detailed overview of this and inspires potential policy alterations to promote the formation of better environments for senior.

During this paper, we will examine the elderly welfare systems of two of the most prominent countries in the Americas when it comes to their elderly dependency ratios: Canada and Cuba. In this article, we examine the similarities and differences between the welfare systems of the elderly in the two countries.

2. Results

2.1 Components of demographic aging in Canada and Cuba

Canada's demographics are changing significantly-the increase in old dependency ratio-driven by longer life expectancy and declining fertility rates. Canada's recent population growth has been driven primarily by immigration rather than high fertility rates. Despite Canada's strong health care system, fertility has been declining since 2009, particularly under COVID-19. In 2020, Canada's fertility rate fell to a record low of 1.40 children per woman, down from 1.47 children per woman in 2019 (Canada Protection Plan). Conversely, thanks to major developments in the health care system driven by technological advances in the 20th century, Canadians are living longer, and by 2020, average life expectancy will be 79.49 years for men and 83.9 years for women (Government du Canada). These two factors have resulted in a demographic shift, with an increase of 18.8 percent of the total elderly population in 2022, highlighting the importance of addressing and planning for senior welfare.

Cuba follows the same demographic trends as Canada and has one of the highest proportions of persons aged 65 years and over in Latin America, which is expected to reach 16.1% in 2023 ("Cuba - Country Profile"). One of the reasons for this trend is the decrease in fertility, which in 2023 will be 1.573 children per woman, a decrease of 0.57% compared to 2022 ("Cuba Fertility Rate 1950-2021"). Worth noting that, unlike in Canada, the main reasons for the decline in fertility in Cuba are economic shortages, migration, and limited housing ("National Survey Confirms Low Birth Rate in Cuba | July 18, 2023"). Simultaneously, Cuba's aging population

is driven by increasing life expectancy; projections for 2023 estimate life expectancy at birth to be 78.3 years, which exceeds the average for the Americas (“Cuba - Country Profile”). With the complexities of population ageing presented in Both Canada and Cuba, effective policies to improve the quality of life of older persons will be essential.

2.2 Healthcare Systems

2.2.1 Canada Healthcare

In the aspect of the senior health care system, the implementation of specific program and policy in Canada aimed to create a strong contribution to protecting the security interests of seniors.

In 1984, Canada established very detailed and meticulous healthcare system called Canada Health Act (CHA) that benefits among all resident in a province, to be more specific, a person who lawfully entitled to be or to remain in Canada. (Health Canada, “Backgrounder: New Canada Health Act Initiatives (August 2018) - Canada.ca”) by providing publicly funded healthcare insurance, which provincial and territorial governments and the federal government. are responsible to cover all the medically necessary services payment. (Health Canada, “Canada Health Act - Frequently Asked Questions - Canada.ca”) Taken the situation of different provinces and territories provides a slightly different addition benefits, including the senior’s one, in this article we’ll be specifically discuss about one of the most senior populated province, with the proportion of province population of 18% in 2021 (Government Of Canada) —Ontario.

The Ontario government specifically provides the Ontario Health Insurance Plan (OHIP) for citizens, while the additional benefits of a yearly routine eye examination for senior at the age or above 65. Seniors over the age of 65 are at higher risk for complications from influenza and pneumonia. (“Health and Well-Being”) While the usual cumbersome and costly process of vaccination discourages elderly, free, ample, and high-quality vaccines keep them safe by preventing the onset of diseases in old age. The government also established a Seniors Co-Payment Program (SCP), where seniors with lower income are allowed to apply to have their \$100 deductible waived and their co-payment reduced to \$2.00 to fill a prescription for an approved product. (“Health and Well-Being”) The implication of the policy greatly facilitate the governance ultimate goal of the coverage of the CHA—senior may suffer from economic burdened due to the limited economic sources and may waive their medical payment to cover the expenses of daily life. This program helps to release the economic burden of the payment in pharmacies, and expand the accessibility of the healthcare, and guarantee the safety and health of the senior.

2.2.2 Cuba Healthcare System

Turning to Cuba, a less developed counties with 19.8% of aging population (people at the age of or over 60), also utilized its unique strategy in National Health System (SNS) to address the issue of mental health problem.

In 1961, the Cuban government established the National Health System (SNS) The Cuba’s National Health System (SNS) share a similar characteristic of the Canadian’s comprehensive, universal and free, but with an organized three levels of care system (Lamrani) instead of provincial and territorial governments----With 451 polyclinics in direct contact with the population and other institutions formed the primary care level, 150 hospitals at the secondary care level, and 19 research and tertiary-care institutions (María Gálvez González et al.). The government invested considerable energy and resources— about 10 percent of the country’s GDP devotes in health care (Blumenthal). In the development and consolidation of the SNS, similar to the Canadian’s CHA, a program that emphasizes the prevalence, affordability, and accessibility of health care.

Different from the CHA with a variety of difference between each province and specific program or service to improve the senior health security, the SNS’s nuanced and effective three-level categorization aids in the health management of elderly.

At the primary level, establishing the community-level long term and end-of-life care, increasing the geriatric services and specialists is the consistent strategy aiming the goal of senior’s guaranteed health (Demetrio et al.). Well-trained health professionals are responsible for providing primary medical care to the population, including the elderly (Lamrani, “The Health System in Cuba: Origin, Doctrine and Results”). With educated professionals validate the high quality of the healthcare service, and allow more older people more comprehensive, detailed exposure to medical diagnosis. Through community health institutions, seniors can enjoy professional healthcare in their familiar community where they are able to maintain their relationship within it, thus alleviating the mental health problem of loneliness. This also contributes to the prevention of disease and the elimination of risk factors from life in a meticulous process spread across multiple community groups, including older people. This eventually guarantee for the accessibility and the universality of the healthcare system which SNS is aiming to.

3. Discussion

We have examined Canada and Cuba’s Senior Welfare in terms of the Healthcare system. Both the Canadian and Cuban

governments ensure the accessibility of health care systems. While Canada focuses on affordability of the medical services with financial benefit programs, Cuba pays attention to Senior mental health. Cuba's pension system SSPS distinguishes the retirement age between men and women and also pays attention to the service for seniors with special difficulties. Canada's pension system branches into 3 policies for seniors at the age of 65, and considered non-citizens or legal residents, but experience inequality in the pensions.

The methodological choices were constrained by the objective research finding, where the data can not fully examine the two countries' elderly welfare. It is necessary for further research on the Social Inclusion of seniors, coverage of senior infrastructures, satisfaction with their well-being, etc. These aspects require physical field studies such as interviewing at least 50 seniors and 10 hospitals in each state rather than just online research. Moreover, due to the limited online resources of Cuba's healthcare system, the comparison of Ontario province to Cuba undermines the value of the examination of healthcare services. Further research should take into account a of comparison healthcare services between one province in Cuba with a high elderly dependency ratio and Ontario to increase the precision.

4. Conclusion

Addressing the imminent challenges of the growing elderly population requires the urgent development of an old-age welfare policy. Canada's welfare policy reflects developed countries' policies that emphasize comprehensive public health services and economic subsidies. However, balancing health care subsidies with the cost of social expenditure is essential to avoid underpayment of subsidies, as well as correcting racial and gender inequalities in pension income. Cuba's welfare policy mirrors that of developing countries where increased funding for healthcare services and pension policies is necessary to ensure the quality of life of older persons. The comparison between the strengths and weaknesses of the welfare policy allows countries to identify areas for improvement and learn from each other to promote a harmonious and secure senior living environment.

References:

- [1]Blumenthal D. Fidel Castro's Health Care Legacy | Commonwealth Fund. Commonwealthfund.org, commonwealth fund, 2019. www.commonwealthfund.org/blog/2016/fidel-castros-health-care-legacy.
- [2]Canada Protection Plan. What Is the Life Expectancy in Canada? Canada Protection Plan, 1 Apr. 2020, www.cpp.ca/blog/what-is-the-life-expectancy-in-canada/.
- [3]Canada, Employment and Social Development. Before Applying - Pensions and Benefits. www.canada.ca, 7 Oct. 2015, www.canada.ca/en/services/benefits/publicpensions/cpp/cpp-international/before-apply.html.
- [4]Demetrio H. et al. Demographic Aging in Cuba: Perspectives, Evolution and Approaches Special Report Suggested Citation (Original Manuscript). Pan American Journal of Public Health, Apr. 2018, <https://doi.org/10.26633/RPSP.2018.21>.
- [5]Employment and Social Development Canada. Canada Pension Plan - Overview - Canada.ca. Canada.ca, 2019, www.canada.ca/en/services/benefits/publicpensions/cpp.html.
- [6]Gouvernement du Canada, Statistique Canada. Contribution Des Taux de Mortalité Par Âge Toutes Causes Confondues à La Variation de l'Espérance de Vie à La Naissance de 2016 à 2017, Selon Le Sexe. www150.statcan.gc.ca, 30 May 2019, www150.statcan.gc.ca/n1/daily-quotidien/190530/cg-d002-fra.htm. Accessed 10 Nov. 2023.
- [7]Lamrani S. The Health System in Cuba: Origin, Doctrine and Results. *Études Caribéennes*, vol. 7, no. 7, 15 July 2021, <https://doi.org/10.4000/etudescaribeennes.24110>.
- [8]María Gálvez González A. et al. Economic Considerations on Cuba Public Health and Its Relationship with Universal Health. Special Report Suggested Citation (Original Manuscript). Pan American Journal of Public Health, Apr. 2018, <https://doi.org/10.26633/RPSP.2018.28>.
- [9]Social Security Administration. Social Security Programs throughout the World: The Americas, 2019 - Cuba. Social Security Administration Research, Statistics, and Policy Analysis, www.ssa.gov/policy/docs/progdesc/ssptw/2018-2019/americas/cuba.html#:~:text=Old%2Dage%20pension%20. Accessed 4 Nov. 2023.