



**CANADIAN ASSOCIATION  
OF RETIRED PERSONS**

Submission for Consultations in Advance of the 2026 Manitoba Budget

Submitted By:

CARP National Office & CARP Winnipeg Chapter

February 21, 2026



CANADIAN ASSOCIATION  
OF RETIRED PERSONS

**The Canadian Association of Retired Persons (CARP) makes the following recommendations for Manitoba's Budget 2026:**

**Recommendation 1 - Restoring Timely Access to Care in Manitoba Health Care**

Manitoba's healthcare wait times can no longer be an inconvenience; they are a system failure that demands urgent action.

Across the province, emergency departments (EDs) remain under intense pressure. Data published by the Winnipeg Regional Health Authority shows that patients were still waiting on average for over four hours, with patients at St. Boniface Hospital waiting over 12 hours in the ED. These delays reflect structural problems, staffing shortages, inpatient bed shortages, discharge bottlenecks, and limited access to primary and community care.

Thousands of individuals and anecdotal testimony of much longer ER wait times are likely a better measure than the hospital's self reporting.

Manitoba's ED wait time crisis is not an abstract policy problem; it literally costs lives. In the last two years, multiple patients in hospitals have died after a prolonged wait for care in overcrowded EDs. In January 2024, a man who arrived by ambulance at the ED of Health Sciences Centre died after waiting approximately 8 hours before being moved for treatment, prompting an internal investigation into systemic delays and capacity issues. More recently, in early 2026, two women died following extended waits for care at St. Boniface Hospital's ED. These are real Manitobans whose outcomes were impacted by a lack of timely access to urgent care, not just wait time statistics.

National data reinforces how serious Manitoba's situation has become. According to the 2025 report from the Fraser Institute, Manitobans wait an average of 39.1 weeks between referral from a family doctor and receiving treatment, among the longest waits in Canada. That is nearly 10 months<sup>1</sup>.

Primary care gaps are snowballing the healthcare crisis. While access to a family physician has improved slightly, approximately 187,000 Manitobans still do not have one<sup>2</sup>. Without consistent primary care, patients rely on walk-in clinics or the ED. Preventable conditions escalate into

---

<sup>1</sup> <https://www.fraserinstitute.org/studies/waiting-your-turn-wait-times-for-health-care-in-canada-2025>

<sup>2</sup> <https://mbchamber.mb.ca/2026/02/17/mbiz-winter-2026-the-state-of-healthcare/#::~:~:text=Emergency%20departments%20continue%20to%20face,slower%20than%20the%20national%20benchmark.>



**CANADIAN ASSOCIATION  
OF RETIRED PERSONS**

urgent ones. Chronic diseases go unmanaged. Hospitals become the default entry point into care.

Diagnostic delays are also accelerating the problem. According to Manitoba's own data, 20,500 patients were waiting for CT scans, which has significantly increased from 14,300 in 2024<sup>3</sup>. The provincial average wait for a CT scan is now approximately 11 weeks, with some facilities reporting far longer delays, including wait times approaching 47 weeks at certain locations in late 2025<sup>4</sup>. When diagnostic imaging and access to healthcare are delayed, treatment decisions get pushed back, ultimately causing worsening health, more complex interventions later, and greater long-term costs to the system.

When Manitobans wait weeks for treatment, life does not pause. People miss work. Family members have to take time off to help. Some workers never fully return because their condition worsened while they were waiting. When surgeries and diagnoses are delayed, health problems become harder and more expensive to treat. A manageable issue can turn into a hospital admission. In the end, taxpayers are paying more for a system that stepped in too late instead of acting when it mattered most. Manitoba must stop managing wait times reactively and start resourcing access proactively.

CARP calls on the Government of Manitoba to:

- Commit to publicly reported, enforceable maximum wait time benchmarks for emergency care, diagnostics, and specialist treatment
- Expand primary care capacity through team-based clinics, nurse practitioners, and urgent care centres to reduce ED dependency
- Accelerate diagnostic imaging capacity with extended hours, mobile units, and targeted backlog reduction strategies
- Improve physician retention with competitive incentives and rural practice supports
- Expand assisted living, transitional care, and personal care home capacity to relieve hospital discharge bottlenecks

---

<sup>3</sup> <https://www.gov.mb.ca/health/dsrecovery/progress.html>

<sup>4</sup> <https://www.gov.mb.ca/health/dsrecovery/progress.html>

Without decisive action, wait times will continue to lengthen, costs will continue to rise, and public confidence will continue to erode. Timely access to care is not a luxury; it is the foundation of a functioning healthcare system, and Manitobans deserve better.

## **Recommendation 2 - Expand Affordable and Appropriate Housing Options for Seniors**

Manitoba is facing a housing crisis that disproportionately affects older adults, particularly those who are low-income, on fixed incomes, or experiencing homelessness. Safe, stable, and affordable housing is not a luxury; it is a basic human right essential to dignity, health, and wellbeing. Seniors are a diverse group, and the limited availability of shelter and housing options tailored to their needs leaves them vulnerable to aging in settings that do not meet their needs. The Government of Manitoba must act in the Budget 2026 to ensure that all seniors have access to housing they can afford throughout their later years.

Manitoba's population is aging rapidly. According to projections from Statistics Canada, the number of Manitobans aged 55+ is expected to increase by approximately 30% between 2021 and 2041, meaning that one-fifth of the province's population will be seniors<sup>5</sup>. This demographic shift underscores the urgent need to expand affordable, accessible, and supportive housing options tailored to seniors' needs.

Yet many older Manitobans are already struggling:

- 41% of adults aged 55+ who are renters and not in subsidized housing are in core housing need, with many of these being seniors aged 65-84, meaning their housing is unaffordable, unsuitable, or inadequate<sup>6</sup>.
- Many seniors live alone in older apartment buildings that lack accessibility features, creating additional safety and mobility concerns.
- Thousands of low-income Manitobans, including older adults, wait for social or subsidized housing. Provincial data show that the waitlists for social housing have risen to their highest levels in five years, with over 7,500 households currently waiting for a Manitoba housing unit<sup>7</sup>.

---

<sup>5</sup> [https://www.statcan.gc.ca/en/subjects-start/population\\_and\\_demography](https://www.statcan.gc.ca/en/subjects-start/population_and_demography)

<sup>6</sup> <https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/reports-publications/housing-diverse-seniors.html>

<sup>7</sup> <https://www.cbc.ca/news/canada/manitoba/housing-2025-waitlist-manitoba-9.7019777>

- There is a limited “middle option” of housing between fully independent living and personal care homes, leaving seniors with few alternatives when they require moderate supports
- Geographic inequities remain, particularly in rural and northern Manitoba, where seniors face limited access to supportive housing and are forced to relocate far from their communities and support networks

Low-and fixed-income seniors are being priced out of the housing market. Assisted living in Manitoba's private sector ranges from \$3,000 to more than \$6,000 per month - a cost that is out of reach for many who rely on Old Age Security and Guaranteed Income Supplement pensions totalling less than \$2,000 per month.

Housing is foundational to health, safety, and dignity. Without affordable, secure housing, seniors face:

- Increased risk of chronic illness and preventable hospital stays
- Earlier and unnecessary transitions into long-term care
- Social isolation and mental health decline
- Greater financial vulnerability and reliance on emergency services

Too many seniors are forced into personal care homes or stuck in hospital beds, not because they truly need that level of care, but because there’s nowhere else for them to go. When affordable, supportive housing isn’t available, “home” stops being an option. That is not just hard on seniors and their families; it does not make financial sense either. A hospital bed or personal care home placement costs the public far more than supportive housing in the community.

As such, investing in affordable housing options is a prevention-based policy approach. Manitoba’s provincial “aging in place” strategy emphasizes the importance of enabling seniors to remain in their homes as long as possible. However, without adequate, affordable, and supportive housing options, this objective cannot be achieved.

Expanding affordable housing for seniors is not only sound social policy, it is also sound economic policy. Having affordable units will free up private market housing that might otherwise be occupied by seniors, improving availability for other households while also reducing downstream healthcare expenditures, alleviating the bottleneck pressure on the

healthcare system. Although Manitoba's existing programs, such as the Social Housing Rental Program, provide rent-geared-to-income housing and critical affordability support, the scale and speed of expansion must increase to meet the demand of a rapidly aging population.

CARP urges the Government of Manitoba to:

- Expand affordable housing supply for seniors and establish clear multi-year targets to increase rent-geared-to-income and supportive housing units dedicated to older adults
- Introduce or expand services subsidies, i.e., meals, housekeeping, laundry, in supportive housing to reduce out-of-pocket costs for low-income seniors
- Fund transitional accommodation programs that allow hospitals awaiting community placement to move into temporary supportive housing rather than occupy acute care beds
- Introduce an enhanced rent-and-service subsidy program for low-income seniors to reduce out-of-pocket costs
- Increase funding for non-profit and community-based seniors housing projects so that non-profit providers can maintain affordable units and prevent loss to the private market

### **Recommendation 3 - Adapt a Home-First Care Model to Relieve Acute Care Pressure and Keep Seniors at Home**

Manitoba is undergoing a significant demographic shift, and the province's healthcare system is already under visible strain. According to projections from Statistics Canada, the number of Manitobans aged 65 and older, especially those over 75, who rely most heavily on hospitals, home care, and personal care homes, will continue to grow significantly over the coming decades. As of 2025, there are 200,000 seniors, with projections that seniors are expected to make up roughly one-fifth of Manitoba's population by 2050<sup>8</sup>.

Nearly 95% of Canadian seniors say they prefer to age at home<sup>9</sup>. Yet, only a minority have formal, coordinated home care plans. When seniors cannot receive sufficient support at home, they will be forced to use emergency department services or remain in hospital beds as an alternative level of care for patients while awaiting LTC placement. This blocks acute care capacity and worsens ED congestion. According to the Manitoba Nurses Union, in July 2025,

---

<sup>8</sup> [https://www.statcan.gc.ca/en/subjects-start/population\\_and\\_demography](https://www.statcan.gc.ca/en/subjects-start/population_and_demography)

<sup>9</sup> <https://www.ipsos.com/en-ca/news-polls/Nearly-All-Canadians-45-Want-Age-Home-But-Only-1-in-10-Afford-Cost-PSW>



**CANADIAN ASSOCIATION  
OF RETIRED PERSONS**

there are 347 waitlists for care home placements in Winnipeg alone<sup>10</sup>. Between 2015 and 2025, the number of home care clients increased by 41%, yet nursing hours grew by only 2%<sup>11</sup>. Staffing shortages are also persistent. Vacancy rates for home care personnel provincially are 21% in 2019, and with some vacancy rates reaching as high as 40% in 2024<sup>12</sup>. The consequences are already visible with the Manitoba Nurses Union reporting of “missed visits” and unsafe workloads, and raising concerns about patient safety and continuity of care.

The bottleneck creates a cascade of problems: EDs being overcrowded, hospital staff stretched thin, hallway medicine becoming common, and seniors taking up acute beds simply because they do not have anywhere else to go. Expanding personal care homes alone will not solve this problem, especially when workforce shortages limit staffing capacity. The province must align funding and system design to this reality.

The federal Age Well at Home Initiative has already shown what works. Manitoba-based pilot projects funded through this program have delivered meals, transportation, and community support that help vulnerable seniors remain at home longer. These practical, low-cost interventions prevent isolation, reduce crisis visits to the ED, and stabilize seniors before their health declines.

Manitoba must make “Home First” the default pathway of care, not the exception, if it is serious about protecting seniors and stabilizing its health system. Manitoba cannot build its way out of demographic pressure. Home and community care cost significantly less per day than hospital or personal care home placements. Every dollar invested upstream in home care prevents downstream costs in ED and LTC facilities.

CARP calls on the Government of Manitoba to act decisively in Budget 2026:

- Adopt a “Home First” model of care as the main budget priority to relieve ED and inpatient pressures. Home and community care should be treated as essential hospital-flow infrastructure, not an add-on or back-up plan.

---

<sup>10</sup> <https://winnipeg.citynews.ca/2025/12/04/hundreds-of-manitobans-wait-care-home-placements/>

<sup>11</sup> <https://www.manitobanurses.ca/news-events/article/305/mnu-releases-new-research-report-taking-the-care-out-of-home-ca-re-exposes-systemic-failures-and-calls-for-action>

<sup>12</sup> <https://www.mgeu.ca/news-and-resources/the-latest/news/2317/new-numbers-from-health-regions-show-staffing-crisis-has-deepened#:~:text=Health%20care%20aide%20vacancy%20rates,said%20MGEU%20President%20Kyle%20Ross.>

- Invest in aging at home supports that make homecare work realistically, such as caregiver supports, aid in navigation through the system, and community wraparound services

**Recommendation 4 - Protect Investors by Increasing Competition and Advisor Accountability.**

CARP is deeply concerned that Canadian seniors are being exposed to preventable investor harm at the point when they are most reliant and trust advice for their retirement security. At a time when older Canadians are doing everything right by saving, investing and seeking advice to maintain financial independence in retirement, they are being systematically steered into lower-return products by financial ‘advisors’ at the branch level. These advisors are, in fact, salespeople, offering proprietary bank funds exclusively. They are not legally obligated to act in their clients’ best interests and are only held to ‘suitability’ standards.

This is not speculation. In July 2025, the Canadian Investment Regulatory Organization (CIRO) and the Ontario Securities Commission (OSC) published a survey of bank branch advisors, which revealed:<sup>13</sup>

- The vast majority (94%) of representatives report that they are only able to offer clients bank mutual funds (i.e., proprietary mutual funds) and are not able to offer external (i.e., third-party) mutual funds.
- When asked ‘if there were comparable third-party funds available with a similar cost to those available at my bank - but with better performance - it would be in my clients’ best interest [to] offer these,’ more than two-thirds of representatives agreed with this statement.
- 25% of representatives across banks reported that clients have been recommended products or services that are not in their interests at least ‘sometimes’, which suggests that product recommendations may not always be in the interests of clients.

One in three Canadian investors uses bank branches to save for retirement - this is roughly 6 million Canadians. Seniors are disproportionately affected because they are more likely to seek financial advice through traditional channels. Financial Consumer Agency of Canada (FCAC) data shows that Canadians aged 65+ are more likely to seek advice from a financial advisor or

---

<sup>13</sup> <https://www.osc.ca/en/news-events/reports-and-publications/sales-culture-concerns-five-canadas-bank-affiliated-dealers>

planner (51%) or a bank (41%), and exactly where sales incentives can be most influential. Many seniors are often loyal customers, for many decades - many CARP members report being with the same bank for 50 years or more. However, many seniors lack access to financial literacy resources and alternative advisory channels, leaving them trapped in a financial system designed to favour banks over clients and are left to fend for themselves with shrinking returns and eroding nest eggs, while these banks post record-breaking profits annually at the expense of the very customers they are meant to serve. These advisors are motivated by sales quotas and incentives that put the interest of the banks ahead of their clients. Regulators are aware but have taken no action to end this exploitation

When seniors lose retirement savings due to poor financial advice, the financial fallout does not stop there. Seniors become more reliant on public programs such as GIS, OAS, and subsidized healthcare, creating downstream fiscal pressure. In the long run, a stronger, fairer financial system is not just good for seniors; it is sound long-term fiscal policy. Protecting retirement security is therefore not only consumer protection but it is also prudent, long-term fiscal policy.

CARP calls on the Manitoba government to act decisively to protect senior retail investors by:

- Requiring stronger competition, expanded investment choices at banks and firm regulatory accountability
- Legislating a fiduciary standard requiring financial advisors and banks to act in the best interest of clients, particularly vulnerable investors such as seniors.

### **Recommendation 5 - Fund Expert-Recommended Vaccines for Seniors**

CARP calls for universal, publicly funded coverage of the “Big 5” vaccines for seniors: high-dose quadrivalent influenza, pneumococcal, shingles, RSV, and COVID-19. Currently, Manitoba only funds influenza, pneumococcal, and COVID-19 vaccines. Shingles and RSV are not consistently covered for all seniors. This gap leaves thousands of older Manitobans exposed to preventable illness and leaves the healthcare system to absorb avoidable costs.

Vaccination remains the most effective health intervention, reducing illness, healthcare usage, and long-term disability. The National Advisory Committee on Immunization (NACI) recommends funding shingles vaccines for adults 50+ and RSV vaccines for those 75+ or living in long-term care. Manitoba has not yet aligned its funding with these expert recommendations.

One in three Canadians will develop shingles in their lifetime<sup>14</sup>. Shingles is an extremely painful & debilitating condition that can lead to more serious complications, such as vision loss and hospitalization. New research shows shingles vaccination reduces dementia risk by 20% over seven years; the Shingrix also offers 91-97% efficacy, adding another compelling public health benefit<sup>15</sup>. Yet Manitoba seniors must pay around \$200 per dose out-of-pocket, a significant barrier for those on a fixed-income. When cost determines access, preventable disease increases.

RSV is another preventable illness that poses a serious risk. For seniors, RSV leads to significant hospitalization rates, particularly among those over 75 and those living with chronic conditions. Hospital stays for RSV and shingles are far more expensive than prevention. A single hospitalization can cost thousands of dollars, not including follow-up care, rehabilitation, or long-term complications.

The economic benefits are equally clear. Canadian public health data consistently shows that every \$1 spent on adult vaccination yields over \$3 in health and economic returns by preventing illness, lowering healthcare costs, and improving productivity<sup>16</sup>. Preventing illness also reduces emergency visits, hospital admissions, specialist consultations, and long-term complications. It also preserves productivity, not only for working seniors, but for family caregivers who otherwise miss work to provide care.

Other provinces have already acted. Nova Scotia, Ontario, Newfoundland and Labrador, Prince Edward Island, and Yukon already publicly fund shingles vaccine coverage for seniors. Manitoba is falling behind.

CARP urges the province to:

- Publicly fund shingles and RSV vaccines for eligible seniors in alignment with NACI recommendations
- Maintain and strengthen current publicly-funded programs

---

<sup>14</sup>[https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-8-herpes-zoster-\(shingles\)-vaccine.html](https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-8-herpes-zoster-(shingles)-vaccine.html)

<sup>15</sup> <https://med.stanford.edu/news/all-news/2025/03/shingles-vaccination-dementia.html>

<sup>16</sup> <https://chamber.ca/vaccines-a-potential-key-to-unlock-many-of-canadas-healthcare-challenges/>



**CANADIAN ASSOCIATION  
OF RETIRED PERSONS**

- Expand pharmacy-based delivery with fair reimbursement structures to increase access, especially in rural regions
- Launch a province-wide seniors vaccine awareness campaign to increase uptake

Prevention is not an added expense; it is one of the few healthcare investments that pays for itself.

Respectfully submitted,

The Canadian Association of Retired Persons National Office

Volunteer Board of Directors CARP Chapter Winnipeg, MB