



September 1, 2026

The Honourable Michelle Thompson
Minister of Health and Wellness
Government of Nova Scotia

Re: Sustaining Nova Scotia's Progress in Hospice Palliative Care through Aging with Dignity

Dear Minister Thompson:

On behalf of the Nova Scotia Hospice Palliative Care Association and the Canadian Hospice Palliative Care Association, we are writing regarding the future of the federal-provincial *Aging with Dignity* agreement and the important role federal investment has played in strengthening hospice palliative care in Nova Scotia.

Nova Scotia has already demonstrated how bilateral federal funding can be used to address gaps in palliative care. Under the previous Home and Community Care and Mental Health and Addiction Services agreement, federal funding supported new palliative care clinicians working in typically underserved areas, integrated those clinicians with collaborative primary health care teams, and supported palliative care volunteers through a dedicated coordinator position and volunteer training.

The current Aging with Dignity agreement builds on a broader home and community care system in which palliative care is explicitly included within home nursing services. Nova Scotia's 18 home care agencies support more than 30,000 clients each year through approximately 4.5 million hours of authorized home support and 1.1 million home nursing visits. The agreement also continues significant investments in caregiver support, integrated care and community-based services.

Palliative care is also specifically recognized within the long-term care component of the agreement. Nova Scotia allocated \$710,000 to the Strengthening a Palliative Approach in Long-Term Care program to provide facilitated training and support the implementation and evaluation of palliative and end-of-life educational interventions for staff in long-term care facilities. The agreement also invested in Clinical Practice Units intended to strengthen the ability of continuing care staff to respond to complex needs, including pain management as part of end-of-life care.

High-quality hospice palliative care is an essential part of good health care for people living with serious illness. It is not limited to the final days or weeks of life and can be provided alongside

treatments intended to cure illness or prolong life. A palliative approach addresses pain and other symptoms while also responding to emotional, psychosocial and spiritual needs, supporting families and caregivers, and providing grief and bereavement support. When these clinical and wrap-around services are available and introduced early, they can improve quality of life and help people receive care that reflects their needs, goals and preferences throughout serious illness.

The need for this care will continue to grow. Nova Scotia's Action Plan notes that 21.8% of the province's population was already aged 65 and older in 2021. While palliative care is not limited to older adults and should be available to people of all ages living with serious illness, an aging population will increase demand for care across home, community, hospice and long-term care settings.

As Nova Scotia and the federal government consider the future of Aging with Dignity, we urge Nova Scotia to support the renewal of dedicated federal funding through Aging with Dignity, with hospice palliative care explicitly included as a priority. Explicitly identifying palliative care within future agreements is important to help ensure that funding intended to strengthen palliative care translates into identifiable investments in palliative care services and capacity, rather than becoming indistinguishable within broader home, community or continuing care investments. Nova Scotia's experience demonstrates that these investments can support the people, skills and services required to improve palliative care, including clinicians, volunteers, education and training, caregiver supports, and integrated home and community care.

Sustaining this progress requires ongoing operational funding. The current agreement explicitly recognizes operating funding, salaries and benefits, and training and professional development as eligible expenditures. This is important because access to palliative care depends not simply on physical capacity, but on having qualified people and appropriate services available to provide care. Investments in workforce, education, clinical services, care coordination and community supports need sufficient stability to continue beyond individual funding cycles.

This is particularly important for equitable access. Nova Scotia has previously used bilateral funding to place palliative care clinicians in typically underserved areas, and the current agreement recognizes the needs of rural and remote communities, Mi'kmaw communities and other underserved populations. Continued investment provides an opportunity to build on this experience and help ensure that geography or other barriers do not unnecessarily limit access to high-quality palliative care.

Strong measurement and public reporting should also remain part of future agreements. Nova Scotia currently reports on several pan-Canadian home and community care indicators, including death at home or in community, whether home care helped recipients remain at home, caregiver distress, and hospital stays extended while people wait for home care supports. At the same time, the current agreement acknowledges gaps in available home-care data and Nova Scotia has committed to reviewing opportunities to improve reporting. Future agreements provide an opportunity to build on this work with stronger palliative-specific measures that demonstrate timely and equitable access, quality of care, patient and caregiver experience, and outcomes across settings.

The timing of these discussions is important. Nova Scotia's current agreement commits federal, provincial and territorial governments to a formal review in 2026 to assess results and determine next

steps for bilateral agreements related to home and community care and other shared priorities. A second review beginning by March 2027 will consider progress to date and current and forward-looking federal, provincial and territorial investments. The current Budget 2017 home and community care funding provides Nova Scotia with approximately \$62.9 million over four years, through 2026-27.

As Nova Scotia approaches these discussions, we encourage the Government of Nova Scotia to:

- Support the renewal of dedicated federal funding through Aging with Dignity, with hospice palliative care explicitly included as a priority.
- Identify hospice palliative care as an explicit Nova Scotia priority in negotiations with the federal government.
- Protect and build on the palliative care capacity supported through federal bilateral investments, including access to palliative clinicians in underserved communities, palliative care education and training, volunteer supports, and palliative care within home, community and long-term care.
- Ensure future agreements provide sustainable operational funding for the workforce and services required to deliver high-quality hospice palliative care, recognizing that investments in beds and infrastructure must be accompanied by the resources required to operate them and deliver the care, while providing the clinical and wrap-around services patients and families need.
- Support stronger public reporting that measures and values patient and caregiver experience and outcomes through the delivery of timely and equitable access to quality hospice palliative care across home, hospice, community and other care settings, including for people in rural, remote, Mi'kmaw and other underserved communities.

Nova Scotia has already demonstrated that federal bilateral investment can strengthen palliative care by supporting workforce capacity, education, community-based services and more integrated models of care. Future agreements provide an opportunity to protect that progress and ensure hospice palliative care remains an explicit and sustainably funded part of Nova Scotia's efforts to help people receive the care they need in their homes and communities.

The Nova Scotia Hospice Palliative Care Association and the Canadian Hospice Palliative Care Association would welcome the opportunity to meet with you and your officials to discuss Nova Scotia's experience under the current agreement, the needs being seen across the province, and priorities for hospice palliative care that should be considered as Nova Scotia approaches future negotiations with the federal government.

Sincerely,



Tim Guest
Executive Director
Nova Scotia Hospice Palliative Care Association

Sincerely,

Cheryl Spencer

Cheryl Spencer

Interim CEO

Canadian Hospice Palliative Care Association

613-241-3663

cspencer@chpca.ca