



CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Enhancing Health Care, Ensuring Our Future

**Pre-Budget Submission
to the House of Commons
Standing Committee on Finance**

Canadian Nurses Association

www.cna-aiic.ca

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The upcoming federal budget and the recent 10-year plan to strengthen health care present an unprecedented opportunity to improve access to health services in Canada. The Canadian Nurses Association is calling on the federal government to ensure the future of our publicly funded, not-for-profit health system by investing in:

- the development of a pan-Canadian framework for human resource planning in the health sector;
- measures to successfully integrate foreign-educated nurses into the Canadian health system; and
- a pan-Canadian mechanism and strategy to align education and the enhanced public health capacity being built in Canada.

The Canadian Nurses Association (CNA) is the federation of 11 provincial and territorial registered nurses associations and colleges, which represent more than 120,000 registered nurses and nurse practitioners.

CNA appreciates the invitation to participate in the work of the House of Commons Standing Committee on Finance concerning the proposed 2005 federal budget.

Recently, first ministers reached an agreement to reduce wait times for diagnosis and treatment in five areas (cardiovascular, cancer, joint replacement, sight restoration, and diagnostic imaging). The government's 10-year plan to strengthen health care identifies the need to address the supply of health care providers as a key element of reducing wait times. It suggests that each provincial and territorial government develop a plan for recruiting and retaining health care providers. This preserves the silo approach to health services. From the perspective of CNA, this approach has three flaws: it does not recognize the significant interprovincial mobility of health workers; it does not offer an information system on enrolment opportunities in health sciences programs beyond one jurisdiction; and it does not include a requirement for planning recruitment and retention of health care providers for the First Nations and Inuit peoples. Each of these flaws can, and must be, addressed by the federal government.

CNA asks the Committee to include in its recommendations the following:

- The federal government lead the development of a pan-Canadian framework within which provincial and territorial governments can develop and coordinate their plans for recruiting and retaining human capital in the health sector. The framework would include principles such as interdisciplinary practice; needs-based care; integration across all provinces and territories; fiscally responsible; comprehensive including all components of the health sector; short-, medium- and long-term planning; and utilization of all health providers to their maximum capability.
- The federal government allocate funding for the development and implementation of a human resource plan to support the provision of quality health services to First Nations and Inuit peoples. In particular, the funding should promote the education of aboriginal persons interested in pursuing a career in nursing and other health sciences. Grants of \$15,000 per individual could support pre-entry preparation, culturally appropriate education programs and retention activities.

The 10-year plan ignores the fact that the workforce in the health sector is shrinking in numbers. Again the federal government can play a key role in addressing the shortages of human capital. CNA makes the following proposals:

- As the fifth-largest employer of nurses in Canada, the federal government establish a return-for-service program that would:
 - subsidize tuition costs for nursing education, with the proviso that the students agree to work for the federal government in the health sector throughout their educational preparation and for four years following graduation. This initiative would be modelled on the successful program operated by the Armed Forces. The cost would be \$15,000 per year per student.
 - Pay off a portion of debt related to expenses for health sciences education in return for commitment to work terms in underserved areas. This program would complement the lump-sum payments offered to some professionals who locate in non-urban settings. The maximum cost would be a maximum of \$20,000 per person.
- The federal government implement a national strategy to remove the financial stumbling blocks to education in the health sciences. In particular, the strategy must include:
 - funding to establish a bursary program to promote continuing education for nurses in the five targeted areas identified in the 10-year plan. At a cost of \$3,000 per nurse, a targeted budget allocation of \$4.5 million would increase the number of individuals with expertise in these areas by 1,500. The strategy must also include extension of the interest payment benefit on Canada Student Loans to students in health sciences programs.
 - expansion of the eligibility criteria for training supports from the Employment Insurance Program to include professional development and skills enhancement. The costs would vary depending on the course of study.
- For immigrants who want to work as nurses within the health system, the federal government establish the infrastructure to support educational upgrading, language training and social and cultural support. The infrastructure would have to connect employers and government with educators and professional associations. The cost of this infrastructure, which should be linked to the Coming to Canada website, would be \$2 million.

In the last 18 months, Canada has seen increased interest in strengthening the public health system, in creating surge capacity in infectious disease as well as enhanced capability in the prevention of chronic disease. Many countries work cohesively with school and public health systems to promote the health of children and youth. CNA sees a role for the federal government in stimulating a mechanism that brings together the education and health systems. Research evidence – Canadian and international – shows that coordinated school health programs and services can influence risk/protective factors in physical activity, nutrition, tobacco use, alcohol and drug use, mental health and sexual health.

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- It is therefore proposed that the next federal budget include provisions to stimulate and support local school health coordinators, named jointly by local school board and health authorities and administered jointly with the provinces/territories, so that all children and youth can benefit from effective, efficient and sustained school health programs and services. The cost would be \$75,000 per school board.
 - The 2003 National Advisory Committee on SARS and Public Health identified a gap in training opportunities for those who wish to pursue careers in public health. Pursuant to the recommendations of the Advisory Committee, it is proposed that the federal government dedicate funds to expand training opportunities in public health. The cost of the program would be between \$5,000 and \$10,000 per student.

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