



CANADIAN
NURSES
ASSOCIATION

Three strategies to help Canada's most vulnerable

**Pre-budget Brief to the
House of Commons
Standing Committee on Finance**

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CNA recommendations

The Canadian Nurses Association (CNA) is the national professional voice of registered nurses in Canada. It brings together 11 provincial and territorial nursing associations and colleges representing over 150,000 registered nurses. In response to the interest of the House of Commons standing committee on finance in addressing issues facing Canadians who are most vulnerable to poor health due to underlying social, economic and political structures, CNA presents three recommendations:

“No factor puts older Canadians at more risk than poverty. They are more vulnerable to it than any other group and nearly one in five older persons lives near the poverty line.”

CNA National Expert Commission, 2012

- Establish an aging and seniors care commission of Canada (\$125 million over ten years) and a dedicated health innovation fund (\$150 million over ten years)
- Support efforts to remove barriers to practice for nurse practitioners (\$0)
- Renew funding for social housing providers (\$500 million)

Action in each of these areas will both benefit the health of the population and increase the efficiency and effectiveness of the health system.

Aging and seniors care commission of Canada (ASCCC)

Currently, health-care resources are not sufficiently coordinated to guarantee access to the support that families need across the lifespan. CNA believes that a national strategy on healthy aging is necessary to address multifaceted dimensions of continuing care, including home, long-term and other community-based approaches to care. Such a strategy would improve quality of life for seniors and caregivers. In order for it to be immediately effective, a seniors strategy must be complemented by federal funds to drive health innovations and needed infrastructure.

CNA believes that aging is a phase of life that is not synonymous with disease. As we know, the amount of health-care services seniors use is largely driven by the number of chronic conditions they have, not their age. There exists an urgent need to consolidate national efforts to optimize the health, engagement and productivity of Canadians as the population ages. As the largest group of health-care providers in Canada, registered nurses are well placed to assume greater leadership roles in the care of older adults. We know that the vast majority of seniors want to live at home and stay there as long as possible. Canada’s aging population calls for a greater need for new and innovative approaches to help seniors stay healthy and independent.

In 2011, an estimated five million Canadians were 65 years of age or older; that number is expected to double by 2036. This changing population demographic points to the need for innovation and new priorities. Healthy seniors need less health care. The amount of health-care services seniors will use is largely driven by the number of chronic conditions they have, not their age.

According to the Canadian Institute for Health Information, forty-five per cent of health-care expenditures in Canada in 2009 were directed at providing services to seniors, many related to chronic disease management. However, a number of these expenditures could be avoided. Some costs are associated with moving seniors into hospitals, despite the fact that hospitalization contributes to their functional and cognitive decline over time and that their health conditions could be better managed at home or in long-term care facilities. Other costs are the result of lack of service standards or lack of coordination between health services and community programs.

Most provincial governments have initiated programs for seniors. CNA supports the work underway in provinces like Ontario and British Columbia to keep seniors healthy and in their own homes as long as possible — adding life to years, not merely years to life. These and other initiatives should be adopted across Canada.

Repeatedly, calls have been made for a national partnership between the federal, provincial and territorial governments and community organizations to provide leadership and coordination to ensure the provision of integrated, quality end-of-life care for Canadians. In particular, common standards, best practices, coordination and capacity building are required to ensure equitable access for all Canadians across all settings of care).

CNA recommends that the federal government consolidate national efforts to optimize the health, engagement and productivity of Canadians by committing federal funds to establish the ASCCC. This commission would be funded for ten years and responsible for developing and implementing a seniors strategy that focuses on the following pillars:

- 1) Promoting the health and well-being of Canadian as they age
 - Healthy and active aging
 - Workforce participation and volunteerism
- 2) Bolstering supportive chronic disease prevention and management
 - Caregiver resources and supports
 - Community-based primary health care (home and community care, assisted living and support, long-term care)
- 3) Increasing system capacity around frailty and vulnerability
 - Dementia (facilitate the implementation of the national dementia strategy as outlined in the Alzheimer Society of Canada's 2010 report, *Rising Tide: The Impact of Dementia on Canadian Society*¹)
 - Integrating palliative/end-of-life care across the continuum (facilitate the implementation of *The Way Forward*¹)
 - Continuing care infrastructure

¹ *Rising Tide: The Impact of Dementia on Canadian Society* and *The Way Forward* were strategies developed with funds resulting from the 2010 and 2011 federal budgets, respectively. The implementation of the recommendations from these strategies has not yet been funded.

In collaboration with governments, service providers, caregivers others, the ASCCC will serve as a catalyst to:

- Drive knowledge exchange to promote healthy aging and better care for seniors by facilitating access to resources (i.e., navigational tools, knowledge repository and respite support)
- Scale up evidence-based, cost-effective models/practices (quality improvement initiatives)
- Build the capacity of health care providers to lead quality/health improvement initiatives across populations and communities and at the individual level (self-management)
- Increase the engagement and participation of older adults in society
- Protect the dignity and safety of frail and vulnerable seniors

Further to this, CNA recommends that, under the leadership of the ASCCC, and aligned with the three priority pillars defined above, the federal government invests in a health innovation fund that will begin to immediately support pan-Canadian aging and seniors care priority initiatives, by

- Increasing knowledge translation activities with health-care professionals to facilitate better (evidence-based) care for Canada's seniors;
- Fuelling efforts to secure health-care system capacity (caregivers, appropriateness of provider and place of care, self-management);
- Providing opportunities for sharing and learning to improve quality, productivity and efficiency in care of older adults (bringing effective models to scale);
- Enabling older Canadians to participate fully in society (productivity and social inclusion); and
- Engaging Canadians through awareness and education related to healthy and active aging (navigational tools, knowledge repository and respite support).

This dedicated health innovation fund could be used to support the scale-up of projects, infrastructure and services identified through initiatives such as the Council of the Federation health-care innovation working group.

The approach taken in developing and implementing supports for Canada's seniors must be comprehensive. It must include investments in home, long-term and community care, as well as tax policy interventions to support infrastructure and affordable housing for older adults and financial support for family caregivers. Older persons require comprehensive health assessments that look into health-related behaviours, access to health and social services, and other factors that affect health such as income, housing and social inclusion. These factors are all critical to healthy aging and to successful chronic disease prevention and management.

CNA urges the federal government to invest in healthy aging in a way that is commensurate with the scope and magnitude of the issue. This investment must be sufficient to enable Canadians to age with dignity and receive care in familiar surroundings. By establishing the ASCCC, we will ensure resources are used in a way that meets the needs of Canadians as they age. The commission could ultimately lead to savings across the health-care system and make it more sustainable for generations to come.

Optimizing nurse practitioners' practice

There are some 2,800 nurse practitioners (NPs) in Canada. In the last decade, each province and territory has enacted legislation to authorize NPs to practise to their full scope — that is, to work independently with patients to assess and treat their illness and health conditions. The majority of NPs work in community-based facilities.

Current federal government policies, legislation and regulations prevent NPs from providing a full range of care to patients. The federal government can reduce these barriers by authorizing NPs to sign claim forms for federally administered programs (Disability Tax Credit Certificate, CPP disability benefits, EI benefits and benefits under the Public Service Superannuation Act).

CNA recommends that the federal government change its legislative framework to reflect the prescriptive authority of NPs. Doing so would create consistency with provincial/territorial legislation related to NPs' scope of practice. Outdated federal legislation hampers NPs' ability to work to their full scope of practice. CNA offers the following experience shared by a nurse practitioner in Manitoba:

I work in a clinic where I am the sole provider. The other day I had a patient phone me for an appointment to fill out forms for the Disability Tax Credit. I checked with CRA, who said that nurse practitioners were not recognized. The sad thing is that now my patient has to find a physician to complete the forms when I am her primary practitioner.

CNA recommends that the federal government catch up with the actual practice standards across the country. Recognizing NPs as authorized signatories on federal-program forms will result in fewer referrals to physicians and specialists for their completion and increase access for individuals who are in need of a family physician or specialist care.

Another example of out-of-date legislation is the Food and Drugs Act. Under provincial/territorial law, nurse practitioners can prescribe medication; however, the federal Food and Drugs Act creates an impediment to maximizing this authority. Section 14, subsection (2), creates an exemption for four other groups of health professionals that have prescriptive authority:

14. (1) No person shall distribute or cause to be distributed any drug as a sample.
- (2) Subsection (1) does not apply to the distribution, under prescribed conditions, of samples of drugs to physicians, dentists, veterinary surgeons or pharmacists.

The exemption recognizes that pharmaceutical firms produce samples of approved pharmaceutical products and that they make these samples available to physicians, dentists, pharmacists and veterinarians to give to patients. This practice allows patients to try a pharmaceutical before filling a prescription and is also a means of facilitating access to treatment in cases where the treatment is short term and/or where a patient cannot afford to purchase the necessary prescription.

To support the legislated direction from the provincial and territorial governments, CNA believes that nurse practitioners must be added to the list of exempted professionals in Section 14.

CNA will continue to pursue these necessary legislative, administrative and regulatory changes with the various departments involved, including Health Canada, HRSDC and CRA. It brings this recommendation to the attention of the standing committee on finance because of the relevance to increasing efficiency in the health system — CNA believes that the legislative changes will improve patient care and reduce wait times.

Affordable, stable, adequate housing

CNA wants the federal government to increase its efforts to ensure that Canadians have access to affordable, adequate and safe housing. Every day, registered nurses treat people who have respiratory diseases and asthma due to moulds and poor ventilation in their housing. Nurses also work with people who face mental health challenges because of overcrowded housing. The recent emergence of tuberculosis in Saskatchewan and Manitoba has been linked, in part, to poor housing conditions.

The federal government plays several important roles in housing; for example, it determines building standards through the National Research Council, develops housing policy and programs, conducts housing research and provides mortgage insurance and invests in affordable housing through the Canadian Mortgage and Housing Corporation. Working with the provincial and territorial governments, the federal government has contributed to the costs of constructing and operating affordable housing. It is this funding role that CNA wishes to see maintained and, ultimately, expanded.

A November 2012 poll conducted for CNA found that:

- 93% of Canadians agree that all public policies should consider the positive and negative impacts on the health of Canadians. 86% of Canadians believe that it is important to measure these impacts.
- When asked about the top priority for the federal government, the majority of respondents said that **improving conditions for the most vulnerable among us** — such as older adults, people with mental illness and those living in poverty — should be number one.
- A majority indicated that **reducing poverty levels**, followed by **better access to safe and affordable housing**, is the most important area for improving the health of all Canadians.
- 66% of Canadians would either support (47%) or somewhat support (19%) **more federal government spending on the Canada Social Transfer**.

(Nanos Research, November 2012)

CNA acknowledges the commitment in the 2013 federal budget to continue to work with provincial, territorial and municipal governments. It applauds the attention the government has paid to homelessness and the achievements made in cities like Edmonton and Toronto. CNA supports recent federal commitments to a Housing First model and continued investment in the Homelessness Partnering Strategy. These are good initiatives. However, CNA believes that more needs to be done to sustain affordable and quality housing infrastructure.

Housing is a metric for measuring the social infrastructure. It is directly connected to health and quality of life and contributes to employability and job retention.

\$500 million in social-housing funds are set to expire each year from 2014-2019. The federal government should commit to renewing this investment to prevent a deepening of Canada's affordable-housing crisis. The cost of housing continues to increase faster than incomes, and many of Canada's urban centres have severe rental-housing shortages. As housing is a major social determinant of health, funding renewals are vital to ensure that affordable-housing options, such as co-ops, remain a viable part of Canada's housing landscape.

Implementing this recommendation would continue the partnerships that have been built among the federal government, social-housing providers and communities, which have the potential to secure housing for many low-income Canadians. Without this funding, the Federation of Canadian Municipalities estimates that over half a million Canadians may be at risk of losing their homes. As a critical social determinant of health, adequate housing can improve health outcomes (both physical and mental) and assist in reducing the human and financial costs associated with poverty.

CNA supports the recommendations made by other organizations, including the Federation of Canadian Municipalities, that the federal government renew its investment in housing.