

SUBMISSION



CANADIAN  
**NURSES**  
ASSOCIATION\*

# 2016 PRE-BUDGET CONSULTATIONS

Submission to the Standing Committee on Finance

February 2016

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# INTRODUCTION

As the national, professional voice of more than 135,000 registered nurses across Canada, the Canadian Nurses Association (CNA) looks forward to working with the new federal government and opposition parties to craft and implement a vision for the health and well-being of Canadians and a health system that goes beyond funding considerations.

A thriving Canadian society requires new models and incentives to achieve better health, better care and better value.<sup>1,2</sup>

While already losing ground on key indicators in comparison with leading OECD countries, Canada faces shifting demographics and a troubling increase in chronic disease.<sup>3</sup> Reversing these trends is possible by changing how we promote health and deliver health services.<sup>4</sup> Canadians can be better supported by moving away from policies and funding models that drive acute, episodic and hospital-based care toward more accessible community-based care approaches that emphasize the following:

- ▶ Health promotion
- ▶ Chronic disease prevention and management
- ▶ Client-centred, accessible, team-based care
- ▶ Use of a range of technologies.<sup>5</sup>

In accordance with a drive toward community-based care, CNA offers the following recommendations to the federal government for inclusion in its 2016 budget.



# RECOMMENDATIONS

## **1. Deliver federal health funding through a needs-based top-up<sup>6</sup> to each province and territory, based on demographics and population health priorities.**

With its 2016 budget, the government has an opportunity to deliver annual health-care funding to the provinces and territories, over the next four fiscal years, through a needs-based top-up (in addition to the Canada Health Transfer [CHT]). In keeping with public remarks by provincial and territorial ministers,<sup>7,8,9</sup> this new formula takes into account demographic differences<sup>10</sup> and unique requirements (e.g., serving Canadians living in rural or remote areas).

Along with an equitable distribution of CHT funding, CNA recommends that federal-provincial-territorial bilateral agreements include a robust accountability framework to enable monitoring and reporting on the use of CHT dollars. Such a framework would:

- ▶ Show causal relationships between inputs, activities and population health outcomes
- ▶ Include reporting on a comprehensive set of indicators and outcome measures derived from existing national data sources
- ▶ Link with data on social outcomes<sup>11</sup>

## **2. Improve access to equitable, national, publicly funded home- and community-based care that includes telehealth, mental health and palliative care.**

The federal government can demonstrate leadership and ensure universal access to high-quality national, publicly funded home- and community-based care through its proposed \$3 billion funding (over four years) for home care.

Home care is vital to Canada's health services. It improves access to primary care, improves chronic disease management and enables Canadians to age safely at home.

Many factors support our call for more community-based care:

- ▶ The majority of Canadians prefer to age at home.<sup>12</sup>



- ▶ In 2011, 1.4 million Canadians received home care, a 55 per cent increase from 2008.<sup>13</sup>
- ▶ Between 2008 and 2017, the number of seniors with chronic conditions who would benefit from home care services is expected to increase 33 per cent.<sup>14</sup>
- ▶ Technology makes receiving care at home increasingly feasible, especially in rural and remote areas.
- ▶ Almost 60 per cent of deaths in Canada occur in hospital, despite our population's strong preference to be at home when they die (due in part to the differences in access to hospice palliative care services across jurisdictions).<sup>15</sup>
- ▶ Community-based care costs less than hospital care<sup>16</sup> — about \$55/day compared to \$1000/day.<sup>17</sup>

CNA asks that this funding include provisions for community-based mental health care and telehomecare, in keeping with the special Senate committee on aging recommendation for federal support.<sup>18</sup>

Across Canada there are countless examples of promising practices in home- and community-based care. Still needed are stronger mechanisms and incentives to scale up proven initiatives across jurisdictions. CNA profiles such initiatives in a recent brochure: *Innovative Care Delivery Models for Better Health Outcomes: Optimize Health, Increase Access to Care, Save Millions of Dollars*.<sup>19</sup>

### **3. Invest in early, secondary, and post-secondary education for Indigenous students and in continuing professional development for health-care providers who serve Canada's northern, rural and remote communities.**

Among Canada's Indigenous people living in northern, rural and remote communities, barriers to education are leading to enduring health and social disparities<sup>20,21</sup> and contributing to substantial health and social gaps between Indigenous and non-Indigenous Canadians.

Many barriers to education<sup>22,23</sup> for Indigenous youth in northern, rural and remote communities could be addressed through increased funding. To improve access to high-quality education for these students, CNA, whose membership includes the Aboriginal Nurses Association of Canada (A.N.A.C.), recommends



a four-year annual federal government commitment of \$100 million (to be funded through the proposed social infrastructure fund or any unspent federal funds earmarked for infrastructure projects) for the following educational infrastructure initiatives:

- ▶ Accessible, culturally safe, high-quality early childhood learning and development programs
- ▶ Inclusive elementary and secondary school systems that offer students “world-class skills, literacy, numeracy, and science” (p. 3)<sup>24</sup>
- ▶ Accessible, high-quality, relevant, diverse post-secondary education opportunities
- ▶ Improved educational and technological infrastructure in northern communities (including the construction of new educational facilities)
- ▶ Recruitment and retention strategies including financial incentives to attract educators who have extensive experience teaching in a northern context

Health status and health-care outcomes for Canada’s Indigenous people fall far short of those for the rest of the Canadian population,<sup>25</sup> in part from a lack of access to care.

In rural and remote communities, nurses are the main providers of primary care, health promotion and emergency services.<sup>26</sup> Despite their vital role, barriers to education, recruitment and practice supports have led to a severe vacancy rate among these nursing positions.<sup>27,28</sup>

To bolster the number of Indigenous and non-Indigenous nursing students and recruit and retain more nurses in the North, CNA recommends a four-year annual federal government commitment of \$25 million for the following:<sup>29,30</sup>

- ▶ Enrolling students with a rural background and/or Indigenous descent in health professional education programs (e.g., nursing) and offering rurally based clinical rotations to enhance the competencies.<sup>31</sup>
- ▶ Creating post-secondary schools and introducing satellite programs in rural locations.<sup>32</sup>
- ▶ Providing high-quality, safe, supportive working environments to make northern nursing careers and postings professionally attractive.
- ▶ Implementing outreach activities, including widespread telehealth and high-fidelity simulation capabilities, to facilitate cooperation between health-care professionals across settings and distances.



- ▶ Designing continuing education and professional-development programs that meet the unique population health and practice needs of rural health-care providers.<sup>33</sup>
- ▶ Offering a combination of fiscally sustainable financial incentives that outweigh the opportunity costs associated with working in rural areas.
- ▶ Increasing career development programs and providing senior posts in rural areas to create enduring, meaningful career paths.

## CONCLUSION

By adopting these recommendations in its final report, the standing committee can send a clear message to the federal government about innovative and cost-effective ways to support the worthy goals of better health, better care and better value for all Canadians.

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# ENDNOTES

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