

PRE-BUDGET CONSULTATION IN ADVANCE OF THE 2022 FEDERAL BUDGET

**Submission to the House of Commons Standing Committee
on Finance by the Canadian Nurses Association**

July 29, 2021

Summary of recommendations

1: Modernize the health workforce

- Establish a dedicated federal government coordinating body to address critical health workforce gaps and improve health-system planning and workforce mobility through better data infrastructure.
- Invest \$750,000 per year to re-establish the office of the chief nursing officer, reporting to the deputy health minister to provide strategic and technical health-policy advice.

2: Strengthen the health-care system

- Lead the development of and work with the provinces and territories to implement a pan-Canadian digital health strategy.
- Invest \$2 billion to create a Primary Care Access Fund that would expand the establishment of primary care teams in provinces and territories, with a focus on remote and underserved communities.

3: Reimagine aging

- Reform the long-term care sector by investing \$30 billion over 10 years to enhance the quality of care, staffing levels and critical infrastructure while tying new funding to pan-Canadian standards.
- Invest \$21.1 billion over 10 years by introducing a demographic top-up transfer to the provinces and territories to address the needs of Canada's aging population.

4: Fight racism and discrimination in health care

- Provide \$6 million over two years, with \$2.26 million per year ongoing to Health Canada, to co-develop with Indigenous and racialized communities, a free, online continuing education portal that will provide training and resources for health-care professionals in culturally appropriate care.
- Provide \$169.26 million over 3 years, with \$37.6 million per year ongoing to Health Canada, to create an equity and diversity in nursing fund to offer annual scholarships to 6,200 Black and Indigenous people and people of colour who wish to pursue or advance their careers in nursing.

Introduction

Canada's 440,000 nurses have been playing a critical role and have carried out tremendous work in precarious settings while working tirelessly to keep Canadians safe during the COVID-19 pandemic. One in every 85 people living in Canada is a nurse. Made up mostly of women, nurses are the largest health workforce and one of the most trusted professionals in Canada. Nurses have the knowledge and expertise to help guide policy-makers in addressing critical issues within Canada's health-care system.

The Canadian Nurses Association (CNA) is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses and retired nurses across all 13 provinces and territories.

As we are seeing a light at the end of the tunnel in the fight against COVID-19 due to Canada's vaccination campaign, the federal budget represents a unique opportunity for the government to set a renewed course for health care.

The pandemic and the terrible injustices that vulnerable and marginalized communities endured have brought to the forefront many problems within the health-care system and how systemic racism and health inequities continue to impact people in Canada. The tragic outcomes of COVID-19 in the long-term care (LTC) sector, the dehumanizing treatment of Joyce Echaquan, and the appalling discovery of unmarked graves in former residential schools point to the need for radical change in Canada's society.

CNA urges the federal government to take a leadership role and promote meaningful action to bring about much-needed transformations and address systemic problems in the health-care system. Canada must ensure that its health-care system is strong, fully supported and resilient to guarantee an equitable recovery and better health for all people living in this country.

Recommendations

1: Modernize the health workforce

Recommendations

- Establish a dedicated federal government coordinating body to address critical health workforce gaps and improve health-system planning and workforce mobility through better data infrastructure.
- Invest \$750,000 per year to re-establish the office of the chief nursing officer (CNO), reporting to the deputy health minister to provide strategic and technical health-policy advice.

Canada's health workforce is critical to a robust economic recovery. Health workers represent over 10% of working Canadians, 8% of GDP and 66% of health-care spending.¹ However, they face unprecedented strains due to COVID-19, with 7 in 10 reporting worsening mental health during the pandemic.²

Health workers' burnout is exacerbating a long-standing problem in the health-care system: inadequate workforce planning and lack of appropriate data. The absence of data infrastructure makes it difficult to determine where shortages will occur and how to address them. CNA supports the Canadian Health Workforce Network's call to improve health-system planning through better workforce data.³

This could mean establishing a federal coordinating body responsible for collecting and analyzing health-workforce data to provide policy-makers, researchers, and health authorities with information on supply and demand. This could be implemented through the establishment of a health-workforce agency, akin to the Public Health Agency of Canada.

Reflecting international practices, the Bureau of Health Workforce and the National Center for Health Workforce Analysis in the United States, which have annual operating budgets of US\$1.8 billion and US\$4.7 million respectively, could serve as a benchmark for potential implementation opportunities in Canada.

The pandemic has also highlighted the need to strengthen nursing leadership in Canada. CNA continues to urge the re-establishment of the federal CNO. Nurses are the backbone of the health-care system, and it is vital that nursing is fully reflected in the development of all federal health policies. The CNO should work with the federal government to stabilize the nursing workforce coming out of the pandemic and to deliver on the triple aim of better health, better care and better value for taxpayers.

2: Strengthen the health-care system

Recommendations

- Lead the development of and work with the provinces and territories to implement a pan-Canadian digital health strategy.
- Invest \$2 billion to create a Primary Care Access Fund that would expand the establishment of primary care teams in provinces and territories, with a focus on remote and underserved communities.

The pandemic has highlighted the limits of our health-care system but has also shown how quickly it can adapt to crisis. The acceleration of virtual care is a silver lining of the pandemic that has lowered costs and expanded access to care. Although barriers still exist, virtual care should continue to be expanded.

Canada faces significant challenges in implementing and using digital health systems due to variations in digital standards, inconsistent application of privacy frameworks and a lack of high-speed internet for all.⁴

Health professionals and relevant stakeholder groups, including CNA, believe that a pan-Canadian vision and a responsive governance approach is needed to drive continued alignment among governments and stakeholders. CNA recommends the development of a federal digital health strategy that would treat virtual care as a core component of Canada's health-care system, ensure equity and cultural safety, and address gaps in digital literacy for patients and providers. The strategy would also serve to guide federal investments and collaboration among governments on procurement and to provide a framework for interoperability, privacy, data security, data governance, and data sharing across jurisdictions.

CNA also urges action to improve access to primary care services in Canada. The creation of a targeted Primary Care Access Fund would bring together physicians, nurses, social workers and other health professionals to work as a team to improve access and care for patients in alignment with a broadly supported vision known as the Patient's Medical Home.⁵

3: Reimagine aging

Recommendations

- Reform the LTC sector by investing \$30 billion over 10 years to enhance the quality of care, staffing levels and critical infrastructure while tying new funding to pan-Canadian standards.

- Invest \$21.1 billion over 10 years by introducing a demographic top-up transfer to the provinces and territories to address the needs of Canada's aging population.

The COVID-19 pandemic has exacerbated long-standing systemic problems in Canada for older adults, especially those living in LTC homes. The tragic outcomes in LTC are in part a result of decades of neglect of the sector.⁶ During the pandemic, COVID-19 cases in LTC homes accounted for 69% of deaths in Canada (the worst outcome globally), whereas the international average is 41%.⁷ **LTC reform needs to be near the top of the federal government's post-pandemic agenda.**

Aging is the most influential force shaping Canada's economy. However, the Canada Health Transfer does not factor aging demographic into its payments, and as such, federal transfers are not sufficient to support the additional care needs of Canada's aging population.

It is estimated that population aging will drive 20% of increases in health-care spending over 10 years, which amounts to an additional \$93 billion in spending.⁸ By 2040, Canadians aged 65 and over will make up 25% of the population, up from 18% in 2020,⁹ and the demand for home care and LTC is projected to increase substantially by 2031.¹⁰

The cost of care in nursing homes and private homes will more than triple, growing from \$22 billion in 2019 to \$71 billion annually in 2050.¹¹ Also, if things are left unchanged, there will be a need for an additional 199,000 LTC beds by 2035, at an estimated cost of \$64 billion to build and operating costs of \$130 billion through 2035.¹²

Significant investments in the order of billions in Canada's LTC sector will be needed over the next two decades. Many strategies could be implemented to support targeted LTC funding, such as a new First Ministers' Health Accord, a framework similar to the *Canada Health Act* with core standards, or new bilateral agreements with accountability measures.

4: Fight racism and discrimination in health care

Recommendations

- Provide \$6 million over two years, with \$2.26 million per year ongoing to Health Canada, to co-develop with Indigenous and racialized communities, a free,

online continuing education portal that will provide training and resources for health-care professionals in culturally appropriate care.

- Provide \$169.26 million over 3 years, with \$37.6 million per year ongoing to Health Canada, to create an equity and diversity in nursing fund (EDNF), to offer annual scholarships to 6,200 Black and Indigenous people and people of colour who wish to pursue or advance their careers in nursing.

Racism is an important determinant of health and a root cause of many health disparities in Canada. It needs to be tackled aggressively at all levels.

CNA recommends the creation of a free, online continuing education training portal for health-care workers to improve cultural competency. Globally, similar programs have been developed, such as the *Think Cultural Health* in the United States,¹³ which was launched in 2004 and has an annual budget of US\$1.8 million. A new portal in Canada would be funded by the federal government and co-developed with Indigenous and racialized people as well as health and community organizations. This initiative could be funded by redirecting funds committed in Budget 2021 and should focus on providing training to all health professionals in culturally appropriate services to patients and clients with a diverse range of backgrounds, cultural beliefs, preferred languages, religions, ethnicities, and races.

Furthermore, although race and ethnicity-based data on the health-care workforce are not collected nationally, it has been identified from limited research that Indigenous and racialized communities remain underrepresented in the nursing workforce.¹⁴ There is also a lack of diversity among nursing leadership, which highlights the need for targeted career advancement opportunities beyond entry levels. Diversity in the nursing workforce is critical to ensure culturally appropriate care to patients, families, and communities.

CNA recommends establishing the EDNF, which would support every year over 6,200 people representing Indigenous and racialized communities who seek undergraduate or graduate study in nursing or practical nursing.

Due to the lack of adequate health workforce data, Canada does not know how many health workers represent Indigenous and racialized communities. According to the last census, Black and Indigenous people and people of colour represented 27.2% of the Canadian population.¹⁵ CNA recommends that the EDNF target its support to 30% of nursing graduates every year, which amounts to an average of 6,200 students. The fund would cover 50% of tuition costs during the first three years and 33% ongoing thereafter.

Endnotes

- ¹ https://www.hhr-rhs.ca/images/Webinar_Series/Fact_Sheet_EN.pdf
- ² <https://www150.statcan.gc.ca/n1/daily-quotidien/210202/dq210202a-eng.htm>
- ³ <https://www.hhr-rhs.ca/en/petition.html>
- ⁴ [https://www.ic.gc.ca/eic/site/098.nsf/vwapj/ISEDHealthBioscience.pdf/\\$file/ISEDHealthBioscience.pdf](https://www.ic.gc.ca/eic/site/098.nsf/vwapj/ISEDHealthBioscience.pdf/$file/ISEDHealthBioscience.pdf)
- ⁵ <https://patientsmedicalhome.ca/>
- ⁶ https://rsc-src.ca/sites/default/files/LTC%20PB%20%2B%20ES_EN_0.pdf
- ⁷ <https://www.cihi.ca/en/long-term-care-and-covid-19-the-first-6-months>
- ⁸ <https://www.cma.ca/sites/default/files/pdf/Media-Releases/Conference%20Board%20of%20Canada%20-%20Meeting%20the%20Care%20Needs%20of%20Canada's%20Aging%20Population.PDF>
- ⁹ https://www.canadaspremiers.ca/wp-content/uploads/2020/10/CBOC_impact-paper_research-on-healthcare_final.pdf
- ¹⁰ <https://www.cma.ca/news-releases-and-statements/new-study-cost-and-demand-elder-care-double-next-10-years>
- ¹¹ <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5dbadf6ce6598c340ee6978f/1572527988847/The+Future+Cost+of+LongTerm+Care+in+Canada.pdf>
- ¹² https://www.conferenceboard.ca/temp/ef5c0508-3d06-45f4-b7f3-b06babcf3578/9228_Meeting%20the%20Demand%20for%20Long-Term%20Care%20Beds_RPT.pdf
- ¹³ <https://thinkculturalhealth.hhs.gov/about>
- ¹⁴ <https://journals.sagepub.com/doi/10.1177/0844562118795812>
- ¹⁵ <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/index-eng.cfm>