

2014 Pre-budget Submission to the House of Commons Finance Committee

Pre-budget theme

Supporting families and helping vulnerable Canadians by focusing on health, education and training.

CANADIAN NURSES ASSOCIATION RECOMMENDATIONS

To ensure sustainable and affordable health and social services that meet the needs of all Canadians, the federal government should invest in actions to better manage chronic disease, promote healthy aging and enhance the health and healing of Aboriginal Peoples:

ACTION	THE PAYOFF FOR CANADIANS
1. Bolster access to community-based services with an emphasis on chronic disease prevention and management	<ul style="list-style-type: none"> • Increase accessible exercise programs • Reduce falls • Promote mental health • Bring care closer to home • Contain rising costs • Enhance patient-centred care • Support caregivers • Improve access to culturally safe maternal, infant and child health services • Improve health outcomes for mothers and children
2. Increase the health system's capacity to manage dementia	
3. Strengthen aboriginal families	

Introduction

Over the past 50 years, Canada's investments in health care have helped extend the life of Canadians by nearly a decade. However, high rates of chronic disease continue to drive up the demand for health services. And we still direct Canadians toward physicians and hospitals when their health concerns could be more effectively managed by other health professionals or in less expensive settings.

The Canadian Nurses Association (CNA) believes that our publicly funded, not-for-profit health system requires a shift in focus to effectively meet the changing health needs of the population. Congested emergency rooms, long waits for diagnostic and surgical procedures, and the shortage of long-term care beds and home care capacity are symptoms of a health system that needs rebalancing. Investments that

can transform public programs are needed to support healthy aging, illness prevention, health promotion and better access to primary care.

Rising rates of chronic disease and an aging population are shifting demand from institution-focused, acute and curative forms of care to less expensive services based in homes and communities aimed at preventing and managing chronic disease and supporting aging at home and home-based end-of-life care.

The key to success for any health-care system is ensuring high-performing primary health care.¹ We can best meet the health needs of individual Canadians, families, seniors and Aboriginal Peoples, through seamless, integrated systems of support based in homes, schools and communities. Yet, implementing the evidence-based innovations, such as mobile health clinics, after-hours services, home visits and community outreach programs, requires governments and health system administrators to think and act differently.

Canada needs a coordinated approach to primary care that maximizes providers' scopes of practice within interprofessional teams. Successful examples of patient-centred, integrated community-based services already exist that can be scaled up across the country. These include teams of professionals — nurses, physicians, pharmacists, dietitians, physiotherapists and others — who are working closely together in community health centres and family health teams. Such models fully harness the expertise of health professionals so Canadians have access to the right care at the right time and in the right place.

Rigorous scientific evidence shows that nurse-led models of care are as effective as (if not more effective than) traditional physician-led models — often at a lower cost.² In all of their current practice settings, nurses already have direct contact with vulnerable Canadians. So they could quickly be deployed in a range of primary health care services that would achieve better health outcomes through more effective, team-based collaboration. For instance, continuity of care for older adults with chronic complex care needs could be improved by integrating proactive, comprehensive, coordinated and targeted nurse-led models of care.³

Tackling the Needs of Vulnerable Groups

The care of seniors and aboriginal Canadians raises particular concerns across health systems. Both populations are increasing in size faster than that of other Canadians, are using higher volumes of health services, and are more likely to struggle with issues like income, social isolation, and access to effective primary care.

Some five million Canadians were 65 or older in 2009, a number expected to double (to 10.4 million) by 2036. While making up only 13.9 per cent of the population, Canadians 65 or older consume 44 per cent

¹ Brossart, B., & Donnelly, L. (2012). Primary healthcare transformation: Moving from common sense to common practice. *Healthcare Papers*, 12(2), 46-50. doi:10.12927/hcpap.2012.22983

² National Expert Commission. (2012). *A nursing call to action: The health of our nation, the future of our health system*. Final report of the National Expert Commission. Retrieved from http://cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf

³ Browne, G., Birch, S., & Thabane, L. (2012). *Better care: An analysis of nursing and health system outcomes*. Ottawa: Canadian Health Services Research Foundation and Canadian Nurses Association. Retrieved from <http://www.cfhi-fcass.ca/sf-docs/default-source/commissioned-research-reports/Browne-BetterCare-EN.pdf?sfvrsn=0>

of all provincial/territorial government health spending.⁴ Similarly, Aboriginal Peoples in Canada are experiencing a natural population increase. The growth rate of aboriginal people is roughly four times (20.1%) the general population (5.6%). And they are young. Children under 14 now make up 28 per cent of the aboriginal population (7% of all children in Canada); those 15 to 24 make up 18.2 per cent of the aboriginal population (5.9% of all youth in Canada).⁵

But, despite this increase in youth population, Canada's Aboriginal Peoples bear a staggering burden of communicable and non-communicable diseases;⁶ have higher suicide rates;⁷ more premature deaths;⁸ and generally enjoy less of the education, employment, housing, affluence and opportunity other Canadians receive.⁹ Aboriginal mothers are of particular concern, since they are more likely to be single¹⁰ and/or adolescent.¹¹ And their babies are also at risk: when compared to other Canadians, aboriginal infant mortality rates are "persistently and substantially higher" (p. 2),¹² immunization rates are lower and they are more likely to live in poverty (which contributes to even poorer health).¹³

Tackling the health needs of seniors and aboriginal Canadians head-on is essential to improving health for the wider population and reining in system costs. Specific health issues experienced by both groups can be better managed (or even eliminated) by focusing resources on earlier interventions through community-based supports.

Healthy Aging: Ways to Support Older Canadians

There is a rising demand for innovative strategies to keep seniors healthy and safe at home with ready access to primary health care supports. Federal funding to scale up promising practices, such as collaborative teams that focus on healthy aging or on chronic disease prevention and management, would help bring services for older Canadians beyond our acute care centres.

⁴ Canadian Institute for Health Information. (2011). *National expenditure trends, 1975 to 2011*. Retrieved from https://secure.cihi.ca/free_products/nhex_trends_report_2011_en.pdf

⁵ Statistics Canada. (2014). *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit* [National household survey, 2011]. Retrieved from <http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm>

⁶ Public Health Agency of Canada. (2010). Populations at risk: Fact sheet: People living with HIV/AIDS. Retrieved from <http://www.phac-aspc.gc.ca/aids-sida/pr/sec1-eng.php#pl>; Reading, J. (n.d.) *The crisis of chronic disease among Aboriginal Peoples: A challenge for public health, population health and social policy*. University of Victoria Centre for Aboriginal Health Research. Retrieved from <http://cahr.uvic.ca/docs/ChronicDisease%20Final.pdf>; Smyley, J. (2009). The health of Aboriginal Peoples. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (2nd ed.) (pp. 280-304). Toronto: Canadian Scholars' Press.

⁷ Canadian Mental Health Association. (2014). Disproportionately high youth suicide rates in the aboriginal population. Retrieved from <http://ontario.cmha.ca/news/disproportionately-high-youth-suicide-rates-in-the-aboriginal-population/>; Health Canada. (2012). First Nations and Inuit health — Mental health and wellness. Retrieved from <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>

⁸ Tjepkema, M., Wilkins, R., Pennock, J., & Goedhuis, N. (2014). *Potential years of life lost at ages 25 to 74 among Status Indians, 1991 to 2001*. Retrieved from the Statistics Canada website: <http://www.statcan.gc.ca/pub/82-003-x/2011001/article/11409-eng.htm>

⁹ Aboriginal Affairs and Northern Development Canada. (2010). Fact sheet: 2006 census aboriginal demographics. Retrieved from <http://ainc-inac.gc.ca/eng/1100100016377>; Human Resources and Skills Development Canada. (2010). *Current realities and emerging issues facing youth in Canada: An analytical framework for public policy research, development and evaluation*. Retrieved from <http://www.horizons.gc.ca/2010-0017-eng.pdf>; Mikkonen, J., & Raphael, D. (2010). *Social determinants of health: The Canadian facts*. Retrieved from http://www.thecanadianfacts.org/The_Canadian_Facts.pdf

¹⁰ Statistics Canada. (2014). *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit*.

¹¹ Statistics Canada. (2014). *Life after teenage motherhood*. Retrieved from <http://www.statcan.gc.ca/pub/75-001-x/2008105/article/10577-eng.htm#a1>

¹² Zhong-Cheng, L., Simonet, F., Spogmai, W., Xiao, L., & Wilkins, R. (2009). *Aboriginal birth outcomes and infant mortality in Canada*. Retrieved from <http://research4children.com/data/documents/FullReportAboriginalbirthoutcomesinCanadapdf.pdf>

¹³ Canadian UNICEF Committee. (2009). *Aboriginal children's health: Leaving no child behind*. Retrieved from <http://www.nccah-ccnsa.ca/docs/nccah%20partner%20documents/UNICEF%20Report,%20English.pdf>

The New Horizons for Seniors Program is one example of a successful federal program geared to seniors in the community, with the government providing funding to organizations that ensure seniors' benefit from and contribute to the quality of life in their communities. Expanding this program with a sixth objective in *supporting healthy and active aging* could help prevent falls and more aggressively manage chronic diseases, thus defraying or avoiding costs. Fall-related injuries dramatically increase with age while costing the economy \$2.8 billion per year.¹⁴ About 40 per cent of nursing home admissions occur after an older person falls.¹⁵ Partnership and community programming under this objective for seniors would support accessible exercise, balance and healthy aging classes (to enhance mobility and steadiness) and physical activities such as group physiotherapy, Tai Chi or swimming. By considering health promotion, physical mobility and social inclusion — along with access to the right health services — we can support better health, safety and independence into old age.

Dementia is an especially urgent concern for seniors. The disease is expected to affect more than 5.5 million Canadians and their families by 2038. Aside from the toll on individuals, the economic burden of dementia doubles every decade and is set to exceed \$153 billion annually by 2038.¹⁶ Recognizing the potentially catastrophic impact of dementia on health and social systems, Australia, France, the Netherlands, Norway, Scotland and the U.K. have all developed specific national plans to manage it.

Formal and informal caregivers would benefit from specialized education/training programs to enhance the knowledge and skills needed to care for an aging population. Providing incentives for caregivers and health professionals to access seniors care courses (such as making online, part-time, professional development and post-degree courses eligible for the tuition tax credit) would increase their capacity to provide safe, effective care to frail older adults.

Supporting the Health and Healing of Aboriginal Peoples

Gaps in health, economic and social outcomes between Aboriginal Peoples and the majority population have been long-simmering concerns among Aboriginal Peoples, Canadians and their governments. Given more culturally appropriate health and social supports, the next generation of this growing population could be healthier than their parents and participate more fully in the lives of their communities and their nations.

Nurses deliver the bulk of health care in First Nations, Inuit and Métis communities. We share this government's belief that "Improving the health of mothers, newborns and children and reducing the number of preventable deaths are top priorities for Canada"¹⁷ and see promise in bringing this successful international approach to our aboriginal communities. Cost-effective, community-level programs can improve outcomes in maternal/infant/child health (areas the government identifies as priorities) including

¹⁴ Public Health Agency of Canada. (2006). *Healthy aging in Canada: A new vision, a vital investment: From evidence to action* [Background paper]. Retrieved from http://www.health.gov.nl.ca/health/publications/vision_rpt_e.pdf

¹⁵ Tinetti, M. E., & Williams, C. S. (1997). Falls, injuries due to falls, and the risk of admission to a nursing home. *New England Journal of Medicine*, 337, pp. 1279-1284. doi: 10.1056/nejm199710303371806

¹⁶ Alzheimer Society of Canada. (2010). *Rising tide: The impact of dementia on Canadian society*. Retrieved from <http://www.alzheimer.ca/en/News-and-Events/e-newsletter-sept2013/Alzheimers-disease-and-dementia-partnership>

¹⁷ Foreign Affairs, Trade and Development Canada. (2014). Maternal, newborn and child health: Canada's leadership. Retrieved from <http://www.international.gc.ca/development-developpement/priorities-priorites/mnch-smne/index.aspx?lang=eng>

expanding access to better health care at the local level, reducing the burden of disease affecting mothers and children, and improving access to healthy, nutritious food.

The federal government is in a position to lead programs and services that help recast the history of aboriginal health outcomes, shifting the focus from deficits and disparities toward resilience and strength. Shoring up supports to improve the resourcefulness of families at the community level can lead to healthier, more self-determined and self-sustaining communities.

TAKING ACTION ON THE CANADIAN NURSES ASSOCIATION RECOMMENDATIONS

CNA recommends that the federal government take action in the following areas — to promote healthy aging and to build capacity and promote the health and healing of Aboriginal Peoples:

1. Bolster access to community-based services with an emphasis on chronic disease prevention and management

A. *Community-based Health Infrastructure Fund*

Create a federally administered fund guided by criteria to support infrastructure development for community- and evidence-based, patient-centred practices in primary health care, such as nurse practitioner-led clinics, nurse case managers or navigators, family health teams and community health centres. Provinces, territories, community partners and other stakeholders could apply to this fund for resources to support interprofessional models of care, build effective teams, and develop technological infrastructure and other innovations to improve access to community-based primary and home care services. The goal would be to improve the coordination of care, increase access to after-hours primary care and prevent avoidable hospital admissions through better chronic disease management and care in the community.

B. *Promote physical activity and independence*

Expand the New Horizons for Seniors Program by adding a sixth objective in supporting healthy and active aging and by increasing the current \$45 million budget by \$10 million to fund this new objective.

C. *Enhance access to gerontological education and training*

Create a \$1,000 seniors care education grant to support: (1) family/friend caregivers' access to appropriate online resources to help them care for older adults; and (2) health-care professionals' access to specialty training and certification in approved geriatrics programs (including the CNA Certification Program in gerontological nursing) to help them improve care services for elderly Canadians.

2. Increase the health system's capacity to manage dementia

Federal leadership is necessary if we are to increase the current system's capacity to manage dementia. To safeguard support for caregivers and to ensure that people with dementia can stay in their homes longer, receive appropriate care and be treated with dignity and respect, CNA

supports the Alzheimer Society of Canada's call for comprehensive national action on dementia. Such an initiative could begin by funding a partnership of dementia experts to help implement a national strategy modelled on the Canadian Partnership Against Cancer and the Mental Health Commission of Canada. Initial and annual funding of \$30 million over five years would support the six pillars required to strengthen surveillance, early diagnosis, awareness, caregivers and service coordination for those affected by dementia.¹⁸

3. Strengthen aboriginal families

Strengthening Aboriginal Families Program

Building on principles of the internationally recognized Strengthening Families Program and the nationally recognized Strengthening Families — Maternal Child Health Program, invest \$70 per year for each aboriginal person to establish a new five-year Strengthening Aboriginal Families Program. Working with Aboriginal Peoples, governments and health professionals, this program would:

- establish clear targets and timelines for improved maternal, infant and child health outcomes and put in place equitable access to culturally safe maternal, paternal infant and child health services for aboriginal women and their children (\$20 million per year); and
- expand funding for the federal government's highly successful Aboriginal Head Start Program to \$80 million per year.

¹⁸ Lowi-Young, M. (2013, September). *Alzheimer's disease: An economic time bomb*. Speech delivered at the Economic Club of Canada. Alzheimer Society of Canada. Retrieved from <http://www.alzheimer.ca/en/News-and-Events/e-newsletter-sept2013/Alzheimers-disease-and-dementia-partnership>