

SUBMISSION



**CANADIAN
NURSES
ASSOCIATION**®

2019 PRE-BUDGET CONSULTATION

Submission to the Standing Committee on Finance

August 2018

CNA is the national and global professional voice of Canadian nursing, representing over 139,000 registered nurses and nurse practitioners across Canada. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada's publicly funded, not-for-profit health system.

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Introduction

The Canadian Nurses Association's (CNA) pre-budget submission provides recommendations for cost-effective investments that will have a positive impact on the health and well-being of people across Canada.

If implemented, CNA's key recommendations will promote economic growth, productivity and prosperity for all Canadian residents, including those who live in urban and remote communities and those who are among our most vulnerable. Our recommendations have the potential to help Canada contribute to the achievement of numerous 2030 Sustainable Development Goals,¹ including those related to good health and well-being, education, employment and economic growth, innovation and infrastructure, reduced inequalities and climate action.

CNA's four recommendations for the 2019 federal budget focus on the following areas:

- ▶ Encouraging health-care innovation
- ▶ Public health emergency preparedness
- ▶ Improving access to palliative care and support for caregivers
- ▶ Enhancing access to sustainable health human resources to better serve rural, remote and Indigenous communities

Recommendation 1: Create a health-care innovation agency of Canada

CNA proposes:

- ▶ That the federal government provide funding in the 2019 budget to create a health-care innovation agency of Canada in accordance with the recommendation contained in the 2015 federal report, *Unleashing Innovation: Excellent Healthcare for Canada*, which was prepared by the advisory panel on health-care innovation.
- ▶ That a nurse be appointed to lead the new federally funded agency. Nurses are consistently at the forefront of health-care innovation and are ideally positioned to offer an essential patient-centred perspective.

Health-care innovations can be found in provinces across Canada. The goal of this agency would be to scale-up these innovations so they have an impact across provincial and territorial borders. This new agency that we are recommending would help



improve health outcomes for people across Canada because it would ensure the development and spread of innovative models of care.

This agency would be governed by respected and relevant professionals, in conjunction with one or more advisory committees representing multiple stakeholders and levels of government. It would target federal funding on innovative health-care projects² to ensure they're adopted more widely. For example, it would lead efforts to evolve medicare to help overcome the at-times-fragmented nature of Canada's health-care system.³

Recommendation 2: Invest in strategies to prevent and mitigate the health effects of climate change

CNA proposes:

- ▶ An investment of \$25 million to increase the capacity to respond to the rising demands posed by climate-driven and animal, food and water-borne infectious diseases.
- ▶ An investment of \$25 million to ensure that individuals and communities across Canada have access to timely and accurate information to better understand their risks and take measures to prevent infection.
- ▶ An investment of \$25 million to improve adaptability and resiliency to the health impacts of climate-driven infectious diseases through surveillance and monitoring activities and access to education awareness tools to enable:
 1. Health professionals, including nurses, to have the information they need to provide accurate guidance and advice to their patients/clients on climate-driven infectious diseases
 2. Individuals and communities across Canada to have the tools to protect themselves from the health risks associated with climate-driven and animal, food and water-borne infectious diseases

There are numerous public health threats related to climate change. These threats have far-reaching health and emergency preparedness implications. While the timing of emergencies cannot be predicted, extreme temperatures, weather events, flooding, and fires across Canada require increased emergency capacity. In addition, climate change has implications for infectious disease transmission.



Drug-resistant organisms and related infections are increasing internationally. This makes it crucial that health-care professionals, including nurses, have the necessary knowledge about these organisms. As a result, CNA further proposes:

- ▶ That the federal government provide an additional \$25 million over five years and work in tandem with the Public Health Agency of Canada (PHAC) to enhance monitoring and active surveillance of resistant organisms and climate-driven infectious diseases, particularly within community care, long-term care facilities and northern health-care settings.

Recommendation 3: Improve access to palliative care and support for caregivers

Improving access to palliative care

CNA proposes:

- ▶ That the *Framework on Palliative Care in Canada Act* include targeted federal investments to improve the standardization of delivery of palliative care for all Canadians.
- ▶ The provision of early-career access to palliative care training and education to nurses and other health-care providers. CNA supports the development of palliative care competencies for all health-care providers, including nurses, and associated practice standards.

CNA is a strong advocate for high-quality palliative care, accessible to all Canadians, in settings that best suit each individual's needs. As a member of the Quality End-of-Life Care Coalition of Canada (QELCCC),⁴ CNA supports the collective approach to improving palliative care access for people across Canada. CNA also supports the common statement of principles on shared health priorities⁵ between the federal government and provincial and territorial governments, in which access to palliative and end-of-life care are named.

According to Statistics Canada,⁶ nearly one in four Canadians will be over 65 by 2031. This demographic shift will have serious implications for health care, especially palliative care. Quality palliative care is an essential part of health care and all levels of government must guarantee affordable and equitable access, particularly for vulnerable and underserved populations. Equitable access can be achieved by reallocating resources within existing health systems instead of adding new resources.



Without a strong nationwide response and predictable funding, gaps in access to palliative care across Canada will result in growing numbers of families facing potentially devastating care burdens because of inadequate health services.

Support for Canadians acting as caregivers

CNA proposes:

- ▶ Increased financial support by making the existing Family Caregiver Tax Credit refundable
- ▶ Increased financial support by extending the federal compassionate care benefit programs (CCB) to include a two-week period for bereavement

According to a 2013 Statistics Canada report, nearly half of Canadians had been a caregiver at some point in their lives. In the year before StatsCan conducted their survey, 8.1 million Canadians had been a caregiver. Of this latter group, 28% found it stressful and 19% said it negatively affected their own physical or emotional health.⁷

Analyses of the number of hours spent and type of work done by family caregivers reveal that in 2009, the economic contributions of family caregivers in Canada was \$25-\$26 billion.⁸ In an international report ranking the affordability of end-of-life care, Canada ranked relatively poorly — 27th on a global comparison of 40 countries, with a score of 4.2/10.⁹

CNA would like to see the existing Family Caregiver Tax Credit made refundable so more Canadians could receive money in return for their caregiving commitments. In its current form, the tax credit is not paid to recipients as a direct cash benefit. Many caregivers face out-of-pocket expenses for things like specialized medical aids, medications, transportation, hiring professional care and lost wages from time off work.¹⁰ A refundable tax credit would help ensure that all eligible households receive something in return for such expenditures of time and money.

Targeted federal investments will help alleviate financial burdens on caregivers and build the capacity of health-care providers to deliver high-quality palliative care.



Recommendation 4: Enhancing access to sustainable health human resources to better serve rural, remote and Indigenous communities across Canada

CNA proposes:

- ▶ That the federal government include \$5 million over two years to form an advisory and implementation task force with a mandate to prioritize and undertake clear actions to address existing challenges within the mandate of Indigenous Services Canada (ISC).

It is well documented that Indigenous people living in rural and remote communities on and off reserve in Canada have higher death rates, higher infant mortality rates, and shorter life expectancies than urban Canadians.¹¹ Meeting the health-care needs of Indigenous people is a priority for the federal government.

ISC was formed in 2017 to address these persistent inequities by improving access to high-quality health and social services for First Nations, Inuit and Métis. ISC's mandate is to support and empower Indigenous people to independently deliver services and improve the socio-economic conditions in their communities.

A great deal of research already exists that can help ensure the delivery of high-quality health services for rural, remote and Indigenous communities. ISC therefore has an opportunity to synthesize this knowledge and implement many of the known and potential solutions.

The proposed advisory and implementation task force would have a two-year mandate to achieve the following:

- ▶ Engage with stakeholders, including members of rural/remote and on/off reserve Indigenous communities, patients and families, health-care providers with first-hand experience, post-secondary health professional education programs, researchers (Canadian and international), regulatory colleges, information and communication technology specialists, educators from the primary and secondary education sectors, national groups with expertise in scaling and spreading health-care solutions (e.g., Canadian Foundation for HealthCare Improvement, Canadian Patient Safety Institute, Canada Health Infoway).
- ▶ Synthesize the evidence around known gaps and proven and best practices to provide care and service in underserved communities; develop and implement a



long-term plan to achieve a sustainable, sufficient, skilled health-care workforce for underserved communities and populations.

- ▶ Prioritize challenges and solutions and develop an implementation plan, with clear timelines and measures of success.

The result will be timely implementation of an evidence-informed, consensus-built action plan to address immediate challenges that will require broad support from Indigenous and non-Indigenous sources. This will set in motion the processes to build a long-term, effective, sustainable, high-quality, Indigenous led and run health system in Canada.

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