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The Canadian Nurses Association is the national and global professional voice of Canadian nursing, representing 135,000 nurses in all 13 jurisdictions 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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Recommendations

1. Implement strategies that increase the resiliency and address inequalities of the health-care system to safeguard Canada's social and economic security.
2. Strengthen the health-care workforce to ensure it can support a safe economic reopening and recovery.
3. Invest in innovative health technologies and technology infrastructure to improve access to care and support new ways of working.



Charting a path to equitable economic recovery

The COVID-19 pandemic has caused unparalleled social disruption and a devastating economic recession around the world. It has resulted in hundreds of thousands of deaths and has thrown millions into poverty, further exposing systemic health-care problems and causing significant strain to direct-care workers.

In 2020, the year the World Health Organization (WHO) designated as the International Year of the Nurse and the Midwife, nurses — globally and in Canada — are playing a critical role in the COVID-19 response. In April 2020, WHO, in collaboration with the International Council of Nurses (ICN) and Nursing Now, released the *State of the World's Nursing* report,¹ highlighting that now, more than ever, we need highly educated, smartly deployed and well-compensated nurses and health-care workers to ensure access to care for everyone, everywhere.

In Canada, nurses have been carrying out tremendous work in precarious settings and working tirelessly to keep people safe. Nurses are a vital part of Canada's health system and help ensure we have a healthy workforce to keep the economy strong. That is why Canada must treat the current economic and health crises as one and invest in a stronger and equitable health-care system with a vigorous workforce.

CNA commends the federal government for Canada's COVID-19 response so far, which has helped many people in Canada during this unprecedented time. Moving forward, we strongly recommend the focus remains in fighting the pandemic. To establish a foundation for a stronger middle class, Canada must invest in a healthier and more inclusive society by addressing issues in the social and physical environment, as well as health-care system gaps, further exposed by COVID-19.

COVID-19 has placed a spotlight on many well-known systemic problems in Canada's health systems and the economic fallout is impacting employment, housing, and access to education. These social determinants of health contribute to and perpetuate inequality, which the pandemic has amplified for vulnerable groups. Action is needed now to address these challenges, improve the health-care system, and ensure Canada can chart a path toward economic recovery.

Nurses' unique knowledge, expertise and leadership are essential to respond to COVID-19 and address long-overdue system changes. CNA calls on the federal government to place nurses in

¹ World Health Organization. (2020). *State of the World's Nursing: Investing in Education, Jobs and Leadership – 2020*. <https://www.who.int/publications-detail/nursing-report-2020>



leading roles in the ongoing COVID-19 response and economic recovery decisions that lie ahead. The government must also not lose sight of other priorities such as climate change, responding to the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action,² and a national pharmacare program.

COVID-19 is far from over and the road to recovery will be a long and uncertain one. The federal government, in collaboration with the provinces, territories, Indigenous governments, and the health-care sector, needs to address the systemic problems amplified by COVID-19. As a nation, we have an opportunity now, with the lessons from COVID-19 still unfolding, to bring about essential transformations to our health-care system and create a safer and more equitable society for everyone.

² Truth and Reconciliation Commission of Canada. (2015). *Calls to Action*. http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf



Recommendations

1: Implement strategies that increase the resiliency and address inequalities of the health-care system to safeguard Canada’s social and economic security

The social determinants of health and Canada’s emergency preparedness have direct implications for economic performance. A federal pandemic response therefore should remain a top priority. Critical investments must be made to increase the resiliency of the health-care system and address unfair programs and policies that cause health inequalities.

Federal investment and leadership must improve social and economic factors that influence health. This will benefit the economy by keeping communities and the workforce healthy and strong. The alternative will be unemployment, limited access to education, and social exclusion, which lead to higher rates of poverty and poor health. Nurses are well poised to contribute to these advancements in the public health sector as they are key contributors and leaders of public health work.

The federal government must also work collaboratively to ensure equitable access to care by addressing major inequities the pandemic has amplified for vulnerable populations. COVID-19 has disproportionately affected vulnerable groups such as racialized communities, people with disabilities, Indigenous populations, women, low-income communities, older persons, those living in congregate settings, and others.

Older persons, for instance, have been significantly impacted by COVID-19. While just 20 per cent of cases in Canada are in long-term care settings, they account for 80 per cent of deaths — the worst outcome globally. Moreover, with no national standards for long-term care, there are many variations across Canada in the availability and quality of service.³

CNA, in conjunction with other health organizations, is also calling on the federal government to address the rising costs of population aging by introducing a demographic top-up to the Canada Health Transfer. This would enhance the ability of provinces and territories to invest in long-term care, palliative care, and community and home care.

³ National Institute on Ageing. (2020). *Enabling the Future Provision of Long-Term Care in Canada*. <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/5d9de15a38dca21e46009548/1570627931078/Enabling+the+Future+Provision+of+Long-Term+Care+in+Canada.pdf>



CNA proposes:

- 1.1 Invest \$10 billion in 2021-22 to enhance pandemic preparedness by:
 - 1.1.1 Maintaining a consistent and reliable availability of personal protective equipment (PPE) and large-scale capacity to conduct viral testing and contact tracing.
 - 1.1.2 Ensuring equitable distribution of and access to COVID-19 treatments and vaccines, when available, especially for health-care professionals and vulnerable populations.
 - 1.1.3 Providing adequate resources to better assess, manage, and monitor public health risks at Canada's ports of entry.
- 1.2 Improve health outcomes for vulnerable populations by:
 - 1.2.1 Investing \$50 million to implement the TRC's Call to Action No. 23 by increasing recruitment and retention of Indigenous health professionals and providing cultural competency training for health-care professionals. Part of this funding could be allocated to CNA and the Canadian Indigenous Nurses Association (CINA) to continue the work of the Nursing Now Canada campaign, under its Indigenous pillar.
 - 1.2.2 Increasing levels and expediting funding under Canada's national housing strategy to provide more low-income rental housing.
 - 1.2.3 Investing \$45 million over three years to strengthen Canada's national anti-racism strategy and provide more capacity for community-led projects to combat racism.
- 1.3 Lead the development of pan-Canadian standards for equal access, consistent quality, and necessary staffing, training and protocols for the long-term care sector, including home, community, and institutional settings, with proper accountability measures.
- 1.4 Invest \$13.6 billion over five years in a demographic top-up transfer to the provinces and territories to address the increase in costs due to population aging.

2: Strengthen the health-care workforce to ensure it can support a safe economic reopening and recovery

Maintaining and strengthening Canada's nursing and health-care workforce is critical to a robust pandemic response and healthy road to economic recovery.

COVID-19 has highlighted the need to strengthen nursing leadership in Canada. While many countries have a federal chief nursing officer (CNO), Canada does not. CNA, in conjunction with



WHO and ICN, calls on the federal government to recognize the critical role nurses play by re-establishing the CNO with appropriate resources and senior-level decision-making responsibilities and authority. The federal CNO would work with a pan-Canadian mandate to support the federal government in delivering its health priorities by bringing a broad nursing lens in the development of public policy. Nurses understand human health and provide care to people across the lifespan and across all demographics including socioeconomic status, race, gender, culture, education and employment. A federal CNO can bring tremendous value to government in developing policy solutions and can provide a solid understanding of the value, needs, and contribution of the country's 440,000 regulated nurses.

Health-care workers are also facing significant challenges to their psychological well-being. They are at risk for significant work-related strain that will persist long after the pandemic due to the backlog of delayed care. Even before COVID-19, nurses were suffering from high rates of fatigue and mental health issues, including PTSD.⁴ Immediate long-term investment in multifaceted mental health supports is needed.

The pandemic is also highlighting how Canada's health-care system is suffering from worker shortages in many parts of the country. It is forecasted that Canada will be short almost 60,000 registered nurses by 2022.^{5,6} These shortages have produced adverse effects for patients and untenable work situations for health-care workers. However, without appropriate data, it is difficult to determine where, exactly, shortages will occur.

CNA proposes:

- 2.1 Invest \$750,000 per year to re-establish the office of the federal chief nursing officer (CNO) reporting to the deputy health minister to provide strategic and technical health policy advice.
- 2.2 Invest \$60 million over two years and work with the provinces and territories to determine implementation needs for no-cost mental health support services tailored for health-care workers.

⁴ Canadian Federation of Nurses Unions. (2020). *Mental Disorder Symptoms Among Nurses in Canada*. https://nursesunions.ca/wp-content/uploads/2020/06/OSI-REPORT_final.pdf

⁵ Canadian Nurses Association. *Tested Solutions for Eliminating Canada's Registered Nurse Shortage*. https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/rn_highlights_e.pdf?la=en&hash=22B42E6B470963D8EDEAC3DCCBD026EDA1F6468D

⁶ Does not include projected shortages across all categories of nurses. RNs comprise over two-thirds of Canada's 440,000 regulated nurses.



- 2.3 Work in collaboration with the provinces and territories to invest in a national unique nursing identifier⁷ to provide accurate and reliable nursing workforce data collection to support projections and planning.

3: Invest in innovative health technologies and technology infrastructure to improve access to care and support new ways of working

While health digital technologies have been a reality for many decades, they had yet to be widely adopted in Canada. However, due to COVID-19, more health-care providers are offering these tools for patients. The sudden acceleration in virtual care from home is a silver lining of the pandemic as it has enabled increased access to care. While barriers still exist, the role of virtual care should continue to be dramatically scaled up after COVID-19. Canada must be cautious not to move backwards.

Even before the pandemic, people in Canada supported virtual care tools. In 2018, a study found that two out of three people would use virtual care options if available.⁸ Virtual care can lower costs and improve access to health care, particularly for Indigenous people, people living in rural and remote areas, and marginalized populations. However, to expand virtual care, fast and affordable internet access needs to be made available.

CNA proposes:

- 3.1 Invest \$200 million over five years to assist jurisdictions to accelerate the deployment of technology and ensure the availability of health human resources with appropriate training in culturally competent virtual care. This would help dismantle inter-jurisdictional barriers, support community and home care, and advance the expansion of proven virtual care solutions, through a health-sector-specific allocation of resources under infrastructure bilateral agreements.
- 3.2 Accelerate the current 2030 target to ensure every person in Canada has access to reliable, high-speed internet by 2025, especially those living in rural, remote, northern, and Indigenous communities.

⁷ Non-reused, lifetime number assigned to an individual on entry into an educational program or first licensure.

⁸ Medisys Health Group, Vivien Brown. (2019). How Virtual Care is Reshaping the Future of Canadian Benefits Programs. <https://blog.medisys.ca/virtual-care-canadian-healthcare>

