



## Canadian Association of Occupational Therapists Association canadienne des ergothérapeutes

### A Submission To the House of Commons Standing Committee on Finance Pre Budget 2012 consultations August 12, 2011

#### Executive Summary:

The Canadian Association of Occupational Therapists (CAOT) provides a national voice on issues important to the over 12,000 occupational therapists in Canada. The Association assists occupational therapists achieve excellence in their professional practice and provides national leadership to actively develop and promote the client-centred profession of occupational therapy in Canada and internationally.

Bearing in mind the current fiscal situation of the federal government, CAOT wishes to make three recommendations to address a key area that impacts the Canadian economy - the upward spiral of health system costs.

1. **Health promotion:** Health is a key element of public expenditures and important for national well-being and economic performance. The federal government has been and should continue to be a leader in health policy by promoting a continuum of health services that includes disease prevention and health promotion to reduce the number of Canadians whose independence and productivity is limited for health reasons.

Recommendation: **CAOT asks that the federal government prioritize health promotion and disease prevention** in its health policy for the well-being of Canadians, ensuring the best value for every health dollar spent.

2. **A National Activity Guide:** This key health promotion and disease prevention tool can promote engagement in meaningful occupations (all that people undertake in their daily lives). More than a list of physical activities, a National Activity Guide can educate and empower Canadians to engage in activities of interest, and to understand the health benefits of participation in activities beyond those deemed to be 'exercise'.

Recommendation: **CAOT asks the federal government to develop, implement and disseminate a National Activity Guide for Occupation, Health & Well-being.**

3. **Health Human Resources:** As the current cohort of health professionals retires, recruitment and retention of our health workforce is of paramount importance. Internationally Educated Health Professionals (IEHPs) provide a vital resource to address workforce needs, yet they continue to face challenges in their attempts to work in Canada. Long term funding is not available to assist IEHPs to access bridging programs set up to expedite the transition into the workforce. Participants in most bridging programs do not qualify for existing student loans programs. Many IEHPs cannot afford costs to participate in valuable bridging programs that would integrate IEHPs sooner into the workforce, where they would contribute to the economic well-being of the country.

Recommendation: **CAOT asks that the federal government provide funding for the participation of Internationally Educated Health Professionals in bridging programs.**

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To the Pre-Budget 2012 Consultation  
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**Introduction**

The Minister of Finance, the Honourable Jim Flaherty stated recently “[t]he health of Canada’s economy ... depends greatly on the fiscal decisions made here.” Bearing in mind the fiscal situation of the federal government, the Canadian Association of Occupational Therapists (CAOT) wishes to address a key area that impacts the Canadian economy - the upward spiral of health system costs.

As the government looks to eliminating deficits, reducing debt and preparing for the next possible global economic crisis, CAOT proposes that the federal government look at the key sector of health system to implement changes for a positive contribution to its economic approach. Changes to the Canadian health system need not be more expensive, solutions lie simply in the streamlining of what currently exists and is effective; teamwork needs to replace individual effort, interdependency and mutual support needs to replace clinical autonomy (Lewis, 2011).

**Role of the federal government in the health system: Leadership for the well-being of Canadians**

Health is a key element of public expenditures and important for national well-being and economic performance. The federal government has been and should continue to be a leader in health policy by promoting a continuum of health services that includes disease prevention and health promotion. This approach would reduce the number of Canadians whose independence and productivity is limited for health reasons.

The historical success of our universal, comprehensive, publicly funded access to the health system is due in large part to the strong vision and leadership of the federal government. In the current economic situation, there is a strategic opportunity for the federal government in minimizing the opportunity costs associated with chronic disease and mental health pandemics, an aging population, a retiring workforce and a potentially shrinking tax base. The federal government can ensure social cohesion and equitable service offerings for all Canadians.

Health promotion and disease prevention is currently the seventh priority as part of the *10 Year Plan to Strengthen Health Care*. Canadians have benefitted from the targeted priorities in the area of wait times. Success was achieved through clear numerical goals and targets. This same approach is needed to create the vision and momentum for a strategy that addresses a shift in health service provision to make a real and significant difference in the health of Canadians.

## **Disease and injury prevention saves money**

Preventive health programs have been shown to be both cost effective and rewarding for the individuals who take part. The cost of prevention programs is offset by the subsequent reduced usage of the health system.

A study on the cost-effectiveness of a preventive occupational therapy program found significant health, function, and quality of life benefits in a group of adults over the age of sixty. The cost for those participating in the nine month program was \$548 USD (\$518 CAN) per person. The health cost per participant was \$967 USD (\$914 CAN). For those not part of the preventive group, the health costs ranged between \$1726 to \$2593 USD (\$1631 to \$2450 CAN) per person. The study demonstrated cost savings and improved quality of life for the participants (aged 60 and over) (Hay et al., 2002).

A home-visit program to educate parents on safety risks at home for their children, with the goal of reducing injuries and subsequent usage of health services, showed that with just one home visit per family, the total cost of care for injuries was significantly lower in the group that received the home visit than with those that did not. The savings was \$372 CAN per injury (King et al., 2001).

A preventive intervention targeting coping skills for a group of people recently diagnosed with back pain resulted in significantly less pain, greater activity, better quality of life and better general health. Those that had received the intervention had a lower total cost per person (\$2468 CAN) for their employer compared to those that did not receive the intervention (\$6866 CAN) (Linton & Nordin, 2006).

It is estimated that fall-related injuries in Canada among those 65 and older cost the economy CAN\$2.8 billion a year (Scott, Peck, & Kendall, 2004). The Public Health Agency of Canada estimated that reduction in falls by 20 percent could result in 7,500 fewer hospitalizations and 1,800 fewer permanently disabled seniors, as well as national savings of CAN\$138 million annually (PHAC, 2005).

These examples are just a small sample of how prevention programs can deliver concrete and positive economic results. Prevention programs reduce usage of the health system and improved the quality of life in a variety of ways. Preventive programs are beneficial for both the providers of health services and the recipients of the programs.

**Recommendation: The Canadian Association of Occupational Therapists (CAOT) asks that the federal government prioritize health promotion and disease prevention** in health policy for the well-being of Canadians to ensure the best value for every health dollar spent.

## **Committing to a prevention model to strengthen the health of Canadians: A healthy living approach**

To capitalize on the benefits of health promotion and disease prevention, occupational therapists believe that a National Activity Guide is a valuable tool to promote engagement in meaningful occupations (all activities that people undertake in their daily lives). Research demonstrates the positive links between occupation, health and well-being, leading to a healthier population. People of all ages who are active (alone, with family and friends, or in their community) have been shown to be healthier and happier than those who do not engage in their life (unable, for whatever reason, to participate in activities that interest them). For example, research evidence indicates that older adults gain significant health benefits from volunteering. Research also indicates that children who participate in activities outside of school have greater resilience and fewer encounters with the justice system. More than a list of physical activities, a National Activity Guide will focus on a broader range of daily activities and empower Canadians to choose meaningful participation in life and in the process prevent injury and disease.

Recent Alzheimer's disease research suggests that half of the worldwide Alzheimer's cases may be due to modifiable lifestyle risk factors such as diabetes, mid-life hypertension, mid-life obesity, physical inactivity, among others. With estimated worldwide costs of dementia at US\$604 billion, a healthy approach to living as promoted through a National Activity Guide could help control approximately 50 percent of the factors contributing to this growing crisis (Brodsky, Petersen, et al., 2011).

All Canadians must be actively involved in their own well-being. Guidelines that prescribe physical activity do not ensure success in promoting better health outcomes. Moving beyond physical activity guidelines to an activity guide will ensure greater engagement by Canadians in their positive health outcomes while ensuring a greater possibility for sustainable commitments. It is critical to provide greater options on being active, beyond the daily "30-minute" activity.

Recommendation: **CAOT asks the federal government to develop, implement and disseminate a National Activity Guide for Occupation, Health & Well-being** that encompasses all aspects of Canadians lives and directly contributes to slow down the onset of chronic disease, prevents injury and contributes to a more productive workforce.

## **Ensuring the required health human resources is available**

Throughout Canadian history, immigration has been integral in stimulating economic growth. With today's aging population and falling fertility rates, the dependence upon immigration for the growth especially in the area of health professionals is crucial (von Zweck, 2011). As the current cohort of health professionals retires, recruitment and retention of our health workforce is of paramount importance. Internationally Educated Health Professionals (IEHPs) provide a vital resource to address workforce needs, yet they continue to face challenges in their attempts to work in Canada. Long term funding is

not available to assist IEHPs to access bridging programs set up to expedite the transition into the workforce. Participants in most bridging programs do not qualify for existing student loans programs. Many IEHPs cannot afford costs to participate in valuable bridging programs that would integrate them sooner into the workforce, where they would contribute to the economic well-being of the country.

The learning needs of International Educated Occupational Therapists vary greatly, necessitating flexibility in course offerings. Availability of participant time, funding and commitment to program involvement influences success and may be adversely influenced by competing responsibilities faces by IEHPs. For example, in a study undertaken by medical laboratory technicians, it was found that the average foreign educated professional requires three to five years to become certified and employed in their profession in Canada. During that period they frequently work in survival jobs. A properly financed bridging program would cut this period down to as little as one year and benefit a quicker integration of these valuable resources.

The Canadian Association of Occupational Therapists recognizes that a sustainable and effective integrated health human resources workforce is essential to respond to the health needs of the Canadian population. All people of Canada should have access to the right professionals at the right time in their communities throughout their lifetimes.

**Recommendation: CAOT asks that the federal government provide increased funding for bridging programs for Internationally Educated Health Professionals**

## **Conclusion**

Health system costs are a major element of public expenditures. The well-being and health of Canadians plays a significant role in the economic performance of our country. The federal government should reinforce the role of health promotion and disease prevention as a key component of health policy as well as ensure that the recruitment and retention of health human resources is strengthened through adequate funding levels of bridging programs. These programs are important to facilitate the integration of Internationally Educated Health Professionals into the workplace.

The Canadian Association of Occupational Therapists (CAOT) provides a national voice on issues important to the over 12,000 occupational therapists in Canada. The Association assists occupational therapists achieve excellence in their professional practice and provides national leadership to actively develop and promote the client-centered profession of occupational therapy in Canada and international.

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