

Canadian Nurses Association

Responses

1. Economic Recovery and Growth

Given the current climate of federal and global fiscal restraint, what specific federal measures do you feel are needed for a sustained economic recovery and enhanced economic growth in Canada?

A healthy population is vital to a healthy economy, and workforce health is key to economic growth. Each year chronic disease costs the Canadian economy at least \$190 billion. To ensure conditions are right for economic recovery and economic growth, we must first ensure conditions are right to support the health of our nation. CNA recommends that the federal government lead efforts to improve the health of our nation by: •selecting five health and health system indicators that will lead to better health; and •setting a pan-Canadian vision for improving Canada's ranking on these indicators by 2017. Federal action can be taken to identify these indicators by directing collaboration between the Canadian Institute for Health Information, Health Canada, the Public Health Agency of Canada and Statistics Canada. The federal government can demonstrate leadership by working with provincial and territorial governments, nurses, other health professionals, researchers, policy leaders and the public to co-create and articulate a pan-Canadian vision that will optimize health through primary health care. CNA believes a productive population is the backbone of a prosperous nation and agrees with the World Health Organization that a healthy population means a healthy workforce. According to the Health Council of Canada (HCC), our future success as a nation of healthy and productive citizens depends on all governments working together in the interest of Canadians. We can improve health while fostering economic growth and productivity by setting and reaching a pan-Canadian objective to advance a sustainable and integrated health system. While measuring and reporting comparable health indicators improved after the 2003 Health Accord, less progress has been made with respect to system performance indicators. To improve the health of our population and our workforce, a pan-Canadian measurement system is necessary that will set a standardized definition and approach to measuring priority indicators. Suggestions of meaningful indicators CNA recommends for consideration include: •measured obesity among adults and overweight children; •the incidence and prevalence of diabetes; •management of ambulatory care-sensitive conditions; •30-day mental illness readmission rates; and •24/7 access to interprofessional, collaborative primary care teams.

2. Job Creation

As Canadian companies face pressures resulting from such factors as uncertainty about the U.S. economic recovery, a sovereign debt crisis in Europe, and competition from a number of developed and developing countries, what specific federal actions do you believe should be taken to promote job creation in Canada, including that which occurs as a result of enhanced internal and international trade?

Mobility is an important factor affecting the supply of health-care providers. Canada has a limited ability to track the mobility of its nursing workforce both internally (between jurisdictions) and externally (when nurses leave Canada to work in another country). The only way Canada can report on registered nurses working outside Canada is if they maintain registration with a Canadian province or territory. The priority of securing a stable supply of health-care providers has never been greater, given potential threats created by recent health insurance policy shifts in the U.S. — where an additional 30 million Americans will have access to health care. The relative proximity of Canada's pool of highly skilled health

professionals is a tempting source for increased American needs. CNA recommends that the federal government lead the creation of a national unique identifier (NUI) for all regulated Canadian health professionals. Implementing an NUI for Canada's health professionals would facilitate job creation by:

- ensuring an accurate count of health human resources (HHR) and allowing for better cross-jurisdictional HHR planning, including forecasting supply and demand;
- ensuring robust and consistent health-care provider identification for all electronic health records (EHR) data and services, thus ensuring the identity of health-care providers while limiting EHR access to those who are authorized;
- and
- providing governments with necessary information to monitor workforce stability trends, including practice status (active, temporary leave, maternity leave), health-care provider distribution across sectors/settings, correlation between practice area and retirement age, movement in and out of the professions and mobility across jurisdictions. These projections allow decision-makers to plan for the production and deployment of health human resources that address the future health needs of Canadians and support the health of our nation. The introduction of an NUI is a cost-effective long-term action identified within Health Canada's Framework for Collaborative Pan-Canadian Health Human Resource Planning. The CIHI HHR feasibility study showed that implementing an NUI for nine professions would incur a start-up cost of \$17.27 million over three years and a subsequent annual operating cost of \$5.18 million.

3. Demographic Change

What specific federal measures do you think should be implemented to help the country address the consequences of, and challenges associated with, the aging of the Canadian population and of skills shortages?

After age 65, per capita health spending doubles every decade, reaching \$8,425 at age 75 and \$16,821 at age 85. With more than 4.7 million Canadians aged 65 and over, and with that number projected to more than double by 2036, health promotion and disease prevention to keep older people as healthy and independent as possible has never been more important. CNA recommends that the federal government, taking the lead, work with provincial and territorial governments to establish and implement a comprehensive healthy-aging strategy to ensure that health and social systems can support the needs of our aging population. The strategy should be based in a primary health-care framework, should incorporate into its planning the principles of active aging (process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age) and should include the following dimensions:

- A pan-Canadian public health strategy that prioritizes:
 - o healthy living;
 - o obesity, disease and injury prevention;
 - o mental health;
 - o health protection and surveillance;
 - and
 - o the reduction of health inequities among older Canadians (through the adoption of a population-health approach that centres on addressing the underlying social determinants of health).
- A federally funded pan-Canadian health research network to focus on identifying leading cost-effective team-based practices in the delivery of dementia care and dissemination throughout health-care systems in Canada.
- A Canadian health innovation fund to identify and implement innovative and best practice models in health-care delivery. Many studies have noted the cost-effectiveness of interprofessional collaborative team-based models for building chronic disease prevention and management services around older Canadians. The government should facilitate the dissemination and implementation of these examples across health systems.
- New funding to improve palliative/end-of-life care services and access to medications for older Canadians.
- Additional federal tax credits to help older Canadians remain in their homes longer. Tax credits for informal (family) caregivers and expanded home care benefits are both far less costly options than long-term or residential care, even when respite services are included.

4. Productivity

With labour market challenges arising in part as a result of the aging of Canada's population and an ongoing focus on the actions needed for competitiveness, what specific federal initiatives are needed in order to increase productivity in Canada?

Because productivity is a function of a nation's health, productivity will increase as chronic disease decreases. Without yet considering the estimated \$20 billion per year mental illness costs us (by reducing available workers), chronic diseases cost the Canadian economy \$190 billion annually. Investing in targeted measures that prevent chronic diseases and promote mental health and recovery can foster a workforce less susceptible to productivity declines. CNA recommends that the federal government implement measures to support mental health, health promotion and disease prevention, including: •financial incentives and supports for employers to combat stigmas associated with mental health and improve responses to mental health crises in the workplace; •tax incentives and infrastructure investments to encourage physical activity; and •targeted regulations to reduce measured obesity rates, including regulations to reduce salt and fat content in prepared foods. Unaddressed mental health issues and stigma associated with mental illness in the workplace also reduce productivity. The federal government can promote psychological health and safety in the workplace by facilitating workplace programs, through tax incentives and funding assistance, that address stigma, support positive mental health and prevent and manage mental health crises. Likewise, the eight chronic diseases most closely linked with obesity cost the economy an estimated \$4.6 billion in 2008 alone. Infrastructure initiatives such as bicycle and walking paths, programmes encouraging physical activity, and incentives for wellness and activity programs in the workplace can improve health and productivity. For every dollar invested in such programs employers will see an estimated return of \$3.43 over five years. Excess salt consumption is an identified risk factor for hypertension, a major cause of heart disease, stroke and kidney failure, and a major contributor to premature death, disability and health-care costs. All these chronic conditions carry a risk of complications that affect productivity; yet, the right evidence-informed policy interventions can prevent hypertension. Reducing sodium intake and the need to treat cardiovascular disease associated with hypertension could save Canadians an estimated \$1.4 billion annually. Stricter regulations for sodium in prepared foods are a positive step in this direction.

5. Other Challenges

With some Canadian individuals, businesses and communities facing particular challenges at this time, in your view, who is facing the most challenges, what are the challenges that are being faced and what specific federal actions are needed to address these challenges?

The lowest-income Canadians face the most significant health challenges in our society. According to CNA's recent National Expert Commission report, income, housing, food insecurity and social exclusion are four major determinants related to health inequities. But nothing threatens health more than poverty. One way the federal government can address inequities is by integrating health into every policy through a health equity impact assessment (HEIA) screen for all cabinet decisions. CNA recommends that the federal government implement an equity-based health impact assessment process in all policy, planning, program or service design decisions at the federal level. HEIAs identify which populations face the most challenges and which of those challenges result from policy implementation in (for example) employment, housing, income and early childhood development. Rigorous implementation of HEIA will demonstrate federal government accountability and transparency while ensuring that the decisions being made consider Canadians who are facing the most significant challenges. While we have long known that 75% of individual health is affected by factors outside of health services, we must not forget that the same holds true for a population. The social determinants

of health, especially being poor, homeless and/or from a racial/ethnic minority group, can make individuals more vulnerable to illness and reduce their ability to access health-care services and manage their health. Canada's Aboriginal populations exemplify the impacts of social determinants of health. Aboriginals are over-represented among those living with poverty, high unemployment, low education levels and overcrowded housing. Higher disease rates and earlier deaths are a grave concern for these groups. Especially alarming is the prevalence of suicide and chronic disease (both noncommunicable and infectious) among this population. Health disparities amongst racial and ethnic groups continue throughout Canada. One reason is the lack of responsiveness from all levels of government in the design and implementation of policy and services to the communities they serve. Extending appropriate health policy and services increasingly requires congruence between federal, provincial/territorial and municipal governments and multi-level approaches that will connect health to all government policies.