

Standing Committee on Health: Study on Canada's Health Workforce

Brief submitted by the Canadian Association of Occupational Therapists (CAOT)

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CAOT - ACE

Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

P.O. Box 15828 Merivale, Nepean, ON K2C 3S7
(613) 523-2268 or (800) 434-2268



Making the Case for Universal Access to Occupational Therapy Services in Canada

The purpose of this Brief is to: introduce CAOT, describe the occupational therapy workforce in Canada, and make the case for universal access to occupational therapy services in Canada by including occupational therapists (OTs) in all inter-professional primary care teams in communities across Canada.

Recommendation #1: Address occupational therapy workforce shortages across Canada, particularly in rural, remote, and Indigenous communities.

Recommendation #2: Government of Canada in concert with provinces and territories develop and implement a primary care strategy that includes OTs in all interprofessional primary care teams.

Recommendation #3: Include occupational therapy in the basket of publicly administered, universally covered health care services in Canada.

Canadian Association of Occupational Therapists

Established in 1926, CAOT is the national voice of some 20,000 OTs and occupational therapy assistants (OTAs) in Canada.

CAOT's mission is advancing excellence in occupational therapy. CAOT fosters excellence by equipping the occupational therapy workforce with current, relevant, evidence-informed knowledge, competencies, skills, and promising/innovative best practices in occupational therapy to meet the needs of the people of Canada.

CAOT collaborates with provincial occupational therapy associations and regulatory bodies, 14 university programs, and the Canadian Occupational Therapy Foundation, to facilitate excellence in research, academia, and clinical practice, that support delivery of cost-effective occupational therapy solutions, and result in positive health and wellness outcomes for Canadians.

An example of a partnership endeavour is the development of a National Joint Position Statement on Equity and Justice, to name and redress the systemic oppressions that lead to inequities across health, social, and economic systems, as they relate to the occupational therapy community.

Who are OTs?

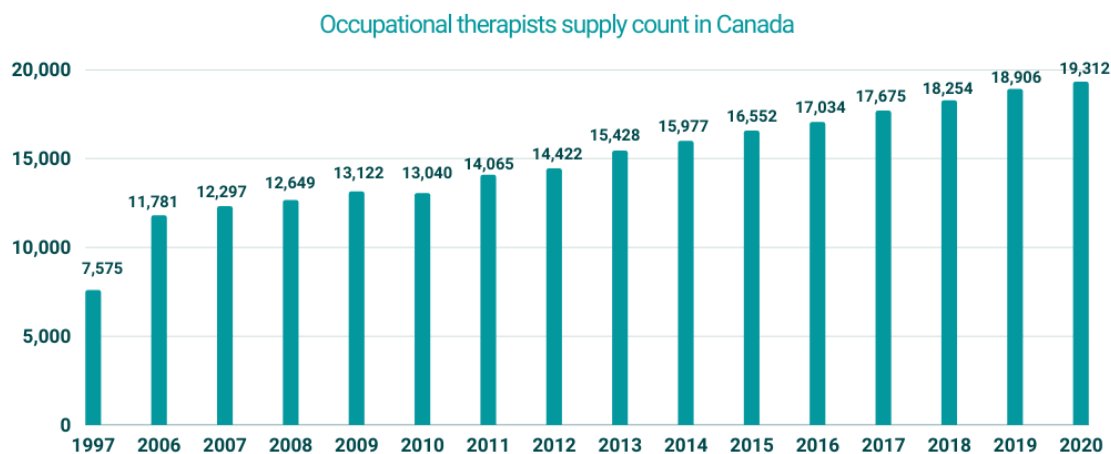
OTs are highly educated (requiring a master's degree to practice in Canada), and regulated health care professionals who help people unleash their potential and participate in activities (occupations) that are both meaningful to them and necessary for maintaining their health and wellbeing (CAOT, 2017).

“Occupation” is a broad term that covers more than employment. It also includes activities such as self-care, productivity (including labor market participation) and leisure activities (CAOT, 2013) — essentially, the activities people need and want to do to lead satisfying, purposeful and productive lives, and contribute to their families, communities, and society.

Growth of the OT profession

The occupational therapy workforce has grown from some 7,575 OTs in 1997 to 20,000 plus in 2021. There is currently no available data on the supply of OTAs in Canada.

Figure 1: Occupational Therapist Workforce in Canada 1997-2020



(Canadian Institute for Health Information, 2021)

- There are 45.2 OTs per 100,000 population in 2020, up from 36.5 providers per 100,000 population in 2011 (CIHI, 2021).
- 46.1% of OTs are employed in hospitals, 43.2% in community health, 3.6% in long-term care (LTC), 7.1% working in “other”, including government, industry, manufacturing, and commercial settings (CIHI, 2021).
- 68% work in urban settings and only 3.7% in rural settings (CIHI, 2021).

Table 1: Occupational therapist workforce employed in direct care per 100,000 population, by province/territory with available data, in 2011 and 2020

Province/Territories	2011	2020
Newfoundland & Labrador	30.5	36.4
Prince Edward Island	28.5	42.1
Nova Scotia	35.6	44.6
New Brunswick	38.4	47.5
Quebec	N/A	N/A
Ontario	27.0	33.5
Manitoba	37.8	41.3
Saskatchewan	19.8	25.8
Alberta	33.6	41.6
British Columbia	34.3	42.5
Yukon	25.4	41.6
Northwest Territories	20.7	42.4
Nunavut	2.9 (2012)	10.3

*The data for the Northern Territories have been adapted to reflect the ratio of occupational therapists per 100,000 population.
Population in 2020: Yukon - 42,152; Northwest Territories - 45,265; Nunavut - 39,109
(Canadian Institute for Health Information, 2021)

Recommendation #1: Address occupational therapy workforce shortages across Canada, particularly in rural, remote, and Indigenous communities.

The demand for the OT workforce has grown exponentially since WW1 but the supply has not kept pace with the demand. Over the 2016-2018 period, employment in occupational therapy increased at a faster pace than the average of all occupations. Unemployment rate fell to 1.7% in 2018, well below the national average of 5.8% (Government of Canada, 2020).

A 2013 National Physician Survey of 60,000 physicians in Canada found that 70% expressed difficulties in securing appointments for patients with publicly funded OTs.

According to the Government of Canada's Canadian Occupational Projection System (2020), occupational therapy is one of the professional categories, where the DEMAND would EXCEED supply between 2019 and 2028. During these nine years, new occupational therapy job openings are expected to total 11,800, with a supply of only 9,600 new OTs to fill them.

Factors, such as population growth, an aging population, (100% of older adults wish to age at home, given the situation in long-term care (LTC)) and the need for ergonomic assessments at home/work offices and accessibility/functionality requirements at work and at home, will increase the demand for OT services.

Saskatchewan – a unique case:

There is no OT school in Saskatchewan.

As per recent CIHI data, the number of OTs per 100K population is 25.8 in Saskatchewan versus 45.2 nationwide. The 20 OT educational seats purchased by the SK government from the University of Alberta are not enough to bridge the gap. OTs remain chronically underrepresented in many areas of Saskatchewan, including in primary health care, mental health care for young adults, on school teams and in the community. "More than 100 additional OTs would be required to bring the province to the national per-capita average" (Bourgeault, I.L., Newell S., 2021, p.2).

Atlantic Provinces:

The Atlantic provinces have populations that are aging at a much faster rate than the rest of Canada and there is only one Occupational Therapy School at Dalhousie University serving all four Atlantic provinces.

Québec – Canada’s second most populous province:

According to the Conseil interprofessionnel du Québec, 5% of occupational therapy positions are vacant, leading to significant public health risks, as unregulated professionals are being called upon to fill occupational therapy roles in hospitals, schools, youth health programs, LTC facilities and Integrated Health and Social Services Centres.

Occupational therapy retirements and resignations across Canada due to burn out will only add to the demand.

COVID lessons:

COVID shed a forensic light on the sustainability of Canada’s health care system, despite Canada’s 2nd highest ranking for expenditure on health care as a percentage of GDP and 8th highest for health-care expenditure per capita. (Ranking out of 28 countries - OECD, 2020).

- 35,000 Canadians have died from COVID-19 (Government of Canada, 2022)
- 50% of deaths were in LTC (National Institute on Ageing (NIA), 2022)
- 77% of adults reported feeling negative emotions. (Canadian Mental Health Association (CMHA), 2021)
- Six in 10 Indigenous people reported that their mental health worsened (Statistics Canada, 2021a)
- 83% of Canadians aged 18-24 and 80% of Canadians aged 25-44 reported experiencing negative impacts, such as feelings of loneliness, depression, or an increase in physical health problems, due to COVID-19 (Statistics Canada, September 2021b)
- An average of 275 people attempt suicide and approximately 11 people will die by suicide in Canada every day (Crisis Services Canada, 2022).
- 80% of adults reported one or more symptoms of long-COVID (Government of Canada, 2021).
- Absenteeism - total lost days per worker in 2021 at 14.9 in the public sector and 9.8 in the private sector (Statistics Canada, 2022).

Despite the deaths and illnesses in the wake of COVID, there is an incredible opportunity.

“COVID highlighted priority areas for strengthening public health systems in Canada. It also provided a critical opportunity to address long-standing gaps through innovation and collaborative efforts” (Chief Public Health Officer of Canada’s Report on the State of Public Health in Canada 2021). Canada can transform the current expensive, hospital-centric, medical, sickness care model to a client/patient/community centric, health- and wellness- based model of care – with an emphasis on health promotion and disease prevention delivered by health care professionals, such as OTs and OTAs, outside the confines of “bricks and mortar” hospital facilities and in communities.

Recommendation #2: Government of Canada in concert with provinces and territories develop and implement a primary care strategy that includes OTs in all interprofessional primary care teams.

COVID has demonstrated the critical need for inter-disciplinary team based primary care models of care – a model endorsed by the WHO.

A proposed care pathway for Long COVID based on a rapid systematic review of care models for Long COVID - June 2021



OVERARCHING PRINCIPLES

Patient-centered care

Patient empowerment

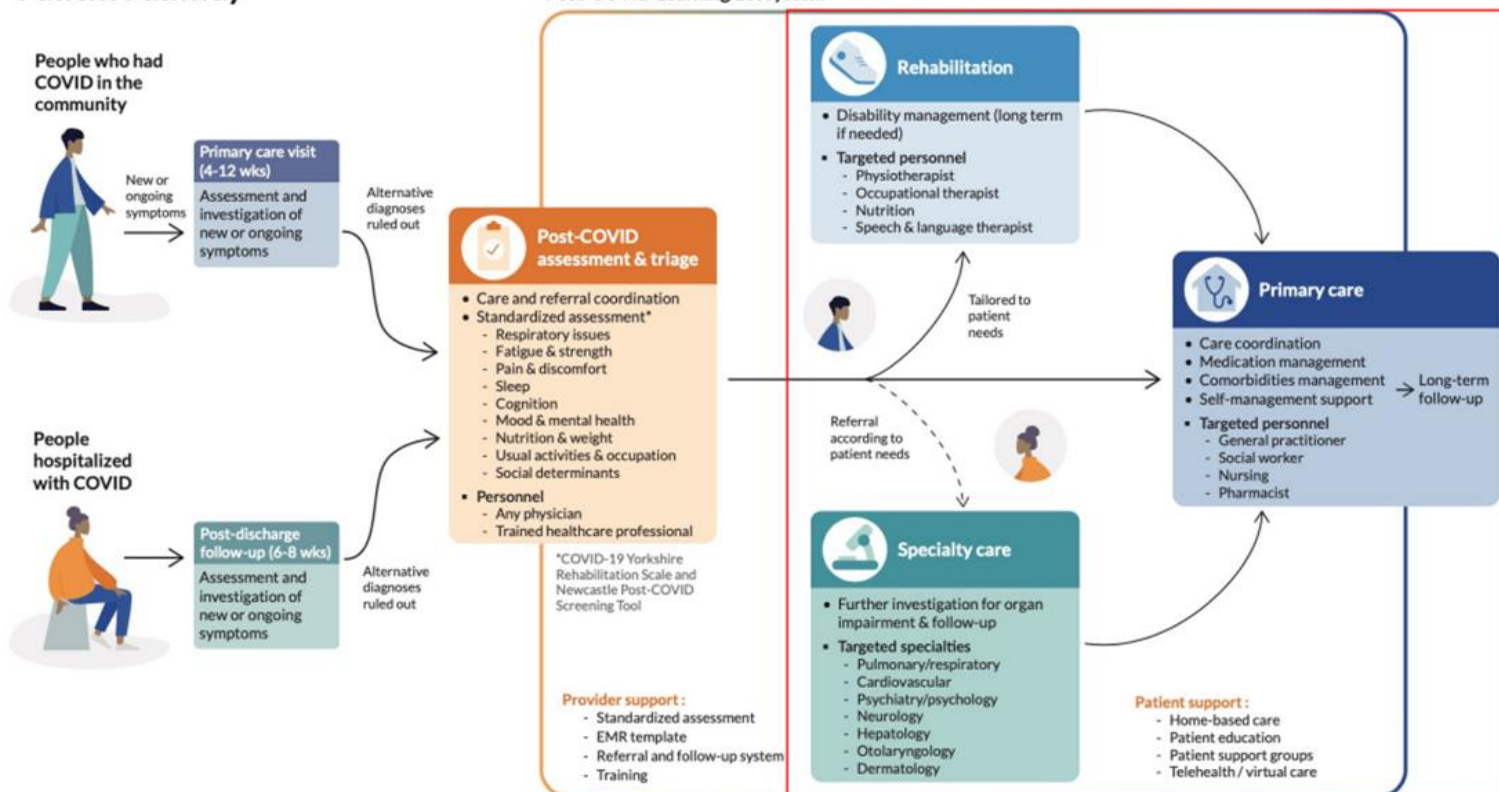
Evidence-based care

Integrated & coordinated care

Shared & multidisciplinary care

Patient Pathway

Post-COVID Learning Ecosystem



OUTCOMES


Quality of life

Patient experience

Provider experience

Sustainable cost

(Décar, S. et al., 2021)



Examples of the value proposition of OTs and OTAs in inter-professional primary care teams in communities across Canada

Tackling the opioid crisis:

The Chief Public Health Officer states that the stress and uncertainty of the pandemic, including its associated social and economic upheavals, altered the substance use patterns of many Canadians. Between 2016 and 2021, opioids have claimed 24,600 deaths. Evidence-based, clinically, and cost-effective occupational therapy interventions (through behaviour mapping, splinting) are ways of managing common types of pain – such as lower back and stomach pain and tooth aches – without having to resort to opioids.

Aging/living in place:

Given that over 50% COVID deaths were in LTC (NIA, 2022), 91% of Canadians of all ages – and 100% of Canadians 65 years of age and older – report that they plan on living independently in their own homes (NIA, 2020).

OTs assist seniors with dementia/Alzheimer's, and those with vision problems through home adaptations and assistive technology. Research indicates savings can range from \$2,000 to \$50,000 per year per person through occupational therapy recommended housing adaptations. These interventions avoid or delay hospitalization or LTC. Home care is 1/3 price of LTC, and hospital care is 20 times more expensive (Drummond D., et al., 2020). Countries like the UK have funded programs that require occupational therapy-led assessments for home renovations. The British Columbia Rebate for Accessible Home Adaptations ([BC RAHA](#)), the first provincial program of its kind in Canada, requires OT assessments.

Occupational therapy interventions in rural, remote, and Indigenous Communities:

The need for the services of OTs and OTAs is particularly acute in rural, remote, and Indigenous communities. Less than 5% of the OT workforce provides services in Indigenous communities. CAOT established a TRC Task Force, led by two Indigenous OTs to increase knowledge, raise awareness, and shed a bright light on the “truth,” support OTs in learning about culturally safe trauma informed care and lead the profession on a path to “reconciliation.”

Recommendation #3: Include occupational therapy in the basket of publicly administered, universally covered health care services in Canada.

Occupational therapy must be part of publicly administered, universally covered health care services. Occupational therapy is not widely covered as part of public and private, extended health benefits plans.

Currently there are approximately five Canadian insurance companies that provide occupational therapy coverage as part of their extended health benefits' insurance plans: Sunlife*, Manulife Financial, Desjardins, Pacific Blue Cross and Odyssey Investment & Insurance. Several employers, including the Government of Canada, chose not to cover occupational therapy services.

Canadians without coverage must incur out of pocket expenses for occupational therapy services and they will either forgo much needed occupational therapy interventions or choose to visit a hospital in the hopes of seeing an occupational therapist free of charge.

International organizations, such as the World Health Organization (WHO), and Canadian organizations, such as the College of Family Physicians and the Canadian Medical Association, have been strong proponents of Comprehensive Integrated Team-based Health Service Delivery models that include OTs. According to: "Closing the Gaps: Advancing Emergency Preparedness, Response and Recovery for Older Adults," by the National Institute on Aging and the Canadian Red Cross (2020), OTs are pivotal to emergency preparedness, response, and recovery for older adults across Canada.

Conclusion

COVID-19 presents the Government of Canada (in collaboration with provinces, territories, municipalities, Indigenous communities, and stakeholders) with an opportunity to leverage the competencies and skills set of all regulated health care professionals so that Canada's health care system: improves the patient experience through the right quality of care, at the right time, by the right professional in communities where Canadians (First Peoples, new immigrants, living in urban, rural, remote & Indigenous communities) live, study, work and play, and delivers positive health and wellness outcomes while reducing per capita health care costs.

You may reach our Director of Government Affairs and Policy, Havelin Anand, at hanand@caot.ca.

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