



CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

THREE STRATEGIES FOR OPTIMIZING THE HEALTH OF THE HEALTH SYSTEM

**Statement to the
Commission on the Future of Health Care
4 April 2002**

from

Canadian Nurses Association

I am pleased to have an opportunity to address the Commission on the Future of Health Care in Canada. On behalf of the Canadian Nurses Association, I applaud the Commission's decision to involve the public in discussions and debate about this country's health system. It is the public who pays for the system. It is the public who benefits from the knowledge and care offered by the health system. It is the public, too, who chooses to pursue careers in health. Who better then to identify future directions and parameters for the health system.

At this point I would like to acknowledge the participation of registered nurses and nursing organizations in the Commission's public consultation process. While each presents its unique priorities and areas of concern, all speak to the importance of health, and of access to health services.

The Canadian Nurses Association was created in 1908 by provincial and territorial licensing and professional practice associations to provide a voice for nurses on national and international issues. Today, there are about 255,000 registered nurses in Canada. Some 60% of nurses provide direct care in hospitals. The others work in the community, offering preventive care to families, rehabilitative and treatment care to individuals, and palliative care to the dying and their families. Nurses

also staff the burgeoning tele-health service. Nursing expertise is also employed to address occupational issues and insurance.

As a result, nurses meet Canadians every day and see the strengths and the weaknesses of Canada's health system. They live with issues related to accessibility of services. They witness the need for integrated health services with other aspects of social development policy. Nurses can often identify trends in population health. It is based on the knowledge and expertise of nurses, that CNA prepared this statement. This same knowledge and expertise informed CNA's brief to the Commission last October 31.

There are three essential messages that nurses hope to convey:

1. A national, publicly-funded health care system will best serve the health of Canadians;
2. The success of the health system is critically dependent on sustaining the health workforce; and
3. The principles of the Primary Health Care approach developed by the World Health Organization, offer the best framework for rebuilding Canada's health system.

Health Care in Canada: where we are now.

When Canadian nurses travel throughout the world, they repeatedly encounter a belief that Canada has an enviable system of healthcare. Canada's population health statistics and the quality of its health professionals are offered as evidence to support this belief. CNA, as others, acknowledges the strengths of the current system. At the same time, CNA, like others, believes that system faces important challenges. We could discuss each of these challenges at length – and I would be pleased to do so in response to questions following the presentation. At this point, however, I would like to speak to the solutions to those challenges.

A Publicly-funded Health System

Surveys and studies confirm that we, as Canadians value our publicly-funded health system. We value, in particular, the universality and accessibility of the system.

Also, we want to ensure that people of limited means, are not disadvantaged in terms of the quality and comprehensiveness of health services.

Nurses believe that a publicly-funded system offers clear advantages in terms of accessibility of health services and cost-containment for the system as a whole. This belief is based on our experience with the current publicly-funded health system. It is also based on research reported in the New England Journal of Medicine and elsewhere.

In fact, nurses are concerned about the health impacts of alternative funding scenarios for the health system. We believe that private for-profit approaches challenge the values of Canadians with regard to accessibility and quality of health services.

The Commission's Interim Report describes the Canada Health Act of the "legislative core" of Medicare. The Report embraces the principles of the Act. CNA recommends that the five principles - or conditions- of the Canada Health Act be applied beyond what we currently think of as "Medicare".

Nurses are seeing people – young and old - in communities across this country, who, due to income restrictions, are unable to follow the drug regime prescribed for their conditions. These people suffer for long periods; sometimes their conditions worsen; and often they require hospitalization. This adds costs to the health system. Nurses have

advocated that federal and provincial governments extend public funding to pharmaceutical care.

Similarly, nurses believe that services offered in the community, and in the home, and which replace acute care services, should be publicly-funded.

The nursing community applauds the direction taken in the Interim Report related to the need for the “Medicare” system to adapt and evolve with the realities of the practice of health care.

While it is important to recognize the achievements of curative programs and facilities, it is time to acknowledge the effectiveness and relevance of other modes of care within publicly funded health services. Defining the structure of the system and its components must be a continuous and iterative process. For example, structures should change based on achievement of objectives. They should change as a result of research findings and the evaluation of clinical practice. As well, they should change to address population health trends and public health issues.

Sustaining the Health Workforce

There are some 255,000 registered nurses working in Canada. Nursing represents the largest single occupational group in the health workforce.

The average age of a working nurse in Canada was 43.3, and 28 per cent of nurses are 50 or older.

As is the case in most occupations, the retirement of the baby boom generation will create a void in the nursing profession in the medium term. The recruitment of new people into nursing is unable to match the rate of retirement. There has been a reduction of over 50 per cent – from 10,000 to 5,000 – in the annual number of graduates from nursing schools over the last 12 years. Of those who graduate, three of 10 depart the nursing profession and the country within five years of graduation.

Nurses, as an occupational group, have the highest rate of on-the-job injuries in Canada. Nurses lose an average of 15.5 days a year to workplace injury and illness.

In addition, the job opportunities for those considering a nursing career are limited: 41 per cent of nurses do not have full-time jobs. Further, career advancement opportunities for nurses have been seriously limited because of the disappearance of senior nursing positions over the last decade of financial cutbacks.

In April 2000, the Fyke Commission in Saskatchewan concluded:

“...one of the biggest challenges facing Medicare is the poor morale among staff. These problems are not universal, and there are undoubtedly some dynamic, adaptive organizations that create excellent work environments, despite the stresses of contemporary health care. Nevertheless, many staff members are faced with heavy workloads and overtime, and are consequently less inclined to see the health care sector as an interesting, rewarding, and valuable place to work. Students may be less attracted to a career in health care due to the perceived pressures and the wider range of career options available these days.”

Research has demonstrated the strong correlation between the health outcomes and the quality of workplace life for nurses.

CNA urges the Commission to consider recommending investments in recruitment and retention strategies. Specifically, CNA recommends:

- technological supports needed to electronically deliver nursing education and continuing education;
- development of electronic testing capacity for certification exams;

- identification, updating, and dissemination of national standards of practice;
- training and development of nursing leaders and senior decision-makers;
- improving working conditions, supporting employers to provide continuing education, mentoring and work-life balance policies;
- creation of an award program to recognize employers who implement programs promoting nursing excellence; and
- expansion of the accreditation program in acute care facilities to track and report on indicators related to working conditions.

CNA further recommends that governments facilitate recruitment of new nurses by reducing tuition costs for students. In the United Kingdom, tuition costs have been eliminated. CNA believes Canada should consider adopting a similar approach. In the short-term, CNA recommends that bursaries be made available to nursing students. In addition, CNA recommends that governments enhance the capacity of universities to educate nursing students, generally, and more specifically, that assistance be provided to rebuild the research and academic components of the profession.

Principles of Primary Health Care

In 1978, the World Health organization (W.H.O.) adopted the primary health care approach as the basis for effective delivery of health services. The primary health care approach is both a philosophy of health care and an approach to providing health services. The focus is on preventing illness and promoting health. W.H.O. identified five principles of primary health care: accessibility; public participation; health promotion; appropriate skills and technology; and intersectoral cooperation. All five principles are designed to work together and must be implemented simultaneously, in order to achieve the benefits of primary health care approach.

The goal of nursing practice is to improve the health of clients. In working to that goal, nurses must apply the five principles of the primary health care approach. This is true for nurses involved in direct care, in education, in research, in administration, or in policy roles.

We go one step further. CNA believes that the five principles of primary health care offer a framework for re-building the health system in Canada. Let me review how these principles would apply:

Accessibility means that health services are universally available to all Canadians regardless of geographic location. Distribution of health professionals in rural, remote and urban communities is key to the principle of accessibility.

Public participation means clients are encouraged to participate in making decisions about their own health, in identifying the health needs of their community, and in considering the merits of alternative approaches to addressing those needs. Adoption of the principle of public participation ensures respect for diversity. It also means that the design and delivery of health care is flexible and responsive.

Participation ensures effective and strategic planning for, and the evaluation of, health care services in a community.

Health promotion involves health education, nutrition, sanitation, maternal and child health care, immunization, prevention and control of endemic disease. The goal of health promotion is to reduce the demands for curative and rehabilitative care. Through health promotion, individuals and families build an understanding of the determinants of health. Individuals and families thereby develop skills to improve and maintain their health and well-being. School health programs are an important method of promoting health.

Appropriate technology means that Canadians will receive appropriate care from the appropriate health care professional, within a time frame that is appropriate. The adoption of the principle of appropriate technology highlights the importance of improved knowledge and of on-going capacity building to the design and delivery of health care services. It means consideration of alternatives to high-cost, high-tech services. The principle recognizes the importance of developing and testing innovative models of health care and of disseminating the results of research related to health care.

Intersectoral cooperation recognizes that health and well-being is linked to both economic and social policy. Intersectoral cooperation is needed to establish national and local health goals, healthy public policy, and the planning and evaluation of health services. The adoption of the principle of intersectoral cooperation will ensure the providers from different disciplines collaborate and function interdependently to meet the needs of Canadians. It also means that health professionals will participate in government policy formulation and evaluation, as well as in the design and delivery of health care services.

There are examples in Canada of effective implementation of the principles of primary health care. One of my favourite examples relates to diabetes care.

In the education field, there are growing numbers of examples of the effectiveness of multi-disciplinary and inter-sectoral approaches. CNA's recent project experience working with Health Canada, the College of Family Physicians, the Canadian Association of University Schools of Nursing and the Association of Canadian Medical Colleges, as well as nine centres across the country, indicates there are opportunities to bring together, in common courses, students from various disciplines. The benefits in the short-term include cost savings and synergy of knowledge and skills. In the longer term, these joint-learning opportunities may be expected to facilitate partnerships in the delivery of health services.

There are three impediments to the full adoption of primary health care in Canada, in the view of CNA. These are the absence of stable, long-term funding commitments for the health sector; the absence of national health goals to drive decisions about the functioning of the system and delivery of health services; and the lack of policy coherence between health and other social policies and the economic agenda.. Planning and effective change management require all three to be in place.

CNA applauds the conclusion in the Interim Report of the Commission that governments must stabilize, and offer long-term and predictable commitments for funding for health care. CNA, like others whom you will hear from today, continues to point to the impacts on health of

Canadians and on the health workforce, of the absence of stable funding commitments.

With regard to health goals, CNA as the Commission has learned in its investigations, other countries have developed goals for public and population health. These goals are used to drive program and service development and for purposes of evaluation and accountability. CNA encourages the Commission to pursue ideas related to goals – and in particular health outcomes – as an approach to ensuring the health system is ever-green and effective.

To illustrate the point about policy coherence, I turn to several initiatives in the areas of industry and employment policy; immigration policy; international development policy; and environmental policy. Each of these policy areas affects health. However statements and announcements related to these initiatives ignore links to the health of Canadians. This fact suggests to CNA that the analysis of the health consequences – good and poor – of these initiatives, is lacking. On the other hand, we believe that integration and coherence of public policy is a pre-requisite to ensuring accessibility and fairness of health system.

In February 2002, the federal government announced its Innovation Strategy. The Strategy has two components: Achieving Excellence:

Investing in People, Knowledge and Opportunity and Knowledge Matters: Skills and Learning for Canadians.

Industry Canada's Achieving Excellence: Investing in People, Knowledge and Opportunity has a self-described focus on developing and maintaining sufficient supplies of highly qualified people. Several of the examples cited in the document to demonstrate the value of innovation, are drawn from the health sector. More great stuff! With the workforce deficits in the health sector, CNA encourages the government to give priority attention to graduate education programs in health.

The first component speaks about education, about literacy, about child development. Great stuff. all determinants of health... However, health is not mentioned. It also speaks of life-long learning – a subject which is key to workers in the health sector, where knowledge and technology to enhance the health of Canadians, is evolving on a daily basis. Health is not mentioned.

With regard to immigration policy, the federal government has proposed new regulations to implement recently passed legislation. In facilitating entry of educated and employable immigrants, the government has opened an avenue for addressing the health worker shortage, which is having impacts on the health of Canadians. Again great stuff. Again,

health was not mentioned in the announcement. The government also neglected to state that professionals whether Canadian-educated or foreign-educated, whether in the health sector or not – must be licensed to practice in Canada. In addition to creating false expectations of employment among potential immigrants, this oversight could have had consequences for public safety and the quality of services – including health services – offered in Canada.

The third policy area is that of international development. The federal government has announced increased funding for developing nations. This funding offers potential improvements to the health of the people living in those nations, due to improvements in sanitation, in education, in employment opportunities, and in governance processes.

Development funding also can offer benefits to the health of Canadians, by reducing and/or eradicating diseases in developing countries, diseases that might otherwise end up on Canada's doorstep. Although not acknowledged in government announcement, CNA believes the health of Canadians and demands on our health system benefits from international development policy.

Conclusion

Canadian nurses are passionate about the health of Canadians. We believe the present health system in Canada is robust and provides a strong base for the future.

Nurses know that strategies exist to enhance the effectiveness and efficiency of the present system. We encourage the Commission to recommend these strategies in its final report.