



CANADIAN
NURSES
ASSOCIATION

Chronic Disease Related to Aging

**Brief to the
House of Commons Standing
Committee on Health**

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CNA is a federation of 11 provincial and territorial nursing associations and colleges representing 143,843 registered nurses and nurse practitioners. CNA is the national professional voice of registered nurses, supporting them in their practice and advocating for healthy public policy and a quality, publicly funded, not-for-profit health system.

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© Canadian Nurses Association
50 Driveway
Ottawa, ON K2P 1E2
Tel: 613-237-2133 or 1-800-361-8404
Fax: 613-237-3520

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Introduction

On the front lines and throughout the health system, Canada's nearly 280,000 registered nurses (RNs) have the highest proportion of direct interaction with Canadians of any health-care providers. Among these are public and community health nurses, and nurse practitioners, nurse educators and researchers — all of whom play an integral role in all aspects of health promotion and disease prevention.

Implementing effective solutions to curtail the increasing cost burdens of managing and preventing chronic disease is a critical challenge facing health professionals, administrators and policy-makers. This brief from the Canadian Nurses Association (CNA) to the House of Commons Standing Committee on Health identifies three recommendations for the federal government that will direct spending toward health rather than illness and ultimately make a difference in the future health of the country.

While the overall health of Canada's population is considered to be very well, especially compared with many other countries, the management and prevention of chronic disease in Canada represents the biggest challenge to our health-care system. In 2010, "more than half (58%) of all annual health care spending in Canada [was] for chronic diseases, at a cost of \$68 billion a year" ...while indirect costs were \$122 billion in loss of income and productivity (Public Health Agency of Canada [PHAC], 2011b, Economic Impact for Canadians). One-third of Canadians have at least one chronic health condition (Health Council of Canada, 2007). These figures will likely increase, given that the number of Canadians over the age of 65 is expected to rise from 4.2 million in 2005 to 9.8 million by 2036 (Turcotte & Schellenberg, 2006).

Today's seniors tend to live longer and are healthier and economically better off than those of previous generations. As they age, however, research shows that seniors suffer increasingly from chronic disease, which places added burdens on our health-care system. Senior populations are the most vulnerable to poverty and have the highest demands for home, community and acute care services. The shortage of home care nurses and lack of government support for informal caregivers means that for many of our seniors facing health challenges of aging, the only health-care option is the chain of ambulance to emergency department to hospital admission.

To address these concerning trends, the federal government must:

- lead a healthy aging strategy that provides seniors with comprehensive health care that emphasizes chronic disease prevention and management;
- support primary care reform with a particular focus on home and community-based services emphasizing interprofessional collaborative teams; and
- redirect health system funding to preventive health-care services and programs, including through investments in our public health workforce.

CNA supports Canada's endorsement of the United Nations declaration on preventing and controlling chronic diseases (PHAC, 2011a) as part of a global commitment to galvanize action against the growing threat of chronic diseases to world health and to national economies.

1. Initiatives targeted at healthy aging and primary care reform

To alleviate the burdens of chronic disease requires a pan-Canadian healthy aging strategy that provides seniors with comprehensive primary health care and reduces the demand for acute and ongoing care. Such a strategy should be multifaceted and include measures to: foster health promotion and early detection of disease; keep people in their homes longer; support formal and informal caregivers; address determinants of health; and facilitate better access to health services, including appropriate end-of-life care.

Having multiple chronic diseases — not age — is the main reason seniors use the health system. Seniors with three or more chronic conditions report poorer health, use more prescription drugs, require expensive treatments and complex care management, and represent a considerable burden for individuals and their families. A 2011 study on seniors' use of primary care resources found that those aged 85 and older with no chronic conditions had fewer than half the number of health-care visits as did those aged 65-74 who had three or more chronic conditions (Canadian Institute for Health Information [CIHI], 2011). For example, health professionals deal regularly with the compounded effects of obesity, Type 2 diabetes and high blood pressure. Especially alarming is that this cluster of conditions is becoming increasingly common among younger Canadians. We need to act *now* to reverse this alarming trend.

Senior's health

The health status of many of Canada's seniors is concerning.

- The Canadian Coalition for Seniors' Mental Health states that at least one million Canadian seniors currently are living with a mental illness (Canadian Coalition for Seniors' Mental Health, 2008).
- A shortage of spaces for those who are chronically ill or require palliative care leads to many seniors remaining in acute care settings when they really need other non-hospital supports. In 2008-2009, there were 92,000 hospitalizations in Canada with patients who required home and community-based care rather than acute care; 62% of these cases lasted longer than one week and 24% lasted longer than one month (CIHI, 2010).
- Trends indicate that 560,000 to 740,000 seniors will need placement in a long-term care facility by 2031 (National Union of Public and General Employees, 2007).
- "In 2001, 93% of Canadian seniors lived in private dwellings" (Canada Mortgage and Housing Corporation, 2005, p. 2).
- In 1996-1997, of seniors living at home, more than four out of five suffered from a chronic health condition, the most common being arthritis and rheumatism (Minister of Public Works and Government Services Canada [PWGSC], 2002).
- Of the 2.1 million informal caregivers who provided support for elderly Canadians in their homes in 1996, the majority are adult children and relatives (Minister of PWGSC, 2002).

In a 2008 pilot project, teams of mobile emergency nurses responded to non-urgent calls from long-term care homes. These teams were able to provide the necessary care for 78% of the residents who would have otherwise been sent to emergency for treatment (Bandurchin & Bianchi, 2010). The cost of these mobile visits is 21% less than the cost of having their needs addressed in the emergency department (Hammer, 2009).

To improve their health, it is crucial that Canadians receive the supports and tools they need *before* multiple chronic conditions develop. Health screening, along with early detection and access to the right interventions, can help patients better manage initial risk factors and conditions and thus increase their chances of preventing further chronic disease.

CNA's vision for a national aging strategy is one that enhances timely access to primary care, harnesses the effectiveness of interprofessional collaborative teams, brings care closer to homes and communities, and provides the appropriate range of community-based supports for prevention and management of chronic disease.

Recommendation #1: That the federal government lead a healthy aging strategy that provides seniors with comprehensive health care that emphasizes chronic disease prevention and management.

As we age, the likelihood of developing chronic conditions increases — but for many seniors, interventions come far too late. For example, when hypertension goes undetected or is not well-managed, an individual is at

greater risk of experiencing a stroke and/or advanced cardiac disease. When a health crisis hits, it often triggers the all-too-common chain of events involving ambulance transfer to the emergency department, hospital admission, prolonged hospital stay and rehabilitation. This situation also illustrates the serious consequences of insufficient community and home care services in Canada, which are often time limited and focused on post-hospital recovery versus ongoing chronic disease management.

There is an urgent need to integrate primary care models into community-based health services (e.g., ambulatory care and home care). Successful primary care models include teams of professionals — RNs, kinesiologists, physicians, pharmacists, dietitians, psychologists, physiotherapists and others — working closely together in community health centres and family clinics. Such models fully harness the expertise of health professionals so that Canadians have access to the right care, at the right time and in the right place.

We know that prevention diverts health-care costs away from far costlier acute care interventions down the road. Optimizing the health and wellness of Canadians requires that care be brought closer to home — to the very heart of our communities. We need to think and act differently and implement more new approaches like mobile health clinics, after-hours services, home visits and publicly funded, not-for-profit community outreach programs.

As discussions progress on developing a new federal/provincial/territorial health accord, government leaders now have an opportunity to confront the pan-Canadian epidemic of chronic disease in a more strategic way. A new accord that supports a healthy aging strategy and reforms to our current primary care model would result in a health system that better responds to community needs by enabling:

- screening, earlier diagnosis and treatment;
- better management of chronic disease;
- timely access to care by utilizing all available entry points to care; and
- a healthier population.

Recommendation #2: That all levels of government support primary care reform with a particular focus on home and community-based services emphasizing interprofessional collaborative teams.

2. Health promotion and public health capacity

While there is much strength in our health-care system, we know that to effect real change in wait times and to make the best use of health-care dollars, Canada must shift its focus from illness to wellness-based care, giving priority to both prevention and management of chronic disease (Canadian Nurses Association [CNA], 2009). The integration of services across the health sector and with other professionals is needed through the collaborative efforts of federal, provincial and community policy makers (Underwood et al., 2009).

RNs are contributing to new models of health care, namely interprofessional health teams that work together to emphasize healthy living, illness prevention and chronic disease management strategies. Evidence demonstrates that benefits — such as improved chronic conditions, increased access to care and increased focus on prevention and promotion — are derived when primary care workers and public health workers collaborate (CNA, 2005; Martin-Misener & Valaitis, 2009).

CNA supports Canada's Federal/Provincial/Territorial Declaration on Prevention and Promotion, endorsed by Canada's Health Ministers in the fall of 2010, which puts priority on prevention and sets out the principles by which governments will work together with other sectors to prevent chronic diseases (PHAC, 2011a).

Canada's public health workforce is, in many cases, functioning beyond capacity — a fact that tests the ability of our public health infrastructure to meet Canada's health promotion and illness prevention needs. Despite the fact that public health now has a visible "face" within the Public Health Agency of Canada, serious challenges continue to threaten the capacity and ability of RNs and other health professionals' to deliver care to individuals, families, communities and populations.

According to the Conference Board of Canada, "Well targeted investments in preventive measures have the potential to produce long-term cost savings through reduced demand on health-care services and represent a more effective long-term strategy for spending scarce resources" (Conference Board of Canada, 2008).

Calls for such investment in primary care and a shift to community-based care are widely supported by Canadians, but funding has not followed this support and largely favours illness care. The limited and unstable funding dedicated to health promotion and prevention shows the lack of value being placed on these initiatives by policy-makers. We need to see additional investments in the public health nursing workforce so that RNs with public health expertise can be engaged in activities that promote health and prevent illness in the population, thus lowering acute-care treatment costs.

Culturally sensitive health promotion

Poverty, lack of education, unaffordable housing and environmental contaminants make it difficult for people to stay healthy and profoundly affect life choices, especially for those in communities with little or no infrastructure or social supports. Living in these conditions can severely affect mental health and lead to chronic illness. The evidence clearly shows that Canadians who live in poverty are less healthy and die earlier than those who are better off.

Recognizing that risk factors for chronic disease also lie outside the realm of the health sector means that alleviating poverty; providing basic health education; improving food security, housing and employment conditions; protecting the environment; and ensuring gender equity are necessary interventions. Culturally competent and sensitive care also tends to lead to better health outcomes among immigrant, refugee and other marginalized populations (Thomas & Fitzpatrick-Lewis, 2007). By ensuring that health promotion program development in relevant regions addresses the diverse needs of our immigrant and refugee populations, we stand a better chance of supporting positive health outcomes for these vulnerable groups.

Recommendation 3: That all levels of government emphasize health system funding for preventive health-care services and programs, including through investments in our public health workforce.

Conclusion

Today's seniors tend to live longer and are healthier and economically better off than those of previous generations. As they age, however, seniors suffer increasingly from chronic disease, which places added burdens on our existing health-care system. To alleviate such burdens requires a national strategy that provides seniors with comprehensive primary health care and reduces the demand for acute and ongoing care.

Canada's nurses want the federal government to develop a strategy that will allow seniors to grow old and receive care in familiar surroundings. The strategy should include affordable housing for the elderly and financial help for family caregivers. It should also support services that provide seniors with health care at home and in their communities, and include a plan for expanding the number of primary health-care and public health workers so this can be done. Such long-term investments will allow healthy seniors to remain at home for as long as possible. This will greatly benefit both seniors and their families — and the savings across the health-care system will make it more sustainable for generations to come.

As the national professional association for RNs in Canada, CNA is poised to support the federal government in its efforts to strengthen Canada's chronic disease prevention and management strategy and public health preparedness in advance of future challenges. Working collaboratively with partners, Canadians and all levels of government, we can develop far-sighted policies and well-targeted actions that will help build a stronger and more sustainable Canadian health system.

Recommendations

1. That the federal government lead a healthy aging strategy that provides seniors with comprehensive health care that emphasizes chronic disease prevention and management.
2. That all levels of government support primary care reform with a particular focus on home and community-based services emphasizing interprofessional collaborative teams.
3. That all levels of government redirect health system funding to preventive health-care services and programs, including through investments in our public health workforce.

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