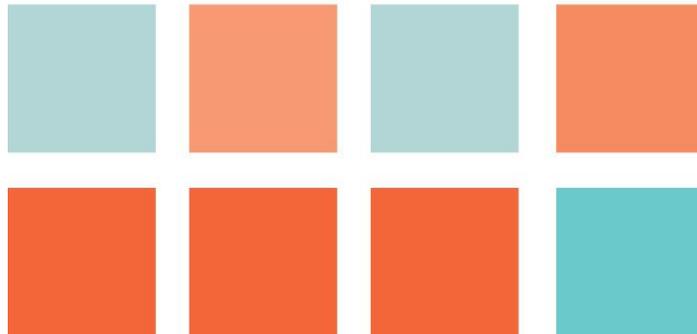


2014 Ontario Election

Key Questions for Provincial Party Leaders

- Kathleen Wynne - Liberal Party of Ontario
- Tim Hudak - Progressive Conservative Party of Ontario
- Andrea Horwath - New Democratic Party of Ontario
- Mike Schreiner - Green Party of Ontario

May 2014



Key Questions for Provincial Party Leaders 2014 Ontario Election

Prior to the provincial election, RNAO released its vision for creating a health system that focuses on person-centred care, facilitating same-day access to a health provider, and better health outcomes for Ontarians. *Charting a course for the health system and nursing in Ontario* takes a comprehensive look at the province's health system, and sets out recommendations related to the system's five key sectors, including public health, primary care, hospital care, home care, and rehab, complex and long-term care. The vision is supported by the following key enablers: investing in social and environmental determinants of health; strengthening our publicly-funded, not-for-profit health system; promoting evidence-based practice; ensuring we have an adequate number of registered nurses (RNs) and nurse practitioners (NPs); making sure all RNs and NPs practise to their full and expanded scope and fostering interprofessional, person-centred teamwork. RNAO has prepared a series of questions related to RNAO's vision that is extended to each party leader. RNAO will publish each response received on a first-come, first-served basis. These submissions will inform Ontario's registered nurses and the public on each party's respective platform related to health and social issues.

Health System Transformation and Nursing Practice

CONTEXT: In April 2013 Premier Kathleen Wynne made an announcement that paved the way for expanding the scope of practice of the registered nurse (RN) to include prescribing medications and ordering diagnostic testing.¹ This is in-sync with the recommendations of an expert provincial task force led by RNAO to identify strategies that will improve Ontarians' access to primary care.² However, little to no progress has been made since that time.

1. *Will your party expand the role of the RN to include prescribing medications and ordering diagnostic testing by 2015?*

CONTEXT: In April 2014 RNAO released the second version of the *Enhancing Community Care for Ontarians* (ECCO) model proposing that Local Health Integration Networks (LHINs) assume accountability for planning and funding all sectors, while transitioning the functions of Community Care Access Centres, including 3,500 care co-ordinator positions, into existing areas of the health system - largely primary care.³ This structural realignment will make system processes more effective and improve access to health services. We know that the future role of the LHIN is currently under review by the Standing Committee on Social Policy.⁴

2. *Will your party commit to expanding the role of the LHIN to encompass all sectors and phase out CCACs?*

CONTEXT: We know the importance of access to RN services in health care, particularly as the population ages and its conditions become more complex. That's why access to RN services is essential. Until the late 1980s, RN-to-population ratios were fairly similar between Ontario and the rest of Canada. After that, a gap opened up. It started during the cutbacks of the early 1990s, and widened during the nursing layoffs of the latter 1990s. Many of those who were laid off left Ontario to find work elsewhere. Among those RNs who remained, workloads skyrocketed and the profession was in trouble. In the 2000s, successive Ontario governments committed to reversing that negative trend by hiring thousands of RNs. The RN/population ratio recovered significantly, although it remains far below historic levels and far below the ratio in the rest of the country. It would take about 17, 600 more RNs for Ontario to catch up with the other provinces.

3. *What will you do to narrow the RN access gap between Ontario and the rest of Canada?*

CONTEXT: At present, there are approximately 2,400⁵ nurse practitioners in Ontario practising in hospitals, primary care, long-term care homes and in the community. NPs are registered nurses with additional education and legislated authority. For example, they are able to diagnose and treat illness; set and cast bone fractures; prescribe medications; and admit/treat/discharge hospital in-patients. NPs are valuable assets to Ontario: they help to reduce wait times, allowing patients to transition through the health-care system more smoothly, which is why RNAO has spent years promoting their integral contributions, and pushing to widen their scope of practice. The rate of new NPs entering the health system is increasing by approximately 200 a year. Unfortunately, RNAO's Nurse Practitioners' Association of Ontario reports that one in five NP positions in the community remain vacant and as a result 250,000 Ontarians are kept waiting for care.⁶ The health system needs more NPs now!

4. *To ensure that Ontarians receive access to quality care, will you commit to increasing the total number of new NPs each year by a minimum of 250 NPs?*

Investing in Social and Environmental Determinants of Health

CONTEXT: The minimum wage in Ontario was frozen at \$10.25 per hour from March 31, 2010 to May 31, 2014. While the increase to \$11 per hour on June 1, 2014 is most welcome, it still leaves people working full-time for minimum wage below the poverty line.

5. *Will your party support increasing the minimum wage immediately to \$14 per hour, and automatically index it to the rate of inflation thereafter, in order to bring workers 10 per cent above the Low Income Measure of poverty?*

CONTEXT: Every year, provincial public health units document the dangerous gaps between social assistance rates and the ability of recipients to purchase both shelter and nutritious food in their Nutritious Food Basket Surveys.

6. *Will your party transform the social assistance system so that the income of people receiving Ontario Works (OW) and the Ontario Disability Support Program (ODSP) reflects the actual cost of living, including the cost of shelter, energy, and nutritious food?*
7. *Will you increase monthly payments to single adults receiving OW by \$100; Ontario Child Benefit (OCB) payments to \$1310/child/year in July 2014, fully indexed to inflation; and increase OCB by \$100 annually?*

CONTEXT: There were approximately 158,445 households in Ontario waiting for rent-geared-to-income housing, with households in Peel Region having the longest wait of 8.45 years for affordable housing.⁷

8. *Will your party increase access to safe shelter and stimulate job creation by building more affordable and supportive housing and by bringing aging housing stock up to standard? Will your party make permanent the 2013 transitional funding of \$42 million for the municipal Community Homelessness Prevention Initiative?*

CONTEXT: Ontario was spurred to enact the *Toxics Reduction Act* in part by the revelation that the province was the second worst emitter of developmental and reproductive toxicants in the Canada and the US, and the fifth worst emitter of carcinogens.⁸ Ontario has a long way to go. New toxics are regularly developed and released, and many of those have serious health effects in young children in very low concentrations (e.g., endocrine disruptors).^{9 10 11} The extent of exposure to toxics is not well known, and the health consequences are not fully understood. RNAO believes that these facts demand a precautionary approach, tough controls on toxics, and strong protection of the public's right to know about their risk of exposure to toxics.

9. *What will you do to reduce people's exposure to toxics? What will you do to ensure that people have the right to know about the existence of toxics in the environment, in their homes, in their workplaces, and in consumer products?*

Strengthening our Publicly Funded, Not-For-Profit Health System

Context: The University Health Network and Sunnybrook Health Sciences Centre are among the Toronto medical facilities that are actively recruiting patients from outside of Canada in order to generate revenue from them. Distinct from humanitarian health care or treating visitors, this model of medical tourism that provides access to health services for payment is two-tiered medicine that undermines the integrity and sustainability of Medicare.

10. *Will your party safeguard Medicare by prohibiting experiments in medical tourism?*

Context: Canada has the dubious distinction of being the only country with a universal health-care system that doesn't provide universal coverage of prescription drugs.¹² Canadians and Ontarians have uneven access to prescription drug through a costly patchwork of programs. Canadians could save up to \$10.7 billion annually via pharmacare (42.8 per cent of total prescription drug spending).¹³ Professor Steve Morgan of the University of British Columbia estimates that Ontarians alone could save \$1.7 billion just through sole tendering for generic drugs.¹⁴ This is a health issue, an equity issue, and an efficiency issue. We know that many people who can't afford drugs forego purchasing them, and this can often land them back in hospital.

11. *Will you work to promote pharmacare at the national level through the Council of the Federation to expand medicare to include pharmacare, and will you also work to bring pharmacare to Ontario, irrespective of whether the federal government proceeds to introduce a national pharmacare plan?*

Funding Transit

Context: The costs of a dysfunctional transportation system are high. In the Toronto region alone, The Toronto Region Board of Trade (TRBOT) puts the annual productivity cost of traffic gridlock at \$6 billion.¹⁵ And Toronto Public Health estimates the human toll of motor vehicle pollution at 280 deaths and 1,090 hospitalizations – again, just for Toronto.¹⁶ A broad partnership of business, health and community organizations – the Move the GTHA (Greater Toronto and Hamilton Area) coalition – is calling for dedicated, efficient and sustainable funding for regional transportation priorities.¹⁷ Metrolinx's *Big Move* requires an average investment of \$2 billion per year for 25 years for the GTHA.¹⁸ The government-appointed Golden panel on transit investment offered new revenue options to realize the *Big Move*, including enough revenue to fund a kick-start fund that would ensure immediate transit service improvements.¹⁹

12. *Do you support creation of a dedicated fund with new revenue sources to pay for a substantial expansion of transit and active transportation? Do you support devotion of a kick-start fund for an immediate, visible improvement in transit, as recommended in the Golden panel report?*

Fiscal Capacity

CONTEXT: There are shortfalls in government investment in a number of areas: poverty reduction, unemployment, transit, environmental protection, more comprehensive coverage of health care, and nursing employment. These are all essential areas that heavily influence health. The spending deficit is a matter of choice, as Ontario has lower program expenditures relative to the Gross Domestic Product (GDP), compared to most other provinces. The Ontario government is also wrestling with a deficit. The deficit exploded during the recent recession, and has come down since 2009-10, but it must be recognized as a constraint. No amount of wishful thinking can deliver the services that are required for a healthy society without expanding fiscal capacity, unless we ignore a rising deficit – and that is too costly for future generations. The problem is a tax phobia that feeds destructive austerity and prevents a mature discussion of budgetary options. Even the May 1st Ontario budget, which did expand revenue and program expenditure, still failed to raise revenue as a share of GDP. That has been dropping steadily since 2010-11. In turn, program expenditures had to continue their decline as a share of GDP, just to keep the deficit from growing more rapidly.

13. *What will you do to ensure the fiscal capacity to deliver all essential health, health care, social and environmental services? Will you shift revenue to more efficient sources that encourage environmental and responsibility (such as environment levies like carbon taxes)? Will you work with the federal government to research the scope of tax evasion losses, and then put in resources to recover the lost revenues?*

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² RNAO: http://www.rnao.ca/primary_care_report

³ RNAO: <http://www.rnao.ca/ecco>

⁴ RNAO: <http://rnao.ca/policy/submissions/submissions-standing-committee-social-policy-%E2%80%93-review-local-health-system-integra>

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¹⁸ Toronto Region Board of Trade, *ibid*.

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