

**Putting Health First:
RNAO 2008 Federal Election Platform**

September 2008

**Registered Nurses' Association
of Ontario (RNAO)**

Summary of RNAO Positions

1. Develop and implement a comprehensive national anti-poverty strategy, including: increasing the federal minimum wage to \$10.25 per hour in 2008 indexed to inflation; increasing the Canada Child Tax Benefit to \$5,200 per child; investing in early learning and child care; and ensuring affordable, safe housing with a national housing program.
2. Target a 25 per cent reduction in the national child poverty rate over the next five years and a 50 per cent reduction over 10 years. This would help 400,000 Canadian children out of poverty.
3. Adopt specific poverty reduction targets, in consultation and with accountability to First Nations, Inuit and Métis people, to close the living standards gap between Aboriginal people and the rest of Canada.
4. Achieve deep reductions in greenhouse gas emissions of at least 25 per cent from 1990 levels by 2020. This would get Canada back on track to meeting its international obligations under the Kyoto Protocol, which Parliament reaffirmed in 2008 with its approval of Bill C-377.
5. Invest in renewable energy and energy efficiency. Carbon must be priced appropriately to encourage greener solutions. The National Roundtable on the Environment and the Economy has called for a carbon tax or similar market incentive for Canada, such as those already in place in British Columbia and Quebec.
6. Protect Canadians, particularly children, by phasing out the use, release and disposal of chemicals identified as carcinogens, neurotoxic substances, endocrine disruptors, or reproductive and developmental toxicants.
7. Protect the public's health by safeguarding the food supply: hire 1,000 additional inspectors and veterinarians to improve compliance; place an immediate moratorium on industry self-policing strategies; remove obstacles preventing CFIA inspectors and vets from taking immediate action; and restore the system of public audit reports which were cancelled under pressure from the meat industry.
8. Stop the growth of two-tier health care by promptly enforcing the *Canada Health Act*, and using the federal government's power to withhold health transfers when violations occur. Prevent public money from supporting for-profit delivery of health care by compelling provinces to provide information about how public money is being used. These conditions should ensure that federal funds are used exclusively to support provincial capacity to deliver necessary health services that are timely, universally accessible and not-for-profit.

9. Introduce a standardized, national, publicly funded and publicly controlled pharmacare program covering essential drugs. The federal government should cover 25 per cent of the public share of drug expenditures.
10. Ensure that government and publicly funded health organizations do not engage in international recruitment of nurses and other health professionals. Ensure that all such agencies welcome and support the arrival of nurses and other health professionals who voluntarily, and without pressure, choose to make Canada their new home.
11. Phase in \$135 million per year to partner with jurisdictional governments in nursing education to expand the number of qualified faculty in Canadian nursing programs, increase the number of nursing seats, and provide more clinical placement opportunities for nursing students.
12. Invest \$250 million, phased in annually, to partner with jurisdictional governments to create 10,000 new full-time RN positions across Canada
13. Support innovation in the workplace to address the work stress and health of nurses. A healthy work environment is key to patient safety.
14. Ensure the fiscal capacity to deliver essential health, social and environmental services by rejecting further tax cuts until alternative progressive revenue sources, such as those that encourage environmental responsibility, are found.
15. Ensure all international and inter-provincial trade and investment agreements include strong protections for health care, environment, human rights and labour standards, and do not restrict federal, provincial or municipal governments' ability to regulate in the public interest.
16. Open up to democratic participation the ongoing secretive negotiations with the United States and Mexico under the Security and Prosperity Partnership of North America (SPP).

Putting Health First

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practise in all roles and sectors across Ontario. We work to improve health and strengthen our public health-care system.

When voters go to the polls on October 14, the policies and programs of the government they select will have a major impact on the health of Canadians. Registered nurses know that issues such as affordable housing, poverty and economic exclusion are all inextricably related to healthy outcomes. Simply put, policy matters. This essential fact is often lost amid the rhetoric and political wrangling. RNAO believes it's time to put health first.

What can you do?

- Get informed. Ask candidates for all parties where they stand on the issues that concern you.
- Put health first. Talk with your family and friends. Make sure this election is about building a healthy society.
- Vote.

In this 2008 federal election platform, RNAO recommends policies and programs that would make a difference and create healthier communities, a healthy environment, a stronger public health-care system, and better access to health-care professionals.

1. Healthy Communities

It is a national disgrace that, even after tax redistribution of income, one in 12 Canadian children live in poverty.¹ First Nations, Inuit and Métis children are disproportionately affected, as are new immigrants.² Canadians who struggle every day to meet their basic needs for decent housing, nutritious food and to make ends meet have a significantly greater risk of early death throughout the life cycle.³

A good start in the early years of life is crucial for long-term health and well-being. Healthy childhood development – physical, social-emotional, and language-cognitive – gives children a strong foundation with benefits throughout an individual's life. This most important development phase strongly influences mental health, well-being, literacy and numeracy skills, and economic participation. The early years present a window of opportunity; if missed, it becomes increasingly difficult to create a successful and healthy life course.^{4 5 6 7}

Other jurisdictions have shown that political leadership and good social policy can reduce poverty. For example, the United Kingdom's multi-pronged approach to child poverty resulted in 800,000 fewer children in 2006 living in relative-low-income households than in 1997.⁸

RNAO's Recommendations for Healthy Communities

- Immediately develop and implement a comprehensive national anti-poverty strategy, including: increasing the federal minimum wage to \$10.25 per hour in 2008 indexed to inflation; increasing the Canada Child Tax Benefit to \$5,200 per child; investing in early learning and child care; and ensuring affordable, safe housing with a national housing program.
- Target a 25 per cent reduction in the national child poverty rate over the next five years⁹ and a 50 per cent reduction over 10 years. This would help 400,000 Canadian children out of poverty.
- Adopt specific poverty reduction targets, in consultation and with accountability to First Nations, Inuit and Métis people, to close the living standards gap between Aboriginal people and the rest of Canada.

2. Healthy Environment

According to the Canadian Medical Association, in 2008, air pollution will kill 21,000 Canadians and cause more than 620,000 doctor's office visits.¹⁰

Chronic conditions such as asthma, cancer, developmental disabilities, and birth defects have become the primary causes of illness and death in children in industrialized countries, and there is growing expert recognition that chemicals in the environment are partly responsible for these trends.¹¹ Large numbers of dangerous chemicals showed up in the blood of Canadians tested for toxics.^{12 13 14 15} Of particular concern is the safety of children, who are much more vulnerable to toxics.^{16 17 18 19 20} For these compelling reasons, a precautionary approach is essential.

Registered nurses are deeply concerned about another threat to health: climate change. There is very strong agreement among most scientists that global warming is a reality, and that this warming is principally due to human activity and emissions of greenhouse gases (GHGs), especially carbon dioxide, into the atmosphere.^{21 22 23} We see the effects of climate change in rising temperatures, melting polar ice, drought, flooding and extreme weather.

Public safety is being compromised by federal funding cuts to food safety programs and shifting responsibility from the government to the industry through deregulation. As of the first week of the 2008 federal election, there are 16 people confirmed dead (14 from Ontario) from a nationwide listeriosis outbreak traced to processed meats.²⁴ Additional concerns have emerged related to the safety of certain cheeses, from an entirely different source, that may also be contaminated by the same bacterium.

RNAO's Recommendations for a Healthy Environment

- Achieve deep reductions in greenhouse gas emissions of at least 25 per cent from 1990 levels by 2020.²⁵ This would get Canada back on track to meeting its international obligations under the Kyoto Protocol, which Parliament reaffirmed in 2008 with its approval of Bill C-377.

- Invest in renewable energy and energy efficiency. Carbon must be priced appropriately to encourage greener solutions. The National Roundtable on the Environment and the Economy has called for a carbon tax or similar market incentive for Canada,²⁶ such as those already in place in British Columbia²⁷ and Quebec.^{28 29}
- Protect Canadians, particularly children, by phasing out the use, release and disposal of chemicals identified as carcinogens, neurotoxic substances, endocrine disruptors, or reproductive and developmental toxicants.
- Protect the public's health by safeguarding the food supply: hire 1,000 additional inspectors and veterinarians to improve compliance; place an immediate moratorium on industry self-policing strategies; remove obstacles preventing CFIA inspectors and vets from taking immediate action; and restore the system of public audit reports which were cancelled under pressure from the meat industry.³⁰

3. Improving Public Health Care

Canadians have a deep and abiding attachment to the *Canada Health Act* and to the principle of a universal, single-tier health care system. They like it because it removes one of the greatest sources of economic insecurity for individuals and families, because of its basic fairness and because it makes good sense in terms of economics and health.³¹ In the United States, 18,000 adults between the ages of 25 to 64 die each year because they don't have health insurance.³²

Despite being a treasured public resource, Medicare is under multiple attacks. On June 30, 2007, the Canadian Medical Association effectively called for a two-tier health care system,³³ a position reiterated by the incoming president of the CMA in August 2008.³⁴ Court challenges following the Chaoulli decision are seeking to spread private insurance for essential health care to other provinces.³⁵ Privately purchased health care has risen considerably over the past 30 years (rising from 23.8 per cent of health-care expenditures in 1975 to 29.4 per cent in 2007).³⁶ Putting further stress on health care is the rapid acceleration of drug costs (rising from 8.8 per cent of health expenditures to 16.8 per cent between 1975 and 2007).³⁷ Canadians support their single-tier health care system, but the government must adequately support it so that Canadians can trust that it will deliver all essential health services when needed.

RNAO's Recommendations on Improving Health Care

- Stop the growth of two-tier health-care by promptly enforcing the *Canada Health Act* and using the federal government's power to withhold health transfers when violations occur. Prevent public money from supporting for-profit delivery of health care by compelling provinces to provide information about how public money is being used. These conditions should ensure that federal funds are used exclusively to support provincial capacity to deliver necessary health services that are timely, universally accessible and not-for-profit.
- Introduce a standardized, national, publicly funded and publicly controlled pharmacare program covering essential drugs. The federal government should cover 25 per cent of the public share of drug expenditures.³⁸

4. Better Access to Nursing Care – A Made-in-Canada Solution

Access to quality nursing care is an essential component for optimal health outcomes.^{39 40} While progress has been made in some jurisdictions, there remain problems and threats to access to nursing care. Canada's RN workforce is aging and a wave of retirements is looming. Over the years, the RN workforce has, on average, lagged behind the growth in Canada's population,⁴¹ and we are not graduating enough RNs to meet the increasing need. The Canadian Nurses Association estimates that 12,000 nursing grads are required per year, and just 9,447 graduated in 2007.⁴²

The federal government must contribute to solving this problem by investing in key areas to retain existing RNs and deliver a new generation of RNs. Multiple challenges require investment in several areas including creating full-time positions for RNs; nursing education infrastructure; supporting faculty education and faculty positions; increasing the number of nursing seats; and increasing access to clinical placements for students.

While we respect an individual's right to migrate, we are gravely concerned about reports of organizations from Canada and other developed countries recruiting nurses from countries that are already desperately short of RNs. That's why we need a Made-in-Canada solution.

RNAO's Recommendations to Improve Access to Nursing

- Phase in \$135 million per year to partner with jurisdictional governments in nursing education to expand the number of qualified faculty in Canadian nursing programs, increase the number of nursing seats, and provide more clinical placement opportunities for nursing students.
- Invest \$250 million, phased in annually, to partner with jurisdictional governments in creating 10,000 new full-time RN positions across Canada.⁴³
- Support innovation in the workplace to address the work stress and health of nurses. A healthy work environment is key to patient safety.
- Ensure that government and publicly-funded health organizations do not engage in international recruitment of nurses and other health professionals.

5. Economic Policy for a Healthy Society

A strong Canada depends on a healthy, educated population that is able to realize its full productive potential. As registered nurses, we know this requires government policies that support all determinants of health, including: sufficient resources for all Canadians to live in health and dignity; social inclusion; decent housing; a healthy environment; and access to health care and education. Canada faces growing economic challenges, and that makes it all the more imperative that the federal government ensure fiscal capacity to meet its obligations to deliver the physical, environmental and social infrastructure a healthy Canada requires.

A long-term downward trend in government program expenditures as a share of GDP helps to explain Canada's large shortfall of investment in physical, social and environmental capital.

Between 1983-1984 and 2006-2007, federal program expenditures dropped from 18.8 per cent of GDP to 13 per cent.⁴⁴ This drop has meant cutbacks in services and infrastructure renewal.

The most important tax policy question for RNAO is how to adequately fund important public services. The government must raise enough tax revenue to pay for the services necessary to maintain a healthy society. That means reversing tax cuts and putting a hold on announced tax cuts until alternative progressive revenue sources, such as green taxes, are found.

We must also ensure that trade agreements serve to raise standards in Canada, not lower them. Agreements should not be used as deregulatory mechanisms promoting, for example, "smart regulation" or industry friendly regulation of health, food, environment and safety. The recent outbreak of food-borne listeriosis shows the peril of deregulation. Of particular concern are investor-government lawsuit mechanisms such as Chapter 11 of NAFTA, which allow foreign investors to challenge domestic government programs.

Accordingly, RNAO asks that government:

- Ensure the fiscal capacity to deliver essential health, social and environmental services by rejecting further tax cuts until alternative progressive revenue sources, such as those that encourage environmental responsibility, are found.
- Ensure all international and inter-provincial trade and investment agreements include strong protections for health care, environment, human rights and labour standards, and do not restrict federal, provincial or municipal governments' ability to regulate in the public interest.
- Open up to democratic participation the ongoing secretive negotiations with the United States and Mexico under the Security and Prosperity Partnership of North America (SPP).

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- ² Campaign 2000 (2007). *2007 Report Card on Child and Family Poverty in Canada: It Takes a Nation to Raise a Generation: Time for a National Poverty Reduction Strategy*. Toronto: Author, 2.
- ³ Some of the results of the research are consolidated in Marmot, M. & Wilkinson, R. (Eds.) (1999). *Social Determinants of Health*. Oxford: Oxford University Press, and in Raphael, D. (Ed.) (2004). *Social Determinants of Health: Canadian Perspectives*. Toronto: Canadian Scholars' Press, Inc.
- ⁴ Irwin, L., Siddiqi, A., & Hertzman, C. (2007). *Early Childhood Development: A Powerful Equalizer. Final Report for the World Health Organization's Commission on the Social Determinants of Health*, 15. Accessed August 15, 2008: http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf
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- ⁶ Ontario Public Health Association. (2004). *Public Health Responds to the Challenge to Reduce Poverty and Enhance Resiliency in Children and Youth*. Toronto: Author. 9-14.
- ⁷ Butler-Jones, D. (2008). *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2008*. Ottawa: Public Health Agency of Canada, 46-49.
- ⁸ Department for Work and Pensions. (2006). *Working Together: UK National Action Plan on Social Inclusion 2006-2008*. London: Author, 8. Retrieved August 8, 2008: <http://www.dwp.gov.uk/publications/dwp/2006/nap/>.
- ⁹ See <http://www.socialplanningtoronto.org/25in5/new.html>, retrieved September 12, 2008.
- ¹⁰ Canadian Medical Association. (August 2008). *No Breathing Room: National Illness Costs of Air Pollution*, iii. http://www.cma.ca/multimedia/cma/content/Images/Inside_cma/Office_Public_Health/ICAP/CMA_ICAP_sum_e.pdf.
- ¹¹ Canadian Association of Physicians for the Environment. (2006). *A New and Improved CEPA*. Toronto: Author, 3.
- ¹² In 2005, 2006 and 2007, Environmental Defence reported tests showing that Canadians, including children, had present in their bodies many chemicals that are known or suspected health hazards. These included: chemicals that cause reproductive disorders; hormone disruptors; neurotoxins; and those associated with respiratory illnesses. The tests found that the test subjects were heavily polluted: they had in their blood on average about half of all the many chemicals which were tested. See this and the following three endnotes. Environmental Defence. (November 2005). *Toxic Nation: A Report on Pollution in Canadians*. Toronto: Author.
- ¹³ Environmental Defence. (June 2006). *Polluted Children, Toxic Nation: A Report on Pollution in Canadian Families*. Toronto: Author.
- ¹⁴ Environmental Defence. (January 2007). *Toxic Nation: On Parliament Hill: A Report on Pollution in Four Canadian Politicians*. Toronto: Author.
- ¹⁵ Pollution Watch. (2006). *Reforming the Canadian Environmental Protection Act: Submission to the Parliamentary Review of CEPA, 1999*. Toronto: Author.
- ¹⁶ Children are exposed to more toxics per body weight, absorb ingested substances differently, have developed fewer protections against toxics, face additional risks while undergoing development, face higher exposures due to activity and behaviours, and have much more time to develop disease from toxics. Environmental Defence. (June 2006) Op. cit, 7-9.
- ¹⁷ Cooper, K. et al. (2000). *Environmental Standard Setting and Children's Health*. Toronto: Canadian Environmental Law Association and Ontario College of Family Physicians, 30-36.
- ¹⁸ Government of Canada. (2006). *Children's Health and the Environment in North America: A First Report on Available Indicators and Measures – Country Report: Canada*. Ottawa: Author, 20. Retrieved August 8, 2008 from http://www.ccc.org/files/PDF/POLLUTANTS/CountryReport-Canada-CHE_en.pdf.
- ¹⁹ Wigle, D. T. (2003). *Child Health and the Environment*. Oxford: Oxford University Press, 75.
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- ²¹ Intergovernmental Panel on Climate Change. (November 2007). *Fourth Assessment Report: Climate Change 2007: Synthesis Report: Summary for Policymakers*, Geneva: Author, 1.
- ²² Ibid, 5.

23 For example, the Canadian Meteorological and Oceanographic Society in June 2006 reiterated its call for urgent government action to comply with its Kyoto obligations to reduce greenhouse gases. Canadian Meteorological and Oceanographic Society (2006), Congress Statement on Climate Change, June 1. Retrieved August 8, 2008: <http://www.cmos.ca/PressReleases/pressrelease1June2006.pdf>.

²⁴ CBC News, Another death in Ontario linked to listeria. September 11, 2008.

²⁵ On April 2, 2008, the leaders of the Liberal, BQ and NDP parties all endorsed the Kyoto plus campaign to cut greenhouse gases by at least 25% below 1990 levels by 2020, Retrieved September 16, 2008 from <http://www.sierraclubaction.ca/politicians.html>),

26 The National Round Table on the Environment and the Economy recommends a carbon tax, or a cap-and-trade system, or a combination of both. National Round Table on the Environment and the Economy. (2008). *Getting to 2050: Canada's Transition to a Low-Emission Future*, Ottawa: Author. Retrieved August 8, 2008: <http://www.nrtee-trnee.ca/eng/publications/getting-to-2050/Getting-to-2050-low-res-eng.pdf>.

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27 Fowlie, J. and Anderson, F. (2008). B.C. introduces carbon tax: Province is first jurisdiction in North America to have consumer-based carbon tax, *Vancouver Sun*, February 19, 2008.

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Some are promoting a cap-and-trade system in which a quota of emissions is set and divided among emitters by some means (such as an auction), and then the right to emit is bought and sold. In the case of both carbon taxes and cap-and-trade systems, the emitter must pay a price for any additional unit of gas released, and this would act as an incentive to reduce emissions.

³⁰ Food Safety First. Media Release: Tainted food sparks national safety campaign. Retrieved September 12, 2008: <http://www.foodsafetyfirst.ca/en/news/releases/08sept12.html>

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³² Institute of Medicine (2002) *Care Without Coverage: Too Little, Too Late*. Washington: National Academies Press, 162.

33 See RNAO open letter to the Prime Minister calling for action, retrieved August 8, 2008: http://www.rnao.org/Storage/31/2588_RNAO_Open_Letter_Harper_CMA.pdf.

³⁴ Ouellet, R. (2008). *Transforming Canada's Health System: We can do it!* August 19 inaugural address of incoming President of Canadian Medical Association. Retrieved September 16, 2008 from http://www.cma.ca/index.cfm/ci_id/86952/la_id/1.htm

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³⁷ Ibid.

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⁴⁴ Canada Department of Finance (2007). Fiscal Reference Tables. Ottawa: Author. Due to the introduction of full accrual accounting in 1983-4, figures from prior years are not strictly comparable. Federal government program expenses over the past decade have been in the range of 12.1 per cent of GDP to 13.0 per cent, far below the share at any time since 1961-2. Retrieved July 30, 2008: http://www.fin.gc.ca/frt/2007/frt07_2e.html#8.