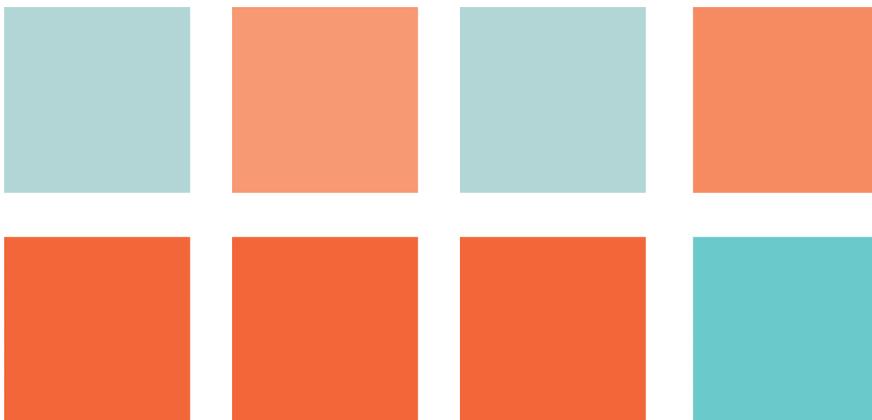


**RNAO 2022 Federal
Pre-budget
Submission**

Feb. 25, 2022



The Registered Nurses' Association of Ontario (RNAO) represents more than 48,000 registered nurses (RN), nurse practitioners (NP) and nursing students across Ontario. For nearly a century, the association has advocated for changes that improve people's health. RNAO welcomes the opportunity to present the views of Ontario's nurses concerning Canada's spending priorities.

Introduction

Canada has suffered a very sharp, pandemic-driven economic contraction, and over the past year, it has slowly recovered to February 2020 real gross domestic product (GDP) levels. The economic and health effects have been disproportionately borne by low-income, underhoused, homeless and racialized groups of the population.

The path of the pandemic is still uncertain; the ebbing of the latest wave is no guarantee that we have seen the last of it. We caution against prematurely lifting protections, as has already happened in several jurisdictions. Ontario's nurses remain keen to defeat COVID-19 so that Canada can fully turn its attention and efforts to taming the pandemic and planning a just recovery for all, particularly our most vulnerable.¹

Furthermore, two years of the pandemic have taken a serious toll on front-line health workers – particularly nurses – who are poised to leave the profession in unprecedented numbers unless swift corrective action is taken. The federal government has a role to play in steering health human resources in a more sustainable direction.

In this submission, RNAO focuses on:

1. National long-term care standards
2. Expansion of medicare
3. Mental health and addiction
4. Health inequities faced by Indigenous communities
5. Housing
6. A green recovery
7. Fiscal capacity
8. Canada's Chief Nursing Officer

Recommendations

1. National long-term care standards

COVID-19 has exposed long-standing underfunding and understaffing in long-term care (LTC). RNAO is greatly encouraged by the government's commitment² to work with the provinces and territories to establish national standards for LTC, and its inclusion of that objective in the minister of health's mandate letter.³ Crucially important is staffing of nursing homes. There is consensus among LTC experts

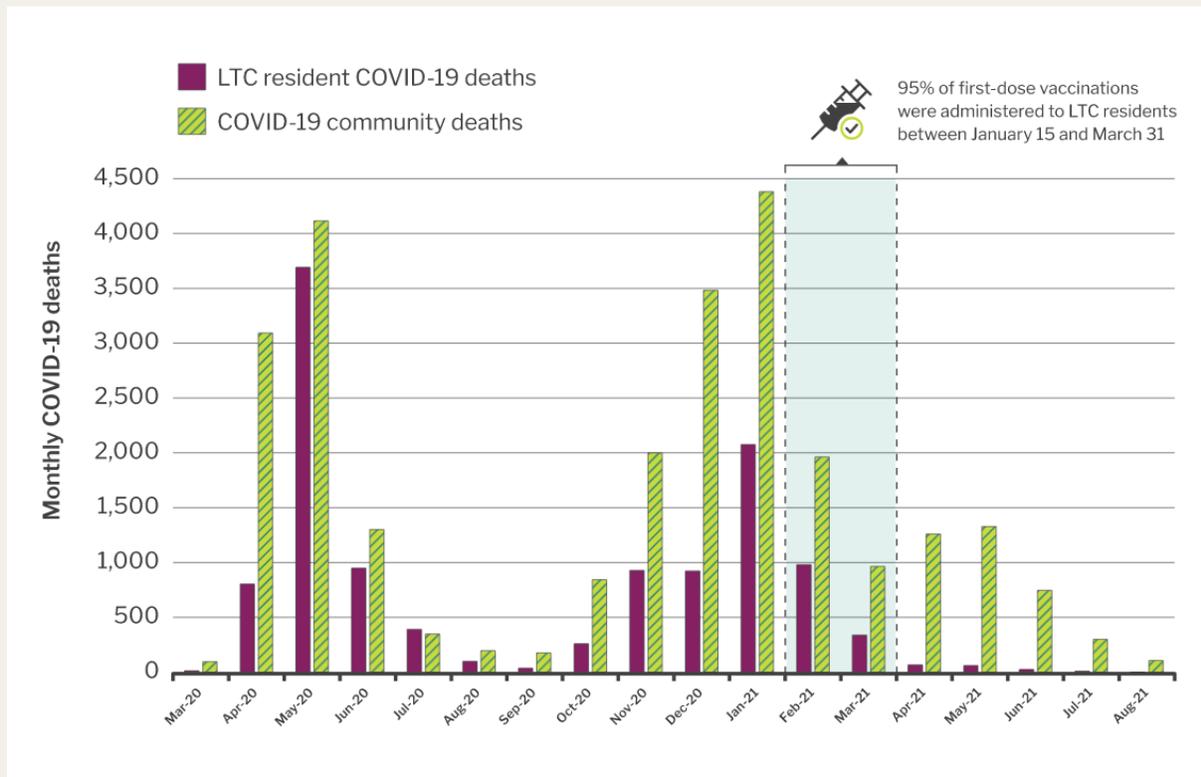
that safe and dignified care requires a minimum of four worked hours of nursing and personal care per resident per day.^{4 5 6 7}

But without this minimum level of staffing and an adequate skill-mix of regulated and unregulated staff in place, nursing homes across Canada were woefully unprepared to control the spread of COVID-19. The lack of dedicated infection prevention and control (IPAC) nurses in many LTC settings compounded this. A survey of Ontario’s LTC homes conducted by RNAO in late 2020⁸ raised significant concerns with:

- the amount of time and resources devoted to IPAC
- clarity of roles for IPAC staff
- level of preparation of IPAC staff, including resources within and external to LTC homes
- lack of standards related to IPAC programs and resources.

And, the number of COVID-19 deaths in LTC was disproportionately high. There are 198,220 LTC beds in Canada⁹ – much less than one per cent of the Canadian population – yet the number of LTC deaths rivaled the number of community deaths early in the pandemic.¹⁰

LTC resident COVID-19 deaths versus COVID-19 community deaths, March 1, 2020, to August 15, 2021



Recommendations:

- Set a national standard of a minimum of four worked hours of direct nursing and personal care per resident, per day, including a minimum of 48 minutes of registered nurse care, 60 minutes of licensed practical nurse/registered practical nurse care and 132 minutes of personal care provider/personal support worker¹¹ care.
- Set a national standard of a minimum average of one infection prevention and control (IPAC) nurse per 120 residents.
- Set a national standard of a minimum of one nurse practitioner (NP) per 120 residents.
- Negotiate an agreement with the provinces and territories to make funding conditional on meeting the above standards and transitional targets.

2. Expansion of medicare

Medicare is one of the defining achievements of Canada. It has made medical care freely available to all Canadians, whatever their incomes or status. For all of its significant achievements, Canadian medicare leaves a number of significant areas of health care uncovered, as the Canada Health Act only covers hospital and medical services. The federal government has a key role to play in establishing national programs to go beyond provincial hospital and medical care measures.

The federal government also has a role in ensuring that the required health human resources (HHR) are available to support existing and expanded health services. The COVID-19 pandemic exposed the chronic understaffing of critical health care professions in health systems across the country. This understaffing forced the transfer of patients and health care workers throughout the pandemic between sub-national jurisdictions to alleviate staffing crises. Of note is the shortage of RNs, particularly in Ontario which entered the pandemic with the lowest RN/population ratio in the country.¹²

Through the course of the pandemic, RN understaffing has emerged as a full-blown national HHR crisis. As of the second quarter of 2021, "Job vacancies for registered nurses and registered psychiatric nurses had the largest increase of all occupations over the two-year period, up by 10,400 (+85.8%) to 22,400. Nearly half (46.5%) of vacancies for this occupation have been open for 90 days or more, compared with 24.0% across all occupations."¹³ The recently reinstated Chief Nursing Officer (see commentary below re funding) has an important task ahead in assisting with workforce planning and stability as we emerge from the COVID-19 pandemic and look forward to an overdue expansion of medicare.

Universal pharmacare: About 61.4 per cent of drug expenditures in Canada are private.¹⁴ Many Canadians have to pay out of pocket for those drugs, which is a barrier to access. National pharmacare would be a win-win-win, with all Canadians being guaranteed access to medically necessary drugs, while delivering a net saving of billions of dollars to Canadians, with a huge competitive advantage to Canadian employers who would avoid drug insurance costs.^{15 16 17 18} There is broad public support for pharmacare: 86 per cent of Canadians support pharmacare providing universal access to prescription drugs.¹⁹ The federal government has studied the issue exhaustively, and has come out on the side of the experts.^{20 21 22}

Universal dental care: Provincial dental care programs cover a limited number of people. Sadly, many Canadians suffer from poor oral health due to lack of access to dental care. A national dental care program would solve that completely unnecessary problem.

Home care: Finally, provincial health plans provide some coverage for home care, but that care is limited and rationed on the basis of assessed need. It doesn't make sense to underinvest as we do in public home care, because it can help to keep people out of institutions like hospitals and nursing homes. Clearly, some care has to be delivered in hospitals – for example, surgeries – and some people have care needs that can't be effectively or efficiently met in home settings. But there are many other cases where needs can be better met at home.

Recommendations:

- Reassert federal leadership on health care by re-establishing a health accord that provides sufficient additional health transfers to provinces and territories to effect long-overdue expansions of medicare and to address emerging priorities. Such a health accord could provide a menu of priority programs for the allocation of national funding by sub-national governments. The implementation of national LTC standards and support for addressing nursing shortages – in particular RN and NP shortages – would be welcome priorities in many, if not all, jurisdictions across the country.
- Establish a national pharmacare program that covers all medically necessary drugs at no cost to Canadians, guided by the principles of the Canada Health Act (public administration, comprehensiveness, universality, portability and accessibility).
 - Make this pharmacare program universally accessible, with first-dollar coverage so that there are no deductibles, co-payments or other user fees.
 - Transition immediately to full coverage of all Canadians and of all medically necessary drugs, with no phase-in period.
 - Use single-payer bargaining power to negotiate fairer prices for prescription drugs and use any available power such as compulsory licensing to resist excessive patent protection for pharmaceuticals.
 - Develop and deliver all necessary information and guidance to support appropriate and effective prescribing practices.
- Establish a national dental care program covering all essential dental care services.
- Establish a national home care program that enables people to receive in their homes a full basket of services that would be more efficiently and effectively delivered in home settings.

3. Mental health and addiction

Mental health and addiction are health issues that have long suffered from stigma, inattention, neglect and under-resourcing. The pressures of the pandemic and corresponding public health measures such as limitations on public gatherings have exacerbated these health issues through prolonged stress and a withering of support. And marginalized populations experiencing addiction are facing increasing rates of opioid overdoses – an epidemic of avoidable deaths. Safer supply programs allow people at high risk of fatal overdose to access pharmaceutical-grade medication as an alternative to the toxic illegal supply. The expansion of supervised consumption sites (SCS), overdose prevention sites (OPS) and naloxone distribution across Canada has saved many lives and continues to be effective.

RNAO is also aware from multiple surveys of nurses and health workers conducted during the pandemic that front-line health-care workers are suffering from burnout, to the extent that large-scale defections for professions like nursing are in the offing. An urgent response is essential to avoid a major health crisis and destabilization of the nursing workforce.

Recommendations:

- Expand funding for longer-term safer supply initiatives.
- Issue a nation-wide blanket exemption from section 4 of the Controlled Drugs and Substances Act to permit the simple possession of all drugs for personal use.
- Invest in a long-term mental health recovery plan for Canadians during and after the COVID-19 pandemic, including protecting the mental health of front-line health-care providers and supporting equitable access mental health services and supports for vulnerable populations.

4. Health inequities faced by Indigenous communities

The system of institutionalized discrimination against Indigenous people in Canada has taken a terrible toll on health in their communities; the impact of more overtly racist policies and institutions such as residential schools continue to affect Indigenous communities. Many communities were forcibly removed from their traditional territories and placed in economically unviable locations where services are difficult to access. This means that it often takes greater expense to provide Indigenous communities with levels of care equivalent to those enjoyed by other Canadians.

Simple fairness demands a concerted collaboration with Indigenous communities to implement policies delivering health outcomes no worse than those of the rest of Canada. We can't undo the injustices and suffering of past generations, but we owe it to current and future generations to do whatever it takes to bring fairness and equity to health policy. The calls to action of the Truth and Reconciliation Commission²³ and the calls for justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls²⁴ provide a template for action by all levels of government and others to right the wrongs embedded in our culture.

One glaring inequity is the lack of access to safe drinking water so fundamental to good health. As of Feb. 22, 2022, there were 35 long-term drinking water advisories in 28 First Nations communities across Canada. The oldest advisory has been in place at Neskantaga in Ontario since Feb. 1, 1995, more than 27 years ago.²⁵ Canada has made considerable progress in recent years, but all communities must be given access to safe drinking water.

Recommendations:

- Increase the number of RNs and NPs serving Indigenous communities, ensuring **at minimum** one NP per community.
- Ensure safe, clean drinking water for all Canadians, and invest sufficient funds to eliminate all water advisories in Canada – particularly in First Nations territories.
- Provide the funding and support needed to enable Indigenous peoples to search for missing children on former residential school sites throughout Canada, and obtain records to determine who is missing.
- Implement with urgency and consistent with the principles of reconciliation the Truth and Reconciliation Commission’s calls to action and the calls for justice made by the National Inquiry into the Missing and Murdered Indigenous Women and Girls.
- Provide the funding and resources needed to address the social, economic and health challenges identified by Indigenous communities and flowing from long-standing and ongoing discriminatory practices including:
 - access to health care
 - education
 - adequate housing
 - clean water

5. Housing

Housing is a fundamental determinant of health and, importantly, a defence against the pandemic. Yet 35,000 Canadians are homeless on any given night, and 1.7 million more live in spaces that are either unaffordable, overcrowded or in need of major repairs.²⁶ Illnesses and deaths arising from homelessness or inadequate housing are unacceptable; they are also unnecessary and costly. The housing deficit cannot be solved overnight, but government must act with extreme urgency given the risk to so many Canadians’ health and lives.

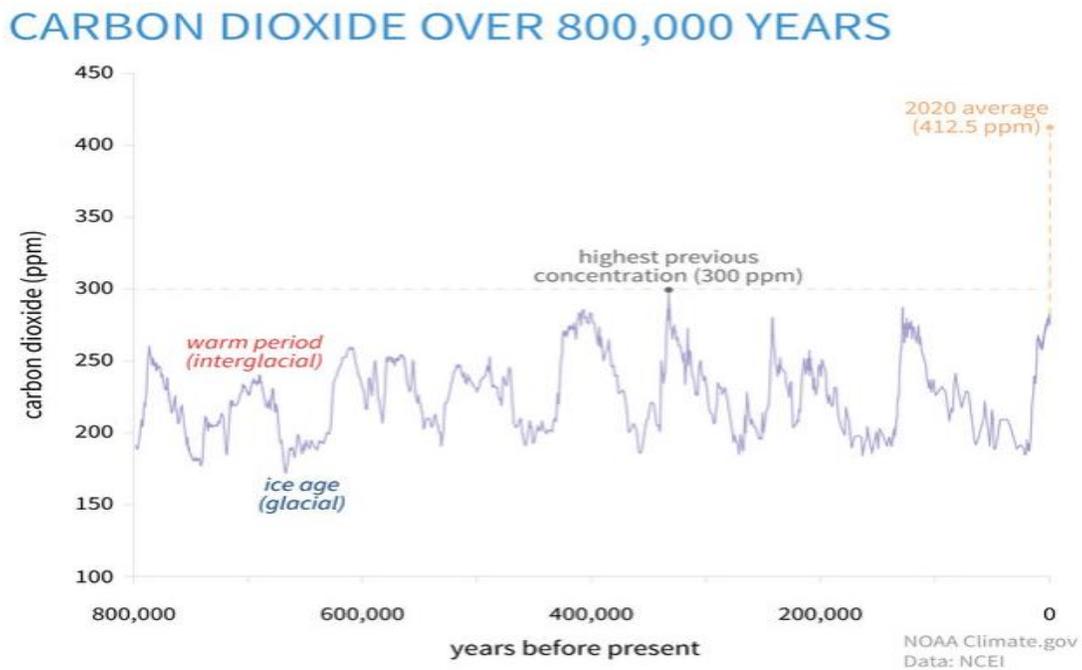
Recommendations:

- RNAO endorses the “Vote Housing” campaign of the Canadian Alliance to End Homelessness and its six-point plan,²⁷ which makes these recommendations:
 - Implement an urban, rural, and northern Indigenous housing strategy with dedicated funding and Indigenous-led governance.
 - Commit to preventing and eliminating homelessness.
 - Build and operate a minimum of 50,000 supportive housing units over ten years.
 - Build and/or acquire at least 300,000 units of deeply affordable non-market, co-op and non-profit housing over ten years.
 - Commit to progressively realizing the right to housing, including curtailing the impact of financialization of rental housing, addressing the unique needs of equity-seeking communities in the National Housing Strategy, and ensuring people with lived expertise of housing need and homelessness are engaged in all levels of policy development and implementation.
 - Expand rental assistance for low-income households to reduce core housing need and prevent more homelessness as a result of the pandemic.

6. A green recovery

Environment is well established as a determinant of health.

Climate change is a global problem, due to levels of greenhouse gases (GHG) reaching levels unprecedented in the past 800,000 years.²⁸



We are already seeing the effects of climate change:

- floods
- wildfires and heavy resulting pollution
- droughts
- severe storms
- extreme heat events and weather extremes
- thawing of the permafrost

These in turn affect the quality and quantity of water, air quality, food supply and even the habitability of whole regions. We cannot rule out crossing a catastrophic tipping point soon, but we are already paying a heavy price and that price is rapidly escalating.

For Canada to do its share to limit global temperature rises to 1.5°C, it is estimated that it must target a 60 per cent reduction in GHG emissions by the year 2030.²⁹ Canada has committed to net-zero GHG emissions by 2050.³⁰ But its ability to deliver even this is in question. A comprehensive GHG reduction strategy is needed to get Canada where it needs to go. That means strategies for all emitting sectors, such as energy, industry, buildings, transportation, agriculture and waste. And it means government using all available tools, such as pricing, investment and regulation.

Recommendations:

- Establish a carbon budget and much more ambitious greenhouse gas emission targets consistent with current scientific evidence.
- Strengthen the national carbon pricing regime.
- Eliminate fossil fuel subsidies, which encourage more pollution and more GHG emissions, and engage a just transition for workers in dying industries.
- Invest in green infrastructure, and in public transit and active transportation.

7. Fiscal capacity

Taxes are essential to pay for the services required to maintain a healthy society: health services, education, safe housing, income support, social services, sanitation and environmental protection. Too many people are falling through the cracks in terms of income and housing. Many cannot access essential health services like pharmacare, home care, dental care and physiotherapy, and what is left of our environment is rapidly degrading. We know that when there is more equal access to income and essential services, everyone's health improves.

Fairness dictates that people should contribute according to their ability to pay, yet what people actually pay depends more upon their ability to avoid taxes. There are too many opportunities for people in the right position to avoid or evade taxes, and too many advantages accorded to certain kinds of income, like capital gains, which are treated more favourably than wages.

It is also important to note that governments have cut corporate taxes substantially: the federal corporate tax rate fell from about 38 per cent in 1986 to 15 per cent by 2012.³¹ The corporate tax rate remains at 15 per cent.³² Yet there is little evidence of benefit to Canada; business investment over the past two decades has fallen in tandem with corporate tax rates.³³ Another foregone revenue source is wealth – Canada is one of the few G20 countries without a wealth tax.³⁴

Fairness also dictates that polluters should pay for the cost of their pollution. The government has committed to making polluters pay, and it should ramp up those efforts, both with carbon pollution and with other toxics as well. The government should also abandon fossil fuel subsidies, which just encourage more pollution and more GHG emissions.

Recommendations:

- Generate sufficient revenue to pay for the services necessary to deliver a healthy society and a healthy environment, and to ensure that the balance of payments is sustainable.
- Ensure that all people and corporations pay their fair share of taxes, by:
 - implementing an annual wealth tax.
 - investing more resources in fighting tax avoidance and tax evasion.
 - applying the GST to imports of digital services, including advertising.
 - closing tax loopholes such as stock option tax deductions, low inclusion rates for capital gains and excessive dividend tax credits.
 - close legal loopholes that allow the use of tax havens overseas and enforce the illegal use of those havens.
- Shift taxes away from labour and toward pollution.
- Impose user fees on any activity that damages the environment.
- Stop providing fossil fuel subsidies.

8. Canada's Chief Nursing Officer

We thank the government for re-instating the role of a national Chief Nursing Officer (CNO). This is an important acknowledgement of the importance of engaging nurses in the broad range of health policy decision-making. It is crucial that the CNO receive all support necessary to fulfil the mandate of the position.

Recommendation:

- Fund the office of the CNO at a level that ensures it can meet its mandate to advise the Department of Health on areas including “health human resources, workforce planning and stability, long-term care, home care, palliative care, mental health, workforce stability, safety of medical devices, sexual and reproductive health care, alcohol and drug use, models of care, scope of practice; and quality standards for service and care delivery.”³⁵

Conclusion

This new government of Canada began its life with a speech from the throne that promised, in its opening words, action: “Action on reconciliation. Action on our collective health and well-being. Action on climate change.”³⁶ The recommendations put forward in this submission by RNAO ask for just that – action on these critically important issues. RNAO is of the view that the objectives of reconciliation, collective health and well-being and a sustainable future on this planet cannot be realized without government action on the recommendations set out above.

And the action we call for must be immediate and swift. Indigenous people have waited too long for reconciliation and reparations. Our collective health and wellbeing must be the daily priority of government. Inaction on climate change has ushered in a climate emergency. Every day of inaction and insufficient action brings us a step closer to a climate disaster. There is no time or reason to delay on the promise of action on the recommendations we set out above.

RNAO thanks you for your consideration. If questions arise with respect to any of the recommendations above, please contact RNAO chief executive Officer, Dr. Doris Grinspun (dgrinspun@RNAO.ca) and/or RNAO Director of Nursing and Health Policy, Matthew Kellway (mkellway@RNAO.ca).

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