



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

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Andrea Horwath
NDP Leader; Leader of the Third Party
NDP critic for: Children & Youth Services, Intergovernmental Affairs
Main Legislative Building
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Dear Ms. Horwath,

With the provincial election campaign well under way, voters are hungry for information on the key issues and where the parties and leaders stand. Polls indicate that health care continues to register top-of-mind and it is incumbent on all parties to be clear about what they would do to improve the health of Ontarians over the next four years.

In *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*, the Registered Nurses' Association of Ontario (RNAO) staked out comprehensive policies that would address social and environmental determinants of health, enhance Medicare, improve access to nursing services and strengthen public services. RNAO's platform was shared 18 months ago with all parties and we are proud that the voice of nurses is reflected in each party's platform to a significant degree.

However, the public platforms of the major political parties still lack sufficient detail in important areas. Voters deserve to know the details of what the parties and leaders would do over the next four years before they cast their votes. Below, the RNAO asks that each Leader carefully answer nine questions that would clarify their positions on four key areas that impact the health of Ontarians.

Responses to the following questions will be posted on the RNAO website <http://www.creatingvibrantcommunities.ca/> along with RNAO's comparison of the party platforms http://www.rnao.org/Storage/83/7734_RNAO_Comparison_of_Four_Major_Political_Party_Platforms_-_Election_Ontario_October_6_2011.pdf

We very much appreciate you taking the time to respond to this platform survey. On behalf of Ontario's registered nurses and those who rely on their knowledge and expertise every day, thank you. Please reply to the following questions by email to: Kayla Scott, kscott@rnao.org. If you have any questions, please contact Kayla at (416) 408-5613.

ENHANCE ONTARIANS' HEALTH AND HEALTH CARE, AND IMPROVE SYSTEM EFFICIENCY BY CONTINUING TO STRENGTHEN ACCESS TO NURSING SERVICES

RNAO appreciates that all the major party platforms commit to hiring more nurses for frontline care. However, these commitments are short on specifics. In *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*, the RNAO asks each party to commit to increasing access to nursing services by hiring an additional 9,000 full-time RNs by 2015.

Background

There are several pressures on the nursing workforce. First, many are approaching retirement age. The latest data show fully 29 per cent of RNs are over the age of 54, which is close to a typical RN retirement age. Also, workloads for many are higher these days, and that contributes to burnout and early departure from the workforce. Statistics back up this impression: We would need 12,527 RNs to return to the RN/population ratio that prevailed in Ontario in 1986, and we would need 14,481 more RNs to catch up with the rest of the country. After a disastrous decimation of the RN workforce in the 1990s, successive governments worked to reverse the downward trend, resulting in gains in nursing employment and a partial recovery in the number of RNs per population. In view of the continuing gap with the rest of the country, we are asking all parties to commit to making up more of the gap in the next four years through the net creation of 9,000 more RN full-time equivalent (FTE) positions.

As governments were making progress on nursing employment, they also heeded calls from the RNAO to raise the share of full-time employment. Full-time nurses had fallen below 50 per cent by 1998, and that is unacceptable for any health profession. Too much part-time employment hurts continuity of care and patient outcomes. And it is particularly bad for recent graduates, who need full-time employment to properly integrate into the health system. Thanks to concerted efforts of the government and the nursing profession, the share of full-time employment has risen to 65.7 per cent for RNs and 58 per cent for RPNs. We are getting close to our goal of 70 per cent full-time.

QUESTION 1: Can we count on your party's support to bring Ontario's RN to population ratio in line with the rest of the country by adopting RNAO's call to increase Ontario's RN workforce by an additional 9000 RN FTEs by 2015?

QUESTION 2: Can we count on your party's support to raise the full-time share of RN employment to 67 per cent in this coming year and to reach 70 per cent full-time employment in all sectors for registered nurses (RNs) and registered practical nurses (RPNs) by 2015?

ENHANCE ONTARIANS' HEALTH AND HEALTH CARE, AND IMPROVE SYSTEM EFFICIENCY BY GUARANTEEING FULL-TIME EMPLOYMENT FOR ALL NURSING GRADUATES IN ONTARIO

Full-time employment is essential for integrating newly acquired academic knowledge into actual practice knowledge and skills. New graduates with full-time employment, mentored by senior nurses, better serve the needs of the public.

Background

In February 2007, the government announced an \$89 million new nursing graduate guarantee program. Preliminary statistics show that 86 percent of participants retained their positions after their seven-month guaranteed period ended.

We know that most new graduate RNs need and want full-time employment, but in the past most were unable to secure it. This made it very challenging for new graduates to develop clinical expertise and work attachment. The result was under-utilization of knowledge and skills, and an exodus from Ontario to other jurisdictions. Things have improved of late for new Ontario RNs, with those securing full-time employment rising from 39.1 per cent in 2005 to 58.9 per cent in 2007 and 75.7 per cent in

2008. However, continued progress is required. In order to attain 70 per cent full-time RN employment, Ontario will require far more than 70 per cent of new graduates to obtain full-time employment.

3. QUESTION: Will your party continue the guarantee full-time jobs for new nursing graduates, and, importantly, work with employers to ensure continuation of full-time employment for these new grads after the six months of government funding ends.

STRENGTHENING MEDICARE - ACCESS TO PRIMARY CARE FOR ALL ONTARIANS

In a province as progressive as Ontario, the fact remains that in 2010, 7.1 per cent of Ontarians still did not have a nurse practitioner, family physician or other primary care provider. Nurse Practitioners (NPs) in community, long-term care and hospital settings have demonstrated the knowledge, skills and competencies to supplement and complement other roles and improve access to vital health services. However, many NPs in Ontario are not being fully utilized and are not able to practise to their full scope.

Background

Nurse Practitioner-led clinics in Ontario, such as the Sudbury District Nurse Practitioner Clinic, have resulted in improved access to primary care and quality of life for hundreds of patients and their families. Following the success of the Sudbury clinic after its opening in 2007, the government committed to twenty-five additional NP-led clinics across the province. These were announced in three successive waves and all will be open by 2012.

Dozens of other communities are just waiting for the green light to move forward with their own NP-led clinics. Opening an additional 50 nurse practitioner-led clinics by 2015 is an essential, practical and cost-effective way to give thousands of Ontarians needed access to primary care.

4. QUESTION: Can we count on your party's support to establish 50 additional nurse practitioner-led clinics by 2015 (in addition to the 26 we will already have by 2012) in order to extend access to primary care in all communities?

STRENGTHENING MEDICARE – ACCESS TO HOME CARE

While all parties are talking about supporting age appropriate care from home and community care, it is crucial to recognize that competitive bidding, where market mechanisms are used to allocate home care contracts, must be clearly rejected as putting price before quality of care.

Background

Nurses know that healthy, vibrant communities depend on everyone having the opportunity to live at home whatever their background, wherever they live, whatever their income and whenever required. An integrated strategy is required to avoid unnecessary system costs. Increasing access to not-for-profit home care and community services, for example, enables patients in alternative level of care (ALC) beds to leave hospital sooner, availing beds to patients in emergency rooms who are waiting to be admitted to hospital.”

With a competitive bidding model still in place, home care remains at risk of unnecessary costs associated with the bidding process and profits paid to for-profit shareholders. Funds available for client services are further impacted by the model used to determine Community Care Access Centres' (CCAC's) base funding, which reflects historical funding patterns and not current assessments of client and community needs. Consequently, funding is provided inequitably to each CCAC resulting in disparities across the province. This disparity has not only reduced access to required services and thereby diminished the health states of many Ontarians, but has significantly impacted the efficiency of other health-care sectors (i.e. hospital and long-term care), which depend on home care services being accessible.

5. QUESTION: Will your party support the immediate elimination of the competitive bidding model in favour of publicly-funded, not-for-profit alternatives for allocating funding for home care and health service providers?

IMPROVING SOCIAL DETERMINANTS OF HEALTH – CONTINUE TO INCREASE MINIMUM WAGE

Every day, nurses see polarization growing between the rich and the poor. As the middle class shrinks, the numbers of those at the lower end of the income scale grows. Too many Ontarians are still finding themselves struggling to survive as they are unemployed, underemployed, or in low-waged, precarious jobs.

Background

Today a single person working full-time at the current minimum wage of \$10.25 per hour makes a pre-tax annual income that is \$2,242 short of the poverty line. If that same minimum wage worker is supporting two more people in the family for a household size of 3 persons, the family will be \$14,035 below the poverty line.

Nurses know that poverty results in illness and early or premature deaths.

6. QUESTION: Will your party support increasing the minimum wage by 75 cents per hour each year over the course of the next mandate, so that people working full-time can rise above the poverty line? This means the minimum wage would increase to \$11 per hour in 2011, \$11.75 in 2012, \$12.50 in 2013, and \$13.25 in 2014.

IMPROVING ENVIRONMENTAL DETERMINANTS OF HEALTH – FOCUS ON ENERGY CONSERVATION, CLEAN ENERGY AND RENEWABLE CLEAN ENERGY

Pollution from generating electricity using dirty coal caused over 300 deaths in Ontario in 2010, 440 hospital admissions, 522 emergency room visits and 158,000 minor conditions such as asthma attacks. Ministry numbers put the health and environmental costs of coal at three billion dollars annually. Coal plants release harmful particulate matter, lead and mercury into the air we breathe and are responsible for thousands of tonnes of climate change-causing greenhouse gases. It is crucial that clean, safe alternatives be found to end Ontario's dependence on dirty coal.

Background

Ending coal in Ontario would be the equivalent of taking seven million cars off the road.

Eight coal units have already closed since 2003 and the government has committed to Ontario being coal-free by December 2014. Measures to phase out dirty coal are very encouraging and will save lives and reduce illness, but Ontario has more than enough generation available to close the coal-powered plants **now**, and not wait for 2014. According to the Ontario Clean Air Alliance (OCAA), Ontario's coal-free generation capacity is currently about 28 per cent higher than the forecasted peak demand during the summer of 2011 and 33 per cent greater than the peak demand that is forecast in 2014. Even if it is found necessary to keep some of the coal capacity on "standby reserve" until the permanent closure of the coal plants, the OCAA points out that there is no reason for the coal plants to be operated at even a minimal level in the interim.

Nuclear power is not the answer. It may not emit air pollutants during "production" of electricity, but in fact nuclear power is neither emissions-free nor clean. As a recent study points out, there is no safe level of radiation exposure. Further, the health risks associated with nuclear power arise at all stages of the nuclear fuel chain, from uranium mining and refining, to the fission process in nuclear reactors and radioactive releases in to the air and water, to the legacy of radioactive waste that we leave for our

grandchildren and future generations. Ontario now has safe and clean alternatives to the unacceptable health risks as well as the prohibitively high costs of nuclear power. It is time to invoke the precautionary principle and scrap plans to build new nuclear reactors.

There is tremendous potential to achieve targets for clean, safe energy and create new jobs by expanding sources of energy such as wind, water, solar, biomass and biogas as well as investing aggressively in conservation.

7. QUESTION: Will your party commit to closing the remaining coal-fired generators by 2012, while keeping them on standby reserve to be operated only in event of an emergency?

8. QUESTION: Will your party commit to cancelling plans for the construction of expensive and risky new nuclear plants?

9. QUESTION: Will your party adopt aggressive targets to greatly enhance conservation and improve energy efficiency and support safe, green sources of energy such as wind, water, solar, biomass, biogas and combined heat and power?

Again, our sincere thanks for responding to the above questions.

With warmest regards,



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