

**Reinvesting for a Healthier Canada:  
RNAO 2008 Federal Pre-Budget Submission**

**Submission to Standing Committee on Finance**

**August 15, 2008**

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

## Summary of Recommendations

1. Implement a homegrown solution so that Canadians will have access to nursing care:
  - Ensure that government and those health organizations funded by the government do not engage in active international recruitment of nurses and other health professionals.
  - Invest \$250 million in earmarked conditional transfers to support the creation of 10,000 full-time RN positions
  - Invest \$135 million in earmarked conditional transfers for nursing education for:
    - Educating more faculty to enable them to teach in Canadian nursing programs, along with corresponding funding for faculty positions
    - Increased numbers of nursing seats
    - Clinical placements for nursing students
  - Invest substantively in infrastructure for Canadian nursing programs
2. Immediately begin a public consultation process to develop and implement an anti-poverty strategy, which should include: increasing the Canada Child Tax Benefit to an indexed \$5,200 per child (2008\$); improving access to employment insurance; increasing the minimum wage to \$10.25 per hour with annual inflation adjustments; increasing transfers to provinces and territories on early childhood development/ learning and child care; and increasing spending by on social housing.
3. Commit to meeting Canada's obligations under the Kyoto Protocol and deliver a package of funded climate change programs and regulation that will ensure Canada meets all of its Kyoto obligations on schedule. Increase the use of environmental taxes, including the introduction of a carbon tax.
4. Enforce the *Canada Health Act* and attach firm conditions to federal health transfers.
5. Develop a national, publicly-funded and -controlled pharmacare program covering essential drugs. The federal government should cover 25 per cent of the public cost of drugs.
6. Ensure sufficient fiscal capacity to deliver the above and other essential investments, through reversals of tax cuts and fuller use of corrective environmental taxes.

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practice in all roles and sectors across Ontario. Our mandate is to advocate for nursing and for healthy public policy. We welcome this opportunity to participate in the pre-budget consultation and to convey the views and recommendations of Ontario's registered nurses.

## **1. Access to Nursing Care: Canada Needs a Homegrown Solution**

Health care is a determinant of health, and access to quality nursing care is an essential component for optimal health outcomes.<sup>1 2</sup> While progress has been made in some jurisdictions, there remain problems and threats to access to nursing care.

Canada's RN workforce is aging. In 2006, the average age was 45.0 years, up 0.5 years from 2003.<sup>3</sup> In 2006, 20.8 per cent were over 54 years of age, which is close to an average age of retirement for nurses.<sup>4</sup> At the same time, the RN workforce is lagging in size behind population growth, with the number of RNs/10,000 population being 77.7, below the 80.8 level in 1994.<sup>5</sup> With an aging nursing workforce serving the needs of a growing and aging population, efforts are required to retain the current workforce; absorb and retain new graduates; attract more individuals to nursing; and, reduce workloads.

The Canadian Nurses Association estimates that 12,000 nursing grads are required per year, and just 9,447 graduated in 2007.<sup>6</sup> The Canadian Association of Schools of Nursing estimates an annual need for 3,673 nurses with master's degrees and 650 nurses with doctoral degrees.<sup>7</sup> In 2007, only 603 master's degrees were granted, and 44 PhDs – 16.4 per cent and 6.8 per cent of the required totals, respectively.<sup>8</sup> A massive effort is required in order to have faculty to teach the needed increase in nursing students.

The federal government must contribute to solving this problem by providing funding for investments in key areas to retain existing RNs and deliver a new generation of RNs. Multiple challenges require investment in several areas including creation of full time positions for RNs; nursing education infrastructure; support for faculty education and faculty positions; increased number of nursing seats; and increased access to clinical placements for students.

While we support an individual's right to migrate, we are gravely concerned about reports of Canadian organizations who are actively recruiting nurses from countries that are already desperately short of RNs. We urge the federal government to put a stop to jurisdictions that are actively engaging in foreign recruitment of nurses from other countries. This is a quick fix that does nothing to address root causes of our local challenges and is ultimately unsustainable as health professionals move from one country with a nursing shortage to the next.<sup>9 10</sup>

Active recruitment of nurses exacerbates a health care crisis in many parts of the world, including Africa, where the exodus of skilled health professionals from areas with high unmet health needs has placed the continent at "the epicentre of the global health workforce crisis."<sup>11</sup> RNAO is mindful of our responsibility not to contribute to global health inequities<sup>12</sup> and of the human<sup>13</sup> and economic<sup>14</sup> costs of stripping vulnerable populations of access to health care due to migrating health professionals. For this reason, RNAO supports the World Health Organization,<sup>15</sup> the International Council of Nurses,<sup>16</sup> and the Canadian Policy Research Network<sup>17</sup> in calling for ethical international recruitment guidelines within the context of a responsible national and provincial health human resources strategy.

### **RNAO's Homegrown Nursing HR Recommendation**

- Ensure that government and those health organizations funded by the government do not engage in active international recruitment of nurses and other health professionals.

- Invest \$250 million in earmarked conditional transfers to support the creation of 10,000 full-time RN positions
- Invest \$135 million in earmarked conditional transfers for nursing education:
  - Educating more faculty to enable them to teach in Canadian nursing programs, along with corresponding funding for faculty positions
  - Increased numbers of nursing seats
  - Clinical placements for nursing students
- Invest substantively in infrastructure for Canadian nursing programs

## 2. Social Infrastructure

Academic research<sup>18 19</sup> and our own nursing practice confirm that poverty harms health and puts people at greater risk of early death throughout the life cycle. The evidence is clear: differences in social and economic status are directly linked to inequitable health outcomes. As Canada's Chief Public Health Officer noted recently, "if all neighbourhoods had the age- and sex-specific mortality rates of the highest-income quintile neighbourhoods, then the total potential years of life lost for all urban neighbourhoods would have been reduced by approximately 20%."<sup>20</sup> Sound social investment is both good social policy and good economic policy.

An illustration of a social investment that a strong tax base would support is in Canada's future -- our children. 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 that accumulate over the course of an individual's life. This most important development phase strongly influences mental health, well-being, heart disease, numeracy and literacy skills, and economic participation throughout life. The early years present a window of opportunity; if missed, it becomes increasingly difficult to create a successful life course.<sup>21 22 23 24</sup>

Interventions that would improve healthy childhood development in Canada include ensuring adequate income and investing in early learning and child care.<sup>25</sup> RNAO, as well as our many partners in Campaign 2000<sup>26 27</sup> and the National Council of Welfare,<sup>28</sup> urge the federal government to implement a national anti-poverty strategy to improve the lives of the 788,000 (one in twelve) Canadian children living in poverty.<sup>29</sup> Evidence suggests that investment in early childhood brings returns over the life course that are many times the amount of the original investment. One study estimated that every dollar spent to help a child to thrive to school age generated up to \$17 in benefits to society over the following 40 years.<sup>30</sup> Code Blue has estimated that a good quality early learning and child care program for every 3, 4, and 5 year old child in the country could be had for a \$4.8 billion/year investment, phased in over four years in \$1.2 billion increments.<sup>31</sup> When fully phased in, this average expenditure of \$153 per Canadian per year would be an excellent investment to ensure that these children, our children, get a good start in life.

Other jurisdictions have shown that it is possible to reduce poverty through social policy. Leaders of the European Union (EU) established the Social Inclusion Process in 2000 "to make a decisive impact on eradicating poverty by 2010."<sup>32</sup> The United Kingdom's multi-pronged approach to child poverty has resulted in 800,000 fewer children in 2006 living in relative-low-income households than in 1997.<sup>33</sup> Sweden's equity-orientated health and social policies have resulted in higher levels of workplace participation, less income inequality, lower poverty rates, low mortality rates, high life expectancy, and favourable health outcomes.<sup>34</sup>

## RNAO's Recommendation on Social Infrastructure

- Immediately begin a public consultation process to develop and implement a comprehensive, national anti-poverty strategy, which should include: increasing the minimum wage to \$10.25 per hour in 2008 indexed to inflation; increasing an indexed Canada Child Tax Benefit to \$5,200/per child (2008\$); increasing transfers to provinces and territories on early childhood development/learning and child care; and increasing spending on social housing.

### 3. Healthy Environment

The public is intensely aware of the link between environment and health, and health authorities are increasingly making it part of the public discourse. For example, the Ontario Medical Association has garnered substantial media attention with its research showing that air pollution in Ontario alone contributes to over 9,500 premature deaths,<sup>35</sup> more than 16,000 hospital admissions, almost 60,000 hospital visits, and more than 29 million minor illnesses.<sup>36</sup> Protecting the environment is literally a matter of life and death, a point echoed by the Canadian government.<sup>37</sup>

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.<sup>38</sup> Large numbers of these dangerous chemicals indeed showed up in the blood of Canadians tested for toxics.<sup>39 40 41 42</sup> Of particular concern is the safety of children, who are much more vulnerable to toxics.<sup>43 44 45 46 47</sup> 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, including Canadian climate scientists, that global warming is a reality, and that this warming is principally due to human activity.<sup>48 49 50</sup> A principal cause of this warming is the dramatic increase in the concentration of greenhouse gases (GHGs) in the atmosphere. Research from the prestigious Intergovernmental Panel on Climate Change (IPCC) has shown that carbon dioxide levels in the atmosphere are much higher today than at any point in the last 650,000 years.<sup>51</sup>

Health Canada's own report cites the role of greenhouse gases in climate change as pointed out in the IPCC report, and identifies a wide range of health impacts.<sup>52</sup> Health effects arise in a variety of ways, due to increased flooding, hurricanes, droughts, heat waves, wild fires, poorer air quality, and increased rates of vector-, rodent-, food- and water-borne diseases. The Panel expects that any benefits from global warming (such as fewer deaths from exposure to cold) will be outweighed by adverse health effects.<sup>53</sup> Indeed, the Stern Review report estimates the costs of climate change would rise in the range of 5 per cent to 20 per cent of global GDP by 2050, while the cost of stabilizing emissions at sustainable levels would be much lower – about 1 per cent of global GDP.<sup>54</sup> Major expenditures are required in order to avoid huge and possibly catastrophic costs in the future.

A widely recognized cause of the environmental crisis is the absence of appropriate market signals: individuals and firms don't face the true cost of their private consumption and production decisions. Green taxes, such as carbon taxes, would provide that signal to make markets more efficient. Carbon taxes have been implemented in a number of countries, including Finland and Sweden. British Columbia<sup>55</sup> and Quebec have also introduced carbon taxes.<sup>56 57</sup> The National Roundtable on the Environment and the Economy, whose members are appointed by the federal cabinet, has called for a carbon tax or similar market incentive for Canada.<sup>58</sup> Other environmental taxes would also serve to send more appropriate signals to industry and consumers.

## **RNAO's Recommendations on a Healthy Environment**

- Commit to meeting Canada's obligations under the Kyoto Protocol and deliver a package of funded climate change programs and regulation that will ensure Canada meets all of its Kyoto obligations on schedule.
- Increase the use of environmental taxes, including the introduction of a carbon tax.

## **4. Universal Access to 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 of its basic fairness, because it makes good sense in terms of health and economics,<sup>59</sup> and because it removes one of the greatest sources of economic insecurity for individuals and families. Part of the health discrepancy between Canada and the US is due to our advantage from a universal health-care system.<sup>60</sup>

However, Medicare is under multiple attacks: on June 30, 2007, the Canadian Medical Association effectively called for a two-tier health-care system;<sup>61</sup> the Chaoulli decision could facilitate the spread of private insurance for essential health-care services; court challenges seek to spread the Chaoulli decision to other provinces;<sup>62</sup> and 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).<sup>63</sup> Putting further stress on the health system is the rapid acceleration of drug costs (rising from 8.8 per cent of health expenditure to 16.8 per cent between 1975 and 2007).<sup>64</sup> 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.

## **RNAO's Recommendations on Access to Health Care**

First, the government must enforce the *Canada Health Act*, using its power to withhold health transfers when violations occur. Further, the federal government needs to attach firm new conditions to the transfer of all federal money to the provinces for health care. This would prevent public money from supporting commercial delivery of health care, and compel 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 medically necessary and publicly-delivered health care in a timely, universally-accessible, and not-for-profit basis.

Second, the federal government should provide adequate funding for health care, including that needed to develop a national, publicly-funded-and-controlled pharmacare program covering essential drugs. The federal government should cover 25 per cent of the public share of drug expenditures.<sup>65</sup>

## **5. Taxes Pay for Investments Needed by a Healthy Society**

The Canadian economy is facing increasing challenges in 2008-2009:

- Our largest trading partner, the US, has been experiencing an economic slowdown and faces a possible recession.
- The overvalued Canadian dollar is putting increasing pressure on Canadian manufacturers.<sup>66</sup>

- International competition is growing in our traditional manufacturing sector.

The results are not fully predictable, but continued plant closures and layoffs should come as no surprise. Forecasts are for slow growth in the Canadian economy over the next several years, with some concerns that Canada could be in a recession or could slip into one.<sup>67 68</sup> The Canadian government may well face significant budgetary pressures, particularly in light of previous tax cuts. RNAO's perspective is that these economic challenges make it all the more imperative that the federal government ensure fiscal capacity to meet its obligations to deliver adequate physical, environmental and social infrastructure.

A modern economy depends upon a healthy, educated population – able to realize its full productive potential. As registered nurses, we know this requires government policies to support all determinants of health, including: sufficient resources to live in health and dignity; social inclusion; housing; healthy environments; and access to health care and education. Through government, we pay to address these determinants using our tax dollars.

The federal government plays a major role, particularly through transfer payments to provinces and territories for health care, post-secondary education, social assistance, social services, early childhood development and childcare. A long-term downward trend in government program expenditures as a share of GDP helps to explain the large shortfall of investment in physical, social and environmental capital. Between 1983-1984 and 2006-2007, federal program expenditures (including transfer payments to individuals and other levels of government) have dropped from 18.8 per cent of GDP to 13 per cent.<sup>69</sup> This drop has meant cutbacks in services and infrastructure renewal.

The drop in expenditures is driven by a decision to balance the budget in the wake of tax cuts, which have made Canada one of the least taxed countries in the OECD.<sup>70</sup> As one study of advanced OECD countries concluded, low tax rates conferred little or no economic advantage, but they came at a high social cost (such as more unequal income distribution and higher rates of poverty).<sup>71</sup> Inevitably, vulnerable populations suffer the most from under-investment in social, environmental and health infrastructure.

Government must raise enough money from taxes to pay for all these needed investments. RNAO calls on the government to take all necessary measures to raise sufficient revenue to pay for the services we need. It is time to restore some balance in government finances.

## **Tax Policy**

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. At the present time, that means reversing tax cuts and putting a hold on announced tax cuts until alternative revenue sources are found. We have proposed strengthening green taxes as a more efficient way of raising money and simultaneously correcting certain market inefficiencies.

Thank you for the opportunity to discuss Ontario's nurses' priorities for the next budget with you. Your budgetary decisions will have a major impact on the health of Canadians and on the ability of nurses across Canada to provide the best quality care for their patients. Nurses know this, and will watch your government's budgetary actions carefully.

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- 65 This share is based on current cost-sharing in health care between the federal government and the provinces and territories. Canadian Health Coalition (May 2006). *More for Less: A National Pharmacare Strategy*, Ottawa: Author, 18.

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- 66 The purchasing power parity (PPP) value of the dollar has for years been exceeded by its exchange rate value. For example, recent estimates of the PPP value of the dollar put it at about \$0.83 US ([http://www.oecd.org/departement/0,3355,en\\_2649\\_34357\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/departement/0,3355,en_2649_34357_1_1_1_1,00.html); for 2007), while the actual exchange rate has recently been at par or higher. This puts Canadian manufacturers at a tremendous competitive disadvantage.
- 67 For example, the Conference Board forecasts a drop in real GDP growth in Canada to 1.7 per cent for 2008, with a rise back to 2.7 per cent in 2009. Antunes, P. (2008). *Canadian Outlook Economic Forecast: Summer 2008*. Ottawa: Conference Board of Canada. Retrieved August 5, 2008: <http://www.conferenceboard.ca/documents.asp?rnext=2660>.
- <sup>68</sup> Canadian Press (2008). *Has Canada slipped into a recession without anyone noticing?* July 16, 2008. Retrieved August 12, 2008: <http://canadianpress.google.com/article/ALeqM5g77mABj3DcJkFq3Oa7HVfBbISY8A>.
- 69 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](http://www.fin.gc.ca/frt/2007/frt07_2e.html#8).
- 70 Organisation for Economic Co-operation and Development (2008). *OECD Factbook 2008: Economic, Environmental and Social Statistics*. Paris: Author. Canadian tax revenues have dropped from 36.4% of GDP in 1991 to 33.4% in 2006. The OECD average for 2006 was higher – 36.2%.
- 71 Brooks, N. and T. Hwong (2006). *The Social Benefits and Economic Costs of Taxation: A comparison of High- and Low-Tax Countries*, Canadian Centre for Policy Alternatives, 7-10.