

**Nurses Association of New Brunswick**  
Presentation to the Standing Senate Committee on  
Social Affairs, Science and Technology  
Response to *Health Care: Issues and Options Report*  
Fredericton, November 8, 2001

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“The greatest challenge of rethinking medicare is to find ways to bridge between the domains of policy making and politics to achieve the changes we all know are essential to meet the needs of Canadians into the 21<sup>st</sup> century.”  
Duncan Sinclair, 2000

The Nurses Association of New Brunswick (NANB) is the professional organization representing 8,700 nurses in New Brunswick. The mandate of the Association is to support nurses and to protect the public by promoting and maintaining standards for nursing education and practice, and by advocating for healthy public policy.

NANB commends the Standing Senate Committee on Social Affairs, Science and Technology for its most thorough and in-depth analysis of the challenges facing the national health care system. We are encouraged by the willingness of the committee to consult widely in its work, thus ensuring that the Committee’s recommendations for public policy direction will more clearly reflect the values and experience of the entire Canadian community.

I want to thank you for giving me the opportunity to present the views of the Nurses Association to the Standing Senate Committee on Social Affairs, Science and Technology. I am here today to send a clear message on behalf of the nurses of New Brunswick; with particular emphasis on the following:

- 1) primary health care is the most appropriate and affordable approach to the delivery of essential health care, therefore, progress in primary health care reform must be made more quickly;
- 2) multi-year predictable financial support from the federal government is integral to the sustainability of Canada’s health care system; and
- 3) Canada needs to act in the short term towards a national nursing strategy to improve recruitment, integration and retention within the nursing profession.

<p>1. <b>PRIMARY HEALTH CARE</b></p>
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NANB, endorsing the views of the World Health Organization and the Canadian Nurses Association, holds the position that primary health care is the health policy direction most likely to achieve the desirable future for health care in Canada. Primary health care is essential care (promotive, preventive, curative, rehabilitative and supportive) which addresses the major health problems in the community and focuses on promoting health and preventing illness (NANB, 1996; 1998; 2000). Primary health care provides a framework for health care delivery which is accessible, affordable and responsive to the health needs of communities.

NANB believes that primary health care is the foundation of a genuinely integrated system of health care services. Integration is the provision of care that meets all health needs with the least amount of wasteful and disruptive overlaps or gaps, by linking multiple delivery points to serve the community and provide a regional, population-based, health system. In the context of designing new approaches of care and services, integration is a logical transition for health professionals and the service delivery system to meet the complex health needs of the general population.

Based on the principles of primary health care, all essential health services should be made universally accessible. The Committee must keep in mind that essential health care is a broader concept than “medically necessary.” The *Canada Health Act* states that the public system must cover “medically necessary” services provided by hospitals, physicians, and dentists in hospitals. This definition is inadequate because it fails to reflect our common understanding of health and the full range of factors that affect it (RNABC, 1996). Essential health care includes health promotion, illness and injury prevention, curative care, supportive and rehabilitative care and must be funded regardless of the setting where it is provided.

The move to primary health care must happen at two levels. At the larger system level, primary health care must reflect a paradigm shift by moving from expert-centered, illness focussed, reactive health care, towards one that is more client-centered, health focussed and proactive. The shift must then translate at the local level by social programs and services based on a population health approach that recognizes the broad determinants of health. A primary health care policy would invest in programs for community capacity development, thus empowering the community to pursue their health goals.

Principles of primary health care together with the national conditions established by the *Canada Health Act* for publicly funded health services provide the framework for Canada’s health system

for the 21<sup>st</sup> century.

During the last ten years, most provinces have undertaken major and dramatic changes to the health care system. Reform has resulted in profound changes to the environment in which nurses practise but, unfortunately, key aspects of human resource development such as the full utilization of nurses in strengthened roles and as a point of entry to the health care system have not materialized.

As partners in an integrated health care system spanning the life continuum, nurses are able to provide a broader scope of services than ever before, both in their actual role and in the emerging advanced nursing role of nurse practitioner. Despite exhaustive reports describing the resulting efficiency and effectiveness of the use of nurse practitioners, and their ability to provide a considerable range of primary care services, the full potential of this group of health professionals to address the problems of access to primary care remains untapped (Barer & Stoddart, 1999). The slow progress in introducing nurse practitioners in Canada is partly due to the government's unwillingness to include the cost of nurses practising as nurse practitioners as essential health care services.

Reform initiatives, therefore, which capitalize on more appropriate and complete utilization of all nurses, including nurse practitioners, in the system are most likely to support the national health goals.

<p><b>2. COMMITMENT TO APPROPRIATE LEVELS OF FUNDING</b></p>
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The National Forum on Health (1997) revealed that the Canadian public wants to preserve a universal publicly funded national health care system. We urge the Standing Senate Committee to not disregard this resounding message.

Financial support from the Federal Government is necessary to ensure a publicly funded and equitable health care system based on national standards. Multi-year predictable financial support is integral to sustainability of Canada's health care system (CNA, 2000). The federal government's ability to maintain national standards is being jeopardized by the reduction of federal cash contributions. Our Premier, Honourable Bernard Lord, has been quoted as saying further privatization is an option for New Brunswick. Provinces like New Brunswick, with a small population base, face insurmountable difficulties in maintaining an acceptable level of services when federal financial support is decreased. Without some federal financial assistance, inequities will develop. One of those inequities, quietly being introduced, is privatization of certain services.



Privatization steadily undermines the principle of universality of health care. As services are rationed and become less publicly accessible, those individuals who can afford it are forced to purchase needed services (RNAO, 2000). NANB believes that further privatization is not the answer and, consequently, is strongly opposed to the concept being further introduced into the Canadian health care system. Leading experts have provided clear economic evidence as to why we should not buy into the public-private option. Research clearly indicates that for-profit health care facilities cost more, sometimes have longer waiting lists and do not always provide quality care. Perhaps the strongest argument against a private-public mix of health care services is that a publicly funded health care system is administratively much cheaper. The US spends \$100-billion U.S. in excess administrative costs over Canada.

The solution to the current problems with the health care system has yet to be adopted, that is, the move toward a publicly-funded system based on the principles of primary health care. It is obvious that unless such a move is made the same drivers will keep on impacting the health care system. Institutional costs, physicians prescriptive practices, pharmaceutical costs and inappropriate use of technology will continue to drive up the costs of health care with less than optimum positive health outcomes.

All successful models of primary health care share at least two common characteristics: comprehensive care is provided to a clearly defined population within a geographical area, or with a particular class of problems, and funding is other than fee-for-service (Rachlis et al, 2001). In order to ensure the integrity of the *Canada Health Act*, and to facilitate launching new national programs such as home care or pharmacare, new mechanisms must be instituted permitting Canada's health system to continue to meet Canadians needs. The former cost-sharing agreement, which derives its authority under the *Constitution Act* of 1867, and the current block-funding mechanism agreed to in February 1999, limit the ability of the federal government to add new national initiatives under medicare.

Imperatives to ensure the integrity of the *Canada Health Act* are, therefore, twofold. There must not only be a return to previous levels of health care funding, but we must look at mechanisms that enable the establishment of national programs. We must look beyond any notion that restoration of federal funding alone will have a significant corrective action. How those funds are used will be critical to the future of the national health care system (Rachlis et al, 2001). NANB believes that any increase in funding for health care must be accompanied by conditions and incentives that encourage primary health care initiatives, such as those previously mentioned.

3. NATIONAL NURSING STRATEGY FOR CANADA

“Unless we recognize that the quality of worklife and adequate preparation of those who manage and deliver health care is a major determinant of the quality of care, we will leave unaddressed a major link to the future integrity of medicare.”  
Jonathan Lomas, 2000

One of the most urgent and compelling policy issues is ensuring an adequate supply of registered nurses to meet the care demands of Canadians. The need to revitalize the nursing workforce is a *national problem* -- one that demands strong leadership on the part of the federal government (CNA, 2001). Nurses are essential in patient care delivery. Will we have enough prepared nurses in each health sector to adequately care for patients in the future?

As the Senate Committee has undoubtedly been told by nursing groups elsewhere, the restructuring of the health care system during the last decade coupled with reduction strategies has devastated the nursing workforce. In New Brunswick, for example, the workplace situation in recent years has been such that a large number of recent nurse graduates have been unable to find employment here, resulting in an exodus of newly qualified nurses outside of the province. The looming shortage predicted since 1997 is already being felt and its impact is expected to get worse. The nursing workforce in New Brunswick is aging. Forty per cent (40%) of nurses currently working are over forty-five years old and the nursing pool is not renewing itself.

Front line nurses are speaking out and reporting that dramatic changes in health care are putting the quality of patient care at risk. The question at hand is how to make sure that the quality of patient care is not further compromised and that erosions in quality are reversed. Most important to nurses is a set of initiatives to create a practice environment that supports professional practice and safe quality care. Continuing education is an essential part of this new environment.

The Canadian Nurses Association (CNA, 2001) spoke very clearly to the nursing workforce issue in a submission to the Minister of Health and to the House of Commons Standing Committee on Finance last month: “*While universal access to the health care system is guaranteed by the Canada Health Act, the quality of that care can only be assured if there are adequate numbers of well trained and dedicated health professionals to provide that care.*” The majority of all health care professionals in Canada are nurses; and nurses deliver the major portion of health care.

The promise of continuing change in technology and in the organization of health care delivery

indicate that the policy issues are a moving target. At this point, there are attempts made to deal with the problems, many resulting in provinces competing for each other's health human resources by outbidding the competition. There is a need for a coordination of efforts at the national level. We support the recommendation made to the Standing Senate Committee by the Registered Nurses Association of Ontario (October 2001) for the creation of a permanent coordinating body, comprised of health care workers, government and employers, in order to deal with health human resource issues such as working conditions, and recruitment and retention.

In the nursing arena, immediate policy interventions are needed in several key areas to:

- support recruitment of candidates to the nursing profession by reducing tuition costs for nursing students;
- ensure the education of an adequate number of nurses in every province;
- provide adequate mentoring programs to support new graduates entering the workforce;
- ensure nurses have improved access to continuing education programs; and
- ensure improved working conditions for nurses in all sectors.

The federal government must provide adequate leadership and funding to minimize the upcoming shortage in the nursing profession. The first step is to collaborate with the Canadian Nurses Association and its provincial and territorial counterparts to support energetic recruitment and retention strategies.

<b>5. CONCLUSION</b>
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Our presentation to the Committee reflects NANB's long standing interest in the formal recognition of Primary Health Care as the broad policy direction for delivering health care services across Canada and in our belief that nurses play a pivotal role as partners in health renewal.

Nurses believe that the delivery of essential services can be more efficiently administered under a public health system and are deeply committed to a national health care system that provides a comprehensive range of services to all Canadians regardless of their ability to pay.

The Federal Government must show leadership and assist in the coordination of efforts to deal with the shortage of registered nurses. Clearly, a shortage of well-qualified nurses will affect the whole of Canada and place added pressure on the health care system

We hope that the work of the Senate Committee will contribute to the elaboration and implementation of needed change, and most importantly that the information and opinions obtained by the Committee will translate into an action plan so urgently needed.

## **References**

- Canadian Nurses Association (1994). *Federal Financing of Canada's Health Care System*. Ottawa. Author.
- Canadian Nurses Association (2000). *Framework for Canada's Health Care System*. Ottawa. Author.
- Canadian Nurses Association (2001). *Revitalizing the Nursing Workforce and Strengthening Medicare*. A Submission to the House of Commons Standing Committee on Finance and the Minister of Finance. Ottawa - Author.
- Lomas, J. (2000). Rethinking for Today or Rethinking for Tomorrow? Preparing Medicare for the Future. *Healthcare Papers*. Summer. Vol. 1, No. 3. Pages 32-40.
- National Forum on Health (1997). *Canada Health Action: Building on the Legacy*. Synthesis reports and issues paper. Ottawa: Health Canada Communications.
- Nurses Association of New Brunswick (1996). Position Statement on Primary Health Care. Fredericton. Author.
- Nurses Association of New Brunswick (1998). *Maintaining a Sustainable Health Care System*. Fredericton. Author.
- Nurses Association of New Brunswick (1998). *The Future of Health Care in New Brunswick: The Nursing Contribution*. Presentation to the Premier's Quality Health Council, Fredericton.
- Nurses Association of New Brunswick (2000). *Time for Action*. Presentation to the Special Select Committee on Health Care, Fredericton.
- Rachlis, M., Evans, R.G., Lewis, P. and Barer M. (2001). *Revitalizing Medicare: Shared Problems, Public Solution*. Tommy Douglas Research Institute, Vancouver.
- Registered Nurses Association of British Columbia (1996). *Can Comprehensive Health Care Be Maintained*. Position Summary. Vancouver. Author.
- Registered Nurses Association of Ontario (2000). *Coalition for Primary Health Care*. Toronto: Author.

Registered Nurses Association of Ontario (2001). *Submission to the Senate Committee on Social Affairs, Science and Technology*. Toronto: Author.

Saint Clair, D. (2000). Rethinking Medicare: It's Time to Do It! *Healthcare Papers*. Summer. Vol. 1, No. 3, Pages 9-20.