

Submission to the Standing Committee on Health

Study on Children's Health

April 12, 2022

OVERVIEW

HealthCareCAN, the national voice of Canada's research hospitals and healthcare organizations, welcomes the opportunity to submit this brief to the Standing Committee on Health as part of its study on Children's Health.

Over the past two years, many of our member healthcare organizations, including those providing care to children and youth, have increasingly sounded the alarm on the impact the pandemic is having on the physical, mental, emotional, developmental, and social wellbeing of young people. Children and youth have dealt with a vast, and often swift, amount of change in a relatively short period of time. This has taken a tremendous toll on many, and healthcare organizations have worked hard to respond to their needs.

Health services for children and youth were significantly strained prior to the pandemic and have been further stressed by heightened demand over the past two years. Children and youth are a unique demographic with their own healthcare needs, and immediate action is needed to shore up the services they require. On this point, HealthCareCAN fully endorses the brief submitted by Children's Healthcare Canada, also a HealthCareCAN member organization.

As an association representing healthcare organizations and focused on the health system broadly, HealthCareCAN advocates for several key system-level changes that would also substantially improve health services to children and youth. The remainder of this brief will outline these recommendations.

RECOMMENDATIONS

Health Workforce

- 1. Improve the immigration and credentialing/licensing process to better leverage the skills of immigrants and newcomers to help meet existing health system needs over the short- and medium-term.**

Healthcare organizations are eager to leverage the skills of immigrants and newcomers to address immediate health human resources needs. However, barriers exist that make recruitment of foreign-trained healthcare workers a significant challenge. This includes healthcare organizations knowing which new arrivals to Canada possess in-demand health skills and experience, and overcoming the complex credentialing and licensing process.

Further streamlining and scaling solutions in both the immigration and credentialing and licensing processes is critical to addressing health workforce shortages, including in children's health, in the short-term.

2. Support interprovincial/territorial coordination of education and licensing.

During the pandemic measures were implemented to facilitate the movement of healthcare workers across provinces and territories to help the hardest hit areas. Similarly, necessary processes were implemented to support providers who had to switch to providing virtual care at the onset of the pandemic.

These approaches worked well, and Canada cannot afford to return to the pre-pandemic status quo once the pandemic is behind us. We must make permanent what, at the time, were viewed as temporary solutions, including measures to support health workforce mobility and the virtual delivery of health services across provincial/territorial borders.

Governments, regulators, educational institutions, professional associations, employers, and unions must work together to reduce jurisdictional barriers to adapt to changing system and patients needs, including better coordination of healthcare education and licensing. The federal government must play a leadership role in convening stakeholders and facilitating the implementation of solutions.

3. Collaborate with provincial and territorial governments, regulators, and educational institutions to train more Canadian healthcare professionals in the professions and specialties necessary to meet the long-term needs of the healthcare system.

Long-term, Canada must train more healthcare workers, including training more providers specialized in children and youth health. This involves increasing the number of seats available in university and college programs for all healthcare professions, expanding access to and reducing barriers for marginalized, Indigenous, and other racialized groups, and enhancing supports to maximize postgraduate training and internship opportunities.

Similarly, developing campaigns to familiarize young people with health sector jobs and providing financial and other incentives to those considering a career in healthcare can help attract people to healthcare positions. Providing additional support to students throughout the education and training process, including financial incentives, grants, and tuition relief programs, are further measures that can encourage individuals to pursue healthcare careers.

4. Implement a pan-Canadian health workforce planning strategy.

Canada does a poor job of health workforce planning and data collecting, and a lack of a pan-Canadian health workforce strategy makes it difficult to ensure the right mix of healthcare workers to meet current and future needs. This undermines patient care, leads to poor working conditions for healthcare workers, has economic ramifications for Canada, and perpetuates current inequities in the health system for both healthcare workers and patients.

Canada lags its Organisation for Economic Co-operation and Development (OECD) peers in health workforce data collection, infrastructure, and analytics.ⁱ Many countries, such as Australia,ⁱⁱ undertake health workforce planning at the national level and have dedicated bodies

to collect and analyze data on the health workforce, conduct research, forecast health system needs, and contribute to policy development to strengthen the health workforce and system.

There are examples of workforce planning in other sectors right here in Canada, such as [BuildForce Canada](#) in the construction sector, that could be used as a basis for developing a health workforce planning approach.ⁱⁱⁱ

A pan-Canadian health workforce planning strategy will increase understanding of workforce shortages, the factors contributing to them, and help inform the development of solutions to ensure Canada has the workforce it needs to deliver child and youth health services. It will also provide insight into future needs and help support development of strategies to ensure Canada has the health workforce it needs to meet future demand. A well-staffed health system, with healthcare workers who feel mentally and physically well, is vital for a functioning health system and the delivery of high-quality child and youth care.

Health Research and Innovation

5. Make transformational investments in health research, starting with a minimum annual floor of two per cent of public spending on health (\$3.7 billion), allocated equally between health research, knowledge translation, and strategic initiatives to tackle pressing health and social issues.

COVID-19 has spurred new interest and increased investment in health research in the US and UK, both of which outpace Canada. The UK announced that it will invest £14.6 billion (approximately C\$24.4B) in research and development in 2021–22 and committed to boosting science funding to 2.4 per cent of gross domestic product (GDP) by 2027.

The 2018 federal budget here in Canada increased CIHR's annual budget by just over 1% in 2020-21 to \$1.2 billion, which is where it is expected to remain going forward. This limited budget and investment in health research leaves little to be divided amongst Canada's researchers.

For the Spring 2020 Project Grant competition, the success rate of receiving a CIHR grant was only 15.8%. Out of a total of 2130 applications submitted, only 336 CIHR grant applications were successful. A lot of promising research, including research focused on children and youth health, is not being pursued due to a lack of funding for Canadian researchers and innovators.

6. Improve health system interoperability to support partnership creation, including through the formation of a pan-Canadian health data research repository.

Networks among Canada's health researchers are well-established, but they lack the tools to effectively communicate and share data and information across institutions and provincial/territorial divides.

Developing a national health data strategy that allows for interoperability between institutions, jurisdictions and governments is recommended by the [Health and Biosciences Economic Strategy Table](#) (HBEST) and the Public Health Agency of Canada's [pan-Canadian Health Data](#)

[Strategy Expert Advisory Group](#). Doing so will enrich the quality and availability of health data and research, and foster the partnerships and collaboration needed to drive innovation that will address Canada's most pressing health challenges, including our current children's health crisis.

There is a leadership role for the federal government to play in working with provincial and territorial governments to establish a pan-Canadian data repository.

Infrastructure

7. Ensure infrastructure funding reaches the health sector by providing healthcare organizations direct and equal access to federal infrastructure funding.

Healthcare organizations are not consistently able to directly access federal infrastructure funding. This makes them reliant on funding that flows to the provinces/territories, and possibly further to municipalities, being allocated to improve health infrastructure. This has proven to be a faulty approach as these governments, who have many infrastructure projects to contend with, often overlook the need to invest in health facilities, perhaps thinking that healthcare budgets will cover updates to these vital public buildings.

Direct and equal access to all federal infrastructure funding for healthcare institutions is critical to ensuring infrastructure projects in all sectors can compete on an even playing field for federal investments.

8. Increase capital investments in healthcare to a minimum of 0.6 percent of GDP (approximately \$12.5B) to better align with Canada's OECD counterparts.

Canada's investment in capital infrastructure in healthcare has declined in recent years while overall healthcare spending rose steadily over this time. Counter to the trend among OECD countries of increasing capital investment since 2010, Canada invested 14% less in real terms in 2019 compared with 2010.^{iv}

Regarding investment in healthcare infrastructure as a percentage of GDP, Canada sits below the OECD average of 0.6% at 0.5% and lags many of our most important global counterparts, including France (0.6%), the United States (0.7%), Australia (0.8%) and Germany (1.1%).^v

Healthcare organizations have felt the impact of decreased capital investments, with accumulated deferred maintenance for hospitals alone estimated to be roughly \$28 billion in 2015.^{vi} Failing to sufficiently invest in capital affects the ability to deliver accepted or emerging standards of care to patients, especially when such standards require expensive technology for diagnosis and treatment.^{vii}

The two main revenue streams for capital investments in healthcare have remained unchanged for the last 100 years: charitable giving and taxation. Both fluctuate over time and do not provide a steady source of funding, which needs to be bridged by governments.

Modern infrastructure is crucial in enhancing access to services and patient outcomes. The federal government must increase health infrastructure investments as a key component of improving children's health, and the health system generally.

9. Expand virtual care and improve information technology and digital infrastructure across the health system.

The expansion of virtual care and digital health options, sparked by COVID-19, had the positive impact of practitioners and researchers being able to provide better care for patients, facilitate research and treatments, and increase collaboration.

It is also well-liked by youth. A commentary published in July 2021 noted that the Canadian youth aged 13 to 17 the authors spoke with experienced several benefits in using virtual care and expressed an ongoing interest in continuing virtual care once the pandemic is over.^{viii}

Expanding virtual care will not be possible without digital infrastructure that supports new technology and tools and enables the sharing of information across institutions and jurisdictions. It will be necessary to improve current information technology and digital infrastructure, which will require investments from all levels of government. The federal government must also play a leadership role to facilitate this work with the various stakeholders and levels of government.

ⁱ Bourgeault, I.L. December 17, 2021. A path to improved health workforce planning, policy and management in Canada: The critical co-ordinating and convening roles for the federal government to play in addressing eight per cent of its GDP. The School of Public Policy Publications. Volume 14:1. <https://journalhosting.ucalgary.ca/index.php/sppp/article/view/74064>.

ⁱⁱ Crettenden, I. F., McCarty, M. V., Fenech, B. J., Heywood, T., Taitz, M. C., & Tudman, S. 2014. How evidence-based workforce planning in Australia is informing policy development in the retention and distribution of the health workforce. *Human resources for health*, 12, 7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3922608/>.

ⁱⁱⁱ BuildForce Canada. 2019. Welcome to BuildForce Canada. <https://www.buildforce.ca/en>; Bourgeault, A path to improved health workforce planning.

^{iv} Teja B. et al. 2020. Ensuring adequate capital investment in Canadian health care. *CMAJ* Jun 2020, 192 (25) E677-E683. <https://www.cmaj.ca/content/192/25/E677>.

^v OECD (2021), *Health at a Glance 2021: OECD Indicators*, OECD Publishing, Paris, <https://doi.org/10.1787/ae3016b9-en>.

^{vi} Teja, Ensuring adequate capital investment.

^{vii} Ibid.

^{viii} Fletcher, S.E., Tsand, V.W.L. 2021. The era of virtual care: Perspectives of youth on virtual appointments in COVID-19 and beyond. *Pediatric & Child Health*, Vol. 26, Issue 4, p 210-213. <https://doi.org/10.1093/pch/pxaa138>.

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