



RNAO

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

Speaking out for health. Speaking out for nursing.

Creating **Vibrant**

Communities

RNAO's Challenge to
Ontario's Political Parties

2011 Provincial Election



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MISSION STATEMENT

The Registered Nurses' Association of Ontario (RNAO)

We represent the nursing profession in Ontario, speaking out for health and speaking out for nursing.

Our mission is to pursue healthy public policy and to promote the full participation of registered nurses in shaping and delivering health services now and in the future. We believe health is a resource for everyday living and health care a universal human right.

We cultivate knowledge-based nursing practices, we promote quality of work life, and we promise excellence in professional development services.

Respecting human dignity, we are a community committed to diversity, inclusivity, democracy and voluntarism. We make leadership our mandate, working with nurses, the public, health-care providers and governments to advance individual and collective health.

RNAO's Strategic Directions:

- RNAO influences public policy that strengthens Medicare and impacts on the determinants of health.
- RNAO speaks out on emerging issues that impact on health, health care and nursing.
- RNAO advances nursing as a vital, significant and critical contributor to health.
- RNAO influences the public to achieve greater engagement in health care.
- RNAO inspires every RN and undergraduate basic nursing student to be a member.

PREFACE

The Registered Nurses' Association of Ontario (RNAO) is the professional organization for registered nurses who practise in all roles and sectors across Ontario. We work to improve health and strengthen our health-care system. Nurses believe health is a resource for everyday living and that access to the conditions that permit health, including access to health care, are universal human rights.

We are proud to share *Creating Vibrant Communities: RNAO's Challenge to Ontario's Political Parties*. This document and its companion technical backgrounder, present our key policy priorities for the provincial election that will take place on October 6, 2011. This election, the first as Ontario emerges from a recession, sees the province at a crossroads. Faced with our social and physical infrastructure badly strained and the manufacturing sector, formerly Ontario's bedrock, fundamentally altered, voters have a crucial choice to make. Some will tell you we need to choose between social programs and deficit-cutting, or between a clean environment and jobs. Forcing such choices is unacceptable.

There is no question that government must be aware of fiscal realities and find new and creative ways to ensure it has the capacity to deliver the services needed by a modern, sustainable society. *Creating Vibrant Communities* identifies progressive sources of revenue that would enhance overall efficiency and send appropriate signals to markets. We know from the mid-1990s that cutting deficits on the backs of nurses, other public sector workers and necessary public services does not work. Nurses believe there is a better way. First, it requires a commitment to better health care, a cleaner environment, prosperity and a brighter future for our children, all in the context of equity and fiscal responsibility. Second, we recognize that the path to prosperity is through economic growth – including the green jobs of the future – not cuts to public necessities. Third, we need the leadership and political will to make it happen. That's what we mean by "vibrant communities."

Creating vibrant communities means:

- A. Strengthening Social Determinants, Equity and Healthy Communities
- B. Building Sustainable, Green Communities
- C. Enhancing Medicare
- D. Improving Access to Nursing Services
- E. Building a Nursing Career in Ontario
- F. Embracing our Democracy, Strengthening our Public Services

Vibrant communities are built on the following fundamental principles that cross all six of the above areas:

- Equity – In vibrant communities, nobody is left behind. There are those who did not share in the prosperity of good times and who are at greatest risk during difficult times. In vibrant communities, the underlying factors that lead to social inequities must be addressed so that those inequities do not contribute to widening disparities in health and access to health care.

- Dignity – Whether you are a senior looking for basic support to live in your own home and community, a mid-career nurse who seeks respect in the workplace, or a family requiring emergency shelter, there is the overriding desire and right to be treated with dignity. In vibrant communities, everyone is treated with dignity.
- Accountability, transparency, democracy – These are the touchstones of our parliamentary democracy, essential for positive change and should be apparent in how we relate to each other and in our health institutions.
- Upstream, visionary policies – Upstream, long-term, visionary thinking to address the root causes of ill-health and premature mortality must be the foundation of healthy public policy and multi-sectoral action. In vibrant communities, evolving evidence on the social and environmental determinants of health is used to safeguard the health of the public and reduce health inequities.
- Fairness and respect for our first peoples – Nowhere are the consequences of government inaction, failed policies and inequity felt more profoundly than in Aboriginal communities. Vibrant communities means respect for the right of our first peoples to self-determination and equitable access to resources, jobs, health care, clean water, good schools and safe housing.
- Health and health care for all - Canadians have a deep and abiding commitment to the *Canada Health Act* and to the principle of a universal, single-tier, health care system built on core values of equity, fairness, and solidarity. People living in vibrant communities have access to a spectrum of high-quality, client-centred health care services based on need rather than ability to pay. This includes expanding Medicare to include coverage of pharmaceuticals and home care. But that is only part of the story. Tommy Douglas’s vision of Medicare included moving to a second stage focused on prevention and keeping people well. This means addressing the social, environmental and other factors that affect the health of Canadians.

Worth Quoting

“All these programs should be designed to keep people well – because in the long run, it’s cheaper to keep people well than to be patching them up after they are sick.”

Tommy Douglas, 1982

Nurses know that, if implemented, the practical policies recommended in *Creating Vibrant Communities: RNAO’s Challenge to Ontario’s Political Parties* will, along with the principles above, lead to improved health outcomes for Ontarians and healthy communities – *vibrant communities* – for all of us.

A. STRENGTHENING SOCIAL DETERMINANTS, EQUITY AND HEALTHY COMMUNITIES

In order to be healthy, there are conditions that must be in place. Access to conditions that permit health is shaped by the circumstances in which people are born, grow up, live, work and age, and an array of political, economic, social, cultural and environmental conditions and forces. Health inequities are a direct reflection of social inequalities, which means that chances for better health and a longer life increase along the socio-economic gradient. *Creating Vibrant Communities* recommends public policies that improve the conditions of daily life, tackle the inequitable distribution of power and resources, take action on the social determinants of health and, ultimately, improve health outcomes.

Creating Vibrant Communities is guided by the vision of a poverty-free province where every person has the opportunity to live in dignity and achieve his or her full potential. *Breaking the Cycle – Ontario's Poverty Reduction Strategy*, released by the government in December 2008, was a strong start, but poverty remains a distressingly large and increasingly acute problem as the effects of the recession continue to be felt by the thousands who lost their jobs and who have yet to benefit from any economic recovery. Poverty is not random. Those most vulnerable to persistent low income include single parents (most frequently mothers), individuals aged 45-64 years and living alone, recent immigrants, persons with a work-limiting disability, Aboriginal people, individuals who drop out of high school, women, and racialized group members. For example, the poverty rate for the racialized family population in Toronto increased steadily from 20.4 per cent in 1981 to 25.5 per cent in 1991, and jumped to 29.5 per cent in 2001. This compares with the 11.6 per cent poverty rate in 2001 for the non-racialized family population. Similarly, in 2000, 37.3 per cent of First Nation individuals were living in poverty compared to 12.4 per cent for non-Aboriginal Canadians.

Overwhelming evidence from academic research and RNs' own nursing practice shows that differences in social and economic status are directly linked to inequitable health outcomes. As is most evident in a recession, as the income gap between rich and poor widens the health disparities also increase. Those with the lowest income die earlier and have significantly higher incidences of a variety of chronic diseases, conditions and disorders. With the public and private costs of poverty estimated at \$32.2 to \$38.3 billion, it is clear that social investment to eliminate poverty is good health policy, good social policy and good economic policy.

Safe, affordable housing is essential to good health. People who are homeless are sicker and have higher death rates than the general population. Living in shelters, rooming houses and hotels is a marker for much higher mortality rates than would have been expected on the basis of low income alone. In fact, homeless women aged 18-44 years are 10 times more likely to die than women in the general population of Toronto. Certain groups and individuals face greater barriers in finding affordable housing, including people with disabilities, racialized groups, seniors, and those with mental health issues. *Creating Vibrant Communities* recommends enshrining the human right to adequate housing in federal and provincial legislation and fast-tracking the provincial housing plan to ensure access to safe, affordable, appropriate housing that meets the changing needs of individuals and families throughout their life cycles.

Creating Vibrant Communities also recognizes the close link between healthy childhood development and long-term health and well-being. This requires both universal approaches to early childhood development – such as a provincial breastfeeding strategy, access to early learning, child care, and high-quality education – and targeted initiatives to address the detrimental impact of poverty from childhood into the adult years.

Eliminating poverty, ensuring safe and affordable housing and drawing the link between healthy childhood development and longer term well-being emanate from universal human rights recognized in numerous international human rights documents and explicitly asserted in the *Ontario Human Rights Code*: “it is public policy to recognize the dignity and worth of every person and to provide for equal rights and opportunities without discrimination.” Equity and healthy communities – *vibrant communities* – mean protecting economic, social and cultural rights and ensuring that discrimination and harassment, such as by gender identity, is unacceptable.

RNAO Recommendations:

Vision of a Poverty-Free Ontario

- 1) Implement the Poverty Reduction Plan with multi-year sustainable funding to allow all Ontarians to have the opportunity to achieve their full potential with dignity and contribute to a prosperous and healthy Ontario.
- 2) Monitor implementation of the Poverty Reduction Plan to ensure action for populations that have historically been overrepresented in poverty such as racialized and Aboriginal communities.
- 3) Immediately increase the minimum wage to \$13.25 per hour, with automatic annual increases indexed to the cost of living
- 4) Enforce and strengthen the *Employment Standards Act* to improve protection of vulnerable workers.
- 5) Work with the federal government to ensure that unemployed Canadians in this time of economic turmoil will be able to access Canada’s Employment Insurance (EI) system by expanding eligibility and improving benefit levels.
- 6) Transform Ontario’s social assistance system from a punitive, incoherent tangle of contradictory rules and regulations to a person and family-centred system that treats clients and staff with dignity. This includes raising the rates significantly to reflect the actual cost of living.
- 7) The provincial government should withdraw its appeal of the court finding that addictions could be considered in deciding whether an individual is disabled and thereby act in accordance with the *Ontario Human Rights Code*.

- 8) Introduce a \$100 per month Healthy Food Supplement as a down payment towards addressing the gap between dangerously low social assistance rates and nutritional requirements.

Healthy and Affordable Housing

- 1) Enshrine the human right to adequate housing in federal and provincial legislation.
- 2) Implement the recommendations of the Ontario Human Rights Commission to address discrimination in rental housing.
- 3) Fast-track the provincial housing plan, including: capital subsidies to build new affordable housing or renovate existing housing stock that is substandard; rent supplements to ensure affordable housing for low and moderate income households; and supportive community-based housing and services for those with physical, cognitive and/or mental health needs.

Early Childhood Development, Child Care, and Ongoing Education

- 1) Implement a provincial breastfeeding strategy that would improve health services by providing mothers/families with effective, practical breastfeeding support, and encourage cultural norms that would welcome breastfeeding as a basic human right.
- 2) Fully implement the recommendations of the *With Our Best Future in Mind* report.
- 3) Support the increased presence of school nurses, to promote health education, and public health measures in the school environment.
- 4) Advocate for a national affordable, regulated, not-for-profit child care program.
- 5) Designate funding to save threatened child care subsidies and build new affordable child care spaces
- 6) Invest in a public education system that focuses on equitable access. Freeze tuition fees and increase access to needs-based grants for post-secondary education.

Strengthening Human Rights in Ontario

- 1) Make Ontario a leader in human rights protection by:
 - urging the federal government to fulfill its obligations under international conventions and treaties by implementing the recommendations of the Committee on Economic, Social and Cultural Rights and other international bodies;
 - amending provincial human rights legislation to fully include economic, social, and cultural rights;
 - amending the *Ontario Human Rights Code* to explicitly list gender identity as a prohibited ground of discrimination and harassment and include sexual orientation as a prohibited ground of harassment;

- providing adequate funding for the Ontario Human Rights Tribunal to enhance enforcement of equality rights through the *Ontario Human Rights Code*.

B. BUILDING SUSTAINABLE, GREEN COMMUNITIES

Evidence of the connection between the environment and health is well-established. World Health Organization data suggests that environmental factors account for 24 per cent of the world's burden of disease and 23 per cent of all deaths. Costs to human health are higher in developing countries, but environmental factors have a significant impact here in Ontario. For example, the Ontario Medical Association (OMA) concludes that 9,500 deaths per year in Ontario are attributable to a limited number of air pollutants.

Evidence in both Canada and elsewhere shows that these impacts are disproportionately borne by those with the lowest incomes, particularly Aboriginal and racialized communities. This is particularly true at the global level with climate change. The most vulnerable people in developing countries are at greatest risk of harm from environmental degradation. In Canada, dozens of Aboriginal communities with contaminated water are under "Boil Water Advisories." Environmental protection is not only a matter of health, therefore, but also of social justice and equity. Environmental rights – clean air and safe water – must be recognized as human rights.

Given the seriousness of consequences of environmental pollution, it is essential that we take a precautionary approach to protecting human health and the environment. When an activity threatens harm to human or environmental health, precautionary measures must be taken even if a conclusive cause and effect relationship has not been fully established scientifically.

In addition to the health and social costs, the economic costs of inaction on environmental determinants of health are high. To take just four environmentally related outcomes – diabetes, Parkinson's disease, neurodevelopmental effects and hypothyroidism, and neurodevelopmental effects and IQ deficits – the total economic and health burden on Ontario is estimated at up to \$10 billion.

Ontario has taken a number of environmental initiatives. RNAO praised the April 22, 2009 introduction of the strongest cosmetic pesticide regulations in North America, banning the use and sale of pesticides for non-essential purposes. In June 2009, the legislature passed Bill 167, the *Toxics Reduction Act*. With enactment of the *Green Energy and Green Economy Act*, substantial resources were made available to conserve energy and increase cleaner renewable energy.

Positive steps have been taken, but there is much to be done. Aggressive targets are needed for reduction of climate change-causing greenhouse gases, especially after the disappointingly weak outcome of the Copenhagen climate change summit in December 2009. Tougher regulations and programs are needed to protect Ontarians against toxic substances. Sufficient resources must be allocated to enforce the *Cosmetic Pesticides Act*. Polluting, coal-burning power plants should have their doors closed by 2012 and plans to construct new expensive, dangerous nuclear plants must be replaced by ambitious targets for production of green, renewable energy. A mechanism like a carbon tax must be implemented as an incentive to reduce greenhouse gas emissions. No

Ontario community should go without safe drinking water. Wasteful and expensive bottled water, where our shared public resource is bottled and sold for huge profits, should be banned from public places and replaced with clean, safe, public water.

Quick Fact

Conditions such as asthma, lung cancer, cardiovascular disease, allergies and many other human health problems have been linked to poor air quality.

Environment Canada, 2006

Creating Vibrant Communities means building healthier environments through cleaner air and water, creating good green jobs on a base of equity and environmental sustainability, getting serious about climate change, and reducing toxic substances and other pollutants in the environment, in our workplaces, in our consumer products and in our food and water.

RNAO Recommendations:

Promote Clean Green Energy, Get Serious About Climate Change

- 1) Implement a climate change plan that would make Ontario a national leader by adopting clear, tough and achievable targets for reducing greenhouse gas emissions, reducing greenhouse gas emissions by at least 25 per cent from 1990 levels by 2020 and 80 per cent by 2050.
- 2) Commit to aggressive targets to dramatically increase the green share of energy, and to sharply reduce consumption through conservation.
- 3) Make conservation and green energy, including combined heat and power, priorities in planning, regulation, procurement and operation.
- 4) Commit to terminating all coal burning at Ontario's power plants by 2012.
- 5) Cancel plans for the construction of new nuclear plants in Ontario.
- 6) Commit to phasing in a carbon tax and other environmental levies and regulations.
- 7) Ensure that any system of greenhouse gas emissions trading includes: a tight cap on the number of permits in order to realize the above greenhouse gas reduction targets; minimal exclusions of emissions in terms of sectors and emitters; auction of all permits (instead of free distribution); ensuring that permits do not confer a permanent right to emit; and, a ban or strict limit on offsets for activities that lower carbon emissions in other jurisdictions. Offsets must be for real, verifiable, permanent reductions in greenhouse gas emissions. Emissions

trading is clearly inferior to a carbon tax because it is slow and difficult to implement; it is complex; it is bureaucratic; and it invites evasion and corruption. In the event that emission trading is implemented, we must take all of the above steps to minimize its inherent weaknesses, so sadly evident in the current emissions trading programs in Europe.

- 8) Quickly implement the promised expansion of rapid transit, while reviewing proposed or future expansions of highways.
- 9) Expand support for greater access to active transportation and reduce barriers to walking, cycling and other means of active transportation in our communities. This requires a continuous and safe network of bike lanes, sidewalks and trails that is well connected with other modes of transportation.

Tougher Protection from Toxics

- 1) Toughen protection from toxics by:
 - Committing to aggressive targets for reductions in the use, creation and release of toxics;
 - Committing to the goal of comprehensive coverage of toxics, not limited to a set number of toxics or industries;
 - Including mandatory substitution of safer alternatives for toxic substances in production processes;
 - Establishing an independent, academically based institute to build capacity to meet the requirements of toxics reduction, safe substitution and green chemistry. This would include support to businesses, employees and communities.
- 2) Ensure public right to know about toxics in their environment, workplaces and products by:
 - Collecting all necessary toxics data and making it available in a readily searchable format;
 - Making data available that is collected under the *Toxics Reduction Act* and all other environmental legislation; and,
 - Identifying toxic content in products through labelling or by other understandable means.

Strengthen Cosmetic Pesticides Ban

- 1) Commit to supporting full implementation of the *Cosmetic Pesticides Act* and regulations.
- 2) Commit sufficient resources to enforcing the *Cosmetic Pesticides Act* and regulations.
- 3) Phase out the exemption of golf courses from the pesticide ban in the *Cosmetic Pesticides Act*.

Clean Water is a Right

- 1) Strengthen source water protection to ensure that municipal waste and municipal sewage do not compromise the quality of drinking water.

- 2) Recognize that access to safe, clean drinking water is a human right. This includes monitoring drinking water quality and safety, and self-determination for Aboriginal communities to provide them control over their own resources.
- 3) Work with municipalities to ban the sale of bottled water in publicly owned places. Our shared resource should not be bottled for huge profits where safe, clean public drinking water exists.

C. ENHANCING MEDICARE

In difficult economic times we are reminded why Canadians cherish their publicly funded, not-for-profit health care system. Indeed, 86 per cent of Canadians support not-for-profit solutions to strengthen Canada's universal health-care system. Canadians, and Ontarians, have made it very clear that they value, support and rely on our publicly funded health-care system and they look to our political and health-care leaders to commit to defending and enhancing it.

In contrast to the United States where unpaid medical bills are the leading cause of bankruptcy, essential health services in Canada are part of the cost-efficient, single-payer system that offers universal access to health care that would otherwise be unavailable to many people with low and moderate incomes.

Worth Quoting

A systematic review comparing private for-profit with private not-for-profit hospital mortality shows that:

"...private for-profit hospitals were associated with a statistically significant increase in the risk of death."

P.J. Devereaux et al., 2002

However, in many ways the job is only half-complete. First, the health-care system must constantly evolve to meet the changing needs of an aging population, such as ensuring equitable access to home care and medications. Second, and of critical importance, Tommy Douglas's original vision of Medicare included prevention and confronting the social, environmental and other factors that make people unwell in the first place.

Creating Vibrant Communities means enabling people to live independently at home with dignity, whatever their background, wherever they live and whenever required. Access to high-standard long-term care, acute care, mental health and addiction services and home and community care must be designed with the needs of residents and patients foremost in mind. Funding for Aging at Home and Alternative Level of Care strategies must be sufficient to ensure the availability of high-quality, age-appropriate care. Competitive bidding puts price ahead of

quality and should be ended. Ontario should take the lead in advocating for a national home care strategy and national pharmacare program.

In a province as progressive as Ontario, the fact that access to primary care remains a key challenge is unacceptable. In 2008, nearly one in 12 adults did not have a nurse practitioner (NP), family physician or other primary care provider. Nurse practitioners in community, long-term care and hospital settings have demonstrated the knowledge, skills and competencies to augment other roles and improve access to health services. This contrasts with physician assistants (PAs) who are unregulated and have limited education, training and experience. Where PAs can lead to public confusion and the fragmentation of patient care, nurse practitioners hold the key to providing high-quality, client-centred, cost-effective health care utilizing all health professionals to their full scope of practice.

NP-led clinics are improving access to primary care and quality of life for patients and their families across the province. The government's commitment to open 25 new NP-led clinics by 2011, following in the footsteps of the successful NP-led clinic in Sudbury, must be followed by a further 50 new NP-led clinics by 2015. Dozens of communities are just waiting for the green light from the government to move forward.

Quick Fact

In 2008, nearly one in 12 adults did not have a nurse practitioner, family physician or other care provider.

Ontario Health Quality Council, 2008

The community hospital plays a central role in *Creating Vibrant Communities*, particularly in small rural and northern communities. Many face restructuring and cuts to services as a result of less-than-inflation budget increases. Adequate funding for hospitals, public health, community care and primary care must be guaranteed to invest in collaborative programs that meet community needs. Where tightening budgets have led to changes to the model of nursing care delivery, it is essential that models of nursing care and the delivery of health services reflect the best evidence, where each patient is assigned one nurse per shift, RN or RPN, depending on the level of complexity and predictability of outcomes for the patient. Committing to the best possible patient care with continuity of care and continuity of caregiver is paramount.

While *Creating Vibrant Communities* requires our best efforts to strengthen the not-for-profit health-care system, we must be ready to defend it against attempts to limit access to those who have a greater ability to pay. RNAO calls on all political parties to re-commit to the *Canada Health Act* and the principle of a single-tier health-care system, and to affirm that there is no place in Ontario for private, for-profit clinics and privately built and operated hospitals and health-care facilities. When violations to the *Canada Health Act* occur, the federal government must use its funding power to resist the flow of public funds to support for-profit delivery of necessary health services and stand up for public health care.

RNAO Recommendations:

Enforce Medicare Acts

- 1) Enforce the *Canada Health Act* and the principle of a single-tier, not-for-profit health care system.
- 2) Support the federal government's use of its power to withhold health transfers to provinces when violations to the *Canada Health Act* occur and ensure that federal funds are used exclusively to deliver necessary health services that are timely, universally accessible and not-for-profit.
- 3) Enforce the *Commitment to the Future of Medicare Act* to prevent private for-profit clinics from delivering medically necessary health-care services in Ontario.

No Privately Financed and Operated Hospitals

- 1) Adopt the principle that all hospitals and community health facilities must be equitably and publicly operated and financed, with no disadvantage to those in rural, remote or low-income areas.
- 2) Establish an immediate and indefinite province-wide moratorium on Infrastructure Ontario's private-finance, for-profit alternative financing and procurement (AFP) projects in the hospital sector. Do not approve or announce any additional AFP projects for which contracts have not been signed.
- 3) Request the Auditor General to conduct a full review into the financial details of the government's AFP deals to determine whether the public is getting the value it has been promised.
- 4) Provide full transparency with total disclosure of all financial aspects of AFP/P3 (public private partnership) contracts that have already been signed.
- 5) Shift the hospital financing method to a traditional (non-AFP) method for projects where AFP contracts have not yet been signed.
- 6) Ensure that publicly financed and built hospital projects follow comprehensive evidence-based guidelines for health-care facility design and construction.

Access to Primary Care for All Ontarians

- 1) Establish 50 additional nurse practitioner-led clinics by 2015, as part of enhanced access to primary care.

Access to Home Care

- 1) In order for the Alternate Level of Care (ALC) strategy to succeed, provide adequate funding to support Aging at Home and the availability of age-appropriate care from home and community care, long-term care and hospital care.
- 2) Increase investment in home care services, including homemaking and professional services, to support persons with chronic conditions and/or older persons so that they continue to remain active and vibrant members of our communities.
- 3) Provide incentives for collaboration of all community health-care partners, including mental health and chronic disease management, in addition to home care services.
- 4) Abandon competitive bidding as a method of allocating funding for home care and for health service providers in Ontario.
- 5) Advocate for a comprehensive national home care strategy following the same principles and spirit of the *Canada Health Act* to enable people to live with dignity and as independently as possible in their communities.

Time for a National Pharmacare Program

- 1) Take a leadership role in advocating expansion of Medicare to include a national pharmacare program.

Healthy Community Hospitals and Health Services with Continuity of Care and Continuity of Caregiver

- 1) Guarantee hospital and health services funding, including community and primary care, and invest in collaborative programs that meet community needs and reflect inflation and population growth.
- 2) Ensure that models of nursing care and the delivery of health services reflect the best evidence and provide the continuity of care and continuity of caregiver from the most appropriate provider – based on the complexity and predictability of the patient’s outcomes - that provides access to the best possible patient care.
- 3) Require all hospital consultancy contracts to be approved by Local Health Integration Networks (LHINs) where they are subject to public scrutiny under the *Freedom of Information and Protection of Privacy Act*.
- 4) Invest in health services research focused on improving system effectiveness, health human resources impacts and outcomes, and the use of technology and treatment alternatives to manage costs.

Standards of Long-Term Care

- 1) Adopt strict standards to ensure equitable access to high-quality, age-appropriate long term care when and where it is needed, including a 30-day guarantee of access to a long-term care home or supportive housing from the community and a seven-day guarantee of placement in a long-term care home from an acute care facility.
- 2) Legislate and fund a daily minimum of four hours of direct nursing and personal care for residents of long-term care homes, attached to average acuity. This would include no less than .59 RN hours per resident per day with greater acuity requiring more hours of care.
- 3) Require by regulation and fund a daily minimum of 0.5 hours of activation and recreational programs that promote socialization, mental and physical stimulation and / or rehabilitation for each long-term care home resident.
- 4) Establish by regulation a long-term care home staffing model that would improve clinical and social outcomes, including enhanced access to dementia care and reduced rates of pressure ulcers and falls. This calls for a staff mix in long-term care homes of one nurse practitioner (NP) for every long-term care home (and no less than one NP for every 200 residents), 20 per cent registered nurses (RN), 25 per cent registered practical nurses (RPN) and 55 per cent personal support workers (PSW), supported by adequate funding.
- 5) Ensure funding of an appropriately educated registered nurse dedicated to infection control in every long-term care home in order to implement the infection prevention and control program consistent with best practices and professional standards.
- 6) Develop an appropriate framework for managing mental health care within long-term care homes in order to develop admitting and discharge criteria for residents with risk-related mental health concerns.
- 7) Recognize an individual's need to age in place and be placed in a long-term care home that is either within their previous continuum of care facility or close to their family and community, if requested.

Physician Assistants Are Not the Answer

- 1) Recognize that physician assistants are not the answer to the need to provide access to high-quality, client-centred, cost-effective health care utilizing all health professionals to their full scope.

Access to Mental Health and Addiction Services

- 1) Develop an integrated and seamless mental health-care system for all Ontarians, with interprofessional collaboration, delivered at the individual's preferred location, with special consideration for members of Aboriginal communities, older adults tackling both new and

ongoing mental health and addictions challenges, people from racialized communities, new Canadians, people with disabilities, discharged members of the Canadian Forces, children and youth requiring increased and enhanced mental health and addictions services, inmates in correctional facilities, and rehabilitated ex-convicts.

- 2) Implement secure funding for professional education in mental health and addictions, in order to promote early screening, assessment, determination of early recognition and diagnosis, and immediate intervention across all professions.
- 3) Support the development of specialized post graduate education in Mental Health and Addictions by introducing a new Nurse Practitioner Specialty in Mental Health and Addictions, and supporting continuing education throughout the career span.

D. IMPROVING ACCESS TO NURSING SERVICES

Access to registered nurses is an essential component of vibrant communities and optimal health outcomes. There is clear evidence linking care provided by RNs with better health outcomes in a variety of settings – hospitals, long-term care, and the community. Full-time RNs, as compared with part-time and casual employees, are closely associated with lower mortality rates, continuity of care and continuity of caregiver for patients, and better morale. Nurse practitioners augment other roles, further improving access to community and hospital-based services.

Ontario's RN workforce, however, is failing to keep pace with the province's growing and aging population. To bring Ontario's nurse-to-population ratio up to the equivalent of the rest of Canada, Ontario would require almost 15,000 additional RNs. As workload increases, patient care suffers.

Numbers alone do not tell the whole story. Some hospitals, driven misguidedly by budget cuts, have moved away from models of nursing care delivery that advance continuity of care and continuity of caregiver, which are proven to be in the best interests of patients and nursing. Both appropriate skill-mix and nursing model of care delivery are critical pillars to optimize patient, staff and organizational outcomes. Moreover, skill-mix applications done in the absence of continuity of caregiver compromise both nursing practice and patient safety.

Quick Fact

Ontario would need to hire almost 15,000 more RNs to bring the province's nurse-to-population ratio in line with the rest of Canada.

Canadian Institute for Health Information, 2009

Too many workplaces still have not communicated the message that workplace violence in all its forms, including harassment and bullying, is not to be tolerated. Disparity in compensation also

remains a serious concern with nurses who work in public health and community settings being unfairly paid less than their hospital-based colleagues.

With an aging RN workforce – 27.7 per cent of RNs in 2009 were over the age of 54 – the challenge is two-fold: how to retain experienced nurses while attracting greater numbers of students to the profession. The answer is to create thriving work environments and career paths for nurses in Ontario.

RNAO Recommendations:

Secure an Adequate Supply of Nursing Human Resources

- 1) Commit to increasing Ontario's RN workforce by an additional 9,000 general class FTEs by 2015.
- 2) Fund 350 additional primary, adult and paediatric nurse practitioner positions in each of the next four years – and an additional 10 NP-anaesthesia positions a year – to staff community health centres, public health, long-term care homes, community care access centres, NP-led clinics, hospitals (including inpatient, outpatient and emergency), family health teams, home care and other community services.

Secure 70 Per Cent Full-Time Employment for all Nurses

- 1) Commit to achieve 70 per cent full-time employment for all nurses, with the goal of achieving this target across Ontario in all health-care sectors by 2015. This commitment should be backed up by increased targeted, conditional funding in the hospital sector, and the introduction of targeted, conditional funding in the long-term care and home care sectors.

Secure Continuity of Care and Continuity of Caregiver

- 1) Guarantee that models of nursing care delivery reflect the best evidence, where each patient is assigned one nurse per shift, RN or RPN, depending on the level of complexity and predictability of outcomes for the patient. RNs should be assigned the total nursing care for complex or unstable patients with unpredictable outcomes, and RPNs should be assigned the total nursing care for stable patients with predictable outcomes. Patients whose condition is unclear remain under the care of an RN, to prevent shifting patients back and forth between RNs and RPNs.

Quick Fact

Evidence shows that higher proportions of full-time RNs are associated with lower mortality rates, continuity of care and caregiver, and improved patient behaviours.

L. O'Brien-Pallas et al., 2004

Equalize Remuneration for All Nurses

- 1) Equalize remuneration and working conditions for RNs working in the hospital, primary care/family practice, home care, public health, and long-term care sectors.

Secure Violence-Free Workplaces

- 1) Strengthen the *Occupational Health and Safety Act* to adopt an inclusive and evidence-based definition of workplace violence such as the one incorporated in RNAO's *Preventing and Managing Violence in the Workplace* Healthy Work Environment Best Practice Guideline: "Incidents in which a person is threatened, abused or assaulted in circumstances related to their work... This definition would include all forms of harassment, bullying, intimidation, physical threats or assaults, robbery, and other intrusive behaviours."
- 2) Protect those who report incidents or potential incidents of violence in the workplace with explicit whistleblower legislation.
- 3) Equalize power bases, which is a key contributor to workplace violence. This includes amending the *Public Hospitals Act* to transform Medical Advisory Committees into Inter-professional Advisory Committees, which would allow all health-care providers to participate fully and equally in creating a healthy work environment and excellence in patient care.

Expand the Roles of Nurse Practitioners

- 1) Amend statutes, regulations and policies to allow nurse practitioners to use their full knowledge, skills and experience and practise to their full scope. This includes authorizing NPs to admit, treat and discharge in in-patient settings.
- 2) Support the full integration of specialty (hospital-based) nurse practitioners.
- 3) Expand opportunities for NP continuing education with a focus on specialized NP practices.

Expand the Roles for RNs

- 1) Provide base funding for expanded practice nurses such as nurse endoscopists (NE), RNs who perform flexible sigmoidoscopy and Registered Nurse First Assists (RNFAs), independent of hospital nursing budgets.
- 2) Support Clinical Nurse Specialists (CNS) and new and emerging roles for nurses.
- 3) Reduce surgical wait times by investing in an additional 25 Registered Nurse First Assists each year over the government's mandate.
- 4) Maximize use of RNs' knowledge, skills and experience and allow RNs to practise to full scope by amending the following legislation and regulations:

- *Nursing Act, 1991*, to authorize RNs to sell and compound drugs;
- *Nursing Act, 1991*, to authorize RNs to communicate a diagnosis, order simple x-rays of the chest, ribs, arm, wrist, hand, leg, ankle, foot, and mammograms.
- *Nursing Act, 1991*, to authorize RNs to set or cast simple bone fractures or joint dislocations.

Create Rural and Northern Opportunities

- 1) Develop a health human resources strategy specifically for rural and northern communities that would address educational requirements, recruitment and retention, and the role of RNs in building a robust rural and northern health-care system.
- 2) Expand the 1:1 tuition reimbursement to new nursing graduates who choose to relocate to northern, rural and underserviced communities to include RN and RPN graduates from all regions of the province.

E. BUILDING A NURSING CAREER IN ONTARIO

In *Creating Vibrant Communities*, RNAO recommends practical and concrete policies that will both strengthen the nursing workforce and say to the aspiring nurse, the nursing student, the recent graduate, the mid-career nurse and their later-career colleagues: “Build your Nursing Career in Ontario.”

Much progress has been made to recruit and retain RNs in Ontario. The public has gained access to 11,000 additional RNs since 2000, with the largest improvement happening since 2003. Full-time RN employment increased from 50 per cent in 1998 to 65.6 per cent in 2009, putting the 70 per cent goal within reach. New nursing graduates found full-time employment thanks to the Nursing Graduate Guarantee program, and the 80/20 initiative opened new horizons to keep experienced nurses in the workforce.

We must keep up the momentum. Concerns about a temporary budgetary shortfall must not derail the rebuilding of the profession. We must invest in more nursing graduates. Barriers to a nursing education must be overcome. With the tremendous success of the Nursing Graduate Guarantee in the recruitment and retention of nurses into the profession and integrating new graduates into the workplace, we need to ensure its continued benefit for all sectors and all parts of the province. A strategy must be developed to keep mid-career nurses fulfilled in the profession. Full-time, experienced RNs should have expanded opportunities to spend 20 per cent of their time in mentoring or other professional development activities through the innovative Late Career Initiative program. Commitment to hiring an additional 9,000 general class RNs and a further 1,400 NPs is crucial.

Quick Fact

Registered nurses in many European countries practise in a number of expanded roles and in a diversity of venues, including emergency departments and nurse-led clinics, to provide care and support for clients and their families. These services have been shown to achieve positive outcomes for clients and practitioners.

Mary Ferguson-Paré, 2005

Commit to No International Recruitment

- 1) Ensure that government and publicly funded health organizations do not engage in international recruitment of nurses and other health professionals, and do not see this as part of their health human resources strategy.
- 2) Ensure that nurses and other health professionals who voluntarily and without pressure choose to make Ontario their new home face no systemic barriers to practise their profession.
- 3) Establish permanent funding for existing upgrading and bridging programs for nurses who make Ontario their new home.

Made-in-Ontario Solutions

From Student

- 1) Increase the funding of first-year nursing programs to enable 500 admissions.
- 2) Fund universities to increase their PhD entries by ten per year, and their Masters entries by 100 per year.
- 3) Create an endowment for three-year doctoral fellowships for nurses to enable at least 15 applicants per year to advance their research and accelerate completion of their dissertations, with priority given to nursing faculty.
- 4) Provide funding to graduate 350 nurse practitioners per year.
- 5) Make a nursing education accessible to all qualified Ontarians, including more generous loans and scholarships, and assistance for new grad transition, loan forgiveness and improved access for all marginalized and under-represented populations.

- 6) Increase the Nursing Education Initiative (NEI) by \$500 for a total of \$2,000 per nurse per year.

To New Graduate

- 1) Commit to continued funding of the highly successful Nursing Graduate Guarantee for all sectors and regions in Ontario, to ensure full-time employment for all new RN graduates who wish to work full time, and improve retention in the province.
- 2) Expand the Nursing Graduate Guarantee to support transition and integration of new nurse practitioner graduates across all health-care sectors and specifically incorporate a mentorship/fellowship program for NPs.

To Mid-Career

- 1) Develop a mid-career nursing strategy with opportunities for further professional and personal development, to retain mid-career nurses in the profession and the province.

To Late Career

- 1) Commit to expand the Late Career Nurse (80/20) Initiative (LCNI) to all nurses who are aged 55 years and over who work full and part time, in all sectors and regions in Ontario.

F. EMBRACING OUR DEMOCRACY, STRENGTHENING OUR PUBLIC SERVICES

The global economy has been through a period of economic instability and job loss as severe as any since the Great Depression. Banks have been lending less, companies are producing less, and consumers are spending less. Polarization between the rich and poor is growing. As the middle class shrinks, the numbers of those at the lower end of the income scale grows. Even while the province, according to some indicators, is technically climbing out of recession, the unemployment rate continues to rise.

Some say that the number one priority should be to fight the higher-than-projected deficit, even if it means a fire sale of valuable public assets such as Hydro One, Ontario Power Generation, Ontario Lottery and Gaming and the LCBO. However, we learned in the mid-1990s that cutting the deficit on the backs of public sector workers such as nurses and public services and an agenda of deregulation and privatization leads to higher costs to the public, social divisiveness and greater hardship. Governing in a fiscally responsible way is imperative, but not at the expense of strong public services, social infrastructure and Crown Corporations that are owned by the public and operated in the public interest.

This period of ongoing economic uncertainty and high unemployment is exactly the time when bold leadership is needed to continue to stimulate the economy while reducing the deficit by

investing in Ontario's people and Ontario's future.

Investing in infrastructure creates good jobs with decent wages, stimulates spending in local economies, and builds capacity that will sustain vibrant communities. This includes strengthening the often-neglected infrastructure of health care, education, early learning and child care. Increasing the minimum wage and substantially increasing social assistance will lift people out of poverty and allow them to spend more money locally. Repairing substandard public housing, retrofitting homes for energy efficiency and building new affordable housing will create direct and spin-off jobs while providing a basic human right to shelter. As the International Monetary Fund (IMF) has calculated, investing \$1 billion to boost the incomes of the poor, who spend everything they earn, would raise gross domestic product by almost \$900 million and create 7,000 jobs. The same \$1 billion in personal tax cuts would increase the GDP by only \$720 million. Investing in our people and our health makes good economic sense as well as being good social policy.

Worth Quoting

“Upstream, long-term, visionary thinking to address the root causes of ill-health and premature mortality must be the foundation of healthy public policy and multi-sectoral action.”

RNAO, 2010

Rather than choosing deficit-reduction over public services, RNAO believes this is the time for government to step up with policies that support vibrant communities and all the social and environmental determinants of health. Progressive, fair taxes ensure we have sufficient resources for all Ontarians to live equally in health and dignity with access to a decent income, affordable, good quality housing, clean air and water, and public health and education. Environmental taxes, such as carbon taxes, help both to achieve environmental objectives and strengthen public programs and services.

Trade agreements could be tools to enhance people's well-being and raise environmental, social and labour standards. However in recent practice, governments including Ontario have negotiated trade agreements, such as the expansion of the Agreement on Internal Trade (AIT), the B.C.-Alberta Trade, Investment and Labour Mobility Agreement (TILMA), the Ontario-Quebec Trade and Cooperation Agreement (OQCTA) and the Canada-Economic Union Comprehensive Economic and Trade Agreement (CEUTA), in an undemocratic manner behind closed doors. These agreements tie the hands of present and future governments in ways that thwart the democratic aspirations of their people. Trade agreements are often merely deregulation agreements that put commercial interests ahead of the public interest. Too much is at stake. Trade negotiations must be carried out with transparency and subject to public consultation and scrutiny. No agreement should restrict the ability of democratically elected governments to regulate or act in the public interest. *Creating Vibrant Communities* means

investing in our people, in our health, in strengthening our democracy and our public services. We know this can be achieved with political will, strategic planning, and appropriate allocation of funding.

RNAO Recommendations:

Ensure Fiscal Capacity through Progressive and Green Taxes to Invest in Public Services

- 1) Ensure the fiscal capacity to deliver all essential health, social, and environmental services by building a more progressive tax system and revenue sources that encourage environmental and societal responsibility.
- 2) Reject a fire sale of publicly owned Crown Corporations such as Hydro One, Ontario Power Generation, Ontario Lottery and Gaming and the LCBO that would cut valuable sources of public revenue, severely restrict the government's fiscal capacity and be contrary to the public interest.
- 3) Phase in environmental levies, such as a carbon tax, to achieve environmental objectives and support the social programs and services most needed by at-risk populations.

Trade Deals Not in Public Interest

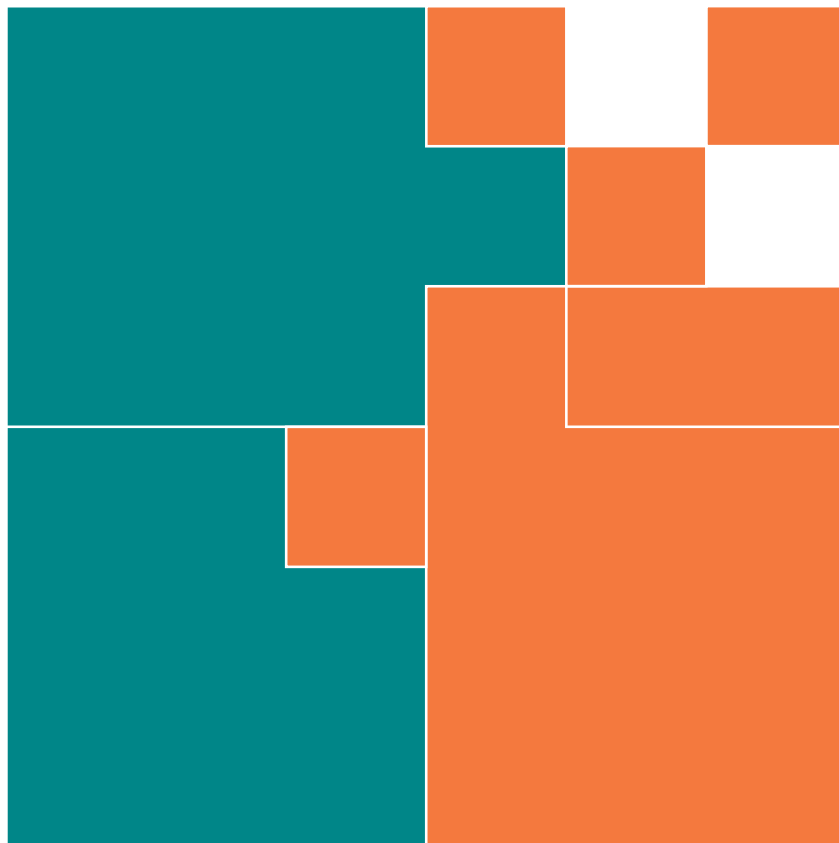
- 1) Stop all negotiations leading to comprehensive trade agreements unless:
 - All negotiations are carried out transparently and subject to public consultation, engagement and scrutiny;
 - Any agreement includes strong protections for health care, public education, the environment, human rights and labour standards in both existing and new policies and programs; and,
 - An agreement does not restrict the ability of governments – federal, provincial and municipal – to regulate or create, implement and sustain programs in the public interest.
- 2) Specifically reject any comprehensive agreement with the European Union that would restrict Canada's right to keep public control of vital services such as health care and water.
- 3) Put ratification of the Ontario-Quebec Trade and Cooperation Agreement on hold pending full public consultation on the impact of the agreement on the provinces' capacity to address social, economic and environmental needs in the public interest.
- 4) Oppose the strengthening of the pan-Canadian Agreement on Internal Trade that would further deregulate provincial policies and threaten public services.

PLATFORM COSTS

	Annual cost \$s Millions			
	Year 1	Year 2	Year 3	Year 4
Strengthening Social Determinants, Equity and Healthy Communities				
Down payment to transform social assistance	732	747	762	777
Strengthen enforcement of Employment Standards Act	10.4	10.6	10.8	11.0
Fast-track provincial housing plan	1,313	1,339	1,366	1,393
Implement breastfeeding strategy	1.4	2.1	2.2	2.3
Implement Best Future in Mind (full-day pre-school learning)	427	723	1,020	1,020
Increase number of school nurses	9.1	18.6	28.5	38.8
Freeze post-secondary tuition	52	106	161	216
Raise funding for Ontario Human Rights Tribunal	10.0	10.2	10.4	10.6
Building Sustainable, Green Communities				
Implement promised rapid transit expansion	1,336	1,336	1,336	1,336
Toxics reduction	20.0	20.4	20.8	21.2
Implement cosmetic pesticide ban	10.0	10.2	10.4	10.6
Source water protection, including infrastructure renewal	1,200	1,200	1,200	1,200
Enhancing Medicare				
Equitable health care for rural and northern areas	443	452	461	470
Home care and aging at home	286	292	298	304
50 new NP-led clinics by 2015	19.5	39.8	59.3	79.6
Improving Access to Nursing Services				
Add 9,000 RN FTEs by 2015	103	271	439	607
Add 360 NP positions in each of next four years	34	70	107	146
70% full-time RNs by 2015	40	82	125	171
Equalize RN wage rates across sectors	241	246	251	256
Permanent funding for expanded practice nurses	10.9	13.3	15.9	18.5
Open under-serviced areas program to all new grads	0.7	1.5	2.2	3.0
Building a Nursing Career in Ontario				
Permanent funding for internationally educated nurses	6	6	7	7
Raise number of first-year nursing seats by 500	4.4	8.4	12.1	15.9
Add 10 more nursing PhD & 100 more Masters students/yr	2.0	4.2	5.4	5.8
Provide funding to graduate 350 NPs per year	6.2	12.7	16.1	16.5
Increase doctoral fellowships	0.375	0.750	1.125	1.125
Increase funding for Nursing Education Initiative	1.0	1.2	1.5	1.7
Continue funding Nursing Graduate Guarantee	94	96	97	99
Expand late career nurse initiative	74	75	77	78
Total	6,487	7,195	7,904	8,318
Revenue: Phase in \$10 to \$30/tonne carbon tax	1,290	1,740	2,189	2,639
Net	5,197	5,455	5,715	5,679

CONCLUSION

Ontario's registered nurses look forward to working with members of all political parties to strengthen social determinants, equity and healthy communities, build sustainable green communities, enhance Medicare, improve access to nursing services, make our province the place of choice to build a nursing career, and embrace our democracy while strengthening our public services. This is RNAO's challenge to the political parties. This is how, together, we can and must create vibrant communities for all Ontarians.



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