



Investing to strengthen Health Care

2024



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Investing to Strengthen Public Health care

No one could have imagined what the last few years have brought us! We are living in such a changed, new, and transformative time that continues to serve up uncertainties in everyday lives and the transition to a low carbon economy.

People in Canada must be able to rely on a strong and accessible universal public health care system to keep them healthy through every bump in the road ahead. We can no longer count on having a job that provides employer-based private insurance for our health care needs. A strong and expanded universal public health care system puts people first based on needs not on their ability to pay out-of-pocket or if they have a job with adequate private insurance.

Over the decades, government after government has chipped away at the investments in the public health care system – continuously weakening our cherished Medicare. The COVID-19 pandemic placed extraordinary demands on an already weakened public health care system. Instead of making sure that all people could be better and equitably taken care of through stronger public health care, many provincial governments exploited this moment to bring in more expensive private for-profit health care services.

Increasing for-profit private health care is not going to solve Canada's health care crisis. In fact, more for-profit private health care makes the crisis worse! Private for-profit health care charges multiple times what the government would pay in the universal public system, usually chooses patients with no complications, and passes the patients who develop complications back to the public system. As a result, for-profit privatized health care costs more public health dollars, increases wait times for health care services, and provides fewer services.

Governments that promote and push increasing private for-profit care are using public monies irresponsibly, and often result in limiting choice and access to health care for residents of Canada.

RECOMMENDATIONS:

- 1. Governments must instead commit to investing and expanding investments to strengthen and build-up universal public health care that can truly meet Canadian health care needs today and in the future by establishing and implementing:**
- 2. full and comprehensive universal single-payer public Pharmacare;**
- 3. oral health care expansion to a universal public dental care program;**
- 4. an enduring solution to the health human resource crisis;**
- 5. universal public long-term care; and**
- 6. universal public mental health care.**

Implement and Expand Universal Public Pharmacare

An Act respecting Pharmacare became law on October 10, 2024. The Act, the first step towards a full universal single-payer drug program, cannot be overstated in these times of great disruptions when many Canadians are struggling just to get by. With nearly one million Canadians forced to sacrifice basic necessities like food and heating to afford medications, and another million resorting to borrowing money, the need for change was clear and immediate.

As a first step, *An Act respecting Pharmacare* will improve access to medications and devices for 3.7 million Canadians living with diabetes, and 9 million Canadian women and gender-diverse people with their sexual and reproductive health. The access to diabetes and contraception drugs and devices will make life much more affordable and keep people healthy and out of hospitals for adverse health outcomes. It is a lifeline to life for millions of Canadians.

This law is an achievement and represents the most significant enhancement to our health care system since the creation of public health care or Medicare in Canada. The introduction of a universal single-payer Pharmacare program is not just a policy change; it is a lifeline that will bring tangible improvements to the lives of countless individuals.

When full universal single-payer Pharmacare is implemented, it will profoundly impact the lives of Canadians by making health care more accessible and affordable.

Full universal public Pharmacare will lead to significant improvements to the health of people, hefty savings through private pay for individuals and businesses, and a resilient workforce for robust economic growth.

The enormous savings from full universal single-payer pharmacare means that workers and employers can redirect these savings towards better wages, stronger paychecks, or enhanced retirement savings.

RECOMMENDATIONS:

1. The federal government must prioritize the signing of bilateral agreements with provinces and territories for universal single-payer first dollar coverage for diabetes and contraception medications and devices.
2. The federal government must exercise due diligence in the selection of members for the Committee of Experts ensuring that there is no conflict of interest that can influence or shape their work in making recommendations of public benefit respecting options for the operation and financing of national universal single-payer Pharmacare.
3. The federal 2025 budget should commit \$4.1 billion to introducing essential medicines that cover over 40 percent of all prescriptions in Canada as the next step to universal single-payer public Pharmacare in Canada.

Expanding Dental Care

Oral health is expensive and is a critical part of our overall health. The Canadian Dental Care Plan (CDCP) is one of the most significant expansions of public health care in a very long time. According to the government, “A third of people living in Canada do not have dental insurance, and, in 2022, one in four Canadians reported avoiding visiting an oral health professional because of the cost.

Many Canadian residents who need dental care are unfortunately still unable to benefit from the CDCP. The current CDCP is an income-capped fill-in-the-gaps model that is available to people with no dental insurance. There is an additional graduated co-payment scheme between co-payments adjusted for families with net incomes between \$70,000 and \$79,999, and between \$80,000 and \$89,999. The government has contracted insurance company Sun Life to administer the CDCP for fees paid by public dollars, emulating the private dental insurance profiteering model.

The net family income cap of \$90,000 is a barrier to accessing oral health care. According to the Canadian Centre for Policy Alternatives, “59 per cent of families with children made over \$90,000 in 2019, amounting to 2.2 million families”. The obvious policy solution is to make dental care universal and public so that no one is left behind.

Poor oral health can lead to respiratory disease, diabetes complications, cardiovascular disease, stroke, cancer, pregnancy complications, life-threatening infections, and greater mortality from all causes. It can also lead to related mental health issues, reductions in quality of life, and, in extreme cases, employment challenges, social shame, nutritional issues, and isolation.”¹

There is a great demand for dental care. The CDCP, one of the country’s largest social programs, makes the cost of dental care more affordable for up to an estimated 9 million Canadian residents. As of September 19, 2024, almost 2.5 million applicants have been approved under CDCP and 751,048 of approved applicants have received care. So many more people in Canada can get the oral health care they need if instead of the current fill-in-the-gaps model, Canada pursues a universal public dental care program.

RECOMMENDATION:

1. The federal government must make dental care a universal, publicly funded, and publicly delivered program with no private for-profit third party like Sun Life.

1. Canadian Dental Care Plan. December 11, 2023. Backgrounder. <https://www.canada.ca/en/health-canada/news/2023/12/the-canadian-dental-care-plan.html>



Health Human Resources Strategy

There is an urgent need for integrated health workforce planning and coordination among stakeholders, including health care unions, with a strong federal role. Accurate, timely, comparable, and publicly available data on current staffing shortages and projections of future needs are essential.

First, a health human resource strategy would need to be integrated with full funding of the public health care system, systematically opposing privatization and outsourcing of health care, and the proper regulation and management of virtual care. It would also feature incentives for health professionals to work in rural and remote areas, including relocation assistance, housing subsidies, and enhanced support for professional development. Geographic mobility would also be facilitated by the national harmonization of standards and certification requirements for health professionals. Other cost barriers to geographic mobility include housing costs and moving expenses.

The provision of culturally appropriate care must be enhanced with the inclusive recruitment and retention of health care workers from all the under-represented groups, in particular, Indigenous workers delivering care in Indigenous communities.

When more health professionals are needed, training will need to be prioritized. A health human resources strategy would also include additional funding for public colleges and universities to allow more places to be created to train health professionals. Additionally, the federal government, working collaboratively with provincial and territorial governments, has a role in actively promoting the full range of health professions as rewarding career paths, ensuring a steady influx of talent into the health care sector as a whole.

There are thousands of internationally educated health professionals (IEHPs) living in Canada who are unemployed or are employed but not in their field. In 2021, over 76% of the approximately 260,000 IEHPs in Canada were employed, and among them, nearly 6 in 10 worked in health occupations. The federal government must prioritize ethical recruitment from abroad, and not further deplete countries with existing health care worker shortages.

Canada's focus should be on recruiting and retaining domestically trained nurses and health care workers leading to good jobs in our communities, while better supporting IEHPs already in Canada through expanding pathways to integration into our health care workplaces and communities, and swift citizenship for them and their families.

Budget 2025 should also declare the federal government's firm commitment to defending patient care, reversing privatization, and solving the health human resources and staffing crisis. It should commit to tying health funds transferred to the provinces to ensure that personal support workers (PSWs) and underpaid health care workers receive a minimum wage of \$25 per hour. Bilateral health agreements with provinces and territories should also tie federal funding to caps on the spending and usage of agency nurses and require provinces/territories to boost permanent nursing positions.

RECOMMENDATIONS:

- 1. The federal government urgently needs to establish a Pan-Canadian Health Human Resources Strategy that is integrated with full funding of the public health care system, systematically opposing privatization, the outsourcing of health care, and the proper regulation and management of virtual care.**
- 2. The federal government can provide more support towards a streamlined credential recognition process and enhanced integration of IEHPs into our health care system to ensure many more IEHPs already in Canada are working in their trained profession in health care.**
- 3. The federal government must lead the development of a National Nursing Retention Strategy advancing retention, return, and recruitment initiatives. The strategy should include safe staffing measures, expedited workforce integration of internationally educated nurses, professional development, and flexible scheduling for nurses and health professionals.**
- 4. The federal government must expand and extend funding for union-led training initiatives to female-dominated unions in the public health care sector.**

High Quality Public Long-Term Care

Long-term care (LTC) residents require 24/7 care, and they should expect to receive reasonable LTC care regardless of their place of residency or their ability to pay. This, however, is not true today in Canada. In public and non-profit LTC homes, money goes to improving care, programs, and services for residents. Private for-profit LTC homes prioritize profits before the care of residents.

Canada has a total of 2,076 long-term care homes; 46% are publicly owned and 54% are privately owned; the breakdown for privately owned homes is 29% for-profit and 23% not-for-profit. For-profit residents are 60% more likely to become infected with COVID-19 and 45% more likely to die than residents in non-profit homes.

For-profit LTC homes make their profits from setting low wages for staff, having fewer staff, high staff turnover, and part-time and casual workers. The resulting outcomes are lower-quality care, fewer hours of direct care per resident, lower wages, and heavier workloads.

Currently, the LTC model often defaults to a living environment that “warehouses” several people who require care 24/7 into a single room. This results in residents not having any privacy, more mental stress for residents who share their rooms with other residents, and more infection control and prevention challenges in the LTC home.

Of course, LTC residents must be at the centre of care and be active participants and decision-makers in their care. However, as the conditions of work of LTC staff are inextricably linked to the condition of care for LTC residents, it would be reasonable to also give priority to their conditions of work. The work of a LTC staff is very personal to the resident for instance in toileting, bathing, and changing. The provision and reception of care is complex and needs to be dealt with sensitive consideration.

Federal and provincial governments should work to prohibit private equity funds, pension funds, and other institutional investors from investing in long-term care. This should involve a reasonable transition period away from existing investments. Private long-term care facilities should be returned to the public sector. This should involve a just transition and full protection of jobs and bargaining rights for current LTC workers.

RECOMMENDATIONS:

1. The federal government must bring long-term care fully into the public health care system, eradicating any for-profit ownership and any financialization of long-term care operations.
2. Mandatory enforceable national long-term care standards must be contained in the proposed government’s Safe Long-Term Care Act including a requirement for the provincial and territorial recipients of federal long-term care funding to report benchmarks on care provision, among them a minimum of 4.1 hours of direct care per day per resident, culturally appropriate care, workforce development and planning, workers’ safety, residents’ safety, facility design, and improvements.
3. The federal government, with the provinces and territories, should raise the wages and benefits, provide a pension plan, and improve the working conditions for all long-term care workers including personal support workers and care aides in nursing homes, long term care homes, and home care
4. The Federal government must mandate a long-term care workforce planning based on the ILO’s 5R Framework for Decent Care Work—recognize, reduce, redistribute, reward, and representation.



Mental Health Care

Many people in Canada are facing mental health challenges, especially since the COVID-19 pandemic lockdowns. In a year, 1 in 5 Canadians experiences a mental illness, and by the time they reach 40 years of age, 1 in 2 have – or have had – a mental illness. In 2022, over 5 million Canadians 15 years and older met the diagnostic criteria for a mood, anxiety, or substance use disorder in the previous 12 months – only about half received professional help. And only 1 out of 5 children receive appropriate mental health services in Canada.

People from under-represented groups — persons with a disability, with low income, who are Indigenous, racialized, or who identify as 2SLGBTQI were disproportionately impacted by worsening mental health compared to the general population.

There is a lot of stigma and discrimination in society linked to mental illness and substance use. Stigma and discrimination are barriers to people seeking mental health care but also barriers in terms of employment, housing, and meeting other basic needs while also increasing social marginalization.

In Canada, mental illness is a leading cause of disability preventing nearly 500,000 employed Canadians from working at their jobs each week. In fact, the cost of disability leave due to mental illness is almost double the cost of leave due to physical illness.

The economic burden of mental illnesses on the Canadian health care and social support system is pegged at \$79.9 billion in 2021.

Public mental health services are underfunded and often have long wait times. Many people use their employer-based private insurance or pay out of their own pockets for private services. Canadians spend an estimated \$950 million a year on psychologists in private practice, 30% of which is paid out-of-pocket and the remainder through employment-based private health insurance plans.

RECOMMENDATIONS:

1. The federal government should establish a Canada Universal Mental Health and Substance Use Health Act with enforceable national standards.
2. The federal government should create a Canada Mental Health and Substance Use Health Act Transfer, allocating permanent, ongoing federal funding for public mental health services.

