



November 10, 2010

The Honourable Ms. Joy Smith
Chair, Standing Committee on Health
434 Confederation Building
Ottawa, Ontario
K1A 0A6

Dear Ms. Smith:

We are writing on behalf of the Health Action Lobby (HEAL), as its Co-Chairs, and in response to the Standing Committee on Health's report, *Promoting Innovative Solutions to Health Human Resource Challenges* (HHR report) and the response to it from the Government of Canada.

Formed in 1991 out of concern over the erosion of the federal government's role in supporting a national health care system, HEAL is a coalition of national health and consumer associations and organizations¹ dedicated to protecting and strengthening Canada's health care system. It represents more than half a million providers and consumers of health care. The work of the Standing Committee on Health, and in particular its HHR report, is of great interest to our members.

HEAL applauds the federal government's commitment to Canada's health human resources, which includes \$85 million to HHR renewal, ongoing funding of \$20 million per year to develop a pan-Canadian HHR strategy, the establishment of action plans aimed at the training, recruitment and retention of health professionals and the commitment of \$5.5 billion over 10 years to reduce wait times.

At a recent meeting of HEAL member organizations, support was voiced for many of the report's recommendations. As a collective, we have detailed for you (below) the five recommendations that received the most support from our members. There are other recommendations in the list of 29 that are of strong interest to the individual member organizations of HEAL and we have asked that they respond to the Standing Committee with feedback on their own behalf.

The report recognizes the role of the F/P/T Advisory Committee on Health Delivery and Human Resources (ACHDHR) whose "mandate is to provide policy and strategy advice to the Deputy Ministers of Health on the planning, organization and delivery of health services, including HHR, as well as provide a national forum for discussion and information sharing". The report notes that

¹ A list of the 38 member associations and organizations of HEAL is appended.

the Framework, released by the ACHDHR does not define any targets to increase the supply of health care providers and in its first recommendation, calls on the ACHDHR to develop an inventory of data and research on best practices in addressing HHR challenges and in its second recommendation that the ACHDHR report on the implementation of the Framework in meeting its short, medium, and long term objectives. Recommendation 1 suggests that the creation of an arm's length observatory on HHR might be a way to achieve comprehensive and inclusive direction for research and data collection on HHR – a recommendation that HEAL has supported in the past. **HEAL is fully in support of both Recommendations 1 and 2.**

The report correctly notes that there are significant gaps in the data collected about Canada's health human resources, principally that the types of health professionals about whom data is collected is not comprehensive. **HEAL is fully in support of Recommendation 3** that Health Canada provide funding through its Pan Canadian Health Human Resource Strategy to enable the Canadian Institute of Health Information (CIHI) to expand its data collection to include demographic and work information on all categories of health professionals as well as repeat HHR surveys so that data remains current. Where appropriate, we would be pleased to collaborate with CIHI to advance this important data gathering exercise.

In its response to the Standing Committee's report, the Government of Canada references the work undertaken by the Canadian Institute of Health Information (CIHI) to develop national, supply-based databases for 5 professions in addition to medicine and nursing. Although important, these 5 professions are a subset of those who provide health care to Canadians. It is critical that these databases be expanded to include a broader range of health care providers.

As collaborative practice of health professionals is promoted amongst all Canadian jurisdictions, comprehensive health human resource databases become even more critical to health human resource planning and ensuring timely access to a range of quality health services. Indeed, in its response to the report, the Government of Canada recognizes that health human resources challenges are equally about supply and demand as they are about effective and efficient service delivery through collaborative practice.

As it concerns supply and demand, HEAL would strongly encourage the Standing Committee and the Government of Canada to think more comprehensively about the range of providers required to meet the current and emerging health needs of Canadians. Current trends which include incidence and prevalence of mental health disorders, as well as an aging population of persons living with chronic disease, will demand much of Canada's health human resources – in terms of numbers but also in terms of the mix of providers. Support for recruitment, retention and training of the range of providers who provide health services to Canadians is essential.

In this connection, **HEAL notes that in January of 2010, we submitted a proposal to Health Canada to develop a web-based and sustainable means of assessing the work-related health of Canada's health human resource.** The proposal promises to develop a web-based and sustainable means of collecting work-related health information from a broad range of Canada's health care providers. In cooperation with co-principal investigator, Dr. Peter Hausdorf, Chair, Canadian Society for Industrial-Organizational Psychology and Associate Professor, at the University of Guelph, HEAL has been poised to undertake this work.

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As an alliance that includes a number of health care health professional organizations, we can attest to the clinical and cost-effectiveness of collaborative practice in ensuring that Canadians receive the health care they need. Implementation of collaborative practice requires not just commitment and engagement of health care professionals but an infrastructure to support their collaborative work. Furthermore, time and resources need to be dedicated to training health professionals to work together and to facilitate their collaborative practice.

Accordingly, **HEAL is fully in support of Recommendation 7** that the federal government identify and address the systemic barriers to the implementation of inter-professional collaborative practice within its jurisdiction. **We are also fully in support of Recommendation 8** that the federal government establish funding mechanisms to promote and support collaborative practice within provinces and territories. Our support for Recommendations 7 and 8 are reflected in the Briefs that HEAL has submitted to the House of Commons Standing Committee on Finance in 2010 and 2011; through our recommendation "That the federal government develop a strategically targeted, time-limited, five year *National Health Human Resource Infrastructure Fund (NHHHRIF)*". One of the three components of the Fund would be to support the implementation of effective models of collaborative practice.

In closing, HEAL congratulates the Standing Committee on this important report and is encouraged by the attention that the Government of Canada is directing towards the health care of its citizenry. We remain available to the Standing Committee and to the Minister at any time to lend our assistance in addressing challenges related to Canada's health human resource and, ultimately, to better meeting the health needs of Canadians.

Yours Sincerely,



K.R. Cohen, Ph.D., C.Psych.
Co-Chair, Health Action Lobby
Executive Director
Canadian Psychological Association



Glenn G. Brimacombe
Co-Chair, Health Action Lobby
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Association of Canadian Academic
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Copies to: The Honourable Ms. Leona Aglukkaq, Minister of Health
 Ms. Glenda Yeates, Deputy Minister of Health, Health Canada

2010 MEMBER ORGANIZATIONS OF THE HEALTH ACTION LOBBY

Alzheimer Society of Canada
Association of Canadian Academic Healthcare Organizations
Association of Faculties of Medicine of Canada
Canadian AIDS Society
Canadian Association of Medical Radiation Technologists
Canadian Association of Midwives
Canadian Association of Occupational Therapists
Canadian Association of Optometrists
Canadian Association of Social Workers
Canadian Association of Speech-Language Pathologists and Audiologists
Canadian Chiropractic Association
Canadian College of Health Service Executives
Canadian Counseling and Psychotherapy Association
Canadian Dental Hygienists Association
Canadian Dermatology Association
Canadian Healthcare Association
Canadian Home Care Association
Canadian Hospice Palliative Care Association
Canadian Institute of Child Health
Canadian Medical Association
Canadian Mental Health Association
Canadian Nurses Association
Canadian Orthopaedic Association
Canadian Pharmacists Association
Canadian Physiotherapy Association
Canadian Podiatric Medical Association
Canadian Psychological Association
Canadian Public Health Association
Canadian Society for Medical Laboratory Science
Canadian Society of Nutrition Management
Canadian Society of Respiratory Therapists
Catholic Health Association of Canada
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College of Family Physicians of Canada
Dieticians of Canada
Paramedic Association of Canada
Practical Nurses of Canada
Royal College of Physicians and Surgeons of Canada