



Ottawa, Canada K1A 0K9

**GOVERNMENT RESPONSE TO THE TENTH REPORT OF THE STANDING COMMITTEE ON HEALTH: ADDRESSING CANADA'S HEALTH WORKFORCE CRISIS**

Addressing the health workforce crisis and strengthening our public health system for the future is a top priority for our Government. The COVID-19 pandemic, in addition to ongoing health system pressures, has led to unprecedented levels of burnout, absences, and turnover amongst health workers.

Our Government has taken and will continue to take an active role in working with provincial and territorial (PT) governments and key stakeholders, to identify both immediate and longer-term solutions to address significant health workforce issues. Although PTs are primarily responsible for the education, training and management of their health workforce, we recognize that there is a strong role for the Government of Canada in supporting the health workforce. Concerted and collaborative action among all levels of government is required to address this crisis and strengthen the health workforce to provide the health services Canadians expect, now and in the future.

Our Government has taken concrete action to support PTs to strengthen their health systems, including support for their respective health workforces. Budget 2023 provided close to \$200 billion in health investments to PTs and other partners for the *Working Together to Improve the Health Care of Canadians* plan. This funding includes:

- i. Top-up payments to achieve Canada Health Transfer increases of at least five per cent per year for the next five years. The last top-up payment will be rolled into the Canada Health Transfer base at the end of the five-year period, resulting in a permanent funding increase, beyond the ongoing GDP-driven CHT growth.
- ii. \$25 billion over ten years through a new set of bilateral agreements with PTs to address individual provincial and territorial health system needs under four key health priorities. PTs will make decisions on how best to allocate funding to address the immediate health priorities in their jurisdictions through these tailored agreements.
- iii. \$1.7 billion over 5 years to support hourly wage increases for personal support workers and related professions.
- iv. \$350 million over ten years through the Territorial Health Investment Fund in recognition of medical travel and the higher cost of delivering health care in the territories.

- v. A \$2 billion top-up to the Canada Health Transfer in 2022-23 to address urgent pressures in emergency rooms, operating rooms, and pediatric hospitals, building on \$6.5 billion in top-ups provided throughout the pandemic.
- vi. \$2 billion to improve First Nation, Inuit and Métis access to culturally safe health services through an Indigenous Health Equity Fund.
- vii. \$505 million for federal health data partners to build a world-class data system.

Supporting Canada's health workforce is one of the four key shared health priorities that are the focus of the *Working Together to Improve the Health Care of Canadians* plan, alongside improving access to family health teams, mental health and substance use services, and modernizing our health system. PTs will focus investments from the \$25 billion in bilateral funding in these areas, and supporting Canada's health workforce will also be integrated into improving access to family health teams, mental health and substance use services, and modernizing our health system. It is fundamental to success across all areas of the health system.

In addition, to drive significant change in the health workforce sector, the Government established a *Coalition for Action for Health Workers* in November 2022. The Coalition's advice is informing immediate and longer-term solutions to address health workforce challenges, so that all Canadians can access the quality health services they need and deserve. The Coalition, comprised of experts and representatives from key groups, including nurses, doctors, personal support workers, mental health and substance use workers, unions, colleges and universities, academia, public health, patients, and equity-deserving communities is one way our Government is taking a leadership role to address the health workforce crisis.

Federal, provincial, and territorial (FPT) Governments, through the FPT Conference of Health Ministers, the FPT Conference of Deputy Health Ministers, and the FPT Committee on the Health Workforce have been actively engaged on identifying priority pan-Canadian actions to address the health workforce crisis. FPT governments agree that a pan-Canadian approach is needed to not only address this acute crisis, but also, over the long-term, to drive systemic changes that will enable the sustainable delivery of effective and quality health services by Canadian health workers.

Specifically, FPT Governments are focused on four priorities:

**Recruitment:** Increase the supply of health workers, including ethical recruitment internationally and streamlining pathways to licensure.

**Retention:** Reduce rates of stress and burnout and improve workplace culture, flexibility and wellness so health workers stay in their jobs.

**Plan:** Collect the right data to support long term workforce planning and the ability to identify potential gaps before they become a crisis.

**Modernize:** Make the health system work smarter by leveraging opportunities to scale novel and flexible approaches, including team-based, integrated care and virtual care.

The Government Response will be framed around these four priorities, under which significant FPT action is currently taking place.

## **Recruit**

### **Recommendations (1, 2, 3, 4, 5, 6, 7, 16, 17, 18)**

#### **Internationally Educated Health Professionals (IEHPs)**

The Government recognizes that supporting the immigration, settlement, credential recognition and integration of internationally educated health professionals (IEHPs) into the Canadian workforce is one way Canada can support meeting the labor needs of the health sector.

Canada welcomes a significant number of internationally trained health workers every year, a number which is only expected to grow as Canada continues to embrace immigration as a strategy to help fill labour shortages and attract required skills in key sectors, including health. Canada has an obligation, under the WHO Code of Practice on the International Recruitment of Health Personnel, to minimize risks associated with international recruitment for countries experiencing critical health workforce shortages and ensure that health workers can use their skills and integrate into health workforce once they are here. This will be an important consideration as we look to immigration to help address the workforce crisis.

While we support the recommendation to provide more residency positions, both for international medical graduates (IMGs) and Canadian medical graduates (CMGs), particularly in family medicine, decisions about the number of residency positions and the eligibility requirements for those positions are made by PT governments in collaboration with the 17 medical schools in Canada. PT governments have begun taking action to increase medical residencies, and, given the health workforce is one of the four key priorities highlighted as part of the Working Together to Improve the Health Care of Canadians plan. Federal health funding announced as part of this plan could be used by PTs to fund additional residency positions.

Health Canada launched a process in fall 2022 that brought together key stakeholders with expertise in accelerating the integration of IEHPs into the Canadian health workforce to create action-oriented solutions that will help to address several of the key challenges that IEHPs face today. Through this process, key priorities to help support IEHPs were identified, including navigation support, expansion and standardization of assessment tools and capacity, developing alternative pathways in the health system for international medical graduates, expedited pathways to licensure, and development of an ethical international recruitment framework relevant to the Canadian context. Health Canada officials are continuing to work closely with stakeholders to strategically advance initiatives under these priorities.

Immigration, Refugees and Citizenship Canada (IRCC) administers several programs that help fill labour needs in the health sector and has been working on streamlining and simplifying recruitment processes. These include the Provincial Nominee Program (PNP), the Atlantic Immigration Program (AIP), the Rural and Northern Immigration Pilot (RNIP) and the Economic Mobility Pathways Pilot (EMPP).

The PNP allows PTs to responsively adapt their program streams to meet evolving labour needs that arise in their respective jurisdictions, including those in the healthcare sector. All PTs have skilled worker and/or international graduate streams that can be used to nominate candidates to fill labour needs at any skill level in the healthcare sector. IRCC works with PTs to explore and implement streams and changes that support a seamless transition into the healthcare sector for qualified PNP candidates, often designed in partnership with regulatory bodies, education institutions and employers. PTs are responsible for the design and implementation of their streams within the PNP; their respective websites have the most updated and authoritative information on their immigration priorities and program eligibility requirements.

The AIP, which allows the Atlantic provinces to prioritize sectors with immediate labour market needs, including the health sector. IRCC worked with Atlantic provinces to make changes to the Program that will allow highly skilled health workers (i.e. nurses) to accept jobs at a lower skill level (i.e. nurse's aide/orderly), ensuring these individuals can immediately start working in this in-demand sector while they go through the foreign credential recognition process or explore upgrading their credentials.

Canadian employers have recently leveraged the EMPP to address critical labour shortages, including in the healthcare sector. The Government of Canada continues to introduce ongoing improvements to the EMPP, which demonstrate Canada's commitment to welcome more skilled refugees and other qualified displaced people overseas through new, innovative channels that complement resettlement programs. In addition, Canada is working closely with PTs to support regional needs through this pathway and has provided funding to non-governmental organization partners to build capacity in order to grow the EMPP.

In September 2022, IRCC announced changes to make it easier for foreign national physicians with job opportunities and/or Canadian work experience to remain in Canada, so they can continue to practice and bolster our health system. Some physicians have faced barriers in accessing permanent residence through Canada's federal economic programs for skilled workers managed under the Express Entry system, because the employment model used in Canada for physicians is outside of the usual employer-employee relationship model.

To address this challenge, in April 2023, IRCC introduced new measures to facilitate permanent residence for physicians, who provide publicly funded medical services in Canada. This change will allow more foreign national physicians to qualify for Canada's federal economic permanent residence programs so they can leverage the faster processing times through the Express Entry application management system.

IRCC is also exploring specific measures to reduce duplications that exist between immigration and foreign credential recognition requirements, such as exploring how IRCC could improve alignment between third-party language proficiency testing and educational credential assessment processes for immigration purposes with parts of the licensure processes for IEHPs.

Outside of a few federally regulated occupations, foreign credential recognition and licensure for regulated occupations (e.g., nurses, physicians) is a PT responsibility that is often delegated through legislation to regulatory authorities. For its part the Government of Canada seeks to support the labour market integration of skilled newcomers by funding PTs, regulatory authorities, and organizations through its Foreign Credential Recognition Program (FCRP), administered by Employment and Social Development Canada (ESDC).

The FCRP funds projects to make the credential recognition system faster and more efficient, provides loans and support services to help skilled newcomers navigate the FCR process, and provides employment supports, such as training, work placements, wage subsidies, mentoring and coaching, to help skilled newcomers gain Canadian work experience in their fields of study. The Program also supports collaboration between federal, provincial, and territorial governments to share information and best practices to enhance FCR across Canada and supports the implementation of Chapter Seven of the Canadian Free Trade Agreement to facilitate labour mobility for certified workers.

Currently, the FCRP is investing \$22 million in 20 projects in the health sector, including a project that will update components of the pathway to licensure for IMGs, leading to a more accessible, timely and secure licensure process. In addition, as of October 2022, nearly \$17M in loans have been issued through the Program's foreign credential recognition loans projects—two thirds of borrowers were in the health sector.

Budget 2022 also provided an additional \$115 million over five years, with \$30 million ongoing, to expand the FCRP with an initial focus on the health sector. Approximately \$90 million over 48 months is expected to support new projects to support IEHPs from a recent open call for proposals.

Moving forward, Health Canada, Employment and Social Development Canada, and Immigration, Refugees and Citizenship Canada will continue to work closely with partners, including PTs, regulatory bodies, and organizations to streamline and simplify processes to recruit, train and license IEHPs.

### Training and Incentives

While the education and training of health professionals are primarily PT responsibilities, the Government of Canada does play a broader role in training to support economic development, which can be leveraged to support elements of the health workforce. For example, in Budget 2023, our Government provided \$625M in new “top-up” funding for Labour Market Transfers with the PTs. With this top-up, we will continue in 2023-2024 to provide over \$3.4 billion to PTs

for over a million training and employment supports through the Labour Market Development Agreements (LMDAs) and Workforce Development Agreements (WDAs). Under the transfers, provinces and territories are required in their respective jurisdictions to consult annually with labour market stakeholders, and based on these consultations, inform programming so as best to meet the stakeholders' needs. On-going discussions on the FPT transfers will provide an opportunity to foster on-going collaboration with the PTs and help address labour shortages, including in the health sector.

Announced in Budget 2021, the Sectoral Workforce Solutions Program (SWSP) is a contribution program that helps workers and employers by supporting solutions to address current and emerging workforce needs in key sectors, including the health sector.

The SWSP is currently funding a project from the Medical Council of Canada. This project will develop a skills and competencies blueprint for international medical graduates to ensure their preparedness to provide health services to diverse populations and to provide virtual care and use technology. It will also modernize the MCC Qualification Exam Part 1 – a critical step in the licensure process for international medical graduates and Canadian medical students. This will enable the MCC to provide results 30-50% faster for the 6,000 candidates that sit this exam every year in Canada and in 80 other countries.

Through existing grants and contributions programs, the Government of Canada is also supporting training and mentorship programs led by other levels of government, community-led and not-for-profit organizations across Canada. For instance, through the Substance Use and Addictions Program (SUAP), Health Canada recently supported a project led by experts at the University Health Network to expand the project *Extension for Community Health Care Outcomes (ECHO) for chronic pain and opioid use disorder in Canada*. Through this expansion, 12 ECHO pain hubs have been established across the country to facilitate knowledge exchange between pain specialists and primary care providers and increase the capacity of health providers to deliver best practice for the management of chronic pain and opioid use disorder. Through SUAP, funding was also provided to the Alberta College of Family Physicians and the Centre for Effective Practices to develop new mentorship programs to better support primary care providers in treating patients with more complex health conditions, such as chronic pain and substance use disorders. Finally, Health Canada is also supporting the Association of Faculties of Medicine of Canada to develop Canada-wide competency-based curricula in pain management, substance use and addictions for current and future physicians.

We recognize that there are unique challenges in accessing and providing health services in rural and remote areas. To help incentivise health workers to work in these locations, Budget 2023 proposed \$45.9 million starting in 2024-25 and \$11.7 million ongoing to expand the reach of the Canada Student Loan (CSL) Forgiveness program for eligible doctors and nurses who choose to practice in rural and remote communities, including all communities with populations of 30,000 or fewer. This is further to Budget 2022 that invested \$26.2 million over

four years, starting in 2023-24, and \$7 million ongoing, to increase the maximum amount of CSL forgiveness by 50 per cent.

This will mean up to \$30,000 in loan forgiveness over five years for nurses and up to \$60,000 in loan forgiveness over five years for doctors working in underserved rural or remote communities. In 2020-21, almost 4,400 doctors and nurses received \$19.7 million (or an average of \$4,494) in CSL forgiveness. The Government of Canada also committed to expanding the current list of eligible occupations under the benefit to help bring more health workers to the communities who need them most.

Moreover, to help build the health workforce in First Nations communities, including in remote and isolated areas, our Government is implementing a Nursing Health Human Resource Framework. This is supported by an investment announced in Budget 2021 of \$354 million over five years to increase the number of nurses and other medical professionals in these communities. In 2022, our Government also announced an agreement with the Professional Institute of the Public Service of Canada to temporarily increase the existing recruitment and retention allowances for Indigenous Services Canada (ISC) nurses working in these locations. This agreement applies to the 50 remote and isolated communities where ISC nurses are located: Ontario (24), Manitoba (21), Alberta (4), and Quebec (1).

To help prepare Canadians for the jobs of the future, we launched the Future Skills Initiative in 2019, committing \$225 million over four years, starting in 2018-19, and \$75 million per year thereafter in Future Skills. As part of this initiative, the Future Skills Centre was established to identify emerging in-demand skills and works to prototype, test, and evaluate innovative approaches to skills assessment and development. The Centre supports a portfolio of projects to train front-line health professionals and personal support workers to address health sector labour shortages through innovative training approaches such as AI technology and virtual reality simulations.

With respect to the provision of incentives, suggested in recommendations 16 and 17, the Government recognizes that incentives can be useful in a broader recruitment and retention strategy, however, the use of incentives, in particular financial incentives, should be done with caution to reduce the potential of unintended consequences. Given the overall shortage of health workers there is a risk that jurisdictions that can afford to offer these incentives may draw health workers away from smaller jurisdictions that may not be able to offer incentives, further exacerbating health worker shortages in areas that may already be struggling with extreme shortages, such as rural and remote communities.

### Pan-Canadian Licensure

The Government of Canada recognizes the benefits of an agile and flexible health workforce, and we are playing a leadership role working with PTs to reduce barriers to labour mobility.

The regulation and licensure of health professionals falls under PTs jurisdiction and is commonly further delegated to regulatory authorities to govern their respective professions. As a result, the legislation and institutions regulating health practitioners are most often separated by profession and replicated across thirteen jurisdictions. To protect the health and safety of Canadians, individuals in regulated professions such as nurses and physicians are required to have their credentials recognized and be licensed by the PT they wish to work in.

In the context of the COVID-19 pandemic and the current health worker crisis, there is increasing momentum among governments, health stakeholders, and health workers to reduce barriers and make it easier for health professionals to practice across provincial and territorial jurisdictions.

As part of the *Working Together to Improve the Health Care of Canadians* plan, PTs have been asked to commit to advancing multi-jurisdictional credential recognition so that Canada's health professionals can work wherever there is need. Many jurisdictions are already undertaking efforts to achieve this objective and the Government of Canada will continue to convene and collaborate with PTs and work to support a consistent credential recognition across the country.

Access by regulators to timely and accurate data is an essential foundational element of pan-Canadian licensure. To that end, the Sectoral Workforce Solutions Program is providing approximately \$28.8 million to the Medical Council of Canada to develop, amongst other activities, a National Registry of Physicians. The Registry will provide time critical and acceptable information on physicians' credentials to support licensing and redeployment. With respect to nurses, British Columbia and Ontario piloted the Nursys project, which creates a unique identifier for each nurse, allowing the exchange of information about a nurse's licensing and professional history. [Following the success of the pilot, the Health Care Policy and Strategies Program is providing \$2.5 million to the Canadian Council for Practical Nurse Regulators to expand Nursys to more jurisdictions.

Our Government will continue working with PTs to improve the labour mobility of health professionals and will engage key stakeholders and health system leaders across the country, including regulatory bodies, to galvanize action in this area.

## **Retain**

### **Recommendations (8, 19 and 20)**

The Government agrees that optimizing the scope of practice for health professionals is an important way to increase job satisfaction, make the most efficient use of health professionals and increase access to health services for Canadians. Through the upcoming negotiation of bilateral agreements on actions to improve health services, one of the priorities identified is to expand access to family health services, which could include a focus on models of care, such as team-based care, that can optimize scope of practice for family health services providers.



As scopes of practice of health practitioners expand to include physician-equivalent services, care must be taken to ensure that patient charges do not become more prevalent by virtue of medically necessary care being provided by non-physicians. For example, nurse practitioners are not enrolled under provincial public health plans however, they are authorized to independently provide medically necessary health services that were once traditionally only provided by physicians (which are covered by PT public health plans), such as the diagnosis and treatment of illness, prescribing medications and ordering medical tests. As nurse practitioners do not currently face the same regulatory prohibitions on charging patients as physicians, concerns arise when changes in health care delivery result in patients facing charges for medically necessary health care services by virtue of being provided by a non-physician.

Our Government recognizes that administrative burden, especially for self-employed family physicians, is a contributor to physician burn-out. Measures that serve to increase team-based care and optimize scope of practice can help reduce the administrative burden on physicians. Through the negotiation of bilateral agreements with PTs on improving health services and ongoing FPT collaboration jurisdictions will continue to share best practices in this regard.

Recommendation 20 relates to the development of a Pan-Canadian Mental Health Strategy for health care workers. Our Government is committed to supporting the mental health and well-being of Canadians, including health workers who work tirelessly to keep us all safe and healthy.

Recognizing the impact of COVID-19 on the mental health of Canadians, including health workers, the Government invested \$270 million in the Wellness Together Canada (WTC) portal since 2020-21. The WTC provides free and confidential online mental health and substance use supports accessible 24/7 to individuals across Canada in both official languages. Included in the WTC portal are dedicated resources for front line health workers, including a text support line that provides immediate support; Togetherall, an anonymous digital peer support community, monitored 24/7 by trained professionals, which includes a peer support group for health workers, a PTSD course for nurses, and other information and resources; and MindWell, a 4-week online course for health workers, to provide tools and peer support for healthcare workers.

In recognition of the significant toll on mental health that is more often experienced in certain occupations, including health services, first responders and military service, the *Federal Framework on Post-Traumatic Stress Disorder (PTSD)* was released in February 2020. While the focus of the Framework is on occupation-related PTSD, all people affected by PTSD are acknowledged and broad applicability is being considered in the implementation of federal actions.

The Government is now developing the Framework's implementation plan. Lessons learned from the pandemic, such as best and promising practices to address the mental health concerns of frontline and essential workers, and improving access to mental health supports, will inform

implementation priorities. The Government is required to report on the effectiveness of the Framework within five years of its release (February 2025).

Budget 2021 also provided \$50 million over two years to address post-traumatic stress disorder and trauma in frontline and essential workers, and others most affected by the COVID-19 pandemic, including health workers.

Through this investment the Government of Canada is supporting projects that test and implement promising approaches for those at risk of experiencing PTSD and trauma. Four of the projects funded through this investment involve the implementation and evaluation of mental health supports specifically for health service providers. These projects are delivering and evaluating programs that promote mental health training, peer support, mental health literacy skills and an early intervention mental health app, reaching health care organizations and frontline service providers.

Through Budget 2023, the Government will also provide \$25 billion over 10 years to PTs through tailored bilateral agreements to address four areas of shared priority, which includes mental health and substance use. This builds on Budget 2017 investments to PTs of \$5 billion over 10 years to improve access to mental health and addiction services.

For mental health and substance use, this approach combines already planned and new dedicated mental health and substance use funding, in addition to CHT growth outlined above that PTs can leverage to support key mental health and substance use priorities, such as the mental health of providers. Mental health and substance use integration across other priority areas, including health workforce, is key to supporting the mental health needs of healthcare workers and the broader Canadian population.

Within tailored bilateral agreements, PTs have flexibility to target areas identified in the recommendations, such as increasing recruitment and training, improving retention and preventing burnout, advancing labour mobility, accelerating foreign credential recognition, and improving planning for future health workforce needs.

The Government of Canada will continue to work with PTs to improve access to health services and support the mental health and well-being of the Canadian population, including health workers.

## **Plan**

### **Recommendations (9 and 10)**

The Government recognizes that the effective creation, exchange, and use of critical health data is essential to supporting a robust and sustainable health system. The *Working Together to Improve the Health Care of Canadians* plan includes key commitments for FPT governments to work together on how de-identified health information is collected, shared and used to benefit Canadians and their health. This includes adhering to common standards that will support

Canadians in having access to their health information and support the exchange of health information among health providers. This will benefit patients by aligning policies and frameworks and adopting key principles to support health information exchange while protecting privacy and improving the sharing of critical public health information to help manage public health events. Budget 2023 announced \$505 million over 5 years to the Canadian Institute for Health Information (CIHI), Canada Health Infoway and other federal data partners. Together, these organizations will work with provinces and territories to develop new health data indicators, support the creation of a Centre of Excellence on the Future of the Health Workforce, advance digital health tools and an interoperability roadmap, and support provincial and territorial efforts to use de-identified health information to improve the safety and quality of health care.

The Government also recognizes the importance of data collection principles such as Ownership, Control, Access and Possession (OCAP), which indicate Indigenous control over the ways in which Indigenous-owned information is used.

To specifically support Indigenous and FPT collaborations, recent investments to Indigenous organizations of \$27.5M million are aimed at improving Indigenous data capacities, enabling them to better liaise, access, and use administrative health data collected by the PTs.

## **Modernize**

### Recommendations (11, 12, 13, 14, and 15)

The Government agrees that strong team-based care has the potential to enhance coordination and integration of health services, and increase timely access to these services, while also improving the well-being of providers. At the same time, the appropriate design of remuneration models can play a key role in both accelerating the shift towards team-based models of care and supporting provider well-being and satisfaction. In recognition of the jurisdiction PTs have over the management of their health workforce and the variety of settings that healthcare is provided in across the country, the federal government is supporting and promoting the implementation of team-based care with PTs through the development of bilateral agreements on improving health services. These agreements can include modernizing the health system through innovative approaches, such as team-based care and new remuneration models.

### Long-Term Care

Our Government recognizes that Canadians deserve access to safe long-term care, community care, or home care.

That is why, starting in 2017, we provided \$6 billion over ten years to PTs to improve access to home and community care services, including palliative care. As a result of the first five years of this investment, provinces and territories have implemented new initiatives to improve access,

better coordinate and integrate care and support caregivers to help more Canadians receive the care and services they need so that they may remain at home longer.

Budget 2021 invested an additional \$3 billion over five years, starting in 2022-23, to support PTs in ensuring standards for long-term care are applied and permanent changes are made.

On October 6, 2022, the Minister of Seniors and the Minister of Health announced that the National Seniors Council would serve as an expert panel to examine measures, including a potential aging at home benefit, to further support Canadians who wish to age at home. A report containing recommendations for federal consideration is scheduled to be presented to Ministers in the fall of 2023.

Furthermore, the Framework on Palliative Care (2018) was developed through collaboration with provinces, territories, health providers and other stakeholders as a collective vision for palliative care in Canada. Implementation of the resulting federal Action Plan (2019) is underway including investments of \$24 million from 2019 to 2021, and \$29.8 million from 2021-2027. Collaboration with PT partners will continue as federal implementation of the remaining Action Plan commitments proceeds.

To keep older adults safe and improve their quality of life, the Government of Canada will work collaboratively with provinces and territories, while respecting their jurisdiction over health services, including long-term care. This work would ensure older adults and those in care live in safe and dignified condition.

### Preventative Health Strategies

The Government recognizes the importance of preventative health measures in keeping Canadians healthy and engaged and reducing the need for more intensive health measures for as long as possible.

Multiple and concurrent public health challenges are a reality and will have to be addressed now and into the future, including chronic diseases and conditions such as dementia, worsening mental health and the overdose crisis, antimicrobial resistance, other infectious diseases, and climate change adaptation. We cannot return to a reactive approach to public health. By acting now, we can seize our greatest opportunity to build on strong FPT collaboration and collectively address these issues. In line with applying pandemic lessons learned, there is general recognition that a sustainable and strengthened public health system will reduce the strain on the health system and strengthen economic resilience. PHAC is collaborating with FPT partners through the Public Health Network to establish a Renewal Working Group to advance public health priorities.

Through the Public Health Agency of Canada, the government supports a broad range of preventative health strategies and measures. For example, PHAC provides funding for community-based initiatives through the Healthy Canadians and Communities Fund (HCCF) to support healthy living among Canadians who face health inequalities and are at greater risk of

developing chronic diseases and conditions such as cancer, diabetes, and cardiovascular disease; initiatives to promote physical activity such as in the ParticipACTION Let's Get Moving initiative; healthy eating initiatives; and tobacco cessation projects.

To support continued work in these areas, Budget 2023 announced \$639 million over 4 years, starting in 2023-24 to support the Public Health Agency of Canada's Renewal Phase I (stabilization). Renewal will reset priorities across three core mandates, ensuring that the Agency resources are stabilized to respond quickly to a future public health emergency as well as establishing Canada's first Antimicrobial Resistance program. Budget 2023 proposed \$10 million over 2 years, starting in 2023-24 towards ParticipACTION's Let's Get Moving Initiative and, as part of the renewed Canadian Drugs and Substances Strategy, Budget 2023 plans to provide \$20.2 million over five years, starting in 2023-24, to the Public Health Agency of Canada for a new community-based program to prevent substance use among young people. Additionally, the Public Health Agency of Canada is engaging with PTs to confirm pan-Canadian public health priorities for FPT collaboration, including objectives and desired outcomes, as FPT governments shift to a steady state coming out of COVID-19. One outcome of this process is renewing FPT governance structures to ensure clear alignment to advance work on pan-Canadian public health priorities.

Budget 2023 also proposes \$158.4 million over three years, starting in 2023-24, for the Public Health Agency of Canada to support the implementation and operation of 988, an interactive service which will provide access to quality, effective, and immediate suicide prevention, and emotional distress support. This follows the Canadian Radio-television and Telecommunications Commission's (CRTC) determination specifying that telecommunication companies will activate the number 988 for phone calls and texts by November 30, 2023. This proposed funding builds on our Government's Budget 2019 investments to support the pan-Canadian suicide prevention service. PHAC has been working collaboratively with provincial and territorial governments to plan for the rollout of 988 across the country and may opt to use federal funding to support the recruitment, hiring, and retention of crisis responders and supervisors and to support their wellness.

Budget 2022 has provided Indigenous Services Canada \$250.0 million over four years, starting in 2023-24, to address key public health risks through a new multifaceted approach to support the recruitment, development, and retention of public health and health data management workforce serving First Nations and Inuit communities. The ultimate outcome will be for communities to have access to high quality, and culturally grounded public health services, and to become healthier, including the issue of preventative health measures to achieve these outcomes.

### Digital Infrastructure and Virtual Care

The COVID-19 pandemic has resulted in what are expected to be long-term changes to the way we do business across the country. In the context of health care, there was a dramatic shift to

virtual care. In just one month, virtual care went from two to three percent of health care visits provided outside of hospitals to more than two thirds. Virtual care is now recognized as a key modality for providing health services in certain circumstances and the Government recognizes that expanding access to safe and appropriate virtual care plays an important part in addressing the challenges related to access to health services.

In May 2020, the Government of Canada announced an investment of \$240.5 million to help Canadian health systems accelerate their efforts to meet health care needs through virtual care and digital tools. Of this, \$150 million flowed directly to supporting PTs through bilateral agreements to implement virtual care, such as video conferencing, secure messaging, and remote patient monitoring.

In addition, the Government of Canada recently supported the establishment of Power Over Pain, a national virtual platform dedicated to providing Canadians with rapid access to free evidence-based resources, interventions, and peer support for chronic pain, and associated mental health and substance use health. Developed in close collaboration with people living with pain, this virtual platform also includes symptom -monitoring to promote behaviour change and improve health decision-making. By systematically integrating the Portal within chronic pain and primary care settings, this virtual resource will expand the ability of healthcare providers to support Canadians receiving the right care at the right time that is tailored to their needs, motivations, and abilities.

Virtual care can reduce travel time and costs, keep people close to their family and their supportive environments, and provide increased access to health services for Canadians living in rural, remote, or isolated communities.

A critical gap is the urgent need for high-speed Internet in these communities. As such, the Government is working to increase connectivity through Canada's Connectivity Strategy, including through the \$3.225 billion Universal Broadband Fund, which will help ensure that 98% of Canadians can obtain high-speed Internet by 2026, and 100% by 2030. Improving broadband access will support residents of rural and remote communities in gaining access to online learning, where they can obtain training for in-demand sectors such as dental care and childcare, as well as access to online consultations with medical professionals. The availability of virtual care, particularly in rural and remote communities, will provide Canadians with new ways to access the family health services on which they rely, while reducing pressure on in-person health services.

Our Government will continue to collaborate with PTs and support this work through several existing FPT collaboration tables including, the Health Canada FPT Virtual Care and Digital Health Table; the Public Health Network's FPT Public Health Data Table and the Statistics Canada's FPT Population Health Data Table.