Strengthening the Canadian Health System: A Call to Action from Dietitians

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Executive Summary

Dietitians of Canada, the professional association representing more than 6000 dietitians across the country, promotes evidence-based best practice in dietetics, advances the profession’s unique body of knowledge of food and nutrition, and supports members in their diverse roles in health and wellness. We support the development of a 2014 Health Accord that strengthens Canada’s universal, publicly funded health care system and we call for enhanced promotion of health, including access to dietitians across a continuum of comprehensive health services.

Dietitians of Canada calls for:

1. **INCREASED INVESTMENT IN HEALTH PROMOTION AND NON-COMMUNICABLE DISEASE PREVENTION INCLUDING ACCESS TO HEALTHY FOOD**
   The improvement of population health requires systemic support to ensure provision of basic needs, including access to nutritious food, as well as more emphasis on programs and services that promote health and prevent non-communicable diseases. The proportion of public funds invested in public health must increase, and strategies to enhance collection and use of data to improve evidence-based practice, including nutrition practice, must be coordinated among all health system stakeholders.

2. **COORDINATED INTERPROFESSIONAL HEALTH SERVICES**
   Dietitians of Canada supports a universal, publicly funded health care system in Canada. Delivery of comprehensive, interprofessional health care services must be client-centred, and available to meet client needs in a variety of settings. A continuum of care must be seamlessly and cost-effectively coordinated across all health sectors including primary healthcare, mental health, public health, hospitals, home care and long term care. Accountability, innovation, and continuous improvement should be evident throughout the system.

3. **SUFFICIENT LABOUR FORCE SUPPLY AND ACCESS TO DIETITIANS**
   A comprehensive pan-Canadian health human resources strategy must include dietitians, to ensure Canadians’ access to credible nutrition information that is essential across the health system. The current supply of dietitians in Canada is inadequate to provide Canadians with sufficient access to dietitians and other resources produced by dietitians.
1. **INCREASED INVESTMENT IN HEALTH PROMOTION AND NON-COMMUNICABLE DISEASE PREVENTION INCLUDING ACCESS TO HEALTHY FOOD**

The improvement of population health requires systemic support and enhanced funding for the provision of basic needs, including access to nutritious food, and more emphasis on programs and services that promote health and prevent non-communicable diseases. The current proportion of public funds invested in health promotion and disease prevention must increase to improve quality of life and potentially reduce healthcare service pressures in the future. Strategies to enhance collection and use of data to improve evidence-based practice, including nutrition practice, must be coordinated among all health system stakeholders to support effective use of resources.

**Invest in health promotion and non-communicable disease prevention**

According to a recent survey, more than 50% of Canadians suffer from chronic diseases (e.g., obesity, type 2 diabetes, heart disease, high blood pressure)\(^1\). In recent decades, childhood overweight and obesity have been rising steadily in Canada.\(^2\) Chronic diseases are estimated to cost billions of dollars annually, including direct costs of health care and accommodation and indirect costs attributed to early death, loss of productivity and income.\(^3\) Diet is a key factor in the prevention and management of these non-communicable chronic diseases.\(^4\) "Investing in the “up-stream” elements of the health system (i.e., the public health functions) reduces the anticipated burden on the “down-stream” emergency and acute care services.”\(^5\)

While health care accounts for an estimated 25-30% of population health outcomes, other key determinants such as socioeconomic status, education, early childhood development, employment, public health and safety frameworks, environmental quality, biological factors account for the major proportion of these outcomes.\(^6\) Health inequalities are particularly prevalent among Canada's Aboriginal communities.\(^7\) The Canadian Coalition for Public Health in the 21\(^{st}\) Century, of which Dietitians of Canada is a member, has urged the federal government to implement incentives and strategies "to support the implementation of cost-effective interventions that address the social determinants of health, especially as they concern populations affected by conditions that predispose to vulnerability".\(^5\) Dietitians of Canada also supports the principles to guide health care transformation as outlined in the joint report of the Canadian Medical Association and the Canadian Nurses Association which calls for improved population health through coordinated investments in health promotion and illness/disease prevention.\(^6\)

"Public health nutrition practice requires the leadership of dietitians with expertise in nutrition, food systems and related public health sciences. Public health nutrition practice encompasses the assessment, promotion, protection and enhancement of health and the prevention of nutrition-related diseases. Using population health and health promotion approaches, strategies focus on the interactions among the determinants of health, food security, and nutritional and overall health.”\(^8\) Registered dietitians working in public health provide reliable nutrition information for health promotion and disease prevention to the public, educators, health professionals, policy makers, and media.
Invest in increased access to healthy food

Canadians of all ages need to have access to nutritious food and other health-promoting supports to maximize wellness. Unfortunately, people with low incomes and/or living in rural or remote areas, including Canada’s Aboriginal people, continue to face significant barriers to healthy eating. The overall prevalence of household food insecurity, defined as “uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money for food” was 7.7% of households in Canada in 2007-2008.9 The ability to access adequate and nutritious foods is influenced by environmental and societal factors such as sufficient income, social support programs and geographic location. Health and social programs can address these factors increasing food security, supporting sustainable food systems, and promoting skill development in the selection and preparation of food to support healthy eating.10,11

There is a growing need and interest in developing a cross-sector agri-food and health policy, to address inequities in food access and improve food security and nutritional status of Canadians within a sustainable system.1 A coordinated food and nutrition strategy would contribute to improving the health and productivity of citizens while containing healthcare and social costs. Dietitians of Canada calls on the federal and provincial ministers of health to work closely with ministers of agriculture to support the development of a pan-Canadian agri-food policy, building on the work currently being done12-15.

Registered dietitians are well positioned to provide input on public policy measures that will improve the nutrition status of the population. Efforts to address healthy weights should coordinate policy priorities, create more supportive environments for healthy eating especially in publicly funded venues, and improve citizen access to nutritious foods supplied through a healthy sustainable food system. Effective use of current resources and an increased proportion of funds directed to integrated health promotion will help achieve improved population health.

2. COORDINATED INTERPROFESSIONAL HEALTH SERVICES

Dietitians of Canada supports a coordinated, universal, publicly-funded health care system in Canada that provides “reasonable access to health services without financial or other barriers”.16 We acknowledge and support the recommendations put forward to the federal government by Canada’s professional associations of physicians and nurses6 and we contributed to the development of recommendations by the Health Action Lobby (HEAL)17 and the Canadian Coalition for Public Health in the 21st Century.5 The Health Accord in 2014 must provide direction to integrate provincial, territorial and federal (Aboriginal) delivery of health services. A successful health system includes collaboration of health professionals across a continuum of care to provide high quality, cost-effective care, that is seamlessly coordinated and client-centred. The benefits of interprofessional care have been demonstrated in many contexts, and adoption of the collaborative interprofessional competency framework by health professionals will assist in meeting health system goals.18 Innovation, accountability, and continuous improvement utilizing the best technology available must be integrated into the overall system.
Dietitian services across the continuum of care

Provision of nutrition interventions by dietitians can improve health outcomes of at-risk clients/groups and be cost-effective.19,20 There is growing evidence of effectiveness of dietitians’ services in primary health care, mental health, public health, acute care/hospitals, home care and long term care.8,20-25 Equitable access to dietitians across a seamless and cost-effectively coordinated continuum of care can save dollars within the health care system and improve patient outcomes, quality of life and ability to contribute to society.

Primary health care is key to the quality and sustainability of the health care system, to maintain and improve Canadians’ health. Registered dietitians play an important role in primary health care in Canada as integral members of the interprofessional team, providing leadership in team efforts to support the nutritional health of the population through health promotion, disease prevention, treatment, support and rehabilitation.20 Issues such as poverty, social isolation, marginalization, co-morbid medical conditions, concurrent disorders, and aging compound the nutrition-related problems encountered by individuals with mental health issues.21 Dietitians of Canada, through participation in the Canadian Collaborative Mental Health Initiative, produced a substantial toolkit resource that examines and supports the important role of dietitian services in mental health in a variety of settings.21 Dietitians are uniquely qualified to identify the nutritional risks and needs of clients with mental health issues and to plan appropriate interventions within primary care contexts. Enhancement of public health capacity is also needed at local community levels, where dietitians provide consultation on prenatal nutrition, feeding young children, and food skill development in a variety of settings, often with newcomers to Canada, as well as promoting healthy eating in the broader community.8

Dietitians of Canada’s platform on primary health care is based on five key principles: a population health approach, access to a comprehensive scope of primary health care services, interprofessional collaboration, coordination and continuity between providers across all sectors, and affordability and cost-effectiveness (performance measurement and quality improvement).20 Similarly, the College of Family Physicians of Canada has articulated its vision of family practices serving as Patients’ Medical Homes, offering patients a broad scope of services carried out by teams or networks of providers (including dietitians), with coordinated timely appointments, continuity of the care across different settings, and maintenance of electronic medical records with appropriate standards.26 Dietitians of Canada recommends population needs-based funding mechanisms to support primary health care nutrition services, to integrate nutrition services into all models of community-based health care sectors, and to evaluate these services to ensure effectiveness.20

Many patients entering hospital or moving to long term care facilities are entering the health system malnourished due to social issues such as inadequate access to food and health issues including swallowing disorders, chronic diseases and disabilities. Undernourished patients take longer to recover, often developing more complications and requiring a longer length-of-stay, and they are more likely to be readmitted for recurring issues.27 Many studies have found that malnutrition is a variable associated with poor healing and higher complication rates, as well as higher rates of morbidity and mortality and, ultimately, increased hospital costs.27,28 Studies have estimated the prevalence of
malnutrition (including undernutrition, moderate and severe malnutrition) among hospital patients and residents of long term care facilities to be between forty to sixty percent. Dietitians support the assessment of all patients and residents upon admission to hospital and long term care facilities to determine their nutrition risk, and the development of a nutrition care plan by a dietitian. To better understand malnutrition issues in hospitals and long term care facilities, Dietitians of Canada has led participation in nutritionDay in Canada – an international nutrition surveillance initiative, designed to collect information that will help hospitals improve how they identify patients who may be at risk of malnutrition and improve the nutritional care of all their patients. Dietitians have advocated for funding to support provision of appropriate foods served in long term care facilities as well as identification of any risks related to the nutrition and hydration care program and development of interventions to mitigate and manage risks.

While the 2004 Health Accord recognized the need for expanded home care coverage and some progress has been made, there is a lack of home-based nutrition services in Canada. Home care can enhance quality of life for clients and their caregivers, and reduce the use of acute care facilities and the costs associated with preventable hospital visits. Dietitians support home-based nutrition services that are easy to access and integrated with other parts of the larger health care system. Home-based nutrition services based in collaborative interprofessional care will help minimize health-related fiscal and social costs.

**Innovation, accountability and evaluation**

Innovative methods of delivery help maximize effective use of resources, including technology-driven solutions such as telehealth and electronic health records. Dietitian call centres increase access to evidence-based nutrition information for consumers and health professionals. They are a particularly valuable service for consumers in rural and remote areas of Canada where access to health services is limited. A knowledge database developed by Dietitians of Canada currently provides the foundation for evidence-based, consistent responses to food and nutrition questions in dietitian contact centres in British Columbia, Ontario, and Manitoba. Similar services throughout Canada would improve access to credible nutrition information.

Dietitians support use of electronic health records across the health system and believe that these records must have a nutrition and dietetic component that uses a standardized language. Improved safety, communication, interprofessional collaboration and cost-effectiveness are expected outcomes of a fully functioning health information technology solution. Specific to the profession of dietetics, the International Dietetics and Nutrition Terminology provides a standard set of core nutrition care terms and definitions to promote uniform documentation of nutrition care services, to enable differentiation of the type and amount of nutrition care provided, and to provide a basis for linking nutrition care activities with actual or predicted outcomes. The International Dietetics and Nutrition Terminology provides a systematic approach to documenting essential nutrition information on medical records, identifying the type and complexity of nutrition care provided by dietitians to provide the foundation for evaluating effectiveness and cost-benefits of medical nutrition therapy. While Canadian health provider organizations have begun to implement the nutrition care process with this standard terminology, it is essential that, as electronic health record systems are established, the International Dietetics and Nutrition Terminology be included as a core component.
3. SUFFICIENT LABOUR FORCE SUPPLY AND ACCESS TO HEALTH PROFESSIONALS

The current supply of dietitians in Canada is inadequate to provide Canadians with sufficient access to dietitians and other resources produced by dietitians.\textsuperscript{34} It is critical to have enough dietitians to meet the health needs of Canadians, especially since nutrition is important throughout the continuum of health services, from health promotion to disease prevention to clinical nutrition support through medical nutrition therapy and dietary management. A comprehensive pan-Canadian health human resources strategy must include dietitians, to ensure Canadians’ access to credible nutrition information.

Canadians express an interest in nutrition to prevent and manage disease, but many have limited access to dietitians’ services. Recent Canadian surveys found that:

- 93% of consumers feel that nutrition is an important factor influencing their food choices
- 87% express that ‘maintaining good health’ has a major influence on the food choices they make
- 82% believe that dietitians are the most credible source of nutrition information\textsuperscript{35}, and yet,
- only 27% of Canadians have accessed a dietitian.\textsuperscript{36}

There must be adequate education and training programs and supports to take into account the need for access to the right professional at the right time, including in rural and remote locations. The continuum of care must also allow for access to health professionals across the sectors. In a survey of collaborative primary health care mental health initiatives across Canada, for example, dietitian services were available in only 18% of the programs.\textsuperscript{21} A recent study of access to therapy services for Ontario’s homecare clients showed fewer referrals in the past year, likely due to budget pressures. In this study, the Alliance of Professional Associations for Community-based Therapy Services concluded that fluctuating referrals to professional therapy services had concerning implications for client outcomes, and could exacerbate current health human resource issues with therapy professionals in the homecare sector.\textsuperscript{37}

A 2011 report on the dietitian workforce in Canada concludes that there is already a dietitian shortage in all areas of the country and that the situation will worsen with the impending increase in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care.\textsuperscript{34} The Health Action Lobby (HEAL), a coalition of national organizations including Dietitians of Canada, supports a pan-Canadian health human resources strategy for the training, recruitment and retention of health professionals and recommends “that the Government of Canada develop a strategic initiative, such as a National Health Human Resources Infrastructure Fund, to resource new models of health service delivery and increase the supply of health providers who are trained to work within them so that Canadians have access to the effective health care they need where, when and from whom they need it.”\textsuperscript{17} Health accord negotiations must include discussions on health human resources strategies needed to support access to all health professions.
SUMMARY

Dietitians of Canada calls for Health Accord renewal, to strengthen Canada’s health system with:

- increased investment in health promotion and disease prevention, including provision of basic needs with access to nutritious food for all Canadians
- coordinated, interprofessional health services across a continuum of care that integrate health provider services into unique structures of provincial/territorial health care, and
- a comprehensive human resources strategy to increase the supply of health providers, including dietitians, so that Canadians have access to the effective health care they need.

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References


