

Written Submission for the Pre-Budget Consultations in Advance of the 2021 Federal Budget

By: The Extended Healthcare Professionals Coalition

The Extended Healthcare Professionals Coalition is made up of 11 national professional health and social organizations with the shared aims of improving the health and welfare of all Canadians; promoting excellence and innovation in research and practice; and promoting the advancement, development, dissemination and application of knowledge that advances health, social services and well-being for Canadians.

Canadian Association of Occupational Therapists
Canadian Association of Optometrists
Canadian Association of Social Workers
Canadian Chiropractic Association
Canadian Dental Hygienists Association
Canadian Dental Association
Canadian Pharmacists Association
Canadian Physiotherapy Association
Canadian Psychological Association
Dietitians of Canada
Speech-Language & Audiology Canada

August 2020

Recommendations

- **Recommendation:** That the federal government expand the eligibility of the existing Canada Student Loan forgiveness measure to additional health professionals (i.e., beyond family doctors and nurses) who work in designated rural or remote communities. Specifically, the expansion should include audiologists, chiropractors, dental hygienists, dentists, dietitians, occupational therapists, optometrists, pharmacists, physiotherapists, psychologists, social workers, and speech-language pathologists.

Helping more Canadians get the health care they deserve by expanding Canada Student Loan forgiveness measure to other health care professionals

About the Extended Healthcare Professionals Coalition

The Extended Healthcare Professionals Coalition (EHPC) aims to improve the health and welfare of all Canadians; promote excellence and innovation in health research and practice; and promote the advancement, development, dissemination and application of knowledge that advances health, social services and well-being for Canadians. Our membership consists of eleven national organizations that represent the following regulated health professionals as part of Canada's broader health workforce:

- Canadian Association of Occupational Therapists
- Canadian Association of Optometrists
- Canadian Association of Social Workers
- Canadian Chiropractic Association
- Canadian Dental Hygienists Association
- Canadian Dental Association
- Canadian Pharmacists Association
- Canadian Physiotherapy Association
- Canadian Psychological Association
- Dietitians of Canada
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As a coalition of health professionals who provide primary healthcare services within publicly and privately funded systems, our respective members comprise over 100,000 of Canada's regulated healthcare professionals. Our common interest is in advancing public policy in support of the health and well-being of the people of Canada.

Together, our recommendation reflects our shared priority of seeing increased access to extended health services for Canadians living in rural and remote communities. Restarting the Canadian economy as it recovers from the COVID-19 pandemic requires helping more Canadians in under-served rural and remote communities get the health care they deserve. Our recommendation promotes the consideration and recognition of regulated health care services that are distinct from medicine and nursing through the loan forgiveness component of the Canada Student Loans Program.

Context

Many if not all Canadians can agree that regulated healthcare providers are one of the greatest assets of Canada's health care systems. This could not have been more evident during Canada's collective COVID-19 experience as both a public health crisis and an economic crisis.

EHPC understands that there are many different types of highly skilled, regulated and autonomous health care professionals in Canada who provide an array of essential health services to Canadians in a variety of settings. These health services extend beyond family medicine and nursing in support of mental health, medication management, oral health, hearing, pain and injury management, maintenance of functional mobility, communication and swallowing, nutritional health, vision health and more.

EHPC also knows that access to these extended health care services in rural and remote communities remains an ongoing challenge for many Canadians. More than 6 million Canadians live in rural areas (approximately 20% of the population).¹ It is well documented that Canadians living in small, northern and geographically isolated communities do not have equitable access to the full range of health services enjoyed by individuals living in urban centres.² Geographic, coupled with workforce constraints, perpetuate these issues and make health care delivery particularly challenging.

It is commonly understood that rural residents differ significantly from their urban counterparts on key health indicators and determinants of health. Rural health in Canada is characterized by a higher prevalence of chronic diseases and traumatic injuries³, as well as higher rates of unhealthy weights, lower life expectancy, and fewer health care resources (including oral health, mental health and a range of primary health professionals).⁴

Recommendation: That the federal government expand the eligibility of the existing Canada Student Loan forgiveness measure to additional health professionals (i.e., beyond family doctors and nurses) who work in designated rural or remote communities.

¹ Statistics Canada. (2016). Number of persons in the total population and the farm population, for rural areas and population centres classified by sex and age: Table 32-10-0012-01.. Available at: <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=3210001201>

² Rohan, S. (2003). Opportunities for co-operative health provision in rural, remote and northern Aboriginal communities. Ottawa, ON: Canadian Co-operative Association, Government Affairs & Public Policy.

ii Health Canada, Nunavut Tunngavik Incorporated, Nunatsiavut Government, Inuvialuit Regional Corporation, Inuit Tapiriit Kanatami. Inuit Oral Health Survey Report 2008–2009. Ottawa: Health Canada; March 2011. Available: http://www.hc-sc.gc.ca/fnihah-spnia/alt_formats/pdf/pubs/promotion/_oral-bucco/oral-inuit-buccal-eng.pdf

³ Canadian Institute for Health Information. (2006). How healthy are rural Canadians? An assessment of their health status and health determinants. In Canada's Rural Communities: Understanding Rural Health and Its Determinants. Available at https://secure.cihi.ca/free_products/rural_canadians_2006_report_e.pdf

⁴ Sorensen, M., & de Peuter, J. (2002). Rural British Columbia: a ten year census analysis (1991-2001). Ottawa: Rural Secretariat.

Extending the eligibility of the Canada Student Loan forgiveness measure to additional regulated health care professionals has the potential to increase access to more health services for Canadians living in underserved rural and remote communities.

To help more Canadians get the health care they deserve, the Government of Canada has been offering the loan forgiveness benefit to encourage family doctors, residents in family medicine, nurse practitioners and nurses to practice in underserved rural or remote communities by forgiving a portion of Canada Student Loans. Family doctors and family medicine residents may be eligible for forgiveness of \$8,000 per year to a maximum of \$40,000 over five years. Nurses and nurse practitioners may be eligible for forgiveness of \$4,000 per year to a maximum of \$20,000 over five years.

The program defines⁵ underserved rural or remote community as a municipality (as determined by Statistics Canada) that is located outside of:

- census metropolitan areas;
- census agglomerations (geographic units) with an urban core population of 50,000 or more; and
- provincial capitals.

In the 2016–2017 fiscal year, \$20.6 million of student loans were forgiven under the forgiveness measure for family doctors, residents in family medicine, nurse practitioners and nurses who work in rural or remote communities.⁶ More than 4,600 individuals benefitted from this initiative (an increase of 22% from the previous fiscal year), enabling health professionals working in various rural and remote regions to reduce amounts owing on their Canada Student Loans by an average of \$4,407.⁶

Now, more than seven years later since the introduction of loan forgiveness for doctors and nurses, expanding the loan forgiveness program is a clear solution to improving access to extended health services for Canadians living in rural and remote communities. Unsurprisingly, the COVID-19 pandemic compounds not only the need for increased access to health services in these communities, but also, the need for student borrowers to access financial support to balance the costs of higher education.

For these reasons, EHPC points to strengthening the loan forgiveness measure as an answer to helping more Canadians get the health services they deserve. We are completely unified in our recommendation to government **that the eligibility for the Canada Student Loan forgiveness measure be expanded to the following regulated health professionals:**

- **audiologists**

⁵ Source: Government of Canada, Canada Student Loan forgiveness for family doctors and nurses. <https://www.canada.ca/en/services/benefits/education/student-aid/grants-loans/repay/assistance/doctors-nurses/eligibility.html>

⁶ Source: Government of Canada, Employment and Social Development Canada. Canada Student Loans Program - Annual Report 2016-2017. Available at: <https://www.canada.ca/en/employment-social-development/programs/canada-student-loans-grants/reports/cslp-annual-2016-2017.html>

- **chiropractors**
- **dental hygienists**
- **dentists**
- **dietitians**
- **occupational therapists**
- **optometrists**
- **pharmacists**
- **physiotherapists**
- **psychologists**
- **social workers**
- **speech-language pathologists**

As a policy proposal aimed at increasing access to health services for Canadians living in rural and remote communities, we recognize that expanding loan forgiveness to an additional twelve professionals may be a bold direction in terms of associated costs. Yet with so many issues facing our health systems, EHPC believes the potential impacts of introducing these additional high-demand health occupations into the loan forgiveness benefit would be very successful with far-reaching implications, especially in a time of pandemic recovery.

Extending loan forgiveness to more regulated health care professionals would translate into tangible long term, diverse and committed health care services for Canadians living in underserved rural and remote communities.

It would mean more skilled health professionals joining rural and remote labour markets and participating in those local economies as they establish their in-person services outside of Canada's urban centres, where they and their families may in turn decide to reside for the long term.

It would mean advancing more inclusive federal policies by offering loan forgiveness to regulated health professionals distinct from family medicine and nursing; the same professionals that are serving Canada's health system every day.

Most importantly, it also would mean the next generation of children raised in rural and remote Canada will have the financial support they will need to leave and return to serve their home communities as regulated health professionals.

Final Remarks

Together, EHPC members stand ready to be an engaged stakeholder to inform and support the federal government, the Minister of Employment, Workforce Development and Disability Inclusion, the Minister of Health, and the ministers' respective departments in ensuring the

expanded eligibility as proposed is effective in achieving access to increased health services for Canadians living in underserved rural and remote communities.

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