



Recommendations:

1. That the federal government increases investments in community, home, and residential care to meet the needs of our aging population and invest in a healthy and active aging strategy.
2. That the federal government expands the current Student Loan Forgiveness program for rural/remote health professionals to include physiotherapists, physical rehabilitation therapists (P.R.T.s), and physiotherapist assistants (PTAs).
3. That the federal government accelerates the timeline and increases investments in Canada's Connectivity Strategy to implement the infrastructure needed to ensure connectivity for health and remove barriers to access internet, phone, and electronic health technologies.

Introduction

The immediate response to the COVID-19 pandemic seized governments with the challenge of ensuring that Canada's health care system would not be overwhelmed. Emergency orders enacting the closure of most workplaces, services, and public spaces have had a significant impact on the economic viability of many businesses and services across all sectors, including health care. The Canadian Physiotherapy Association (CPA) appreciates the rapid and significant response by the Government of Canada to enact financial supports for those experiencing economic hardship due to COVID-19. To accelerate and sustain the recovery while safeguarding access to essential health care services, the CPA recommends that the federal government makes strategic and urgent investments in health access and infrastructure.

Access

Healthy Aging

When faced with the challenge of ensuring health care system capacity during the COVID-19 pandemic, the response of governments and health authorities across Canada was overwhelmingly to look to institutionalized care (i.e., long-term care (LTC) facilities) rather than community and home care solutions to reduce the burden on acute care. The COVID-19 pandemic has tragically exposed the weaknesses and inadequate health supports available to Canada's aging population, particularly for residents of LTC. Canada's National Institute on Ageing reports that almost 80% of COVID-19 deaths in Canada since the beginning of the outbreak have been in LTC settings.¹

By 2035, one in four Canadians will be over the age of 65.² Canadians overwhelmingly state a preference to stay in their homes, or age in place, rather than in nursing homes or institutionalized care. As we consider the continuation of physical distancing and other infection control measures necessary to reduce the risk of COVID-19 transmission in the coming months and years, there is a greater need for policy solutions that prevent or delay the need to access institutionalized care and, instead, enhance our ability to safely provide care at home and in the community. The investment of \$6 billion over 10 years in home care made by the Government of Canada in Budget 2017 laid a promising foundation, but more is needed to improve access to home, community, and palliative care services.

Aging in place requires key stabilizing supports – adequate income, social connections, community supports, and the ability to maintain physical well-being, independence, and quality of life (QoL). By increasing investments in home and community care now, with additional funding for health promotion and disease prevention programs, it would be possible to provide the support many Canadians need to maintain and optimize independence and quality of life, divert the need to access acute care, and support the desire to age in place. The Canadian Medical Association projected that \$2.3 billion could be realized annually from the health care system if older adults, inappropriately warehoused in

¹ National Institute on Ageing. (2020). NIA Long Term Care COVID-19 Tracker: Canadian Summary. Retrieved from <https://ltc-covid19-tracker.ca/>

² Sinha, S.K., Griffin, B., Ringer, T., Reppas-Rindlisbacher, C., Stewart, E., Wong, I., Callan, S., & Anderson, G. (2016). *An Evidence-Informed National Seniors Strategy for Canada – 2nd Edition: Alliance for a National Seniors Strategy* [PDF file]. Retrieved from <http://nationalseniorsstrategy.ca/wp-content/uploads/2016/10/National-Seniors-Strategy-Second-Edition.pdf>

hospitals, could access alternate levels of care in the community.³ Funded access to a broader variety of regulated health care services, including physiotherapy, outside of acute care hospitals and LTC settings is part of this solution.

Supported by additional community, home, and residential care investments, physiotherapy is ideally situated to help all Canadians age healthfully. Physiotherapy can support disease prevention and management through exercise and education while maintaining an individual's autonomy and supporting their physical well-being. Physiotherapy is also effective in treating and preventing chronic pain for arthritis, pre- and post-surgery, and low back pain, thus reducing the need for reliance on prescription opioids to manage pain.⁴ Home-based physiotherapy services, for example, reduce health care costs by maintaining independence, preventing falls, and providing a safe home environment.⁵ Home-based physiotherapy programs are cost-effective, can reduce time in hospital, and prevent need for hospitalization – for example, rehabilitation following hip replacement results in a cost-effectiveness increase of 40%.⁶

The CPA encourages the federal government to invest in strategies to promote healthy active aging for Canadians, including supports for age-friendly communities and adoption of technologies and supports for caregivers. Investments should include programs to promote physical activity, nutrition, injury prevention, and mental health access among older Canadians. It should further incorporate measures to decrease financial barriers to accessing physiotherapy services for Canadians as they age and leverage physiotherapy and rehabilitation specialists in prevention programming, such as funded falls prevention, multidisciplinary pain management approaches that include physiotherapy and exercise programs, and mobility screening to identify and mitigate risks to declines in mobility and function.

By supporting community and home-based solutions, the government can expect:

- Less frequent and shorter duration of hospital stays as the needs of aging Canadians can be proactively identified, addressed, and, in some cases, prevented;
- Decreased demands for costly hospital and LTC beds because of prevention and proactive management of chronic conditions; approx. costs per day: hospital bed = \$1,000; LTC bed = \$130; home care = \$55;⁷
- Less health care spending as the cost of community and in-home physiotherapy services are substantially lower than specialist care and medical treatment in hospital;
- More Canadians aging independently, in their homes and communities, reducing the need to travel longer distances when medical care is required; and

³ Simpson, C. (2014). Code Gridlock: Why Canada Needs a National Seniors Strategy. Retrieved from <https://www.demandaplan.ca/post/canada-needs-national-seniors-strategy>

⁴ American Physical Therapy Association. (2018, June 18). White Paper: Beyond Opioids: How Physical Therapy Can Transform Pain Management to Improve Health. Retrieved from <https://www.apta.org/advocacy/issues/opioid-epidemic-safe-pain-management/beyond-opioids-white-paper>

⁵ Canadian Physiotherapy Association. (2012). *The Value of Physiotherapy: Home-Based Physiotherapy* [PDF file]. Retrieved from https://physiotherapy.ca/sites/default/files/valuePT/cpa_valuept_homebasedphysio-en.pdf

⁶ Fontan E. (2010). Long-term effectiveness of a home intervention to reduce functional problems: results of a randomized controlled trial. *Cahiers de l'Année Gériatologique*, 2(3):188-90.

⁷ Simpson, C. (2014). Code Gridlock: Why Canada Needs a National Seniors Strategy. Retrieved from <https://www.demandaplan.ca/post/canada-needs-national-seniors-strategy>

- Reduction of caregiver burden on Canadians as caregivers are supported by rehabilitation specialists and health care teams in the communities where they reside.

Recommendation: That the federal government increases investments in community, home, and residential care to meet the needs of our aging population and invests in a healthy and active aging strategy.

Rural and Remote

Access to physiotherapy and other extended health care services remains a significant challenge for many Canadians living in rural and remote areas.

In 2013, the Government of Canada initiated the Canada Student Loan forgiveness program for eligible family physicians, residents in family medicine, and nurse practitioners and nurses who work in rural or remote communities, with the objective of helping more Canadians access the health care they require,⁸ by recruiting and retaining health professionals in underserved communities across Canada. In 2016-2017, more than 4,600 individuals benefitted from this program – an increase of just over 20% from 2015-2016, with \$20.6 million of student loans forgiven.⁸ The CPA is recommending that this program be expanded so that physiotherapists, physical rehabilitation therapists, and physiotherapist assistants are also eligible for Canada Student Loan forgiveness; specifically, for the federal portion of student loans for those who elect to practice in rural and remote settings. As a member of the Extended Healthcare Professionals Coalition (EHPC), the CPA also supports their recommendation that the program be extended to additional health professionals represented by EHPC.

Recruiting and retaining health care professionals in rural and remote regions of Canada remains a long-standing health care access barrier. When examining geographical distribution of physiotherapists in Saskatchewan relative to the province's population, researchers reaffirmed access disparities in rural versus urban delivery of physiotherapy primary care.⁹ Access inequities seen in other parts of the country, including Northern Ontario, demonstrate similar workforce planning disparities.¹⁰ As of 2018, 7.5 % of the physiotherapy workforce in Canada worked in rural and remote areas of Canada,¹¹ where almost 20% of Canada's population resides.¹² Rural and remote populations, including Indigenous peoples, need an equitable and efficient health care system with a steady workforce close to home.¹²

Physiotherapists are regulated health professionals whose practice includes health promotion and disease prevention. Physiotherapists working in primary health care maximize mobility in response to the needs of patients across the lifespan and ensure continuity of care for patients

⁸ Government of Canada, Employment and Social Development Canada. (2019, July 8). Canada Student Loans Program annual report 2016 to 2017. Retrieved from: <https://www.canada.ca/en/employment-social-development/programs/canada-student-loans-grants/reports/cslp-annual-2016-2017.html>

⁹ Bath, B., Gabrush, J., Fritzler, R., Dickson, N., Bisaro, D., Bryan, K., & Shah, T.I. (2015). Mapping the Physiotherapy Profession in Saskatchewan: Examining Rural versus Urban Practice Patterns. *Physiotherapy Canada*, 67(3):221-231. doi: 10.3138/ptc.2014-53

¹⁰ Winn, C., Chisholm, B., & Hummelbrunner, J. (2014, April 9). Factors affecting recruitment and retention of rehabilitation professionals in Northern Ontario, Canada: a cross-sectional study. *Rural and Remote Health*, 14: 2619. doi: 10.22605/RRH2619

¹¹ Canadian Institute for Health Information (CIHI). (2020). Physiotherapists: About physiotherapists: Health Workforce Database. Retrieved from <https://www.cihi.ca/en/physiotherapists>

¹² Wilson, C. R., Rourke, J., Oandasan, I. F., & Bosco, C. (2020). Progress made on access to rural healthcare in Canada. *Canadian Journal of Rural Medicine (CJRM)*, 25:14-9. doi: 10.4103/CJRM.CJRM_84_19

and their families across the care continuum.¹³ The demand for physiotherapy services, particularly among aging populations residing in rural and remote communities, is anticipated to grow – projections suggest that the number of seniors who will access physiotherapy services is expected to increase from 566,000 in 2014 to 1.5 million by 2035.¹⁴

Recommendation: That the government expands the current Student Loan Forgiveness program for rural/remote health professionals to include physiotherapists, physical rehabilitation therapists (P.R.T.s) and physiotherapist assistants (PTAs).

Infrastructure

Connectivity for health

For many Indigenous communities, and particularly for communities situated in northern, rural, and remote areas of Canada, COVID-19 has magnified existing health inequities.¹⁵

Many Indigenous communities already facing health services inequities prior to COVID-19 have experienced further access challenges due to travel restrictions placed on communities and health professionals during the pandemic. While tele-rehabilitation has seen a recent pandemic-driven surge throughout urban Canada, connectivity gaps in northern, rural, and remote communities have prevented tele-rehabilitation from being a solution. To quote the Minister of Rural Economic Development, The Honourable Bernadette Jordan, regarding Canada's Connectivity Strategy in budget 2019, "[access to] the Internet is no longer a luxury – it is a necessity."¹⁶ Significant gaps in mobile connectivity exist nationwide and bandwidth in rural and remote areas is insufficient to enable internet video-calling. Socioeconomic status in these communities means that not everyone can access the technology needed to use most virtual care platforms. Restricted access to infrastructure required to engage with virtual services has impacted access to education as well as health care services in many of these communities, representing a further inequity during COVID-19. To support access to essential health care services in rural and remote communities, the CPA recommends that the federal government accelerates the commitment of investments in the infrastructure needed to ensure connectivity for health.

Recommendation: That the federal government accelerates the timeline and increases investments in Canada's Connectivity Strategy to implement the infrastructure needed to ensure connectivity for health and remove barriers to access internet, phone, and electronic health technologies.

¹³ Canadian Physiotherapy Association. (2015). *The Value of Physiotherapy: Primary Health Care* [PDF file].

Retrieved from https://physiotherapy.ca/sites/default/files/valuePT/cpa_valuept_primaryhealthcare-en.pdf

¹⁴ Conference Board of Canada. (2018, May 31). Aging Well: Implications of an Aging Population for Canada's Physiotherapists. Retrieved from <https://www.conferenceboard.ca/e-Library/abstract.aspx?did=9626>

¹⁵ Erwin, C., Aultman, J., Harter, T., Illes, J., & Kogan, R.C.J. (2020, May 14). Rural and Remote Communities: Unique Ethical Issues in the COVID-19 Pandemic. *The American Journal of Bioethics*, 20(7), 117-120. doi: 10.1080/15265161.2020.1764139

¹⁶ Government of Canada, Innovation, Science and Economic Development Canada. (2019, July 16). High-Speed Access for All: Canada's Connectivity Strategy – A Connectivity Strategy for Canada. Retrieved from https://www.ic.gc.ca/eic/site/139.nsf/eng/h_00002.html#c

Conclusion

The Canadian Physiotherapy Association remains a committed and active partner in identifying and informing policy solutions for optimizing the health of Canadians across their lifespan. The CPA is dedicated to working with the federal government to build an equitable, sustainable, healthy, and active future for Canadians in every part of the country.

About the CPA

The Canadian Physiotherapy Association (CPA) represents 15,000 physiotherapists, physiotherapist assistants (PTAs), physical rehabilitation therapists (P.R.T.s), and physiotherapy students across Canada.