

DIETITIANS OF CANADA (ONTARIO REGION) PRE-BUDGET RECOMMENDATIONS

February 2019

Dietitians of Canada (Ontario Region)

Dietitians of Canada (DC) welcomes the opportunity to provide input to this year's budget consultations to improve government programs and services, and save taxpayers' money. Dietitians currently play an active role in health promotion and health care and are poised to assume even greater responsibilities in the future to meet the needs of the population.

Our organization is committed to working with the Ontario government to develop and implement policies that ensure the government's future health care expenditures are sustainable and can effectively meet the health care needs of Ontario residents. We are cognizant of the economic pressures facing the province and have carefully considered our recommendations to ensure they are fiscally responsible. Investment in dietitian services to improve health is a cost-effective strategy for Ontario.

Dietitians of Canada's priority recommendations for the upcoming budget are positioned to make day to day living easier for Ontarians, improve health outcomes, protect vulnerable populations, support health system reforms and achieve long-term health system savings by increasing Ontarians' access to healthy foods, evidence-based nutrition information, and professional dietetic services.

Recommendations

Dietitians of Canada (Ontario) requests policies to improve access to dietitians as a cost-effective strategy to support ending hallway healthcare, create jobs, and help Ontarians maintain good health.

Dietitians of Canada recommends the following be strongly considered in the upcoming budget:

1. Invest in dietitian services across the health system to take advantage of proven cost-effectiveness:

- a. Ensure dietitian services are embedded in the development of the provincial framework for **mental health** and addictions
- b. Support models of **primary care** that integrate dietitian services within the interdisciplinary primary health care teams
- c. Invest in dietitian time for **LTC homes** at a minimum of 45 minutes/resident/month
- d. Enable flexibility in providing nutrition services within **home care** to decrease or delay the need for more costly client services and for admission to acute care or placement in long term care homes
- e. Invest in **public health** programs, specifically dietitian-led nutrition programs, to support healthy living at all ages, reducing the burden of chronic disease on our health care system.
- f. Sustain funding for the **Dietitian Advisory Service** (through TeleHealth), an innovative delivery model, that provides consumers and health intermediaries with easy, remote access to the credible advice of dietitians.

2. **Develop policies to encourage malnutrition screening and treatment in primary health care and hospitals to support ending hallway healthcare by avoiding hospitalization and decreasing length of stay**
3. **Ensure that social assistance recipients (and all Ontarians) have access to healthy foods, by monitoring impact of social assistance changes on food insecurity and health**
4. **Provide sufficient dedicated funding for food in LTC homes to meet residents' needs and preferences**
5. **Provide curriculum supports for embedding food literacy concepts in K-12 education**


In addition, we strongly recommend that the government undertake **comprehensive and timely evaluation** of any new or revised health program funding or policy change, to ensure effective use of resources, and to review all policy initiatives for their impact on health.

About Dietitians of Canada

Dietitians of Canada (DC) is the professional organization that represents Dietitians across Canada, with over 2500 members in Ontario. Our purpose is to advance health through food and nutrition. We provide evidence-based food and nutrition information, support easier access to adequate, safe and healthy food, promote professional best practices, and advocate for better access to dietitians to meet the health needs of Canadians. Dietitians' advice is accurate, reliable and trustworthy because it is based on current evidence on food and nutrition and sound professional practice. DC works closely with members and partners to provide policy recommendations, resources, tools, and best advice to diverse audiences.

About Registered Dietitians

Registered Dietitians are health professionals regulated under the Dietetics Act, 1991, who are uniquely trained to advise on food and nutrition. Dietitians continue to be the most trusted source of nutrition information, according to consumer surveys. They must complete comprehensive and rigorous university education and practical training to be eligible to write the Canadian Dietetic Registration Exam and maintain ongoing competency requirements through the College of Dietitians of Ontario. Dietitians are held accountable to the highest standards of education and ethics.



Dietitians help people meet their nutritional needs in health or disease at all stages of the life cycle. They translate the science of nutrition into healthy food choices and use their expertise in the prevention and treatment of both acute conditions and chronic disease. Dietitians provide services in many settings throughout the province including community health centres, family health teams, home care, hospitals, long-term care homes, public health, health promotion, education, sports and recreation facilities, business, academic and research settings, and in private practice.

Dietitians' expertise in nutrition related policy development, programming, and service delivery, is crucial to the prevention and management of chronic diseases. Ontario ranks among the lowest in Canadian provinces in the number of dietitians per capita (28 dietitians per 100,000 population compared to an average of 33 in other provinces).¹

Dietetic services are not currently meeting needs of Ontarians, despite the recognized burden of nutrition-related conditions. For example, according to the Public Health Agency of Canada's 2011 report on diabetes, only 26% of patients with diabetes have seen a dietitian.² Given the importance of nutrition counseling in diabetes management, as evidenced by the Clinical Practice Guidelines³, it appears that the health system is not connecting these patients with appropriate care, or that the shortage of dietitians is preventing adequate care. Another example of inadequate access to dietitian services is found in the results of the 2013 Canadian Physicians Survey. Overall, 40% of Canadian physician respondents felt that access to dietitians was unsatisfactory, and in Ontario specifically, 43% rated access as unsatisfactory.⁴

The evidence shows that dietitians have a positive effect on outcomes and save healthcare dollars. Helping all Ontarians access dietitian services can have a significant impact.

The Ontario health services that need additional or sustained resources to support optimal health and control/reduce burden of escalating health care costs include mental health and addictions, primary health care, long-term care, home care, public health, and malnutrition screening programs in acute care, as well as access to a dietitians advisory service.

Invest in dietitian services across the health system to take advantage of proven cost-effectiveness

- a. Ensure dietitian services are embedded in the development of the provincial framework for **mental health** and addictions



Individuals with mental health issues are at nutritional risk for many reasons including side effects of medications, poverty, social isolation, marginalization, co-morbid medical conditions, concurrent disorders, and more. Aging and nutrient-medication interactions can further compound nutrition-related problems.⁵

Optimal diet can reduce risk of depression by up to 40% and some types of dementia by up to 50%. The SMILES randomized control trial clearly showed that following a healthy eating pattern such as the Mediterranean diet can improve symptoms of major depressive disorder and provide patients who are living with depression with a non-pharmacological treatment option.⁶

Proactive dietitian interventions in preconception, pregnancy, breastfeeding and infancy can prevent neurological disorders and save health care spending over time. Dietitians are instrumental in developing programs in the community for prevention of mental health illnesses and helping people navigate community resources to support them in achieving an optimal diet and positive mental health.


Anorexia Nervosa has the highest rate of mortality of all psychiatric illnesses estimating that 10% of individuals with anorexia nervosa will die within 10 years of disease onset.⁷ Dietitians are integral to treating eating disorders as well as other mental illnesses.

- b. Support models of **primary care** that integrate dietitian services within the interprofessional primary health care teams.

Primary care settings with interprofessional care teams enable earlier identification and more timely intervention, preventing future disease and saving health care dollars.

Dietitians have an important role in the primary health care setting, supporting other team members to provide comprehensive primary health services, and alleviating pressure on the healthcare system.^{8,9} Dietitians working in primary health care also have significant economic benefits, saving the health care system \$5.50–\$99 for every \$1 spent on dietetic intervention.¹⁰ Nutrition services in primary healthcare settings across Canada provide evidence of cost-effectiveness.¹¹ These savings are the result of health outcomes such as decreasing risk and incidence of diabetes, cardiovascular disease, obesity, and malnutrition.

Access to dietitians in primary health care is a good return on investment and crucial to supporting the end of hallway healthcare. Overweight and obese children benefit from increased access to the expertise of Dietitians, as shown in a



2015 study where each additional visit with the dietitian increased the chances of success in the weight management program by 28%.¹² Evidence from the CHANGE program for metabolic syndrome shows 25% reduction in metabolic syndrome, and 50% improvement in individual risk factors, following the program guidelines which include individualized counseling by a Dietitian over a 12-month period.¹³ Additionally, 2-4 visits with a dietitian decreases LDL levels in patients with hyperlipidemia by 51% of patients so they did not require statin therapy. Overall cost savings of \$4.28 for every dollar spent on Medical Nutrition Therapy¹⁴ and nutrition counseling can reduce the risk of developing Type 2 diabetes by up to 70%.¹⁵


Despite strong evidence supporting the benefit of nutrition services in primary care, limited access to dietitians in this sector remains an ongoing issue with workforce studies identifying care gaps and low referrals for vulnerable populations in family practice (for example, diabetes prevention, child obesity, malnutrition in seniors). Workforce surveys have shown that other practitioners may not refer patients for dietitian services due to long wait lists or limited resources, compounding the problem¹⁶. Dietitians are currently only seeing a small subset of patients who could benefit from our services. Despite nutrition issues being involved in almost 25% of all physician visits, only 1.3-2% of those issues are referred to RDs for counseling.^{17,18, 19, 20, 21}

c. Invest in dietitian time for LTC homes to 45 minutes/resident/month

Regulations under the Long Term Care Homes Act mandate a minimum of 30 minutes per resident per month of Dietitian time. We recommend increasing the mandated requirement to a minimum of 45 minutes per resident per month to be able to provide appropriate care for this vulnerable population and support the reduction in costly emergency rooms.

Residents moving into long term care are, in many cases, more frail and at greater nutrition risk than ever before. Over 80% of LTC residents are at least 75 years old, and 52% are 85+ years old, according to the Canadian Institute for Health Information²². Many residents are malnourished or undernourished at the time of LTC admission and are more likely to have multiple chronic illnesses and cognitive deficits. These frail elderly have the greatest need for nutrition interventions and strategies to prevent or delay further health and functional decline. Pressure ulcers and falls are two of Health Quality Ontario's LTC quality indicators associated with nutritional status--individualized nutrition care can reduce the risk of these adverse events.

In a recent survey of LTC home dietitians, 1 in 5 homes were already providing additional dietitian staffing above the minimum requirement, in recognition of the value of these services. While this is a positive finding, it creates inequity



across the province, placing the residents in other homes at a disadvantage.²³ A regulation change, supported by appropriate funding, would ensure that all LTC residents in Ontario benefit from evidence-based nutrition care, and that LTC home staff are supported by dietitian recommendations for food and nutrition services. Recent data from the Canadian Malnutrition Task Force shows the economic impact of malnutrition is at an estimated \$2billion—it is reasonable to assume that the impact in LTC is at least that high, given the relationship of nutritional status on functional and cognitive decline which drives many staffing costs.²⁴

At the current 30 minutes/resident/month, a 100-bed home will have 50 hours of RD time per month, or approximately 12 hours per week, approximately 0.3 FTE. At 45 minutes/resident/month, this would increase to 75 hours per month, approximately 18 hours per week, or 0.45 FTE. This increase will improve the health and quality of life for LTC residents, with potential to save healthcare dollars making this a good return on investment.

- d. Enable flexibility in providing nutrition services within **home care** to decrease or delay the need for more costly client services and for admission to acute care or placement in long term care homes

Nutrition services at home provide tremendous value not only to clients who benefit by receiving them in their own home environment where challenges can be identified and mitigated, but also to the health care system. Appropriate and timely nutrition care enhances overall health and can decrease or delay the need for more costly client services and for admission to acute care or placement in long term care homes. Access to dietitians for professional nutrition advice is a key component of healthy aging, maintaining independence, and managing conditions successfully in the home setting.

Dietitians of Canada remains committed to ensuring access to nutrition services is preserved in the Home Care system to support recovery, rehabilitation and independence, yet therapy services including dietetics are de-emphasized in community care funding and policies. These realities run counter to the stated government policy supporting aging at home and avoidance of emergency department and acute care. Service provider agencies have difficulty retaining qualified professional staff due to the inconsistency in work available. In 2013-14, only 0.13% of homecare visits in the province were for nutrition services, and there were 10,000 fewer dietetic services visits in 2012/13 than in 2008/09.^{25, 26} All therapy services in the homecare system had significant declines over this time period. Given the importance of nutrition in recovery from

In 2013-14, less than 1% of homecare visits in the province were for nutrition services.

acute episodes, and managing the effects of chronic disease, it is therefore very likely that many homecare clients that need dietetic services are not receiving them. Targeted funding for nutrition services, as well as other therapies in homecare, is needed to reverse these trends. Ensuring that healthcare professionals are able to work to their full scope of practice in all settings, including home care, will help contain healthcare costs and enhance patient-centred care.

- e. Invest in **public health** programs, specifically dietitian-led nutrition programs, to support healthy living at all ages, reducing the burden of chronic disease on our health care system.

Chronic disease in Ontario consumes 55% of health care costs.²⁷ Poor nutrition and barriers affecting access to healthy food are important risk factors contributing to the alarming health, economic and social burdens of chronic disease in Ontario.²⁸ Dietitians in Public Health work with community partners to promote health, prevent disease and enhance quality of life so that the burden of illness is reduced. Dietitians also create environmental and systemic changes to help make the healthy choice the easy choice, apply health promotion strategies to identify the needs of the community including workplaces, and build programs to address those needs, and use strategies focused on the social determinants of health to help build healthy communities. Every \$1 invested in promoting healthy eating and physical activity yields \$6 in savings from the treatment of chronic disease.²⁹

- f. Sustain funding for the **Dietitian Advisory Service** (through TeleHealth), an innovative delivery model, that provides consumers and health intermediaries with easy, remote access to the credible advice of dietitians.

In March of 2018, the former EatRight Ontario Dietitian advisory service was replaced with a dietitian call centre under Telehealth Ontario. Services like this make life easier for Ontarians day to day as they are accessible despite geographical location. Dietitian advisory services are innovative and offer an efficient infrastructure that support capacity building with other health sector health delivery. Dietitians advisory services reduce barriers related to service fees, remote access, wait times, as well as provide service to at-risk cultural groups in their language of choice to make life easier for Ontarians. Innovative services like these are also effective ways to support the people of Ontario to adopt dietary guidance from the new Canada's Food Guide. The ERO services was highly valued by both consumer and healthcare professionals.^{30, 31} This Dietitian Advisory Service infrastructure needs to be sustained for remote public access all across Ontario, support capacity building with other health sector health delivery, and implementation support for provincial government policies and programs. If this type of service is not sustained it places burden and resource demands on existing health service providers.



Develop policies to encourage malnutrition screening and treatment in primary health care and hospitals to support ending hallway healthcare by avoiding hospitalization and decreasing length of stay

Many consumers and health professionals assume that there is good access to dietitians within the acute care sector. However recent work by the Canadian Malnutrition Task Force has found that only half of the hospitalized patients who are malnourished (according to standardized assessment protocols) are referred to the dietitian for intervention. This study also found that 45% of patients admitted to hospital were malnourished. These patients had longer lengths of stay and were more likely to be readmitted within 30 days of discharge.³²

Given the prevalence and effects of malnutrition, adequate staffing and leadership for dietitians in hospitals can be essential components in the goal of ending hallway healthcare.

Malnutrition affects 45% of patients admitted to hospital, leading to longer stays and increased risk of re-admission.

As well, the Senior Friendly Hospital report indicated that hydration/nutrition protocols and monitoring procedures are not commonly in place, putting patients at significant risk for functional decline, increased length of stay and a higher rate of re-admission. Action plans were proposed to address the clinical priorities of functional decline, delirium, and transitions in care.³³ These priorities are linked to patient and system outcomes, such as physical and cognitive function, safety, satisfaction, discharge options, length of stay and re-admissions. Efforts to resolve the identified issues with nutrition and hydration have not been prioritized in most hospitals, which could be mitigated by having adequately staffed and trained Professional Practice Leaders in each hospital that would facilitate a supportive team-based approach to caring for hospitalized older adults. Leadership within the provincial government to support development and implementation of nutrition policy is also recommended.

Ensure that social assistance recipients (and all Ontarians) have access to healthy foods, by monitoring impact of social assistance changes on food insecurity and health

It is the position of Dietitians of Canada that “all Canadians must have food security”.³⁴ Recognizing food security as a social determinant of health, Dietitians of Canada recommends “[a] population health approach [which] addresses the root cause of individual and household food insecurity – poverty – through improvements to the social safety net.”³⁴

Social determinants of health, such as early childhood development, education, employment, income, environmental quality and safety, as well as biological factors, account for the major proportion of population health outcomes.³⁵ Food insecurity is associated with adverse health effects, including developmental (among children) and mental health problems, greater risk for acute illness (often requiring treatment through the health care system) and greater prevalence of non-communicable diseases.³⁴ Health inequalities (i.e., less health and well-being, more disease) are particularly prevalent among Canadians with low incomes, people living with mental health challenges and Canada's aboriginal communities. We recommend continued focus on regular/standardized monitoring food insecurity rates and income support policies to reduce poverty.


Provide sufficient dedicated funding for food in LTC homes to meet residents' needs and preferences

Sufficient funding for food in LTC homes is required to provide nutritious and culturally acceptable food. Funding dedicated for food (Raw Food Cost (RFC) envelope) is needed to ensure both regular foods and beverages, and therapeutic/specialty items can be provided to meet residents' needs. For example, gluten-free foods to meet medical needs, and kosher or halal menu items to meet cultural needs, take significant portions of the food budget in many LTC homes. Nutrition supplements, for example Ensure® may be part of an individualized care plan, and LTC homes report high expenditures on these products. We recommend annual increase in the RFC per diem determined by an objective measure such as the Consumer Price Index. We recommend removal of therapeutic and specialty menu items such as enteral feeding formulae, commercial oral nutrition supplements, gluten free specialty foods, and cultural-specific specialty foods, from the Raw Food Cost per diem, so that RFC funding can be used to provide high quality foods and beverages to the entire resident population.

Provide curriculum supports for embedding food literacy concepts in K-12 education

We live in the most complex food environment in human history.³⁵ Healthy eating and physical activity can significantly reduce the incidence of some types of chronic diseases and dramatically improve the overall health and wellbeing of individuals and reduce health care costs.³⁶ Food literacy is the foundation for healthy eating behaviours. Food literacy education can be enhanced throughout the provincial elementary school curriculum and by having at least one food/nutrition course be mandatory for all students in the secondary school curriculum in order to obtain an Ontario Secondary School Diploma.

Food literacy course will ensure students are equipped to make healthy decisions related to food and nutrition. Evidence-based food and nutrition education that is relevant for today's food environment is needed to improve the



health of current and future generations.³⁷ Incorporating food literacy will improve academic achievement, and equip youth with life skills while addressing society's burden of chronic disease.



The journey towards wellbeing begins with how we eat. Dietitians are the experts in nutrition and healthy eating and the foundation for improving and maintaining the health of Ontarians. Without optimal access to dietitian services and expertise the costs to the healthcare system will continue to increase. It is timely for the government of Ontario to invest in dietitians across the healthcare system, and ensure access to healthy food for all Ontarians to achieve its goals of ending hallway healthcare.

We would welcome the opportunity to provide further input into the 2019 budget.


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