



## **Federal Budget 2010... What is in Store for Science and Practice?**

The stated aim of Budget 2010 is to shepherd continued economic recovery for Canada by focusing on the creation and maintenance of jobs, investing in targeted initiatives that will create jobs and foster economic growth, and charting a course that will reduce Canada's deficit in the medium term (<http://www.budget.gc.ca/2010/home-accueil-eng.html>).

### **What's in it for health?**

In 2010-11, health transfers to provinces and territories will total \$25 billion, a \$1.4 billion increase over 2009-10. There is a commitment to increase the transfer by 6% annually until 2013-14. There is an additional \$250 million for the Wait Times Reduction Transfer. Direct health spending and tax measures will total \$10 billion of which 6.7 billion is direct spending for First Nations and veterans' health care, health protection, disease prevention and health-related research and \$1.2 billion in health-related tax measures (medical expense tax credit, caregiver and infirm dependants tax credits, and the refundable medical expense supplement).

The 2010 budget makes good on last year's commitment of \$500 million for Canada Health Infoway; electronic health records in the service of enhancing the safety, quality and efficiency of the health care system and a by-product of which is job creation.

An additional \$285 million, over two years, will be directed towards Aboriginal health: the Aboriginal Diabetes Initiative, the Aboriginal Youth Suicide Prevention Strategy, maternal and child health programs, the Aboriginal Health Human Resource Initiative and the Aboriginal Health Transition Fund.

### **What's in it for research?**

Budget 2010 delivers \$32 million to the national granting councils to sustain researchers at universities, colleges and research hospitals as well as to support new researchers. The \$32 million will include \$16 million for CIHR, \$13 million for NSERC, and \$3 million for SSHRC. Eight million will go to the Indirect Costs of Research Program and \$45 million over five years will go to the granting councils to establish and administer the Canada Post-Doctoral Fellowships Program. The fellowships program will lead to the creation of 140 new, two-year post-doctoral fellowships annually. These fellowships will be valued at \$70,000 but will be taxable.

Other research support will include \$15 million annually to the College and Community Innovation Program in support of research collaborations between businesses and colleges, \$222 million for TRIUMF (national laboratory for nuclear and particle physics research), \$75 million in 2009-10 to Genome Canada and \$48 million over two years for research, development and demonstration of new technologies for the production of isotopes.

Also announced in Budget 2010 is a governmental review of all federal support for research and development so that contributions to innovation and economic opportunities for business can be enhanced. The outcome of this review will inform federal research support going forward.

### **What's in it for the health and well-being of Canadian communities?**

Ten million, over two years, will be directed to the New Horizons for Seniors Program. Budget 2010 provides some enhancements to the Registered Disability Savings Plan (RDSP). Forty five million over the next three years will be provided to the Enabling Accessibility Fund to enhance access for persons with disabilities. Five million a year will be directed to the Canadian Paralympic Committee.

Budget 2010 provides \$908 million over the next two years for Aboriginal Canadians and their communities directed towards programmes related to education, missing and murdered Aboriginal women, child and family services, implementation of the Indian Residential Schools Settlement Agreement, as well as the health-related investments in Aboriginal communities mentioned earlier.

Investments in youth in Budget 2010 include \$30 million for youth employment programming, \$10 million to support young entrepreneurs, \$30 million for job opportunities for youth to enter the labour market, and \$20 million for Pathways to Education Canada to work with disadvantaged youth.

### **What do health and research organizations and associations have to say about 2010 government investments in health and research?**

The *Canadian Consortium for Research* (CCR) (of which the CPA is a Steering Committee member) notes that the 2010 investments falls short of need but it commends the government that its investments in the granting councils were not targeted ([http://www.cpa.ca/cpsite/userfiles/Documents/science\\_and\\_research/CC](http://www.cpa.ca/cpsite/userfiles/Documents/science_and_research/CC)).

The *Canadian Association of University Teachers* (CAUT) noted the very modest amount of new money for the granting councils, particularly in light of the cuts affected last year. CAUT asserts that the budget announcements do not support universities which must cope with increasing enrolments and do not help students address debt and rising tuition costs. The CAUT is also concerned that government support for collaboration between colleges and universities and the private sector could “threaten(s) the integrity of research and the independence and quality of education...” (<http://www.caut.ca/pages.asp?page=870>).

Despite disproportionately less funding for SSHRC, the *Canadian Federation for the Humanities and the Social Sciences* (CFHSS) notes the federal government’s recognition of the role and value of research in social sciences and the humanities (<http://www.fedcan.ca/images/File/PDF/Federal%20Budget/2010/Budget%202010%20Highlights.pdf>).

The *Association of Universities and Colleges of Canada* (AUCC) asserts that the “budget sends an important signal” that the government values universities and university research and their role in the Canadian economy ([http://www.uacc.ca/publications/media/2010/budget\\_03\\_04\\_e.html](http://www.uacc.ca/publications/media/2010/budget_03_04_e.html)).

According to the *Association of Canadian Academic and Health Care Organizations* (ACAHO), the budget’s strategic investments in support of health research, innovation and commercialization are in the right direction (<http://www.acao.org/?document&id=176>).

On the health front, many of the country’s health care organizations were pleased to see that the 6% increase to the Health Transfer Tax (funds transferred to provinces and territories for health) would be maintained and were glad that funding for Health Infoway, announced in 2009, will be released in 2010. These were two principal comments in the response of the *Health Action Lobby* or *HEAL* (an alliance of 38 health care organizations and associations) of which the CPA is co-chair. HEAL notes the opportunity

that Health Infoway brings to create economies and efficiencies to service delivery ([http://www.cpa.ca/cpsite/userfiles/Documents/science\\_and\\_research/HEAL\\_BudgetResponse2010\\_EN.pdf](http://www.cpa.ca/cpsite/userfiles/Documents/science_and_research/HEAL_BudgetResponse2010_EN.pdf)). As concerns Health Infoway, the *Canadian Nurses Association (CNA)* called for more to be done so that electronic health records support collaborative practice and community health care. The Canadian Nurses Association felt that Budget 2010 missed a needed opportunity to transform the health care system. CNA notes that increasing chronic disease and aging population and financial constraints indicate a need to “deliver health care differently” with even more support and investment in health prevention and promotion ([http://www.cna-aiic.ca/CNA/news/releases/public\\_release\\_e.aspx?id=259](http://www.cna-aiic.ca/CNA/news/releases/public_release_e.aspx?id=259)).

The *Canadian Coalition for Public Health in the 21st Century (CCPH21)*, of which CPA is a member, also calls for greater investment in health promotion and disease prevention through Health Canada, the Public Health Agency of Canada, health research, and expansion of the country’s public health workforce ([http://www.cpha.ca/uploads/policy/ccph21/budget2010\\_e.pdf](http://www.cpha.ca/uploads/policy/ccph21/budget2010_e.pdf)).

The *Canadian HealthCare Association (CHA)* and the *Canadian Association of Social Workers (CASW)* called for more measures to address poverty. The CHA calls for better means and mechanisms to address poverty among seniors ([http://www.cha.ca/index.php?option=com\\_content&view=article&id=255:budget-2010-stays-on-course-for-health-says-cha&catid=60:pressreleasesadvisories&Itemid=56](http://www.cha.ca/index.php?option=com_content&view=article&id=255:budget-2010-stays-on-course-for-health-says-cha&catid=60:pressreleasesadvisories&Itemid=56)). CASW predicts that the gap between the rich and poor will widen with a budget that invests in the business economy at the expense and to the exclusion of the nation’s poor. The CASW calls on the government to develop a national anti-poverty strategy (<http://www.casw-acts.ca/>).

#### **How does the budget affect CPA’s positions and concerns about science and practice?**

CPA had significant concerns about the 2009 restructuring of the granting councils and its impact on funding for psychological research. These are articulated in a position statement that we have brought to the attention of the councils and to the attention of the membership (<http://www.cpa.ca/science/grantingcouncils/>). The disproportionately small increase in funding to SSHRC in 2010 continues to be a concern for CPA and psychologist researchers, across a range of our sub-disciplines, whose work falls within the SSHRC mandate. The disproportionately small increase in funding to SSHRC in 2010, however, may in fact affect the funding of health research less than might have been the case in other years. This is because, as a result of SSHRC restructuring, it will no longer fund any health-related research now the sole purview of CIHR. The challenge then becomes whether CIHR can grow its commitment to fund the full biosychosocial range of health research. Challenges for students in applied programmes (e.g. clinical, clinical neuropsychology) will be that though they may undertake basic research, they will not be eligible for NSERC funding because they are enrolled in an applied psychology programme.

It is clear that budget 2010 is focused on employment and hastening an economic recovery and a balanced budget. Several of the investments come attached with a job creation rationale. Health Infoway, intended to create efficiencies in service delivery (let alone for a patient who ostensibly should no longer have to repeat his or her history to every health care provider he or she meets) will lead to creation of knowledge-based jobs (presumably information technology and administrative jobs required to develop or manage it). 2009 investments in university infrastructure were also promoted for their job creation by-product.

In addition, and as noted differentially received by Canada’s research-related organizations, investments in research were tied to collaboration with the private sector and contributions to the economy now

and going forward. Interestingly on the practice side, when advocating for enhanced accessibility to psychological service, it has been suggested more than once that CPA should pursue corporate champions or partners willing to promote or support the need for psychological service to Canadians. Employers depend on the health and well being of their workforce for success and there is ample evidence pointing to the billions of dollars in toll on the Canadian economy due to mental disorders in the workplace

<http://www.mooddisorderscanada.ca/documents/Quick%20Facts%203rd%20Edition%20Eng%20Nov%2012%2009.pdf>

Advocacy 101 will point out that success depends on promoting and asking for what you want in the context of what is needed. The health and wellbeing of Canada's workforce is key to economic recovery and the science and practice of psychology is directly relevant to the health and well being of the workforce. Relatedly, CPA, on behalf of HEAL and in partnership with Dr. Peter Hausdorf, Chair of CPA's section on Industrial Organizational Psychology or CSIOP, has submitted a proposal to Health Canada to develop sustainable means of assessing the work-related health of Canada's health human resource.

The fact that the 6% increase in the Health Transfer Tax will be maintained is a good thing though of course does not directly speak to psychology's chief service-related concern, namely access to psychological service which, increasingly, is being provided in the private sector. As budgets and public spending shrinks, more and more becomes deferred to the private sector which of course further restricts access to those who cannot afford the privately provided service. One of the chief objectives of CPA's Practice Directorate is advocacy in the service of access to psychological service, particularly through primary care. Our challenge, however, is not just to point out the problems but to offer some solutions. Mental health and disorders are on the national agenda (e.g. Mental Health Commission of Canada) and there are other countries who have recently shown tremendous national leadership in supporting access to service for their citizenry's psychological health (e.g. the UK's investment in cognitive behavioural therapies, Australia's public funding of psychological service through primary care). As co-chair, and on behalf of, Canada's Mental Health Table (MHT), CPA has taken the lead on developing a funding proposal to Health Canada for a forum on access to mental health service (Which Doors Lead to Where? How to Enhance Access to Mental Health Service: Barriers, Facilitators and Opportunities for Canadians' Mental Health). Stay tuned.

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