

## The Challenges of Planning Health Workforce Needs in Environments of Invisible Policy

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This poster examines the health workforce planning challenges that arise as a result of invisible policies. Where the policy driver is not explicit or well understood, it creates information gaps and presents unnecessary challenges in workforce planning. These gaps may be human, financial, and administrative. I will use Health Canada's evacuation policy as a case study to examine an invisible federal policy that results in reliance on provincial maternity resources to ensure First Nations women living on reserves have access to intrapartum care. I will also present a tool to identify an invisible policy and reflect on the challenges to workforce planning in environments of invisible policy.

Unfortunately, a result of this invisible maternity care policies is that it is difficult – and I would argue impossible - to properly allocate resources federally or provincially for First Nations women living on reserves. I further argue that invisible policies negatively effect communication and planning between federal and provincial health care systems, the brunt of which is carried by First Nations women and their children. For example, Canadian data definitively demonstrate that First Nations health is substantively lower than that of non-Aboriginal peoples. The two-fold IMR for First Nations is strongly indicative of health care services that are markedly substandard compared to that which non-First Nations receive. Invisible maternity care policies contribute to fragmented health care systems for First Nations women, and as such, deserve attention and analysis.

First Nations living on reserves receive federal health care. In some situations, however, First Nations people receive provincial health care. In the case of pregnant First Nations living on reserves, women leave their community between 35 and 37 weeks of pregnancy to access intrapartum services from the provincial health care system. As I have identified in a paper (submitted for publication), an invisible federal policy has been guiding this practice for many decades. An examination of this invisible federal policy reveals a communication gap between federal and provincial health care systems related to maternity care services for this particular group of women.

The absence of a clearly articulated policy means that provincial policies are not linked to the resource needs, thereby creating a dependence on individual practitioners for the success or failure of maternity care services. Jurisdictional incongruencies between federal and provincial health care systems further confound efforts to mitigate the impacts of the evacuation policy, in part, because the policy largely remains invisible.