

PUBLIC HEALTH MATTERS

FEDERAL ELECTION 2019



A HEALTHY ALBERTA, THROUGH HEALTHIER PUBLIC POLICIES

Alberta's public health community is calling on all Albertans to take the opportunity provided by the upcoming federal election to discuss the issues that need to be addressed by the federal government if we are to make Albertans healthier and our healthcare system sustainable.

WE KNOW THAT

- Health is a state of complete physical, mental, and social well-being. It is not merely the absence of disease or infirmity.
- The health of the population is determined by many factors. Although availability and accessibility of high quality health care is important, the main determinants of health lie outside of the health care system, and include physical, social, economic, and cultural conditions that people experience daily in the places where they live, learn, work, and play.
- Those with lower levels of income and education, or who are otherwise marginalized, do not enjoy the same good health as the rest of Canada's population.

We need leaders that are committed to sustained investment in public health across the country and a government that will invest in evidence-informed strategies and programs – within and outside the health care system - that support strong healthy people in Canada regardless of their economic and social status.

As such, we call on all parties to consider, explore and support the following measures:

- 1. Implement a basic Income**
- 2. Commit to addressing climate change and its implications for human health**
- 3. Take a public health approach to the opioid crisis**
- 4. Address core housing needs**
- 5. Take action on racism and health**
- 6. Invest in early childhood education and care**
- 7. Commit to sustained investment and focus in public health**



PUBLIC HEALTH MATTERS

✓ Canada

1. IMPLEMENT A BASIC INCOME

The World Health Organization indicates that income is the most important factor affecting physical and mental health, and yet 9.5% or 3.4 million Canadians experience poverty including 9% or 622,000 of Canadian children under 18 years of age. Poverty remains especially prevalent among young children and children in Indigenous, immigrant, and lone-parent families. For example, one quarter of Indigenous Peoples and 40% of Canada's Indigenous children live in poverty. These levels of poverty are unacceptable in Canada.

WHY IT MATTERS

Household income underpins other social determinants of health, including access to adequate housing, nutritious food, education and proper early childhood development. People with limited incomes are often more socially isolated, experience more stress, have poorer mental and physical health and fewer opportunities for personal advancement. It also limits access to prescription medication and health care.

Poverty impacts our healthcare system. Data from the Public Health Agency of Canada show that 20% of the over \$200 billion spent on health care annually can be attributed to socio-economic disparities, including poverty, in

Canada. When compared to the richest of our population, the poorest of Canada's population faces a staggering 358% higher rate of disability, 128% more mental and behavioural disorders; 95% more ulcers; 63% more chronic conditions; and 33% more circulatory conditions. According to the Wellesley Institute, an increase of \$1,000 annually to the income of the poorest 20% of Canadians would lead to 10,000 fewer chronic conditions and 6,600 fewer disability days every two weeks. Canada could save \$7.6 billion per year on health expenditures by moving people from the lowest income bracket to the second-lowest income bracket.

A basic income could provide a new approach to reducing poverty in a sustainable manner, just as there was a reduction in seniors' poverty through the implementation of existing programs that resemble a basic income approach, such as the Canada Pension Plan, Old Age Security and the Guaranteed Income Supplement, and recently a lowering of child poverty with the Canada Child Benefit. Every Canadian should be able to meet their fundamental needs for adequate housing and nutritious food, two key factors that affect the health of Canadians.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to lead the development and implementation of a national strategy to provide a basic income, to gradually replace existing social assistance measures which are costly to society, inadequate for families, and stigmatizing.

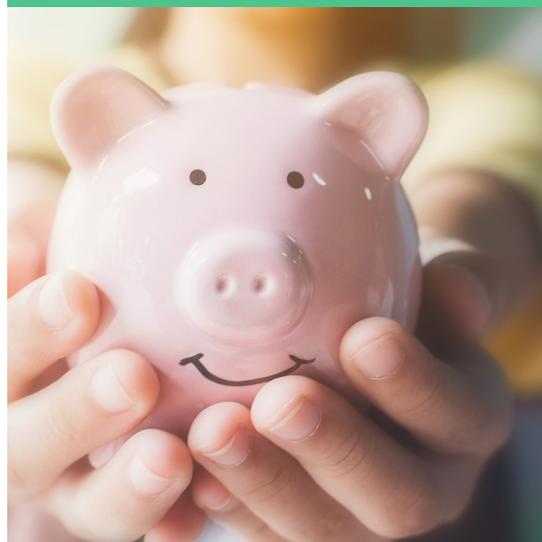
FOR MORE INFORMATION

- The Canadian Poverty Institute
<https://www.povertyinstitute.ca/poverty-canada>
- Reducing Health Disparities – Roles of the Health Sector
<http://publications.gc.ca/collections/Collection/HP5-4-2005E.pdf>
- Poverty is making us sick: A comprehensive survey of income and health in Canada
<http://www.wellesleyinstitute.com/wp-content/uploads/2011/11/povertyismakingussick.pdf>
- Canada Without Poverty
<http://www.cwp-csp.ca/poverty/the-cost-of-poverty/>



ASK YOUR CANDIDATES

- ▶ Do you support a basic income for Canadians?
- ▶ What will your party do to improve income supports for Canadians?
- ▶ What specific steps will your party take to implement a basic income program?





2. ADDRESS CLIMATE CHANGE AND ITS IMPLICATIONS FOR HUMAN HEALTH

According to the World Health Organization, climate change is identified as “the greatest health threat of the 21st century” and it is recognized that “the effects of climate change are being felt today and future projections represent an unacceptably and potentially catastrophic risk to human health.” In Canada, provincial, territorial and federal governments have committed to making change, and important steps have been taken by some provincial and territorial governments, and the federal government over the last several years, but our work is far from complete. The Auditor General of Canada found that climate emissions in 2020 are projected to be 111 MT (megatonnes) above Canada’s 2020 target of 620 MT.

WHY IT MATTERS

Climate change is harming the physical and mental health of Canadians. The effects on health due to climate change are widespread. They include increased morbidity and mortality from heat-related illnesses, reduced air quality related illness and disease and an increase in vector-borne diseases. They also contribute to an increase in injury and death and other adverse physical and mental health outcomes,

food insecurity issues, and housing and infrastructure damages related to extreme weather events.

Some populations are disproportionately affected. For example, in the Canadian Arctic, where temperatures have increased by up to 3°C from the 1950s, health risks are increasing from food insecurity resulting from decreased access to traditional Indigenous foods.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to take leadership in the development and implementation of an effective, evidence-based climate action plan that will help achieve the emission reductions needed to keep global warming below 1.5°C.

FOR MORE INFORMATION

- Managing the health effects of climate change
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)60935-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)60935-1/fulltext)
- Safeguarding human health in the Anthropocene epoch
<https://www.thelancet.com/commissions/planetary-health>
- Pan-Canadian Framework on Clean Growth and Climate Change
http://publications.gc.ca/collections/collection_2017/eccc/En4-294-2016-eng.pdf
- Perspectives on Climate Change Action in Canada—A Collaborative Report from Auditors General
http://www.oag-bvg.gc.ca/internet/English/parl_otp_201803_e_42883.html
- IPCC special report on the impacts of global warming
<https://www.ipcc.ch/sr15/>
- Climate observations in the northwest territories
https://www.enr.gov.nt.ca/sites/enr/files/page_3_nwt-climate-observations_06-13-2015_vf_1_0.pdf
- Impacts of decline harvest of country food on nutrient intake among Inuit in Arctic Canada
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4937722/pdf/IJCH-75-31127.pdf>

ASK YOUR CANDIDATES

- ▶ Does your party have an effective, evidence-based climate action plan that demonstrates a national approach to how Canada will achieve the emission reductions needed to keep global warming below 1.5°C, based on our commitments in the Paris Accord and the Pan-Canadian Framework?
- ▶ Will your party develop and properly fund policies and programs to support an equitable transition for energy sector workers, farmers, and others, along with their communities who will be affected by the transition to a low carbon economy?



3. TAKE A PUBLIC HEALTH APPROACH TO THE OPIOID CRISIS

There is an expanding opioid crisis in Canada, with epidemic-like numbers of opioid-related disability and deaths. Those who survive an opioid-related poisoning may have brain injuries resulting in long-lasting disabilities. The current approaches to managing this situation – focused on changing prescribing practices and interrupting the flow of drugs – have been insufficient to reduce the death toll. Similarly, improved access to naloxone and increased availability of supervised consumption facilities (SCF) have saved lives but have not reduced the expansion of the crisis. These approaches should be supplemented with a comprehensive public health approach that addresses the root causes of the opioid epidemic.

WHY IT MATTERS

The opioid crisis continues to devastate communities and families across the country. It is affecting the health and lives of people from all walks of life, all socioeconomic backgrounds and a wide range of ages, mostly young and middle-aged adults. More than 10,300 apparent opioid-related deaths occurred between January 2016 and September 2018.

CALLS TO ACTION

The Alberta Public Health Association calls upon the federal government, in collaboration with provinces, territories, municipalities and Indigenous Peoples and their governance structures, to expand current efforts to manage the opioid crisis through the following actions:

- Meaningfully involve people with lived experience with substance and opioid use in the development, implementation and evaluation of drug-related legislation, regulation, policies and programs;

- Collect comprehensive statistics about people living with brain injury following an opioid-related poisoning;
- Address the root causes and determinants of problematic substance use, including the social determinants of health;
- Strengthen substance use prevention and health promotion programs;
- Support the increased availability of harm reduction services including increased access to supervised consumption facilities and naloxone;
- Expand access to existing treatment options for problematic substance use, integrated with mental health care (where appropriate), and identify alternative treatment options that meet the needs of specific populations;
- Expand multi-professional treatment options for chronic pain management, including non-pharmacological interventions.

FOR MORE INFORMATION

- Changes in life expectancy by selected causes of death, 2017
<https://www150.statcan.gc.ca/n1/daily-quotidien/190530/dq190530d-eng.htm>
- The Opioid Crisis in Canada
<https://www.cpha.ca/opioid-crisis-canada>
- Supervised Consumption Services
<http://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf>

ASK YOUR CANDIDATES

- ▶ Does your party support a public health response to the opioid crisis?
 - ▶ What steps would your government take to support a public health approach to reduce the harms associated with problematic substance use in Canada?
- ▶ Do you support drug use harm reduction programs such as Supervised Consumption Sites?
 - ▶ What is your party's plan to reduce the stigma associated with substance use?





4. ADDRESS CORE HOUSING NEEDS

About 11% of Canadian households are in core housing need, that is, they were not living in, or they were unable to access safe and acceptable housing. Affordability is the single greatest factor, putting families at risk of inadequate housing or homelessness as well as health problems. Even though the federal government has begun to address the housing needs of Canadians through its National Housing Strategy which promises to "...remove 530,000 families from housing need, cut chronic homelessness by 50% and change the face of housing in Canada forever...", further steps must be taken to ensure that these promises are met in order to address the housing crisis in Canada.

WHY IT MATTERS

There is a relationship between health outcomes, and the availability, affordability and quality of housing. Poor housing conditions contribute to increased morbidity from infectious diseases, including respiratory illness, poor mental health, chronic illness and injury. Similarly, individuals with low income will spend a greater proportion of their income on

housing, while living in substandard residences, and have less money available for healthy living or non-insured medical expenses. Inadequate access to affordable housing also leads to health disparities in Canada. Core housing need is greater among Indigenous populations – both on- and off-reserve – than among non-Indigenous groups.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to continue its leadership in working with provinces, territories and Indigenous Peoples' governance organizations and to:

- Fully implement the National Housing Strategy and housing policies that address all aspects of core housing need throughout the country;
- Support the Indigenous Housing Strategy such that it is developed and implemented by Indigenous Peoples and reflects their needs.

FOR MORE INFORMATION

- 2006 Census Housing Series
<http://publications.gc.ca/site/eng/352929/publication.html>
- National Housing Strategy
<https://www.placetocallhome.ca>
- Housing and Health: Time Again for Public Health Action
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447157/>



ASK YOUR CANDIDATES

- ▶ What will your party do to improve core housing needs for Canadians?
- ▶ What will your party do to improve the core housing of Indigenous Peoples?





PUBLIC HEALTH MATTERS

Canada

5. TAKE ACTION ON RACISM AND HEALTH

Canada remains a nation where a person's race, religion, culture or ethnic origin results in inequities in social inclusion, economic outcomes, health status, and access to and quality of health and social services. These effects are especially evident for racialized and Indigenous peoples, people living at the lower end of the socioeconomic gradient and those who are incarcerated (populations that are also disproportionately composed of racialized and Indigenous Peoples).

WHY IT MATTERS

Racism is insidious and affects all aspects of life. It is correlated with adverse health outcomes for those subject to the behavior, including negative mental health and physical health outcomes (hypertension, low birth weight, heart disease and diabetes), and adverse health-related behaviours (tobacco use, harmful alcohol use and substance use).

Systematic racism can result in many negative outcomes. These include: economic and social deprivation; socially-inflicted trauma (mental, physical, and sexual that are either directly experienced or witnessed, and range from verbal threats to violent acts); targeted

marketing of commodities that can be harmful to health (e.g. tobacco products); inadequate medical care; and degradation of ecosystems, including systematic alienation of Indigenous Peoples from their traditional lands and economies.

Adding to this complexity is the increasing diversity of Canadians. Stats Canada predicts that, by 2031, 25-28% of Canadians will be foreign-born and 29-32% will be a visible minority. Particularly noticeable is the rising percentage of Canadians who are Indigenous, as the growth rate of this population is greater than that of the country as a whole.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to:

- Undertake organization-wide reviews of its systems, regulations, policies, processes and practices to identify and remove racist approaches;
- Undertake the steps necessary to implement programs and systemic change in order to address the 94 Calls to Action from the Truth and Reconciliation Commission;
- Undertake the steps necessary to implement programs and systemic change in order to address the 58 Calls to Justice directed at governments described in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls; and
- Provide continual accounting and monitoring to demonstrate the steps taken to respond to these recommendations.

FOR MORE INFORMATION

- A systematic review of empirical research on self-reported racism and health
<https://www.ncbi.nlm.nih.gov/pubmed/16585055>
- Diversity in Canada: an overview
<https://canadianimmigrant.ca/guides/moving-to-canada/diversity-in-canada-an-overview>



ASK YOUR CANDIDATES

- ▶ What will your party do to reduce racism and the oppression of racialized Canadians?
 - ▶ What specific steps will your party take to ensure the implementation of anti-racist and anti-oppression regulations and policies?





6. INVEST IN EARLY CHILDHOOD EDUCATION AND CARE

Early childhood is a critical time in a child's development and yet Canada has no national program or overall approach to early childhood education and care (ECEC). While over 70% of Canadian mothers (of whom almost 13% are single parents) are in the paid labour force, there are only enough regulated childcare spaces for just over 20% of young children.

Childcare is also expensive, with an average cost in Canada of \$685 per month and a high of about \$1,300 per month in Ontario. The exception is Québec where the average cost of their subsidized early childhood care system is only \$174 per month. The cost of childcare is especially difficult for those at the lower end of the income spectrum and single-parent households, which are disproportionately led by females. Early childhood is the most important phase of life, and is the phase when the quality of future health and well-being is determined. Every child deserves the best start possible in life.

WHY IT MATTERS

Without high-quality ECEC, many children start school without the basic skills they need to succeed. Youth living in high-risk neighbourhoods, who are less likely to receive ECEC, are more likely to drop out of school – 22% vs the national average of 15%, which continues the cycle of poverty.

Children who receive effective ECEC develop better cognitive abilities, and math and reading skills. The improved educational outcomes,

in turn, boost their earnings later in life. Every dollar spent on early child development saves \$9 on future spending on health and social issues - a return on investment of 800%. At only 0.25% of gross domestic product (GDP), Canada's public support for young children, their families and ECEC is amongst the lowest of the world's richest countries. The recommended Organisation for Economic Co-operation and Development (OECD) standard is 1% of GDP.

Quebec's subsidized childcare program has provided an economic benefit to Quebec's population, increasing Quebec's GDP by 1.7%. For every dollar spent on early childhood programs and care, the provincial government harvests \$1.05 in provincial income and the federal government receives 44 cents for zero investment in the program.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to commit to a universal, publicly funded ECEC plan that provides access to quality ECEC services.

FOR MORE INFORMATION

- All That Kids Can Be
<https://www.unitedwayeo.ca/our-impact/all-that-kids-can-be/>
- Ready for Life: A Socio-Economic Analysis of Early Childhood Education and Care
<https://www.conferenceboard.ca/e-library/abstract.aspx?did=9231&AspxAutoDetectCookieSupport=1>
- The Chief Public Health Officer's Report on the state Public health in Canada 2009
<http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2009/fr-rc/pdf/cphorsphc-respcacsp-eng.pdf>
- The Equalizer: How Education Creates Fairness for Children in Canada
<https://www.unicef.ca/sites/default/files/2018-10/UNICEFReportCard%2015CanadianCompanionENGLISH.pdf>
- Impact of Quebec's Universal Low-Fee Childcare Program on Female Labour Force Participation, domestic income and government budgets
https://www.oise.utoronto.ca/atkinson/UserFiles/File/News/Fortin-Godbout-St_Cerny_eng.pdf

ASK YOUR CANDIDATES

- ▶ What specific steps will your party take to make universal, publicly funded, high-quality, accessible, licensed early childhood education and care available?
- ▶ If elected, will your party work in collaboration with the provinces and territories to implement a national early childhood education and care plan?
- ▶ What steps will your party take to increase spending on early childhood education and care to at least 1% of GDP by 2025 to give Canadian children the best start in life?





7. COMMIT TO SUSTAINED INVESTMENT IN PUBLIC HEALTH

In recent years, several provinces and territories have reorganized their health systems. This has included restructuring the public health functions and in some instances reducing their funding. There are serious concerns for the future of public health following these reorganizations. When public health systems are under-funded and strained (e.g., the E. coli contamination of the water supply in Walkerton, Ontario, or the 2003 SARS outbreak), the economic, human and political costs and consequences can be enormous.

WHY IT MATTERS

Public health is the collection of services that promote health, prevent disease, prolong life and improve quality of life that are provided by governments for all persons living in Canada. It includes responding to disease outbreaks and natural disasters. When people speak of public health, they often mean the publicly-funded health care system of hospitals, clinics and physicians. In fact, public health is focused on ensuring that you, your family members and your friends stay healthy, and don't get sick or injured in the first place. In doing so, they strive to address the underlying determinants of health, that is, our social, economic and living conditions.

Public health initiatives save lives and money. For example:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs;
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs;
- Every \$1 invested in car and booster seats saves \$40 in avoided medical costs; and
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs.

CALL TO ACTION

The Alberta Public Health Association calls upon the federal government to work in collaboration with provinces, territories, municipalities and Indigenous Peoples and their governance structures, to sustainably fund public health infrastructure, and implement policy and programs that support evidence informed population health interventions that:

- reduce fundamental health disparities via policy that impact the determinants of health;
- support healthy and safe communities; and
- focus on primary prevention which includes effective and long-term injury and illness prevention policy and program development.

FOR MORE INFORMATION

- The weakening of public health: A threat to population health and health care system sustainability
<https://link.springer.com/article/10.17269/CJPH.108.6143>
- Public Health: A Conceptual Framework
<https://www.cpha.ca/public-health-conceptual-framework>
- Social Determinants of Health: The Canadian Facts
https://thecanadianfacts.org/The_Canadian_Facts.pdf



ASK YOUR CANDIDATES

- ▶ What specific plans and funding commitments would your party implement to strengthen public health infrastructure, disease and injury prevention programs, and health promotion activities?
- ▶ Do you support a strengthened Public Health Agency of Canada with increased funding to help protect and promote the health of Canadians and build public health capacity?

