

**Canadian Coalition for Public Health in the
Twenty-first Century
(CCPH21)**

**A Submission to the House of Commons
Standing Committee on Finance**

Pre-Budget 2015 Consultation

August 6, 2014

EXECUTIVE SUMMARY

CCPH21 is a network of 30 evidence-based national not-for-profit organizations, professional associations and health charities who share the common goal of sustaining and improving the health of Canadians. CCPH21 advocates for evidence-based public health initiatives that prevent disease and injury, and protect and promote the health of Canadians through actions that are fiscally prudent and support a healthy workforce and economic growth.

CCPH21's concerns are directly related to the theme of "Supporting families and helping vulnerable Canadians by focusing on health, education and training". These activities also have indirect effects on the themes of "Ensuring prosperous and secure communities" and "Improving Canada's taxation and regulatory regimes".

RECOMMENDATIONS

1. Adjust the **Canada Health Transfer** to improve funding for public health programs
 - Improve national leadership by **reinstating public health program funding** to the Health Portfolio
 - Support provincial and territorial **public health programs within a renewed Canada Health Transfer** accord
 - Support programs to strengthen **early childhood development; mother-child wellness; and disease prevention**

2. Adjust **Canada Social Transfer** by
 - Develop employment programs that address community needs:
 - Reduce unemployment through **youth skills development** programs
 - Support for the most marginalized:
 - Reintroduce **refugee health programs through the Interim Federal Health Program**
 - Develop **food security and healthy eating programs for First Nations, Métis and Inuit populations** by providing access to culturally acceptable foods, improving access to nutritious market foods that are affordable, and strengthening support for hunting and fishing to facilitate access to traditional foods
 - Implement a **Federal Poverty Reduction Strategy** that provides access to affordable housing and food, and equitable access to health care.

INTRODUCTION

Since the 2003 SARS outbreak, federal public health agencies have received funding to deal with the H1N1 outbreak and various food safety challenges. This funding, however, did not support the day-to-day activities that are the foundation of public health,¹ and that can provide substantial returns on investment by reducing costs to the publicly-funded health care system. For example, the immunization of our children returns \$16 in reduced health care costs for every dollar spent (a 1500% return on investment), while programs that support chronic disease prevention and treatment realize a 1900% return on investment. CCPH21 has summarized the available literature concerning the returns on investment from public health interventions in a video that can be found at: http://youtu.be/TVZxtuZhN_M. These savings are realized through reductions in health care costs, and a healthier, more effective workforce that can respond to the Country's economic needs.

Despite these benefits, recent deficit reduction activities resulted in funding decreases to the Federal Health Portfolio of at least 10% that had ramifications for provincial and territorial public health programs. Even areas identified as priorities were not immune. For example, while Canadians were promised renewed measures for strengthening food inspection regimes, the budget for the Canadian Food Inspection Agency was cut by \$69 million. This reduction is in addition to budget cuts at Health Canada, the Public Health Agency of Canada, and the Canadian Institutes of Health Research of \$200.6 million, \$68 million, and \$45 million, respectively. These reductions have limited the federal government's capacity to fulfill its responsibilities for public health.

CCPH21 calls for the federal government to renew its leadership mandate for public health by supporting programs that reduce harm,² and address the social determinants of health (SDH) at the federal level in addition to the provincial/territorial level.³ By providing investments that promote health and well-being, particularly among the most vulnerable in our communities, the health of Canadians will be improved and the workforce strengthened, which will improve our economy and maintain our quality of life.

ADJUSTING THE CANADA HEALTH TRANSFER

CCPH21 is concerned with the state of the Canadian economy and recognizes that selected investments may be necessary to support our return to a positive economic situation. As public health initiatives have positive returns on investment, we believe that selected investments in support of public health programs should be implemented. CCPH21 envisions three program changes to support the strengthening of our national economy.

¹ A public health approach is based on the principles of social justice, attention to human rights and equity, evidence-informed policy and practice, and addressing the underlying determinants to health. It puts health promotion and the prevention of death, disease, injury and disability as the central mission to guide all related initiatives.

² Harm Reduction is a pragmatic response that focuses on keeping people safe and minimizing death, disease and injury from high risk behaviour.

³ The social determinants of health include, among others, food security, income security, housing and education.

The first recommendation is that **a portion of the Canada Health Transfer be directed to support public health programs** within provincial and territorial governments. Public health is underrepresented in the financing of the overarching health care program, yet it is the sole component that provides a return on investment. By providing directed funding through the health transfer, a base level of activity can be maintained, health promotion activities supported, and a reduction in health care costs achieved.

Such an approach requires national leadership to support the equitable distribution of funds, program development, and program evaluation to meet provincial and territorial needs. These activities fall within the purview of the health portfolio but, as a result of recent budgetary reductions, the portfolio is no longer able to provide this leadership. As a result, CCPH21 requests that **funding be reinstated to the health portfolio** at previous levels, with the goal of providing national leadership, and supporting health promotion programs and activities that address the social determinants of health.

CCPH21 also recognizes that steps must be taken to realign our existing health promotion activities. Of particular concern is the need for a **mental health promotion program addressing early childhood development**, and programs associated with **mother-child wellness**. There is a demonstrated relationship between maternal stress and childhood trauma, and, for example, the incidence of mental illness and drug abuse. Mental health programs, in general, have been shown to return up to \$7 in direct health care costs and \$30 in economic costs for each dollar spent. We recognize the federal government's commitment to early childhood development and child care through transfers to provinces and territories, direct spending and tax transfers, yet gaps remain in the system and steps are required to fill those gap. Program areas that need to be addressed include direct support for parents as they raise their children, and surveillance for early detection of maternal and childhood trauma.

ADJUSTING THE CANADA SOCIAL TRANSFER

Three of the most marginalized populations in Canada include unemployed/underemployed youth, the refugee community, and First Nations, Métis and Inuit peoples. Steps must be taken to show our commitment to addressing their challenges, which are directly related to the social determinants of health. As such, CCPH21 proposes adjustments to the Canada Social Transfer to relieve the immediate needs of these populations.

Youth unemployment and underemployment is a public health concern due its immediate psychological effects on this population, and its longer term implications for food, income and housing security. With a youth unemployment rate in excess of 15%, there is a requirement to provide these individuals with the skills and competences to succeed. As such, CCPH21 recommends **strengthening job training programs for unemployed and underemployed youth based on consultation with the provinces and territories**.

Similarly, the decision to eliminate the **Interim Federal Health Program (IFHP)** for refugees should be reconsidered with a view to **re-implementing this program at its previous funding level**. When Canada agrees to take in refugees, we are entering a social contract to support

these individuals. The dramatic reduction of coverage for refugees under the IFHP broke our promise, and is counter to the values and mores of Canadian society. Refugees are among the most marginalized people of Canadian society, and have limited capacity to improve their economic situation. Thus we must honour our commitments and keep our promises. Doing so is also in our own economic interest as it is more cost-effective to provide primary care and preventive health services compared to acute or emergency health services.

On- and off-reserve First Nations peoples, Métis and Inuit communities regularly suffer from food insecurity, lack of access to affordable housing, and challenges to accessing the health care system. Food security is of particular concern due to its immediate effects on mental and physical health, and the health and social effects of replacing a traditional diet with a western one. As such, we recommend establishing **food security programs for First Nations, Métis and Inuit populations that provide income support to purchase market foods, provide access to traditional food sources, and support hunting and fishing** with a view to providing access to culturally and personally acceptable food choices.

These three proposals point to the need for an integrated **Federal Poverty Reduction Strategy**. There is a gap in our social responsibility when the working poor of Canada cannot afford adequate housing, quality food and the necessities of life. Steps must be taken to address this inequity by providing evidence-informed and accountable investments into the social determinants of health. Actions that might be considered include developing a system of tax credits for the working poor, bridging funds for the underemployed and those in personal emergency situations, and raising benefits for social assistance and disability pensions.

MAKING THE RIGHT CHOICES

Underlying our proposals for addressing the most immediate public health needs, CCPH21 believes that the funding choices must be based on the best available information and returns on investment. Public health investments meet both criteria.

Public health initiatives, however, can only be successful when they meet the requirements of the community and their progress is monitored through properly selected evaluation methodologies and performance criteria. Thus, it is our contention that all programs be developed in consultation with the provinces and territories, be informed through appropriate community consultations, and be evaluated using the best available evaluation methodologies.

CONCLUSION

CCPH21 thanks the Standing Committee on Finance for providing the opportunity to participate in this pre-budget consultation. We believe that investments in the health and well-being of Canadians must reflect the interests of the community, be based on the best available evidence, and be subject to evaluation and adjustment through the life of the program. As such, we believe that the preceding proposals will provide an excellent return on investment and contribute to the strengthening of Canada's workforce and its economy.