GOLOTE! Health Matters FEDERAL ELECTION PRIMER

GET INFORMED GET INVOLVED

#vote4publichealth





CONTENTS

- **03 Public health matters**
- 04 Climate change
- **06 Opioids**
- **08** Alcohol
- **10 Poverty**
- **12 Tobacco & vaping**
- **14** Affordable housing
- **16** Food policy
- **18** Indigenous healing, health, and well-being
- 20 Mental health
- **22** Racism
- 24 References



PUBLIC HEALTH MATTERS

Members of federal government play an important role in shaping policies that impact all aspects of our lives, including our health. Public Health Sudbury & Districts looks to elected officials as leaders to improve opportunities for health now and in the future.

Access to a sustainable health care system is a top priority issue in determining how people will vote. Did you know that investing in health promotion and preventive measures is critical to a sustainable health care system? Health promotion and disease prevention investments are less costly and keep us out of hospitals and clinics in the first place. Outlined in this document are key public health issues that are important to address to support health for all.

Learn more about the issues and the actions federal leaders can take to protect and promote the health of communities locally and across the country.

Get informed. Get involved. Go vote!

CLIMATE CHANGE Get informed.

Climate change is one of the biggest health threats of the 21st century.

- Climate change is the biggest health threat of the 21st century affecting the social and environmental determinants of health¹. It is expected to result in increases in respiratory, heat-related injuries, vector-borne disease, and UV-related skin cancers.
- Factors such as age, gender, health status, and access to resources make some people more vulnerable to climate change effects².
- Mitigation and adaptation actions can collectively impact climate change. Effective implementation depends on cooperation between all levels of government, industry, and individuals.



- 1. The Canadian Public Health Association has identified actions to fight climate change and will produce immediate health benefits, reduce healthcare costs, and improve social cohesion and equity in our communities:
 - a. develop effective and evidence-based climate action plans that demonstrate a national approach to achieving emission reductions needed to do its fair share to keep global warming below 1.5°C
- b. develop and properly fund transition policies and programs to support an equitable transition for individuals and their communities who may be impacted by the transition to a low carbon economy
- c. make strong commitments to minimize the impact of climate change on the health of Canadians³

OPIOIDS Get informed.

6

Everyone can reduce harms.

- Canada continues to be affected by opioids with devastating effects on families and communities.
- In Canada, more than 11 500 opioid-related deaths occurred between January 2016 and December 2018. 4460 opioid-related deaths occurred in 2018, a 48% increase from 2016⁴.
- Fentanyl and fentanyl-related substances continue to be a major concern. In 2018, 73% of accidental apparent opioid-related deaths involved fentanyl or fentanyl analogues⁴.
- In 2017, Health Canada's Drug Analysis Service found fentanyl or its analogues 2,469 times in drugs seized by Ontario police services, a 178% increase from 2016⁶.
- In June 2019, the Chief Medical Officer of Health in Ontario confirmed an increase in the presence of carfentanil in our communities⁵.
- The Chief Coroner for Ontario indicated that preliminary mortality data show an increase in carfentanil-related deaths in Ontario in the first four months of 2019. Carfentanil contributed to 142 deaths between January 1 and April 29, 2019⁵.



- 1. Support a proactive, comprehensive national drug strategy that includes opioids and focuses on education, harm reduction, treatment, and enforcement.
- 2. Support access to a wide range of options to meet the diverse needs of people who consume drugs.

ALCOHOL Get informed.

In Canada last year, there were more hospital admissions related to alcohol than to heart attacks.

- In 2014, the annual economic costs of alcohol use in Canada were an estimated \$14.6 billion, largely due to the impact on health services, law enforcement, and workplace productivity⁷.
- In 2014, there were 14 800 alcohol-attributable deaths, 87 900 hospital admissions, and 139,000 years of productive-life lost in Canada. A large body of research is available on the effectiveness of different policies to reduce these harms and costs⁷.
- Alcohol is the most commonly used drug among Ontarians. It is one of the leading causes of death, disease, and disability in Ontario. In 2018, there were more hospital admissions in Canada that were alcohol-related than for heart attacks.
- Broad social implications of harmful alcohol use include injuries, violence, motor vehicle collisions, family disruption, unemployment, and workplace accidents.

#vote4publichealth



- 1. Support the development, planning, and implementation of alcohol-related interventions and other policy levers to reduce risks and harms from alcohol.
- 2. Support the creation of a comprehensive national alcohol strategy to address the harms of increasing access to alcohol.

POVERTY Get informed.

In 2017, 3.4 million Canadians lived in poverty.

- In 2017, 3.4 million Canadians, or 9.5% of the population, lived in poverty⁸.
- Basic income is a support program that provides a basic minimum income for everyone. It is a cash transfer from government to citizens, not tied to labour market participation. A basic income ensures that everyone can meet basic needs and live with dignity, regardless of their work status. A basic income protects households against volatility in income until stability returns⁹. It has the potential to ease or even end poverty¹⁰.
- Food insecurity is the inability of individuals and households to access adequate food because of financial constraints. It is a strong predictor of poorer physical and mental health and it is a highly sensitive measure of material deprivation.
- Seniors' benefits are a targeted form of a basic income. Studies examining the effect of seniors' benefits on food insecurity, including Old Age Security and the Guaranteed Income Supplement, demonstrate a drop in the incidence of food insecurity when individuals begin receiving these benefits¹¹.

- 1. Introduce a basic income for all Canadians by enhancing current federal programs, such as the Canada Child Benefit, Old Age Security, and the Guaranteed Income Supplement, to ensure a minimum income for all Canadians.
- 2. Fully enact Opportunity for All Canada's First Poverty Reduction Strategy.

TOBACCO & VAPING Get informed.

In Ontario, tobacco use is responsible for 44 deaths per day.

- In Canada, nearly 100 people die because of a smoking-caused illness per day¹⁷.
- In Ontario, tobacco use is responsible 44 deaths per day³⁴.
- In addition to the devastating human health costs of diseases from tobacco use, the economic costs in Ontario are an estimated \$2.2 billion in direct health care costs and \$5.3 billion in indirect costs, for a total of \$7.5 billion each year¹⁷.
- Electronic cigarettes have also become popular in Canada, especially among youth and smokers¹². According to the 2017 Canadian Tobacco, Alcohol and Drugs Survey, 15% of all Canadians 15 years of age and older reported having ever tried an electronic cigarette, an increase from 13% in 2015¹³.
- Vaping products have harmful effects on one's health. Health Canada has recently issued an alert warning of potential risk of pulmonary illness associated with vaping products. Within the alert they noted recent cases of acute pulmonary illness and several deaths in the United States, reportedly linked with the use of vaping products¹⁸. Flavouring chemicals can also be added to vaping products and when flavouring chemicals are heated and aerosolized they result in increased health harms including: irritation of the eyes, throat, and nose, respiratory issues, and potentially pulmonary obstruction¹⁴. There is also limited evidence available on the potential long-term health implications of vaping and on the safety and efficacy of using electronic nicotine devices as a smoking cessation aid¹⁵.



- Research suggests that young people who vape are more likely to start smoking tobacco cigarettes¹⁶, compounding the already devastating impacts smoking has on the health of our society.
- By reducing access and appeal of tobacco and vaping products, through strengthened regulatory measures such as those described below, the negative health impacts associated with these products can be mitigated.

- **1.** Align the regulation and enforcement of vaping, tobacco products, and the industry.
- 2. Prohibit the manufacture and sale of all flavoured vaping products.
- 3. Prohibit promotion targeting youth.
- 4. Apply restrictions to the concentration and/ or delivery of nicotine in vaping products.
- 5. Regulate design features of tobacco and vaping products and adopt plain, standardized packaging of these products. Additionally, require labelling to warn against the dangers of, and modification to, these products.

- 6. Restrict online retail access and align with online sales of alcohol or cannabis.
- 7. Increase regulatory transparency and openness, inform the public of the regulations of vaping and tobacco products, dispel myths related to vaping, and share facts on the harms associated with the use of vaping products.
- 8. Increase tobacco taxes and taxes on vaping products, considering automatic adjustments to inflation, while increasing enforcement of anti-contraband efforts.

AFFORDABLE HOUSING Get informed.

Better housing, better health.

- Affordable, safe, and adequate housing has a direct and significant impact on people's health¹⁹.
- Good housing means having a home that is secure, safe, in good repair, and free from infestation and mould²⁰.
- Affordable housing means having enough money to go towards other necessities like healthy food, transportation, child care, and other basic needs²².
- Housing costs are considered affordable when they are less than 30% of your household income²¹.
- In 2016, approximately 1.7 million Canadian households were in core housing need, meaning they were spending more than 30% of their before-tax income on housing²³.

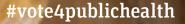


- **1.** Fully implement Canada's National Housing Strategy - A Place to Call Home focussing on the following commitments:
 - a. committing to the announced 10-year, \$55+ billion plan
 - b. work with provincial and municipal governments to increase new housing supply
 - c. addressing housing needs for priority populations
- 2. Initiate the development of the National Housing Council and Federal Housing Advocate roles to support continued advice to the federal government on improving housing outcomes and monitoring of the National Housing Strategy.

FOOD POLICY Get informed.

Healthy, tasty, affordable meals for all Canadians.

- Food systems include all processes involved in ensuring a nourished society and includes growing, harvesting, processing, packaging, transporting, marketing, consuming, and disposing of food. Social, political, economic, and natural environments influence food systems.
- Healthy, sustainable food systems promote the health of individuals, communities, and the environment.
- In June 2019, Canada released the first-ever Food Policy for Canada to help build a healthier and more sustainable food system.
- The Food Policy for Canada aims to ensure all people in Canada are able to access a sufficient amount of safe, nutritious, and culturally diverse food. It also envisions a food system that is resilient and innovative, sustains our environment, and supports our economy.
- The Food Policy for Canada includes investments in areas such as local food infrastructure and reducing food waste. It also calls for action on a National School Food program and the development of a Canadian Food Policy Advisory Council²⁵.



- 1. Fully enact the vision of the Food Policy for Canada by addressing priority outcomes and action areas. In particular:
 - a. include nutrition and health as key policy drivers to ensure a sustainable food system that promotes the health of individuals, communities, and the environment
 - address the urgent challenges and unique food systems in northern and remote communities and of Indigenous Peoples²⁴

- c. continue to support and work with the Canadian Food Policy Advisory Council
- d. ensure the cross-government reporting framework for measuring and tracking progress towards priority outcomes is in place

INDIGENOUS HEALING, HEALTH, AND WELL-BEING Get informed.

We must work to create equal opportunities for Indigenous Peoples in our communities.

- Colonization and settlement of and around Indigenous communities in Northern Ontario have resulted in significant health inequities for Indigenous people²⁶.
- Systemic racism and discrimination has resulted in marginalization in all areas of public life including inadequate access to health care and unequal distribution of resources, including income, education, employment, and housing²⁶.
- The social, economic, cultural, and political inequities affecting Indigenous populations results in a disproportionate burden of ill health and social suffering²⁷. For example, an alarming 53% of First Nations on the North Shore of Lake Huron die before they reach the age of 65 (compared to 22% for Ontario overall)²⁸.
- Health issues that affect Indigenous people at rates much higher than non-Indigenous people include high infant mortality, high maternal morbidity and mortality, heavy infectious disease burdens, malnutrition, obesity, diabetes, and cardiovascular disease²⁷.

#vote4publichealth

- 1. Work across jurisdictions to provide equitable health care services to all Indigenous people. Jordan's Principle must be upheld for children and expanded to all First Nations people.
- 2. Move forward the <u>Truth and</u> <u>Reconciliation Commission of Canada</u> <u>Calls to Action</u>, and support the efforts of Indigenous people in achieving self-determination, all while being transparent about the processes and progress in meeting these objectives.
- 3. Work with providers and leverage opportunities to facilitate the provision of safe living conditions that allow residents to thrive in all First Nation communities. For example, access to clean drinking water and proper sanitation infrastructure.
- 4. Support Indigenous culture as a determinant of Indigenous health. For example, spirituality, food, and connection to the land. When Indigenous culture can flourish, it can positively transform all aspects of life, including health.

MENTAL HEALTH Get informed.

There is no health without mental health.

- One in five Canadians are affected by mental illness annually³⁰.
- The impact of poor mental health and mental illness and addictions in Ontario on life expectancy, quality of life, and health care utilization is more than 1.5 times that of all cancers and more than 7 times that of all infectious diseases²⁹.
- In 2011, the estimated economic impact on our system related to mental illness was \$50 billion. Health care, social services, and income support costs make up the biggest proportion of these costs. It also cost businesses more than \$6 billion in lost productivity from absenteeism and turnover³⁰.
- We need to equally value mental health as we do physical health, as there is no health without mental health. The mental health and well-being of Canadians is heavily influenced by the social, economic, and physical environments where people live, learn, work, and play.



- According to the Mental Health Commission of Canada, 2016³¹, "more emphasis on holistic prevention strategies, promotion of mental wellness, increased awareness and education about positive mental health across the lifespan, and a more refined focus on the social determinants of health in culturally competent and safe manners" is required.
- A collaborative approach, involving stakeholders across various sectors is essential to uphold human rights, improve social inclusion, and eliminate stigma and discrimination. It is paramount to the mental health and well-being of Canadians.

1. Prioritize healthy public policies to develop and sustain positive mental health for all. Privilege investments impacting the social determinants of health such as social inclusion, freedom from stigma, violence and discrimination, and access to economic resources.

RACISM Get informed.

Health is more than health care.

- In Canada, health, social, and economic inequities exist in part due to one's colour, religion, culture, or ethnic origin³².
- Racism is insidious and affects the mental and physical health of people through many mechanisms such as, racially motivated individual, structural, and state-sanctioned violence; psychosocial trauma and psychological changes from chronic stress; exposure to toxic physical, environmental, and social environments; reduced access to employment, housing and education; and inadequate or unsuitable care in social and health systems³³.
- The barriers imposed by government and non-governmental systems impacting the health of racialized groups must be eliminated if we are to address these inequities in our society.



- 1. Fully enact Building a Foundation for Change: Canada's Anti-Racism Strategy 2019-2020 with immediate efforts to:
 - a. work with federal departments, agencies, and programs that the federal government funds to address the effects of discrimination, including but not limited to, the review of their systems, regulations, policies, processes, and practices to identify and remove racist approaches
 - engaging racialized communities in a meaningful way to involve them in government decisions that will impact them
 - c. expedite the efforts related to the Anti-Racism Action Program particularly those efforts in key areas of employment and justice

- d. continue efforts to work with the digital industry to better address violent extremist and terrorist use of the internet and online hate, in addition to other federal government efforts to address online harm
- e. develop and implement continuous accounting and monitoring mechanisms to demonstrate steps taken to respond to these recommendations
- 2. In addition to the planned National Public Education and Awareness Campaign, ensure sustainable funding to support ongoing cultural humility training and other training to address racism.

REFERENCES

- ¹ World Health Organization (WHO). (2016, March 3). WHO Director-General Keynote address at the Human Rights council panel discussion on climate change and the right to health. Geneva, Switzerland. Retrieved from <u>https://www.who.int/dg/speeches/2016/human-rightscouncil/en/</u>
- ² Simcoe Muskoka District Health Unit. (2018). Let's Make Health Matter. Retrieved from https://www.simcoemuskokahealth.org/docs/default-source/hu-aboutus/2018-prov-primerweb-lr.pdf?sfvrsn=2
- ³ Canadian Public Health Association. (2019). Call to Action on Climate Change and Health.
- ⁴ Special Advisory Committee on the Epidemic of Opioid Overdoses. (2019). National report: Apparent opioid-related deaths in Canada (January 2016 to December 2018). Ottawa: Public Health Agency of Canada. Retrieved from <u>https://health-infobase.canada.ca/ datalab/</u> <u>national-surveillance-opioid-mortality.html</u>
- ⁵ Ministry of Health. (2019). Ontario Chief Medical Officer of Health. *Memo. Carfentanil.* June 26, 2019.
- ⁶ Toronto Public Health. (2019). Expanding Opioid Substitution Treatment with Managed Opioid Programs. Report for Action. HL3.02. Retrieved from <u>https://www.toronto.ca/legdocs/</u> <u>mmis/2019/hl/bgrd/backgroundfile-126527.pdf</u>
- ⁷ Wettlaufer, A., Vallance, K., Chow, C., Stockwell, T., Giesbrecht, N., April, N., Asbridge, M., Callaghan, R.C., Cukier, S., Hynes, G., Mann, R., Solomon, R., Thomas, G., Thompson, K. (2019). Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Review of Federal Policies. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria.
- ⁸ Statistics Canada. (2019). Canadian Income Survey, 2017. Retrieved from <u>https://www150.</u> statcan.gc.ca/n1/daily-quotidien/190226/dq190226b-eng.htm
- ⁹ Dietitians of Canada. (2016). Addressing Household Food Insecurity in Canada. Position Statement and Recommendations from Dietitians of Canada. Retrieved from <u>https://www. dietitians.ca/Downloads/Public/HFI-Position-Statement-and-Recommendations-DC-FINA.</u> <u>aspx</u>
- ¹⁰ Hyndman, B. & Simon, L. (2015). Basic Income Guarantee Backgrounder. Toronto, ON: Association of Local Public Health Agencies and Ontario Public Health Association - Health Equity Workgroup. Retrieved from <u>https://opha.on.ca/getmedia/898edb4a-a5e2-406c-9add-</u>

8ad4b1f1c75f/alPHaOPHA-HEWG-Basic-Income-Backgrounder-Final-April-2016Updated.pdf. aspx?ext=.pdf

- ¹¹ Tarasuk, V. (2017). *Implications of a Basic Income Guarantee for Household Food Insecurity*. Research Paper 24. Thunder Bay: Northern Policy Institute. Retrieved from <u>https://proof.utoronto.ca/wp-content/uploads/2017/06/Paper-Tarasuk-BIG-EN-17.06.13-1712.pdf</u>
- ¹² Czoli, C., Reid, J., Rynard, V., & Hammond, D. (2015). *E-cigarettes in Canada Tobacco Use in Canada: Patterns and Trends, 2015 Edition, Special Supplement.* University of Waterloo. Waterloo, ON: Propel Centre for Population Health Impact.
- ¹³ Statistics Canada. (2018). Canadian Tobacco, Alcohol and Drugs Survey (CTADS). [Data file]. Retrieved from <u>https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey.html</u>
- ¹⁴ National Institute for Occupational Safety and Health (NIOSH). (2016). Exposures to flavoring chemicals: How and where exposures may occur. Retrieved from <u>https://www.cdc.gov/niosh/</u> topics/flavorings/exposure.html.
- ¹⁵ National Academies of Sciences, Engineering, and Medicine. (2018). *Public health Consequences of E-Cigarettes*. Washington, DC: The National Academies Press.
- ¹⁶ Public Health Ontario. (2018). *Current evidence on e-cigarettes*. Retrieved from <u>https://www.publichealthontario.ca/en/eRepository/literature-review-ecigarettes.pdf</u>
- ¹⁷ Smoke- Free Ontario Scientific Advisory, Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2017). Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016). Toronto, ON: Queen's Printer for Ontario. Retrieved from <u>https://www.publichealthontario.ca/en/eRepository/SFOSAC 2016_FullReport.pdf</u>
- ¹⁸ Government of Canada. (2019, September 20). Information Update Health Canada warns of potential risk of pulmonary illness associated with vaping products. [Recalls and safety alerts]. Retrieved from <u>http://healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2019/70939a-eng.</u> <u>php</u>
- ¹⁹ Wellesley Institute. (2015). Access to housing, Federal Election 2015. Retrieved from <u>https://www.wellesleyinstitute.com/wp-content/uploads/2015/09/Housing-FedElectionHEIAv2.</u> <u>pdf</u>
- ²⁰ Wellesley Institute. (2012). *Your Housing*, 2012. Retrieved from <u>http://www.wellesleyinstitute.com/wp-content/uploads/2013/07/housing.final3_.pdf</u>
- ²¹ Homeless Hub. (2019). *Affordable Housing*. Retrieved from <u>https://www.</u> homelesshub.ca/solutions/housing-accommodation-and-supports/affordable-housing
- ²² Public Health Sudbury & Districts. (2019). *Circles Sudbury Story Map*. Retrieved from <u>https://www.phsd.ca/health-topics-programs/health-equity/a-community-approach-to-poverty-reduction</u>
- ²³ Canada Mortgage and Housing Corporation. (2019). Understanding Core Housing Need.

Retrieved on August 15, 2019: <u>https://www.cmhc-schl.gc.ca/en/data-and-research/core-housing-need/identifying-core-housing-need</u>

- ²⁴ **Dietitians of Canada. (September 2017).** A Food Policy for Canada. Dietitians of Canada response to Agriculture and Agri-food Canada.
- ²⁵ Minister of Agriculture and Agri-Food. (2019). Food Policy for Canada. Everyone at the Table. <u>https://www.canada.ca/content/dam/aafc-aac/documents/20190614-en.pdf</u> AAFC number: 12969E Catalogue number: A22-628/2019E-PDFISBN: 978-0-660-31301-6.
- ²⁶ Health Quality Ontario. (2018). *Northern Ontario Health Equity Strategy*. Toronto, ON: Queen's Printer for Ontario.
- ²⁷ National Collaborating Centre for Aboriginal Health. (2013). An Overview of Aboriginal Health in Canada. Retrieved from <u>https://www.ccnsa-nccah.ca/docs/context/FS-</u> <u>OverviewAbororiginalHealth-EN.pdf</u>
- ²⁸ Maamwesying North Shore Community Health Services Inc. (2019, July 18). First Nations People Should be Allowed to Retire [Press Release]. Retrieved from <u>http://maamwesying.ca/</u> wp-content/uploads/2019/07/Press-Release-July-18-2019.pdf
- ²⁹ Ratnasingham S, Cairney J, Rehm J, Manson H, Kurdyak P. (2012). Opening eyes, opening minds: The Ontario burden of mental illness and addictions report. Toronto: Institute for Clinical Evaluative Sciences and Public Health Ontario.
- ³⁰ Mental Health Commission of Canada. (2013). *Making the case for investing in mental health in Canada*. Retrieved from <u>https://www.mentalhealthcommission.ca/sites/default/files/2016-06/</u> Investing_in_Mental_Health_FINAL_Version_ENG.pdf
- ³¹ Mental Health Commission of Canada. (2016). Advancing the Mental Health Strategy for Canada: A Framework for Action (2017–2022), Ottawa, ON: Mental Health Commission of Canada.
- ³² Canadian Public Health Association. (2019). *Racism and Public Health*. Retrieved from <u>https://www.cpha.ca/racism-and-public-health</u>.
- ³³ National Collaborating Centre for Determinants of Health. (2019). *Let's Talk Racism and Health Equity*. Retrieved from <u>http://nccdh.ca/images/uploads/comments/Lets-Talk-Racism-and-Health-Equity-EN.pdf</u>.
- ³⁴ Ministry of Health and Long-Term Care. (2018, May 3) Minister of Health and Long-Term Care. Letter. Smoke-Free Ontario Strategy.





GET INFORMED GET INVOLVED GOLOTE! #vote4publichealth



