

October 6, 2015

[LEADER]
[CAMPAIGN ADDRESS]
[CITY, PROVINCE]
[POSTAL CODE]

Dear [LEADER],

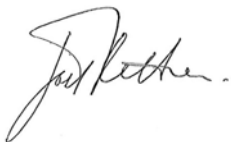
The Public Health Physicians of Canada is the association of public health physicians across Canada. Our mission is to promote the prevention of diseases and injuries by supporting the profession of public health physicians and advocating for the strengthening of public health programs and services. Our ultimate goal is to foster improvement of the health of Canadians and the reduction of inequalities and inequities of health amongst Canadians by addressing the underlying causes of illness and the determinants of health, especially for disadvantaged individuals, families, and communities.

Understanding that formal public health programs and services in Canada are funded and organized primarily by governments, we recognize the importance of the election of governments as an important determinant of public health policy and laws. For this reason we have decided to engage the leaders of the federal political parties in a dialogue to inform politicians, assist voters' decisions, and to hold politicians accountable for their policies and plans after the election.

For brevity and clarity, we have distilled a number of complex and important public health issues into five preambles and questions.

We are sending these questions to political party leaders and select media. We thank you and look forward to receiving your answers prior to election day.

Sincerely,



Joel Kettner, MD
President, Public Health Physicians of Canada

Transparent, Accountable and Informed Decision Making

While recognizing that a democratic society requires that final decisions about federal policy and law be made by freely elected officials by an informed electorate, we believe that decisions will be better if they are made in a transparent and accountable way, with input from a variety of perspectives, including scientific experts with access to scientifically valid data and information.

Question 1.a: Does your party support the role of the chief public health officer of Canada and other government-employed scientists and professionals to speak freely and to express publicly facts and opinions, based on their professional expertise, on health matters of national importance (without covert or overt restriction or prior ministerial approval) as specified in the Public Health Agency of Canada Act and articulated by other Canadian laws and reports such as the Statistics Act and the Naylor report “*Learning from SARS - Renewal of Public Health in Canada*”?

Question 1.b: To enable expert advice on matters of health and social policy that is based on valid data, does your party support the re-establishment of the mandatory long-form census or have another strategy to ensure that sample bias does not limit the validity of comprehensive data sets that could otherwise help us to understand better the realities of Canadian demographics and other factors that are associated with health outcomes?

Health of Aboriginal Peoples, Refugees and Other Disadvantaged Groups

Most inequalities in health status between groups and communities in Canada - related to race, ethnicity, gender, socioeconomic status, and geographic setting - are preventable by addressing and more fairly distributing the social and other determinants of health. In Canada, people of Aboriginal descent, refugees and new immigrants, people with mental health problems, and those living in poverty are disadvantaged by their exposures and susceptibility to causes of diseases and injuries. This is compounded by a lack of outreach and access for prevention and treatment for those least able to care for themselves.

Recommendations 18 and 19 of the Truth and Reconciliation Commission address these issues for Aboriginal peoples:

18. We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long term trends. Such efforts would focus on indicators such as: infant mortality, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

Question 2a: Does your party support the recommendations of the Truth and Reconciliation Commission with respect to the health of Aboriginal Canadians; if so, could you state specifically how you would proceed to implement them?

Question 2b: Does your party support the re-instatement of the pre-2012 interim federal health program for refugees during their highest risk period when they first arrive in Canada, which would enable them to receive prevention and treatment services in a more optimal way, thus better meeting their needs as well as needs of all Canadians?

Early Childhood Development

There is increasing evidence that the most critical time to establish the foundation for a healthy life is the prenatal period and first five years of life. In parts of Canada, where readiness to learn at the beginning of grade one has been measured, about one in four Canadian children fail in one or more of the testing domains. For children of Aboriginal descent and/or children living in poverty, the rate has been measured at one in two. This readiness to learn has been strongly correlated with health status in later life.

Question 3: What specific strategies and actions does your party support with respect to improving early childhood development in Canada and what goals and objectives would you set out to achieve in the next four years?

National Immunization Strategy

In 2000, the federal and provincial/territorial governments agreed to develop and implement a national immunization strategy with five main elements, one of which was a modern country-wide registration and surveillance system that could monitor vaccine uptake and rates, adverse events, and thus provide information to guide a national strategy that would promote efficiency, consistency and harmony of the provincial and federal programs. A similar need has been expressed for pharmaceuticals other than vaccines.

Question 4.a: Would your party commit to stronger federal leadership in the next four years, work more closely with the provinces and territories, and use federal resources to implement all of the elements of a national immunization strategy, including assisting less-resourced provinces and territories to achieve greater equity of programs across the country?

Question 4.b: Would your party commit to playing a federal leadership role to work with the provinces and territories to establish a national Pharmacare program to achieve more consistency, efficiency and availability in the evidence-based use of pharmaceuticals in the prevention and treatment of illness?

Making Public Health a Priority

Most experts agree that we need multi-pronged and multi-sectoral strategies and actions to address the major public health threats and challenges in Canada. These include mental health and illness, addictions, injuries, obesity, diabetes, acute and chronic infectious diseases, and premature heart and lung diseases and cancer. Several reports in the past two decades have called for a greater investment in public health and a greater collaboration and coordination of public health strategies across sectors and at all levels of jurisdiction, led by the federal government, and consistent with the rights and obligations of the Minister of Health spelled out in the federal Department of Health Act and the Public Health Agency of Canada Act. After the SARS crisis, many experts and reports called for a doubling of the percentage of health budgets spent on public health programs and services, from three to six percent. There is little evidence, if any, that this has occurred in a consistent manner and some evidence that public health investment has diminished.

Question 5: How would your party use federal spending power as well as legal and policy levers to work with the provinces and territories and other professional and community-based organizations to strengthen disease prevention and health promotion across Canada? Would your party fund and establish national strategies to address public health threats? If so, please specify which strategies you would launch or advocate for during the next government term.

Contact:

Public Health Physicians of Canada

phpc@cpha.ca

Leah Salvage – Secretariat Services

lsalvage@cpha.ca /Direct: 613.869.3686

www.phpc-mspc.ca