



Canadian Cancer Society
Société canadienne
du cancer

CANADIAN CANCER SOCIETY
2018 FEDERAL PRE-BUDGET SUBMISSION

Prepared for the Standing Committee on Finance

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The Canadian Cancer Society would appreciate the opportunity to discuss our recommendations before the Standing Committee on Finance.

About us

Powered by 140,000 volunteers and a network of nationwide staff, and supported by millions of Canadians, the Canadian Cancer Society (CCS) is Canada's largest national health charity.

Throughout our 79-year history, the Society has been a champion of healthcare improvements and innovation. We are dedicated to finding new and better ways to protect the health of Canadians, shrink cancer rates, and reduce cancer's toll on our country. Since 1947, CCS has supported thousands of Canadian researchers with more than \$1.4 billion in cancer research funding. Earlier this year, the Society merged with the Canadian Breast Cancer Foundation to improve efficiencies and increase impact.

We are building on our legacy and we are ready to work in partnership with the Government of Canada – on behalf of all Canadians – to make the recommendations in this document a reality.

Executive summary

The Canadian Cancer Society is pleased to see the federal government implementing a strong health agenda that includes targeted funding for home care and palliative care, a comprehensive ban on asbestos, legislation on vaping and plain packaging for tobacco products, initiatives to make prescription medications more affordable and accessible, a new healthy eating strategy, and a new and more flexible caregiver benefit.

Nearly 1 in 2 Canadians is expected to be diagnosed with cancer in their lifetime¹. This sobering statistic highlights the fact that almost all Canadians will be touched by the disease in some way. This puts an enormous burden on individuals and families, the healthcare system, services, workforce participation and research supported by cancer charities. In this context, the federal government must continue to implement its health agenda, with a stronger focus on preventing cancer and other life-threatening diseases and on improving the lives of cancer patients and their families by addressing the gaps in cancer care, support, and information services. We believe this can be achieved with greater collaboration between the federal government and all those committed to the health and well-being of Canadians, including the Canadian Cancer Society.

We are calling on the federal government to take the following steps in Budget 2018:

¹ Canadian Cancer Statistics Advisory Committee. (2017). Canadian Cancer Statistics 2017. Toronto, ON: Canadian Cancer Society. Available at: cancer.ca/Canadian-Cancer-Statistics-2017-EN.pdf.

1. Strengthen the **Federal Tobacco Control Strategy**, scheduled to expire in March 2018, with increased investments to at least match the per capita investments of the United States federal government.
2. Partner with the **Canadian Cancer Society by contributing \$10 million to the cancer information programs to expand the cancer information services** it delivers every year to thousands of cancer patients and their families.
3. Extend the **Employment Insurance Sickness Benefit** to up to 26 weeks, to better support Canadians who need to leave their employment to be treated for a life-threatening disease such as cancer.
4. **Provide sustained funding for health research** as outlined in the report *Investing in Canada's Future: Strengthening the Foundations of Canadian Research*.

Cancer: a nationwide health and economic challenge

Effectively implementing the government's health agenda is critically important to the fight against cancer. As Canada's leading cause of death, cancer is the very definition of a nationwide health issue. There is a very real risk that the dramatic increase in cancer cases, mainly due to the aging population, will overwhelm families, healthcare providers, and our economy. Cancer has a significant impact on the Canadian economy, costing more than \$4.4 billion in healthcare costs. It is also the costliest illness in terms of lost productivity due to premature death.²

Today we are all beneficiaries of life-saving advances achieved through decades of work by cancer researchers, clinicians, advocates and policy-makers. We must build on their achievements so that all Canadians can benefit from continued progress. This will require ongoing leadership from the federal government to better prevent the disease and address the gaps in services and care cancer patients and their families currently face.

Recommendation 1: Federal Tobacco Control Strategy

Strengthen the Federal Tobacco Control Strategy (FTCS), set to expire March 31, 2018, by significantly increasing its current \$38 million annual budget.

Despite the dramatic decline in the percentage of Canadians who smoke, now at 18% (2015), the total number of smokers – 5.3 million across the country – remains stubbornly high. The emergence of new products and trends, such as e-cigarettes, water pipe smoking, and cannabis legalization, have also added new risks and complexity and underline the need for a more robust strategy.

² Public Health Agency of Canada. (2014). *Economic Burden of Illness in Canada, 2005–2008*. Ottawa.

Smoking remains Canada's leading preventable cause of death, killing 37,000 Canadians annually and causing about 30% of all cancer deaths. Making matters worse, an unacceptably high number of youth begin smoking each year. Tobacco causes \$17 billion in economic costs annually, including \$4.4 billion in direct health care costs. Each smoker costs an employer \$3,842 annually, on average, in lost productivity.³

Minister of Health, Jane Philpott, has established an objective to reduce the prevalence of tobacco use to under 5% by 2035. Canada needs a bold, new, high-impact tobacco control strategy to achieve this result. One factor undermining the federal role in tobacco control has been declining resources. When created in 2001, Canada's FTCS was intended to have an annual budget of \$110 million, but today's investment stands at just \$38 million following major budget cuts (2012). This amount equals just 1.2% of the \$3.2 billion collected annually by the federal government through tobacco taxes.

Per capita funding should at least match the United States. In the US, annual per capita federal investments in tobacco control is C\$3.39 compared to only C\$1.04 in Canada.⁴ If implemented in Canada, this would result in C\$124 million annually.

With the right resources, we can target youth tobacco use, a top priority given that the overwhelming majority of smokers begin as teenagers or pre-teens. Increased funding would also allow for the return of mass media public awareness campaigns; improved research, surveillance, and enforcement; increased capacity for legislative and policy development; and enhanced programming for youth prevention, adult cessation, and indigenous populations. New investments would also complement other legislative measures, highlighted by plain and standardized packaging.

Recommendation 2: Getting cancer patients the information and support they need

There is significant evidence demonstrating the importance of information and support for people diagnosed with cancer. However, a consistent way to deliver quality cancer information to patients doesn't exist. CCS can augment the healthcare system's ability to provide care through its information and support services.

³ Conference Board of Canada. (2013). Briefing 3, Smoking Cessation and the workplace: Benefits of Workplace Programs. Retrieved from: https://www.quitnow.ca/files/QN/files/library/Smoking_Cessation_and_the_Workplace_Briefing_3_Benefits_of_Workplace_Programs.pdf.

⁴ US total federal tobacco funding is US\$882 million per year, or US\$2.71 per capita. Exchange rate: 1.25.

To help meet the growing demand for information and support and improve the quality of life for patients and their families, **we recommend that the government contributes \$10 million to the Canadian Cancer Society's cancer information programs in order for Canadians to have access to personalized and highly responsive information and support.**

According to the Supportive Care Framework for Cancer Care, all cancer patients entering the cancer system need relevant information provided to them on the disease, care processes, symptoms, procedures, treatment, coping skills and services available.⁵ In 2017, an estimated 206, 000 Canadians will be diagnosed with cancer. Approximately 30% of these cancer patients will also need additional information and education plus peer support groups.

The Canadian Cancer Society leads the way in developing prevention and cancer information that meets the needs of Canadians. Our information is accurate, credible and useful, and evaluations with Canadians consistently show that it has a positive impact on their cancer journey. We also have the greatest reach among cancer charities in Canada.

Recommendation 3: Expand the sickness benefit

In Budget 2017, CCS and the patient community were pleased to see the federal government introduce a new caregiver benefit. **Now is the time for the federal government to turn its attention to patients by expanding the Employment Insurance Sickness Benefit to up to 26 weeks.**

When Canadians face cancer, their struggle is not just medical, but also financial. Canadians with cancer often worry about their employment security and how they are going to pay their bills. In addition to a decrease in income, Canadians with cancer also face a rise in expenses: such as medication that may not be fully covered by government or private plans, the cost of medical travel, parking, home care costs, etc.

According to a recent study by the Institute for Research on Public Policy (IRPP), “while approximately 67 % of full-time workers are enrolled in some form of private disability insurance, compared to just 23 % of part-time workers”⁶. This means that a significant proportion of Canadian workers must rely on public programs for income when they get sick and need to take a leave from work.

⁵ Fitch, M. (2008). Supportive care framework. CONJ 18(1): 6-14. The framework was designed as a tool for cancer care professionals and program managers to conceptualize what type of help cancer patients might require.

⁶ Institute for Research on Public Policy. (2015). *Leaving Some Behind: What Happens when Workers Get Sick*. Retrieved from: <http://irpp.org/wp-content/uploads/2015/09/report-2015-09-03.pdf>

In 2015/2016, 35.7% of EI sickness benefit claimants exhausted the maximum entitlement of 15 weeks⁷. This is not surprising from a cancer perspective, as the 15- week maximum is less than the average treatment period for many cancers⁸. As a result, many workers are left behind, facing the additional financial burden that comes with cancer.

With the extension of the Compassionate Care Benefit, caregivers who are accompanying a loved one in their last months of life, have access to a longer period of EI support than an individual who is facing a disease as serious as cancer. CCS is calling on the government to address this inconsistency.

Recommendation 4: Health research

As a member of the Health Charities Coalition of Canada, the Canadian Cancer Society supports its call to make health research a priority by providing sustained funding for health research as outlined in the report *Investing in Canada's Future: Strengthening the Foundations of Canadian Research*.

Health science is a cornerstone of the knowledge economy and a key to the fight against cancer. Decades of work by dedicated researchers have led to better cancer prevention, detection and treatment and the impact on survival rates has been dramatic. Today over 60% of Canadians diagnosed with cancer will survive at least 5 years. In the 1940s, survival was about 25%.

The federal government plays a critical role in health research. In addition to charitable funding for health research – including the Canadian Cancer Society's \$40 million annual research investment – Canadian researchers rely on public funding, including major investments by Ottawa.

The Canadian Institutes of Health Research (CIHR) has been the major federal agency responsible for funding health research in Canada but its budget has been essentially flat for a decade, exacerbated by the declining purchasing power of every dollar invested. Investments in Budget 2016 were not significant enough to correct years of budget stagnation. The Science Review report, which calls for an increase of funding to granting councils to maintain Canada's competitiveness on the international stage and to support excellent research provides a unique opportunity for the government to follow through on its commitment to value science.

⁷ Employment Insurance Monitoring and Assessment Report for the fiscal year beginning April 1, 2015 and ending March 31, 2016, Chapter II - 6. Employment Insurance special benefits. <https://www.canada.ca/en/employment-social-development/programs/ei/ei-list/reports/monitoring2016/chapter2/special.html>

⁸ Canadian Cancer Society and Canadian Cancer Action Network *Financial hardship of Cancer in Canada, A call to action*. Retrieved from: <http://www.cancer.ca/~media/cancer.ca/MB/get%20involved/take%20action/financial%20hardship%20of%20cancer%20in%20canada/financialhardshipofcancer-MB-EN.pdf>.

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