

**Written Submission for the Pre-Budget Consultations in  
Advance of the 2019 Budget**

**By: Heart & Stroke**

## **List of recommendations:**

- **Recommendation #1:** The federal government should create a cost-neutral fund to enhance access to healthy eating, improve Indigenous health and support other healthy living initiatives. To be cost-neutral, it should be funded by a levy on the manufacturers of sugary drinks, estimated to generate \$1.7 billion/year. This levy should be an excise tax, based on volume, and increase in rate according to the amount of free sugars per unit.
- **Recommendation #2:** The federal government should earmark significant funding for the implementation of equitable and universal pharmacare. Implementation should be in partnership with provinces, and be designed to improve access to cost-effective medicines for all people in Canada regardless of geography, age or ability to pay. In collaboration with Indigenous partners, the implementation of pharmacare should include a review of the Non-Insured Health Benefits (NIHB) Program.
- **Recommendation #3:** The federal government should commit \$5 million over five years for Heart & Stroke to undertake a nation-wide engagement program to facilitate discussion among women with lived experience of heart disease and stroke. This will enable women with lived experience the opportunity to share their stories, raise awareness about their unique risks, increase their participation in research and provide recommendations about systems-level changes that can address the health-based inequities women face.

## Overview

Chronic diseases and other illnesses impact quality of life, reduce competitiveness, productivity and ability to work, shorten lifespans and burden the health care system. They cost the Canadian economy \$190 billion annually in direct and indirect costs.<sup>1</sup>

Three major efforts are required to address chronic diseases and promote Canada's economic growth and competitiveness:

- 1) Through the establishment of a healthy living fund financed by a levy on sugary drink manufacturers, the government can support access to healthy food, increase vegetable and fruit intake, reduce food/water insecurity and help reduce excess sugar consumption.
- 2) By introducing an equitable and universal pharmacare strategy, the federal government can improve access to cost-effective medicines for all people in Canada and better control the impact of chronic diseases, reducing absenteeism and health care costs.
- 3) By committing to a national engagement program for women living with heart disease and stroke, we can make our health systems more inclusive and allow us to more effectively address the underlying causes of health inequities among women in Canada.

Over the past 60+ years, Heart & Stroke has become one of Canada's most effective health charities. Support from government through program funding advances our shared health goals. The \$5 million federal commitment in budget 2016 to address gaps in research on heart disease and stroke in women has already funded 11 projects, four research chairs and helped to strengthen our commitment to sex and gender-based analysis and reporting in all research we fund.

Further collaboration with the federal government will continue to help us prevent disease, save lives, and better support patients.

## Supporting healthy living initiatives from a levy on sugary drinks

Food and water insecurity, poor nutrition and excess sugar consumption are contributors to chronic diseases – which are alarmingly high throughout Canada but are inequitably pronounced among First Nation, Métis and Inuit people in Canada.<sup>2</sup> Vegetables and fruit reduce the risk of chronic disease, yet many people in Canada do not eat an adequate amount with low-income people reporting lowest intakes.<sup>3</sup>

There are significant opportunities to address food insecurity, access to clean drinking water, healthy diets and the reduction of chronic diseases. Some potential specific initiatives include government subsidies for vegetables and fruit among low-income households, school lunch programs and greenhouse growing programs for northern, remote and Indigenous communities. The public is supportive, for example 91% of people living in Canada support a vegetable and fruit subsidy “voucher program”.<sup>4</sup>

These initiatives could be funded by a levy on sugary drink manufacturers. Canadians are consuming high levels of sugary drinks, with significant per capita sales volumes of new categories increasing significantly over the last decade: energy drinks (+638%), sweetened waters (+527%), and sweetened coffees (+579%). The average youth in Canada drinks more than a bathtub of sugary drinks yearly.<sup>5</sup>

Should current consumption trends continue over the next 25 years, the estimated economic burden of sugary drinks in Canada will be over \$50 billion in direct health care costs.<sup>6</sup>

Sugary drink levies in other countries and jurisdictions have been effective in decreasing consumption, encouraging product reformulation, and generating revenue to address nutrition-related issues.<sup>7</sup>

Momentum is growing – 12 jurisdictions implemented sugary drink taxes in 2017 alone. Canadian research demonstrates that a 20% levy on sugary drinks could prevent:

- 200,000 cases of type 2 diabetes,
- 60,000 cases of ischemic heart disease,
- 20,000 cancer cases, and
- 8,000 strokes.

This levy would postpone 13,000 deaths and avert almost 500,000 disability-adjusted life years enabling more productivity. Collectively, there would be almost \$7.3 billion in health care savings over 25 years.

A 20% levy could generate over \$43.6 billion over 25 years (\$1.7 billion/annum) in federal revenue.<sup>8</sup> The federal government can use this revenue to address nutrition-related chronic diseases and reduce food insecurity. This must be done in collaboration with Indigenous organizations to promote food sovereignty in ways that respect the rights of Indigenous peoples, allowing them to have autonomy in and control of all aspects of the delivery of these programs.

Healthy living initiatives funded by revenues raised by a sugary drink levy are supported by almost 70% of Canadians and are an effective policy intervention to reduce sugar consumption and address nutrition-related chronic diseases.<sup>9</sup>

**The federal government should create a cost-neutral fund to enhance access to healthy eating, improve Indigenous health and support other healthy living initiatives. To be cost-neutral, it should be funded by a levy on the manufacturers of sugary drinks, estimated to generate \$1.7 billion/year. This levy should be an excise tax, based on volume, and increase in rate according to the amount of free sugars per unit.**

## Implementing equitable and universal access to pharmacare

While efforts to reduce the rates of chronic disease are essential, those living with chronic disease require access to necessary medications to manage their health.

Non-adherence to prescriptions (failure to fill prescriptions or to follow instructions due to cost or availability barriers) has been associated with increased mortality, hospitalizations and costs.<sup>10</sup> In 2010, 10% of Canadians did not fill a prescription or skipped doses due to medication costs – this statistic placed Canada third highest among 11 countries that were surveyed.<sup>11</sup> Canada is the only developed country with a universal health care system that does not provide universal coverage for prescription drugs.

Canada's per capita drug expenditure ranked third highest among 29 OECD states. Our reliance on medicines has become greater and many fear that the rising costs will prove unsustainable.<sup>12</sup>

Among Canadians, women have less access to drugs compared to men. A Canadian study found that women were less likely than men to have employer sponsored benefits including drug insurance

coverage.<sup>13</sup> Women in Canada are especially affected by lack of pharmaceutical coverage, as women consistently have lower incomes than men and constitute a larger share of the part-time work force, where extended health insurance is not often available.<sup>14</sup> While some women have access to their spouse's employer-subsidized drug plan, this can put them in a vulnerable position should their relationship status change.

Additionally, Indigenous peoples in Canada also have challenges accessing therapeutics. This is because Indigenous peoples have unique health needs which are in part a result of the rural/remote nature of their communities. While many First Nations, Métis and Inuit clients receive coverage through the Non-Insured Health Benefits (NIHB) Program, there are still significant gaps in coverage and access. Recognition of the value of traditional healing practices is also an important consideration. These gaps need to be addressed through collaborative efforts with Indigenous-led groups.

Adequate access to prescription drugs can shorten time spent in hospitals and reduce demand for physician services, potentially leading to decreased costs for the healthcare system. A national pharmacare plan will ultimately improve drug adherence, reduce the burden on the health system and create a healthier, more productive population.

**The federal government should earmark significant funding for the implementation of equitable and universal pharmacare. Implementation should be in partnership with provinces, and be designed to improve access to cost-effective medicines for all people in Canada regardless of geography, age or ability to pay. In collaboration with Indigenous partners, the implementation of pharmacare should include a review of the Non-Insured Health Benefits (NIHB) Program.**

## **Fostering a national conversation on women's health**

The Standing Committee on the Status of Women (FEWO) recently identified barriers to women's economic security and ability to fully participate in the Canadian economy. Of note, the committee reported that women experience negative health outcomes as a result of caregiving responsibilities.<sup>15</sup>

Heart & Stroke has also uncovered troubling indicators of health inequities in our Canadian health care system.

As of 2016, heart disease is the leading cause of premature mortality among women in Canada killing close to 25,000 women each year.<sup>16</sup> Additionally, we have found that more women than men die of stroke in Canada; and, for those that survive stroke, women have worse outcomes than men.

Our 2018 Heart Report, [Ms. Understood](#), and Stroke Report, [Lives Disrupted: The impact of stroke on women](#), identify systemic barriers that negatively impact women's heart and brain health. Our analysis has found that women are under-researched, under-diagnosed, under-treated, under-supported and under-aware when it comes to heart disease and the burden of stroke is heavier on women as both caregivers and patients.

Our [#TimeToSeeRed](#) campaign has engaged women and others across the country to support women's heart and brain health. Some of the activities include increasing awareness of the unique heart-health risks women face and recruiting citizens to join our effort to address health system inequities. There is however more work to be done across all levels of government.

Heart & Stroke proposes to lead a nation-wide program to engage women living with heart disease and stroke to share their experience and offer solutions around the health-based inequities women face. Our

goal is to increase women's participation in research, support proper diagnosis, and enhance information sharing about prevention and risks. We are committed to reconciliation and will work to include meaningful co-creation and partnerships with Indigenous-led health organizations that are consistent with the Truth and Reconciliation Commission's Calls to Action.

**The federal government should commit \$5 million over five years for Heart & Stroke to undertake a nation-wide engagement program to facilitate discussion among women with lived experience of heart disease and stroke. This will enable women with lived experience the opportunity to share their stories, raise awareness about their unique risks, increase their participation in research and provide recommendations about systems-level changes that can address the health-based inequities women face.**

## **Support for other initiatives proposed by our partners**

The recommendations outlined above are critical to address chronic disease and promote Canada's economic growth and competitiveness. Heart & Stroke supports additional efforts, including:

- **Tobacco cost recovery levy**

Heart & Stroke supports a levy on the manufacturers of tobacco to support Canada's federal tobacco control strategy. Tobacco products kill at least half of users when used as intended, cause 45,000 deaths in Canada annually, burden the health care system, and cause a host of other social and environmental harms. The tobacco industry should contribute to Canada's efforts to reduce tobacco consumption.

- **Financial investments for palliative care**

Quality palliative care is an essential part of healthcare and governments must guarantee that all Canadians have affordable access to it, including vulnerable and underserved populations. As a member of the Quality End-of-Life Care Coalition of Canada, Heart & Stroke supports Bill C-277, which includes financial investments to improve the standardization of delivery of palliative care services for all Canadians.

## **About Heart & Stroke**

Heart & Stroke is a health charity active in communities across the country. We are sustained by the commitment and generosity of more than 125,000 volunteers and more than 1.4 million donors.

*Citations available upon request*