Access to prescription drugs

Under the Canada Health Act, Canada's universal health care system ensures access to hospital and physician visits, but some essential services are excluded[1]. Among the services excluded is access to prescription drugs. Across Canada, each province and territory offers some form of prescription drug coverage to selected populations, such as those on social assistance, seniors, or those with specific diseases with high drug costs. However, who is covered, and which drugs are covered, varies between and within provinces, leaving significant gaps in coverage across the country[2].

Many working-age Canadians have access to prescription drug coverage through insurance plans through their employer. As the proportion of adults employed in part-time, precarious work increases[3], and as employers increasingly cut back on their drug coverage plans, fewer and fewer Canadians enjoy employer coverage.

For too many Canadians a lack of drug coverage means being unable to afford the prescription drugs that they need. A full one-third of working Canadians don't have coverage for prescription drugs through their employer, and our patchwork of drug programs across the country leaves many unable to afford the prescription drugs they need[4]. Further, prescription drug access and affordability has been found to be an issue for 23% of Canadian households.[5] Being unable to afford their prescription drugs means that they are not getting the health coverage they need; or, they have to give up other necessities – like food – in order to pay for their drugs.

A plan that address the issue of prescription drug unaffordability and ensures that all populations across the country are able to access the drugs prescribed to them by their physicians would significantly enhance the health of Canadians.

Health Impacts of Insecure Access to Prescription Drugs

There are major health implications to being unable to afford the prescription drugs necessary for medical treatment. Patients' inability to afford the treatments that they need can result in lower self-reported health, and increased risk of illness and complications[6,7]. For those with chronic conditions like diabetes and hypertension, cost-related non-adherence to prescription drugs can make it difficult to manage conditions and lead to further complications. Research has also shown that not being able to afford drugs can lead to higher rates of hospitalizations, placing further burden on the healthcare system[8].

Nearly a quarter of Canadians reported in 2015 that they had worried in the past year about how they or their families might be able to afford the drugs they need[9]. The anxiety associated with inability to afford basic necessities such as food, housing, prescription drugs and dental forces individuals to make trade-offs which may impact their health, such as making the decision whether to fill a prescription or go to the dentist.

Health Equity Impacts of Insecure Access to Prescription Drugs

Low-income Canadians are far more likely to report an inability to access medically necessary drugs. In Canada, twenty-two percent of drugs are paid for out of pocket[10] and this cost disproportionately falls on low-income individuals and their families. Low income families are far less likely to have employer-provided coverage than higher income families, and are also more likely to have chronic medical conditions requiring ongoing treatment. Those who work full time are almost three times as likely to have employer provided coverage than those who work full time; with 73% of part-time workers without coverage. Further, 94% of Canadians making over $100,000/year have employer-provided coverage, compared with just 17% of those making under $10,000, and 32% of those making between $10,000 and $20,000[11].

Canadians without access to private or public prescription drug coverage will either pay out of pocket or be unable to receive medically necessary drugs. That many Canadians are faced with this choice of paying for medically necessary drugs, or to sacrifice other household expenses, is a major source of health inequities. Canadians with a household income under $20,000 are four times more likely to report not filling a prescription because of cost than those with a household income over $80,000[12].

Low-income Canadians are already at a health disadvantage. It has been well-documented that a lack of access to the basic social determinants of health - housing, food, education, good jobs - puts people at a great risk of poor physical and mental health[13] (Mikkonen and Raphael 2010). These disadvantages are then exacerbated in situations where low-income people have poorer access to healthcare than higher-income people. By creating a system in which low-income people have a harder time getting high quality health care, including the drugs prescribed to them, those most in need are being put at even further risk of poor health.

How do the federal candidates measure up for equity in access to prescription drugs?

	 Conservative	 Green[14]	 Liberal	 NDP[15]
Public Prescription Drug Coverage	Not yet addressed	Create a national pharmacare plan covering prescription drugs for all Canadians	Not yet addressed	Working with the provinces, government will invest $2.6 billion over four years, with the goal of providing universal access to prescription drug coverage.
Cost of Prescription Drugs	Not yet addressed	Advocate for prohibition of all industry-sponsored advertisements on prescription drugs to the public Initiate a public inquiry into the rising costs and over-prescription of drugs; Require reporting of side-effects requiring a doctor visit or hospitalization due to prescribed drug use, Establish a Crown corporation to bulk buy prescription drugs to drive down the cost to provinces	Join provincial and territorial governments to negotiate better prices for prescriptions medications through bulk purchasing. Support and disseminate research to reduce over-prescribing of medications Review cost of prescription medications	Enhance the quality of prescription drugs and reduce their cost by improving the analysis of new drugs to ensure their quality, safety and cost effectiveness Review how the patented drugs price review board establishes the price of new drug Ensure that international trade agreements do not drive up drug costs. Use common bargaining power between provinces to decrease costs

Prescription Drugs for a Healthier Canada

Access to prescription drugs is an integral component of health care, and is essential to the maintenance of good health and the treatment of disease. The NDP and the Green Party have both considered the health impacts of inequitable access to prescription drugs in their platforms. Despite the gap in Canada's health care system which leaves over one quarter of Canadians unable to afford their prescription drugs, neither the Liberals nor the Conservatives have yet addressed the issue of prescription drug affordability in Canada.

The Green Party would address the gap in access to affordable prescription drugs by developing a national pharmacare plan. This plan would provide universal access to prescription drugs for all Canadians at little or no direct cost to patients, and ensure equitable access regardless of demographic characteristics or illness. This commitment is based on a plan proposed by pharmacare experts[16] and would have a significant impact in reducing health inequities in Canada.

The NDP has committed $2.6 billion over four years to support bulk purchasing of prescriptions drugs in partnership with provinces with a goal of achieving universal access. Through this bulk purchasing, they are targeting a 30 percent reduction in prescription drug costs. This reduction in costs will improve access to

prescription drugs, but may potentially leave gaps in affordability and access for some groups. Depending on how this expansion of public coverage is structured, it could leave some Canadians in positions where other household costs leave them unable to afford prescription drugs.

The Liberal Party has acknowledged the need to address the cost of prescription drugs through bulk purchasing and a review of the cost of prescription drugs. While this decrease in cost would improve access to prescription drugs for some populations it would still leave many Canadians without coverage and unable to afford the prescriptions drugs they need.

The Conservative Party has not addressed public prescription drug coverage.

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Access to housing

One and a half million Canadian households are precariously housed, and an estimated 235,000 Canadians experienced homelessness in 2014.[1]

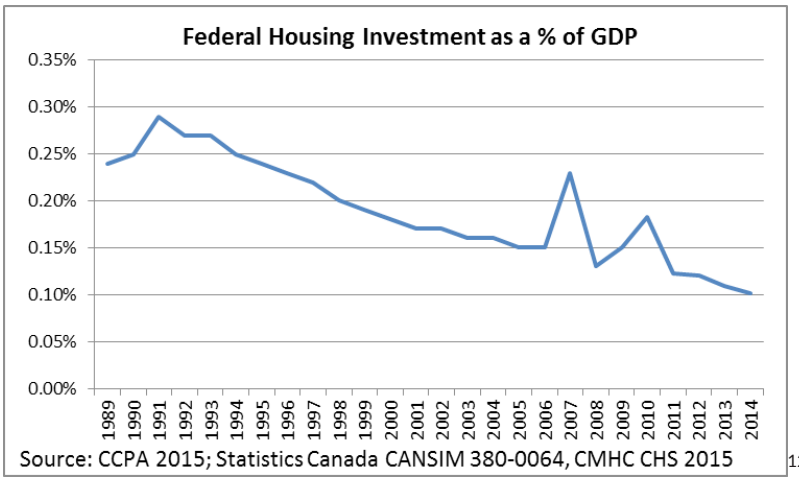
One in eight Canadian households live in housing that is either unaffordable, in disrepair, or crowded. In large cities such as Toronto, and amongst particular populations such as Aboriginal peoples and recent immigrants, this ratio is even higher. [2]

Affordability is being threatened as the costs of housing increase faster than many incomes.[3] As well, few new private affordable rental buildings are being built due to market constraints.[4] This is forcing an increasing number of people to stretch their budgets in order to pay higher rents in buildings of decreasing quality.[5] A new generation of affordable housing units is required.

Unfortunately, many social housing providers and housing agencies like Toronto Community Housing (TCH) have insufficient funding and too few apartments to meet the need. This results in deteriorating quality of social housing and growing waiting lists. For example, the social housing waiting list in Ontario in 2014 is estimated to be 168,711 Ontarian families, seniors, singles, and couples.[6] TCH alone estimates that they will require $2.6 billion in capital funding over 10 years, without which 91 percent of their units will deteriorate into critical condition.[7] Emergency shelters have been struggling to keep up with the increasing number of those left behind, regularly operating at or near full capacity.[8]

While the need mounts, federal investment in affordable and social housing has been eroding and declining. The federal government ended funding for new social housing in 1993, and plans to phase out on-going investments for existing housing by 2033.[9] The static federal funding of roughly $2 billion per year for

affordable and social housing equates to a real annual decrease when taking into account population growth and inflation. The federal government has downloaded housing responsibilities to the provinces without providing sufficient transfers. This increases pressure on the provinces, territories, and municipalities to make up the difference for falling federal investments.[10] The federal government is in an excellent position to have a broad framing and funding role, while allowing more local levels of government to allocate funds in a way that reflects local needs.[11]



[12]

Investments in affordable and social housing are remarkably cost-effective.[13] Especially in periods of economic instability, every dollar invested in social and affordable housing reaps a dividend. The Mowat Centre estimates every dollar spent on housing investments results in a $1.52 increase in real GDP.[14] Furthermore, providing better housing can result in cost savings. The average cost of a shelter bed in Toronto in 2012 was over $52 per night, adding up to $1,500 per month.[15] For context, the average monthly rent for a bachelor apartment in Toronto in 2012 was $840, 44 percent cheaper.[16] For people with mental health issues or who have experienced chronic homelessness, stable affordable housing results in significant savings in use of health and emergency services.[17]

Health Impacts of Housing

Affordable, safe, and adequate housing has a direct and significant impact on people's health. Ample studies have shown that unsuitable housing increases people's chances of ill health and disease.[18] For example, families living in damp and mouldy housing conditions have significantly higher chances of developing respiratory conditions such as asthma. Poor housing conditions are also associated with negative health effects from factors such as dust mites, cockroaches, heat and cold issues, and poor ventilation.[19] With unaffordable rents many Canadians have few choices but to live in overcrowded housing which increases the likelihood that infectious diseases will spread.[20]

Spending an excessive amount of a household's income on rent also is linked to poorer health. As housing is the largest expense for many households, unaffordable housing significantly eats into families' budgets. This can displace money for the other necessities of healthy lives such as food, childcare, and medications. The rising cost of housing has been identified as a key driver of rising food bank use in Toronto.[21] Households spending

unsustainable portions of their income on rent are significantly more likely to run out of money by the end of the month and skip meals to pay for rent.[22] In Toronto in 2010 over 200,000 households spent over 30 percent of their income on housing, including 43.5 percent of renter households.[23]

One in eight Canadian households live in housing that is either unaffordable, in disrepair, or crowded.[24] In the City of Toronto this rises to almost one in four.

Core Housing Need in Canada	
Households in core housing need	12.7%
Households with unaffordable housing costs	11.4%
Crowded households	1.9%
Households living in disrepair	1.9%
Households in core housing need, Average household income before taxes	$19,968

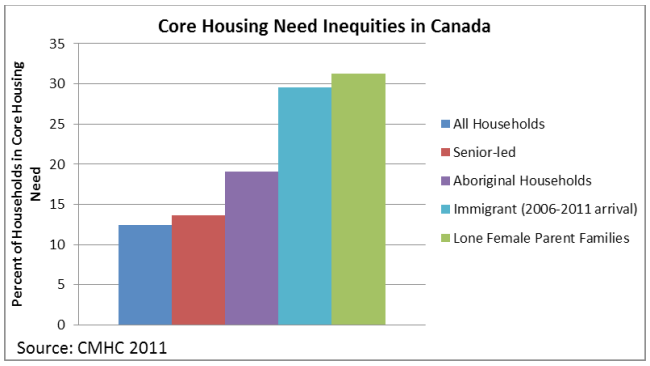
CMHC 2006, Housing Information Portal

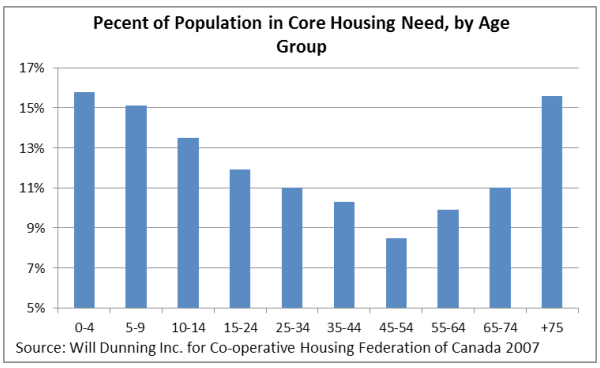
There are well established connections between homelessness and poor health. People who are homeless are much more likely to experience poor health and have poor access to health care services.[25] Homeless people are 29 times more likely than the general population to contract hepatitis C, 20 times more likely to have epilepsy, and twice as likely to have diabetes.[26] Exposure to the elements, increased risk of violence and assault, and myriad other factors negatively affect the health of people living in homelessness.[27] Homelessness also overlaps and is associated with other health risk factors such as addictions, mental health, and very low income.[28]

Health Equity Impacts of Housing

Inadequate housing is not distributed evenly, and some populations are more likely to be at risk of poor health due to their housing. People living on low incomes, the elderly, Aboriginal people, recent immigrants, ethnic minorities, youth, and single-parent families are more likely than the general population to live in housing need.[29]

Children are particularly vulnerable to the damaging long-term health impacts of inadequate housing and homelessness, and over 15 percent of Canadian children under the age of 9 live in families that are precariously housed. There are strong connections between poor housing and poverty, and in Canada today over 40 percent of children in single mother households grow up in poverty.[30] Across Canada 40 percent of all Aboriginal children grow up in poverty.[31] These multiple overlapping and reinforcing dimensions of disadvantage interact and magnify one another to produce even poorer health outcomes.





Federal Party Platforms Regarding Affordable and Social Housing

	 Conservative	 Green	 Liberal	 NDP
General Provisions	Platform not yet released.	Implement a National Housing Strategy	Platform not yet released. Implement a National Housing Strategy	Implement a National Housing Strategy
Spending on Affordable and Social Housing		$400M in new funding for social and affordable housing starting 2015-16, increasing to $1.4B by 2019-20 $3.4B in total new social and affordable housing spending over 2016-2019 Ramp up to build 20,000 new affordable housing units per year Renew 8,000 units a year of existing stock Provide rent supplements and shelter assistance for 40,000 low-income households per year Increase housing funding by 5% per year reliably after 2018-19 $800M per year for Aboriginal education, water, and improved housing fund	$20 billion over ten years for Social Infrastructure including affordable and social housing $1.7B in new funding for Social Infrastructure in 2016-17, increasing to 3.2B by 2025-26 $4.6B in total new Social Infrastructure spending over 2016-2019	$430 million per year for affordable housing programming, ramping up to $640 by 2020. $1.5B in total new social and affordable housing spending over 2016-2019 Programming to include capital repairs, RGI subsidies, and new affordable housing construction.

Ownership, private-rental incentives, and other	Increase the first-time Home Buyer's Plan limit (amount buyers can remove tax-free from RRSPs) to $35,000 from $25,000		Allow the Home Buyers' Plan (money buyers can remove tax-free from RRSPs) to be used to purchase a home in the event of job relocation, the death of a spouse, marital breakdown, or a decision to accommodate an elderly family member Extend $125M per year in tax incentives for private sector affordable rental development Repurpose some federal lands for affordable housing development	$500 million in 2015-16 to incentivize the construction of 10,000 rental units in Toronto and Vancouver
Homelessness	Continuing the Homelessness Partnering Strategy (HPS) $600 million over five years (2014-2019) Commitment to employing Housing First principles in homelessness interventions.	Commitment to employing Housing First principles in homelessness interventions.	Commitment to employing Housing First principles in homelessness interventions.	$10 million per year increase in homelessness support programming Commitment to employing Housing Frist principles in homelessness interventions.

Health Equity Assessment of Party Housing Platforms

Access to affordable, adequate, and secure housing is a foundation for the good health and well-being of Canadians. The Green, Liberal, and NDP parties all plan on forming and implementing a National Housing Strategy design to address the 1.5 million Canadian households precariously housed. The Conservative Party has not announced a plan to implement a National Housing Strategy.

The Green Party would direct significant new investments to affordable and social housing, increasing overall funding by $1.4 billion annually by 2020. The Green Party plan would improve the health and health equity of Canadians through their housing promises to build 20,000 new affordable housing units per year; refurbish and repair 8,000 aging existing social housing; and provide 40,000 households rent supplements to improve affordability. The $800 million per year in increased funding for Aboriginal education, water, and housing may also lessen the current inequities between Aboriginal households and the general population.

The Liberal Party has announced $20 billion over ten years in Social Infrastructure spending, much of which would be spent on improving affordable and social housing. On average this amounts to an annual increase in social infrastructure spending of roughly $1.5B over the 2016-2019 period. The Liberal Party has also announced $125 million per year in extended tax credits for private sector rental housing developers who build affordable rental. This could have some benefits for renters in general, depending on how it is structured.

The NDP has announced a plan to increase federal investments in affordable housing programs by $640 million per year by 2020. A one-time infusion of $500 million in 2015-16 is also planned to incentivize new private sector affordable and market rental development, which could help to marginally improve rental affordability.

The Conservative plan as it stands focuses primarily on assisting Canadians move into homeownership without commitments to address affordable rental and social housing issues. Moving into ownership is out of reach for many low-income renters who are unable to afford the high and rising costs of ownership. The Conservative plan does not address the health and health equity impacts of lower income Canadians who are struggling to afford rent.

There is a consensus amongst the federal parties on employing Housing First strategies for ending homelessness as highlighted by the At Home/ Chez Soi study.[32] Housing First is one approach to housing with supports, for people who have experienced chronic homelessness. Provincial and municipal government fund a range of effective approaches to meet the housing needs of this population, but more is needed. They could direct a portion of any additional federal housing funding toward the urgent housing needs of this population.

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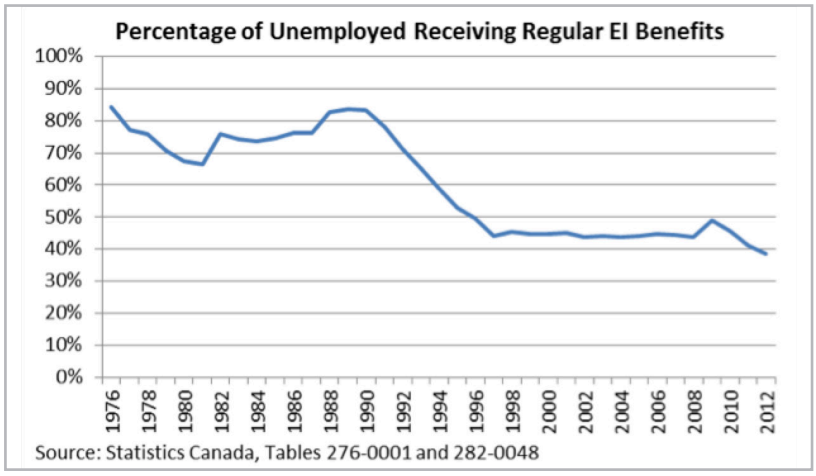
Jobs and Income

The federal government plays an important role in creating the right economic conditions that lead to job creation. However, not all jobs are created equal and many Canadians work in precarious and insecure jobs. Precarious jobs are characterized by a lack of stability and predictability and usually do not pay well enough to allow workers to afford basic necessities like adequate housing, transportation and sufficient food.[1] A health-enhancing jobs plan is one that creates and maintains good jobs that enable Canadians to meet their day-to-day needs and plan for a secure future.

Canada has a myriad of federal programs that provide income support to different populations: Employment Insurance (EI) primarily for the unemployed; Canada Pension Plan (CPP), Old Age Security (OAS) and the Guaranteed Income Supplement (GIS) for seniors; and the Working Income Tax Benefit (WITB) for people with low employment earnings. The level of income support that each program provides varies widely and some populations are more likely than other Canadians to experience high levels of poverty.

In recent years the ability of Canada's income support programs to provide adequate coverage has been eroding, with EI coverage arising as a particular concern. The percentage of unemployed workers receiving regular EI benefits has been dropping, due both to changes in the patterns of labour market participation, as well as policy changes that have made it more difficult for unemployed workers to access EI.



[2]

A plan to create good jobs, improve the quality of existing jobs, and enhance income security would improve the health of Canadians.

Health Impacts of Jobs and Income

Stable, secure, and adequate jobs promote good health by providing benefits, time to recover from illness, reasonable working hours, and other health-enhancing features.[3]

Over 900,000 Canadian involuntary part-time workers in 2014[4]
Over 930,000 Canadian multiple jobholders in 2014[5]
Over 2,000,000 Canadian temporary workers in 2014

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$16.18: the median hourly wage of temporary employees in 2014
$22.03: the median hourly wage of permanent employees in 2014
$5.80: the median hourly temporary wage gap in 2014[6]

Low income is associated with increased risk of cardiovascular disease[7] and poor mental health, including increased rates of anxiety, depression, psychological distress and suicide.[8] People with low income are at greater risk of developing diabetes and may face barriers to accessing individual-level interventions like healthy eating and regular physical exercise that can reduce diabetes risk.[9]

In addition to experiencing poorer health across a range of income-sensitive conditions, living with low income can also contribute to greater risks of mortality. A study of age-standardized mortality rates found that Canadian men in the lowest income quintile were significantly more likely than men in the highest income quintile to die from 28 of the 29 causes of death studied, while women in the same study were more likely to die from 27 of the 29 causes.[10] There is, however, a reduction in mortality at each step up the income ladder for most conditions for both men and women, suggesting that even modest increases in income can reduce mortality risks.

Health Equity Impacts of Jobs and Income

Not all Canadians have equitable access to good jobs and adequate income. Young people have been particularly affected by the shift in Canada's labour market in recent decades away from full-time employment toward increasingly precarious work.[11] Canada's youth unemployment rate in August 2015 was 13.1 percent, almost double the overall rate of 7 percent.[12] Being unemployed early in life can contribute to increased risks of cigarette smoking and poor mental health later in life.[13]

Raclialized Canadians are more likely than many other Canadians to have low income. Racialized Canadians are more likely to be unemployed and earn less on average than non-racialized Canadians. There is also a significant gender divide with racialized women earning only 48.7 cents for every dollar earned by non-racialized Canadian men.[14] Racial inequities in jobs and income may have long-term population health impacts given that racialized populations are expected to continue to make up a larger proportion of the Canadian population in coming decades.

Part-time workers have lower average hourly wages than full-time workers.[15] Women are disproportionately over-represented in part-time and temporary jobs that do not provide adequate income to support good health. The impacts of low earnings and income is particularly felt by women who lead single parent households. Women sometimes prioritize their children's needs over their own – for example, by skipping meals so that their children have enough to eat – which can contribute to poor health.[16] Children who grow up in low income households may be at greater risk of poor health both in childhood and throughout their life.[17]

How do the federal parties measure up for equity in jobs and income?

	 Conservative	 Green	 Liberal	 NDP
Creating and maintaining good jobs	Aim to create 1.3 million net new jobs by 2020. Job quality not yet addressed.	Create a minimum wage for federally regulated industries, set at $15 per hour.	Not yet addressed	Crack down on unpaid internships. Create a minimum wage for federally regulated industries, set at $15 per hour.

Employment Insurance (EI)	Use EI account surpluses to reduce premiums paid by employers and employees. • to $1.49 from $1.88 per $100 earned Limit EI eligibility for seasonal or frequent users of EI.	Significant expansion of EI eligibility and a comprehensive overhaul of the EI system. • extend eligibility to non-standard and precarious workers • restore EI eligibility to seasonal workers • consider other EI changes such as rolling EI into a guaranteed minimum income plan, and creating a separate temporary unemployment assistance program	Use a portion of EI account surpluses to reduce premiums paid by employers and employees. • to $1.65 from $1.88 per $100 earned Use a portion of the EI surpluses to increase funding for training programs and more flexible special EI benefits. • reduce EI waiting period from 2 weeks to 1 week • increase eligibility for new workers and those returning to the labour market after an absence from work • $500 million for increased EI training programs	Keep EI premiums at $1.88 per $100 earned. Use retained revenue to: • expand parental and compassionate care special benefits • increase leave for second parent by five weeks • extend EI eligibility to more workers Protect the EI surplus fund from being used as federal government general revenue.
Canadian Pension Plan (CPP)	Explore a modest and voluntary CPP expansion. • Opposes mandatory CPP expansions and contribution increases. • Opposes the expansion of provincial public pension plans such as Ontario's ORRP.	Expand CPP, phasing in over 5 to 7 years: • double the maximum pensionable earnings from $53,000 to $106,000 • increase the maximum CPP benefit from 25% of earnings to 40% • increase CPP contributions accordingly	Expand CPP and support provincial pension plan expansions. • increase maximum pensionable earnings to $80,000 • increase the maximum CPP benefit to 50% for workers with above $30,000 in income • increase CPP contributions accordingly	Expand CPP, convening meetings with premiers to form plan and timetable within six months of taking office.
Old Age Security (OAS) and the Guaranteed Income Supplement (GIS)	Increase the age at which seniors are eligible to receive OAS/ GIS payments. • from 65 to 67 over six years beginning in 2023	Guaranteed Liveable Income (GLI) program: • Collapse OAS and GIS (and other income security programs) into a GLI program. • GLI would be designed to guarantee a minimum annual income for Canadians above a set poverty line.	Keep the age of eligibility for OAS/ GIS at 65. • index GIS payments to inflation	Keep the age of eligibility for OAS/ GIS at 65. • increase GIS budget by $400 million
Income Splitting	Income splitting: • allow couples with children under 18 to split $50,000 of taxable income, lowering taxes on these families up to a maximum of $2,000 through the non-refundable benefit. • cost of program is estimated to be $2.4 billion in 2015-2016, and $2 billion a year thereafter	Eliminate income splitting.	Keep income splitting for seniors only.	Keep income splitting for seniors only.
Working Income Tax Benefit (WITB)	Not yet addressed	Not yet addressed	Not yet addressed	Not yet addressed

Skills training	Expand the Apprentice Job Creation Tax Credit, and continue to improve federal support for skills-training.	Retrain forestry workers who lose jobs to industry restructuring.	$500 million annual increase in funding to the Labour Market Development Agreements with provinces. A $200 million annual increase in funding to be delivered by the provinces and territories and focused on training for workers who are not currently eligible for federal training investment. Renew and expand funding by $50 million to the Aboriginal Skills and Employment Training Strategy (ASETS).	Not yet addressed
Youth employment	Not yet addressed	Establish a Canadian Sustainable Generations Fund that would: • Establish free post-secondary tuition for domestic students by 2020 and eliminate existing individual federal student debt over $10,000. • Create a national Community and Environment Service Corps, which will provide $1 billion/year over five years to municipalities to hire Canadian youth. • Increase needs-based post-secondary education bursaries.	Increase the number of jobs funded by the Canada Summer Jobs program by 35,000 each year. Open space for 11,000 young Canadians to access Skills Link each year. Create 5,000 youth green jobs by hiring more guides, interpreters, and other staff at Parks Canada. Invest $40 million annually to create more co-op placements for students in science, technology, engineering, mathematics, and business programs to help employers create new placement opportunities for students. The program will pay 25 percent of a co-op placement salary, up to a maximum of $5,000, to an employer that creates a new co-operative placement. Work with provinces, territories, and post-secondary institutions to develop or expand Pre-Apprenticeship Training Programs. The program will provide up to $10 million per year. Waive employers' Employment Insurance premiums for a 12-month period on any net new hire of a full-time employee, aged 18 to 24, in 2016, 2017, or 2018.	Partner with small business, industry, NGOs and government to help 40,000 young Canadians get jobs, paid internship or co-op placements. Create apprenticeship spaces through federal infrastructure projects, in federally regulated airports or Port Authorities, and with crown corporations. Partner with municipalities and Indigenous governments to hire apprentices for infrastructure projects.

Health Equity Assessment of Good Jobs Commitments

While it is often said that the best anti-poverty initiative is a job, the need for good jobs to raise Canadians out of poverty and to support health and health equity is often overlooked. While all parties have made commitments about job creation surprisingly little attention has been paid to job quality.

GOOD JOBS

Despite the fact that precarious employment is a growing trend in Canada, only the NDP and Green Party have platform commitments that address job quality with both parties promising to establish a minimum wage of $15 for federally regulated industries (such as banking, shipping, air transportation, railways and telecommunication services). The NDP would also "crack down" on unpaid internships although no further details have been released. Increasing wages of low paid workers in federally regulated industries may contribute to improvements in their health and well-being. There are, however, relatively few Canadians working in federally regulated industries who earn less than $15 per hour[18] so the overall effectiveness of this commitment to raise incomes and improve health is likely limited. More effective would be working with provinces to harmonize their minimum wages with the federal standard. The Conservative and Liberal parties have not yet specified how they would improve job quality.

SKILLS DEVELOPMENT

The Liberal Party has committed to increases in funding for Labour Market Development Agreements and the Canada Job Grant, which support provinces and territories to deliver skills and employment programs primarily for people who are unemployed, by $500 million and $200 million, respectively, annually. The effectiveness of these investments to improve health depends on their ability to provide Canadians with training that will enable them to secure well paid, good jobs. The Conservative Party would expand tax incentives for employers that hire apprentices, but no commitments have been made to expanding skills training programs. The Green Party has only committed to skills training for forestry workers who lose their jobs due to industry restructuring. The NDP has not yet addressed skills training.

YOUTH UNEMPLOYMENT

The Liberal Party plan to address youth unemployment relies heavily on increasing the number of federal job placement schemes and offering wage subsidies and payroll tax reductions to employers who hire young Canadians. The NDP would partner with employers to create new paid internships or co-op placements and the NDP and Green Parties would work with municipalities to provide jobs for youth in local infrastructure projects. The Liberal Party, Green Party and NDP initiatives may improve youth employment prospects by providing more opportunities to gain valuable job experience. The Green Party's Canadian Sustainable Generations Fund would be a major departure from the current model of post-secondary education in Canada, with a goal to eliminate tuition for domestic students by 2020. The Conservative Party has not yet addressed youth unemployment.

Health Equity Assessment of Income Security Program Commitments

Federal income security programs such as EI, CPP, OAS, GIS, and WITB protect Canadians by supporting their incomes when they are unable to gain sufficient income from employment.

EMPLOYMENT INSURANCE

There are significant differences between the federal parties on the best way to move forward with EI. The Green Party and NDP plan to use EI surpluses to expand and enhance EI, while the Conservative Party plan would reduce the premiums that employers and employees pay, and the Liberal Party plan on doing a degree of both. The Conservative Party plan to reduce premiums by around 20 percent which will diminish the ability of EI to be expanded to cover more unemployed workers. The Conservative Party plan does not address the 60 percent of unemployed workers currently not covered by EI. The Liberal Party plan involves reducing premiums by around 12 percent and retaining the other eight percent to fund expansion and enhancement. The Liberal Party has committed to using this portion of EI premiums to halve the waiting period before benefits start, increase parental leave flexibility, increase training programs and expand eligibility. The NDP would keep EI premiums at their current level and use these funds to expand special benefits such as parental leave and expand the eligibility to make EI accessible to more unemployed workers. While reducing premiums will not benefit unemployed workers, expanding coverage and enhancing benefits will, likely leading to improved income and health during spells of unemployment.

CANADA PENSION PLAN

Sufficient income in retirement is necessary for supporting the health of seniors. The Green Party, Liberal Party, and NDP all plan on expanding the Canadian Pension Plan (CPP), while the Conservative Party opposes mandatory CPP expansions, new provincial pension plans and CPP contribution increases. The Conservatives would explore voluntary CPP expansion, though this would not guarantee a pension increase for all Canadian workers. The Green Party's CPP expansion plan doubles the pensionable income limit to $106,000 and increases benefits from 25 percent to 40 percent of previous earnings. This would substantially increase the amount that Canadian workers would contribute to and receive from CPP. The Liberal Party plan would increase the pensionable income limit from $53,000 to $80,000 and increase CPP benefits to 50 percent of previous earnings, which also constitutes a significant expansion of CPP. The NDP plans on expanding the CPP following consultations with premiers to form a timeline and plan for the expansion. Increasing the pensionable earnings limit and benefit rate may enhance income security of pensioners by increasing their income replacement rate, although these changes would not reduce income inequality among seniors. While raising the pension floor by expanding CPP would help protect pensioners as a group, expanding GIS and other targeted programs could do more to decrease inequality.

OLD AGE SECURITY AND GUARANTEED INCOME SUPPLEMENT

Other income security programs for Canadian seniors include OAS and GIS. The Conservative Party plans on increasing the age at which seniors are eligible for these programs from 65 to 67. GIS is designed to aid

low-income seniors, and by delaying the age of eligibility low-income seniors would be at a disadvantage by either having to live with less income or keep working longer. The Green Party, Liberal Party, and NDP have committed to reversing this change and keeping the age of retirement at 65. The Green Party proposes collapsing OAS and GIS into a Guaranteed Livable Income (GLI) program. A Guaranteed Livable Income program that is set at a rate that is sufficient to afford the necessities of life could improve health and health equity for many Canadians.

INCOME SPLITTING

Income splitting is a taxation policy favoured by the Conservative Party that allows couples with children aged under 18 and senior couples to split up to $50,000 of taxable income, lowering taxes on these families up to a maximum of $2,000 through a non-refundable benefit. Income splitting disproportionately benefits higher income families and particular household structures: one earner couples and two earner couples in which there is a significant disparity in income between the earners. If the two earners make similar amounts of money then then income splitting would not reduce their taxes. It also does not benefit single mother led families – 40 percent of whom experience poverty – single member households or couples without children. As a non-refundable benefit, income splitting also only benefits families who owe net taxes at the end of the year, which excludes many low-income families. With the high fiscal cost of this tax reduction method, equity could be better improved with either more progressive tax reductions or more equitable government spending. The Green Party is committed to eliminating income splitting altogether, while the Liberal Party and NDP support keeping it only for seniors.

WORKING INCOME TAX BENEFIT

While the Working Income Tax Benefit (WITB) is an important source of income for the working poor, none of the federal parties have made commitments to enhance, expand, or change the credit. As a theoretically efficient tax benefit that incentivises low-income individuals to enter employment, raising the WITB phase-out threshold and increasing benefit rates could be beneficial for low-income earners, their health, health equity, and the wider economy.

ENDNOTES

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Early Childhood Education and Care

More than two-thirds of families with children under age 16 are families with two working parents, and over half of parents with children under age 4 rely on child care.[1,2] Unfortunately, high quality early childhood education and care costs are so high that many families are unable to afford it. High-quality care is important for the growth, development and the health of a child; it is more than a place for parents to leave their children when they go to work. Its quality matters. Early childhood experiences leave their mark on our mental and physical health[3], and inequitable access to quality education and care leads to poorer health down the line. Properly supported, early childhood education and care creates an even playing field: Research has shown low-income children in early childhood education to have over twice the rate of college enrollment and score higher on a variety of academic measures[4]. Ensuring all children have access to these high quality programs is an important step towards achieving equity within our communities.

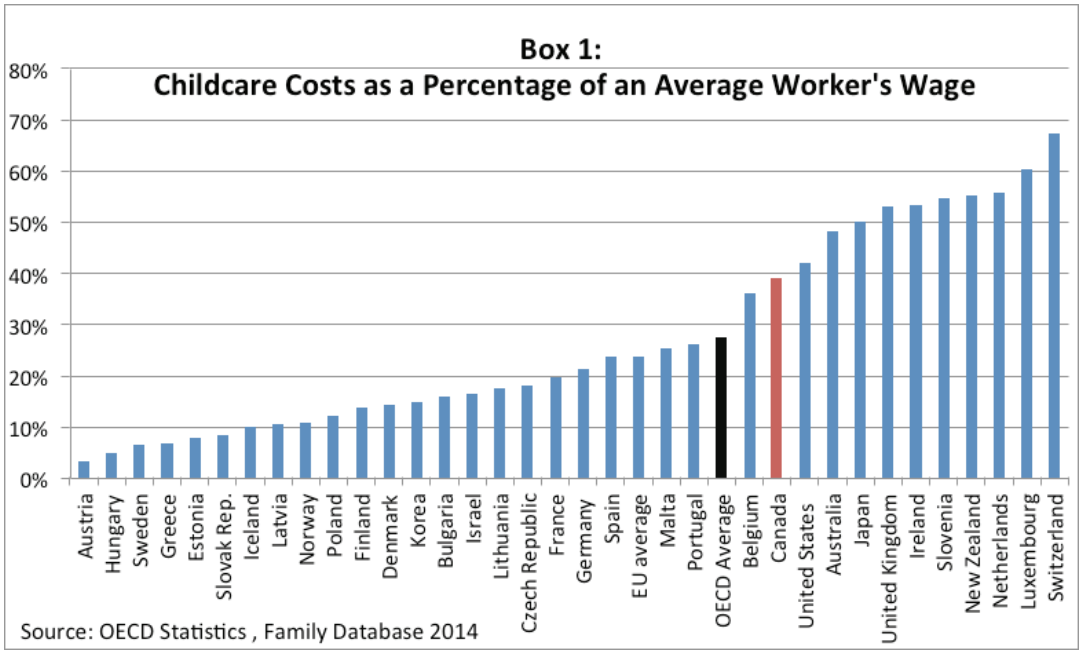
There is no national program for early childhood education and care in Canada and, with the exception of Québec, there are no provincial programs. Parents must either pay for childcare privately or arrange for relatives to care for their children. They can only qualify for subsidized childcare if they earn a very low-income. But these spots are limited and not always of good quality.[5] Canada spends only half the OECD average on early childhood education and care[6], and childcare costs are almost 40 percent of a Canadian average worker's salary (see Box 1).

High-quality early childhood education and care programs benefit children of all income groups but, low-income children benefit the most. Low-quality programs do not provide these benefits.[7]

High quality early childhood education and care spaces are limited and expensive. With the exception of Québec, which has a provincial program offered to all families for $7.30/day plus an income-tested contribution[8], there are no controls on the costs of early childcare education and care for Canadian families. Toronto has the highest costs with median monthly infant care fees of $1676 and toddler care at $1324. In most cities toddler care still costs between $800 and $1000 with preschool care at least $800.[9] Across Canada, the cost of early childhood education and care is usually over 25 percent of women's income, and is over 34 percent in Toronto, London, Windsor, Surrey and Brampton.[10]

The only early childhood education and care-related supports for Canadian families are the Universal Child Care Benefit (UCCB) and the Canada Child Tax Benefit (CCTB). The UCCB offers $160 per month per child under 6, and $60 per month per child aged 6-17, and the CCTB offers $122 per child under 18, and is adjusted on a sliding scale for families with incomes over $44,701 to decrease with increasing income. Even together these benefits do not come close to covering the costs that most families face. The costs both limit parents' ability to participate in the workforce, and also the quality and accessibility of early childhood care and education programs are able to access. These limitations prevent all children from the best possible start in life, and exacerbate health disparities through the duration of their lives.

A health-enhancing early childhood education and care program in Canada would address issues of affordability and ensure Canadians have equal access to high quality early child education and care programs.



Health Impacts of Early Childhood Education and Care

Access to early childhood education and care is an important social determinant of health. Because the first six years of life are a critical time for cognitive development, early childhood learning and care has a large impact on children's health and well-being, as well as their later development. High quality early childhood education and care programs are well-documented to have positive impacts which last throughout the life course: low-income children in high-quality infant and preschool care are found to have lower juvenile crime rates, lower drop out rates, and higher adult earnings.[11] And, beyond low-income children, the benefits of universal high quality early childhood education and care centres have been found for children of all income groups, with higher grade-school performance outcomes: Research evaluating school performance of 8 and 13 year olds found that school performance was significantly higher for those who started child care before the age of 1 (11% and 7%, respectively), and at age 13 school performance was lowest among those who never attended out of home care.[12]

Further, affordable and available early childhood education and care for all families ensures both better employment and higher incomes for families with children. Access to affordable early childhood education and care ensures that parents are able to make the decision to work and/or pursue education and training opportunities that will improve the family's income potential: Available and affordable early childhood education and care has been shown in Quebec to increase women's labour force participation by 3.8%.[13,14] These increases in employment and income are important for ensuring a high quality of life and health for families.

Health Equity Impacts of Early Childhood Education and Care

Under our current system only the richest families are able to consistently access high quality early childhood education and care. When only the rich are able to afford quality education and care for their children it leads to further inequality. Without access to a stimulating learning and social environment children in families unable to afford quality early childhood education and care are put at a developmental disadvantage which makes it hard for them to catch up. They will face more challenges accessing future opportunities for prosperity and good physical and mental health.[15]

Affordable early childhood education and care is essential for all parents, but is particularly important for single-parent families. Female-headed single parent families in particular are most likely to live in poverty, with 40 percent falling below the poverty line today.[16] Without support, it can be more affordable for single parents to go on social assistance to care for their children. Or, if the parent chooses to work, it takes up a significant portion of their income (see Box 1). This impacts families' health both by decreasing household income – an important determinant of health – and also by decreasing single parents' ability to work and participate in their community.[17]

Because most Canadian households have two income-earners, access to early childhood education is essential to enable parents to make a choice between staying home to take care of their children, and pursuing

employment while ensuring that their children are receiving high-quality care. On top of that, because women are more likely to give up employment opportunities to raise children than men[18], access to early childhood education and care is essential for women's equality and health equity. When it is affordable and reliable it ensures that women are just as likely as men to be able to maintain employment. If parents lack access to childcare, then they are unable to work in full time jobs, and more often work in part time, often precarious employment, rely on social assistance, or are placed in a vulnerable position in their household without control of income, all factors which have been shown to impact their physical and mental health.[19,20]

How do the federal parties measure up for equity in Early Childhood Education and Care?

	 Conservative[21]	 Green[22]	 Liberal[23]	 NDP[24,25]
Childcare availability/ spots available	Not addressed	Work with the provinces, territories and Indigenous communities to establish accessible, convenient, enriched and affordable child care spaces for any Canadian family that seeks it. Tax breaks to employers for the creation of child care spaces. Negotiate with the provinces and territories to ensure that Canada collectively provides regulated child care spaces for 70% of children age 6 or younger with working parents, up from the current level of 22.5%.	Work with provinces, territories and Indigenous communities to develop a new National Early Learning and Child Care Framework to deliver affordable, high-quality and fully inclusive child care.	Create a million child care spaces and cap fees at $15 per day
Individual Family Tax Benefits	Maintain UCCB	Phasing out of UCCB (funds, estimated $6.7 billion by 2017-18) used to create more affordable child care spaces.	Introduction of the Canada Child Benefit, an income-tested benefit to replace Universal Child Care Benefit. Phases out benefits at higher income levels (families making over $200,000) and targets low and middle-income families, up to $533 per month per child for low income families.	Maintain the UCCB

Childcare for a Healthier Canada

High quality early childhood education and care is essential for parents' and children's health, and to ensure that all children have equal access to good opportunities throughout their lives. All parties have addressed the issue of access to early childhood education and care using tax benefit programs, service delivery programs, or a combination of the two. The Conservative Party has not addressed equity in access in their proposal, while the Liberals, NDP and the Green Party's proposals may have positive impacts for health and health equity.

The Green Party has committed to address the lack of affordable childcare spaces creating more spaces using funds repurposed from the UCCB which they plan to phase out. They would also work with provinces and territories to ensure Canada provides regulated childcare spaces for 70 percent of children under age six with working parents, and provide tax breaks to employers to create early childhood education and care spaces. The Liberal Party has committed to developing a national early learning child care framework to offer high quality care with the provinces and territories. This framework would enable provinces and territories the flexibility to use the available federal funds as needed. Neither the Green Party nor the Liberal Party would require matching funds from the provinces. The NDP have committed more funds than any other party to create affordable, high-quality child care spaces. They have pledged to create a million spaces, and cap their fees at $15 per day. Their proposal will allow for the largest expansion of child care in Canada, and requires support from the provinces. The NDP, Green Party, and Liberal Party commitments to increasing the supply of affordable early childhoold education and care in Canada are important and may contribute to improved health for many Canadians. The Conservative Party has not addressed the number, affordability or quality of childcare spots in Canada.

The Conservatives' sole program to address the issue of early childhood education and care is the Universal Child Care Benefit which offers $160 per month. This is insufficient to meet any working Canadian's early childhood education and care costs, and will continue to increase health inequities in Canada. The Liberal Party would introduce a new income-tested tax benefit to replace the current universal UCCB. It will offer up to $533 per month per child for low-income families. This income-tested tax benefit would move toward addressing the current health inequities that result from the lack of affordable high quality early childhood education and care in Canada and paired with their proposed child care framework, this may enable low-income families to afford child care. The NDP plans to continue the UCCB in addition to developing its national child care plan over the next eight years. The Green Party would phase out the UCCB and use funds toward creating more child care spaces.

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What the Parties Aren't Talking About

Over the past few weeks, we have looked at where the federal parties stand on several key issues that affect Canadians' health: PharmaCare, housing, jobs and income and early childhood education and care. In this final health equity impact assessment of our series we look at issues that the parties aren't talking about and that deserve more attention.

Health equity impact assessments support decision makers to incorporate health and health equity in all policies by identifying potential health impacts and enhancing positive impacts while reducing negative impacts. Using a health equity impact assessment tool[1] we identified populations that may experience differential health risks of particular policies, such as people with low income, racialized Canadians and people with disabilities. We then identified specific determinants of health and health inequities that should be considered. Based on this analysis, this election-focused health equity impact assessment identified four areas that the parties should be discussing to improve health equity in Canada: income inequality, health care, good data and population health and social inclusion. We also call for all parties to set out a vision of a healthy Canada for all.

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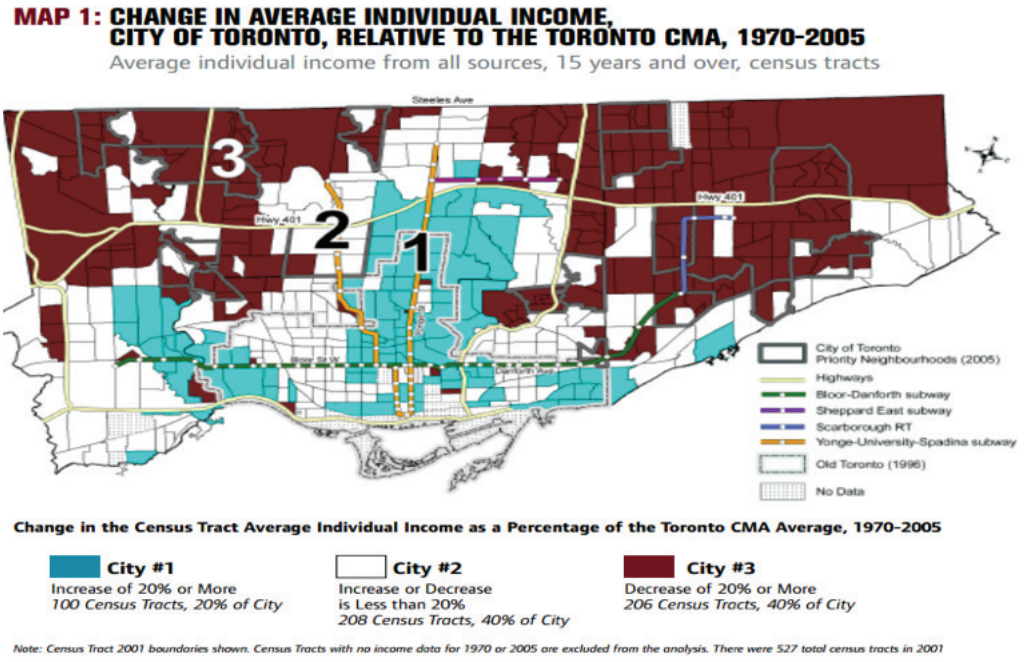
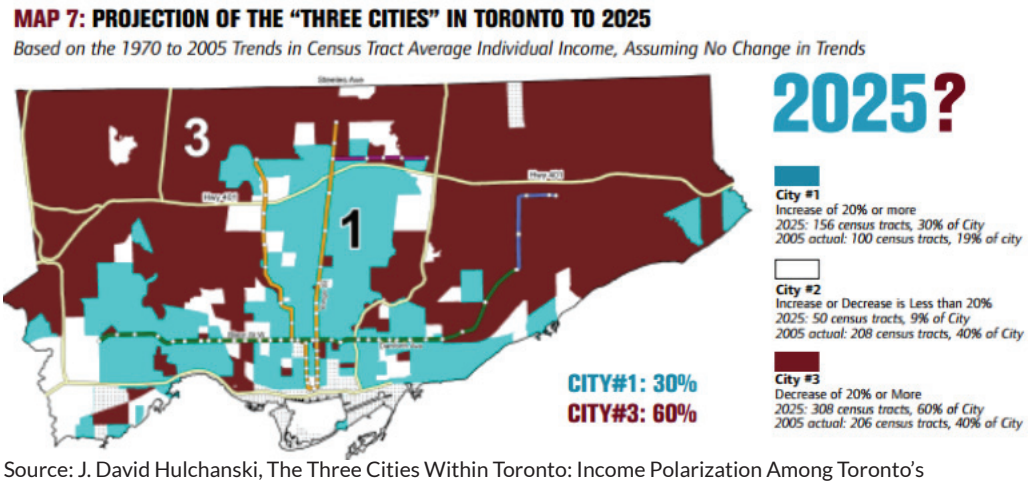
Income Inequality

Conversation in this election has focused squarely on what each party would do for Canada's middle class, from tax policy to child care policy to infrastructure policy. Lost among this rhetoric, however, has been discussion of increasing income inequality in Canada and what that means to our society and our health.





Source: J. David Hulchanski, The Three Cities Within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005, Cities Centre, University of Toronto.

Income inequality can have serious health impacts. A Canadian study found that women living in highly unequal urban centres were 26 percent more likely to die of lung cancer and more than two times more likely to die of transport injuries or alcohol-related causes than women living in more equal urban centres. Men who lived in unequal cities were 50 percent more likely to die of alcohol-related causes and 20 percent more likely to die of

colorectal cancer.[2] Income inequality has also been connected with increased risk of anxiety depression, and suicide.[3]

Canada is becoming an increasingly unequal society. In Toronto, wealth has been concentrating in the central city and along subway lines in recent decades, with poorer Torontonians living in the Northeastern and Northwestern corners of the city and middle income neighbourhoods rapidly disappearing altogether, leading to income polarization.[4] Similar income polarization patterns are found in Vancouver[5] and in Montreal.[6] These trends suggest that health impacts of income inequality will worsen in coming decades.

The federal government can play a major role in reducing income inequality through tax increases for high earners and mechanisms like Old Age Security, Guaranteed Income Supplement, Canada Pension Plan and the Working Income Tax Benefit. But for people living with low income access to services may also be an important tool. The government can reduce inequality and improve health by improving the provision of services, including housing, child care, transportation and education. The parties have been talking about many of these things and how they can benefit the middle class. But to improve the health of Canadians it would be better if platform commitments considered what would benefit our society as a whole.

Health Care

Surprisingly little attention has been paid to how to improve health care systems across Canada. Our system was recently ranked 10th out of 11 in a study of OECD countries, outperforming only the United States. Timeliness of care and system efficiency were particular issues.[7] Our per capita spending on health care is high so we should be able to improve performance.[8]

Access to high quality health care services is important to overall health. While the Canada Health Act sets out the basic requirements that provincial governments must meet – public administration, comprehensiveness, universality, portability and accessibility – access to health care services varies across Canada and across socio-demographic lines. The bottom third of income earners in Canada are half as likely to see a specialist when required than the top third of income earners, 50 percent more likely to face difficulties receiving care

2 AUGER, N., HAMEL, D., MARTINEZ, J. & ROSS, N. A. 2012. Mitigating effect of immigration on the relation between income inequality and mortality: a prospective study of 2 million Canadians. J Epidemiol Community Health, 66, e5.

3 MANSEAU, M. W. 2014. Economic Inequality and Poverty as Social Determinants of Mental Health. Psychiatric Annals, 44.

4 HULCHANSKI, J. D. 2010. The Three Cities Within Toronto: Income Polarization Among Toronto's Neighbourhoods, 1970-2005. Cities Centre, University of Toronto.

5 LEY, D. F. & LYNCH, N. A. 2012. Divisions and Disparities in Lotus-Land: Socio-Spatial Income Polarization in Greater Vancouver, 1970-2005. Cities Centre, University of Toronto.

6 ROSE, D. & TWIGGIE-MOLECEY, A. 2013. A City-Region Growing Apart? Taking Stock of Income Disparity in Greater Montréal, 1970-2005. Cities Centre, University of Toronto.

7 THE COMMONWEALTH FUND 2014. US Health System Ranks Last Among Eleven Countries on Measures of Access, Equity, Quality, Efficiency, and Healthy Lives. New York, NY: The Commonwealth Fund.

8 ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT 2015. Country Note: How does health spending in Canada compare? : Organization for Economic Cooperation and Development.

in the evening or weekends and 40 percent more likely to wait five or more days for an appointment with a doctor. [9]

The federal parties have made important, but limited, commitments to improving Canada's health care system. The NDP has proposed establishing national prescription drug coverage and would invest in improving youth mental health services. The Liberal Party has committed to creating a new health accord between the federal and provincial government, invest $3 billion over four years to improving home care services, supporting provinces to bulk purchase prescription drugs, and introducing a National Disabilities Act. The Green Party would reengage the provinces for a new health accord, expand prescription drug coverage to cover all Canadians, establish public dental coverage for low income children and work with provinces to develop preventative health care guidelines. The Conservative Party has not made any health care commitments.

Each of these commitments has merits, but missing from the discussion is a clear articulation of what we expect from our health care system or a vision of what Canada's health care system could become. A recent report prepared for the government by the Advisory Panel on Healthcare Innovation set out the challenges facing Canada's health care system and made recommendations on how to turn our system around, including by testing new forms of payment where care is organized and financed around the needs of patients, integrating delivery arrangements to address social needs and social determinants of health and joining the pan-Canadian Pharmaceutical Alliance.[10] None of the parties have addressed this critical document or set out their own vision for a high-performing health care system.

Reforming health care systems to increase access to care is important, but real population health gains can only be realized by bending the cost curve and moving our focus upstream to the broader determinants of health. We need to address the inequities in risk factors for illnesses and illness prevention and health promotion has been demonstrated to be effective in making this shift.[11] The federal government should increase the role of the Public Health Agency of Canada, Health Canada and the Mental Health Commission of Canada. This would place the federal government as leaders in illness prevention and health promotion and would support provinces to move upstream.

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9 MIKKONEN, J. & RAPHAEL, D. 2010. Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.

10 ADVISORY PANEL ON HEALTHCARE INNOVATION 2015. Unleashing Innovation: Excellent Healthcare for Canada. Ottawa: Health Canada.

11 WEARE, K. & NIND, M. 2011. Mental health promotion and problem prevention in schools: what does the evidence say? Health Promotion International, 26, i29-i69.;FUNG, C., KUHLE, S., LU, C., PURCELL, M., SCHWARTZ, M., STOREY, K. & VEUGELERS, P. 2012. From "best practice" to "next practice": the effectiveness of school-based health promotion in improving healthy eating and physical activity and preventing childhood obesity. International Journal of Behavioral Nutrition and Physical Activity, 9, 27.; HEATH, G. W., PARRA, D. C., SARMIENTO, O. L., ANDERSEN, L. B., OWEN, N., GOENKA, S., MONTES, F. & BROWNSON, R. C. Evidence-based intervention in physical activity: lessons from around the world. The Lancet, 380, 272-281.

Population Health And Good Data

Canada has an incredibly diverse population which greatly enriches our social fabric, but not everyone in Canada has the same access to good health. Canadians who fare poorly in the social determinants of health face health risks not shared by other Canadians. Aboriginal status, gender, race and disability are all important determinants of health and other populations like recent immigrants face disproportionate burdens on their health.[12] Belonging to a health disadvantaged population can compound health inequities connected to other determinants of health like living in poverty and experiencing food insecurity.

What's measured matters, but in this election little attention has been paid to the need to improve the quality of disaggregated data that can help to understand and address the causes of poor health experienced by many Canadians. The Liberal Party, Green Party and NDP have all committed to reinstate the mandatory long-form census which would improve data quality in Canada. Beyond this, there is more that the federal government can do to improve data quality. We need better information about how our health care system performs at the population level and whether our social safety net meets the needs of diverse populations. Improving health and health equity for all Canadians requires federal leadership to collect and disseminate good data in addition to making federal transfers conditional on provinces collecting, reporting and acting on health equity data.

Social Inclusion

Feeling included and valued in society is an important determinant of health. Experiencing social exclusion can have direct negative health impacts that manifest in increased stress and anxiety. Stress has been shown to impact a range of health outcomes, from increased susceptibility to the common cold to increased mortality rates.[13] Social exclusion can also create barriers to other critical determinants of health like employment, adequate income, education and housing. Some populations are at greater risk of experiencing social exclusion, including recent immigrants, LGTBQ populations and racialized Canadians.[14]

None of the federal parties have addressed social inclusion in Canada. The federal government has a particularly important role to play in ensuring that new Canadians feel included and valued in their new home. This could mean increasing the number of refugees eligible for resettlement support and ensuring access to employment supports, adequate housing, health care services and high quality language instruction.

Vision of a Healthy Canada

There is scarcely an aspect of federal policy that does not impact health and well-being for Canadians, from health and social transfers to trade to infrastructure priorities. While the four main parties have made

12 MIKKONEN, J. & RAPHAEL, D. 2010. Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.

13 COHEN, S., DOYLE, W. J., SKONER, D. P., RABIN, B. S. & GWALTNEY, J. M., JR. 1997. Social ties and susceptibility to the common cold. Jama, 277, 1940-4.; ROSENGREN, A., ORTH-GOMÉR, K., WEDEL, H. & WILHELMSEN, L. 1993. Stressful life events, social support, and mortality in men born in 1933. BMJ : British Medical Journal, 307, 1102-1105.

14 STANDING SENATE COMMITTEE ON SOCIAL AFFAIRS, SCIENCE AND TECHNOLOGY 2013. In From the Margins, Part II: Reducing Barriers to Social Inclusion and Social Cohesion.

commitments in a number of these and other areas, no parties have yet clearly set out what a healthy Canada looks like and how they would go about improving the health of all Canadians.

The federal government has a role to play in reducing health inequities. Too often Canadians consider health to be a provincial responsibility, but this confuses health and health care. All governments – federal, provincial and municipal – have a role to play in addressing health equity and the social determinants of health in Canada. The federal government should lead by example and should foster strong partnerships with other levels of government to improve the health of all Canadians.