CALL FOR ACTION ON CHRONIC DISEASE

Every year over 150,000 Canadians die from four major chronic diseases – cancer, cardiovascular disease, diabetes and chronic respiratory diseases. Together these diseases account for 65% of all deaths in Canada.

The Canadian Cancer Society, the Canadian Diabetes Association, the Canadian Lung Association and the Heart and Stroke Foundation believe that addressing the full continuum of care for chronic diseases in Canada must be a nationwide priority, from prevention to end-of-life care.

We believe that more can be done to prevent the premature onset of many chronic diseases as well as improve the treatment and support provided to those affected.

In addition to the enormous impact on quality of life, the financial costs associated with the treatment and management of chronic diseases are substantial. The estimated economic burden of chronic disease in Canada is $93 billion a year, including both direct costs to the healthcare system ($38.9 billion) and indirect costs ($54.4 billion).  

Governments have made valuable contributions in facilitating the diagnosis and treatment of chronic diseases.

All levels of government must play an integral role in improving the health of Canadians through increased funding, enhanced initiatives and public policies that support improved health. The federal government’s leadership and its programs will continue to be essential in guaranteeing that no Canadian is left behind and that all have equal access to quality healthcare services and chronic disease care.

The Canadian Cancer Society, the Canadian Diabetes Association, the Canadian Lung Association and the Heart and Stroke Foundation are committed to working jointly with governments to ensure fewer Canadians are diagnosed with and die from chronic disease.

CHRONIC DISEASE PRIORITIES

1. Enhanced investments in disease prevention for common risk factors, with a focus on tobacco use, unhealthy diet, physical inactivity, air pollution and alcohol.

2. Access to affordable and effective drugs, medicines, devices and therapies for the treatment and management of chronic diseases.

3. Increased support for family caregivers.

4. Increased focus on the full continuum of care, including rehabilitation and palliative care at the end of life.

5. Continued and sustained funding for patient-centred research.

WE URGE ALL LEVELS OF GOVERNMENT TO PRIORITIZE FIVE KEY AREAS:

1. coordinated prevention and health promotion
2. access to effective and affordable treatment
3. support for family caregivers
4. support for the full continuum of care
5. enhanced patient-centred research

1. PREVENTION

We urge governments to enhance coordinated disease prevention efforts and initiatives to support Canadians in managing their health.

Governments must work together and with stakeholders to target the risk factors that contribute to poor health and empower individuals to make informed decisions about their well-being, including creating environments that make the healthy choice the easier choice.

Prevention is a key pillar of our healthcare system. Chronic diseases share a number of common risk factors: physical inactivity, an unhealthy diet, overweight and obesity, tobacco use, air pollution and alcohol consumption. Evidence shows that these risk factors are best addressed in a comprehensive manner through whole-of-government initiatives aimed at promoting wellness and health. Evidence indicates that investing in chronic disease prevention that effectively reduces risk factors can lead to improved health outcomes.

Prevention is recognized by global leaders as a key priority in addressing chronic diseases around the world. Canada is a signatory of the United Nations 2011 political declaration on the prevention and control of non-communicable diseases, under which global leaders committed to greater efforts to prevent and treat non-communicable diseases and improve healthcare, including ensuring better access to vital drugs. Canada’s federal, provincial and territorial (F/P/T) health ministers have also acknowledged the pressing need for enhanced focus on prevention and health promotion, with a specific focus on childhood obesity.

2. ACCESS TO EFFECTIVE AND AFFORDABLE TREATMENT

We believe all Canadians must have the same access to appropriate, high-quality and timely health services, regardless of where they live and whether treatment is delivered in hospital or in the community.

Governments at all levels must ensure that patients receive the care that they require without undue burden. We urge F/P/T governments to work together to identify mechanisms and/or policies to support this objective.

Access to effective and affordable treatment including drugs, devices, and therapies is critical. There are many barriers to accessing treatment, including the financial burden on patients and the sustained supply of drugs, medicines, devices and therapies.
Canadians overwhelmingly support enhancing policies to ensure that no one faces significant financial hardship to buy drugs or medical devices.\(^2\) Statistics Canada estimates that 24% of Canadians do not have drug insurance coverage.\(^3\) A 2012 study found that while one in 10 Canadians did not fill a prescription due to the costs of drugs, this number rose to almost one in four for those living with a chronic disease. Similarly, another recent study found that while one in 10 Canadians has difficulty paying for prescribed medications (even if they have insurance coverage), this rises to one in four for those without any coverage. Those with the most difficulty paying have chronic conditions with recurring drug costs.\(^4\)

### 3. SUPPORT FOR FAMILY CAREGIVERS

While there are government programs and benefits to support caregivers, coverage is limited and eligibility is restricted. We urge F/P/T governments to increase financial, practical and emotional supports for informal caregivers.

Healthcare services are increasingly being delivered outside hospital settings by family members and friends. It is estimated that one in four Canadians has cared for a loved one with a serious illness in the last 12 months. In addition to the extreme emotional toll, this often results in lost income and the increased financial burden of unforeseen expenses such as transportation, medical equipment and supplies, drugs and more.

### 4. INTEGRATING PALLIATIVE AND REHABILITATIVE SERVICES INTO THE CONTINUUM OF CARE

We urge F/P/T governments to establish rehabilitative and palliative strategies to ensure that Canadians have access to these crucial services.

We recommend that governments collaborate to develop evidence-based guidelines for efficient delivery of rehabilitative services for people with chronic disease. We also recommend implementation of a pan-Canadian palliative care strategy to enhance the quality and accessibility of palliative health services for rural and urban Canadians, including those with chronic disease.

Rehabilitation services promote recovery and the regaining of independence and prevent future illness. Rehabilitation can include exercise, education and counselling. Many rehabilitation services from doctors, nurses, physiotherapists, pharmacists, respiratory and speech-language therapists and dietitians are not adequately covered outside hospital by provincial health programs. Many are often only available in urban centres. Consequently, only a small percentage of Canadians who could benefit from rehabilitative services has access.\(^5\)

\(^2\) A December 2011 public opinion poll, undertaken in advance of the federal announcement on future health funding arrangements, found that 93% of Canadians believe that a renewed health accord should include a plan to ensure no Canadian faces significant financial hardship to buy drugs or medical devices. Canada’s Major Health Charities Urge Federal Government to Engage in Health Accord Negotiations, press release, January 12, 2012. Health Accord Negotiations, press release, January 12, 2012.


Palliative care is another important part of the continuum of care. It provides physical, emotional, social and spiritual support and counselling for gravely ill patients and their families. The focus of care is on relieving pain and other symptoms and improving quality of life. In Canada, quality and ease of access vary considerably – in less populated areas many Canadians have no access to palliative services.  

5. ENHANCING PATIENT-CENTRED RESEARCH

We urge governments to invest in patient-centred research to advance effective, sustainable and quality health services across the healthcare continuum. We further urge governments to increase investments in research on factors that influence the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster good health.

Research has supported advances in the detection, diagnosis and treatment of chronic disease. We believe that research should be patient-centred and focus on achieving better health outcomes. There are still many areas where research is needed, such as how to promote healthy behaviour and how to prevent and treat a wide range of diseases.

There is an ongoing need to ensure that knowledge gained through basic research is effectively applied in the clinical setting to improve chronic disease treatment and management.

IN Volvement of the federal government is essential

The Canadian Cancer Society, the Canadian Diabetes Association, the Canadian Lung Association and the Heart and Stroke Foundation recognize the federal government has used various mechanisms, including policies, programs, legislation, regulation and tax-related measures to prevent the onset of chronic diseases. We believe the continued involvement and leadership of the federal government is essential to effectively address chronic disease and its risk factors.

LET’S WORK TOGETHER TO IMPROVE THE LIVES OF CANADIANS WITH CHRONIC DISEASE

We are ready and committed to work and support focused action on chronic disease and deliver results for Canadians. Chronic diseases are the leading causes of death and disability and the leading driver of health costs in Canada.  

To reduce the incidence and risks of chronic disease, governments must work together on strategic interventions that promote healthy behaviours and improve access to health services of comparable quality across the nation.


8 Includes both direct treatment costs ($38.9 billion annually) and indirect productivity costs ($54.4 billion), per Mirolla, Michael for The Chronic Disease Prevention Alliance of Canada. January 2004. http://www.gpiatlantic.org/pdf/health/chroniccanada.pdf