



2020 NATIONAL DAY OF ACTION TOPIC PROPOSAL

The Topic Selection Committee is a 7-member CFMS committee tasked with drafting a short-list of options for the advocacy theme/topic that will guide the asks of the Day of Action 2020 initiative. The Topic Selection Committee received and reviewed as well as researched and proposed various topics. Topics were derived from reviewing federal politics, current areas of political interest, and topics of interest to Canadian medical students. The proposed topics were compiled into 12 themes that were ranked by each member of the Topic Selection Committee. The 5 short-listed topics proposed in this document are the 5 highest ranked topics.

Attendees of the 2020 CFMS Annual General Meeting will vote on a preferred topic which will guide the 2020 Day of Action.

The Topic Selection Committee is led by the National Officer of Political Action and overseen by the VP Government Affairs. Members were selected by the CFMS Nominations Committee through an application process.



Water Security

Despite water being an essential need, water quality in over a thousand rural communities is still compromised. Some communities have had water advisories in place since 1995 and groundwater quality is variable across Canada.



Fossil Fuel Divestment

Fossil fuel divestment aims to reduce climate change by exerting political and economic force on companies to invest in clean energy as opposed to fossil fuel companies. There are currently no Canadian policies in place to reinforce divestment.



Universal Coverage of Contraception

Inaccessible contraceptives results in a large proportion of unintended pregnancies, which can lead to lower educational outcomes, life opportunities and increased dependency on social programs.

WHY IS ADVOCACY IN THIS AREA IMPORTANT?

Improvements in water supply and sanitation have been promoted as essential public health measures to improve the population's health status. Canada does not have legally enforceable drinking water quality standards even though we have the capacity to address this issue.

Climate Change continues to pose a threat for the future of this planet and serious efforts must be made to limit the warming to 1.5 degrees Celsius. In addition to contributing to air pollution, fossil fuels also contribute to water pollution and plastic generation.

Private health insurers do not always include birth control and when they do, full coverage is not provided. Apart from the significant personal burden, unintended pregnancies take a substantial toll on the healthcare and economic sectors of Canada.



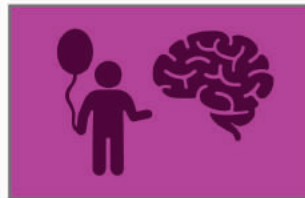
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Pharmacare

Canada is the only developed nation in the world whose universal health-care system does not include a national pharmacare program. Presently, Canadians obtain drug coverage through a patchwork of public and private plans.



Child & Youth Mental Health

Mental illness is the most common illness experienced by children and teens in Canada. Early identification and proper diagnosis of mental health disorders is effective in youth in primary and specialty care settings

WHY IS ADVOCACY IN THIS AREA IMPORTANT?

The current framework leaves many individuals with little or no drug coverage. Canadian drug prices are some of the highest in the world; a national pharmacare program would provide the government with the bargaining power to drive down drug prices and provide quality care to the aging population.



Many barriers to effective care exist, including: limited access to health care resources, stigmatization in communities, difficulties transitioning from child-focused care to the adult system, and a lack of knowledge of how to navigate the healthcare system.



Refer to the complete document for more information about each Day of Action Topic. A complete summary of each topic is provided along with why advocacy in each area is pertinent and potential asks that could be pursued if the topic is selected for the 2020 National Day of Action



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CFMS Federal Day of Action 2020

Topic Selection Summaries

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National Pharmacare

Canada's universal healthcare system is a source of national pride. However, Canada is the only developed nation in the world whose universal healthcare system does not include a national pharmacare program – a single system of public insurance coverage for prescription drugs (1). Presently, Canadians obtain drug coverage through a patchwork of public and private plans (2). However, this framework leaves many individuals with little or no drug coverage. It is estimated that up to one in ten Canadians forgo taking their medications as prescribed due to cost considerations (3). Furthermore, in comparison to other developed nations, Canada performs poorly in its ability to control the cost of prescription drugs. In 2015, Canadian per capita drug expenditure was one of the highest in the world, ranking third among a group of 31 developed countries (1). These challenges are only expected to continue as an aging Canadian population leads to higher drug consumption, while the focus of the pharmaceutical industry to treat complex chronic conditions is anticipated to bring an increasing number of highly effective yet high-cost specialty drugs to the market (4).

Stakeholders across multiple fields including government, industry, and patients agree that Canada's current drug coverage framework is in need of major reform to address issues such as gaps in coverage and the high cost of prescription pharmaceuticals (5). The majority of stakeholders believe that the best strategy for Canada moving forward is to implement a national pharmacare program. Calls for such an approach have existed in Canadian public policy circles since the 1960s. However, progress toward universal public drug coverage in Canada has been slow, in large part because of concerns about the potential cost of such a program (1). An effective national pharmacare strategy would ensure that no individual falls through the cracks, and every Canadian has access to the medicines necessary to maintain and improve their health. The majority of Canadians are in favor of a universal pharmacare plan (6). However, there is little consensus on the structure of such a program. Does Canada adopt a single payer system, where the government is solely responsible for providing drug coverage for all Canadians? Or, does Canada focus on addressing gaps in coverage and preserving the current patchwork of public and private insurance? Will the administration of the program fall on the federal government or be the responsibility of the provincial and territorial governments, akin to the current healthcare system? When considering the breadth of coverage, will the program cover a limited formulary of medications, or all drugs available on the market? How much will a national pharmacare program cost and how will it be financed? National pharmacare is currently a hot topic in Canada and these are some of the questions governments, industries and all Canadians need to consider before implementing a national pharmacare strategy.

Why should we advocate for this?

- Each of the major federal political parties has expressed an interest in establishing a national pharmacare strategy, ranging from the NDP supporting a single-payer system,

the conservatives focused on addressing the gaps in coverage, and the Liberals voicing interests in both respective systems (7, 8)

- Canadian drug prices are some of the highest in the world; a national pharmacare program would provide the government with the bargaining power to drive down drug prices (1)
- According to a 2016 study, approximately one million Canadians skimped on necessities (heating, food, etc.) to afford prescription medications (9)
- Increasing prescription drug coverage leads to improved prescription drug adherence, creating the potential for better patient health outcomes. In turn, this would partially alleviate strain on the Canadian healthcare system by reducing the number of hospitalizations caused by cost-related nonadherence to prescription medications. (10)
- A national advisory committee appointed by the Liberals in early 2018, which was led by former Ontario Minister of Health Dr. Eric Hoskins, recently made a recommendation in early June to implement a single-payer public pharmacare system (8)
- National pharmacare will be a heavily debated topic heading into the next Federal election later this year, and regardless of which party wins the election, they will be interested in working with us on this issue come February during the Day of Action.

Potential Asks

1. Advocate for a specific pharmacare system (i.e. universal single-payer system or a system that fills in the gaps in coverage)
2. Establish a national pharmacare strategy by the end of 2020 and provide coverage for an initial list of common and essential drugs by 2022, and coverage of a comprehensive list of medications by 2025
3. Amend the Canada Health Act and require all provinces/territories to provide universal prescription drug coverage as a condition of receiving the federal health transfer payment
4. Use the bargaining power that a national pharmacare program affords to bring down the per capita prescription drug expenditure in Canada from \$713 closer to the OECD average of \$500, while still maintaining access for Canadian to innovative prescription medications.

Child & Youth Mental Health

Mental illness is the most common illness experienced by children and teens in Canada (11). Research shows that 10-20% of Canadian youth are affected by mental illness (12). Moreover, children from low-income environments such as poverty or welfare are found to be at a greater risk for developing a mental illness (11). Research has shown that early identification and proper diagnosis of mental health disorders have been effective in youth in primary care and specialty care settings (13). However, barriers are rampant which include: limited access to health care resources, stigmatization in communities, difficulties transitioning from child-focused care to the adult system, and a lack of knowledge of how to navigate the healthcare system (13). This highlights the urgency of timely intervention in order to decrease disability, improve economic activity, and improve the quality of life of youth in Canada (13, 15).

Why should we advocate for this?

- Early identification of mental illnesses can prevent its progression to more severe or difficult-to-treat stages (11).
- Fewer than 1 in 5 affected young people receive appropriate treatment (12).
- It has been shown that across the country, the incidence and prevalence of mental illnesses in youth are at alarming percentages. The Centre for Addictions and Mental Health (CAMH) in Ontario found that 34% of high school students had a moderate-to-serious level of psychological distress and 12% seriously thought about suicide. According to the Manitoba Centre for Healthy Policy, 14% of all children and teens were diagnosed with at least 1 mental disorder. In British Columbia, the Ministry of Children and Family Development found that 12.6% of 4-17 year-olds were experiencing a clinically significant mental disorder. It is clear that mental illness in youth affects children across the country and across all socioeconomic levels (11).
- Children with mental illnesses are more likely to have lower grades in school, are less likely to graduate from high school, and are more likely to be accused of a crime or to be victimized. These rates are higher for children in social housing or whose families are receiving social assistance (11). Youth mental illnesses are also associated with a higher risk of physical health problems such as chronic respiratory conditions and heart disease, increased rates of unemployment and higher rates of poverty (12). In order to optimize the potential of youth as they develop into adults in society, early identification and interventions are vital. A modest investment into this crisis will yield far better outcomes, create a healthier workforce and cost less over time (13).

Potential Asks

1. A national child and adolescent mental health policy framework to be developed for Canada so that provinces and territories can be encouraged to create or amend their

frameworks in a manner that can facilitate national cohesion. This would commonly address the services needed for the youth in Canada (14).

2. An increased budget for improving mental health services in Canada. It has been found that Canada spends too little on mental health compared to other developed countries (11). The Mental Health Commission of Canada recommended in 2017 that 9% of health budgets should go to mental health services (11). We advocate for a new and improved budget that reflects the needs of Canada's youth. Initiatives can target:
 - suicide prevention, bullying, mental well-being initiatives, reducing stigma, increasing mental health literacy, and providing treatment and support (12)
 - fusing the child-adolescent and adult mental health services into system. The two separate systems currently pose a major impediment to responding adequately to the demands of youth (15).
 - conducting and supporting research in this domain so that data can be collected and disseminated accordingly (12). Research can guide mental healthcare, contribute to evidence-informed practices, and can also enhance health outcomes (13).

Fossil Fuel Divestment

Fossil fuel divestment aims to reduce climate change by exerting political and economic force on companies to invest in clean energy as opposed to fossil fuel companies. This movement has been able to divest over seven trillion dollars (16). Although the movement has seen support from institutional organizations such as the Canadian Medical Association and Laval University, limited progress has been made in Canada, with the most support being derived from faith-based groups and NGOs (17). Fossil fuel companies, such as BP and Shell, have also acknowledged the damage they can accrue from the divestment (16,17). Economists and financial analysts have highlighted that fossil fuel divestment can lead to a “carbon bubble” forming, which results in risky investment and de-incentivizes further investment into fossil fuels (18). In Canada, as opposed to other countries like Ireland, the movement has largely been lead by NGOs and government involvement has been limited. There are currently no Canadian policies in place to reinforce divestment (19, 20).

Why should we advocate for this?

Fossil fuels pose a serious threat to public and planetary health:

- Climate Change continues to pose a threat for the future of this planet and serious efforts must be made to limit the warming to 1.5 degrees Celsius (16).
- Fossil fuels contribute heavily to air pollution which kills seven million people each year (16).
- In addition to contributing to air pollution, fossil fuels also contribute to water pollution through practices such as fracking.
- Greater plastic production is also associated with fossil fuels - evidence has emerged that microplastics contribute to conditions such as cancer, cardiovascular disease, obesity, and reproductive problems (16).

In addition, the negative health outcomes associated with climate change is felt more strongly by underprivileged populations around the world; thus, fossil fuel divestment would help create more equitable living conditions and protect vulnerable populations. (21).

The fossil fuel industry depends on politicians and economic leaders to protect its interests:

- Divestment would also serve to take away some of this power and stigmatize investment into fossil fuel companies (16).
- Medical associations and the healthcare community previously played a major role in the tobacco divestment movement - similar efforts could be made for fossil fuel divestment, in efforts to limit global warming and the negative health outcomes associated with fossil fuel use (16).

- There is little evidence that fossil fuel companies are trying to change themselves or are investing in renewable energy sources, as evidenced by BP selling its wind power shares in 2013 (22).

Potential Asks

1. Create government policy to invest in renewable energy and reduce oil and gas subsidies.
2. Advocate that all institutions/organizations which receive federal funding through taxpayer dollars divest all assets from fossil fuel companies by 2025, and encourage provinces/territories to implement a similar requirement to receive provincial/territorial funding.
3. Require all provinces and territories to establish an action plan within their respective province/territory that will allow them to achieve 100% clean electricity by 2045, including an 80% renewable energy goal by 2035, eliminating coal by 2030, and transitioning to 100% renewable energy for all purposes (electricity, transportation, heating/cooling, industry, etc.) by 2060 (23).
4. Create a low-carbon-transition investment tax credit to attract companies to invest in low carbon companies and renewable energy section.
5. The federal government should pledge additional funding for renewable energy that will assist the provinces and territories in achieving their goals. This includes introducing greater subsidies for renewable energy producers, businesses, and citizens; and a greater investment in research to promote advancement in renewable energy.

Universal Coverage of Contraceptives

According to the World Health Organization, pregnancy remains one of the top causes of death among reproductive aged women (23). In Canada, failure of convenient accessibility to contraceptives results in a large proportion of unintended pregnancies, which can significantly delay future plans and lead to lower educational outcomes, life opportunities and increased dependency on social programs (23). On a National scale, Canada is the only country with Universal Healthcare but no Pharmacare, leading to a direct cost of over \$125 million/year (24). Contraceptive providers indicate cost, particularly within the youth demographic, as the primary barrier for contraception use, which is why the Canadian Medical Association and the Society of Obstetricians and Gynaecologists of Canada have continuously advocated for 100% coverage of all contraceptives (25,26).

Why should we advocate for this?

- Private health insurers do not always include birth control and when they do, it typically only covers 70 to 80 per cent of the cost (27).
- Provincial health plans cover contraceptives for low-income women (27, 28).
- Unplanned pregnancies have been shown to cause a lot of psychological and financial stress in comparison to planned pregnancies (29)
- When compared to similar healthcare systems within Europe and Australia, Canada is the outlier with no universal coverage for contraceptives.
- Apart from the personal effect, unintended pregnancies take a significant toll on the healthcare and economic sector of Canada.
- This topic is covered widely and recently by media (CBC, CTV), researchers (CPA and SOGC) and parliamentarians. This advocacy issue is related to Pharmacare, but is a relatively simple drug plan that could be immediately implemented to improve health disparities related to unintended pregnancies.
- A national drug plan should be publicly funded by the government, following the same principle under the Canada Health Act.

Potential Asks

1. 100% Coverage of all prescribed contraceptives.
 - NDP MP Irene Mathyssen has introduced a motion in Parliament (M-65) calling on the federal government to work with the provinces to cover the full cost of prescribed contraceptives. The NDP has also long called for a universal Pharmacare plan for all Canadians (29, 30).
2. Full coverage of contraceptives for youth demographics.

- They are the most susceptible to long term negative impact of unplanned pregnancies. While initial public spending will be increased by \$157 million annually, this will eventually be offset by \$320 million saved in medical cost (24).

Water Security

Water security has been defined as “the capacity of a population to safeguard sustainable access to adequate quantities of acceptable quality water for sustaining livelihoods, human well-being, and socio-economic development, for ensuring protection against water-borne pollution and water-related disasters, and for preserving ecosystems in a climate of peace and political stability” (31). While many Canadians in urban areas can turn on the tap for safe drinking water, this is not a reality across the country. Despite water being an essential need, according to the Government of Canada, water quality in over a thousand small and rural communities is still compromised - this does not even include the 56 Indigenous communities currently existing with water advisories in place (32). While the present goal is to reduce this number to zero by March 2021, official documents question the reality of this promise. According to the December 2017 Parliamentary Budget Office, to reinstate safe drinking water to all 56 Indigenous communities, the government will need 3.2 billion dollars – yet, to date, only 2 billion have been pledged (33). Further, some communities have had these water advisories since 1995 – an unacceptable duration of time for unsafe living conditions (34). Although the promise to end water advisories is commendable, we need the necessary financial commitment and tangible action required to ensure that these communities are provided with their basic human rights, as outlined by the United Nations (35, 36). Further, while over 10 million Canadians depend on groundwater for drinking, our groundwater reserves are not completely mapped, and groundwater quality monitoring is variable (37). Reports from the Office of the Auditor General, the Council of Canadian Academies, the National Water Resources Institute, The Conference Board of Canada and the FLOW Canada network of independent water experts have also suggested that Canadians are not appropriately protected from floods, water shortages and other water-related hazards - a growing concern as the climate change crisis continues. They warn that our legislative and governance frameworks are not robust enough to effectively manage domestic and international water issues (38-40).

Why should we advocate for this?

- The need to improve water management has been a source of intense debate and innovation at the provincial level for many years. High-profile water campaigns have been launched by not-for-profit organizations (the Council of Canadians) and environmental think tanks (Ecojustice), as well as the country’s largest union (the Canadian Union of Public Employees) (41,42).
- Improvements in water supply and sanitation have been promoted as essential public health measures to improve the population’s health status. The consumption of fluoride-rich drinking-water results in serious health effects, ranging from dental fluorosis to crippling skeletal fluorosis, both effects being irreversible (43).

- Canada is one of the few industrialized countries in the world not to have legally enforceable drinking water quality standards; rather, the nation depends on provinces following federal guidelines (36).
- In contrast with other nations facing water security crises, Canada has the capacity to respond to our water security challenge. Some provincial governments have taken innovative steps towards reforming water policy, however, Canada's federal water policy has not been updated nor implemented since 1987 (44).
- Traditionally, improvements in water supply and sanitation have been promoted as essential public health measures to improve population's health status (35).

Potential Asks

1. Request the additional 1.2 billion in funding projected to be needed to implement safe drinking water in the remaining 56 First Nations communities, as outlined by the parliamentary budget office.
2. Fund basic water and climate observation programs to provide the necessary context to inform future policy-making.
3. Support sustainable water management approaches which encourage conservation and environmental protection as a means of achieving water security.
 - a. Ontario's water legislation on source protection, conservation and sustainable financing is an example of such a water management approach.
4. Implement a coordinated approach to sharing lessons learned about water governance across provinces and territories.
5. Consider the creation of a human right to water in Canada.

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