Canadian Network of Public Health Associations Réseau canadien des associations de santé publique



June 26, 2012

The Honourable Jason Kenney, P.C., M.P. Minister of Citizenship and Immigration Citizenship and Immigration Canada Ottawa, ON K1A 1L1

Dear Minister Kenney:

The Canadian Network of Public Health Associations (CNPHA) is the pan-Canadian group of independent, not-for-profit, voluntary membership-based public health associations representing public health and the public health community at the provincial, territorial and national levels. We are writing to voice our concern about the intention of the Government of Canada to significantly change the benefits provided to refugee claimants under the Interim Federal Health Program (IFHP).

First, the proposed changes could significantly reduce access to services that prevent disease and disability, and promote healthy living. They may lead to refugees foregoing preventive services, thereby creating a greater burden on provincial and territorial health care systems and community health and social service centres. Serious and chronic health issues left undiagnosed and treated, including mental health issues, could result in long-term, debilitating and costly health challenges for immediate and future generations.

Second, the proposed changes could have considerable impact on future health care costs. Undiagnosed and untreated preventable health conditions result in an increase in medical complications, visits to emergency departments and the use of expensive acute care services. The consequences of a lack of access to primary health care and public health services for refugees will be downloaded to the provinces and territories. Ultimately, the taxpayers will pay the costs associated with the increased use of emergency and acute care services.

Third, the proposed changes will complicate the settlement process for refugees and exacerbate barriers for these vulnerable populations to meaningful participation in society. Refugees to Canada are in particular need of protection and assistance. They have often fled situations that involved trauma, violence and significant health impacts. To deny primary and preventive health care to those among the most vulnerable and at risk in our society is to inappropriately burden our health care services and place at risk the Canadian population's overall health and well-being. The changes contravene the principles of the Canada Health Act.

The CNPHA's concerns are fully reflected in the comprehensive document published last month by the Wellesley Institute (*The Real Cost of Cutting Refugee Health Benefits: A Health Equity Impact Assessment*). A copy is enclosed. The CNPHA encourages you to consider the evidence-informed critical analysis presented in this document, and the recommendations.

The proposed changes run contrary to the primary prevention approach promoted by our public health associations. Public health creates the conditions in which people can be healthy. The cornerstones of public health are disease and injury prevention, health promotion and health protection. Indeed, the

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opportunity for all people living in Canada to be healthy and productive starts long before they need medical care and treatment. To improve our capacity to lead healthy, productive lives, we need to start where health begins: where we live, learn and work, and in our neighborhoods, cities and communities. All people living in Canada should have equal opportunity to make choices and take action to live a long, healthy life regardless of their income, education, ethnicity, life circumstances, where they live, or their immigration and citizenship status. By preventing injuries and diseases that are expensive to treat, a robust, stable health care system based on primary and public health services can help mitigate soaring health care and illness/injury-related costs in Canada.

The CNPHA, in agreement with many other health organizations, calls on the Government of Canada to rescind or at least reconsider these proposed changes. The IFHP should provide basic benefits similar to provincial/territorial health care plans and supplemental benefits similar to what provinces and territories provide under social welfare programs to many low income Canadian citizens. The current program does this and we urge you to sustain it.

Sincerely,

Erica Di Ruggiero Chair

Canadian Public Health Association

Greg Riehl President

Saskatchewan Public Health Association

Marjorie MacDonald

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President

Public Health Association of British Columbia

Barb Wasilewski

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Minnie Wasmeier

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Newfoundland & Labrador **Public Health Association**

encl.

cc: The Honourable Leona Aglukkaq, Minister of Health, Government of Canada

The Honourable Michael de Jong, Minister of Health, British Columbia

The Honourable Fred Horne, Minister of Health and Wellness, Alberta

The Honourable Don McMorris, Minister of Health, Saskatchewan

The Honourable Theresa Oswald, Minister of Health, Manitoba

The Honourable Doug Graham, Minister of Health and Social Services, Yukon

The Honourable Tom Beaulieu, Minister of Health and Social Services, Northwest Territories

The Honourable Keith Peterson, Minister of Health and Social Services/Minister of Finance, Nunavut

The Honourable Deb Matthews, Minister of Health and Long-Term Care, Ontario

The Honourable Yves Bolduc, Minister of Health and Social Services, Québec

The Honourable Madeleine Dubé, Minister of Health, New Brunswick

The Honourable Doug Currie, Minister of Health and Wellness, Prince Edward Island

The Honourable David Wilson, Minister of Health and Wellness, Nova Scotia

The Honourable Susan Sullivan, Minister of Health and Community Services, Newfoundland & Labrador

Rick Blickstead, Chief Executive Officer, Wellesley Institute

Debra Lynkowski, Chief Executive Officer, Canadian Public Health Association