

**Submission by**  
**The Canadian Lung Association/L'association pulmonaire du Canada**  
**to**  
**Pre-Budget Consultations**  
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## Executive Summary

### Key Recommendation

The Canadian Lung Association recommends that the federal government continue its support for action to reduce the heavy burden of respiratory disease through a renewed 3-year investment of \$19.23 million in the National Lung Health Framework.

Continued support for Canada's first comprehensive action plan on lung health would include investments in these critical areas:

- **Expediting the dissemination of best practices** to improve the diagnosis and treatment of respiratory illnesses
- **Accelerating the early detection of lung illnesses**, including asthma, lung cancer, sleep apnea, tuberculosis, and chronic obstructive pulmonary disease (COPD)
- **Supporting action on air quality** to reduce outdoor and indoor exposures of Canadians to hazardous pollutants
- **Reducing smoking rates significantly in at-risk populations**, including youth and First Nations, Inuit and Métis communities.

### Health and Economic Impacts

Action in each of these key areas will have a high impact on the health of the 6 million Canadians affected by lung disease and will result in substantial savings to the Canadian economy:

- **COPD**, including chronic bronchitis and emphysema, is currently the leading cause of hospitalizations in Canada, costing almost \$ 4 billion/year; emerging best practices focusing on patient self-management have reduced treatment costs by 38%.
- **Asthma** costs over \$2 billion annually, and is the leading cause of emergency treatment for children. A leading best practice, Ontario's Primary Care Asthma Program, has cut emergency room and other unscheduled medical visits by over 45%.
- **Lung Cancer** kills more Canadians every year than breast, colon and prostate cancer combined and costs over \$6 billion/year; new developments in CT scanning are improving early diagnosis and survival rates.
- **Sleep Apnea** causes chronic sleep deprivation, degraded health and lost productivity; 1 in 4 Canadians are at risk, but less than 15% of cases are currently diagnosed. Effective diagnosis and treatment will alleviate the impact of this illness, allowing sufferers to resume normal lives.

Without continued action on respiratory health, the economic burden of lung disease is projected to rise steadily from the current \$15 billion annually to over \$27 billion annually in 2030 for just asthma, lung cancer and COPD. Renewed support for the National Lung Health Framework will help stem this rise and keep Canadians working, with important benefits to Canada's economy:

- Reduced pressure on federal budgets, directly through lower First Nations' health costs and indirectly through lower provincial lung health costs.
- Improved productivity, since lung disease is a leading cause of degraded job performance and production losses from short-term disability.
- Higher tax revenues, contributing to deficit reduction, as Canadians with lung disease work and live longer.
- New job opportunities in training, disease education and preventative care.

The proposed federal reinvestment in action under the National Lung Health Framework offers a high return on investment, with lung health savings that will more than offset the cost, as well as substantial, broader health and economic benefits.

## ***The Challenge of Lung Disease***

Every day thousands of Canadians are pulled out of their workplaces, schools and homes and into doctors' offices, emergency rooms and hospital beds by a myriad of respiratory illnesses: asthma, chronic obstructive pulmonary disease (COPD), sleep apnea, lung cancer, cystic fibrosis, influenza, tuberculosis, pneumonia and other ailments.

The good news is that many of these conditions are preventable and treatable with early diagnosis and proper care. The bad news is that millions of Canadians continue to be exposed to risk factors – smoking, air pollution, toxic substances – and their lung ailments are neither diagnosed early enough nor properly treated and managed. As a result, the incidence of lung disease and its treatment costs are extremely high, placing a heavy burden on our health and our economy.

### **Health Impacts**

- Over 6 million Canadians are living with a serious respiratory disease: 3.8 million diagnosed, with millions more estimated to be undiagnosed.
- With over 2.28 million Canadians living with asthma, Canada has one of the highest rates of asthma in the world.
- Every 15 minutes, one Canadian dies from lung disease. Including lung cancer, respiratory diseases are the third leading cause of death in Canada.
- More people will die this year from lung cancer than any other type of cancer, including breast, prostate and colon cancer combined.
- Respiratory diseases have the highest rates of hospitalization, outnumbering angina hospitalizations two-to-one. Notably, 31% of patients with COPD experienced repeat hospitalizations in 2006-2007.
- 13% of Canada's children are living with a serious, chronic and debilitating lung disease, with over 487,000 children affected by asthma, tuberculosis, and cystic fibrosis.
- Respiratory disease is the leading cause of hospitalizations for children between the ages of 1-9 years old. Asthma is responsible for the most emergency room visits for children.
- In 2008, air pollution was responsible for 21,000 premature deaths, 11,000 hospital admissions, 92,000 emergency department visits and 620,000 doctor's office visits in Canada. These rates are anticipated to increase between 30% and 60% over the next two decades unless action is taken to significantly reduce air pollution.
- Rates of asthma, COPD, and lung cancer are all disproportionately higher among Canada's First Nations, Inuit and Métis.
- Tuberculosis rates among Aboriginal peoples are far higher than those of other people born in Canada – 31 times higher for First Nations and 185 times higher for Inuit.

**As our population ages, the prevalence of respiratory disease is expected to rise steadily, resulting in an increased demand for services from the healthcare system. Without co-ordinated action to improve diagnosis and treatment, the total number of people living with COPD, asthma and lung cancer alone will increase between 33% and 41% over the next 30 years.**

### **Economic Burden**

- Respiratory illness (including lung cancer) cost the Canadian economy over \$15 billion in 2010, conservatively estimated. This includes direct costs (hospitalization, drugs, physician care) and indirect costs (premature death, short and long-term disability).
- Without continuing concerted action, the cost of asthma, COPD and lung cancer alone will rise to over \$18 billion by 2020 and \$27 billion by 2030.

- Lung disorders are the leading cause of production losses from short-term disability in Canada.
- In 2004-2005, respiratory disease had the second highest costs for acute inpatient care at \$1.65 billion. That represented 9.5% of the total acute care inpatient budget. The total cost for acute care treatment of respiratory patients is equivalent to that for cancer and digestive system disease patients combined.
- Smoking by Canadians – the most important risk factor for lung disease – exacts a heavy economic toll, estimated at \$4.3 billion in direct healthcare costs and \$12.47 billion in productivity losses annually.
- Air pollution, the second most critical risk factor, cost the Canadian economy \$8 billion in 2008 and, without significant reductions in emissions, the accumulated cost by 2030 will be over \$250 billion.
- Altogether respiratory illnesses account for 10 % of the total economic burden of disease in Canada, the third largest share among all disease areas. With an aging population this share is likely to rise significantly over the next decade.

**Healthcare costs are rising faster than the GDP, other areas of expenditure, and government revenues in most of the country, putting the sustainability of Canada’s health system at severe risk. Action to reduce the high economic burden of lung disease is therefore essential over the next 3-5 years.**

### ***Canada’s Response: the National Lung Health Framework***

Meeting the growing challenge of lung disease requires a comprehensive, co-ordinated approach that integrates the efforts of all the key players in the healthcare system – from governments to health professionals to patients.

Since 2006, the National Lung Health Framework has done exactly that, bringing together governments and stakeholders to develop Canada’s first national action plan on lung health. In 2009, the federal government committed \$10 million over three years to complete that work and to begin the roll-out of the action plan. Co-ordinated by a lean, highly effective Secretariat, working with the Public Health Agency of Canada, the Framework has made important progress towards improving the diagnosis and management of lung disease.

#### **The National Lung Health Framework is already delivering important benefits to Canadians:**

- A comprehensive strategic plan for addressing gaps in the prevention, detection and management of lung disease, developed with the involvement of over 500 stakeholder organizations, individuals and governments – a plan that is being implemented.
- Co-ordinated strategic planning on respiratory health in many provinces, inspired and assisted by the National Lung Health Framework.
- Improved co-ordination and communication in the delivery of respiratory health services and in planning and conducting research.
- Development of accessible, bilingual tools and resources – such as a common website ([www.lunghealthframework.ca](http://www.lunghealthframework.ca)) and an online respiratory resources database – to inform stakeholders about lung health initiatives and programs.
- Greater understanding of the populations with heightened risk for lung disease and potential strategies for reducing risk.
- Innovative models for raising public awareness of risk factors for respiratory illness, along with effective strategies to address risk factors.

- Collaboration of multi-disciplinary and cross-jurisdictional stakeholder organizations and governments at all levels.
- An initial series of pilot projects, which focused on identifying critical gaps in disease detection and treatment, assessing the current state of public awareness on key issues, and piloting action to address education needs.
- A second phase of projects, focused on specific areas of action, builds on results of the earlier projects and includes developing community-based approaches to reduce tuberculosis rates in Nunavut, educating youth and adults involved in sports and recreation (teachers, parents, coaches) about lung disease and its links to air quality, and generating public awareness about the early indicators of lung disease.

This represents great initial progress, but much more will need to be done to significantly reduce the heavy health and economic burden of lung disease. Current funding for the Framework ends in March, 2012.

### ***The Next Stage: High Impact Action on Lung Health***

**The lung health community is asking the federal government to continue its commitment to improving respiratory healthcare by renewing its support for the National Lung Health Framework with an investment of \$19.23 million over the next three years (2012-2015).**

This investment will build on the valuable work to date and complement the unpaid contributions of hundreds of stakeholder organizations and individuals. The Framework will also seek private and corporate contributions to help build key initiatives.

The next stage of the action plan will focus on work in four key areas that will have a high impact on the lung health of Canadians.

#### **1. Expediting the dissemination of best practices**

Emerging best practices in diagnosis and treatment, awareness-building and programming have great potential for bringing early improvements in the prevention and treatment of lung disease. Pilot projects in each major disease area will identify, validate and prepare promising approaches for replication around the country. Faster adoption of best practices will reduce the need for emergency care and hospitalizations.

#### **2. Advancing early detection and diagnosis of lung disease**

Undiagnosed disease (e.g. 50% of all COPD cases, 85% of sleep apnea) accounts for the majority of adult emergency room visits and hospitalizations. Work in this area will focus on achieving earlier detection of chronic and infectious lung diseases through encouraging innovative ways to increase the use of guidelines and best practices, piloting respiratory health training programs, and developing awareness-building efforts among at-risk populations and the organizations that serve them. Special efforts will be made through partnerships with First Nations and Inuit organizations to reduce levels of tuberculosis and other respiratory ailments affecting their communities.

#### **3. Reducing exposure to outdoor and indoor air pollution**

Important progress has been made in recent years in developing national systems for communicating air quality hazards to the public (through the Air Quality Health Index) and for managing air pollution sources (through the new Air Quality Management System). The need now is to more fully engage health professionals and the public to reduce personal exposures to hazardous pollutants and reduce sources of exposure (e.g. improving indoor air quality in First Nations on-reserve housing).

#### **4. Significantly reducing smoking rates in at-risk populations**

Despite progress over the past 10 years in building public awareness of the hazards of tobacco products and in reducing smoking rates, smoking remains the leading preventable cause of illness and death in Canada. Work in this area will concentrate on developing innovative approaches for reducing smoking rates among youth and supporting First Nations, Inuit and Métis organizations (via partnerships with their leadership and communities) to develop their own, culturally effective approaches to smoking cessation. This work will complement and build on the vital work carried out under the Federal Tobacco Control Strategy, which should be renewed on a long-term basis.

#### ***Economic Benefits of Action on Lung Disease***

**Without continuing action on lung health, the high cost of respiratory illness will continue to rise steadily. Economic costs associated with just asthma, COPD and lung cancer (less than half the total costs of lung disease) are projected to rise to \$18 billion by 2020 and \$27 billion by 2030.**

**Renewed support for action under the National Lung Health Framework offers a high return on investment, with major economic and health benefits:**

- Fast and efficient dissemination of best practices will bring significant reductions in costly areas of healthcare. An emerging best practice in COPD supporting patient self-management, for instance, has reduced hospitalizations by 40% and per patient treatment costs by 38%. The Primary Care Asthma Program in Ontario has reduced children's emergency visits by 45%. If both best practices were efficiently replicated across the country, very substantial cost savings would result.
- Wider adoption of proven, effective approaches for disease diagnosis will allow earlier detection and treatment of sleep apnea, COPD, lung cancer and asthma, thereby improving outcomes and reducing costs arising from emergency treatment, productivity losses and early deaths.
- Reducing smoking and exposure to air pollution – even modestly – will lower rates of lung cancer, COPD and asthma, as well as destructive disease exacerbations, resulting in significant reductions in healthcare costs, increased productivity, and longer life for millions of Canadians. This could be especially significant for First Nations and Inuit communities, where high smoking rates and poor indoor air quality contribute to elevated disease levels and early mortality.
- Development of new, more effective treatment approaches will lead to the creation of new jobs to support patient education and disease self-management, including asthma and COPD educators, as well as expansion of services (e.g. equipment required in the treatment of sleep apnea).

**These benefits will in turn have important implications for restraining the growth in government costs and reducing deficits:**

- Reduced costs in this expensive disease area will help slow the increase in provincial healthcare budgets, reducing pressure for increased healthcare transfers. This is especially critical with healthcare spending at 11.7% of GDP in 2010 and likely to keep rising.
- Improved First Nations lung health will ease pressure on the substantial federal allocations for healthcare in their communities, potentially allowing cost reductions or reallocations to address unmet needs.
- Early detection and treatment of lung disease will mean significant improvements in Canadian productivity, since lung disease is a leading cause of degraded job performance and lost work time.
- Improved lung health, with Canadians living and working longer, will contribute to higher tax revenues (without tax increases), aiding in deficit reduction.

**In summary: the proposed federal reinvestment in action under the National Lung Health Framework offers a high return on investment, with lung health savings that will more than offset the cost, as well as substantial, broader health and economic benefits.**