

Standing Committee on Finance (FINA)

Pre-budget consultations 2012

Réseau québécois d'action pour la santé des femmes

Responses

1. Economic Recovery and Growth

Given the current climate of federal and global fiscal restraint, what specific federal measures do you feel are needed for a sustained economic recovery and enhanced economic growth in Canada?

No comment

2. Job Creation

As Canadian companies face pressures resulting from such factors as uncertainty about the U.S. economic recovery, a sovereign debt crisis in Europe, and competition from a number of developed and developing countries, what specific federal actions do you believe should be taken to promote job creation in Canada, including that which occurs as a result of enhanced internal and international trade?

No comment

3. Demographic Change

What specific federal measures do you think should be implemented to help the country address the consequences of, and challenges associated with, the aging of the Canadian population and of skills shortages?

INVEST IN PREVENTION TO REDUCE HEALTH SPENDING FOR OLDER WOMEN. The population of Canada is aging. The vast majority of this segment of the population is made up of women, as they live longer. Life expectancy at birth by gender: www.stat.gouv.gc.ca/donstat/societe/demographie/naisn_decés/306ra.htm. Women live longer, but they are not as healthy and suffer from more chronic diseases. In addition, since they are the ones who, for the most part, care for their families and loved ones, action on women's health is action for all of society. The Government of Canada has already taken a stand: Because preventive health interventions are cost-saving for the health system, and many others are cost effective. (Investing in Prevention—The Economic Perspective. Report by the Public Health Agency of Canada, May 2009). In the Integrated Pan-Canadian Healthy Living Strategy (the framework of which was strengthened in 2010), the Public Health Agency of Canada (PHAC) concluded that prevention must be at the heart of government concerns. This is because "prevention needs to be the first step in management", according to Creating a Healthier Canada: Making Prevention a Priority, A Declaration on Prevention and Promotion from Canada's Ministers for Health and Health Promotion/Healthy Living. <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/declaration/intro-eng.php>. MINIMUM RATIO: \$1 IN PREVENTION EQUALS \$10 IN SAVINGS. International public health care officials have determined that one dollar invested in prevention generates \$10 in health care savings. Here are some examples: Action to prevent anxiety and depression in older people. An initiative based on stepped care that targeted depression and anxiety was compared to the way in which regular care is provided. A random clinical trial showed a 50% reduction in the incidence of depression and anxiety over a period of 12 months, or € 63 (\$765 CDN) per patient and € 4,396 (\$5,934 CDN) per year without an increase in illness. In previous work, namely a meta-analysis of

depression in 2009, researchers showed that focussing prevention on select high-risk groups helps reduce the incidence and is a more cost-effective approach 36-39. ICIS (2009). https://secure.cihi.ca/free_products/roi_mental_health_report_en.pdf. Education and training programs for parents on behavioural problems. Conclusive data from 37 random clinical trials were examined. Researchers from the UK determined that the cost per family for parental education and training programs ranged from £629 (\$994 CDN) to £3,899 (\$6,179 CDN), but they were unable to estimate any utility gains. They estimate the cost of the increase in quality of living at 0.1, which yields a QALY utility ratio ranging from £38,393 (\$60,711 CDN) to £6,288 (\$9,965 CDN). Suicide prevention program for Aboriginals. People who were not specialists in the field were trained to provide support in the event of a crisis. The observational study conducted in the US posted a cost-effectiveness ratio of 47 to 1 and a cost-effectiveness ratio differential of \$460 per year. To this end, 25 years ago, the government of Canada set up the \$2.85 million Women's Health Contribution Program (Health Canada). For the past five years, the RQASF has benefitted from some of this funding. However, the program will be abolished on March 31, 2013, even though the number of older women is increasing day by day, and their information needs are keeping pace with the demographic curb. What should we do? •adequately document the needs of women through independent research, field research (research/action) •take action on health determinants to reduce costs •provide women with information to increase their ability to take action on their own health and the health of their loved ones. RECOMMENDATION 1 1.1 The RQASF recommends that the Government of Canada continue to play a leading role in health prevention for women by setting up a permanent funding mechanism for independent and specialized research centres, such as the RQASF. 1.2 The RQASF recommends that the Government of Canada commit to investing \$4 million per year in this program. RECOMMENDATION 2 2.1 The RQASF recommends that the Government of Canada enhance prevention measures by investing \$100 million in prevention programs that aim to improve daily living conditions for women.

4. Productivity

With labour market challenges arising in part as a result of the aging of Canada's population and an ongoing focus on the actions needed for competitiveness, what specific federal initiatives are needed in order to increase productivity in Canada?

GENDER AND INTERSECTIONAL BUDGETING. In order to respond to concerns dealing with: (1) good international governance; (2) efficiency; (3) optimal use of resources; (4) effectiveness of public services and programs : meeting the needs of citizens; (5) alignment of research objectives and results achieved; (6) better public satisfaction; and (7) modernization of public services; effective budgetary management tools are of the utmost importance. Why use "budgetary analysis based on equality among men and women"? • Because of the ongoing economic inequality between men and women despite progress made, <http://www.parl.gc.ca/Content/LOP/ResearchPublications/2010-30-e.htm>. • According to the World Health Organization (WHO), economic inequality results in health inequalities. Health inequalities lead to disease and absenteeism which eat up health care budgets and cause a loss of social and economic productivity • The Government of Canada committed to reducing these inequalities under the policy entitled Setting the Stage for the Next Century: the Federal Plan for Gender Equality, <http://publications.gc.ca/collections/Collection/SW21-15-1995e.pdf>. What is gender budgeting? • Gender budgeting is part of gender-based analysis (GBA) • GBA is analysis that, when comparing situations for men and women, identifies sources of inequality and aims to reduce them • Gender budgeting involves analysing the impact on equality of the distribution of public resources • Gender budgeting determines if budgetary measures are likely to reduce or increase gender inequality. What is intersectional budgeting? • Women are not equal among themselves, no more than men are • The impact of economic initiatives varies according to age, place of residence, family situation, life path,

handicap, sexual orientation, ethnic origin, migratory pattern, and so on. • “Social and health inequalities – differences in economic circumstances, education, living conditions and the physical environment – can prevent some Canadians from being as healthy as others. • To help address the social determinants of health and health inequalities, the Government of Canada has adopted several measures”. <http://www.phac-aspc.gc.ca/ph-sp/determinants/wcshd-cmdss-eng.php> • Optimizing the budgetary impact by using the same method of comparative analysis among men and women and taking into account all criteria is necessary. RECOMMENDATION 3 The RQASF recommends that the Government of Canada use gender and intersectional budgeting in developing all budgetary measures.

5. Other Challenges

With some Canadian individuals, businesses and communities facing particular challenges at this time, in your view, who is facing the most challenges, what are the challenges that are being faced and what specific federal actions are needed to address these challenges?

No comment