

**Written Submission
for the Pre-Budget
Consultations in
Advance of the 2022
Federal Budget**



lung health
foundation



RECOMMENDATIONS

- 1) That the federal government, in its 2022 Budget, commit to working with stakeholders in the lung health community to develop a comprehensive National Lung Health Agenda, lowering mortality rates from lower respiratory diseases, the fourth leading cause of death among men and women in Canada, and lung cancer, the leading cause of cancer death.

RESPIRATORY DISEASES - A LEADING KILLER IN CANADA

Over 7.5 million Canadians suffer from lung disease. Lung cancer is the leading cause of cancer death in Canada, and Budget 2021 cites chronic lower respiratory disease as the fourth leading cause of death for women and men¹. Despite this, while the federal government has developed national strategies for virtually all of the other major chronic disease areas including the Canadian Heart Health Strategy and Action Plan, the Canadian Strategy for Cancer Control, a Dementia strategy for Canada and a recently announced commitment to a national diabetes strategy. A comprehensive approach to lowering mortality rates for respiratory diseases continues to be overlooked. The consequences for patients and cost to the healthcare system borne by an uncoordinated approach to lung health leads to inadequate screening, poor attention to prevention and deadly delays in diagnosis. As we emerge from a pandemic that largely impacted the lungs of Canadians, Canada is past due for a coordinated approach to lung health under a National Lung Health Agenda.

Cause of Death	Women	Men
Cancer	1	1
Heart diseases	2	2
Accidents	5	3
Chronic lower respiratory	4	4
cerebrovascular	3	5

Table reproduced from Budget 2021 Gender Results Framework on Poverty Reduction, Health and Wellness Outcomes

A NATIONAL LUNG HEALTH AGENDA

While COVID-19 has brought attention to the importance of respiratory care, it has also shed light on the significant gaps and inconsistencies in this area across the country and deepened existing challenges. Lung cancer patients will be diagnosed later due to screening delays and cancelled appointments; COPD and asthma patients will go misdiagnosed in larger numbers without access to spirometry; and the risks associated with youth vaping and cannabis smoking are elevated further. The pandemic has created a heightened need for a National Lung Health Agenda with three pillars to address prevention, detection and research.

THE THREE PILLARS OF THE AGENDA

Pillar 1: Health Promotion, Awareness and Disease Prevention

Prevention is always the start of any effective healthcare strategy that seeks to lower costs and provide better outcomes. Preventing and moderating the impact of respiratory illness through the development of effective, coordinated campaigns and partnerships is key to

¹ Department of Finance. (2021). *A Recovery Plan for Jobs, Growth and Resilience*. Retrieved from <https://www.budget.gc.ca/2021/home-accueil-en.html>

stopping damage before it happens. Youth cannabis, vaping, and tobacco use continues to be of major concern in Canada and while the government has attempted to address its popularity through new regulation of flavoured vaping products, it has underinvested in nudging Canadians away from usage.

In 2020, past 12-month use of cannabis among people aged 16 to 19 years was 44% and for those aged 20 to 24 it was 5%, with smoking being the primary method of use. Within the context of COVID-19, the frequency of cannabis use increased significantly. In addition, we are facing a vaping epidemic right now with youth vaping rates increasing 74% in just one year.

When Canada decriminalized the use of cannabis, it made investments in public awareness programs and campaigns to warn youth and adults about the dangers of cannabis use, especially smoking. This was a prudent decision that the Lung Health Foundation both applauded and participated in through a Health Canada-funded campaign named The Toker, aimed at youth cannabis smoking cessation. However, once-in-a-generation public health decisions like decriminalization need to be paired with sustained funding to nudge Canadians toward the best public health choices for them. A pillar of health promotion, awareness and disease prevention would address this current gap.

Pillar 2: Disease Detection and Management

The second pillar would work to improve the health outcomes and quality of life for everyone in Canada through early detection and better management of respiratory diseases. The Lung Health Foundation's national studies and reports have consistently shown inequities in access to care, quality of care, and lung health outcomes between different provinces and territories. We see the need for the federal government to facilitate collaboration as has been done for other diseases such as diabetes.

A key piece of this pillar would be the establishment of a national biomarker testing framework. There have been incredible innovations in targeted therapies that have the potential to improve the length and quality of lung cancer patients' lives. To access these therapies, biomarker tests need to be conducted so the treatments can be matched to the molecular genetic makeup of the cancer. Access to these tests are fragmented and inconsistent across Canada. Oftentimes specimens need to be mailed to outside centres in the United States that have the capacity to conduct these tests causing long wait times, a luxury that lung cancer patients do not have.

Given the inconsistencies across the country and the need for national objectives and guidelines, a National Lung Health Agenda encompassing a biomarker testing framework would set the benchmark for the country and provide needed guidance so that Canadians are not receiving different standards of treatment based on their area code.

Pillar 3: Research and Surveillance

The third pillar would drive effective prevention and management of respiratory disease and its risk factors through enhanced coordinated research and surveillance efforts that are then translated into both improved health outcomes and economic benefits. There continues to

be severe knowledge gaps in lung health. For instance, US studies show that although lung cancer is by far the largest cancer killer, it also receives the least research funding². Compared to others like breast and prostate, lung cancer receives only a fraction of research investments. Further, advancements to the vaccine uptake surveillance system is needed to improve vaccine uptake across the country and prevent the spread of infectious respiratory diseases.

“In absolute terms, lung cancer accounts for 32% of cancer deaths while receiving 10% of cancer research funding. ”

Carter, A. J., & Nguyen, C. N. (2012). A comparison of cancer burden and research spending reveals discrepancies in the distribution of research funding. BMC public health, 12(1), 526.

LEADING DEVELOPMENT OF THE AGENDA

As Canada’s primary not-for-profit organization dedicated to the diagnosis, patient care and prevention of lung disease in Canada, the Lung Health Foundation is well-positioned to work with the federal government on building a National Lung Health Agenda. Seed funding for the agenda’s development that would allow for proper consultation and collaboration to occur across stakeholder groups and lung health advocates in Canada is needed to make sustainable progress. The most effective strategies are ones with broad buy-in and the process of convening stakeholders and crafting a strategy is where the Lung Health Foundation is seeking an initial investment. The Lung Health Foundation is looking for a \$5M investment over two years to accomplish this work.

The Lung Health Foundation is able to effectively coordinate development with its extensive networks of stakeholders and its National Lung Health Advisory providing support.

The National Lung Health Advisory

The Lung Health Foundation has a National Lung Health Advisory Council made up of leading Canadian medical experts in the areas of infectious disease, immunology, respirology, and oncology who would be leveraged to aid in the development of a Lung Health Agenda. Members of this advisory include Dr. Teresa To, A Canada Research Chair in asthma, Dr Joanne Langley who is the co-chair of Canada’s COVID-19 Vaccine Task Force, and Dr. Brandon Sheffield a physician lead in molecular genetic pathology.

Network of Stakeholders

² Carter, A. J., & Nguyen, C. N. (2012). A comparison of cancer burden and research spending reveals discrepancies in the distribution of research funding. *BMC public health, 12(1), 526.*

In addition to medical expertise, The Lung Health Foundation has a broad stakeholder network of researchers and non-profit partners across the country that can be engaged to ensure that the development and implementation of the Agenda is comprehensive and that all stakeholders are aligned. Any chronic disease framework should also ensure that the patient voice is at the forefront. Our lung cancer, asthma, and chronic obstructive pulmonary disease patient advisories would be able to provide insight as we build out the Agenda to ensure that the patient perspective is engrained throughout.

ABOUT THE LUNG HEALTH FOUNDATION

The Lung Health Foundation is Canada's primary not-for-profit organization dedicated to the diagnosis, patient care and prevention of lung disease in Canada. As a national organization focused on the lung health of Canadians, we invest in the future by driving ground-breaking research while giving patients and their families the programs and support they need today. Previously known as the Ontario Lung Association, we have expanded our mandate and activities so that we can work with Canadians across the country to fund and find better ways to let us all breathe easy.

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