**SECTION 1: SUMMARY**

**Indigenous Health**

* Conservatives do not make any commitments specific to Indigenous health, though do commit to creating “dedicated ministerial portfolio for consulting with Indigenous rights holder on major projects” – which could in theory relate to health projects.
* LPC, NDP + Green Party all commit to implementing UNDRIP and TRC Calls to Action, each of which include specific statements/language around rights to traditional medicines, traditional healing practices, etc. See Appendices 1 and 2 for CAND-relevant details pulled from both documents.
* LPC and NDP make reference to “culturally appropriate” or “culturally sensitive” health care for Indigenous Peoples, but do not make explicit commitments around traditional/natural medicines or healing practices.
* Green Party does specifically promise to help Indigenous Peoples rebuild traditional knowledge systems around healing and wellness, including formal integration of traditional practices into mental health and home care services specifically.
	+ The Green platform also seeks to implement policies around Indigenous health as outlined in the *First Nations Health Transformation Agenda* (AFN, 2017) and now abandoned first-ministers’ *Blueprint on Aboriginal Health: A 10-Year Transformative Plan* (2007). See Appendices 3 and 4 for CAND-relevant details pulled from both documents.
* Disease prevention is a major focus in Indigenous health for the LPC, NDP + Green Party – especially for diabetes. Indigenous mental health is another priority area frequently mentioned by all three.
* LPC, NDP + Green Party platforms all address food security for Indigenous Peoples in some manner, which includes priorities around nutrition and nutrition education.
* Health care/service accessibility and using an Indigenous-led approach to health are two key themes expressed by LPC, NDP + Green Party.

**Veterans**

* LPC, NDP + Green Party all commit to improving veterans’ benefits, including health and disability coverage, in some form – NDP + Greens will launch formal review/consultations to inform changes, whereas the LPC says they will move ahead with planned changes/improvements to veteran benefits by committing just under $600 million over four years.
* Conservatives commit to clearing backlog of veterans’ benefits applications within two years but make no commitments around benefit expansion/improvement. Also Commit to creating/funding a service dog program for veterans with PTSD, but make no further commitments around treatment of that specific illness.
* Heavy focus on improving access to mental health services for veterans from LPC, NDP + Greens, though mostly in the form of more/better “counselling” in the traditional sense (i.e., therapy, crisis intervention).
	+ LPC promises up to $3,000 in “free counselling services” for veterans before a disability claim must be submitted, plus automatic approval for disability claims regarding certain common issues (PTSD, depression, arthritis, etc.)

**Natural Health Products**

* NDP commit to drafting separate legislation to govern natural health products but provide no more detail.
* Green Party commits to removing CBD from Restricted Prescriptions list, allowing hemp growers to produce it as a natural health product.
* No mention of natural health products in the LPC or Conservative platforms.

**Other relevant areas**

* Many commitments ($$ and ideas) to improve seniors’ quality of life, expand benefits and meet their health needs more closely from LPC, NDP + Green Party.
* Conservatives commit new funding to implement Palliative Care Framework, which includes mentions of holistic care and various types of regulated and non-regulated health practitioners, and will maintain financial commitment to ensuring patients of rare diseases have access to “treatments” they need, which primarily refers to prescription drugs but there is an ambiguity that could leave the door open to alternative treatments as well.
* NDP and Green Party commit to expanding/evolving Medicare to incorporate “many kinds of services” needed to improve Canadians’ health and wellbeing, but provide no specifics on the nature of those services. Additional focus on preventative health care form NDP + Green Party
* LPC, NDP + Green Party all focus on improving mental health, whether through national strategies or more funding for services. LPC prioritizes improving access to “primary care” professionals.

**SECTION 2: PLATFORM DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CAND Priority Area | LIBERAL | CONSERVATIVE | NDP | GREEN PARTY |
| **Indigenous Health** | * Indigenous Peoples have the right to high-quality care that reflects distinctions-based needs + makes things like mental health, healing, assisted living and long-term care, and preventative care a priority
* Ensure Indigenous Peoples have access to high-quality, culturally relevant health care and mental health services
* Will co-develop distinctions-based Indigenous Health legislation backed with investments + continue to work with Indigenous communities to ensure Indigenous control over the development and delivery of services
* Introduce co-developed government legislation to implement the [United Nations Declaration on the Rights of Indigenous Peoples](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf) (UNDRIP) by the end of 2020 *(See Appendix 1)*
* Continue work to implement the [TRC Calls to Action](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf) *(See Appendix 2)*
* Only mention of *Indigenous knowledge* is in reference to environmental conservation / climate change action
 | * Create a dedicated ministerial portfolio for consulting with Indigenous rights holders on major projects.
 | * Improve access to mental health and addiction treatment services – incl. evidence-based action plan to prevent suicide
* Work with communities + care providers to ensure Indigenous-led, culturally-appropriate home care and long-term care is available for Elders
* Will fully implement the [UNDRIP](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf) and [TRC Calls to Action](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf) *(See Appendices 1 and 2, respectively)*
* Make sure people get the treatment they need in their community through investments in Indigenous health care infrastructure and diagnostic equipment
* Ensure equitable access and self-determination over … physical, mental, sexual, and spiritual health for Indigenous women, girls and Two-Spirit people
* Support Indigenous food sovereignty, reform the Nutrition North program to improve families’ access to food, including country and traditional food
 | * Will wholly implement [UNDRIP](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf) *(See Appendix 1)*
* Implement #18-24 of [TRC Calls to Action](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf) *(see Appendix 2)*
* Support First Nations, Métis and Inuit in (re)building traditional knowledge systems around healing and wellness, including the formal inclusion of traditional healing within mental wellness + home / community care programs
	+ Links to AFN [*The First Nations Health Transformation Agenda*](https://www.afn.ca/uploads/files/fnhta_final.pdf) *(See Appendix 3)*
* Revisit the [*Blueprint on Aboriginal Health: A 10-Year Transformative Plan*](https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html#a4b) *(See Appendix 4)*
* Support health-care services that incorporate traditional practices and recognize the role of extended families and elders
* Devote sufficient resources for… mental health services and treatment for diabetes and tuberculosis.
* Improve northern food security by consulting with residents on Arctic farming, working with non-profit groups to build greenhouses or hydroponic towers + funding education programs in nutrition and horticulture
 |
| **Veterans** | * Give veterans up to $3,000 in free counselling services before a disability claim is required, giving vets in need nearly six months of free support, provided directly by VAC or one if its service partners
* Move forward with automatic approval for the most common disability applications, incl. depression, post-traumatic stress disorder, arthritis + more simplify and shorten process
* Implement new rapid-response service staffed by social workers, case management counsellors + peer support workers; proactively notify every Canadian veteran about help available
* Commits $590 million to “Improving veterans’ disability benefits” between 2021 and 2024.
* Commits $368 million to “Supporting the mental health and wellness of veterans”
 | * Clear the backlog of veterans’ benefit applications within 24 months
* Mandate that the CAF refrain from medically releasing members until all benefits and services from the CAF, VAC and the Service Income Security Insurance Plan have been confirmed and are put in place.
 | * Launch full review of benefits and work with veterans to determine best way to provide fair benefits to all veterans
* Provide access to care + support before transition to civilian life to make sure benefits are in place prior to release
 | * Provide long overdue comprehensive services for veterans
* Ensure all veterans have access to health care, mental health support + treatments
* Launch national re-examination of veterans’ issues in December 2019 based on good-faith engagement with military families + veterans, incl. issues relating to pensions and benefits; goal is to identify necessary reforms and changes to programs to better meet veterans’ needs
	+ In the meantime, restore periodic payments to veterans at pre-2006 levels
 |
| **Natural Health Products** | * N/A
 | * TBD
 | * Regulate natural health products under stand-alone legislation
 | * Exempt CBD from Prescriptions List restrictions, allowing hemp growers to produce it as a natural health product to strengthen hemp industry + increase supply so medicinal users do not have to purchase it illegally
 |
| **Other relevant areas** | **Seniors*** Continue to move forward with investments that give seniors a better quality of life, with stronger supports to help make ends meet
* Old Age Security increase for seniors up to $729 when you turn 75 (10% increase)

**Primary Care** * Make sure that every Canadian has access to a family doctor or primary health care team, improving the quality of care for the nearly five million Canadians who today lack access
 | **Palliative Care*** Provide $15 million to implement the Framework on Palliative Care in Canada *(See Appendix 5)*

**Rare diseases*** Maintain the $500 million per year commitment and work with provinces to ensure that Canadians with rare diseases have the access to treatments that they need.
 | **Seniors*** Legally protect access to home care and long-term care services, incl. determining a core basket of home care services that will be available and covered by provincial insurance plans
* Put health care at centre of a National Seniors Strategy

**Medicare*** *Canada Health Act* is supposed to fund all medically necessary services but in reality there are many kinds of medical services needed for health and wellbeing that aren’t covered by public health care plans
* Over the next decade, Canadians need historic expansion of services covered under national health care system
* Long-term path to providing public coverage for [extended health care services] will require strong federal re-investment + knowledge that investing in preventative health services will ultimately save money, give Cdns care they need to live healthy, full lives
 | **Seniors*** Within 25 years, number of Canadians living with form of dementia could reach 1.3 million, imposing the highest economic, social, and health costs of all diseases
* In collaboration with health professionals and provincial/territorial governments, develop and fund a national dementia strategy
* Strategy would support research, improve quality of life for patients and care givers...

**Medicare*** Reorient Health Canada’s mandate towards mental health and addictions, health promotion and disease prevention, and the health risks of climate change
* Expand single-payer Medicare model to include Pharmacare for everyone as well as free dental care for low-income Canadians
* Create a bulk drug purchasing agency and reduce drug patent protection periods
 |

**SECTION 3: ADDITIONAL INFORMATION**

**Appendix 1:** [**United Nations Declaration on the Rights of Indigenous Peoples**](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)**, United Nations, 2007**

[Relevant to LPC, NDP and Green Party platforms]

* Article 24 - Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right
* Article 29 - States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

**Appendix 2:** [**Calls to Action**](http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf)**, Truth and Reconciliation Commission of Canada, 2015**

[Relevant to LPC, NDP and Green Party platforms]

* #19: …close gaps in health outcomes between Aboriginal and non-Aboriginal communities… focusing on mental health, addictions.. chronic diseases, illness and injury incidence… availability of appropriate health services
* #22: …recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients

**Appendix 3:** [**The First Nations Health Transformation Agenda**](https://www.afn.ca/uploads/files/fnhta_final.pdf)**, Assembly of First Nations, 2017**

[Relevant to Green Party platform]

* Academics and medical practitioners are shifting towards recognizing the importance of supporting traditional healing within all health systems and some mainstream health providers, including individual hospitals or healthcare institutions are making efforts to incorporate traditional healing; policy and programming at the F/P/T systems level are farther behind in this shift.
	+ That F/P/T governments support First Nations within their respective jurisdictions in (re)building traditional knowledge systems around healing and wellness.
	+ That provincial/territorial governments work with First Nations to determine how best these knowledge systems can be included and supported within the provincial/territorial health systems.
	+ That the provincial/territorial governments support the establishment of First Nations advocates that can act as systems navigators and cultural translators within mainstream systems.
	+ That Health Canada-FNIHB support, through policy and funding, the formal inclusion of traditional healing within programming including within mental wellness programming (which includes Non-Insured Health Benefits) and the First Nations and Inuit Home and Community Care program. This process must be led by First Nations. As a first step, the AFN recommends that this include an annual investment of $27.9 million.
* First Nations private sector involvement in providing healthcare products and offering health care industry services is a growing area of interest. Federal/provincial and territorial governments can play a key role in supporting First Nations in business ventures related to the healthcare products and services industries

**Appendix 4:** [**Blueprint on Aboriginal Health: A 10-Year Transformative Plan**](https://www.canada.ca/en/health-canada/services/publications/health-system-services/blueprint-aboriginal-health-10-year-transformative-plan.html#a4b)**, Meeting of First Minsters + Aboriginal Organizations, 2005**

[Relevant to Green Party platform]

* *Blueprint* definition of ‘health’ = wholistic approach encompassing physical, emotional, intellectual and spiritual well-being of people
* Health is grounded in traditional beliefs: Indigenous knowledge, (traditional + contemporary) can complement Western science in developing strategies to improve health
* Population health strategies addressing determinants of health, incl. regional-specific strategies to promote health/prevent disease
* **First Nations framework:** A process for FN communities to lead the development of business plans for utilizing Non-Insured Health Benefits (NIHB) resources more effectively; recognition + respect for traditional health practitioners; complementary traditional knowledge + western approaches, incl. flexible funding arrangements + special emphases on mental health/addictions, chronic disease/diabetes, communicable diseases
* **Inuit framework:** Improved access to healthy, nutritious country food + education about its nutritional, social, physical and spiritual values vs unhealth processed foods (esp. related to diabetes + obesity reduction); Investments in telehealth services in remote/Arctic Inuit communities
* **Métis framework:** Increased Métis involvement in health and wellness to ensure the provision of culturally grounded and "holistic well-being" approaches to health; Long-term commitment and forward-looking strategic investments in research, health promotion and disease prevention

**Appendix 5:** [**Framework on Palliative Care in Canada,**](https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html) **Health Canada (2018)**

[Relevant to Conservative platform]

* **Palliative care is integrated and holistic:** Palliative care is integrated with other forms of care (such as chronic illness management) throughout the care trajectory, and across providers. Services are provided in a range of settings (such as homes, long-term and residential care, hospices, hospitals, homeless shelters, community centres, and prisons). It is holistic, addressing a person's and their family's full range of needs - physical, psychosocial, spiritual, and practical - at all stages of a chronic progressive illness. It requires standardized or shared data systems in order to coordinate care during transitions from one setting or provider, to another.
* **Palliative care services are valued, understood, and adequately resourced:** Palliative care helps identify and respond to people's physical, psychosocial, emotional and spiritual needs early, particularly when coupled with advance care planning. It can also avoid costly, ineffective measures that do not contribute to improving an individual's quality of life. The appropriate use of technology, community-engagement models, and public education are integral to delivering palliative care.
* **Palliative care improves quality of life:** Palliative care reduces suffering and improves quality of life for people with life-limiting illness and their families. Palliative care is appropriate for persons of all ages, with any life-limiting illness, and at any point in the illness trajectory. It includes support for family and other caregivers, including in their grief and bereavement. A palliative approach to care may be offered by a broad range of care providers and volunteers, in any setting.
* All health care providers (regulated or not) have foundational skills to provide a palliative approach to care, supported by specialists as needed.