



# Health care: Now is the time

A message from Canadians



## Dear Canadians

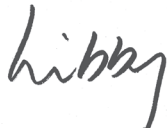
In fall 2012, New Democrats launched our campaign  
*Health Care: Now is the Time.*

We have spoken with thousands of Canadians about the changes needed in our public health care system.

I am excited to bring these ideas to Ottawa and work to improve our public health care system. Together, we can make the health care experience better for each one of us, and ensure better use of public dollars.

In my travels across the country, I heard one overriding message: our public health care system matters to Canadians, and we should be proud of our universal health care system—it is an integral part of our Canadian identity. We need a federal government that understands this too. Now is the time to work with provinces and territories and put into place the urgent changes we all want to see.

Sincerely,



**Libby Davies**

Health Critic, New Democratic Party of Canada



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## The New Democrat approach

### ✓ Collaborative federalism

Working in collaboration with the provinces and territories, New Democrats will bring Medicare into the 21st century. New Democrats will revoke the Conservatives' unilateral decision to take \$36 billion in anticipated funding out of health care, and engage with the provinces and territories in a discussion of real needs. An NDP government would support the development of new agreements that ensure improved health outcomes for Canadians. We recognize the jurisdiction of all provinces over health care delivery, and note in particular the national character of Quebec within the Canadian federation. We want to work with all provincial and territorial governments to improve our public and universal health care system.

### ✓ Invest in prevention

We've all heard the saying that an "ounce of prevention is worth a pound of cure". When it comes to the health system, this should be our first principle. Unfortunately, growing inequalities in Canada are contributing to poor health outcomes, particularly for low income and marginalized Canadians. Every citizen deserves the opportunity to lead a healthy life, and the federal government can make a big difference by ensuring all Canadians have a decent income, access to healthy food, affordable housing, and a social safety net – supporting the social determinants of health.

### ✓ Put patients first

Putting patients at the center of health care ensures earlier, more effective interventions at far lower costs. We want the patient's regular encounter with health care providers to deliver more positive patient experiences and better health outcomes. The federal government should work with provinces and territories to promote models of health service delivery based on the concept of having the right provider, in the right place, at the right time, to ensure the best individual and family outcomes.

### ✓ Ensure better value

We need to make the targeted investments that have the most impact on health outcomes. The funding associated with the 2004 health accords contributed to an overall rise in total health expenditures of over 80 billion by 2012 – with disappointing results (Health Council of Canada, 2013). The federal government must work with provinces to ensure better use of existing resources and a fundamental change in how health care services are organized, managed, and delivered.

### ✓ Listen to the evidence

All health care reforms must be based on the best available evidence, ensuring that we make the most of proven initiatives and target all programs wisely. The federal government must put evidence at the heart of all health care decisions, adequately funding and facilitating long term support for health care research.

For more information, go to [ndp.ca/health](http://ndp.ca/health)

## Our outreach



“I am incredibly proud of our public health care system. It is sustainable, affordable, and the mark of a society that cares for all. I am asking you to protect, extend, and strengthen our public health care system.” – Sheila, Nova Scotia

We held over a dozen public forums and key stakeholder meetings across the country, from Yellowknife, to Victoria, to Halifax, to Toronto, to Edmonton, to Regina, Charlotte-town, and St. John’s. We heard from patients, health care workers, medical practitioners, and researchers about the need for action in areas like primary care, continuing care, prevention, mental health, and the affordability of prescription medications.



## Canadians want leadership

“Canadians expect their health system to provide high-quality care regardless of the province or territory in which they live or their ability to pay.”

– Health Council of Canada, September 2013

New Democrats have a vision of a modern, well-funded public health care system that puts patients first, providing integrated team-based care for Canadians in their communities across the country. We want to make sure Canadians can get the public health care they need, wherever they live, and that cost is never a barrier when it comes to getting a prescription filled, or making sure a loved one is in good hands.

The federal government has a clear role in ensuring that health care in Canada remains public and accessible and must improve the health care services it delivers directly. Working with provinces and territories, the federal government needs to put in place the changes that will ensure improved health outcomes for all Canadians.

We need to focus on prevention and ensure that Canadians get the care they need, where they need it, when they need it, before problems become more serious. This will increasingly mean moving health care beyond hospitals and into homes and communities. This approach will greatly improve our quality of life, and is the only responsible way to spend valuable taxpayer dollars.

In September 2012, we identified four major pillars for action: better access to prescription drugs, better care across the continuing care spectrum, timely access to primary care, and prevention.

In this report we follow up on what we heard on these and other priority issues for the federal government.

### Upholding the Canada Health Act

Canadians expect that health care is never contingent on their ability to pay. Medicare in Canada is based on criteria set in the Canada Health Act: *Public Administration, Comprehensiveness, Universality, Portability, and Accessibility*. The federal government must ensure the Canada Health Act is upheld and these criteria enforced. In particular, the federal government must investigate and enforce the ban on troublesome practices such as double-billing, queue-jumping, and increased privatization of medically necessary services.



## A legacy of failed reforms

“The results of the last 10 years make it clear that we need to do things differently... we cannot continue our disparate, tentative approaches to health care reform across the country.” – Health Council of Canada, September 2013

This spring, the ten year agreement laid out in the 2003-2004 Federal Provincial Health Accords expires. In 2011, the Conservatives unilaterally cut \$36 Billion in anticipated funding for provincial health care budgets for the next ten years, leaving them to do more with less. They have changed the way the Canada Health Transfer is structured, moving away from a system based on need. The Conservatives even axed the Health Council of Canada, the very organization tasked with tracking improvement and comparing best practices across the country.

### Example: Wait times

More than half of Canadians cannot get a same day or next day appointment with their family doctor, behind 11 other countries with comparable health systems (*The Commonwealth Fund 2013*). This lack of access means half of Canadians are ending up in emergency rooms for cases that could have been treated by a family health care provider.

The Health Accords aimed to improve outcomes in our health care system, but the federal government did little to ensure outcomes were reached in the priority areas. They failed to institute a national pharmaceutical strategy. They made little progress on pan-Canadian uptake of electronic health records. They failed to leverage the work of provinces and ensure Canadians have access to integrated home care services, and they failed to help provinces make significant progress on wait times. The responsibility for this lack of progress lies squarely on the shoulders of the Conservative and past Liberal governments.

### Example: Health Care transformation

The Netherlands has reduced the proportion of its expenditures on hospitals and drugs and dramatically increased its proportional investment in long-term care as it emerged as a top-performing health system (*Health Council of Canada 2013*).

Without a new set of health accords, there will be no coordination or accountability to make sure common goals are met. These problems won't go away, and provinces cannot do it alone.

Medicare is based on the principle of universality, to ensure that every Canadian has equal access to health care wherever they live. This is in jeopardy if we don't work together.

We need a federal government that is willing to work with the provinces and territories, and ensure long-term investment to bring our public health care system into the 21st Century. Provincial premiers have agreed to a new plan for health care innovation. The key areas for improvement are clear, but provinces will not be able to achieve these goals if the federal government does not do its part.

## What we heard: Leverage the federal role

“We need federal leadership to move forward in the areas of pharmacare and continuing care, and to enforce the principles contained in the Canada Health Act.”

– Sarah, New Brunswick

New Democrats are proud that it was an NDP government in Saskatchewan under Tommy Douglas that brought free, universal medical care to Canada in the 20th century, meaning no family would have to choose between caring for a sick child or putting food on the table. Tommy took that message to Ottawa and made it happen across the country – building a cherished Canadian legacy. Since then, while successive federal governments have backed away from that commitment, the challenges facing health care in Canada have changed. It's time to recommit to those original values and work with provinces and territories to expand Medicare and make it relevant to meet Canadians' needs in the 21st Century.

✓ **Keep our system public, comprehensive, universal, portable, and accessible**

Overwhelmingly, we heard that Canadians prize our single payer public system. Public delivery is more cost-effective, of higher quality, and more efficient. The federal government has a direct responsibility to enforce the Canada Health Act and work with provinces and territories to adapt Medicare to the challenges of the 21st century, ensuring Canadians have equivalent access to health care wherever they live, including vital services like prescription medicines and long-term care.

✓ **The federal government is the fifth largest health care provider in Canada**

The federal government is responsible for providing health care to First Nations and Inuit people, veterans, and inmates of federal penitentiaries, refugee claimants, and serving members of the Canadian Forces. This makes it the fifth largest health care provider in Canada, yet it is consistently falling behind and abdicating responsibilities wherever possible. The federal government must reverse its cuts to refugee health services, and ensure accessible and high quality public health services in the areas under its jurisdiction.

✓ **The federal government must ensure adequate resources for health care**

With Conservative cuts to health care funding, the share of federal CHT cash payments in provincial-territorial health spending will decrease substantially from 20.4 per cent in 2010-11 to less than 12 per cent over the next 25 years. According to the Parliamentary Budget Office, this will bring the level of federal cash support for health care to historic lows. When Medicare was first implemented across Canada, the federal government contributed roughly 50 percent of the spending.

✓ **It's about more than money - we need leadership and vision**

Without a concerted plan between Ottawa and the provinces, there will be no solution to the challenges facing Canadians and our cherished Medicare in the next decade. There will be no coordination or accountability to make sure our

common goals are met. By neglecting the file, and by abdicating the federal government's role as a leader, a coordinator, and as Canada's fifth largest care provider, the federal Conservatives are short-changing us all. We know that with a vision for smart, targeted improvements, we can make the healthcare experience better for each one of us and make better use of public dollars at the same time.

## What we heard: Better home, long term and palliative care

Canadians want to see home care, long term care, and palliative care recognized as essential medical services just like treatment in the hospital. These services are not luxuries, and they need to be fully accessible, whatever a patient's income, and provided at the same high quality and standards wherever they live.

- ✓ **Canadians desperately need more options for affordable home and long term care**

Home and long term care are increasingly the only viable options for a range of patients, from those with persistent medical complaints, to those with long-term disabilities, to those suffering from dementia. These critical services, delivered beyond the hospital, need to be expanded within the public system and provided at a high quality across the country.

- ✓ **Patients need more long term care facilities**

Lack of new infrastructure is a mounting pressure and must be addressed within the next five years. Currently wait times range up to 6-8 months to get into long-term care. This leaves patients in limbo, either at the hospital or at home with family members struggling to provide the care they need. Public institutions are often the highest quality, but there are not enough and the remaining options are expensive and crowded.

NDP Health Critic Libby Davies has tabled a Continuing Care Act in Parliament, which would develop pan-Canadian standards for care and ensure targeted funds for the entire spectrum of home care, long term care, and palliative care. MP Charlie Angus has also tabled a motion to work with provinces and territories to establish a Pan-Canadian Palliative and End-of-life Care Strategy.

- ✓ **We need a national senior's strategy**

The number of seniors in Canada is expected to double in the next 25 years, with varied needs from home and community support to long term care. The federal government needs to work with provinces and territories to ensure our health and community services are there for them.

**Example: Dementia**

*Half of dementia patients need care upon discharge from the hospital. The rate of dementia is projected to double in Canada in the next twenty five years.*

“The only manner in which we can turn this around is by creating a strong community-based dementia care system ... Thank you for promoting the idea of a National Dementia Strategy.”

– Dr. Frank Molnar, Secretary-Treasurer, Canadian Geriatrics Society

✓ **Families are being squeezed**

We need a concerted strategy for caregivers. Family caregivers are overstretched and often unable to maintain their own health and well-being, and continue full participation in their communities and the economy. Respite care is an important part of the solution, rather than relying solely on financial supports.

NDP MP Claude Gravelle has put forward a National Dementia Strategy, supporting The Alzheimer Society's call for a national approach to help reduce the burden of dementia and to support more people with the disease across Canada (*Bill C- 356, An Act respecting a National Strategy for Dementia*).



# What we heard: Expand public coverage for prescription drugs

Canadians face a patchwork of public and private plans in Canada that don't provide equivalent coverage. Inequities and gaps in coverage across provinces are undermining public healthcare.

- ✓ **People cannot get the medicine they need – we need expanded public coverage**

According to the Health Council of Canada, 1 in 10 Canadians have failed to fill a prescription, or have skipped a dose, because of the cost of their medication. These financial barriers result in Canadians failing to get the essential medications they need, which ultimately leads to poor health and increased costs elsewhere in the system. We need to expand and maintain public coverage to ensure every Canadian can afford essential prescription drugs.

“We need a comprehensive national pharmacare program and a national pharmaceutical formulary to ensure that the availability of a life-saving drug is not contingent upon a Canadian citizen's postal code.” – Cliff, B.C.

- ✓ **Costs are skyrocketing – we need a coordinated approach to lower costs**

Provinces and health authorities have limited buying power when it comes to negotiating contracts, and Canadians currently pay the third highest prices for pharmaceutical drugs in the world. Recent studies have found that 6% of Canadian families spent more than a \$1,000 out of their own pockets for prescription drugs – rising to 11% of those with health problems and 17% of those with a chronic condition (Health Council of Canada, 2009). We need leadership from the federal government to work with provinces and territories to bring costs down.

- ✓ **Canada needs a national approach to avoid drug shortages**

Drug shortages are an increasingly worrisome reality facing too many Canadians. We need to see mandatory reporting when companies preview interruptions in the production of medications, and we need a system of bulk purchasing to avoid smaller sole-source contracts.

A bill tabled by NDP MP Djaouida Sellah would require all drug manufacturers to report to Health Canada when they are planning to discontinue a medicine or make changes to its production (*Bill C-523, Mandatory Disclosure of Drug Shortages Act*).

- ✓ **Health Canada needs to do better at monitoring drug safety**

Drug safety could be improved if we had a more effective monitoring system that communicated safety concerns to the public in a timely and effective manner. Health Canada also needs to enhance its transparency in regards to the drug approval process in line with regulators in other countries. There should be

mandatory disclosure of experimental data from clinical trials. Better standards are needed to avoid conflicts of interest in the drug approval process.

✓ **We need better information sharing for prescribing medications**

Physicians and the public need more unbiased, evidence-based information on the benefits and risks of prescription drugs. Health Canada should enforce the prohibition on biased direct-to-consumer advertising of prescription drugs, and address the influence of the pharmaceutical industry on the development of clinical guidelines and prescribing practices. Patients and the public should only be paying for medicines that offer proven improvements in safety or effectiveness over existing therapies.

“All developed countries with universal healthcare systems provide universal coverage for prescription drugs – except Canada... Countries with such coverage achieve better access to medicines, and greater financial protection for the ill, at significantly lower total cost...” – C.D. Howe Institute, 2013.

Example: Diabetes treatment

Right now, access to diabetes drugs and treatment is patchy and unequal across the country - out of pocket expenses range from 3.7% to 16% of annual individual income. (*Canadian Diabetes Association, 2012*).

## What we heard: Better access to primary care

Almost nothing matters more to Canadians than regular interactions with health care providers – knowing that we have that relationship, that someone knows our medical history, cares about our case, and can guide us through treatment. Improving our health care system starts with a consistent and concerted focus on all elements of primary care.

- ✓ **Improve health care delivery by investing in primary care**

Primary care needs to be easily accessible, universally affordable, and promote health as a matter of physical, mental and social well-being, not just about treating disease and infirmity. Despite numerous initiatives to introduce primary care reforms that focus on strengthening infrastructure and funding models, we still need more commitment to high-performing primary care models. This includes more targeted investment in community health centres, health promotion, and chronic disease prevention and management. In the spirit of the Canada Health Act, extra-billing and other additional fees for providers should be better monitored and prevented.

- ✓ **Care needs to be in the community and shaped by the community**

Primary care reform should be undertaken with a particular emphasis on access to community-based services and expanding implementation of inter-professional collaborative teams. The federal government must work with provinces and territories to adopt targeted interventions that recognize the needs of local services are best understood at a local level.

- ✓ **Collaborate on a pan-Canadian health human resources strategy**

The shortage of health-care providers continues to be an issue in many parts of the health system. As a country we must understand current and future needs and coordinate to achieve the right mix of providers.

- ✓ **Primary care is still not patient oriented**

Health care providers want to give the best in primary care services to patients. We need to support the move away from solo practice and fee-for-service payment to more sustainable team practice and alternate payment plans that allow health care providers to meet the real health needs of patients.

**Example: Primary care health teams**

Different provinces and territories have some excellent models and programs like Family Health Teams, Community Health Clinics, Patient's Medical Home, and Divisions of Family Practice. We should look to expand these models across Canada, geared to the needs of each community.

- ✓ **Reduce barriers to inter-professional collaboration**

Particularly for people with chronic disease and mental illness, inter-professional collaborative practice is a foundation of better primary health care. The health care

system is still working towards full recognition of the role that many providers can play, such as dietitians, occupational therapists, pharmacists, oral health experts, physiotherapists, psychologists, midwives, and social workers.

✓ **Fully implement electronic health records**

We need universal uptake of electronic patient health records, to ensure they are kept up to date, secure, and can be used when they are most needed.

# What we heard: Tackle prevention and the social determinants of health

The Canadian Medical Association report “What Makes Us Sick” included a number of recommendations for policy makers to improve the health of Canadians. Their top recommendation? That the federal, provincial, and territorial governments give top priority to developing an action plan to eliminate poverty in Canada.

Every Canadian should have the opportunity lead a healthy life, and the federal government should ensure the basic conditions for good health.

## ✓ **Promote living conditions that support good health**

The federal government needs new preventive approaches to improve the social determinants of health. This means working with the provinces to establish a national affordable housing strategy and to adopt a framework to end poverty and promote social inclusion. Every Canadian deserves access to decent jobs that pay a living wage and a strong social safety net, including secure pensions, and accessible Employment Insurance. The federal government has failed in its responsibility to provide proper health services, education, housing, and clean water in Aboriginal communities. It is time these communities had the resources they need.

## ✓ **Active Living**

Active living keeps weight in a healthy range, cuts down risk of heart attacks, lowers blood pressure, promotes healthy pregnancies, reduces the likelihood of diabetes, and helps prevent strokes. People who exercise regularly sleep better, smile more, and are less stressed. All levels of government need to support getting Canadians active. This includes having access to federally funded parks and the neighborhood gym or community team. The federal government should work with provinces and territories to ensure that every child can develop the foundation for a healthy and active lifestyle.

NDP Health Critic Libby Davies brought Bill C-460 to Parliament, which would have helped Canadians make healthier choices by ensuring processed foods meet the expectable daily limits for sodium intake. Over 60 professional, scientific and charitable health care organizations and countless individual Canadians were in support, but Conservatives used their majority to defeat.

## ✓ **Healthy Eating**

Eating well is a good way to prevent and treat disease. Making the most of healthy eating means a healthier and happier population down the road, and saves valuable health care dollars. The federal government needs to ensure access to quality food and we need to help make healthier choices easier choices. The federal government should also work with experts and stakeholders to ensure dietary guidelines are up to date, so Canadians trust the information they are given.

✓ **Address the health impacts of public policy decisions**

The federal government must address the health impacts of their policy decisions, many of which have significant negative effects on the health of Canadians, and lead to more costs to society down the road. With health and wellbeing as a priority for government, health outcomes need to be taken into account when making decisions in all sectors.

“Issues around income, housing, food security...these have a profound impact on the health of Canadians and on our health care system. When OAS benefits are delayed, or refugee health benefits cut, not only will there be human suffering, the burden on our health care system will only be greater.”

– Canadian Medical Association President John Haggie, 2012.

**Example: Labelling and reducing sodium**

Reducing sodium would prevent 10,000 - 16,000 deaths annually in Canada . 67% of Canadians are concerned about their sodium intake, and 75% agree that foods high in sodium should display a warning label, statement, or symbol on the front of their packages (*Arcand & L'Abbe, 2013*).

## What we heard: Mental health matters

The Mental Health Commission of Canada estimates that in any given year, one in five Canadians experiences a mental health problem or illness. But the lack of government attention, combined with other factors like stigma, has isolated patients with mental illness, and only one-third of those who need mental health services in Canada actually receive them.

### ✓ **Support the Mental Health Strategy of Canada**

Six strategic directions have been identified in the Mental Health Strategy for Canada prepared by the Mental Health Commission of Canada through wide consultations, from the need for leadership and greater collaboration, to better promotion of mental health, to fostering recovery, ensuring access and reducing disparities to treatment, and working with First Nations, Inuit and Métis to address their mental health needs. The federal government should lead collaborative efforts to implement the strategy and take leadership in the areas under its jurisdiction.

### ✓ **Make services, treatments, and supports more available**

Mental health and addictions services are currently fragmented across the country and many Canadians do not receive appropriate treatment as a result. Mental health services and addiction treatment are vastly under-funded in relation to their prevalence and impact on our quality of life. The federal government should work with all levels of government to ensure the right combination of services, treatments, and support are there when and where people need them. Targeted investments should focus on increasing services and timely access.

In the wake of an alarming number of suicides by members of the Canadian Forces, on January 30th, 2014, the NDP asked the House of Commons to increase investment in mental health services for Canadian Forces members and prioritize outstanding military suicide inquiries. These efforts were defeated by the Conservatives.

### ✓ **Target community based approaches**

Programs developed with communities are the most effective. The federal government should share best practices and ensure successful models like mobile community support teams and expanded 'Housing First' programs receive the long term and stable support they need.

### ✓ **Improve services for Aboriginal Canadians**

More resources and commitment must be given to the unique challenges facing Aboriginal communities. In particular, culturally sensitive programs should be a priority for all levels of government, both on and off reserve.

### ✓ **Reduce stigma and promote workplace mental health**

Mental health should be promoted in the workplace, schools, and homes. The federal government should call for continue support for anti-stigma efforts across

Canada. As one of the country's largest employers, the federal government should also be a leader in workplace health and safety, and ensure the highest workplace standards for mental health.

✓ **Integrate family support into mental health services**

Family members can experience chronic financial, physical, and emotional stress when caring for a loved one. Helping caregivers provides significant benefits, both for the individual families and the health care system. Comprehensive mental health services should ensure targeted financial support and respite care that recognizes the needs and role of caregivers.

**Example: The costs of mental illness**

The economic cost of mental health in Canada is at least \$50 billion in lost productivity per year (MHCC 2013).



## What we heard: The federal role in First Nations, Inuit, and Métis health

“First Nations seniors on-reserve are not receiving the home care and continuing care support, including long-term care that they need to stay in their communities. Instead, many seniors must leave their communities and live the rest of their lives in institutions that are not culturally sensitive or safe, often hundreds of miles or more from their communities and families.” – Health Council of Canada, 2013

The health issues facing Aboriginal communities are significantly greater than for the general Canadian population. The federal government must do more to ensure better access to community-based, culturally appropriate health services and improved health outcomes.

- ✓ **Provide equivalent levels of health care services**

The federal government is responsible for providing health programs and services to “status Indians” living on-reserve and for Inuit living within their traditional territories. Too often, the health care services in these areas are inadequate. These communities must have access to high quality and culturally appropriate health care.

- ✓ **Address the social determinants of health in Aboriginal Communities**

Only by addressing issues such as inadequate housing, income, and education will there be any meaningful improvements in the health and well-being of Aboriginal peoples in Canada. The punitive 2% cap on funding increase to Aboriginal Canadians must be removed. Food security is a major issue, and access to healthy and affordable food is a challenge in both urban and northern and remote Aboriginal communities.

- ✓ **Meaningfully engage Aboriginal communities**

Aboriginal peoples must be enabled to be and respected as full partners in the development and implementation of health and wellness programs.

NDP MP Jean Crowder presented a motion in support of Jordan’s Principle to the House of Commons in 2007. Named in honour of Jordan River Anderson, the principle ensures care is available for vulnerable populations. Jordan was a First Nations child from Norway House Cree Nation in Manitoba. Born with complex medical needs, Jordan spent more than two years unnecessarily in hospital while the Province of Manitoba and the federal government argued over who should pay for his at-home care. Jordan died in hospital at the age of five years old, never having spent a day in a family home. Although the motion was adopted unanimously by the House of Commons, the Harper Government has appealed an April 2013 Federal Court decision enforcing Jordan’s Principle.

✓ **Eliminate gaps in health coverage**

For First Nations who do not live on reserve or for urban Inuit or Métis, the federal government plays only a limited role. There is a lack of continuity between federal and provincial and territorial policy and coverage, particularly in terms of payment. But all patients should have access to the care they need, when they need it, no matter where they live or who is covering the bill.

**Example: Maternal and palliative health care in remote communities**

For many remote Aboriginal communities, expectant mothers need to leave the communities for months at a time because of a lack of midwifery and primary care services. Similarly, for those at the end of life, patients must leave their family and community and travel thousands of kilometers.

Find out more:

[ndp.ca/health](https://ndp.ca/health)

