Canadian Population Health Initiative Brief

The Commission on the Future of Health Care in Canada

The Canadian Population Health Initiative (CPHI) would like to present to the *Commission on the Future of Health Care in Canada* (Romanow) a position on strategies for improving the health of Canadians.

The CPHI grew out of recommendations from the 1991 National Task Force on Health Information (Wilks) and the National Forum on Health (1997) to create an independent, non-profit, non-governmental organization that had responsibility to fund population health research, gather and analyze population health data and inform the public and policy-makers about the significance of these studies for strategies to improve the health of Canadians.[1,2] It was established in 1999 with funding from Health Canada as part of the Roadmap I project within the Canadian Institute for Health Information.

Canada has led the world in understanding health promotion and population health. In 1974, *A New Perspective on the Health of Canadians* (Lalonde Report 1974) revolutionized thinking about health and introduced the concept of "health promotion".[3] This was further amplified in 1986 by the *Ottawa Charter for Health Promotion* and '*Achieving Health for All: A Framework for Health Promotion'* (Epp Report).[4,5] The Canadian Institute for Advanced Research, through its Population Health Program and such publications as *'Why Are Some People Healthy and Others Are Not?'* has been seminal in understanding the determinants of health.[6] However in recent years, as the costs and delivery of health care have dominated the public dialogue, there has been inadequate policy development reflecting these understandings. In fact, Canada has fallen behind countries such as the United Kingdom and Sweden and even some jurisdictions in the United States in applying the population health knowledge base that has been largely developed in Canada.

We assume that the *Commission* will wish to comment on what is needed overall to improve the health of Canadians and reduce some of the glaring inequities in health that exist within the country. While equitable access to effective health care is an important aspect of addressing these objectives, as you no doubt are aware, health care services do not have as powerful an influence on health as socioeconomic conditions, personal health behaviours and environmental factors (clean air, water, food). Some important policy implications flow from this that we think merit discussion in your final report. These are:

- **National intersectoral action:** many of the policy levers to improve health and reduce inequities exist outside of Ministries of Health, hospitals and the expertise of health care providers. There is a need for intersectoral (governments working with the private and voluntary sectors) and intergovernmental mechanisms for collaborative action to address some of the major health issues discussed later in this brief. The United Kingdom provides a useful example: a Cabinet Council includes Ministers for Health, Social Security, Treasury, Education & Employment, Home Office, Agriculture, Fisheries & Food, Trade & Industry, Environment, Transport & the Regions and International Development to address crosscutting initiatives to improve health – so-called 'joined-up' government. Through this Council the United Kingdom has developed national strategies to address major disease entities such as cancer, heart disease, injuries and mental health. But, of more importance, they have also developed national strategies to eliminate child poverty, enhance early child development, raise the minimum wage, increase funding for education and health services, reduce unemployment, improve housing and reduce crime in poorer neighbourhoods and address fuel poverty. The United Kingdom government has also provided funds to stimulate community action and intersectoral collaboration to address population health at a local level. Sweden has established similar strategies. There is much that Canada can learn from such an approach. In the series of issues discussed in this brief: poverty and health, early childhood development, obesity and aboriginal health, intersectoral leadership and policy action will be required.
  Key message: Canadians deserve interdepartmental cooperation at the national level – this would be enhanced by political leadership at the Cabinet level by establishing cooperative efforts to address the broad determinants of health.

- **Provincial, regional and local intersectoral action**: provinces and regional health authorities also have considerable potential for intersectoral collaboration to address population health issues. As health care services have increasingly devolved to regional and local authorities in Canada, there is a growing recognition that population and public health issues should be addressed more locally. An example is the inclusion of a population health dimension to the accreditation process for health authorities administered by the Canadian Council for Health Services Accreditation.[10]
  Key message: improving the health of Canadians requires action that extends beyond Ministries of Health, health care providers and administrators. Political leaders must work together to address all the determinants of health.

- **Early childhood development**: existing research tells us that this is a critical determinant of health. Children receiving a positive, nurturing experience in the first 3 years of life will have better social, physical, behavioural and cognitive (numeracy and literacy) development than children that do not. As a consequence they do better in school, attain higher levels of education, are more likely to be employed in higher paying jobs, less likely to draw social assistance and less likely to become involved in the criminal justice system. They will also be healthier. Because of these well-established outcomes, $1 invested in enhancing early child development returns $7 in savings to government services in later years. The National Children's Agenda has been allocated $2B but policy implementation to date has been patchy, uncoordinated and unproductive.
  Key message: early childhood development is a key determinant of health that requires better coordination of policies and programs across sectors (education, social, health) and across levels of government (municipal/local, provincial and national).

- **Poverty and health**: there is now strong evidence that socioeconomic deprivation, including inadequate income causes poor health. Not all the precise causal links are established but some facts are clear: while there has been success in reducing poverty among the elderly, the low income rates for families with children in Canada have remained very high for the past 20 years and substantially above some European countries.[7] Children living in poverty are at increased risk for impaired social, behavioural, physical, emotional and cognitive development. Canadian children have higher mortality rates than countries with lower levels of child poverty. The National Children's Benefit as a policy to reduce children's poverty does not appear, as yet, to have had much effect. This initiative has involved considerable intergovernmental policy development but so far progress in actually reducing the numbers of children living in poverty has been slow. The continued inadequacy of Canadian policy efforts to make a significant impact on child and family poverty means that successive generations are fated to endure sub-optimal development. For the country, it means a failure to realize considerable health and productivity gains and savings to the health care, social services and justice systems.
  Key message: the *Commission* should identify child and family poverty as a health issue that should be addressed as we continue to wrestle with managing the health care system.

- **Obesity**: there is a rising incidence of overweight and obesity in Canada (as in other countries) particularly among children.[8] This will lead to a considerable increased burden on the health care system through increasing numbers of people with high blood pressure, diabetes, heart disease, kidney disease, arthritis, blindness and impaired mobility and inability to work. Unlike countries such as the United Kingdom and the United States, Canada has not developed a coordinated plan to address this issue.

Key message: the epidemic of overweight and obesity among Canada's children requires urgent attention and the development of a coordinated national strategy.

- **Aboriginal peoples' health**: the *Commission* is no doubt well aware of the poor health status of many of Canada's aboriginal peoples The solutions to this problem will, of course, involve ensuring adequate access to effective health services. However, CPHI would like to emphasize that improving the health of aboriginal people will require intersectoral policies and programs outside of health care services (involving various levels and departments of government as well as the corporate and voluntary sectors). A comprehensive intersectoral approach will be required that considers long-standing issues such as chronic poverty and unemployment, racial discrimination, inadequate housing and environmental quality, social exclusion and the social and political issues related to residential schools, land claims and self-governance.
  Key message: the *Commission's* Report should include reference to aboriginal health issues and to the need for a population health (intersectoral) approach to making improvements.

- **Population health research and health information**: health information is critical to the management of the health care system and CPHI is confident that the *Commission* has been well briefed on this and will address this in its report. However CPHI would like to emphasize the critical need in Canada to create and make accessible data for the purpose of:
  - conducting population health research,
  - making the measurement of health outcomes an ongoing part of health system management, and
  - providing the basis for regular accountability of the health system to Canadians.

  Key messages:
  - Build on the growing momentum for the development of the electronic health record – the enhancements could include information on personal characteristics such as type of employment, education attainment, income, and health behaviours and, perhaps most importantly, the outcomes of care received.
  - Enhance the development of population health databases through surveys applicable at the local (health authority) level.
  - Enhance the accessibility and availability of existing health data held by Ministries and other agencies. The CPHI research program has encountered significant barriers and lengthy delays in accessing critical population health data held by provincial governments and other agencies.

Conclusions

CPHI considers that these key issues, if addressed effectively, could help to restore Canada's lead in population health and health promotion. Moreover this would both improve overall health and productivity of our population and reduce the inequities in health that afflict some of our citizens.

References

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