

A Cure for Hardening of the Categories

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Keynote Remarks

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Mr. Chair, members of Council, it is a distinct privilege for me to address you on the occasion of your inaugural meeting. Whether this is a truly historic meeting or not, will depend on the quality of your work, the choices you make, the resources you have and how you make use of them, and the independence required to ensure that your communications are not just clear, but accurate and constructive.

It is true that the gestation period for the Council was longer than expected and perhaps the pangs of birth will be felt for a while ... but I am optimistic.

My optimism is fuelled by the choice of leadership and in this regard, Mr. Decter, you have both my respect for your considerable experience and skills, and my support.

My optimism is also informed by the talent I see around the Council table. You represent a remarkable and diverse mix of practitioners, thinkers, grassroots leaders, citizens at large, and political acumen. Although the size of the council is more than I imagined, I know that you will work hard to turn this into an advantage.

In my remarks tonight, I wish to reinforce what Canadians had in mind when they indicated, and continue to indicate, such strong support for the Commission's recommendations and why the HCC is such an essential component of our collective need to both preserve and strengthen our public health care system.

But let me start with a bit of reminiscence.

It's now been over a year since I had the privilege of submitting my recommendations as Commissioner on the Future of Health Care in Canada.

There are always some who will be a bit skeptical about commissions. If you're a fan of the show *Yes Minister*, you may recall Sir Humphrey's observation that the purpose of a national commission is to "take a difficult problem and bequeath it to the next generation."

But I can honestly say that my 18 months as Commissioner were among the most challenging and rewarding of my more than three decades in public life.

We engaged tens of thousands of Canadians in a dialogue about the future of health care. They spoke passionately, eloquently and thoughtfully about their desire to transform what exists today into a truly national, more comprehensive, responsive and accountable system.

I met with some of the greatest experts and reviewed the most thorough research in the field of health care reform. This enabled me to separate myth from reality, ideology from sound policy, and knee-jerk reactions from long-term solutions.

What made the Commission a particularly meaningful experience for me was my deep personal belief that medicare is the single greatest symbol of our uniqueness as Canadians.

What makes medicare the quintessential Canadian program is that it is the convergence point where so many of our values come together. That's why we called the Commission's report *Building on Values*.

Medicare demonstrates that as community we can accomplish so much more than we could ever dream of doing as individuals.

It underscores our belief that citizenship confers upon us rights that are based on the strength of our need and not the size of our wallet.

And it highlights one of the new realities of a young century – that economic growth cannot advance at the expense of social cohesion, or social cohesion at the expense of economic growth – the two have to go hand-in-hand.

When I reflect upon all that I heard, and all that I learned, I am left with a clear sense that it was not just health care people were talking about when they came to our meetings, or wrote, or e-mailed or called to share their views. It was also the health of our political institutions and of our democracy.

I think that a large number of Canadians saw in our consultations an opportunity to participate directly in the democratic process. That their contributions could make a difference. That for once, they were not powerless. That the demise of a program to which they were profoundly attached, and which appeared under threat, was not necessarily a foregone conclusion.

So in one way, the success of your efforts will go some way in letting those who took a chance on the Commission's process, know that democratic participation can actually lead to something again.

In this regard, you must figure out ways to continue to engage Canadians in your work. Listening to them will garner both ideas and support.

Regarding the HCC, there is no doubt that Canadians are simply fed up with the internecine warfare between and among the provinces and the Federal government over the past number of years.

It is time to move forward and tonight, I wish to stress the three themes of cooperation, independence, and wellness as you tackle what I will refer to as "the hardening of categories" that has limited our progress in achieving the health outcomes we need and deserve.

First, the HCC concept is intended to provide a forum for cooperation, for integrated, and integrating thinking, a meeting of the minds of diverse individuals grasping for something beyond the categories of their own experience, beyond the borders of their disciplines and jurisdictions.

Citizens expect the HCC to pull back the curtain, to be clear about who is spending what, with what effects. They want tax-payer paid ads that were used as weapons of mass obfuscation rather than clarification, to be set aside as a part of a blip of unfortunate history when our public healthcare system was put in jeopardy.

As an Ekos poll done last year, and repeated just recently, pointed out, Canadians are overwhelmingly in support of our universal medicare program, a sacred trust that defines so much about what it means to be Canadian.

Canada has had different types of national glue over our young history. Foster Hewitt and Peter Gzowski and Radio Canada and the CBC and our traditional investments in public education, and of course medicare, have all contributed to our sense of nationhood.

From a hamlet in rural Newfoundland to our urban centers to the prairie town in which I was born, we need to turn our increasingly disparate systems of health care into more of a pan-Canadian health care system. Your work should assist in this regard. But at the end of the day, national leadership will be required.

So the public has high expectations regarding the important work ahead of you. And I believe you are more than up to the task.

Secondly, your work must be marked by uncommon independence. You must be truly independent. This in no way is meant to suggest that you should be other than completely respectful of provincial and federal governments, health care institutions, and providers, and their important responsibilities and the constraints placed on them.

But Canadians want, need, and deserve a truly arms-length HCC. In this regard, those of you who are not employees of a government have an easier job of it. Those of you who are public servants of one of Canada's territorial or provincial jurisdictions will have a more difficult time keeping the challenges of your day jobs at bay and being perceived to do so.

I wish you all good luck in ensuring your work is truly independent, informed by the special knowledge your day jobs bring, but not encumbered or captured by the political expectations that also come with the package.

Thirdly, let me now turn to what is required to become the healthiest nation we can be and what you can do to help. One of the keys to achieving this goal is a greater emphasis on preventative health measures and improving population health outcomes.

Although I referenced this in my report, I will be the first to admit that even if all of my 47 recommendations are adopted, and even if they are implemented the way I would want them to be, it will only take us part way toward this goal.

A health care system – even the best health care system in the world – will only be one of the ingredients that determine whether your life will be long or short, healthy or sick, full of fulfillment or empty with despair.

If we want Canadians to be the healthiest people in the world, we have to cure “hardening of the categories” which has drastically compartmentalized all of the policy and programmatic tools that must be brought together to move us along the health outcome continuum.

To illustrate, here is my latest list of tips for each of us to live long, happy, and productive lives:

1. **Don't be poor.** Rich people live longer than poor people and they're healthier at every stage in life.
2. **Pick your parents well.** Make sure they nurture your sense of identity and self-esteem and surround you with interesting stimuli. Prenatal and early childhood experiences have a powerful effect on later health and well-being.
3. **Graduate from high school and then go on to college or university.** Health status improves with your level of education.
4. **Don't work in a stressful, low-paid, manual job in which you have little decision-making authority or control.** Poor jobs equal poor health.
5. **Don't lose your job and become unemployed.** Unemployed people suffer from stress and isolation and can become poor – and remember what I said about being poor.
6. **Be sure to live in a community where you trust your neighbours and feel that you belong.** A civil and trusting community promotes health and life expectancy.
7. **Live in quality housing, but not next to a busy street, in an urban ghetto or near a polluted river.** Clean air, water and soil are vital to your health, as are the human-made elements of our physical environment.

This is not new to you. But, if our health care systems only contribute, let's say, 20% to the health outcomes we seek, with the rest riding on the other determinants of health, there is an inherent trap if you limit your tracking work to the expenditures on the "illness systems".

Somewhere down the road, perhaps in your third year, it would be a great boost to a better and healthier nation, if you used your independence to issue, every year, an evidence-based report on a determinant of health. Taking the quantitative and qualitative information that might already be available - whether on homelessness, or the income gap, or child poverty, or air quality - and present a hard-hitting review of what is happening or not happening on the issue.

Tied to this is one very important piece of the picture. What we measure counts! You cannot improve what you do not measure. By the same token, our yardsticks need to be broader than statistics and they need to be gathered with Canadian values in mind and you need the know-how to turn solid information into good policies and programs.

In Halifax, GPI Atlantic's director, Ron Colman, has made what I would regard as a simple but very profound observation. He said, "Indicators are powerful. What we count and measure reflects our values as a society and determines what makes it onto the policy agendas of governments."

What we count and measure determines what we can be held accountable for. As I said in my report, Canadians are demanding new levels of accountability – which is why I proposed that we amend the Canada Health Act to include "accountability" as a new core principle. I still hope the Federal government acts on this recommendation.

Right now, the most commonly cited measure of Canada's wellbeing is our GDP. Fair enough, but the GDP seems to stand for Gross Distortion of Prosperity, because it provides a very misleading picture of our national wellbeing. It certainly was not created as a measure of wellbeing but it is often taken as a sign of "how we are doing" as a nation.

As you know, GDP counts all economic activity as a gain. It makes no distinction between activity that brings benefits, and activity that causes harm. Crime, pollution, accidents, sickness, natural disasters and war – all make the GDP go up simply because money is being spent on prisons, lawyers, doctors, drugs, hospitals, pollution cleanup and weapons.

Cigarette sales boost Canada's GDP by \$10-billion a year. Fast food sales contribute another \$12-billion. Medical treatments for smoking and obesity-related illnesses chip in \$6-billion. If the GDP were calculated by accountants instead of economists, these would all be treated as liabilities instead of assets.

We need new measuring tools to track changes in the key factors that affect our wellbeing and quality of life.

Fortunately, there are many groups across the country now engaged in developing new indices for measuring our quality of life and wellbeing. There are a host of projects, from the local to the national level, some dealing with the full spectrum of quality of life issues, others dealing exclusively with sub-themes.

My good friends at the Atkinson Foundation, among others like the CPRN and the Roundtable on the Environment and the Economy, have been working particularly hard to encourage the various groups to work together to create a single Canadian Index of Wellbeing. I should note that Stats Can is a partner in this work. And over the next year or so, I will be spending a good deal of time in supporting the research and communications required to advance this work.

This new index would be based on the full range of values that Canadians regard as important to their quality of life. It would provide rock-solid data at the national, provincial and local level. The Index would be calculated and reported regularly, promoted widely and understood easily by the general public. And if this work can be developed in concert with similar efforts in other countries, we will be able to situate our progress in a global context.

A real Canadian Index of Wellbeing would engage Canadians in a meaningful debate about what it means to have global-leading quality of life and sustainability. It would provide policy-shapers and decision-makers with the information they need to measure the full benefits and costs of policy changes.

How important is it that we do this?

Well, historians and health experts tell us that we have had two great revolutions in the course of public health. The first was the control of infectious diseases, notwithstanding our latest challenges. The second was the battle against non-communicable diseases.

The third great revolution is about moving from an illness model to all of those things that both prevent illness and promote a holistic sense of wellbeing.

In my view, this important work needs to be informed:

- by inspired leaders who genuinely share power with those less fortunate;
- by a commitment to social inclusion and Civil Society that provide opportunities for all Canadians to participate in the things that count in our neighborhoods across this great country; and,
- by an understanding that hopelessness kills and hopefulness with opportunity, is a prescription for good health.

From workplace water coolers to government policy rooms, a Canadian Index of Wellbeing would put the accountability spotlight on the kind of progress that Canada of tomorrow truly needs

Most importantly, it would contribute to the ongoing process of building a country based on true Canadian values and concerns.

Thus, it easy for me to imagine that the eventual home base of the Canadian Index of Wellbeing could be the Health Council of Canada. Remember, if your goal is to improve health outcomes in Canada, you can't improve something you are not measuring.

And what else?

It is my belief that governments and our approach to policy-making suffers, indeed, from hardening of the categories. We do something good over here and a department over there does something that mitigates the intended gains. It happens far too often.

In my view, governments have to create structures that will allow them to think and act across disciplines and across departments.

Ontario used to have two Premier's Councils, one on the Economy and one on Health. Eventually, they morphed into one, recognizing the importance of integrating social, health, economic, and environmental issues into a holistic and integrated approach.

The council, which was chaired by the Premier, brought together business, labour, social, environmental, and economic leaders — both experts and grassroots —along with key cabinet ministers.

A current experiment in this regard is the National Roundtable on the Environment and the Economy. The Roundtable brings together representatives from government, industry, Native Canadians, academic and non-governmental organizations. It brings home the point that environmental health and economic growth are all part of the same picture.

We need such forums to become the rule, instead of the exception that proves the rule. The sooner we have more roundtables and fewer boxes, the better off we'll all be.

If we are to have the healthiest population possible, every government department must be held accountable for their contributions accordingly.

In conclusion, your pioneer status gives you the right to be daring. The Health Council of Canada is an ideal common meeting place to sustain and improve our most sacred social program if you:

Overcome the destructive disease of short-termism and take the longer view of what's required to transform our nation.

Cure the "hardening of the categories" that limits the imagination of the policy making and program development capacities of our governments.

Engage Canadians, our democracy depends on it.

Partner effectively with governments and with those who have something to offer regarding the determinants of health issues so important to our collective future, including the important emerging national initiative on public health.

Be bold and have some fun as you move your exciting work forward.

What a precious opportunity you have. Good luck and Godspeed, and thank you for inviting me to this important first gathering.

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