

From Research to Action: Moving the Yardsticks on Health Determinants

Speaking notes for

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To Equity from the Start
Association of Local Public Health Agencies

Toronto, Ontario, Canada
October 22, 2009

1. Introduction

Thank you for inviting me to speak on a subject that is very close to my heart and I know to yours as well. I also want to take this opportunity to express my enormous respect and admiration for the work that you do through your professional association, as members of Boards of Health and as Public Medical Officers.

As I said to a Toronto Public Health Conference just about a year ago, and I'll repeat today, your wisdom in times of crisis has spared us from under-reacting, and your calm and authoritative voice has saved us from over-reacting.

You've educated us. You've advocated for us. And you've saved lives. In short, you've served as a model of public health service for Canada and the world. And for that I congratulate and thank each and every one of you.

I know that yours is not an easy job. It's gotten tougher over the past year and it's almost certain to become even more difficult in the coming weeks and months. H1N1 is already rolling across our nation and it is uppermost in all of our minds. To someone outside your world, it seems the good news is that we are rapidly gaining knowledge about the nature, prevention and treatment of H1N1. The bad news is, however, that it adds pressure on you to digest the new information and respond quickly.

But you and others involved in public health have always demonstrated a great capacity to respond quickly to rapidly evolving conditions.

One thing that I greatly admire about your commitment is that while keeping one eye on the urgent and immediate, you have continued to plan for the long-term and the bigger picture, as you are doing today in focusing on equity and the social determinants of health.

You recognize that equity and social determinants of health must be front and centre in primary care and prevention.

The reality is that we can't isolate what is happening today from what happened yesterday and from what will happen tomorrow. What we reap as a society in the form of health status is very much a product of what we sow in the form of good social and economic policy. In fact, H1N1 provides a perfect example. Last week, a poll released in Quebec showed that one-quarter of workers – one-third of them being men – are planning to go to work even if sick. Why? Part-time, contract, seasonal and self-

employed workers do not have sick benefits and lose money every day that they don't show up for work –money they need.

As Andrew Simor, head of microbiology and infectious diseases at Toronto's Sunnybrook Health Sciences Centre reported, we in North America have developed a workplace culture that rewards a “work-at-all-costs” attitude.

Had we as a society connected the dots among workplace benefits, workplace culture and health; Had we introduced social and economic supports that ensure that those with the most fragile connection to the workforce enjoy the same benefits as those with the strongest ; then,

There is no doubt in my mind that the job of preventing and containing H1N1 would not be as difficult as it might be if one-quarter of Canada's workforce shows up to work sick.

2. The Importance of Determinants

For me, the issue of health determinants was driven home when I had the privilege of serving as Commissioner on the Future of Health Care in Canada. I was asked by Prime Minister Chretien to review medicare, engage Canadians in a national dialogue on its future and make recommendations to enhance the system's quality and sustainability.

I took the mandate to conduct a dialogue very seriously and travelled from coast to- coast-to-coast listening to Canadians. They gave me a lot of good advice about our health system.

I also heard a good deal about things happening outside of the health system. I heard that the quality of air we breathe, the water we drink, the food we eat, directly affect our health. I heard that educated and employed Canadians are far more likely to be healthy than those who are not. I heard that we had to invest to create community cohesion and resilience and a sense of social inclusion; that we had to invest in public housing, a clean environment and education.

None of this, of course, was particularly new or surprising to me.

Here in Canada, we've known since 1974, when the federal government released the landmark “Lalonde Report”, that health and wellbeing are determined by

more than biology and health-care services. This report was fundamental in identifying health inequities and emphasizing that the most important determinants of health exist largely outside the traditional health-care system.

Again, we were told in 1986 by the Epp Report, that policy areas like income security, employment, education and housing all have a major impact on personal and societal wellbeing.

It's been 23 years since the Canadian Public Health Association issued its *Action Statement for Health Promotion in Canada*, targeting priority areas such as reducing inequalities in income and wealth, and strengthening communities through local alliances.

The significance of this health-wealth link was underscored by an earlier OECD (2008) report that showed that both inequality and poverty rates in Canada are higher than the average of leading industrial countries.

So, the research into the determinants of health has been extensive and conclusive. The real challenge, as Professor Margaret Whitehead of the World Health Organization has said, is to close the gap between research and action. As the WHO pointed out in its landmark report *Closing the Gap in a Generation* "We do know much about the social determinants of health, it is true. Yet policymaking all too often appears to happen as if there were no such knowledge available."

3. The CIW

The need for new evidence-based policies and the even greater need for action that will bring about transformational change have dominated my thoughts and my actions since I finished my commission work.

A few years ago, I was fortunate to be asked by the Atkinson Charitable Foundation to take on a new role as Chair of the Advisory Board for the Institute of Wellbeing. This past June, we officially launched the Institute along with its signature product, the Canadian Index of Wellbeing, or CIW.

Our mission is to regularly report on the quality of life of Canadians; encourage policy shapers and government leaders to make decisions based on the evidence; and empower Canadians to advocate for change that responds to their needs and values. The Canadian Index of Wellbeing has already started tracking and providing

unique insights into the quality of life of Canadians – in eight interconnected categories that matter. These are – our standard of living, our health, the vitality of our communities, our education, the way we use our time, our participation in the democratic process, the state of our arts, culture and recreation and the quality of our environment.

Our ultimate goal is to be able to convert all eight areas into a composite index, much like the TSX or Dow Jones, including a single number that will go up or down to provide a quick snapshot of how our quality of life is changing, for better or worse. I'm very proud – Canadians can be very proud – of the fact that our country is at the leading edge of a global movement that is creating new and more holistic ways of measuring societal progress.

The OECD and many individual countries have committed themselves to this effort. About 18 months ago, President Sarkozy of France appointed a commission that included two Nobel laureates to recommend more balanced and comprehensive ways of measuring wellbeing.

When they released their report in mid-September, President Sarkozy promised to champion a revolutionary new approach to quality-of-life issues – one that puts them on equal footing with GDP.

The involvement of such high-profile champions can only help to underscore the vital need for action on issues such as equity and wellbeing determinants. Before I tell you about our findings in the Canadian context and what they imply for policy making, let me share with you a bit about the genesis of our initiative.

It all started with a simple question posed nearly a decade ago at a meeting of about 50 community leaders and progressive economists convened by the Atkinson Charitable Foundation to talk about long-term solutions that would increase social and economic justice.

One person at the meeting asked, “What if every time Canadians heard about GDP, TSX or DOW, they also received data that actually linked the economic reality with the social, health and environmental conditions that shape our wellbeing?” The idea was based on the very astute observation that what we count matters. What we count helps shape the dialogue in this country – on the factory floor, around the water cooler, in the media and in the corridors of power. What we count often influences the policy agendas and decisions of governments.

As the legendary Canadian economist, John Kenneth Galbraith said, “If you don’t count it, it doesn’t count.”

In June, we issued our First Report, summarizing our findings in three interconnected categories of wellbeing – Healthy Populations, Living Standards, and Community Vitality. The report is called *How are Canadians Really Doing?* We also released a report on the recession called *The Economic Crisis through the Lens of Economic Wellbeing*. I encourage you to read and download these materials at www.ciw.ca.

Later this fall, we’ll be releasing another report on the very timely subject of Democratic Engagement as well as a Special Report that digs more deeply into the wellbeing of specific vulnerable groups. We’ll report on the four remaining wellbeing categories in 2010.

4. First Results

Now let me tell you what we found in our research. I’ll give you the big picture and Lynne will follow with a more detailed presentation of our findings. Our Healthy Populations research clearly showed that while Canadians are living longer, we are not living healthier.

When we take into account the limitations brought on by disease and disability, the number of years Canadians live in full health peaked in 1996 and has dropped since. Women may live longer than men, but they do so in poorer health.

Why? One big reason is that we’re putting on weight – and it’s making us sick. Diabetes rates, for example, are soaring as are other chronic diseases. Canadians’ rating of their health status has declined across the board in recent years and the sharpest drop has been among youth – the group we think of as the healthiest in our society and our hope for the future.

Even worse, is the health situation among Aboriginal Canadians. The Aboriginal life is a tragically short life. While we’re starting to see some progress, the health gap between Aboriginals and non-Aboriginals is still unacceptably large.

Our findings on the living standards of Canadians are just as worrying. During the so-called “boom period” from 1981 to 2007, the lion’s share of the benefits went to the wealthiest 20% of Canadians. It was not the proverbial rising tide that lifts all boats.

Inequality increased, with the rich getting richer, the poor staying poor and the middle class muddling through.

Now with the current recession, it's largely poor, middle-class and unemployed Canadians who have been hit the hardest. While it's somewhat comforting to know that the end of the recession may be in sight – at least from a technical point of view – the reality on the ground is that it will be many years before Canada returns to the unemployment and poverty levels that existed before the recession.

The productivity numbers may improve but the pain still lingers for many unemployed or soon to be unemployed Canadians.

One of the goals for the new Institute of Wellbeing is to break out of the straightjacket imposed by silos. Because the types of things that I've just talked about don't happen in a vacuum. They aren't isolated from one another. And until we start connecting the dots, we're just going to be spinning our wheels.

I believe we can and I hope we will. We are not locked into repeating the cycles and shortcomings of the past. We have the capacity as a society to change and to shape a better and more equitable future.

As I said earlier, our research re-affirmed that the health of Canadians is very much related to their income and education levels.

The formula is straightforward: more income equals better health, less income equals worse health. This is true in all age groups and for both women and men. This health-wealth link explains, at least in part, the increased health problems we're seeing among young people. Their unemployment rate is high and among those who are working, the percentage in low-paid jobs has skyrocketed.

When you then add on the large debts with which many students are graduating from post-secondary education, you have to wonder if we're not depriving an entire generation – or at least the better part of it – of a chance for economic and health security.

Many groups are further challenged by changes in government policy. In Ontario, for example, financial risks have increased due to the delisting of certain medical services and the huge cost of prescription drugs. The cost of out-of-pocket spending on health care has shot up from \$2.3 billion in 1981 to \$16.5 billion in 2007

– mainly due to prescription drugs: more of them and many of the most costly – outside of our medicare.

We need action, here, too.

If you live in a world of silos then you see low income, poor health and high medical costs as three different problems. But once you start connecting the dots, you see that they are all parts of a vicious cycle: poor people have more health problems, they need more medical services, they can't afford them so they cut back on medications or diagnostic tests, or they pay for them by cutting back on other things like nutritional foods or warm clothing for themselves and their children, which leads to more illness and lost time at work, which results in lost income and jobs, which creates more poverty.

Good public policy can break this cycle. But we have to take an **integrative** approach that sees the full person and full problem. We have to separate cause from effect and focus on upstream solutions instead of downstream symptoms.

Sometimes, confronted with the need for significant and immediate change to complex problems, we tend to fall back on band-aid solutions. If we continue doing so, we will still be looking at the same challenges or worse, come the next recession. Instead, we have to find innovative and sustainable solutions that **confront root problems**. It's more sensible, more effective and in the long-run cost effective.

Our goal at the Institute of Wellbeing is to make sure that these kinds of facts are well known and to encourage policy shapers and decision makers to take them into account when they design new programs and services. Bringing about transformational change and advancing the yardsticks on wellbeing will require a sophisticated blend of public awareness, public advocacy and public action. Results will be produced over time not overnight.

5. What you Can Do

That's the big picture. You may be asking yourselves, what can we do as a professional organization to close the gap between research and action? That's a good question and I'm pleased to see that it's on your agenda. I look forward to hearing about the solutions you identify. If I may, I'd like to offer a few suggestions. May I suggest the following:

First, keep doing what you're doing today – keep your eye on the big picture, on

the many, complex and interacting factors that shape the health and wellbeing of Ontarians; keep focusing on moving the yardsticks from research to real change.

Secondly, be proactive. Don't just criticize current policies and programs, put together your own alternatives and show how they'll be affordable and effective. Use the knowledge that you've gained by being on the front lines. Talk to policy shapers and decision makers about the inequalities that you see each and every day. Use your hard-earned credibility to make the business case that addressing the social determinants of health will save money in the long run.

Thirdly, be inclusive. Talk more with other people and groups that are working on poverty issues, education, the environment, youth, aboriginal and other issues so that together you can develop comprehensive upstream solutions that tackle root causes.

Fourthly, build strong personal relationships with media. Reporters are good people, but they're like the rest of us, with too many things to do in too little time. Reach out to them and let them know how bad policies are harming wellbeing in your community or how good policies are producing positive changes. Stay in touch with them and get to know them. Let them know you're a good resource when they need information or a solid quote for an article.

And last but not least, please stay in touch with what we're doing at the Institute of Wellbeing. Read our reports and use the CIW as evidence in your advocacy work. Help us spread the word to others you're in contact with.

6. Conclusion

Friends, the work you are doing at this gathering is very important. Now more than ever, we need the broad vision to connect the dots among all of the dynamic factors that shape our wellbeing.

Now more than ever we need the wisdom to develop policy solutions that will root ourselves and our work in the values that have shaped this great country: fairness, diversity, equity, inclusion, health, safety, economic security, democracy and sustainability. Now more than ever we need the leadership that is informed by sound, trusted, and regularly reported information about how we are really doing and what's really going on in our communities.

Now, more than ever, we need the will to do what it takes to close the gap

between research and action.

Now more than ever we need the commitment to engage people in the process of change, to end their feelings of isolation, alienation and helplessness. Now, more than ever, is the time to recapture the moral and political strength to see ourselves in our own place, in our own time, informed by our own values, and within our own actual narrative, as an independent nation, worthy of the respect of a world that needs an even better Canada.

Thank you again for inviting me. I wish you the best of luck in the remainder of your symposium and beyond.