

Accelerating the Third Revolution in Public Health Care

Speaking notes for

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1. Introduction

Good morning everyone. It's wonderful to join you today for this landmark international conference. And, thank you Jack (McCarthy) for your very kind introduction.

Let me begin by expressing my gratitude to the Canadian Alliance of Community Health Centre Associations (CACHCA), the Association of Ontario Health Centres (AOHC) and the (American) National Association of Community Health Centers (NACHC) for their invitation to speak to you today.

I am honoured to have been asked to deliver an address to this prestigious gathering. I did, however, note that the event was scheduled to happen some three weeks after the predicted end of the world on May 21. Like all of you I suspect, I didn't really believe that the Apocalypse was nigh, but just in case, I did wait until May 22 to begin preparing my remarks.

There are several hundred CHC representatives and primary health care experts attending this conference. From Canada, the United States, Europe, Australia and many other parts of the world, your presence makes a very powerful statement about the strength and vitality of the global CHC movement. And, it also speaks to the growing international recognition that a smart vision of health and wellbeing in the 21st Century, must, at its core, embrace a vastly expanded network of Community Health Centres. I want to thank each and every one of you for your personal commitment to shaping and bringing this vision to life on a day-to-day basis. If I may borrow the words from your conference title, thanks for "acting today to shape tomorrow".

2. Origins of the CHC Movement

Gatherings such as this, where passionate people come from around the world to coalesce around essential issues, are very inspiring.

One of the things that makes the synergy at this conference so impressive is that the CHCs in Canada and the U.S. – and I dare say in other countries as well – have arisen in response to very different social and economic circumstances. They have different histories and they operate within very different health care systems.

Yesterday you heard from Dr. Jack Geiger, the founding father of the American CHC model and I'm sure he talked about how the CHC movement in the U.S. had its

roots in the civil rights struggle of the early 1960s and in President Lyndon Johnson's declared *War on Poverty*.

He probably also told you about his earlier experience in South Africa where he saw how a pioneering community health model had brought about astonishing health improvements in a Zulu population. These events and experiences collectively provided him with the knowledge, political backing and funding to create America's first two CHCs, in Boston in 1965 and later in Mississippi.

Here in Canada, CHCs can be traced back to an earlier time and place – probably at the introduction of universal health care, first in my home province of Saskatchewan and then later, across Canada. We call that historic program Medicare. And, I should remind our American friends, that it is not the same as your Medicare program, which is targeted primarily to seniors, but rather, is available to *all* Canadians, based on the national value that good health care is a fundamental right of every human being.

The story of Medicare begins in 1944 with the election of Tommy Douglas as Premier of Saskatchewan – a man voted by Canadians a few years ago as The Greatest Canadian ever.

Douglas had vowed that one day proper health care would be available to every Canadian. His first major objective was a comprehensive hospital insurance program, whereby every person was entitled to the hospital care their doctor ordered. I should point out that in those days Saskatchewan wasn't an economic powerhouse. It was one of the poorest provinces in Canada. It had the second-highest per capita debt and the second-lowest per-capita income. It was close to a state of bankruptcy. As soon as things improved, a few years later, they then moved to implement Medicare on top of hospitalization, and it was met with very stiff opposition.

But, the dream of having all medically needed services – not just hospital services – could only be realized with federal financial assistance – and that came later. First though, he had to implement Medicare in Saskatchewan.

And in 1962, doctors in Saskatchewan fought Medicare tooth and nail. Even though it had been the main issue in the provincial election, they demanded that it not be implemented – something that, of course, would have been a major step backward for democracy and equity. At one point of the dispute, Saskatchewan's doctors walked off their jobs in a province-wide strike that would last 23 days.

Friends, it was a very bitter and very emotional time. But, Medicare was begun! And, something else also began.

In response to the striking doctors and their supporters, local communities banded together, set up local management plans, hired doctors who WOULD work under the new scheme, and set up community-governed primary care clinics. Thus the first Canadian CHCs were born, primary care governance was democratized, and people were empowered to shape their total wellbeing and that of their communities.

Later, Prime Minister Pearson was elected, and over the course of the next five years, a national system of universal Medicare based on the “Saskatchewan model”, was introduced by Ottawa. And, by 1972, every province was on board. Medicare was a national program. A badge of Canadian nationhood. A dream come true!

However, as originally envisioned, healthcare reform would be realized in two stages. The first stage would remove financial barriers through the creation of a publicly funded insurance system to cover costs for doctors and hospitals. As I have said, this universality reflected a core Canadian value that health care was a right of citizenship and a social good, not a commodity to be bought and sold on the markets.

Years later, Douglas would reflect that “those of us who talked about Medicare in the 1940s, the 1950s and the 1960s kept reminding people....that this first phase was the easiest of the problems we would confront.” The next phase would be more difficult and challenging.

The next or second stage of Medicare, of which CHCs are now at the leading edge, would involve breaking down the other barriers to good health. Douglas described this simply as “keeping people well” rather than “just patching them up when they get sick”. And the vision extended to improving the health of entire populations and communities.

Unfortunately friends, the completion of this second stage is still largely unrealized and long overdue. And, in the meantime, the first stage is today in serious need of reform to take into account the cost of the vast number of vital, new and expensive medical services that have arisen. But, that’s another story for another time. In the United States, there is a network of 1,250 CHCs operating at over 7,500 service sites. President Obama and Congress tacitly recognized the strategic importance of CHCs to both economic growth and health care with the passage of the *American Recovery and Reinvestment Act* and the \$2-billion it allocated to expand and

upgrade CHCs. Progress is evident.

Here in Canada, where we have about 300 CHCs, we are still waiting for our government leaders to reach that state of enlightenment. In only one Province, Quebec, do we have anything that resembles a comprehensive network of CHCs, and the CLSCs as they are known there, account for nearly half of all community health centres in Canada.

Here in Ontario, Canada's largest province is still expanding its smaller network thanks to a multi-year investment by the provincial government. But, as the AOHC has shown, even when the expansion is complete, fewer than 4 percent of Ontarians will have access to CHCs and their sister Aboriginal Health Access Centres. Meanwhile, the number of Ontarians most in need of CHCs – those living in poverty – is deplorably high at about 15% of the population. And, with very bad health outcomes. And, that's the story nationally.

So, CHCs are as important today, if not more so, than at any time.

Friends, if it was up to me, Canada would have a national program for expanding and supporting CHCs right across the country – and with new federal dollars targeted specifically for that purpose.

Without that strategy and targeting, changes to wellbeing will remain very spotty and weak, and the “illness model” will continue to rob Canadians of reaching their potential, particularly the most vulnerable in our society.

Clearly though, there is a need for considerable awareness building and armtwisting – at both the federal and provincial levels.

3. A New Revolution

While the CHCs around the world may have had different origins, and taken separate paths, you have in many ways arrived at the same destination. I was quite taken by something that Adrianna Tetley wrote this past fall when she observed that “Perhaps the most striking similarity between health centres in Canada and the United States is that we don't just see ourselves as health providers, but as part of a powerful movement for positive social change.”

Building on Adrianna's wisdom, I would say that you are at the forefront of a revolution in health and wellbeing. You have arrived at a great convergence point from

which there can be no turning back:

- You have demonstrated that the most effective, efficient and affordable way of delivering primary health care is by fully integrating it with a wide range of health promotion and community development services.
- You have demonstrated that we must focus far more attention on meeting the health needs of vulnerable populations, and on managing chronic disease – arguably one of the greatest health challenges facing the developed world today.
- Most importantly, you understand that if we are ever to significantly reduce the enormous health disparities that exist in our society, then we must address the full range of key determinants that cause those disparities – economic determinants, social determinants, health determinants and environmental determinants...just to name a few.

4. Making Progress

Unfortunately, paradigms shift slowly. People grow comfortable with established ways of doing things. Powerful and entrenched interests frequently fight change.

Yet, over the past decade or two, I believe we've started seeing the first signs of a significant transformation. There is, today, a growing international movement dedicated to re-defining individual and societal wellbeing in a way that goes beyond simple economic consumption measures like GDP. The fact is that trying to gauge societal progress by using GDP alone is like trying to use a slide rule to measure blood pressure – it will give you a number but it won't tell you a whole lot about wellbeing. The shortcomings of GDP, or similar economic measures like GNP, have been known for quite some time. Here's what Senator Robert Kennedy eloquently observed on this subject, nearly half a century ago. He said:

“The Gross National Product includes air pollution and advertising for cigarettes, and ambulances to clear our highways of carnage. It counts special locks for our doors, and jails for the people who break them. GNP includes the destruction of the redwoods and the death of Lake Superior...And if GNP includes all this, there is much that it does not comprehend. It does not allow for the health of our families, the quality of their education, or the joy of their play. It is indifferent to the decency of our factories and the safety of our streets alike...It measures everything, in short, except that which makes life

worthwhile.”

That was Bobby Kennedy nearly half a century ago. However, one thing that has changed over the years is the emergence of a new determination to develop better ways of charting our progress as a society – new ways of measuring whether we’re moving closer or further away from achieving the goals that are important to us. A little less than a decade ago, the OECD adopted a “Measuring Progress Agenda”. As part of this project, I was invited, in 2007, to deliver an address in Istanbul to more than 1,200 people from 130 countries at the OECD’s Second World Forum. It was a wonderful opportunity to share information on the groundbreaking work we’ve been doing in Canada, and, as well, to learn about the kind of advances that are being made around the world.

And, a couple of weeks ago, on May 24, the OECD reached an important milestone when it released its first ‘Better Life Index’. The Index compares quality of life in the OECD’s 34 member countries. Canada placed second to Australia.

So, our collective international efforts are slowly beginning to bear fruit. Further evidence of this was when French President Nicholas Sarkozy appointed a commission that included two Nobel laureates – Joseph Stiglitz and Amartya Sen – to recommend more balanced and comprehensive ways of measuring wellbeing. Their report saw the President promise to champion a revolutionary new approach to quality-of-life issues – one that puts them on equal footing with national income.

So, my hope is that the high profile and extensive media coverage given to these kinds of advances will generate a greater awareness that there are a vast number of interrelated factors that shape the wellbeing of individuals, families and communities.

As we know, wellbeing is not just about how much we contribute to GDP. It’s also about whether or not we have jobs, and whether those jobs are meaningful and wellpaying or precarious and minimum wage. It’s about whether we live in adequate and safe housing in supportive communities, or in sub-standard and unsafe housing in crime-filled neighbourhoods where we’re afraid to go out in the streets or in communities where the lack of clean water threatens the health of children.

It’s about whether we have enough leisure time to engage with our friends and families in recreational and cultural activities. It’s about whether our environment is clean, green, and sustainable or whether it’s polluted and toxic with rapidly vanishing natural resources.

It's about whether or not our kids are given quality early learning opportunities and a chance to reach their full potential in a rapidly changing world.

It's about whether we're able to engage in a democratic society and fully participate in determining the directions and decisions that shape our lives, or whether we're marginalized by virtue of being poor, disabled, being an immigrant, a racialized minority, young, female, or any of the other characteristics that in an unequal society can push one to the sidelines.

In short, it's about the kind of world we're creating for ourselves and future generations, and whether we're progressing forward.

5. The CIW

Friends, I'm also very pleased to say that Canada is one of the leading countries in developing new tools for measuring wellbeing.

Two or three years before the U.N. adopted its Measuring Progress Agenda, a group of leading Canadian and international experts and practitioners in wellbeing measurement, including people who worked for Statistics Canada, were invited to a meeting by the Atkinson Charitable Foundation.

This group was asked to develop a Canadian Index of Wellbeing or CIW. The Index would have to be credible and relevant to the everyday lives of Canadians, and easily communicated.

I won't bore you with all of the historical minutiae of the developmental years. Suffice it to say that what followed was several years of discussions, expert and public consultations, model building, model testing, model re-building, and finally peer review and validation.

On April 7, 2011, I had the privilege of being part of the launch of the Canadian Index of Wellbeing at its permanent home at the University of Waterloo. Our mission is to regularly report on the wellbeing of Canadians; highlight areas where action must be taken; 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.

So, we are now tracking and providing unique insights in eight interconnected categories – namely, 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 leisure and culture, and the quality of our environment. Our approach is to treat beneficial activities as assets, harmful ones as deficits, and identify how these various dynamic aspects of wellbeing interact with one another.

To date, we have released eight detailed research studies – one on each of the wellbeing categories – and a couple of special reports on the recession and the wellbeing of select vulnerable groups. All of these reports are available free of charge on our website at www.ciw.ca.

This fall, the CIW will reach a major milestone when we release our first composite index. The composite index will take the 64 headline indicators – 8 in each wellbeing category – and convert them into a single number. That number will go up or down over time, and provide a quick snapshot of how our quality of life is changing.

A key objective here is to stimulate discussion so we can break out of the straightjacket imposed by silos. Because, until we start connecting the dots, we're just going to be spinning our wheels.

Let me give you an example – Poverty.

Once we start connecting the dots, we realize that there is 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, which leads to more illness and lost time at work, which leads to lost income and jobs, which creates more poverty. Good, integrated public policy can break this cycle.

At the University of Waterloo, this work will be enriched by the intellectual vitality of one of the world's great universities, by the broadening influence of leading thinkers in a wide variety of departments, and by the engagement of a new generation of students with an enormous stake in the future.

6. From National to Local

Well, you may be asking yourselves, how you can make this project – the CIW – work at the community level. Action at the community level is critical to the success of our program.

I believe that national instruments like the CIW can help put your community's

concerns into a larger perspective. Are the challenges you're facing part of a national problem or is there something unique going on in your community and if so, why, and what kind of solutions would help?

Here's how one community is already using the CIW to expand their local efforts. Barrie, Ontario is a rapidly growing community of about 200,000 people roughly an hour north of Toronto. A key concern of theirs is how to manage growth in a way that preserves and improves the things that really matter to their community.

Even before the CIW was nationally launched, the Barrie Community Health Centre, led by the efforts of Gary Machan and Christine Colcy, created a local CIW group. They brought together a number of important organizations, including their county government, the United Way, the local community college, the public health unit, an environment network, and the school board.

They call themselves The Resilience Collaborative. Their main goal is to reach out to large segments of the population who might not otherwise be involved in the decisions that affected their lives. They also decided that any time the CIW produced a report on a specific wellbeing category, they would piggy-back onto it a report that compared regional data to the national data and make suggestions for local policy changes.

The Barrie CHC has also incorporated into their intake process a number of our wellbeing categories. They ask people about their income levels, their education levels, the number of friends they have and their time stress. This information helps the CHC to develop responsive programs, but it also helps them to advise clients on the kinds of things that impact their health.

And, similarly, the CIW benefits enormously from the work done at the local level by the Barrie Resilience Collaborative. It is local real-life stories that breathe life into the statistics and show the human side of the picture.

So my hope is that each and every one of your organizations will consider taking up the cause the way Barrie has, or in whatever way that may work best for your local community.

7. Conclusion

My friends, before I conclude, let me thank you once again for the invitation to join you this morning and thank you for the amazing work that you do each and every

day. We have clearly come a long way in the past decade with the expansion of CHC networks in many countries, and a growing international awareness of the determinants of health and wellbeing.

Historians tell us that we have had two great revolutions in the course of public health. The first was the control of infectious diseases, notwithstanding some recent challenges. The second was the battle against non-communicable diseases. I believe that the third revolution is about moving from an illness model to focusing on all of the things that promote wellbeing.

Friends, experience has taught me that change can come from many directions. Sometimes it's driven from the top down, other times it's driven from the grass roots up. But the speediest change comes when the pressure is applied from both directions. Together we can do that. There is strength in numbers. Together we can create a stronger and interconnected movement. Together we can build an irresistible force for change.

So today, let us re-affirm that access to health care and the opportunity to enjoy good health are basic human rights.

Let's decide to raise awareness – awareness – that better wellbeing begins in our homes, in our schools, in our workplaces, and in the communities where we live. Let's continue to broaden networks that integrate primary health care with social services and community development as the model for the future. Let's commit ourselves to fight for a national Community Health Centres strategy for all Canada. Let's act today to create a vision of wellbeing and a 21st Century society that connects the dots between public policy and societal progress: where people are empowered and governments held accountable.

For now more than ever we need policy solutions that will root ourselves in the values that have shaped this great country: fairness, diversity, equity, inclusion, health, safety, economic security, democracy and sustainability.

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, and informed by our values to build that what truly matters.

Friends, let us dare to have that vision. And let us dare to make it come true – for ourselves and for future generations.

Thank you very much and good luck.