

**SUMMARY OF THE SENATE SUBCOMMITTEE  
ON POPULATION HEALTH - FINAL REPORT**

**A Healthy, Productive Canada: A Determinant of Health Approach**

**October 2009**

## **DISCLAIMER**

The Population Health Promotion Expert Group (PHPEG) of the Pan-Canadian Public Health Network (PHN) has, as part of its work plan, created a series of summary documents on key population health reports released in 2008 and 2009. The following paper summarizes the Senate Subcommittee on Population Health's final report, A Healthy, Productive Canada: A Determinant of Health Approach, which was released in June 2009.

The purpose of this document is to present the key themes and findings of the Senate Subcommittee on Population Health. The material summarized in this paper and any opinions that may be expressed by the author do not necessarily reflect the official views of the PHN, the PHPEG, the Provincial/Territorial jurisdictions, or the Public Health Agency of Canada.

## Summary of the Senate Subcommittee on Population Health - Final Report *A Healthy, Productive Canada: A Determinant of Health Approach*

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### SUBJECT:

- On June 3rd, the Senate Subcommittee on Population Health tabled its final report, *A Healthy, Productive Canada: A Determinant of Health Approach*. On June 18<sup>th</sup>, the report was adopted by the Senate without calling for a formal federal government response.
- The report contains 22 recommendations directed at all orders of government and many sectors within and outside government.
- Recommendations are grouped under four categories: governance (a whole of government population health approach); population health data infrastructure; healthy communities; and a priority focus on population health for Aboriginal Peoples.
- The report provides an opportunity to advance strategic, feasible and supportable initiatives, drawing from the recommendations identified by the Senate Subcommittee.

### KEY FINDINGS:

The Subcommittee's findings and conclusions include the following:

- 75% of factors that influence health are not related to the health care system
- Investing more in health care has not resulted in improved population health
- The current global discourse on social determinants offers a 'window of opportunity' for Canada to take strong leadership in population health
- Public policy is a sound approach to economic recovery and viability · Population health is an investment, not an expense
- A critical gap in our current knowledge is "which public policy interventions work to improve population health?"

Overall, recommendations are in line with recent reports and evidence (Chief Public Health Officer Report 2008, WHO Commission on Social Determinants of Health report and recent provincial level reports e.g. *Discussion Paper: Health Inequities in British Columbia*), as well as current discourse on public health nationally and globally.

Summary of the recommendations:

- **Governance: a whole of government approach** (9 recommendations):
  - Leadership at the top is urged to develop and implement a population health policy at federal, provincial, territorial and local levels with clear goals and targets. The

- completion of health impact assessments for all new policies and programs that may have health consequences is highly recommended. This recommendation calls for a federal Cabinet Committee on Population Health to be struck, to include a number of relevant Ministries.
- It also recommends that the Prime Minister convene a meeting with all First Ministers to establish an intergovernmental mechanism for collaboration on the development and implementation of a pan-Canadian population health strategy; that the Premiers announce, develop and implement in their respective jurisdiction a population health policy that is modeled on the federal population health policy; and that in each province and territory, Premiers establish and chair a Cabinet Committee on Population Health.
- **Population health data infrastructure** (4 recommendations):
    - A database infrastructure is recommended, to be coordinated by the Canadian Institute of Health Information (CIHI) and based on the Newfoundland and Labrador model of Community Accounts, with linkages to the Electronic Health Records. Statistics Canada and relevant stakeholders are called upon to develop standards to ensure the protection, privacy and security of personal information. Strong population health intervention research, with the capacity to assess longitudinal trends and outcomes, is also recommended to inform public policy. The role of the Canadian Institutes for Health Research (CIHR) would be to develop consensus within the federal health portfolio on investments in population health intervention research.
    - The report also explicitly recommends that the Population Health Promotion Expert Group accelerate its work to complete within the next 12 months the development of a national set of indicators of health disparities and that the indicators of health disparities be appropriately matched with the Health Goals for Canada.
  - **Healthy communities** (4 recommendations): Because the determinants of health play out at the local level, governments are encouraged to draw upon and reinforce the expertise and capacity of citizens to build the strong, inclusive communities required for a healthy and productive population. This includes strengthening capacities for analysis and evaluation and harmonizing funding and reporting requirements.
  - **Aboriginal population health** (5 recommendations): The report urges a priority focus on First Nations, Inuit and Métis peoples, and recommends their collaboration in the development and implementation of a Pan-Canadian population health policy. Reducing health disparities, working with existing leadership to meet current needs, celebrating unique cultures and creating new opportunities for the future are integral to improving Aboriginal population health.

## **PROVINCIAL/TERRITORIAL IMPLICATIONS:**

A number of recommendations call for provincial/territorial involvement, or will be of particular interest to provinces and territories.

The report recommends that mechanisms for intergovernmental collaboration (i.e. parallel Cabinet Committees on Population Health) be established in each P/T jurisdiction to develop and implement a pan-Canadian population health strategy and complementary policies. It further specifies that the Health Goals for Canada collaboratively developed in 2005 should be revived and implemented as a national vision for population health, matched with indicators and targets.

The report recognizes certain successful provincial initiatives, and recommends their replication in other jurisdictions, specifically:

- Health Impact Assessment - The Subcommittee recommends mandatory HIA at the federal level, and encourages its adoption at provincial/territorial levels.
- Community database systems (Newfoundland and Labrador's Community Accounts) - Replication of this type of database in other jurisdictions is called for, along with linkages between community data and Electronic Health Records to vertically integrate population health data through a common data infrastructure.

## **COMMUNITY/MUNICIPAL LEVEL IMPLICATIONS**

Embedded in virtually all recommendations is a call for intersectoral action to address the determinants of health. A strong role is envisioned for municipal governments, to support integrated action to address needs at the community level. Interventions at the community level are most successful in addressing the needs of specific vulnerable populations, in building and strengthening supportive environments, and in leveraging resources.

Recommendations for community-building aim to improve the reporting, funding, and evaluation mechanisms that act as barriers to action for community stakeholders. The report also contains an appendix entitled *Act Locally: Community-based population health promotion*, which describes how governments and other actors can support community action for population health and human development.

## **ABORIGINAL HEALTH**

The status of First Nations, Inuit, and Metis populations merited special attention in the report, which noted some of the glaring disparities (e.g. a 12-year difference in life expectancy between Inuit and non-Inuit Canadian women). Most of these recommendations address the need for a more integrated, cohesive strategy to address this health gap. The report also contains a lengthy Appendix which presents valuable data on the burden of illness and extent of health disparities in Aboriginal populations.

## **FPT/PHN IMPLICATIONS:**

Two recommendations relate directly to the work of the Pan-Canadian Public Health Network (PHN) and its Population Health Promotion Expert Group (PHPEG). The PHN is specifically mentioned as being an important vehicle for intergovernmental collaboration. In this context the Report recommends that PHAC create a policy and knowledge node, to be a resource for horizontal and vertical collaboration. Regarding indicators, the recommendation is to complete within one year the process of indicator development that is already well under way with the PHPEG, and match the indicators with the 2005 Health Goals.

## **BACKGROUND:**

In February 2007, the Senate created the Subcommittee on Population Health under the Standing Senate Committee on Social Affairs, Science and Technology. The Subcommittee, chaired by Senator Keon, was mandated to examine and report on the impact of the multiple factors and conditions that contribute to the health of Canada's population - known collectively as the social determinants of health.

On June 3, 2009, the Senate Subcommittee tabled its final report, *A Healthy, Productive Canada: A Determinant of Health Approach* in the Senate. The report contains 22 recommendations directed at all orders of government and several federal units both within and outside the health portfolio. (See Appendix A for list of recommendations). The final report was preceded by four interim reports which formed the basis for further consultations on the role of governments in the development and implementation of a determinant of health approach for Canada.

The Subcommittee did not request a formal federal government response prior to its adoption of the report in the Senate on June 18, 2009. As a result, there is no prescribed process for the federal government or other bodies to respond to the recommendations. However, the report itself provides an opportunity to advance strategic, feasible and supportable initiatives, drawing from the recommendations identified by the Senate Subcommittee.

This will be the subject of an analytic report with recommendations, based on this Senate report and other recent national and WHO reports that were summarised in the Synthesis paper recently approved by PHN Council. This analytic report is part of the approved workplan of the PHPEG and will be forthcoming in the fall of 2009.

See attached:

Appendix A: List of Recommendations

Appendix B: Health Goals for Canada (2005)

## Appendix A

### Summary of the Senate Subcommittee on Population Health - Final Report *A Healthy, Productive Canada: a Determinant of Health Approach*

#### LIST OF RECOMMENDATIONS

##### Whole of Government Approach

1. That the Prime Minister of Canada take the lead in announcing, developing and implementing a population health policy at the federal level;

That a Cabinet Committee on Population Health be established to coordinate the development and implementation of the federal population health policy; That the Prime Minister of Canada chair the Cabinet Committee on Population Health; That the Cabinet Committee on Population Health comprise the relevant departmental ministers including, but not limited to: Human Resources and Skills Development, Indian and Northern Affairs, Finance, Health, Environment, Justice, Agriculture and Agri-Food, Industry, Public Health Agency, and Status of Women.

2. That the Prime Minister of Canada convene a meeting with all First Ministers to establish an intergovernmental mechanism for collaboration on the development and implementation of a pan-Canadian population health strategy;

That the Premiers announce, develop and implement in their respective jurisdiction a population health policy that is modelled on the federal population health policy; That, in each province and territory, Premiers establish and chair a Cabinet Committee on Population Health.

3. That the Treasury Board of Canada Secretariat pro-actively undertake to enhance the range of models and resources available for the management of horizontal and vertical collaborations.

4. That the Government of Canada increase funding to the Public Health Agency of Canada for the creation of a policy and knowledge node that will act as a resource for the implementation of population health and health disparities reduction policies and initiatives both horizontally (at the federal level) and vertically (through intergovernmental collaboration).

5. That, wherever feasible, local /municipal governments across the country adopt and implement a broad population health approach within their boundaries and in collaboration with federal, provincial and territorial governments.

6. That the Health Goals for Canada agreed upon in 2005 be revived and guide the development, implementation and monitoring of the pan-Canadian population health policy.

7. That the Population Health Promotion Expert Group accelerate its work to complete within the next 12 months the development of a national set of indicators of health disparities;

That the indicators of health disparities be appropriately matched with the Health Goals for Canada.

8. That the Department of Finance, in collaboration with the Privy Council Office and the Treasury Board Secretariat, conduct an interdepartmental spending review with the aim of allocating resources to programs that contribute to health disparity reduction.

9. That the Government of Canada require Health Impact Assessment (HIA) to be conducted for any policy, plan or program proposal submitted to Cabinet that is likely to have important consequences on health;

That the Privy Council, in collaboration with Health Canada, develop guidelines for implementing the Cabinet directive on HIA; That the HIA guidelines be developed using existing material; That the Government of Canada encourage the use of HIA in all provinces and territories.

### **Database Infrastructure**

10. That the Government of Canada support the development and implementation of Community Accounts, modelled on the Newfoundland and Labrador CA, in all provinces and territories.

11. That the Canadian Institute for Health Information (CIHI) be designated as the lead in the development, management and maintenance of the pan-Canadian population health database infrastructure;

That CIHI immediately begin work to establish the necessary vertical integration of data with key partners.

12. That Statistics Canada, in collaboration with Canada Health Infoway Inc., the Canadian Institute for Health Information and other key stakeholders, develop standards to facilitate the linkages between the Community Accounts and Electronic Health Records while ensuring the protection, privacy and security of personal information;

That work on the development of appropriate standards for the protection, privacy and security of personal information be completed within the next 12 months.

13. That the Canadian Institutes of Health Research (CIHR) work in collaboration with relevant federal departments and agencies to assess current investment in population health intervention research and reach consensus on and determine an appropriate level of funding in this field;

That the Government of Canada increase its investment in population health intervention research to match the level agreed upon by CIHR and other relevant department and agencies; That future population health intervention research funded by the government of Canada build on the capacity and strengths of existing networks and research centres and foster collaborative partnerships among municipal, provincial and federal research agencies as well as academic partners for a focused research agenda; That the Government of Canada devise competitive

operational funding mechanisms that will best support innovative, leading-edge research on population health intervention; That the Government of Canada consider joint funding mechanisms for inter-provincial and international comparative research on population health interventions;

That the Government of Canada examine the eligibility criteria for human health research infrastructure funds in Canada and consider how these could be better aligned with population health intervention research involving implementation mechanisms in health and other sectors; That population health intervention research on housing, early childhood development and mitigating the effects of poverty among Aboriginal peoples and other vulnerable populations be considered priorities.

### **Healthy Communities**

14. That the Treasury Board of Canada Secretariat review and revise grant and contribution reporting requirements among federal departments and agencies to enhance horizontal and vertical coordination of reporting.

15. That the Treasury Board of Canada Secretariat encourage multi-year funding of projects that have multi-year timelines. The Treasury Board of Canada Secretariat should also encourage multi-year funding among federal granting agencies, where appropriate.

16. That the Government of Canada include support for local analysis and evaluation capacity in the design of programs aimed at improving population health and reducing health disparities.

17. That the Government of Canada work with other levels of government and the non-governmental sector to support the integration or coordination of community-level services within a determinant of health framework.

### **Aboriginal Population Health**

18. That Aboriginal peoples – First Nations, Inuit and Métis – be involved in the design, development and delivery of federal programs and services that address health determinants in their respective communities.

19. That the Prime Minister of Canada, as a first step toward the development and implementation of a pan-Canadian population health strategy, work with provincial and territorial Premiers, as well as with First Nations, Inuit, Métis and other Aboriginal leaders in closing the gaps in health outcomes for Aboriginal Canadians through comprehensive, holistic, and coordinated programs and services.

20. That the following health determinants be given priority: clean water, food security, parenting and early childhood learning, education, housing, economic development, health care and violence against Aboriginal women, children and elders.

21. That the Government of Canada work with all provincial and territorial governments to implement Jordan's principle for all programs, initiatives and services that address the health determinants of Aboriginal peoples in all age groups.

22. That the Government of Canada, in collaboration with its provincial and territorial counterparts, as well as the appropriate First Nations, Inuit and Métis organizations, support and fund appropriate structures and mechanisms across the country that will facilitate the development and implementation of comprehensive, holistic, and coordinated programs and services that address health disparities in Aboriginal communities.

## Appendix B

*Health Goals for Canada - A Federal, Provincial and Territorial Commitment to Canadians*  
(2005)<sup>1</sup>

### Overarching Goal

As a nation, we aspire to a Canada in which every person is as healthy as they can be – physically, mentally, emotionally, and spiritually.

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### Health Goals for Canada

#### Canada is a country where:

##### *Basic Needs (Social and Physical Environments)*

Our children reach their full potential, growing up happy, healthy, confident and secure.

The air we breathe, the water we drink, the food we eat, and the places we live, work and play are safe and healthy - now and for generations to come.

##### *Belonging and Engagement*

Each and every person has dignity, a sense of belonging, and contributes to supportive families, friendships and diverse communities.

We keep learning throughout our lives through formal and informal education, relationships with others, and the land.

We participate in and influence the decisions that affect our personal and collective health and well-being.

We work to make the world a healthy place for all people, through leadership, collaboration and knowledge.

##### *Healthy Living*

Every person receives the support and information they need to make healthy choices.

##### *A System for Health*

We work to prevent and are prepared to respond to threats to our health and safety through coordinated efforts across the country and around the world.

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<sup>1</sup> Source: <http://www.phac-aspc.gc.ca/hgc-osc/new-1-eng.html>

A strong system for health and social well-being responds to disparities in health status and offers timely, appropriate care.