Health beyond Health Care: Twenty-five Years of Federal Health Policy Development

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Executive Summary

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"Health beyond Health care: Twenty-five Years of Federal Health Policy Development" is part of the Towards a New Perspective on Health Policy project directed by Sholom Glouberman of CPRN's Health Network. This report traces the historical evolution of non-medical health policy at the federal level of government from the publication of *A New Perspective on the Health of Canadians* (the Lalonde Report) in 1974 onward. Themes that emerge from this period put current health challenges in perspective.

The key contribution of the Lalonde Report was to conceptualise the idea of health policy beyond health care. Quoting from Thomas McKeown, the Lalonde Report argued that the major contributors to better health were healthier lifestyles, better nutrition and a healthier physical environment. It declared that these played a greater role in health than the advancement of medicine. To this end, the Department of National Health and Welfare created community programs and issue-specific social marketing campaigns throughout the 1980s to modify individual behaviour, particularly addictions. This aspect of health policy was dubbed health promotion.

Responding to changes in thought beyond the walls of government and beyond Canada's borders, the Epp Report of 1986 broadened health promotion from the emphasis on lifestyle to include environmental determinants. It introduced the idea of healthy public policy as an intervention upstream from what could be done by a health department alone (e.g., reducing social inequities). In the 1990s, the determinants of health were increased to include up to 12 factors focussed on the individual and the social and economic environment.

In the early 1990s, a third stream of thought emerged from an external think thank, the Canadian Institute for Advanced Research, under the rubric of population health. It focussed even more on the impact of the social and economic environment on health. The ideas were articulated in a 1994 report, *Strategies for Population Health: Investing in the Health of Canadians* published by the Federal-Provincial-Territorial Advisory Committee on Population Health. During that period, population health began to influence public policy debate and to compete with health promotion for attention, as well as resources.

Publication of the Lalonde Report came eight years after federal and provincial governments decided to establish universal health care insurance. By that time, financing health care had become a major concern. The Report argued that health promotion policies could contain and even reduce demands on the health care system. Cynical observers saw this as providing a rationale for limiting federal expenditure on health care costs. In contrast, the federal Department, and European governments, saw health promotion as a positive contribution to improving the health of the population. Either way, the emphasis on promoting health emerged

in 1977, after the federal government shifted more financial responsibility for health care to the provinces through Established Program Financing.

The origins of these three influential reports are of particular interest. The two reports signed by federal ministers Lalonde and Epp emerged from temporary "think tanks" established inside the federal department. In both cases, a strong assistant deputy minister established protected space for a team of forward-thinking policy analysts to consider how to improve health in the future. These branches also benefited from the support of a committed deputy minister and minister. This pattern was broken with the adoption of the population health framework, which was developed by an external think tank and came to the department through the federal-provincial-territorial committee apparatus.

The present paper draws on evidence from historical documentation and key informant interviews to examine the conception, articulation and implementation of ideas contained in the three documents mentioned above, which mark the development of federal health policy over the last 25 years. Lessons from the past relevant to current debates are summarized below:

Key Ingredients for New Policy Thinking

- Champions for the new ideas within the department are critical to moving them forward into key documents and implementation.

- A think tank or dedicated time is vital to the ability of departmental staff to generate conceptual change and long-term thinking.

Barriers to Health Policy Initiatives

- Fiscal restraint often thwarts new policy development.

- Jurisdictional issues arising from federal-provincial-territorial relations have a considerable influence on the extent and way in which health policy is realized in Canada.

- Health care continues to dominate the agenda, pushing preventative efforts like health promotion and population health to a secondary rank.

- There is a greater willingness to fund narrow, issue-specific, time-limited strategies rather than long-term, broad approaches aimed at all citizens. Early on, careful planning gave way to ad hoc priority setting. Later, social marketing campaigns (raising the profile of government) were chosen over community development. At present, one age group, children, receives far more attention than citizens at other life stages.

Observations and Outcomes

- Releasing a document can be motivated by a desire to provide a new minister or committee

with a policy platform independent of the previous government. For this reason, the release of a document may not signal a commitment to implementation.

- A significant result of the move to see health as much more than health care is the expansion and growing commitment to monitor the health of the population through investments in data development and analysis.

- Approaches to health do not last forever. When evidence shifted, champions left and government changed, health promotion did not have staying power. While *Achieving Health for All* complemented and enhanced *A New Perspective on the Health of Canadians*, the population health approach rejected key dimensions of health promotion such as community building.

Competing Ideas

- Divisions between proponents of health promotion, population health, public health and health care continued through the entire period and show little sign of abating.

- Although sharing a common trajectory and goal, health promotion and population health differ significantly as approaches shaping health policy. They make different assumptions about the nature of health, the purpose of research, research methods and the influences on health. Each approach holds a different view of the appropriate balance between research and action.

- One implication of the shift from health promotion to population health is that more resources have been allocated to research. Whereas health promotion emphasized action over research, this appears to have been reversed with population health in the 1990s.

Challenges

- Over a 25-year period it appears that the federal government's decision to contribute to the health of Canadians beyond health care has resulted in a logjam in health policy.

- Unlike health promotion, the population health approach has built evidence without identifying a policy instrument. The result is that it has become more difficult to see how health policy will move from theory into action in the future.

- Many of the influences on health lie outside the policy domain of departments of health. Attempts by departments of health to influence such areas as employment, housing and education have been branded as "health imperialism." While there is no doubt that cross-departmental and cross-jurisdictional efforts in this direction are necessary to implement policies that respond to population health research findings, many barriers stand in the way of fostering a willingness within other departments to incorporate or cooperate with a health

mandate.

- While policy advisers often attempted to pursue broader health policies and programs, medicare continually drew attention away from other aspects of health. Yet, each conceptual model demonstrates a need for the federal government to improve the non-medical "prerequisites" or "determinants" of health. By their own analysis, therefore, efficient resource allocation would prioritize health not health care. After 25 years, this message has not been heard.

- Research results from population health have yet to be implemented. This approach is in many ways still waiting for a champion and is stalled by the conflict between factions among the researchers, workers, jurisdictions and government departments involved in the health field.