

NETWORKnews

SHARING IDEAS TO HELP IMPROVE THE WELL-BEING OF CANADIANS

Number 9

CANADIAN POLICY RESEARCH NETWORKS INC.

Spring 2000

Equality Is at the Root of Social Cohesion

Supporters of the French Revolution got it right, says Paul Bernard, a professor of Sociology at the Université de Montréal. The route to social order is through following their motto, “Liberty, Equality and Fraternity” (renamed “Solidarity” to fit contemporary sensibilities).

He comes to this conclusion in “Social Cohesion: A Critique,” CPRN Discussion Paper

No. F|09. In it, Bernard tackles a fundamental question: “In view of the constant competition between human beings for scarce resources, what makes it possible for people to live together peacefully in a civil society?”

In 1998, Jane Jenson, now CPRN’s Family Network Director, traced the evolution of social cohesion in the CPRN study, *Mapping Social Cohesion: The State of Canadian Research*, and described five dimensions of the concept (see Box 2 on page 3). Social cohesion, she concluded, is a notion primarily used to mask growing social inequalities.

Bernard builds on her work, as well as other CPRN studies. To him,

liberty, equality and solidarity are not only indispensable to democracy, but if any one of them is neglected then the social order becomes distorted (see Box 1 on page 2).



In fact, Bernard argues that they exist in a dialectical relationship – a state of constant interplay, even conflict. Liberty, equality and solidarity, he says, form a totality. They need each other.

■ True liberty is only possible for people who are relatively equal and who share certain values, at least, that of liberty;

■ True equality cannot be that of slaves, and is based on a sense of common destiny;

■ Solidarity is meaningless unless freely assumed and used to combat exclusion.

At the same time, Bernard argues, these three elements contradict one another:

■ Liberty, especially economic liberty and even more its neo-liberal form, obviously threatens equality, and reduces solidarity to interpersonal action;



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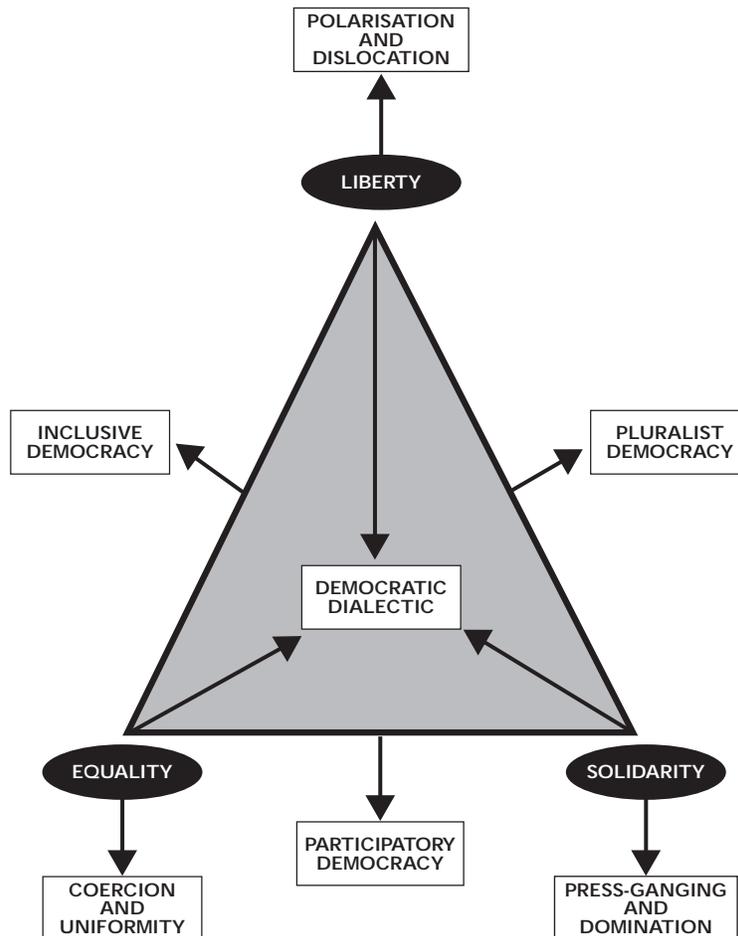
- The unchecked pursuit of equality can drown liberty in uniformity and prevent solidarity from taking form;
- Some interpretations of solidarity can become the enemies of liberty by imposing conformity and denying diversity (and serve as a pretext for perpetuating inequalities).

Bernard maintains that equality is at the root of legitimacy in the democratic social order; when the idea of social cohesion ignores the importance of equality, it can become a dangerous concept. But he argues that the idea still has utility. “We must grasp the concept of social cohesion,” says Bernard, “critique it, and push it to its fullest logical extent. In this way do we demonstrate its strong links to the principles of equality and social justice.”

CPRN President Judith Maxwell says Bernard has advanced this important debate, “First,” she says, “through his critique of what has gone before. Second, through a rigorous analysis of the tensions among the three contending values of solidarity, equality, and liberty, and third, by adding a new dimension to the five set out by Jane Jenson.”

BOX 1

THE DIALECTIC ORDER AND ITS VARIANTS



FIVE DIMENSIONS OF SOCIAL COHESION*

1. Belonging/isolation: social cohesion signifies sharing values, a sense of being part of the same community.
2. Insertion/exclusion: social cohesion supposes a largely shared market capacity, particularly with respect to the labour market.
3. Participation/passivity: social cohesion calls for involvement in the management of public affairs, in partnerships and in the third sector, as opposed to political disenchantment.
4. Recognition/rejection: social cohesion considers pluralism not just a fact but a virtue, that is, the tolerance of differences.
5. Legitimacy/illegitimacy: social cohesion supposes the maintenance of public and private institutions that act as mediators in conflicts.

* From *Mapping Social Cohesion: The State of Canadian Research*, by Jane Jenson, CPRN Study No. F|03, 1998.

Introducing ... The Social Cohesion Nexus

Building on the Family Network's demonstrated expertise in social cohesion, research on current aspects of social cohesion will be reviewed, summarized, and posted to the Web by CPRN research associate Denis Saint-Martin. Summaries will be prepared and posted on the CPRN Web site in both English and French with links to authors and/or publications, all of which will be mirrored on the federal government's Social Cohesion Network Web site. Summaries will be archived on the CPRN Web site for a period of six months for review by interested parties. The Social Cohesion Nexus will be a locus for researchers, policymakers, and interested members of the general public to further explore the subject of social cohesion on an ongoing basis. To subscribe to the Social Cohesion Nexus list serve, visit the Family Network's home page at <http://www.cprn.org> or e-mail the CPRN Web master at join-nexus@lists.cprn.org.

HUMAN RESOURCES IN GOVERNMENT



Transforming the Public Service

In 1997, CPRN launched a large-scale project entitled **Human Resource Issues in Government**. Graham Lowe, Director of CPRN's Work Network, says "the overriding goal of the project is to generate new applied knowledge that will help the federal and provincial governments and civil service unions redefine the strategies, policies and procedures needed to transform the public service."

The following four case studies (below and on page 4) were conducted to serve as illustrations of the kinds of

changes taking place in government workplaces – changes that have significant implications for how government employees do their work and for how they are managed.

Lowe adds: "We hope that case studies such as these will be useful in identifying lessons learned and will help to inform the workplace change process across government."

When Government Changes Course

In 1995, the Alberta Transportation and Utilities (AT&U) was restructured as part of the Conservative government's plan to cut the public sector and to change the role of government from "rowing" to "steering." In order to send the AT&U's engineering design process to the private sector ("outsourcing"), the Design Projects Reengineering Team was created. It was expected to outsource all of the engineering design work (thereby

reducing the number of full-time in-house positions to 112 from 333), create performance measures to evaluate the process, and save \$3.2 million a year.

Sandra Rastin, author of the CPRN Discussion Paper No. W|09 "Outsourcing of the Engineering Design Process in the Alberta Transportation and Utilities Department," says the team more than exceeded these goals. The

design process was 100 percent outsourced, \$8.2 million were saved annually, and full-time jobs were cut to 73. Eight performance measures were created to evaluate the new design process, and at the end of the first year three of the eight targets had been met.

Challenges remain, including skill maintenance and staff renewal. However, work is underway to address these potential problems.



Creating a Model for Government Restructuring

When the Justice Sector in the Ontario government – composed of the Ministry of the Attorney General and the Ministry of the Solicitor General and Correctional Service – was forced to restructure, it opted to integrate the two ministries. In Discussion Paper No. W|06, “Restructuring the Corporate Function in Government: A Case Study of the Integrated Justice Sector Corporate Services Division in Ontario,” Zsuzsanna Lonti and Anil Verma of the University of Toronto

examine the kinds of changes that accompanied the restructuring. They also describe how this, the first shared service delivery mechanism created by the provincial government, became a model for restructuring all the corporate services in all of Ontario’s ministries.

Integration of corporate services across the two ministries led to a large number of changes to operational systems and to job content. Changes such as these pose challenges on the

industrial relations front, with the union seeing its role as minimizing costs to members arising from job loss, job redefinition and changes that might affect seniority.

Evaluation of the outcomes of the restructuring is partly a question of perspective. Administration cost-reduction targets were achieved. The cost? Lay-offs for some, high workload pressures, and increased uncertainty for others.

Aeronautical and Technical Services: A Case Study

In a mere decade, Aeronautical and Technical Services (ATS), a branch of Natural Resources Canada, has downsized, restructured and adopted a completely new orientation and mandate. It has also undergone a number of significant operational changes to improve quality, client service, and organizational performance. And, with continuing technological change, the way people do their jobs has also changed.

In Discussion Paper No. W|08, “Aeronautical and Technical Services – Natural Resources Canada,”

Joseph Peters and Katie Davidman of CPRN’s Work Network, examine what has happened in the agency responsible for publishing thousands of aeronautical charts a year on an internationally synchronized 56-day cycle.

Operational changes involve technological change and quality initiatives (implementing an international quality management system, and participating in the National Quality Institute’s quality organization assessments). The application of stringent quality control methods and procedures has made ATS more

business-like and competitive. The working environment is smaller, faster, and more adaptive.

“ATS is indeed a different type of government workplace,” says Peters. “Whether it is a model that is appropriate for all government workplaces is clearly ‘no’ because the procedures do not necessarily apply across the board. But ATS has the potential to be an important source for shared learning within Natural Resources, and for government in general.”

Creating the Conditions for Self-management

A major restructuring at the Ministry of Consumer and Commercial Relations (MCCR) of the Government of Ontario provided an opportunity to examine how large-scale change in the scope and nature of government work had an impact in workplace practices.

This case study was conducted by Zsuzsanna Lonti and Anil Verma of the University of Toronto. It is entitled “‘Industry Self-Management’ as a Strategy for Restructuring Government: The Case of the

Ministry of Consumer and Commercial Relations (MCCR) and the Technical Standards and Safety Authority (TSSA) in Ontario” (Discussion Paper No. W|07).

Industry self-management (ISM) is a process whereby the responsibility for administering legislation and regulations is transferred from government to industry. It entails creating not-for-profit, self-funded corporations led by industry councils to deliver services and programs in specific markets where consumer protection

or public safety has traditionally been government regulated.

“ISM leaves the Ministry free to focus on its core business of setting policy directions and establishing safety standards,” says Lonti. “It also means tapping into sectoral best practices and letting industry do what they do best – deliver services.”

This case study describes the process whereby ISM occurred, as well as the issues it raised.



The Tough Task of Tracking What Constitutes Quality of Life

The greatest power in public policy debates lies in being able to change the definition of a problem... it is the power of indicators to alter the common understanding of a problem.

Clifford W. Cobb and Craig Rixford (1998), *Lessons Learned from the History of Social Indicators*, San Francisco: Redefining Progress.

Many citizen- and community-driven quality of life indicator projects have taken place in the past decade in both Canada and the United States. So when research consultant Barbara Legowski began examining them for a background paper for CPRN, she was forced to draw the line at 21 – more than double the number she had originally intended to research.

Her findings and analysis are found in “A Sampling of Community- and Citizen-driven Quality of Life/Societal Indicator Projects.” In the paper, Legowski profiles the purpose and outcomes of these projects (14 of which involved citizens) and identifies what has been learned about designing indicator projects, developing conceptual frameworks and constructing indicators. This was a difficult process, given the diversity of the projects. Some were government led, some were strictly grassroots projects, and agendas varied accordingly. Six projects, for example, were self-identified quality of life/societal indicators projects, four took a sustainable development approach, nine emphasized economic performance and two adopted a health paradigm.

The greatest power in public policy debates lies in being able to change the definition of a problem...

“For projects that involved citizens, the emphasis was on balancing and linking activities across three key sectors; the economy, environment and society,” says Legowski. “Projects that did not involve citizens were dominated by economic issues and indicators.”

Even the language used in the two approaches was different. Projects that did not involve citizens tended to focus on economic indicators and, therefore, relied on a technical language that was generally inaccessible to the

Canada and Quality of Life

Canadians are envied throughout the world for their standard of living. But how do they experience their situation? Do they think life is better now than it was for their parents? Do they hope that their children will enjoy a future much like the present? Although many quality of life projects are underway, or are being planned, not one is both national in scope and balances citizen input with experts and leaders in the public, private, and not-for-profit voluntary sectors.

Through a citizen engagement process, CPRN is working on the **Quality of Life Indicators Project** (QOLIP) to develop a set of national indicators for tracking Canada’s progress.

“We want to create a prototype set of national Quality of Life Indicators that will reflect the range of issues that truly matter to citizens,” says Sandra Zagon, QOLIP Project Manager. “The indicators will also help to create a common language for dialogue across the public, private and voluntary sectors. This will lead to a more informed debate on public priorities.”

The two background papers, “A Sampling of Community- and Citizen-driven Quality of Life/Societal Indicator Projects,” by Barbara Legowski, and “A Survey of Indicators of Economic and Social Well-being,” by Andrew Sharpe, were commissioned by CPRN to help inform this important work in progress. A third paper on polling activity on quality of life over the past 10 years is underway.



average person. Projects that involved citizens, however, tended to include some subjective indicators based on surveys. For example, people were asked to rate how satisfied they were with the availability of a college education, or how they felt about the state of their personal finances.

Most of the projects were either funded through government institutions or by non-profit, non-governmental organizations, although in some instances funding also came from the private sector. (And considerable volunteer time was given to projects involving citizens – although not formally measured.)



Legowski says that projects launched and sustained outside of formal institutions, where policies are made and resources assigned, tended to serve as monitoring, information and advocacy tools. In contrast, she says, projects undertaken within institutions that control policy and resources, as well as being information tools, were used to direct policies and programs and monitor results for feedback purposes.

“A key theme that emerged from the sample was balance,” says Legowski. “By this, I mean balance throughout the process, from vision through to indicators.”

This is no small task, including as it does:

- Balancing citizen input with that of experts, seeking participation from a diverse cross-section of a population to balance the viewpoints of the so-called “unconnected” with those of the “connected”;

- Balancing the concerns and intentions of project funders, citizen participants and experts in indicator selection;

- Balancing positive with negative measures and presenting both subjective and objective findings;

- Balancing the security of institutionalizing a project for the longer term with the integrity of the processes and results of citizen input.

Legowski says that all these forms of balance add to a project’s credibility and to its potential influence on decision makers and public debate.

And what makes a successful quality of life/societal indicators project? Certainly communicating effectively with the public is high on the checklist, including making use of the media to sponsor outreach projects and give a high profile to leaders. But any project that begins without a secure infrastructure in place, as well as a system of non-partisan governance, is far less likely to succeed.

“This study is a good departure point for QOLIP,” says Project Manager Sandra Zagon. “And QOLIP itself is envisioned to be a departure point for further work. After all, QOLIP is a pilot project, intended to create a prototype of a set of national indicators to track changes over time on matters Canadians will have identified as important to quality of life.”



Surveying Indicators of Economic and Social Well-being

When Campaign 2000 sought to heighten public consciousness about child poverty, this coalition of social groups was able to publicize its cause with hard data. One child in five lives in poverty, Canadians were told through the media. People were so appalled that children were suffering in a country as wealthy as Canada, politicians found themselves with no recourse. In 1989, the House of Commons unanimously passed a resolution to eliminate child poverty in Canada by 2000.

While the resolution has since proven to be more symbolic than substantive, the fact that a social indicator exists to measure child poverty is significant. Every year,

One child in five lives in poverty, Canadians were told through the media.

with the release of the poverty data, Canada's progress on this indicator is compared with the benchmark. And every year, the media broadcast the findings to the nation, and (to Canada's shame) the world.

Social reporting for public enlightenment is one important way in which social indicators are used. But it is by no means the only one. When the social indicators movement was

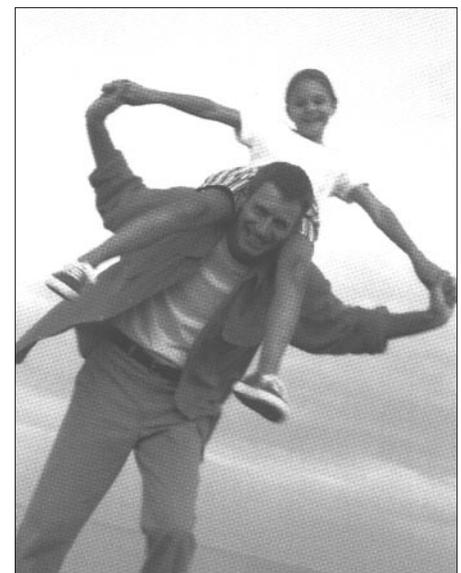
spawned in the 1960s, a key principle behind it was the desire to *monitor* change over time in a broad range of social phenomena that went beyond traditional economic indicators. It was also hoped that social indicators would be useful in *forecasting trends* in social conditions and turning points.

In "A Survey of Indicators of Economic and Social Well-being," a background paper prepared for CPRN by Andrew Sharpe, the major indicators of economic and social well-being that have been developed at the national and international levels are surveyed. Sharpe, Executive Director of the Centre for the Study of Living Standards, provides an overview of social indicators (including the history of the social indicators movement, types of social indicators and their development), summarizes the best known and most important indexes of economic and social well-being, and discusses a number of issues in the construction of these indexes, including criteria for applying and evaluating the indexes developed for Canada.

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In 1989, the House of Commons unanimously passed a resolution to eliminate child poverty in Canada by 2000.

"While there are potential dangers in the index approach, the explosion of interest in indexes of economic and social well-being in this country at all levels (national, provincial, regional and community) is an extremely healthy one," notes Sharpe. "Because, while knowledge is not a sufficient condition for social progress, it is a necessary one."





Knowing Your Values

Hubert Saint-Onge is Senior Vice-President for Strategic Capabilities at Clarica Life Insurance Company and a specialist in applying knowledge management and learning organization principles. He supported CPRN's organizational development by voluntarily leading a staff workshop. Judith Maxwell interviewed Hubert Saint-Onge to highlight his working philosophy.

Judith Maxwell: What are values?

Hubert Saint-Onge: Values are internalized ideals. At a fundamental level, values are priorities that we have come to assume as individuals. These priorities serve as a guide in making everyday choices. As a result, values affect our decision making and our behaviours. They operate for the most part at an implicit level and are not always visible to us even though they serve as a powerful internal rudder in our everyday life.

J: Why should organizations be interested in people's values?

H: For two fundamental reasons: the need to have the commitment of their members and the need for partnering at all levels of the organization. To commit, members must see a convergence between their values, their internalized sense of priorities, and that of the organization. And, as people are

being increasingly asked to work together in teams and across boundaries, each member must feel free to bring forward their input, build on one another's ideas and complement one another's perspectives. Relationships only work if there is some level of convergence on values between the individuals involved.

J: But aren't values very personal?

H: Yes, definitely! This is why the process used to clarify values must fully respect the privacy of individuals. While values are very personal, we display them in the way in which we speak and in the choices we make every day. Our values are so internalized that they are veiled from even ourselves. We are unaccustomed to discuss "values," be they our own or those of others. This lack of familiarity or comfort in discussing "values" makes people hesitant about openly discussing

them. With the right process, it is entirely possible to gain both a greater understanding of our own values while respecting everyone's personal space. This is at the basis of our ability to build strong bridges among one another and to learn to partner more effectively.

J: How do you enable people to articulate and go through this process?

H: We have to start by helping individuals gain a solid understanding of their own values. At the organizational level, it is also important that we have the same definition for the many values involved. The Hall-Tona values

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Judith Maxwell and Hubert Saint-Onge



system provides us with standard definitions by naming all values underlying human experience and giving them standard definitions.

Hall-Tona provides a questionnaire where individuals prioritize a series of statements in terms that best describe them. As each statement consists of the definition of a given value, each time the person indicates a preference, they ascribe a priority level to a given value. When done by all

While values are very personal, we display them in the way in which we speak and in the choices we make every day. Our values are so internalized that they are veiled from even ourselves.

team or organization members, we can aggregate priorities and find patterns. If the majority of members place a given value at the top of their list, we can be confident that this is a value with significant meaning for this organization.

J: So you can then extrapolate organizational values from the sum of the values of its members.

H: This is one of the advantages of this approach. But it must be done with care. Privacy is respected because no name is attached to the choices. Also,

we can focus on the values that are the most important for collaboration and interdependence. In addition, we need to emphasize a great diversity of values. It is essential that shared values be kept to a minimum set in order to let diversity flourish with confidence.

J: What does it tell you when values *don't* converge in an organization?

H: The results are generalized feelings of alienation and frustration. In such an organization people ask themselves a lot of questions about their membership. I have encountered people who experience such dissonance that they compartmentalize their private and work lives into entirely different spheres of activity. My sense is that this is even more of an issue in organizations that people join out of a sense of dedication for a cause they find very important. But when people are forced to repress the values most important to them and have no other way of actualizing them, it gives rise to rather unhealthy contexts. Organizations in this situation will tend to lose their integrity and their willingness to serve.

J: What are the symptoms of this alienation and lack of integrity?

H: Lack of alignment can best be detected by the loss of commitment and energy of

members to the purpose of the organization. In fact, “corruption” sets in. (I don’t mean this in the legal sense but in terms of the fundamental values that shape the very existence of the organization.) This “corruption” leads to distrust and to difficulty in building effective working relationships. As the very fabric of the organization rips apart, members lose a sense of the collective purpose and start exhibiting dysfunctional behaviours that denote their orientation to survival and self-interest. A great deal of energy then has to be spent internally to address issues that keep emerging.

When an organization loses sight of the full width of its impact on stakeholders, it becomes much more narrowly preoccupied with perceived survival issues.

We are unaccustomed to discuss “values,” be they our own or those of others.

As individual members experience this constriction of organization vision, they lose faith in the collective purpose of the organization and gradually turn to a more self-interested orientation. This generally leads individuals and the organization to under-perform.



J: Why is it important for an organization like CPRN to understand its values and make sure that the convergence is there?

H: There are three key reasons. First, CPRN has a value-laden mission. It sees and describes itself within Canadian society not as value neutral but as

It is essential that shared values be kept to a minimum set in order to let diversity flourish with confidence.

championing strong values to do with family, healthy work places, and engendering health. It must understand not only the values of its own members but also prevalent societal values.

The second reason is related to CPRN's organizational form. I believe strongly that the "network" is the shape of many organizations in the future. Organizations shaped as "networks" have to place a greater premium on collaboration and partnership in order to be successful. Their coherence stems not from the management hierarchy but from the alignment of purpose and values. CPRN will need to have a strong values foundation in order to make its partnership linkages work in a highly effective manner.

Third, CPRN's mission is based on establishing partnerships in different communities and Canadian society at large. To partner externally with its numerous stakeholders, CPRN first has to learn to be highly effective at partnering internally, and values play an essential role in this process. Furthermore, CPRN's many stakeholders also come from different orientations and will have different values priorities. CPRN must be able to understand stakeholders' values and how they can best work with them.

J: Clarica is much further along in identifying and enacting values. What has been the experience thus far?

H: Work on values has been extremely helpful given the intensive change we have undertaken during the last three years – particularly in transferring ownership from our customers to shareholders. We wanted to be more transparent and more accountable for our performance. We also wanted to evolve our culture to be more open to our customers and to be more attuned to value creation for our shareholders. We adopted a new name and a new brand while reaffirming the fundamental values that have characterized the company for more than 100 years.

Our people asked pertinent questions about the changes. They wondered whether by becoming a stock company, we would become lean and nasty. Were we shedding our beliefs about caring for the customer and being in the service of the customer? This is where the values work we had done in the preceding two years became very helpful. Our members could see the link between their own values and the organizational values. This helped them better understand the nature of the change we need to make and to rally behind the proposals. We could accelerate with the full confidence and commitment of our members.

When an organization loses sight of the full width of its impact on stakeholders, it becomes much more narrowly preoccupied with perceived survival issues.

J: Did it make the organization more efficient?

H: Adherence to well-defined values allows organizations to accelerate change without losing the trust of its members and gives greater agility. Placing change in the context of commitment to evolving values brings less friction or energy leakage in



the implementation of change. To create a stronger sense of urgency and accelerate speed, we have adopted the principle that the lapse time of our projects should not exceed 90 days. Project teams are brought together, dissolved and re-configured at a much greater pace than used to be the case. There is little time for team building; we talk about teaming and re-teaming as we re-configure people and capabilities around specific projects for a limited time. Having clear organizational values becomes very helpful in this context in that they clarify

Adherence to well-defined values allows organizations to accelerate change without losing the trust of its members and gives greater agility. Placing change in the context of commitment to evolving values brings less friction or energy leakage in the implementation of change.

how we're meant to exercise leadership and to work together.

J: How can people learn more about this process?

H: Brian Hall, Professor Emeritus at the University of Santa Rosa, has been doing research in this area for more than 30 years. He has a number of books to his credit, the most recent of which is entitled *Values Shift*. He also has a Web site at www.values.com.



Canada-US Policy Group Meets

The third meeting of the Canadian-American Study Group on Policy Making for Health was held in New York City on February 10th and 11th. Hosted by the Wagner School of Public Administration and facilitated by Jo Boufford, Dean of the Wagner School, and Sholom Glouberman, Director of CPRN's Health Network, the seminar brought together eight participants from the United States and nine from Canada.

The intersection between information technology and health was the general theme and was divided into four topics: The Future Impact of Information on the Health Field; Electronic Medical Records and

Confidentiality and Privacy; Federal Government (American and Canadian) Approaches to Data Gathering; and, Public Health Surveillance and Information Technology. Each topic was introduced by a representative from the United States and Canada.

"The most important thing we learned was that Canada and the United States are concerned about the same kinds of issues and are using similar conceptual frameworks in developing information gathering and the capacity for data analysis," says Glouberman. "Although we may be working on different problems, we are on parallel paths, so the scope for collaboration is great."

The theme of the next meeting, to be held in Ottawa in September, will be "Inequalities in Health." The seminars bring together senior civil servants and policy analysts working in the health field, as well as academics and health care managers. They provide an opportunity for people who work in the same area to meet informally to discuss shared issues of concern.

For further information on the Canadian-American Study Group on Policy Making for Health contact Sholom Glouberman (sglouberman@cprn.org).



Finding Common Ground: An International Symposium on Health

CPRN hosted an international symposium on Canadian health policy in Toronto, May 8–10, to explore health issues related to internationalization and the ways in which other countries are responding to dwindling health resources. By bringing together Canadian policymakers and international experts, CPRN identified future policies capable of responding to changing influences on health.

The symposium focused on four topics related to Canadian health policy: public health, the health care system, health promotion and

inequalities in health. Participants were invited to consider each of these in light of the hypothesis that an important contributor to health is a robust relationship between individuals and their social context. Margaret Catley-Carlson, former president of the Population Council and the Canadian International Development Agency, chaired the symposium.

Internationally recognized health experts led topic discussions. They included: Dr. Ilona Kickbusch, Head of the Division of International Health at Yale University's Department of

Epidemiology and Public Health ("International Public Health Issues"); Dr. Kieke Okma, Senior Policy Advisor to the Minister of Health, Welfare and Sport, the Netherlands ("Sustainable Health Care Systems"); Dr. Irving Rootman, Director of the Centre for Health Promotion at the University of Toronto ("Learning from Health Promotion in Developing Countries"); and Dr. Harry Burns, Medical Director of Public Health of the Greater Glasgow Health Board, UK, ("From Research into the Inequalities in Health to Public Policy").

Health Policymakers Should Build on Past Accomplishments

For Canadians interested in health issues, the 1960s and 1970s were exciting times. Health was placed under the microscope and examined from a variety of perspectives. Philosophical discussions abounded – discussions that

influenced the direction of health and social policy then and now.

The only problem is, times have changed. And so should the discussion, argues Sholom Glouberman, Director of CPRN's

Health Network. In an effort to encourage debate and policy progress in today's world, Glouberman has been leading an effort to describe this new perspective on health policy. He has presented "Health: Individuals, Environments and Interactions" to more than 1,200 people across Canada and in the United Kingdom in the last two years. These people represent every group involved in health care: doctors, public health

workers, health promoters, federal and provincial public servants, and hospital managers. In April, Glouberman presented this paper to the Population Health group of the Canadian Institute for Advanced Research in Toronto.

"I point out that government investment in health care and the health care structure in both Canada and the United Kingdom contain certain key elements," says Glouberman. "And while it is essential that new elements be added, it is equally important to preserve the old. Many elements of it are good and should be built upon, not cast aside or destroyed."

Glouberman best describes what he is talking about through the verbal imagery of "building blocks." What policymakers need to do, he says, is to build upon the three building blocks already in place.





Glouberman and his research team clustered ideas about health into three major groups; those that focus on individuals, those

Block #1

Public Health Measures (a.k.a. stopping epidemics and keeping people healthy)

Recurring cholera epidemics led to the discovery that contaminated water was transmitting the epidemic. When government initiated public health measures (providing cleaner water and inspections and nursing) the health of the general population improved.

Block #2

Universal Health Care Coverage (a.k.a. diagnosing and treating the sick)

It was hoped that the entire population could be “cured” once medical coverage became universal, an objective that the Canadian government embraced when it introduced medicare in 1968.

Block #3

Health Promotion (a.k.a. improving people’s health)

The Scottish doctor and epidemiologist, Thomas McKeown, argued in the 1960s and 1970s that there are more important influences on health than either traditional public health measures or medical care. His ideas helped shape the Lalonde Report, a health policy document which Glouberman argues is the most significant to emerge in the past 25 years.

Why? Because it recognizes four major influences on health – human biology, environment, lifestyle and health care organization – and can be used as a “tool for analyzing health problems, determining health needs of Canadians and choosing the means by which those needs can be met.” The report underlines the importance of the social environment, power and control, coping skills, social justice, housing, education and civil society in promoting health. To incorporate this approach, both the federal and provincial governments made institutional changes.

Block #4

A work in progress: Inequalities in Health:

(a.k.a. why some people are healthy and others are not)

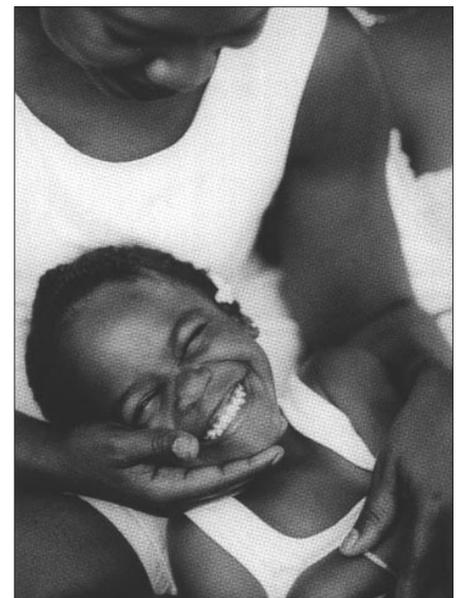
Glouberman argues that numerous studies indicate that mortality, various kinds of morbidity, self-reporting of health and similar health measures seem to follow gradients. People with higher education, social status or income are healthier than those with less. In fact, he maintains, the social environment (class, occupation) has a greater influence on people’s health than their physical makeup or their individual behaviours (smoking, drinking).

“The quality of the interaction between an individual and his or her social context is a major contributor to health.”

that stress the environment, and those that consider seriously the interaction between them. All three approaches to health have been productive, but while the first two have received special attention in the past, the third seems to promise a fresh direction for the future.

The following hypothesis is one that Glouberman suggests is worth pursuing: “The quality of the interaction between an individual and his or her social context is a major contributor to health.” It is a hypothesis that Glouberman says can be tested against a number of research results. It is also both preliminary and exploratory. However, Glouberman says some studies corroborate it. (They suggest, for example, that people in close relationships are healthier than those who are not, and are still healthier than people who have suffered marriage breakdowns.)

Continuing feedback from Glouberman’s presentations has helped him develop his thesis and is moving him toward the next step – an examination of policy alternatives.



Denis Saint-Martin and **Martin Papillon** have joined the Family Network as research associates.

Denis Saint-Martin, Ph.D., is an Assistant Professor of Political Science at the Université de Montréal and a former Post-doctoral Fellow at the Center for European Studies, Harvard University. He has taught at Carleton University's School of Public Administration and at Concordia University's Faculty of Public Policy and Administration. He worked with Jane Jenson on *Mapping Social Cohesion: The State of Canadian Research* and with Judith Maxwell to coordinate the research for the *Final Report on Social Cohesion* issued by the Standing Senate Committee on Social Affairs, Science and Technology. His research interests and publications are mainly in the area of public sector restructuring and comparative politics. Saint-Martin has recently written on the "new" politics of the middle class and is currently exploring the relationships between the shift from the welfare state to the social investment state, the rise of the knowledge-based economy, and the stakeholder model of citizenship.

Martin Papillon, M.A., L.L.B., is currently a Ph.D. student in Political Science at York University in Toronto. He previously worked as a policy analyst for Intergovernmental Affairs in the Privy Council Office and was a Parliamentary Intern in the House of Commons in 1997-1998. His research interests relate mainly to questions on the theory and historical development of citizenship in Canada, immigration policy, Aboriginal peoples' self-government, federalism and national minorities, as well as political participation and democratic practices for minorities. Martin will be working on a variety of Family Network projects that examine citizenship issues.

Karen Jackson, Director of Corporate Affairs and Research Fellow; and **Peter Puxley**, Director of Public Affairs, have recently joined the CPRN management team. **Karen Jackson**, as part of a two-year Interchange Assignment, will coordinate management functions across research and research support, concentrating on planning, fundraising, and outreach to stakeholders. As research fellow she will take responsibility for Corporate projects, including the direction of the **Quality of Life Indicators Project** and **The Society We Want**. Karen was the former Director General, Learning, Employment and Economic Participation at the Department of Indian Affairs and Northern Development. At DIAND and previously at HRDC and EIC, Karen worked in policy analysis and development in the areas of labour markets, education, economic development, and social security, as well as federal-provincial relations and Aboriginal affairs. She was responsible for leading teams of various sizes, managing a range of corporate services and participated as a member of departmental senior management committees.

As Director of Public Affairs, **Peter Puxley** will direct and implement CPRN's communications strategy and co-ordinate the content of newsletters, the Web site and the annual report. He will also advise management and staff on project development and support the strategic planning process with both advice and regular environmental scans. Peter comes to CPRN after a 17-year career with CBC. He held a variety of posts including Senior Producer, The National Magazine, CBC TV and Parliamentary Bureau Chief, CBC Radio. Prior to his journalism career, Peter worked as a senior legislative researcher in the Alberta Legislature and as a research consultant to the Dene Nation. A Rhodes scholar,

Peter has a B.A. in Economics from Dalhousie University and a M.Sc. in Town Planning from the University of Toronto. He also did postgraduate work in economics and geography at Clark University and Oxford.

Elisabeth Richard, who established the public affairs role, returned to Public Works and Government Services Canada after two years with CPRN. She founded e-networks and *NetworkNews*.

Soni Dasmohapatra has joined the Health Network as Network Coordinator replacing **Catherine Nicholson**. Soni received her B.A. in Sociology from the University of Toronto and was a research assistant with the Ontario Association of Youth Employment Centres.

Adam Seddon comes to the Work Network as junior researcher. He is a graduate of Carleton University's School of Journalism and Communication and holds an M.A. in Political Economy from the Institute of Political Economy at Carleton.

Phong Tran has joined Web and Document Management Services as a Publisher/Developer. He is responsible for putting new publications up on the Web and developing various computer tools/applications to assist CPRN staff. He is also part of Information Services.

Sara Nassif is taking on receptionist responsibilities on a part-time basis, joining **Corey-Ann D'Aoust** who has returned from a maternity leave to work part-time as a receptionist/clerk. CPRN was sorry to say goodbye to **Robert Gorley**, who replaced Corey-Ann during her maternity leave.

PUBLICATIONS

These reports are also available free of charge on the Internet at <http://www.cprn.org>

Tax Fairness for One-Earner and Two-Earner

Families: An Examination of the Issues,

by Michael Krashinsky and Gordon Cleveland.

CPRN Discussion Paper No. F|07. 1999. 23 pp.

Commissioned as part of the three-year research project designed to address the question "What Is the Best Policy Mix for Canada's Children?," the authors find that the current Canadian income tax system does not discriminate against stay-at-home parents in favour of parents who enter the paid workforce. The paper provides important material for establishing a foundation on which to build a social strategy for children and their families.

Aristotle and the Social Environment,

by Sholom Glouberman. CPRN Discussion Paper (forthcoming).

This discussion paper examines the work of Aristotle as a way of gaining insight into the dilemmas facing health policy decision makers in the 21st century. Drawing on his ideas aids in understanding the factors that determine health and allowed Glouberman to propose a preliminary hypothesis on the connection between social gradients and levels of well-being.

A Survey of Three Concepts of Health,

by Sari Kisilevsky, Phil Groff and Catherine Nicholson. CPRN Background Paper.

By building on advances made through the adoption of universal health care and public health measures, the authors have investigated a third concept of health – one that views health as a function of the interaction between the individual and the environment. Such an approach provides insight into the factors that negatively affect health through time, as well as individual differences in health status.

NETWORKnews

Network News is published quarterly by the Canadian Policy Research Networks, an independent policy research think tank.

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ISSN 1488-3430

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(4 issues per year)

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Clarica (known as Mutual Life of Canada until its conversion to a shareholder company) provides products and services in the areas of retail insurance, group life and health insurance, as well as a range of

retirement options. From 1996 to 1998, this investment and insurance company provided general corporate funding to CPRN. It is currently a sponsor of the Health Network.



Where Should the New Health Dollars Go?

In the Spring of last year, governments began to reinvest in health care – first in a small way, and now this Spring in larger amounts. What imperatives should guide those expenditures? Two, in particular, one short term, and one long term. In some respects they compete, but both require attention.

The first imperative is to address the legacy of the 1990s – declining confidence in health care on the part of Canadians. The second is to begin building the kind of health system we want to achieve by 2010.

In the early 1990s, governments set out to shift capacity from the hospital sector to community- and home-based care. That choice was based on clear evidence that our tax dollars would go further if patients were treated in lower cost ways and outside the hospital. Examples included:

- substituting drug therapies for surgery;
- opting for day surgery rather than operations requiring long stays in hospital;
- providing home care to keep patients in an environment closer to family and their regular patterns of life; and
- making primary care more accessible so that people can consult their family doctors rather than line up at the emergency ward.

This structural shift required building new capacity in the community

before transferring patients from hospitals. But two shocks disrupted the plan.



One was the fiscal shock, when governments discovered in 1994 and 1995 that financial markets were reluctant to lend them more money. Suddenly, finance ministers needed to generate big cost savings quickly. Health spending, a major part of every provincial budget, was strongly affected. The result: hospital budgets were cut before the new capacity was in place. And the flow of new funds to community-based care has since fallen well short of the need.

The other shock was a rise in demand for hospital services. High and long-term unemployment, low-wage and insecure jobs, cuts in social programs, more people living alone, and growing poverty concentrated in inner cities contributed to poor health and placed a strain on the acute care system.

Overcrowded emergency rooms, and intense pressure on fewer nurses, operating rooms and beds are the familiar symptoms.

The original plan to serve more health needs outside the hospital still makes a lot of sense, for both health and fiscal reasons. Caring for people close to home, helping them to be as self-reliant as possible, and providing access to professional advice keeps people healthier. It therefore reduces the need for high-cost hospital services in the longer term.

So, what is needed is a two-pronged attack.

In the short term, we must address the fear that we no longer have the best possible hospitals for people who are acutely ill. The federal and provincial governments must stop competing and share the responsibility for restoring the confidence of Canadians in their health care system. That will cost money.

At the same time, now that there is real money to invest, let us also invest it in the kind of health system that will make sense for the long term. And that means investing in services that keep people out of hospital.

President
Canadian Policy Research Networks