



## Reason to Celebrate

This report has shown that Canada has much to celebrate. Many Canadians enjoy high levels of health and Canada ranks well above other countries in most of the major indicators of population health. Canada's health-care system remains a source of pride for Canadians, despite major restructuring efforts in all jurisdictions. With the exception of certain population groups, health promotion and disease and injury prevention strategies have shown positive results in areas such as immunization, mammography, breastfeeding and car seatbelt usage.

At the same time, there is definitely room for improvement. The high standard of health experienced by many Canadians is not shared by all sectors of society. There are clearly disparities in health status associated with gender, age, socioeconomic status and place of residence. Some Canadians (especially children living in low-income families) are also more vulnerable to threats in the physical environment, including inadequate housing and exposure to damaging toxins.

Achieving complete equality in health status among all Canadians is an unrealistic goal. But achieving equitable or fair access to the opportunities and supportive environments all citizens need to be healthy is both a laudable and achievable goal in a civil, caring society. As this report has also shown, increased access to protective factors in the environment such as social support, safe communities, employment opportunities and advanced education can help to ameliorate some of the inequities in health status associated with living in low socioeconomic circumstances.

## The Use of a Population Health Approach

A population health approach uses both short- and long-term strategies to:

- strengthen the underlying and interrelated conditions in the environment so that all Canadians can enjoy optimum surroundings for healthy living
- reduce inequities in the underlying conditions that put some Canadians at a disadvantage for attaining and maintaining optimal health and well-being.

The deceptively simple story that follows speaks to the complex set of factors or conditions that determine health.

“Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighbourhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in that neighbourhood?

Because his parents can't afford a nicer place to live.

But why can't his parents afford a nicer place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why ...?”<sup>1</sup>

Getting to the root cause of Jason's illness and the other major health problems we face in Canada today requires action on the broader determinants of health. It is also important to continue to provide high-quality health services that will help Jason heal. This is the essence of a population health approach.

In January 1997, the Federal, Provincial and Territorial Advisory Committee on Population Health defined population health as follows:

*Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early child development and health services.*

*As an approach, population health focuses on the interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in the patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of these populations.<sup>2</sup>*

A population health approach studies these interrelated conditions and then uses what is learned to suggest policies and actions that will improve the health and well-being of all Canadians.

## Priorities for Action

While there are many challenges to improving health, the Advisory Committee on Population Health (ACPH) recognized the importance of highlighting three broad priority areas for action. The selection of these priorities was based on the evidence contained in this report as well as the collective experience and expertise of the committee members and their partners. Additional references and further elaboration of the statements made in this section can be found within the individual chapters noted in the text.

Within each of the following three priority areas, a number of specific challenges are highlighted; both short- and long-term strategies are suggested.

1. *Renewing and reorienting the health sector* requires collaborative efforts to:
  - take action to meet emerging challenges in health promotion, disease and injury prevention and health protection, as well as in treatment services,
  - increase the accountability of health services through improved reporting on the quality of health services and increasing access to needed services,
  - increase our understanding of how the basic determinants of health influence collective and personal well-being,
  - evaluate and identify policy and program strategies that work, and
  - influence sectors outside of health which can significantly affect health status.
2. *Investing in the health and well-being of key population groups* reflects recent trends that have shown decreased opportunities for optimal well-being among three groups: children, youth and Aboriginal people.
3. *Improving health by reducing inequities in income distribution and in literacy and education* speaks to the findings in this report that show direct links between poor health and early death, and low levels of education, literacy and income.

### ***1. Renewing and Reorienting the Health Sector***

Improving the health of all Canadians requires continuing efforts to reorient the health sector. The achievement of sustainable, effective, health services requires renewal and reorientation on five fronts:

#### ***Continue and broaden health promotion, protection and disease and injury prevention strategies in key areas.***

The public will continue to look to health professionals to work with citizens and communities to coordinate health promotion, health protection and disease and injury prevention strategies as outlined in the *Ottawa Charter for Health Promotion*.<sup>3</sup>

This report suggests that there is a need to continue and broaden strategies in the following areas:

- ◆ Reducing costs and suffering through comprehensive strategies on injury prevention.
- ◆ Continuing and improving upon successful initiatives in areas such as immunization, breastfeeding, heart health, safe driving and prenatal health.
- ◆ Providing additional support to young families and parents.
- ◆ Continuing and improving upon successful initiatives in healthy aging, especially in light of the aging of a substantial proportion of the population.
- ◆ Continuing and improving upon successful initiatives in healthy child development.
- ◆ Developing and implementing comprehensive, collaborative strategies to deal with timely issues such as increased smoking among girls and young women, increases in asthma among children, low levels of physical activity among some groups, increases in unsafe sex practices and other risk-taking behaviours among Canada's youth, as well as efforts to reduce family violence and the harm associated with injection drug use.
- ◆ Developing and implementing comprehensive, collaborative strategies to increase the mental and social well-being of young people and to reduce violent behaviour and suicide.

***Renew and modernize the health treatment system by making it more integrated, sustainable, flexible and accountable.***

The health sector is responsible for the delivery of high-quality, timely health services. The evidence shows that, unlike the other determinants, access to insured health services in Canada is not affected by income level; however, this is not the case for uninsured services. Canadians who work part-time or in low-paying jobs without benefits are less likely to have access to these services. This, plus other evidence on the fragmentation of services (e.g. home-care, pharmacare) pose a number of challenges for the health sector. Chapter 6 suggests that key strategies include:

- ◆ Increasing the accountability of health services through improved reporting on the quality of health services in both the acute and community settings.
- ◆ Increasing access to essential, cost-effective health services such as dental care, eye care and required medications which are not currently covered by Canada's universal health insurance plan. Whether this is done through universal access programs or through specific support to Canadians without insurance or the ability to pay for needed services is an important subject for debate and discussion.
- ◆ Ensuring equitable access to community care, home care, mental health services, respite care and palliative care when needed.
- ◆ Continuing and improving upon successful, cost-effective preventive interventions such as mammography, Pap tests and injury control measures.
- ◆ Adopting a rational, evidence-based approach to the complex challenge of containing drug expenditures, while making necessary drug therapies accessible to all Canadians who need them.

***Increase our understanding of how the basic determinants of health influence collective and personal well-being.***

Knowledge and information gaps in population health have been identified throughout this report.

- ◆ Two priorities are the need for additional collective indices of community and population health and the need for more up-to-date, comprehensive and regionally relevant indicators of health in the physical environment. Other gaps include the need for more information on rural and urban differences.
- ◆ Data on the determinants of health (e.g. income, employment) and on health status are often collected in the territories in ways that do not allow for national comparisons. For example, some national household and labour surveys are not carried out in the territories and the information is sometimes collected in different ways. This gap needs to be addressed.
- ◆ Enhanced analysis of the effect of gender, culture, age/stage of development and socioeconomic status on measures of health is needed.

***The health sector can initiate dialogue and act as a catalyst for change.***

***Initiate dialogue with other health-determining sectors about the health impacts of policies in sectors outside health and about collective actions that can be taken.***

Addressing the root causes of poor health will mean working with other sectors to ensure that the general conditions within society support health. This report suggests that there is a need to initiate dialogue with other health-determining sectors, particularly those in the socioeconomic domain, about the health impacts of policies in sectors outside health and collective strategies that can be adopted.

The ideal outcome of these collaborations will be healthy public policies in a variety of health-determining sectors, particularly those in the socioeconomic domain. The health sector cannot do it all, nor can it impose its agenda on other sectors. It can, however, initiate dialogue and act as a catalyst for change.

The 1994 ACPH document *Strategies for Population Health: Investing in the Health of Canadians* stressed the need for collaboration across all sectors in addressing the major determinants of health discussed in this report. Since many of the determinants of health are outside of the traditional health system, building alliances in pursuit of policies in all sectors that affect health is a primary strategy for improving the health of the population. Other sectors that need to be involved include the economic, justice, housing, education, environmental, employment, transportation and social service sectors.

Collaboration can occur at all levels — neighbourhoods, communities, provincial/territorial, regional and national. Partners need to include voluntary, professional, business, consumer and labour organizations, governments and representatives of communities of faith, various cultures, and population groups and disadvantaged groups.

***Generate and share knowledge about the health status of Canadians, the determinants that influence health and the effectiveness of health services.***

Knowledge development refers to a number of related activities including research initiatives that utilize a variety of methodologies, the development of new indices to measure health, program and policy evaluation, and the collection, analysis, synthesis and sharing of information.

Advances in information technology hold great promise for enhancing our capacity to share information with both professionals and the public. Governments and the private sector need to invest in innovative ways of sharing knowledge about population health, and in building the capacity for electronic communication among the voluntary sector, community groups and the public.

This report suggests a number of priority areas for knowledge development:

- ◆ Harmonized standards in information collection are required if health information is to be shared across local, regional, provincial, territorial, national and international levels.
- ◆ Data gaps in health services exist and include a lack of national databases for some chronic diseases (such as diabetes and arthritis), and national data sets for mental health, home-care and community health services. More information on the quality of health services and increased measures of accountability that track the outcomes and cost effectiveness of health service interventions are needed.
- ◆ A better understanding of the quality of existing data (especially self-reports on items with a high level of social desirability) is needed.
- ◆ Lastly, a population health approach requires that investigators in a number of different disciplines increase their collaborative efforts. Interdisciplinary research is particularly important in the exploration of the relationship between biology, genetics and health.

***2. Investing in the Health and Well-Being of Key Population Groups***

The evidence in this report suggests that three population groups are particularly vulnerable at this time to poor health outcomes. These three groups are children, youth (and by extension, families with children and youth) and Aboriginal people. Investing in activities to improve health among these groups and in the conditions that affect their health will lead to important improvements in the health of the Canadian population overall, as well as reducing the future suffering and costs that result from poor health.

This does *not* mean that efforts to support and improve the health of other segments of the population should be abandoned or ignored. Findings in population health increasingly point to the importance of developmental stages and transitions throughout the life cycle. In particular, the aging of the population suggests that efforts to support healthy aging need to continue and expand. At the same time, it is clear in this report that the need to focus on the three groups identified here has increased in recent years.

***Invest in early childhood.***

Studies in neurobiology have now confirmed that when optimal conditions for a child's development are provided in the period between conception and age 5, the brain develops in a way that has positive outcomes for a lifetime. When parents, caregivers and babies have a loving, secure relationship in the first 18 months of the child's life, the infant forms a "secure attachment." This attachment helps to establish positive connections in the brain that allow the child to develop trust, self-esteem, emotional control and the ability to have positive relationships with others later in life. Infants who are neglected or abused or whose parents are unable to form this attachment due to illness or stress are at higher risk for a number of behavioural, social and cognitive problems later in life (Chapters 1, 3 and 7). With nurturing and consistent support in later years, children can overcome these early disadvantages. However, the preferred strategy is to prevent problems by providing all children with the kinds of social and physical environments they need in order to thrive.

Studies have shown that children in low-income families and neighbourhoods are at higher risk for infant death and low birthweight. They are more likely to experience developmental delays, to be exposed to environmental contaminants that have a negative effect on health and to experience higher rates of both unintentional and intentional injuries than children who grow up in families with higher incomes. Some of these disadvantages may be alleviated or overcome by positive parenting, loving caregivers, early opportunities for learning and supportive communities (Chapter 3).

Despite a parliamentary resolution to eliminate child poverty by the year 2000, we have seen the number of young children who live in low-income families increase from one in five in 1990 to one in four in 1995. These proportions are higher in Aboriginal and recently arrived immigrant communities, and in families headed by very young parents and female lone parents (Chapters 2 and 3).

Changes in family structure have contributed to the rise in family poverty in Canada. In 1995, almost 50% of single-parent, mother-led families lived below Statistics Canada's low income cut-off levels (LICOs). However, increases in poverty have not been restricted to single-parent families. Between 1990 and 1995, the percentage of married couples with children in low-income situations rose from 9.5% to 13% — a total of almost 460,000 families (Chapter 2).

Although the highest proportion of children not doing well live in low-income families, there is no income cut-off above which all children do well. Therefore, policies and programs for positive child development must apply to all sectors of society.

All children in Canada deserve nurturing, stimulating, caring and safe environments, nutritious food, safe, stable shelter, and opportunities to participate in community-based recreation and learning activities. Indeed, their rights to these basic prerequisites of health are provided for in the United Nations Convention on the Rights of the Child, which was ratified by Canada in 1991.

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Investing in early childhood begins before and after conception. Access to a healthy diet in the preconception stage is important for a healthy birth outcome (Chapter 7). Low birthweight (less than 2,500 grams or about 5.5 pounds) is linked to physical and mental disabilities, and sometimes early death. Women who are most likely to have low birthweight babies are those with lower levels of education, who live in highly stressful environments, who do not have adequate nutrition and support, and who smoke during pregnancy. Women who drink alcohol and/or use drugs during pregnancy are also more likely to have babies with developmental problems. Fetal alcohol syndrome and fetal alcohol effects are the most dramatic outcomes associated with heavy drinking and drug use during pregnancy. Women who drink or use drugs during pregnancy are often victims of addiction, abuse, poverty or neglect (Chapters 3 and 7).

In recent years, both the federal and provincial/territorial governments have begun to invest in early childhood through a series of policies, programs and legislative changes. It will be important to monitor the effects of these initiatives and to report to the public on changes that result.

Efforts to maximize healthy child development in the early years will require direct action by the health sector as well as collaboration with the other sectors (e.g. education, social services, housing, taxation) and the many people and institutions that affect child development (e.g. families, schools, communities, workplaces, governments, the media). Key strategies include:

- ◆ *Alleviating child poverty by increasing income security for all families in Canada.* In addition to strategies designed to increase and protect income security for all families in Canada, there is a need to develop sustained, long-term strategies that support lone parents of all ages (especially female lone parents) and enable them to return to school or upgrade their working capacity, without compromising their own health or the well-being of their children (Chapters 2 and 3).
- ◆ *Continuing efforts to support healthy pregnancies* by providing information and support to young people and expectant parents about health in the prenatal and postnatal periods. Providing outreach services (including social support, information, food and protection) to pregnant women who are isolated, impoverished or distressed in other ways, is an important part of this strategy.<sup>4</sup>
- ◆ *Supporting families and positive parenting* by providing workplace, labour and government policies and programs that enhance parents' (especially young parents) capacities to support their families and still have time to spend with their children, without compromising their own health. These policies may be particularly important for women (Chapter 2). Many women who work outside the home suffer high stress levels trying to balance work and family life. Alternatively, women who work inside the home must deal with the stress of trying to parent well while living on one income. Comprehensive school and community strategies can help provide young people and parents with the information and support they need to build positive parenting skills. Cohesive, safe neighbourhoods and access to high-quality childcare when it is needed have also been shown to support families and parents (Chapter 3). The role of taxation policies in supporting families is important and needs further discussion (Chapter 3).<sup>5</sup>

- ◆ *Upholding the right of all children to a safe and secure environment, free from child abuse, neglect and exploitation.* Family violence is both an intergenerational and a systemic issue. In the short term, infants and young children must be protected from abuse and neglect. Zero tolerance for this behaviour is an important community norm. In the long term, research suggests that broad policy efforts to increase employment, relieve the stress of poverty and prepare young people for intimate, egalitarian relationships are important strategies for reducing and eliminating child abuse and neglect (Chapters 2 and 3).
- ◆ *Providing preschool children with the stimulation and nurturing they need to arrive at school ready to learn and to interact with other children in a positive way.* Community programs that support families and help parents create stimulating environments for their preschoolers can help. Policies that increase access to both high-quality childcare programs for families that need them and to junior kindergartens and preschools need to be considered. Studies have also shown that “Head Start” programs for toddlers who live in disadvantaged neighbourhoods may help some children arrive at school with cognitive and behavioural scores that are similar to children who come from more advantaged families. (Chapter 3).
- ◆ *Reducing and eliminating unintentional injuries among infants and preschool children (e.g. poisoning, falls, motor vehicle crashes) and exposure to environmental contaminants in both the natural and built environments (e.g. environmental tobacco smoke) (Chapters 2, 3, 4).*

**Y**oung people deserve love and respect for who they are. They are also central to Canada's investment in its future as a caring and productive nation.

### ***Work with young people to improve their health.***

Just as it is important to invest in early childhood, this report points to the immediate need to invest in Canada's youth. Young people deserve love and respect for who they are. They are also central to Canada's investment in its future as a caring and productive nation.

This report suggests that a number of things are going well with young people. For example, youth voluntarism has increased dramatically and the number of young women completing post-secondary levels of education is at its highest point ever.

At the same time, we are alerted to distressing trends in the health and psychosocial well-being of Canada's youth in virtually every chapter of this report. Among young men, high rates of suicide (especially in Aboriginal communities) and unintentional injuries contribute to early deaths (Chapter 1). Early school leaving and multiple risk-taking behaviours (including drinking and driving, and drinking and unsafe sex) are symptoms of despair that do not bode well for the current or future health of the young men who engage in these behaviours (Chapters 2 and 5). While the incidence of violent youth crime — a sign of anger and alienation — has decreased in recent years, it remains much higher than it was a decade ago (Chapter 2).

Negative health predictors among young women include high levels of reported stress and depression and low levels of psychological well-being (Chapter 1). Cancer death rates have remained persistently stubborn among women, mainly due to increases in lung cancer mortality. The increase in smoking among young women predicts that this trend will continue and worsen in the new millennium. Many young women report that they smoke to deal with stress (Chapters 1 and 5).

Despite some recent improvements, unemployment and underemployment remain pervasive problems for young people. These conditions are related to increases in the number of young people who live in low-income situations and the number of young low-income families in Canada (Chapter 2). The stresses of poverty tend to exacerbate relationship problems and homelessness (Chapters 3 and 4). Some groups of young people are at particularly high risk for poor health, including young people in care and street youth (Chapter 3).

Most of the negative outcomes described above are preventable. A comprehensive plan to invest in Canada's young people is badly needed. Young people themselves must be involved in identifying both problems and solutions, and in providing input to policy and program decisions related to their well-being. This report also points to the need to pay attention to how gender, culture and membership in various age cohorts and population groups affects the behaviours, beliefs and opportunities available to young people. Key strategies to address this challenge include:

**S***chool and community programs are needed to help both young men and women prepare for parenting.*

- ◆ *Helping young people prepare for intimate relationships and family life.* Positive relationships with peers, family members and other adults prepare young people for intimacy and family life. Young people who are ready for intimate relationships respect each other and share roles between the sexes. They are willing and able to make an intimate commitment to another person. While family life experience is critical in learning how to develop healthy relationships, societal influences in education, media and sport and recreation systems can also have a positive or negative effect on how young people learn to form and maintain relationships. At the same time, school and community programs are needed to help both young men and women prepare for parenting (Chapters 1 and 3).
- ◆ *Helping young people make a successful transition from school to meaningful employment.* Educational achievement is an important factor in obtaining a good job. The following conditions may help young people stay in school: stimulating environments in early childhood, early success in school, nurturing school environments, involved parents who value an education, community support for troubled young people, efforts to prevent teen pregnancy, and increased support for adolescents who cannot afford to stay in school (Chapter 2). Other studies have shown that mentoring, cooperative education, apprenticeship programs and school curriculums that teach work-related skills such as teamwork and problem solving can also help young people make a smoother transition from school to work.<sup>6</sup>
- ◆ *Helping young people prepare to participate in community life.* Partnerships among schools, community agencies, businesses and parents are increasingly seen as an effective way to help young people learn the civic and social skills they need for adulthood. Community service and volunteer work give youth opportunities to develop meaningful roles, to apply academic learning in real life situations, to learn job skills such as cooperation and decision making, to develop self-respect and to earn the respect of the community.<sup>7</sup> Remote, isolated communities and high-density urban housing

areas face special challenges in supporting young adults. Sometimes, the whole community needs to engage in a healing process that involves young people as important contributors to the process.<sup>8</sup>

- ◆ *Making the healthy choices the easy choices.* This report has pointed to several disturbing trends, including unsafe sex practices, which can lead to infection and unwanted pregnancy, increased rates of smoking among young women and multiple drug use by both sexes. Policies and programs to address and reverse these trends are needed. At the same time, we need to recognize that personal lifestyle “choices” are linked to the capacity of the home, school, community, workplaces and governments to make “the healthy choices the easy choices.” Crowded housing, neighbourhoods in which there is a lot of drug dealing, isolated living conditions with little to do, and threatening school environments contribute to increased violence, youth misuse of alcohol, tobacco and other drugs, and increased feelings of alienation and depression. Strategies to support healthy development in adolescence need to focus on providing supportive environments in the places where young people learn, work, recreate and live.

### ***Improve the health of Canada’s Aboriginal people.***

Despite major improvements in infant mortality rates and education levels, and reductions in substance use in many Aboriginal communities, Aboriginal people remain at higher risk for illness, infant mortality and earlier death than the Canadian population as a whole (Chapters 1 and 3). Climate change and environmental hazards in the food supply may have a particularly negative effect on Aboriginal cultures and their way of life (Chapter 4). Young men (particularly those in Inuit communities) are far more likely to commit suicide than their peers in the rest of Canada (Chapter 1) and Aboriginal young people are at higher risk for non-intentional injuries and early deaths from drowning and other causes (Chapters 1 and 5). Aboriginal children in some communities are more likely than children in the general population to engage in adult behaviours such as smoking, drinking and drug use at a young age (Chapters 3 and 5).

A greater proportion of Aboriginal families are experiencing problems with housing and food affordability than Canadian families as a whole (Chapter 4). This is clearly linked to high levels of unemployment and pervasive low incomes. Aboriginal leaders have identified low-income levels as a critical factor in their communities’ health status and have called for a better understanding of the links between income, social factors and the health of their people. Strategies to address this challenge should take into account the following points:

- ◆ *Aboriginal people have the lead role in finding ways to enable their people to take control of and improve their health.* However, meeting this goal will require the support of all Canadians. Policy makers and practitioners who are non-Aboriginal need to work with Aboriginal people to find culturally appropriate ways to improve their health and well-being.
- ◆ *The subpopulations within the Aboriginal population are diverse.* Conditions vary greatly from settlement to settlement and between Aboriginal people who live on and off reserve. It is important to recognize this diversity and to involve specific communities in developing strategies that will address their health challenges.

- ◆ *The creation of the new territory, Nunavut, offers an exciting opportunity to better understand the health of Inuit peoples, who make up the majority of residents there. Existing surveys and databases will need to be analyzed to separate information on Nunavut from the Northwest Territories. Different research methodologies will need to be applied to overcome the challenges of information collection and dissemination in this far-reaching, diverse Northern area.*
- ◆ *The recent Royal Commission Report on Aboriginal Peoples identified numerous strategies to address this challenge, including increased support for self-government, improvements in the basic prerequisites for health such as access to safe, high-quality and affordable housing, and the elimination of racial prejudice in mainstream society. The recommendations from this report should be used to inform a collaborative strategy to improve health in Aboriginal communities.*
- ◆ *Some of the strategies to improve the well-being of Aboriginal people in Canada's North are likely to benefit all people who live in the area. Compromised health among Aboriginal people may sometimes be compounded by isolation and the high costs of living in areas that are remote from food production, schools and health facilities — factors that Aboriginal people share with non-Aboriginal residents of the North.*
- ◆ *Aboriginal and non-Aboriginal researchers, policy-makers and practitioners need to involve local people in all aspects of their studies and to provide ownership of the results to the communities that are involved.*
- ◆ *Future reports on health status and the determinants of health need to take into account cultural differences in definitions when making provincial-territorial comparisons. Definitions of “employment,” for example, may vary dramatically in West coast communities and in Northern Inuit and First Nations communities, where, for example, a major aspect of daily employment is hunting for food.*
- ◆ *Many of the strategies presented in the next section on reducing income inequities will help to improve health status among Aboriginal people, as well as among other groups in Canada.*

### ***3. Improving Health by Reducing Inequities in Income Distribution and in Literacy and Education***

The two priorities described in this section — achieving a more equitable distribution of incomes in Canada, and increasing literacy levels and access to education — have a direct effect on health status even though they are largely managed outside of the health sector. Collaborative, multisectoral, long-term strategies with other sectors involved in these areas are important for improving the health of the Canadian population.

#### ***Achieve a more equitable distribution of incomes in Canada.***

Canadians with low incomes are more likely to have physical, social and mental health problems than Canadians with higher incomes. They are also more likely to die earlier than other Canadians, no matter which cause of death is considered. This is true, regardless of race, age, gender or level of funding in the health care system (Chapters 1 and 2).

Research suggests that in terms of the health of the population, the overall wealth of a given society is less important than how evenly wealth is distributed within that society. The more equally wealth is distributed, the better the health of the population.<sup>9</sup> It is estimated that if all Canadians achieved the same death rates as the highest income earners, over one-fifth of all potential years of life lost before age 65 could be prevented<sup>10</sup> (Chapters 1 and 2).

An income gradient affects health at every rung of the socioeconomic ladder, not just the health of the poor. It also affects the social cohesion that characterizes a neighbourhood or community.<sup>11</sup> Therefore, middle-income and high-income Canadians also stand to benefit from increases in income equality (Chapter 2).

Wages are the major source of income for most Canadians. Despite some recent improvements, high rates of unemployment and underemployment remain problematic among young people, women, Aboriginal people and visible minority groups. The wage gap between men and women persists and women continue to dominate in low-paying jobs. Canada's performance on the United Nations measure of gender empowerment suggests that Canada can do a better job of enabling women to gain decision-making roles in business, industry and government (Chapters 1 and 2).

Canada's tax, transfer and social policies have played a key role in reducing inequities in Canada in the past. Canada's universal health insurance scheme, which provides access to needed medical services, has also been effective in reducing inequities (Chapter 2). However, many low- and moderate-income Canadians do not have equal access to necessary services such as eye care, dentistry, mental health counselling and prescription drugs, which are not covered by current universal health-care plans. This challenge is addressed earlier in this chapter.

Social services and recreation are important complements to health services, especially in support of the healthy development of children and youth.<sup>12</sup> Reductions in access to social services and recreation are particularly hard on families with children that have low- and moderate-incomes and cannot afford to purchase these services (Chapter 3). Providing equitable access to safe, affordable housing is also an important way to reduce inequities (Chapter 4).

At the time of writing, Canada was in the throes of a housing affordability crisis. Reductions in the availability of social housing combined with cyclical recessions and reductions in family incomes have contributed to the increase in the number of families that live in low-income situations, and sometimes are homeless. In 1996, 30% of families with children that rented had housing affordability problems. This increased to 58% among lone-parent families and to 76% among lone-parents under the age of 30 (Chapter 4). Homelessness has increased and homeless Canadians include increasing numbers of women and children and other groups in special circumstances, including Aboriginal people, adolescents and people with mental illness.

A report from the Canadian Association of Food Banks stated that, in 1998, more than 250,000 children and young people under the age of 18 were recipients of food banks. Data from the 1996–97 NLSCY suggested that children who went hungry came from families that depended on social assistance and from families that reported having wages as a source of income. Thus, it appears that poor working families are vulnerable to hunger, as are families on social assistance (Chapter 3).

This report suggests that there are several key strategies for achieving a more equitable distribution of incomes in Canada.

- ◆ *Increase earning capacities and employment opportunities among individuals and groups that have been left behind.* These include women, young people (especially young men with low levels of education and skills and lone female parents), Aboriginal people, members of visible minority communities, and workers in specific industries (e.g. cod and salmon fishing). Policies that promote full-time work for those who want it, fair wages, pay equity, access to employee health benefits, fair unemployment benefits and job diversification are all important strategies to consider.<sup>13</sup> Support for increased opportunities in education, literacy and skills training (discussed later) that enable Canadians to pursue meaningful careers in the higher wage-earning sectors is equally important (Chapter 2).
- ◆ *Continue to use tax and transfer/social policies to reduce inequities among different levels of wage earners.* These have played a key role in reducing inequities in Canada in the past. Any changes in these policies must be looked at carefully because of their potential to ameliorate or increase inequities in income (and therefore in health status) (Chapter 2).
  - ◆ *Review the effectiveness of current programs that provide a safety net for Canadians who require assistance at different times in their lives.* The trends described in this report suggest that this may be especially important for older women who live alone (one in five lives below Statistics Canada's LICO) and for young families that experience economic setbacks due to unemployment, underemployment, elevated housing costs and changes in family structure (Chapters 2 and 3).
  - ◆ *Recognize the importance of recreation and social services to health and find ways to provide equitable access to these services, regardless of an individual's or family's ability to pay* (Chapter 3).
  - ◆ *Find ways to ensure that all Canadian individuals and families have their essential needs for shelter, privacy and security met.* Work with Aboriginal people to ensure adequate, appropriate housing both on and off reserve (Chapter 4).
- ◆ *Develop long-term strategies to prevent hunger in Canada,* including increased access to healthy, affordable foods in Northern and rural communities and in urban settings. While food banks serve an important stop-gap role, they provide only short-term and partial solutions (Chapter 4).

***People with higher levels of education tend to embrace positive health practices more so than people with low levels of education.***

### ***Increase literacy levels and access to education for all Canadians.***

Canadians with low literacy skills are more likely to be unemployed and poor, to suffer poorer health and to die earlier than Canadians with high levels of literacy (Chapters 1 and 2). The positive links between level of education and other major determinants of health are also well documented. For example, people with higher levels of education

tend to embrace positive health practices more so than people with low levels of education (Chapter 5), to have better access to healthy physical environments (Chapter 4) and to be better able to optimally prepare their children for school (Chapter 3).

In 1995, Canada had more than twice the number of citizens who lacked adequate literacy skills as Sweden, the country ranked number one on the United Nation's Human Poverty Index for industrialized countries (Chapter 2). While higher numbers of newcomers who do not speak English or French may account for part of this difference, the reasons for this need further exploration.

Educational achievement and literacy are usually, but not always, linked. For example, seniors with low levels of formal education who have pursued lifelong learning opportunities score higher on literacy tests than would be expected. Chapter 7 supports the notion that the provision of opportunities for lifelong learning may be particularly important for maintaining mental health and cognitive capacity in old age.

There is a core of young people who drop out of high school early. They tend to be young men who are having difficulty in school and have limited emotional and financial support for staying in school. In 1996, more young Canadians (especially women) were gaining advanced degrees than ever before. However, between 1992 and 1997, tuition fees for post-secondary education rose 70%, compared to a 6% rise in the Consumer Price Index. As a result of increased tuition costs and increases in family poverty, the average debt load for the growing number of students who must seek financial assistance to attend college or university tripled in the 1990s. This is a worrisome trend that may deter future students from seeking a higher education and cause an increasing number of students to default on their loans.<sup>14</sup>

As the demand for workers with knowledge-based skills increases in the new millennium, the marginalization of Canadians with low literacy skills and low levels of education will worsen. Addressing this challenge must be a priority for all sectors: schools, workplaces, communities, governments and families. Key strategies to address this challenge include:

- ◆ *Providing support for literacy upgrading programs in workplaces and communities for people of all ages.* This includes helping newcomers to Canada learn English or French (Chapter 2).
- ◆ *Encouraging young people to stay in school and finding ways to decrease the debt burden for students who pursue a post-secondary education* (Chapter 2).
- ◆ *Preventing adolescent pregnancies.* The evidence in this report has shown a consistent link between a mother's level of education, her own well-being and several indicators related to children's opportunities for a healthy start in life. We need to provide young women with the information and support they need to stay in school and delay pregnancy beyond the teen years (Chapters 1 and 3). At the same time, there is a need to develop a strategy for helping young men stay in school and use safe sex practices that prevent pregnancy and sexually transmitted diseases (Chapters 2 and 5).
- ◆ *Increasing support for lifelong learning.* This report has shown that stimulation and opportunities to learn are important throughout life, beginning in infancy and extending into old age. As discussed in a previous section, preparing preschoolers for a successful entrance to school is especially important for their future health and development (Chapters 3 and 7).

## A Vision for the Future

A vision for health in the new millennium would see all Canadians enjoying improved health and well-being. Maintaining and improving health by enhancing quality of life, increasing the number of years lived in good health and reducing inequities in health status will require collaborative efforts in pursuit of five major outcomes. These represent a synthesis of the major strategic directions articulated by the ACPH.

### ***1. Positive, supportive living and working conditions in all communities, including:***

- a thriving and sustainable economy with meaningful work for all
- an adequate income for all Canadians and a reduction in the number of families living in poverty
- a more equitable distribution of income
- healthy working conditions
- educational, literacy and lifelong learning opportunities for all
- supportive friendships and social support networks in all communities.

### ***2. A safe, high-quality physical environment, including:***

- a healthy and sustainable environment for all with access to good quality air, water and food, and freedom from exposure to harmful toxins
- suitable, adequate and affordable housing for all
- safe, well-designed communities.

### ***3. Opportunities for healthy development and support for individual choices that enhance health and foster independence, including:***

- healthy child development
- healthy life choice decisions
- enhanced independence for those who require assistance with activities of daily living.

### ***4. Appropriate and affordable health services that are accessible to all, including:***

- a continued commitment to a health-service system based on the principles of universality, accessibility, comprehensiveness, portability and public administration
- improved access to services that have been proven cost-effective but are not consistently or uniformly available
- decreased utilization of services, technologies and medications which the evidence indicates are inappropriate, ineffective or over-utilized
- improved service integration and effectiveness, and increased accountability for improving health outcomes.

### **5. Reductions in preventable illness, injuries and premature death, including:**

- reductions in health problems that take a significant toll on the health of Canadians and for which effective prevention or intervention strategies are available
- an initial focus on priorities currently being addressed by several provinces and territories and the federal government.

## **Conclusion**

Canadians are among the healthiest people in the world. However, this good health is not enjoyed equally by everyone. This report points to some important trends and challenges that need to be addressed. Trends, however, are not destiny. It is possible to achieve positive population health outcomes through the implementation of a broad population health strategy that has a role for all sectors: public, private and not-for-profit.

A major challenge facing those who design, implement and manage policies, programs and research is finding the means to effectively tackle the underlying determinants of health and their interactions. As we have seen in this report, these determinants are complex and dynamic. Thus, interventions must include both short- and long-term strategies, within the health sector and in other sectors that influence health status. It is hoped that the evidence presented in this report (and ones to follow) will help initiate dialogue between sectors and guide the development of initiatives designed to improve and promote public health in the new millennium.

As we enter a new century, our country continues to grow in complexity. Canada is a federation of 10 provinces and three territories that supports bilingualism and multiculturalism. The geography of Canada is vast and varied, and the diversity of our population continues to grow. This breadth, complexity and diversity is both a challenge and a strength.

There is an expectation that our past achievements and collective commitment to improving the well-being of all Canadians will provide us with some exciting opportunities to address the challenges presented in this report.

## **Endnotes for Chapter 8**

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