

# **TODRES** LEADERSHIP COUNSEL

## **Working on the Horizontal Plane is the Only Way to Fly**

Presentation to “Health in All Policies  
Roundtable” September 24, 2010

MOHLTC/OAHPP

# 1. A View from Inside and Outside

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## #1 *Ontario Women's Directorate Experience*

- Working on “marginal” issues
- How to get the attention of Ministers and Cabinet
- “Cabinet Action Plan”
- Agenda item at First Minister's Conference
  - Women's Economic Status Indicator
  - Presence at First Ministers' Conference, not the meeting of Women's ministers

# 1. A View from Inside and Outside

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- Family violence
  - Inclusion in Cabinet Document
  - First cross-Ministry (17 departments) Cabinet and Treasury Board Submission in the history of the Ontario Government
- Policy levers akin to HIA
  - Women's Impact Statement for all Cabinet submissions
    - Descent in some cases to trivial review

# 1. A View from Inside and Outside

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- Inter-ministerial Committees
- Linkages with key stakeholder groups
- Resourcing the community
- What put us on the map?
  - Pay Equity
  - Powerful Minister
  - Excellent policy support
  - Conversations with others, not just ourselves

# 1. A View from Inside and Outside

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## #2 Work with Health Council of Canada

## #3 Personal Revelations of a Policy Wonk

- Timing, timing, timing: the ripeness of issues
- The nature of the conversation: from ideological to empirical
- “Women’s Dirt”: A Parable about Capacity
- Difficult to work without vocabulary
  - no knowledge about “joined up” government

## 2. We (You) are Ready to Fly on the Wings of Science

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- Policy thinking has shifted
  - Accountability
  - Transparency
  - Evidence based decision making
- “Wicked Issues” are the preoccupation of our generation
  - Environment/Climate
  - Health Outcomes
  - Poverty

## 2. We (You) are Ready to Fly on the Wings of Science

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- Cadre of public health professionals
- Public demands for accountability
- Champions
- Literature

“If I am not for myself, who will be?

If I am only for myself what am I?

If not now, when?”

### 3. Role of Healthy Public Policy in Reducing Health Inequities

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- The primary factors that shape the health of Canadians are the living circumstances Canadians experience
  - These circumstances have a direct impact on health outcomes; provide opportunities for Canadians to adopt healthy lifestyles and determine the amount of health-threatening stress Canadians experience
  - These circumstances also determine the extent of health inequities

# 3. Role of Healthy Public Policy in Reducing Health Inequities

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- A extensive review of the international literature reveals quite plainly that the health of Canada’s citizenry does not lie within the sole ken of the Minister of Health
- Canada has been a leader in terms of developing health promotion principles of equity and participation and the population health focus on the determinants of health
  - The Lalonde Report in 1974 set out four fields of health: human biology, lifestyles, environment and health
  - The Ottawa Charter in 1986 broadened the environmental factor to include “the process of enabling people to increase control over their health and its determinants and thereby improve their health”
  - Recently, there have been similar pronouncements from PHAC, the Chief Medical Officer of Canada, the Canadian Senate, The Conference Board

# 3. Role of Healthy Public Policy in Reducing Health Inequities

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- All these recent documents have in common the notion that the SDOH are key
- I am stressing the SDOH, because **the natural corollary is the adoption of “Healthy Public Policy”**
- **The question then for all of us here today is simply” how do we translate what has been known for some time into societal action to promote health**
- Canada has, notwithstanding its record as the producer of much valued literature, fallen behind other jurisdictions such as the UK and Sweden, and even some jurisdictions in the US

## 4. “Wicked Issues”: A Digression that is not a Digression

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- The OWD knew instinctively, without the vocabulary to support its direction, that making a difference about an intolerable issue- 4/10 women expecting to be beaten or abused- required an intersectoral approach
- Now we have political scientists and public administrators talking about “wicked issues”
  - Those complex policy bundles of issues that require multi-level, interdepartmental solutions, the elements of which are wicked issues themselves

## 4. “Wicked Issues”: A Digression that is not a Digression

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- Term was coined during the Blair administration when the UK took on a series of complex policy issues including Health and drove policy development and implementation through tightly controlled “joined up government” initiatives
- I suppose what I want you to consider is this:
  - Dealing with climate control, or environmental safety, or safe communities is like dealing with health inequities

## 5. Intersectoral Action is Crucial and a Prerequisite

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- Let's look at what is happening on the ground
- While few governments across Canada are prepared to declare a “whole of government” approach to healthy public policy, all are involved in major Intersectoral Action
- Much government activity focuses on healthy lifestyle and promotion of behaviours associated with personal risk factors (tobacco, physical activity and diet)

## 5. Intersectoral Action is Crucial and a Prerequisite

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- The basic building blocks of Intersectoral Action
  - ✓ Political leadership
    - Boldness of vision
    - Political and bureaucratic champions
  - ✓ All provinces have indicated work in IA
    - Four provinces have poverty reduction strategies
    - All provinces involved in various forms of lifestyle health promotion

## 5. Intersectoral Action is Crucial and a Prerequisite

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- ✓ Whole of Government has limited take up
  - BC Act Now often cited as Whole of Government, but I believe it is IA
- ✓ Mechanisms and structures can vary within governments and can vary over time
  - Hard to sustain passion
  - Cannot set up Cabinet Committee for every issue
- ✓ The Case for Support for IA is complex and is often a hard sell

## 5. Intersectoral Action is Crucial and a Prerequisite

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- ✓ It's not about the money it's about a culture shift
- ✓ The fear of “health imperialism”
- ✓ Success with IA breeds more success
- ✓ Significant work at the federal/provincial tables
  - PHAC is working on national indicators

## 5. Intersectoral Action is Crucial and a Prerequisite

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- ✓ Much significant work occurs at the regional table
- ✓ Public awareness of population health and SDOH is not deep
- ✓ Working at the community level is critical
- ✓ Forming partnerships with broadly defined sets of stakeholders is crucial

## 6. The Tipping Point: Are We There Yet?

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- In our study, most respondents interviewed indicated that vertical/silo mandates could not get achieved without a whole of government approach, health public policy approach
- Some jurisdictions have been at it for at least a decade
- Solutions need not always be pan-national, or pan-provincial
- The “killer slide”
- The economy and bending the cost curve ( ripe issue)

# 7. Prerequisites for Success

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- Motivation and Willingness to Act
  - Need for evidence based decision making
  - Recognition of social determinants
  - Commitment of civil servants
- Action Phase
  - Public knowledge and interest
  - Government integrated document
  - Appropriate structures
  - Funding

## 7. Prerequisites for Success

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- Clear targets and goals
- Accountability frameworks
- Stable teams of people who work well together who are well resourced
- Tools
  - HIA
  - Public reports

# 7. Prerequisites for Success

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#1 Motivation to act

#2 Information and evidence necessary for action

#3 Appropriate structures and processes, and alignment of performance incentives

## 8. HIA as a significant tool

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- During the pay equity wars, we used to talk about the salutary impact of conducting pay equity assessments – “the awakening”
- HIA is a very significant methodology by which to engage policy players in policy analysis
  - Gloria Steinem said: “while the devil may lie in the details, the goddess lies in the questions”
- Quebec’s approach to HIA
- Many provinces actively involved in development of HIA tools as we speak

## 8. HIA as a significant tool

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- Policing versus helping
- BC quote
  - “ I feel like I am permanently in SODH 101”
- OWD
  - In 1983 we set up police protocols and protocols for emergency rooms
  - Still talking about that today
- Long term investment

## 9. Lessons Learned

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- We have picked the low hanging fruit and facing diminishing returns from investment in healthy lifestyle programming
- We need to move to more integrated activity
- Need to be selective in foci
- Information
  - Conferences such as this point to the deep need to know about what is working, and where IA is occurring

## 9. Lessons Learned

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- The Economic Case for Support
  - Can we really afford, each of us, to develop a case for support?
  - But do we need one?
- Communication and public engagement
  - We have to move from talking to ourselves, especially within the public health arena, to talking with others

## 9. Lessons Learned

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- Knowledge transfer
  - All of us in this room and beyond need to know about Sudbury, to pick a community
  - Need to smart about social marketing and getting the messages out
- Program rationalization
  - Cannot afford to have diabetes strategies, and heart strategies in silos as they are dealing with the same risk factors

## 10. Some Best Practices

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- Measurement
  - Newfoundland “Community Accounts”
- Clarity of targets
  - BC Act Now
- Structures
  - Manitoba's Cabinet Committee on Children
- Accountability
  - Alberta Mandate Letters

## 10. Some Best Practices

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- Deputy Minister Performance Agreements
- Community Liaison
  - Newfoundland, Nova Scotia
- Tools
  - HIA in Quebec

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- Deputy Minister Performance Agreements
- Community Liaison
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# 11. Why Am I Optimistic?

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- Because you are here
  - Quebec speaks of the significance of the development of the public health profession as a key ingredient in the evolution of the province's public policy re: healthy public policy
- Because we have picked the low hanging fruit
- Because there are growing numbers of champions
- Because we have the benefit of data

## 11. Why Am I Optimistic?

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- We do not have the time or the money to reinvent the wheel
- We need to take opportunities like this one today to see what enduring mechanisms and structures, “cases for support” we need to develop together