

Happenings

The National Forum on Health

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The National Forum on Health, chaired by the Prime Minister of Canada, was launched in October 1994 and presented its final report, *Canada Health Action: Building on the Legacy* (National Forum on Health, 1997a), in February 1997. The Forum's mandate was "to involve and inform Canadians, and to advise the federal government on innovative ways to improve our health system and the health of Canada's people."

I was privileged to be one of the 24 members of the Forum. We were volunteers from across Canada with varied backgrounds: small and large business; labour; health-policy research; health and health care, as practitioners, researchers, or volunteers; health advocacy and activism; and political-party policy development. Our work was supported by a secretariat in Ottawa that included an Executive Director, policy analysts, and communications experts.

While the Forum met regularly in plenary sessions, the major background work was carried out in four working groups: Values, Striking the Balance, Determinants of Health, and Evidence-Based Decision-Making. We were determined not to repeat work already completed by various commissions, task forces, and studies. We consulted widely with experts in various fields and with groups and councils working on similar issues, commissioned papers, accepted letters and briefs, conducted polls, and held two series of public consultations. Our meetings always included observers from provincial governments, Health Canada, and the offices of the Prime Minister and the Minister of Health.

Following our analysis of the very diverse data, we concluded that our recommendations should be addressed more broadly than just to

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the federal government. Our report calls for action from all levels of government, the private sector, and the people of Canada. The recommendations take a medium- to long-term view and have considerable implications for nursing and nursing research. The major recommendations are built on the values that the Canadian people expressed to us: equity, compassion, collective responsibilities, individual responsibility, respect for others, efficiency, and effectiveness.

The key recommendations fall into three broad categories: preserving the health-care system while doing things differently, acting on our knowledge about what makes people healthy, and using better evidence to make better decisions. Because the report is readily available from the Publications Distribution Centre at Health Canada Communications, I will merely highlight the directions within each of these areas, and then comment on the issues to which I believe nurses and nursing researchers should pay particular attention. A detailed analysis of these issues is available in a separate volume as synthesis reports from the working groups and discussion papers on key issues (National Forum on Health, 1997b). The papers commissioned by the Forum will be published in the fall of 1997.

Preserving the System by Doing Things Differently

Canadians are very concerned about the state of their health-care system. They are responding with fear to the marketing, by health-care professionals, of a "crisis" in health care. They are concerned that, despite their strong support for the principles of the Canada Health Act, it may no longer be feasible for us to maintain a system of universal health care that assures them both accessibility and quality. The evidence does not support this view; indeed, we concluded that the system is fundamentally sound and sufficiently funded, but it is clear that things must be done differently in terms of preserving the system and making it more integrated.

Preserving the System

The Forum concluded that it is possible to preserve the Canadian system while ensuring that it is more comprehensive. We concluded that full public funding of "medically necessary services" is fundamental to preserving and protecting Medicare. We also found that the amount spent on health and health care at present is appropriate. However, the current balance of public and private funding should not be altered in a way that increases the proportion of private funding.

We also concluded that the federal role in preserving the system requires a significant and stable financial contribution. Therefore, we reiterated our 1996 recommendation that the Canada Health and Social Transfer (CHST) not be decreased beyond \$12.5 billion.

Making the System More Integrated

The media have attended most to the Forum recommendations on improved integration of health-care services. A key principle underlying these recommendations is that "medically necessary care" should be a part of publicly financed health services no matter where, or by whom, it is delivered. The particular services we addressed were primary care, pharmaceuticals, and home care. Moreover, we recommended — and the 1997 federal budget established — that \$50 million be designated annually, for three years, in transition funding to establish and evaluate pilot or existing projects consistent with these directions, and to promote the implementation of the best models.

Primary care. We found that there is no one perfect model of primary care. Each province must determine the system that best fits its communities. However, an effective model of primary care will include multidisciplinary teams of providers and offer a continuum of preventive and treatments services; it will not provide remuneration based on volume of services.

Pharmaceuticals. We concluded that our national system of health insurance should include pharmaceuticals. Implementation of this recommendation will require careful planning, but it is the only way to ensure both universal access to and control of the costs of pharmaceuticals. Implementation must be preceded by many steps, including the creation of automated, interactive decision-support and drug-management systems.

Home care. During our consultations, the public made clear that they fully support the notion that people should receive care at home rather than in hospitals or chronic-care institutions. However, they are unwilling to be conscripted to provide that care. We recommended that home care be an integral part of publicly funded health services.

Impact on Nursing and Nursing Research

From a nursing perspective, these initiatives have major implications, both for the individuals, families, and communities with whom we work and for the nature of our work. Reformed systems of primary care

— including expansion of a number of excellent systems that exist in some provinces — will significantly improve the integration of assessment and care of individuals and families and will foster better use of a range of nursing skills. Public financing of pharmaceuticals will mean one less barrier those with chronic conditions will have to face in managing their care according to the recommendations of their physicians. Inclusion of home care as a publicly funded service is expected to reduce the demands on family caregivers (mainly women) and increase the number of positions for nurses.

A major challenge, however, will remain in determining the “nurse dose” required in each of these services. Such questions will likely set the agenda for nursing researchers. Nurses and nurse researchers must play an active role in influencing how the \$50 million in transition funding is allocated in each of the three years. For instance, we may wish to ensure that the allocation includes both pilot projects that are consistent with nursing’s vision and evaluations of nursing’s contributions to the outcomes.

From Knowledge to Action: What Makes People Healthy?

There is a strong, growing information base demonstrating that what makes people healthy has little to do with health care. Canada has focused for many years on issues related to individuals taking responsibility for their health by such means as adopting healthy lifestyles. As powerful as some of those strategies are, other forces — including social and economic ones — also determine health outcomes. We must initiate broad and specific actions that will implement change in accordance with this knowledge base. In particular, we recommended actions in four areas: investing in children and families, strengthening community action, creating an Aboriginal Health Institute, and addressing employment policies. Additionally, we called on federal granting agencies to broaden the research agenda: in order to strike a better balance between research into non-medical determinants of health and basic and clinical research; and to create an annual fund of \$5 million for research into the determinants of health.

Investing in Children and Families

We live in an era of rapid social change — with nearly 20% of Canadian children living in poverty, dramatic changes in family life, increased patterns of parental employment outside the home, and limited access to early-childhood care and education. In such a context, we were par-

ticularly struck by the research evidence demonstrating causal links between the social environment and the pattern of growth in the brain of the young child, and the degree to which children develop resilience. Taking action to support children and families requires a comprehensive and integrated child and family strategy of programs and income support. We recommended that such a strategy include the following components: an integrated child-benefit program; community-based programs with a home-visiting component for specific populations of pregnant women and their children; access to affordable, high-quality child care and early childhood education, funded by a sliding scale of fees based on ability to pay; "family friendly" policies and programs in the workplace; and taxation policies favouring horizontal equity for families.

Community Action

When we analysed the "success stories" described in a series of papers on various health issues (National Forum on Health, 1996), we discovered that nearly all of the approaches or programs that were successful in creating positive health outcomes featured three elements in a "winning combination." These were: strong community involvement in initiating or planning the approach; involvement of multiple sectors from the community in implementing the approach; and inclusion of multiple actions, directed at multiple issues, in developing the approach. Because communities play an enormous role in influencing health, we sought ways in which to promote a renewed partnership of communities, governments, and the private sector. We recommended the creation of a national foundation for community action, which would promote community integration, involvement, and control, as well as recognize the contribution of communities to health.

Aboriginal Health Institute

The health issues facing the Aboriginal communities require comprehensive approaches. While we recommended that special attention be paid to Aboriginal health issues within many other recommendations, we also recommended that an Aboriginal Health Institute be established. Among the Institute's many functions would be identifying culturally relevant, appropriate approaches to disease management, conducting health research to meet the needs of Aboriginal people and communities, sharing information, and supporting Aboriginal health workers and students in the health professions.

Employment

The health impact of economic policies that negatively influence employment — such as by creating involuntary transitions in employment — is widespread and devastating. Meaningful work and income security are essential to health and well-being. Our recommendations in this area focused on recognition of the health impact of economic policy and — besides advocating the lowest possible rates of unemployment — urged immediate attention to youth unemployment.

Impact on Nursing and Nursing Research

Many of our recommendations pertaining to what makes people healthy require actions beyond the health-care system. However, they have important implications for nursing and nursing research. While evidence in this arena provides a perspective on the relative contribution of health care to the overall health of the population, implementation of some recommendations, such as community-based programs with a home-visiting component for specific populations of pregnant women and their children, would extend the potential community role of nurses. A number of community-action initiatives require the community-development and partnerships skills that many nurses bring to multisectoral and interdisciplinary teams. Again, movement in this area will bring additional opportunities for nurses.

A major implication for nursing, however, is that we must take an advocacy position, to ensure that the recommendations remain part of the public debate. It would be easy to limit the debate to the issues of primary care, pharmaceuticals, and home care. Given nursing's understanding of and commitment to health, we must play a major role in dealing with employers and all levels of government to maintain the pressure for action to improve the health of Canadians. Each new funding allocation for research on key determinants of health has major implications for the nursing research agenda.

Using Better Evidence to Make Better Decisions

There is general agreement that a large portion of what we do in health care is not based on good evidence. In addition, it is now acknowledged that even good evidence is not readily accessible to decision-makers — that is, providers, administrators, policy-makers, and people making personal decisions about their own health and health care. Finally, there is concern in all arenas that, frequently, for many reasons, decisions are made that do not use the existing evidence — even when the informa-

tion is accessible. Our analysis of these issues led us to the conclusion that the health sectors depend on rapid development of an evidence-based system. We recommended that the federal Minister of Health take leadership in that development, that a comprehensive health-information system be established, and that Canada develop a comprehensive research agenda to address knowledge gaps and facilitate dissemination and use of evidence in the health system.

Comprehensive Health-Information System

A nationwide, comprehensive health-information system will require major initiatives by provincial ministers of health and involvement of provincial and territorial agencies to foster linkages among governments and agencies. We require standardized and longitudinal data on both health status of the population and performance of the health system. A key component of such a nationwide health-information system would be a National Population Health Institute with a mandate to aggregate and analyse data, report on national trends and comparisons, and act as a resource for developing and evaluating public policy.

Research Agenda

Our recommendations concerning a strategic and focused research agenda were intended to enhance the potential of a nationwide health-information system. Moving the agenda forward requires several steps, including careful analysis of the state of health-related knowledge and identification of gaps in knowledge. We identified several such gaps: non-medical determinants of health and the effectiveness of strategies for ameliorating the negative determinants; alternative and complementary health practices; women's health issues; and Aboriginal health issues. Other recommendations concerning the research agenda referred to the issues of promotion of uptake of research knowledge, human-resource planning and development, and foci for research funding.

Impact on Nursing and Nursing Research

The recommendations in this section of the report are relevant for nurses, in many ways. Any recommendations concerning evidence-based decision-making may be seen as relevant only for researchers and administrators, but the kinds of changes recommended in setting the research agenda and focusing research funding are consistent with

the interests of nurse researchers. For example, we must be clear about the specifics of an agenda that we know will achieve the goals. We must be persistent in influencing local representatives to research policy-making bodies, federal, provincial, and territorial ministers of health (and their staffs), and national granting agencies.

As well, there are signals in the discourse around the issues of using better evidence to make better decisions that might lead us to consider carefully how much of our practice is evidence-based. How high on the nursing research agenda are questions related to research utilization and outcomes of nursing approaches? In addition, it is my hope that nurses in all areas of practice and in policy-setting positions will act to influence the way in which these recommendations are implemented. We must all consider very carefully the kinds of information that we need in order to make decisions in our everyday work. What kind of information do we believe decision- and policy-makers should consider in their work? What kinds of information do individuals and communities need when they are considering personal or aggregate options? Unless nurses are involved in advocating for certain types of information, and explaining how such information would be useful, it is unlikely the key information that we and our clients or patients need will be available. Now is the time for focused thinking on this issue. The work on these initiatives is already underway.

What Happens Next?

The question I was asked most frequently over the two-year period in which the Forum met was "What will happen — will the report just sit on the shelf?" The Forum's report has a clear vision for medium- to long-term health policy in this country, and there are indications it will not just sit on the shelf. It has been well received overall, although some of the recommendations have been highly criticized. The federal government took action on the report within weeks of its release, when allocations to support some recommendations were included in its 1997 budget. During the 1997 election campaign, the Liberal Party of Canada addressed its plans for action on several recommendations.

There can be no doubt that some of the recommendations have generated national debate. The Forum's final meeting was held at the time of the report's release. It is now up to nurses, and Canadians in all walks of life, to ensure that the debate continues and that the more popular recommendations are acted upon. Work has already begun around the issues of a health-information system and a Population Health Institute, and three conferences are being planned around the

issues of primary care, pharmaceuticals, and home care. However, other issues seem to be less clearly understood or of lower priority for policy-makers. For example, initiatives addressing an integrated child benefit have been announced; yet there is little indication that the vision of an integrated child and family strategy that includes both programs and income support has been understood. The actions underway at the federal level in response to the report, however, do suggest that this is one report that will actually have some influence.

Given the track record of implementing the recommendations of reports, one may ask why there has been such acceptance. I believe the answer lies in the processes of the Forum's work and provides an indicator for new ways of influencing health policy. The Forum was gender balanced. Its members came from diverse backgrounds and very few had any clear political party affiliation. Several had extensive research backgrounds and links with groups that worked on some of the issues under discussion. The credibility of other members sprang from their involvement in and knowledge of the community. While we shared strong commitment to our national system of health insurance and the principles of the *Canada Health Act*, we were a group of very independent thinkers who frequently debated diverse perspectives with vigour.

Although Prime Minister Chrétien was official chair of the Forum, he did not attend our meetings. However, his office was kept informed of our progress and we communicated our recommendations regularly. We also engaged regularly in informal communications to ascertain the perspectives of provincial governments on some issues, and in formal communications to brief provincial departments of health on the directions of the Forum. A key strategy in our work on some areas, such as child and family issues, was to meet with groups or councils working on similar issues. We determined whether their assessments and solutions were in accord with those of the Forum. These consultations resulted in more unanimity in the voices from various sectors and, I believe, added to the power of all the voices to influence policy. Our extensive public-consultation processes ensured that we knew the views of the Canadian public and key stakeholders. Those consultations influenced our thinking: we altered some of our directions and modified some of our recommendations as a result of our final public and stakeholder consultations in late 1996. Finally, we used a variety of evidence from around the world, and were careful to base our analysis and recommendations on the best evidence available while taking into account the current Canadian context. We made clear choices about priorities and were specific in our recommendations so that the content

itself is highly credible, focused, pragmatic, and therefore, I believe, difficult to ignore.

"What's next" for nursing, considering the directions of this report? How will our practice be affected by implementation of the Forum's call for changes in health-care policies, action on our knowledge concerning the determinants of health, and creation of an evidenced-based health system with different emphases in funding research? How will we shape our work to influence the directions taken in implementing the recommendations? How can we use the lessons of the Forum to influence public policy? It is up to everybody to keep the debate alive and to create the impetus for action.

References

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