

Taking Action to Improve the Health of Canadians

The Government of Canada welcomes the opportunity to respond to the report of the Standing Senate Committee on Social Affairs, Science and Technology, *Time for Transformative Change: A Review of the 2004 Health Accord*. This comprehensive review was an important accountability mechanism to update Canadians on progress achieved under the Accord.

The 2004 Accord, entitled *A 10-year Plan to Strengthen Health Care*, was an intergovernmental agreement supported by over \$41 billion in incremental federal funding. It focused on improving access to health care and included commitments in priority areas that reflected the challenges identified at the time. Since then, governments and their partners have worked to meet those commitments individually and jointly, while also addressing new priorities as they have emerged.

Based on the extensive testimony of witnesses, the Committee's report offers a balanced assessment of what governments have accomplished under the 2004 Accord to date. The Committee noted significant increases in the supply of health professionals in Canada, a majority of Canadians receiving surgery within established timeframes, better collaboration on public health, and enhanced data collection and accountability to Canadians.

However, as the title of the report suggests, the Committee found that more work is required to meet the changing health needs of Canadians and make health care more sustainable. In particular, the Committee noted the importance of breaking down silos in the health system to enhance both the quality and cost-effectiveness of care. While the 2004 Accord's focus was to address gaps in access by providing *more* health care through increased funding, the general consensus now is that governments must provide *better*, more appropriate and efficient care, with existing resources. The ongoing challenge of transforming the health care system can only be accomplished over time, through change in a number of areas, and the combined efforts of everyone with a stake in improving the health and health care of Canadians.

The Government of Canada is committed to a universal, publicly funded health care system that continues to improve to meet evolving needs. More broadly, the Government is committed to promoting and protecting the health of Canadians. Responding to the Committee's report provides an opportunity to outline how the federal government is taking action to improve health care and public health in a way that respects jurisdictional roles and responsibilities, acknowledges the invaluable contribution of health care providers and other stakeholders, and supports the engagement of individual Canadians in their own health and the care they receive.

Federal Role in Health Care

In Canada, provincial and territorial governments (PTs) are primarily responsible for managing and delivering health care. The Government of Canada supports PT health care delivery through fiscal transfers and targeted programs, provides for health care for certain populations, funds health research and plays a key role in protecting and promoting the health of Canadians.

The federal government provides PTs with long-term predictable funding through the Canada Health Transfer (CHT) to meet the health care needs of their residents in accordance with the provisions of the *Canada Health Act* (CHA). The transfer has grown significantly, from \$15.3 billion in 2004-2005 to \$28.6 billion in 2012-2013. Moreover, the Government has committed to continue providing predictable, sustainable, and growing federal support over the longer-term. Budget 2012 confirmed that the transfer will continue to increase each year, to at least \$40 billion by 2020-21. This plan will provide PTs with the certainty and flexibility they need to deliver sustainable, responsive health care today and for the future. As the Committee noted based on testimony from an array of health care stakeholders, the financial resources in place or planned should be sufficient to provide Canadians with high quality health care if used effectively.

The CHA sets out clear national principles and serves as a legislative framework for Canada's universally accessible publicly funded health care systems. While PTs have significant flexibility in how services are designed and delivered under the Act, their health insurance plans must meet its requirements to receive the full federal cash contribution under the CHT. The Government of Canada makes annual reports to Parliament on the administration and operation of the Act and, where issues of possible non-compliance arise, calls on jurisdictions to investigate the matter and report back.

The federal government also makes investments to help PTs accelerate change in areas of shared priority, having established pan-Canadian organizations such as Canada Health Infoway, the Canadian Agency for Drugs and Technologies in Health (CADTH), the Canadian Patient Safety Institute, the Canadian Partnership Against Cancer, and the Mental Health Commission of Canada, as well as through targeted funding initiatives in areas such as wait times and health human resources.

The Government of Canada also provides for health care services for certain populations, such as First Nations and Inuit, Canadian Forces members, veterans and refugees. The federal government works with its intergovernmental and Aboriginal partners to support effective, sustainable, community-based and culturally appropriate health programs and services that complement the broadly available provincial and territorial health programs accessed by all Canadians.

Of course, there is more to health than health care. The federal government plays a critical role in reducing the need by Canadians for health care services by managing a range of health risks through the regulation of health and consumer products. The federal government also helps empower Canadians to improve their health through healthy active living initiatives and monitors public health risks through active surveillance. In collaboration with governments and other sectors of society, the Government of Canada plays a central role in providing public health programs, research, and interventions focused on disease prevention and health promotion, sound investments that can reduce strain on health care systems.

Having the right knowledge is fundamental to ensuring investments in health care make a difference for Canadians. That is why the federal government supports the Canadian Institutes of Health Research (CIHR) as its health research investment agency and is the primary funder of

organizations such as the Canadian Institute for Health Information (CIHI), the Health Council of Canada and the Canadian Foundation for Healthcare Improvement (until recently known as the Canadian Health Services Research Foundation). These organizations are leading sources of credible evidence to demonstrate results and support decision-makers across the country in improving health care.

In keeping with their respective roles, governments continue to collaborate on improving the health of Canadians. While PTs are best placed to determine priorities and reforms required within the unique context of their respective health care systems, the Government of Canada remains committed to working with them as they innovate to achieve the quality and sustainability that Canadians expect and deserve.

Supporting Health Care Innovation and Improvement

Over the last decade, the Government of Canada has made significant investments to help PTs address priority health system issues in areas within and beyond the 2004 Accord. These investments have helped PTs reduce surgical wait times, increase the number of physicians and nurses, support safe, cost-effective use of pharmaceuticals, and establish electronic health information systems. Furthermore, the federal government supports emerging PT system efforts to deliver more patient-focused health care closer to home by the right mix of health care providers. The Government of Canada also recognizes that health research is core to innovation, and makes an important contribution to the quality and sustainability of health care.

Reducing Wait Times

Reducing wait times was a central priority of the 2004 Accord. As the Committee found, progress has been, and continues to be, made on reducing wait times in a range of clinical areas within and beyond those targeted in the 2004 Accord (cancer and cardiac care, diagnostic imaging, joint replacements, and sight restoration).

Since 2004, guided by benchmarks established pursuant to the 2004 Accord, PTs have implemented diverse, large-scale wait time strategies coupled with targeted initiatives like centralized patient registries and wait times coordinators. All provinces have taken steps to inform their residents annually or more frequently on wait times and guarantees were established in the area chosen by each province.

Success to date has been supported by a federal contribution of over \$6.5 billion in targeted wait times investments. This includes \$5.5 billion over ten years through the Wait Times Reduction Fund under the 2004 Accord and more than \$1 billion announced in Budget 2007 to help the PTs introduce wait time guarantees.

The Committee found governments had met and often exceeded their reporting requirements related to wait times both in terms of the quality and quantity of the reporting. CIHI has also worked with provinces to publish annual reports on wait times progress since 2006. As a result, it is clear where and when progress has been made. In 2012, CIHI reported that 8 out of 10 patients now receive priority procedures within medically acceptable wait times. Average waits in guarantee areas are well below established timeframes and, if patients are at risk of waiting too long, back-up measures are in place to provide necessary care.

The Health Council of Canada, which is mandated to monitor and report on governments' progress under the 2003 and 2004 Accords, has reported extensively on wait times, pointing to the progress made and highlighting some of the innovative strategies implemented across the country. In keeping with the Committee's recommendations, the Health Council will continue to consider and report on governments' efforts and share best practices. For example, it plans to address access and wait times again in its 2013 Progress Report.

The progress made to date is a tribute to the hard work and innovative strategies of governments, health care organizations, and providers. With two years left in the 2004 Accord, PTs are continuing efforts and building on lessons learned to maintain momentum and address remaining challenges. Many jurisdictions have expanded their wait times strategies to areas beyond those identified in the 2004 Accord, including specialty care, emergency services and/or long-term care. While additional pan-Canadian benchmarks have not been established, provinces are setting their own targets for timely access to care in their new areas of focus and continue to expand on the information they provide to the public.

Even as governments continue to implement targeted wait times reduction measures, there is growing consensus that waits are a symptom of broader health system challenges, such as achieving optimal and appropriate use of health system resources, enhancing the quality of services, and improving coordination across the continuum of care.

Improving the Supply, Mix and Distribution of Health Human Resources

PTs plan for and manage their health workforces, and the federal government acts within its jurisdiction to help optimize supply, distribution and utilization, in keeping with commitments set out in the 2004 Accord. In addition, governments work collaboratively on health human resources issues through forums such as the FPT Advisory Committee on Health Delivery and Human Resources.

Through the Health Care Policy Contribution Program and other measures, the federal government has met its 2004 Accord commitments to reduce the financial burden on students in specific health education programs; improve the assessment and integration of internationally educated health care providers; participate in health human resource planning with interested jurisdictions; and support targeted efforts to increase the supply of health care professionals, including for Aboriginal and official language minority communities. For example, the Official Languages Health Contribution Program represents a federal investment of \$174.3 million over five years as part of the *Roadmap for Canada's Linguistic Duality 2008-2013* (i.e., the federal strategy for official languages). It has supported the training of approximately 6000 health professionals over three years (2008-2009 and 2010-2011). For their part, PTs have made significant investments in health human resources in recent years, including significantly increasing enrolment in the health professions.

These combined efforts have resulted in significant gains. CIHI reports that between 2006 and 2010, there was a 12% increase in the number of active physicians, including an 18% increase in the number of international medical graduates. Over the same time, the regulated nursing workforce increased by 9%.

Building on this success, Budget 2012 announced that the Government of Canada will continue working with PTs and other stakeholders to support further improvements to foreign credential recognition through the Pan-Canadian Framework for the Assessment and Recognition of Foreign Qualifications (the Framework). The Framework is an FPT commitment to improve the integration of internationally trained individuals, including health professionals, into the labour market by ensuring that foreign qualification recognition processes are fair, transparent, timely and consistent. For example, the Government of Canada has funded the College of Nurses of Ontario, on behalf of nursing regulatory bodies across Canada, to support the development and implementation of a pan-Canadian assessment service to increase the capacity of nursing regulators to provide timely and consistent assessments.

Moreover, the Family Medicine Residencies Initiative is providing up to \$39.5 million in funding over six years to the PTs for the creation of more than 100 training positions in rural and remote communities across the country. In addition, Budget 2011 announced \$9 million per year in Canada Student Loans relief to new family physicians, medical residents, nurses, and nurse practitioners that practice in under-served rural or remote communities.

Public health is another key area in which the Government of Canada plays a critical role as a catalyst for cooperation in human resources planning and the development of common standards and tools. To date, the Government has provided high-quality, Internet-based continuing education modules to over 6,500 public health practitioners across Canada and internationally. The Government of Canada also provides public health support to jurisdictions whose own capacity is exceeded, including during public health emergencies, and also supports programs that provide day-to-day public health services to all jurisdictions with field staff that augment routine public health capacity.

To address the long term challenge of system transformation, PTs have made a shared commitment to a more coordinated approach to health human resource management going forward. Federally, given the importance of research and information sharing, Health Canada is providing \$200,000 from 2011/12-2012/13 to the University of Ottawa to establish the Pan-Canadian Health Human Resources Network. Supported jointly with CIHR, this virtual infrastructure enables experts, researchers and policy makers to share health human resource knowledge, innovation and promising practices. This investment builds on the Government's ongoing investments in improving health-related data collection.

Moving Towards Patient-centred, Community-based Care

PTs are taking innovative approaches to health care delivery and system design to respond to evolving needs. They are moving to more community-based, patient-centred models of care, as the Committee suggested, and supporting teams of health professionals to work together effectively. These new approaches are breaking down silos between care providers and settings, to create a more integrated system that minimizes waste and maximizes quality of care.

At its core, the Canadian health care system must be responsive to the needs of patients and their families. The principles of the CHA provide the overarching framework for health care in Canada and reflect this spirit of patient-centredness. Some provinces have explored this concept further through the implementation of patient charters as tools to communicate the rights and

responsibilities of patients and providers. More recently, the Canadian Medical Association and the Canadian Nurses Association have developed a set of overarching principles for patient-centred health care, which have been endorsed by numerous medical, health and patient organizations.

While PTs and health care providers are best placed to advance a culture of patient-centred care in Canada, the federal government supports their efforts. Given the growing focus on the importance of a patient-centred approach, the organizations, projects and research initiatives supported by the Government are actively considering how best to put patients at the centre of their own care. For example, the 2012 federal budget provided \$15 million in annual funding for CIHR's 10-year Strategy for Patient-Oriented Research, one of the aims of which is to identify and disseminate innovative health-care delivery models. The Partners in Care Program, through the University of Montreal, receives federal funding to develop tools for collaborative care plans tailored to patients' objectives for improved health and well-being.

The Community-Based Primary Healthcare Initiative, announced in January 2012, represents a CIHR investment of \$30 million (plus \$5.5 million from provincial and international partners) to support innovative research to improve equity of access, reduce wait times, tailor services to patients and populations and achieve better health outcomes.

Given the increasing complexities of health care practice, the growing expertise across the range of health professions, and the need for a more patient-centred approach to care, governments are working to make the best possible use of health care providers. As the Committee heard, interprofessional collaboration helps optimize patients' access to quality health services, to better meet complex care needs and contribute to health system sustainability.

The Government of Canada supports PTs, academic institutions, and others to help provide health providers with the skills and knowledge to work effectively in collaborative practice, as recommended by the Committee. In particular, Health Canada has made investments in interprofessional curriculum development and capacity building. As a recent example, the 2012 federal budget allocated \$6.5 million over three years for a research project at McMaster University to evaluate team-based approaches to health care delivery. In this way, the Government of Canada continues to support provincial and territorial efforts to meet the goal of 50 percent of Canadians having 24/7 access to multi-disciplinary health care teams by 2014.

Addressing Gaps in Continuing Care

Increasingly, many aspects of health care delivery in Canada are moving from the hospital to the home, long-term care facilities and the community at large. Patients are discharged from the hospital earlier and the continuing care they require can be more complex. Providing appropriate services and supports in the community responds to the needs of patients and their families, and can help reduce costly emergency room visits and hospital readmissions.

The Committee noted that jurisdictions have made progress in improving access to certain types of home care, and that innovative approaches to integrating the acute and home care sectors are emerging. As Canada's continuing care sector evolves, there will be many further opportunities for innovation to meet the challenges of increasing demand, and the need for better integration.

Beyond support to PTs through the CHT, more targeted federal measures have been implemented to help jurisdictions address the challenges associated with continuing care. For example, in order to facilitate innovation, knowledge development, and information sharing in this area, the federal government has supported the development of common educational standards for home support workers; the development of a home care policy lens to help decision-makers develop and evaluate integrated care policies; and the development of a standardized set of skills and knowledge for case managers to help individuals and families navigate the system and access care. In Budget 2011, the Government announced direct support for caregivers of infirm dependent relatives, including, for the first time, spouses, common-law partners and minor children, through the Family Caregivers' Tax Credit.

In addition, the federally funded Mental Health Commission of Canada is well positioned to work with partners in the home-care sector to identify ways to promote the integration of mental health and home-care services. It is already pursuing work in this area and has developed guidelines for mental health services for older adults.

The federal government also recognizes the importance of end-of-life planning, which can improve quality of life and reduce unnecessary costs by avoiding treatments and interventions that will not improve outcomes and do not align with patients' wishes. Most jurisdictions have launched advance care planning initiatives, or have established legislation for advance directives (a written record of future care preferences). As well, the Canadian Hospice Palliative Care Association is leading a five-year, national awareness campaign about the importance of planning end-of-life care, called "Speak Up: Start the conversation about end of life care".

For its part, the Government of Canada is actively supporting the integration of palliative care throughout the health care system, with a recent \$3 million contribution to the Canadian Hospice Palliative Care Association and the Quality End-of-Life Care Coalition. This three-year initiative will develop a framework for palliative care that is available in a variety of settings and from a range of providers.

Supporting Safe, Cost-Effective Use of Pharmaceuticals

Pharmaceutical management is one of the most challenging and complex aspects of the health system. Optimally used and fully integrated, pharmaceuticals offer the potential to improve health-related outcomes while supporting system sustainability.

FPT governments share responsibility for pharmaceutical management. Health Canada regulates clinical trials and entry to the market based on assessments of drug safety, efficacy and quality; it also monitors the safety of products once on the market. The federal government provides drug coverage for certain populations (e.g., First Nations, Canadian Forces personnel, veterans, federal inmates), and is a significant supporter of pharmaceuticals-related health research, through CIHR, for example. Finally, it helps to ensure the price of patented medicine is not excessive through the Patented Medicine Prices Review Board (PMPRB).

The PTs provide drug coverage to their populations; determine which drugs are publicly reimbursable, and on what basis; and independently negotiate prices with manufacturers. They

also set broad regulatory frameworks for drug prescribing and dispensing by health care professionals, and impose price controls on generic drugs through legislation or policy.

Within this context, intergovernmental collaboration on priorities under the 2004 Accord's National Pharmaceutical Strategy – catastrophic drug coverage; common national formulary; real-world drug safety and effectiveness; drug pricing and purchasing strategies; and drugs for rare diseases – has informed significant individual jurisdictional policy changes. For example, equitable access has been increased through the establishment of catastrophic drug coverage programs in the great majority of the PTs, following joint work to identify options for a national catastrophic drug coverage plan.

Several jurisdictions have launched generic drug pricing and purchasing reforms, which are expected to save millions of dollars annually. Although these reforms are largely provincial/territorial initiatives, they have been informed to a degree by federal action, such as ongoing monitoring and reporting on non-patented drug price trends, and a study undertaken by the federal Competition Bureau to examine potential causes of the relatively high prices of generic drugs in Canada.

Work is underway within the Government of Canada to transform nearly a dozen current regulatory frameworks for health and food products into an efficient, transparent, and comprehensively aligned sustainable regulatory system. The goal is to implement a modern, more flexible set of rules that maintain patient and consumer safety, reduce regulatory burden, support scientific innovation and business competitiveness, and make the widest possible variety of health options and benefits available to Canadian families. A significant milestone in this work is the recent changes to the *Food and Drugs Act* to remove the cumbersome requirement for regulatory amendments to assign prescription status for drugs, or switch their status from prescription to non-prescription. The Government of Canada is working to develop a regulatory proposal to operationalize this change so that Canadians and industry can benefit from a faster, transparent process for listing prescription drugs. The Government of Canada also regulates natural health products, including for example, traditional Chinese medicines (TCMs) to help assure that they are safe, effective and of high quality. In this context and recognizing that a growing number of Canadians rely on TCMs to maintain and improve their health, the Government of Canada has established an advisory council to provide advice on current and emerging issues, including their importation, sale and use in Canada

Building the evidence base for the safe and effective use of pharmaceuticals requires better information on their use in the real-world setting – that is, by patients outside the controlled experimental environment of clinical trials. Canada's Food and Consumer Safety Action Plan provided the funds to establish the pan-Canadian Drug Safety and Effectiveness Network (DSEN) to address this gap. DSEN is a network of research centres with expertise in post-market pharmaceutical research, which will help inform pharmaceutical decision-making across the health care system.

The federal government also recognizes that the appropriate use of drugs is critical for a safe and cost-effective health care system. That is why Health Canada, along with most PTs, continues to fund CADTH, which provides valuable information on appropriate use of drugs and other health

technologies. For example, CADTH's Optimal Use Program works to encourage optimal prescribing, purchasing, and use of drugs and health technologies by health care providers, policy-makers, and consumers. Health Canada's support for CADTH also contributed to the expansion of the Common Drug Review, as a key step toward improving the efficiency and consistency of formulary decision-making across the country.

As a provider of drug coverage and other health benefits to over one million individuals, including First Nations and Inuit and Canadian Forces personnel, the federal government has considerable experience in cost containment strategies and is working with interested partners to achieve greater efficiencies. For example, to help address the rising cost of health benefits under the Non-Insured Health Benefits Program, Health Canada actively monitors expenditure growth trends and implements measures to ensure the efficiency of benefit delivery, while ensuring that the health needs of First Nations and Inuit continue to be met. As well, the federal government works with PT on the national bulk purchasing of antivirals and vaccines to ensure that these vital products are accessible to them at optimal prices, which in turn facilitates the immunization and pandemic preparedness programs that they provide to Canadians.

Finally, federal funding through organizations such as CIHR is helping to address unmet health needs. Major research initiatives have been established in areas such as personalised medicine and rare diseases. Moving forward, the Government of Canada remains committed to establishing a regulatory framework for drugs for rare diseases in consultation with key stakeholders and provincial/territorial governments.

Enabling Change through Health Information Systems

Another area where the Government of Canada is an active partner in health care renewal is in the development and application of enabling technology. As the Committee heard, improving health information systems can play a key role in health system transformation by promoting integration of different points of care, improving patient safety, increasing accountability of health outcomes, and fostering quality improvements in evaluation and research.

To date, the federal government has invested \$2.1 billion in Canada Health Infoway, an independent organization that collaborates with PTs to accelerate the establishment of compatible electronic health records and other enabling electronic health technologies across the country. The first phase of implementation has focused on establishing a nationally compatible platform and standards, critical for a country as vast and diverse as Canada. In keeping with jurisdictional commitments in the 2004 Accord, over half of Canadians now have an electronic health record available to their health care providers, and Infoway's target is 100% availability by 2016. Infoway continues to work with technology vendors to upgrade their products to national interoperability standards, and with PTs to establish target timelines for upgrading their components to these standards. At the same time, attention is being broadened to establishing electronic records in clinical settings, such as doctors' offices. Infoway is working with jurisdictions to accelerate the adoption of electronic records by physicians. These concerted efforts mean Canada is on track to have 60% of community-based physicians enrolled by 2013.

In addition to supporting effective clinical care, electronic health technologies provide a source of information that can support research and innovation, as well as health system management.

In 2010, following agreement among FPT governments, the Government of Canada allocated \$5 million to an initiative under which Infoway and CIHI are collaborating to facilitate health system use of data. As this work proceeds, the federal government will continue to work with PTs to protect Canadians' privacy by supporting collaboration to leverage best practices and common principles for health information to be collected and shared electronically.

Beyond electronic records, the Government has provided significant support for telehealth, helping jurisdictions provide remote communities with better access to timely, relevant services and telehomecare applications. This includes tools such as videoconferencing between health care providers in different settings and telemonitoring of patients in remote locations. While establishing a comprehensive reporting system for such a wide-ranging set of tools is challenging, recent studies have demonstrated benefits in productivity, cost savings, quality and access related to telehealth and other electronic technologies.

Federal, provincial and territorial Ministers of Health tasked all jurisdictions to develop an agreement on public health information sharing. Canada's governments are actively working to complete this agreement, which will make public health information sharing more effective and efficient.

Collectively, these investments reflect the federal government's commitment to, and support for, a more integrated, patient-centred approach to health care for all Canadians, while respecting provincial/territorial governments' primary role in health system management and service delivery.

Protecting and Promoting the Health of Canadians

The Government of Canada plays a central role in promoting the health of Canadians, as well as preventing and reducing risks to individual health and the overall environment. This includes managing and regulating a wide range of health, consumer and industrial products as well as public health programs and interventions focused on disease prevention, health promotion and the protection of the environment. Placing a priority on the health of Canadians not only helps reduce demand on the health care system, it helps Canadians of all ages reach their full potential – in their families, in their communities, and at work.

Reducing Health Risks

The Committee noted that many factors affecting the health and well-being of Canadians lie beyond the health care system, which is why the federal government is taking action to better protect consumer health and safety.

Through the new *Canada Consumer Product Safety Act*, the Government of Canada has the tools to better protect the health and safety of Canadians by addressing or preventing dangers posed by a wide variety of consumer products, including those intended for home, recreational, and sports purposes. This legislation gives the Government stronger powers to protect Canadians by addressing or preventing dangers to human health or safety that are posed by consumer products, including: the creation of general prohibitions; the ability to recall; record keeping requirements to allow traceability in the event of a recall; mandatory industry reporting of "incidents" related to their products; the ability to require tests and studies to verify compliance or prevent non-

compliance; the ability to share and disclose information; and, increased fines and penalties. It also brings Canada's consumer product safety system into line with key international trading partners, and reinforces industry's responsibility for the safety of any consumer product it manufactures, imports, advertises or sells to the Canadian public.

The Government of Canada is also taking action to identify, assess, and manage health risks posed by environmental factors in the day-to-day lives of Canadians, in many cases in collaboration with PTs. This includes assessing and managing risks associated with drinking water safety, air quality, climate change, radiation exposure, second-hand smoke, workplace health, and chemicals in the workplace and the environment.

In particular, the Government of Canada works closely with health and environmental groups, consumer groups and industry to reduce risks to people and the environment from harmful chemicals. Canada has become a world leader in this area, setting clear priorities for the assessment and management of hundreds of chemicals that enter the environment through manufacturing, use, or disposal. Under the Chemicals Management Plan, which was launched in 2006 and renewed in 2011 with \$516 million in funding over five years, Canada was the first country in the world to take action to prohibit the importation, sale, and advertising of baby bottles that contain Bisphenol A. In addition, over twenty substances have been added to the Cosmetic Ingredient Hotlist to prohibit or restrict their use in cosmetics in Canada, and numerous actions have been taken to reduce exposure to Canadians and/or the environment from harmful chemicals. The next phase of the Chemicals Management Plan will include assessment of 500 substances, additional research on chemicals like Bisphenol A, flame retardants and chemicals that affect hormone function, and rapid screening of substances of lower concern. The Plan also includes the Canadian Health Measures Survey to monitor the exposure of Canadians to key environmental chemicals.

The Government of Canada also recognizes that safe food and healthy eating are important to Canadians. Maintaining the safety of Canada's food supply is a shared responsibility among government, industry, and consumers. The Government works to establish policies, regulations and standards related to the safety and nutritional quality of all food sold in Canada and also works with stakeholders to promote healthy eating and support Canadians in making healthy food choices. For example, Health Canada is recognized as an authoritative source of nutrition information, nutrition policies, and standards such as Canada's Food Guide.

Collaborating on Health Promotion and Disease Prevention

As noted by the Committee, physical and mental well-being are both vital elements in a holistic approach to health. A collaborative approach and creative social partnerships are key, as all sectors of society share responsibility for keeping people healthy and preventing injury, illness, and premature death.

The 2004 Accord highlighted the critical role of public health in achieving better health outcomes for Canadians, and governments have been collaborating on key initiatives flowing from the 2004 Accord as well as moving beyond what was originally envisioned as new challenges arise. In 2005, FPT governments agreed to the *Pan-Canadian Healthy Living Strategy*, which focuses on preventing chronic disease and injury and promoting good health

through coordinated efforts to address common risk factors such as obesity. The FPT *Declaration on Prevention and Promotion*, adopted in September 2010, sets out a collaborative vision to make the promotion of health and the prevention of disease, disability, and injury a priority for action. Through the Declaration, Ministers recognized that actions from within and outside government and the health sector (i.e. environment, economic, education) are necessary to ensure the conditions that determine our overall health. These are challenges that Canada will address both domestically and as a part of a global community. Canada endorsed the September 2011 United Nations Political Declaration on Noncommunicable Diseases (chronic diseases), which puts a priority on prevention. Many Canadian principles are reflected in the UN Political Declaration, which gives heightened attention to a multisectoral, whole-of-society approach to the prevention and control of noncommunicable diseases.

Since 2006, the Government of Canada has invested approximately \$173.9 million in obesity research, with annual investments of \$70 million in health living and chronic condition disease prevention. In September 2010, FPT Ministers of Health also endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*. By endorsing the Framework, Ministers agreed to make childhood obesity a collective priority to champion this issue. In November 2011, Ministers of Health also endorsed recommendations and key areas of action that can be taken by governments to support healthy weights and reduce childhood obesity. In February 2012, governments organized the *Summit on Healthy Weights*, which brought together diverse stakeholders, including the private sector, stimulating a variety of new partnership opportunities. Federal investments in, for example, the Healthy Eating Awareness and Education Initiative and the *Eat Well and Be Active* Educational Toolkit, illustrate the federal focus on supporting Canadians to make healthier choices. Health Canada is investing \$4 million, under the Government's Healthy Eating Awareness and Education Initiative, to empower to make healthy eating choices at home, at the grocery store, and when eating out.

Building supportive social and physical environments to improve health outcomes is achieved through collaborations among governments, businesses, charities, and professional associations at all levels. In the 2012 Budget Speech, the Government recognized the role that participation in sport plays in promoting more active lifestyles and healthier, stronger communities. The new Canadian Sport Policy, recently endorsed by the Government of Canada and all PT governments, includes improved health and wellness as one of its ultimate outcomes. Under the auspices of this policy, Sport Canada invests in a variety of initiatives to enhance participation in sport, including through cost-shared funding for bilateral agreements with each PT government and support to ParticipACTION for promotion of physical activity and sport participation. Sport Canada is also helping to build supportive environments by investing \$2 million in Le Grand Défi Pierre Lavoie to increase sport participation and \$5 million in Canadian Tire Jumpstart that has helped close to half a million disadvantaged children across Canada participate in sport. The Government of Canada, through Infrastructure Canada, supports sport and recreation infrastructure that facilitates sport and physical activity opportunities and community well-being. The Children's Fitness Tax Credit encourages active children and youth by reducing the taxable income of parents for costs of eligible programs of physical activity for their children. Furthermore, Canada's Economic Action Plan has provided \$500 million to improve and develop sports and recreational facilities.

Given the growing awareness of the importance of promoting positive mental health, the Government of Canada is working to develop pan-Canadian data on mental illness and mental health that include children and youth. In addition, the Government will continue to collaborate with the Mental Health Commission of Canada on its Systems Performance Project to better understand the Canadian mental health landscape, support evidence-informed decisions, and identify research opportunities, including continuing to support the development of indicators and data, analysis, and reporting.

The Government is also collaborating with stakeholders to support multisectoral action on the mental health of young Canadians through the Health Behaviour in School-aged Children (HBSC), a cross-national, school-based survey conducted in collaboration with the World Health Organization. The survey also serves as an important source of broader information about the health and well-being of young people and the social context of their health attitudes and behaviours. As well, it provides an evidence-base for policy and programming related to physical activity, sedentary behaviour, eating habits, injury prevention, obesity, bullying, mental health, and substance use and other risk behaviours.

The Government of Canada continues to work closely on a multisectoral basis to ensure that Canadians are equipped with the information and tools necessary to make informed decisions about their health and well-being. For example, the Active and Safe Injury Prevention initiative aims to leverage the work and networks of non-governmental organizations to promote the safety of children and youth in activities such as hockey, cycling, and water sports. Additionally, the Government continues to support recognized interventions at the community level that help Canadians improve their health, particularly those at greater risk for poor health outcomes. For example, it funds projects to reduce barriers to positive mental health for children, youth and families through community-based education and family support.

As the Committee acknowledged, the Pan-Canadian Public Health Network has grown to become an effective intergovernmental mechanism for collaboration. This includes setting priorities and working with other sectors to tackle public health challenges, including the social determinants of health, in their appropriate venue. In fact, a wide variety of federal programs and measures beyond the health sector contribute to addressing the social determinants of health and reducing inequities in health. These include employment and learning support programs, income security measures, and targeted programs for vulnerable groups. Furthermore, in 2011, the Government of Canada endorsed the Rio Political Declaration on the Social Determinants of Health, an important opportunity to work with Canadian and international partners to identify actions that can be taken to reduce health inequalities.

In addition, as immunization remains essential to addressing the risks posed by infectious diseases, the Government of Canada will continue to work with its PT partners through the Public Health Network to review the National Immunization Strategy, in order to improve coordination across the country and strengthen Canada's immunization system. In the meantime, work is underway to strengthen Canadian vaccine development and innovation to meet longer term public health needs, including for pandemic influenza.

As new public health priorities emerge, the federal government will continue to develop innovative networks and partnerships across sectors, with PTs and key stakeholders, to address the important health issues facing Canadians. The Government will continue to be a catalyst for these innovative approaches to address key health priorities such as mental health, obesity, and vaccine-preventable diseases. In addition, the federal government will continue to work across sectors to address the social determinants of health, pursuant to the principles of the 2010 *Declaration on Prevention and Promotion*.

Improving Aboriginal and Northern Health

The Government of Canada has made significant investments to support the unique needs of Aboriginal and Northern populations. Last year alone, the Government of Canada invested \$30 million in Aboriginal health research through CIHR and approximately \$2.4 billion in First Nations and Inuit Health programs and services. Programs and processes are in place to promote health and well-being, prevent disease, increase health human resources capacity, and improve integration of health services in Aboriginal and rural/remote communities.

While these initiatives have helped to improve health by reducing inequities and improving access to services, there is still more to be done. The federal government has been working to increase collaboration across jurisdictions and with stakeholders to ensure continued progress in ways that are culturally relevant, community-based, and geographically appropriate.

Addressing Aboriginal Health Challenges

Working to improve the health outcomes of Aboriginal people in Canada is a shared undertaking between FPT governments and Aboriginal partners. PTs provide health services to all Canadians, including Aboriginal peoples. Health Canada supplements and supports PT health services for First Nations and Inuit, providing a range of community-based programs and services as well as the Non-Insured Health Benefits (NIHB) Program.

Recognizing that health services should meet the unique needs and cultures of First Nations and Inuit, the Government of Canada works with Aboriginal partners on the design and delivery of its programs and initiatives. For example, close collaboration with the Assembly of First Nations and the Inuit Tapiriit Kanatami through task groups mandated by the Minister of Health helps align federal initiatives with First Nations and Inuit priorities. In 2004, to support the continued delivery of critical health services and help to improve the overall health status of Aboriginal people, the federal government committed \$700 million over five years for targeted initiatives to improve Aboriginal health services and address gaps in health status. Funding was renewed for a further five years and increased in Budget 2010 in a range of priority areas.

Between 2006 and 2010, the Aboriginal Health Transition Fund (AHTF) addressed the significant gap in health status between First Nations, Métis, and Inuit, and non-Aboriginal Canadians by adapting and improving access to existing health services. The Health Services Integration Fund (HSIF) announced in Budget 2010, as part of the renewed funding for Aboriginal initiatives, builds upon the lessons learned and partnerships established during the AHTF, with a greater focus on service integration and collaboration. Under the HSIF, the Government of Canada works with PTs and Aboriginal organizations to improve integration of health services. Advisory committees have developed integration plans in all jurisdictions except

Nunavut, where it is currently under development. Project partners are currently exploring regionally appropriate approaches to improving access to health services.

In addition, as the Committee noted, the Aboriginal Health Human Resources Initiative has successfully supported 2,200 First Nation, Inuit, and Métis health career students since 2005 to pursue careers in medicine, nursing, midwifery, physiotherapy, and other key shortage areas.

More broadly, innovative governance approaches are being implemented to improve health care collaboration. In October 2011, the Government of Canada, First Nations of British Columbia (BC), and the BC Government signed the historic *Tripartite Framework Agreement on First Nation Health Governance*. Under this agreement, a First Nations Health Authority will be established and the federal government will transfer its funding and First Nations health program design and delivery responsibilities to the new Authority, within two years of signing the Framework Agreement or such later time as both Canada and the Authority agree. The Authority will work with provincial Regional Health Authorities and the BC Government to ensure a greater role for First Nations in their health services, as well as the integration of those services within the BC health system.

Given the central role that health promotion and disease prevention play in improving health outcomes and quality of life, the Government of Canada has implemented a number of key initiatives for Aboriginal peoples in this area. These include the Aboriginal Diabetes Initiative, the National Aboriginal Youth Suicide Prevention Strategy, and the Maternal Child Health Program. In 2011, the Public Health Agency of Canada announced \$800,000 in financial support through the Lung Health Framework for Taima TB, a partnership initiative with the Government of Nunavut to help eliminate tuberculosis in this territory. Key activities under Taima included going door-to-door to diagnose and treat latent tuberculosis infections and provide information to individuals on how best to manage their disease. Additionally, the project built greater knowledge and awareness in the community, through meetings, focus groups and social media. More recently, CIHR recently announced a new investment of \$25 million in a new Aboriginal health research initiative, *Pathways to Health Equity for Aboriginal Peoples*, which will support collaborations between health researchers and Aboriginal communities to find innovative solutions in key areas such as suicide, tuberculosis, obesity, and oral health.

The Government of Canada also recognizes the role that determinants of health, such as water and housing, play in improving health outcomes. In this regard, Health Canada has supported safe drinking water initiatives through the First Nations Water and Wastewater Action Plan, introduced measures to address the problem of mould in on-reserve housing through the National Strategy to Address Mould in First Nation Communities, and supported healthy growth and development of children through the Aboriginal Head Start program.

Improving Access to Care in the North

Recognizing the challenges of health care delivery in the North due to limited capacity and infrastructure, as well as the unique circumstances of remote communities, the federal government has implemented initiatives to complement federal transfers provided to the territories through the CHT and Territorial Formula Financing. The effect is improved access for Northern Canadians to community level and other services in-territory.

As the Committee heard, the Territorial Health System Sustainability Initiative (THSSI) has played a critical role in the development and delivery of innovative health services in the North, guided by a federal/territorial working group responsible for monitoring progress against governments' commitments and priorities. Through the working group, Health Canada maintains strong collaborative relationships with the territories, which in turn report annually on their progress and activities.

THSSI, initially funded at \$150 million over five years, has been extended until 2014. Through the THSSI, territories have made progress to reduce reliance on the health care system, strengthen community level services, and build capacity to provide services in-territory. THSSI's Territorial Health Access Fund supported the territories in implementing long-term health reforms, while the Medical Travel Grant has helped offset the high cost of medical travel. The 2010 Summative Evaluation of THSSI concluded that it allowed territories to explore innovative solutions to service delivery gaps, e.g., developing a public health strategy in Nunavut and a health human resources strategy in the Yukon; expanding nursing resources to small communities throughout the Northwest Territories; and providing training programs in mental health and midwifery.

The North will also benefit from the Family Medicine Residencies Initiative and student loan relief for new physicians and nurses, described earlier in the section on supporting health care innovation and improvement. Both of these initiatives are expected to contribute significantly to the supply of health care providers in remote and Northern communities.

Finally, recognizing the capacity and resource constraints affecting Northern health care organizations, the Government has been working to streamline health-related funding to minimize administrative burden and provide more flexibility. For example, through the Northern Wellness Approach developed in collaboration with the territories, funding for several community-based health promotion and disease prevention programs has been combined into one multi-year agreement in Nunavut. The Northern Wellness Approach, which is now being considered in the Northwest Territories and Yukon, helps to ensure that federal investments in the territories are effective in responding to territorial and community priorities. New Health Portfolio offices opening in Iqaluit and Yellowknife will further enhance local service delivery in the North.

Demonstrating Results to Canadians

As the Committee noted, the 2004 Accord resulted in significant increases in the supply of health professionals, a majority of Canadians receiving surgery within established timeframes, greater availability of electronic health records, and better collaboration on public health. Nevertheless, the Government of Canada recognizes the importance of continued progress and is investing in research and accountability to better demonstrate results to Canadians on health care.

Strong accountability and sound information are critical to health system improvement. Given the significant investment Canadians make in their health system, they should expect to see tangible results over time in terms of the accessibility, quality, and sustainability of health care. To foster change, health system managers also rely on evidence to understand what is working

and identify new ways of doing things. Performance measurement is becoming increasingly important to reducing inefficiencies and waste, while proven successes can be shared across the country to inform system-wide change. Ultimately, better understanding of what works in health care means better care for Canadians.

Enhancing Performance Measurement and Reporting

The Committee noted that there has been significant progress in improving health system performance measurement and reporting in recent years. The Government of Canada continues to make this a priority through support to organizations such as CIHI, which play an important role in providing essential information on Canada's health system and the health of Canadians. CIHI issues its own reports on system performance and specific health issues. It also provides the data infrastructure that can be used by governments, quality councils, health authorities, and others to monitor, analyse, and report to the public.

Statistics Canada also serves as a crucial source of information on health care and health status through its surveys and public reporting. The Health Council of Canada, mandated by FPT governments to monitor and publicly report on progress under the health accords, analyses information from CIHI and other sources in order to report to Canadians about how the health system is working.

The Government recently announced \$238 million for CIHI to continue working with PTs to fill data gaps and produce timely, meaningful, and comparable information. Through organizations like CIHI and the collaborative partnerships it has established, Canada has a strong foundation on which to build a pan-Canadian framework for comparable measurement and reporting that supports system innovation and improvement and keeps Canadians informed.

Supporting Knowledge Development and Exchange

Similar strides are being made in Canada's capacity to achieve better care through research, innovation, and sharing of best practices. Many provinces now have quality councils, which highlight progress, barriers, and opportunities. Important federal investments in research, knowledge development, and exchange also play a fundamental role in health system innovation and improvement.

Funding Health Research

As described throughout this response, the Government of Canada makes significant investments in health research, working collaboratively to identify knowledge gaps and priorities, and providing funding to universities, industry, and non-governmental organizations.

The budget for CIHR, the federal agency responsible for funding health research in Canada, increased from \$748 million in 2004 to \$1 billion in 2011. While much of that funding is for biomedical and clinical research, which in itself makes an important contribution to health care, CIHR's investment in health services research has increased from less than \$4 million in 2000 to \$48 million in 2011.

Through CIHR, the Government of Canada will continue to invest in research aimed at improving Canada's health care system and services, as recommended by the Committee. The

Government will be accountable for these investments through CIHR's *Health Research Roadmap 2009-2014*, which include performance measures related to the Strategy for Patient-Oriented Research highlighted by the Committee.

CIHR also works to build Canada's research capacity and expertise through national programs such as the Canada Research Chairs, the Canada Excellence Research Chairs, and the Banting Postdoctoral Fellowships, which support the recruitment of internationally-recognized researchers and the funding of thousands of research projects every year.

In addition, the Government is creating new partnerships to support health research. In 2007, it invested \$30 million for the Spinal Cord Injury Translational Research Network and Strategy (now the Rick Hansen Institute) to help move research discoveries into new treatments and care practices. Federal support for the Canada Brain Research Fund through Budget 2011 is also helping to advance knowledge and treatment of brain disorders, such as depression, Alzheimer's disease and autism. The Government of Canada will provide up to \$100 million to the Brain Canada Foundation, which will work to find donors and partners who will match this amount, effectively doubling the investment.

Using the Evidence

The Government of Canada actively supports efforts to translate research findings into health system improvements on the ground. To this end, the CIHR Evidence-Informed Healthcare Renewal initiative seeks to turn research into evidence for policy makers to improve the financing, sustainability, and governance of health care systems. CIHR is investing approximately \$6.5 million over four years for this initiative, which includes Best Brains Exchanges, Expedited Knowledge Syntheses, the Partnership for Health System Improvement, and Evidence on Tap.

In addition, as noted previously, the Government of Canada is the primary funder of a number of pan-Canadian health organizations which work in partnership with PTs, experts, and health care providers to support the translation and application of research for use in the health care system. For example, the focus of the Canadian Foundation for Healthcare Improvement is to collaborate with governments, policy-makers, and health system leaders to translate research evidence and innovative practices into actionable policies, programs, tools, and leadership development that support health system improvement. CADTH delivers timely, evidence-based information to health care leaders about the effectiveness and efficiency of health technologies, including pharmaceuticals. Canadian Partnership against Cancer works with cancer experts, charitable organizations, governments, cancer agencies, national health organizations, patients, survivors, and others to implement Canada's cancer control strategy. The Canadian Patient Safety Institute works with the health care community to facilitate implementation of ideas and best practices to advance patient safety goals across the continuum of care. It has also served as a catalyst for the development of quality councils, including in areas not currently served by formal organizations, such as Atlantic and Northern Canada.

Sharing Best Practices

Consistent with its mandate, the federally funded Health Council of Canada places a particular emphasis on identifying and highlighting best practices in areas of interest such as primary care

reform and self-management for people with chronic diseases. Through the FPT Advisory Committee on Health Delivery and Human Resources, governments continue to share best practices and seek opportunities for collaboration on the organization and delivery of care.

In keeping with the Senate Committee's recommendation, an existing network (the Interagency Collaboration Group) and other more targeted initiatives link the many pan-Canadian health organizations, fostering knowledge exchange and joint work. As well, the governance structures of these organizations emphasize collaboration through representation by FPT governments and health stakeholders.

Conclusion

Through the concerted efforts of governments, health care providers and individuals, the past decade has seen continued improvements in the health status of Canadians, as well as tangible improvements in the accessibility and quality of health care across the country. However, with an aging population and a growing burden of chronic disease, all jurisdictions must continue to work together to transform the health system to deliver better value and respond to the evolving needs of Canadians.

With two years left in the 2004 Accord, important progress has been, and continues to be made. Further changes can build on the solid foundations already in place, the new approaches and structures established in recent years, and emerging knowledge on what works best. Moving forward, the challenge for decision-makers is to use resources wisely and efficiently to support transformative change. Better integration and balance across the continuum of care, greater efficiency, and a focus on quality, as well as increased attention to overall health and well-being, will be key elements for a responsive and sustainable health system.

The Government of Canada remains committed to collaborating with PTs and other partners to implement change and to play a leadership role in areas where it has clear jurisdiction. It will continue to support a universal, publicly funded health care system through the CHT, which is now on a sustainable long-term growth track. It will help foster health care innovation through the research, policy, and program mechanisms at its disposal. The federal government will also continue to support coordinated performance measurement and reporting to enhance health system accountability and demonstrate results to Canadians.

The Government recognizes that PTs are best placed to modernize the way health care is organized and delivered to best meet the evolving needs of their residents now and into the future. As the Committee heard, significant innovation is occurring across the country to make health services more integrated, responsive to patients and their families, and to ensure the system is sustainable. Since the Committee's review, PTs have strengthened their collaboration on health care innovation and improvement initiatives through the Health Care Innovation Working Group established by Premiers in January 2012.

Clearly, all governments are making important investments in health innovation through support for knowledge development and exchange, the application of that knowledge to system and service improvements, and the ongoing development and implementation of new, more sustainable ways of promoting and protecting the health of Canadians, and providing them with

the care they need when they need it.

As the Committee's report makes clear, real change in health care requires individuals and organizations at every level to do their part. This Government is committed to continuing to support health system improvement by working collaboratively with its partners and all Canadians – governments, stakeholders, individuals, families, businesses, and volunteers – to make Canada's health care system the best in the world.