ENVISIONING A HEALTHY PUBLIC POLICY FOR NOVA SCOTIA

We have an opportunity in Nova Scotia – an opportunity to create healthier, stronger and more productive communities. As we grapple with how to manage our health care costs, we believe it is time to capitalize on heightened interest in the health of Nova Scotians and our health care system, and to channel widespread concern in a new direction. We know the indicators all too well: Nova Scotia has the highest rates of death and disease from cancer and respiratory disease, and the highest use of disability days. Looking to the future, we see that our youth are smoking more and exercising less, and starting on a path of risky behaviours[1] that will cause them to reach out for our already strained social safety net. The bulk of our population is headed for increased poverty, morbidity and mortality, and we cannot afford that cost, in moral, social or economic terms. We have a window of opportunity to turn this situation around, to turn concern into action and introduce fundamental change in how we think about health and introduce a population health approach in Nova Scotia. Just as poor health costs all sectors, improved health saves costs and contributes to our economy.

As in any crisis, we must challenge the fundamental assumptions that led to our current situation. Our thinking has been dominated for years by the question: "how do we pay for health treatment?" and our health dollars have therefore been disproportionately directed towards the most expensive end of the system: acute care. The better question, posed by the population health approach is "how can we create health?" This opens the door to actually *reducing* the cost of health care, by reducing demand on both the acute and the primary care system. The key factors for this window include: heightened interest and concern translating into greater acceptance and demand for change by the public, opinion leaders and policy-makers; a new and broader definition of health care costs;[2] new optimism and concurrent recognition that chronic disease (and concurrent costs) is *preventable*; and widespread agreement that the population health approach is the only valid approach to solving the health care cash crunch.[3]

Currently, however, for all the focus on our health care system, we are only making small steps towards *slowing the increase* in health care costs. Our energy, attention and almost all expenditures on health care are focused on acute care. Shifting the ratio between expenditure on acute care versus primary care, and still further, towards health promotion and prevention of illness is essential to creating health, and therefore creating wealth. Only by addressing the upstream determinants of health will we turn this cycle in our favour. Health promotion is the first step towards spending on the 'demand side' of health care. This is the true paradigm shift of healthy public policy: to *create health* by considering expenditures in other sectors and jurisdictions as expenditures on health. The alternative is to let population growth, inflation and a chronic disease

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[1] *This Is Our Life, Community Health Status Report 2002*, CDHA 2002.

[2] As evidenced by recent, well-reported studies indicating that the costs of chronic disease to the Nova Scotian economy as a whole totals over 3.0 billion dollars *(The Cost of Chronic Disease in Nova Scotia,* GPI Atlantic, 2002.)

[3] See documents by the Department of Health (*Healthy People, Healthy Communities – Using the Population Health Approach in Nova Scotia*) and by the Population Health and Public Health Branch, Health Canada

epidemic conspire to drive expenditures on health up, while increasing the economic burden of poor health.

KEY INITIATIVES OF A POPULATION HEALTH APPROACH

What would constitute a fundamental shift in our approach to health? The following steps offer the opportunity to build a new focus on creating health, in turn creating a stronger foundation for economic growth and a better quality of life for Nova Scotians.

Shift ratio of expenditure from acute to primary care and health promotion

As we move beyond efforts to reduce costs in the acute care system (e.g. ongoing structural adjustments and efficiencies such as combining and centralizing services), we have started to focus on primary care. In 2001 the ratio of spending on acute and long term care to all other health expenditures was 76:24.[4] Recent important steps include the recently-completed, three-year *Strengthening Primary Care* initiative and a new Ministerial portfolio on Health Promotion. In addition, the province is starting a strategy to prevent chronic disease, and there are additional, smaller measures in the community health districts across the province that tackle primary care and health promotion. Assigning financial resources to building health, rather than treating illness is exponentially less expensive than treating severe illness.

Create health by addressing the determinants of health

In order to create health, we need to examine our business and public practices across the board, ensuring we are taking each and every step to create healthier people and healthier communities.[5]

Implement health public policy in all departments and levels of government

Just as the cost of illness is felt across our economy, the opportunity to improve health affects exists within all areas of public policy. We have the capacity to help or hinder our health with every political and business decision we make. As we formulate policy, and as elected officials weigh the pros and cons of new initiatives and legislation, we must ask “how will this help create health?”

If our population is well-housed, employed, and educated they are healthier – they not only create wealth and contribute to the economy, they do not place an additional burden on our acute care system. When we look to the future, we know that poor economic and social circumstances present the greatest risk to a child’s immediate and long-term health. Seen in this light, expenditures one area (e.g. transportation alternatives that reduce smog and reduce motor vehicle injury) will save on health costs, or investments in housing or education.

Create continuity via a long-term strategy

One of the greatest risks to fundamental change is lack of stability and a long term plan. Fragmented or inconsistent delivery of services leads to increased costs in implementing programs, confusion among those delivering and

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[4] Estimates of the Province of Nova Scotia, 2000-01, 13.1.

[5] The determinants of health are outlined in *Healthy People, Healthy Communities – Using the Population Health Approach in Nova Scotia* (NS Department of Health, 2002) and are shown in practice in the *This is our Life: Community Health Status Report 2002* by Capital Health

accessing care, threatening acceptance and commitment to new directions. As Romanow noted in his recent report "to date, efforts in Canada have suffered from transient funding, a focus on acute care, and lack of a consistent approach. [6] One of the lessons highlighted in the Strengthening Primary Care initiative was that managing this type of change is critical: "it requires ongoing planning and commitment by a wide range of champions, including communities, providers, stakeholders and government." [7]

Build on momentum, increase dialogue

The case for population health is being made by leaders in the health care community – policy-makers, clinicians and health associations are promoting the benefits of a population health model. Harnessing this attention now has the potential to increase commitment from more essential stakeholders, including business and the public.

Engage the community and stakeholders in a coalition for health public policy

Governments and the health sector are a key stakeholder in this model, but their new challenge is to show leadership, while actually devolving responsibility for overall health to the community. We need a broad coalition for health, with leaders from the business sector, community health organizations, from across municipal and provincial departments and the community. Their role will be to provide leadership and guidance in creating healthy public policy, in instituting change in their own jurisdictions. In the long run, we must also listen to our communities, to follow and to support initiatives driven from the bottom-up.

Known for our smarts – time to be known for our health

We have the knowledge and the ability to combat increases in hospitalization, sickness, a chronic disease epidemic, decreased productivity, high-risk behaviours, and preventable death. We have made great strides in our ability to rescue people from advanced disease. Now we need to make great strides in orienting our social and economic policy, our federal, provincial and municipal programs and services, and our business environment in a new direction: increasing health, and, over time, decreasing the cost of acute health care. Only within this broad approach can we embark on a new, vital task: creating health and therefore wealth, rather than treating illness.

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[6] Romanow, Report of the Royal Commission on Health Care, 2002, p. 16

[7] Strengthening Primary Care: Progress Report. NS Department of Health, March 2001 p. 7. (A full evaluation is due in March 2003.)