



“At a Glance”

Synopsis of CCIH Proceedings

Session XIII: March 26, 27, 2004, Montreal

CCIH Mission: The Canadian Council on Integrated Healthcare is dedicated to helping Canadians understand emerging healthcare issues.

CCIH Vision: Our vision is for an integrated healthcare system that balances quality, access and cost, and creates better health for Canadians.

Gathering information:

Topic consideration - Child health (continued from previous session)

The Quebec experience

Expert resource: **Gina Gasparini, Executive Director, CPE St. Mary Centre les petits infants**, Board Member, Canadian Child Care Federation, Regroupement des Centres de la Petite Enfance de Montreal

- Ms Gasparini provided an overview of the Quebec childcare system and then undertook a Q&A session after with CCIH members.

The New Brunswick experience

CCIH Chair Dr. Russell King provided an overview of the child health system in New Brunswick and then undertook a Q&A session with CCIH members.

Engaging in reflection:

CCIH discussion on the topic of child health included the following observations/insights:

Quebec -

- Need a study to examine the for-profit quality impact on children.
- Need to assess economic/outcomes measure – how child care has benefited the province:
 - Back to work
 - Impact on children – behaviour, academics, ultimate impact on workforce
- Studies have been done on long term effects of quality childcare: lower drop out, social and life skill improvement, and enhanced academic outcomes.
- If Quebec program is different from the rest of Canada, would be helpful to understand impacts and disseminate lessons learned
- Economics perspective:
 - shift from social welfare to labour force is a pay off
 - moving wages from the “black market” into the taxable system is also a pay off
- Similarities between child care and health care: universal, accessible and affordable – lessons to learn

New Brunswick -

- Need to demonstrate value to taxpayers, e.g. link social assistance outcomes and availability of day care
- Behaviour change models – how much effort is needed in order to identify observable differences in child health/development? Common intervention across the population versus targeting to induce change – public health challenge in all sectors
- Canadians have condemned health care for focusing too much on treatment, this program really addresses prevention
- Examples of successes in New Brunswick:
 - slightly low hearing level caught at 3.5 years old - insertion of aural tube corrected the problem, before school age. Similar situation with a child with “lazy eye”.
- This is a template for sustainability
- Electronic record would make sense in this system – to break down communication silos from early child program to health and social programs

CCIH engaged in a topic de-brief to consider whether to move forward with child health as a topic of choice.

Gathering information:

Topic consideration - Impact of aging population on health and healthcare

Council heard the following presentations –

Overall context

Expert resource: **Greg Shaw, International Federation on Aging**

- Mr. Shaw presented context for this topic, and engaged in Q&A session. He referenced two papers:
- Active Aging Policy Framework, World Health Organization
- Madrid International Plan of Action on Aging, 2002

Home care

Expert resource: **Dr. Margaret MacAdam, Gerontologist**, Vice President and Senior Vice President at Baycrest Health Centre, Researcher at Brandeis Health Policy Centre, President of the Age Advantage Company

Implications of aging population for health expenditures

Expert resource: **Dr. Robert Brown, Professor, University of Waterloo**

Engaging in reflection:

CCIH members considered the information they had received and identified the following key issues on the topic of aging:

- Link this to corporate social responsibility
- Take this out of the silo of aging and look at it in the context of the healthcare continuum
- Home/community care versus hospital model for this population
- Do we have a social policy framework to create reasonable solutions here – home care funding and recognition
- Fear of aging – avoidance of issues by consumers, not addressed as policy
- Lack of implementation capacity – need to plan, implement, evaluate, improve – parallels between 10 year old with a head injury and a 90 year old frail elderly patient – “dis”-abled includes aging across the spectrum
- Boundary between health system and social service system. Neither provides total solution – need integration

- What planning model should we be using on an ongoing basis? Involvement of multiple sectors, longer time horizon (35 years out) – how to build a flexible system that responds to demographic changes
- Affordability question: is first dollar coverage sustainable, necessary or advisable? Disconnect the co-pay/co-share from two-tiered health care in a logical, compassionate way
- Leadership is needed to explain the issues and solutions to Canadians
- Individual accountability – can prevent certain chronic conditions through healthy lifestyles – need incentives and rewards here
- Aging and Employers:
 - Correlation between aging and employer responsibilities
 - Impact that all of this could have on the bottom line, unless we have right frameworks – e.g. medical/hospital model and costs of benefits to the private sector
 - Sense from private sector – passive prioritization – this isn't highest corporate priority
 - How work is organized so aging people can continue to work

Ultimately, councilors agreed to pursue the **corporate responsibility topic**, with the information received on child health and aging as important background.

CCIH identified the following focus questions to guide next series of meetings:

- What is the current stake of employers in the health of Canadians?
- What should be the stake of employers in the health of Canadians?

Taking action:

Status/review of ongoing action initiatives

- CCIH had opportunity to speak at the Occupational Health Network's Atlantic Canada Conference. As well, CCIH was invited to link its Workplace Health Paper with the Canadian Health Network web site.
- Council reviewed status of efforts to connect with Health Council, as well as distribution of Workplace Health and Genomics papers