FORUM ON HEALTH OUTCOMES AND HEALTHCARE COSTS: WHAT CAN WE AFFORD?

Re-imagining a Health System
Good Enough for All of Us:
Responding to the Health Needs of the Poorest, Oldest and Most Vulnerable Persons in our Society
MY PERSPECTIVE

A leader in the tertiary care health system in the 1980’s and 1990’s

A member of health-related Boards and other leadership groups from the 1980’s to the 2000’s

Presently, leader of the Congregation which owns and operates St. Patrick’s Mercy Home and The Gathering Place
RADICAL INCLUSION

Good enough for all of us
WHAT IS HUMAN HEALTH?

✓ The absence of illness or injury

✓ A state of complete physical, mental, and social well-being

~ WHO 1948

✓ The extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment – it is a resource for everyday life, not the objective of living – it is a positive concept, emphasizing social and personal resources, as well as physical capacities

~ WHO 1986

✓ Not just the physical well-being of the individual but the social, emotional, spiritual and cultural well-being of the whole community – this is a whole of life view and includes the cyclical concept of life-death-life

~ Australian Aboriginal community
THREE TRANSFORMATIONS IN HEALTH CARE IN PAST 60 YEARS

1. Medicare (1957, 1966, 1984) = medically necessary services provided in hospital or by practitioners (usually physicians)


3. Regional health systems (early 1990’s)
STRENGTHS OF OUR PRESENT HEALTH SYSTEM

✓ Universal health care coverage for specific services
✓ Acute care ~ Tertiary care ~ Primary care
✓ Community health care
✓ Competent, dedicated health professionals and healthcare workers
✓ Strong unions
✓ Professional formation and oversight
✓ Regionalization
✓ Research – clinical, genetics, health policy
FLAWS IN OUR PRESENT SYSTEM

Health and Health Care for:
- Older people
- Poor people
- Mentally ill people
- Indigenous people
- Refugees and immigrants
These flaws are not a failing of the health care system but are a failing of our society.
In the 20\textsuperscript{th} century, old age was but a footnote. In the 21\textsuperscript{st} century, however, it is to become the main theme.

~ World Assembly on Aging, 2002
For the first time in history, most people can expect to live into their 60s and beyond.

Number of persons aged 60 to rise from its current 740 million to reach 1 billion by 2020.

By 2050, more than 20% of the world’s population will be 60 years of age or older.

In 2050, for the first time in human history, more persons will be over 60 than children.

Women outnumber men among those aged 60 or older, twice as numerous among those over 80.

A longer life brings great opportunities – depending heavily on one key factor: health.

Evidence suggests that older people are not experiencing better health than previous generations.

Those who have experienced disadvantage across their lifetime have a higher risk of poor health.
# Life Expectancy

<table>
<thead>
<tr>
<th>Country</th>
<th>Average Life Expectancy</th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>71.0 years</td>
<td>73.5 years</td>
<td>68.5 years</td>
</tr>
<tr>
<td>Japan</td>
<td>84</td>
<td>87</td>
<td>80</td>
</tr>
<tr>
<td>Australia/Switzerland</td>
<td>83</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>Italy/Singapore</td>
<td>83</td>
<td>85</td>
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<tr>
<td>France/Spain</td>
<td>82</td>
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<td>79</td>
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<td>Canada/New Zealand</td>
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<tr>
<td>Ireland</td>
<td>81</td>
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<td>79</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>81</td>
<td>84</td>
<td>79</td>
</tr>
<tr>
<td>United States</td>
<td>79</td>
<td>81</td>
<td>76</td>
</tr>
</tbody>
</table>
2000 NL = 11.6% > 65y
2021 NL = 22.5% > 65y
2026 NL = 27.0% > 65y
CHALLENGES

✓ Discrimination
  ✓ Ageism too often tolerated – often combined with other forms of discrimination, on the grounds of gender, race and ethnicity, religion, disability, health or socio-economic conditions
  ✓ Experience of stereotyping, political disempowerment

✓ Poverty
  ✓ Single most pressing challenge to the welfare of older persons [homelessness, malnutrition, unattended chronic diseases, lack of access to safe drinking water and sanitation, unaffordable medicines and treatments, income insecurity]

✓ Violence and abuse
  ✓ Physical, emotional, sexual, financial exploitation

✓ Organization of cities, communities and health systems
  ✓ Currently designed, resourced, organized and delivered in a way which disadvantages older adults with chronic health issues

✓ Lack of specific measures and services
WHAT IS HEALTHY AGEING?
World report on ageing and health (2015)

Healthy Ageing = the process of developing and maintaining the functional ability that enables well-being in older age

Establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030

Functional ability determined by the person’s intrinsic capacity (the combination of all the individual’s physical and mental capacities), relevant environmental factors, and the interaction between the two

Environmental factors = policies, systems, and services re transport, housing, social protection, streets and parks, social facilities, and health & long-term care; politics; products & technologies; relationships with friends, family, & care givers; and cultural & social attitudes & values
STRATEGIES ON AGING AND HEALTH

✓ Addressing ageism
✓ Promoting wellness across elder friendly communities
✓ Supporting aging in place
✓ Addressing the unique needs of older Indigenous peoples
✓ Addressing elder abuse
✓ Committing action on Healthy Ageing in every country
STRATEGIES ON AGING AND HEALTH

✓ Aligning health systems to the needs of older populations ~ providing elder friendly hospital care and effective transitions
✓ Developing sustainable and equitable systems for providing long-term care (home, communities, institutions)
✓ Addressing medication use and older persons
✓ Caring for caregivers
✓ Ensuring a sustainable and appropriately trained, deployed, and managed health workforce
✓ Improving measurement, monitoring and research on Healthy Ageing
HEALTH CARE ISSUES

Issue 1: we do little to empower patients and caregivers with the information they need to navigate the system

Issue 2: we don’t require any current or future health or social care professional to learn about care of the elderly

Issue 3: we don’t talk to each other well within and between sectors and professions

Issue 4: we work in silos and not as a system

Issue 5: we plan for today and not for tomorrow with regards to understanding the mix of services we should invest in to support sustainability

~ Ontario’s Seniors’ Strategy
1. Recognition of Older Persons
2. Celebrating Diversity
3. Supportive Communities
4. Financial Well-being
5. Health and Well-being
6. Employment, Education and Research
POVERTY
CHAMPAGNE GLASS OF WORLD POVERTY

World population arranged by income

Distribution of income

- Each horizontal band represents an equal fifth of the world's people

<table>
<thead>
<tr>
<th>World population</th>
<th>World income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richest</td>
<td>82.7%</td>
</tr>
<tr>
<td>Second</td>
<td>11.7%</td>
</tr>
<tr>
<td>Third</td>
<td>2.3%</td>
</tr>
<tr>
<td>Fourth</td>
<td>1.9%</td>
</tr>
<tr>
<td>Poorest</td>
<td>1.4%</td>
</tr>
</tbody>
</table>
# STARTLING NUMBERS

**[OXFAM 2016]**

<table>
<thead>
<tr>
<th>62 PERSONS</th>
<th>$542 BILLION</th>
<th>$1 TRILLION</th>
</tr>
</thead>
<tbody>
<tr>
<td>same wealth as poorest 3.6 billion people in world</td>
<td>in wealth of richest 62 individuals since 2010</td>
<td>fall in wealth of poorest 3.6 billion people since 2010</td>
</tr>
</tbody>
</table>

- **1%**  
  = poorest half of population received 1% of increase in global wealth

- **50%**  
  = increase in global wealth received by top 1% since 2000

- **$3**  
  = increase in average annual income of poorest 10% of people globally
MORE STARTLING NUMBERS
[OXFAM 2017]

✓ Eight men own the same wealth as the 3.6 billion people who make up the poorest half of humanity
✓ 1 in 10 people survive on less than $2 a day
✓ Seven out of 10 people live in a country that has seen a rise in inequality in the last 30 years
✓ On current trends it will take 170 years for women to be paid the same as men
CANADIAN NUMBERS

✓ Nearly 5,000,000 people in Canada live in poverty
✓ Gap widening between the highest and lowest income groups
✓ Precarious employment has increased by early 50% over the past two decades
✓ Between 1980 and 2005, the average earnings among the least wealthy Canadians fell by 20%
✓ Researchers have found that men in the wealthiest 20% of neighbourhoods in Canada live on average more than 4 years longer than men in the poorest 20% of neighbourhoods.
✓ 1 in 5 immigrant families lives in poverty in Canada
MORE LIKELY TO BE POOR

✓ People living with disabilities (both mental and physical) are 2X as likely to live below the poverty line – nearly 15% of people with disabilities live in poverty
✓ Homeless individuals living with a disability or mental illness make up almost 45% of the overall homeless population
✓ Indigenous Peoples are over-represented among the homeless population in virtually all urban centres in Canada
✓ 28%-34% of shelter users are Indigenous
✓ Nearly 15% of elderly single individuals live in poverty
✓ Nearly 2 million seniors receive the GIS and live on about $17,0000 per year (basic standard of living $18,000 per year)
MORE LIKELY TO BE POOR

- First Nations women (living off reserve) – 36%
- Métis and Inuit women – 23%
- Visible minority women – 28%
- Women with disabilities – 33%
- Immigrant women – 20%
- Single mothers – 21%
- Children in female lone-parent families – 23% (cp to 6% of children in two-parent families)
- Children with disabilities 2X as likely to live in households relying on social assistance
- Status First Nations children – 50%
CHILD WELL-BEING IN RICH COUNTRIES: UNICEF (2013)
CANADA’S RANK

✓ Average rank 17
✓ Material well-being 15
✓ Health and safety 27
✓ Education 14
✓ Behaviours and risks 16
✓ Housing and environment 11
3 million Canadian households are precariously housed

An estimated 235,000 people in Canada experienced homelessness in 2016, with roughly 35,000 people being homeless on any given night

Almost 1 in 5 households experience serious housing affordability issues (spending over 50% of their low income on rent)

Youth aged 16-24 make up about 20% of the homeless population

The number of older adults and seniors experiencing homeless is rising, about 4% of shelters users in 2016
OTHER INDICATORS

✓ 4 million people in Canada experience food insecurity
✓ 1 in 8 Canadian households struggle to put food on the table
✓ Food insecure households were 80% more likely to report having diabetes, 60% more likely to report high blood pressure, and 70% more likely to report food allergies
✓ 1 in 10 Canadians cannot afford to fill their medical prescriptions – Canada is the only industrialized country with a universal healthcare system but without a national pharmacare policy
INDIGENOUS PEOPLES

- Life Expectancy ~ Canada (total) 79 (M) 83 (F)
  - First Nations 73 (M) 78 (F)
  - Métis 74 (M) 80 (F)
  - Inuit 64 (M) 73 (F)

- Food insecurity significantly higher in Indigenous households – residents in Nunavut spend 2X as much on food as rest of the country on average ($14,800 v. $7,300 annually)

- In 2007–2010, 27% of Inuit households reported having low to very low food security (other surveys suggest this may be as high as 62%)

- Tuberculosis rates almost 50 times higher for the Inuit
INTERSECTION OF VULNERABILITIES
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✓ People living with this reality are severely affected by social and economic inequality

✓ Through no fault of their own, they face extended and often lifetime unemployment, social exclusion, isolation, relationship distress, poor physical health and lack of hope for the future

✓ It easily leads to discrimination and accessibility barriers in many areas of life (e.g., health services, housing, education, transportation)
INTERSECTION OF VULNERABILITIES
~ PRISON SYSTEM

- **Challenges before imprisonment**
  - Alternative approaches to imprisonment rarely considered
  - Inability to detect mental illness

- **Challenges during imprisonment**
  - Few programs for mental illness or addictions
  - Little continuity of care with previous caregiving
  - Very little attention to rehabilitation

- **Challenges after imprisonment**
  - Sent out from prison with no plan for continuity of care
  - Sent from prison with no support of any kind or connection with appropriate support programs
INTERSECTION OF VULNERABILITIES

✓ We are not effectively using the education system to help address the challenges faced by young people with ADHD, mental illnesses or addictions, gender diversity, bullying

✓ Complex challenges facing adults are being replicated in their children

✓ There are failures of the health system in understanding, preventing, detecting, treating and stabilizing these complex challenges
ECOLOGY AND HUMAN HEALTH

A healthy human population is dependent upon a healthy natural environment

Intergenerational justice – We do not inherit the land from our parents; we borrow it from our children (Inuit Saying)

Sustainable health = to provide health for today’s generation without compromising that same opportunity to future generations
Humans = main cause of global warming
Effects of climate change already occurring on all continents and across oceans
World ill-prepared for risks from a changing climate
The more human activities disrupt the climate, the greater the risks of severe, pervasive and irreversible impacts for people and ecosystems
RECENT EXAMPLES FROM NL ECOLOGY AND HUMAN HEALTH

✓ Hydraulic fracturing on the west coast of the Island ~ Panel recommendation not to proceed
✓ Muskrat Falls in Labrador ~ seeming disregard for the health-related issues
WHAT ARE THE SOLUTIONS?

We need a fourth transformation of the magnitude and intensity of the three transformations mentioned earlier:

✓ a shift in the focus of health care and
✓ a shift in the way such care is organized, funded and delivered

We need leaders to create circles of champions

The complexity demands new and unusual partnerships and collaborative efforts across health and social sectors and indeed all domains of society