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Saskatchewan Notes

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Can We Finally Move Forward to Improve Health Care?

— by Denise Kouri

In my vision for health care in Saskatchewan, all residents have timely access to services they need, through a publicly funded and administered system. No one pays individually for services. Residents receive high quality services and appropriate care. Users are treated with respect and compassion. Health care providers include a range of practitioners and educators who deliver programs in communities and, at times, in homes. They provide a range of therapies to help people heal, rehabilitate, or die with dignity. They educate and provide support to prevent disease and to help people learn to nurture their health, their children's health, and the community's health. Specialist resources are organized so people can access the best there is in a timely fashion. Wherever these are concentrated, good communication, support, and transportation ensure that none are isolated and all are able to access services. Providers are treated with respect and enjoy their work. Users support the public system and have confidence in it.

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Health Policy for Saskatchewan

In the last several years, health care has claimed an astonishing degree of attention. It has overtaken other social reforms in demand for services and legitimacy as an instrument for human development. Good health care policy for Saskatchewan is not much different than for other provinces in Canada. We should think about what makes people sick, what helps people get and stay well, and how to organize our health care services to respond.

Some general trends

Saskatchewan residents can expect to live a long time. Women can expect to live 82 years and men 75, about the same as the Canadian average. Saskatchewan has lower death rates for cancer and heart disease but higher rates of accidental death. The percentages of people who smoke, who are regular heavy drinkers,

and who are overweight are also higher. Diabetes, which is connected to being overweight, is increasing in Saskatchewan as elsewhere in Canada.

The Saskatchewan infant death rate is among the highest in Canada, specifically among First Nations residents, although thankfully the rate is dropping. Saskatchewan has the highest proportion of First Nations residents of the ten provinces, and the proportion is increasing. Their higher numbers are due to improved health conditions and to their high birth rates. However, First Nations' rates of illness and injury remain higher than those of other residents.

Like other provinces in Canada, Saskatchewan's age and geographic distribution will change over the next 20 years. Young people will be relatively fewer and the elderly will increase. However, the largest proportional increase will be in the mature adult population (50 to 64 years) – a development that is not pessimistic because these men and women will be more educated, have more work experience, and be in better health than those before them.

There is concern about the increasing elderly population and the effect on health care costs, but the number of seniors will increase slowly. They will live longer and be healthier for more years. People now live longer because of better social and physical living environments and access to better medical care. The number of years people live without disability is increasing. The most important factor for the mental and physical health of people as they age is to be active and interactive with others. Isolation is a strong contributor to poor health.

The distribution of elderly is not uniform in the province. The larger cities will continue to have the largest *number* of elderly, but smaller centres and rural areas have a larger *proportion* in the population because the younger adults in these communities have moved away. The migration of people from rural and small centres to larger urban areas continues to be a major trend in this province.

Rural Saskatchewan has lost social capacity over the last decades. Although education has improved, it is the younger and more educated residents who leave. So Saskatchewan's education level is lower than the Canadian average for adults. Social networks, once a strong resource, have also declined. There is uneven development among Saskatchewan communities and different potential. Some communities have a large and expanding population base, but others are shrinking. This pattern has affected the way services have been delivered and future delivery must respond to it. Regional restructuring in health care, education, and municipal governance have been challenges. Having too many regions and boards is inefficient and creates uneven standards of service. But having too few does not allow local responsiveness to needs.

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Toward a high quality system

Saskatchewan residents must keep up the pressure for high quality services. Good quality and equitable access are the attributes of a good health care system. Two commissions in the last two years have made valuable recommendations to make it more possible for Saskatchewan, a small province with a dispersed population, to sustain a publicly funded and administered universal comprehensive health care system. The Fyke Commission focused on Saskatchewan and the Romanow Commission on Canada – but their recommendations were complementary.

Saskatchewan is once again in the forefront of significant changes to make health care better, and more comprehensive. Recent initiatives in the province are important to support.

The key is primary health care. We now have an opportunity to reorganize health care services in a way that was envisioned with the establishment of community clinics so many years

ago: inter-disciplinary teams, providing a wider range of services 24 hours a day, 7 days a week. Combined with the emerging emphasis on quality of care, primary care reorganization holds real promise for Saskatchewan residents. The strategy will respond to many of our health care issues – from diabetes management to mental health in a more complete, community, and patient-centred way, integrating treatment, prevention, and education for health. The teams and networks of facilities being initiated have the potential to respond to more dispersed populations, while permitting some concentration of resources to sustain provider skill level and job quality. They also have more potential for responding to needs of First Nations communities and training First Nations providers. For health providers, the reorganization of primary care, with its attention to reviewing scope of practice and professional development and training of providers in cross-disciplinary and community-oriented approaches, is an opportunity to increase job satisfaction and quality.

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Saskatchewan is developing a provincial strategy to address problems in the supply and distribution of health care providers, and we must also enter into collaborative relationships with other provinces to reduce counterproductive competition for skilled human resources. The new focus on primary health care requires changes in patterns of practice and in attitude among providers – towards more collaboration and teamwork. Provinces, educational institutions, regulatory bodies, professional associations, and unions must address this requirement for change.

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To ensure that the increased emphasis on primary health and community-based care actually results in better service, residents should pressure their health boards to focus on the quality of health services and outcomes. Home care, community-based therapies, and drug treatments, which make non-institutional care possible, should be funded adequately. And the emergency transportation network is crucial to providing equitable care, especially for rural residents.

In Saskatchewan, like in other provinces, a problem exists with waiting for surgery and diagnostic services. Undue waiting for services causes anguish. It also causes individuals to lose faith in the solidarity approach. More than lack of resources, the problem is management of lists, pooling of resources, and cooperation among providers. Recent initiatives toward province-wide tracking and more coherent rankings are long overdue.

Support for Public Health Care

Canada's future got a little more optimistic recently with the strong support of the Romanow Commission for public funding and for the Canada Health Act (CHA). The main themes of the Romanow report were leadership, accountability, and public trust. The report recommended:

- A renewed CHA with stronger applicability and the addition of the 6th principle of accountability.
- A health care covenant to provide a vision and framework of principle that can be discussed by the public and evoke moral commitment. The CHA and the covenant together make an explicit statement of social solidarity.

- A health council to enforce accountability and provide a mechanism for inter-provincial and federal collaboration.
- Federal-provincial cooperation built on a renewed funding commitment by the federal government and renewed commitments by the provinces to collaboration.
- National strategies for difficult issues: human resources; drug plans; diagnostic services; rural and remote health delivery; primary health care; and home care.

The national strategies being proposed are especially important for provinces with fewer resources like Saskatchewan. But the specific program proposals were not the most important feature of the Romanow report, nor was the report's call for additional funding from the federal government. Although these were important, the most important contribution was the Commission's welcome emphasis on public governance for the common good. It made its case by bringing together undisputed research about the effectiveness and efficiency of publicly funded and administered health care with evidence that the public is indeed committed to an equitable system. Together these facts make a strong case for public health care. And combined with the proposed mechanisms for federal-provincial collaboration, the arguments have potential to change the political momentum, but only with continued public pressure for this to happen. ❖

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