

Health in All Policies in the Time of Covid-19.

What role for the health sector moving forward?

Dr. Paul Kershaw

paul.kershaw@ubc.ca

University of BC School of Population & Public Health

Director of the Masters of Public Health Program

Founder, Generation Squeeze

Presented to the Global Network for Health in All Policies International Webinar

Organized by the National Health Commission Office of Thailand, the National Collaborating Centre for
Healthy Public Policy, with support of the WHO

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Health in All Policies, because

A higher social/medical spending ratio

associates with greater life expectancy, lower infant mortality and fewer potential years of lost life:

- ✓ among OECD countries (Bradley et al. 2011),
- ✓ across US States (Bradley et al. 2016) and
 - ✓ in Canada (Dutton et al. 2018).

Health in All Policies emphasizes

The very act of government budget priority setting has important health implications

by determining resource allocation between medical and non-medical ministries.

This means there needs to be increased accountability for health impacts throughout government by monitoring inter-ministerial budget trends (Kershaw 2018a).

Health in All Policies implies

Growing concern in North America that medical spending crowds out spending on the SDoH — especially early in the life course



CHOICES, NOT DEMOGRAPHICS, ARE DRIVING GOVERNMENT SPENDING TRENDS **SINCE 1976**



4 MILLION +



**SENIORS IN
RETIREMENT**



**MEDICAL
FOR 65+**



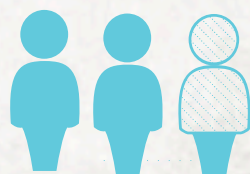
4.6 MILLION +



**< AGE 45 WITH
POSTSECONDARY**

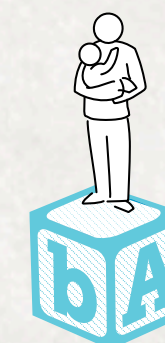
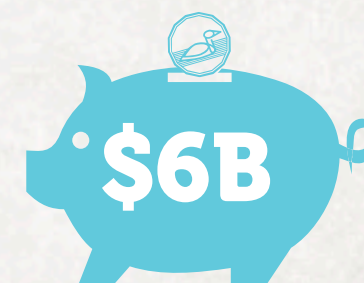


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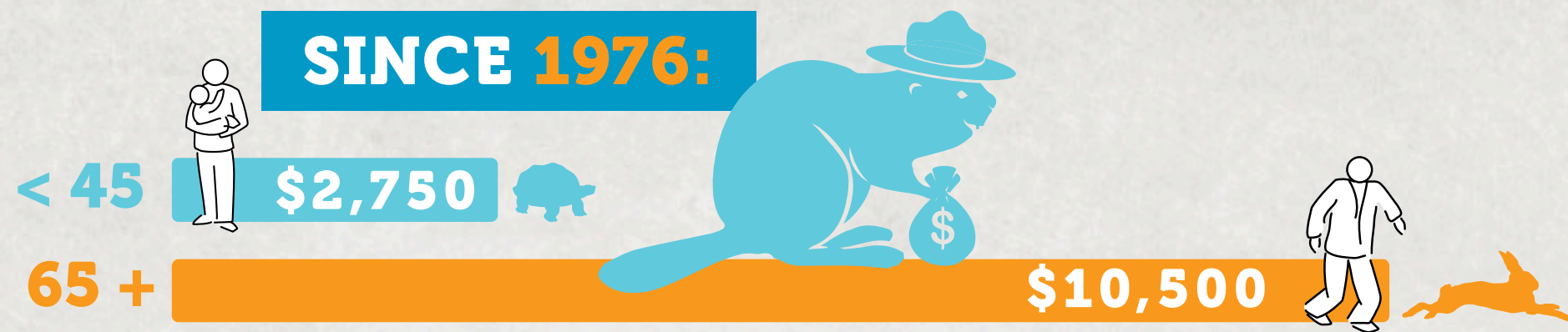


2.3 MILLION +

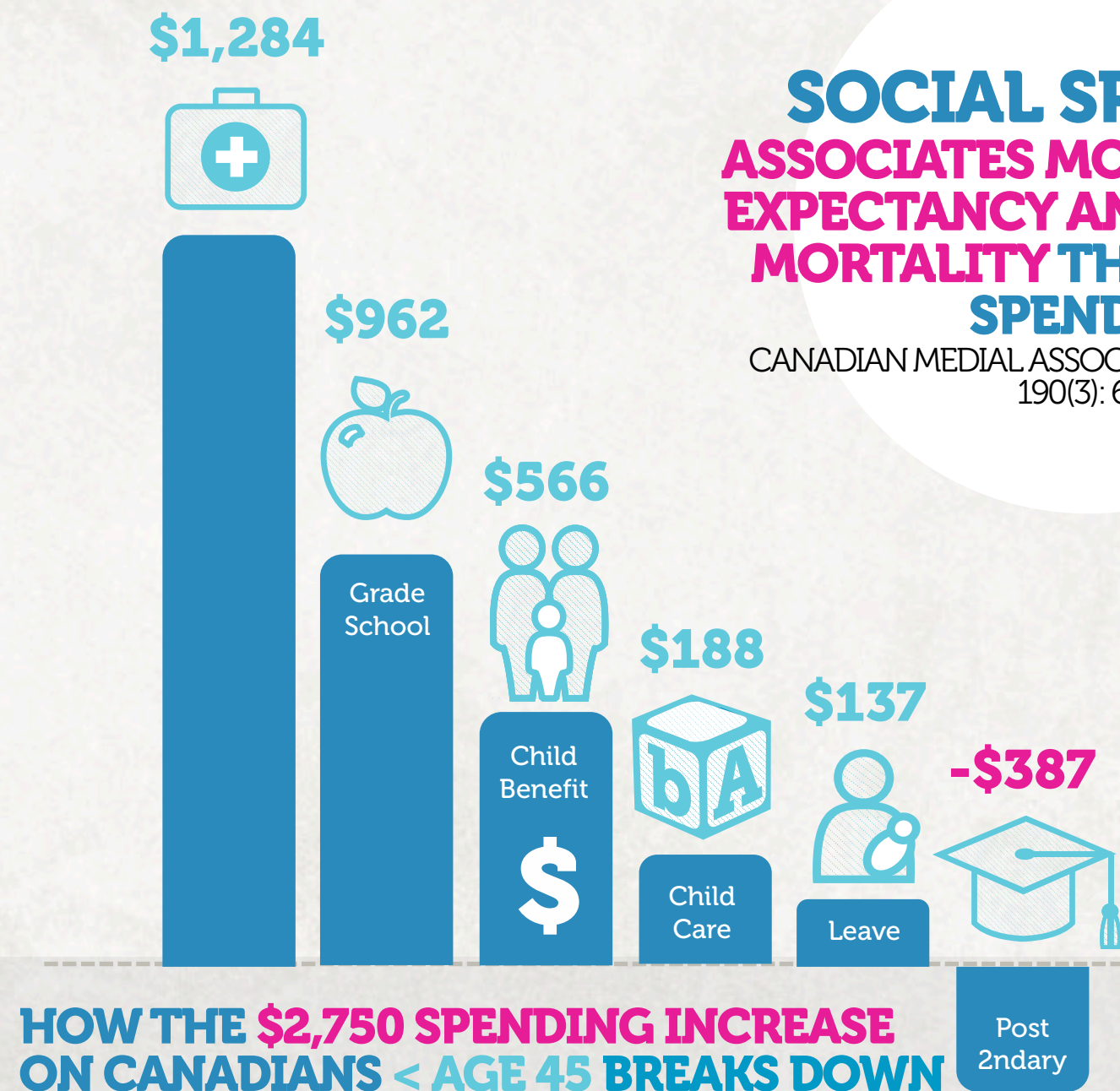
**WOMEN AGE
25-44 IN THE
LABOUR MARKET**



**CHILD
CARE &
PARENTAL
LEAVE**



THE SLOWER SPENDING ON YOUNGER CANADIANS *IS OUT OF STEP WITH EVIDENCE SHOWING THAT* HEALTH DOESN'T BEGIN WITH HEALTH CARE



SOCIAL SPENDING ASSOCIATES MORE WITH LIFE EXPECTANCY AND AVOIDABLE MORTALITY THAN MEDICAL SPENDING

CANADIAN MEDICAL ASSOCIATION JOURNAL, 2018, 190(3): 66-71

DOCTORS' COMPENSATION AS A SHARE OF MEDICAL SPENDING UP 15% SINCE 1976

THAT'S \$5 BILLION/YEAR CLOSE TO HALF A NATIONAL CHILD CARE SYSTEM



**That is Canada's
pre-pandemic context.**

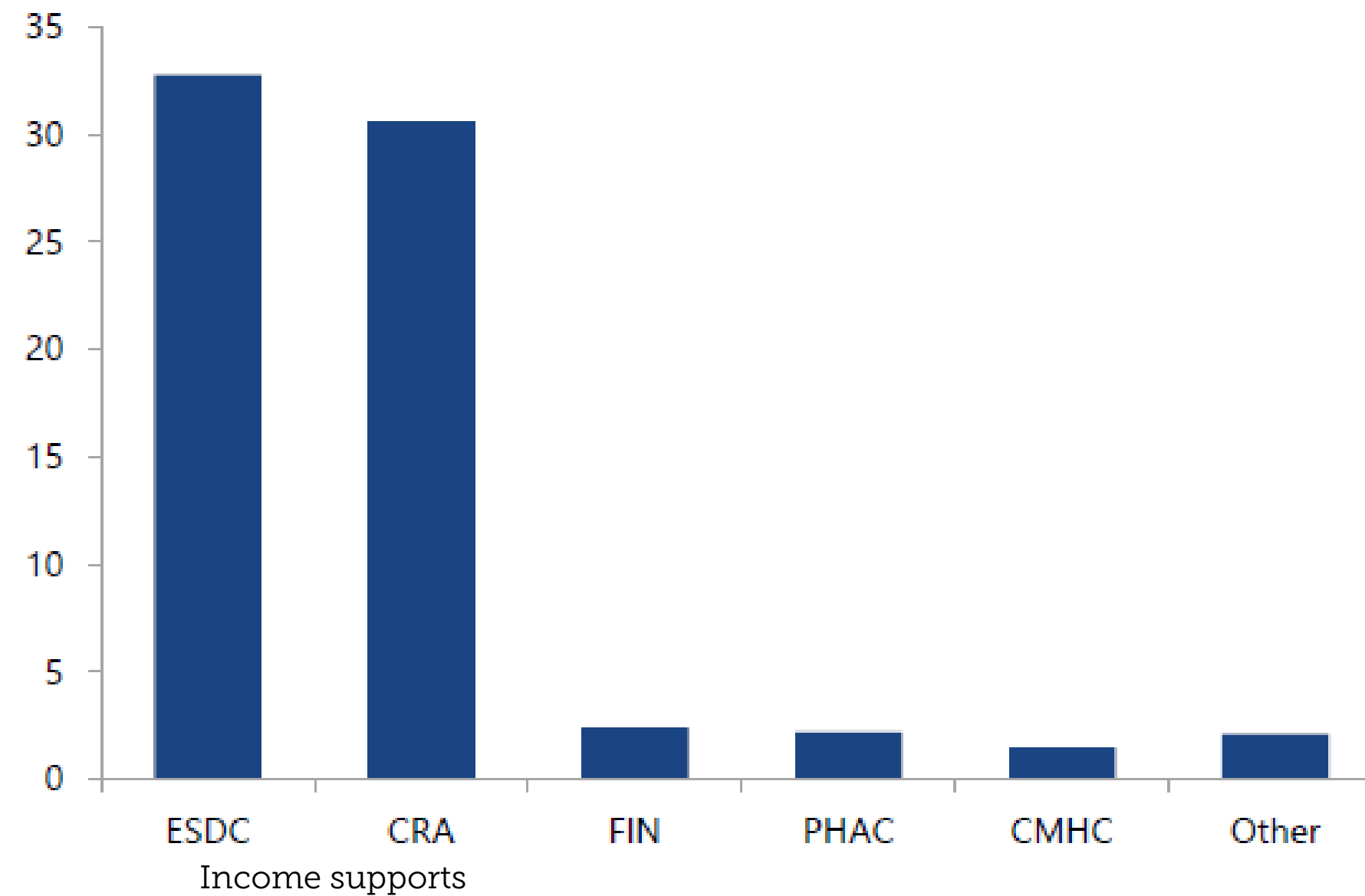
Health in All Policies recognizes

**Fighting the spread of the infection
has required us to erode our social
determinants through physical
distancing** that limits access to jobs
and incomes needed to pay for
shelter, food and other necessities.

Figure 3-1

COVID-19 Spending by Organization in federal Government

\$ billions



Sources: Receiver General of Canada and PBO.

Notes: This data is as of July 2020.

Parliamentary Budget Office, Report,
November 4, 2020, p. 10:
Supplementary Estimates (B) 2020-21

Minister of Middle Class Prosperity Mandate Letter

I will expect you to work with your colleagues and through established legislative, regulatory and Cabinet processes to deliver on your top priorities. In particular, you will:

- Lead work within the Department of Finance, with the support of the Minister of Families, Children and Social Development and the Minister of Innovation, Science and Industry as the Minister responsible for Statistics Canada, to better incorporate quality of life measurements into government decision-making and budgeting, drawing on lessons from other jurisdictions such as New Zealand and Scotland.

Wellbeing budgets reflect

**Reflect an openness to Health in
All Policies** – even if they don't
use this discourse

**Let's lock in momentum for
wellbeing budgets, *now and
post-pandemic***

If future medical increases
overshadow other government
investments in social programs,
**the science shows we won't make
our populations healthier**

It is critical for the health sector to
champion this HiAP cause in
***concert with allies who work
outside of ministries responsible
for medical care***

Thank you

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