

Milestones in Health

A prelude to health for all

Lavada Pinder & Irving Rootman

A seminal report produced in Canada during 1974 has helped to diminish the dominance of the medical model for health systems.

In 1974, Canada's Minister of Health and Welfare, Marc Lalonde, presented a document to Parliament in which an attempt was made to explain why some people were healthy and others were not (1). This document, known as the Lalonde Report, was largely a response to the introduction of a prepaid health insurance scheme that required Canada's Federal Government to meet 50% of the costs of medical and hospital services. These costs increased quickly and it was feared that they would empty the public purse. Furthermore, there was evidence that the health status of the population was not improving. Cancer, cardiovascular disease, respiratory illnesses and accidents were not being prevented by a health system based on the medical model.

Health field

The emergence of the Lalonde Report was made possible by political will and the

know-how of officials ready to build on the pioneering work of Thomas McKeown in the United Kingdom, who had linked health with a wide range of factors. Sadly, the public was not supportive of the changes to the health system which were implicit in the Report.

The Lalonde Report contains material that was revolutionary at the time of publication but is now widely accepted. For instance: "There can be little doubt that the traditional view of equating the level of health in Canada with the availability of physicians and hospitals is inadequate". Behind this statement is an analysis which shows clearly how health results from interactions between biology, environment, lifestyle and health care.

This health field concept, offered as a framework for analysis and planning, was not expected to be prescriptive. Nevertheless, the Report made it clear that action was intended. The final chapter set out objectives, outlined strategies and recommended 74 courses of action for governments, nongovernmental organizations and citizens. The two following broad objectives were proposed:

Dr Pinder, now retired, was formerly Director-General of the Health Promotion Directorate, Health and Welfare Canada. Dr Rootman is Director, Centre for Health Promotion, University of Toronto, 100 College Street, Suite 207, Banting Institute, Toronto, Ontario M5G1L5 Canada.

- to reduce mental and physical health hazards for those parts of the population at high risk;
- to improve the accessibility of good mental and physical health care where necessary.

These objectives now seem oriented more towards the prevention of disease and disability than towards the promotion of

The Lalonde Report was largely a response to the introduction of a prepaid health insurance scheme that required Canada's Federal Government to meet 50% of the costs of medical and hospital services.

health. However, the proposed strategies for health promotion, regulation, research, health care efficiency and goal-setting remain valid. The recommendations contain an uneasy mixture of proposals for specific actions, such as those related to nutrition and alcohol, and a series of suggestions for activities aimed at changing the system.

The Report was originally intended to present a new perspective on health and to indicate a way of splitting health policy into manageable segments, and this was accomplished by a long-range planning group. The Minister, however, wanted action, and gave instructions for objectives, strategies and recommendations for action to be spelt out (2).

Several factors contributed, on the one hand, to acceptance of the ideas in the Report, and, on the other, to an initial lack of action. In Canada and abroad the health community considered the Report to be brilliantly conceived, yet its implementa-

tion was slow, partly because of the process used to develop it. In the early 1970s the medical model still had the full support of most health care institutions, health professionals and the public at large. Actions were proposed which required the cooperation of many sectors and people with a vested interest in keeping things the way they were. Unfortunately, the ideas and strategies for change were not actively promoted. Although some 400 000 copies of the document were distributed there was no systematic attempt to involve the provincial governments, the people and the agencies in planning for change. At the time, resources were becoming relatively scarce. Many other reports had proposed that funds in the health care system be shifted to community-based services, disease prevention and health promotion, but there was little acceptance of these recommendations.

Since the Lalonde Report was issued, much has been learnt about creating a climate for change and winning public support. In 1986, at the First International Conference on Health Promotion, held in Ottawa, documents issued by Canada and WHO which pursued the Report's general theme included details of strategies for promoting the ideas presented and encouraging action. In Canada, workshops were held with provincial governments, non-governmental organizations and professional associations.

Although the Canadian public has continued to be concerned more about the availability of health care than with health promotion, there is clearly an official preoccupation with the efficiency of health care as outlined in the Lalonde Report. The provinces have all concluded that there is a need for a transition to a more

balanced system and evidence-based decision-making. Politicians and officials speak increasingly of the determinants of health, and of shifting funds to the community. It is widely agreed that public attention must be focused on health and that it is necessary to understand what policies and resources are required to create supportive living and working conditions. This is no small task, as government attention in recent years has concentrated on reducing the fiscal deficit while tending to neglect employment and social programmes. Unemployment and an eroding social safety net have led to a climate of socioeconomic insecurity. As the economy improves, however, Canadians are debating the merits of social investment as opposed to a reduction in taxes.

Turning point

Globally, the Lalonde Report represents a turning point in deliberations on health policy and practice. Similar reports were produced in the United Kingdom, the USA and Sweden. On the basis of the health field concept and the USA's experience in setting concrete goals, WHO's European Region introduced 38 targets for its health-for-all strategy.

In 1977, Canada's Department of Health and Welfare established the Health Promotion Directorate. This body, often in conjunction with the Canadian Public Health Association, led much development at national level, obtaining the collaboration of provincial governments. An initial concentration on individual lifestyles was broadened to include environmental factors. In 1982 the federal cabinet approved a comprehensive health promotion programme covering aims, issues, target groups and strategies, and

there followed a range of campaigns and projects built on a positive concept of health. Also in 1982 an official committee produced a report advocating priorities and goals. In 1984 a "beyond health care" conference, sponsored by Canada and WHO, proved to be a milestone in the development of the concepts of healthy public policy and healthy cities. The following year, Canada's Ministers of Health decided that a special effort should be made to reduce tobacco use, and good results were subsequently achieved through legislation, education, raising awareness and encouraging community action.

The strategies outlined in the *Ottawa Charter for Health Promotion* (3) and *Achieving health for all: a framework for health promotion* (4), the documents mentioned above which were issued at the First International Conference on Health Promotion, can be traced back to the views expressed in the Lalonde Report, as can the action statement for health promotion produced in 1995 by the Canadian Public Health Association. In 1987 the

Cancer, cardiovascular disease, respiratory illnesses and accidents were not being prevented by a health system based on the medical model.

Programme in Population Health was established by the Canadian Institute for Advanced Research, and the workers involved have taken further much of what was introduced in the Lalonde Report. A funding programme was launched in 1992 by the country's Department of Health and Welfare and the Social Sciences and Humanities Research Council to support six health promotion research centres in

universities. There are now 14 centres that have formed a consortium devoted to developing and supporting work in this sphere. In 1994 the Federal, Provincial and Territorial Ministers of Health approved a report on population health which outlined the determinants of health and proposed strategic directions. In 1997 the

Since the Lalonde Report was issued, much has been learnt about creating a climate for change and winning public support.

National Forum on Health proposed directions for change, stressing the need for action on the determinants of health through policy initiatives as well as for health care reform.

In parallel or in partnership, Canada's provinces have reviewed their health systems, developed strategies and goals and implemented programmes. Ontario, with 11 million people, has made a major effort to put into effect the ideas in the Lalonde Report and later documents. In the late 1980s and early 1990s, provincial

goals were set for tackling the determinants of health, and an intersectoral council was established to undertake analysis and provide policy advice, although this body has since been disbanded.

The Lalonde Report has had a significant impact in Canada and elsewhere, even though many obstacles have been encountered in putting its vision and recommendations into practice. The ideas presented in the document are still influential and will probably continue to have a bearing on policy-making. ■

References

1. **Lalonde M.** *A new perspective on the health of Canadians.* Ottawa, Information Canada, 1974.
2. **Laframboise H.** Non-participative policy development: the genesis of *A new perspective on the health of Canadians.* *Journal of public health policy*, 1990, **11**: 316-322.
3. Ottawa Charter for Health Promotion. *Health promotion*, 1986, **1**(4): iii-v. See also *World health forum*, 1987, **8**: 114-115.
4. **Epp J.** *Achieving health for all: a framework for health promotion.* Ottawa, Department of Supply and Services, 1986.