

# Intelligence MEMOS



From: Don Drummond and Duncan Sinclair  
To: Concerned Canadians  
Date: March 7, 2022  
Re: REVEALING THE HEALTH AND WELL-BEING OF CANADIANS

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Personal health, well-being, and healthcare have long been [top of mind](#) for most Canadians.

But if asked “how’s your health, Canada?” none of us could answer confidently.

Ottawa’s answer is a [document](#) that all-too-typically focuses on data about risky behaviours such as smoking, conditions like obesity, and the incidence of chronic diseases. Health data in Canada – as in many nations – commonly report the prevalence of ill health, the in- and outputs to healthcare, but only rarely outcomes. At best, health is measured in the negative – i.e., the absence of disease, illness and disability, not the dimensions of health that really matter to people.

“Not bad” is a too frequent answer to “how are you?” But are people able to pursue the activities and interests they want to? How happy are they with their states of health and well-being?

We don’t know, because we never really ask.

The slant toward measures of inputs rather than outcomes is in line with entire health sector skew toward health restoration as opposed to health promotion. We have [argued](#) for a re-balancing between the two spectrums, extending to the data world.

Ideally, policy-setting authorities would articulate clearly and pursue goals and objectives for the health of Canadians. How is it possible that the greatest concern to Canadians has no clear policy goal or objectives?

One reason is that we have no coherent datasets.

Statistics Canada, the Canadian Institute for Health Information, and the Public Health Agency of Canada and others do have data on health outcomes, but they are hard to find, are not pulled together, and are not readily linked to other databases relating to the social determinants of health.

The foundation on which the data collection rests is not strong; Statistics Canada and CIHI don’t get all relevant information from provinces, territories and others and cost-recovery funding makes specific Statistics Canada projects sporadic rather than providing on-going consolidated publicly available information.

And for policymakers, setting clear health objectives is difficult without readily accessible data. Properly collected and presented data on the health of Canadians could spur policy authorities to set goals and objectives and align procedures and policies to achieve them.

Hope for the better was kindled by the Government of Canada’s interest in the [development](#) of Quality of Life Measures and a background framework [document](#) from Finance Canada that subsequently broke the health domain of Quality of Life into Healthy People and Healthy Care Systems.

Data on the latter are readily available through sources such as CIHI. Healthy People is intended to be measured through health-adjusted life expectancy, self-rated mental health, overall health, physical activity, functional health status, children vulnerable in early development, fruit and vegetable consumption/healthy eating, et cetera. Were the currently available data compiled and made public in an easily accessible form, self-rated metrics would fill many of the gaps in health outcomes data.

Behind a dedicated publication or portal of Healthy People data should be the raw data and linkages to other key data sets such as demographics, income, education, geography, et cetera. This would allow policymakers and researchers to analyze what drives good and poor health and how to improve health and well-being most efficiently and effectively.

Federal plans for the Quality of Life approach are unclear. The responsibility for its development shifted recently from the former Minister of Middle Class Prosperity and Associate Minister of Finance to the President of the Treasury Board. We discuss this in more depth tomorrow.

While this is being implemented, we urge Statistics Canada to proceed with the consolidation and publication of existing healthy people data in parallel with the publication of other key contributors to Quality of Life by their host departments, such as Environment and Climate Change Canada reporting greenhouse gas emission data. The health data could be merged back into Quality of Life indices at an appropriate time. That a portal is being created for Quality of Life information to which health metrics will be loaded as they become available is encouraging.

Policymakers would be emboldened by publicly available data to set health and well-being goals and objectives and procedures to monitor progress toward their achievement. The data will undoubtedly reveal conditions that typically lead to poor health. That itself may create strong incentives and/or pressure on governments to create policy goals and objectives to make the health and well-being of Canadians the best in the world.

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