

Building Medicare's next stage



Fifty years ago, Tommy Douglas introduced hospital insurance, the precursor to what we know as Medicare. He was clear that the initiative was only the first stage

of Medicare, meant to protect Canadians from the financial burden of ill-health. In 1982, he reminded us that our work was not complete. He said: "Let's not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick."

To achieve Douglas' dream, we must forge strong linkages between Medicare and social and environmental factors that have a decisive impact on our health. When people's health is at stake, these are inseparable.

Tremendous work is being done by researchers, policy experts, health professionals, and civil society advocates to strengthen health care in Canada. From wait times to primary care, the message is that teamwork and expanded nursing roles improve access. The social justice agenda is equally vibrant as the powerful links between poverty and ill-health can no longer be ignored.

While the focused work of each activist is crucial to a healthy future, it's important to remember we cannot improve our health-care system or the health of Canadians if we work in silos. Those of us, who are intent in protecting and expanding Medicare, must also speak about, and advocate for, environmental and social determinants of health (SDOH). If we don't, we are fighting an uphill battle where all we do – albeit important and necessary – is, as Douglas put it, 'patch people up.' The same is true for those of us whose work focuses on SDOH. These activists and researchers must also speak out for Medicare. By linking these two areas of focus, we have the capacity to empower politicians to

advance healthy public policies.

I was inspired to witness the convergence of Medicare and SDOH at three events this spring. The first, in Saskatchewan, was *S.O.S. Medicare 2*, a two-day national conference in May. The discussions and ideas that made that conference so compelling will be published in a book entitled *Medicare: Facts, Myths, Problems, Promise* to be published this fall.

Next, in June, was *The Second Stage of Medicare* conference, hosted by The Association of Ontario Health Centres. It brought together researchers and policy

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and social justice experts to explore joint opportunities to articulate a vision for health and health care. The partnerships established at that conference will only grow stronger as we move forward.

The third opportunity to converge the traditional Medicare agenda and SDOH came with the release of RNAO's pre-election document, *Creating a Healthier Society*, on May 10. In our document – which is guiding the association's work through the provincial elections and for the next three years – we turn the discussion upside-down. We first focus attention and recommendations on what keeps us healthy and what makes us sick. We then address illness care. Indeed, isn't that what nursing is all about: promoting health, preventing disease, nursing people during illness, recovery, rehabilitation, and when inevitable, toward a peaceful death? As nurses we are well positioned to educate

people on the connection between SDOH, health, illness and Medicare.

There are seven policy and political priorities that we must pursue to advance the next stage of Medicare. They include: addressing the growing social inequalities; responding to an aging population; resolving health human resource challenges; protecting Medicare from the forces of privatization; building a national pharmacare program; addressing environmental threats to human health; and securing funding to address both SDOH and Medicare.

As we connect with politicians during the election this fall, these are the issues we need to bring to the forefront. Let's ask politicians to explain their plans to relieve people from poverty. How will they spend on social programs to provide a livable income, housing, contribute to public health programs, and increase participation in our parks, schools and community centres? How will they protect Ontarians from toxins and pollution? What are their plans to address chronic disease management? How do they plan to support nurses in the workplace and attract more people into the profession? How will they protect Medicare from those who want to profit from the vulnerabilities of people? And how will they improve access to prescription drugs while keeping the rising costs for those drugs in check?

If they tell you these are worthy goals, but will cost more money than the government has, ask them what they think about taxes? Tell them nurses would rather strengthen Medicare and make poverty history than see tax cuts. Ask them to read RNAO's *Creating a Healthier Society* election platform document (www.rnao.org).

There are some who may worry we are casting too wide a net; that perhaps we should focus only on one goal, or just on nursing issues. But all of this is nursing. Moving forward must include strengthening Medicare and strengthening programs to improve the environmental and social determinants of health.

The time has come to break our silos and together engage the public and persuade politicians to build the next stage of Medicare. **RN**

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