

With child-care program Trudeau finds a model for influencing provincial policy ^[1]

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EXCERPTS

If you had asked Prime Minister Justin Trudeau last year whether the federal government could have a stronger hand in provincial health matters, he says his answer might have been different.

Health-care delivery is squarely in the purview of provincial and territorial governments, and federal attempts to influence spending and policy have been met with resistance.

But the success of Trudeau's child-care program has given the federal government a means to mould provincial policy from Ottawa and he said it's one he could use again.

"We just have had an outstanding example of the federal government stepping up in an area that, quite frankly, has been traditionally a provincial area of jurisdiction and making a huge change for Canadians," Trudeau said in a year-end roundtable interview with The Canadian Press.

Trudeau's Liberals have so far inked 11 deals with provinces and territories to offer \$10-a-day daycare to Canadian families.

The agreements vary fairly drastically from province to province — a strategy that allows the federal government to push its agenda while maintaining the autonomy and regional differences of its provincial counterparts.

Essentially, the government put the money on the table and invited provinces to come and negotiate for their slice.

The method won him the co-operation of even Jason Kenney's United Conservatives in Alberta, who were loath to walk away from the chance to bring tax dollars back to the province.

When asked whether the same model could apply to the federal government's health-care goals, Trudeau's answer was emphatic.

"I think that's a model we can replicate for a number of things when the basis is: this matters to Canadians," he said.

There's no question the fractured nature of Canada's 13 individual health systems hampered the country's response to the COVID-19 pandemic.

While Trudeau was clear the federal government has no great expertise when it comes to health-care delivery and no desire to offer lessons to the provinces, he said there are places where his government can play a leadership role.

A model we can replicate

On Monday, chief public health officer Dr. Theresa Tam made an impassioned plea for provinces and territories to harmonize their health data, for example.

Data collection is so stilted in Canada, to this day it's still difficult at times to know how many vaccines have been administered to Canadians of particular age groups.

Canada is flying completely blind when it comes to whether certain racial or socio-economic groups have been disproportionately impacted by COVID-19 or fallen through the cracks of Canada's vaccine rollout.

That's because provinces gather and share that information differently, in ways that are often incompatible or incomplete.

"This fragmentation, alongside outdated technology, has especially pronounced consequences during health emergencies when access to data for real-time decision-making is paramount," Tam wrote in her annual report, released Monday.

The long-standing problem that has made it nearly impossible to get an accurate picture of the performance of Canada's health-care systems as a whole.

There have been several attempts to remedy the problem, but each time it's fallen by the wayside.

Renewed efforts are now underway in light of the gaps highlighted by the pandemic, but the prime minister said the federal government may have a stronger role to play this time.

The Canadian Medical Association has called on the federal government to make similar moves when it comes to the creation of a Canada-wide health human resources strategy.

Without one, it's hard to know if Canada has enough doctors, nurses, and other health-care professionals to meet the country's needs.

"We do not have up-to-date or robust data on health-care providers in Canada, and that is something that we've been asking the federal government to support," said Dr. Katharine Smart, president of the CMA in an October interview. "It's hard to know how to solve a problem when we haven't totally defined the problem with a lot of detail."

The child-care model may also suit the government's needs when it comes to delivering on campaign promises related to long-term care, another provincial service that's previously been untouchable for federal governments.

The CSA Group, previously the Canadian Standards Association, and the Health Standards Organization are already at work developing national standards for care and infection prevention in long-term care.

The government has promised to enshrine those standards into federal law, but that would require provincial buy-in.

The prime minister may again be inviting the provinces back to the table to feast on federal funds, but per the government's new strategy, they may have to give a little in return.

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