

The Health Council of Canada at Work

# Shining a Light

## on Health Care Renewal



Conseil canadien de la santé

2005-2006 Corporate Annual Report

The Health Council of Canada has a unique mandate to monitor government commitments to improve the health care system, to keep the public informed about the progress of renewal, and to report to them on the health of Canadians.

By shining a light on what helps or hinders health, health care renewal and the quality of care, the Council seeks to strengthen the well-being of the population, working with stakeholders to find solutions and engaging the public in discussions about the problems and potential of their health care system.

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Cette publication est aussi disponible en français.

# Chair's Message

When the Health Council of Canada was created in the 2003 First Ministers' Accord on Health Care Renewal, accountability and transparency were uppermost in the minds of the Ministers who signed it and in the minds of Canadians they served. Those imperatives have not lessened, and the Council takes them seriously as it monitors and reports on the progress of health care renewal in Canada.

The Council has taken a fair and balanced approach in fulfilling its responsibilities, pointing out barriers to improvements where they exist and persist, but trumpeting the health care renewal successes scattered across the country. We duly note disappointing results, but we herald the innovative and heartening work that providers, communities and governments have delivered together.

In fiscal 2005/06, we documented some key challenges, particularly in health human resources where an aging population and aging health workforce present compounding needs. We held a national summit with stakeholders to discuss what actions must be taken to ensure we have the right people – in the right numbers – with the right education and training, in the right settings, and we followed up with a report that included targeted recommendations which we will track in the future. In our second annual report, we focused public attention on the issues of quality and safety of care which are as important, in our view, as concerns about access.

The federal, provincial and territorial governments are making progress in health care renewal – albeit not as quickly as Canadians would like – and the Health Council of Canada will continue to shine a light on what is working so that knowledge and know-how can be spread to providers, patients, and the population at large.

The accomplishments of the past year would not have been possible without the commitment and good will of the Councillors. I would like to thank them for their hard work and for their contribution to the many achievements identified in this report. A special thank you to Bernie Blais, Donna Hogan and Nellie Cournoyea who have left the Council; a hearty welcome to new Councillors Stanley Volland, Patti Sullivan, Danielle Martin and Nuala Kenny, and a welcome back to Councillor Brian Postl, returning from his stint as federal wait times advisor.

I look forward to the work that lies ahead, and to more creative collaboration with stakeholders, with the Members whose governments created us, and with the public we collectively serve.



**Michael Decter**  
**Chair**

# Executive Director's Report

Heading into its third full year of operations, the Council has a very full agenda. Several commitments made by the First Ministers come due in this period, and we will be reporting on progress in such areas as home care, the health status of children and youth, and a national pharmaceuticals strategy. As well, we will be issuing our first report on health outcomes, developing a survey on Canadians' experiences with health care services, and examining what investments have the greatest impact on improving health care.

The Council continues to work closely with jurisdictional officials as well as with other national health research and public reporting agencies to coordinate efforts, avoid duplication, and cooperate on joint initiatives. For example, the Canadian Institute for Health Information produced a background paper that helped inform discussion at our Health Human Resources Summit last year. And this year we are working on a project with the Canadian Council on Health Services Accreditation and partnering with Canada Health Infoway in organizing a conference on electronic health records.

One of our future goals is to increase and extend our communications and outreach activities beyond stakeholders to reach a wider audience with information and analysis that helps elicit useful exchanges. The Council will be exploring ways to engage Canadians from all walks of life to gain a better understanding of their concerns and expectations regarding health care and the renewal process.

I'm pleased to report that we have enhanced the research and communications capacities of the Secretariat through the addition of two new Directors. Finally, I'd like to express my sincere gratitude to all staff members for their ongoing dedication to the important and evolving work of the Council.



**Cathy Fooks**  
**Executive Director**



Councillors gather to conduct business and meet with community leaders and health care providers in Haines Junction, Yukon.

# Introduction

The genesis of the Health Council of Canada can be traced to two seminal reports: *The Health of Canadians – The Federal Role* (the Kirby Report) released in October, 2002, and *Building on Values: The Future of Health Care in Canada* (the Romanow Report) tabled in the House of Commons on November 28, 2002.

These reports concluded that Canadians value their public health system and strongly support the principles of universality, accessibility, comprehensiveness, portability, and public administration enshrined in the Canada Health Act. Both Kirby and Romanow warned, however, that fundamental changes were needed to ensure the long-term sustainability of the system. Both reports called for ongoing renewal and measures to ensure transparency and accountability.

To help do that, the First Ministers created the Health Council of Canada as part of the 2003 First Ministers' Accord on Health Care Renewal. It was mandated to monitor and report annually on governments' progress in meeting the accord's commitments. The Health Council of Canada was officially established in December 2003 to provide a public accounting of the progress of these renewal efforts in six priority areas – the health of Canadians, primary health care, pharmaceuticals management, home care, health human resources, and wait times.

Following the 2004 First Ministers' 10-Year Plan to Strengthen Health Care, the Council was given the additional responsibilities of reporting annually on health status and health outcomes.

While the Council officially reports to its Members – the Health Ministers of the federal, provincial (except Quebec and Alberta), and territorial governments – its work is aimed at a much broader audience. Its many initiatives are intended to inform and engage health care providers, research organizations, educators and decision-makers, as well as the ultimate health care stakeholders – the people of Canada.

Funded by Health Canada, the Council operates as a not-for-profit corporation. It presents an impartial assessment on the status of health care renewal in Canada and examines specific health care and population health issues.

But the Council is much more than a passive witness. It is also a facilitator, an advisor, and an advocate. It identifies success stories and shares this information widely, and it fairly but firmly reports on lack of progress and the barriers that need to be addressed. It reaches out to stakeholders and engages Canadians through meetings, conferences, summits and newsletters, and it champions positive change by bringing people together to discuss solutions and decide on action.

Left: Leaving the Ottawa launch of the Health Council of Canada's second annual report to Canadians, *Health Care Renewal in Canada: Clearing the Road to Quality*. (Image: Dave Chan)



Right: Councillor Danielle Martin speaking at the Health Council of Canada's National Summit on Health Human Resources in Toronto. (Image: Gary Beechey)



# Key Initiatives

The Council was created to provide information and another level of accountability to the public. It also offers some answers – answers that will help focus renewal efforts on the most pressing needs and the most promising opportunities. It has proceeded in this task through four functions:

- Monitoring and reporting on progress in meeting the First Ministers' commitments to health care renewal.
- Analyzing and reporting on opportunities and barriers to this renewal.
- Disseminating information about innovative practices.
- Engaging Canadians in these vital discussions.

The Council was reorganized in 2006 to take a system-wide approach to health care renewal. Instead of working groups focused on specific areas, three committees have been established along functional lines. These committees are responsible for monitoring renewal, reporting on outcomes, and assessing relative value of investments. Not only is this new structure more streamlined, but it also bridges the silos that have traditionally characterized health system planning.

Recognizing that there can be no real and lasting health system improvements without the trained professionals to provide the care, the Council undertook one of its most important and ambitious projects to date when, in June, 2005, it hosted a National Summit on Health Human Resources. The Summit brought together for the first time in Canada a broad cross-section of leaders in the education, training, hiring, and regulating of the health care workforce.

"The Summit proved extremely useful and created an opportunity for us to bring together people from a variety of organizations with different perspectives," said Jeanne Besner, Vice Chair of the Council and chair of the working group that organized the event.

"We were able to get the affirmation we needed as far as key areas that we identified as being in need of attention. We looked at workplace conditions, how to optimize roles, teams and training, and what we'll need in the way of human resources in the coming years," Besner noted.

One of the outcomes of the Summit was a report, *Modernizing the Management of Health Human Resources In Canada: Identifying Areas for Accelerated Change*, released at a Council meeting in November in St. John's. The report called for



sweeping changes to the way health care professionals are trained, how their scopes of practice are understood, and how they are treated in the workplace. For example, the report recommended more interprofessional training, accelerating the shift to new payment methods that encourage interprofessional teams, addressing issues of liability in collaborative practices, and the development of a pan-Canadian strategy based on the health needs of Canadians rather than the needs of individual jurisdictions, professions or institutions.

This theme of interprofessional teams was echoed in other work by the Council during the year. It issued a paper titled *A Review of Scopes of Practice of Health Professions In Canada: A Balancing Act* which concluded that a comprehensive review of who-does-what in the health care system is required to help redefine roles and enhance health care reform.

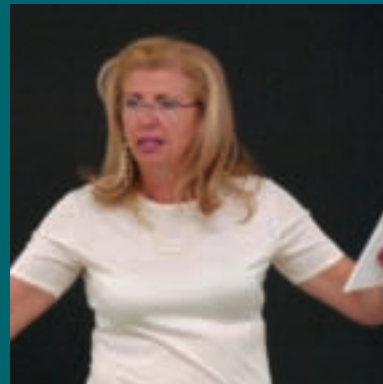
“If our doctors, nurses, pharmacists, technologists and other health care professionals are expected to work as a team, then we need to have a clear and common understanding of their roles. Given the changing landscape in health care, a review

of the responsibilities and expectations of health care professionals is needed to reflect the modern state of health care,” said Councillor Ian Bowmer, chair of the primary health care working group.

Bowmer explained that properly functioning teams – which might include physicians, nurses, pharmacists, social workers and other professionals – would help ease the strain on human and financial resources, as well as improve delivery of patient services.

Bowmer added that the working group was also able to partner with Canada Health Infoway on the increasingly critical issue of electronic health records. “This technology is essential to the renewal process. It will lead to improved continuity and coordination of care, help with early detection and action, and arm doctors and health professionals with better information,” he said.

Another major milestone during the fiscal year was the release of *Health Care Renewal in Canada: Clearing the Road to Quality* – the Council’s second annual report documenting progress to date on health system renewal.



Left: The Council hears about British Columbia’s Southern Okanagan Local Health Area at its meeting in Kelowna, British Columbia.

Right: Participant making a point at the Council’s National Health Human Resources Summit in Toronto. (Image: Gary Beechey)

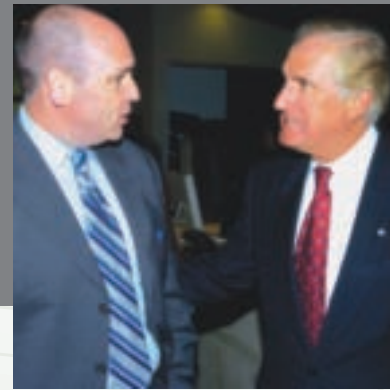
“What the system does need to do is improve on access... and make quality a higher priority – as the Health Council of Canada so rightly pointed out.”

*The Globe and Mail*

Left: Vice Chair Jeanne Besner and Chair Michael Decter at news conference following the Ottawa launch of the Council's second annual report to Canadians, *Health Care Renewal in Canada: Clearing the Road to Quality*. (Image: Dave Chan)



Right: Ontario Health Minister George Smitherman (left) chats with former Royal Commissioner Roy Romanow at a Health Council event. (Image: Gary Beechey)



"The central message of this report was that enhancing the quality of care is just as important as ensuring timely access," said Council Chair Michael Decter. Some of the critical quality issues cited in the report are shortages of health care professionals, adverse patient events, outdated information management systems, and regional disparities in level of service.

The importance of interprofessional teams was reiterated in this report as well, with the Council recommending that their formation be nurtured and supported to achieve and exceed the First Ministers' commitment that at least half of the population would have access to 24/7 primary health care by 2011.

Other key recommendations included: making accreditation for health care facilities a mandatory condition of public funding; improving patient safety; speeding up the development of electronic health records; and creating information systems that identify patients whose wait times for needed care are becoming unusually long.

"Canada needs a common, nationwide framework for reporting on wait times," noted Bob McMurtry, chair of the working group that reported on this

subject during the fiscal year. The paper, titled *10 Steps to a Common Framework for Reporting on Wait Times*, identified practices that should be considered to make measurement of wait times more comparable across jurisdictions and over time.

"The whole issue of wait times is a political hot button," said McMurtry. "Working group members have given media interviews and presentations to health professionals. And while wait times are important, what we're trying to get across is that wait times aren't the only issue. We cannot ignore appropriateness, safety, quality and outcomes."

Another hot-button topic tackled during the year was prescription drug advertising. The Council's paper on the subject, *Direct-to-Consumer Advertising of Prescription Drugs in Canada: What are the Public Health Implications?*, reviewed existing research to assess whether such advertising improves patient outcomes or patient safety.

It concluded that there is no reliable evidence that such advertising improves patient compliance in taking medication, leads to more appropriate



early diagnosis of under-treated conditions, or prevents hospitalizations or serious disease consequences. What this advertising does, according to the report, is increase requests for prescription medications.

“This advertising promotes a particular drug as the best thing since sliced bread, suggesting that everyone with a particular illness should be on it, but the ads mention nothing of value or cost,” said Bob Nakagawa, chair of the Council’s pharmaceutical working group. The Council’s annual report to Canadians urged the federal government to strengthen legislation prohibiting all forms of direct-to-consumer advertising of prescription drugs.

The working group also spent considerable time through the year informing and reminding Canadians of the commitments of governments to a National Pharmaceutical Strategy. Especially urgent is the need for advances in the area of catastrophic drug coverage, as well as expanding the common drug review and working towards a common national formula. “Governments are committed to helping

Canadians, like the 600,000 in the Atlantic provinces, who have no prescription drug coverage whatsoever. We need to make sure that if something happens to these people, they don’t lose their homes,” Nakagawa stated, adding that there are six million more Canadians who are under-insured.

The First Ministers have recognized that public health efforts – including health promotion and disease and injury prevention – contribute to better health outcomes for Canadians as well as the long-term sustainability of medicare by reducing pressure on the system.

The Council therefore established a working group on healthy Canadians which first focused on Aboriginal health before turning its attention to the health status of children and youth. A report is to be released in June, 2006. The report will examine not only the health of this population as a whole, but also variances within this population. “We felt it was important to go beyond monitoring outcomes such as average life expectancy, and to report on the disparities that exist for rural, Aboriginal and new-immigrant



Left: Councillors met with representatives of the Assembly of First Nations and representatives from national Aboriginal health care organizations to discuss Aboriginal health issues while in Whitehorse, Yukon.

Right: Councillor Nuala Kenny and Manitoba Healthy Living Minister Theresa Oswald interacting with children in Winnipeg.  
(Image: Charles Shilliday / iM Image Management)

“ The Health Council recognizes that the urgent need to close the gap in poor health between First Nations and the rest of Canada can only be achieved through collaborative action.

*Assembly of First Nations Chief Phil Fontaine*



children. The inequities are concerning,” said Nuala Kenny, chair of the working group.

The report will also highlight how important it is to reinforce healthy lifestyles among children and youth, and to educate them and their families on issues such as obesity, injury prevention, immunization and social development.

In the 2005/06 fiscal year, the home care working group produced a paper, *Compassionate Care Benefits*, which examined and evaluated the federal program that provides job protection and

paid leave to people caring for dying family members through the Employment Insurance Fund. “While well-intentioned, this program needs to be re-designed to reach more Canadians,” said Verda Petry, chair of the working group.

Tight beneficiary restrictions, unreasonable leave time limits, and a lack of public awareness have resulted in only four per cent of the annual budget allocated for compassionate care benefits being used. The federal government has since responded to these concerns.



Left: The Health Council's National Health Human Resources Summit attracted a wide range of participants to discuss opportunities, barriers and possible solutions. (Image: Gary Beechey)

Right: Federal Health Minister Tony Clement chats with Councillor Lyn McLeod and guest at the Ottawa launch of the Council's second annual report to Canadians, *Health Care Renewal in Canada: Clearing the Road to Quality*. (Image: Dave Chan)

“

The Council's repeated calls for 'faster implementation' and 'speeding up development' should galvanize politicians and health-care providers.

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*Toronto Star*



Left: Citizens, community leaders, government representatives, and health care providers gather for the launch of a Council report. (Image: Charles Shilliday / iM Image Management)

Right: Councillors visit Long Ago... People's place, an interpretive site of the Southern Tutchone First Nation traditions and lifestyles in Whitehorse, Yukon.

# Engaging Canadians

Canada's health care system cannot be transformed without public participation and dialogue. The Council therefore commits significant time and resources to communicating with Canadians through a number of avenues.

The Council meets with stakeholders in different parts of the country throughout the year. In fiscal 2005/06, Councillors interacted with local groups, including health providers and planners, educators, community leaders and advocates as well as government officials, in conjunction with meetings in Regina, Whitehorse, St. John's, Ottawa, and Kelowna.

In addition to face-to-face meetings, the Council also reached out to Canada's diverse population, producing executive summaries of our annual report in 11 different languages. The summaries are available on the Council website, and multi-lingual ads in ethnic newspapers were run to encourage readers to visit the Council's website.

The National Health Human Resources Summit provided a forum for educators, professional organizations, researchers, regulators and front-line workers to discuss strategies for securing the health care workforce that will be needed in the future.

The Council's second report to Canadians, *Health Care Renewal in Canada: Clearing the Road to Quality*, was released at a news conference and attracted broad media interest across the country.

Close to 150 news stories were generated, with solid coverage in both English and French, reaching all major markets through daily and community newspapers, television, radio, and online news services.

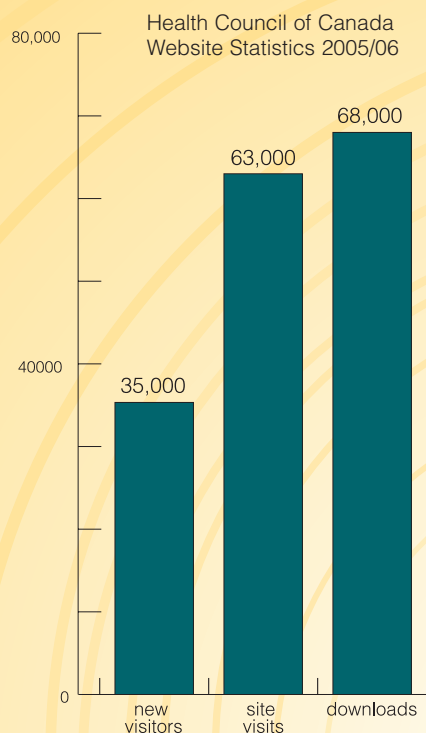
In fiscal 2005/06, the Council received close to 500 media mentions, published op-eds in national and regional papers and earned positive editorials in several papers. As well, Councillors' commentaries on the second annual report appeared in regional papers. In an effort to reach out to more Canadians, the Chair and Councillors participated in call-in shows, exchanging views with the public on the state of the health care system.

The Council also produced a series of short documentaries, called *Connecting the Dots*, to highlight examples of health care professionals working together in new ways to provide better quality care. These have been very popular, with thousands of organizations and individuals ordering copies or downloading from the Council's website. There were more than 6,000 downloads of the videos in this fiscal year. For example, a university student wrote saying "thanks for the video — used it for my first year med school presentation." Others in the community say they are using them as teaching tools in classrooms and in meetings with elected officials.

Councillors were also active throughout the year in speaking to external organizations and groups

about a variety of topics: Ian Bowmer on health outcomes, for example, Bob Nakagawa on health informatics, Jeanne Besner on health human resources and Simone Comeau Geddry on the annual report. The Chair and Executive Director spoke to scores of audiences across the country on issues ranging from health human resources and primary health care reform to the socio-economic determinants of health and the need for evidence-based decision-making.

The Council's website, which was redesigned in early 2006, is becoming an important information resource for Canadians. There were more than 68,000 downloads in fiscal 2005/06, more than 63,000 site visits and over 35,000 new visitors. As well, people are reading and subscribing to its e-Newsletter, *Taking The Pulse*, to remain current with Council initiatives and plugged in to health renewal developments. Readership has almost doubled with increased frequency of distribution.



(Image: Dave Chan)

## Publications

For all Council publications, go to  
[www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca)

*Health Care Renewal in Canada: Clearing the Road to Quality*, Health Council of Canada's second report to Canadians, Feb. 7, 2006

*Direct-to-Consumer Advertising of Prescription Drugs in Canada: What are the Public Health Implications?*, Jan. 30, 2006

*Compassionate Care Benefits*, Dec. 15, 2005

*A Review of Scopes of Practice of Health Professions In Canada: A Balancing Act*, Dec. 8, 2005

*10 Steps to a Common Framework for Reporting on Wait Times*, Nov. 24, 2005

*Modernizing the Management of Health Human Resources In Canada: Identifying Areas for Accelerated Change*, Nov. 28, 2005

*Canada's Health Care Providers. 2005 Chartbook*. Prepared by the Canadian Institute for Health Information (released in conjunction with The National Health Human Resources Summit), June 23, 2005

*Current HHR Environment in Canada: Background Information and Solutions*, (released in conjunction with The National Health Human Resources Summit), June 23, 2005







Canadians engage and collaborate in many different ways to improve the health of citizens and the Canadian health care system. (Left Image: Gary Beechey) (Right Image: Charles Shilliday / iM Image Management)

# A Look Ahead

The Council will be busy in fiscal 2006/07 undertaking selective reports on relevant topics, research studies, conferences, stakeholder meetings, and outreach activities.

It will produce its third annual report to Canadians examining progress in the implementation of the First Ministers' agreements. In addition, separate reports will be prepared on home care, the health status of children and youth, and a national pharmaceuticals strategy.

During the upcoming fiscal year, the Council will launch the first in a series of health outcomes reports, beginning with an overview of diabetes care. Upon completion, key experts will be invited to attend a one-day workshop to review the report.

Primary health care and health human resources will continue to be a focus for the Council. It plans to document information on interprofessional teams, catalogue roles and competencies, and sponsor a round table to review the research and attempt to derive a common understanding of scopes of practice. As well, the Council will undertake a study of successful primary health

care teams to learn from their experiences and promote their efforts.

Another important exercise will be a study on Canadians' health care experiences. The intent is to monitor and report on what occurred in aspects of health care that patients consider most important, rather than their general satisfaction levels with the care received.

Also in fiscal 2006/07, the Council plans to develop a framework for identifying the relative value of different investments in health care. The Council sees this as a way of speaking to the public about the difficult choices that have to be made in resource allocation.

Two major conferences are planned — a joint conference with Canada Health Infoway on the electronic health record, and a symposium on appropriate prescribing behaviour and use. As well, the Council will be holding a series of stakeholder meetings across the country focused on issues flowing from the Council's work, and it will develop new ways to communicate directly with Canadians.

# Councillors

The Council carries out its mandate through the work of Councillors and the support of Secretariat staff. There are 26 Councillors, 12 of whom represent the participating governments and 14 of whom are non-government representatives and the Chair, selected by the Members. Their expertise and broad experience include the areas of community care, Aboriginal health, nursing, medicine, health education and administration, finance, law, and pharmacy. (Please visit the Council's website at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca) for more detailed biographies of the current Councillors.)

## Government Representatives



**John Abbott**  
Newfoundland  
and Labrador

John G. Abbott is Deputy Minister of Newfoundland and Labrador's Department of Health and Community Services. Prior to undertaking this senior public sector executive assignment, he was a management consultant and chaired the board of trustees of the province's largest health care corporation.



**Duncan Fisher**  
Saskatchewan

Duncan Fisher joined Saskatchewan Health's senior management team as Assistant Deputy Minister in January, 2001 and was appointed the Deputy Minister of Community Resources in the spring of 2006.



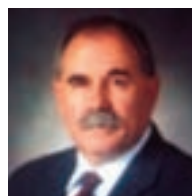
**Albert Fogarty**  
Prince Edward Island

Albert Fogarty has served as Minister of Health and Social Services, Opposition House Leader, and Executive Director of the Adult and Community Education Institute at Holland College.



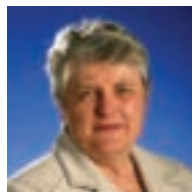
**Alex Gillis**  
Nova Scotia

Alex Gillis served as Chief of Surgery at the IWK Health Centre in Halifax and was instrumental in developing a pediatric surgical service in the Maritimes. He is currently Vice President of Professional and Academic Affairs at the IWK Health Centre.



**Michel C. Leger**  
New Brunswick

Michel Leger practices law in New Brunswick, and has served on several health care associations including the New Brunswick Hospital Association and Canadian Hospital Association.



**Lyn McLeod**  
Ontario

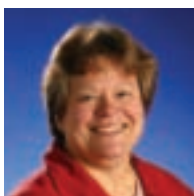
Lyn McLeod, former Leader of the Ontario Liberal Party and Party Critic for Education and Health, is currently the Chair of the National Advisory Board for the Centre of Excellence for Children and Adolescents with Special Needs.





**Bob Nakagawa**  
Canada

Bob Nakagawa is the Assistant Deputy Minister – Pharmaceutical Services in the Ministry of Health in British Columbia.



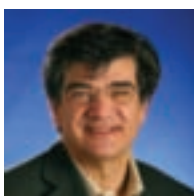
**Elizabeth Snider**  
Northwest Territories

Elizabeth Snider served as Secretary to Cabinet for the Government of the Northwest Territories. Her public service career focused on northern Canada, and included Aboriginal rights negotiations and political constitutional development. She retired from the Government of the NWT in December, 2004.



**Patti Sullivan**  
Manitoba

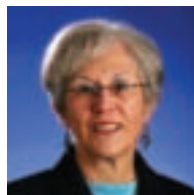
Patti Sullivan is the former Board Chair of the Winnipeg Regional Health Authority and is currently the Chief Operating Officer of Assiniboine Park Enterprise with the City of Winnipeg. She also serves as director of the Canadian Club of Winnipeg and as Vice President of the Manitoba Business Leaders Network.



**Les Vertesi**  
British Columbia

Les Vertesi is an emergency physician and former Medical Director at the Royal Columbian Hospital. He holds a faculty appointment with Simon Fraser University, and is Associate Director of Health Research with the Fraser Health Authority of B.C.

## Non-Government Representatives



**Jeanne Besner**

Jeanne Besner is Director, Research Initiatives in Nursing and Health with the Calgary Health Region, and an adjunct Assistant Professor with the faculties of nursing at the University of Calgary and the University of Alberta.



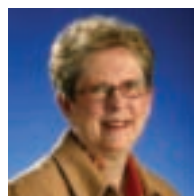
**Ian Bowmer**

Ian Bowmer is Professor of Medicine and the former Dean at Memorial University of Newfoundland's Faculty of Medicine. He is the CEO designate of the Medical Council of Canada.



**Jean-Guy Finn**

Jean-Guy Finn is currently a consultant in public sector health care organization and management. He served as Secretary to Cabinet and Clerk of the Executive Council of the Government of New Brunswick as well as Deputy Minister of Health and Community Services.



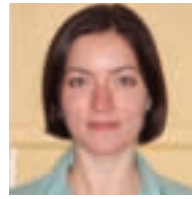
**Simone Comeau Geddry**

Simone Comeau Geddry has extensive experience in health care as a registered nurse, educator, consultant, and senior administrator. She is currently coordinating the implementation of two nursing programs at l'Université Sainte-Anne in Nova Scotia.



Nuala Kenny

Nuala Kenny has served as Professor and Chief of Paediatrics at Queens University and Dalhousie University-IWK Hospital for Children. Past President of both the Canadian Paediatric and Bioethics Societies, Officer of the Order of Canada and former Deputy Minister of Health for Nova Scotia, she has devoted herself to ethical issues in health care and policy since 1996.



Danielle Martin

Danielle Martin is a comprehensive care family physician who works in Toronto and rural northern Ontario. She lectures at the University of Toronto and is Associate Staff at Women's College Hospital. Danielle was a founding co-chair of the New Health Professionals Network and is Board Chair of Canadian Doctors for Medicare.



Jose Kusugak

Jose Kusugak's focus is on the health care needs of Inuit in Canada's Arctic, rural and remote communities. From 1994 to 2000 he was President of Nunavut Tunngavik Inc. the largest Aboriginal land claim in Canada and was instrumental in the creation of Nunavut territory.



Robert McMurtry

Robert McMurtry is Professor of Surgery at the University of Western Ontario. He has served as Chair of Surgery at the University of Calgary, Chief of Surgery at Foothills Hospital, and Dean of Medicine at the University of Western Ontario. He was the first Cameron Visiting Chair at Health Canada, and Assistant Deputy Minister of the Population and Public Health Branch.



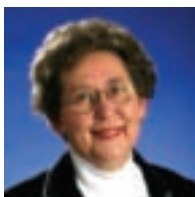
Steven Lewis

Steven Lewis is a health policy consultant and educator in Saskatchewan. He was a member of the National Forum on Health, CEO of Saskatchewan's Health Services Utilization and Research Commission, board member of the Canadian Institutes of Health Research, and is currently a member of the Saskatchewan Health Quality Council.



George L. Morfitt

George Morfitt was the Auditor General of British Columbia. As adjunct professor at the University of Victoria, his interests are focused primarily on performance monitoring and measurement, program evaluation, performance audit, and accountability reporting.



Verda Petry

Verda Petry taught mathematics to high school and collegiate students for several decades. She has been a member of numerous policy boards in the community, including the Regina Public School Board. She was also a member of the Board of Governors of the University of Regina, where she served as Chancellor.



Michael Decter

Michael B. Decter is a Harvard-trained economist with over two decades of experience as a senior manager in health care. He is a leading Canadian expert on health systems policy and reform. Michael served as Deputy Minister of Health for Ontario as well as Cabinet Secretary in the Government of Manitoba. He is the author of several books and is a much requested speaker at national and international health care forums. He has served on numerous boards and was most recently Chair of the Canadian Institute for Health Information. Michael was awarded the Order of Canada in 2004.



Brian Postl

Brian Postl is a pediatrician and community medicine physician as well as President and CEO of the Winnipeg Regional Health Authority. He has led academic departments in pediatrics and community health sciences at the University of Manitoba. Recently he served as Federal Advisor on Wait Times.

## Former Councillors (2005/06)

### Donna Hogan

Donna Hogan, a registered nurse, is Director of the First Nations Health Program at Whitehorse General Hospital. Donna was appointed to the Council in December 2003 and resigned in April 2006.



Stanley Vollant

Stanley Vollant is the newly appointed Director of the Aboriginal Medical Education Program at the University of Ottawa's School of Medicine. A surgeon from the Montagnais community of Betsiamites, he is a past President of the Quebec Medical Association.

### Nellie J. Cournoyea

Prior to becoming Chair and CEO of the Inuvialuit Regional Corporation, Nellie Cournoyea served as Premier of the Northwest Territories for four years. Nellie was appointed to the Council in December 2003 and resigned in March 2006.

### Bernie Blais

Bernie Blais is CEO at the Northern Lights Health Region in Alberta. Prior to this, he served as Deputy Minister of Health and Social Services for Nunavut from 2003 to 2006. Bernie was appointed to the Council in December 2003 and resigned in January 2006.



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