

assumption that some health improvement will be organic.

On the other hand, the assumption that there is no relationship between democracy and health weakens the arguments of those social groups and movements who push for democratization within their countries. Equally, it weakens the voice of healthcare providers to advocate for political change.

Conclusion

This paper summarizes key points within the complex relationship between democracy and health. Theoretical arguments show ways in which democracy can both support and impede health, although their generalizability to real-life situations is limited. Research has yet to provide a robust approach to measure the relationship between democracy and health, but doing so is crucial to prevent the deleterious consequences of assumptions.

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How Globalization Challenges And Aids The Implementation of The Canada Health Act In Canada's Northern Territories

Opinion Editorial

Amelia V. D'Angelo, BSc, MSc Global Health, McMaster University

Introduction

North of the 60th parallel in Canada's territories, the implementation of the *Canada Health Act* (CHA) is a challenge. Health care provision is an obstacle since residents live in small, isolated communities with a unique history and culture that differs from the national majority. On top of the geographical remoteness, a globalized world has caused many problems, including historical injustices, volatile and underdeveloped economies, and climate change. But external influences also provide solutions to improve the health of northern citizens, such as increased awareness of indigenous

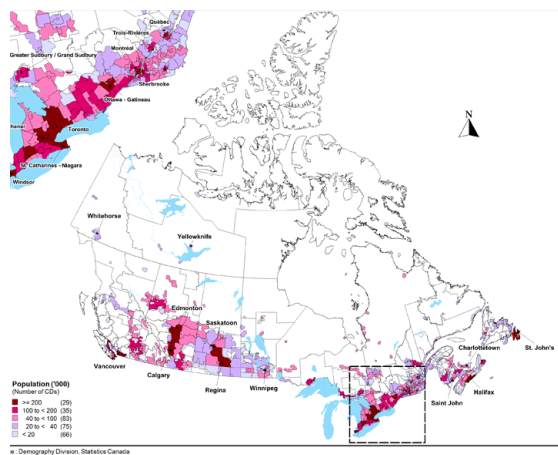
rights, beneficial inter-governmental partnerships, and technological innovation. While globalization exacerbates the challenges associated with health care provision in northern Canada, it also provides solutions to said problems, leading to improved implementation of the CHA in remote northern communities.

The CHA is a federal law that governs the provision of funds and guiding principles on the level of insured "medically necessary" health care that Canadians can expect to receive, regardless of where they reside. At the core are five principles: public administration, comprehensiveness,

universality, portability, and accessibility.¹ The country's decentralized health care system sees provinces and territories coordinating health care services locally, with transfer payments from the federal government. Canadian health care policy intends to "protect, promote and restore the physical and mental well-being of residents of Canada, facilitating reasonable access to health services without financial or other barriers."² This objective is challenged by globalization, as well as the fifth principle of the act, "accessibility."

Densely populated Canadian cities lie close to the 49th parallel, with 90 percent of citizens living within 160 kilometres of the United States border (Figure 1).^{2,3} Out of 36.2 million Canadians, only 119,000 live in the three territories (Yukon, Northwest Territories, Nunavut) combined (Figure 2).^{4,5}

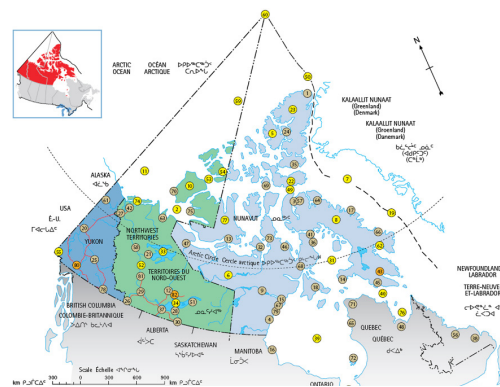
Figure 1: Population distribution and density in Canada, 2012.²



While definitions vary based on the context of the term *globalization*, it can be defined as the processes that contribute to "the free flow of information, goods, capital and people across political and economic boundaries."⁶ Often rooted in economics, scholars link social, cultural and environmental influences back to the economy.⁷ Information, people and capital have always

migrated, however it is noted that we are now in "an era of globalization,"⁸ with the intensity and scale developing rapidly. It is also becoming increasingly common to discuss globalization in the context of public health.

Figure 2: Communities located in Canada's territories, northern Québec and Labrador.⁵



**Globalization
Creating Challenges**

One challenge related to globalization is the historical social/cultural influence of European's arrival in Canada, which has current ramifications for the health of First Nations, Inuit and Métis people. The creation of Aboriginal reserves, combined with the systematic removal of children from their homes to be placed in residential schools, had the intention of "[eliminating] parental involvement in the intellectual, cultural, and spiritual development of Aboriginal children."⁹ Through these acts of colonization, northern communities were systematically dismantled and politically ignored, with little to no representation in federal systems. Today, Aboriginal citizens face challenges such as limited access to employment and labour markets, increased cost of goods, and limited access to housing and clean drinking water. Studies have shown that Aboriginal people have increased negative health outcomes associated with these social determinants,¹⁰ confirming the challenge of CHA implementation.

Global economic processes and markets, where resource values fluctuate according to their supply and demand,¹¹ have an influence even in remote Canadian communities. Many northern towns are dependent on natural resources or seasonal tourism as their main economic driver.¹² These economies are particularly volatile, as they often follow a boom-and-bust cycle as a resource devalues or becomes economically unsustainable to extract. Other northern economies are underdeveloped, as there is no major economic activity and limited jobs in many communities.¹² Global economic processes and trade have profound effects on the social determinants of health. The main inhibitor to the implementation of the CHA is that economic instability causes inconsistencies in the delivery of health care. These create barriers to health care, as budgets fluctuate with the economic changes.

Climate change is necessarily a global issue, and the geography of the Earth's poles has caused rapid warming of the Arctic. These dramatic changes have direct and indirect effects on health, and since a large portion of northern Canadians lives subsistence or semi-subsistence lifestyles,¹⁰ citizens are more negatively affected by the impacts of climate change. Resources may not be available due to already limited health care budgets, causing a lack of services like culturally relevant mental health support. It is also a challenge to provide reasonable access to care regarding the safety of people out on the land, with increased funds needed for search and rescue services.¹³ Climate change and health is difficult to address directly, as it touches so many aspects of daily life, and often affects communities very differently.

Offering Solutions

The complexity of globalization ensures that it exerts both a negative and positive influence on health care provision around the world. Numerous solutions have been found to in the north, such as the sharing of innovative technologies, inter-governmental partnerships, and the advocacy for indigenous rights due to globalization.

The United Nations (UN) Declaration on the Rights of Indigenous Peoples, signed in 2007, improved awareness of indigenous rights around the world.¹⁴ In Canada, this helped inspire understanding the historical injustices concerning First Nations, Inuit and Métis citizens. The 2015 Truth and Reconciliation Commission (TRC) Final Report was an important step in understanding the consequences of the residential school system.⁹ Armed with an understanding of the effects this has on aboriginal health, the government is better equipped to work with communities to provide culturally sensitive services. Targeting social determinants of health leads to services that are designed for northern populations and improves delivery of "appropriate care," a primary objective of the CHA.

Canada is a member of the Arctic Council, an inter-governmental, supranational institution created to "promote cooperation, coordination and interaction among Arctic States ... indigenous communities on common Arctic issues".¹⁵ Working with the other countries, Canada can evaluate its' northern health care system compared to very similar contexts.¹⁶ Their work includes the One Health Report, describing connections between environmental and human health in the Arctic, and reviews case studies on mental health in indigenous communities.¹⁵ The sharing of information and collaborative international research is an impressive global process that allows Canadian policy makers to utilize best practices from neighbouring countries to implement the CHA mandate.

Innovative technological advances are global solutions that have been ground breaking in improving access to northern health care. Overcoming the barriers of geography and transportation, as well as improved tele-health options, are all invaluable. Most communities have limited to no access to primary care providers or specialists, so distance consultations completely alter the services provided, with the ability to "video conference between provider and a patient

in a remote location without the referring provider being present".³⁷ Technology directly improves accessibility to health care, a pillar of the CHA.

Conclusions

While global processes create challenges to the execution of the CHA, the solutions arising from an increasingly connected world also benefit those in the north. Overall, these influences lead to improved implementation of the CHA in remote northern Canadian communities, and is a discussion that has implications for the wider global health community.

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