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DATA DIVE **WITH** NIK NANOS

THE WORLD NEEDS CANADIAN ENERGY

As the war in Ukraine disrupts decarbonization plans, we have a chance to be a secure, less carbon-intensive source of power

OPINION

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We are in a global energy crisis. So where is Canada?

Prior to the pandemic, most major economies were grappling with how to decarbonize and work toward a new net-zero carbon target. The war in Ukraine has delayed or derailed many of those plans, as countries seek to find alternatives to Russian oil and natural gas. This could be Canada's opportunity to be a reliable source of energy that is less carbon intensive.

By any measure Canada is an energy superpower: We are a top exporter of clean hydro power to the United States and we are the world's No. 4 oil producer and No. 5 gas producer. But we could – and should – be doing more.

We are at a moment where our friends are in dire need of renewed energy partnerships, but Canada lacks the ability or willingness to substantively step up.

Canada has no one to blame but itself for this predicament. A recent survey by Nanos for the University of Ottawa's Positive Energy Initiative suggests that we are both victim to external energy price shocks and ill-prepared to significantly meet the energy needs of our allies in Europe.

When it comes to public opinion, a majority of Canadians believe the country should expand oil and gas exports to help give the world more secure energy supplies (58 per cent agree/somewhat agree, while 34 per cent disagree/somewhat disagree).

However, a majority also want Canada to meet climate commitments, even if it means energy prices increasing (62 per cent agree/somewhat agree while 35 per cent disagree/somewhat agree).

While Canadians seem to be of two minds, there is one point of agreement: that federal and provincial governments have failed dismally. Regardless of what side of the environment or energy fence you sit on, you are likely to be unhappy.

Canadians give both federal and provincial governments dismal scores on a wide range of energy-related elements – some in the single digits. Only 6 per cent say governments have done a good or very good job at collaborating with each other to balance Canada's economic, environmental and energy objectives. Seven per cent say the job done by governments at ensuring energy is affordable as Canada works to meet its climate change targets is either very good or good. And only 8 per cent would rate the job governments have done at providing a clear, predictable and competitive policy/regulatory environment for investors building energy infrastructure as very good or good.

The conclusion? Federal and provincial governments work at cross purposes, there is no nationwide strategy and our energy investment climate is dysfunctional.

The trending public opinion suggests things are not getting better. Canada prides itself on being a responsible environmental steward, but Canadians increasingly believe our credibility is on the decline. Canadians today are three times more likely to say our credibility on environmental policies is lower rather than higher than other countries. Back in 2018 Canadians were divided on this.

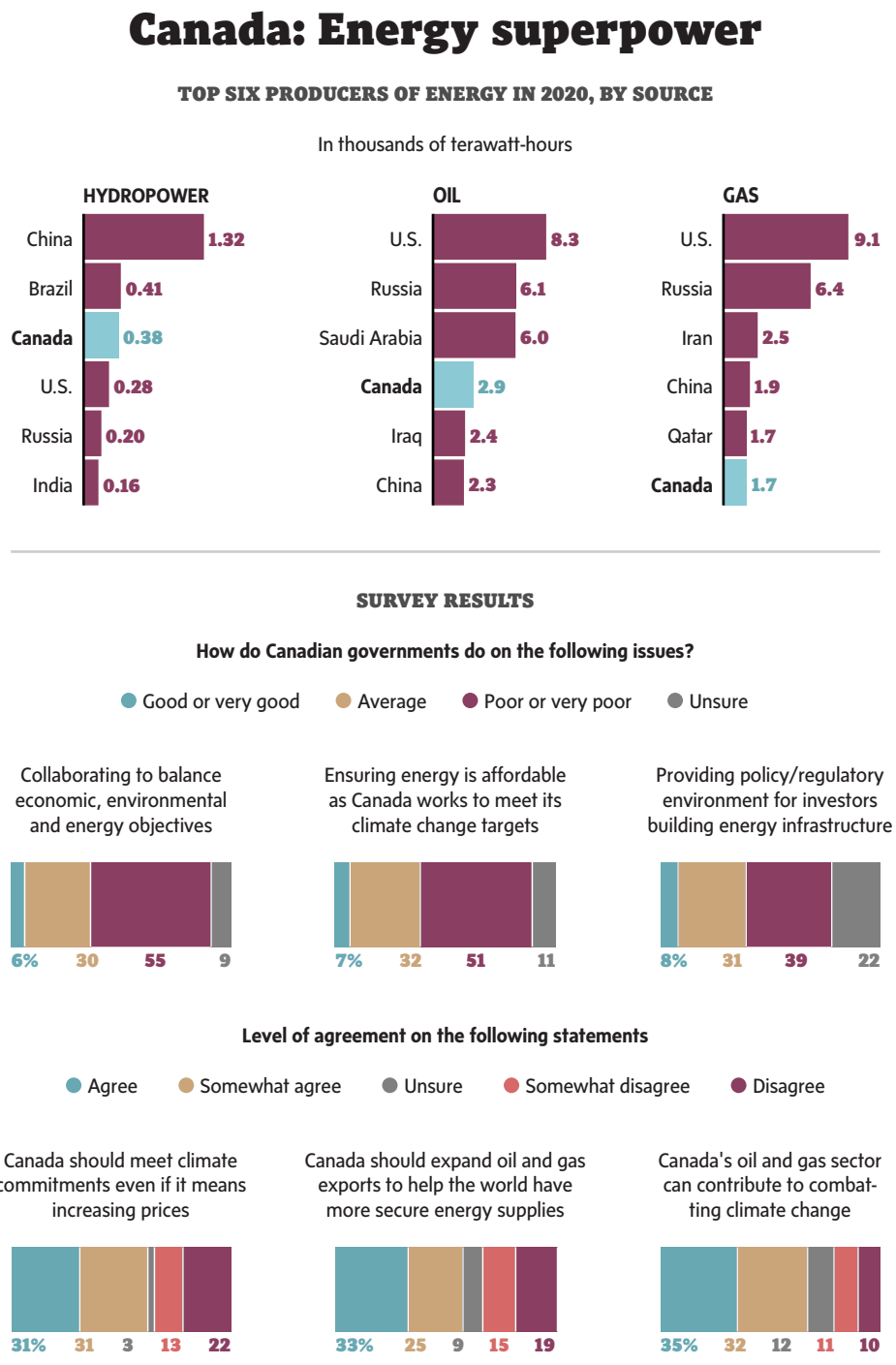
People also believe that we are more divided than united on climate action. Back in 2021, 22 per cent of Canadians thought there was a high level of agreement on climate action in Canada. This has dropped to 15 per cent.

But the appetite to be ahead of other major economies when it comes to meeting climate targets is still strong, with 41 per cent saying Canada should aim to be ahead of other major economies, 43 per cent saying it should go at the same pace, and 12 per cent saying it should be behind.

Before the pandemic, concern about the environment had reached an all-time high in the Nanos weekly issue tracking. Canadians were ready for action. Although they agree on the destination, which is a lower carbon-intense economy, views are mixed on the journey.

As an energy superpower, we may miss an opportunity to be there to help our allies in the short term, and then may very well end up as spectators in the race to decarbonize as countries transition to natural gas and hydrogen from coal and oil.

We will remain nowhere until the fundamentals are fixed: Get federal and provincial governments to work together and create an environment to invest in a next generation of energy solutions.



MURAT YÜKSELIR / THE GLOBE AND MAIL, SOURCE: NANOS RESEARCH; OUR WORLD IN DATA

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Health leaders don't mirror their patients. It's a problem and an opportunity

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OPINION

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Signs of strain in the health care system have become increasingly apparent, from patients receiving treatment in hallways in prepandemic times, to waves of burnout and resource rationing throughout the COVID-19 crisis. With many difficult decisions on the horizon, it's important to ask who sets the direction of our health system as we move forward.

To start answering this question, we completed Canada's largest study examining the gender and racial diversity of our health care leaders. Specifically, we looked at provincial and territorial ministries of health and staffing at our country's 135 largest hospitals, accounting for more than 3,000 health-system leaders in total.

We have three major findings. First, gender parity exists among health care leaders in Canada, and this extends all the way up to the highest tiers, including deputy ministers of health and hospital chief executive officers. Of course, this representation should not mask other forms of significant gender discrimination that still exist, such as wide disparities in pay.

In contrast, our second finding is that no racialized people are currently acting as deputy health ministers in Canada, and less than 6 per cent of health care CEOs are racialized. When we look at the racial composition of a province's population and compare this with its health care leadership, a stark picture emerges. In Ontario, about a third of the province's population is racialized, whereas hospital leadership is only 12-per-cent racialized (a gap of about 20 per cent).

Our third major finding is most discouraging. When examining hospitals and their locations, we found that as neighbourhoods become more racialized, the gap between the diversity of a given neighbourhood and the diversity of its local hospital leadership widens rather than narrows. In other words, hospitals in the most racialized neighbourhoods have the least representative leadership.

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Why is diversity in health care leadership a desirable goal?

Health care receives the single largest allocation of Canadian tax revenue, and leaders set the system's priorities. Their choices profoundly shape our lives. Who do we prioritize for vaccinations? Do we invest scarce resources into providing basic health care for marginalized communities, or focus on the most advanced cancer treatment? Often there is only limited data available to guide these consequential decisions, and so the lived experiences and identities of our leaders become paramount.

So what do we do when the leadership of a health care system doesn't look like the population it serves?

First, we need robust data and targets. In our research, we coded people into racial and gender groups based on names and photos available online, and demonstrated that this process could be done with a high level of precision. This idea of "perceived" rather than self-reported race and gender is important, as evidence suggests that what people perceive to be your racial identity affects your likelihood to access greater career opportunities, including promotions. However, there is the potential danger of misclassifying individuals. For example, for many Indigenous people, identity is self-determined, and the external assignment of identity perpetuates colonial constructs. Canadian health care should follow other industries in making the self-reporting of racial and gender identity mandatory among leaders, and with this data should come requirements for representation among executives.

Second, we must recognize that diversity is not a blanket phrase. For example, it's possible that the push to increase diversity in leadership has been a driving force for the ascendancy of women into these positions. But it's notable that this effect has been largely realized by white women, as our study showed that racialized women, like all racialized people, are woefully underrepresented. Similarly, a push to increase the number of racialized people in leadership may disproportionally benefit South Asian and East Asian individuals, who are already well represented in health care, potentially to the detriment of underrepresented groups such as Black, Indigenous and Filipino Canadians. Diversity is not as simple as "white male versus 'other,' " and we must employ an intersectional approach to diversity in health care leadership.

Third, we have to prioritize the problem. The finding that women are equally represented in health care leadership is remarkable and worth celebrating given the large gender disparities that still exist in many other sectors. But it also is a lesson. Diversity policies in health care institutions are longstanding, and the pipeline of health care professionals has progressed to the point that about 50 per cent of all medical school students in Canada have been women for more than two decades. We need a similar pipeline for racialized people.

Fourth, we need to call out gaps as we see them. The term "manel" is now used to describe a panel of speakers devoid of women. But we do not have a similar and commonly used term for the exclusion of racialized groups from organizational leadership, nor has the exclusion of these groups achieved the same recognition in the collective psyche.

It's been more than 50 years since the landmark Royal Commission on the Status of Women in Canada – do we need to have a similar panel to recognize the plight of racialized people?

The status quo of health care leadership excludes many Canadians. We must reduce the diversity gaps between health care leaders and the populations they serve.