

## **CHRONIC DISEASE PREVENTION ALLIANCE OF CANADA**

### **BRIEF TO THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA**

1. The mandate of the Commission on the Future of Health Care in Canada is  
“To recommend policies and measures respectful of the jurisdictions and powers in Canada required to ensure over the long term the sustainability of a universally accessible, publicly funded health system, that offers quality services to Canadians and strikes an appropriate balance between investments in prevention and health maintenance and those directed to care and treatment...”
2. The Chronic Disease Prevention Alliance believes that, if our health system is to survive, a commitment to disease prevention must be firmly embedded in any recommendations for reform. Chronic disease prevention is a key strategy to sustain, protect and improve the national health system and reduce the financial burden of acute care.

#### **Who we are**

3. The **Chronic Disease Prevention Alliance (the Alliance)** is a coalition of organizations and individuals who share a common vision for an integrated system of chronic disease prevention in Canada. Groups currently involved in the Alliance are the Canadian Cancer Society, Canadian Coalition on Enhancing Preventive Practices of Health Professionals, Canadian Council on Tobacco Control, Canadian Diabetes Association, Coalition for Active Living, Dietitians of Canada, and Heart and Stroke Foundation of Canada, working closely with Health Canada.

#### **Our vision**

4. Our vision is to ensure that Canadians have access to a comprehensive, sufficiently resourced, sustainable and integrated system of research, surveillance, policies and programs that maintain health and prevent chronic disease. Our goal is to delay the onset and reduce the incidence of new cases of chronic disease.
5. We believe the greatest gains in the Canadian health system, over the next few decades, will be a reduction in premature disease and death. A significant percentage of deaths in Canada from cancer (70%), heart disease (25%) and diabetes could be reduced or delayed through primary prevention. As well,

increased prevention would mean that more Canadians would live longer in good health.

**The Chronic Disease Prevention Alliance recommends that:**

6. All levels of government must develop and implement a nationwide strategy on chronic disease prevention using a population health approach. Disease prevention must be done in a “health promoting way” understanding the relationship between the broader determinants of health and chronic diseases such as cardiovascular disease, cancer and diabetes.
7. There is a need to build on pre-existing work in chronic disease prevention, linking research-based findings and addressing current gaps in the system. The incidence and accompanying burden of chronic disease among high-risk populations must be addressed.
8. The prevention strategy must be adequately funded for a sufficient duration of time to see clear and measurable results.
9. There must be achievable and quantifiable goals and objectives that can be achieved by a specific time-line. This includes more transparent government mechanisms for identifying prevention priorities and goals and effective means of monitoring progress.
10. Prevention strategies must be evidence based and the evidence exists **now**.

**The issue/the problem**

11. The National Center for Chronic Disease Prevention and Health Promotion in the United States defines chronic disease as “illnesses that are prolonged, do not resolve spontaneously, and are rarely cured completely.” These would include but are not limited to cancer, diabetes, heart disease and stroke.
12. While other factors are involved, the major modifiable risk factors for cancer, heart disease and diabetes are:
  - a. Tobacco;
  - b. Nutrition; and
  - c. Physical activity.
13. These chronic illnesses place a significant economic burden on Canadian society and the health system, both in human and financial terms. In Canada, it is estimated that at least nine billion dollars are spent annually on treating diabetes and its complications. Cardiovascular disease costs the Canadian economy almost \$20 billion annually in direct and indirect costs, while cancer totals \$14.5 billion.

14. Many believe this burden will increase dramatically, particularly given the significant aging population and lifestyle trends.
15. For instance, the probability of developing cancer increases as Canadians age. For men, aged 50-59 the probability of developing cancer is 5.6%. Between the ages of 60-69, the probability increases to 14.2% and from 70 to 79 the likelihood has now increased to 20.9% (Source: Cancer Bureau, CCDPC, Health Canada).
16. Heart disease and stroke related mortality also increases significantly with age. For example, 5.1% of cardiovascular deaths occur between the ages of 50 – 59; this increases to 12.1% for the 60 – 69 age group; then to 27.7% for those aged 70 – 79 and peaks at 36% among the 80 – 89 age group.
17. As per Health Canada, the number of elderly in the Canadian population has been increasing in recent years. As a result of this trend, there has been an increase in the overall crude number of deaths due to heart disease and stroke. This trend is expected to continue for the next fourteen years.
18. Over the coming years, as a result of an aging population and improved treatments, we can expect an increase in the number of Canadians living with cardiovascular disease. It is projected that the number of incident hospital cases for congestive heart failure will more than double by the year 2025.
19. The projected prevalence rates for type 2-diabetes increase dramatically with age, jumping to 13% in diagnosed cases over the age of 65. The World Health Organization (WHO) estimates the number of people with diabetes in the world will reach an alarming 300 million by 2025.

### **Prevention Works**

20. Practical interventions exist for controlling and preventing many chronic diseases.
21. According to the Centre for Disease Control (National Centre for Chronic Disease and Health Promotion in the United States):
  - a. Implementing proven clinical smoking cessation interventions would cost an estimated \$2,587 US for each year of life saved, the most cost-effective of all clinical preventive services.
  - b. Each \$1 spent on diabetes outpatient education saves \$2 to \$3 in hospitalization costs. (US\$)
22. According to the Fyke report on Medicare, more intense monitoring and follow up on high blood pressure results in a 4 – 5% reduction in blood

- pressure over 5 months. This means a 34% reduction in the risk of stroke and a 21% reduction in the risk of heart disease.
23. The Diabetes Prevention Program (United States 2001) demonstrated that people at high risk for developing type 2 diabetes were able to reduce that risk by 58% by being actively supported with a healthy diet and exercise plan. Others who were simply given medication or written information on diet and exercise did not achieve this same reduction in risk.
  24. Nearly 150 studies reviewed by the International Agency for Research on Cancer in 2001 found that physically active people can reduce their risk of colon cancer by 50% and their risk of breast cancer by 30 – 40% as compared to inactive individuals.
  25. Investing in prevention could alleviate financial pressure on the acute care system.

### **The solution as it relates to the health system**

26. The health system of the future needs to firmly acknowledge and support wellness and the prevention of disease. We require a shared, long-term vision if we are to have any meaningful impact on increased incidence and prevalence of chronic disease.
27. The health system presently has the means to encourage and help facilitate prevention and health promotion. Other health professionals within the system can support this as well. This can also be affirmed with increased support for nutritionists, nurses, exercise physiologists within the community itself.
28. While this submission focuses exclusively on primary prevention, the Commission will also need to acknowledge and specifically address ongoing care and management issues associated with chronic disease, particularly as the complications from these diseases also have a significant impact on both the individual and the system.

### **Beyond the usual suspects**

29. A logical, innovative and cost-effective approach to facilitate prevention involves coordinating and integrating action in a population-wide effort. Partners must include all levels of government (federal, provincial, territorial and municipal) and non-governmental organizations.
30. We must also reach beyond the health sector and include other relevant sectors such as transportation, education, social services, recreation and others. There

needs to be demonstrated cooperation and commitment from other ministries at all levels of government if there is to be sustainable change.

### **Don't reinvent the wheel**

31. There are already several important chronic disease initiatives nation-wide. Some of these strategies are developed but have not yet been formally endorsed by governments. Others are in the process of being finalized.
32. Examples include: The Canadian Diabetes Strategy, Canadian Heart Health Initiative, Canadian Cardiovascular Disease Action Plan, Canadian Strategy for Cancer Control, many federal/provincial/territorial joint initiatives, to name only a few. We have increasing opportunities to build from the knowledge, success and failures of these strategies to push the agenda forward with renewed vigour.

### **The Challenge of the Commission -- Looking Beyond**

33. This Commission has been asked to carefully examine the state of public health in this country and recommend ways it could be made sustainable well into the 21<sup>st</sup> century. As your Interim Report states, “providing practical and realistic recommendations on how to revitalize the health system and place it on a more sustainable footing for the future is an enormous task.”
34. It is critical that the health system be a key focus of this Commission's work. It is equally critical to anticipate that any changes in the health system will only be sustainable if they are supported by other sweeping changes in society...how we live our lives as individuals, how we approach health and wellness, how other systems support or hinder health promoting efforts. The chronic disease burden on the health system and to the individual, demands attention.
35. We need to think beyond the health system. More importantly, we need to **act** beyond the health system.

### **Determinants of Health**

36. A population health approach to chronic disease prevention encompasses a broad spectrum of policy, program and research activities across sectors and jurisdictions. This approach demands innovative partnerships and collaboration to influence sustainable change.
37. There are a number of health determinants, which must be considered, including: workplace health, physical environment, educational settings, socio-economic and social status, and health services. Any proposed changes to the health system will only succeed if there are corresponding and supporting changes made in other sectors.

38. So how can we achieve an integrated system for chronic disease prevention?  
What are the key elements and strategies?

**a. Physical Environment**

- i. First, we must acknowledge that an enabling physical environment can truly make the healthier choices, the easier choices. Partnering with key sectors would allow those necessary changes to happen.
- ii. In their final report to WHO, *Population Health – Putting Concepts into Action*, Dr. Zollner and S. Lessof indicate that the “Health for All (HFA) policy for the 21<sup>st</sup> Century also relies on a clear understanding that health and well being are experienced in a wide range of complex settings. Health is not something that can be confined to a hospital or doctor’s consulting room. HFA calls for greater opportunities for people to live in a healthy physical and social environment and to enjoy improved conditions in the home, at school, at work and in their communities.” They propose as a strategy that cities use urban planning and management to provide healthy environments for their citizens.
- iii. Urban planning partners could be targeted to set aside land for local gardens to enable the production of affordable and healthy local foods and to build roads and paths that facilitate easy and safe active living. The transportation sector would also be targeted to encourage the building of roads and paths that favour active commutes to work.

**b. Workplaces**

- i. The labour sector also needs to be targeted to help with the development of healthier workplaces -- smoke-free workplaces that provide facilities for physical exercise and provide affordable and healthy food choices in their cafeterias.
- ii. For instance, Letourneau and Bujold’s 1990 research on smoking among francophones in Quebec identifies blue collar, less educated and low-income workers as high-risk groups that require specially tailored workplace intervention strategies.
- iii. Health Canada has established a workplace health system program. This was set up because they found that companies with health programs have employees who feel good about their health, work better, have less absenteeism and are more loyal. The Workplace Health System is comprehensive and deals with three areas:
- iv. Environment: This looks at air, noise and light conditions, the quality of machinery and equipment, the type of work,

responsibilities at work, relations with supervisors and co-workers and relations with family at home.

- v. Personal resources: Employee sense of involvement, level of social support and involvement in improving their own health.
- vi. Health practices: exercise, smoking, drinking, sleeping and eating habits, use of medication and other drugs.

**c. Educational Settings**

- i. Of course, any sustainable health system needs to specifically target those who will inherit it down the road. Recent statistics on children are alarming.
- ii. The Harvard Prevention Research Centre states that “only about one in five youngsters have the recommended fruits and vegetables a day, and for many young people, fats make up more than 30% of their calories a day. About 40% of youths watch five or more hours of television a day. And, by the twelfth grade, only about 15% of students meet recommendations for physical activity.” Childhood obesity can continue into adulthood and increase the risk of heart disease, some forms of cancer, diabetes and other diseases.
- iii. The school and other educational settings need to be targeted to encourage education for students on how to make healthier choices. Schools need to provide smoke-free environments, nutritious and affordable healthy food choices, active living facilities, and mandatory daily physical activity programs.

**d. Socio-economic and social status**

- i. The recent report from the Community Health Survey shows that smoking, poor nutrition, and lack of physical activity are clustered in lower income and education levels.
- ii. According to the Report on the Health of Canadians (September 1996), “clearly, there is something related to higher income and social status that provides a buffer or defence against disease, or something about lower income and social status that undermines the body’s defences. This provides further evidence that health services are not the only – or even the most important – influence on health.”
- iii. So, it is not enough to say that people must eat well to promote health and prevent disease. People need to have easy and affordable access to nutritious food. Our present reality is

different. For many people living in remote or northern communities, alcohol is subsidised while basic, healthy food is not. The cost of staples is often prohibitive, leaving some people reliant on a diet heavy in fast foods, soft drinks, and alcohol.

- iv. These are policy changes, which must come from inside and outside the health system. Where necessary, all levels of government must work together to ensure that foods recommended by the Canada Food Guide are easily accessible and affordable. There needs to be consideration of how we support healthier food choices and development of “community kitchens.” Food banks must have access to healthy foods. It is proven that children are able to gain more from the lessons taught when they come to school on a full stomach. In some lower income areas, schools have instituted breakfast programs to ensure that all children have had something to eat before starting their day. In the United Kingdom, some schools supply two fruit a day per student to promote healthier diets.
- v. We also need to ensure affordable transportation so that individuals who are economically disadvantaged can have access to recreation facilities. Finally, communities should offer public places free from tobacco-smoke and provide both tobacco use prevention and cessation programs.

#### **e. Health Services**

- i. Health care workers play a critical role in helping people to change their behaviours. We need to influence practitioners’ behaviour to promote more preventive action. On a regular basis, health care professionals should emphasise to their patients the benefits of healthy eating, tobacco cessation and regular physical activity. In order to do this, there has to be some acknowledgement through fee structures and otherwise that health promotion counselling is different from acute care. There must be an acknowledgement of its value and equitable reimbursement.
- ii. In a study by the Alberta Centre of Active Living (2000), it was determined that 63% of Albertans over 18 were considered insufficiently active for health benefits. The Centre designed a study to remove barriers to promoting physical activities. The objective was to determine if an office-based intervention would increase self-reported physical activity, health-related quality of life and physical fitness levels of sedentary 40 – 70 year old adults. Participants were given advice from physicians to become more physically active and a copy of Canada’s Physical Activity Guide. The results showed that participants became significantly more

physically active, noted significant improvements in their perceived health-related quality of life, and made significant gains in fitness over the three-month study period.

- iii. The health system presently has the means to encourage and help facilitate prevention and health promotion. Other health care professionals within the system can support this as well. This can also be affirmed with increased support for nutritionists, nurses, exercise physiologists within the community itself.

**Conclusion:**

- 39. The Alliance recognises that these are challenging recommendations. Some impact the very nature thus far of the review itself. Can the health system be revisited in isolation? Will we ever truly have an impact if it is?
- 40. We believe that any recommended changes to the health system must be both short-term and long-term. They must be bold, visionary and collaborative with other systems in our society. Partnerships are no longer simply “desirable”; they are absolutely necessary.
- 41. **The Chronic Disease Prevention Alliance** can be a powerful ally and resource. We are eager to work with all levels of government on an ongoing basis to make these proposed changes a reality. We believe that all levels of government must be committed and involved, and that the definition of “government” should not be restricted to ministries of health alone. Our partners and members are in this for “the long haul.” We are confident that with desire, commitment and collaboration, we can have a profound impact on the health of Canadians and the fate of the health system.
- 42. Thank you for the opportunity to present our views to the Commission.