CMA’s Brief to the House of Commons Standing Committee on Health

Health Promotion and Disease Prevention

Presented by:

John Haggie, MB ChB, MD, FRCS
President

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The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA’s mission is to serve and unite the physicians of Canada and be the national advocate, in partnership with the people of Canada, for the highest standards of health and health care.

On behalf of its more than 76,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada’s physicians and comprising 12 provincial and territorial divisions and 51 national medical organizations.
1) Introduction

The Canadian Medical Association (CMA) welcomes the interest that the House of Commons Standing Committee on Health has taken in the issue of disease prevention and health promotion.

Canada’s doctors believe it is very important that both governments and the health sector define the ideal role of health promotion and disease prevention in Canada’s health care system and develop a strategy to implement that role. This strategy should include public policies that support health, education to Canadians on how to live a healthy lifestyle, and action to reduce the social and economic conditions that create health inequities.

The CMA, working with other medical, health and patient organizations, is promoting the need for health care transformation in Canada. One of the defining principles\(^1\) of our health care transformation proposals is that the health system must support Canadians in the prevention of illness and the enhancement of their well-being.

The Committee is already aware of the toll that preventable mortality and morbidity – from tobacco use, injury, lack of physical activity and many other causes – take on Canadians. During the Committee’s study on chronic diseases and aging, witnesses repeatedly warned that the cost of caring for chronic diseases – the majority of which are related to unhealthy living – is a major threat to the sustainability of Canada’s health care system. The Canadian Diabetes Association estimates that diabetes will cost Canada nearly $17 billion a year by 2020 – up from $6.3 billion in 2000.\(^2\) Ninety per cent of all diabetes is the so-called Type 2, which is almost entirely due to preventable risk factors such as poor diet, obesity and lack of physical activity. Type 2 diabetes is only one of a number of major diseases whose impact on Canada could be reduced by a focus on prevention and health promotion.

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\(^1\) Canadian Medical Association, [http://www.cma.ca/advocacy/hctprinciples](http://www.cma.ca/advocacy/hctprinciples)

On March 7, 2011, Canada’s Ministers of Health and Health Promotion/Healthy Living released a declaration, “Creating a Healthier Canada,” which specifically stated that prevention is a priority, and necessary to the sustainability of the health care system. The CMA agrees.

**Recommendation 1: The CMA recommends that the Government of Canada join with provincial, territorial and municipal governments, as well as with the private sector and all Canadians, in developing a meaningful national action plan for health promotion and disease prevention.**

In the following sections, this brief will outline the elements the CMA believes should be included in the action plan.

2) **Elements of a National Action Plan for Health Promotion and Disease Prevention**

a) **Healthy Public Policy**

As reported in the media and understood by most, even with the best of intentions, the majority of people who lose weight put it on again and most ex-smokers make several attempts to quit before they finally succeed. When people don’t maintain healthy behaviours, it is not usually for a lack of desire to be healthy. Making time for exercise can be difficult in the face of family obligations and financial commitments, especially when that means multiple jobs. Eating a balanced diet can be impossible for someone living in a disadvantaged or remote community that does not have a store selling affordable, healthy food.

How effective is healthy public policy? The number of motor vehicle deaths has declined steadily in recent decades due in large part to public awareness campaigns supported by governments, police and advocacy groups. Over time, the general public’s awareness of the harm caused by drunk driving has made drinking and driving a socially unacceptable behaviour. Regulations such as those requiring the wearing of seat belts and banning cell phone use while driving, and strict penalties for criminal actions such as driving while impaired, have saved lives and achieved broad public support.
Nearly half of Canadians smoked in 1965; now the rate has fallen below 18%. Lung cancer rates dropped as a direct result. Governments identified a number of areas where regulations – such as restrictions on tobacco advertising, health warnings on packages, and bans on smoking in public places and workplaces – helped make a smoke-free life an achievable option for Canadians. Smoking rates have stagnated in recent years, underscoring the need for ongoing action. As Health Canada works to renew its Federal Tobacco Control Strategy, proven public policy measures, such as plain packaging of tobacco products, to further lower smoking rates are needed.

Public policy can also be effective in encouraging physical activity and healthy weight. The modern Canadian school or business knows that to be competitive, they must provide physical education, healthy living promotion, fitness facilities for employees and nutritious food choices in cafeterias. There are other venues for healthy policy: restaurants that display calorie counts and other nutritional information on their menus; municipalities that make it possible for Canadians to be physically active in their everyday lives by building sidewalks, bike lanes, parks and green spaces. Health Canada is not considering regulatory action to control levels of sodium and trans fat in the Canadian diet or to increase the cost (through taxes) of high-calorie, nutrient-poor foods. However, like many health associations, the CMA believes such measures should quickly become part of a strategy to promote healthy eating, particularly if voluntary actions prove ineffective.

**Recommendation 2:** The CMA recommends that Health Canada consider requiring plain and standardized packages on tobacco products, as part of its renewed Federal Tobacco Control Strategy.

**Recommendation 3:** The CMA recommends that the Government of Canada pursue strong measures to reduce the sodium and trans fat content of processed food sold in Canada.

**Recommendation 4:** The CMA recommends that governments require plans for active transportation be included in all proposed infrastructure renewal projects.
The CMA believes that healthy public policy supports healthy lifestyle choices and demonstrates a meaningful commitment to the health and well-being of Canadians.

b) Education
For most people, achieving health and well-being is a matter of adopting healthy life choices: eating a nutritious diet, being smoke-free, getting the required amount of daily exercise, seeking screening for diseases that can be prevented, and maintaining childhood vaccine schedules and annual flu shots. Governments have a role in education and public awareness so that Canadians don’t steer away from healthier choices through ignorance. Health Canada, provincial health ministries, public health units, health professional associations, groups such as ParticipAction and the education sector have been instrumental in raising awareness and seeding community-based actions that are benefiting Canadians even today. For most people, health can be achieved by their actions as individuals; hence spreading knowledge is an important element of a health promotion and disease prevention strategy.

Recommendation 5: The CMA recommends that Health Canada continue to develop and implement effective health education and public awareness programs, with emphasis on the important causes of chronic diseases and cancer e.g. tobacco control, injury prevention, nutrition, physical activity and healthy weight.

c) Action to Reduce Health Inequities
National and international statistics prove that people with lower socio-economic status – for example, those with lower income and education, or from socially marginalized populations such as Aboriginal people – have poorer health than those who are better off. It is a matter of fact that the lower one’s socio-economic status, the greater one’s chances of suffering a chronic disease. In acknowledgement of this disparity, the CMA has recommended that all levels of government invest in targeted programs to improve the social conditions – such as housing, employment opportunities and access to nutritious food – that affect the health of Canadians, particularly those whose low socio-economic status puts them at greatest risk. Health is not the only government ministry whose actions can improve health. It is possible –
and indeed advisable – for all departments and agencies within government to take into consideration the possible impact of their policies on the health of Canadians.

**Recommendation 6:** The CMA supports targeted population health programs aimed at increasing housing, employment and food security for low-income Canadians.

**Recommendation 7:** The CMA recommends that when developing new policies, all departments of the Government of Canada take into consideration the potential impact of those policies on the health of Canadians.

d) *A Health Care System that Supports Health Promotion and Disease Prevention*

Physicians and other health professionals promote health and prevent disease by providing lifestyle counselling, behavioural support and clinical preventive services such as immunization and cancer screening. However, the capacity of Canada’s health care system to provide health promotion and disease prevention services needs to be enhanced in a number of ways:

- *Increase access to the primary care providers* who have responsibility for the overall care of the patient. For more than 30 million Canadians, their primary care provider is a family physician. Family physicians have established long-standing professional relationships with their patients, allowing them to know their needs, preferences and the barriers to healthy living. They treat the whole patient, not just the disease. Furthermore, physicians see patients at “teachable moments” because the discussion of new health problems such as respiratory disease or high blood pressure creates an atmosphere receptive to counselling and motivates many to change their behaviour.

**Recommendation 8:** The CMA supports a strong, patient-centred primary health care sector with services that include health promotion counselling and lifetime clinical preventive care.

- *Encouraging collaborative care.* In maintaining and improving health, primary care physicians work in collaboration with a large and growing number of other health professionals: medical specialists, nurses, pharmacists, dieticians, psychologists and many
others. Interdisciplinary organizations, such as Primary Health Networks in Ontario, employ a variety of health professionals working in a collaborative setting. Nationwide adoption of similar interdisciplinary care models should be encouraged. The CMA also recommends that governments at all levels support the nationwide adoption of health information technology, particularly a patient-centred electronic health and medical record into which all health care providers record their findings, recommendations and outcomes.

**Recommendation 9: The CMA supports mechanisms that promote collaboration and communication among the health professionals who care for a patient. In particular, the CMA recommends a continued investment in the development and expansion of patient-centred electronic health and medical records.**

- **Support for public health services.** One of the chief functions of regional public health departments is to provide health promotion and disease prevention services to their communities – immunization, maternal and child care, nutrition counselling for people on low incomes, inspection of water supplies and restaurants, and many other activities that are important to maintaining a healthy society. Public health units also gather and analyze local epidemiological data, and use it to assess their communities’ health needs. A seamless health promotion and disease prevention strategy will support public health departments in delivering these services and encourage collaboration between the public health and primary health care sectors.

- **A strong program of monitoring and reporting on the health status of Canadians.** One of the pillars upon which CMA believes health care transformation should be founded is a commitment to improve the quality of all three levels of health care: health promotion, disease prevention and clinical care. The CMA has long advocated that governments set measurable targets for improving Canadians’ health and use these targets to monitor and evaluate progress toward optimal health outcomes. Monitoring should take place at all levels from community to region, province/territory and nationwide. The system should measure health outcomes and not simply health care system performance. The Electronic Health Record could be a particularly rich source of information. The collected data
should be used in administrative and scientific investigations to identify the interventions that create the greatest improvement in health and the best value for the size of the investment. When an intervention has proven effective, federal and provincial/territorial health departments should encourage its widespread adoption by assembling this information and disseminating it to health professionals, for example through online continuing education, and to the public through venues such as websites and social networks.

**Recommendation 10:** The CMA recommends that all governments support a strong program for the collection and analysis of data to measure the health status of Canadians and to report on progress toward predetermined health targets.

**Recommendation 11:** The CMA supports ongoing research into the efficacy and cost-effectiveness of disease prevention and health promotion measures, and promotes interventions that produce the greatest impact on health and deliver the best value for money.

3) **Conclusion**

Canada’s physicians treat the consequences of unhealthy living and health inequity every day in their practices. For this reason the Canadian Medical Association encourages the Government of Canada to demonstrate a commitment to the health of Canadians by making health promotion and disease prevention a priority, through an action plan that incorporates the elements we have recommended in this brief. We acknowledge that such a commitment will require a focused investment. We believe that such an investment, if made wisely, will pay off by reducing the impact of costly, preventable diseases and injuries, and by increasing the functionality, productivity and overall well-being of Canadians.

We hope that the Government of Canada will work with us, and with other stakeholders, to support Canadians in their quest to live healthy, productive and fulfilling lives.