

“At a Glance”
Synopsis of CCIH Proceedings
Session XIX, October 23 and 24, 2008, Toronto

Gathering information:

Canadians’ Responsibility for Their Health

Council was presented with a series of foundation presentations to spark discussion on this topic.

Larry Myette – *Chronic Disease Management*

Larry (Director and Occupational Medicine Consultant, Strategic Workplace Health, Healthcare Benefit Trust, Vancouver) provided an occupational health perspective. Among the points he made were the following:

- Changing demographics – over 65 increasing
- Decrease in infectious diseases (overall), but increase in chronic disease
- Global burden of disease – leading cause of disability is mental illness
- Paradigm shifts – biomedical to biopsychosocial; acute to chronic care model; passive patient to expert patient (where patients self manage in collaboration with health system)

John Yardley – *A Common Sense Check-Up*

John (President of Metrics@Work, a Strategic Human Resource Management (SHRM) research and consulting centre, and Managing Director of the Workplace Health Research Laboratory (WHRL) at Brock University) spoke from the perspective of how individuals change their behaviour. He discussed:

- Demographics, tough economy, means less money for health and health promotion, meaning more of a need for individual responsibility
- Problem is gap between attitude and behaviour
- Difficulty is to sustain the changes in behaviour; we do well re triggering change, but not reinforcing it (from all parts of our lives)
- Talked about goal theory for the behaviour change end - people need achievable goals, where feedback is provided in short period of time
- Second piece – need things in place to get people to sustain the behaviour [maximize adherence]
- In psychological terms – need support systems in place – information, emotional, tangible
- We tend to put our energy into resources for support like docs, nurses, etc., who are only there for a limited time frame; need to think re. resource supports that will be in place for long time
- People are not linear in the stages they go through; need different strategies depending on where people are
- Vast majority of what we do in terms of health intervention is just not strong enough

Louise Binder – The Consumer’s Perspective

Louise is the Executive Director of the Best Medicines Coalition, which provides advocacy on behalf of Canadian healthcare consumers. Among the points she made in her presentation were the following:

- Have to be careful re. talking about ‘average’ citizens and who are they are
- Lifestyle change is much more complicated than we think
- Provided updated list from Health Canada re. determinants of health (includes things like environment, sex, violence) – she says these need to be considered
- Federal government – needs to recognize that obesity, alcoholism etc. are health problems (and often related to mental health problems); need to give public health legislation more teeth
- Whether people want to take control of health, often can’t because system doesn’t work anymore (docs don’t do annual testing properly; but people don’t know their demographic needs)
- Recommendations – educate people re. reality of system before need it; onus for getting good health care is on them to know about and deal with gaps in system; people need tools they can use (checklists, for ex); training for personal advocates to accompany patients, and educate other people where to find these advocates
- Her organization is working on centre of excellence for transplants; they have a paper out for consultation on catastrophic drug program; they have good partnerships with governments; they have paper on aging (focused on AIDS, but also larger context)

Russell King, MD – The Family Physician’s Perspective

Russell made comments from the perspective of a family physician and a former New Brunswick Minister of Health. Among the points he made were the following:

- Health includes social, economic and physical well-being
- Health is related to environment, public safety, employment opportunities, public health, public education, philosophy/dogma of government
- There are various considerations in assessing a healthcare system
- The responsibility of Canadians’ for their health is tempered by abilities/disabilities
- Responsibility for health is affected and/or related to access to healthcare, access to education, to meaningful work with meaningful income, family planning, family nutrition
- The role of government
- Traditional role of Canada Health Act
- Some possible solutions – different government structures (departments of health *and* environment), greater emphasis on public health, foreign policy in keeping with health policy
- Responsibilities of individuals and families (monetarily; modifying behaviour)

Engaging in reflection:

Topic 1 – Access to pharmaceuticals

Council continued with its ongoing work on this pressing issue. Discussions included:

- Access to pharmaceutical challenges in light of current day economic realities.
- Review of scope and impact of the Quebec Drug Plan.
- Councillors focused their discussions on three areas.
 - A. Quebec as a template for national access
 - B. Impact of lack of action on disparity
 - C. Return on investment (ROI) on national access

Topic 2 – Canadians' Responsibility for Their Health

Council considered: What is the problem we are trying to solve here? Discussion included a consideration of:

- Definitions of health and health care system
- Responsibility versus empowerment
- Accountability (shared; policy makers, provinces, individuals)
- Awareness (how to engage; importance of cultural relevance)
- Behaviour change (how can we motivate? role of parents? move to active from passive)
- Health policy versus individual practice (need balance between systemic and individual choices)
- System considerations (sustainability, need for linkages/integration; idea of Ministry of Public Health, notion of using Chronic Care model)
- Patient compliance (whose responsibility? how to incent compliance? role of pharmacist?)

Taking Action:

Access to Pharmaceuticals -

Council agreed to develop a four page position paper as the basis for other communications pieces on the topic of access to pharmaceuticals (Op Ed, Press Release, Communiqué). This paper will present real-life Canadians' stories, describe the implications of a failure to act, consider access to drugs as a basic element of Canadian health care, present comparisons between provinces, and present a call to action from the CCIH.

From Isolation to Integration –

This brief position paper is now ready for broad distribution. The paper can be accessed elsewhere on this website.