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GETTING HEALTHIER, ONE CANADIAN AT A TIME

Why Canadians must take personal responsibility for their health

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OVERVIEW

A healthy population is the cornerstone of a healthy and productive country. Few would dispute this statement, yet Canadians have a healthcare system that focuses overwhelmingly on caring for the sick, not on promoting health. Governments, healthcare workers and employers all have a role to play.

But what is the responsibility of individual Canadians to maintain and improve their own health? And what steps should we be taking – individually and collectively – to foster and promote better health?

Recent years have seen considerable focus on challenges and changes to the Canadian healthcare system and its impact on Canadians' health. There is growing recognition of the cost of our system and the burden of chronic diseases.

CANADA'S HEALTH AND WEALTH DEPEND ON THE HEALTH OF ALL CANADIANS.

Healthcare alone eats up close to half of all provincial program spending, and over the last decade public spending on healthcare has risen about 7.5% per year on average.[1] At the same time, governments are under pressure to cut spending to rein in the deficits racked up during the recent financial crisis.

Fortunately, there is a potentially cost-effective way to help control health spending while greatly improving quality of life for Canadians. According to the Public Health Agency of Canada, "chronic diseases are among the most common, preventable and costly health problems facing Canadians. Chronic diseases cost the country about $110 billion annually."[2]

Part of the answer to building a sustainable healthcare system that promotes good health for all Canadians rests with individual Canadians themselves. For too long we have failed to make the link between personal health choices and the wider community. Consider our attitudes to obesity. It becomes more than a personal health issue when it affects job performance. According to a Statistics Canada study, "the odds of being absent from work were almost four times higher for obese young men aged 18 to 34 than for those with normal weight."[3]

At its June 2009 session in Montréal, the Canadian Council on Integrated Healthcare (CCIH) discussed the issue of Canadians' responsibility for their own health. This is a rich and complex topic, and one that can be tackled from a wide variety of perspectives.

The Council considered issues such as:

- the economic benefits of Canadians taking responsibility for their health
- responsibility versus entitlement
- health policy and its relation to individual habits
- healthcare versus sick care

- the benefit of a multi-jurisdictional, multi-departmental approach (for example, combining efforts from departments of health, environment and finance)
- individual accountability and incentives
- the pivotal role of other players, like employers and local communities

The cost of neglecting the role of individual responsibility for health is too great for a country that takes pride in a universally accessible healthcare system. It's time to engage Canadians and require them to take greater responsibility for their own health.

WHY CCIH PRODUCED THIS PAPER

The CCIH is a national, multi-stakeholder professional forum in Canada working to encourage constructive and inclusive dialogue on challenging health-related issues. As our name suggests, integration is a major focus of all the work we do.

We began considering the topic of personal responsibility for health at our June 2009 biannual session. We gathered information from experts, including our own members, and from literature on this topic.

Based on what we learned, we are profoundly concerned about the growing burden poor health choices are placing on individual Canadians, their families and our healthcare system. This brief paper is our call to action. It seeks to join in a widening and increasingly important debate about Canadians taking more personal responsibility for their health. At the same time, it encourages governments and employers to make it easier for Canadians to do so.

The CCIH believes that Canada must move toward a new framework in which individuals, employers and governments are engaged in this issue.

WHO SHOULD READ THIS PAPER

This paper is aimed primarily at policy-makers, especially in government and healthcare, and business leaders. Individual Canadians can also benefit directly from its message of personal responsibility. We want to give explicit, clear suggestions to those who have the ability to influence change. Personal responsibility for health affects and involves all Canadians, and we hope that those reading this paper will help spread its messages to different audiences to stimulate dialogue.

PERSONAL RESPONSIBILITY IN A POPULATION HEALTH CONTEXT

Population-health-based approaches aim to improve the health of the entire population and avoid health inequities among certain groups. To do that, they consider the wider societal conditions that make good health possible. This paper touches on population health because individual health choices are always made within a larger social context. But we also know that changes in population health are ultimately based on individual health change.

We are not all equally equipped to eat better, exercise more and make other healthy choices. Income, age, ethnicity, education and literacy (generally, and health literacy in particular) may have a profound impact on the capacity of an individual to make the right health choices. But this does not preclude encouraging all Canadians to take more individual responsibility for their health.

We also acknowledge that policy-makers and employers play a pivotal role in making the healthy choice the easy choice. To that end, this paper addresses the responsibility of employers and government to support positive individual health choices.

THE RISKS OF DOING NOTHING

Complacency is not an option. If Canadians do not begin to take more personal responsibility for their health, as a country we will have to accept lower life expectancy, lower quality of life and lower productivity. At the same time we will face higher taxes to cover spiralling healthcare costs.

According to the Public Health Agency of Canada, "chronic diseases are among the most common, preventable and costly health problems facing Canadians. Chronic diseases cost the country about $110 billion annually – about $40 billion in direct healthcare costs and $70 billion in indirect losses in income and productivity."[4]

The United Nations' World Health Organization (WHO) projects that between 2005 and 2015 more than two million Canadians will die from a chronic disease; and over that 10-year period, deaths from chronic diseases will increase 15%.[5] Deaths from diabetes will increase by 44%, a disturbing prediction. Being overweight or obese is an important cause of chronic disease. The WHO forecasts that in Canada 73% of men and 68% of women will be overweight in 2015.

These startling figures have wide implications for Canadian society. Obesity isn't just a personal health issue – it can also affect job performance. According to Statistics Canada, in 2005 the odds of being absent from work were almost four times higher for obese men aged 18 to 34 than for men

of normal weight, after controlling for socioeconomic and health-related factors. Obesity was also linked to reduced work activities, more disability days, and higher rates of work injury for women aged 35 to 54.[6]

WHO data also supports the argument that chronic diseases place an economic burden on families, communities and countries. In 2005, the WHO estimated that Canada lost $500 million (reported in international dollars)[7] from premature deaths due to heart disease, stroke and diabetes. The WHO projects that these losses will increase and that between 2005 and 2015 Canada will lose $9 billion from premature deaths caused by the same three chronic diseases. Conversely, in that same 10-year period, the WHO estimates that Canada could save $1 billion by reducing chronic disease death rates by 2% per year.

These estimates are even more alarming given the current economic climate. The provincial and federal governments must cut spending. At the same time, an aging population will only increase pressure on healthcare budgets.

Fortunately, cost-effective interventions exist. The WHO argues that "the most successful strategies [for preventing chronic diseases] have employed a range of population-wide approaches combined with interventions for individuals."[8] The WHO data supports the case for greater personal responsibility for health: "At least 80% of premature heart disease, stroke and Type 2 diabetes, and 40% of cancer could be prevented through healthy diet, regular physical activity and avoidance of tobacco products."[9]

The interventions required from governments are not necessarily complex or costly. But, of course, it must be acknowledged that some are. For example, providing better social housing could lead to better health outcomes but it would also require significant government spending. However, by focusing on individual responsibility, governments can encourage Canadians to make the right choices within existing government-funded programs at little extra cost. For example, a public transit campaign that encouraged riders to get off one or two stops before their destination could have a positive impact on individual fitness; the cost to the transit system, for marketing and advertising, would be minimal.

Ultimately, the benefits of individuals taking more responsibility for their health extend beyond improved health and economic prosperity. Good health gives children a better chance of performing well in school. Healthy citizens have more potential to be engaged in their communities, which in turn makes communities stronger. "A healthy population requires less government expenditures on income support, social services, health care, and security," according to the Senate Subcommittee on Population Health. "Simply put, Canada's health and wealth depend on the health of all Canadians."[10]

PRIMARY RECOMMENDATIONS

Actions for individual Canadians

- The first and most important step for individuals is to focus on the things they can control: diet, exercise, smoking, consumption of drugs and alcohol, and complying with treatment plans.
- Next, individuals should integrate healthy choices into their daily life by taking small steps first and focusing on simple approaches. An incremental approach makes it easier to firmly establish a healthy lifestyle over the long term.
- Canadians need to understand their family's health risks and status and take responsibility for getting screened.
- Canadians must advocate on their own behalf with healthcare providers.
- Canadians should ask employers to make healthy choices easier to make while at work (e.g., by providing access to exercise facilities and healthy food).

Actions for employers

- Accept that healthy employees mean healthier business results.
- Institute personal health development and improvement plans that focus on health as an area of growth and accountability.
- Design benefit plans that increase individual accountability.
- Create an environment that encourages healthy choices (e.g., healthy cafeteria meals, subsidized gym memberships).
- Advocate for policy changes.

Actions for governments

- Make personal health a key priority.
- Break down silos and build interdepartmental bridges, especially between health, environment and urban planning.
- Create powerful ministries of health promotion.
- Set clearly defined and measurable goals for individual health and track progress through statistical agencies at the federal and provincial levels.
- Adopt best practices from other jurisdictions and countries.
- Extend the idea of sin taxes levied on tobacco and alcohol to poor diet choices.
- Consider the role of incentives, such as tax credits, for healthy lifestyle choices.

ROAD MAP TO DELIVER ON RECOMMENDATIONS

Strategic focus: Enlist support at senior levels of government

Encouraging Canadians to take more responsibility for their health could go a long way toward improving the quality of life of Canadians and reducing the burden on our healthcare system. This opportunity is so great and the potential benefits so attractive that we encourage senior policy-makers at all levels of government to focus on this issue.

The good news is that the government of Canada has already done important work in the area of personal responsibility for health. As early as 1974, a landmark report called A New Perspective on the Health of Canadians,[11] from then health minister Marc Lalonde, advanced the idea that government healthcare priorities are focused on the financing and delivery of medical care, while paying scant attention to many other influences on health. The report gave rise to a number of very successful, proactive health promotion programs, which increased awareness of the health risks associated with personal choices about smoking, alcohol consumption, nutrition and fitness.

More recently, A healthy, productive Canada: A determinant of health approach from the Senate Subcommittee on Population Health[12] made a number of recommendations that we endorse at CCIH. We especially support the report's recommendation to elevate population health, with its corresponding emphasis on personal responsibility, to the highest priority level. The report calls on the prime minister of Canada to take the lead in announcing, developing and implementing a population health policy that is focused on personal responsibility.

The report says the prime minister should also meet with all premiers to establish a way to collaborate on a national strategy focused on personal responsibility and health. This national strategy need not intrude on provincial and territorial jurisdiction, but rather should support and enhance efforts at those levels.

The call to action is clear and the time to act is now. In order to deliver a sustainable personal responsibility strategy, a clear mandate and sustained funding to the Public Health Agency of Canada is a necessity. A clear and appropriately funded mandate would allow the agency to create a policy centre to help provinces and municipalities focus on personal responsibility for health, as noted in A healthy, productive Canada. CCIH also endorses the report's recommendation that the Canadian Institute for Health Information be designated the lead in developing, managing and maintaining a Canadian population health database infrastructure.

Another promising and impressive piece of federal policy work relating to personal responsibility for health is embodied by The Integrated Pan-Canadian Healthy Living Strategy.[13] CCIH recommends that the health

goals for Canada agreed upon in the strategy – including specific targets regarding diet, physical activity and healthy weights – be revived and guide the development, implementation and monitoring of a health policy that is focused on personal responsibility.

Timeline: Think short, medium and long term

The Integrated Pan-Canadian Healthy Living Strategy sets out a timeline for achieving its results that, with small modifications, CCIH endorses as a framework for our recommendations summarized here.

Short-term results (six to 18 months)

Promoting:

- more knowledge about health among individuals and population groups of interest like youth
- more access to health information and health-promoting programs
- collaboration and integration of healthy living approaches that address high-priority health issues like Type 2 diabetes

Medium-term results (18 months to five years)

Facilitating:

- more access to health-supporting physical and social environments in rural, remote and northern communities
- increased capacity of communities to create health-promoting social and physical environments
- greater proportion of populations engaging in healthy behaviours
- progress compared with an established international health benchmark[14]

Long-term results (more than five years)

Contributing to:

- reduction in health disparities
- reduced human and economic burden of disease
- improved health outcomes
- improved quality of life for Canadians
- better access to healthcare

DEFINING GOOD HEALTH

How do we define good health? At its most basic level, health means freedom from disease and pain. A broader definition equates good health with an overall feeling of vitality and wellness. For the purposes of this paper, CCIH combines these two perspectives. This approach is in keeping with the WHO, which defines good health as "the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[15]

Understanding the determinants of health

What determines how healthy or unhealthy we will be? It's easy to assume that the quality of the medical care we receive is the primary determinant of our health. But there are a variety of other factors that, when taken together, have a much greater impact.

According to A healthy, productive Canada: A determinant of health approach from the Senate Subcommittee on Population Health, "good health comes from a variety of factors and influences, 75% of which are not related to the health care delivery system."[16] The report contends that the healthcare system is only 25% of the picture, regardless of the level of funding it receives. Genetics, housing, physical environment, early childhood development, education, income and social status, employment and working conditions, culture and gender are all cited as playing significant roles in health outcomes.

Taking this holistic view of health means we must take an active instead of a passive approach and act before people get sick. Indeed, a focus on personal responsibility for health naturally moves us from our current approach, which can be characterized as a sick-care system, to a proactive system that focuses on prevention.

DEFINING PERSONAL RESPONSIBILITY FOR HEALTH

What does CCIH mean when we say Canadians must take personal responsibility for their own health? We mean that people need to combine attitudes and behaviours that promote physical fitness, good nutrition, healthy weight and avoidance of health threats such as tobacco, drugs and alcohol.

At CCIH we agree that public policy has a central role to play in the health of the nation. However, we contend that policies that encourage personal responsibility for health may be among the most effective. As Canadians become more engaged in their own health, they will become healthier. Engaged Canadians are also more likely to support policies that help them lead healthier lives. Consider, for example, how cities with bicycle-friendly policies and infrastructure encourage growing numbers of cyclists, which in turn leads to louder calls for better policies and infrastructure.

Although our focus is on individual responsibility for health, we also recommend that actions to encourage individuals to make healthy choices be grounded in a population health approach. Population-health-based approaches consider the conditions that make healthy living possible. Health promotion that aims to change behaviour without addressing people's living and working conditions is less likely to succeed.

Population health is a fundamentally egalitarian approach that fits well in the Canadian healthcare model. The population health movement emerged in Canada at the beginning of the 1990s. Its Canadian roots can be traced to the 1986 Ottawa Charter.[17]

The charter was issued at an international conference led by the WHO. It established that governments are responsible for the health of a population, not just the health services they provide. At first glance, this may seem to run counter to a personal responsibility approach to health. But, in fact, disease prevention and an individual's responsibility to protect his or her health infuse population health approaches as defined by the Ottawa Charter. The charter has five key areas:

- developing healthy public policies that support health in sectors other than health
- building environments that support health
- emphasizing the importance of personal skills
- taking community action
- facing the challenge of reorienting health services

CCIH encourages governments and employers to address links between lifestyle choices and the social, economic and environmental influences on health as defined by population health approaches like the Ottawa Charter.

Individuals, too, can adopt a similar mindset: we can view choices about our social relationships, work lives and where we live as health choices as well. For example, we should seek out friends who share healthy habits – joining a walking group instead of watching TV alone. At work, we should take advantage of heart-health counselling or lunch-hour fitness classes, or ask for programs like these if none exist. Where people choose to live also has a huge impact on their health. A study published in the Archives of Internal Medicine found that people who live in neighbourhoods that support physical activity were 38% less likely to develop Type 2 diabetes than people who live in unsupportive environments where options like walking are harder to choose.[18]

THE PICTURE TODAY

Ranking the health of Canadians

A Canadian girl born in 2009 can expect to live to 83.9 years and a boy can expect to live to 78.6 years.[19] Their average life expectancy of 81.2 years ranks Canada eighth-best in the world in terms of that health indicator.

The Conference Board of Canada gives Canada a B for health performance, ranking it 10th among 16 peer countries.[20] This solid performance puts Canada behind the A group, which includes Japan as number one, but alongside perennial leaders such as Sweden and Germany and ahead of Britain and the United States, which both rated Ds.

The rankings were based on 11 report card indicators: life expectancy; self-reported health status; premature mortality; mortality due to cancer; mortality due to circulatory disease; mortality due to respiratory disease; mortality due to diabetes; mortality due to diseases of the musculoskeletal system; mortality due to mental disorders; infant mortality; and mortality due to medical misadventures. The Conference Board singles out increasing mortality from diabetes in Canada as something that should be "ringing alarm bells."[21]

WHERE INDIVIDUALS CAN MAKE THE MOST DIFFERENCE

About 16 million Canadians live with a chronic disease, according to the Chronic Disease Prevention Alliance of Canada. If individual Canadians took more personal responsibility for their health, many of these illnesses — like heart disease, cancer, chronic respiratory diseases and Type 2 diabetes — could be avoided or their onset delayed.

People can become healthier by first taking small steps and focusing on simple approaches, then gradually establishing a solid healthy lifestyle. They should start by focusing on the things they can control. Chief among these controllable factors are diet, exercise, smoking, and consumption of drugs and alcohol. Individuals should also advocate on their own behalf with healthcare providers and follow treatment plans.

Canadians must also move from an entitlement mindset when it comes to publically funded healthcare. The healthcare we receive isn't free — we all pay for it. The more we take personal responsibility for our health, the more we will ease the burden that chronic, preventable disease places on our healthcare system.

Diet

Individuals should use Canada's Food Guide to learn how much they should eat from each of the four food groups. In 2007, the Public Health Agency of Canada reported that only 42% of Canadians aged 18 and older said they consumed fruits and vegetables the recommended five or more times per day.

Statistics Canada data shows that more than half of Canadians are overweight, with almost 15% of the population classed as obese.[22] Every two years since 1996, the average weight of adults aged 18 to 64 has risen, according to data from the National Population Health Survey. More disturbing still is the fact that among individuals who gained weight, the amount they put on in a two-year survey period actually increased over the years.

Exercise

In 2008, only about half of Canadians were at least moderately active, according to Statistics Canada.[23] Moderate activity means walking at least 30 minutes a day, taking an hour-long exercise class at least three times a week, or some equivalent. The most popular leisure-time activity was walking.

Smoking

In 2008, 18% of Canadians reported smoking either every day or occasionally, roughly the same rate since 2005, according to the Canadian Tobacco Use Monitoring Survey.[24]

Drugs

Reliable data on illicit drug use in Canada is hard to find. United Nations data shows that among people who are treated for drug abuse problems in Canada, cocaine is the most used drug, with about 40% of patients being treated for it. Cannabis is second at about 30% and opiates are used by more than 15% of these patients.[25] In 2008, 12.1% of Canadians used at least one of six illegal drugs — cannabis, cocaine/crack, speed, ecstasy, hallucinogens or heroin — a decrease from 14.5% in 2004.[26]

Alcohol

An estimated four to five million Canadians engage in high-risk drinking, which is linked to motor vehicle accidents, fetal alcohol spectrum disorder and other health issues, according to Health Canada.[27] However, in 2008 most Canadians reported drinking only in moderation.[28] Low-risk drinking is usually defined for men as no more than two drinks on a single occasion and no more than 14 drinks per week. For women, it is defined as no more than one drink per day or seven drinks per week. High-risk drinking is defined for men as regularly drinking five or more drinks on a single occasion; for women, it's four or more drinks.[29]

Advocating with healthcare providers

Advocating on one's own behalf is important when it comes to healthcare. Individuals should ask questions and seek second opinions. They should also provide feedback — positive and negative — about the treatment and

care they have received. Knowing family medical history and documenting adverse reactions to treatment are also important.

Also, individuals should think of healthcare as more than just what they get from their physicians. For example, do their employers make healthy choices available at work? What kind of food is offered in the cafeteria? Are gym memberships subsidized?

Complying with treatment plans

The best medical advice won't make any difference if an individual fails to follow it. Individuals should also have a family doctor. The availability of a family doctor is, of course, beyond an individual's control, but every person should take steps to become a patient in a primary healthcare practice.

CHANGING BEHAVIOUR

Quitting a bad habit or adopting a healthy new one is notoriously difficult, even when we know it is good for us. Successfully influencing the behaviour of others — whether an individual or a population — is harder still. Yet there have been some dramatic and important changes over the last generation. Consider attitudes to smoking and drinking today versus in the 1970s. A similar shift toward a cultural norm that expects and encourages people to take responsibility for their own health could happen in this generation. But it won't happen by itself.

So how can we encourage a shift toward healthier lifestyle choices? James Prochaska and several colleagues at the University of Rhode Island developed the transtheoretical model of behaviour change beginning in 1977. Sometimes called stage-matching, it still has value today. Essentially, the model approaches something like quitting smoking as a process, not an event, and helps individuals work through the stages of change.

CCIH believes programs and initiatives that can incorporate the Prochaska approach have the best chance of succeeding in changing behaviour. The stages on the path to a lifestyle change are:

- pre-contemplation: a person is not intending to take action in the foreseeable future, usually measured as six months
- contemplation: he or she is intending to change in the next six months; some people stall in this stage for years
- preparation: the person is intending to take action in the immediate future, (i.e. within a month)
- action: the person has made a specific, overt modification to his or her lifestyle in the past six months
- maintenance: the person is working to prevent relapse; this stage can last from six months to five years
- termination: he or she has zero temptation and 100% self-efficacy, or confidence they won't relapse

One of stage-matching's strengths is that instead of a one-size-fits-all program, the approach is tailored to people's different stages of readiness – including those who are not convinced they want to change their behaviour at all. A study at the University of North Carolina of people trying to cut the amount of fat in their diets showed that stage-matching added to standard diet counselling brought a 23% drop in fat intake. The standard program alone produced only a 9% drop.

The approach has been adopted by several prominent organizations to supplement their usual strategies.[30] The Centers for Disease Control and Prevention in Atlanta is using stage-matching to try to get groups at high risk for AIDS to use condoms, and the National Cancer Institute uses it to help smokers quit. The National Health Service in Britain is using stage-matching to get people to stop smoking, to improve unhealthy diets and to quit using alcohol and drugs.

BEST PRACTICES

The healthy choice should be an easy choice. This maxim is at the heart of all successful programs and campaigns to encourage people to take more personal responsibility for their health. (For a list of organizations and programs that have established best practices, see the appendix.)

CCIH also supports the WHO framework for increasing levels of physical activity.[31] In fact, CCIH believes this framework could serve as a best-practices checklist for health promotion generally. When designing policies and programs, policy-makers should work through the framework's 41 steps in these broad areas of action:

- developing policy
- advocacy
- building supportive environments
- building partnerships
- education/awareness
- focusing on local and community-based programs/initiatives
- surveillance of the policy/program
- monitoring/evaluation of the policy/program
- research
- capacity building
- funding

HEALTH PROMOTION RESOURCES

Government

Spending on health promotion and prevention activities and programs is hard to quantify.

Even where provinces or territories have designated departments or ministries for health promotion, their responsibilities are not necessarily conceived in the same way. Health promotion responsibilities are often shared with other departments. Perennial uncertainty surrounds terms like public health and health promotion and what activities each includes.

The National Collaborating Centre for Healthy Public Policy offers a structural profile of public health in the provinces and territories showing which ones have dedicated ministries for health promotion: Nova Scotia, Ontario, Manitoba and British Columbia.[32] Of course, health promotion activities are supported in all provinces and territories. But CCIH is encouraged by the fact that four provinces have deemed health promotion deserving of its own ministry.

Also, when trying to tally federal spending and provincial and territorial spending, it's hard to know whether transfer payments are being counted twice. The most important point is that encouraging personal responsibility for health is typically a low-cost, potentially high-return investment compared with more costly interventions that are needed after people become ill with chronic disease.

However, there are some figures that shed light on how much funding is being devoted to health promotion in Canada. Data from the Canadian Institute for Health Information says that 6% of the $160 billion spent on Canadian healthcare in 2007 was spent on public health, which includes health promotion.[33]

In the 2007-2008 fiscal year, the Public Health Agency of Canada spent $239.7 million (39% of its budget) on disease prevention and control and $192.2 million (32% of its budget) on health promotion.[34] Much of the agency's funding goes to local initiatives — for example, contributions to non-profit community organizations. In the 2008-2009 fiscal year, the agency had 10 transfer payment programs focused on health promotion in excess of $5 million:

- Aboriginal head-start initiative
- community action plan for children
- Canada prenatal nutrition program
- population health fund
- federal initiative to address HIV/AIDS in Canada

- National Collaborating Centres for Public Health
- healthy living fund
- Canadian diabetes strategy (non-Aboriginal elements)
- cancer
- Canadian HIV vaccine initiative

Employers

The sanofi-aventis Healthcare Survey is an important tool that helps employers evaluate and change the benefit plans they offer to their employees.[35] In 2008, the survey focused on the emerging trend toward prevention-based education and treatment. Sixty-two Canadian plan sponsors were surveyed along with 1,500 members with employer-sponsored health benefit plans.

Prevention is broadly defined to include both human and financial perspectives, and both knowledge and behaviour changes are addressed in the survey. The survey's title, "An ounce of prevention... might save the system," reflects the fact that prevention is gaining ground as a sustainable, longer-term way to minimize or avoid illnesses and their associated healthcare costs. This represents a shift from the more traditional healthcare focus on treating illness and injury. According to the plan sponsor survey, more than half of all workplaces offer prevention-based programs, which focus on things like weight loss, fitness, smoking cessation, and screening for heart disease and diabetes.

Plan members who rated their health benefit plan excellent or very good were often the ones who said their employer provides health education and wellness programs. And when the survey asked what employers should do to show that they care about their employees' health, the top response was to provide health communication programs.

Survey highlights

- Health benefits remain a very important part of employee compensation.
- Seventy-eight per cent of respondents are worried about cancer, heart disease and diabetes, yet a majority of respondents don't have a clear idea how to reduce their risk.
- Employees want more rewards, like lower plan costs, for adopting good health practices.
- Employees are very interested in vaccines, cutting-edge drugs and programs to encourage healthy lifestyle choices.
- Most respondents believe governments should spend more on prevention.

Survey data from Hewitt in the United States shows that to address rising healthcare costs, companies are taking more aggressive steps to drive behaviour change and encourage people to take more responsibility for their personal health and healthcare. Hewitt is one of the world's leading human resources consulting and outsourcing companies. Almost half of

the executives surveyed believe that treating "behavioral health conditions is critical to controlling health care costs, maintaining high levels of productivity and mitigating absences."[36]

More than 85% of companies surveyed by Hewitt said they already invest significant resources in long-term health and productivity initiatives, or plan to do so over the next three to five years. Almost two-thirds plan to offer incentives to motivate sustained health behaviour change, and 67% will use healthcare data and measurements to execute their organization's healthcare strategy.

CONCLUSION

Building a healthier future for Canadians

CCIH believes that Canada is at a crossroads. We can continue on our current path and accept that today's children will be the first generation to have lower life expectancies and poorer health than their parents.[37] Or we can galvanize the population and move to a set of cultural norms that encourage people to take responsibility for their own health.

Canada must move from the outdated, reactive approaches that characterize much of our healthcare system. Canadians deserve a system that focuses on prevention – one that promotes good health for all Canadians.

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APPENDIX: BEST PRACTICES

B.C. ActNow
www.actnowbc.ca
- Source of leading-edge healthy living advice in Canada.

Canadian Cancer Society Knowledge Exchange Network
www.cancer.ca/Manitoba/Prevention/MB-Knowledge%20Exchange%20Network/MB-Information%20packages.aspx?sc_lang=en
- Information on evidence-based effective interventions, broken down by topic: physical activity, nutrition, tobacco control, Aboriginal health, sun safety, etc.

Chronic Disease Prevention Alliance of Canada
www.cdpac.ca/splash.php
- Builds and strengthens linkages among established, new and emerging chronic disease prevention initiatives in Canada.
- National voice of influence for chronic disease prevention.

Coalition for Active Living
www.activeliving.ca
- A national action group of more than 100 organizations committed to making sure that the environments in which we live, learn, commute, work and play support regular physical activity.

EuroHealthNet
www.eurohealthnet.eu/index.php?option=com_frontpage&Itemid=1
- Works for greater health equity within and between countries.

European network for the promotion of health-enhancing physical activity
www.euro.who.int/hepa
- Focuses on inter-sectoral approaches to encourage physical activity, and tools to put an economic value on the health gains of walking and cycling as means of transport.
- Getting It Done: Effective Implementation of a National Plan – the European Perspective (www.physicalactivityandhealth.ch/presentations/090702_US_National_Plan_Handout.pdf)

Fit for Life
www.likes.fi/pages/content/Show.aspx?id=274
- A Finnish national program for inspiring people over age 40 to include physical activity in their daily lives (awarded the WHO Counteracting Obesity Award in November 2006).

Healthy Living B.C.
www.bchealthyliving.ca
- Advocates for and supports health-promoting policies, environments, programs and services so that British Columbians have opportunities to be healthy.

- Risk-intervention plan has 27 recommended strategies, many of which have been proven over 40 years of global implementation and evaluation, especially in reference to tobacco use (www.bchealthyliving.ca/sites/all/files/BCHLA_%20Winning_Legacy.pdf).

ParticipACTION
www.participaction.com/en-us/Home.aspx

- The national voice of physical activity and sport participation in Canada. Through leadership in communications, capacity building and knowledge exchange, it inspires and supports Canadians to move more.

Public Health Agency of Canada
www.phac-aspc.gc.ca/hp-ps/index-eng.php

- Health promotion topics grouped by typical intervention points (child health, injury prevention, obesity, physical activity, etc.).
- Healthy Living E-Bulletins (www.phac-aspc.gc.ca/hl-vs-strat/e-bulletin-eng.php#h)
- The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention — an online tool that organizes systematic reviews and effective community- and population-level interventions, practices and programs within a standardized population health approach (http://cbpp-pcpe.phac-aspc.gc.ca).

SMART — Student Media Awareness to Reduce Television Viewing
http://cbpp-pcpe.phac-aspc.gc.ca/intervention/84/view-eng.html

- Aims at reducing television and video game use among children and youth to decrease childhood obesity.
- Includes 10-day television turn-off, then a TV budget (seven hours per week) and a newsletter for parents.

Swedish National Institute of Public Health
www.fhi.se/en

- Good example of orienting toward health determinants rather than health behaviours.
- Equity in health is the central concept in the Swedish national health policy, whose overarching aim is to create social conditions to ensure good health on equal terms for the entire population.

Virtual Health Square: A New Health Promotion Setting?
www.bth.se/fou/forskinfo.nsf/all/3680d71cff90fe59c1257544003dd0cb

- Sweden's health squares are community meeting places for health, offering information on health management, advice on lifestyle-related health issues and advice on when and where to seek medical help in case of illness. Researchers were developing a digital interactive television channel to bring health squares into people's homes.

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ABOUT THE CCIH

The Canadian Council on Integrated Healthcare (CCIH) seeks to improve Canada's healthcare system by eliminating traditional silos and building bridges between different sectors inside and outside the healthcare system. To accomplish this, we endorse concepts and approaches and then disseminate them among key healthcare stakeholders.

Conceived in 1997, the CCIH is driven by the emergence of several key trends in the Canadian healthcare system. These include:

- rising healthcare costs and concerns over sustainability of funding
- advances in information and healthcare technologies
- the redefinition of key health-related responsibilities of employers
- the need for integration and collaboration among stakeholders across the continuum of healthcare

The original intent of the CCIH was to bring together key opinion leaders from across the Canadian private healthcare sector to exchange views and propose solutions for the evolving management of healthcare in Canada.

More recently, the Council has broadened its membership to include expertise from consumer, health professional and political perspectives. The CCIH is the only national, multi-stakeholder professional forum in Canada working to encourage constructive and inclusive dialogue on challenging health-related issues.

The activities of the CCIH are funded through an arm's-length, unrestricted educational grant from sanofi-aventis. The CCIH also acknowledges the support it receives in time and assistance from its members and their employers.

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