

**COMMUNIQUÉ NO. 4: OCTOBER 2007**

**Provincial and Territorial Engagement: Key to a Strong Lung Health Plan for Action**

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In building Canada's first-ever lung health action plan, we have made it a priority to tap into expertise available at the provincial/territorial level. We recognize that the success of the National Lung Health Framework is directly linked to the level of engagement of the provinces and territories, and ensuring that they are contributing to its development. If we are to achieve real results on reducing incidence of lung disease in Canada, and ensure targeting of necessary resources, we need governments as well as non-governmental organizations working in tandem to develop a plan that will lead to a healthier population and reduce the enormous social and economic burden lung disease places on our country.

In April 2006, at "Breathing Matters" - the first multi-stakeholder meeting on developing a Lung Health Framework for Canada - the need to actively work with provincial-territorial governments was identified as a key priority. This has been re-enforced in subsequent workshops, working group sessions, and at the April 2007 "Plan for Action" meeting in Ottawa.

Since the initial meeting in 2006, the Interim Steering Committee has been actively engaging federal-provincial-territorial (FPT) groups, and identifying opportunities to work with provincial and territorial governments. Moving forward, we expect to expand the level of engagement with provincial/territorial representatives, similar to the dialogue that occurred at the Working Group sessions held in the winter of 2007.

To increase opportunities for participation by the provinces and territories, the Deputy Ministers of Health and Environment from across Canada were invited to participate in the April 2007 Plan for Action Meeting. We have received positive feedback that there is a high level of interest among the provinces and territories in being active on this public policy priority. We therefore anticipate continued participation in the future.

Throughout the spring and summer, we have continued to maintain a high-level of activity on building the Framework. A presentation was made on the Framework in May 2007 to the FPT Committee on Health and the Environment, followed by a similar presentation to the Pan-Canadian Public Health Network Chronic Disease and Injury Prevention and Control Expert Group in June 2007. Feedback from those two presentations has been very positive, but has also underscored our desire to continue active engagement and participation by provinces and territories.

It is important to remember that the Framework is not meant to be prescriptive in nature. Rather, it will provide a set of guidelines, common elements and principles built on the best science and evidence available that can determine an effective framework for federal action by all federal stakeholders (non-government and government) and support provincial plans of actions (in a variety of forms) where they exist. Where they do not exist, the Framework is meant to provide information on national and other provincial and territorial plans and provide a potential guide for provincial or territorial governments and non-governmental organizations in developing the best plan of action possible for reducing rates of lung disease in their regions.

The strength of the Framework, however, is that it is being created collectively by a range of governments and non-governmental organizations. By engaging the provinces and territories in its development, it will reflect, be complementary to, and supportive of regional priorities and needs. For those provinces and territories that have made great strides in developing strategic plans to address respiratory health issues in their regions, those successes will continue to be used to inform, and guide, the national plan. For those regions that are seeking a new direction in their strategic response to respiratory disease, the Framework will provide support by sharing best-practices and developing tools.

We have also begun collaborative efforts with other national strategies in an attempt to build on synergies promoting healthy lifestyles. Examples of this include identifying common risk factors, and exploring common models for patient self-management. Issues around co-morbidity have also been raised, particularly when examining the link between respiratory disease and cardiovascular disease.

## **Next Steps**

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Provincial and territorial engagement will remain a priority as we move forward. While we have accomplished much since April 2006, we are only half-way there. The workshops and meetings that have taken place have provided strategic directions and raised many issues that the Framework needs to consider, but a Draft Framework is still in development. The Draft Framework will be developed this fall and will become the focus of wide consultation, with opportunity for input and feedback from both governments and non-governmental stakeholders.

Throughout the fall, we will conduct multi-stakeholder consultations in each province and territory, in collaboration with provincial Lung Associations and other key regional stakeholders. We will use the input and knowledge garnered through already completed provincial/territorial work on respiratory disease strategies, environmental strategies and other chronic disease strategies, as a strong base to build on. We will receive feedback on what has been completed to date on the National Lung Health Framework, and explore the priorities, successes and gaps of strategic initiatives at the provincial/territorial level.

Information sharing – and continual project updates by way of report dissemination and communiqués – will be especially important as we move into this stage of engagement. Additionally, we will look to provinces/territories for advice and counsel as to how best to create a document that maximizes collaboration between governments and non-governmental

organizations to improve lung health for all Canadians.

We intend to remain connected to the many other excellent disease-based strategies emerging provincially, territorially and federally. In doing so, we can expect to achieve an action plan that highlights the best strategies and innovations for battling lung disease.

### **For more information on the National Lung Health Framework**

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