
COMMUNIQUÉ NO. 6: PROVINCIAL AND TERRITORIAL WORKSHOP OUTCOMES

Momentum is building, collaboration is the fuel

Hats off to our stakeholders for your contributions and continued engagement in developing a “made in Canada” action plan on respiratory health. With our series of nationwide stakeholder workshops complete and a preliminary draft of the Framework ready for the next stage of refinement, we are well on our way to bringing our coordinated and comprehensive plan to life this winter.

Balance is the key

Building on recommendations stemming from the April 2006 “Plan for Action” workshop, a draft Framework Outline was created and taken across the country for further review and enhancement by key players in the Canadian respiratory health arena. Stakeholder workshops and consultations, initiated in every province and territory throughout the country, drew higher than anticipated attendance (with a combined total of over 260 participants), bringing together local participants from myriad backgrounds and areas of expertise.

Each discussion brought out a range of perspectives and provided excellent input to the document. They also highlighted regional issues that may be used to inform local and provincial/territorial initiatives as stakeholders move forward with their own strategic planning and programming.

While some workshops identified more general issues for consideration, others offered detailed suggestions and wording changes. When integrating these recommendations, we worked to include as much feedback as possible, while balancing divergent, and in some cases, contradictory suggestions. Below is a summary of the type of issues that were raised at the workshops, and how they are addressed.

Clarity around language and meaning

- Some terminology and phrasing in the document were interpreted differently by different individuals and groups. In these cases, we asked participants to provide us with suggestions to convey principles, goals, strategies and activities in a more accurate and direct way. In some cases, simple language changes allowed for better articulation of ideas. However, some participants felt that the principles, goals, strategies and activities were already too lengthy and adding more detail would only make them confusing.

Inclusiveness

- Some participants suggested adding direct references to specific populations, approaches or fields of practice throughout the principles, goals, strategies and activities. Alternatively, others felt that making these more specific or prioritizing certain issues within a proposed activity was not inclusive, and did not fully reflect the priorities of their particular region.
- Some workshops recommended adding goals, principles, strategies and activities to ensure that a wider range of specific issues were captured. Other workshops advised against this, and suggested consolidating or streamlining where possible.

Stakeholders have asked from the early stages that the Framework be an inclusive, flexible tool that individual regions, provinces, territories, sectors and stakeholder groups can use to respond to their own priorities. We tried to find a balance between expanding the range of respiratory health issues that are addressed and adding more clarity to the principles, goals, strategies and activities, while ensuring that the document is as flexible and inclusive as possible. To respond to these needs we developed an extensive introductory section that provides an overview of current and emerging issues in respiratory health. We were able to reference a wide range of topics, highlight some current epidemiological and burden of disease trends, and cite many of the opportunities and gaps in the specific fields of practice and research.

Divergent Views

- Many workshops reflected divergent views. For example, some participants felt that there was too much focus on prevention and not enough on disease management, while others felt the opposite. We heard feedback that air quality and environmental issues were featured too prominently in the document, and feedback that suggested that the profile of air quality and environmental issues should be raised throughout the document.
- We heard divergent views on how the concept of harm reduction should be addressed. Some participants felt it important to identify it as a tool in the management of smoking addiction, while others felt that the goal of smoking cessation should be targeting the complete elimination of smoking.
- We also saw a variety of proposed approaches to reordering some of the principles, goals, strategies and activities. Some based their recommendations on how they viewed the order of priorities. Others used an approach that reflected a more logical progression of events.

We reviewed the document with these divergent views in mind to ensure that there is a balance, and in some cases, found that with a minor wording adjustment was able to do this. For example, there were a number of places where an activity could be easily expanded to apply equally to both prevention and disease management. When it comes to references to the environment, divergent views speak to the diversity of stakeholders that are involved in the Framework's development. This is another opportunity where stakeholders will be able to adapt the document to reflect the priorities of their field of expertise or region as they develop their own programs and strategic planning activities. The issue of harm reduction, however, has not yet been settled, and will be discussed in the advisory workshops and by the Interim Steering Committee.

"Vulnerable Populations"

There was extensive debate around the use of "vulnerable populations" and how this concept is discussed. It was identified as an important concept to capture because it acknowledges that some individuals, groups and communities face unique social, economic, environmental and cultural factors that put them at an increased risk for respiratory disease, and they experience added barriers to detection, treatment and care. However, the term "vulnerable" has negative connotations in that

it unfairly labels certain populations, promotes stigma and can even undermine efforts at empowering individuals and communities to take control over their health. While some target populations were identified in the document (based on previous stakeholder recommendations), participants at some workshops expanded the list to be more inclusive of the issues that their region/communities are facing. Other participants expressed concern that a lengthy or exhaustive list loses its ability to single out the very issues that need to be targeted.

After considering all of the viewpoints, the document was revised to include a lengthy discussion of the social determinants of health and other social, economic, environmental and cultural barriers. The goal was to identify the barriers themselves (which could be applicable to more than one population). This approach addresses the root causes of why respiratory health programming does not always reach those that need it, while allowing stakeholders to identify the target populations that are most in need within their own community.

Having patient, family and caregiver involvement in the consultation process also provided valuable insight into the barriers these individuals face when trying to access treatment, information, care and supports to manage their disease and improve their quality of life. These discussions enabled us to provide detail and clarity in the newly added context and discussion section of the document.

Targets and Measurable Outcomes

Across the country, workshops expressed the importance of having targets and measurable outcomes. Among the next steps for the Framework is working with stakeholders to identify priorities for action. To this end, the Interim Steering Committee will be developing a detailed implementation plan, and will begin work to identify targets and measurable outcomes. Some of these targets and outcomes will be aligned with what needs to take place at the national level. In other cases, this process will create opportunities for regional, provincial and territorial stakeholders to identify comparable figures based on and applicable to their distinct communities.

Moving forward at the provincial/territorial level

The workshops also presented an opportunity for many of you to highlight strengths and challenges unique to your jurisdictional environment. It was interesting to note that many of us face similar challenges in delivering prevention and management services of lung health and that it is often a question of scale. Examples of these challenges include the difficulty in reaching rural and/or isolated communities, a problem which is particularly acute in the Territories, or the cross provincial care found in the Maritime Provinces where patients travel to other provinces for specialists.

This consultation process was also a reminder that while capacity differs from region to region, each province, territory and/or community has unique strengths and innovation solutions which, when shared, would benefit others around the country in their efforts to improve health. Specific examples include the focus on a person's community and culture as part of the care model, as found in First Nations, Inuit and Métis communities. Other innovations include community health centres that address the general health care needs of isolated communities and the telehealth systems found in many provinces which allow people to have access over the telephone to a nurse or other healthcare professional for general or self-care information.

These workshops helped ensure the National Lung Health Framework remains relevant at the ground level. It was for many the first time such a diverse group of individuals working in

respiratory health were able to talk about their common issues together. Stakeholders were extremely pleased to have the opportunity to network and learn from one another, and many used the momentum to begin planning next steps to expand their own provincial or territorial lung health initiatives. Already, work is underway by many across Canada to create new committees and networks, to host follow-up workshops, and in some cases, to begin developing new provincial lung health strategies. We will continue to align the National Lung Health Framework with these initiatives, and support the priorities and activities that are taking place at the provincial and territorial level.

Provincial and territorial governments show their support

Provincial and territorial governments at all levels have been extremely active in the consultations (including the Ministries of Health, Health Promotion, and Environment). Many representatives attended the workshops, while others participated in smaller discussions in their offices with Framework staff, Interim Steering Committee members, patients and voluntary sector leaders within their own province or territory. They provided feedback on the Framework, but more importantly, they explored with the provincial/territorial – based members opportunities to move forward on strategic respiratory health initiatives within their regions. Overall support for Framework objectives was high. They also want to see that Framework activities are well coordinated with other health and disease strategies, to ensure that respiratory disease is being addressed as part of a larger health continuum, rather than isolated diseases or risk factors.

The revised document explores in more detail how the Framework promotes a holistic, healthy living approach that addresses issues such as co-morbidity and common risk factors, ensuring alignment with other health strategies.

Mark your calendars

June 19 – 21.....Preliminary Launch of the draft Framework at the First Canadian
Respiratory Conference (Montreal, Quebec)
Summer/Fall 2008.....Implementation Plan Development
Winter 2008/9.....Public Launch of the National Lung Health Framework

Communicating our successes and sharing next steps

Over the course of the next few months, in preparation for the Framework launch in winter 2008/2009, we will continue updating you on the input that stakeholders have been providing, as well as on key milestones and successes.

If you have news to share, or would like additional information, please contact:

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