

NATIONAL LUNG HEALTH FRAMEWORK

Leading. Acting. Together.

PHASE I TECHNICAL REPORT

APRIL 2007

Environment Working Group

The National Lung Health Framework vision

“to **advance respiratory health** and health care of Canadians through public engagement in collaborative policy development, leadership, research, innovation and education”.

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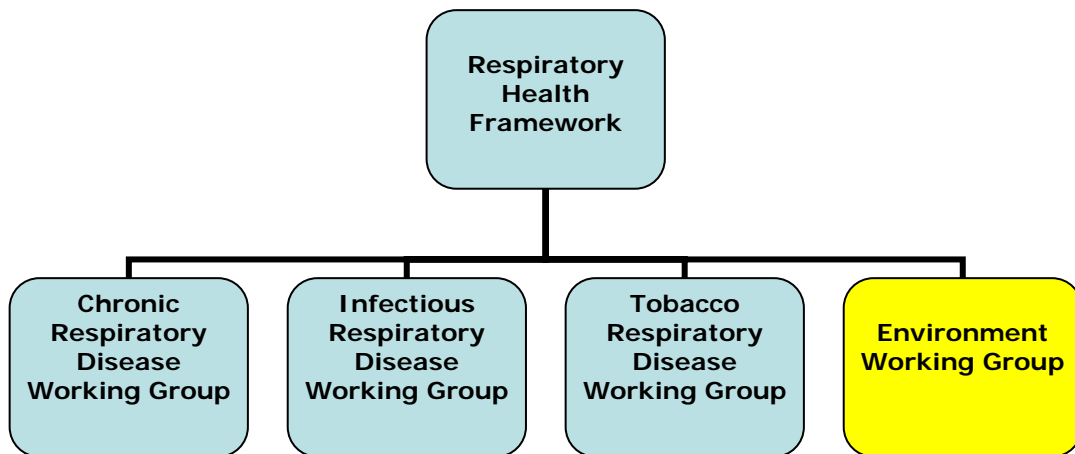
Background

The National Lung Health Framework is a “made in Canada” initiative spearheaded by The Lung Association in collaboration with the Public Health Agency of Canada (PHAC), which will provide a coordinated action plan for the prevention and management of respiratory diseases. The development of this plan is an inclusive process seeking to maximize opportunities for stakeholder collaboration, and is guided by the following vision statement:

“to advance respiratory health and health care of Canadians through public engagement in collaborative policy development, leadership, research, innovation and education”.

The Environment Working Group is one of four multi-stakeholder working groups charged with providing input, recommendations and guidance towards the creation of this Framework. This Report is a summary of the initial discussions held by members of this working group.

This report provides direction for achieving important and measurable outcomes in the field of respiratory health in Canada. It reflects a range of emerging issues raised by working group members, and includes possible strategies and actions that should be considered when developing a National Lung Health Framework. This report is a launch pad for discussion, and will continue to be informed by additional research and stakeholder engagement in the months ahead.



Process/Methodology

The development of the National Lung Health Framework began in April, 2006, when The Lung Association, with support from Health Canada, the Public Health Agency of Canada, and industry partners, initiated the planning of a multi-stakeholder workshop to bring together parties interested in collaborating on the development of a National Lung Health Framework. During this two-day workshop, participants outlined a number of activities and research priorities that needed to be taken on in order to move forward, among which included:

- an asset map and gap analysis, to help create a clear picture of what is happening in respiratory health in Canada;
- a cost-benefit/risk analysis, to outline where financial investment will result in the most gains;
- the creation of a multi-stakeholder Steering Committee, chaired by the Lung Association; and
- the creation of four working groups to drive the content of the Framework, in the areas of Chronic Disease, Infectious Disease, Tobacco Control and Environment.

Since that workshop, steps have been taken to follow through on these action items, and Working Groups were formed. Each of the Working Groups began preparations for holding their own workshops, beginning with the design and distribution of a pre-workshop questionnaire to survey Working Group.

The Environment Working Group Workshop held in Ottawa on December 14, 2006, represented a key first stage in the process. The objectives of the workshop were:

- to develop a shared understanding of the strategic issues, challenges and opportunities related to the Tobacco Control theme of the National Lung Health Framework;
- to articulate the desired outcomes to achieve related to the Tobacco Control theme; and, in light of the desired outcomes,
- to identify the key results that must be achieved and the activities to be pursued to deliver the outcomes

The Workshop followed a classic “strategic planning” approach beginning with an environmental scan to take stock of the issues, trends and factors influencing the tobacco related respiratory health environment and proceeding to identifying key priorities and ways to achieve them.

Subsequent to the workshop, key documents were consulted to support the environmental scanning process conducted during the workshop. Working Group members and key informant interviews by the consultant team were undertaken to further inform various aspects of the Report and to sharpen its focus. The Report is the result of an iterative, multi-stage process of engagement involving a wide range of stakeholders. The

following table summarizes the key stages in the process to date and the timeline at each stage.

Step	Process Activity	Timeline
1.	“Breathing Matters” Workshop	April, 2006
2.	Working Group Formation	November, 2006
3.	Pre-Workshop Survey	December, 2006
4.	Working Group Workshop	December, 2006
5.	Scan of key documents	Dec. 2006 – ongoing
6.	Review of Draft Report by Members	Jan. / Feb., 2007
7.	Key Informant Interviews (in conjunction with Asset Map and Gap Analysis research)	Jan. / Feb., 2007
8.	Discussion Draft, Draft and Final Report	Feb. / Mar., 2007

These steps are just the beginning. Highlights of this report and other key pieces of research will be compiled into a Framework Discussion Document, to be used to facilitate further discussion and stakeholder engagement over the coming months.

Objectives of the Working Group

The Working Group members were tasked to work together to provide recommendations and guidance for the content of the Respiratory Health Framework. More specifically, the Working Group members were asked to:

- expand on the work completed by working groups at the Pre-Summit, held in April, 2006;
- identify additional stakeholders to be involved in the development of the Respiratory Health Framework;
- identify additional respiratory health issues to be included in the Respiratory Health Framework;
- identify additional goals, objectives, and outcomes to be included in the Respiratory Health Framework; and,
- identify potential activities that can achieve these goals, objectives and outcomes.

Notably, the primary deliverable of each Working Group was to be a report reflecting this discussion, to be researched and completed by a researcher assigned to this task.

The launch of any major initiative gives rise to new expectations and this group in particular expressed the desire to highlight and fill the knowledge, research, linkages and partnership gaps. There was consensus among the group that evidence for the relative contributions of environmental factors (air pollution, climate change, etc.) towards respiratory tract symptoms is emerging and should be capitalized upon. These opinions

are supported by a report produced by the European Technical Working Group on Respiratory Health.¹ More investigation of the influence of the 'environmental and potentially modifiable factors' on respiratory health is called for as part of the objectives of this Working Group.

There is substantial scientific evidence for the associations between exposure to particulate matter (PM_{2.5}) and ground-level ozone and impacts on respiratory health. While there is more than sufficient evidence to support legislation, policies and public health practices aimed at exposure reduction, research is still needed to quantify details in this relationship, for example health risk from pollutant mixes versus single pollutant exposures, and the effect of acute versus chronic exposures.

It is the Working Group's expectation that the environment component of the Respiratory Health Framework should contribute to the framework design and implementation processes by:

1. Allowing for a better understanding of the dynamics between Respiratory Health and Environment

- Develop a clear understanding of relationships between environment (outdoor/indoor air quality) and health impacts on the respiratory system i.e. concentration response, mix or single pollutant
- Develop a clear understanding of the relationship between emissions, ambient and indoor air pollution levels, and exposure.
- Develop a clear understanding of the relationship between climate change, air pollution and respiratory health
- Develop a better understanding the role of various agencies i.e. Health, Public Health, Environment and Natural Resources departments and explore the feasibility of collaboration between those agencies
- Gain an understanding of the potential of multistakeholder partnerships to take action to reduce exposure to air pollutants.
- Develop a better understanding of how knowledge translation can influence policy, policy makers and the public
- Identify or develop a priority list of current and emerging issues and set priorities
- Understand current and emerging issues; studies or research; programs, projects, and/or initiatives to avoid duplication

2. Starting to make connections towards effective partnerships

- Identify and build partnerships that are focused on air quality and health issues;
- Strengthening existing partnerships and promote public-private partnerships; working with industry to reduce/eliminate harmful chemicals

¹ *Baseline Report on Respiratory Health in the Framework of the European Environment and Health Strategy*, Dec 2005 Technical Working Group on priority diseases, subgroup Respiratory Health

- Encourage inter-jurisdictional and interdepartmental collaboration
 - Ensure that issues of particular concern to First Nations, Inuit and Métis People are heard, considered and included in the respiratory health framework
- 3. Ensure that Framework has a “Prevention” component aimed at reducing exposure**
- Incorporate the perspective that exposure reduction can be achieved by influencing people to avoid exposures and/or to reduce or manage pollutants
 - Incorporate the goal of developing better legislation, regulations and policies that reduce the emission of air pollutants and greenhouse gases and that lower levels of air pollutants in ambient and indoor air
 - Incorporate the goal of exposure reduction through behaviour change and the use of tools such as the AQHI
 - Ensure that the continuum of components of a framework (See attached tables) have prevention perspectives in terms of exposure reduction
 - Identification and development of new tools, indicators and practices for monitoring, surveillance etc.
- 4. Work towards effective communications and education**
- Improve communication, awareness and engagement of the public, governments, industries, NGOs and air quality and health care professionals, incorporating:
 - Various perspectives
 - Better communication and behaviour change tools and strategies
 - Best practices and lessons-learned from other examples
 - Recognize that communications strategies aimed at First Nations, Inuit and Métis communities should be culturally and linguistically appropriate
 - Incorporate the use of a “wider lens” that includes a dialogue of the integration of greenhouse gas issues with air quality issues, where appropriate
- 5. Setting the stage to ensure that progress towards a framework is made**
- Pull together all ideas and prepare them as input to the framework design process, and for presentation at the April summit
 - Set priorities, partnerships, approaches and ideas that will result in progress towards a final framework
 - Provide evidence-based recommendations

Logic Model

The following table illustrates the logic model that emerged as the organizing framework for the Environment Working Group report. The model contains six (6) broad elements within which resources (inputs), key strategies, activities and outputs are to be aligned, with patient services understood to be included across these elements. These in turn lead to nine (9) key overarching outcomes. The model is informed and supported by the various steps in the development process.

Vision	To advance respiratory health and health care of Canadians through public engagement in collaborative policy development, leadership, research, innovation and education					
Elements	Public Communication and Education	Prevention and Exposure Reduction	Policy, Legislation and Regulation	Surveillance	Research and Knowledge Translation	Partnerships
Inputs	Next steps	Next steps	Next steps	Next steps	Next steps	Next steps
Strategies	Page 24	Page 27	Page 29	Page 28	Page 30	Page 31
Activities	Page 24	Page 27	Page 29	Page 28	Page 30	Page 31
Outputs	Next steps	Next steps	Next steps	Next steps	Next steps	Next steps
Overall Outcomes	<ol style="list-style-type: none"> 1. Evidence-based cost/ benefit approach to proposed changes in policies, legislation and regulations 2. The establishment of formally recognized cross jurisdictional and multi-sectoral partnerships 3. A framework design that is inclusive of all communities in a balanced and transparent process 4. Adequate and timely funding for all aspects of the Framework 5. Better access to up to date information and tools required for research, public awareness, education and training 6. Introduction of legislation, regulations, and policies that aim to reduce emissions of air pollutants and greenhouse gases, and thus to improve indoor and outdoor air quality 7. Integration of tools and practices that assist people to reduce their own exposure (AQHI) 8. Development of new tools, monitoring devices, surveillance mechanisms, and indicators for environmental factors and contaminants 9. Review of literature and current research to demonstrate the association between environment and respiratory health 10. Increased research on the connections between emissions, exposure and respiratory health 11. Reduction of morbidity and mortality from environmentally-related respiratory illness 					

Breathing Matters Workshop	Working Group Collaboration	Working Group Member Survey	Working Group Work-shop	Key Document Consultation	Key Informant Interviews	Working Group Review of Draft	Iterative Reports
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Framework Elements

The six (6) key elements serve as the categories within which inputs, strategies, activities and outputs are to be aligned.

Public Communication and Education	Prevention and Exposure Reduction	Policy, Legislation and Regulation	Surveillance	Research and Knowledge Translation	Partnerships
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1. Public Communication and Education

The messages surrounding the association between environment and health, mitigating factors and lifestyle changes are currently not well internalized by the public, with a result that many people do not take actions that they could take to reduce their exposures. The reasons for this poor communication may be that health messages are sometimes inconsistent, unqualified or contradictory. Improvements are needed with respect to the kinds of messages to give to the public/patient, and how the information is to be communicated. Even in instances where clear cause and effect relationships exist, family physicians and nurses may not have the time, information or confidence in the the message's ability to improve health, and thus may not provide environmental health information to their patients. Recent health care models stress the importance of the individual taking control over their own health and this can only be achieved through better knowledge translation and communication. The development of a clear public education strategy is needed.

2. Prevention and Exposure Reduction

With respect to the respiratory illnesses impacted by air pollutants, prevention is entirely based on exposure reduction. Reducing exposure to indoor and outdoor pollutants could reduce the exacerbation of asthma and COPD, and possibly prevent the development of asthma in childhood. Exposure can be reduced by measures that reduce or eliminate emissions of air pollutants and greenhouse gases. As well, exposure reduction is also linked to certain behaviours; thus, this logic element is strongly linked to the first "Public Communication and Education" element.

3. Surveillance

The importance of, and tools for, surveillance in the continuum of research-policy-health outcomes-monitoring in Canada needs to be increased. Surveillance not only provides long-term data for researchers to use, but also can be used to determine the impact of policies. Needed are more indicators for environmental health determinants and outcomes, more regular gathering of health data, and infrastructure and financial support for this process.

4. Policy, Legislation and Regulation

There is general agreement that voluntary measures to reduce indoor and outdoor pollutants and emissions are not sufficient to reduce exposures to levels that can be achieved through good legislation. It is a reality that air pollution levels will never be low enough to prevent health effects for all people, given that there is no safe level of exposure for many air pollutants. Significant improvement can be made through legislation that sets stringent targets. Cooperation between federal and provincial/territorial authorities is essential to make legislation work well. Public education on these issues acts to prepare the public for new legislation and increases public support for such measures.

5. Research and Knowledge Translation

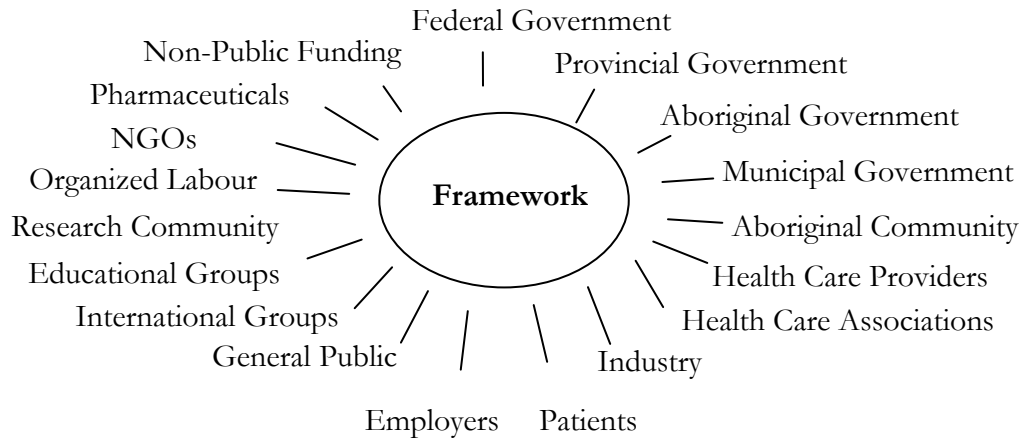
Beyond the dialogue that is needed to identify knowledge gaps and prioritize research areas, increased funding attributed specifically to environment health, and increased training of new researchers is needed. Knowledge translation for the public and into policy is needed to connect the Research- Policy- Public Awareness triangle.

6. Partnerships

In Canada, the subject matters of environment and health still remain as separate portfolios and there is no natural tendency to overlap between the subject matter experts. That being said, there are some good examples such as the FPT Committee on Health and Environment, and the AQHI process. Other examples of partnerships are the five now defunct Climate Change and Health Research Networks established by the Climate Change and Health Office. This Framework should foster formal working relationships across government portfolios and departments and profile the importance of multistakeholder advisory councils to government structures. Collaboration is required between all stakeholders outside of their traditional "lines of business" on all elements of the framework including research, prevention, education and advocacy.

Linkages

The Logic Model is a useful tool as an organizing framework. However, it is important to recognize that the elements of the model are not static but interdependent; each element influences the other and together form a complex system.



Important linkages also exist among the various Working Group components that will comprise the Respiratory Health Framework. These linkages, which will become evident as the process evolves, will highlight the dynamic and interdependent nature of the Framework components.

Stakeholder Interests, Expectations and Roles

The stakeholders categories listed below have differing perspectives, interests and roles with respect to the environment and respiratory disease. The Environmental Working Group provided initial thoughts on these differences which are summarized in the table that follows. The analysis serves to inform the Working Group strategies and activities which are integral to this Framework component.

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
Federal Government	National, pan-Canadian in scope	<ul style="list-style-type: none"> • Elected by the people for the people – they have a responsibility • Based on partnership, a value added approach • Non – silo public policy, i.e. health with environment with transportation, etc. • Sufficient funding related to the issue • Support of government initiatives • Actions that are “do-able”, i.e. practical • Consensus guidelines (evidence – based) • Buy in from all stakeholders • Do what others can’t do • Cost benefit analysis of proposed regulations • Must demonstrate evidence of effectiveness of proposed programs for funding • Demonstrate leadership, nationally and internationally • Provide sustainability for improved health outcomes

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
Provincial Government	Provincial - Set and enforce standards	<ul style="list-style-type: none"> • Funding for implementation of regulations • Receive transfer payments for emission decreases • Funding/support of programs at the community level that advance prevention • Participate in implementation • Increase regulatory activity • Should be engaged from the beginning • Need clear delineation of funding, roles and responsibilities • Need cost benefit analysis of proposed regulations • Benefit from decreased healthcare cost • Use justification for increase in cost of reducing emissions -transfer of money from care to prevention • Act through legislation and policies- ie include 'radon' in real estate disclosures
Municipal Government	City, urban and rural components	<ul style="list-style-type: none"> • Brings information ready to apply to local issues • Funding for implementation • Best practice guidelines • Works closely to constituents to implement change • Support for local issues • Strategies/actions that are practical at community levels • Participate in implementation • Increase in regulatory activities needs health evidence to support local action • Support from both provincial and federal agencies • Increase in cost to meet reductions in emissions • include 'radon' in real estate disclosures
Aboriginal Government and Community	Aboriginal communities	<ul style="list-style-type: none"> • Important to have consultation in development of the framework • Consideration of unique demographic and epidemiological characteristics • Consideration of diversity between and within First Nations, Métis and Inuit populations • Consideration of jurisdictional issues in healthcare delivery • Consideration and acknowledgement of unequal

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
		<p>access to health services</p> <ul style="list-style-type: none"> • Support, to the extent possible, self – determination • Involve appropriate Aboriginal stakeholders in the design and implementation of any programs or activities proposed under the Framework that impact First Nations, Inuit and Métis communities • Consideration of cultural/linguistic factors in designing programs, educational material, communications material • Reduced disparity in levels of respiratory disease between aboriginals and non aboriginal populations • Support for aboriginal owned businesses to provide healthy workplaces • Acknowledgement and consideration of substandard housing conditions, impact on respiratory health and actionable remedial recommendations
<p>Healthcare Providers and Associations</p>	<p>Patients, support communities, Health Practitioners</p>	<ul style="list-style-type: none"> • Consider economic impacts on health system • Health professionals can assimilate information easily • More funding and resources for preventative programs • Easy to use information, patient support, simplify yet improve actions • System that is efficient and responsive to public healthcare needs • Patients are more informed, less work for the healthcare providers • Clear, concise, relevant guidelines on how to approach air quality related lung diseases • Tools that they can use in the treatment, education and diagnosis of patients • Up to date information on health effects of air pollutants • Private healthcare providers: Don't forget them • A feedback system to share information with the public sector to help improve public policy • Should be engaged in all discussions

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
The Patient	Patient health and well-being; disease management; secondary prevention; cost of care	<ul style="list-style-type: none"> • Right to breathe clean air and have a stable climate • Practical measures to prevent illness and exacerbation • Information to make decisions • To be protected • Information they can trust (message and sources) • An efficient, modern, responsive health care system for lung health (holistic including all factors, i.e. indoor, outdoor, workplace) • Consistency of information from different sources • Formal recognition of their right to breathe clean air • Clear, simple health messaging • Resources available when they need it • Simple, practical guideline to promote self – management skills (asthma and AQHI, i.e. tips they can use during smog days) • Support for intervening with employers, schools, etc. e.g. if disease control requires exposure control
Employers	Shareholder wealth; client satisfaction; meeting regulatory burden; compliance;	<ul style="list-style-type: none"> • Decreased absenteeism • Decreased health claims • Shared burden of costs • Increased employee “self – responsibility” • Delivered through existing mechanisms (i.e. departments of labour) • Best practices on healthy/safe work environment is commonplace – international standards and national standards adhered to as policy • implement ‘work from home’ programs during ‘bad air’ days to reduce vehicle usage • National exposure standards consistent with best international standards • Reduced responsibility regarding respiratory health of employees by having benchmarks to follow • Tools to develop a greener office

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
General Public	Health, taxes, good government	<ul style="list-style-type: none"> • Clean, healthy air • Longer life without disease • Less stress dealing with sick family members • Less cost in care • Protection from externalities • Information delivered in plain language • Financial support (strategies to help pay for home renovations, etc.) • Controls on disclosure in real estate transactions (former grow-ops, mold, etc.) • Confidence in regulatory regimes (e.g. industrial effluent, food, water, consumer goods) • Ability to go outside and not fear for their health due to polluted air • Information/advice on residential air quality issues that is sound/evidence based • Patients move from a survival mode to confidence that they're being looked after regarding pollution
Sports and Recreation Community	Access to clean air, aerobic requirements	<ul style="list-style-type: none"> • Appropriate protection since more susceptible to health impacts of polluted air due to volume they consume, time outdoors, • Reduction of current high incidence of sport induced asthma etc
Non – Public Funding	Special interests	<ul style="list-style-type: none"> • A level playing field (regulated products) • Evidence of the effectiveness of proposed programs • Strong business case, prioritized actions, achievable results, F/P/T buy-in • Recognition of their support • Support for goal of the common good

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
Industry	Shareholder wealth	<ul style="list-style-type: none"> • Feeds into Council for Scientific Research and Social Development and community approach • Improvement in health of workforce • Minimal economic disruption • Decrease in lost time of productivity • Cost benefit analysis of proposed regulations • Drug companies – better use of their products • Healthier workforce results in reduced healthcare costs • Solution based discussion, not just blaming industry • Few changes • Level playing field – regulations that are applied fairly and evenly across all sectors • Breaking the law if the workplace is polluted • Kyoto as a benchmark; to exceed Kyoto • Health economic case for change
Pharmaceuticals	Drug-based therapies	<ul style="list-style-type: none"> • Information on prevention • Better understanding of respiratory health issues and burden • Good value for dollars invested by government and NGOs • Better knowledge (importance/impact) about respiratory health • Higher level of lung health awareness and when to seek help i.e. spirometry • Health promotion across continuum of care • Coordinated messaging re. Canadian and World “days”

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
NGOs	Special interests	<ul style="list-style-type: none"> • Inclusion of NGOs in development and implementation • Clean air for all Canadians • Longer term funding – 3 years + • Clear recognition of indoor and outdoor environmental causes of lung disease • Active, disease – free lives for their members • Good collaborative work at all levels of government and with other NGOs • Funding from government and industry to implement strategy • Pooling of resources from all agencies • Inclusion of all appropriate boxes in final strategy • Cooperative collaborative approach with the community • Environment NGOs to be included in this process • Fair, transparent process to access funding
Organized Labour	Workforce health and economic well-being	<ul style="list-style-type: none"> • Use power of collective voice to ensure environment and lung health top public policy priority • Emphasis on occupational contributions to asthma, COPD and other lung diseases • Emphasis on exposure control at the level of the workplace, not the worker • Support for improved surveillance of occupational lung disease • Inclusion of regulatory agencies relevant for occupational lung disease (i.e. provincial ministries of labour) • Research focus • To be included at the table

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
Research Community	Special interests	<ul style="list-style-type: none"> • New, significant funding • Targeted research on air quality and climate change • Support for fundamental and applied research on exposures, exposure mixtures, and exposure – response relationships • Partnerships, helpful directions for applied research • Assistance with knowledge translation • Balances across providers (govt/assoc/aboriginal/industry/international) • Research with demonstrable, practical outcomes • Intervention research be included • Must be leading edge, both nationally and globally
Educational	Evidence based curriculum	<ul style="list-style-type: none"> • Less absenteeism • Guidelines, programs for how to improve indoor air quality and energy efficiency • Indicators for monitoring progress (exposure indicators, health indicators, policy indicators) • Effective responsible health promotion/prevention, tools and curriculum • Educational tools that are appropriate and relevant to all groups • Appropriate curriculum for trades/apprenticeship programs regarding occupational lung disease prevention • Move to new paradigm – not consumption based society – role to educate youth • Children: A healthy future • Research and regulations based on exposure/vulnerabilities of children • A low toxin environment • Education of future parents on exposures, outcomes, and methods to reduce exposures • Less school absence • Less interference with activity • Clean air certified schools • Protection from harm • Tools for schools • Non idling school buses

Stakeholder	Key Perspective	Important Considerations, Perspectives and WG Expectations from this Stakeholder Group
		<ul style="list-style-type: none"> • Consideration of respiratory diseases, conditions and determinants that are prevalent among children/youth • Public policy based on contaminant impact on children (i.e. lowest thresholds)
<p>International Organizations</p>		<ul style="list-style-type: none"> • Build consistent messages • Look to big regional areas of opportunity. (i.e. great lakes) • Support ongoing international agreements, i.e. Sound Management of Chemical (SMOC) • Help build own practices, i.e. best practices (who) • Create a level inter-jurisdictional playing field e.g. – cleaner fuel standards for all maritime traffic operating in Canadian waters • Deal with trade, regulatory concerns, etc.

Environmental Scan

Public concerns, evidence from research and increasing scientific knowledge are all driving widespread discussions on environment and health problems. This provides both challenges and opportunities for progress towards a national respiratory health framework. A recent (2005) report prepared by the European Environment Agency and the Joint Research Centre of the European Commission entitled *Environment and Health* goes on to say that the issue of environment and health is characterized by multi-causality with different strengths of association.² This means that the links between exposures and their health consequences depend on the environmental pollutants and diseases being considered, but are also influenced by factors such as genetic constitution, age, nutrition and lifestyle, and socioeconomic factors such as poverty and level of education.

The balance of opportunities and challenges for consideration relate back to the elements as presented in the logic model.

Public Communication and Education	Prevention and Exposure Reduction	Policy, Legislation and Regulation	Surveillance	Research and Knowledge Translation	Partnerships
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Respiratory health and the environment is a complex and technical topic and it must be conveyed to a general public that may be disengaged, disinterested or in some cases, illiterate. Take for example the topic of air pollution. According to a Health Canada national survey, Canadians understand at a general level that air pollution is a major environmental and health issue.³ A majority even have a basic awareness of air quality information provided in their area in the form of an Air Quality Index or advisories. However, at the same time the public has a limited and somewhat inaccurate understanding of air pollution and its impact on health, and tend to rely much more on what they can see and smell rather than published air quality information to determine when local conditions are bad and require protective actions.⁴

This insufficient grasp of the situation is compounded by the fact that, according to the same Health Canada survey, the public is no more concerned about air quality today than they were in 2001, and this issue appears to be one to which people have become acclimatized as a fact of life in the 21st century.⁵ At a general level and especially since the IPCC Secretariat report of February 2007⁶, global warming is increasingly

² *Environment and Health*, October 2005 Copenhagen European Environment Agency

³ *Development of a Health-based Air Quality Index for Canada - Public Opinion Research 2004-05*, May 2005 Health Canada

⁴ Ibid

⁵ Ibid

⁶ “*Climate Change 2007*”, IPCC 4th Assessment Report, 1st Volume, Feb 2nd 2007 Information for Participants

recognized as a major environmental hazard and one that evokes potential economic and health concerns. However, at a personalized and localized level, there are many individuals who still do not seem to appreciate the gravity of the situation and the direct link to their short term health. Unfortunately, the necessary resources to inform or educate patients and the general public with specific actions and responses to mitigate environmental impact are not readily available and the key practitioners, including physicians, are generally thought to be too busy to be active communicators.

With some of the focus needing to be on changing behaviours, including transportation choices, large and sustained information campaigns are deemed necessary to engage entire communities. It is crucial that these campaigns be strategically designed and executed around consistent messaging linking health and environment and be directed at specific communities. Additionally, these should target populations at risk including, but not limited to, children, First Nations, Inuit and Métis communities and those engaged in certain occupations. For example, schools have begun to roll out Air Quality toolkits and information programs built around tailored messages. Air quality is also being woven into workplace safety.

The indoor, or “built” environment consisting of home, work and other public places presents a variety of factors contributing to diminished air quality, such as mould, carpet off-gassing, various industrial products, smoke from wood stoves . While these are issues of general concern, they are important issues specifically in the aboriginal community. Meanwhile, outdoor air quality is also under assault from vehicle and industrial emissions, climate change and various other sources. Add pesticides, tobacco and a host of familiar product to the mix, and it is not surprising that air quality is compromised in many parts of the world, including Canada.

Prevention, highlighted as a desirable outcome, can follow a two-pronged approach: public communication and education, as described above, complemented by stricter product and emission regulations and identification and labelling of consumer products. Canada has worked with other countries to harmonize existing hazard communication systems on chemicals in order to develop a single, globally harmonized system to address classification of chemicals according to their hazards and communicate the related information through labels and safety data sheets. After more than a decade of such work, the new global system, the Globally Harmonized System of Classification and Labeling of Chemicals (GHS)⁷, was adopted by the UN Economic and Social Council (ECOSOC) in July 2003. Manufacturers and the industry associations will have to remain intimately involved as these regulations are adopted and as additional workplace safety changes are introduced. It remains to be seen as to how this might intersect with Canada’s new Chemicals Management Plan, developed over 6 years and a first in the world as a process to categorize chemicals in use.

Tracking incidence or prevalence of diseases and using that information to target interventions is a well-established strategy for improving public health and is employed by many countries around the world. What is more, the scientific understanding of the spectrum of health effects of air pollution has increased, and numerous studies are finding

⁷ “*Globally Harmonized System of Classification and Labeling of Chemicals (GHS)*”, 1st Revised Edition, 2005, UNECE and ECOSOC

important health effects including respiratory symptoms, asthma exacerbations, and asthma hospitalizations from air pollution; and, accessing this global research is a becoming easier.⁸

However, Working Group members and informants/stakeholders are of the opinion that the next step of translating scientific findings into policy and regulation, is not necessarily being taken in Canada. It is felt that policy statements summarizing the recent literature linking ambient air pollution to adverse health outcomes should be produced and that these should include a perspective on the current regulatory process and what needs to be done to increase or strengthen regulation. These policy statements should also provide advice to pediatricians on how to integrate issues regarding air quality and health into patient education and environmental health advocacy and conclude with recommendations to the government on promotion of effective air-pollution policies to ensure protection of respiratory health.

Finally, Working Group members and other stakeholders recognize that, to be effective, advocacy needs to be evidence-based and that cause and effect need to be clearly described . A great deal of evidence exists that demonstrate causal linkages, it is important to use this scientific evidence during discussions of policy. Governments appear poised to act on environment matters, but will need relevant, reliable quantifiable information to link environmental policies to the national health agenda. Climate change, air pollutants and respiratory health are linked. Policies and regulations that consider all three will provide the most cost-effective solutions downstream.

⁸ *Ambient Air Pollution: Health Hazards to Children* - Policy Statement, December 2004 American Academy of Pediatrics

Overall Outcomes

These key outcomes represent the desired “future state” for Canada as articulated by Working Group members and stakeholders as leading experts, practitioners and key informants in the field. The outcome statements reflect the world as both the Working Group and the stakeholders would like it to be with the strategy fully implemented - that is, over the longer term. The key longer-term outcomes defined by the Working Group and other Stakeholders are as follows:

1. Evidence-based cost benefit approach to proposed changes in policies, legislation and/or regulations with attributable and measurable linkages to decreases in health-related costs or increases in quality of life. For governments, this may mean overall reductions in costs of health care, while for employers this may mean reduced absenteeism and turnover.
2. A Respiratory Health Framework that is driven by strategic partnerships in research, communication and education, prevention, surveillance and monitoring, compliance and enforcement of health-based pollution standards, advocacy, health care delivery, etc. These partnerships are across:
 - a. jurisdictions and borders: Aboriginal, federal, provincial, municipal levels, even international
 - b. disciplines, i.e. health, environment, transportation, labour (e.g. workplace safety), natural resources, etc.
 - c. sectors, i.e. public organizations, private sector, NGOs
 - d. communities, constituencies and special interest groups
3. A Respiratory Health Framework design process that is inclusive of all communities (e.g. Aboriginal, cultural, linguistic, economically disadvantaged etc.), that is consensus-based, fair and transparent. A balanced Respiratory Health Framework that is progressive, provides a level-playing field respectful of competing interests, and in which all participants are heard and willingly cooperate
4. Adequate and timely funding for all aspects of the Respiratory Health Framework, from research to implementation; adequate and sustained funding for framework program activities beyond launch
5. Development of new tools for information/education made available to raise awareness, educate and train as needed (e.g. general public, patients, educators, practitioners, employers and employees, communities, etc.) with a goal of reducing personal exposures.

6. Comprehensive, forward-looking, practical and effective regulation governing emission and exposure sources such as sources of fossil fuel combustion (power plants and transportation), manufactured products, workplace air quality
7. Effective and useful monitoring/tracking/surveillance of emissions and exposure levels, as well as health outcomes and indicators and relating them to environmental factors, such as air quality, presence of toxins, pollution etc; implement national surveillance programs and community-specific monitoring
8. Well coordinated and targeted research at the applied level, i.e. linking environmental causes and health effects, and at the socio-economic level – linking health to costs to society (burden of care, lost productivity etc.)
9. Measurable Outcomes - demonstrable reductions in mortalities, hospital stays, emergency room visits, medication use, loss of work and school days and community care visits related to lung disease, number of years saved, and others.

Map of Outcomes to Key Elements

Elements	Communication and Education	Prevention and Exposure Reduction	Policy, Legislation and Regulation	Surveillance	Research and Knowledge Translation	Partnerships
Overarching Outcomes	4, 5	4, 9	1, 4, 6	4, 7	1, 4, 8	2, 3

Key Strategies/Activities

Following are the key strategies and activities, recommended by the WG participants, that are expected to lead to the achievement of the overall outcomes specified. This list may have gaps and redundancies that will be further clarified during the Framework Development Process.

A. Communication and Education

S.1 Make Health the Policy Driver for Environment

- Use power of collective voice to ensure environment and lung health top public policy priority (Advocacy)
- Use up-to-date information on health effects of air pollutants
- Develop consistent information/health messages
- Build on/take advantage of current interest in greenhouse gas reduction/general environmental awareness
- Make environmental health threats "real" and on an appropriate scale of concern.
- Invest in education about connection between health and sustainability to the public, health care community, industry, big business and even to government. (i.e. environmental stewardship, tech. transfer and Best Management Practices)
- Provide clarity on messages that balance the need for exercise with the need to reduce exposure to outdoor pollutants.
- Develop better communication on quality of air (indoor and outdoor). Include tobacco smoke and other indoor chemicals, such as cleaning and personal care products
- Acquire funding for knowledge transfer so that there is a more balanced presentation of information. (i.e. rather than one or two pharmaceutical companies funding a medical conference, for example)
- Foster cross-linkages between Health Departments and others such as Environment, Transportation, Education, Energy.
- Better understand how knowledge translation can influence policy and policy makers

S.2 Increase Public Awareness

- Create awareness/educate the public on the impacts of air pollution and greenhouse gases on health and a call for action,
- Increase the profile of this issue in educational facilities and in communications targeting youth
- Integrate education and behaviour change practices so as to foster lifestyle change
- Advocate for the formal recognition of the right to breathe clean air
- Ensure that information is clear, simple and has the right level for different literacy and cultural groups
- Promote simple, practical guideline to promote self – management skills (asthma and AQHI, i.e. tips they can use during smog days) Information delivered in plain language
- Provide coordinated messaging re. Canadian and World “days”
- Educate future parents on exposures, outcomes, and methods to reduce exposures
- Develop/ improve and deliver guidelines, programs for how to improve indoor air quality and energy efficiency
- Develop fact sheets on indoor air quality and other topics that are easily understandable in English, French and in First Nations/Inuit dialects where appropriate (see CMHC fact sheets on mould)
- Effective communication/educational material developed by and for First Nations, Inuit and Metis Peoples that is culture and language appropriate.

S.3 Empower Patient Community

- Demonstrate the association between respiratory health and environmental factors with patients
- Gain consensus around, and increase patient education regarding the actions susceptible persons should take for reducing impact on health
- Use messaging and other tools effectively to change knowledge, attitudes, behaviour
- Transfer guidelines, programs on how to improve indoor air quality and energy efficiency to patients
- Develop effective health promotion/prevention, tools and curriculum for primary care professionals to be used to empower patients

S.4 Empower Health Care Community

- Improve the delivery of primary care for patients with environmental illnesses; make these diseases part of main stream care.
- Develop clear, concise, relevant guidelines on how to approach air quality related lung diseases
- Develop tools that primary health care professional can use in the diagnosis, treatment, and education of patients
- Deliver awareness campaigns for health practitioners
- Include an emphasis on occupational contributions to asthma and COPD
- Include an emphasis on exposure control at the level of the workplace, not just the worker
- Develop effective health promotion/prevention, tools and curriculum for medical training institutions
- Provide more tools and opportunities for community health workers and planners to implement public education and prevention programs related to the environmental determinants of respiratory health, that are tailored to their community's needs
- Include regulatory agencies relevant for occupational lung disease (i.e. provincial ministries of labour) in discussions and policy development for health providers
- Ensure that educational tools that are appropriate and relevant to all groups
- Support and work toward increased self-determination in health care (and in general) for First Nations, Inuit and Métis communities (there is a demonstrated link between self-determination and health status)

S.5 Empower Employers and Employees

- Develop policies and information packages that have an emphasis on occupational contributions to asthma and COPD, and on
- exposure control at the level of the workplace
- Provide guidelines and programs for improving indoor air quality and energy efficiency
- Develop effective health promotion/prevention, tools and curriculum for owners, managers.
- Include relevant regulatory agencies for occupational illnesses (i.e. provincial ministries of labour) in policy development
- Develop appropriate curriculum for trades/apprenticeship programs regarding occupational lung disease prevention

B. Prevention and Exposure Reduction

S.1 Reduce Personal Exposures

- Increase awareness, knowledge, understanding and buy-in; modify behaviours
- See “Communication and Education” strategies above
- Include the thinking that exposure reduction includes taking action to reduce emissions you are responsible for, ie Implementation of sustainable transportation projects and new transportation options.
- Increase understanding of personal exposures and actions that can be taken to reduce exposure
- Promote, implement and educate the public on the National Air Quality Health Index
- Increase understanding of the important connections between climate change and air quality. Integrate this thinking in both adaptation and prevention strategies

S.2 Improve Regulations

- See “Policy and Legislation” strategies below
- Regulate employers to guarantee safe air workplaces
- Regulate manufacturers to produce better, safer materials
- Develop coordinated regulatory approach to ensure all products and chemicals are lung safe;
- Reduce exposures through multi – faceted approach
- Eliminate toxins in the workplace
- Certified clean air schools
- Make consumer products clean air safe

S.3 Include the broader perspective that all determinants of health affect respiratory health

- Partnerships with First Nations and Inuit organizations that work on health, education, environment and other related sectors to develop population-specific frameworks, resources, training and programs
- Support initiatives that address broad socio-economic determinants of health, especially for vulnerable populations such as First Nations, Inuit and Métis communities, and aim to decrease the disparity between the health status of vulnerable populations and the general population

C. Surveillance and Monitoring

S.1 Improve emission registries

- Improve registries such as the NPRI and extend the base of sources needing to report

S.2 Improve Ambient Air Monitoring and Reporting

- Ensure standard and sufficient air quality monitoring and reporting across the country
- Develop indicators for monitoring progress (exposure indicators, health indicators, policy indicators)
- Link monitoring policies with research on health outcomes
- Use monitoring to enforce compliance with standards

S.3 Improve overall surveillance and monitoring of health indicators

- Improve health surveillance on prevalence of air-quality related respiratory conditions among the susceptible group of populations (or high risk groups) such as children, elderly, athletes, First Nations and Inuit
- Develop a nation-wide database of environmentally related illnesses linked to a GIS mapping system to show clusters of environmentally –linked illnesses and locations of environmental problems
- Provide support for improved surveillance of occupational lung disease
- Develop respiratory medication surveillance (c.f. data on anti-microbial prescribing).

D. Policy and Legislation

S.1 Develop evidence-based recommendations for regulations aimed at reducing exposures to all harmful air pollutants

- Help governments develop health-protective regulations to reduce exposures by regulating emissions and improving the safety of manufactured products
- Participate in advisory capacity for policy development
- Develop FPT policies that assists people to reduce their own exposures
- Encourage clarity between FPT regulatory actions to ensure effective control of emissions
- Invest in the development of sustainable technology and alternative energy.
- Institute emissions regulations on industry and big business to protect air quality
- Provide clearer direction on early actions to take to protect immediate health and immediate reductions in emission to achieve short term environmental gain
- Develop coordinated regulatory approach to ensure that all products and chemicals are lung safe;

S.2 Develop evidence-based recommendations for regulating workplace air quality

- Institute regulations on manufactured products
- Use best practices for healthy/safe work environment international standards and national standards should be policies
- Regulate employers to guarantee safe air workplaces
- Develop guidelines for certified clean air schools

S.3 Develop evidence-based recommendations for social and economic changes

- Consider changes in local transportation planning and policy development
- Consider changes in land use laws/guidelines
- Invest in the development of sustainable technology and alternative energy
- Institute regulations and national certification on nutraceuticals, alternative therapies, and organic products
- Change focus of indicators of national success to a Genuine Progress Index (GPI) model from that of a GDP
- Consider respiratory diseases, conditions and determinants that are prevalent among children/youth
- Encourage employers to establish work-at-home protocols to reduce vehicle usage during bad-air days
- Advocate for inclusion of alternative treatments such as therapeutic massage,

healing gardens, naturopathy and acupuncture etc. - should be used to complement built into our Medicare system as they are in Scandinavian countries

- Develop public policy based on contaminant impact on children (i.e. lowest thresholds)
- Implement no idling policies- school buses
- Convert to more sustainable methods of electricity generation, phase out fossil fuels entirely

S.4 Meet International Conventions, Standards and Protocols

- Make Canada a leader in environmental health protection
- Create national exposure standards consistent with best international standards
- Develop a level playing field – regulations that are applied fairly and evenly across all sectors
- Use Kyoto as a benchmark for initial actions to reduce greenhouse gases; aim to exceed Kyoto
- Support ongoing international agreements, i.e. SMOC
- Create a level inter-jurisdictional playing field
- Advocate for all efforts (including Research) to be leading edge, both nationally and globally

E. Research and Knowledge Translation

S.1 Recommendations for literature reviews/scans, research needs, funding issues

- Review literature on the following: health impacts of air pollution to susceptible groups, effects of single or mix pollutants, etc.
- Regularly monitor international modeling and research so that we are not reinventing wheel here in Canada. Modeling etc. can save us many millions if similar policies can be supported here
- Conduct an national First Nations and Inuit-specific environmental scan on respiratory health resources and programs
- Generate knowledge that enables survival tactics and behaviour modification; builds on evidence, “standing on the shoulders of scientists”;
- Develop a home for indoor air quality study within Health Canada
- Conduct research on the effectiveness of different medical treatment regimes
- Conduct research on the interactions among different pharmaceuticals and herbal remedies.
- Conduct policy research on relationship between transportation, environment

and health

- Conduct research on environmental impact of highway construction and traffic-related related air pollution
 - Study the impacts of modal choices and modal shares on respiratory health
 - Include exposure/vulnerabilities of children in research and regulation
 - Conduct a rigorous study on the relationship between housing conditions, indoor air quality, and the burden of respiratory disease in First Nations and Inuit communities
- Support for fundamental and applied research on exposures, exposure mixtures, and exposure – response relationships

S.2 Take Results of Research into Workplace, Home and Public Places

- Improve links between health community and sustainable transportation practitioners
- Create better links between researchers and practitioners
- Build partnerships, helpful directions for applied research
- Build on the Lung Association’s expertise in knowledge translation

Partnerships

S.1 Create a stakeholder map which identifies the players and relationships between each group

- Ensure groups representing both treatment and prevention are included in the map.
- Identify which American counterparts should be included with respect to trans-boundary air issues
- Include academia- and partnerships with frontline researchers in Universities/Colleges etc studying impacts of pollutants on health – here and abroad
- Include groups associated and/or representing the key portfolios: Health, Labour, Environment and Aboriginal
- Include information groups such as the *Canadian Information System for the Environment (CISE)* which provides a comprehensive portal to environmental information. including raw data, interpreted information, indicators, standards
- Review the international agency models such as the European and Australian which are in place and track best practices
- Review the international joint research practices and implement best practices

S.2 Determine what types of partnerships, formal or informal, are required for the various stakeholders and the required funding formulas

- Define the benefits, level of effort (in-kind and compensated) and level of funding required to establish the various types of partnerships including, Accords, MOU, Agreements
- Engage a fund raising specialist firm to develop the various funding formulas
- Ensure that politicians and the political will are sought and included
- Include partnerships with First Nations and Inuit organizations that work on health, education, environment and other related sectors to develop population-specific frameworks, resources, training and programs
- Consult with international counterparts and gain an understanding of what works and what does not work

S.3 Build on the relationships which currently exist; monitor and maintain the informal relationships and formal partnerships.

- Use a filter policy when listing and working with partners- i.e. no tobacco companies, watch out for companies wanting product endorsements
- Ensure that the results of the work performed by and the results of consultations undertaken by research initiatives such as the Climate Change and Health Research Networks are incorporated into a revised National Research Agenda and shared with research funding agencies
- Support the Chronic Disease Prevention Alliance of Canada (CDPAC) and the Canadian Lung Association, a CDPAC member, today called on all federal parties to work together on strong legislation to reduce air pollution and greenhouse gas emissions
- Establish additional links with the Vice President, Research Portfolio of the Canadian Institutes of Health Research (CIHR); also explore possible linkage with Institute for First Nations, Inuit and Métis communities' Health (IAPH-CIHR)
- Establish additional links with the group within WHO that provides guidance on the health impacts of each one of those pollutants can be found in the Environmental Health Criteria (EHC) and Concise International Chemical Assessment Documents (CICADS)
- Continue to promote the Canadian contributions and achievements towards the Globally Harmonized System of Classification and Labeling of Chemicals (GHS), which was adopted by the UN Economic and Social Council (ECOSOC) in July 2003
- Provide input and monitor the progress of Canada's Chemicals Management Plan.

Conclusions and Next Steps

The Environment Working Group Report is the culmination of an intensive research and consultation process involving many stakeholders. This Report, along with those from the other Working Groups, will inform the Framework outline being prepared for the Respiratory Health Summit scheduled for April, 2007. The Summit represents a key milestone in the collaborative effort to address the challenge posed by respiratory disease in Canada.

While much has already been accomplished, the Framework development process is still in its early stages. In addition to the upcoming Summit, many more opportunities for building on the efforts of the Working Group and for further stakeholder consultation and participation lay ahead. Members of the Working Group look forward to continued engagement in that process.

Appendices

- A. Working Group Members
- B. Working Group Roles
- C. Workshop Agenda
- D. Pre-Workshop Questionnaire

Appendix A: Working Group Members

ENVIRONMENT WORKING GROUP MEMBERS

Name	Organization
Ken Maybee - CHAIR	The Lung Association – New Brunswick
Dr. Menn Biagtan	The Lung Association – British Columbia
Jennifer Blomqvist	National Aboriginal Health Organization
Bruce Dudley	The Delphi Group
Paul Glover	Health Canada
Dr. Paul Hasselback	Interior Health - BC
Dr. Susan Kennedy	University of British Columbia
Dr. Tom Kosatsky	Montreal Health and Social Services Agency
Dr. Tom Kovesi	Children's Hospital of Eastern Ontario
Deirdre Laframboise	Clean Air Champions
Dr. Tim Lambert	Canadian Public Health Association
David MacIsaac	Transportation Canada
Dr. Barb MacKinnon	The Lung Association – New Brunswick
Dr. Mark Raizenne	Health Canada
Catherine Ray	Natural Resources Canada
Dr. Virginia Salares	Canadian Mortgage and Housing Corporation
Brian Stocks	The Lung Association – Ontario
Kerri Timoffee	Environment Canada
Frank Viti	Asthma Society of Canada
Christopher Wilson	The Lung Association

Appendix B: Working Group Roles

Working Group Objectives

Each Working Group is to work together to provide recommendations and guidance for the content of the Respiratory Health Framework. The Working Group members will:

- expand on the work completed by working groups at the Pre-Summit, held in April, 2006;
- identify additional stakeholders to be involved in the development of the Respiratory Health Framework;
- identify additional respiratory health issues to be included in the Respiratory Health Framework;
- identify additional goals, objectives, and outcomes to be included in the Respiratory Health Framework; and
- identify potential activities that can achieve these goals, objectives and outcomes.

The primary deliverable of each Working Group is a report reflecting this discussion, to be researched and completed by a researcher assigned to this task. This report will be submitted to the Respiratory Health Framework Steering Committee for consideration.

Chair

The role of the Chair is to work with the Senior Researcher and the Facilitator to ensure that the vision of the Respiratory Health Framework is reflected in the activities and outcomes of the Working Group.

Specific responsibilities include:

- review the members list;
- participate in a teleconference with the Senior Researcher and Facilitator to review the process and meeting agenda;
- review and comment on the goals and objectives of the meeting;
- review (and comment if necessary) on the background materials that will be provided to the members prior to the meeting;
- provide a welcome and introduction at the meeting;
- provide concluding comments at the end of the meeting; and
- if requested by the Steering Committee, to speak briefly at the outset of the Summit about the Working Group activities.

Senior Researcher

The role of the Senior Researcher is to work closely with the Chair and the Facilitator to ensure that the structure and resources are in place for the Working Group to achieve its goals.

Specific responsibilities include:

- identify potential participants for each working group;

- identify the background documents that are required for members;
- develop the goals and objectives of each working group; and
- work with the Facilitator and Chair to identify the strategy that will be used to meet the goals and objectives.

Meeting Facilitator

The role of the Facilitator is to provide the meeting coordination and to ensure that the meeting progresses towards its goal and objectives.

Specific responsibilities include:

- coordinate the Working Group meeting,
- ensure full and meaningful participation of all working group members;
- ensure that the discussion adheres to the identified schedule and meeting structure; and
- identify and review key messages, themes, recommendations, activities, goals, objectives and activities communicated throughout the meeting.

Working Group Researcher

The role of the Researcher is to participate in the meeting as an observer and to ensure that the discussions are reflected in a Working Group report.

Specific responsibilities include:

- participate as an observer in the Working Group meetings and
- produce a report that accurately reflects all discussion points.

Working Group Members

The role of Working Group Members is to identify and discuss issues in respiratory health in Canada, and to make recommendations for issues to be included in the Respiratory Health Framework. Specific responsibilities include:

- become familiar with the past work of the “Breathing Matters” Pre-Summit and other relevant documents;
- Provide feedback through the Pre-Meeting Questionnaire
- participate in a face to face meeting to discuss respiratory health issues in Canada (if scheduling permits);
- review and provide comments on the draft research report; and
- participate in a teleconference call to discuss the draft research report.

Steering Committee

The role of the Steering Committee is to use the Working Group report as a recommendation to identify the issues to be included in the Respiratory Health Framework.

Appendix C: Workshop Agenda

ENVIRONMENT WORKING GROUP MEETING - AGENDA

December 14th, 2006

Meeting Location: Novotel Hotel, Whitton Meeting Room, Ottawa, Ontario

Objectives of the meeting:

- To develop a shared understanding of the strategic issues, challenges and opportunities related to the Environment theme of the Respiratory Health Framework;
 - To articulate the outcomes that we wish to achieve related to the Environment theme; and
 - In light of the desired outcomes, to identify the key results that must be achieved and the activities to be pursued to deliver the outcomes
-

08h30	Coffee
09h00	Welcome, objectives of the meeting <ul style="list-style-type: none">• Overview of the agenda and approach for the day• Participant expectations
09h15	Setting the Stage <ul style="list-style-type: none">• Update on the Respiratory Health Framework• Mandate & objectives of the Working Group• Identification of additional stakeholders who's perspectives are necessary<ul style="list-style-type: none">▪ Individuals▪ Organizations▪ Sectors• Researcher's role• Proposed logic model and framework elements
10h30	Health Break
10h45	Identification of Strategic Issues/Challenges/Opportunities <ul style="list-style-type: none">• Important issues/trends/factors• Stakeholder expectations• Strategic implications and assumptions
12h00	Lunch
13h00	Development of the Short, Medium and Long Term Desired Outcomes <ul style="list-style-type: none">• In light of the strategic issues/challenges and opportunities, what outcomes do we wish to achieve short, medium and long term
14h30	Health Break
14h45	Framework Element Key Results Working with the proposed framework elements, what key results must we achieve over the next 3 years in order to move the yardstick forward?
15h30	Next Steps Evaluation
16h00	Adjourn

Appendix D: Pre-Workshop Questionnaire
ENVIRONMENT WORKING GROUP PRE-MEETING QUESTIONNAIRE

Please complete and return by **Thursday December 7th** to:

E-mail address: achapman@lung.ca
Fax: 613 569 8860
Attention: Ainsley Chapman, Senior Researcher

Your Strategic Outlook for the Next 3 Years -

- 1. In order to begin to shape the desired outcomes for the future of environmentally related respiratory health in Canada it is important to understand our current and future contexts.**
 - a) With regard to our current environment, what are your key working assumptions (information/knowledge, important issues/ trends, Canadian population expectations, etc.)?
 - b) With regard to the future, what is going on in your world that is either shifting or changing that will have a real impact on respiratory health?

- 2. Strategies work best when people at all levels share a basic common vision in relation to the directions that we are pursuing and outcomes that we are trying to achieve.**

In your mind, what environment related outcomes should we be trying to achieve short, medium and long term?

- 3. In light of all of your answers above, what key results must be achieved in the following areas?**
 - a) Applied research
 - b) Surveillance and Monitoring
 - c) Detection, clinical practice and treatment
 - d) Community care and support
 - e) Knowledge transfer
 - f) Public awareness and prevention

From:.....

Phone / fax:

e-mail:.....