

NATIONAL LUNG HEALTH FRAMEWORK

Leading. Acting. Together.

Executive Summary

THE NATIONAL LUNG HEALTH FRAMEWORK:

PLAN FOR ACTION

Workshop Discussion Document

April 26 & 27, 2007
Ottawa, Ontario

Vision statement

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

About this Discussion Document

This Discussion Document towards a National Lung Health Framework is the result of a multi-stage process involving extensive review, collaboration and input by stakeholders and key informants engaged in the field of respiratory health. It represents a consolidated outline for discussion, summarizing key points from four Working Group reports (Chronic Disease, Infectious Disease, Tobacco Control, and the Environment) and an Asset Map & Gap Analysis report (identifying strengths, weaknesses, threats, and opportunities) that will be launched at the April 2007 Workshop. This working session will review the key elements of the outline – including expectations, outcomes, objectives and strategies – then confirm priority areas for action and add detail to the implementation steps.

What this Framework will achieve

The National Lung Health Framework intends to address fundamental gaps that exist between the current and desired state of respiratory health in Canada. Taking advantage of the many significant “pockets” of excellence that dot the landscape, our goal is to convert these gaps into timely opportunities. By developing coordinating mechanisms and protocols that function at a pan-Canadian level, we can ensure that these pockets of excellence do not become “silos” where exchange of information, knowledge and resources is stifled.

Stakeholders frequently ask the question, “what difference will this framework make?” We responded with a question of our own: “what difference would you like it to make?” Stakeholders described for us the future as they would like it to be with the initiative fully implemented. This is what we intend to strive for:

1. Better respiratory health and quality of life for all Canadians;
2. A community environment that is supportive of the prevention and management of respiratory disease;
3. Health care practitioners have access to best evidence, training and information, and the resources/support to effectively implement this into all areas of practice;
4. Quality data (focused, relevant) is used to guide policy, program and service delivery and research on an ongoing basis;
5. Timely access to integrated, coordinated and interdisciplinary respiratory health services focused on best practices standards for chronic and infectious respiratory care;
6. A more sustainable, lower cost health care system with adequate funding and resources directed at programs to address prevention and management of respiratory disease;
7. Reduced burden of respiratory disease, reduced morbidity and mortality, with early prevention, diagnosis and detection, and effective disease management;

8. Work, school, home and social environments (outdoor and indoor) will support optimal respiratory health;
9. There is a unified voice advocating for lung health through research and knowledge translation, raising awareness with practitioners and public, and more effective representation to politicians, health agencies and various governance mechanisms (social marketing);
10. Strategies to respond to the needs of vulnerable populations – including First Nations, Inuit and Métis Peoples, new immigrants, inner city and low income populations – are more effective (from prevention/education and care delivery to research/surveillance);
11. Tobacco dependency is widely recognized as a public health priority and smoking prevalence is reduced significantly within the general Canadian population and at-risk groups;
12. 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.

“The Framework initiative must forge formal working relationships across government portfolios and departments. Collaboration is required between stakeholders outside of their traditional “lines of business” on all elements of the Framework including research, prevention, education and advocacy.”

– Environment Working Group Report

Defining respiratory health

Many key informants point out the term “respiratory health” is not universally defined or recognized and indeed suffers from low public awareness. Most countries recognize that respiratory diseases threaten the lives and well-being of a significant number of individuals both at home and abroad. On the international scene, respiratory diseases are classified as: asthma, chronic obstructive pulmonary disease (COPD), lung cancer, pneumonia, tuberculosis, cystic fibrosis or mucoviscidosis, sleep apnea and interstitial lung diseases including sarcoidosis, among others. Tobacco and the environment are regarded as the two most common risk factors associated with respiratory disease.

Vulnerable populations

Certain segments of the Canadian population are considered to be at heightened risk from the effects of respiratory illnesses. These “at-risk” or “vulnerable” populations can include youth, immigrants, Aboriginal Peoples, aging populations, women, people living in poverty, and the homeless, among others. Persons already living with respiratory health issues constitute a segment sometimes overlooked as a vulnerable population – for example, individuals suffering from chronic respiratory disease are among the most susceptible to infectious diseases and environmental risk factors.

Both the Asset Map and Gap Analysis research and the Working Group reports reflect the importance of focusing special efforts and resources on protecting these demographic groups. One could argue that our ultimate ability to protect and improve health outcomes for our most vulnerable populations should serve as the true litmus test for a successful National Lung Health Framework.

Strengths, weaknesses, opportunities and threats

The Asset Map and Gap Analysis developed for this project is a knowledge management tool designed to answer the question of “*who is doing what and where*” on the respiratory health front in Canada and to a limited degree, internationally. It consists of two components: (1) a report which provides background, orientation and analysis; and (2) a populated, web-based, searchable database.

In the course of developing the Lung Health Asset Map, stakeholders offered their perceptions of the current strengths, weaknesses (gaps), opportunities and challenges (threats) defining the status of respiratory health in Canada. The following table summarizes the results of this “SWOT” analysis.

SWOT Analysis Summary

Strengths	Weakness (Gaps)
<ul style="list-style-type: none"> • Collaboration and exchange among national and regional committees, working groups • Tobacco programs are making a difference; many tobacco assets in place and working • Willingness and ability to work together • Pockets of excellence (e.g. youth tobacco, air quality, sleep apnea, Stop TB etc.) • Many drivers of excellence – including local champions or experts, program needs, regional prevalence of disease • Strong partnerships and relationships • Existing and emerging networks for information sharing and practice • Proven Non-Governmental Organization (NGO) capability and track record for delivery • Growing support for focus on environment and tobacco • Growing emphasis on health promotion and prevention • Improved pandemic preparedness • Public willingness to take more active role in their own health care • Increasing prevalence of interdisciplinary / integrated care model 	<ul style="list-style-type: none"> • Inconsistencies in interpretation and application of guidelines • Lack of respiratory health (RH) awareness and promotion • Lack of pulmonary rehabilitation and respiratory therapy • Shift to prevention not yet a reality • Lack of respiratory health information services in communities • Insufficient support of spirometry, sleep apnea diagnostics/treatments, and sputum tests • Lack of funding and resources • Lack of national research policy for RH • Medication gaps – lack of support for formulary • Lack of coordination – need to work together at an F/T/P level to make an impact • Problems with self interest and working against each other; competing for resources; fear of lessening the pie • Changing (aging) donor demographics • Lack of a (sustainable) strategy for respiratory health • Missing an RH plan for the environment; current approach is piecemeal • Disconnect between environmental contaminants and air pollutants with health policy • Insufficient RH public education • Lack of understanding of the danger/risk of small airborne particulates • Lack of disease self-management • Uncertain surge capacity with respect to infectious

	disease outbreaks • Uncertainty as to whether we have the systemic capacity to respond to respiratory health care needs
Opportunities	Threats (Challenges)
<ul style="list-style-type: none"> • Environmental awareness is timely opportunity • Timing may be good to talk about a lung health approach • The lung framework can give us the big umbrella we've been needing • Traditionally targeted people who already have disease; opportunity now to target prevention • Engage 100% of the population through respiratory health messages and not just those with specific disease conditions • Establish clear goals on the environment linked to health outcomes • Focus on the cause not the effect of the disease • Greater focus on corporate donors • Engage the private sector in new, creative ways • More and better promotional events (marathon runs etc.) to reach new donors and demographics 	<ul style="list-style-type: none"> • Systemic complacency (perception that the war against Tobacco and TB have been won) • Overall low level of awareness for respiratory health issues in general, as well as specific disease conditions/risks • Changing demographics; old approaches no longer work • How to reach at-risk or vulnerable populations (youth, Aboriginal Peoples, immigrants) • Environment issue requires a different set of messages and approaches • Preparedness for infectious outbreaks (pandemic etc.) • Media distortion of risk factors and impact on health priorities • Unstable or lack of long-term funding • Fragmentation and self-interest; risk of mixed or confusing messages

Strategic Areas for action

The strength of a comprehensive, integrated Framework lies in its ability to identify common themes and issues across disease categories (such as infectious and chronic disease) and risk factors (such as environmental pollutants and tobacco). Based on the discussions of each working group and on issues identified by the Asset Map and Gap Analysis, four key themes or strategic areas emerged:

1. Prevention and awareness
2. Disease detection and management
3. Infrastructure
4. Research, surveillance and knowledge translation

By organizing issues and strategies under these themes, relationships and commonalities are visible, and lay the groundwork for coordinated action.

1. Prevention and awareness

Aim: To prevent, and moderate the impact of, respiratory illnesses through the development and implementation of novel, coordinated awareness, public communication, education, health promotion, exposure reduction, and tobacco industry “denormalization” activities.

Consolidated guidance from the Working Group (WG) reports:

The public's comparatively low awareness of both chronic and infectious respiratory disease (with the exception of pandemic diseases on the infectious disease front) can result in many adverse consequences. These include unnecessary exposure to risk, under-reporting by patients, under-diagnosis, misdiagnosis

and treatment. While the threat of pandemic diseases is quick to create media interest, there is a generalized complacency around TB and desensitization around most forms of RSV, colds and influenza as pressing issues.

The messages surrounding the association between environment and health, mitigating factors and lifestyle changes are inconsistent, frequently unqualified and sometimes contradictory. Stakeholders are uncertain about what kind of messages to give to the public, and how the information should be communicated to the patient. Even when cause and effect studies are definitive, family physicians and nurses do not always feel comfortable transmitting this kind of information to their patients.

Tobacco denormalization efforts serve to educate and inform both smokers and non-smokers about the motives and tactics of the tobacco industry. Campaigns exposing the industry's practices help to counter ongoing claims by the industry that it operates like any other normal, legitimate business.

*Consolidating between all the WGs, the following key **objectives** can be applied specifically to the Prevention action area:*

1. We develop and implement new, empowering information/education tools to raise awareness, inform, educate and train as needed (e.g. general public, patients, educators, practitioners, employers and employees, communities, etc.);
2. Canadians and their communities are aware of and participate in actions to promote, maintain, protect and optimize respiratory health;
3. Improved awareness of risk factors associated with respiratory disease leads to improved quality of life;
4. Monitoring of lung function (i.e. spirometry) is routinely conducted according to established guidelines leading to improved respiratory health (i.e. reduced mortality and morbidity);
5. Canadians benefit from smoke free settings – at home, school, work, and other public settings, especially health facilities;
6. Health care providers/GPs receive smoking cessation training; this becomes a consistent component of regular patient check-ups; we ensure that all health care providers have the help they need to quit smoking.

*The WGs proposed the following key **strategies** to guide achievement of the objectives:*

1. **Increase awareness, knowledge, understanding, and buy-in by the public and other stakeholders;**
2. **Strengthen health promotion and advocacy;**
3. **Step up chronic and infectious respiratory disease prevention efforts;**
4. **Make Health the policy driver for Environment (link lung health to “hot ticket” environmental issues);**
5. **Achieve targeted outreach, incentives and linkages;**
6. **Achieve targeted, effective messaging;**
7. **Empower the patient community (develop and provide information tools that allow individuals to manage/control their own health care);**
8. **Empower the health care community (develop and provide information tools that allow them to improve awareness, education, and diagnosis of their patients);**
9. **Empower employers and employees (develop and provide information tools that allow employers and employees to manage workplace environmental exposures);**

With regard to Exposure reduction:

- 10. Reduce personal exposures;**
- 11. Improve regulations regarding indoor and outdoor air quality;**
- 12. Promote the broader perspective that all determinants of health affect respiratory health;**
- 13. Reduce/eliminate exposure to secondhand smoke.**

With regard to Smoking cessation and tobacco industry “denormalization”:

- 14. Focus on smoking cessation and harm reduction initiatives¹**
- 15. Educate the public regarding tobacco industry tactics;**

2. Disease detection and management

<p><i>Aim: Improve the health outcomes and quality of life for all Canadians through early detection and better management of respiratory disease.</i></p>
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Consolidated guidance from the Working Group (WG) reports:

Early detection and appropriate management of both chronic and infectious diseases can lead to significant improvement in quality of life for patients.

In the case of infectious diseases, early detection and appropriate management also help to contain their spread. Immigrants present a series of challenges in this regard, as medical assessments in country of origin are not always reliable. The 30-day period following arrival, and 90 days before access to health care, also present challenges.

Addressing the social determinants of health plays a central role in disease detection and management, as there is unequal access to care.

*Consolidating between all the WGs, the following key **objectives** can be applied specifically to the Disease detection and management action area:*

1. Early detection of risk factors and better management of respiratory disease lead to improved health outcomes and better quality of life;
2. Effective treatment modalities are identified and endorsed;
3. All provinces and territories implement respiratory disease recommendations and evidence-based guidelines/best practices;
4. Evidence-based best practices are identified or developed for tobacco dependence Rx by health care professionals. Such practices are framed, endorsed, disseminated and monitored as the standard of care for all.

¹ The term “harm reduction” has different connotations among stakeholders. One of these is “ensuring that tobacco is available in its least toxic form”. *A Reflection on Alternative Nicotine Delivery Systems*, Physicians for a Smoke Free Canada, 1997.

5. Government agencies involved in immigration and refugee health have a well-coordinated plan, starting with more reliable medical assessments in the country of origin for prospective immigrants and extending to faster access to health insurance after arrival, subsequent monitoring and surveillance, and better enforcement of medical exam within 30 days for refugee claimants;
6. An appropriate strategy is deployed to engage key respiratory health community stakeholders (including business groups) in managing pandemics;
7. Strategies and plans (including Human Resources) are developed and communicated for TB and pandemic. Roles and responsibilities are clear for community MDs, hospitals, public health, Boards of Education. People with chronic lung disease and other chronic diseases have access to influenza pandemic information.

*The WGs proposed the following key **strategies** to guide achievement of the objectives:*

- 1. Improve health education and training;**
- 2. Implement earlier detection;**
- 3. Improve treatment, rehabilitation and supportive care (including palliative care);**
- 4. Implement, and increase use of, standards, guidelines, and best practices;**
- 5. Promote patient empowerment and self-management;**
- 6. Coordinate efforts with other disease strategies.**

3. Infrastructure

Aim: Strengthen the support structures that are essential to an effective health management strategy for all sectors, including policy and legislation, partnerships, health system supports, as well as human and community supports.

Consolidated guidance from the Working Group (WG) reports:

Strong support structures (“supportive environments”) are essential to an effective health management strategy for all sectors. This includes health care information systems, health education as well as human and community supports. It also includes the ability of stakeholders and NGOs to participate in policy development and advocacy activities. Improvements in health human resources and community supports are particularly important for First Nations, Inuit and Métis communities. TB and Community Acquired Pneumonia (CAP) are “diseases of poverty” that merit special attention. Adequate housing is also seen as a health factor.

Instituting policies and legislation at all levels that reflect the serious respiratory health risks and consequences of tobacco use will serve as an important deterrent as will appropriate compliance and enforcement mechanisms. On the Environment front, voluntary reduction of indoor and outdoor pollutants and emissions is not producing the desired results. New or tighter regulations are required to address the lack of policy and regulations in most communities/provinces.

*Consolidating between all the WGs, the following key **objectives** can be applied specifically to the Infrastructure action area:*

With regard to Policy and legislation:

1. An evidence-based, cost benefit approach supports 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 translates to overall reductions in health care costs, while employers benefit from reduced absenteeism and turnover;
2. Canada provides greater assistance to developing countries, through expertise and resources, in dealing with infectious lung disease – if only because of our country’s increasing rates of immigration;
3. Canada has comprehensive legislation in all provinces/territories that makes workplaces and public places 100% smoke-free with provisions that prohibit smoking in cars, on patios, in multi-unit dwellings and in homes where there are children;
4. A regulatory and legal environment is in place in Canada that is not conducive to the viability of the tobacco industry as a profitable business (for example: requiring cigarettes to be sold in plain packaging in special stores, and prohibiting their sale in pharmacies);
5. Comprehensive, forward-looking, practical and effective regulations govern emission and exposure sources such as sources of fossil fuel combustion (power plants and transportation), manufactured products, and workplace air quality;

With regard to Partnerships:

6. The Lung Health Framework process helps to define new partnerships, and contributes to overall and measurable improved health outcomes;
7. The Lung Health Framework process is driven by – and in turn, enhances – 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 cut across:
 - a. Jurisdictions and borders, i.e. 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.

*The WGs proposed the following key **strategies** to guide achievement of the objectives:*

With regard to Policy & legislation:

- 1. Tighten tobacco control legislation regulation;**
- 2. Strengthen enforcement and compliance;**
- 3. Support control oriented programs;**
- 4. Make Health the policy driver for Environment;**
- 5. Meet International Conventions, Standards and Protocols;**
- 6. Develop evidence-based recommendations for:**
 - a. Regulating the reduction of exposures to all harmful air pollutants;**
 - b. Regulating workplace air quality;**
 - c. Stimulating social and economic changes;**

With regard to Partnerships:

7. **Create a Stakeholder Map identifying the players and relationships between each group;**
8. **Determine what types of partnerships, formal or informal, are required for the various stakeholders and the required funding formulas;**
9. **Build on the relationships that currently exist; monitor and maintain the informal relationships and formal partnerships;**

With regard to Supportive communities:

10. **Develop community support structures and programs;**

With regard to Health system supports:

11. **Integrate processes and systems.**

4. Research, surveillance and knowledge translation

Aim: Support effective, evidence-based responses to respiratory disease and its risk factors, and to environmental factors, through enhanced, coordinated research and surveillance efforts that are then translated into both economic and health advantages.

Consolidated guidance from the Working Group (WG) reports:

Ethical and unbiased research reflecting the priorities of target populations is needed to address critical information gaps and support intelligent, evidence-based responses to chronic and infectious respiratory disease challenges. It is then vital to translate this research into meaningful action and results. A possible disconnect between public health and health care itself, may be leading to differing research priorities and poor research translation.

With regard to the Environment, specific information on the health effects of both long term and short-term exposure to environmental contaminants within the developed countries, including Canada, is sparse and fragmented (beyond substantial information showing that long-term exposure is more harmful than short-term exposure). This gap must be addressed.

*Consolidating between all the WGs, the following key **objectives** can be applied specifically to the Research, knowledge transfer and surveillance action area:*

With regard to Research:

1. There is a well-funded, sustainable, and successful research program aligned with the National Lung Health Framework;
2. Gaps are identified and targeted research is implemented to add new knowledge and address the gaps;
3. Research value is improved by integrating how all levels of government deal with lung health research and interact with other research agencies and organizations;

4. There is increased, better-coordinated and targeted research at the applied level (for example, linking environmental causes and health effects, and at the socio-economic level; linking health to costs to society –burden of care, lost productivity etc.);

With regard to Knowledge translation:

5. Research is effectively translated into knowledge and into practice, including new policy and programs;

With regard to Surveillance:

6. There is coordinated, focused data collection, analysis, and dissemination of the burden of lung disease, with better information systems to promote understanding;
7. National surveillance programs and community-specific monitoring are implemented;
8. There is a national surveillance database;
9. Surveillance plays a more effective role in epidemiology and in terms of measuring broader needs;
10. There is effective and useful monitoring/tracking/surveillance of emissions and exposure levels, as well as health outcomes and indicators, and these are related to environmental factors such as air quality, presence of toxins, pollution etc.

*The WGs proposed the following key **strategies** to guide achievement of the objectives:*

With regard to Research:

- 1. Increase funding for chronic and infectious respiratory disease research;**
- 2. Work towards finding cures for respiratory diseases;**
- 3. Improve targeting of medical and socio-economic research;**
- 4. Research and develop respiratory health norms, standards, guidelines and best practices;**
- 5. Expand on research that establishes links between respiratory health and environmental factors;**

With regard to Knowledge translation:

- 6. More effectively translate research findings into knowledge;**
- 7. Translate research results into the workplace, home and public places.**

With regard to Surveillance and monitoring:

- 8. Better define roles and responsibilities for surveillance;**
- 9. Increase support for surveillance mechanisms;**
- 10. Analyze trends for better understanding, information and results;**
- 11. Better measure the impact of services and policies on lung problems and health care utilization;**
- 12. Increase monitoring and use of guidelines;**
- 13. Produce measurable smoking cessation targets;**
- 14. Improve emission registries;**
- 15. Improve ambient air monitoring and reporting;**
- 16. Improve overall surveillance and monitoring of health indicators.**

Conclusion

Planning and preparation for the upcoming Workshop has been intensive, and much ground has been covered in a very short period. Participants are joining together to identify key goals for improved lung health in Canada, and the actions required to achieve these goals. This planning process will be supported by a number of research initiatives, and extensive stakeholder consultation.

The potential benefits of a national framework for action are many. It increases the possibilities for support at all levels and across all sectors, enables better planning and utilization of resources for enhanced effectiveness, and establishes a common frame of reference. The success of this initiative will depend on the commitment and endorsement of all stakeholders. We thank you all for your efforts to date, and look forward to your future contributions.



Discussion document drafted by:



16 Whitehill Avenue, Nepean Ontario K2G 3A8
Phone: (613) 723-0071 E-mail: consult@consultink.com