Lifestyle and Health

*Lifestyle and its effect on health* was a common topic of discussion in the Conversation on Health. The importance of addressing issues related to incentives and disincentives for healthy behaviour, healthy lifestyles for children and youth, smoking, and personal responsibility, were highlighted in many of the discussions and submissions. Here is a selection of what British Columbians had to say on the subject of lifestyle.

Healthy Lifestyles

Many participants voiced concerns related to unhealthy lifestyles and their negative impacts on the health care system. Many believe that the most fundamental issue related to lifestyle choice is poverty, and until every person has the means to access healthy food, stable shelter, and education, people will be unable to have full access to health and well-being. The idea of targeting incentives to encourage healthier lifestyles among vulnerable, at-risk populations was frequently discussed.

Many participants emphasized the link between healthy lifestyles, including diet, physical activity and personal habits, and lower rates of chronic disease. Some suggested there is a need to resist the tendency to look at disease specific issues and find common risk factors. Many voiced concerns related to the apparent increase in the inactivity of British Columbians, and there was widespread recognition that lifestyle improvements will require a long term campaign to educate the population to take responsibility for their health. Many participants describe ActNow BC as an excellent program and a step in the right direction. However, British Columbia’s healthy living momentum must be maintained. Many emphasized the need for integration between the environment, transportation and health. Others discussed the importance of infrastructure renewal in many communities to address the aging facilities.

*Communities can and should play an important role in keeping us healthier... Every community should have a long term development plan that stimulates healthier lifestyles, leads to less... driving and more walking, bicycling and public transportation use, creates more green spaces and community gardens, makes space for as much as possible produce grown locally*

- Web Dialogue, Nanaimo
Incentives and Disincentives for Healthy Behaviour

There was considerable debate about the idea of incentives and disincentives for healthy living. A number of participants wanted to look at penalties and disincentives through Medical Services Plan premiums that would work like the Insurance Corporation of British Columbia (ICBC) model, with health care premiums going down as risky behaviours are eliminated or counteracted. Some suggested higher taxes on cigarettes, alcohol and gambling, while others disagreed with the idea of disincentives or penalties, emphasizing that they would not want the government to set policies dictating what would be considered a healthy or unhealthy lifestyle choice.

Many feel that currently, there is no incentive to become healthier. The creation of public policy supporting healthy lifestyles was certainly encouraged by participants. Suggestions included: 100 per cent smoke free legislation, clearer nutritional guidelines on food packaging and removing junk food from public buildings. Many participants wanted to explore incentives that encourage healthier living including: tax benefits or lower fees for gym passes or weight loss programs, tax credits for those who stay healthy and the removal of sales tax from items that promote healthy living and exercise. Changes that enable people to live healthier lifestyles were also recommended, such as bike lanes and affordable, accessible public transportation, and smoke-free environments. Participants support programs that encourage healthy behavior in youth and create affordable, accessible recreation.

*If we want people to engage in healthy lifestyles, provide incentives, for example, reduce or do away with user fees for community centres and other publicly run exercise facilities. Stop charging high rental fees for sports groups to use fields, gyms etc... Money spent there is saved down the road by having a healthier, happier society. Cuts to services go deeper than the dollar value. They impact people in a very real way*

- Web Dialogue, White Rock

Children and Youth

There was widespread concern that high levels of obesity in children are associated with poor diets and sedentary lifestyles. Participants believe that school districts are struggling with lack of funds for facilities to promote healthy lifestyles, and physical education programs have been cut. Many of the youth who were consulted agreed that young people can feel they are invincible and that they will not see the negative effects of their lifestyle choices. For example, young people are smoking, despite the
knowledge that it is unhealthy. Participants suggested that although there should be more in-school promotion of activity and nutritious food choices, it is also important not to push youth to extremes in healthy lifestyles. Many believe that there are not enough incentives for children and parents to be active and programs are too expensive for children already at risk.

Smoking

The Conversation on Health received a considerable amount of feedback related to smoking. Many participants believe there is a direct relationship between smoking and overall health care costs. The higher smoking rates in men than women, Aboriginals than non-Aboriginals, and in those who live in the Northern regions of British Columbia were troubling for many. Covering the costs of aides to help people quit, eliminating retail displays, increasing the number of tobacco cessation counsellors and remunerating physicians to counsel patients, as well as increasing taxes on cigarettes and eliminating smoking from public places, were among the recommendations related to smoking cessation.

Several participants emphasized that former smokers continue to have a higher risk of many diseases, than do individuals who have never smoked. This stresses the fact that while smoking cessation is critical; prevention of smoking uptake in the first place is still the best approach. Many have pride in the fact that British Columbia has been very successful in reducing smoking prevalence in all age groups. However, participants emphasized that anyone that started smoking in the last ten years is not paying attention to the widely known potential health risks that are associated with smoking.

Personal Responsibility

Many believe that our society suffers from a sense of entitlement and does not embrace the concept of personal responsibility for health. Similarly, participants suggest the health care system itself is geared towards being reactionary instead of focusing on prevention and early intervention options. It was widely recommended that people be empowered to take responsibility and be personally accountable for their use of the health care system.
Some focused on the importance of increasing the responsibility of families and communities in raising healthy children, and providing them with the resources to do so. Others suggested the development of health care and community networks that empower people to take care of their health in a proactive way. Specific recommendations included: giving printed report cards to patients outlining actions they should take to improve their overall health, providing individual health assessments, and giving patients control over or access to their own health records. In agreeing that individuals must be accountable for their own choices, many emphasized that alternate options in health care must be readily available.

_We must focus more on health promotion and protection, and prevention of disease. Improving our collective health and maintaining wellness is surely less costly than treating disease. We must create environments, through policy and other mechanisms, to make the healthy the easy choice such that tobacco reduction, healthy eating and active living are supported by our environment, versus discouraged as is currently the case. We must pay careful attention to the determinants of health and take action to create the conditions for individuals and families to achieve their potential. Critically important is poverty reduction. Income is a powerful determinant of health_

- Web Dialogue, Vancouver

**Conclusion**

With regards to lifestyle, the majority believe that we need to make the healthy choice the easy choice, including by alleviating poverty. Participants recommended that the government play a leadership role in assisting the province to move towards healthy living. To do this, many suggested providing incentives to facilitate the adoption of healthy lifestyles and increasing people’s capacity to take responsibility for their health.

_I think there is a lot that our society can do to support healthy choices. [These can] range from regulation, to discouraging unhealthy products, to changes to our communities to make walking easier [and] to changes in social norms and attitudes towards physical activity and diet. We need to make the healthy choice the easy choice if we are going to affect behaviour_

- Provincial Congress, Vancouver
Lifestyle and Health

This chapter contains the following topics:

- **Lifestyle**
- **Incentives and Disincentives**
- **Children and Youth**
- **Chronic Diseases**
- **Smoking**
- **Personal Responsibility**

### Related Electronic Written Submissions

<table>
<thead>
<tr>
<th>Submission</th>
<th>Author/Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building a Healthy Future</strong></td>
<td>Submitted by BC Recreation and Parks Association</td>
</tr>
<tr>
<td><strong>Chronic Diseases</strong></td>
<td>Submitted by the Health Officers’ Council of British Columbia</td>
</tr>
<tr>
<td><strong>Primary Health Care: A Vision for 2017</strong></td>
<td>Submitted by the BC College of Family Physicians</td>
</tr>
<tr>
<td><strong>Physicians Speak Up</strong></td>
<td>Submitted by the British Columbia Medical Association</td>
</tr>
<tr>
<td><strong>The Winning Legacy: A Plan for Improving the Health of British Columbians by 2010</strong></td>
<td>Submitted by the BC Healthy Living Alliance</td>
</tr>
<tr>
<td><strong>Meeting the Challenges in Health: Building a System for BC’s Future</strong></td>
<td>Submitted by the Heart and Stroke Foundation of BC and the Yukon</td>
</tr>
<tr>
<td><strong>Smoke Free BC- Healthy People, Healthy Place</strong></td>
<td>Submitted by Dr. Roland Guasparini</td>
</tr>
<tr>
<td><strong>Submission to the Conversation on Health</strong></td>
<td>Submitted by the BC Cancer Agency</td>
</tr>
<tr>
<td><strong>A Submission to the Conversation on Health</strong></td>
<td>Submitted by the Canadian Cancer Society</td>
</tr>
<tr>
<td><strong>Research on Child Health – Final Report (Quantitative Research)</strong></td>
<td>Submitted by the BC Children’s Hospital Foundation</td>
</tr>
<tr>
<td><strong>Submission to the Conversation on Health</strong></td>
<td>Submitted by the Representative for Children and Youth</td>
</tr>
<tr>
<td><strong>Do No Harm</strong></td>
<td>Submitted by the AD-AV Society</td>
</tr>
<tr>
<td><strong>2020 The Future Without Breast Cancer</strong></td>
<td>Submitted by the Canadian Breast Cancer Foundation</td>
</tr>
</tbody>
</table>
Related Chapters

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: Health Promotion; Social Determinants of Health and Self-Care.

Lifestyle

Comments and Concerns

Social Determinants
Cultural and Societal Norms
Lifestyle Choices
Promotion of Healthy Lifestyle
Costs to the System

- Comments on the social determinants of health:
  - The most fundamental issue related to lifestyle choice is poverty. Until every person has the means to access healthy food, stable shelter, and education, people will be unable to have full access to health and well-being. This should be done by addressing the determinants of health through a lens that focuses on promoting health for all, not through a prevention focus that blames people for their ill health.
  - Increasingly, healthcare professionals and policy-makers are paying attention to the environmental (sometimes called ecological) contributors to personal health risks. Increasingly it is being recognized that behavioural risk factors involve more than individual decisions. For example, with advancing technology and certain urban built forms, there is less demand for physical activity; unhealthy meals are often faster and less expensive than healthier meals; and there is still relatively easy access to, and extensive promotion of, an abundance of tobacco products.
  - Leading a healthy lifestyle is expensive. In many cases, the working poor cannot afford a healthy lifestyle.

- Comments on cultural and societal norms and pressures:
  - Currently, people seem to be working longer and sleeping less. If we address this it may lessen use of sleep-aids.
  - We have a growing number of people living alone; often in places where they do not have much of a social/safety network. This can result in: financial stress,
depression (poor eating, exercise, sleep, work habits); escapism (alcoholism, drugs, gambling); violence; and social isolation, particularly for single parents, those with mental and physical disabilities, the elderly and those living in rural areas.

- It has become acceptable to be overweight.
- People who are mentally, physically and emotionally stressed out are not healthy.
- It is concerning that today’s generation is the first to have a shorter life expectancy than their parents.
- We are fat, we are lazy, we smoke too much, drink too much, eat too much and complain too much.
- We live amidst a barrage of marketing messages, seducing us to eat processed foods, to watch TV or spend time on the internet, instead of out walking.
- There is concern with the social pressures related to breastfeeding.
- Families are not eating together due to time pressures.
- Social policies which support the use of personal motor vehicles over public transit lead to reduced activity and increased pollution. In addition, motor vehicle accidents correlate with numbers of automobiles and their use, whereas injuries and deaths are less with increased public transit.
- The explosion of diseases in the present society is primarily caused by drastic changes in the dietary pattern and way of life.
- How we can encourage activity and physical health for First Nations peoples?

- **Comments on lifestyle choices:**
  - People have to consider the negative long term effects of some forms of exercise. Nobody tells you that if your knees start pounding after 25 miles of running a week while you are training to become a marathoner at the age of 18 or 19, and you are 160 pounds, that you are going to have problems when you get to be middle aged.
  - On one hand we provide free will and then we are surprised when a segment of the population makes bad choices. There is no link between various government policies particularly the sin activities (booze and gambling) and how it links to health costs.
  - I am really upset by people who lead unhealthy lifestyles and abuse the system.
  - Most of our diseases are caused by lifestyle, particularly the consumption of animal products.
Chronic obesity, smoking and drug use are voluntary conditions which cost the health system a lot of money.

It can be difficult to get people to make positive lifestyle choices.

It is important to recognize that there are major differences between obesity and smoking. First, food and activity are essential to life; tobacco is not. Second, there are possible negative consequences of a focus on obesity, such as disordered eating, that should be taken into account. Third, there are underlying genetic disease conditions that contribute to obesity. And fourth, research on the impacts and interventions related to obesity, diet and physical activity is still in its infancy. In spite of these conceptual and practical differences, there are important overlaps between tobacco use and obesity, including the fact that social influences and advertising pressures affect what we eat and how active we are. Furthermore, some have suggested that we currently live in an ‘obesogenic’ environment were people struggle against urban forms, transportation policy and economic factors which promote high energy intake and sedentary behaviours.

Over half of British Columbia’s adults are not active enough to derive health benefits from exercise.

The public and the lifestyle choices made by the public over many decades seem to have brought the healthcare system close to the edge of irreparable failure. In short, the healthcare system is itself terminally ill.

Those who are unable or unwilling to live a healthy lifestyle can cause significant health and social problems. Pregnant women who drink during pregnancies are likely to produce children with a Foetal Alcohol Syndrome and these children are very likely to become less or non productive citizens.

Comments on the promotion of healthy lifestyle:

My experience with pharmacotherapy is that doctors over-prescribe medicine and under-prescribe lifestyle changes. Doctors need to talk to their patients more and prescribe behavioural changes more often than medicine.

There is a shortage of day-to-day activities to help people to stay healthy.

Finland is an example of a jurisdiction that has had success in changing public behaviour and health results through actions like: distributing healthier, easy to make recipes for cooking, putting in place new policies to help farmers to switch to growing canola and growing berries. The tax policy on dairy fat and vegetable oil fats was altered so that dairy fat was no longer favoured.

Right now our elected government is very actively engaged in promoting healthy living in this province and they are doing an excellent job of it.
• It is encouraging to note that long-term physical activity is related to postponed
disability and independent living in elderly individuals.

• Courses on nutrition and lifestyle change could be mandatory just as anger
management courses or community services are mandatory for offenders on
other fronts.

• With respect to prevention, the good news is that approximately 50% of cancers,
and other major chronic diseases, can be prevented, in large part, by addressing
the common risk factors of tobacco use, unhealthy weight, unhealthy eating, and
physical inactivity.

• **Comments on costs to the system:**

  - If just 10% more British Columbians were physically active, the province could
  save an estimated $16.1 million every year in avoided hospital drug, physician and
  other direct costs. Added to an estimated $19.9 million in productivity gains, the
total economic savings to British Columbia from a 10% reduction in physical
inactivity could amount to $36 million.

  - Given the fact that everyone dies, is there any empirical evidence that proves that
  healthy lifestyles actually cost society less over the whole lifetime of the person?

  - It is no secret that the five big killer diseases in our culture are all related to
  lifestyle. Obscene amounts of money are spent treating people who do not know
  or care how to live a healthy lifestyle and then we keep them alive at the end with
  medical heroics when that money could have been more effectively spent on
  education and prevention.

• There should be a screening program to evaluate prospective parents to ensure that
  they have the parenting skills necessary to support their offspring.

• We must find a solution to hip and knee problems. I think it has to do with what we
  eat and drink and how little exercise we do early in life.

• Evidence based practice may limit innovation; there is not as much research in
  prevention-oriented activities.

• Amidst all the concerns about the obesity epidemic, the assistant chief statistician
  refuses to allow his staff to use the words obesity and epidemic in the same
  sentence.
Ideas and Suggestions

Social Determinants
Cultural and Societal Norms
Lifestyle Choices
Promotion of Healthy Lifestyle
Costs to the System
Infrastructure to Support Healthy Living

• Ideas about social determinants:
  • Target incentives for healthier lifestyles to vulnerable populations with increased risk: Aboriginal, New Canadian, low income.
  • Consider consequences for lifestyle choices, balanced with understanding of a person's social situation (social determinants).
  • Acknowledge and understand the barriers to behaviour change.
  • It is not so simple, because living healthy depends, to a great extent, on individual choices, but clearly individual choices are greatly influenced by larger social and economic factors.

• Ideas about cultural and societal norms:
  • Improvements in lifestyle will require a long term campaign by the government to educate the population to take responsibility for their health through life style changes.
  • Maintain the current healthy living momentum.
  • It has got to be cool to wear a helmet. It has got to be cool not to smoke. And it has got to be cool to be healthy and do physical activity, because a lot of people just do not like being told what to do.
  • Vancouver is one of the top communities in the country in terms of a low prevalence of obesity. It might be worth thinking about, what it is about Vancouver that gives us a degree of protection. We are probably the lowest smoking population in the entire world. I mean, talk about success!

• Ideas about lifestyle choices:
  • How do we engage a private industry? How about the Fairmont telling me I get five per cent off my hotel if I use the gym?
People with breathing difficulties should not have pets. Pets can make breathing difficulties worse. For example, cats’ dander can exacerbate breathing conditions and can be very harmful.

To me it seems that we have two categories of medical problems, self inflicted and congenital. Self inflicted conditions are the results of poor decisions and lifestyle choices, for example, obesity, alcoholism, drug addiction, tobacco use etc. Congenital is from birth or genetic inheritance. So, a congenital condition should have a higher priority for treatment than a self-inflicted one. This in itself will not cut costs but as people with self-inflicted injuries find themselves getting bumped for congenital problem treatment, they will have an incentive to change their lifestyle.

There are a lot of fad diets are around, but what it really comes down to is eating moderate portions, choosing more healthy alternatives most of the time, and getting some exercise a few times a week.

**Ideas about the promotion of healthy lifestyle:**

- Use senior centres to educate and encourage seniors to eat healthy and exercise, teach healthy lifestyle.
- Sustainability for the future can only be achieved by educating the public on proper diet and exercise, unhealthy lifestyles, overuse of medications, and road safety.
- Support counselling for healthy living (paid coverage).
- Create public policy that supports healthy lifestyles (100% smoke free legislation, walk able safe communities and environments, taxing of unhealthy food and incentives for healthy food, removing junk food from public buildings).
- While the provincial government must play a leadership role in helping us move towards healthy living, it cannot do it alone. Partnerships are needed with municipalities, businesses, the food industry, volunteer organizations, media and others, because government funding towards supporting healthy choices will always be tiny compared, for example, to the billions of advertising dollars that is spent by the fast food industry.
- More effort should be made in the area of info on eating healthy (no fast food, no prepared food with additives etc.) On active physical life, on alternative treatment such as chiropractor, massage, acupuncture etc.
- Give people the resources to track health status, self–awareness and self-monitoring to allow for prediction of future body state. Provide people with a visual representation of personal progress relative to norms and extremes.
• Provide free bittersweet chocolate everyday and lower taxes on red wine as it helps lower cholesterol.

• Partnerships increase both the opportunity for collaboration between different stakeholders in the world of prevention and health promotion, and the possibility of focusing limited resources to achieve the greatest benefit. The fact that a remarkably short list of major risk factors relates to an array of serious chronic diseases multiplies the potential for such initiatives. The advantages of partnerships are manifold. For example, experts in tobacco control can share their learning with leaders in prevention arenas that are still emerging, such as physical activity and healthy diet. The influence of decades of research and practice around effective interventions in the 'tobacco wars' needs to be understood by those concerned with other aspects of a healthy lifestyle.

• It is estimated that 90% of all skin cancers could be prevented through healthy living and policies that protect the public. Sun exposure in childhood plays an important role in the subsequent development of cancer. Promote shade creation policies for daycares and schools. Implement legislation banning those under the age of 18 be banned from using artificial tanning equipment and increase measures to reduce exposure to tanning salons and improve shade policies.

• **Ideas about costs to the system:**

  • To achieve population health gains, sometimes factors need to be addressed in combination. The benefits of reducing multiple risk factors are potentially enormous. For example, focusing on both exercise and diet control often provides better weight loss or weight maintenance than either intervention in isolation.

  • Recreation and community sports are widely acknowledged to have a positive impact on healthy, active Canadians. Accepting these key benefits, the importance of ensuring the long-term sustainability of a healthy stock of community sports and recreation infrastructure becomes clear. We require actions that are multidisciplinary, comprehensive, integrated, sufficiently resourced and sustainable. People need encouragement and opportunities to adopt lifelong healthy habits that will improve their health and ease the burden on the health care system

• **Ideas about infrastructure needed to support healthy living:**

  • Support integration between the environment, transportation and health (to counter global warming, promote walking, and cycling).

  • Create dedicated roadways for bicycles, which allow no cars and are covered so that people will use their bikes for transportation.
- Multi-purpose buildings are a visionary way to go. Schools and seniors centres should be combined.
- More facilities to promote better health and lifestyle should be available in communities.
- Build walking trails that are accessible to wheelchairs.
- Make recreation centres mandatory in each community.
- Make school facilities available for public use (gyms etc.).
- Build proper aquatic facilities.
- Build double-lane highways right across the province. It goes beyond health.
- Infrastructure renewal is required in many communities as many current facilities are aging and facing replacement or renovation is needed.
- Recreation facilities, programs and active infrastructure (parks, trails and bikeways) are critical to creating and supporting healthy active communities and are central to binding communities through sport participation and social interaction. These facilities are also vital to the economic development of communities.
- The development of a comprehensive understanding of the condition of the facilities in the province through a recreation facility audit is needed. The audit will provide government with a comprehensive understanding of the condition of the facilities in the province in order to make educated, informed decisions that will help meet the goals of a sustainable sport and recreation system, creating opportunities to have the greatest impact on the health and physical activity levels of British Columbians. A small investment of $325,000 is required to conduct the audit which will review a sampling of 65 facilities, hire the experts to do the field work, database the information and provide a thorough analysis of the data and their report finding.
- Allow bikes on the transit system and on the sky train during rush hour.
- I would like to suggest the government to study the prospects of hybrid two wheelers or three wheelers with possible usage throughout the year.
- We need more green space for recreation. Waterfront communities should be encouraged to acquire waterfront property to add to their green space.
- Pemberton needs an ice rink.
- All British Columbian communities need to be designated green, healthy communities with a commitment to providing all the amenities that lead to good health.
• Youth in Pemberton have no soccer field; we need to pull together to support team sports.

• Over the past several years, the British Columbia Recreation and Parks Association has completed a three-phase study focused on gaining an understanding of the magnitude of this infrastructure problem. Through this process, the British Columbia Recreation and Parks Association has created an inventory database of municipal sport and recreation infrastructure, both indoor and outdoor. The findings reveal that, currently, over 70% of this infrastructure is over 25 years of age. By 2010, most will be in this category. It is estimated that these facilities represent a total capital investment of $3,350,000,000. Although we have experienced an increase in construction over the last 10 years, the current rate of construction is not keeping pace with approximately 20% of indoor infrastructure less than 15 years old. This challenge is particularly concerning given that it is generally understood that as a facility ages it becomes more and more costly to operate and nears the point at which large scale rehabilitation or replacement is required in order to allow it to continue to serve the community effectively.

• There is a need to address transportation and environmental issues: provide infrastructure for alternative transport (for example, safe trails/paths for bikes and pedestrians); support alternative transport approaches, more buses, vans, volunteer drivers; need better sidewalks, paths for pedestrians etc. The health of our planet affects our health!

• Allocate at least seven per cent of transportation-related infrastructure funds toward the development of community infrastructure that promotes the use of active modes of transportation.

• We are in a bit of transition period in health care where we have traditionally treated the sick and focused on the sick, we are now trying to move towards a prevention oriented system. For a little while I actually think we are going to have to run a bit of a parallel system where you continue to invest in acute care, and then you invest as well in your other infrastructure supports to enable change to happen.

• The Ministry of Transportation and their cycling paths initiative is an excellent example of a program focused on safe and secure paths.

• On October 27, 2006, the Premier announced the creation of a new The Green Cities Project. The Province will invest $40 million over the next four years in a new Local Motion Fund aimed at getting British Columbians out of their vehicles as one element of the Green Cities Project to help British Columbian communities improve their environmental sustainability.
• Our town recently, through a lot of group participation and fund raising built a rubberized running track. It is now being used every day, mostly by non athletes, people with walkers, walking sticks etc. Women find it a safe place to walk, because it is out in the open and there are always others there. It shows that people will use these facilities if they are available to them.

• The other addition to our town is a dog park. Upon completion it was immediately filled with people and dogs and we see them there everyday.

• One of British Columbia’s Five Great Goals is to lead the way in North America in healthy living and physical fitness. This goal is directly linked to the ability of British Columbia’s recreation facilities and having the infrastructure to meet this challenge.

• Make walking trails accessible to wheelchairs.

• It seems clear to me that escalating health care costs are directly tied to land-use patterns throughout the province. Sedentary lifestyles in car-dependant communities are bankrupting this country and our province. The provincial government must immediately begin funding a huge scale-up in public transportation infrastructure and offer the resources for cities and communities to develop into more complete, compact, and walk able urban centres, thereby reducing the complete reliance on the private automobile for transportation.

• British Columbia Recreation and Parks Association recognizes and commends the Government of British Columbia’s recent investments in community active infrastructure projects, such as the Cycling Infrastructure Partnerships Program and Local Motion. We encourage the government to increase this type of funding, which assists local governments and community partners in meeting the quality of life needs of its citizens through projects and programs that support active lifestyles and reduce barriers to activity.
Incentives and disincentives

Comments and Concerns

Tax Incentives
Supporting Healthy Lifestyles
Regulation and Enforcing Healthy Lifestyles

- Comments on tax incentives:
  - The idea of providing tax refunds, for costs related to physical activity, is an area where I think that some deeper analysis is definitely necessary, because all the evidence we have around who it is who actually is getting sick, shows that it is very much is related to socioeconomic status. Therefore, we would be giving more money to the people who are already the healthiest, because they're the ones who get more tax refunds under our system, we reward good health, right, but the people who are suffering most from poor health are not the ones who are going to pay attention, or be affected by this. If you do not pay tax already then a tax refund does not help you.
  - The use of tax rebates to encourage healthy lifestyles may face public resistance.

- Comments on supporting healthy lifestyles:
  - The cost of healthy organic food and naturopathic medicine amounts to a tax on the health conscious. This is counterproductive for British Columbia’s population health, and as a result for its finances.
  - An incentive approach is something that we are starting to explore, particularly for older people because our understanding is that seniors love a bargain, and if they can get free physical activity and lower-cost healthy food, then that is going to be a huge incentive for them to take that up. There are some precedents in for example, school lunch programs. If you provide a school food program and you do not require people to come up and ‘identify themselves as needing the support for it, you just provide it to everybody, then the people who need it will get the healthy food. Right now in recreation centres, all recreation centres provide free programming, but it is not publicized, and you have to go up and self-identify and say, "Gee, I need this." And that's a real barrier for people. We need to move beyond that requirement on the basis of need and provide that kind of access universally. It requires many sectors in society to get involved.
In the current system, there are incentives to be sick. People in the sick role are excused of their responsibilities. We are not proactive in promoting health and recovery.

There is currently no focus on outcomes and no incentive for being healthy. We have too much freedom and not enough responsibility.

There are not enough incentives for people not covered under the corporate umbrella to invest in preventative, healthy lifestyles.

The healthcare system does not reward those who take a preventative approach to health.

Individuals, who make conscientious and pro-active choices to live their life in as healthy a fashion as possible, are essentially penalized by having to pay out-of-pocket for services/products that keep them from draining the system with chronic, costly health conditions. Why should those individuals who choose to live a less-than-healthy lifestyle be carried by those who choose to live a healthier one, yet not receive comparable benefit from a system they must pay into.

Obesity is in most cases a preventable health care issue that results from people not taking personal responsibility for their health. It is unjust that the taxpayers who work hard at living a healthy lifestyle must pay for the irresponsible. Not only does the responsible taxpayer pay for the consequences of obesity, but the health dollars going to obesity related health care should be going to legitimate health issues of those that have lived responsibly.

**Comments on regulation and enforcing healthy lifestyles:**

Every person’s body can react differently to the same variables. Two individuals could have the exact same diet and perform the exact same exercise regime, and one of them could be considered irresponsible because he is 25% over his recommended weight! Short of God determining who has been good and who has been bad, I do not believe you can deny services or charge extra for services to possible offenders. Health care should be available to everyone at the same level.

The government-funded health insurance system is not voluntary. Each citizen must participate, and the system prohibits anyone from providing their own health insurance. To use this enforced system as a rationalization for further infringements on a person’s liberty, such as lifestyle rewards or punishments, is the moral equivalent of a protection racket: you do it for your own benefit (that is, lower health-care costs) not for theirs.
• Those of you who think you are doing this for someone else’s benefit should consider what C.S. Lewis said: "...those who torment us for our own good will torment us without end, for they do so with the approval of their own conscience." I have never been a smoker, I have never had a car accident, I rarely ski, I don’t rock-climb or bungee-jump, and I drink only moderately. I eat a reasonable diet, have low blood pressure and body fat, and am in decent shape for my age. In other words, I oppose those who “torment us for our own good” out of principle, not self-interest.

• "Big Brother" style government regulation will not make this any better without hurting freedom of choice and creating a new bureaucracy.

• I would not want to live in a society in which the government set policies dictating what would be considered a healthy or unhealthy lifestyle choice. Not only would this be an infringement on my rights as a human being, it would be a license for society on the whole to further socially persecute people (smokers and overweight people for example) even more than they already are.

**Ideas and Suggestions**

- Tax Incentives
- Other Incentive Structures
- Supporting Healthy Lifestyles
- Regulation and Enforcing Healthy Lifestyles
- Medical Services Plan

• Ideas about tax incentives and disincentives:
  - Those individuals who seek out alternative or complementary care so as to not burden the system should receive tax incentives.
  - Implement fines for overweight people and funnel tax revenues from unhealthy substances (alcohol and cigarettes) directly into public health monies. These publicly collected funds could be used to make the system fairer for those that do not choose unhealthy lifestyles.
  - Provide tax incentives or tax breaks for healthy decisions, food, exercise equipment, training, etc.
  - Use the "Road Star" idea in medical system. Focus on self care and tax bad habits, lowering costs for those with healthy lifestyles.
  - Create incentive: establish tax breaks for gym passes.
• Increase taxes on cigarettes and alcohol with specific percentage targeted to health care. There should be no change to the premium structure or development of a user structure. Target prevention instead.

• Place sin taxes on junk food and give that money to health care. Prevention is the only thing that will save the health care system.

• Provide tax credits for children’s sports programs.

• If the government is really concerned with obesity why do they not give a tax deduction to those that want to join programs such as Jenny Craig, Nutri-system, or a gym such as Curves? I would suggest a 100% deduction for these programs, both the entrance fee and the cost of the food supplements. Personally, if that were the case I would be on these programs tomorrow.

• I propose a system involving positive incentives. I do not believe granting credits for gym passes etc., or covering costs for yoga or pilates for example, will achieve the end point desired. There must be a system to assess health related improvement as a result of the new health programs. That is, that participation pays off in improved health outcomes. Develop a generic Individual Health Assessment and assign a tax credit value for a percentage improvement in the individual health assessment scores, assign a tax credit value for maintaining the score above a certain point and if there is no improvement or a decrease in the score, there is no penalty. The assessment could include such parameters as: Body-Mass Index; Hip to Waist Ratios; Blood Pressure; Lipid Ratios; Aerobic Exercise Capacity; Strength (hand grip); Smoking cessation; Self-Drug use cessation; Sleep quality; Nutrition quality; Stress balancing activities; Stress mapping; and, Job satisfaction. The testing could be carried out by a doctor, nurse or a specifically trained and certified assessor. Completed test results would be mailed out to the individual from the testing authority. They would then be submitted annually with the individual's tax return and a tax credit requested dependent on the percentage improvement value documented.

• There should be a health care tax on unhealthy goods and services (for example, foods such as pop, candy, junk food, certain fast foods, and so on) to offset the increased healthcare costs associated with them. Similarly there could be a health care credit or deduction for healthy goods and services that have been shown to promote health (for example, things associated with exercise). We cannot control the behaviour of others but it can certainly be influenced by incentives and disincentives.
Rather than a charge being levied as a disincentive to inappropriate use of medical services, I suggest an incentive program. If the average cost of health care per person is $2,100 per year, why not offer a cash bonus or some kind of income tax benefit for those folks that do not use our health services.

**Ideas about other incentive structures:**

- The province needs to look at ways to encourage responsibility for our own health through incentives and disincentives for desirable and undesirable habits and behaviours. Any such initiatives should be based on proven outcomes.
- Everyone should start with full coverage (100%), then should be penalized for their poor health choices by paying for a portion of their health care.
- I like the suggestion of physicians applying demerit points for unhealthy behaviours on the one hand, on the other hand, a system like that would discourage patients who need to change their bad habits from going to the doctor and therefore, they would become even sicker.
- Change behaviours with incentives and disincentives.
- Reward a good lifestyle, punish a bad lifestyle.
- There is no incentive to be healthier. We should have incentives like the Insurance Corporation of British Columbia (ICBC), with health care premiums going down as risky behaviours are eliminated or counteracted.
- I believe that people who engage in injury threatening sports should be required to purchase insurance to cover the cost of injuries (for example, skiing, snowboarding, hockey, hang gliding).
- I am in favour of implementing a user pay system for preventable lifestyle related health problems.
- While life insurers give preferred rates to applicants who are an appropriate weight, non-smokers and so on, we all pay the same rate for provincial medical coverage. There is thus no incentive for healthy behaviour. Should the unfit, overweight smoker who abuses alcohol and other drugs pay the same medical services plan premium and have equal priority access to scarce hospital beds and overworked services?
- Citizens over a certain age could be grandfathered in to a health care system that penalizes bad habits.
- People who do not look after their health should be on a second list for services.
Citizens not using the medical system at all during a given year should receive a cheque of 100 dollars and be sent a token or medal of some sort which they can display prominently if they want.

Health is a complex system and incentive programs would have to reach all populations.

If a patient can reduce their blood pressure by eating less salt and complying with their prescription medications they could receive a voucher for eye glasses or contact lenses.

If someone can maintain their Body Mass Index at a normal value (18-25) then they could receive vouchers to use for spa treatments, massage therapy or other treatments.

If someone is able to show good control of their diabetes they could have dental care coverage for a year.

There should be rebates offered for those with osteoporosis who are actively taking up exercise regimes like weight training instead of expensive drug therapies.

**Ideas about supporting healthy lifestyles:**

- Schools with healthy food programs should be rewarded.
- I do not think it is feasible to penalize people monetarily for unhealthy lifestyles. Maybe reducing the costs to facilities that encourage fitness would be sensible.
- Gyms are too expensive for many people to join; there should be some incentive for people to join gyms or exercise programs.
- Drug addiction and all of its related medical problems is a whole different problem. It is not feasible to penalize addicts as the penalty they pay now (for their lifestyle) is tremendous and nothing we could add would work.
- Verbal encouragement to change one's lifestyle seldom works. Money, however, often has a bearing on choices.
- Provide encouragement for lifestyle improvement, rather than a financial tax or monetary benefit.
- I would happily pay $90 for my next doctor's visit if I could get my next $90 pair of running shoes for free. If it is so great for us to stay healthy, prioritize health care spending to reflect what is important.
• Subsidize the public to encourage them to keep themselves healthy. Subsidize attendance to self help programs, counselling, and education on diet and exercise and so on.

• Provide free passes to: sports; tutoring; social events; recreation.

• **Ideas about regulation and enforcing healthy lifestyles:**

  • The idea of a system that rewards its users for healthy life choices is not viable until the Medical Services Plan premium structure moves to a sliding scale system.
  
  • You can not legislate personal morality or values so incentives and penalties are not the answer.
  
  • The idea of punitive measures based on life style is a non-starter. You cannot vilify people for their lifestyle.
  
  • We need to change the system to reward patient outcomes and we need objective criteria to measure that.
  
  • I believe that a person who chooses poor health through self-inflicted behaviour does not deserve to be covered by our medical system or tax dollars. There is always a choice, and people should be made aware of those choices, but as a taxpayer I do not believe we should be responsible for other people’s poor choices in lifestyle.

• **Ideas about incentives and Medical Services Plan premiums and coverage:**

  • Reduce Medical Services Plan premiums according to a person’s healthy lifestyle.
  
  • The public should be tested every five years for fitness/wellness and knowledge of diet, and disease prevention. They should be given the results directly and Medical Services Plan premiums should be based on the results of the tests with special rates for handicapped.
  
  • Once the Medical Services Plan institutes a sliding scale to reflect lifestyle choices, random urine tests should be administered for all Medical Services Plan patrons to ensure that people who are paying low premiums are leading healthy lifestyles.
  
  • Make it mandatory for anyone holding a British Columbia Medical Card to have a physical/stress examination every two years and if they do not meet a minimum requirement or they lead unhealthy lifestyles they should pay heftier monthly medical premiums.
  
  • Passing a health literacy test could be part of applying for membership in the provincial Medical Services Plan.
Children and Youth

Comments and Concerns

Obesity and Physical Activity
Parenting
Youth and Lifestyle Choices

• Comments on obesity and physical activity:
  • Children are experiencing very high levels of obesity associated with poor diets and sedentary lifestyles. At the same time, school districts are struggling with lack of funds for facilities to promote a healthy lifestyle.
  • When you leave school, it is harder to access exercise programs.
  • The effect of technology, the increasing time that we spend in front of computers, computer games, and video games has a detrimental impact on health, especially for the young. The general activity level of a child nowadays is much less than it was say thirty years ago. Instead of going out and playing baseball, they play it on a computer.
  • Kids are not getting the exercise they once did.
  • Existing data indicates that 70% of obese adolescents will continue to be obese in adulthood. It is crucial that we help these children and their families to develop healthy lifestyles that will last a lifetime.
  • Physical activity provides proven health benefits for children. It protects against heart disease, stroke, hypertension, type 2 diabetes, colon cancer, breast cancer, osteoporosis, obesity, depression, anxiety and stress.
  • The childhood obesity problem is epidemic and overweight kids are the norm now. These children will grow up to be chronic health care users.
  • Getting regular exercise is seen as a stronger factor for good health among 15-16 year olds than children 10-12 (95% vs. 90%) though both still strongly agree that it is important.
  • The most prominent reason children give for being in better health is that they’re getting more exercise. Half of the youth interviewed chose this as a reason for being in better health. 'Eating better' is also seen as an essential contributing factor for improved health, though far fewer children raise this as a reason (26%).
• **Comments on parenting:**
  
  - Children are not receiving mentoring or role modeling of healthy living from their parents.
  
  - If research is correct and personality traits and attitudes are set before school age, then society has a very limited opportunity to influence each generation, except through early education of the young or through educating the parents during their children's pre-school years.
  
  - Children believe parents are most responsible for their health, although a good number also feel they're responsible themselves.

• **Comments on youth and lifestyle choices:**
  
  - Youth can have the attitude that they are invincible and that the negative effects of lifestyle choices will not affect them.
  
  - More young people are smoking, despite the growing knowledge that it is unhealthy.
  
  - There is a lack of meaningful activity for youth. The home range sphere of neighbourhoods is shrinking.
  
  - There is a strong consensus among BC children that exercise, diet, and sleep are the top 3 contributors to good health. Three-quarters or more cite that these factors contribute strongly (either a great deal or a fair amount) to good health.
  
  - Youth are in agreement that the top contributors to bad health are cigarettes and drugs. Fully 9-in-10 youth surveyed stated that smoking cigarettes or taking drugs contribute to bad health.
  
  - More girls than boys felt that eating unhealthy foods, not getting enough sleep and stress contributed to bad health.

• Parents are paranoid about letting their kids play outside because of sexual deviants.

• There is over-reporting of negative incidents involving youth in the media and good news does not get reported.
Ideas and Suggestions

Obesity and Physical Activity
Parenting
Youth and Lifestyle Choices

• Ideas about obesity and physical activity
  • More in-school promotion of activity, food choices and hygiene are needed. There are not enough incentives for children and parents to be active and programs are too expensive for children already at risk.
  • Studies show that children who exercise are more likely to be adults who exercise.
  • Our children are not the ones stressing the medical system, it is the baby boomers. We need to challenge the beliefs of this group when it comes to activity and nutrition.
  • I feel that youth should be able to drop into swimming/skating sessions for no cost. The long term benefits would be to create an active lifestyle, that would become a way of life, and hopefully continue into adulthood, resulting long term in healthier adults.
  • Instead of spending money on the research and treatments, take these funds and encourage our youth to participate in sports.
  • Have a family health fitness grant available to encourage participation in fitness activities.
  • Offer incentives to get kids to lead more physical lives. Scare them into healthy behaviours if necessary.
  • Physical activity for young people is the key. We have had others highlight youth obesity and that is a growing problem. We have to cultivate in the young a lifelong love of sport.
  • There is a need for a balance between activity and eating healthy. Do not encourage kids to be too extreme either way. Encourage others to be active and healthy.
  • Do not sell junk food or video games to kids unless they have a card from their physical education teacher saying they ran X amount of miles in the last month or something like that.
• The Ministry of Health should ensure that the Minister of Education’s recent announcement that all students get 30 minutes of daily physical activity by September 2008 is implemented, and ensure that all schools in BC develop safe routes to school.

• Vending machines that cater to the junk food industry must be removed from our schools. They facilitate unhealthy food choices by children.

• **Ideas about parenting and family planning:**
  
  • Every child conceived should be a wanted child born to a healthy mother. There should be more access to the morning after pill.

  • Pregnancy Outreach Programs encourage at-risk women to focus on healthy lifestyles and eating, which helps to decrease obesity and chronic disease.

  • A child’s good health begins with the parents at home who have a partnership with the health system. This partnership begins with pre-conception, through to pregnancy, immunizations, and hearing and dental check ups, up until the child reaches kindergarten.

  • Kids need a stable environment where they can express their own point of view and feel at peace with their mind.

  • Encourage parents to care for children; allow them more time for meal preparation and healthier lifestyle.

  • Research found that one of the determinants of actually enjoying outdoor recreation was your childhood experience. So, if you either did not experience outdoors, or you had a bad experience of outdoors, you were less likely to engage in outdoor activity when you were older. Your experiences had to take place before about the age eleven. So, if parents do not take their children out, if there is a youth group that does, some sort of organization that takes kids out to camp, and that becomes a pleasurable experience for them, then they are more likely to enjoy other activities later on in life, it is enjoying that outdoors, which is again linking to health and activity and physical activity.

  • Parents should be held financially responsible for preventable injuries to their children if they were due to the parents not providing the proper protective gear to their child.

  • Provide foster parents with training on sex and parenting education and early pregnancy interventions.
• Address sexuality issues of children and youth in care proactively by working in conjunction with public health authorities and other resources to make sex and parenting education and supports available both during and on leaving care.

• **Ideas about youth and lifestyle choices:**
  
  • Hold a conference on healthy lifestyle for youth.
  
  • We need to ensure that young people understand that, the lifestyle decisions they make often shape their health outcomes for 10, 40, 50 years for now. Often we have a misplaced reliance on a magic pill that will cure the ailments of our lifestyle today.
  
  • Kids need a balanced life. A balanced diet, exercise, positive interactions with friends/family and an overall sense of well being, as well as good communication skills and involvement in their community.
  
  • Youth need to be well-rounded, having healthy role models with healthy lifestyles.
  
  • To be healthy you need food, water, shelter, self awareness, proper resources, a desire to be healthy and the opportunity to access help if it is needed.
  
  • The most popular health-related activity youth participate in is ‘getting regular exercise’. This is followed by ‘keeping a positive attitude’ and ‘getting enough sleep’.

  • Sleep is important to good health so why do we not lower tuition costs so students will not have to work two jobs as well as study?

**Lifestyle and Chronic Diseases**

**Comments and Concerns**

• Obesity and related illnesses such as diabetes, stroke and heart disease are on the rise in Northern communities including Prince Rupert.

• Lifestyle a big issue. There are now high levels of diabetes and a lack of resources for health promotion.

• Inactivity leads to chronic conditions, support campaigns like anti smoking campaigns and drunk driving campaigns.

• There is a need to link many chronic health problems to addictive lifestyle choices, for example tobacco, alcohol, drug (licit as well as illicit) use, sugar and so on.
Some populations are genetically pre-disposed to diabetes.

Physical inactivity is a risk factor for chronic disease. As we work toward increasing activity levels, we need to ensure there is adequate infrastructure to support physical activity in communities.

Being significantly overweight contributes to a variety of chronic conditions. For example, almost 30 per cent of diabetes is directly attributable to obesity.

Most risk factors do not exist in isolation in an individual. This is particularly true with smoking, unhealthy weight, unhealthy eating, and physical inactivity, which may exist in combination in the same individual.

The relationship between eating habits and chronic disease risk is likely indirect, through an impact on obesity, cholesterol, and hypertension. Across all age groups, it is evident that British Columbians, on average, are not meeting the recommended daily intakes within multiple food groups. Action Schools! British Columbia showed that none of the nine to eleven year old children participating in the study consumed five or more servings of fruit and vegetables a day. Concurrently, the consumption of unhealthy food choices, notably sugar-sweetened beverages and high fat/sugar/sodium foods is escalating.

A large percentage of overweight and obese individuals can trace their excess weight directly to a persistent imbalance between energy intake (food calories) and energy expenditure (physical activity).

A sedentary lifestyle contributes significantly to a variety of chronic conditions. For example, almost a quarter of strokes are directly attributable to a sedentary lifestyle.

I ideas and Suggestions

Physical activity protects against heart disease, stroke, hypertension, type 2 diabetes, obesity, depression, anxiety, and stress. According to the Canadian Community Health Survey, 38 per cent of British Columbians are physically inactive. A conservative estimate of the annual cost of lack of physical activity in British Columbia is $573 million dollars.

Research clearly indicates that healthy eating and physical activity as well as not smoking helps to prevent the onset of type 2 diabetes even for those diagnosed with pre-diabetes. The same healthy living activities also help to prevent or delay the onset of complications resulting from diabetes.
• Resist the tendency to look at disease specific issues and find common risk factors for chronic diseases.

• A healthy diet can decrease the need for insulin for diabetics.

**Smoking and Tobacco**  
*(For tobacco legislation see Health Promotion - Legislation)*

**Smoking and Increased Morbidity**  
**Costs of Smoking**  
**Prevention and Decreasing Smoking Rates**

• **Comments on smoking and increased morbidity:**
  
  • Smoking is still the single most preventable cause of morbidity and mortality.

  • Tobacco use also needs to be considered in conjunction with other factors. Most importantly, smoking exacerbates the negative health impacts of being obese. Smoking also demonstrates that risk factors are sometimes negatively correlated; the weight gain that can accompany smoking cessation, for example, must be addressed in any integrated risk factor policy.

  • Tobacco use is a leading risk factor for cardiovascular disease.

  • There are always sceptics who point to research which suggests that stopping smoking is associated with an increased risk of death shortly after smoking. Indeed, the research does indicate this trend, but this is due to the fact that many people stop smoking only after they receive news of a serious smoking-related illness. Stopping smoking at this point is often too late, and the person dies from the smoking-related illness. This suggests that individuals should be encouraged to stop smoking before it is too late.

  • Former smokers continue to have a higher risk of many diseases, even after 20 years of not smoking, than do individuals who have never smoked. This stresses the fact that while smoking cessation is critical; prevention of smoking uptake in the first place, is still the best approach.

  • Smoking causes the large majority of deaths from lung cancers and bronchitis/emphysema. The list of diseases to which smoking contributes is extensive.
Cigarettes are addictive to the extent that children who smoke only four cigarettes per day have a 94% chance of becoming long-term, regular users of tobacco. Given current smoking rates, every 15 years, an estimated 146,000 children will become smokers as they transition into young adulthood. Of this cohort, roughly 14,000 will eventually die due to smoking (BCSTATS, 2006; CDC, 1996, 1997).

- Comments on the costs of smoking:
  - Tobacco addiction costs the taxpayers of British Columbia an estimated $2.2 billion in health care related costs in 2002 (Canadian Centre on Substance Abuse, 2002; Statistics Canada, 2002).
  - I smoked cigarettes for 30 years and quit 5 years ago. Cigarettes used to be really cheap when I was a teenager, but when they realized how dangerous they were, taxes were applied to help pay for the healthcare. The same thing happened with alcohol. Did someone forget along the way to put all this cash into healthcare? Is the stick not already in place? The carrot is there too. Food tastes better. I can walk further and faster. My cleaning bills went down. No burns on carpets, furniture or the car seat. My kids do not lecture me anymore. The dog and cat are happier. I do not need to stand in the cold every hour or so, and I have $2,500 every year that I did not have before!
  - There is a direct relationship between smoking and overall health care costs.
  - I would like to know why it is that the Government supports persons using oxygen machines when they continue to smoke?

- Comments on prevention and decreasing smoking rates:
  - The Capital Regional District imposed a total ban on indoor smoking, forcing smokers outside. Now, smokers have been told they cannot smoke outside, either, and must be a minimum distance of three metres away from any entrance. Soon, if the Capital Regional District has its way, smokers will not be allowed to smoke anywhere in public. This is wrong, and amounts to, as they call it in Britain, a nanny state.
  - The smoking rate for teenage girls is still high
British Columbia has been very successful in reducing smoking prevalence in all age groups. In 2006, smoking prevalence for British Columbians over 15 years of age was 18 per cent, the lowest rate in Canada. Over the last decade, several regulations have been simultaneously implemented, including a mass media campaign which resulted in a reduction in smoking rates of young adults by 30 per cent over a period of seven years.

- Are current interventions sufficient for British Columbia to further decrease the current smoking rates? What will it take to further reduce these numbers?
- There are higher smoking rates in men than women, Aboriginals than non-Aboriginals, and in those who live in the Northern regions of British Columbia.

**Ideas and suggestions**

**Smoking and Increased Morbidity**

**Costs of Smoking**

**Prevention and Decreasing Smoking Rates**

**Regulation**

- **Ideas about smoking and increased morbidity:**
  
  - Anyone that started smoking in the last ten years is not paying attention to the widely known potential health risks that are associated with smoking. We now have available information regarding the harm smoking causes. Those of us that started when it was considered ok in the 1960s, 1970s, and 1980s, have already damaged our bodies, but there is no reason for more people to be affected.
  
  - When Joe Camel becomes Joe Chemo and is in hospital dying of lung cancer from his habit we should be reminded that Joe's end-of-life care (some of the most expensive costs to the system) is not completely covered by the taxes he paid for when purchasing his cigarettes. His decision to commit tobacco assisted suicide is not a health care responsibility. And we have to remember that Joe Chemo did have a choice. Lastly, Joe Camel's choices can kill not only him but sometimes kills others around him.
  
  - I would like to see many more non-smoking apartments and additional protection for non-smokers living in environments where they are exposed to second hand smoke.
• Ideas about the costs of smoking:
  • Smokers already pay more for their health insurance. If a smoker goes through three cartons per month (about a pack per day), they will be contributing an extra $90 per month or $1080 of extra taxes per year.
  • Despite all the problems going on in this world, people are being inundated with propaganda that the evil smoker needs to be punished. Most steady, long term smokers end up dying before they can collect their old age pension (this must save the government quite a bit of money) and they save years and years on the costs of medication and supports most aging people need since they are already dead. So do smokers really cost society so much?
  • Increase tax by $1 per carton and double tobacco control budget. Tax on cigarettes and tobacco products in British Columbia is in the mid-range of tariffs across provinces and territories. Unfortunately, this revenue is no longer used for tobacco control like it was six years ago. It is well documented that higher taxes discourage smoking, especially in youth.
  • Higher tobacco taxes are an extremely effective way to reduce smoking, especially among youth who are particularly price-sensitive.

• Ideas about prevention and decreasing smoking rates:
  • Phase out smoking. All present smokers should register and be allocated a weekly quota to be purchased through liquor stores, or through using ration book.
  • Cover the costs of aides to help people quit smoking (for example, smoking cessation gum or the patch).
  • Ask businesses to offer their employees $100 to stop smoking.
  • There should be a group formed to visit businesses and talk to the people outside who are smoking and show them the results of smoking with the support of graphic photos.
  • Do not write off people who smoke. Instead, address the reasons why people smoke (addiction, stress etc.).
  • I would like to see that those who smoke are charged more for health premiums, more for apartment rental, more for deposit fees, and pay for their own medications and health care equipment.
  • We were delighted to learn of the 3 month pilot program, called Quit Smoking Now!, that the BC government implemented in January 2007 which provided Nicotine Replacement Therapy (skin patches or gum) to British Columbians on income assistance who wanted to quit smoking. Targeting help to those in
greatest need (ie highest smoking rates and lowest financial resources) makes a
great deal of sense.

- Given British Columbia’s maximally extended healthcare system it seems logical
  for the province to do its utmost to reduce smoking prevalence. ActNow British
  Columbia has a short term goal of reducing smoking prevalence by 10% by 2010.
  While laudable, such a goal is limited in scope and vision. The vision - a 'smoke-
  free British Columbia healthy people, healthy place' - and long term goals are
  essential to gain wide public buy-in and the long term commitment necessary for
  success. For example, a long term goal consistent with a Smoke-Free British
  Columbia could be by 2025: (1) British Columbia will have the lowest smoking
  prevalence in the world, for example, 6 per cent, (2) All British Columbia residents
  younger than 19 years old will be non smokers, (3) 50 per cent of current smokers
  (2007) will have quit, and (4) Second hand smoke exposure in indoor or outdoor
  public places will be eliminated.

- A crucial component of successfully reducing smoking rates is the simultaneous
  implementation of complimentary interventions. Implementing only one
  intervention fails to decrease smoking prevalence. An environment that contains
  no cues to smoke, where second hand smoke is non-existent and where cessation
  is readily accessible and more affordable than cigarettes has been shown to be
  effective. Targeting youth averts the emergence of a large number of new young
  adult smokers who succumb to cigarette induced death and disease.
  Consideration could be given to cost-recovery through appropriate ear-marked
  taxation and surtaxes as has been done in Arizona and Australia. Alternatively,
  financial incentives such as tax refunds could be given to institutions or
  municipalities that have implemented smoke free policies.

- The smoking rate for teenagers is dropping.

- Sell nicotine replacement therapy in all stores that currently sell cigarettes.
  Nicotine replacement therapy products are now sold in BC pharmacies without
  prescription, facilitating access to smokers, an important step in the success of
  smoking cessation. Removing tobacco from all pharmacies provides an ideal
  opportunity to replace it with nicotine replacement therapy, along with notices
  about tobacco cessation websites, counselling services and telephone lines.

- Increase the number of tobacco cessation counsellors and remunerate physicians
  to counsel patients. Currently, the Medical Services Plan does not remunerate
  physicians for tobacco cessation counselling. Minimal training is necessary for
  assessment and referral.
• We should make a pill that causes severe symptoms like head aches and nausea if nicotine is ingested. This would be a much better way to get people to stop smoking then raising taxes and limiting where smokers can smoke.

• The comprehensive, annual monitoring techniques done in California and Arizona could be used in BC. In these areas, smoking prevalence by age group, geography and other risk factors is monitored, as is the per capita use of cigarettes. Annual reports are compiled where trends are noted and evaluation and redesign of the programs is discussed. Statistics Canada has comparable types of data that could be used by the BC Ministry of Health in similar fashion.

• Set targets with consequences for tobacco use reduction.

• Focus on tobacco prevention especially with the young; sue the tobacco companies for endangering the lives of youth.

• **Ideas about regulation:**

  • If we are going to get rid of smoking, I believe alcohol should also be gotten rid of. Both of these drugs cause untold illness that impacts healthcare costs today.

  • Immigration application forms should ask the question "Are you or any members of your family been or are regular smokers of cigarettes?"

  • Outdoor areas where children frequent are not regulated in most provinces including British Columbia. Evidence suggests that outdoor smoke is harmful and that smoking areas be separated from non-smoking areas by a distance of seven meters. Health experts recommend twelve outdoor settings commonly frequented by children where smoking should be banned; Nova Scotia leads the provinces by having implemented smoking bans in only three. British Columbia has implemented none so children are often exposed to second hand smoke when at restaurants, sports complexes, playgrounds, parks, entryways to public buildings including hospitals and so on.

  • Eliminate all retail displays including power walls - Seven provinces have banned point of purchase displays and two more have banned countertop displays. Unfortunately, British Columbia has not. The absence of a cue to buy cigarettes at all check out counters decreases the acceptability of smoking as well as reducing the impulse to buy. It is a simple regulation that British Columbia could implement.
• Mandate plain cigarette packaging in British Columbia. Canadian governments have not yet mandated plain packaging on cigarettes. British Columbia should lead the way by lobbying the national government. It is well known that children and young adults in particular, are seduced initially by a particular brand, and that tobacco marketing targets children. A plain package is much less interesting than an attractively decorated one both to children looking for something to buy and for those children who find one in the possession of an older sibling or friend.

• Ban smoking in all movies television programs and music videos shown on television, theatres and videos sold in British Columbia. Recently, in India, films and television programs have banned smoking, eliminating it as a source of free publicity for tobacco companies, a source that targets vulnerable youth by suggesting a link between sex appeal and smoking.

• We should let private enterprise decide if they want their establishment to be smoking or not, and let people decide if they want to work in a smoking environment.

• Institute a licensing program for the buying of cigarettes, with those licensed having to pay excess premiums and/or loose their free coverage sooner.

• Ban the sale of tobacco in pharmacies. Eight Canadian provinces and territories have adopted legislation to prohibit the sale of tobacco products in pharmacies.

• Creating a single, easily understandable, piece of non-smoking provincial legislation also enhances public and operator compliance and thereby simplifies enforcement.

• The Canadian Cancer Society recommends that the prescribed distance from doorways, windows or air intakes be at least 7.5 metres, the distance one must be from environmental tobacco smoke, before the toxins approach the levels of background air.

• There should be a smoking room in the hospital so that elderly patients in wheel chairs and dragging IV lines do not have to go outside in -20 temperatures to smoke.

• Organic tobacco has not got all those poisons in it and is not harmful.
**Personal Responsibility**

**Comments and Concerns**

*Responsibility of Patients*

*Individual and Community Responsibility*

*Education*

- **Comments on empowering patients and patient responsibility for maintaining health:**
  - We have very few patients who are pro-active with their health. Most patients do not follow instructions and they get angry when there is no phone call reminder to come to their appointments.
  - Doctors and medical practitioners are encouraging patients to be informed and involved in their own care.
  - Patients have a lack of control over personal medical charts.
  - People currently follow an acute medical paradigm. They need to be educated on how to prevent physical and emotional issues, manage their own health, and to take responsibility for their health. So many people wait until they have a medical crisis before seeking help or treatment.
  - It seems like the majority of sick people do not want to put any effort into their own health. They just want a pill that lowers their cholesterol, lowers their blood pressure, or gives them an erection. Of course, this is music to the ears of pharmaceutical companies.
  - Patients are required to aggressively pursue options and treatments, which is difficult for the elderly, and adds stress to patients.

- **Comments on individual and community responsibility for health maintenance:**
  - Currently, people do not have to be responsible for their health.
  - The consumer expects to be taken care of rather than taking care of themselves.
  - People abuse themselves: drugs, smoking, alcohol, poor nutrition, inactivity, loud music, boom boxes, and mufflers. There is a common attitude in society which encourages irresponsible behaviour and ultimately creates health care needs.
  - The system is skewed to rights not responsibilities.
  - A sense of entitlement exists that discourages personal responsibility.
• We live in a culture that supports the attitude of "someone else is responsible for me" which is supported and perpetuated by our medical system.

• Our current system is unfair and ineffective. Currently, people who take no personal responsibility for their health are rewarded, whereas people who take a high level of personal responsibility are penalized. For example, person A, who smokes, eats doughnuts regularly, and does not exercise, is fully covered if they need any kind of conventional medical treatment. Whereas person B, who eats healthy organic foods and exercises regularly, must pay out-of-pocket for any preventative and alternative treatments they undergo.

• I find that a lot of Canadians expect the government to pay for everything.

• The public seem to forget that as individuals, they are solely responsible for the escalating costs of health here in this province.

• Taking responsibility for one's health is what most people would want, but the standard medical system paid for by our provincial government offers no choice. Currently, one very small size is expected to fit all.

• Highway authorities treat drivers as adults, while the health care system treats citizens like children who lack information and the ability to take responsibility for their actions.

• Government has no place in the private lives of citizens. It is a person’s personal responsibility to lead a healthy lifestyle, if they so choose. We live in a free society where personal freedom is a cornerstone of our national democracy. Implementing restrictions to accommodate a prescribed healthier life goes against the very foundation of our great nation.

• **Comments on education to increase personal accountability**

  • Had I been more educated about being responsible for my own health I very likely would have been able to save my eye.
Ideas and Suggestions

Responsibility of Patients
Individual and Community Responsibility
Education

- Ideas about empowering patients and patient responsibility for maintaining health:
  - Focus on the patient taking responsibility for their own health.
  - Empower people to take responsibility and be personally accountable for their use of the health care system.
  - Create personal health management plans.
  - People are in a better position to take care of their own health care if they receive the proper diagnosis and health information in a timely way.
  - Patient self-management is a very, very strong thing. We have got a model where it the doctor educates the patient, the patient follows advice. How often do you think that really happens? Not often, but if you get a patient more involved and they develop what they can do to correct their disease or prevent their disease it is a different model. It is far more powerful for the patient.
  - People should have a personal health book summarizing treatment and diagnosis at each visit. This could work like a health passport.
  - As a consumer in this system, we must have some responsibility to ensure the best possible outcome for the service we are provided. This includes proper pre-operative care and discipline to prepare our bodies for surgery.
  - The majority of the time, the patient decides how they manage their disease outside of the formal medical system. We need to empower behavioural change and give responsibility for making health related decisions back to the patient, with a huge emphasis on primary care clinics. We waste too much time and money in acute care.
  - Patients need to take on more responsibility and become self-advocates (for example, keep their own medical records).
  - Some patients have issues with compliance. We have to examine how we manage hard core users in the hospital, to keep them so they can have meaningful treatment, while making personal responsibility sustainable. The system could work like the transplant system, dependent on criteria and evaluating priorities. There has to be a rationing of resources and it has to be an open dialogue. People have to be realistic and be kept accountable for their health outcomes. Prevention is good but right now, people are not listening.
• The patient should manage and have control of their care, including their health record. This self-management would be supported by a team of health professionals.

• Efforts should be made to foster patient doctor relationships. These relationships could also help patients take more responsibility for their own health.

• Patients should be given printed report cards with their physical checkups outlining actions to be taken to improve their overall health. The level of ignorance in the general public about proactive health care is scary.

• Ideas about individual and community responsibility for health maintenance:

  • Emphasize the importance of self direction, self care and personal responsibility for health maintenance.

  • The first aspect of promoting self care is working in your community to create healthier communities; second, is improving your personal and family wellness; third, is the treatment of your own and your family's minor ailments and injuries, part of what we think of as a core of self-care, as well as first aid and emergency care and particularly, what to do until the first responders get there. The health care system needs to train and support individuals in each of these aspects of self-care.

  • You should actively take steps to support and improve your health.

  • I should have the freedom to smoke, get overweight by overeating and not exercise, but I should be responsible for my decisions and not harm the welfare and health of my fellow citizens.

  • Encourage people to take better care of their knees.

  • The timing is right to urge aging baby boomers to take control of their own health.

  • Increase the responsibility of families and communities to raise healthy children, providing them with the necessary resources to do so.

  • If people would only stay home when they are sick from simple viruses it would lessen the health care costs considerably.

  • The more responsibility that we can take on ourselves, the more flexibility the basic health care system has to deliver to those who are the most in need.

  • Do not download health care responsibilities to families without giving them the appropriate supports.
• People who choose to live in remote areas should be responsible for ensuring that they can access health care in a timely fashion.

• People should take personal responsibility for their health and that should be reflected in the health care premiums structure.

• We need to work from an ecological model, focused on personal and social/corporate responsibility.

• I would like to see more emphasis on developing the kinds of health care and community networks that empower people to take care of their own health in a proactive way.

• The solution is for people to start being more proactive in their health and not use the system unnecessarily just because it is seen as being free.

• Individuals, at every point and level, must be accountable for their own choices. However, this means that alternate options must be readily available and discussion also available. Not only individual patients but also the people and companies involved in providing and funding health care must be seen as being accountable.

• **Ideas about education to increase personal accountability:**

• Every person in British Columbia should be issued a book of health care guide that includes their responsibilities in using the system appropriately.

• Everything comes down to awareness, communication, prevention, accountability and patient responsibility.

• Empower people to be more personally accountable for their own health by providing life long education and support.

• Public relations initiatives should be aimed at promoting the idea of personal responsibility for one’s own health.

• The British Columbia College of Family Physicians Self-Management program is helping family physicians learn how to engage patients in beginning the difficult process of making changes to their core living choices in support of improved health.

• Citizens should become more informed and be able to question medical advice.

• If we want a health care system that is managed by the government, and is designed to serve the greater public good we must accept some controls on the system and be responsible citizens. I believe an informed public would be more responsible users of the health care system.
• An ounce of Prevention being worth what it is, the collaborative effort of physicians, researchers and nutritionists to educate the public on the benefits of a healthy diet and lifestyle for cancer prevention and survival is encouraged and would ideally be endorsed by our Health Ministry.

• 59 per cent of women believe breast cancer is primarily inherited. In fact, only 5-10 per cent of cases of breast cancer are due to inherited genes. This gap in knowledge provides women who do not have a family history of breast cancer with the false security that they do not have to be vigilant regarding healthy life choices and early detection practices. Almost half of respondents thought they were most at risk of breast cancer in their 40s. In fact, a woman’s risk increases with each decade of her life. A woman needs to be informed and supported to continue healthy choices and early detection into her 70s.

• Despite citing breast cancer as their number one health concern, women in British Columbia are seriously misinformed regarding basic breast cancer facts, healthy living choices that can reduce their risk of developing breast cancer, and early detection practices that can greatly reduce mortality rates.

• It would have helped us to have been more aware of the importance of routine screening with colon cancer running in the family.