July 4, 2007

British Columbia Conversation on Health

Dear Sirs/Mesdames,

Re: Submission on Chronic Diseases

Health Officers’ Council of British Columbia respectfully makes the following submission, on the subject of Chronic Diseases, to the Conversation on Health. This submission outlines a number of initiatives and recommendations to begin addressing this public health issue.

Health Officers’ Council of BC is a registered society of British Columbia public health physicians who, among other activities, advise and advocate for public policies and programs directed to improving the health of populations. Members of Health Officers’ Council of BC (HOC) are public health physicians practicing in British Columbia. Council members include, among others, medical health officers with regional health authorities, physicians with the BC Centre for Disease Control and Prevention, physicians in public health research and teaching, and physicians with the First Nations and Inuit Health Branch. For more than fifty years, members of the Health Officers’ Council have, individually and collectively, played key roles in every major public health achievement in British Columbia.

Health Officers Council of BC is very concerned about the enormous and increasing societal costs of chronic diseases. Chronic diseases, taken together, threaten to overwhelm our healthcare system and sentence the next generation to a shorter life span than their parents. The risk behaviours leading to chronic diseases are well known: 1) too much consumption of energy-dense, nutrient-poor foods; 2) not enough physical activity; and 3) tobacco use.

The highest burden of chronic diseases weighs on the economically disadvantaged. Low-income families often cannot afford or do not have access to healthy foods. They have little choice but to mostly consume heavily promoted, affordable, and easily accessible energy-dense but nutrient-poor foods. They also experience many barriers to becoming more physically active.

Family income during early childhood, adolescence, and adulthood is an independent predictor of the later development of chronic diseases such as heart disease, diabetes, respiratory diseases and some cancers. Traditional adult risk factors (e.g. diet, physical activity, tobacco use and cholesterol) are relatively poor predictors of chronic disease compared to socioeconomic factors.

The Government has initiated a number of strategies to address chronic diseases. Nevertheless, Health Officers Council respectfully submits that the Government can and must do more, particularly in creating cohesive healthy public policies.

Recommendations for Evidence-Based Policy Interventions to Address Chronic Diseases
Health Officers Council submits that the most important gap in our efforts to address chronic diseases is the lack of a cohesive, cross cutting, government level policy framework on chronic health problems. We recommend the Government use the Ottawa Charter for Health Promotion in its entirety as the policy framework to shape a sustainable British Columbia. HOC further recommends that the
WHO Global Strategy on Diet, Physical Activity and Health be the guiding principles for developing specific chronic disease polices.

**Recommendations for Evidence-Based Policy Interventions to Address Chronic Diseases**

Health Officers Council identified three key policy challenges

1. **Improve Economic Security especially for Children and Families**
   HOC recommends the Government to build on the recommendations of the recent BC Progress Board report on the social condition in British Columbia. We also recommend the Government add an additional target for ActNowBC - a target for a reduced rate of family poverty by 2010.

2. **Comprehensive and Evidence Based Policies to Create and Sustain Supportive Environments**
   HOC recommends the Government to use all the tools at its disposal to address the challenges of chronic diseases. But the actions must be based on evidence, coordinated, and with sufficient effort and resource. HOC further recommends that major projects, programs or policies with a potential impact on the health of the population, undergo systematic health impact assessments.

3. **Reorient the Health Care System from Cure to Prevention**
   The recently released Primary Health Care Charter offers great potential to re-orient the health care system. HOC recommends the Government to utilize its technical expertise and information resource to assist family physicians in understanding their individual patient populations from the population health perspective. HOC further recommends that the Government, in addition to workload-based incentives, consider health gains based incentives for the primary health care system.

Health Officers’ Council is submitting reports to the Conversation on Health on three different topics: child poverty, problematic psychoactive substance use, and chronic diseases. While different, these three topics do share some common features:

- They are among the most pressing health issues facing British Columbians today.
- They all speak to the vital importance of appropriate government leadership and intervention in population and public health.

Further, many chronic health problems and causes of problematic psychoactive drug use have their roots in the early years. The solutions to the challenges posed by the three topics are complex but inter-related. British Columbians are among the healthiest people in the world, but this degree of health is not experienced equally among us. We submit that the health challenge to British Columbians in the 21st century is ensuring that “no British Columbian is left behind.”

Health Officers’ Council of BC hopes that our submissions will enrich and inform the conversations on health taking place in our province. We are committed to working with the government collaboratively on the issues articulated in our submissions. We look forward to a response to our recommendations in the final report.

Sincerely,

Dr. James Lu  
Chair, Health Officer’s Council of BC

JL/wjb
Prevention of Chronic Diseases
to ensure an economically strong and healthy society
and to prevent escalating health care costs

A submission to the *Conversation on Health* by
Health Officers' Council of British Columbia
I. Introduction

Health Officers' Council of BC is very concerned about the huge and increasing societal costs of chronic diseases. Chronic diseases taken together, threaten to overwhelm our healthcare system, and sentence the next generation to a shorter life span than their parents.

The risk behaviours leading to chronic diseases are largely the same around the globe and include:

- Too much consumption of energy-dense, nutrient-poor foods that are high in fat, sugar and salt
- Not enough physical activity at home, school, work, and recreation
- Tobacco use

These behaviours result in a high prevalence of:

- Cardiovascular disease, hypertension, stroke
- Type 2 diabetes
- Certain cancers
- Chronic obstructive pulmonary disease
- Osteoarthritis, and even
- A range of mental health conditions including depression and dementia.

The highest burden of chronic diseases weighs on the economically disadvantaged. Food insecurity remains a major issue for many families. Low-income families often cannot afford or do not have access to healthy foods. They have little choice but to mostly consume heavily promoted, affordable, and easily accessible energy dense but nutrient poor foods. They also experience many barriers to become physically more active. Incentives such as the tax credit for organized sport programs will only help people who can afford to pay for sport activities.

British Columbia has made tremendous progress in tobacco control, despite the fact that smoking continues to be the single most important preventable risk factor for chronic diseases. We should apply the lessons learned from the success of tobacco control policies, to the challenge of creating a healthy food and living environment. Time is of the essence.

We commend and support the provincial government’s leadership in launching ActNowBC. We are committed to working with the Ministry of Health on Public Health renewal, through the Core Public Health Functions project. We also applaud the Government in funding chronic disease prevention through the BC Healthy Living Alliance. Nevertheless, these are beginning steps. Health Officers' Council respectfully submits that the Government can and must do more, particularly in creating healthy public policies.
II. Recommendations for a Cohesive Policy Framework on Chronic Diseases

Health Officers' Council submits that the most important gap in our efforts to address chronic diseases is the lack of a cohesive, cross-cutting, government-level policy framework on chronic health problems. While current initiatives under ActNowBC do incorporate many elements of what would be required, an overall framework is essential to turn piecemeal approaches to a comprehensive strategy. Health Officers' Council recommends that the Government use the Ottawa Charter for Health Promotion in its entirety to shape a sustainable BC:

1. Building healthy public policy.
2. Creating supportive environments for health.
4. Developing personal skills.
5. Re-orienting health services.

Health Officers' Council further recommends that the Government, when creating policies and funding activities toward chronic disease prevention and control, adopts the guiding principles of the WHO Global Strategy on Diet, Physical Activity and Health. The WHO guiding principles state that strategies be:

1. Based on the best available scientific research and evidence
2. Comprehensive, incorporating both policies and action
3. Addressing all major causes of non-communicable diseases together
4. Multicultural
5. Taking a long-term perspective
6. Involving all sectors of society
7. Multidisciplinary and participatory
8. Consistent with the principles contained in the Ottawa Charter for Health Promotion
9. Recognizing the complex interactions between personal choices, social norms and economic and environmental factors

III. Recommendations for Evidence-Based Policy Interventions to Address Chronic Diseases

Other submissions to the Conversation on Health have articulated many of the specific actions required to address chronic disease. In our submission, Health Officers' Council wishes to highlight the following key policy challenges.

1. Improve Economic Security, especially for Children and Families

Family income during early childhood, adolescence, and adulthood is an independent predictor of the later development of chronic diseases such as heart disease, diabetes, respiratory diseases, and some cancers. Traditional adult risk factors (e.g. diet, physical
activity, tobacco use and cholesterol) are relatively poor predictors of chronic disease compared to socioeconomic factors.

Present economic policies foster income and wealth inequalities, weaken social infrastructure, dissipate social cohesion, and threaten civil society. The emphasis on reducing taxes directly benefits the wealthy and translates into increasing income inequality and the weakening of communal institutions that support citizens⁴.

A separate submission to the *Conversation on Health* from the Health Officers' Council covers the health implications of child poverty.

In a recent discussion paper titled *The Social Condition in British Columbia*⁵, the BC Progress Board reports: “the proportion of British Columbians living in low income has been greater than other provinces through much of this decade.” It further states: “one in ten British Columbians lives in low income for extended periods”. These findings that British Columbia lags in a number of social-economic indicators are not new and are also reported by others⁶. The BC Progress Board proposes three policy “imperatives: 1) work should pay; 2) educational equality should be a key priority; and 3) those who can not be expected to work should be well supported. Health Officers' Council believes that these three broad policy areas have direct implications with respect to addressing chronic diseases. We offer the following comments and recommendations with respect to these three policy areas:

- **“Work should pay”**
  Policies must be outcome based, whether it is improving low income, specific tax benefits or increasing the minimum wage. The measurable outcome must be an increase in the disposable income of those who are most disadvantaged. Indeed we recommend the Government add an additional target for ActNowBC: a target for a reduced rate of family poverty in British Columbia by 2010. Specific policies to consider include:
  - Increase the minimum wage and index it to the cost of living
  - Increase the earned income supplement
  - Increase child benefits

- **“Educational equality should be a key priority”**
  Priority should be given to early child development. In addition to Strong Start, focus must be on improving access to affordable quality child care. More detailed recommendations on supporting early child development are found in our submission on Child Poverty.

- **“Those who can not be expected to work should be well supported”**
  In addition to appropriate income assistance rates, access to income assistance must be improved; in particular criteria for qualifying assistance must reflect the realities of child care and parenting demands.
Finally, Health Officers' Council believes a fourth policy “imperative” should be added: “Every British Columbian should have access to affordable housing”

2. Comprehensive and Evidence Based Policies to Create and Sustain Supportive Environments

A critical role for Government in addressing chronic diseases is in making the right choice the easy choice. The tools for Government range from public education and creating financial incentives and disincentives to legislation and control. These tools need to be used in a comprehensive and complementary manner. For example, educating people to make healthy choices is not enough. Political leadership is required to create a health-promoting environment where making healthy choices is easy for everybody, not just for the privileged.

Many policy solutions have been put forth to address the increasing societal burden from chronic diseases. The Government must adopt policies that are evidence based, and with sufficient effort and resources, in order for such policies to be successful. To not do so, would be akin to prescribing medications that either do not work or are given below therapeutic levels.

An illustration is the proposed regulations under the new Tobacco Control Act. The proposed regulations call for the establishment of a 3 meter smoke free buffer zone around building entrances, windows, and air-intakes. Unfortunately, evidence suggests that to reduce the harmful effect of second hand smoke, smoking areas have to be separated from non-smoking areas by a minimum of 7.5 meters. The proposed buffer will not offer any protection from second hand smoke. HOC recommends a smoking ban on patios where smoke can drift into the windows and doors of neighbours and at any public venue where people sit or stand in close proximity. Smoking is still the single most preventable cause of morbidity and mortality,

Enhanced monitoring and surveillance of chronic diseases and its determinants are prerequisites to prioritize and evaluate the effectiveness of interventions and to inform the policy making process. Major projects, programs or policies with a potential impact on the health of the population, should undergo a systematic health impact assessment.

3. Reorient the Health Care System from Cure to Prevention

The Ministry of Health recently released its Primary Health Care Charter. A main driver for the charter is the increasing prevalence of chronic diseases in an aging population. Health Officers' Council is pleased that clinical prevention of chronic disease is included in the document. The technical capability exists (for example in linked data analyses, using information from existing databases) for the Ministry of Health to assist each primary care physician in BC to better understand the population health profile of his/her patient population. Such information could improve a physician’s ability to focus his/her clinical prevention practices. It is not sufficient to undertake such analyses based on geographic boundaries alone. Primary Care practice patient populations in BC are not
neighborhood or LHA based, particularly in urban centres. Health Officers' Council recommends that Government explore the potential of making such individual practitioner based patient population health profiles available to family physicians. Primary health care teams serving priority patient populations with high health risks should receive extra support. Practice support funding could be adjusted according to the profile of the patient population. We also recommend that in addition to workload based incentives, the Ministry consider health gain based incentives for the primary health care system.

IV Conclusion

Chronic diseases are almost completely preventable. At the same time, chronic diseases left unchecked threaten the sustainability of the health care system and our economic productivity and competitiveness. The evidence is increasing and compelling that the most effective strategies for combating chronic diseases are those that create environments that support citizens to make the right choices through the life span. Many of these strategies depend on the leadership of the Government. The strategies for reducing chronic diseases, moreover, are the same ones required to sustain a strong province economically.

There is very good evidence that a healthy lifestyle results in a healthy and active old age. When people live in a health promoting social and physical environment they may be able to contribute significantly longer to the economy. There is evidence that the years people suffer from ill health or disability at the end of their life may be reduced.

This submission to the Conversation on Health represents the first draft of Health Officers' Council’s position paper on chronic diseases. A complete paper is expected in the Fall of 2007.

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6 First call BC. http://www.firstcallbc.org/childyouth/poverty.htm