Health Promotion

Health promotion and disease prevention were two of the most common discussion topics in the Conversation on Health. The importance of addressing issues related to funding and costs, program delivery, education and awareness, health promotion in schools, and the role of health professionals and legislation were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of health promotion.

Health Promotion

It is widely understood that encouraging wellness reduces the strain on the health care system. There was concern that the health care system is currently designed to react, to fix problems rather than focus on prevention. The majority of participants believe that for a sustainable health care system, we must continue to promote increased personal responsibility for health, and prevention of disease and dysfunction. Many emphasized healthy public policy as a critical component in shifting health care from an illness driven model to one that focuses on the health status of the population.

Participants want healthy public policy to focus on population health, emphasizing health status, equity, and multi-disciplinary elements, consistent with the principles of primary health care. Given that unhealthy living can lead to expensive remedial medical procedures and hospitalization, many believe that an ounce of prevention is less expensive than medical intervention later on in life. However, some emphasize it is important to remember that “while prevention and health promotion are laudable, they are not the be-all-and-end-all of health care”; there is still a place for illness-care in the system. Some recommended the creation of a health promotion framework similar to the new Primary Health Care Charter. Many suggested setting targets and monitoring them to measure successes in health promotion. The importance of making programs accessible, recognizing the influence of social determinants of health, was often discussed.
There are a lot of barriers to accessing prevention programs because people do not understand the system. We need to address this… There are so many marginalized populations due to poverty, mental health issues, and the remoteness of where people live. A prevention-oriented approach needs to be something that is available to everybody, not just to people who live in urban centres and who are literate and speak English and have access to resources. I think it needs to be… universal, just like the universal health care system needs to be universally available

- International Symposium, Vancouver

Funding, Resources and Costs

Participants understand that health promotion and population health initiatives take about 20 years before they show a benefit. Many voiced concerns related to the cost of prevention and health promotion for the individual with some stating that prevention is not a solution to a cost problem; it only extends the inevitable. Some expressed that although we have all heard of how proactive health measures, rather than reactive ones, will ease the strain on the system, in the long run the fact remains that it costs more to get fit than it does to get sick. Many emphasised that a lot of disease prevention services are non-insured services.

We need to spend more money in prevention. It seems like a lot of money up front, but it would be very fiscally responsible long term. People who can eat properly and exercise, will be healthier long term

- Online Dialogue, Westbank

Many suggested there is inequity in the allocation of funding for healthy initiatives in communities. Recommendations for funding at the community level included: making more grants available for infrastructure improvements like biking trails and swimming pools; investing in parks; subsidizing recreation; and, designating a higher percentage of the total health care budget to health promotion and disease prevention on an ongoing basis. The majority of participants agreed there is a need for long-term, committed funding in health promotion and that funding decisions need to consider long term benefits. Many believe that by investing in the health of children we are investing in the future health of the entire population.
Health Promotion in Schools

Participants discussed the importance of gearing health promotion efforts towards school-aged children. Many suggested there should be a health education strategy from kindergarten to grade 12, with School Boards and government working together to engage parents in taking responsibility for their children’s health. Others supported changes to the curriculum to include a focus on health across all subjects. Participants discussed: mandatory physical education programs; focusing on exercise in the schools rather than athletics; supporting additional athletics programs; providing meal and nutrition programs in schools; promoting active living; teaching decision-making and relationship skills; and, instituting a sports curriculum requirement where students are required to complete a certain number of credits per year.

Many listed the cost of exercise and team sports as a barrier to participation. Some suggested that health education, including creating and maintaining a healthy diet and fitness plan, should be mandatory and a passing grade should be a condition for obtaining a high school certificate. Participants recommended focusing on environmental approaches to risk factor interventions, including promoting healthy foods, curtailing access to unhealthy foods and creating opportunities for physical activity.

*Involve youth in healthier decisions at school, improve school atmosphere for youth, promote fun activities for recreation and well-being*

- BC Student Congress, Vancouver

Some believe there should be regular medical visits by paediatricians within the schools, followed by interventions targeted at high-risk children. Others feel that community health nurses or nursing students could have an important role to play in schools. While many discussed the shortage of physical education specialists in British Columbia, there was agreement that the curriculum for all teachers needs to include a focus on health courses and healthy living.
Program Delivery

Many expressed concern that there is no mechanism for public, community involvement in the delivery of health promotion programs. They also suggested there is no linkage between the health system and the non-profits who carry out many community programs. Participants recommended supporting outreach programs to combat problems such as diabetes, obesity and smoking, coupled with a focus on nutrition, exercise and education to help communities become healthier. Outreach programs were also recommended for vulnerable or high risk populations.

Many suggested encouraging behaviour change by working with community driven solutions that reflect holistic and cultural issues and focus on the social determinants of health. Many conditions are preventable with early screening and education, and participants supported the idea of a yearly free health maintenance check-up. Some looked to the ActNowBC program as indicative of the positive potential of health promotion efforts. However, although they suggest the involvement of all ministries in the program is ground-breaking and the program is widely successful, some believe it ignores systemic issues, such as poverty. Participants supported focusing on positives instead of negatives in health promotion efforts.

The most powerful measures for tobacco control have been identified through 40 years of global research and implementation. Although the data concerning obesity control, healthy eating and physical activity are still emerging, it is likely that the lessons from smoking will very much apply. Tackling obesity is going to require a comprehensive approach ranging from systemic/environmental levers through social marketing and community programs, to intensive clinical treatment and prevention. It is possible that many scenarios will need to be tried and evaluated before the optimum plan for responding to the obesity epidemic is realized. In the meantime, the crisis is too urgent to allow a policy of inaction

- Written Submission, BC Healthy Living Alliance

Education and Awareness

Participants explained that there is a lack of information in easily accessible and understandable formats that promotes healthy choices. Also, the information that is available on existing services can be inconsistent. While they agreed that people have a responsibility to ensure they are making healthy decisions, they emphasized that there are large portions of the public who lack the information needed to make good choices. While many suggested that mass advertising does not address the cultural and social barriers to increasing activity, they see social marketing as key to change.
Recommendations to increase awareness of health promotion programs and disease prevention included: focusing on prevention through partnerships and education; launching public service ad campaigns that teach consumers about healthy food; holding public campaigns to make biking and gardening fashionable; opening up discussions related to drug addiction; and, targeting programs to at risk youth. Many agreed a universal system of medical information must be available throughout the province and the country. They suggested the Government should take the lead in educating people about healthy lifestyles, supporting a strong focus on health and healthy living in our schools, communities and the media.

*Start early in childhood to teach self esteem, nutritional values, safety issues and realistic values around respect for self and others. Increase public health services to push towards raising an aware and educated generation*

- Regional Public Forum, Nanaimo

**Health Professionals**

Many suggested that there needs to be a paradigm shift in health care, moving from a focus on acute, immediate health care needs to a prevention oriented system. Participants suggested that physicians should receive more in-depth training in nutrition, and receive remuneration for wellness counselling. Many recommended using multi-disciplinary teams working in schools and communities to support healthy living initiatives, with wellness counsellors available to provide coaching, guidance, information, role modeling, and follow-up. Some also supported the use of community nurses and pharmacists for prevention and education.

Weighing patients regularly or providing people with an individual report card as to the status of their health were also suggestions related to increasing the involvement of health professionals in health promotion. Participants believe it is reasonable to target health promotion efforts to the health care workforce, as they comprise a large percentage of the population and could then model healthy behaviours for their clients.

*There also needs to be directives for physicians to spend more time informing and teaching patients what they can do to improve their health without waiting until the only recourse is expensive medical intervention*

- Online Dialogue, Salmon Arm
Legislation

Many participants referred to legislation related to smoking and seatbelts as indicative of the potential of legislation to affect health behaviours. Some suggested legislation should be passed that increases the percentage of the budget dedicated to health promotion and prevention annually. Many recommended additional legislation to decrease smoking even further including: implementing consistent, comprehensive smoke-free legislation in the province; lobbying pharmacies to stop selling cigarettes; increasing the price of cigarettes; protecting against creative attempts by the tobacco industry to market their product; increasing taxes on tobacco; improving compliance with restrictions on tobacco sales to minors; and, restricting the sale of cigarettes to government liquor stores only.

Others emphasized that healthy lifestyles will not be something that government can legislate. Rather, they suggest it has to be a community effort. Some believe that educational programs will be much more effective in encouraging behaviour change than a mandated dictum, and look to the gradual acceptance of recycling as an example of peer pressure contributing to changing social norms.

Conclusion

Participants believe that we need a combination of policies and education related to health promotion, lifestyle and personal responsibility for health to encourage healthy behaviours. The importance of moving towards a prevention-oriented system with a focus on health promotion was discussed in the vast majority of meetings, forums, and responses received over the course of the Conversation on Health.

Keep universality, but put [the] emphasis on education, primary care clinics and health promotion to reduce foolish use or abuse of the system

- Regional Public Forum, Kamloops
Health Promotion

This chapter contains the following topics:

**General Health Promotion**
**Funding, Resources and Costs**
**Food and Nutrition**
**Health Promotion in Schools**
**Program Delivery**
**Education and Awareness**
**Health Professionals**
**Legislation**

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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: Lifestyle and Personal Responsibility; Social Determinants of Health; Medical Services Plan; Health Spending and Health Care Models.
General Health Promotion

Comments and Concerns

Disease Prevention
The Focus of the System
Reports
Political Will and Healthy Public Policy
Personal Responsibility

- Comments on disease prevention and health promotion:

  - I mean, everyone in the world intellectually agrees that health promotion and prevention are better. But why don't we get there? Because we have not integrated primary healthcare and health promotion with a community-wide strategy. We do not link the determinants of health in this country with the health care system nearly as well as other countries do. It's big, transformative stuff on the social policy level, which we try to get around. And the biggest health problem in the country is not heart disease or cancer, it is inequality. Full stop.

  - Part of the issue is that when you look at the prevention area, they keep on saying there is no data to say that it works. All these models take about 20 years before they show a benefit. But we know it works from examples in other countries, even if we don't know it from our own country. We have very few preventative models in our own country, but we know from Australia and what they have been able to do in prevention, that it actually does work and is cost effective, so we need to look at that evidence rather than creating pilot programs that take forever, and saying: “then we will make some implementation.”

  - Prevention often talks about symptoms and behaviours rather than root causes.

  - While prevention is laudable it is not the be-all-and-end-all of health care. We cannot even reach 100 per cent of vaccinations never mind persuading the population to eat healthy.

  - Privatization is not the issue. The bigger issue is why do so many people need treatment, what about prevention?

  - Traumatic injuries are the number one killer of BC residents under 45. What programs are in place or are being introduced to reduce this number?

  - Cancer primary prevention has not received the priority it deserves.
• **Comments on the focus of the system:**

  - Health care currently equals sick care; there is a need to promote health, not care.
  - There is no incentive for early intervention, which leads to reactive health care only.
  - The big barrier to the five action items set out in the health promotion framework for the Ottawa Charter is our focus on acute care, our focus on illness and our narrow definition of how we perceive health.
  - There is currently a focus on wealth, not health: illness generates dollars for pharmaceuticals and technical machinery products.
  - Only by recognizing and accepting responsibility for the health of community and population can society make any meaningful progress toward healthy living. We must avoid assuming that it is someone else's job, and they will look after it. Equally undesirable, though, is to maintain the belief that it is everyone's job, making responsibility so diluted as to lack focus, failing to assign accountability for an outcome.
  - Population health is not synonymous with targeted health programs aimed at specific groups, such as a prevention program for people with mental illness. Population health is about systems changes (i.e., education system, housing, recreation system) in the context of the population and the communities where people live. Population health is also not synonymous with 'public health', although there are many population health strategies that are advanced through public health actions.

• **Comments about reports geared towards disease prevention and health promotion:**

  - The work of the Select Standing Committee on Health, which in 2006 reported on A Strategy for Combating Childhood Obesity & Physical Inactivity in BC outlined specific action for the government to assist in attaining healthy weights and higher levels of physical activity for British Columbia youth.
  - A Ministry report Towards Better Health Care for British Columbians emphasized the importance of preventive measures in improving overall public health. The government created public oral health programs in various long-term care facilities, aboriginal communities, as well as dental public health screening programs for children.
• **Comments about political will and healthy public policy:**

  - We live in a system influenced by short-term political viewpoints. Can we set targets that can withstand changes in political will? Who should champion programs, the Ministry of Health or perhaps some other agency?
  
  - Everybody has just read the Primary Care Charter that just came out. It is a pretty good document that provides some guidance, and some direction. At least now we know what is going to take place and people have some framework. We need a similar document for health promotion.
  
  - No candidate in this past election discussed the importance of a program of disease prevention with an emphasis on the individual's own responsibility for his or her own health.
  
  - Our goal is broadly is to have the healthiest jurisdiction ever to host the Olympics and Paralympics Games.

• **Comments about personal responsibility:**

  - As a baby boomer who exercises regularly and eats healthy meals, I want to know the percentage of middle-aged people who actually do exercise and eat healthily.
  
  - The fact is that, compared against the average Canadian in 2003, British Columbians are less likely to smoke, more likely to eat five or more servings of vegetables and fruit per day, less likely to be physically inactive, and less likely to be overweight. Our public policies have sometimes led the way. For instance, Victoria was the first Canadian city to go smoke-free.
  
  - You will always have a small percentage of people who do not care about health or the long term effects of lifestyle and behaviour.
  
  - The health of British Columbians is in jeopardy. At both ends of the spectrum, we have crises brewing: children are heavier and less physically active than ever before; and the sheer number of elderly people is soaring with a growth rate that has never been observed in the province's history. In the middle, we have a population of baby boomer adults, ridden with chronic disease risk factors that will be costly over the next decade.

• There is too much confusion about what is healthy and what isn't.

• What we need for health promotion initiatives is media with the right attitude that asks: how can I help? How can I help get this message out about the issues in this community?

• War and adversity is bad for health. Militarism needs to stop; we need to learn better ways to deal with conflict.
• Health is maintained or returned through happiness. As absurd as this may seem, it is not only true but the only true source of health. Happiness is an experience and a state of the mind. Happiness can be studied. Looking for health anywhere else is a waste of time.

**Ideas and Suggestions**

**Disease Prevention**

**The Focus of the System**

**Healthy Public Policy**

**Personal Responsibility**

**Integration and Partnerships**

**Social Determinants and Health Promotion**

• Comments on disease prevention:
  
  • We need a balanced approach. We cannot just go to prevention based when so many people are in critical need of care.

  • British Columbia must be at the forefront of health care research if we are to maintain the quality of our health care system for generations to come.

  • Encouraging wellness reduces the strain on the health care system. The 2002 Romanow report noted a lack of focus on prevention and wellness in our health care system. For a sustainable health care system, as a society we must continue to promote increased personal responsibility for health, and prevention of disease and dysfunction. All the factors of healthy lifestyles must be addressed: a nutritious low-fat diet; enough exercise; sound sleep; avoiding misuse of tobacco, alcohol and other drugs, including prescription medications; motor vehicle and traffic safety; stress reduction; and healthy (safer) sexual practices. Prevention is often a hard sell that takes both personal and community action.

  • We have to face the fact that whatever we do about prevention, whether it is primary, secondary, or tertiary prevention, we are not going to see huge gains in the next 20 years. All we are going to do is put the band-aid on.

  • Prevent the preventable.

  • Given that unhealthy living causes expensive remedial medical procedures and hospitalization, it would then be obvious that an ounce of prevention is a whole lot less expensive than medical intervention later on in life.

  • There are a lot of barriers to accessing prevention programs because people do not understand the system. We need to address this problem. There are so many
marginalized populations due to poverty, mental health issues, and the remoteness of where people live. A prevention-oriented approach needs to be something that is available to everybody, not just to people who live in urban centres and who are literate and speak English and have access to resources. I think it needs to be universal, just like the universal health care system needs to be universally available to people.

- Primary cancer prevention can occur by a combination of individual and environmental changes, such as implementing health-promoting public policies so as to create environments where healthy choices become easier choices.

- These parallel health crises and overlapping influences naturally raise the question as to whether some or all of the lessons in the tobacco wars can be transferred to the obesity problem. The following are key elements for any successful prevention program, whether it is tobacco control or obesity control:
  
a. Interventions must address the fundamental behavioural and social causes of disease, illness and disability.

  b. Multiple approaches must be used simultaneously- education, social and community support, laws, economic incentives and disincentives. The financial levers have consistently been shown to be most crucial at the level of population health.

  c. Multiple levels of influence must be accessed: individuals, families, schools, workplaces, communities, entire provinces and nations.

  d. Interventions must recognize the special needs of strategic groups such as teens and at-risk communities, for example First Nations.

  e. Interventions must have long durations because change takes time and needs to be constantly reinforced in each subsequent generation.

  f. Interventions need to involve a variety of sectors that are not traditionally associated with health, such as business, engineering, law, and the media.

- Ideas about the focus of the system:

  - The health care system is designed to react, to fix problems rather than prevent them from happening in the first place. I know that prevention will not fix all our health care problems but a change in culture is needed fast.

  - It is not a question of taking either a broad population or a targeted risk group approach to health promotion and prevention. It has got to be both.
Three overarching principles that are vital to success in creating a healthy British Columbia for many decades to come include: ongoing evaluation and flexibility in implementation; sustained investment; and keeping the finish line in view.

Programs should be publicly funded, proactive, preventative: the new P3. Focus on wellness and positive re-enforcement to create a cultural shift.

Keep universality but put more emphasis on education, primary care clinics and health promotion to reduce foolish use or abuse of the system.

A population health focus means a comprehensive approach where you look at many sectors in society. So you use a regulatory approach, you use settings. You look at supports for people, you look at programs and you have to provide funding for all of those things. One of the things that is also required is public education, which is also sometimes called health promotion. Participaction was highly successful public education program because that was in the '70s and those of us who were around then remember it still today. But Participaction was an advertising program only; it was not followed up with all of the other required supports.

The focus now should be taking a life course approach, from preconception up to end of life. And you give people supports, and information as well as changing the regulations. British Columbia has a really good track record in tobacco control because the province actually took that overall comprehensive approach, leading to behavioural change in the long run.

Use a healthy community lens in decision-making.

So, if you have diabetes, how many hours a year do you spend in the health care delivery system? Most people, five, maybe ten. How many hours do you spend at work? 2000? How many hours do you spend at home? So, what does that mean? It means that the approach to health is a community issue. Think about those relative proportions. If you have something in the workplace that is only one percent as powerful as what you can pull off in the medical office, but it can be consistently applied, the cumulative effect is tenfold more than anything you could ever pull off in the medical office. So, it is about the food you serve in your company cafeteria. It is about whether you can find the stairway.

New and innovated ways of delivering health care must be encouraged and applauded. More emphasis on wellness, health promotion, illness and accident prevention is necessary.
• We must pay more attention to keeping healthy people healthy, instead of focusing on treating illness after it sets in. Reducing the incidence of preventable cancers in BC is a priority of the Canadian Cancer Society, and should be a key priority of the Ministry of Health.

• **Ideas about Healthy Public Policy:**

  • Health Officers’ Council recommends that the Government use the Ottawa Charter for Health Promotion in its entirety to shape a sustainable British Columbia: 1. Building healthy public policy. 2. Creating supportive environments for health. 3. Strengthening community action for health. 4. Developing personal skills. 5. Re-orienting health services.

  • When you think about the sort of thirty or forty year vision for moving to a prevention model on health, you have to think about the structural changes that need to take place and how to start that process. I do think it is important to recognize that the sickness care part of the health system is a valid enterprise.

  • I think this provincial organization needs to be responsible not only for leadership policy, but also for the development of a really excellent information base that brings together all the data and relevant indicators for the promotion of health. This information base would come from all the health authorities, from all the ministries: housing, economic development, you name it. This is absolutely essential for long term growth. And it is beyond health data. What we're talking about is citizen data.

  • Government should stop promoting unhealthy behaviours, like gambling.

  • Advocacy is an effective strategy for addressing the social determinants of health. This strategy often calls for a visible leader or spokesperson who can raise awareness and represent the need to the public, media and political bodies. Social, political and economic factors are all potential areas of advocacy for political action and policy change. Advocacy can be one of the most effective population health promotion strategies, with the end result being the development and implementation of policy that directly impacts health outcomes on a sustained basis. Individuals, organizations, businesses and governments can all engage in advocacy. The goal is to gain support for the involvement of government and non-governmental agencies in actions that improve the overall health of the populations, and strengthen the understanding of governments and populations about the broad determinants of health.
• Healthy public policy is a critical component in the move to shift health care from an illness driven model to one that focuses on the health status of the population. Policy development can be a key outcome of advocacy and lobbying efforts and can be addressed at a number of levels. Healthy public policy should focus on population health with an emphasis on health status, equity, and multi-disciplinary and multi-sectoral elements consistent with the principles of primary health care.

• When you look at the success that we have had with smoking, it has taken thirty years to get to that level. I think there is this notion that I should just do this tomorrow and everybody's gong to be fit. The problem with all health promotion is it has a very, very long window from when you start to when you end.

• We want to increase the number of British Columbians who participate in healthy activities and eating by 20 per cent; reduce tobacco by 10 per cent, and reduce the number of women who need counselling for alcohol consumption during pregnancy by 50 per cent.

• What would success look like in health promotion? There is a need to set targets and monitor them.

• **Ideas about personal responsibility:**

  • It is more than not getting a disease; it is purposely making decisions to have a healthy life. Healthy life should encompass things like recycled water, healthy food, and exercise.

  • Work towards establishing a Health Ethic like our honesty ethic, wherein it becomes natural to behave healthfully.

  • Physical and nutrition education would help to promote good health, but so do other preventative measures. The real solution is to get people to stick to their physical and nutritional regimes. Thus, the problem is not one of education, promotion, brochures, or classes, but one of helping people acquire discipline and good attitudes.

• **Ideas about integration and partnerships:**

  • Partnerships are essential components of a population health strategy that facilitates the creation of health promoting environments and conditions for the population. Responding to health issues often requires action across more than one jurisdiction. A health authority can also play the role of an instigator of a partnership if it recognizes a health issue where the resolution rests outside its formal jurisdiction.
• There is a need for a seamless system for cradle-to-the-grave health, education, and community services.

• Create a permanent joint ministerial commission to listen to the public and experts in the field to work towards building a healthy population. The Ministry of Health cannot do it alone. There is a need for integrated policy development.

• Health is not just about the medical system; it is also about the whole network of community support around the person.

• Leadership involves recognizing the existence of a health issue or health disparity and assuming a responsibility to redress it. Health surveillance and assessment is a starting point for leadership. Population health involves reporting on health status, especially where there are significant health issues and disparities in the health of particular groups. Actions may include developing alliances, coalitions or partnerships, particularly for issues that are cross-jurisdictional such as those involving local governments or politicians. A central facet of this strategy is the development of leaders and champions within communities. If leadership from within the health sector is not practical, possible, or desirable, then the health authority can work to cultivate a champion and leader from within another sector of the community.

• There is a need to develop networks for health promotion. Although we don’t have strong church-based networks any more the internet can allow people to stay connected.

• The most effective and efficient strategies need to be adopted in British Columbia to achieve the 2010 risk factor targets. We have noted more than once that the most powerful measures for tobacco control have been identified through 40 years of global research and implementation. Although the data concerning obesity control, healthy eating and physical activity are still emerging, the lessons from smoking will very likely apply. Tackling obesity is going to require a comprehensive approach ranging from social marketing and community programs to intensive clinical treatment and prevention. It is possible that many scenarios will need to be tried and evaluated before we realize the optimum plan for responding to obesity. In the meantime, the crisis is too urgent to allow a policy of inaction.

• Ideas about social determinants and health promotion:
  • The challenge for any health system is to manage the demand for health care by individuals, while using scarce resources to support the population to be healthier and more resilient. A key question in this challenge is determining the role of the health care sector in this prevention work. To be truly successful, however, the
health care system must ultimately invest in the production of health. But what does this investment entail? Eliminating poverty or promoting healthy workplaces, for example, seem a long way from a mandate to run emergency rooms and surgical services. And yet, the health system has a long and proud tradition of population-based health interventions to address the social determinants of health. At times, this is through its education and research capacity. At others it is through more direct action such as providing housing services in association with primary care treatment services or actively advocating for health promoting policies such as health and safety regulations.

- Limit noise to 50 Decibels at most.
- British Columbia already has a healthier culture than many areas.

**Funding, Resources and Costs**

**Problems, Issues and Concerns Identified**

- **Funding for Communities**
- **Funding for Disease Prevention and Health Promotion**
- **Costs to the Individual**

- **Comments on funding for communities:**
  - Our city gets no grants whatsoever from the province to deliver programs that will keep people healthy and happy.
  - How can we as a city contribute to a healthy community without the resources to do it? For example, police and public safety continue to grow in demand and represent a significant part of our revenue stream while the budget for Parks and Recreation is frozen.
  - Eliminate and/or discourage corporate sponsorship from companies that promote unhealthy lifestyles.
  - Resources and funding for healthy living activities and education tend to be one-time allocations.
  - Community programming and wellness initiatives, even when they are effective and needed, are taking dollars away from hospital care.
• Many community programs are not appropriately resourced and people are forced to do things off the side of their desk, which gets very frustrating. No value is being placed on the development of partnerships and mobilizing the community to be more physically active and eat healthier.

• There is inequity in the funding allocated for healthy initiatives amongst communities. In North Vancouver, the school district paid for seconding a dietician from the health authority, so that they could implement the school food and beverage guidelines faster. The British Columbia Healthy Living Alliance decided to give some support to the implementation of those guidelines, because not all school districts were going to be able to free up money from their budgets to be able to hire a dietician to help them.

• Comparing the five health regions in British Columbia reveals that the Northern Health Authority has a particular challenge on its hands, as the population is consistently at higher risk compared with other areas of the province.

• Support recreation in rural areas, renew funding annually and make it so that First Nations communities don’t need to reapply for funding once it is awarded.

• Community prevention programs do their own fundraising but many community agencies hold deficits for senior programs. This is not the case for programs for other age groups.

• There is a lack of funding for playground and physical education equipment.

• **Comments on funding and costs for disease prevention and health promotion:**

  • Stop pretending that prevention and education will solve the budget crisis. It won't. There will always be end of life issues and there will be a lot more of them over the next twenty years.

  • It is tough to get funding for research on prevention.

  • Prevention is not a solution to a cost problem; it only extends the inevitable.

  • We need to look at where we are spending money on health promotion, and embrace a multi-sectoral approach. A progressive approach should include an increase to 6 per cent of the budget allocated to health promotion and subsidized taxation to support the building of community recreation centres.

  • Health promoting services are not covered under the Canada Health Act.

  • Practically all healthy Canadians have cholesterol that is naturally between 200 and 300mmg/DL. High cholesterol is not a disease, but it is a fantastic business.
We have all heard of how proactive health measures, rather than reactive ones, will ease the strain on the system in the long run. But the fact remains that it costs more in dollars and cents and out of pocket expenses to get fit than it does to get sick.

If one were to add up the resources put into prevention, they are almost negligible, compared with the resources that go into sickness care and treatment.

When we become so focused on funding for surgical times and so on, we lose focus on funding disease prevention and health promotion.

It is a myth that simply investing in disease prevention and health promotion is going to save the system money in the long run. All you are doing is you are shifting the inevitable to 5 or 10 years down the road. You still end up in the same dilemma, treating the same patients for the same illnesses.

There are few measurement tools for long term preventative approaches that could be used to look at outcomes.

Current testing rules are threatening to eliminate the useful, but not profitable, cures and preventions.

I do not hold much hope on seeing a lot of spending towards prevention.

Cutting prevention programs costs the system more in the long run.

Home visits are taking all the funding and there is not enough left for other preventative initiatives.

Excellent support of health research is provided through the Michael Smith Foundation for Health Research. The provincial government has recognized the importance of funding health research in the province’s universities, and the critical role that personnel awards play in retaining superior researchers in British Columbia.

**Comments on costs to individuals:**

Since the government brought in a tax on the use of some parks like Rathrevor, the use of some parks has dropped so low that the parking cost does not cover the contract of the park attendant.

Prevention and health promotion can be expensive for the individual; living a healthy life can be expensive.

A lot of disease prevention services are non-insured services. The government seems almost afraid of prevention beyond public health education because they know it involves introducing new services and new funding for things that have
not traditionally been funded, at a time when we are talking about keeping the basics sustainable.

**Ideas and Suggestions**

- **Funding for Communities**
- **Funding for Disease Prevention and Health Promotion**
- **Costs to the Individual**
- **Funding Specific Programs**
- **Taxation**

- **Ideas about funding for communities:**
  - Make more grants available for infrastructure. Improvements like biking trails and swimming pools.
  - Invest in parks: provide funds to maintain them and cover operations.
  - 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; and stop charging high rental fees for sports groups to use fields, and gyms. Organizations that run these facilities need funding. The governments should properly fund these organizations. 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.
  - I would hate to see the undermining of essential and successful community programs, many of them focused on prevention and harm reduction, simply to pour money into acute or chronic care. We must always remember that prevention is the best cure.
  - Provide adequate resources for appropriate surveillance and timely community-level feedback. Provide adequate resources for the evaluation of new interventions and the distribution of findings, particularly in those areas where the effectiveness of information is promising, but limited. Provide adequate resources to administer the overall plan and ensure a coordinated, comprehensive approach. Encourage behaviour change research that focuses on the application of what we already know and considers the individual in the context of a population health approach.
  - Fast food and corporate sponsorships of health promotion programs should be encouraged. Large corporations need to be made accountable to the communities they serve.
- Provide funding for school health promotion programs.
- Invest $325,000 for British Columbia Parks and Recreation Association to conduct the next phase of its Facilities Assessment Study, a Recreation Facilities Audit of 65 recreation facilities across the Province.
- The ebb and flow in funding is obvious; need consistency and long term reliable funding for health promotion and prevention programs.

**Ideas about funding for disease prevention and health promotion:**
- Get each of the ministries to put aside one percent of their budget for healthy living.
- The Medical Services Plan should pay for preventative testing.
- Establish a 6% resource allocation target for the total health services budget in the area of chronic disease prevention.
- Increased and sustained funding in prevention is necessary to reduce the incidence of preventable cancers in Canada, and ultimately reduce morbidity and mortality from this disease.
- Provide better funding for and recognition of holistic and preventative medicine.
- Invest in primary and secondary prevention.
- The Province of British Columbia should invest 6 per cent of its health care budget in health promotion and chronic disease prevention.
- Increase government funding for health-promoting Active Transportation projects such as trails and bikeways.
- Remove the sales tax from things that support health and healthy environments.
- Preventative measures often take a long period of time to show their results. With the Human Papilloma Virus (HPV) vaccine, that group of girls is still going to have to get Pap tests every year for 25 years and, therefore, the health care system will not accrue any savings.
- When you look at some of the areas of heaviest drain in our health care budget, they are almost entirely preventable.
- Double the price of fuel to encourage increased physical activity.
- Fiscal accountability is clearly very important, but certainly, we should have other goals for health services, like helping people to be healthier, to prevent disease and respond to public health problems.
• Provide front-end investments in programs, services, and intervention that are proven by data to be effective, instead of investing in costly interventions that have not been supported by evidence.

• The province should penalize municipalities that have a disproportionate number of junk food outlets per capita.

• Designate a higher percentage of the total health care budget to health promotion and disease prevention on an ongoing basis.

• We know that most of the common adult diseases find their origins in early childhood. By investing in the health of children we are investing in the future health of the entire population.

• Provide evidence-based funding investment in prevention/health promotion initiatives.

• There is a need to spend more money on promotion (like the ActNow programs). We need long-term, committed funding.

• There should be federal implementation of a standardized system of nutrition information for products that includes all foods, including at point-of-purchase. Develop a provincial program of certification for restaurant menu items and portion control.

• While there clearly are a number of effective interventions for tobacco control, the question still remains: are they also cost-effective? In health care, the average cost per life year saved is approximately $25,000 US. That is, for every $25,000 spent in healthcare, we increase someone’s life expectancy by one year. An extensive review by the World Health Organization found that when all five of the most effective tobacco control interventions are combined, the cost per life year saved was only $274. The cost-effectiveness ratio of $274 US per year of life saved for comprehensive tobacco control represents about 1 per cent of the average $25,000 in cost-effectiveness for medical interventions across the whole healthcare system. The conclusion can only be that it would be prudent as a society to aggressively pursue smoking cessation by all these means in order to achieve superior chronic disease control.

• Are interventions too expensive? Although demonstrably cost-effective, some people have still been concerned that smoking bans in businesses such as restaurants will hurt their bottom line, public bans will hurt tourism, or even that reduced cigarette sales will affect government coffers. These sorts of economic arguments, however, have been consistently discredited.

• Funding decisions need to consider long term and system benefits.
• I think we are back to operating a parallel system until we find further savings in the acute care system. If we do not start dealing with some of these risk factors more aggressively, we are just going to push more people into acute care. However, the way that the ministry portfolio system is set up can be a barrier because all the monies are in separate pots under the control of different ministries.

• Create a common location for funding source information.

• More long-term plans and money are needed for prevention.

• Prevention will decrease cost of drugs and hospitalization, and improve health.

• Ten years from now both government and people will acknowledge their own responsibility for health prevention and healthy living and that responsibility has to be both financial and behavioural. And I think that the financial part of it is something that we need to address right now for sustainability.

• Impose a health-charge fee for those businesses that produce unhealthy goods (for example, cigarettes).

• Ideas about costs to the individual:

  • Offer funds or support or sponsor athletes with provincial funds that are beyond amateur sporting. Offer rebates to parents who cannot afford to put children through the child’s desired sport.

  • Our government could eliminate all fees for use of public green spaces. This would help people to get free exercise and social interaction.

  • Subsidize any physical activity that has been medically or scientifically proven to improve the body’s health. There would be an annual dollar limit to the subsidy.

  • Provide compensation for real patient outcomes such as quitting smoking.

  • Make public transit free so more people will use it. Walking to the bus stop burns calories.

  • There is a need for incentives and taxation to encourage greater involvement of children in physical activities.

  • In order to promote public transportation, the provincial government should refund 15 per cent of the bus passes to British Columbia residents who use them.

  • One senior winning a gold medal and getting the BC share of his income back in the British Columbia Senior Games equals $2500.00 and the provincial government gets millions of dollars worth of advertising in return.

  • Ask gyms to lower membership fees.
I think the government should pay people to use the parks for the good of their health.

Governments and the health administration has little control over people's behaviour in our complex society today and we are proving everyday that when people invest in programs of prevention out of their own pocket you get better results.

The Government should provide funding for low income families to help them avoid obesity.

Subsidize recreation, make it accessible and affordable.

If we are really serious about prevention, it means having housing and welfare rates that allow people to be able to live.

- **Ideas about the funding of specific programs:**
  - Reinstate funding for full-time or on-call lactation support. Support a peer lactation support program. This is a benefit both to encouraging new moms to continue breastfeeding and to combat the social isolation that many new moms experience - isolation which can trigger worsening of any post-partum depression.
  - In Ucluelet the Community has organized a restorative justice program. We have a facilitator for each case, but the province would not fund the facilitator.
  - The medical associations should fund patient learning forums, such as group prevention efforts for diabetics, hip replacement patients etc.
  - If British Columbia health were to increase the awareness campaign and increase the donors, we could significantly reduce health care costs: for example, renal dialysis is very expensive and many patients are on the waiting list but cannot be helped because of a lack of organs. There are many others: heart, lung, liver.
  - For vaccinations: (1) expand HPV vaccination coverage to include girls and women aged 9-26 and (2) provide access to free influenza vaccinations for all British Columbians.
  - Professional sports should purchase medical insurance for their players and not rely on the healthcare system.
  - Fund an organized, province-wide, population-based colorectal cancer screening program.
  - Maintain the Government's financial commitment to the Screening Mammography Program of BC and the Go-Have-1 Campaign, and target resources to increase public awareness.
• **Ideas about taxation:**
  
  • Increase the taxation on tobacco products.
  
  • Remove sales taxes from restaurant foods that are healthy, and from healthy food products such as single servings of bottled water, pre-packaged salads and fruit trays in retail stores.
  
  • Until the government is serious about restructuring some of the tax policies and some other policies about food, and fast food, it is going to be a losing game.
  
  • Remove sales taxes from sports and recreation equipment.
  
  • One of the heaviest uses of emergency departments is as a result of the accidents of health conscious people involved in sporting activities. So, should all sports equipment be taxed?
  
  • Provide tax credits/breaks for enhancing physical activity for all age groups.
  
  • Consider a focused trial of taxation measures for specific unhealthy foods.

**Food and Nutrition**

**Problems, Issues and Concerns Identified**

Adjust

- Children and Junk Food
- Poverty and Nutrition
- Cultural Norms and Nutritional Guidelines
- Home Care and Nutrition

• Comments on children, nutrition and junk food:
  
  • Not all children have access to healthy choices in food.
  
  • Our schools and hospitals still sell a lot of junk food.
  
  • Nutritional information and information on how to blend nutrition with the appropriate exercises are not covered in the school curriculum.
  
  • Children keep eating junk food because the ads are aimed at them.
  
  • Many have been advocating for the removal of junk food from schools and family department stores for years, but nothing has changed.
Twenty years ago cigarettes, alcohol and drugs were considered addictive. No one thought fast food was habit forming. However, a study by Brookhaven National Laboratory involving brain scans demonstrated that when people saw and smelled their favourite foods, their brains lit up in a manner similar to the reactions exhibited by people addicted to cocaine.

Sugar is the first addiction for many Aboriginal people.

Comments on poverty and nutrition:
- Economic accessibility of healthy food is a concern.
- Obesity is a real issue in Native communities. The poor quality of nutrition for many Aboriginal communities is related to poverty.
- We all know what we should be eating but the poor cannot afford to purchase these foods. It is a waste of money to spend money trying to teach us how to eat. The money should be spent on providing the food for those without.

Comments on cultural norms and nutritional guidelines:
- Most people are more concerned about hygiene than healthy food.
- Salt and sugar are overabundant in foods, which causes illness and disease such as diabetes, obesity. Excess salt from diet is also linked to deaths from heart disease and other illnesses and causes hypertension.
- I am unable to find answers to nutritional questions like whether margarine or butter is healthier.
- Thousands of studies over the past dozen years have failed to support the recommendations in our Food Guide aimed at lowering fat intake, and in fact many of the world's leading researchers are putting the blame for our obesity epidemic on these kinds of recommendations.

Comments on nutrition for people in home care or recently discharged from hospital:
- Dieticians across British Columbia have grave concerns about the lack of home nutrition services in the province and the potential implications on the health and well-being of the population. Malnutrition is preventable yet British Columbians are put at risk for malnutrition every day through non-attention to basic nutritional requirements to support life and to enhance quality of life. This situation applies to people of all ages, children and adults, who are discharged
from hospitals or institutions without consideration of how they will access, prepare and consume food at home.

- The Vancouver Island Health Authority report on nutrition in home care noted: Malnutrition compounds chronic disease conditions precipitating admissions to hospital or community care facilities, prolonging duration of hospital stays, increasing use of other health care services such as physician visits, Home and Community Care, emergency care and increasing the use of pharmaceuticals.

- The consequences of malnutrition are not confined to the aging population in British Columbia and include all people from birth to old age, those who are able-bodied and disabled, those with special needs, and those living with any acute, chronic or debilitating medical conditions whose food and fluid intake is inadequate or at risk of being impaired.

**Ideas and Suggestions**

**Children and Junk Food**
**Poverty and Nutrition**
**Cultural Norms and Nutritional Guidelines**
**Banning an Monitoring Food Products Deemed Unsafe**
**Education**
**Home Care and Nutrition**

- Ideas about children, nutrition and junk food:
  - Boycott multi-national corporations that produce unhealthy food.
  - There is a need to consider the effects of sugar addiction on children.
  - Ban junk food in schools.
  - Drinking water in all of British Columbia should be fluoridated. There is no reason that kids and other people in British Columbia should not benefit from increased dental health.

- Ideas about poverty and nutrition:
  - Danish examples demonstrate best practices in provide subsidies to improve nutrition.
  - Parenting education programs in nutrition, particularly for low-income families.
• Ideas about cultural norms and nutritional guidelines:
  • Despite significant improvements in public health measures to increase folate intakes through fortification of grain products, dietary intakes still fall well below recommendations. Regular use of a multivitamin supplement containing folic acid is an easy way to ensure that you receive an adequate intake.
  • Replace the current Canada Food Guide with a New Canada Food Guide modeled on the recommendations of the Physicians Committee for Responsible Medicine. A New Canada Food Guide will recommend the new four food groups (1) fruits, (2) vegetables, (3) grains, and (4) legumes, with other items mentioned as foods that people may choose to eat, but not recommended as ideal or necessary for health.
  • Community efforts should be made to encourage people to go to healthy restaurants.
  • The system needs to promote good health choices through better labelling. Perhaps a new rating on the labels on a scale of 0-10 is required to help people make wise choices. The scale can take into account a group of factors and even discourage the purchase for people with certain conditions.
  • High doses of vitamin C can prevent heart attacks.
  • Eating locally grown, organic food and limiting trans fats, saturated fats and preservatives is important.
  • All women in their fifties and most men should be encouraged to take Vitamin D to curb the extent of osteoporosis in the older demographic.
  • People who do not eat meat have a much lower risk of colon cancer.
  • Relax the laws around Food Safe. The current regulation prevents access to healthy food.
  • More organic and natural foods.

• Ideas about home care, hospital care and nutrition:
  • Ensure that healthy diets are provided to patients in hospitals, facilities and day cares.
  • Only healthy food should be available in health facilities.
  • Based on an assessment of existing home services for adults and children in British Columbia, and a review of evidence on the benefits of these services, the Dieticians of British Columbia recommend a province-wide, coordinated, integrated and accessible program of home-based nutrition services. This should be aligned with provincial and regional health authority goals with equitable
access to British Columbians in need. Home nutrition services must be an integral component of health services delivered across the continuum of care to all populations.

- **Ideas about education:**
  - Since television is widely used in homes, why not have a dietician educating people on nutritious meals to prepare, how much we need to eat, and what good snack foods are? There could be a website where people could download recipes. Giving people this kind of information would be more beneficial than just saying we are overweight and need more exercise.
  - Nutritionists are needed to help people set diet plans that meet individual needs. Nutritionists need to be more easily accessible and available.
  - Provide education on requirements related to the recommended daily intake of vitamins.

- **Ideas about banning or monitoring food products described as unsafe:**
  - Eliminate use of trans oils and hydrogenated oils in our food.
  - DES-treated meat must be banned. (DES-synthetic diethylstilbestrol). There are the carcinogenic risk factors associated with estrogenic feed additives.
  - All feed additives like: antibiotics, tranquilizers, pesticides, animal drugs, artificial flavours, and industrial wastes must be banned. They all jeopardize the health and safety of consumers of meat, milk, and poultry.
  - Ban the feeding of Canadian cattle with animal proteins. These meat products are not safe for long-term human consumption.
  - Put health warnings on food items that are highly processed e.g. white bread is unhealthy.
  - Ban the distribution of homogenized milk. It allows the enzyme Xanthine Oxidase to enter the vascular system, directly entering the bloodstream instead of passing through the digestive tract. When this enzyme enters the heart and arteries, it damages the membranes creating scar tissue. Cholesterol accumulates on the scars and gradually clogs the arteries. The increased incidence of heart attacks in Canada and other countries very closely parallels the increased use of homogenized milk. Homogenized milk fats are metabolic disruptors, which interfere with the normal digestion of milk fats and appear to directly contribute to cardiovascular disease.
  - The fluoride and aluminium compounds in any cosmetic and hygiene products must be banned.
• Stop poisoning our food with artificial additives like: cancer-causing additives (sodium nitrite); brain-damaging chemical sweeteners (aspartame); and endocrine-disrupting flavour enhancers (MSG).

• Ensure there is an admonitory labelling strategy for all non-nutritive substances and processes affecting our food.

Health Promotion in Schools

Comments and Concerns

Physical Education in Schools
Curriculum Changes
Healthy School Policies
Staff and School-Based Health Service Provision
Parenting

• Comments on physical education in schools:
  
  • There is a shortage of physical education specialists in British Columbia. Regular teachers can give less enthusiasm to kids regarding physical education.
  
  • We have generalist teachers in elementary schools, with 10-40 hours of instruction in physical education, at a stage when kids are most able to learn physical skills, but have specialists in secondary schools when it's too late, and physical education is optional. This is backwards.
  
  • Children these days are not experiencing and recognizing the value of being in the outdoors. There are also fewer opportunities to experience the outdoors.
  
  • Most of the sports in school are team-oriented and this leaves individuals at a disadvantage after leaving school if they are not able to find team activity.

• Comments on curriculum changes:
  
  • I do not know where the education system is expected to come up with additional time to address health promotion issues without changing the curriculum.
  
  • Throughout the education system, health promotion is currently not comprehensive and teachers are not adequately trained in the delivery of health related education.
  
  • New education in schools is starting to focus on teaching children about healthy choices.
• You cannot force people, most of all teenagers, to do anything that they do not want to. Imposing a nutrition class will not improve general health, but it will give kids another class to fail.

• Healthy school policies:
  • Other provinces, such as Ontario, New Brunswick and, most recently, Alberta are taking steps to create province-wide policies on food allergies in schools, and other initiatives. But in British Columbia we are lagging behind.
  • At my school, the food store is open at lunch time and provides nutritional snacks: sandwiches, wraps, veggies, fruit and so on. Pop has been removed from our vending machines and milk machines are being brought in.
  • I am a fourteen year old girl at Lillooet Secondary School, and I find it really unfair that we are told what to do already at school. Now that we are going to be told what to eat, and what to drink, it's ridiculous. We are supposed to be treated like adults, since we are going to become them soon enough, so why cannot we have choices? if you have problems with the obesity level, then protest against McDonalds and all of those fast food places because pop has very little to do with it.
  • Food rewards in schools, like providing gift certificates for pizza as a reward for reading books, are unacceptable.
  • Stop students from leaving class rooms for smoke brakes during class hours.

• Comments on staff and health service provision in schools:
  • There are not enough skilled service providers in early childhood development in rural communities.
  • We use to have health educators in the schools; they were called school health nurses but were removed from the schools years ago because of budgetary concerns. Hiring teachers for health education is back to where we started. Teachers are not health professionals so why are we expecting them to be teaching health?
  • Public health services are not available or accessible to some public schools and band-operated independent schools.
  • Children in schools do not have proper health care available for them, nor is it available for the staff.
  • The public health nurse only works in a school a few hours per week.
The Ministry of Education creates print material and audio-visual material on sexual health that goes into classrooms, but they don't have any criteria for evaluating the instructors that go into classrooms to talk about it. As a result, we have situations where we have comprehensive written material on sexual health, but the person appearing in the classroom is sometimes from one of the evangelical groups that's talking abstinence-only programs.

As a school principal, I see similarities between education and the health care system, in particular the difficult decision between prevention and remediation (Do we give most financial resources to the youngest children to prevent illiteracy or to the older children who are already struggling?).

Comments on parenting and education of parents:

- Role models are extremely important to school children. If they do not have good role models at home, they adopt those they see in the media. So, saying schools should do more may not be enough.

- I believe that schools play an important role in teaching our kids about nutrition and physical education; however let us not forget the first and most important influences in our children's lives is the parent! We need to make the parent more responsible and accountable for their children. We need harsher penalties to force parents to educate themselves. We can spend all day teaching these kids at school, but it is what they see at home that is the true impact in their lives.

Idea and Suggestions

- Ideas about physical education in schools:

  - Make Physical education mandatory part of school education. For people who have difficulties with physical education have programs to address their needs. Factor in how to deal with impacts of screen time and kids with disabilities.

  - Physical education was required when I was a kid and I hated it, but perhaps if it was done the right way it could be more enjoyable. Each child is different and, if you could find the right activity for the child to be happy, then it could be a good
investment. But it sounds impractical to me and would be hard to implement in a
way that would have lasting effects on the child. Physical activity is best
influenced in the home.

- More compulsory physical education will not work unless many options are given.
  Forcing a child to play badminton or volleyball will not work if the child prefers
  swimming or cycling. It is about finding the activities that fit the child.

- The focus should be on exercise in the schools not athletics. Many children are not
  involved in exercise because of the cost.

- Physical education used to be mandatory. There was no such thing as going
  home after school; you had a sport activity and that was where you went. And it
  was great for us because we were all in great shape. I now look at the schools and
  there are all these little chunky people! And they do not get to do anything and I
  bet they would love to. But they do not have the parental support, the parental
  time, and the parental economics to get these kids into all these activities because
  they are no longer part of the school

- Increase the field trips available to physical education students.

- Physical Education should be focused on student wishes.

- Create athletic physical education class that encompasses a variety of sports and
  go more in the direction of Wii sports.

- Our school has a physical education leadership class where the class goes on field
  trips, but only 30 students from all that sign up get chosen. If we expanded the
  size of the class, we would get more participation.

- Instead of having a 12 minute run, implement the Vancouver Sun Run Program in
  physical education classes for those of us who are simply not born with good
  stamina.

- Abandon the current non-competitive physical education curriculum during
  normal school hours. This would free up normal school hours for other classroom
  courses. Institute a Sports curriculum requirement where students are required to
  complete a certain number of credits per school year based on participation in
  their choice of intra-mural sports which take place after normal school hours.

- Hoops for Heart, and the Relay for Life are good programs.

- If you have seen that television program, x-weighted, they do a fitness test. And
  then, after six months, they do another fitness test. You could do those with the
  kids in the schools, and do the entire school, and everybody could track how they
  are doing.
• Create activities at lunch, like yoga day, for students who do not take physical education.

• Exercise fuels full-body health and raises students level of focus. We should begin the school day with 20 minutes of exercise.

• Ideas about curriculum changes:

  • There should be a health education strategy from kindergarten to grade 12.

  • I think that part of what the school system can do is to deliver not just education, but also lifestyle. You learn about book learning, but also about your body and how to take care of yourself.

  • While I agree that physical education, improved nutritional education and healthy living need to be included in the curriculum, it is up to each school district to decide what that should look like, which creates a discrepancy in what and how our children are taught. Until and unless these courses have a standard provincial examination, forcing schools to teach a specific curriculum, they will not be taken seriously by school boards.

  • Add health care to the provincial curriculum. We should work from the revolutionary premise that maybe health is the most important thing in our lives, and then go back through the curriculum to determine how, in all subject areas, health issues could be a more prominent feature. Kids do not really know about and learn about empathy until they're a certain age, five or six years old. But if we are going to take the opportunity to teach them empathy, right now the way it's often taught is they get a baby in the class and the baby teaches. The same should be done with involving seniors in teaching.

  • Aboriginal children should be taught how to build dug-out canoes, pothouses, etc. This should be integrated into the school curriculum. There is also a need to re-educate the general public, their knowledge base comes from fear and misinformation. It is important to understand the effects of colonization and deal with them. Non-Aboriginals have a right and responsibility to understand and deal with colonization.

  • Integrate education on the effects of smoking into all courses in a student-centric participatory teaching methodology. British Columbia provides curriculum suggestions for teachers in elementary schools and high schools yet individual teachers decide how and to what depth these topics will be taught. Thus, a large discrepancy exists in the information provided in each school. Mandating that education on the effects of smoking be introduced via participatory teaching methods at all education levels beginning in pre-school is a defensive strategy
that enables children to better deal with inevitable messaging from tobacco companies.

- Use math problems in class showing how much the system spends on unhealthy people versus healthy.

- We know that education is the single biggest indicator of whether people will be healthy when they are older. So if we can help children be successful when they start kindergarten, then we are going to have healthier adults in 20 years time.

- Provide education on lifestyle choices from a young age, specifically for child rearing, breast feeding and changing public perception. Educational programs should be present, relevant, practical, achievable, community based, and inspire change.

- **Ideas about healthy school policies:**
  - Open schools for sport and active recreation before and after school hours. The main barrier to the health of school-aged children is access to facilities.
  - Healthy breakfast food should be available in schools.
  - Limit school sponsorships from unhealthy companies, like Coke and Pepsi.
  - Try to promote healthier eating; ask for better, healthier foods at the school cafeteria.
  - Remove pop machines and vending machines from schools.
  - Some school boards will not let researchers gather information. The provincial government could remove the discretion that school boards currently have on evidence gathering, and require them to participate in evidence gathering activities that have been approved by the Ministry of Health.
  - Is there a way to reward people for having a healthy lifestyle? Perhaps grade 12 students who passed a health test could received a bursary toward further education.
  - Include a health tracking model in the current passport to education system in schools. If your passport actually tracked your health status from a young child through into your adolescence and out of the school system you could map your own health status.
  - Increase participation in school activities and create activity policies in schools.
  - I think we have to emphasize the importance of personal responsibility in health. But there should also be systemic incentives, holding school boards responsible. We would not want to penalize people by taking away funding because that does
not do anything but hurt the kids. But I think it is very effective to hold school boards responsible for key measures. And if they are not meeting their goals, then that is who gets penalized.

- Focus on a preventative health model at an early age (within elementary education).
- Eliminate user fees in schools for field trips.
- Remove vending machines from schools.
- There should be no junk food in schools, supported by an advertising campaign against junk food, linking junk food to obesity and eating healthy to looking fit. More anti-smoking ads should be up around schools.
- Schools should enforce the existing health standards; it is worth the money in the long term health savings.

- Ideas about staff and school-based health service provision:
  - There should be regular medical visits by paediatricians within the schools, followed by interventions targeted at high-risk children.
  - Get community health nurse back in schools.
  - Nursing students could be doing their residency in schools, educating students about nutrition and doing health checks.
  - Use retired people to supervise after-school play areas so that parents feel that their kids are safe to be out playing and exercising.
  - Re-educate teachers and professors to be healthy role models for students.
  - The curriculum for teachers needs to include a focus on health courses and healthy living.
  - There is a need to ensure there are disease prevention workers in all schools, who also travel regularly to isolated communities.
  - Give kids a health report card.
  - Education in schools is very effective. After the public health nurse gave a course on the dangers of smoking given to my daughter’s grade six class, she will never smoke.
  - Provide inspiration. Teachers are often closest to kids and their opinions are heard by their students. Teachers should take a larger role in health promotion.
  - Involve youth in healthier decisions at school, improve school atmosphere for youth, promote fun activities for recreation and well-being.
• Arrange school events and competitions that are both physical and mental. Encourage positive behaviour through posters, presenting information in a positive manner.

• Start early in childhood to teach self-esteem, nutritional values, safety issues and realistic values around respect for self and others. Increase public health services to push towards raising an aware and educated generation.

• Community schools can provide services for children, such as dental services, drug and alcohol counselling, and nutrition instruction, creating a healthy community.

• Employ dieticians in school.

• Ideas about parenting and educating parents:

  • A survey should go out to ask parents how schools are doing at meeting the health needs of children.

  • School Boards and government need to work together to develop and engage parents to take responsibility for their children’s health.

  • Provide health information for kids’ parents because parents can also pull their kids out of health curriculum activities. And the law says that they are supposed to provide their children with an equivalent education, but it is not tracked or monitored at all. So, tightening that up would also help. If there is a class on drugs and drug use and the parent does not want their kids to take that class, then the parent must take on the responsibility for providing the kid with equivalent information.

• Ideas about specific programs and classes:

  • Sex education should be compulsory to grade ten.

  • Schools should teach decision-making skills, relationship skills, and particularly negotiating skills, focusing on raising self-confidence and assertiveness, because those skills allow kids to make decisions in a wide variety of areas. Currently, we tend to associate teaching a lot about skills with things like sex education, but the problem is that we are seeing puberty advance by about six months per generation. So, we have kids of nine and ten who are physically entering that phase but not nearly cognitively ready. We have not advanced the teaching of decision-making skills and we have to improve this situation.

  • Increase disease screening programs in schools.

  • Support hand washing programs (make them publicly funded).

  • Hand out condoms in schools.
• Encourage students to use work out rooms.

• Take students to a morgue to show them what could happen if they choose to lead unhealthy lifestyles.

• Food preparation classes should be mandatory in schools.

• Provide mental health education programs in schools.

• I would like to see government sponsored group aerobics and aquafit programs for school aged children to promote positive lifestyle and fitness rather than just athletics.

• Perhaps if the pitfalls of behavioural choices were made clear to kids, ages 10-12, they would make better choices. They usually think it is okay to try something, like drugs, once, and they do not understand how easy it is to get addicted. Sexual abstinence is also the easy way to avoid Sexually Transmitted Diseases (STDs) and HIV. Girls should also be made aware of the emotional aspect of being dumped after a one-night stand and the impact of being used by guys.

• Students should receive school credits for extra-curricular activities. Promote active living, not just sports in school.

• Continue to offer awareness presentations on Sexually Transmitted Diseases (STDs), substance abuse etc.

• Actions Schools is a good program but needs to be mandated in all schools. Having it available as an option does not work.

• We should educate people how to use natural treatments wisely and should teach simple herbal treatments for minor ailments in schools.

• Provide eye tests in schools like there used to be.

• Enforce zero tolerance for bullying in the school system.

• We need more education and services for people with Foetal Alcohol Spectrum Disorder (FASD). We also need more education on this preventable disorder in the school system.

• Establish a high school grade 11-12 Sports Management and Development Program, which instructs students on the theory and rules behind certain sports plus how to coach, train, manage a team; referee a sport; and, teach the basic elements of sport nutrition and human kinetics.

• Introduce milk programs in schools, pilot projects where schools are provided with vegetable snacks for all students and staff, as well as implementing healthy eating programs in general.
• Provide more education in the school system on diabetes, starting at kindergarten.

• Bring a mandatory meal program into the elementary school system that would embrace good nutrition. The Government of British Columbia would finance the program for those who cannot afford it and would try to make the meal program reasonable for parents in general.

• High school students should be trained to be peer sexual health counsellors.

• Expand Action Schools! program and encourage a more rapid implementation of some of its recommendations, plus coordination with anti-smoking resources, to move towards significant levels of primordial prevention among young people. Focus on environmental approaches to risk factor interventions, including options for promoting healthy foods, curtailing access to unhealthy foods, creating opportunities for physical activity and providing tobacco-free sites.

• There should be courses, maybe in high school, designed to enhance education in the field of caring for aging people.

• First aid should be mandatory, taught at recreation centers and schools free of charge. If there were a trained citizenry then more people would have a fighting chance in the golden hour related to heart problems. This would minimize problems and lower costs.

• A passing grade in health education should include creating and maintaining a healthy diet and fitness plan, as well as following healthy lifestyle choices, including not smoking or using other recreational drugs. Health education should be mandatory in school up to and including graduation and a passing grade should be a condition for obtaining a high school certificate.

• Provide education for our children on self-esteem.

• Have a course outside of the time table year round that covers exercise, healthy eating and loving.

• Increase funding for performing arts in schools.

• Nutritional education should be provided at primary level.

• Encourage education of traditional language with the help of the elders.

• In First Nations communities teach care for grandparents in high school.

• Preventative programs about hygiene, drugs and alcohol should be taught in schools from an early age.

• The ancient Chinese knowledge that there are non-physical meridians that can become blocked and so cause health problems, coupled with the Western
understanding that many actions are propagated by emotional triggers, has led to a simple way of releasing such stress by tapping release points and, in doing so, clearing the causes of health problems. This system, called Emotional Freedom Techniques, is simple to teach, easy to use, and has a proven track record; the manual can be downloaded at no cost from the internet. There are qualified instructors in British Columbia. By teaching the actions in schools, student performance and behaviour will be improved and the students will have a useful tool to use all their life.

- Show teenagers the long term consequences of poor health.
- Institute an awareness day or week or month on smoking cessation.
- Provide free fruit at breaks.
- I’m very satisfied with some of the program that schools are offering. But their primary responsibly is teaching. Looking at participation rate of the kids in physical activity and some of the other things as well could be useful. For example, if you have some kind of initiative working group at middle schools to talk about how to stay away from drugs, look at the initiative and the participation rate. I think you will see a reduction in violence in the school systems and, in general, in city communities if it actually takes off and allows students to have a better sense of themselves, and have control of their health.
- Older students can go to younger kids and create programs, showcase skits to get messages across.

**Program Delivery**

**Comments and Concerns**

- **Existing Programs**
  - ActNow
  - Disease Prevention Programs
  - Partnerships, Collaboration and Community
  - Vision and Infrastructure
  - Health Determinants
  - Obesity and Healthy Living

- Comments about the delivery of existing programs:
  - Programs for alcohol/drug prevention and sexual health are not meeting the needs of children.
• The Nurse Line does not provide enough depth of service. It simply reiterates what is in the BC Health guide.

• Current prevention programs focus mostly on early detection of diseases rather than true prevention, such as pap smears and colonoscopies.

• We need to re-examine the role of routinely vaccinating children at such a young age, and the possibility that they are increasing the development of auto-immune problems later in life (allergies, asthma, etc). We also need to look at the role of formula feeding on health problems later in life. If we start at the beginning, it could stop so many health problems from developing later in life.

• Our health system fails women who face un-planned pregnancies. They need better information, better education, better support and affirmation in their pregnancies. A pregnancy is not a disease. It is a sign of health.

• Comments on ActNow:
  
  • I am not trying to be critical of the ActNow program. From what I've heard today, they have received a lot of awards. But a number of years ago, there was a national program called Participaction. And it had a greater in-home presence than ActNow does, and maybe that is just because Act Now has not been around long enough to get traction.

  • ActNow is good and is important, but it ignores systemic problems like poverty.

• Comments on disease prevention programs:
  
  • Preventative health initiatives are good, but there are not enough of them.

  • I think one problem that we need to address is stressed or overwhelmed families. And in British Columbia, one of most common reasons why a child goes into the hospital or to a private facility for general anaesthesia is extensive dental decay. And this is at the age of two and three. And many of you may have seen our ad campaigns that was funded by the government, our ActNow, where it was the picture of the baby going to bed with a sucker and trying to educate the public about putting a baby to bed with a bottle, taking care of the teeth, seeing a dentist within six months of the first tooth erupting. And yet we still have families who are going in for general anaesthesia.

  • Recent research shows that only about 50 per cent of evidence supported health care and preventive interventions are implemented.

  • I am concerned that there is no evidence that these school programs make a change. Kids may enjoy the programs but do not change their behaviours.
• I think we have to develop a measure, too, where we can actually measure whether or not people are reporting that they have increased their activity or that their health has improved. That is controversial, too, because people will always report more optimistically. So, if you compare self-reports to measured, like obesity rates, you will have a huge gap.

• As a male, it’s not our tendency to seek medical advice or access programs until we are feeling very sick and there is little incentive to be more proactive about our health.

• Not enough women participate in breast cancer screening in BC. Currently, only 47% of all eligible women in BC receive an annual mammogram.

• Comments on partnerships, collaboration and community:

  • The health sector lacks an understanding of the critical importance of the work non-profits do. There is no linkage between the health system and the non-profits.
  
  • There is a lack of community input and communication regarding local issues.
  
  • There is no mechanism for public, community involvement. The public is generally not interested in health system until it impacts them.
  
  • Holland has been very successful in addressing public health through the promotion of physical activity. There, there are no fees in community recreation centres. In contrast, in BC the rate of Provincial Park day visits are dropping because now people have to pay for parking.
  
  • In spite of funding initiatives for healthier communities through Union of British Columbian Municipality grants and increased allocations of health funding to community based health care delivery systems major hurdles remain.

• Comments on vision and infrastructure:

  • If the province was more generous and quit making the goal posts so far away, it would be easier to pursue things like indoor walking tracks that could help a full range of people in having an opportunity to get exercise.
  
  • There is a lack of walking paths, cycling trails and in line skating paths and they are not being incorporated into our future city growth.
  
  • There is not enough focus on prevention.
  
  • One of the structural problems is that a lot of preventive services are not built into the institutionalized formal setup. They tend to be delivered by non-government organizations and the way in which they are funded is something aside from or apart from how the national health care system is funded.
• **Comments on the impact of health determinants on program delivery:**

  - The public and community health programs being offered by Vancouver Coastal Health, while valuable, are not solely able to address the broad scope of health determinants. It is important to understand that a commitment to improve population health does not always demand a service or program type response to the need. However, it does demand recognition of when and where there exists a need to improve health status or reduce inequities. This recognition should result in action to bring awareness, understanding and ultimately a resolution to the issue.

  - Information on healthy choice is not enough; people need support on safety, economics, addiction support.

• **Comments on obesity and healthy living:**

  - There is a concern that a focus on obesity control increases the tendency towards disordered eating, particularly among adolescent girls. We do need to be cautious about obesity messages and interventions, especially with cohorts such as teenage girls who are at-risk for anorexia nervosa and other conditions.

  - Programs may motivate a few people to take action, but for example, the statistics on the rising rates of obesity among all age groups show that existing campaigns are not working.

  - There is a very serious problem with obesity in British Columbia when you hear that four in ten British Columbians are overweight, two in ten additional British Columbians are obese and that six out of ten British Columbians do not get enough physical activity to access the benefit curve of fitness and have any protection against disease.

  - Obesity can lead to conditions such as stroke, diabetes, heart disease and other chronic diseases.
Ideas and Suggestions

Existing Programs
ActNow
New Prevention and Promotion Programs
Families and Youth
Partnerships, Collaboration and Community
Vision and Infrastructure
Health Determinants and Marginalized Populations
Obesity and Healthy Living
Healthy Workplaces

• Ideas about existing programs:

  • If we were to implement the Coronary Health Improvement Project (CHIP) in British Columbia, we would save millions upon millions of dollars per year in health care costs. It is a prevention lifestyle program where people can normalize blood sugar levels in one month and be rid of or drastically reduce their need for high blood pressure pills.

  • Seattle carried out a huge project five or ten years ago, on teaching everybody who worked with the public about how to do cardio-pulmonary resuscitation (CPR) on the street.

  • In Kelowna, the local Rotary Club created an in-school cancer prevention program.

  • Smoking cessation for pregnant women in deprived areas is a very difficult issue. This particular intervention talked to the young women to say, well, what are the issues here? It’s intimidating for these young people to go to the Health Service to ask for help because they do not feel they are actually being looked after properly. So they used this program as a way of actually helping and training the staff, to help them develop the empathy that was needed so they could interact with the young people. It is important to work very closely with the health profession to help them understand their target audience and their needs.

  • OsteoFit is being rolled out at BC Women's hospital and is based on evidence and best practice. And now there is a requirement that the instructors from the recreational and parks association get OsteoFit into every leisure and recreation community centre throughout the province. So things are being done

  • Flu shots should be continued.

  • Government programs such as Hearts at Work are great but unfortunately come with a price tag.
Mobile mammography is an excellent option. Statistics show we are catching things earlier. Many conditions are preventable with early screening and education.

There is a pedometer pilot project in Abbotsford and Penticton. They give people a pedometer, they do a pre- and post-assessment and off they go. Participants are instructed to walk and keep track on the log. But they are also given a referral to In Motion, which is a community initiative that really directs people to all the physical activity opportunities in the community.

Participation was a great program. Let's do it again!

Support The Horizon Project as an active community legacy for youth in the downtown core of Vancouver. Support the development of the Trillium lands for sport and active recreation.

Promote programs like Drug Abuse Resistance Education (DARE).

The municipality of Delta provides free pass for grade fives to swim at the aquatic centre.

Promote and encourage programs like the Harvest box.

Promote the Success by Six programs; teach children young and they will learn to live healthy lifestyles (increasing productivity and decreasing long term costs).

The Head Start program, focusing on parents and their children is probably the program that provides the best bang for the buck. Programs like this have been used and peer reviewed from Michigan to Hawaii to New Brunswick and, if done properly, can save money and result in a huge reduction in demands on our health care system.

Dieticians have been giving a consistent message about diet and nutrition as a key factor in the prevention of disease as well as a treatment for disease over 3 decades.

Yoga is an affordable approach to preventative health.

Prevention-oriented health promotion programs such as Communities that Care, and Strengthening Families should be supported.

Dentistry is a profession that has encouraged and focused on prevention extensively. The declines in dental decay are well documented and continue to decline. We do what's called an Adult Dental Health Survey every five years and declines in missing teeth are continuing.
• **Ideas about ActNow:**
  
  • Develop an ActNow North program that responds to the particular needs of northern communities.

  • I hope when you are sending out the ActNow toolkits, you are including regional districts in the distribution.

  • ActNow and the 2010 Legacies Now programs are excellent and growing. One of the very interesting things about ActNow is the way in which all the other ministries are part of it. In their plan every ministry had to say, we are contributing. I think that's a huge step. I mean policy wise, it is a huge step.

  • The Government of British Columbia has demonstrated its commitment to prevention and wellness, with its commitment to ActNow BC and other initiatives such as tobacco cessation programs. We, the Massage Therapists’ Association of BC, commend you for contributing to a culture of health and wellness in British Columbia.

  • ActNow has packages that can support initiatives that are geared towards different groups (schools, parents, daycares etc.) making the information as accessible as possible.

  • Initiate ActNow type programs in other health sectors. Look at what worked in previous programs (Participation).

  • ActNow would be a good model to follow because it goes across all the Ministries but it also has a mechanism in place making the Ministry accountable for meeting and reaching all the goals that have been set, based on this philosophy of encouraging physical activity to promote health.

  • Add supporting a healthy brain to the ActNow principles.

• **Ideas about new disease prevention and health promotion programs:**

  • Motivate the senior baby boomers to participate in a running program. The only cost to the public is running shoes. Having the baby boomers starting a running program will decrease weight and health issues, and result in less time at the doctors’ office or being hospitalized.

  • Put everyone through a once-a-year medical check. The check could be in the form of a full-body scan where a person simply walks through and problems are noted. If another country uses the system then they should have to pay for the system offsetting BC costs to the point of making some money on the program.
• A Canadian skipping dancing association would promote recreational rope skipping to improve aerobic fitness in children, using rope skipping as a tool to improve the physical, intellectual, and cognitive development in children with special needs.

• How about providing veggie vouchers to every resident? Mail them once a month with premium statements.

• If exhausted parents (especially single ones) could participate in a week-long, live-in programme, in a beautiful restful country setting, where the children are given quality care and activities while parents explore positive health options, then new lifestyle choices could be modeled and practiced (e.g. learning to grow (organic) parsley and other herbs in pots on the windowsill, or how to start a small backyard garden, or how to nutritiously cook grains).

• It is important to focus program delivery on all age groups (youth & elders).

• Personal hygiene lessons including the importance of proper dental care should be a service provided to Hastings Street and East Vancouver street people.

• Create a contest for people to join that logs exercise hours.

• I believe the health of British Columbians, particularly women, would be greatly improved by restricting access to abortion and by offering help to women to carry their babies to term. I find it strange that there is such objection to private health care and yet private abortion clinics have the government's blessing.

• I hope that more attention is give to osteoporosis screening and early prevention.

• Sleep Apnea education should be provided not only on a web site but in all the media. It's going to cost some money up front, but just think of the savings down the road and the improvement in all our health.

• Focus on educating men and their families about prostate cancer. Provide support for support groups with dedicated funds.

• Outreach projects for youth (15 - 25).

• Outreach for prenatal health.

• Support peer counselling and monitoring. Outreach programs should be created with physical, mental, spiritual and emotional aspects in mind, promoting balance.

• Be prepared for, and provide support/outreach in areas around drug/alcohol abuse, elder abuse, neglect, internal conflict with family/community, financial abuse in Aboriginal communities (especially around payout from residential school legal settlements).
• Adequate dental care will lead to far better quality of life and health.

• There is a need for parenting and support programs for struggling parents, teens, poverty-affected families, and immigrant families.

• The chronic disease Red Book lists existing resources and should be made need publicly accessible.

• Offer a general health cookbook to the public.

• Prevention efforts should include regular checkups.

• A yearly free health maintenance check-up should be provided, not necessarily performed by a doctor (use alternatives like nurse practitioners.

• Provide a central resource with good quality information (like the health line).

• Put first-time offenders in with hardened criminals for one day, to show youth the consequences of their choices.

• Provide programs that teach participants how to use what's available with what you have, using local ingredients. We have lost our knowledge of how to use dried foods and we need to bring that back. We are now dependent on fresh food.

• The Human Papilloma Virus (HPV) vaccine can prevent about 70% of cervical cancers and has the potential to substantially reduce both new cases and deaths from this disease. The vaccine should be available and affordable to the public.

• The Human Papilloma Virus (HPV) vaccine should be viewed as a complement, not a replacement for, cervical cancer screening.

• We are hopeful that BC's cervical screening program will be enhanced, and that the Ministry of Health will heed the recommendations of the Provincial Health Officer, and expand the provincial vaccination program, beginning in September 2008, to include the vaccine for human papilloma virus.

• Screening for potential risk factors for diseases is important because it's difficult to do something about a problem you do not know you have.

• Early screen at younger ages allows for the reversal or prevention of the development of multiple chronic conditions in middle age.

• Have an initial screening for cardiovascular disease available for younger individuals which may be less frequent if no problematic results are present. If risk factors are present early intervention is possible. This life-altering course correction could not only improve their health and quality of life in the future, it could significantly reduce costs to the health system over their lifetime.
• Cancer rates in BC can be improved by implementing a province-wide, population-based colorectal cancer screening program in BC, and continuing to direct resources to the Screening Mammography Program of BC and the Go-Have-1 Campaign.

• Promote healthy lifestyle through a balanced program using physical, mental, spiritual and emotional aspects to become one. When we become one, we become whole, everything else falls into place.

• **Ideas about program delivery for families and youth:**

  • Prenatal and early childhood is critical for a good start in life for typical children and children with special needs.

  • Babies should be screened for hearing loss. Formal speech and language screening should be carried out by age 2.

  • A great deal of research has shown very promising results from investing in the first six years of a child's life. Evidence from the Perry Pre-School project has shown that early childhood interventions in vulnerable children's lives can result in very positive outcomes.

  • Make sure that families, especially single-parent families, have access to programs and services and strengthen the role of non-government organizations, and non-profits in the delivery of services. Make sure that we do not just focus on health services and instead look at supporting a range of community services.

  • There needs to be more active intervention for pregnant women who drink and smoke. This would result in better outcomes for both women and children.

  • There should be a more simplified application process for youth programs.

  • Look at getting youth into activities that move them away from addictions, such as community events, sports. However, activities are often available only to those who can afford them.

  • Support kids to grow their own gardens, cook at home, and use community kitchens and community gardens.

  • Teenagers are the future leaders in 20 - 30 years and perhaps programs should target them.

  • Research supports the proposition that every dollar spent on prevention services, to support parents and their young children, saves seven dollars in intervention services in the future. Pregnancy Outreach Programs save tax dollars.
• Early diagnosis and education of significant adults in the lives of children with Fetal Alcohol Spectrum Disorder will reduce the risks that these children face in childhood, adolescence and adulthood.

• Focus on health initiatives and priorities specific to children in care and Aboriginal children with known poorer health outcomes.

• Youth and culture are our future. We need outreach programs geared towards youth, particularly in First Nations communities.

• Children thrive within families and communities that can meet their physical and developmental needs and provide security, nurturing, respect and love.

• Clear policies and practices should be developed for children in care and other vulnerable children. Those policies and practices should then be monitored and reported on. Accountability and evidence-based practice are the touchstones for these children.

• Work together on a children's plan which places the child at the centre of any planning and policy work that affects their health and well-being. This plan places a strong emphasis on performance measurement to ensure the focus remains on the child.

• Early diagnosis of disabilities and appropriate interventions can make a significant difference in improving outcomes for affected children and their families.

• Ideas about partnerships, collaboration and community:

  • We do have resource to help communities to plan and create strategies with the healthy community initiatives within the Union of British Columbia Municipalities (UBCM).

  • Provide outreach into the community to combat problems such as diabetes, obesity and smoking coupled with a focus on nutrition, exercise and lifelong education to help communities become healthier.

  • Provide affordable liability insurance for community initiatives to facilitate full use of existing facilities, for example, schools, to achieve healthier, more active communities.

  • People went to the community and said, what will we do about diabetes? And they said, we don't want a study on complications. We want a study on prevention. So we have the Khanawake School Diabetes Prevention Program. And this is an example where I think, actually, the community has influenced the health programming.
Vancouver Coastal Health’s Population Health Advocacy Workshops were held in Gibsons, Richmond and the North Shore with over 50 staff participating. The workshops were developed to build staff capacity to engage in population health advocacy work and provided an opportunity to bring together Health Service Delivery Area (HSDA) staff to work on local issues.

- Organize sports and activities for communities and have gyms open at schools at lunch and after school.
- Create opportunities for communities to get together and be active together, support initiatives such as drop in sports where you are not only giving a team a safe place to go at night but also keeping them healthy; encourage people around you to make good choices and encourage and support people making lifestyle changes.
- Provide outreach programs for those with problems.
- Provide nutritional counselling (e.g. schools/community).
- There is currently a lack of community-based counselling services.
- Provide a mentoring program, building capacity in communities so that researchers are better able to get results.
- There is a really interesting model called the Community Readiness Model, which looks at how a community can shift in readiness on an issue. There are nine stages of readiness starting with ‘no awareness’ to ‘denial and resistance’ and then moving on up through ‘planning’ and up to ‘high-level of community ownership’. So the model is used to assess how ready a community is for change. It suggests strategies; it leaves room for real community ownership of the solutions. And then it can be used to evaluate whether change happened.
- The implementation of cross-ministry initiatives rely on the existing expertise in ministries. Health promotion requires community involvement, and local communities must develop their own strategies.
- We need to have zero tolerance for violence and abuse in Aboriginal communities.
- Establish Community Action Coordinators (two per electoral riding) to mobilize strategies for risk factor reduction. Provide modest funding for up to 1,200 community groups throughout the province with ideas on how to address risk factors. Develop a strategic media plan with clear, common messages for different at-risk populations with well-conceived short and long-term advocacy goals. Consider subsidizing pedometers as a source of instant feedback to individuals who are attempting to become more physically active. Implement
point-of-decision prompts to encourage healthy behaviours. Encourage and support walking groups and physical activity events. Enhance access to places of physical activity; both indoor and outdoor.

- Enforce local laws that would be community-specific closing hours of the liquor store, community programs and employment opportunities.
- Engage non-government organizations in the community to support our patients in both the prevention and secondary prevention.
- Municipalities have an important role in health promotion and although there is funding available for those types of partnerships there is lots of room for improvement.
- Cities are well positioned to deliver programs but, without the resources to do it, we are unable to expand.
- What we do in Vancouver and the Lower Mainland is not what you can do if you are in a remote northern community. Helping these communities to become active communities is a huge challenge but there are generic things that you could do anywhere.
- There is a need to engage people and communities to decrease health issues. Encourage behaviour change, by working with community driven solutions that reflect holistic and cultural issues and focus on the social determinants of health.
- Encourage activities based on a region's demographics and environment: skiing and skating in northern British Columbia; golf in the South Okanagan.
- Health promotion and prevention programs in Aboriginal communities need to take community based approaches, identifying needs and treatment at the community level.
- There is a need for intra-ministry health promotion.
- There should be collaboration between Health and Education Ministries.
- The health ministry should work with other ministries, for example the Attorney General, to demand stiffer sentencing and protect people from spousal/family abuse.
- Build partnerships with the British Columbia Ministry of Health, Health Authorities, and the Screening Mammography Program of British Columbia to develop community initiatives to encourage and support women's screening participation.
- There are challenges associated with public engagement that include:
  a. Politicians influence what information is made available to public.
b. Politicians are not interested in cooperation across parties.
c. Competing interests.
d. Multiple demands/expectations on the system.
e. Setting clearer priorities.
f. Do people care if they are not sick? How do we involve the general population?
g. The lack of reliable information on how to access services and what to expect.
h. The public face of the health care system does not reflect diversity of ethnicity. How to deal with major demographic changes (aging, ethnic population increases).
i. The system is so complex that family doctors can refer to multiple sources.

- Ideas about vision and infrastructure:
  - Skate board parks and parks with equipment appealing to kids should be funded by the Provincial Government.
  - The Canadian Cancer Society has made a substantial commitment to prevention through an integrated approach to prevention with staff resources dedicated to education, community action and advocacy.
  - Accessible buses with Bike Racks in front are great because citizens can bus and bike around the lower mainland.
  - Create injury avoidance standards for sports helmets, and provide education for athletes in schools. Currently, ski and snowboard helmets have no minimum standards.
  - Provide programs that raise health awareness.
  - The Long Term Athlete Development plan (as mandated by the Canadian Sport Review Panel) is based on a firm belief that Health and Sport need to work together - creating the awareness of the immediate and future benefits to individuals and our communities of supporting an active lifestyle for our young people.
  - Provide family-centred programs (for native and non-native families).
  - The Infants Act in British Columbia allows children of indeterminate legal age to make their own decisions about their health care if the health care provider is satisfied they are making an informed decision. But if we take this situation to a
non-clinical setting, to a promotional setting, a preventive setting, we could get some really interesting activities going. We have already done it around sex education, changing practice guidelines so that someone who is a qualified sex educator can educate a child without the parents' consent.

- Focus on positives instead of negatives in health promotion efforts.
- Celebrate the success of healthy people and share their stories.
- Improve public health measures, such as better sanitation, cleaner water supplies and dissemination of public health information.
- Provide a report on key health measures to Province. The Ministry should then encourage changes in behaviour.
- Support harm reduction strategies (as opposed to abstinence).
- Prevention should work from the entire medicine wheel concept, a holistic approach that includes all aspects of health (physical, spiritual, mental).
- Develop policy that is consistent with goals for healthy living and encourage students and youth leaders to develop programs that will work for them.
- The last three decades has seen considerable development in the form of evidence-based, analytical tools and resources and communication.
- Secondary prevention can have shorter time frames.
- Provide health assessments tied to a healthy living formula.
- Conducting a health impact assessment is an interesting idea. We do it for major projects that impact our environment, why not ones that could possibly impact our health? Perhaps health should be included as a parameter in the environmental assessments.
- Accountability for new preventative strategies and legislative reform does not rest solely on the shoulders of the Provincial Government or the Ministry of Health, it also rests on the shoulders of the Health Authorities and the Health Care Administration, including all health professionals and unions.
- There is too much focus on illness and not enough focus on prevention. More health clinics should be focusing on education and disease prevention.
- Integrate health promotion at all levels of health care. Build a relationship for health promotion education to be more effective.
- Preventive programs are inconsistent. There is a need for core services.
• **Ideas about addressing health determinants and marginalized populations:**
  
  • Subsidize fruits and vegetables; make them cheaper than junk food.

  • While it is true that successful anti-tobacco campaigns have been comprehensive, involving multiple types of interventions and multiple settings, it also must be recognized that the vanguard in the war was clearly environmental in nature. The back was broken with respect to tobacco through large-scale socioeconomic interventions. Many authorities believe that paying similar attention to the obesogenic environment, that is, the social and physical factors which currently make weight-producing behaviour the easiest choice, will be critical to future public health advances.

  • An integrated approach where homeless or individuals on income assistance can get connected with care programs and professionals immediately, like the pilot projects happening in Fraser Health. Target populations with known poor outcomes.

  • Provide food stamps for all people so they can buy healthy food (the food stamps would only be applicable to healthy food).

  • Expand awareness of programs and supports (for example, expand community kitchen programs to low-income people who are not on income assistance).

  • Support health promotion programs for special populations, including low income populations, pregnant/breastfeeding women, the mentally ill, First Nations People and new Canadians.

  • Health promotion, self-management, and preventive services and programs should be delivered in a culturally sensitive manner and, whenever possible, be offered in the first language of immigrants. More outreach support to particularly vulnerable and often isolated groups (such as immigrant seniors) is also necessary. Emotional and financial support (transportation assistance for example) can further improve access to health services.

  • Target programs to specific populations and target higher risk groups.

  • Target all populations for education and activities.

  • Reserves should focus on prevention to reduce the need for acute care and hospitalization.
• The ratio of at-risk people goes up pretty dramatically if you start looking at those vulnerable populations: Aboriginal communities, the low-income families and vulnerable population groups are probably one of the most significant population groups in terms of the potential for disease prevention and reducing health care costs.

• **Ideas about obesity and healthy living:**
  - British Columbia should use the occasion of the 2010 Olympic Games to improve the physical activity levels of children to prevent obesity and to raise awareness of recreation.
  - An interactive questionnaire could be used to determine risk factors for certain diseases (heart disease, stroke, etc.) and where to go for risk factor reduction.
  - The British Columbia Recreation and Parks Association is fully committed to working with the Government of British Columbia to improve the health of British Columbians and their communities and to reach the provincial goal of leading the way in North America in healthy living and physical fitness.
  - Provide exercise programs for seniors.
  - Create walking groups at local malls.
  - Make anti-drug projects fun and engaging. Lead by example.
  - There is a need for effective interventions for obesity control. Unhealthy eating, physical inactivity and people being overweight are three highly interrelated topics. 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).
  - Sport is about fostering healthy lifestyles and building healthy communities. It should be recognized as an effective preventative health care strategy and supported as an integral part of British Columbia’s long-term strategy for sustainable health care.
  - Here is a suggested broad outline of an incentive trial program for weight loss and its principles and assumptions:
    - a. Incentive is only provided to those with a successful weight loss.
    - b. There are unrestricted means of accomplishing weight loss: exercise, healthy diet, dieting, et cetera.
    - c. Minimal supervision and program administration is required.
d. Interested individuals will register with a participating recreational center or physician. In addition to collecting demographic data, a mutually accepted weight loss goal and timeframe should be established. (The participating recreational centers and physicians will be trained and compensated.)

e. Trained recreational staff will provide free consultations to participants.

f. On a regular interval, a participant’s weight is taken. If there is weight reduction, a certain monetary reward will be given. In order to receive a reward, the participant must beat the previous lowest weight.

g. When a participant achieves his weight loss goal within or before his time frame, he will be given a bonus.

- Make better use of educational channels to educate the public about healthy lifestyles.
- Make exercise fun. Turn exercise into a social activity, and support environments where people are not critical and are, instead, supportive.
- Give awards and incentives to individuals and to organizations to encourage health promotion activities.
- Make it simple for people to choose to be active; provide activities free of charge.
- If we cannot engage people in behaviour change and healthy living and active living we’re going to lose the game here.

- **Ideas about the delivery of programs related to healthy workplaces:**
  - Provide incentives for fitness for employers.
  - Support initiatives that promote work-life balance
  - Provide incentives to corporations to support for health promotion efforts.
  - In partnership with the WorkSafe BC, unions and businesses, offer funding to assist employers and employees in creating a healthier work environment, from stairway walking campaigns to exercise facilities and healthy food choices.
  - How can we engage health care workers in healthy living (bike to work week, smoking cessation)?
  - Exercise facilities should be mandatory at all worksites where they are practical, or a stipend should be given to employees to use community facilities.
  - Employers should look at developing and sustaining health related programs for their employees on the work-site which include fitness, diet, safety, stress
reduction and related information, advice and counselling. In addition to these, incentives could be offered to encourage employees to take part in programs for smoking cessation and other outside related health programs.

- Corporations and businesses should be urged to offer programs and benefits to healthy employees who are, in turn, more effective and productive and less of a burden on the health care system.
- Require shower and locker facilities, and secure bicycle storage for new commercial or office space.
- Give workers a financial incentive if they bike, walk or use public transit to go to work. If a few can be encouraged, you will make your money back in spades.
- Employers are sponsoring wellness programs as incentives.
- WorkSafe BC arrived at a reasonable compromise protecting workers and non-smokers from second hand smoke, yet allowing a business to still choose how they wished to operate: smoking, non-smoking, or a combination of both.
- Healthy workplace initiatives should get employers on board by offering incentives.
- Telus is proactive in providing their employees with a personal health screening program which screens for risk factors associated with cardiovascular disease and is totally confidential. There is also health related counselling and support available for individuals testing positive for these risk factors paid for through an Employee and Family Assistance Program.

**Education and Awareness**

**Web-Based Information**
**Advertising and Marketing**
**The Media and Accessing Information**
**Education**

**Comments and Concerns**

- **Comments on web-based education and information:**

  - One of the things that is difficult with web based information sites, is that the people who access the information are the people who have been there before, and they are already converted. How do you access the folks who don't use the web? That engagement is so important.
• Because of the internet, people are better informed about their health.

• Currently, Interior Health provides patients, doctors and nurses, with access to Kluwer's eMedical Library. This is an invaluable resource that should be available to all residents of British Columbia.

• Comments on advertising and marketing:
  • Mass advertising does not look at the cultural and social barriers to increasing activity.
  • Sure we spend money telling people about health related illnesses that are common in the public, but that is not the same as taking active steps.
  • Why is holistic, preventive health information, like that in the Blue Book, not published by the Centre for Integrated Health (CIH) in Vancouver?
  • It is hard to get marketing dollars devoted to disease prevention and promoting healthy life choices.

• Comments on the media and accessing health information:
  • The media and the Province of British Columbia provide biased information, or superficial information to the public. Corporate interest currently controls access to information.
  • There is a lack of information in an easily accessible and understandable format that promotes healthy choices in disease prevention and public education.
  • I did not get proper information on how to stop my asthma from developing further.
  • Inconsistent information is available on existing services.
  • People have the responsibility to ensure they are making healthy decisions, but there are large portions of the public who lack the information needed to make good choices.
  • The rising incidence of obesity, especially children and youth is concerning. In spite of greater knowledge, people continue to abuse their health.

• Comments on education:
  • There is a shortage of education for youth and women’s reproductive health.
  • There is a shortage of health education sources.
  • We are teaching kids not to do drugs and then contradict that message with our pill-based medical culture.
• There is a lack of education on what causes illness, for example, pesticides and asbestos.

• It is clear that we cannot simply rely on parents to provide health education or to encourage healthy behaviours in their children.

• Much of the public’s education is focused on what not to do: do not smoke, drink to excess, or do drugs.

• Not enough is done to support public health education and screening.

• There is concern about the role of birth control pills in the rise of breast and ovarian cancer in young women and people need education on this topic.

Ideas and Suggestions

Web-Based Information
Advertising and Marketing
The Media and Accessing Information
Education

• Ideas about web-based information:
  • For those with email we can set up an option where those who register will receive reminders through email for regular check-ups and tests as they age.
  • You need to create a one-stop website that not only informs parents of every eligible program available to them but also provides a message board for families with children with Autism.
  • A universal system of medical information must be available throughout the province and the country.
  • The success of a website depends on marketing it in such a way that people know about it and are able to access it from multiple points. A comprehensive one-point vetted health based web application could be used to promote self-care.
  • It seems to me that there’s so much information available that it would be advantageous, for example, to have the province designate a group to put Good Housekeeping Seal of Approval on health related websites with quality information. You could then imbed it into the Ministry’s website network. The more you can piggyback on an existing platform, the lower your costs are going to be for implementing and maintaining it. If you knew that you could access really lots of different kinds of information from one site, then you would start
coming to it regularly. I think the key to the success of a big website like that is the search engine that you build into it, make it an information portal.

- Promote internet access to information on medical procedures, and alternatives.
- A provincial health information website should be created.

**Ideas about advertising and marketing:**

- Put posters in public areas so that people can gain knowledge of good health care packages.
- I really like the commercials that say "bugs don't need drugs". It is very important that people understand that they do not always need to take antibiotics when they are sick.
- Social marketing is a key to change.
- All commercials for medications, whether prescribed or not, should absolutely be banned on Canadian (and all) television.
- Launch public service ad campaigns that teach consumers how to tell the difference between healthy and unhealthy food and grocery products.
- Use research to really get at the issues. There are similar examples in tobacco control now where they can actually target individual communities down to the postal codes to find out who is smoking and where they are buying their cigarettes. They are targeting advertising campaigns right down to that local level.
- Hold public campaigns to make biking and gardening fashionable in the same way that campaigns have made smoking un-fashionable.
- Increase anti-smoking campaigns.
- Ensure that symptoms of impending stroke, cited by public awareness campaigns, include all symptoms, such as signs of loss of acuity or memory.
- There is a need for practical, family-oriented advertising; use the BC Health Guide.
- Use audio/visual information delivery instead of printed words.
- Distribute a healthy living tip sheet in grocery stores, liquor stores and other public places.
• You have to sell healthy living to people. I mean that is what happened with the environmental movement, right? They had to market change. We are doing a project right now to get youth to create their own positive sexual health messages that they then share with community, so they are creating their own media. Then there is buy-in; they take ownership of it.

• There is a need to redefine what is healthy and advertise it.

• Put up posters with good looking people running so that people are encouraged to take up running.

• Counter-marketing has been effective in tobacco control. I think it could have the same impact in marketing of food, because that is an area we have not touched in terms of legislation except in Quebec where they prevent the marketing of food to children. But if you look at any television show and you have Pop Tarts and Kraft dinner and all this stuff that's advertised, I mean, they do make it look really good. However, it's up to governments to counter-market generally, and it's very expensive. You do a six-week television campaign just in British Columbia alone cost about $2 million. So to justify that to your taxpayers is very tough for politicians to do. You have to put a lot of money into it, and you have to sustain the same message over a period of time. They were very effective with seatbelt use. They still promote use of seatbelts today, but that is one where we've turned our mind around about seatbelts, most of us.

• If we read the history of MacDonald's, it was the movie Supersize Me that had the most negative impact on the sales of McDonald's food. It was that type of movie that actually spoke to the younger generation and so now they will not work at McDonald's or eat their food, no matter what they do to change their food choices. Their market share is going down. I think we need to understand what makes the younger generation tick, and it is totally different than what makes us tick.

• Provide advertising of healthy choices through the media.

• Start a health television channel for generally accepted practices.

• Instead of advertising dollars to sell us products we don't need, we should have television educational programs to teach people about health and physical fitness, etc.

• Show empowering movies that will affect whole communities. Create an awareness of the long term consequences of behaviours.

• Use humorous television ads to get messages across.
• **Ideas about the media, awareness, and accessing information:**

  - Promote healthy choices and healthy living, increase the available information encouraging everyone to look after the environment and helping people to lead healthy lives.
  - MLA and MP circulars could be used to present the latest findings on research into the link between lifestyle and health.
  - Ensure the entire membership of any level of government models of healthy behaviour.
  - Determine the most costly medical illnesses and their trend from rigorous study and research and offer advice, raise public awareness for active prevention.
  - The Government should march every person in British Columbia through the Body World 3 exhibit for free. The majority would come out with a new reverence for their bodies.
  - The health authority should ensure they have spokespeople who are available to speak proactively on health issues, especially to the media. The health authority should be prepared to go beyond the provision of information and should also develop education programs that can empower people to take action. This means clarifying the impact of practices and policies on health and communicating user-friendly, culturally appropriate information in different formats for different audiences. This includes liaising with community organizations and providing statements from senior leadership to provide direction or drive an issue. It can also include offering workshops within the community.
  - Support increasing awareness through activities targeted to large groups. For example, hold a health fair.
  - Focus on changing social norms.
  - There is a need to focus on sexual health and discussion, especially with young people.
  - Ensure that people have knowledge they need related to nutritional requirements and the benefits of regular exercise.
  - It would be reasonable to target healthcare, the healthcare workforce, the people that are actually delivering the service for two reasons. Number one, our healthcare workforce is a huge part of the population. Number two is the value of role modeling, and the ability to impart information to patients based on personal experience.
  - Make people aware of cancer prevention through nutrition and lifestyle change.
• The Vancouver Coastal Health Community Health Advisory Councils felt strongly that they could be a useful resource and partner in the population health agenda of the health authority.

• Have a strong focus on health and healthy living in our schools, communities and the media.

• Create a petition and contact your local provincial and federal representatives.

• Encourage family members to make healthy decisions.

• Utilize leadership classes to take action on addiction, and health promotion.

• Have community health fairs which can effectively target ethnic communities.

• Use the media to assist with promoting health in the ethnic communities; do not just rely on translation alone.

• Start a cancer information service line.

• Have handouts for specific cancers.

• Awareness is the first step to change.

• **Ideas about education:**

  • Educate the public of the dangers of radon gas that result from uranium mining and exploration.

  • Parents should model healthy behaviours for their children.

  • Support partnerships based on the Participaction model. Go to schools and workplaces and focus on education, creating a grass roots movement for physical activity and health lifestyle. The Fraser Health In Motion Challenge is a good example of this type of initiative.

  • Focus on prevention through partnerships and education. Provide centres based on community needs.

  • There are risk factors for dementia, and armed with that knowledge there are risk avoidance activities all of us can utilize.

  • Create a wellness craze and hold local community forums to educate people.

  • Educate people about smoking, as this is a health prevention strategy which is very necessary. Smoking is very bad for your health. Especially second-hand smoke in places like bus shelters where one has no choice: it's either stand in the rain or breathe in smoke.
• The peri-natal and post-natal periods are excellent times to educate parents on how to be healthy and keep their families healthy. This type of health care education could involve retired nurses.

• Promote dental (mercury) amalgam toxicity awareness and support amalgam removal.

• I would like to recommend that the government prepare educational material that advocates the benefits of alcohol abstinence. A great job has been done of educating the public on the health hazards of smoking. Now, if the same thing was done regarding the incredible health, emotional, financial and relational hazards of alcohol abuse, a great many people would benefit.

• Elders should be educated on social responsibility.

• Provide education related to women’s health including the right to choose.

• Offer increased education about social determinants and health.

• Provide a publicly funded health education series for members of the public at the local, community level.

• Place more emphasis on prevention education. It should account for more than 3 per cent of the budget. Primary health care providers should be encouraged to speak out more on issues around prevention; they are currently not proactive enough and could be encouraging the right decisions around nutrition, fitness, and lifestyle choices.

• Health providers could also offer public forums on specific topics.

• There should be more community health care centres, offering information and education on chronic conditions (a wellness centre approach).

• Provide First Nation communities with more information sessions on signs and symptoms of common and important health risk problems, e.g. cancers, prostate, heart attack.

• Provide health education so people can make healthy choices and be proactive about it, e.g. advertise Prostate-Specific Antigen (PSA) testing locations.

• Hold workshops and education campaigns that youth can respond to.

• Education needs to come from unbiased sources (not drug companies).

• Government must take the lead in educating people about healthy lifestyles.

• Guilt people into being healthy though humour, changing social norms and education.
• There needs to be more youth and public education around how to use paramedics and emergency rooms appropriately. Use posters, bus shelters, radio, television and Public Service Announcements.

• Discuss everything from what causes drug addiction to how to solve it. Parents need to talk to kids. Teachers should not preach, just listen. Counselling should be available to every age group.

• Share the costs stemming from teen education regarding drinking and drug use with the Insurance Corporation of British Columbia and collaborate with WorkSafe BC to educate kids about safety.

• Use former addicts to advocate against the use of drugs.

• Create educational resource packages to allow student to share education with family members.

• Provide education on healthy living and eating from preschool to college.

• Emergency rooms in hospitals should have televisions that keep displaying basic health living tips on proper nutrition and healthy lifestyles, and more.

• Before a person is discharged they should be sent to the health promotion/disease prevention wing for education. Sending them home uneducated with no health and wellness action plan is just an emergency room revolving door.

• Targeted resources are required in order to raise public awareness and bring mammography participation rates in BC up to 70 per cent. We do not consider the projected 60 percent increase in new cancer cases over the next 20 years to be inevitable. At least 50 percent of cancers are due to preventable factors. The earlier cancer is detected and treated, the better the outcome.

• Give some specific information on how to prevent recurrence of medical problems.

• Provide educational resources, library, courses and education sessions for cancer.

• Information has to be available, could be through support groups for patients with different illnesses to get information and support.

• We need consistent and constant messages/teaching. Bring the message clearly.
Health Professionals and Service Delivery

Comments and Concerns

Health Professionals and Prevention
Education and Health Professionals

- Comments on health professionals and prevention:
  - Doctors are treating illness and not addressing health care needs.
  - There is little focus on preventative medicine.
  - Most doctors do not talk about prevention.
  - We tell people that they should live healthy lifestyles, and that there is all kinds of things they should do and yet we do not pay physicians to do any wellness counselling with their patients.
  - Treatment is currently focused on immediate, current problems rather than prevention.
  - We tend to combine delivery of care with a system that is focused on disease prevention. They are not the same thing.
  - Though the need has been clearly demonstrated, there is still no mechanism contemplated through the draft dentists’ bylaws to determine standards, provide guidelines, or to permit certified dental assistants to practise as independent contractors who provide protective intervention services in specialised programs for infants and children. Nor is there any such mechanism for practise in First Nations communities, long-term care facilities, or under-serviced and marginalised populations such as new immigrants, the poor, and rural and remote communities.
  - Of the approximately 6000 certified dental assistants who are licensed with the College of Dental Surgeons of British Columbia (CDSBC), few have the cursory screening designation on their license; even less are employed by health authorities. This is a shockingly small number of professionals practicing in an environment where so much could be accomplished with appropriate emphasis on sustainability to meet the governments’ objectives of a healthy population.
  - I spoke to a doctor recently who said that doctors should only focus on diagnosing and curing disease because everyone else is in the prevention business. That has to be unconscionable.
I believe very strongly that the focus on health is entirely too much on doctors and hospitals. The focus should be on disease prevention and on health maintenance, not only on crisis management. Unfortunately, doctors and their sponsors, the pharmaceutical companies, do not benefit from a well population, but from a sick one. Doctors should have input but not the final word in this discussion.

We need to place more emphasis on health promotion and primary prevention instead of carving out pieces of the pie to manage disease as it progresses.

When there is a family history of cancer then all measures need to be taken to prevent this disease.

Lab test information supports better decision-making for physicians and patients.

Pharmaceutical companies and greedy doctors are destroying our system. Doctors should be treating the whole person and doctors have no nutritional education at all. Proper nutrition heals the body. Doctors should update their education on nutrition.

**Comments on education and health professionals:**

Body type research demonstrated that optimal diet depends on individual body type, but the vast majority of doctors do not seem to be aware of this and tend to prescribe the four food groups as a matter of course, when they are really only optimal for people with certain body types.

**Ideas and Suggestions**

- **Health Professionals and Prevention**
- **Education and Health Professionals**
- **Prevention and Health Promotion Services**

- **Ideas about health professionals and prevention:**
  - We should have multi-disciplinary teams working in schools and communities and supporting healthy living initiatives.
  - Have wellness counsellors available to provide coaching, guidance, information, role modeling, and follow-up.
  - Support community nurse visits for prevention and education.
  - For physiotherapists and other health providers that have direct access with the patient, we have a big role to play in prevention.
• We should promote good health through clinics and provide more time for this promotion.

• Primary care physicians are proactive in prevention and can provide annual medical tests.

• Pharmacists also have a role to play in the education of the public, especially on nutrition and health care. Some chain drug stores have a program in place currently where pharmacists do play a role in the community on education of the public. It's another way to seek advice at a low cost.

• Doctors need to be tougher on people to get them to look after themselves.

• Have government, health care professionals and industry partner to assist in delivering messages on appropriate models of care, therapeutic guidelines, prevention, et cetera. Use the resources the industry has to help deliver and reinforce agreed upon messages. This can be done through an open and transparent process and I know the Pharmaceutical industry is very interested in working with the Government of British Columbia, health care professionals and patients.

• Ideas about health professionals and education:

  • Clinicians are terrible clinical educators. It is not that we do not try, but we are not trained to do it, and the asymmetry of roles makes the patient a poor recipient for clinical education coming from the doctor. It is more effective when delivered in a peer-type relationship. Why do you think chronic condition and self-management classes are far more efficient when they are taught by peers rather than doctors? We need to think about how to play to people’s strengths in health education.

  • Doctors take a large portion of the funding, so they should be trained in nutrition.

• Ideas about specific prevention and health promotion services:

  • We should provide bone density scans to people for whom it could make the most difference: teenagers who still have years to build strong healthy bones and healthy lifestyles. That alone would save millions in future health care costs.

  • People should be weighed when they see a doctor and someone should talk with them if they are too thin or too fat.

  • One small token to promote a consciousness about healthy living would be simply to weigh people on admission and again on discharge from hospital and also on each visit to a medical clinic. Make it a routine just like taking blood pressure.
· Fitness instructors would like feedback from physiotherapists, physicians, to better serve their clients.

· Providing doula services for all women desiring them and lactation consultant services or other breastfeeding support for a minimum of 6 weeks postpartum would decrease medical and illness care costs for mother and baby for many years to come.

· Clinical Interventions and Management: Implement a program of prevention detailing to provide education and feedback to enable primary healthcare providers to address risk factors more fully. Cover out-of-pocket expenses for nicotine replacement therapy initiated within a recognized clinical program. Provide reimbursement for lifestyle counselling around physical activity, healthy eating and living smoke-free. Provide compensation to primary healthcare providers for lifestyle counselling around physical activity, healthy eating and living smoke-free.

· Doctors should put patients on a weight loss program, and patient should have to complete the program before medical procedures are preformed.

· There should be mandatory diet education and treatment for overweight children and parents.

· Portable Defibrillator installation should be encouraged in public places.

· Maybe people could be provided with an individual report card as to the status of their health. This might be difficult to implement, but the report card or health status could be provided either by professionals or through self-reporting via a questionnaire.

· Create a partnership with British Columbia Medical Association to ensure family physicians inform patients over the age of 40 to receive a regular screening mammogram.
Legislation

Comments and concerns

Smoking and Tobacco
Encouraging Healthy Lifestyle

- Comments on legislation concerning smoking and tobacco:
  - The social costs of drug addiction are trivial compared to the social cost of smoking. This fact should not continue to be hidden from the public.
  - Why are you failing to take steps to protect the health of British Columbians from second-hand smoke in their homes? How many British Columbians have to get sick from second-hand smoke in their homes before you understand that it is a problem that needs to be dealt with? I hope the situation will be rectified through legislation.
  - The proposed regulations under the Tobacco Act call for the establishment of a three metre 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.
  - Bill 10, which effectively makes it difficult to smoke in any public place and to obtain tobacco on government property or public institutions, is a positive move. This not only protects non-smokers from tobacco's harmful effects, but discourages further tobacco use by current smokers. Legislation such as this lays the foundation for further bold action that aims to reduce the existence of chronic disease risk factors in British Columbia.

- Comments on legislation to encourage healthy lifestyles:
  - Healthy lifestyles will not be something that a government can legislate and say 'we have decided that people will now do XYZ.' The community and the whole population has got to start to get involved in this discussion and change some of our behaviours. Our habits lock us into the past and our habits are locking us into some pretty dismal trends for healthy living, health costs, and other government services that we will be able to provide.
Ideas and Suggestions

Smoking and Tobacco
Encouraging Healthy Lifestyle

• Ideas about legislation concerning smoking and tobacco:

  • It is time to introduce smoke-free legislation to B.C. Simply reinstate the WorkSafe BC non-smoking workplace legislation that was cancelled in 2001. With a simple stroke of the pen, B.C. taxpayers will save millions as a result of reducing cancer-related diseases.

  • Three possible measures for tobacco prevention: 1. Provide the nicotine replacement patch at no charge on demand. The provincial taxes collected from the sale of tobacco will cover the costs. As the smoking rate declines, less taxes will be collected, but then fewer patches will be required. 2. Make tobacco use within 30 metres of a person under the age of 19 an offence punishable by way of a fine equal to 2 per cent of their previous year's gross income, or $200 - which ever is greater. 3. Increase the fines for each subsequent offence until it reaches 12 per cent of gross income or $1,200 (which ever is greater).

  • Cigarettes should be sold in government liquor stores only.

  • Parents who smoke tobacco in vehicles with their children should be charged with child abuse. The fines collected could cover smoking cessation programs for the offenders.

  • Include tobacco in the list of prohibited substances along with marijuana, cocaine, and heroin. Subsequent sentencing after 10 convictions for tobacco use should include a mandatory minimum of 500 hours community service in addition to fines and forced attendance in addictions counselling for tobacco abuse.

  • The government needs to pay for people to go to rehabilitation for smoking and help them to stop smoking.

  • Make the production and sale of tobacco completely illegal.

  • The provincial government must immediately restrict all tobacco sales to provincial alcohol distribution outlets. No other addictive, debilitating, deadly drug is available in almost every supermarket, drug store, gas station, convenience store.

  • The current law prohibiting tobacco sales to persons under 19 years of age must immediately and frequently be monitored and enforced, with substantial, effective deterrents (fines and retail license suspensions) applied to those who choose to defy the law.
• Why not legislate a graduated legal smoking age? For example, if it is currently illegal to sell cigarettes to 18 year-olds. Let's make it 19 years old next year, 20 years old the following year and so on. Eventually an entire generation will grow up smoke free.

• Tobacco taxes must be increased frequently to deter children from buying tobacco products, to encourage smokers, especially those on low incomes, to quit, and to show smokers that society disapproves of tobacco use.

• I would like the government to make a date and legislate that we will no longer support people to begin a habit that causes such great harm; then state that anyone born after a certain date will not be permitted to purchase tobacco products ever.

• Parents should be prohibited from smoking in the car with their children.

• Implement consistent, comprehensive smoke-free legislation in the province, including 100 per cent workplace bans in the hospitality industry.

• Lobby pharmacies to stop selling cigarettes.

• Increase the price of cigarettes by $2.00 per carton per year.

• Continue to protect against creative attempts by the tobacco industry to market their product, such as retail power walls, product placements, smoking in movies and magazines.

• Improve compliance with restrictions on tobacco sales to minors.

• Enforce 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.

• If I had not quit smoking I would be dead; stopping smoking in public places is a good idea.

• **Ideas about legislation to encourage healthy lifestyle:**

  • Enforce legislation to discourage bad habits, such as alcoholism, drugs, tobacco.

  • I believe that an educational program will be much more effective than a mandated dictum.

  • Split the time change by 30 minutes and keep it consistent over the course of the year. This would lead to better sleep patterns for those who live in the affected regions.
• Why did people start to participate in recycling? Because it was the right choice, the easy choice, bins were provided, pickup was provided and there was peer pressure. Legislation is effective even without enforcement.

• Pass legislation that allocates a small percentage of all health, social service and Attorney General budgets to prevention every year, which will increase in tiny increments until there is less money required for remedial costs and most of the budgets are allocated to prevention and better quality of life.

• Promote the effectiveness of organizations like Mothers Against Drunk Driving (MADD) and legislate stiffer legislation and penalties for drinking and driving.

• The Canadian and provincial governments should counter unhealthy corporate food processors and services with legislation and improved educational programs in the mass media and schools.

• The fluoride in toothpaste must be forbidden.

• Advertising gambling should be made illegal.

• The policy around the sale of alcohol, particularly to seniors, is going to become an even bigger issue and impact the level of assisted care required for these people.

• The two things that made a difference to the success rate for neurosurgery patients were the helmet and the seatbelt. So there was a policy or legislation. If you do not wear your seatbelt, you pay $200. So we need a combination of policies and education related to health promotion, lifestyle and personal responsibility for health.

• Make vaccinations mandatory.

• Legislation to help make health choices the easier choices.