National Lung Health Framework

PUBLIC HEALTH AGENCY of CANADA
AGENCE DE SANTÉ PUBLIQUE du CANADA
Burden of Respiratory Illness in Canada

- Over 3 million Canadians suffer from one of five serious respiratory diseases
  - Asthma
  - COPD
  - Lung cancer
  - Tuberculosis
  - Cystic fibrosis
Economic Burden of Respiratory Illness

• In the year 2000, respiratory diseases accounted for:
  – $5.4 billion for hospitalizations, physician visits, treatment, drugs;
  – $9.7 billion in mortality and morbidity costs due to short and long term disability; and
  – $129.8 billion in reduced quality and length of life.
National Lung Health Framework

• The Public Health Agency of Canada (PHAC) is working with the Canadian Lung Association and many other stakeholders across government, private, professional and voluntary sectors, to develop and implement a comprehensive strategic action plan to improve the lung health of Canadians.
Background

- Through meetings, workshops and other engagement and research activities held over two years, stakeholder groups have identified priority activities necessary to improve lung health in Canada.
Milestones Achieved to Date

- April 2006: Multi-stakeholder workshop with 40 participants identified need to develop a national action plan.
- 2006: Steering Committee struck to guide development of Framework.
- 2007: Four multi-stakeholder workshops held to identify current and emerging issues in Chronic Disease, Infectious Disease, Tobacco Control, Environment.
Milestones (ctd)

- 2007: Asset map and gap analysis conducted to provide snapshot of the respiratory environment, identifying key strengths and weaknesses in respiratory research, care, and treatment, across Canada.
- April 2007: First phase of the Framework development launched at the National Summit, with over 175 individuals in attendance.
- April 2007: First draft of the Framework developed summarizing key findings of background research and stakeholder engagement.
Milestones (ctd)

- 2007 (May-November): Presentations were made to several federal/ provincial/ territorial committees. Feedback positive.

- September 2007-March 2008: Multi-sectoral provincial/territorial consultations were completed in each province and territory for input into the Framework.
Milestones (ctd)

- January 2008: Preliminary cost risk benefit report was completed.
  - This report presented a Cost-Risk-Benefit Analysis Framework for use in helping shape a national lung health investment program.

- March 2008: Five expert advisory committee meetings held to obtain input into Framework.
Framework Discussion Document

• The document reflects the input of over 500 stakeholders.
• It outlines four strategic areas for action:
  - Health promotion, awareness and disease prevention (e.g., awareness campaigns, needs assessments);
  - Disease detection and management (e.g., identifying barriers to early detection);
  - Infrastructure and Community/Systems Support (e.g., human resource plan, secretariat for Framework);
  - Research, surveillance and knowledge translation (e.g., increased research capacity).
Financial Support

- To date, PHAC has invested approximately $2 million in financial and technical support of this initiative
  - Hosting meetings (working groups, steering committee, national stakeholder consultation, provincial/territorial consultation); and
  - Background research and analysis.
PHAC Role

• As a lead federal organization responsible for public health issues, PHAC will:
  – Facilitate the development of Framework to provide effective respiratory disease prevention, detection and management programs and services;
  – Ensure health and environment portfolio linkages and participation; and
  – Support a collaborative approach that engages intersectoral action at the local, regional and national level.
Challenges

• Currently a lack of research/surveillance data.
• Seeking buy-in from provinces and territories since they have the mandate for delivery of health care in Canada.
• Determining the best governance structure for the Framework.
• Linking to other key strategies (existing and in development).
Chronic Disease Linkages

- Other Canadian strategies that could provide the basis for further action within the Framework include:
  - National Tobacco Control Strategy
  - Air Quality Control Health Index
  - Regulatory Framework for Air Emissions
  - Canadian Strategy on Cancer Control
  - Canadian Heart Health Strategy
  - First Nations and Inuit chronic disease prevention initiatives
Chronic Disease Linkages

• The Framework should not only look at lung diseases and conditions - but as a pathway for risk factors for other chronic diseases
  – Indoor/Outdoor air quality as a risk factor
  • Neurodegenerative diseases caused by air-borne lead particles
  • Airborne moulds that can cause non-lung chronic diseases, in addition to respiratory reactions
Framework Next Steps

• A Respiratory Health Knowledge Exchange Hub will be pilot-tested to facilitate the exchange of information among stakeholders.
• The Framework document will be presented at the Canadian Respiratory Conference in June, 2008.
• An implementation plan will be developed during Summer/Fall 2008.