



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

The Winning Legacy A Plan for Improving the Health of British Columbians by 2010

Introduction

About 1.2 million people in British Columbia suffer from one or more chronic conditions, which are prolonged, disabling and rarely curable. Smoking was estimated to cost the B.C. economy \$2.7 billion, physical inactivity \$621 million, and obesity \$489 million, for a total of \$3.8 billion in 2004. But the really promising fact is that a large proportion of the chronic disease burden in B.C. is *preventable*.

Increasingly organizations at the local, provincial, national and international levels are pooling their expertise and resources to address chronic disease prevention, through addressing the common risk factors of tobacco use, unhealthy weights, unhealthy eating, and physical inactivity. Collaborative efforts, such as the BC Healthy Living Alliance (BCHLA), which involve partners in health and other sectors have the greatest opportunity for reach and impact.

Improvements in these 4 risk factors simultaneously will yield remarkably positive effects for the health of British Columbians, for healthcare spending, and for productivity. An increasing proportion of government expenditures are being used to care for British Columbians with acute and chronic health conditions. In 2002/03 this proportion reached 43% of total operating expenditures! There is an opportunity to avoid some of these costs.

With this prize in mind, the BCHLA has established targets to be achieved by 2010. If the public investment is made to ultimately reach the risk factor targets suggested by the BCHLA, then:

- 225,000 fewer British Columbians would smoke
- an additional 948,000 British Columbians would eat five or more servings of vegetables and fruit per day
- an additional 351,000 British Columbians would become physically active
- a total of 349,000 more British Columbians would achieve a healthy weight

Note: The age limits for our targets are as a result of the limited data on younger groups and the tendency for these risk behaviours to manifest themselves at this stage of life; however, it is clear that to achieve these aggressive targets, early intervention is required and this is reflected in our plan.

BCHLA Targets for 2010

- 9 out of 10 British Columbians will not smoke.
- 7 out of 10 British Columbians will be eating at least 5 vegetables and fruits a day.
- 7 out of 10 British Columbians will be physically active.
- 7 out of 10 British Columbians will be at a healthy weight.

Why are targets important?

The scourge of tobacco use is well-known. More than 80% of lung cancers and almost 90% of chronic bronchitis and emphysema are caused by smoking. Despite the lowest rates of smoking in Canada, each year about 5,600 British Columbians die as a result of smoking. What is less well known is that:

- 20% or more of the cases of type 2 diabetes, stroke, coronary heart disease and colon cancer result simply from a sedentary lifestyle;
- eating recommended levels of vegetables and fruit reduces an individual's risk of cardiovascular disease by 28%; and
- being obese more than doubles an individual's risk of dying early--or losing, on average, seven years of life.

What will it take to achieve the targets?

Having set these ambitious targets, BCHLA identified successful, evidence based interventions and captured these in a set of 27 strategic recommendations. Implementation of these recommendations is required if the province of British Columbia truly wants to increase the number of people being physically active, eating well, being at a healthy weight and not smoking.

Regulatory and Economic Interventions

- Consider incentives and taxation to encourage greater involvement of children in physical activities
- Advocate for the federal implementation of a standardized system of nutrition information for products that includes all foods (not just packaged), including at point-of-purchase. This could include a provincial program of certification of restaurant menu items and portion control.
- Implement consistent, comprehensive smoke-free legislation in the province, including 100% workplace bans in the hospitality industry. Lobby pharmacies to stop selling cigarettes.
- Increase the price of cigarettes by \$2.00 per carton per year
- Consider restrictions on food advertising aimed at children
- Consider a focused trial of taxation measures for specific unhealthy foods
- Continue to protect against creative attempts by the tobacco industry to market their product
- Improve compliance with restrictions on tobacco sales to minors

Community-Based Interventions

- Establish Community Action Coordinators (2 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

Specific Populations

- Support health promotion programs for specific populations, including low income populations, pregnant/breastfeeding women, the mentally ill, Aboriginal People, new Canadians.



School- and Work-Based Interventions

- Expand *Action Schools! BC* 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 tobacco free sites.
- In partnership with WCB, unions, business and others, offer funding to assist employers and employees to create a healthier work environment, from stairway walking campaigns to exercise facilities and healthy food choices

Clinical Interventions and Management

- Implement a program of 'prevention detailing' to provide education and feedback to enable primary health care providers to more fully address risk factors
- 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 health care providers for lifestyle counselling around physical activity, healthy eating and living smoke free

Surveillance, Evaluation and Administration

- Provide adequate resources for appropriate surveillance and timely community-level feedback
- Provide adequate resources for the evaluation of new interventions and the dissemination of findings, particularly in those areas where the effectiveness information is promising, but limited
- Provide adequate resources to administer the overall plan to 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

What will it cost and how much will we save?

How many of the estimated annual costs of \$3.8 billion could be avoided if the risk factor targets were achieved on an annual basis? Costs avoided would increase from \$57 million in 2005 to \$764 million in 2010. This cumulative \$2.4 billion in costs avoided is in addition to the almost \$1 billion that would remain in former smokers' pockets due to decreased personal expenditures on cigarettes.

The Winning Legacy Plan is projected to cost \$136 million in the first year, increasing to \$216 million in 2010/11, for a total of \$1.1 billion over the first 6 years. ***This expenditure equates to \$41 per British Columbian per year.***

Conclusion

The conclusion of this report is clear: Preventing or reversing behavioral risk factors would not only be cost effective, but would avoid a considerable amount of the disability and premature death arising from chronic disease. It might indeed prove to be the most important element to reinventing (and saving) our publicly funded health care system. The combination of health benefits, economic savings, and health care sustainability described above provides a powerful incentive for implementing this plan.



Background

Formed in 2003, the BC Healthy Living Alliance (BCHLA) is a group of organizations who have come together to improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke-free.

While the Alliance recognizes there is a wide range of chronic diseases, our primary focus, to begin with, is on the common risk factors (physical inactivity, poor dietary habits, tobacco use, obesity) and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes.

Our **goals** are to reduce the burden of chronic disease in British Columbia by:

1. **advocating for and supporting** health promoting policies, environments, programs and services,
2. **enhancing collaboration** among government, non-government and private sector organizations,
3. **increasing the capacity of communities** to create and sustain health promoting policies, environments, programs and services.

As an advocacy group, BCHLA works with government and to hold it accountable to meeting and even exceeding these goals. We will continue our efforts and reach these targets.

Membership

Our targets are very ambitious and can only be achieved through a comprehensive approach involving many partners in health and other sectors. Membership is open to any organization that:

- has a provincial scope or is a regional/local alliances with a mission which is aligned with our work
- endorses with BCHLA's mission and goals
- is a non profit organization

Current Members include:

- BC Lung Association
- BC Pediatric Society
- BC Recreation and Parks Association
- Canadian Cancer Society—BC and Yukon Division
- Canadian Diabetes Association, Pacific Area
- Dietitians of Canada, BC Region
- Heart and Stroke Foundation of BC & Yukon
- Union of BC Municipalities
- Public Health Association of BC

All Health Authorities, the Ministry of Health and the Public Health Agency of Canada participate on a non voting basis.

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