



Editorial

A heart health strategy and action plan for Canada

While Canada has national strategies for diabetes and for cancer, it has been lacking a national strategy to combat cardiovascular (CV) diseases. Furthermore, despite cardiovascular diseases being the leading cause of mortality in Canada (one-third of deaths), its prevention and control are seriously underfunded. The economic cost remains staggering. CV diseases consume more than \$22 billion (2000) annually in health care costs and lost productivity. In 2004–05, 3 of the top 4 most expensive health conditions were CV diseases. The burden of disease is particularly acute for aboriginal/indigenous peoples who are 1.5–2 times more likely to develop CV diseases. Nine out of 10 Canadians over age 20 have at least one risk factor for CV diseases; 3 of 10 have 3 or more risks and certain risk factors such as obesity, diabetes, and hypertension are increasing in prevalence.

A Private Member's Bill in 2005, championed by member of parliament, Steven Fletcher, called for a comprehensive national plan for heart disease. In 2006, then Minister of Health, Tony Clement announced \$2.5 million to support the development of a Canadian Heart Health Strategy and Action Plan (CHHS-AP). I had the privilege to chair the 29-member Steering Committee and on February 24, 2009, we presented to the Minister of Health in Ottawa, The Honourable Leona Aglukkaq, a Strategy, "Building a Heart Healthy Canada", and an Action Plan, "Realizing our Vision". These were developed with input from six Theme Working Groups (approximately 100 volunteers contributed to the expert content) and from consultations with more than 1500 stakeholders.

The CHHS-AP was an independent, stakeholder-driven initiative led in partnership with the Heart and Stroke Foundation of Canada, the Canadian Cardiovascular Society and the Canadian Institutes

of Health Research, and funded by the Public Health Agency of Canada. The approach taken was to develop a comprehensive, integrated strategy – one which addressed the continuum of the health system (from policy to end-of-life care), which focused on prevention throughout the continuum and responded to the concerns of Canadians. The recommendations needed to be based on evidence or best practice while addressing inequities in the system.

Development of the recommendations in the final report was based on the deliberations of 6 Working Groups, each consisting of 11–15 experts. The six themes were:

1. Strengthening information systems for monitoring, management, evaluation and policy development,
2. Creating environments conducive to cardiovascular health,
3. Preventing, detecting and controlling major risk factors,
4. Addressing and enhancing Aboriginal/indigenous cardiovascular health,
5. Timely access to quality acute care and diagnostics,
6. Timely access to quality chronic disease management, rehabilitation services and end-of-life care.

In brief, the CHHS-AP is a comprehensive plan to:

Create heart healthy environments through education, legislation, regulation and policy.

Help Canadians lead healthier lives by developing common messages about risk factors, providing self help tools and by bringing screening and follow-up services to community settings.

End the heart health crisis among Aboriginal/indigenous peoples by actively involving them in developing their own solutions and plans and providing culturally-appropriate support.

Continue the reform of health services by fostering innovation to support chronic disease prevention and management programs embedded in primary care teams interfacing with regional integrated networks of specialized patient-centered cardiac care.

Build the knowledge infrastructure to enhance prevention and care by ensuring we have more accurate, timely information and efficiently share it. Enhanced surveillance capacity included support for electronic health and medical records for all Canadians. Recommendations also focused on knowledge development.

Develop the right service providers with the right education and skills by systematically planning our workforce and spurring innovation.

Specific outcome targets were set, which could be realized with implementation of the recommendations. Thus, it was envisioned that by 2015, working with partners, 20% more Canadians will be eating at least five servings of vegetables and fruit per day, 20% will be more physically-active and there will be 20% fewer obese or overweight adults and fewer obese children (from 8% to 5%). By 2020 there will be a decrease in the annual rate of CV deaths by 25% and the burden of CV diseases among Aboriginal/indigenous populations will be in line with that among other Canadians. Risk adjusted 30-day hospital mortality rates will decrease by 25% for stroke and by 32% for heart attacks. The prevalence of hypertension in adults will decrease by 32% with an increase in awareness by 64% among those with hypertension and a sixfold increase in hypertensive patients treated to recommended targets. Hospitalizations for the treatment of heart failure and acute stroke will decrease by 25% and the smoking rate will also decrease by 25%. These outcomes are achievable if Canadians know their CV risk and actively reduce it to lead longer, healthier lives.

The recommendations, which are available in detail from <http://www.chhs-scsc.ca/web/> outline action plans with a comprehensive accountability system for the benefit of all Canadians. All regions of the country will benefit from more sus-

tainable health care systems, provided governments, the private sector, communities and individuals work together and make a long-term commitment to change. An important economic benefit will be realized with significant savings in costs of CV diseases. The Conference Board of Canada modeled the impact of achieving only five of the outcome targets (for hypertension, healthy diet, physical activity, obesity and smoking) and estimated that by 2020 there would be approximately 600,000 fewer Canadians who would have suffered a stroke or heart attack with associated cumulative cost savings of \$78 billion. Thus, implementation of this Strategy will improve health and reduce costs.

Although the work was commissioned by the federal government and many of the recommendations are addressed to governmental agencies, it is clear that the action plan must engage a broad spectrum of stakeholders. Even as the recommendations are being studied by the Minister of Health and an official response is awaited, work is underway with new partnerships and a renewed enthusiasm for embarking on priority tasks. Other jurisdictions, which may also wish to develop a strategy, can learn from the process undertaken in Canada. Champions within government such as Steven Fletcher are crucial allies as is a willingness among various stakeholders and experts to come together for the common good. A compelling argument for investing in a heart health strategy, particularly during a time of economic challenges is the potential contribution of a heart healthy nation to the country's economic health.

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Available online 21 January 2010