

Canada - United States
Inter-Parliamentary Group
Canadian Section



Groupe interparlementaire
Canada - États-Unis
Section canadienne

REPORT
of the
CANADIAN PARLIAMENTARY DELEGATION
of the
Canada-United States Inter-Parliamentary Group
to the
NATIONAL GOVERNORS ASSOCIATION
HEALTHY AMERICA FORUM AND WINTER MEETING,
Washington, DC,
February 25 – 28, 2006

From 25-28 February 2006, selected members of the Canadian Section of the Canada-United States Inter-Parliamentary Group attended the Winter Meeting of the National Governors Association in Washington, D.C. The theme of the meeting was Healthy America.

Senator Jerry Grafstein, Co-Chair of the Group, led the delegation, which also included the Honourable Wayne Easter, P.C., M.P., James Bezan, M.P., Brian Fitzpatrick, M.P. and Paul Crête, M.P. As part of the Forum and Winter Meeting, delegates attended a reception honouring the Governors, held at the Canadian Embassy.

Report

OPENING PLENARY

Governor Mike Huckabee, Governor of Arkansas and Chairman of the National Governors Association

- overeating, undereating and smoking are affecting the longevity and quality of life of tens of thousands of Americans
- 2,000 Americans die daily because of cultural and lifestyle choices
- the annual cost to the U.S. economy associated with unhealthy lifestyles is \$117 billion, and 10% of this cost is due to obesity
- the focus should be health, rather than health care, with the prevention of disease through cultural and lifestyle changes
- the current generation is the first generation that is expected to live a shorter lifespan than its parents or grandparents

Governor Tom Vilsack, Governor of Iowa and Healthy America Task Force Member

- every American and every aspect of society is affected by the cultural and lifestyle choices that are made, and everyone should be encouraged to make healthy choices

Dr. David Katz, Associate Professor Adjunct in Public Health Practice, Yale School of Public Health

- obesity has reached epidemic proportions in the United States, and is the largest public health crisis in the nation; as well, there is an epidemic of Type II diabetes in children
- obesity is found in adults, adolescents and children; 65-80% of American adults are overweight or obese
- obesity portends diabetes, and there is a rising prevalence of insulin resistance
- there are links between diabetes and heart disease
- we now live in an environment that is disconnected from history in the sense that, historically, there was lots of activity and food was relatively scarce; we now live in a world that is at odds with our native adaptation
- "ABC: Activity Bursts in the Classroom" would improve weight and fitness, as well as academic performance; as well, we could turn the school cafeteria into a classroom, and promote a "healthy lunch kit;" still another idea is a "nutrition detectives program," details of which are available at www.davidkatzmd.com

Joan Benoit Samuelson, Olympic Marathon Gold Medalist

- 61% of Maine adults are overweight or obese
- regular physical activity can reduce the risk of certain diseases
- fitness should be a daily activity; consequently, it must be fun if it is to be sustainable

Honorable Michael Leavitt, Secretary, U.S. Department of Health and Human Services

- cultural and lifestyle behavioural changes can occur; think, for example, about campaigns in such areas as anti-smoking, seatbelt use, bike helmet use, etc.
- there are a variety of public policy tools that can be used to promote health, and it should be remembered that different populations must be reached in different ways
- health care costs represent 16% of the nation's Gross Domestic Product
- too many Americans lack basic health insurance, and those with health insurance are often paying too much for it
- health care must be about keeping people healthy, rather than about treating them when they are sick
- the U.S. has an epidemic of chronic disease; 75% of all health care expenditures can be attributed to chronic diseases that can often be prevented and – if not prevented – managed
- chronic disease has a fiscal price and a physical price
- pandemics happen with regularity but not predictability; while they cannot be prevented, their effects can be influenced
- a pandemic will be different from any other emergency that will be faced, since it will happen across the country at the same time and people will be unable to assist each other
- in communicating about pandemics, it is important to communicate in a manner that informs but does not inflame
- at the present time, we are overdue but under-prepared for a pandemic

WHERE WE LEARN: WELLNESS IN OUR CLASSROOMS AND LUNCHROOMS

In response to the question “What works?”, participants provided the following thoughts:

- the right kinds of breakfast and lunch programs are needed
- the types of foods and beverages that are in vending machines must be changed

- there should be a focus on healthy and adequate nutrition
- students must be well-nourished in order to learn
- students should be encouraged to walk to school, even if only part-way; for example, the school bus could stop one-half of a mile away from the school
- a “Walk with the Governor” program could be successful
- farm-to-school programs should be encouraged, with locally grown products being served in the schools
- summer and after-school programs should stress health, education and physical activity
- physical activity in the school and in the classroom should be encouraged and supported, perhaps through a legislated requirement for 30 minutes of activity during the school day
- school wellness policies should be adopted
- school nurses and health educators should be involved as well as – as the Chief Executive Officer of the state – the Governor
- measures started in the classroom, the lunchroom and the school should be continued at home and in the community
- outcomes should be published, in part because it is easier to get funding
- schools should be assessed on their proficiency in physical education, and should be encouraged to compete with each other
- preventative behaviours should be rewarded, and incentives for continued change should be built in
- discount gym memberships should be made available
- children should be given prizes for attaining various levels of physical activity

WHERE WE WORK: WELLNESS IN OUR OFFICES AND FOR OUR EMPLOYEES

In response to the question “What are the actions of which you are most proud?”, participants provided the following thoughts:

- smoking cessation campaigns, including a “quit smoking” hotline and health plan coverage of anti-smoking patches
- workplace life wellness councils and campaigns
- charitable giving campaigns

- “Lighten Up” campaigns focussed on diet, exercise and an end to obesity
- public service announcements
- health risk appraisals/assessments
- promotion of a healthy lifestyle as a means to reduce prescription medicine use
- discounted gym passes
- employee challenges on workplace internal websites
- measured walkways around the workplace
- t-shirts and other similar rewards for employees who meet their weight loss and/or fitness goals
- lowering or eliminating the health care deductible for “fit” employees
- employer investments – include worksite changes – to lower health care costs, reduce lost time due to sickness, etc.
- a focus on both individual and team behavioural changes
- a focus on a wellness model of health care rather than an illness model of health care

WHERE WE LIVE: WELLNESS IN OUR HOMES AND COMMUNITIES

In response to the question “What are your success stories?”, participants provided the following thoughts:

- an active communities award, including schools and worksites
- competitions between and among communities
- building coalitions and partnerships among businesses, hospitals, schools, faith groups, etc.
- promotion of nutrition, fitness and anti-smoking campaigns
- public hiking and biking trails
- publishing leading health indicators
- providing health insurance for all young children and taking measures to reduce the extent of the uninsured population
- enhanced outreach by public health nurses

- promoting competitive sports as a means to increase fitness
- undertaking risk assessments to determine the level of wellness, and developing community-based wellness programs and health plans
- developing and promoting cost-effective health insurance for small businesses
- imposing high taxes on tobacco products
- allocating tobacco settlement moneys to prevention and wellness initiatives
- linking farmers and food banks
- legislating indoor clean air
- mailing postcards – as a reminder and with relevant information – to those who might not otherwise be actively involved in their health care, such as hunters
- “Healthy Kids” legislation, including provisions related to vending machines in schools
- public service announcements
- promoting the Biblical notion of the body as a temple

PLENARY SESSION: A CULTURE OF WELLNESS

Lee Scott, President and CEO, Wal-Mart Stores Inc.

- America is facing some tough challenges, and we must be more nimble and innovative, and pull from the strengths that exist throughout society
- Wal-Mart is the largest employer in the United States, and is at the intersection of American life
- a Wal-Mart job means opportunity
- Wal-Mart creates jobs
- sustainability is good for the environment and for business
- the mission is to raise the standard of living of working families through employment and the provision of goods of reasonable quality at a reasonable price
- Wal-Mart health care plans are affordable and accessible, providing needed health care at an affordable price
- patients need to be better health care consumers

Governor Arnold Schwarzenegger, Governor of California and Healthy America Task Force Member

- we must begin by ensuring that children are healthy, and we must establish good habits early in life
- everyone must work together on this shared goal: children, parents, teachers and other educators, health professionals, governments, etc.

PLENARY SESSION: CHALLENGES AND OPPORTUNITIES IN BUILDING A NATIONAL HEALTH INFORMATION NETWORK

Dr. Brian Kelly, Executive Director, Health and Life Sciences, Accenture

- we need to facilitate the exchange of health information across the country, with three use cases: electronic health records, personal health records and bio-surveillance
- we need to standardize and normalize data, and then to develop a technical architecture that facilitates the sharing of information among and between platforms
- a workable governance and business model must also be developed
- we should be able to aggregate “de-identified” data across regional health information networks for purposes of public health surveillance
- opportunities and challenges include:
 - establishing trust
 - data ownership
 - the evolution of standards
 - differing legal requirements
 - the financing model and competition
 - complexity

Ginny Wagner, Project Executive, NHIN Architecture Prototype, IBM

- what is needed is a nationwide system or architecture that links stakeholders together across software applications, networks, regions, etc.
- in essence, what is needed is a system that is hardware and software agnostic and that provides the interoperability which will enable the communication and exchange of information in an accurate, effective and useful manner

- privacy and security solutions are needed for interoperable health information exchange
- you should be able to de-identify and appropriately re-identify data for such purposes as public health surveillance
- challenges include:
 - complex problem in a complex environment
 - at the present time, marketplace requirements exceed funded contracts
 - marketplace connectivity in the long term

Dr. Robert Cothren, Chief Scientist, Northrop Grumman Health Solutions

- a nationwide health information exchange is important
- a federated approach with a mutually re-enforcing set of standards, policies and agreements is needed
- in order to preserve data ownership and control, information should be stored within source entities rather than centrally
- rather than national patient identifiers, existing patient demographic attributes should be available from health care entities
- challenges, most of which are related to sociology rather than technology, include:
 - trust relationships that control data access
 - validating conflicting information received from a variety of sources
 - consolidating data duplication
 - identifying when a patient record can be considered complete
 - determining the “who,” “how” and “when” of changes to data, the addition and deletion of data, and restrictions on data access
 - flow of new public health information

CLOSNG PLENARY

Honorable William J. Clinton, 42nd President of the United States

- the states are the laboratories of democracy
- welfare reform should lead people away from dependence toward independence

- there are a number of long-term challenges to be solved by America, including those related to education, the environment and health care
- with 16% of the U.S. Gross Domestic Product being spent on health care, the United States is the only nation spending more than 11% of its Gross Domestic Product in this area and this spending represents an enormous and unsustainable cost for state governments and the economy; Switzerland and Canada spend 11% of their Gross Domestic Product on health care
- an increasing number of Americans do not have health insurance
- 34% of health care spending is spent on administration; Canada is the next highest, at 19%
- the insurance tail is wagging the health care dollar
- a lot of health care spending occurs in the last two months of a person's life
- prevention is the best strategy
- obesity and its attendant problems – especially diabetes – are creating a crisis situation
- growing wealth and stagnant wages in a growing economy seem to be linked to obesity
- the composition of food is changing in terms of the types of sugars, fats, etc. that are used
- we need to change the culture so that we consume fewer – and burn more – calories

Respectfully submitted,
Hon. Jerahmiel Grafstein, Senator
Co-Chair, Canadian Section
Canada-United States
Inter-Parliamentary Group

Travel Costs

NAME OF ASSOCIATION	Canada-United States Inter-Parliamentary Group
ACTIVITY	Healthy America Forum and Winter Meeting - National Governors Association
DESTINATION	Washington, D.C.
DATES	February 25-28, 2006
NAMES OF SENATORS	The Honourable Jerahmiel GRAFSTEIN, Senator
NAMES OF MEMBERS	Mr. James BEZAN, M.P., Mr. Brian FITZPATRICK, M.P., Hon. Wayne EASTER P.C., M.P., Mr. Paul CRÉTE, M.P.
NAMES OF STAFF	Mr. Serge PELLETIER, Ms. June DEWETERING
TRANSPORTATION	AIR TRANSPORTATION \$3,708.20 GROUND TRANSPORTATION \$719.28
ACCOMMODATION	\$7,805.48
HOSPITALITY	\$0
PER DIEMS	\$2,340.72
OFFICIAL GIFTS	\$0
MISCELLANEOUS/REGISTRATION FEES	REGISTRATION FEES \$1,097.82 MISCELLANEOUS \$171.00
TOTAL	\$15,842.50