

## COMMUNIQUÉ NO 7: ADVISORY COMMITTEE FEEDBACK

As the next step in our stakeholder review process, a series of five advisory committee meetings were held in March to discuss the changes made to the National Lung Health Framework discussion document based on the Canada-wide feedback. These advisory committees reviewed the expanded document with a focus on: aboriginal issues; health promotion, awareness and disease prevention; disease detection and management; policy, partnerships and community/systems support; and research, surveillance and knowledge translation. Thank you to all participants for your valuable insights and collaboration. As Framework success requires a coordinated effort, we are making great progress towards a “Made in Canada” action plan for improved lung health.

### Dialogue highlights

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#### Presentation

Overall, members agreed that the Executive Summary will serve as a key communications tool for delivering Framework messaging while consolidating, condensing and enhancing readability were prominent themes expressed about the Document as a whole. Suggestions included: editing redundancies; adding diagrams and visuals; and providing a glossary for improved clarity of Framework terminology. There was also discussion about presenting material in a more compelling and forward-looking manner, one reflective of current efforts versus future trends.

#### Areas to expand

In an effort to be more inclusive, members recommended that the Document reference and/or provide greater emphasis on the following elements:

- Paediatric lung disease
- Sleep apnea
- First Nations, Inuit and Métis
- Anticipated effects of climate change on lung health
- Acknowledgement of other respiratory diseases

#### Data

Improved referencing and sourcing of data were identified as areas for further assessment. To this end, members suggested reviewing epidemiological data to ensure suitability, accuracy and possible expansion with a focus on quality of life and disease burden. By presenting data in the appropriate context, a more compelling case can be made for improving lung health in Canada.

Suggestions included: highlighting the impact of lung disease at the community level; exposing the compounding effects of lung disease on other illnesses; and presenting the overall cost to the healthcare system.

### Vision, Mission, Guiding Principles and Goals

Similar to their counsel on the overall presentation of the Document, advisory committee feedback centered on editing and eliminating repetition. Aligning Framework Goals with the Strategic Areas for Action was also recommended.

### Strategic Areas for Action/Activities

Feedback on the Strategic Areas for Action/Activities involved; revising language; splitting or combining activities; re-ordering activities; and aligning the presentation of strategies and preamble in each section.

A number of new activities were proposed and reviewed through the following lens:

- Is this a higher-level strategy or activity?
- Would this be better addressed as part of the Implementation Plan?
- Does the wording or content closely resemble an existing strategy or activity?
- Is this better suited to another strategic area?

### **Priority setting exercise**

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As part of the Implementation Plan development process, advisory committee members took part in a priority setting exercise to help inform Framework realization by identifying logical “first steps.” In response to concerns over making definitive judgments, participants were assured that the exercise was one of many tools designed to help guide the implementation process. Members were also advised that data would not be shared with other stakeholder groups and/or used for other purposes (i.e. to inform funding).

### **Industry on board**

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On April 14<sup>th</sup>, industry stakeholders took part in a session that yielded minor revisions to the Document and much discussion about Implementation Plan contributions and next steps. Several participants expressed enthusiasm about the Framework and how it aligns with their individual strategic planning.

## **Next Steps**

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We are now sending the most recent version to all stakeholders who have participated for a final, overarching review to ensure that no major gaps remain or input misinterpreted.

As a final step, the revised draft will go to the Interim Steering Committee for final comment.

## **Excitement around implementation**

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Excitement is building for the upcoming Framework implementation and advisory committee members were keen to see simple, measurable, attainable, realistic and timely (SMART) objectives and targets highlighting how our “Made in Canada” action plan will come to life. Across all meetings, participants transitioned from seeing themselves as an individual reviewer of the Document, to seeing their role as part of a solutions-oriented/problem-solving team. In addition, many volunteered to assist in specific areas of focus and expressed a desire for further engagement in the planning process.

## **Key Notes**

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May 2008 .....Final review of the Draft Framework Discussion Document by participating stakeholders and adoption by the Interim Steering Committee

May 26, 2008.....Consultation with the Minister of Health and Minister of State

June 19–21, 2008.....Preliminary Presentation of the draft Framework at the First Canadian Respiratory Conference (Montreal, Quebec)

Summer/Fall 2008.....Implementation Plan Development with Stakeholders

October 2008..... Interim Steering Committee Meeting

Winter 2008/9.....Public Launch of the National Lung Health Framework

## **Keeping connected**

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We look forward to communicating with you as we work toward the winter 2009 launch of the National Lung Health Framework. Please forward requests for information and share input by contacting:

Anne Van Dam  
Acting Director, National Lung Health Framework  
avandam@lung.ca  
613.569.6411 x222