



# Health Care Renewal and Chronic Illness

Report on a Public Consultation

December 2007

Health Council of Canada



Conseil canadien de la santé

T A K I N G   T H E   P U L S E

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*Health Care Renewal and Chronic Illness: Report on a Public Consultation*

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*Note: This report is an abbreviated version of a larger report prepared for the Health Council of Canada to document its first venture into public engagement targetted at a particular sub-sample of the Canadian population. For indepth information on the entire public engagement program, please contact Shirley Hawkins, Manager Marketing and Innovation at [shawkins@healthcouncilcanada.ca](mailto:shawkins@healthcouncilcanada.ca).*

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## BACKGROUND

Created in 2003, the Health Council of Canada works to enhance accountability and transparency of Canada's health care system by assessing progress in improving its quality, effectiveness and sustainability. The Health Council studies the health care system and, through informed dialogue, outlines measures to improve the health of Canadians.

As part of these efforts, the Health Council released its first health outcomes report, *Why Health Care Renewal Matters: Lessons from Diabetes*, in early 2007. This report documents some emerging lessons and best practices in treating and preventing chronic illnesses like diabetes, and compares these to existing practices in the health care system.

## ABOUT THE PUBLIC ENGAGEMENT INITIATIVE

In addition to releasing *Why Health Care Renewal Matters: Lessons from Diabetes*, the Health Council launched a public engagement initiative on chronic illnesses, using the care of persons with type 2 diabetes as an example. The results from the engagement process were designed to add the real-life experiences and perspectives of participants to the evidence presented in the report.

The Health Council initiated the engagement project with this audience to:

- determine which proposals outlined in its health outcomes report were most important to people living with chronic illnesses;
- learn about their real life experiences with diabetes and other chronic illnesses; and
- hear their ideas for improving treatment and prevention of these illnesses.

The public engagement project started with a short series of face-to-face workshops in Thunder Bay, Halifax and Vancouver. These "Dialogues on Diabetes" were targeted towards people affected by the illness, particularly those with type 2 diabetes and their family members.

In consultation with the Health Council of Canada, the public engagement initiative was designed and implemented by Ascentum, a company that specializes in public involvement through informed participation. The initiative ran from February 17 to May 14, 2007.

Results of the initiative were returned to the Council in a written report. This abridged version is available in English and French on the Health Council's website at [www.healthcouncilcanada.ca](http://www.healthcouncilcanada.ca). The full report is available upon request.

## OVERALL DESIGN

### FACE-TO-FACE WORKSHOPS

**Purpose:** To engage small groups of participants in a detailed, day-long exchange on diabetes and chronic illness.

These workshops gave participants an opportunity to learn about complex issues from the Health Council's perspective and to discuss their ideas and priorities with others in relation to the Council's policy proposals.

The workshops were designed to allow participants to share their experiences with diabetes and learn about the main challenges in treatment and prevention before the priority-setting exercise.

The workshops were designed around a series of steps in which participants would either learn about different aspects of diabetes or discuss their ideas with other participants. The bulleted list below shows the basic structure of the workshops and how participants were encouraged to set priorities in an informed way.

- Participants began by introducing themselves and describing their experience with diabetes.
- They learned about the Health Council's findings on chronic illnesses and their implications for the Canadian health care system.
- Participants worked in breakout groups to identify what is working in diabetes care and what could be improved.
- After considering the current state of care, participants considered solutions and potential changes. They learned about the Health Council's proposals to improve treatment and prevention.
- Working in small groups, participants discussed each proposal in detail, noting its potential costs and benefits.
- Finally, participants set priorities by allocating five *care bucks* each to identify the proposals that were most important to them.

### RECRUITMENT AND PROMOTION

The Canadian Diabetes Association (CDA) invited participants to the workshops by sending e-mail messages to members in each location and to those in nearby regions.

### ONLINE ENGAGEMENT

To complement the workshops, the Health Council launched a national, dedicated website through which participants could use several tools to contribute their views.

## ONLINE TOOLS—THE CHOICEBOOK

**Purpose:** To enable a broad range of participants to identify their priorities for improving chronic illness treatment and prevention in an informed way.

The Choicebook offered participants a vehicle through which to express their views by answering closed-ended questions in a 20-30 minute period. This methodology captured a different perspective than the workshops.

The chronic illness Choicebook focused on the Health Council's policy proposals to improve treatment and prevention. It invited participants to describe the impact that each proposal would make and to rank them according to priority.

Each proposal was presented in the form of an easy-to-understand scenario, illustrating how the proposal might work in real life, and helping participants to make a more informed decision on its effectiveness.

The Choicebook produced statistical data based on answers to closed-ended questions.

## ONLINE TOOLS—STORIES AND IDEAS

**Purpose:** To give participants who completed the Choicebook questionnaire and others the space to answer more open-ended questions and express their ideas and experiences in their own words.

Participants had the option of either submitting their stories to the Health Council in confidence or posting them in the "story reading room" on the consultation site where other participants could read them, learn from each others' points-of-view and react to previously-posted stories. This tool allowed the online site to be more interactive.

The Stories and Ideas tool made it possible for participants to attach documents or type their responses and target them towards the consultation's major themes that reflected the discussion topics at the workshops.

These complementary techniques allowed a range of qualitative data to be collected and comparisons to be made between participants' views.

To read stories and ideas submitted during the online consultations, visit [www.healthcouncilcanada.ca/yoursay](http://www.healthcouncilcanada.ca/yoursay).

## DATA ANALYSIS

### **Choicebook statistical data**

The workshops and online consultation tools yielded considerable amounts of statistical and qualitative data.

Ascentum used leading data analysis software packages to analyze the data sets: SPSS to compile and assess the statistics; and Nvivo to produce a qualitative analysis of the themes and priorities that emerged from the workshop reports and online story/idea submissions.

## PARTICIPANTS

- 81 people participated in the workshops in Thunder Bay, Halifax and Vancouver.
- 1,366 online participants used the Choicebook and/or submitted a story/idea. Of these, 87% completed the entire Choicebook.
- 516 participants shared online stories and/or ideas.

## DEMOGRAPHIC DATA ABOUT ALL PROJECT PARTICIPANTS

		In-person (% of 81 participants)	Online (% of 1,366 participants)
<b>Gender</b>	Male	39.0	37.2
	Female	61.0	62.8
<b>Age</b>	18-24	6.4	2.3
	25-34	9.0	11.4
	35-44	14.1	13.7
	45-54	25.6	32.8
	55-64	29.5	29.0
	65 and over	15.4	10.8
<b>Ethnicity/ Disability</b>	First Nations	11.8	1.9
	Métis	9.2	1.3
	South Asian	3.9	0.7
	Asian	3.9	2.0
	Latin American	1.3	0.5
	African Canadian	18.4	0.9
	Person with a disability	21.1	15.3
	None of the above	30.3	77.2
<b>Community</b>	Rural	29.9	30.7
	Urban	70.1	69.3
<b>Level of Education</b>	High school or less	25.6	26.7
	Community or technical college	16.7	21.5
	Some college/university	28.2	24.5
	Bachelor's degree	16.7	17.1
	Post-graduate degree	12.8	10.2
<b>Perspectives on Diabetes</b>	I am a person with type 1 diabetes	4.9	53 (combined)
	I am a person with type 2 diabetes	54.3	
	I am someone with a family member who has diabetes	51.9	31
	I am a health professional	14.8	

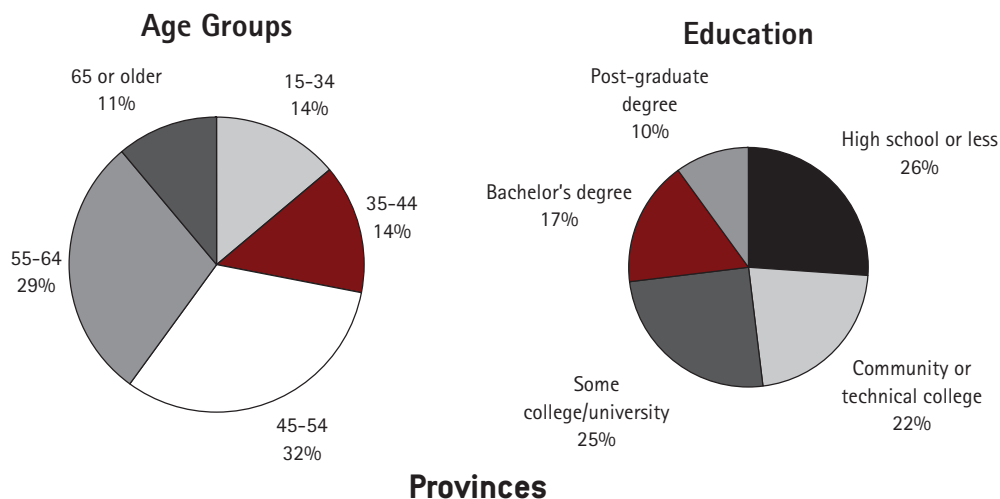
## PARTICIPANTS IN THE WORKSHOPS

More women than men participated in the workshops. Although their ages varied considerably, most participants were older than 45. Many described themselves as Aboriginal, Asian or African-Canadian. Most were people with diabetes or family members of those who had the illness.

## PARTICIPANTS IN THE ONLINE CONSULTATION

Most participants who started the online Choicebook were women and mostly from four provinces—Ontario, Alberta, Quebec and British Columbia. As for the workshops, participants were mainly middle-aged adults. In contrast, however, few online participants described themselves as members of an ethnic minority or as a person with a disability.

## DEMOGRAPHICS



## AUDIENCE REACHED

- People with chronic illnesses (especially type 2 diabetes);
- Family members of people with chronic illnesses; and
- Social groups most at-risk of developing diabetes in the future: Aboriginal peoples, and Asian, Latin American and African Canadians.



## **KEY FINDINGS**

### **BEST PRACTICES IN DIABETES CARE**

In the workshops and online tools, participants were invited to describe what is working well in diabetes and chronic illness care today based on scenarios presented in the workbooks. In some cases, they had experienced the type of care described; in other cases, they responded from a theoretical perspective. Responses were grouped according to what they said was working well, what would work well and what individuals and the health care system could do to promote better care.

### **WHAT IS WORKING WELL**

#### **A proactive approach to chronic illness**

Participants commented that new approaches to chronic-illness care work well. These focus on early diagnosis and prevention, alternative care and the power of a positive attitude.

#### **Diabetes clinics**

Participants agreed that diabetes clinics are at the centre of high-quality care for people with the illness. They praised the benefits of interdisciplinary care and one-stop access to treatment that is available at these clinics.

### **WHAT IS IMPORTANT IN TERMS OF PREVENTION AND TREATMENT**

#### **A healthy lifestyle**

Participants commented on the importance of a healthy lifestyle—including diet and exercise—to either prevent or manage chronic illnesses like diabetes.

#### **Education**

Participants felt that it is important to give people with chronic illnesses information that can help them to manage and live healthily with their conditions.

#### **Support for people with chronic illnesses**

Participants said that people with diabetes require effective sources of support to help them live with the illness. They described the emotional and information support that can come from peer groups and families, and support through compassionate and health-promoting policies at workplaces.

#### **Health human resources**

Participants felt strongly that helpful and knowledgeable health care workers are at the foundation of effective treatment and prevention efforts.

## CONCERNS ABOUT CARE

Participants discussed a number of ways in which diabetes and chronic illness care could be improved.

### **Difficult access**

Participants expressed significant concerns about access to care for people with chronic illnesses. They reported experiencing difficulties in seeing physicians without long delays, or without long drives to urban areas. Others were concerned about access for people with low incomes.

### **Unmanageable costs**

Participants reported that the costs of living with chronic illnesses like diabetes can be unmanageable. Many shared their experiences about struggling to pay for medical expenses themselves because the costs were not covered by provincial health plans. Indeed, some people were forced to refuse certain treatment options that were unaffordable.

### **Poor quality of care**

Participants described experiencing low-quality care before being officially diagnosed with a chronic illness. Even after they had been diagnosed with diabetes, participants reported receiving little or no help to learn how to manage their diabetes and to make appropriate changes to their lifestyles and diets.

### **Lack of preventive efforts**

Participants observed that, although it is important to treat people with chronic illnesses today, governments need to allocate more resources to prevent others from developing diabetes in the future. They suggested that prevention would save money but that it was also important to help people avoid the pain and discomfort caused by chronic illness.

### **Inaccessible health education**

There was a strong call from participants for better education options for people with diabetes. They agreed that knowing more about their illness and how to manage it was a key part of living with diabetes. However, they suggested that this kind of health education was not always available.

### **Poor cooperation among important players**

Participants agreed that preventing and treating diabetes requires cooperation among a number of different players. It is not simply the responsibility of patients and doctors or health teams. Instead, they asserted that governments and industry play important roles, though this support could often be more effective.

## COMMENTS ON THE HEALTH COUNCIL'S 12 POLICY PROPOSALS

In *Why Health Care Renewal Matters: Lessons from Diabetes*, the Health Council of Canada suggests several ways to improve chronic illness care. For the purposes of the public engagement initiative, these policy proposals were adapted to fit a process model that allowed participants to choose priorities in an informed way and act as government decision-makers.

The Health Council's 12 proposals to improve chronic illness care were grouped under the following themes. After learning about each one, online and workshop participants selected those they thought were most important for decision-makers to carry out.

### **A) Changing The Way We Care For Diabetes**

- Making greater use of health care teams;
- Using information technology more effectively;
- Providing improved support systems for people with chronic illnesses; and
- Finding other ways to improve care.

### **B) Focusing On Communities with Higher Risk**

- Reaching out to vulnerable groups;
- Focusing on at-risk communities; and
- Setting targets for population health.

### **C) Getting Better at Education and Prevention**

- Working together among all the players;
- Improving government coordination;
- Continuing to do research to find out what works best;
- Scaling-up pilot projects; and
- Taking a broader approach to health.

## SUMMARY OF DECISION-MAKING PROCESSES

After workshop participants allocated their care bucks and online participants identified their high and low priorities, the proposals were grouped and ranked. Common rankings across the workshop and online participants were placed into categories of high, low and mixed levels of support.

### PRIORITIES: WORKSHOPS

Participants were asked to assume the role of a government decision-maker and invest resources according to what they considered to be most important. Participants had to allocate their five care bucks to five policy proposals. They could also allocate their care bucks to additional policy ideas that emerged from the group discussions held earlier in the workshop.

The following tables show the care-buck investments allocated by participants in the workshops.

Care Buck Investments: <i>Thunder Bay</i>					
Diabetes care today		Diabetes care tomorrow		Other areas of care to consider	
Making greater use of health care teams	\$11	Working together among all the players	\$9	Focusing on children—healthy eating/living	\$9
Reaching out to vulnerable groups	\$9	Providing improved support systems for people with chronic illnesses	\$7	Focusing on mothers of young children	\$8
Using information technology more effectively	\$5	Improving government coordination	\$6	Developing resources with community input: literacy/learning styles	\$7
Finding other ways to improve care	\$1	Focusing on at-risk communities	\$7	Peer support	\$5
Setting targets for population health	\$1	Continuing to do research to find out what works best	\$5	Access to recreation/exercise	\$5
Scaling-up pilot projects	\$0	Taking a broader approach to health	\$3	National diabetes accord	\$4
				Improved detection and monitoring	\$3

<b>Care Buck Investments: <i>Halifax</i></b>					
<b>Diabetes care today</b>		<b>Diabetes care tomorrow</b>		<b>Other areas of care to consider</b>	
Reaching out to vulnerable groups	\$17	Taking a broader approach to population health	\$14	Regulation	\$11
Making greater use of health care teams	\$15	Working together among all the players	\$13	Shift to positive messages	\$9
Setting targets for population health	\$11	Providing improved support systems for people with chronic illnesses	\$11		
Finding other ways to improve care	\$4	Focusing on at-risk communities	\$3		
Scaling-up pilot projects	\$3	Continuing research	\$1		
Using information technology more effectively	\$2	Improving government coordination	\$0		

<b>Care Buck Investments: <i>Vancouver</i></b>					
<b>Diabetes care today</b>		<b>Diabetes care tomorrow</b>		<b>Other areas of care to consider</b>	
Making greater use of health care teams	\$18	Continuing to do research to find out what works best	\$19	Education	\$24
Reaching out to vulnerable groups	\$10	Providing improved support systems for people with chronic illnesses	\$16	Services	\$17
Scaling-up pilot projects	\$8	Taking a broader approach to health	\$9	Increasing number of health care professionals	\$6
Using information technology more effectively	\$5	Working together among all the players	\$9		
Finding other ways to improve care	\$2	Focusing on at-risk communities	\$7		
Setting targets for population health	\$2	Improving government coordination	\$1		

There were some similarities in the way care bucks were allocated between workshops. Making greater use of health care teams was consistently a high priority for participants. Using information technology more effectively was a consistently low priority. Overall, the care bucks produced similarities between high and low priorities. However, a number of proposals received mixed levels of support.

### **Similarities between workshops**

For each workshop, greater use of health care teams was consistently among the top two priorities and identified as one of the major areas for action. Reaching out to vulnerable groups was consistently a moderate priority, as was working together among all the players.

In contrast, using information technology more effectively received low levels of support across the workshops. It did not receive more than \$5 at any event.

## Differences between workshops

Care buck allocations also highlighted some significant differences in priority areas.

During the Halifax workshop, participants identified taking a broader approach to health as one of the top three priorities for action. The same proposal, however, received significantly lower levels of support in the other two: moderate support in Vancouver and a comparatively low level of support in Thunder Bay. This was also true for continuing to do research to find out what works best. It was the second-highest priority for participants in Vancouver, but received lower levels of support at the other two events. In fact, it was the second-lowest priority in Halifax.

Finally, education received the highest support as an additional proposal added by participants in Vancouver. It was not added as a separate idea by participants in the other workshops. However, the need for greater public awareness and education for people with diabetes was a common theme of discussion in each city.

Based on the views expressed by participants during the group discussions and in the care buck priority-setting exercise, responses to the Health Council's proposals were grouped as those that:

- received high levels of support from participants;
- received low levels of support; and
- received mixed levels of support across the workshops.

## High levels of support

- making greater use of health care teams;
- reaching out to vulnerable groups;
- working among all the players; and
- providing improved support systems for people with chronic illnesses.

In conversation, participants appeared to understand the concrete ways in which the proposed approach would help better treat or prevent diabetes.

## Low levels of support

In contrast, the following proposals received low levels of support from participants at each workshop:

- using information technology more effectively;
- finding other ways to improve care;
- scaling-up pilot projects;
- improving government coordination; and
- focusing on at-risk communities.

During discussions, participants expressed reservations about the effectiveness, cost and whether these proposals were the best avenue for allocating scarce resources.

## Mixed levels of support

Three of the Health Council's policy proposals received significantly different levels of support across the workshops. Each received high levels of support in one event, but substantially lower support in the remaining two. These were:

- setting targets for population health;
- continuing to do research to find out what works best; and
- taking a broader approach to health.

The differences in the scores for these priorities suggest that a one-size-fits-all approach to care may not be the best approach when dealing with the diverse needs of Canadians affected by chronic illnesses.

## PRIORITIES: ONLINE CHOICEBOOK

The online Choicebook asked participants to identify their most important and least important priority. This approach was taken to provide another means of seeing whether the ranking of lowest priorities is in the reverse order of the ranking for the highest priorities.

In the online Choicebook, 1,366 participants learned about each proposal and rated its potential impact and priority level within three categories. They were then invited to choose the most and least important proposals overall.

### Which of the Health Council's Policy Proposals Do You Think Is *Most* Important?

Rank	Proposal	%
1	Providing improved support systems for people with chronic illnesses	18.0
2	Working together among all the players	13.2
3	Making greater use of health care teams	11.8
4	Continuing to do research to find out what works best	9.9
5	Using information technology more effectively	7.6
6	Taking a broader approach to health	5.8
7	Improving government coordination	5.1
8	Setting targets for population health	3.2
9	Scaling-up pilot projects	3.1
10	Reaching out to vulnerable groups	3.0
11	Finding other ways to improve care	2.1
12	Focusing on at-risk communities	1.6

## Which of the Health Council's Policy Proposals Do You Think Is *Least* Important?

Rank	Proposal	%
1	Setting targets for population health	18.8
2	Taking a broader approach to health	16.0
3	Focusing on at-risk communities	9.7
4	Scaling-up pilot projects	8.9
5	Finding other ways to improve care	8.6
6	Using information technology more effectively	5.6
7	Reaching out to vulnerable groups	4.6
8	Improving government coordination	4.3
9	Continuing to do research to find out what works best	3.5
10	Working together among all the players	2.4
11	Making greater use of health care teams	1.9
12	Providing improved support systems for people with chronic illnesses	0.4

From the Choicebook rankings, four policy proposals emerged as leading priorities for participants:

- providing improved support systems for people with chronic illnesses;
- working together among all the players;
- making greater use of health care teams; and
- continuing to do research to find out what works best.

There were slight differences in ranking for other proposals. Taking a broader approach to health was one of the top least important priorities, but received a moderate ranking in the most important priorities. Similarly, setting targets for population health was top of the least important ranking, but just under halfway down the most important priority list.

## COMPARISON: WORKSHOPS AND CHOICEBOOK

A key finding of this public engagement initiative is that, whatever the method of engagement (in-person vs. online), participants agreed on a small number of policy proposals that they would like implemented as priorities and another small number of proposals that they did not see as having the same impact on diabetes and chronic illness care.

There was consistency among both groups on nine of the 12 proposals ranked by levels of support.

The following proposals received high levels of support (that is, they should be considered most important for implementation) by both groups:

- making greater use of health care teams;
- working together among all players; and
- providing improved support systems for people with chronic illnesses.



The following received low levels of support:

- scaling-up pilot projects;
- focusing on at-risk communities; and
- finding other ways to improve care.

The following received mixed levels of support:

- setting targets for population health;
- continuing to do research to find out what works best; and
- taking a broader approach to health.

Under the broad topic of changing the way we care for diabetes patients, 77% of respondents said that greater use of health care teams would have either a very big impact or a big impact on diabetes care and if they were the decision-maker, they would make this the number one priority.

## COMMENTARY ON GREATER USE OF HEALTH CARE TEAMS

Many people described receiving excellent care in an interdisciplinary setting. Workshop participants emphasized the role of case managers in health care teams. Online participants called for patients to play a central decision-making role in these teams.

*"I was living in Edmonton when I was diagnosed with type 2 diabetes. I had a fantastic doctor who referred me to go monthly to the diabetic clinic there. Now, there, it was a 'team'. I had a nurse and a dietitian 'taking care' of me. I learned so much during the one-on-ones with them and my progress was great. After moving to Calgary, there was no such service/clinic there. Then I moved to BC and the best in my town is a big group meeting at the hospital. I consider myself lucky to have experienced the 'team' of professionals at the diabetic clinic to 'walk me through' the early stages of learning about it all!"*

*"Restructure to work as teams with the client as the key decision-maker."*

A second proposal in this same category (changing the way we care for diabetes)—providing improved support systems for people with chronic illnesses—received strong endorsement from a majority of respondents who indicated that prevention and treatment of chronic illness could be improved by providing such support as well as by encouraging participants to look after their illness.

## COMMENTARY ON PROVIDING BETTER SUPPORT SYSTEMS FOR PEOPLE WITH CHRONIC ILLNESSES

Online participants discussed patient education more frequently than participants/groups during the workshops. They saw knowledge as being the foundation of self-care and recommended more educational resources be made available to help patients to develop the skills they need.

In contrast, workshop participants considered existing support mechanisms to be effective and did not want decision-makers to change what is already working. They did, however, recommend adding new programs to complement these.

*"In today's society, it is up to patients to educate themselves and know what to do when things go wrong with their condition. Some patients do not have the education or the resources to do this."*

Under the broad topic of getting better at education and prevention, the Health Council recommended a number of policies to shift the health care system's focus from treating chronic illnesses that people have today to preventing the same illnesses in the future. One of these proposals—working together among all the players—received high levels of support from all participants and ranked high on the to-do list of decision-makers. In fact, 79% of participants said it could have a very big impact or a big impact on diabetes care in Canada.

The range of players identified could include governments, employers and businesses, communities, families and individual citizens, with each group playing a specific role in prevention efforts.

## COMMENTARY ON WORKING TOGETHER AMONG ALL THE PLAYERS

While there was support for this proposal, online and workshop participants focused on different players within this cooperative approach.

Online participants were most concerned with practices in the food industry and the ingredients, processes and labelling of foods that many considered to be unhealthy. In addition, they commented on government's regulatory role to shift industry towards producing healthier foods.

*"I would like to see the government either mandate or use incentives to get the amount of sugar and salt in processed food greatly reduced. Since so many people eat processed food, reducing these two ingredients would have a beneficial effect, especially for children who, once they have set their eating patterns, will carry them into adult life."*

Workshop participants focused on the role of individuals in preventing chronic illness. They believe that individual citizens need to take more ownership of their health, and that governments and health organizations should direct their efforts towards public awareness and education initiatives to provide people with information to this end.

## **PARTICIPANTS' EVALUATION OF THE PUBLIC ENGAGEMENT INITIATIVE**

An evaluation component was built into the workshop sessions and the online Choicebook to allow participants to give feedback on their experiences.

Overall, participants were very pleased with the exercises in which they engaged. Workshop participants said that the events were interesting and helped them to learn more about the care and prevention of diabetes in Canada. They also found that group discussions helped them to understand other people's views.

Ninety-nine per cent of participants either strongly agreed or agreed that the workshop was interesting and 85% chose the same responses to the statement that the workshop helped them to learn more about the care and prevention of diabetes in Canada.

Participants also valued the deliberative design of the workshops: 96% said they either strongly agreed or agreed that talking about diabetes with other people was helpful. All the participants said that these group conversations helped them to understand other people's views. Ninety-five per cent would participate in another workshop in the future.

Evaluations about the online exercises (completing the Choicebook and/or sharing stories and ideas) indicated that participants enjoyed the experience. Most said that completing the Choicebook increased their knowledge of diabetes and 88% said they would do it again. This indicates a high level of satisfaction, particularly with the online Choicebook experience.

As well, 64% of participants strongly agreed or agreed with the statement: The Choicebook helped me to better understand diabetes issues. This is interesting since 82% of online participants described themselves as either a person with diabetes or someone with a family member who had diabetes.

## CONSULTANTS' FINAL COMMENTS

As a result of the public engagement process, the Health Council gained a better understanding of the synergy that exists among people affected by chronic illnesses, such as type 2 diabetes. Participants had clear opinions about which proposals would have the biggest impact on care and which would not.

The Health Council heard important and valuable ideas from a number of Canadians directly affected by type 2 diabetes—as sufferers, concerned family members or those involved in the care of person who has a chronic illness—about ways to improve chronic illness care.

Participants indicated that they appreciated the opportunity to contribute their perspectives and some encouraged the Health Council to turn their ideas into "real world" improvements in the health care system.

From their rich contributions online and in person, the Health Council heard what is working in today's health care system and what could be improved.

On a final note, many participants indicated that they found the process of reviewing information and providing feedback rewarding.

## ABOUT THE HEALTH COUNCIL OF CANADA

Canada's First Ministers established the Health Council of Canada in the 2003 *Accord on Health Care Renewal* and enhanced our role in the 2004 *10-Year Plan to Strengthen Health Care*. We report on the progress of health care renewal, on the health status of Canadians, and on the health outcomes of our system. Our goal is to provide a system-wide perspective on health care reform for the Canadian public, with particular attention to accountability and transparency.

The participating jurisdictions have named Councillors representing each of their governments and also Councillors with expertise and broad experience in areas such as community care, Aboriginal health, nursing, health education and administration, finance, medicine and pharmacy. Participating jurisdictions include British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Labrador, Yukon, the Northwest Territories, Nunavut and the federal government. Funded by Health Canada, the Health Council operates as an independent non-profit agency, with members of the corporation being the ministers of health of the participating jurisdictions.

### The Council's vision

An informed and healthy Canadian public, confident in the effectiveness, sustainability and capacity of the Canadian health care system to promote their health and meet their health care needs.

### The Council's mission

The Health Council of Canada fosters accountability and transparency by assessing progress in improving the quality, effectiveness and sustainability of the health care system. Through insightful monitoring, public reporting and facilitating informed discussion, the Council shines a light on what helps or hinders health care renewal and the well-being of Canadians.

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\* as of December 2007

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