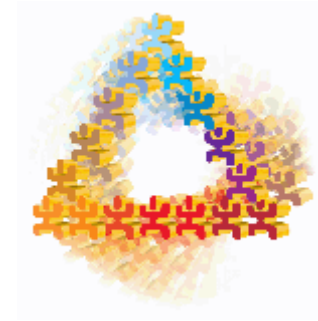




CARMEN Country Profiles: Canada



In 2002, based on the 2002 WHO Global Burden of Disease data¹, noncommunicable diseases (NCDs) accounted for 87.3% of the total 222,370 deaths in Canada. The leading cause of death among the noncommunicable diseases was cardiovascular disease, with an Age Standardized Mortality Rate (ASMR) of 140 per 100,000 (36.2%). Malignant neoplasms followed, with a minimal difference and an ASMR of 138 per 100,000 (35.6%). Chronic respiratory diseases were responsible for an ASMR of 24 per 100,000 cases (6.4%); and diabetes, for 13 per 100,000 (3.6%). The remainder was due to other non-specified conditions.

Date	CARMEN Demonstration Site
2003	Alberta

Date	Evolution of the CARMEN Initiative
	Canadian Diabetes Strategy
	Canadian Cancer Control Strategy
	Canadian Strategy for Tobacco Control
	Canadian Heart Health Initiative
2004	CARMEN Policy Observatory

¹ World Health Organization. *WHO Global InfoBase Online. Country Profiles*. 2006.

Canadian investment in NCD prevention includes addressing single diseases, single risk factor, and specific population groups. These models are used to identify commonalities among risk factors for major NCDs, systems approach to delivery, and partnerships. The goal is to develop an integrated approach to public health, a fundamental concept of CARMEN.²

These models are partnership models utilized in several Canadian strategies for health. The *Canadian Diabetes Strategy* was a partnership with the Diabetes Council of Canada using a comprehensive approach: social marketing, community programs, a national diabetes surveillance system, and address the needs of vulnerable populations. The next phase of the strategy is to move toward an increased focus on populations at risk. The *Canadian Cancer Control Strategy* is a compilation of governance, priorities for action and achievements (additional funding, business plan, and evaluation framework). The *Canadian Strategy for Tobacco Control* is a long term, sustained, multi-pronged strategy incorporating legislation, funding community interventions, cessation programs and aids, quit lines, initiatives targeting young people, and research.

There are several opportunities available to move toward an integrated approach to chronic disease prevention. Nongovernmental organizations (NGOs) are moving toward cross-cutting partnerships (e.g. Chronic Disease Prevention Alliance of Canada and the Coalition of Health Professions for Preventive Practice), research agencies are pursuing an alliance with the CIHR Institute of Population and Public Health, and provinces and territories have made significant strides in chronic disease strategies and alliances (e.g. Alberta, Nova Scotia, British Columbia, and Quebec).

The *Canadian Heart Health Initiative* is building an evidence base for delivering effective NCD prevention programs through various venues. Such venues are the observatory of community-based comprehensive programs (common risk factors), the development of tools and methodologies, and partnership and linkage models (international, national, provincial, and community; public, private, and voluntary sector; and expanding partnerships).

² Stachenko, Sylvie. *CARMEN Initiative Meeting*. Brazil, November 2003.

Canada is moving from demonstration areas to nationwide programs on NCD prevention and control. The first Canadian CARMEN demonstration site to test a “fully” integrated approach to chronic disease prevention was launched in Alberta in 2003, led by Alberta Healthy Living Network. The country has brought the **CARMEN Policy Observatory** to the forefront of NCD prevention.³

The **key objectives of the Policy Observatory** are:

- ➔ To facilitate the introduction of policies for the prevention of NCDs in government and social development programs
- ➔ To improve the formulation and implementation of NCD policies technically
- ➔ To boost technical capacity in the countries – e.g. analysis and evaluation of public policies for the prevention of NCD in Latin America and the Caribbean
- ➔ To generate relevant information for the design, formulation, and implementation of public policies for the prevention of NCDs
- ➔ To adopt and adapt methodologies for policy analysis in the Region to facilitate their frequent use in decision-making
- ➔ To promote the formulation of policies that advocate NCD prevention in the Region
- ➔ To facilitate technical cooperation among countries

The **short-term aim of the Policy Observatory** is to develop the knowledge base, from which the NCD prevention and control programs can be fed and to improve the capacity of stakeholders, in order to build and implement NCD policies. The long term goals and benefits of the Policy Observatory are to support effective NCD and health related policy formulation and implementation, based on strong evidence, and to strengthen regional, national and multi-sectoral collaboration and partnership in NCD prevention and control.

³ Stachenko, Sylvie. *CARMEN Initiative Meeting*. Brazil, November 2003.