

CANADIAN
PSYCHOLOGICAL
ASSOCIATION



SOCIÉTÉ
CANADIENNE
DE PSYCHOLOGIE

21 October, 2003

The Honourable A. Anne McLellan
Minister of Health
Health Canada
Brooke Claxton Building, 16th Floor
Tunney's Pasture
Ottawa, ON
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Dear Ms. McLellan:

The Canadian Psychological Association strongly endorses the establishment of a Canadian centre for disease control and prevention that is at least loosely modeled on the world famous American Centers for Disease Control and Prevention (CDC), headquartered in Atlanta, Georgia. As the U.S. CDC has placed considerable emphasis on the social and psychological factors at play in health and illness, we would encourage you to ensure that the Canadian model also include a broadly-based approach that places significant emphasis on the social and psychological factors as well as the biological aspects of health and illness.

Good health encompasses much more than the absence of physical or biological illness. The maintenance and promotion of good health requires careful attention to not only biological factors but also to the social and psychological determinants of health.

In 1998, U.S. Surgeon General Dr. David Satcher stated that "half of premature mortality is preventable, because it is related to *behaviors* such as poor diet and lack of physical activity, tobacco use, alcohol and drug abuse, and unsafe sexual behavior". Thus, Dr. Satcher argued that behavioral factors play a major role in the majority of premature mortality. This sets the stage for the development and application of psychological and social primary prevention initiatives that hold great potential to reduce mortality and human suffering, as well as health care costs.

In November 2000, the U.S. Department of Health and Human Services released a document, *Healthy People 2010*, which identified those critical factors that required modification in order to improve the health of Americans. This document also recognized the critical importance of psychological and social factors that required modification in order to improve the health of the American population. The Leading Health Indicators for the United States included behavioral change in relation to Physical Activity, Overweight and Obesity, Tobacco Use, Substance Abuse, Responsible Sexual Behavior, Mental Health, Injury and Violence, Environmental Quality, Immunization, and Access to Health Care. Thus, at least 7 of the 10 Leading Health Indicators related directly to social and/or psychological factors.

Canada has taken the lead in this emphasis on behaviour. The Lalonde Report (*A New Perspective of the Health of Canadians: A Working Document*), introduced in the House of Commons on May 1, 1974, appears to have been the forerunner of the current American emphasis on population behavioral changes that are seen as necessary in order to improve health. The Lalonde Report's introduction of the concept of population health as well as its clear recognition and articulation of the multiple determinants of health, including the biological, social, and psychological factors important in attaining and maintaining health, is clearly evident in *Healthy People 2010*. In the Preface to the Lalonde report it is stated that "ominous counterforces have been at work to undo progress in raising the health status of Canadians... (which) include environmental pollution, city living, habits of indolence, the abuse of alcohol, tobacco and

drugs, and eating patterns which put the pleasing of the senses above the needs of the human body”.

In the nearly 30 years since the Lalonde Report was released, however, it is striking how little progress has been made, relative to advances in the provision of acute health care, in advancing the population health perspective and widely implementing prevention initiatives related to behavioral change. It would appear evident that adequate organizational and administrative structures were not put in place in the Canadian health care system in order to ensure that an appropriate degree of emphasis was placed on the social and psychological factors underlying health and illness. We would hope and strongly encourage you to ensure that with the development of a Canadian centre for disease control and prevention this earlier shortcoming, and its consequent costs to the health and well-being of Canadians, will be redressed.

Therefore, in the conceptualization and development of the Canadian centre for disease control and prevention, we would strongly encourage you and your colleagues to pay particular attention to the social and psychological factors that play a significant role in the causation and course of many illnesses. In addition, there is growing evidence that social and psychological factors are extremely important in the primary prevention of disease and need to be addressed in order to control spiraling health care costs. Although the control of biological illness appears to receive the most public attention, the U.S. Center for Disease Control and Prevention clearly recognizes the critical importance of social and psychological factors in health. CDC's major organizational components include institutes focusing on chronic disease prevention and health promotion, injury prevention and control, and occupational safety and health, etc. where the primary emphasis is on behavioral and social factors. The CDC also employs many behavioural and social scientists whose work is integral to the ongoing CDC activities.

The recent public health crises in Canada (e.g., SARS, “West Nile”) underline the importance of psychological factors to public health initiatives. In any epidemic, human behaviour is critical to disease spread, containment and uptake. The HIV/AIDS pandemic is another example. SARS also pointed out the significant stress caused by hospital preventative procedures, staffing patterns, the danger of infection, quarantine, patient/significant other isolation, etc. Please visit the CPA web site for concrete examples of information developed in part by CPA in response to SARS <http://www.cpa.ca/SARS.htm> and September 11, 2001 <http://www.cpa.ca/Coping.htm>

In the recent report *Learning from SARS* (October 2003), the National Advisory Committee on SARS and Public Health briefly mention some of the important psychosocial implications of SARS. This information was drawn from survey data. Building on this excellent report, the psychology community would suggest that the renewal of public health in Canada will profit from the systemic inclusion of the social and behavioural sciences to balance and strengthen the almost exclusive biomedical focus.

Canadian psychologists have been in the forefront of developing disaster response systems that mobilize a significant number of psychologists to assist during disasters and public health crises. These networks are electronic-based and can quickly reach psychologists in every province and territory.

The Canadian Psychological Association looks forward to participating in the development of the Canadian Centre of Disease Control and Prevention. As you are likely aware, the science and practice of modern psychology extends well beyond the domain of mental health with psychologists active in the treatment and prevention of a wide range of physical illnesses including heart disease, cancer, diabetes, women's health issues, chronic pain, and neurological illnesses, to mention just a few. Psychology's unique contribution is the application of knowledge gained from the study of the biological, cognitive, affective, social, cultural and environmental determinants of behaviour. That is, how people, think, feel, and behave in their social and physical environments.

Please do not hesitate to visit our web site or to contact Dr. John Service, Executive Director, through the CPA Head Office in Ottawa.

With kind regards,

Yours sincerely,

Patrick O'Neill, Ph.D.
President