CINI 2018
CANADA INDIA NETWORKING INITIATIVE

CINI 2018 ABSTRACTS & RECOMMENDATIONS

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Arun Garg

Canada India Network Initiative 2018 –A model of global collaboration

It is great pleasure to present this final booklet from Canada India Network initiative 2018. I am grateful to all, who made it a success. Special thanks our 2 Co-Chairs of the scientific program Dr Reza Alaghehbandan and Minnie Downey. We are extremely grateful to Hon Ministers Adrian Dix and Bruce Ralston, for their particiaption in the conference. The conference organising committee as listed in the program, was instrumental in guiding and delivering the conference. The institutional support of Fraser Health, Simon Fraser University, BC Institute of Technology was key to the success of the conference. Our industry partners, as listed at the end of the booklet provided educational grants, which made the conference possible. The conference is an example of how to build collaboration and capacity between Canada and India towards a Healthy Civil Society at grassroots level of people to people. Though Canada and India were the prime focus of this conference, the model is applicable to general global cooperation. Small, focused, niche driven network opportunities are vital for building global links, and this conference is one example of the same.

This is our 3rd joint conference and this year we had great pleasure to welcome and associate with members of Global Association of Physicians of India Origins (GAPIO) as CINI 2018 was also a midyear conference for GAPIO. The vision of the collaborative effort guided us at all level of the conference, and will continue as we build on some of the outcome projects from the conference.

One of the unique aspects of the conference was to have designated Champions for each session, which helped us synthesising the recommendations as shared below. We will follow up on some of these recommendations over next years. The conference also had a very successful evening network Banquet, which included a joint presentation by Drs Anupam Sibal and Joanne Curry on shared history and common values between Canada and India. Canada and India have thousands of years of pluralistic, multiethnic heritage. This common heritage provides unique opportunity for joint projects in building Healthy Civil Society and be a model for the world. We at Canada India Network Society will continue to build on these common values. The economic links between our two countries are growing, Canada also has a large diaspora from India and people to people links are foundation for us to build strong academic, cultural, economic links in our vision of sustainable health. I hope our efforts are a small part of that global effort.

Specific recommendations from the conference includes

1. Develop and explore a joint project in India for engagement of the community for healthy behaviour, especially in eating and nutrition based on the learnings of local Sehat program. Engagement, Empowerment and Education of the community for self-behaviour modifications in life style are key to lower the burden of Chronic Disease.

2. Support ongoing work of Two Worlds in building Palliative Care capacity in India

3. Mental Wellness and specific mental disease programs in addition and substance abuse should be developed. The ancient knowledge of meditation, mindfulness can be a strong component of these programs. Efforts should be developed in conjunctions with provincial health authorities, health Practioners and the ministry to further support community based efforts in this a rea. Mental Wellness should be incorporated in early educational system.

4. The project at BC Institute of Technology on rapid diagnosis and system development of management of TB in rural and remote India should continue. This project emphasis integrative approach to development and system approach for sustainable outcomes.

5. Management of Chronic Disease requires integrative and continuous approach, especially in disease like Diabetes, the approach of self-management, engagement of patients through technology, mobile communications should be incorporated in community delivery. An integrated multidisciplinary comprehensive care should be developed. Joint program between the province of BC and Indian partners be explored to maximise existing resources.

6. Ancient knowledge of Ayurvedic and Yoga medical system has application in modern society. Efforts are made to collaborate at academic Institutes for research in role of some of these modalities. Explore with Simon Fraser University a visiting scholar in Ayurvedic research under existing joint visiting programs. Also effort is made to build capacity in integrative approach to health care at teaching Institutes.

7. LEADS model of leadership has positive applications for India; develop joint programs of Leadership in context of historical leadership of India for modern health providers. This is especially of importance for physician's leadership as India embarks on one of the largest universal public health insurance system.

Some of these recommendations will require new partnerships and are long term focused. Canada India network Society with its limited resources will continue efforts to build in these areas, especially LEADS workshops in India, supporting visiting lectureship in Ancient Indian Medicine at Simon Fraser University, joint development of TB diagnostic platform through BCIT, and support for chronic disease management of diabetes through patient and community engagement. Next steps will be coordinated by Canada India Network Society.

I am delighted that conference remains true to its vison of outcome focused recommendations. Once again sincere thanks to all who made it possible.

Arun K Garg Ph.D; MD, FRCPC
Chair and President CINS

SCIENTIFIC CO-CHAIRS CINI 2018

MINNIE DOWNEY

REZA ALAGHEHBANDAN

It is our pleasure to present to you the final booklet publication from Canada India Network Initiative (CINI) 2018. We were honored to be able to support and to be a part of the conference, which brought a diverse group of experts together to explore crucial interrelated topics for building healthy civil society. The structure of the conference was unique with focused programs with outcome based discussions, enabling ongoing work to continue following the conference.

Listed in the Chair's message are the recommendations from the conference with CINS continuing its efforts to follow up. Although the CINI 2018 main message and recommendations were mostly focused on building bridges between Canada and India surrounding various aspects of healthy civil society, its greater applicability comes in as an effective model for global health engagement. The uniqueness of this engagement model comes in bringing together various stakeholders including politicians, academia, policy makers, researchers, and members of the public. Chronic Diseases are a major burden on the society and the conference main theme of lowering this burden through Innovation, Technology and Engagement was interspersed throughout the program. We were particularly delighted with the network opportunities, collaborations and partnerships between many participants with shared common goals in building healthy civil society. Our sincere thanks to all speakers, chairs of the sessions and champions, whose contribution and support was instrumental in success of the conference.

JEFF NORRIS

Change doesn't happen without leadership. For South Asian health, Dr. Arun Garg and CINI 2018 have provided tremendous vision with the creation of the Special Purpose South Asian Fund. Royal Columbian Hospital Foundation is honoured to work with the community and CINS to build on the momentum from CINI 2018.

The Special Purpose South Asian Health Fund has been set up to build leadership in South Asian health. As a first project, the fund is focusing on mental wellness in the South Asian community.

One in five Canadians experiences a mental health or addiction problem each year. Depression is the largest and fastest-growing case of disability on the job – people in their prime working years are among the hardest hit by mental health problems and illnesses. In any given week, at least 500,000 employed Canadians are unable to work due to mental health problems.

The Special Purpose South Asian Fund comes at a unique time, when Royal Columbian is welcoming its new Mental Health and Substance Use Wellness Centre in 2020. The time is right for leadership in mental health, and I commend Dr. Garg and CINS for stepping forward to bring even more attention to this urgent need for global action

SIMON SUTCLIFF

Putting Context into Collaboration: CINS, CINI and Two Worlds.

As nations, India and Canada have many differences (geography, climate, human development, population size, socio- economy). However, they share the commonality of human aspirations and expectations for a good life and a good death.

Regarding a good death, the Economic Intelligence Unit Quality of death Index (2015) places India 67th and Canada 11th (of 80), highlighting differences of awareness, education, health professional development, opioid availability and secure, sustainable funding. In relation to a good life, India has embraced integrated healing approaches, combining both biomedical and holistic healing paradigms that are only recently becoming more accepted in Canadian (westernized) healthcare.

The differences lie not in the level of knowledge about palliative care at a population level, or the principles and practices of holistic healing. This information is readily available globally. What is lacking is an appreciation of the circumstances, the collaborations and the resolve underlying the ability to change health practices. Change requires strategy, leadership, socio-economic commitment and societal mobilization, implemented incrementally and commonly through learning and adaptation of experiences shared with those who have already travelled this journey.

Building capacity for health improvement requires listening, learning, harnessing common purpose, and creating the circumstances for successful change in health policy and practice.

Session 1-A
War on Diabetes

MESSAGE FROM MINISTER OF HEALTH, GOVT. OF B.C.

ADRIAN DIX

Last year, I had the honour of speaking at the Canada India Networking Initiative 2018. During the conference I met some incredible people whose work to build healthy communities in Canada and India is inspiring. Their goals align with the work underway at the Ministry of Health to provide faster, better health care for people in B.C.

A big part of this work is includes prevention and management of chronic disease, and as someone with Type 1 diabetes I have first hand knowledge of how comprehensive primary care underpins health promotion and successful management of a chronic disease. In the team-based care model that we are building out across the province, we see plans are being put in place to support people achieve healthier outcomes and improve their quality of life.

We are recruiting doctors, nurse practitioners and other health-care workers to work in these teams so that people with chronic diseases, like diabetes, get all the necessary support and education they need to manage their conditions. Furthermore, in primary care networks which we are launching throughout the province, communities experiencing high rates of diabetes can develop plans to bring on dieticians, nurse educators, to strengthen diabetes care and overall chronic disease prevention and management services.

I acknowledge and thank the Canada India Network Society for all the work you do. I wish you continued success as you deepen the bonds between Canada and India and promote health among our communities.

DELJIT BAINS

The Sehat Program operates with this theory of change- if we can engage clients in a Behavioural change movement to take charge of their own health, then we can reduce their risk Of chronic disease and associated health system burden.

The South Asian Health Institute (SAHI) was established at Fraser Health to improve health outcomes for the South Asian population through innovation and evidence-based care. SAHI addressed chronic disease prevention and management through Sehat, a comprehensive, multi-level approach in partnership with community leaders and stakeholders. We used behavioural insights and service design methodologies to develop and test nudges that made it easier for people to make healthy choices.

Program has engaged over 15,000 residents and operates in 12 community sites.

- Sehat Cooks. Collaboration with Temples has resulted in a reduction of added sugar in daily meals by 25% while encouraging healthy food purchases and donations.
- Sehat Works. A collaboration with South Asian employers to co-design culturally relevant healthy eating activities and services for the workplace
- Sehat Media. Increasing awareness and reach through development of culturally relevant health information utilizing a variety of social media channels

Early results demonstrate high levels of engagement and behaviour change at both individual and organisational levels.

SEAN MCKELVEY

The reversal of type 2 diabetes has recently become a realistic clinical objective due to advances in our understanding of how food can be used therapeutically (referred to as Therapeutic Nutrition). The impact of Therapeutic Nutrition is so profound that improvements in a patient's metabolic status can happen very rapidly, often within days. The Institute for Personalized Therapeutic Nutrition (IPTN) has partnered with researchers at the University of British Columbia on a ground-breaking clinical trial demonstrating how type 2 diabetes can be safely reversed in a community pharmacy setting using food. Sean McKelvey, the CEO of the IPTN, will share preliminary results, highlighting the novel role of specially trained pharmacists in this new, rapidly developing, area of clinical practice.

JS THAKUR

Noncommunicable diseases and Tsunami of diabetes in India

In India as per the global burden of disease 2016; 6.5% deaths and 5.6% DALYs are contributed by diabetes out of all NCDs in India. The DALYs attributable to high blood glucose level has changed from 2.3% to 6% from 1990 to 2016. The findings from the two state-wide NCD STEPs surveys in Punjab and Haryana revels that the prevalence of diabetes is 14 %and 14.2% in men and 14.6% and 17.6% in women respectively. As per the IDF Diabetes Atlas 7th edition, India is on 2nd rank among the top 10 countries in having number of adults with diabetes. Age group (45–69 years), Marital status, Hypertension, Family history of DM and Obesity are the specific risk factors associated with the diabetes. There are many who are unaware about their diabetes status and only few are taking treatment, which is reflected in a recent study in Punjab and Haryana, which has shown that extent of awareness is 34.2%, 29.5%, on treatment are 28.2%, 22.4%, controlled are 14.2%, 13.8% and untreated cases 71.7%, 77.6% respectively. This indicates the need for systematic screening and awareness program to identify the undiagnosed cases in the community and offer early treatment and regular follow up. The interventions include the effective implementation of National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS); and strengthening of health promotion by available models like accreditation of Schools as Health Promoting Schools in Chandigarh; Model for healthy workplace; and Health Promotion Model in District Settings of Punjab and Haryana. The Chandigarh call for Noncommunicable diseases at global level published as the consensus statement of World NCD Congress 2017 organized by World NCD Federation is a way forward in that direction.

Next Steps

MARC PELLTIER
Champion of the Session

1. CINS to work with IHSTS to development of Strategies for management of diabetes, including a multi disciple stakeholder's workshop.
2. Feasibility of a Joint community engagement project between British Columbia and an India Institute like PGI to empower, engage and educate community members on life style, specially diet and its direct role in Chronic diseases like Diabetes.
3. Collaborate with Indian partners for development of healthy India. It engages empowers, and educates communities and individuals for health promotions, illness prevention andd healthy civil society.

Session 1-B
Mental Health, Wellness and Substance Abuse

NITASHA PURI

There is a growing body of evidence to support the development of tailored approaches to care for mental health and substance use among racialized communities. A service of the Fraser Health Authority, the Roshni Clinic has pioneered the implementation of such tailored approaches, and attempts to address individual, population and structural barriers to receiving addiction care for Surrey's South Asian population. The South Asian population is particularly vulnerable to harms from alcohol use, with higher morbidity than other ethno cultural groups demonstrated in the literature. Roshni has been operational for approximately one year and offers one on one counseling, education and de-stigmatization groups for South Asians who struggle with substance use issues. It also offers physician addiction services (soon to include the prescribing of opioid agonist therapy, provision of harm reduction supplies, telemedicine, addiction nursing, and outreach services). A small research team is also doing qualitative research and evaluation at the program. This presentation highlights challenges, successes and future directions for a tailored approach to addiction care for racialized populations.

SUMAN KOLLIPARA

Mental Health & Meditation

Mental Illness is taking a toll on humanity. There is a lot of awareness in talking about it, but there is much that needs to be done in preventing and finding innovative cures for this silent killer affecting all age groups. Ancient wisdom tools of Yoga/Meditation are found to have therapeutic value in healing many illnesses with research being undertaken in many universities. Dr. Suman Kollipara in this presentation explained the science of Mental Illness, as well as Neuroscience of Meditation and how ancient wisdom can help in going deeper to understand the causes of Mental Illness rooted in the behavioral aspects & lifestyle. He shared the work done with his Non-Profit Peace Tree Innovations Society at the grassroots level transformation of Mental Illness and tools of Sookshma Self Compassion Meditation pioneered by Master Sunita in helping many heal. Their work done at Psychiatric Unit in Vancouver General Hospital, Daytox Addiction Center as well as with Inmates at Surrey Correction Center was presented along with case studies and narratives from the participants in the workshops. He emphasized that the Mind is like a 2 sided coin; Thinking mind and Witnessing mind. Mental Illness is an entanglement in the vicious cycle of self-destructive thoughts. Ancient wisdom tools like Meditation can break the cycle and shift to the witnessing mind which is a game changer in healing the Mental Illness.

Next Steps

ANSON KOO
Champion of the Session

1. CINS to facilitate inclusion of Mental Wellness and mindfulness, meditation and other modalities in mental health locally and support Fraser health is developing population specific , culturally effective models of Care for substance abuse and addiction

Session 1-C
Palliative Care – BC and India Experience

DORIS BARWICH

The BC Centre for Palliative Care was formed in 2013 to promote excellence in care and supports for those living with a serious illness in the province of British Columbia. In Canada, as in India, there are challenges to providing care for all who are suffering at end of life. In BC, although only 2% of the population is coping with End of Life, 35% of the health care budget is spent on this population, often for unwanted or non-beneficial treatments and there are access and quality of care issues.

In this presentation the Centre's innovative; public health approach is presented highlighting both "top down" and "bottoms up" approaches. Policy development is a key strategy, but the Centre also promotes Advance Care Planning; coordinates education of health care providers; and develops partnerships with community-based organizations to promote community and public engagement. Our Seed Grant program which funds small NGOs in local projects throughout BC is helping to promote Compassionate Communities that help support those with serious illness and ensure access to care and supports. Dying is a social phenomenon and we were all encouraged to do our part to make our communities more compassionate.

GILLIAN FYLES

While Canada and India have very different health care systems, similarities do exist, particularly with regard to public health approaches to palliative care. The WHO Foundational Measures for Implementing Cancer Pain Relief Programs provide a template to address gaps in the provision of palliative care. Access to opioids, government policy, education of providers and public are all required.

The Government of India has amended the Narcotic Drugs Act, recognized palliative care as a specialty, developed training manuals, included palliative care in state-sponsored insurance schemes and made funds available for state – level palliative care programs.

International collective action has contributed to the development of palliative care programs and the Two Worlds Cancer Collaboration Foundation, a Canadian NGO created in 2011, works with professionals and local NGOs in India, Nepal, Sri Lanka and Bangladesh to build capacity, skills and education while promoting self-sufficiency. With local partners, we advocate for morphine availability, support training, and conduct pilot programs, particularly pediatric and community, addressing cancer and non-cancer diagnoses.

These collaborations make a difference to the lives of adults and children with life-limiting illnesses. The on-going challenge is to scale these activities elsewhere across India. The on-going challenge is to scale these activities elsewhere across India.

Next Steps

BOB DEFAE
Champion of the Session

1. CINS to continue its collaboration with two Worlds in developing a dedicated palliative facility in the province of Uttar Pradesh, based on the model being used at Hyderabad facility

Session 2
Leadership and Health

TANIA BUBELA

Leadership is foundational for the quality and equitable delivery of health care and the sustainability of health systems. Stakeholders in Canada and India are expanding their collaborations through health leadership programs, harnessing diverse perspectives and solutions. As Canada's most research-intensive and community engaged university, SFU is working with CINS to further these collaborations and looks forward to next steps.

VIJAY AGGARWAL

Health care delivery has issues in every country of the world. These issues are very different for a country like India where the expenditure per capita on healthcare is extremely low as compared to countries like Canada. However there are possibilities of huge learning from each other and it is in this context that collaboration between Consortium of Accredited Healthcare Organizations (CAHO) India with the Canada India network initiative is a great first step.
A workshop at CAHO, 2019 for healthcare professionals of India where experts from CINS and LEAD Global exchanged LEADS principle and I am sure that this collaboration will be very productive and useful as next steps from CINI 2018.

ARVIND LAL

Leadership in the Indian Healthcare Scenario'

According to the WHO, India's total expenditure on healthcare was 4% of GDP as of 2017. India's nominal gross domestic product in 2017 was US $ 2.5 trillion. The Govt. of India has promised to increase its contribution to healthcare from the present 1.1% to 2.5% by 2025. *A Frost and Sullivan Healthcare report estimates the industry size* at US $ 160 billion by 2017, growing at 17% CAGR. The total industry size is expected to touch USD 280 billion by 2020 and can increase three fold to US$ 372 billion by 2022.

Interestingly, the private industry is responsible for providing nearly 70% of all healthcare services in India.

India has only 0.9 beds per 1,000 people vs global avg of 3.3 per 1,000. India needs 100,000 additional hospital beds each year at an investment of US $ 10 Billion per year for the next ten years – according to the CII-McKinsey report.

Talking about the Healthcare manpower, India is short of 600,000 doctors & 900,000 nurses currently. We now have a total of 462 Medical colleges and produce nearly 60,000 doctors every year.

The healthcare sector in India is now recognised as the core sector for foreign investments in India. Thus investments in the healthcare sector that included the hospital and diagnostic centres, attracted Foreign Direct Investment (FDI) worth US$ 4.83 billion between April 2000 and September 2017, according to data released by the Department of Industrial Policy and Promotion (DIPP).

India is highly cost competitive compared to its peers in Asia and Western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe.

Healthcare has become one of India's largest sectors both in terms of revenue & employment. Approximately 4 million people are employed in the healthcare industry in India.

India has been experiencing a 25 per cent growth in medical tourism and the industry is now expected to double its size from April 2017 at US$ 3 billion to US$ 6 billion by 2018. Medical tourist arrivals in India increased more than 50 per cent to 200,000 in 2016 from 130,000 in 2015.

The new initiative announced by the Honourable Prime Minister, Shri Narendra Modi is the Ayushman Bharat Programme that will build a New India by 2022 and ensure enhanced productivity, well-being and avert wage loss and impoverishment. The initiatives are as follows:

(i) **Health and Wellness Centres:** Under this scheme, 1.5 lakh centres will bring health care system closer to the homes of people. These centres will provide comprehensive health care, including for non-communicable diseases and maternal and child health services. These centres will also provide free essential drugs and diagnostic services. The Budget has allocated Rs. 1200 crore for this flagship programme. Contribution of private sector through CSR and philanthropic institutions in adopting these centres is also envisaged.

(ii) **National Health Protection Mission or NHPM:** The second flagship programme under Ayushman Bharat is National Health Protection Mission, which will cover over 100 million poor and vulnerable families amounting to approximately 500 million beneficiaries providing coverage up to USD 7,600 per family per year for secondary and tertiary care hospitalization. This will be the world's largest government funded health care programme.

Finally, talking of pathology and ourselves, it is a well-known fact that 70% of all medical decisions are taken on the basis of lab tests.

In this connection I am proud to state that the name of our lab services Dr Lal Path Labs is synonymous with pathology testing in India & we run our healthcare business with a lot of passion, vision & discipline. We bring to the table very strong values of nearly 70 years, giving quality pathology services to millions of our countrymen every year.

We are driven by a feeling of care & empathy for our patients & thus we were able to touch the lives of nearly 15.5 million patients last year that tantamount to seeing over 60,000 patient's every day. We consider it our moral duty to improve the health of our people by taking the lead to make high quality and innovative diagnostics accessible to our people at affordable prices.

ANUPAM SIBAL

Physicians and Leadership

Within every individual there lies a leader.

A leader is someone who gets everybody together and encourages them move together to achieve a goal. A leader, sees, understands and paves the path.

Physicians serve as leaders not just f their teams providing care to their patients but to trainees, researchers and patients. They serve as role models. To live up to the expectations that society has from them, physicians must display their commitment to certain virtues that define leadership.

Humility, Courage, Empathy, Forgiveness, Perseverance, Giving and Gratitude are a few of these virtues.

Medical history is replete with examples of physicians who displayed these values and can inspire future generations to find the leader that lie within.

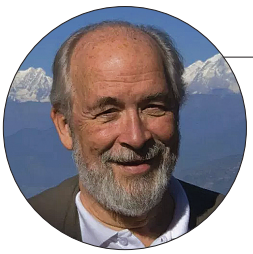
GRAHAM DICKSON/BILL THOLL

Leading psychologically healthy organizations using the *LEADS in a Caring Environment* Capabilities Framework

At the roundtable on Friday, June 8, Graham Dickson and Bill Tholl made a presentation showing the link between building psychologically healthy workplaces and leadership. Specifically, they illustrated how the *LEADS in a Caring Environment capabilities framework* (LEADS)—as adopted in most provinces and national organizations in Canada; and as used to guide leadership development in healthcare—contributes to the goal of creating healthy workplaces. In 2013, the Mental Health Commission of Canada (MHCC) articulated—through what is now called The Standard--13 workplace standards for a psychologically healthy workplace. The MHCC commissioned a study to determine the degree of philosophical and behavioural practice between the standards of leadership contained within LEADS, and those thirteen workplace conditions. The study showed that there is a high degree of complementarity between the two sets of expectations. It is also clear that individuals in leadership roles who practice LEADS are positively contributing to the creation of psychologically healthy workplaces; and that LEADS itself can also be used as a discipline for manager/leaders to use to implement The Standard.

Bringing Leadership in Health to Life: *LEADS in a Caring Environment* Capabilities Framework

At the plenary session on Saturday, June 9, Graham Dickson and Bill Tholl made a short presentation on the genesis of the *LEADS in a Caring Environment capabilities framework* (LEADS) and the widespread adoption of the framework as a common language of leadership The presentation explained how the LEADS framework can be used both a professional development tool box and as a robust change leadership model. The framework has proved so popular because of its construct validity and its face validity: it is evidence-based and intuitive. The presentation focussed primarily on the uptake of LEADS by the medical profession here in Canada (through a CMA subsidiary called Joule) and internationally through the World Federation of Medical Managers. Leadership has now been acknowledged as a core competency or foundational element in training physicians under CANMeds 2015. There are a variety of reasons for this rapid uptake. LEADS enables physicians to be better leaders by, for example, providing an accessible entry to research-based, best practices of leadership. LEADS also helps establish a common, team-based language of leadership. It also provides common standards for professional development and accountability. Finally, the presentation underscored that the leadership landscape continues to evolve and as it does, the application of LEADS and LEADS-based tools will continue to grow.



ROBERT WOOLLARD

Physicians and Leadership

The bold international initiative represented by *CINI* is a living expression of the hope contained in the words of historian Arnold Toynbee:

*"The twentieth century will be chiefly remembered by future generations not as an era of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a **practical** objective."*

Why is this so? Because:

- ***CINI is about building relationships***
- ***Relationships build health and society***
- ***Building together can be more effective***

- ***Building equity builds health***
- ***Physicians have a particular responsibility as healers***
- ***This responsibility is both local and global***
- ***We need each other!***

In order to understand the centrality of relationships to human kind we can again turn to Toynbee:

*"Society is the total network of relations between human beings. The components of society are thus not human beings but the **relations between them**. In a social structure, individuals are merely the foci in the network of relationships…*
*A visible and palpable collection of people is not **a society**; it is a **crowd.** A crowd, unlike a society, can be assembled, dispersed, photographed, or massacred."*

I have been asked today to take this insight and address some "So what?" questions:

1. Why do we inhabit such an inequitable world where these relationships are marked by huge distanced between rich and poor?
2. What price do we all pay in the health of ourselves and our planet if we fail to address this inequity?
3. What are the particular responsibilities of physicians in such a world?
4. What can Canada and India learn from each other?
5. How can *CINI* help?

Responses and pleas arise from observations from Rudolph Virchow in the 19th Century:

"It is the curse of humanity that it learns to tolerate even the most horrible situations by habituation. Physicians are the natural attorney of the poor and the social problems should largely be solved by them."

"If medicine is to fulfill her greatest task, then she must enter the political and social life. Do we not always find the diseases of the populace traceable to defects in society?"

Canada and India share remarkable examples of <u>*internal*</u> inequities on health and wellbeing between their citizens--neighbors:

- **Kerala and Tamil Nadu (13 years difference in life expectancy); First Nations and the Rest of Canada, in many ways worse than the acknowledged health of African Americans:**

But good intentions are not enough! Action must nurture relationships and be based on science—not because science always tells us what to do but, as Bertolt Brecht said through his character Galileo:

"The aim of science is not to open the door to infinite wisdom, but to set a limit to infinite error."

Canada cannot simply continue to draw on India's well-trained health workers when they are sorely needed in places like Tamil Nadu. *CINI* can be a venue and a force for a more thoughtful sharing of experiences (good and bad) and fostering actions reflecting our mutual commitments as ***societies*** (not ***crowds***) to building hope such that a future Toynbee can say:

*The 21st Century will be chiefly remembered by future generations, not as an era of terrorism and environmental catastrophe, but as an age where humankind dared to **<u>act</u>** for the welfare of the entire planet and its people.*

Next Steps

DR ROY MORTON
Champion of the Session

1. CINS to work in collaboration with LEADS Global to pursue application of LEADS in Caring Environment frame work with emphasis on its Indian context and development of the contents, specific and applicable to India's requirement and needs.
2. Join programs for leadership for standardization and quality and health systems.
3. Promote role of leadership and spirituality in context of effective outcome in modern technology.

Session 3
Integrative Medicine and Health

SUNITA VOHRA

What is Integrative Health?
Integrative health combines conventional, traditional, and complementary approaches in an evidence-informed, patient-centred fashion. It is an established field with university-based institutes and centres around the world. The *Academic Consortium for Integrative Medicine & Health*, for example, has a membership of over 60 medical schools in North America.

How to increase Integrative Medicine in Canadian medical curricula?
Canada's healthcare system has been challenged to develop a more patient-centred, culturally-sensitive model of care. This model requires that healthcare professionals have the knowledge, skills and attitudes to be able to discuss traditional, complementary, and conventional therapies with patients and to support care that is patient-centred and evidence-informed. Such care respects patients, recognizes their autonomy, and promotes their well-being and safety.

Canadian Academic Consortium on Integrative Healthcare Education ("Canadian Consortium")

The "Canadian Consortium" aims to create an interdisciplinary network of educators who act as a resource for traditional, complementary, and integrative healthcare education in Canada.

It aims to facilitate inclusion of relevant evidence-informed content in the undergraduate, graduate, post-graduate and continuing education curricula, and to enhance the capacity of Canadian healthcare professionals to support patients to make informed choices.

The future of Integrative Health in Canada

The majority of individuals use traditional and complementary approaches in addition to conventional care to support their health; health care providers, educators, and health policy makers must take such use into account in their efforts to enhance patient-centred care. By promoting patient engagement/activation to support effective self-care, there is an opportunity for integrative health to help enhance health outcomes and potentially reduce costs, both of which are essential to the sustainability of the Canadian health care system. To achieve these goals, more research is urgently needed to help inform which therapies may be helpful (or harmful) to whom, and why.

RACHEL MARK

Inspire Health: A Model for Supportive Cancer Care

The Canadian Cancer Society has estimated that nearly one in two Canadians will be diagnosed with cancer at some point in their lifetime. In conjunction with a cancer-based model of treatment (chemotherapy, radiation, and/or surgery), there is strong scientific basis for the need for other modalities which support the many aspects of health and wellbeing of cancer patients and their families. These supportive therapies include stress reduction, exercise, nutrition, emotional and spiritual support. Research provides positive evidence for these modalities in maintaining and enhancing quality of life and possibly health outcomes. Patients engaged in their healthcare are often known as activated or empowered patients and have been shown to cost less within the healthcare system through fewer doctor and hospital visits, improved communication, and decreased physician burnout. Inspire Health is a non-profit supportive cancer care centre providing individualized lifestyle support for people with cancer and their loved ones. Services at Inspire Health include individualized clinical consultations as well as group programming such as exercise, yoga, meditation, support groups and cooking classes, all offered at no cost. It is suggested that this type of supportive approach be implemented and referred to for cancer and other chronic illnesses.

LIBBY GARG

With increasingly busy lives, fast food has become an important cornerstone for making healthy lifestyle choices.

But fast food does not mean junk food.

Eating on the go continues to be more a part of our daily lives and make up a larger percentage of our diet. It is important to draw a distinction between fast food, which is nutrient rich food that is readily available when we need it, versus junk food, which is high in refined carbohydrates, sugars, and undesirable fats.

Guiding principles for eating on the go:

1. Don't get too hungry. Keep nutrient rich snacks on hand and drink lots of water.
2. Always chose the salad. More nutritious calories, try without the dressing.
3. Portion control. Eat smaller meals throughout the day and avoid drinking calories.
4. Avoid anything "crispy". Grilled options often have less undesirable macronutrients.

DAVID FLORKOWSKI

KPU's TCM program started in 2016 and has been increasing in popularity ever since. KPU continues to enhance the curriculum of the program to meet the needs of the TCM community along with continuing to increase affiliation agreements with other Universities in China. KPU is in discussions with the Ministry to seek a student clinic to further our student's educational experience.

NASEEM GULAMHUSEIN

Yoga Therapy for Integrative Health

Langara has been successfully training yoga teachers in the classical, therapeutic and holistic practices of yoga for over a decade. Through comprehensive and experiential learning, our certified teachers have learned how to create balanced yoga classes to support physical and emotional well-being in their communities. We recognize yoga as a therapeutic intervention and yoga teaching as a valuable health profession that contributes to personal growth and social change.

The Yoga Therapy for Integrative Health (YTIH) certificate program will provide in-depth training of the application of traditional and therapeutic yoga techniques that support physical and mental well-being. This interdisciplinary program bridges eastern and western health care practices for an integrative approach to healing. The program highlights the importance of yoga therapy as a supplementary health care practice. Yoga therapy supports a client-centered, strengths-based, preventative approach to healthcare. This upcoming certificate program provides continuing education to certified yoga teachers and healthcare professionals. Graduates will be able to work with a client or group of students to address and support health issues.

Yoga therapy is an ever-expanding field that has made significant strides in the last 2 years in moving towards becoming a recognized and respected professional therapy. Today Yoga therapists can be found working in treatment centers, mental health facilities, hospitals, in private practice and beyond.

Next Steps

FARAH SHROFF
Champion of the Session

1. CINS to work with SFU, UBC and BCIT Centre of Drug Research in development of academic inclusion of holistic approach to health care including integrative bedside care and research capacity in plant based therapeutic pharmacopeia.
2. CINS to link with centers of excellence in India i.e. Patanajli University, Svysa, Dev Sanskriti University and others engaged in research, clinical trials and teaching of Yoga and Ayurvedic forms of medical treatment. Major emphasis on integrating best components of 2 systems for effective healthcare.
3. CINS to work with local restaurant and food industry to develop and promote labeling of recipes with nutritional information. Also support lowering the consumption of added sugar in Indian recipes.
4. Support development of therapeutic rehab programme at Langara College continuing Studies.

Session 4
Technology – Innovation

MESSAGE FROM MINISTER OF JOBS, TRADE AND TECHNOLOGY GOVT. OF B.C.

BRUCE RALSTON,

"The Canada India Network Society 2018 is to be commended for advancing collaboration amongst health-care specialists and inventors in B.C. and India. This co-operation leads to technological advances and innovative health-care services that enhance the quality of life of people in British Columbia, Canada and beyond. International collaboration in health-care also helps to build stronger trade and economic links between Canada and India."

ARUN JAMKAR

Artificial Intelligence (AI) systems including machine learning, deep learning augment Human Decision-making in Healthcare needs

AI Systems are very powerful in image handling and therefore all medical images, its analysis and machine learning handling is giving far more support to clinicians then before. As the net result GPUs are growing faster than CPUs. Supervised machine learning in image handling has been found useful of images of radiology, screening of diabetic retinopathy and skin lesions. First time in history extremely Big Data is available, that cannot be used by individual physician but processing by AI system turn has the potential to transform current clinical practice. Explosion in knowledge in clinical domain is beyond use. That would be otherwise criminal not use latest processed data/protocol in management of patients. AI Systems like IBM Watson and others AI systems has been found to improve clinical management of patients. In addition these systems give real time modification in protocols. This has been proved by various double-blind clinical controlled trials. It can reduce medical errors however it is expensive AI systems in health care have a great future and are going to benefit the Radiology, medical imaging and clinical management

NANCY PARIS

BCIT-Sidekick Edge CINS Portable Diagnostic Lab for TB: Our innovation focuses on extending sputum-based TB molecular diagnosis and treatment into remote and low resource settings currently not served by community health clinics in India. Current global goals for combating TB include reaching at least 90% of people for diagnosis and treatment. We know from our work with partners in India that in order to reach this level of diagnosis and treatment, four key design requirements must be addressed:

1. Community Health Workers (CHWs) and Accredited Social Health Activists (ASHAs) must be engaged to conduct tests;
2. Patients must be able to collect their own viable sputum samples that CHWs and ASHAs can test;
3. The test equipment and method must be robust; and
4. The test equipment and method must be highly cost-effective.

Our specific innovation is a simple to use, point-of-care, portable diagnostic system for use by community health workers at the village level. A novel, simple, portable incubator and a novel self-collection sample container has been developed specifically for use in difficult to reach patient locations and is now ready for demonstration. It utilizes a commercial molecular assay, the LoopampTM Mycobacterium tuberculosis complex (MTBC) detection kit.

AKIKO CAMPBELL

Technology Innovation towards Connected Care

~ LifeLabs' Patient Centric Approach ~

Many provincial level eHealth initiatives are driven and funded by Canada Health Info way; a federal Crown corporation established in 2001 to advance health care into the Information Age. While Info way focused on developing massive databases in the first decade, the fact Canada has been lagging behind in Digital Health has prompted Info way to shift its focus to Connecting Patients and Clinicians in recent years. LifeLabs has taken a patient centric approach towards Connected Care and through its wholly owned subsidiary, Excelleris Technologies; it has developed a significant technology infrastructure over the past decades. LifeLabs' patient portal "my eHealth" released in BC in 2008 was the first patient portal that allowed patients' access to their own diagnostic test results near real-time. Followed by the release of "my results" in Ontario, LifeLabs' patient portals are used by over 2.5 million Canadians today. In this presentation, I will show how LifeLabs connects patients with various healthcare providers through its technology products and creates circles of care via a patient consent model.

JANET FUNK

ELSKA is a software tool designed to help cancer patients manage their side-effects between chemotherapy treatments. It allows patients to self-report their symptoms at any time using a home computer, tablet or phone. Interventions, based on the severity of the symptoms, are given to the patient. The responses are captured and posted in real-time to the ELSKA Website. The data is stored and can be reviewed later by the doctor and patient.

Why ELSKA? One study explained the impact of online symptom reporting tools:

«These very simple tools – electronic questionnaires that allow patients to tell us how they're doing - have actually had a remarkable impact on our ability to communicate with patients, to control symptoms, to reduce emergency room visits, hospitalizations, and in fact, in oncology, it turns out that people live longer when they are given simple questionnaires between visits to communicate with their doctors." Dr. Ethan Basch

KENDAL HO

TEC4Home is a research initiative to evaluate the use of sensors and home health monitoring technologies to support the transition of Heart Failure (HF) patients from hospital to home. At discharge, patients receive monitoring equipment (touchscreen tablet, blood pressure cuff, weight scale, and pulse oximeter) and provide daily measurements to a monitoring nurse, who reviews the data and provides support and education to patients over the phone. When we tested this approach with patients in Vancouver and Kelowna, we found a significant improvement in patients' quality of life, and at the same time reduce need for unexpected re-hospitalizations and per-patient cost in disease management. We are now embarking on a multi-centre trial to test this approach's in urban, regional, rural and remote communities. We look forward to integrating this management approach into routine health care to bring benefits to patients with heart failure and other diseases in the future. We acknowledge funding from the Canadian Institute of Health Research, Michael Smith Foundation for Heath Research, BC Ministry of Health, and donors to VGH Foundation who prefer to be unnamed for the support of this research.

PAOLA ARDILES

Health Change Lab experience: Integrated health innovation in Surrey

Universities are impactful institutions that can act as change agents in health promotion; academic-community partnerships can integrate diverse perspectives to develop holistic approaches to address public health issues. The Health Change Lab (HCL) at Simon Fraser University, co-developed by the Faculty of Health Sciences and RADIUS, Social Innovation Hub of the Beedie School of Business, is an undergraduate experiential, interdisciplinary learning course based on collaboration with academic leaders, community members and students. Using human-centred solution-focused approaches and community engagement, students from diverse disciplines bridge health promotion and social innovation to understand and develop entrepreneurial solutions to address complex public health issues in Surrey, British Columbia. The HCL engages faculty and city staff and community partners to co-create learning experiences for students enabling them to help address pressing public health issues in the Surrey. Students are building and testing prototypes in various areas such as: mental health, opioid crisis, seniors and social isolation, food security, active transportation, and refugee resettlement. The HCL has instigated the development of the Surrey City Lab, a community-academic partnership launched in the summer of 2018 between SFU, Kwantlen Polytechnic University and the City of Surrey, to scale up efforts.

FARANAK FARZAN

Neuroethology in Youth Depression and Addiction

It is estimated that one in every five North American youths is affected by a mental illness or disorder. Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada. Unfortunately, current treatment and diagnostic strategies in youth are too often borrowed from adult population and not tailored for the youth brain. As a result, current treatments are not as effective or cause side effects in youth. Non-invasive brain stimulation technology such as Transcranial Magnetic Stimulation (TMS) and its combination with neural recording through electroencephalography (EEG) provide promising opportunities in designing and identifying novel and targeted diagnostic and treatment solutions for brain disorders. In this talk, we review our work over the past decade in development and application of neuroethology solutions such as TMS/EEG towards identification of novel diagnostic and treatment strategies in mental health disorders and national and intentional collaborative strategies .Also models will facilitate translation of research findings and knowledge gained to reduce the burden of mental health on patients and healthcare authorities.

NEIL FRASER

As a global leader in Medical Technologies and Innovation, particularly for patients with chronic and co-morbid diseases, Medtronic has been a strong supporter of CINI and CINS and look forward to collaborate in application of technology and next steps from CINI 2018 and building healthy civil society

Next Steps

KATHY KINLOCK
Champion of the Session

1. Work with industry partners like Apolo India, Metronic Canada to explore enhanced use of mobile technology, articfiacl intelligence, Internet of things, and big analytics in self-management of chronic diseases and engagement of communities and patients.
2. Continue efforts in development of point of care system delivery for diagnosis, mamgement and system development for reducing burden of TB in remote and rural part of Northern India in collaboration with BCIT.
3. Continue its joint projects with Icon and other digital agencies in engagement of patients in enhanced self-management of chronic diseases.

ROUND TABLE – TECHNOLOGY

June 8, 2018 | 9:00 am – 2:00 pm

INNOVATION BOULEVARD, CENTRAL CITY 295 - 13450 102 AVENUE, SURREY, BC

9:00 am – 9:30 am	**Welcome Remarks –** Fazil Mihlar, Kathy Kinloch, Louise Turner, Philip Barker, Joy Johnson and Arun Garg **Introductions**
9:30 am – 10:15 am	**Specialized Nursing Training –** Vijay Agrawal (CAHO) and Cheryl Isaak (BCIT)
10:15 am –10:45 am	**Networking Coffee Break**
10:45 am – 11:15 am	**Workplace Health –** Graham Dickson (LEADS) and Bill Tholl (LEADS)
11:15 am – 12:15 pm	**Technology and Health –** Bruce Forde (Cambian), David Helliwell (New Hippo Health), Hatley Forrest McMicking (Curatio) and Rahul Reddy (Apollo)
12:15 pm – 1:15 pm	**Networking Lunch**
1:15 pm – 1:50 pm	**Facilitated Group Discussion**
1:50 pm –2:00 pm	**Closing Summary – Next Steps**

ROUND TABLE 2 INTEGRATIVE MEDICINE

June 11, 2018 | 9:00 am – 2:00 pm

FRASER HEALTH CORP OFFICE: 4TH FLOOR ROOM FIR
CENTRAL CITY BUILDING, SURREY 13250 102ND AVE, SURREY

An interactive informal session to address interest and future direction in integrative medicine and Canadian healthcare.

Chair Sunita Vohra
Co-chair Tania Bubela and Gurdeep Parihar
Champions Simon Sutcliffe, Arun Garg, Farah Shroff
Program Supported by Department of Evaluation and Research Services, Fraser Health

9:00 am – 9:30 am	**Networking Coffee**
9:30 am – 9:45 am	**Welcome Remarks –** Victora Lee and Arun Garg **Introductions**
9:45 am –10:00 am	**Pranayama Experiential–** Naseem Gulamhusein
10:00 am – 10:30 am	**Introductory Remarks –** (Chair and Co-Chairs) 1. How to build increased awareness and inclusion of Integrative Medicine in Canadian Health Education - Challenges, Barriers and Opportunities 2. Ayurvedic, Yoga and Traditional Chinese Medicine Research with special emphasis on plant based research
10:30 am – 11:00 am	**Networking Coffee Break**
11:00 am – 12:30 pm	**Moderated Round Table discussion –** Chair
12:30 pm – 12:45 pm	**Summary, Recommendation and Follow-up, Next steps –** Champions
12:45 pm –2:00 pm	**Networking Lunch**

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