Health Care: It's Everybody's Business

Much is being said about plans for the future of our nation. The ideas are many, the stakeholders are often vociferous in expressing their interests, and institutions in the public, private, and not-for-profit sectors are strongly defending their positions. As the 2012 elections approach and the issue of health care once again becomes part of the debate, those who are deeply concerned about federal, state, and local health policy would do well to consider the opportunities for better health that lie both within the walls of hospitals and doctors' offices, and those which lie beyond.

As a starting point, some basic definitions and historical facts would be of value. Once these are noted, it would be useful to look at the nature of current discussions in the US and other countries regarding the complex questions that are associated with health care.

Some definitions

The Center for Disease Control and Prevention (CDC) and the World Health Organization (WHO) indicate that *health* is: "a state of complete physical, mental, and social well-being and not just the absence of sickness or frailty." (1)

For its part, *health care* is the term used to refer to all activities that aim to achieve, maintain, and/or restore the health of individuals and the public at large.

According to the CDC, health is the product of a series of factors which act as determinants of the individual's overall condition. These factors—these *determinants of health*—often stem from age, gender, education, income, living conditions, and individual behaviors that have an impact on well-being.

More recently, we have also been urged to bear another set of factors in mind: namely, the *social determinants of health*. In the words of the CDC, these are the "complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities." These social determinants of health are "shaped by the distribution of money, power, and resources throughout local communities, nations, and the world."

As part of this discussion, the terms *disease prevention* and *health promotion* also merit attention.

Disease prevention encompasses activities designed to reduce the risks to health. Prime examples of such activities are vaccination, as well as the use of screening and surveillance tests for early detection of disease.

Health promotion includes steps taken to achieve optimal levels of physical, mental, and social well-being by the individual and society at large. One of the most important tools for the individual is education which fosters an awareness of the value of proper nutrition and physical exercise, as well as the dangers of harmful substances such as tobacco and addictive drugs. At a broader level, health promotion also embraces societal efforts designed to improve living, working, and environmental conditions.

A bit of history

During the Industrial Revolution, significant advances were made in medical science. Nevertheless, few effective treatments existed for most illnesses at that time. Although doctors and private hospitals were available to the affluent, the bulk of the population relied mainly on help from family, church, and benevolent societies. As a result, early mortality was commonplace.

Fortunately, in the late 19th and early 20th centuries, public health measures were introduced that lowered the number of deaths, especially those that were caused by waterborne diseases. In spite of these measures, slum dwellers in American cities faced very harsh conditions. As Marie C. McGuire and other historians have indicated, this led pioneers in public health—often referred to as "slum worriers"—to fight for the passage of city ordinances that would establish standards for space, light, and clean air in housing. (2)

Awareness of the appalling conditions that existed in American slums served to heighten the debate regarding health issues. On the one side were those who championed government involvement in matters of health. On the other were those who fervently believed that health concerns should remain in the private realm. While pro-government groups took an active part in the drive for change, reports indicate that traditionalists put up "a stone wall of resistance" against any government intervention that might undercut the "basic philosophical foundations of the American political structure."

Often cited among these "foundations" were freedom of speech, freedom of individual choice, reduction of taxes, states' rights, and small federal government. These principles have been constants in American thinking. And as history has shown, whenever any suggestion is made about involving Washington in changes to health care, all sides pump up the hot air and press these principles like the keys of a steam calliope whose stridency drowns the dulcet voice of reason.

As part of this historical review, it is interesting to recall that starting in the mid-1960s, during which time many governments created a variety of public health programs, the number of hospitals, insurance corporations, and drug

companies grew considerably. Aided by medical groups, these organizations focused on treating illness in hospitals and, in the process, pushed efforts to foster community-based disease prevention and health promotion onto the back burner.

But not everyone saw that this was the best thing to do. For example, in 1974, Marc Lalonde, Canada's Minister of National Health and Welfare, offered *A New Perspective on the Health of Canadians.* "Good health," he said in this report, "is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness." (3) Lalonde's pivotal report went on to outline a variety of strategies for developing pragmatic inter-sectoral and inter-jurisdictional steps to increase disease prevention and health promotion. The importance of this report was that it heralded the beginning of a shift away from the long-standing "illness and institution-based" model of health care.

In the late 1970s, the World Health Organization also began to advocate a turn away from this traditional model and, in its 1981 report *Global Health for All*, recommended that an international effort be made to tackle the causes of preventable illnesses. (4) At first, this proposed new path met with a heartening degree of support. However, after the political and economic upheavals of the period, numerous Western governments preferred to return to the conventional model and encouraged privatization and deregulation. Once again, the window of opportunity to combat the root causes of many avoidable health conditions was firmly shut. The consequences have proved to be tragic, for studies by such bodies as the World Economic Forum and the Harvard School of Public Health have shown that, over the years, the seriousness of this problem has grown to the point where, today, non-communicable disease is the world's principal killer. (5)

During the 1980s, when disease prevention and health promotion were still treated as back-burner issues, phenomenal strides were made in all aspects of medical research and development. As a result, hitherto unknown treatments have rapidly become available to peoples in the less fortunate parts of the world, as well as to those in the wealthy nations. It should be noted, however, that while the former have tended to benefit greatly from these advances, especially in the area of child and maternal health care, populations in the latter are becoming more prone to get sick from preventable illnesses such as obesity, cardiovascular disease, diabetes, and their sequelae.

In 2000, the United Nations (UN) established 8 ambitious Millennium Development Goals to improve global health by 2015. (6) These goals set out clear numerical benchmarks for dealing with extreme poverty in its many dimensions. The UN indicated, however, that achievement of its goals is threatened by such factors as high food prices, international economic crises, the presence of local conflicts, weak institutional capacity, and the expansion of urbanization—all of which function not only as barriers to economic advancement, but also as impediments to the implementation of practical programs for disease prevention and health promotion.

To facilitate our understanding of current realities, the Organisation for Economic Co-operation and Development (OECD) provides detailed data in many fields, including the status of health in countries around the world. These show that costs in all nations continue to rise without necessarily producing a commensurate improvement in the quality of health of the general population. And, in recent months, institutions such as Harvard University, the World Economic Forum, and the WHO have acknowledged that, because no nation is

immune from illness, urgent action must be taken to deal with non-communicable conditions such as cardiovascular and respiratory diseases, cancer, and diabetes. What is particularly important to this discussion is the contrast between the huge financial burden of treating these and other non-communicable diseases and the comparatively low sum that would be required to prevent them.

The estimates are truly sobering. If the current trend continues, the anticipated cumulative economic losses caused by these and other non-communicable diseases in low- and middle-income nations between 2011-2025 will be US $7 trillion. In stark contrast, preventive interventions will have an annual cost of US $11.4 billion. (7) By any measure, these numbers—in terms of money spent and lives lost—cannot be ignored. It must be noted, however, that there are often complex social factors that affect the broader determinants of health. For this reason, the WHO cautions us to be aware of the context in which we assess these determinants, since factors such as culture, social status, and gender may impinge on the manner in which the broader determinants are approached and managed. (8)

A look at the situation today

While opposing parties in the US continue to wrangle about health care, preventable conditions are causing a larger percentage of the population to get sick. Indeed, recent studies show that obesity is rising in the general population and more and more children are developing diabetes and cardiovascular disease. And as increasing numbers of cars and trucks pollute the environment, the rate of asthma among children living near the affected areas is skyrocketing.

In light of this, institutions such as the WHO and the US Centers for Disease Control and Prevention have stressed the benefits of carrying out Health Impact Assessments. These are defined as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population." (9) In order to calculate the pros and cons of the numerous factors that might have an impact on the health of the citizens, these assessments rely on a wide array of quantitative and qualitative tools.

Following years of fragmentation within the research community, some specialists are recognizing the importance of blending their knowledge in collaborative trans-disciplinary projects, so that they may more successfully identify and resolve complex health-related problems. For instance, rehabilitation professionals are collaborating with architects to design accessible living and working environments, and with engineers to create functional prosthetics as well as computerized visual and auditory communication tools. At the same time, researchers from a variety of fields are joining forces to develop more specialized ways to assess the causes and effects that social factors have on health matters. As an illustration, educators are now working with health professionals to determine the extent to which inadequate literacy skills detrimentally affect people's ability to meaningfully interact with the healthcare system. In addition, experts in mathematical and computational modeling are now teaming up with policymakers and representatives from community organizations to better understand the broader determinants of health, because "comparatively little is known about their interconnections . . . and how they operate across different population subgroups over time." (10)

In the field of economics, the relatively recent discipline of econometrics, which compares the amount spent on health care with the success of health service outcomes, is gaining ascendancy. This type of comparative analysis will have two important results. On the one hand, information technology and electronic records will provide specialists with easy access to the history of each patient's health. In this way, the most appropriate care might be provided in a timely and cost-effective manner without duplication of expensive tests and procedures. In addition, by having reliable details about charges made by hospitals, health care practitioners, and insurance companies, both consumers and employers will have a way to more prudently determine how to spend their health care dollars.

What is obvious is that improving national health and well-being is the task of everyone. To this end, on 16 June 2011, the US National Prevention, Health Promotion, and Public Health Council announced its creation of a *National Prevention Strategy* that would combine the efforts of individuals; public, private, and not-for-profit organizations; and government agencies to achieve better health for the entire nation. Lest the public imagine that this project should be undertaken only by legislatures, health care professionals, and organizational stakeholders, the Council advises all citizens to "Take health care into your own hands." (11)

An old message conveyed again

Americans who are pondering the direction of future health policy might benefit from similar debates that are underway in other nations. For example, at the 2011 meeting of the Canadian Medical Association (CMA), many doctors

contended that the Canada Health Act, which introduced national health insurance in 1965, is no longer relevant and that the publicly-funded system should be radically changed. The suggestion was that a wider variety of privately-funded services should be readily available for those who wish to have the option, because the cost to taxpayers of the existing system has grown dramatically in recent years. This is not a unique situation. Indeed, according to the latest OECD data, every democracy, including the United States, is not only spending large amounts of money on health care today, but may also anticipate a significant increase in health spending as its population ages and more and more patients with chronic and complex conditions seek medical services.

In addition to the question of costs, the direction of future health policy was also addressed. Of particular interest to those who follow the evolution of health policies in western democracies was the list of the CMA's recommendations concerning national health care reform. Among them was the call for health promotion and illness prevention initiatives. For those who were familiar with the history of health care in Canada, this suggestion was followed by a collective intake of air. An even more profound gasp was heard when the President of the Association stated that "health care, as we know it, is really illness care." (12)

This was not the only long-overdue truism stated by the CMA. Among the other principles enunciated at the meeting was that physicians and policy-makers should provide a continuum of care for all citizens, "including attention to the broader social determinants of health." (13) This call, once again, has brought renewed stress on the need for preventive measures.

Why are these long-known but largely unapplied concepts re-emerging at

this pivotal moment? And why is it essential for us to examine their implications before the window of opportunity closes once again? The answers, like the concepts themselves, are multifaceted, intricate, and might even be viewed as contentious. What cannot be argued, though, is that there are many people whose medical conditions have been created or worsened by factors which, if absent, might have prevented or alleviated their health problem in the first place.

Americans born after 1980—the group that we call Generation Y or the Millennial Generation—are signaling that they're less willing than their forbears to tolerate entrenched political positions and ideologically triggered paralysis. Rather than accepting the status quo, these bright, tech-savvy citizens are seeking innovative ways of dealing with long-term issues such as health care, whose lack of resolution has led to national political gridlock.

No longer satisfied with the long-standing reactive approach to illness and disease, a good portion of this generation is focusing on how illness can be prevented and good health promoted by adopting proactive strategies such as improving air and water quality in congested urban centers; introducing healthy diets in the schools; eliminating mold, vermin, lead-based paint, and asbestos materials from homes; and perhaps most important, making intelligent choices regarding health by taking responsibility for their own behavior. In response to this trend, we find that some insurance companies are now cutting premiums for clients who practice healthy lifestyles and some employers are seeking to decrease their health insurance costs by not hiring people who smoke.

At long last, new voices are being heard—and policy-makers would do well to heed their message. Health care: it's everybody's business.

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