

## Defining health

It's more about well-being and prevention than waiting lists, say delegates to a conference imagining health care's future

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No one talked about hospital waiting lists. You would think this nagging Canadian issue would be the hot topic at a Simon Fraser University-sponsored conference devoted to imagining the future of health care in B.C. 30 years from now.

But when the eclectic mix of delegates to Imagine, B.C.'s four-day dialogue on Bowen Island, were asked to envision fostering the long-term health of citizens of this province, it took a long time to get to waiting lists, the controversial topic that obsesses critics and defenders of Canada's public health care system.

Inadvertently, by largely ignoring the waiting-list quagmire the delegates were making a profound point: Our health often has only a little to do with how quickly we can get into surgery, or even an intermediate-care bed.

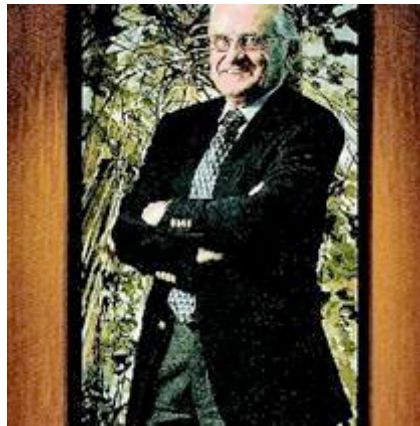
The medical CEOs, policy-makers, general practitioners, surgeons, RCMP officers, health care worker representatives, food-labelling advocates, naturopaths and hip-hop educators who took part in the often difficult discussions had bigger things on their minds.

Most of the delegates wanted to dramatically broaden British Columbians' understanding of what it means to be a healthy person and a healthy society.

By doing so, they eventually helped illustrate some of the factors that explain why most British Columbians, with crucial exceptions, are in relatively good shape.

British Columbians live longer than almost anyone else in the world -- including their American neighbours in Washington state and Oregon.

Even though longevity is just one crude, albeit strikingly accurate, measurement of a region's general health, the 15 delegates to the dialogue were determined not to rest on B.C.'s laurels. They wanted to make things better, especially for those facing ill health.



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Rudy North, a mutual fund manager and philanthropist, has provided financial backing for the SFU-based dialogues on the future of B.C.

Delegates were convincing in suggesting the health of a community such as B.C. depends, not to put too fine a point on it, on everything.

That includes the strength of our communities, our economies, our personal finances, the design of our cities, the cleanliness of our air and water, whether we have supportive friends and family, our social status, what we eat, whether we exercise and the level of stress we feel on the job.

It also includes whether we're addicted to drugs, alcohol or success, how effective we are at turning off our TVs and whether we have a larger sense of meaning in our lives.

Since 2004, the Imagine B.C. discussions have been financially supported by SFU's Dialogue Programs, Vancouver financier and philanthropist Rudy North and, more recently, the B.C. government.

The dialogues are no-strings-attached attempts to inspire a province-wide conversation about the future of B.C., with previous topics focusing on forging more creative links between the economy, the environment and education.

The delegates gathered this October honed in on the future of health in B.C.

But they soon found they had to deal with the question: What is health?

As North asked, somewhat rhetorically, is health simply freedom from disease?

That's the traditional definition.

The answer, however, is both yes and no.

The true definition of health, as The Vancouver Sun's Oct. 24 special edition on health care also emphasized through its wide-ranging articles, goes much deeper than the absence of disease.

Even though dialogue facilitator Nadine Caron, an aboriginal endocrinologist, is a surgeon, she said:

"Health is not cutting out the tumour. Health is preventing the tumour in the first place."

The word, health, comes from the old English word, "hael," which refers to healing, wholeness and even "holy."

The delegates believed, rightly, that our sense of health, or well-being, relates directly to how we interact with each other, our communities and even the transcendent.

They showed in their arguments why standard Canadian health care debates that focus persistently on issues such as waiting lists can be a distraction from fostering the real health of B.C. residents.

Mike Evans, an associate professor in community studies at the Okanagan campus of the University of B.C., even suggested waiting-list debates can kill reasonable and far-reaching dialogue.

Despite the remarkable increase in the Gross Domestic Product of B.C. in the past four decades, Evans said the public debate over health care tends to be loaded with fear and the threat of scarcity -- with some governments and critics acting as if there will never be enough for all of us to have a crack at wellness.

There are tough medical rationing decisions that need to be made, for sure. But as Dr. Penny Ballem, a former deputy minister of health in B.C., suggested in The

Sun last week, maybe there's no crisis. Health-care costs have remained steady in B.C. since 2000, at 7.1 per cent of GDP.

Beyond the debates over money, however, it was surprising how much the discussion of the future health of B.C. centred on spirituality, given that most of the workshop participants didn't seem to be formally religious.

A near-consensus soon began emerging that being physically healthy was not an end in itself.

"Health" entailed having a sense of reasonable power over one's own destiny.

The delegates said it also included having a sense of meaning in one's life, including a sense of purpose and connectedness.

That led to some far-reaching discussion that our health -- physical, emotional and spiritual -- is shaped not only by the availability of medical care, but by our wider environment and by the communities we choose.

#### B.C. SCORES WELL ON LONGEVITY

The most common yardstick by which to measure a region's health is how long its residents live.

And on the longevity scoresheet, B.C. does very well.

The average British Columbian can expect to live to 81.1 years of age.

That's better than all other North American provinces and states, according to the Cascadia Scorecard: Seven Key Trends Shaping the Northwest, a book included in delegates' reading lists, which is released each year by Seattle's respected Sightline Institute.

If B.C. were an independent nation, it would rank second in the world in life expectancy, trailing only Japan.

Given that B.C. shares a similar wilderness environment and climate to Washington and Oregon, it's revealing that, compared to B.C., the average life gets cut short by two to three years in neighbour states to the immediate south.

It's largely because B.C. has some health aces up its sleeve, which can serve as a model for other regions.

"To look for leadership in improving health, residents of the Northwest states should cast their gaze northward [to B.C.]," maintains Cascadia Scorecard.

So what are some of the factors, social and environmental, that help make British Columbians, relatively speaking, so healthy?

"British Columbia has lower rates of violent deaths; fewer homicides and fewer fatal car crashes, the latter largely due to compact communities that allow residents to drive less than their neighbours to the south," says Cascadia Scorecard.

In addition to having a less violent culture, British Columbians also have lower rates of obesity than residents of Washington and Oregon, who by comparison are gluttonous and inactive.

Noting it's the residents of southern British Columbia's cities, in particular, who have the longest life expectancies, the Cascadia Scorecard suggests part of the reason for it is that more dense cities encourage people to exercise by walking and cycling rather than climbing into their cars, where they not only physically atrophy behind the wheel, but might crash.

Cascadia Scorecard, in addition, points to B.C.'s public health-care system as a positive factor for the health of its citizens -- compared to the insecurity many face within the U.S. for-profit system.

"While the province of B.C.'s health-care system certainly has its detractors," says the Cascadia Scorecard, "none of its inhabitants goes without health insurance -- unlike the one in seven residents of the Northwest states who go without such insurance each year."

As both The Vancouver Sun's recent health issue and the SFU delegates pointed out, many environmental and community realities need to be taken into account to forecast British Columbia's future wellness.

Until the last decade, these factors were discussed mainly by academics and called, clumsily, "the social determinants of health." But times are changing, and the larger factors determining individual health are now being more closely examined by more people.

The delegates at the SFU dialogue, for instance, debated how much poverty contributes to ill health. Most agreed it did.

As the World Health Organization says, "Poorer people live shorter lives and are more often ill than the rich."

That led many delegates to focus a great deal on the often-poor health of B.C.'s underprivileged, including those in aboriginal villages and among the thousands of single parents and children who rely on food banks.

People lower on the social ladder usually run at least twice the risk of serious illness and premature death as those above them, says the World Health Organization's booklet, *The Solid Facts: The Social Determinants of Health* (which was also pre-reading material for delegates).

North, however, invited participants to expand the discussion beyond the struggles of the marginalized -- to include how the residents of middle-class suburban Vancouver, for instance, also struggle to find community support and well-being.

The WHO's research, based on thousands of studies, found even middle-class office workers suffer a great deal of disease and early death because of a variety of on-the-job determinants.

They include insecure employment, dead-end work, few occupational options and a general sense of having less control over their destiny than staff members who are better paid or have more status.

#### A SERIOUS WARNING

The *Solid Facts* says stresses at work play a large role in causing ill health as low-status workers with high demands on them have little opportunity to use their skills, make decisions or receive rewards in the form of money or self-esteem.

With economic disparity in mind, the Cascadia Scorecard, despite noting the relative longevity of B.C.'s citizens, had one serious warning for the future of British Columbians' wellness.

The ongoing health of B.C. residents is threatened, it says, by the increasing "economic insecurity" since 1990 of its population, especially B.C.'s middle classes.

Even while stock markets have been soaring and GDPs strengthening in the past 17 years, the median incomes of British Columbians have been stagnating, says

the Cascadia Scorecard. The number of those below the poverty line, as well, is increasing.

The growing gap between the rich and poor in B.C., although not as dramatic as that in Washington and Oregon, is a clear and present danger to the population's health.

"Around the world, an unequal economic structure tends to be associated with poor health," says the Cascadia Scorecard, echoing trends highlighted by delegate Trevor Hancock, a widely published health policy consultant.

The good news for British Columbians, and others, is that there does not have to be a trade-off between economic productivity and keeping workers healthy, says the WHO's *The Solid Facts*.

"A virtuous circle can be established," says *The Solid Facts*. "Improved conditions at work will lead to a healthier work force, which will lead to improved productivity, and hence to the opportunity to create a still healthier, more productive workplace."

#### STRONG COMMUNITIES NEEDED

After recognizing the importance of economic factors in determining individual health, the most intense conversation at the SFU dialogue seemed to focus on how people generally grow healthier if they belong to strong communities.

Money and power don't always lead to well-being, as most of us know. Many wealthy people struggle with physical and emotional sickness, including severe depression.

The value of people finding health through community was emphasized by a number of delegates, as well as WHO's *The Solid Facts* report. It cited studies showing people who are isolated are much more likely to suffer premature death and not survive such problems as heart attacks.

Even though polls show B.C. has the most individualistic, make-it-on-your-own residents in the country, many delegates told tales of diverse B.C. communities contributing to the health of individuals by bolstering their sense of belonging and meaning.

Caron talked about the feeling of connection and gratitude that arose when the residents of north-coast Hartley Bay came to the rescue of hundreds of people who had to abandon a sinking B.C. ferry.

Judy Brownoff, a councillor in the municipality of Saanich, rhapsodized about what politicians can do to encourage neighbours to come together to support and enjoy each other on their own blocks.

Musical educator Nadia Chenay, of Hip Hop Hope, described the communal excitement of closing down Vancouver's Commercial Drive to the "speeding bullets" most of us know as cars -- and opening up the streets to thousands of pepped-up, engaged pedestrians.

When leaders put less emphasis on the bottom line of economic "efficiency" and more on finding numerous ways to support the lives of individuals and their communities, the delegates said, health often just happens.

As both the SFU dialogue delegates and most Sun commentators concluded in last weekend's health issue, waiting lists are only one element out of many that go into B.C.'s complex health puzzle.

But since most of those who spend any time thinking about health care in this province already know such things, why isn't more being done to educate B.C.'s public and its political, media and corporate leaders?

Odegard, who has had a long career in the higher echelons of health care organizations, illustrated the dilemma by spontaneously making and donning a pointed paper dunce cap.

Citing a list of problems -- including ever-escalating drug prices -- that get in the way of improving Canadians' health, Odegard said:

"I need help. We've been talking about these same issues among ourselves for decades, and I still don't have the answer to how we make change occur."

Dialogue facilitator Tony Penikett, former premier of the Yukon and author of *Reconciliation: First Nations Treaty Making in B.C.*, seemed to hint the answer rested in part in inviting British Columbians to adopt more of a Japanese approach to social issues.

The Japanese focus less on "fixing" problems that have already developed, said Penikett. Instead, they put their effort into "planning" -- into sidestepping the avoidable, which in the case of health means offering more programs to prevent illness in all its manifestations.

With Imagine B.C.'s first health discussion coming to an end on Bowen Island, the directors of the program, including Joanna Ashworth, are now working with delegates to extend the discussion by reaching out to more of the public and to policy makers.

#### TRANSCENDING THE DEBATE

Like the delegates, they're convinced B.C. needs a province-wide conversation that goes beyond the traditional focus on waiting lists -- not to mention beyond "miracle" cures, over-hyped drugs and quirky or pathos-laden medical stories.

The Imagine B.C. Dialogue, supported by North, is doing more than its bit to help us transcend the often-tired debate between universal health care and private medical profit.

It's looking for a much-needed broader discussion of health, policy and prevention. Delegates want to see the public sector, the private sector and voluntary communities playing more balanced and effective roles in providing support for citizens' ongoing health.

To that end, Imagine B.C. is doing us all a favour by aiming to transcend the province's often-polarized partisan politics and find fresh and realistic ways to make B.C. an even more resilient and healthy community 30 years from now.

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