

Social Determinants of Health: it's all about how you live?

The Wellness and Healthy Aging movement, which is significant and influential, would have the public believe that disciplined fitness routines, healthy nutrition, refraining from nasty habits, keeping the mind active all will lead to great health status in later life and, thus, avoiding nursing home or worse.

And that is all very important. Refraining from smoking will lower the risk of lung cancer; managing weight and stress will not only make me feel better but will lower the risk of stroke and heart attack. And certainly, weight management to prevent obesity, which is a serious health problem in NB, is critical.

For all of us, seniors in particular, remaining socially engaged is of paramount importance and the literature abounds with evidence in support of that idea.

So if we all become health fanatics, join a fitness club, have our own trainer...will that eliminate the need for nursing and special care homes? Not so fast! As a matter of fact, not at all.

Following the introduction of National Hospital Insurance and Medicare in Canada in 1959 and 1969 respectively, the predicted exponential growth in care cost took place. By the late 1960's Health Ministers across the country were already frightened about the rapid growth in the cost of hospital service, even though the growth followed the forecasts given by informed economists!

Consultants earned a lot of money in analyzing health care costs and trying to help hospitals and governments become more efficient.

In 1992, New Brunswick and Saskatchewan moved in dramatic fashion to regionalize hospitals with Saskatchewan actually closing some 40 rural facilities!

It was in this milieu that academics started publishing literature on the "social determinants of health", an academic term with a powerful public policy message. Simply stated, this thinking enabled analysts to assess health care costs in terms of sources of impact on the health status of the population.

Throughout the 1990's as health care services were being restructured there was a reliance on the Determinants of Health Literature to help communities understand that there is so much more to health than hospitals and professional staff.

There has been a great emphasis in recent years on Healthy Aging, Health Promotion, Disease Prevention. Where disease can be prevented or better managed, we must pour energy to make that happen as society has done with cancer and AIDS.

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At the same time there has been an exponential growth in Fitness and Wellness Centres as some of the population works hard to live disease-free. These programs often help to open the eyes of consumers as to the importance of natural remedies and products. Indeed in New Brunswick government has invested significant funding in a Division of Wellness in the Social Development Department whose goal is to mobilize wellness initiatives across the province.

With the great societal emphasis on wellness, why do we still have to pour endless quantities of funds into what really is a Sickness System or, as it has been described, a Repair Shop for the sick and injured? The work done in our health system is beyond extraordinary, but the public policy question remains: wellness and prevention should bring the growth curve down in terms of expenditure.

Not happening! Why?

Changing human behavior does not happen easily or quickly. Deaths from MVA's reduced dramatically in the 1980's only after legislation and stiff fines for non-compliance. Obesity and drug dependency and abuse remain killers leading to huge health care costs. Both largely preventable but requiring serious social policy and legislative change.

While it is true that some elements of cancer and heart disease are preventable, genetic influences are profound in determining the incidence of many diseases. Virtually all the conditions that lead to nursing home admission, for instance, are not preventable.

Millions of dollars are invested annually to find a cure for dementia; indeed, an entire worldwide research industry has emerged that seeks for prevention. Each major disease entity has a worldwide research industry ostensibly seeking the miracle cure.

One of the social determinants of health is income; society in North America has tried for hundreds of years to respond to the human poverty issue yet we still have much right here in NB; just ask my friends who manage the food banks and your heart will break. It seems that very little that is discussed in the heat of election campaigns makes much of a difference on the ground in terms of demands on the health and long term care system.

With income goes environment, housing and more. Focus on healthy living is laudable even beyond debate.

But it seems strange to me that all of my friends and relatives who have contracted Dementia and full blown Alzheimer's Disease have been golfers, hockey players, low body mass index people; others have been those keeping the mind active through games and reading and exercise.

The point simply is this: planners and legislators have known of the impact of Social Determinants of Health for Decades and have poured funds into poverty, homelessness, health and fitness programs. But the inescapable fact is that these largely genetically-induced diseases are with us and will continue to be with us for generations. The key is to find ways to care for people most effectively with early intervention and cost-effective care.

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Nursing homes and special care homes are becoming much better at helping people manage their disease as a result of the research. And the forecast of 1000 new long term care beds needed is still valid.

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August 5, 2019

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