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Preserving the Health of Citizens: Society's Great Challenge

*A Report on Health Promotion and Disease Prevention
in British Columbia and Canada*

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BACKGROUND

The Institute for Ethical Leadership is a Vancouver-based association of Members and Friends of the Institute whose purpose is to raise awareness of the importance of ethical leadership in all aspects of life, and to encourage specific initiatives which will have significant positive impact on the well-being of society.

During 2004 the Institute held five mini-conferences on topics in its main areas of emphasis. We invited school districts to work with us on implementing values-based education in schools. On the topic of sustainability we considered the coming energy crisis and developed numerous recommendations for action by government, industry and individuals. In the area of stewardship we invited institutions and businesses to consider how they might benefit from the Greater Vancouver Regional District's program to promote eco-efficiency. Our fourth mini-conference focused on the value of supportive relationships for accomplishing good work in society and we provided opportunity for participants to share their experiences on developing positive relationships with others.

Our fifth area of emphasis is Health and Wellness and on November 22, 2004 we held a mini-conference on the topic of "Putting Prevention into Health Care." The conference was attended by 50 invited participants as concerned citizens and practitioners in various parts of the health care system. We heard presentations from representatives of the Fraser Health Authority and the Vancouver Coastal Health Authority and we convened facilitated discussion groups to address two questions:

1. In what ways might public policy be used to prevent disease?
2. In what ways might public policy be used to promote health and well-being?

The following Report was prepared based on the presentations and discussions that occurred at this mini-conference. The Institute does not necessarily endorse every suggestion made under the section on "An Alternative Model." To the extent possible we have included the opinions expressed by participants at the mini-conference. We offer the Report for broad consideration by decision-makers in the health care system and as a stimulus for other citizen-based groups to offer their input on the continuing development of the health care system in British Columbia and Canada.

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INTRODUCTION

Progress in society occurs on the back of universally held assumptions about what is right and appropriate. Clear examples of this process in action are the growth of democracy; the development of racial, ethnic and gender equality; and the provision of health care for citizens. Over time the assumptions need to be re-examined, for what was considered appropriate for one period of a society's development may cease to be as useful at a later stage. That is the nature of progress. Each step taken produces consequences, which may eventually render the original assumptions inappropriate for the new time. Such is the case for the provision of health care in Canada. This Report offers the view that a key assumption underlying our health care system needs to be reconsidered in the light of changed circumstances. With this reconsideration would come a shift in priorities and new and different ways of delivering services.

In the case of health care in Canada the key assumption under question is not the one most usually spoken, written and argued about at great length, namely, that health care should be universally available as a public service rather than as a privately delivered insured system, or some blend of the two. A more fundamental assumption is the reason why the public-private debate has become so intense as governments are hard-pressed to meet service demands. This is the assumption that health care should be a scientifically and technologically driven enterprise designed to overcome disease and other afflictions that beset the human body. Health care grounded on this assumption has become an aggressive model in which disease and affliction are regarded as the enemy to be fought and overwhelmed. The further assumption that we should make such technologically driven procedures available to all who could benefit from them has created a health care system no society can afford. A recent report by the Canadian Health Institute for Information shows the growth in health spending in Canada has risen from less than \$15 billion in 1975 to \$130 billion in 2004, which now represents a ratio of 10 percent of the nation's gross domestic product. (1).

We are now running into limitations of this "warrior" model of attacking disease and disability where we find them. We are learning that there is literally no end to the diseases and sources of affliction that need to be overcome or to the procedures that might be employed in the struggle. Three unintended consequences are now causing great difficulty:

1. The success of the system extends longevity such that in later years of a person's life the system is used to battle one ailment after another in the aging body until life finally gives out. Statistics show that 70 percent of health resources spent on an individual occurs in the last three years of life.
2. As the population grows in number and increases in age, the cost of the health care system increases exponentially.
3. Knowing that a system of curative medicine and surgery is universally available encourages people to be less careful about preserving their health. Tolerance and acceptance are extended to harmful products, practices and lifestyles, and providing knowledge about the consequences of such products

and behaviours is not given priority because the system is there to take care of whatever ailments develop.

Faced with this evidence it is instructive for us to ask ourselves this question: “If we knew forty years ago when the current system was being designed what the consequences would be, how might we have designed the system differently?” Moreover, if we could magically suspend the current situation and replace it with another model, what might that model look like? Asking the question this way frees us from the constraints of current problems and allows us to be creative about designing an alternative approach. We may not be able to implement the alternative system overnight, but if we can have a clear vision of what the alternative is, we can consider strategies of how best to move from here to there.

This Report of the Institute for Ethical Leadership can be considered as a description of an alternative vision, supplemented with suggestions of how a different approach might be implemented. We make no claim that we have provided a comprehensive picture of an alternative way of providing health care, but we hope that our suggestions will lead to serious discussions of change at a fundamental level. We would also encourage other citizen-based groups to come forward with their ideas on how to meet this important social challenge.

A DIFFERENT VISION

Reconsidering a Basic Assumption

Fundamental to our view is the conviction that we must replace the assumption that the task in providing health care is to overcome disease and affliction. In its place we would put the assumption that *our task is to preserve health and maintain wellness*. The former is a model to control and dominate nature; the latter is a partnership model with nature. We would retain the concept of universality in that assistance is to be universally available to people to preserve their health. However, embedded in this concept is the understanding that all citizens accept responsibility to make preservation of their health a priority.

We would not deny the importance of providing access to medical care for those who need it, but we would not place this provision in the centre of the system. It would become secondary to the primary task of ensuring that people everywhere have the best possibility to enjoy healthy lives. An optimal system would be a balance between the maintenance of health and the provision of medical services. The current system is out of balance in the direction of the curative leaving maintenance of health chronically underfunded and neglected.

Having stated the assumption, we must now ask what a health care system grounded in the notion of preserving health would look like. In our discussions at the Institute for Ethical Leadership we saw the system in terms of the following six categories:

1. Maintaining a Healthy Environment
2. Creating Healthy Workplaces
3. Delivering Services to Preserve Health
4. Providing Public Education for Preserving Health
5. Communicating the Health Preservation Message
6. Implementing Social Policy Based on Preserving Health.

Vision of an Alternative Health Care System

Taking an overall view of what emerged from our discussions, we can describe the following vision of an alternative model for health care in Canada.

A desirable future society would be one where nutritious food is readily available at a reasonable price; where the water and air are clean; and where the environment has minimal pollution from human activity.

A comprehensive system of health services is available staffed by practitioners committed to assisting people to maintain healthy lifestyles. This is supplemented by educational services designed to teach young parents-to-be how to maximize the potential for the birth of a healthy child and how to ensure continuing health of the infant and toddler. In school, children learn the importance of eating nutritious food and healthy menus are provided in school cafeterias. The curriculum places high priority on physical activity.

No food is for sale in grocery and convenience stores and in fast food outlets and restaurants that can be considered harmful to health. Media, print and electronic, provide a continuous flow of information about the importance of maintaining healthy lifestyles and advertising is consistent with this. A high value is placed on physical activity with public policy supporting and encouraging sport and recreational opportunities for all.

Social policy is integrated across all ministries and agencies of government to support healthy living and provide incentives for people to maintain their health. Senior citizens are assisted to maintain active and healthy lives as valued and fully participating members of society. An extensive system of legislation and enforcement is in place to protect citizens against activity by individuals, corporations and governments considered to be detrimental to the rights of people to enjoy healthy lifestyles.

This was our overall vision. The extent to which current reality deviates from this vision is a consequence, in our opinion, of misplaced faith in a health care system focused on the cure of illness rather than the maintenance of health. Information from the Ministry of Health in British Columbia confirms that although they receive an enormous part of the public pie, they actually have a small impact on health status. Over the past 30 years in British Columbia medical services have not made the primary contribution to health in the community. A much larger contribution is made by public health services, housing, education, social networks and support. A US statistic on improvement in life

expectancy by 30 years over the past century attributes 25 years of that increase to improvements in public health and illness prevention but only 5 years to improvements in curative medicines and healthcare. “Modifying unhealthy behavioural choices, such as smoking, using illegal drugs, poor dietary habits, obesity, lack of exercise, etc. hold great promise in improving the health of the population.”⁽²⁾ Indeed, as an article from *Preventive Medicine* asserts, “The daily habits of people contribute far more to their health and when they die than all of the other influences of modern curative medicine.”⁽³⁾

A Core Belief of Canadians

At the Institute for Ethical Leadership we see the issue of promoting a healthy society as being at the core of who we are as Canadians. Are we a compassionate society that seeks to see all of its citizens leading full healthy lives? Do we believe in the principle of citizen responsibility for maintaining their health, and are we prepared to provide them with the education and assistance needed to do that? Canadians have already shown their commitment to providing universal medical services through their support of the current health system. But now, as it topples under its own weight, are we prepared to reconsider our assumptions and priorities so that we can sustain a system of medical care in balance with a system that promotes health and well-being?

We note with encouragement that some steps in this direction were taken in the release of the First Ministers Health Care Accord in September 2004 with references to the importance of “effective health promotion and disease prevention.” This document also referred to the need to manage chronic disease more effectively, to focus on the healthy development of children, to encourage collaborative action in addressing common risk factors such as inactivity, and to invest in research focused on disease prevention and health management. We strongly endorse these objectives and offer the concepts and practical suggestions contained in this Report as support to the policy direction of the First Ministers.

In another Report issued by the Institute for Ethical Leadership (April 2002) we described our vision of a Canadian society grounded in a commitment to societal well-being.⁽⁴⁾ We described what such a society would look like and what we should be doing to measure progress towards achieving it. We do not draw such ideas out of thin air; rather they derive from the deep consciousness of thoughtful Canadians thinking about social progress. The proposals offered in the following sections of this Report come from the same source, and we trust that they will be carefully considered as decisions are made on how we move forward in British Columbia and Canada as a compassionate society that values the quality of life enjoyed by its citizens.

AN ALTERNATIVE MODEL

The outcome of our consideration of questions about promoting health and preventing disease revealed that we saw health and disease as two ends of a continuum and that a progressive society would focus its efforts on encouraging citizens to make healthy lifestyle choices to maintain good health. Suggestions about the features of an alternative health care model are described in the following six broad characteristics.

1. Maintaining a Healthy Environment

Ensuring the Quality of Our Food Supply

- Work with the food industry to make possible an easier transition to healthy products based on organic farming and ranching.
- Encourage the development of organic food production.
- Support the development of home and community gardens.
- Enforce legislation against the manufacture and production of unhealthy foods, e.g., the use of trans fats and added sugars.
- Offer incentives to manufacturers to produce healthy foods.
- Enforce accurate and informative labeling of foods and make labels easier to read for seniors.
- Encourage the Restaurant Association to have restaurants offer healthier menus.
- Impose a “health tax” on junk food.
- Increase availability of grocery stores in low income areas.
- Expand green spaces within urban areas (based on density) and sustain agricultural land reserves.

Preventing the Pollution of Soil, Water and Air

- Enforce stricter environmental guidelines and standards from our governments, corporations, industries and environmental policy makers.
- Enforce stricter policies on the use of pesticides and other environmental contaminants.
- Expand recycling programs.

Encouraging the Use of Food Supplements

- Provide more information on the value of vitamins and supplements.
- Provide incentives to people who use approved supplements.
- Where appropriate add supplements to major food items such as has been successfully done with adding Vitamin D to milk. In particular, identify target areas where there are children of low income families.

Protecting the Public

- Make it illegal for junk food companies to target their advertising towards children (just as cigarette commercials were banned many years ago).
- Put a “Surgeon General’s Warning” on foods and goods that contain ingredients known to be harmful to health, e.g., aspartame, MSG, and even sugar in excessive quantities.
- Make it illegal to smoke around children.
- Ban personal items with harmful ingredients such as some shampoos and cleaners.
- Provide regulations to ensure that healthy food is made available in schools and that junk food and fake food are eliminated.

Providing Appropriate Housing

- Provide incentives for builders and architects to design health promoting sustainable buildings.
- Provide more support for co-op housing.

2. Creating Healthy Workplaces

- Recognize that stress levels at work adversely affect an individual’s health.
- Create guidelines for employers to establish more supportive, healthy and fulfilling working environments.
- Support industry to create policy that rewards employees for taking care of their health, e.g., allocating points for exercise and rewarding annually with a “prize” of a vacation.
- Provide tax incentives for employers who provide health support to their employees, e.g., gym memberships, on-site healthy food, etc.
- Reduce the maximum work hours and increase annual vacation time. This is particularly bad in North America where the work hours (and stress related illness) are going up.

3. Delivering Services to Preserve Health

Setting Up a Comprehensive System of Health Promotion

- Implement a system of integrative holistic medicine utilizing the best of Western and complementary medicine working together.
- Recognize the contribution of wellness practitioners by covering their fees under the Medical Services Plan.
- Integrate emotional and well-being care with physical care.
- Encourage caring for the whole person in chronic disease situations since other issues forestall becoming healthy.
- Establish a body covering a broad range of health care providers to be the authority for bringing change to the system.
- Create a medical tracking system that is comprehensive around the tracking of prescriptions given to an individual and any incompatibilities related to the medications.

- Have public health nurses encourage more total wellness, not just shots, post-operative care and care for infants, e.g., what is the new mother doing to alleviate her stress and fatigue?
- Provide informed care from practitioner to patient/client, e.g., visible warnings posted in medical and dental offices about dangers to health.
- Pay health care practitioners for keeping people well.
- Serve whole food in hospitals.

Educating Health Practitioners to Preserve Health

- Educate MD's in the counselling of expecting and new parents about lifestyle choices, imparting understanding of the consequences of their choices for themselves and their children (especially prenatal to age 5) without *telling* the patients what to do as this may result in non-compliance.
- Educate MD's and their College as well as medical students and nurses in how complementary medical disciplines complement their knowledge and encourage them to refer when appropriate.
- Educate doctors and change incentives to look at the person as a whole, not as a presenting symptom.
- Consider following an example from England where a group of doctors are teaching each other about nutrition and becoming more aware about emotional issues affecting general health. The course also covers nutritional supplementation and other modalities that support health.
- Health care workers need to "walk the talk" in their own personal behaviours.

Setting Up Community Support Systems to Keep People Well

- Recognize that we need to work with people where they are. They do not react very well to being told to stop doing something. A lot of factors contribute to poor health and we have to bring support to people. They know what works for them, so we need to ask communities what services they need and set up a process of community engagement. This is a good way to stimulate volunteers to come forward to help.
- A key principle is that health is everybody's business, not just health authorities, so we need a comprehensive approach including individuals, families, communities, schools, etc.
- Strengthen the family unit. Increase awareness of the value of family. Educate to dispel the myths that keep families from seeking help, i.e., the belief that the poor, sick and addicted bring their problems on themselves.
- Encourage the merging of non-profit groups to increase joint efforts with respect to health and wellness, e.g., environment groups, family groups, seniors groups, violence-prevention groups, etc., in order to pool resources and to increase capacity for larger projects and stronger lobbying.
- Provide further life enhancing options for drug addicts beyond detox programs so that they will not continue to be limited by their context. Provide opportunities for a person to continue to develop spiritually, financially,

professionally, etc., e.g., mentorship programs in small businesses or opportunities for education and earning professional qualifications.

- Recognize mental and emotional wellness aspects of disease-addictions such as alcoholism, smoking, drug addictions, obesity, etc.
- Establish community action networks to support wellness.
- Create a “Junior Achievement” type program for health.
- Review and use the knowledge gained from projects that demonstrate that a coordinated systems approach brings a significant reduction in the use of tobacco and drugs.
- Use the Research Directory now available as a whole new science of prevention in Psychology. It provides evidence of great savings in treatment through using prevention.
- Set up wellness clinics to show the benefits of health promotion.
- Support people in the self-management of their health.
- Provide health information packages to cover more than disease, e.g., lifestyle education.
- Provide healthy cooking/eating training programs in community centres.

Providing Opportunities for Exercise and Sports

- Ensure that permits for commercial and residential development include some percentage for park and recreational use.
- Encourage opportunities for physical fitness for seniors (e.g. “vibrant grannies”) as opposed to warehousing them in a drugged existence in non-active facilities.
- Increase funding to local recreation centres to include more outreach for community members to participate in their activity programs, particularly those that include physical exercise.

Providing Immunization and Screening Services

Supporting Research on Prevention and Health Promotion

- Fund more research to get more data regarding prevention and alternative forms of health care in order to measure the purpose/aims of health care and the choices that are available.
- Pay attention to the known research that shows the cost to the medical system and the adverse effects on health and longevity of factors like smoking (decrease in 13 years of life expectancy and cost of \$1.4 billion annually in British Columbia); unhealthy eating (contributes to 30-40 percent of cancers); obesity (costs \$730 million in British Columbia’s health care budget annually); physical inactivity (at least 30 percent of people are not active enough and this costs \$422 million in health care costs in British Columbia annually). Seventy percent of disease in people over 45 years of age is lifestyle related (Reference *Vancouver Sun*, December 13, 2004).
- Include longitudinal and qualitative research prior to implementing a program and on an ongoing basis so that communities can feel the progress they are making (inherent in this is a drafting of variables to be studied).

- Design and enforce a new system for the funding of scientific studies that ensures against conflict of interest, i.e., on the part of universities and their corporate benefactors.

Providing Risk Assessment Services

- Recognize the use of health risk assessments as a strategy to maintain health.
- Provide for risk (wellness) assessments and create action plans based on them.
- Patients in hospital need to be told about the value of prevention and given a health risk assessment.

Providing Effective Disease Management

Giving Encouragement

- People need to be given encouragement to overcome their health deficits.
- A key principle in health promotion is to support and underscore the positive.
- Focus on rewards.

4. Providing Public Education for Preserving Health

Educating the Public

- Provide education that encourages self-responsibility for health maintenance.
- Provide education regarding the many lifestyle choices that compromise health. (Collaborate with the complementary medical field in this).
- Educate the public in how to scientifically assess media articles that do not reveal the source, sample size, whether double blind or not, and primary funding source involved in the study so that they can better make informed decisions for their health.
- Inform consumers as to what is real food versus highly processed and unhealthy foods that are nutrient deficient and contaminated with preservatives, herbicides, pesticides, antibiotics and hormones.
- Encourage employers to support disease prevention with educational pamphlets or hiring health practitioners to speak on health.
- Develop policy on how to reach and care for those citizens who do not speak English or French. Are they less well (and informed) than the rest of the population?
- Educate people about where their food comes from by having the scanning device at checkout counters in grocery stores give information on the source of the food when it is scanned for price. This model currently exists in Switzerland.
- As better health is generally correlated with level of education, make general education a top priority.

Educating Children in Schools

- Provide social training on health, from a holistic perspective, throughout grade school and beyond to facilitate self-esteem and confidence (especially from K to Grade 5), which would result in more pro-social and less destructive behaviour.
- Make physical education in schools as important as Math.
- Teach children the importance of good nutrition and not to be influenced by what they see in advertising and on television.

Educating for Parenting

- Provide built-in parenting classes in high school covering the needs of a child for holistic health to include the preventable early childhood risk factors for learning disabilities, mental illnesses, physical illnesses, emotional illness, substance addictions, crime, etc. Examples would be prenatal toxic risks of smoking, alcohol, pharmaceuticals, poor diet, lack of Omega 3 and folic acid, and emotional stress.
- Tie parenting education to gynecological health care.

5. Communicating the Need to Preserve Health

Disseminating Information

- Disseminate information about the causes of illness and disease, how to prevent illness, and the options for dealing with it.
- Set up a general health hotline available to the general public along the lines of the current hotlines for new-born care and nursing.
- Provide a broader spectrum of knowledge, e.g., pamphlets in pharmacies, doctor's offices, etc. should cover more than allopathic (Western) medicine and should include alternatives and naturopathic choices.
- Publicize statistics on the downside of relying solely on the overburdened health care system to fix health problems, i.e., how many people (and at what cost) have had to go to the US for tests and operations that, had they taken better care of themselves, would not have been necessary? How many are just living with these conditions for lack of their own funds and medical help?
- Provide the public with information about environmental concerns affecting health so that they can address them. This information should come from government, corporations and other health agencies. Shift the focus to what works and creates a healthy environment on all levels.

Providing Appropriate Advertising

- Provide guidelines for media about what businesses can and cannot advertise about health, e.g., making something appear to be healthy when it is not. There is a need to provide research to validate whether the product is harmful or not.

- Create advertising campaigns depicting that true health is possible with good lifetime self care so that the public can learn what health at any age can be like; create motivation to commit to staying healthy.
- Include promotion of complementary medical practitioners who are trained in working with chronic health conditions such as naturopathy.
- Put healthy living ads on TV (like Participaction)
- Put more dollars towards educational initiatives and public service messages that dramatically show the consequences of poor health choices, specifically food choices. For example, in a similar vein to the anti-smoking campaign of years ago that featured a young girl smoking in front of a mirror and aging dramatically, why not a commercial depicting someone eating junk food and how this impacts the aging process, etc.?
- Target very young children with cartoons that promote the idea of self-care. Make it “cool” to take care of one’s health.

6. Creating Social Policy Based on Preserving Health

Addressing Problem Behaviours

- Provide a coordinated effort at the level of systems to address the issue of people engaging in problem behaviours, e.g. use of drugs, unhealthy eating, etc.

Supporting Societal Integration

- Integrate the young and the elderly to aid in overall stress reduction.
- Integrate the elderly in the community. An aging population gives an enormous resource for volunteer services.
- Integrate the physically disabled into the community.
- Honour the principle of diversity in community.

Providing Rewards, Incentives and Penalties

- Create a health allowance. Those who do not use the medical system because they take better care of their health are able to bank the allowance. Those who use the system have their allowance downwardly adjusted based on degree and circumstances of use.
- Provide insurance premium discounts for those who do not make claims on the medical system. Premiums go up (like car insurance) if you make a claim.
- Allow for deduction of wellness expenses (vitamins, gym, etc.) for income tax. The current practice of deducting medical expenses encourages people to use the system even when they don’t really need to.
- Create a system of tax incentives for health, i.e., tax refunds are given for health care not used each year.
- Provide subsidies to organic food producers to bring down the cost of buying organic foods.

- Penalize the manufacturers and distributors of unhealthy products and services such as tobacco, alcohol, junk food with higher taxes, and give tax breaks to producers of healthy products like organic foods, vitamins and supplements.
- Do not tax vitamins and food supplements such as Kelp and Spirulina.
- Give tax incentives to our standard “snack” and “coffee” stops for stocking shelves with healthy foods, namely more fresh fruits and vegetables; and very clearly define “healthy.”
- Remove GST from fitness related items such as equipment, services, activities and self-help books.
- Provide low income individuals with vouchers to gyms and community centres, maybe even vouchers for vitamins, supplements and organic foods.

Implementing Key Regulations

- Regulate key industries and products (such as, personal care, cleaning, landscaping, furniture, kitchen ware, pharmaceutical, immunization, etc) in the same way that the food industry is regulated regarding label laws enforcing the listing of all ingredients, including chemicals used in the manufacturing process.
- Review and improve the patent approval process for new chemicals and drugs.

MAKING A CHANGE

In the preceding section numerous suggestions were proposed for change and improvement in the way we think about health, provide products and implement services that affect health in British Columbia and Canada. They are all grounded in the assumption that the system should be based on a preservation rather than a curative model. Recognizing that significant change in a system as large and complex as health care can only take place over time and with strategic interventions, participants in our mini-conference had several suggestions on how to move forward. These are outlined in this section of the Report.

Shifting Financial Priorities

The overwhelming emphasis in this Report is to focus “upstream” in the flow of health care delivery. The current system has resulted in unmettable demands for medical services or the “tyranny of the acute.” We need to work upstream to reduce the number of cases presenting for acute services. But when there are already so many calls for service and health care dollars downstream, how can we ever move to an upstream focus? This is the perennial question facing decision-makers charged with bringing change to a system.

The short answer to the question is to be strategic, and to realize that it is no different than current decisions being made to ration health care services and close facilities in order to free up dollars to deliver services elsewhere. The difference in shifting to an upstream emphasis based on disease prevention and individual responsibility for staying

well, is that policy is moving in a direction that engages citizens in positive action and will eventually save dollars in downstream delivery, while at the same time promoting healthier and happier lives for people everywhere.

There is an obvious need to prioritize existing financial resources to provide more resources for promotion of health and prevention of disease. A key principle is that an upstream focus is not the responsibility of health care authorities alone, but is a responsibility distributed across all sectors of the government, industry and the community. As a society we need to be creative in finding the necessary funds for the initiatives described in the preceding section of this Report. To foster this creativity we need to put health preservation at the centre of our thinking, **to see healthy living as the objective rather than ever more technologically sophisticated attacks on disease.**

Commissions of Healthy Living

Strategies to make the change include the offering of incentives as described under “Promoting /Rewards, Incentives and Penalties” above. These cross many areas of responsibility from health care delivery to farm subsidies, manufacturing incentives, education, sport and recreation and tax policy. In order to bring about the necessary coordination, governments should take the lead by creating cross jurisdictional Commissions of Healthy Living with powers not only to recommend necessary changes, but to enforce their implementation.

Citizen Input

One of the most important strategies that a Commission of Healthy Living could use would be to engage citizen groups everywhere to reflect on the issues as we have done at the Institute for Ethical Leadership and to provide suggestions for action. If we remember that the objective is for citizen benefit then we are half way towards solving the problem, because the way to get people to move in a desired direction is to offer them the challenge, provide them with some motivation and recognition, and *engage them in the process*. The health of Canadians is far too precious to be left to health care providers, manufacturers of pharmaceuticals, food producers, and government regulators. People need to be involved in every part of the process so that living healthy lifestyles and nurturing a healthy environment becomes the central focus of good citizenship.

Research and Pilot Projects

Another important strategy is to provide funding for research on healthy living and to set up pilot projects such as the integration of allopathic and complementary medical services; community projects on organic food production; social action networks on problem behaviours; etc. If such research were combined with a communications policy to accentuate the positive in healthy living, we would see within a generation a shift towards a nation of people living long and healthy lives.

SUMMARY AND CONCLUSION

While this Report offers many suggestions for action, at its heart it is calling for a paradigm shift in the way we think about health in our society. When we greet each other with the question/salutation “How are you?” we don’t reply “I’m not sick.” No, we say “I’m fine, how are you?” to which we reply, “Very well, thank you.” These customary greetings exchanged almost without thinking reveal the fundamental belief we hold about life and health. We believe in being well, which does not mean “not being sick.” Yet our medical system encourages us to think more about sickness than health. We need to bring our health care system into line with our basic intuition about health. It is a state of being defined by feelings of wellness, physical and emotional harmony, and good spirits. To preserve and maintain this state of well-being should be the central objective of our health care system, while at the same time providing medical services when we need them. However, we must focus on reducing the need for medical care while we offer a myriad of ways of maximizing good health.

It is essentially a shift in focus to what we intuitively know works best for us; to what creates a healthier environment on all levels. We need to get back to what is simple and works well.

This shift has already begun because as citizens many of us are now much better informed about matters of health than preceding generations who were lulled into acquiescence by the idea that the system would take care of them, and they probably shouldn’t have too high an expectation about health in the first place. This attitude is changing. Many people want to be partners in their health. But they remain a small tributary of the larger stream where the majority are not taking care of themselves and are presenting far too frequently as acute cases for medical treatment. Much of our effort on change must be directed towards these people as well as supporting the others who are already doing their best to maintain good health. The basic orientation needs to be proactive towards health, not reactive towards disease.

As we make the paradigm shift, we will regain the understanding of our ancestors, that birth and death are a natural part of the life cycle. We will invent new, compassionate ways of handling the beginning and end of life while at the same time ensuring that medical care is available as needed.

Finally, we will discover in our hearts and minds, and carry into our culture, a holistic understanding of health as a synthesis of physical, mental, emotional and spiritual well-being. With that understanding we build our systems of education, service delivery, and manufacturing in a partnership with the natural order of things for the nurturance of life.

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