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## Prevention gets left out of health-care debate

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Chris Jones

In most Januarys, Canadians engage in what amounts to their annual bout of wishful thinking, resolving to lose a few pounds and get fitter. Some will stick to their resolutions and grind out a new healthier regime but many won't.

The result is a population that is increasingly inactive, overweight and obese. The malaise of sedentary behaviour afflicts young and old alike. The weight is hard to shed for several reasons; in part, overconsumption but others due, as we are learning, to various conditioned hormonal, metabolic and biochemical triggers that make it difficult to maintain a healthy weight.

Whatever the cause, the result, as public health experts wearily remind us, is the increased likelihood of the onset of hypertension, type 2 diabetes, heart disease, stroke and other acute and chronic medical conditions. The incidence of these problems in the baby boom cohort, born between 1946 and 1964, constitutes nothing less than an incipient public health crisis.

The boomers threaten to tax the Canadian health-care system in ways that could not have been imagined by the architects of medicare. The costs on a going-forward basis of treating many of these obesity-related illnesses are staggering and partially explain why total spending on health care by all levels of government is in the order of \$200 billion annually and consumes an ever-growing share of the discretionary budgets of governments.

While debating the appropriate federal and provincial funding shares in relation to health care in Canada is doubtless an important public policy question, it amounts, however, to a continuation of linear, business-as-usual thinking. Let's be clear, nobody would seriously dispute the importance of primary care, emergency care, neonatal care, or public health services; these are foundational pieces of a civilized society.

But where is the financial, institutional and political commitment to prevention? We appear to believe that it only makes sense to think in terms of after-the-fact, therapeutic treatment of health conditions — that we are condemned to become sick earlier and that we must simply resign ourselves to the costly interventions, pharmaceutical therapies and surgeries that necessarily arise. This bleak orthodoxy has politicians, public servants and media pundits in a vice-like grip, powerless to get at the root causes of illness and compelled to continually treat the symptoms.

Research we have done at the Sport Matters Group shows that less than 1 per cent of total health-care spending in Canada is devoted to health promotion, physical activity/education and sport.

Instead of investing in the provision of programs, services and facilities that would encourage Canadians to become more individually responsible for lifestyle changes, health promotion, better nutrition and recreational pursuits, we continue to pour dollars into a status quo that feeds established bureaucracies and organized pharmaceutical interests, while exonerating the marketing strategies of the fast food industry.

Few politicians seem willing or able to resist the entreaties of these well-ensconced special interests, partly because an increasingly stressed and desperate public beseeches governments for ever more technologically sophisticated treatments. The interests that profit from our sedentary and obese condition — fast food merchants, video gaming companies and the developers that build low-density, car-dependent communities — have learned, in effect, to privatize the profits and socialize the costs.



Encouraging active lifestyles can lower health costs.

Ron Bull/Toronto Star

The obesity epidemic, and the related illnesses that arise from it, is thus a multi-faceted and systemic problem and it must be tackled on several fronts simultaneously. It goes to the way we design our cities, how we get to work, how and what we are persuaded to eat, how much time in a week we can devote to recreation and physical activity, how much we are willing to support our core sport system, and whether we are prepared to value physical literacy as well as numerical and linguistic proficiency in our school system.

There is an alternative to the treatment of preventable illnesses through the existing medico-pharma complex. What if we shifted just 5 per cent of the \$200 billion we spend on conventional health care to prevention-based programs oriented to health promotion, physical activity, nutrition and sport? If we as a society were prepared to reallocate \$10 billion dollars annually to preventative measures, imagine the healthy habits and new constructive behaviours that would be developed in Canadian children, youth and adults, and what that would mean, in time, for our individual wellness, the sustainability of our health-care system and the vitality of our sporting culture.

*Chris Jones is senior leader of the Sport Matters Group, a national organization dedicated to advancing the role of sport in public policy.*