

THE PINK ELEPHANT

Discussing the health news we don't like to talk about...

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A Dose of Preventative Medicine

Quite certain it would be more likely to capture a pink elephant lounging on the sand of Kitsilano beach, than witness my father soaking it up in a mineral spa bath on a regular afternoon, I was blown away by the German spa culture, this past week in Cologne, Germany. Affordable (often even covered by public health insurance)—men and women of all ages congregate to soak, de-stress, rehabilitate and socialize at their community spa facility. And you better believe the health care system is saving money in the long run.

Among many examples of preventative programming and funding, Germany is an innovative health leader with long established preventative medicine and injury prevention facilities and programs. In a visit to the Public Health Office of Cologne, I learned that 80% of their work is preventative, and that their programs are based on the principle that social problems become medical ones. Among their innovative programs, they offer medical care for homeless people, social and medical support for the prostitution industry and other comprehensive programs for chronic

psychiatric patients and drug addicts.

We seem to do a lot of talk about social determinants, the importance of the environment on health decisions, workplace support for stress and health decision making; but, are we making any progress? Are our leaders willing to make the necessary long term investments?

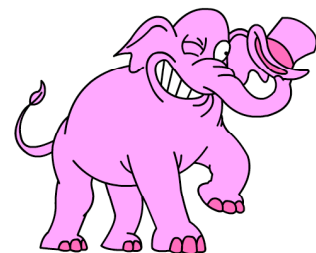
As a student of Canada's first health education master's program, located at SFU, I received the unique opportunity of presenting at a health education and injury prevention conference with scholars and students from the United States and Germany. During this conference, I was able to learn from several of the world's leading countries in terms of health promotion, education, research and preventative programming. And the overall message is a clear one; the answer to health behaviour change lies in an ecological approach that supports the development of health literacy. How is Canadian culture in terms of supporting good health?

The World Health Organization (WHO) defined health as a comprehensive concept of well-being that is not merely the absence of disease in 1946, and broadened this definition, in 1986 in the Ottawa Charter, by mandating global societies to create conditions that will allow the attainment of health for

all members. Are we progressing in terms of health and wellness; are we remaining stagnant; or more alarmingly, have we spiraled completely out of control? With global discrepancies between the rich and the poor growing daily, chronic disease on the rise throughout the developed world, and health care systems still focusing on short term solutions, we must look to countries such as Germany who "have put their money where their mouth is".

Next time you feel yourself unable to cope with the stresses in your life, I recommend a visit to your neighbourhood spa for a cleansing mental and physical experience. Oh wait, such facilities are only for the rich in Canada. My father, a surgeon and long term health care professional doesn't even frequent such a locale.

So let's start talking about that huge *FAT PINK* elephant in the room. We're too stressed out, and we can't afford the time or money to do anything about it.



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Health Literacy: A Universal Solution?

Master's and doctoral students from Canada, the United States and Germany had the unique opportunity of presenting cross-cultural comparisons regarding health education and promotion topics at an international conference in Germany, this month. Through explorations of issues ranging from bicycle safety, to prostitution, to curriculum, students discussed programming solutions regarding youth risk behaviors.

Innovative cross cultural discussion concerning concepts and behavioural factors that influence all countries made for dynamic dialogue. However, what was most striking about this experience was not the fact that the issues were complex and variable among countries, although, of course they were. The most resonating message of the day was the concept of health literacy and its ability to encompass all the issues in terms of solution making. More than ever, I believe health literacy, as an outcome of education, will offer youth the skills and competencies to make health decisions across the lifespan.

Canada is a leader in terms of health literacy research, and the need to improve the levels

across our country is supported by a variety of sources. But, what does it really mean and how does it relate to our youth? According to a report from the Canadian Council on Learning, 60% of Canadians lack the capacity to obtain, to understand, and to act upon health information and services, in order to make appropriate health decisions on their own. Canadians are constantly inundated with mixed media messages encouraging consumption while targeting insecurities. Many adults struggle to make healthy choices:

Replace sugar with aspartame – *doesn't aspartame cause cancer?*

Eat less fat, *but it's so convenient. Diet products are bad for you too.*

Smoking kills. *Smoking can make you skinnier.*


Lost in translating health information, today's children will be the first generation of Canadians to have a shorter life expectancy than their parents. *Unless*, we are able to raise the health literacy levels of our youth.

The health literacy presentations brought this pertinent message to the international forefront. Policy-makers often have goals with near-term objectives (locally, think 2010), sustainable improvements in health literacy demand a longer-term vision and early health literacy education.

Germany has a number of examples of programs that are focusing on health issues through a long term lens. Germany's Federal Centre for Health Education has the goal of assessing risk behaviour needs in youth and creating campaigns for promoting healthy decision making. According to a leading expert within the organization, health behaviour outcomes must be separated into a set of many decisions and not be seen as simply one isolated act. For example, the decision to use a condom is made far in advance and requires preparatory skills and premeditation. By examining the steps that lead to the final condom use action, the institute can create programs in order to support this process. For example, German statistics found that many youth were having their first sexual intercourse, while on vacation. Therefore, the Federal Centre for Health Education created "travel packs" that included safe sex materials in order to better equip youth to make a safe choice when outside of their usual environment. It doesn't work to simply tell students to "just say no"; youth nowadays are more informed than ever, and want to be free to make their own personal choices. Our job is to make sure they are confident to stand up for their own beliefs.

The cross-cultural dialogue made it all too clear: we must stop

working to solve health issues in isolation. Consider obesity. This is not solved by simply taking vending machines out of schools. Eliminating obesity will require that individuals develop self-confidence and make better informed lifestyle decisions. Other universal health challenges abound – drug and alcohol abuse, emotional abuse, poor nutrition. We must empower individuals and raise their levels of health literacy. It's a universal solution and it fits.



Motor Skills: Are we paying enough attention?


*I*n Canada, motor vehicle accidents are one of the leading causes of injury and death within our youth; each year, we continue to lose young people to careless driving decisions. Often contributing to these injuries and deaths, is the influence of alcohol or drugs, a lack of driving skills and competencies and other social factors. It begs the question, are we developing young drivers who are confident decision makers? How can we successfully measure a driver's readiness to be on the roads?

At Germany's Federal Highway Research Institute (BAST), their focus is to study comprehensively the factors that contribute to injuries and deaths due to motor vehicle accidents. Innovative projects include a 26 million euro project looking at the influence of psychoactive substances on the ability to drive in order to formulate a potential threshold, as well as testing facilities that look at road surface options, tire treads, vehicle safety standards and psychological behavioural factors such as "road rage" allow the institute to gain a strong knowledge set and basis for reducing motor vehicle fatalities. Hoping to reduce their fatalities by 50% by 2010, the BAST institute is examining pertinent factors such as the evaluation of driving skills for young people.

In order to better evaluate the skills and competencies of youth, the institute is in the process of developing a reality-based, multimedia driving test that would encompass the instruction of decision making skills and visual abilities. A tall order to create an evaluative tool that will detect perception; however, perhaps by pairing up with the video game industry, this type of testing would enable youth to develop driving skills before ever "sitting behind the wheel".

The scenario approach to evaluation is an integral piece that

needs to be fit into our education system. If we want youth to make sound decisions based on credible knowledge, we need to teach beyond the specific rules and guidelines of the road. We need to teach responsibility. Could combining video games with educational critical thinking competencies be the next big thing? Experts at German's highway institution think so.



Fair is Fair?

*I*n an age of ever increasing socio-economic discrepancies, health care systems of the developed world face a variety of economical barriers. The American system, criticized for leaving large numbers of citizens uncovered by insurance, and therefore, not receiving health care, is at a point of contention. The Canadian system faces the question of privatization, as it becomes more and more apparent that a two-tiered approach is governing the equality of care. The German health care system is non-profit, self-governed, but offers the possibility of opting out for a small percentage of the population. According to Dr. Klaus Klein, of the University of Cologne, 90% of Germans are part of the system and due to a restructuring process are offered a standardized level of care across socio economic levels.

A few years ago, the German health insurance system was opened up and there were mergers of companies to create what is now approximately ten separate companies. Due to the inequalities among insurance companies, (consider risk levels taken on by particular companies, a bank vs. a contracting company), the government did a restructuring of risk in order to even out the coverage. Over 15 billion dollars a year is restructured. This restructuring process demonstrates a moral view of social responsibility that the insurance companies should be balancing out each other in order to offer health care for all citizens.

Problems with the system still abound; however, as the number of old people continues to increase, and health care professionals leave the country to make higher salaries in the UK or otherwise. It seems the German system is dealing with similar problems to Canada, as the rise of chronic disease, loss of health care professionals, and increased lifespan combine to create major concerns in both systems.

Insurance companies, in Germany, however, are thinking ahead. The AOK company, for example, has strong work site health promotion and health education initiatives that work to prevent a plethora of

health problems related to lifestyle, stress management, the safety of the workplace, and overall health decisions. When asked about privatization, a representative of the AOK company explained that more competition among insurance companies would improve the system; however, he is against the full privatization of the industry. How does Canada compare in terms of health care spending? As part of AOK's mandate, they attempt to convince companies on work place safety, health in schools and stress management: how are our tax dollars being spent?

Perhaps, the question in Canada runs beyond: public or private? By looking at systems such as the German model, we are able to realize key areas where preventative spending would make the long term economical burdens of the system more manageable and allow us to better manage a route that encompasses all citizens within its health care system.



It's a package deal

In order to get research or program funding, everyone knows you need to "package" your argument into a tightly wrapped parcel that will

deliver quick results and link directly with current policy and social interest. Whether it is the current focus on physical activity and nutrition in order to combat obesity, or socio economic disparities for the worldwide stage of the Olympics; the research often does not take into consideration the long term, comprehensive picture. The call for preventative, all encompassing wellness research and programs needs to be screamed louder, the link between the academic community and policy needs to be closed and the vision, far sighted.

Germany, famous for its early institution of Health Promoting Schools, suffers from these same research and policy barriers. Funding still focuses on physical activity specifically, as well as nutrition, and often leaves other vital components of health and wellness as secondary. Innovative programs, such as the AOK Kindergarten program have strong comprehensive components, and yet still continue to focus on physical activity and nutrition, as they attempt to improve nutrition and moving behaviors of young children in elementary schools. Similar to the *Healthy Buddies* program in Vancouver, key components of movement and nutrition are addressed, and yet they still lack the overall all-inclusive wellness approach. What does it take to convince policy-makers and research

institutions to go beyond this segmented view of health?

The German Sports University has recently been awarded funding from the Federal Ministry of Transport to create a national cycling plan, which will promote cycling in Germany, compare bicycle use internationally, look at attitudes and motives in relation to cycling as well as develop healthy cycling routes. This partnership between academic communities and provincial/federal research is a positive example of how health promotion can be combined with non-partisan research to actively change behaviour from an ecological perspective. Research combined with the development of actual routes demonstrates a long term commitment to increase bicycle use.

According to the World Health Organization, the Health Promoting School model requires the active collaboration and cooperation among the home, the school and the community in order to create a healthy setting for learning. Without integrating all these components both in research and in practice, we will continue to satisfy only a fragmented piece of the health behaviour puzzle.

A site such as the Center for Pediatrics and Queen Rania Rehabilitation offers the settings approach and combines research,

treatment and is motivated by a vision of health across the lifespan. Here, you can see the key stakeholders working together. It is in the eyes of the young children, crippled by neurological and muscular disorders that I am renewed with hope for preventative, and long term, comprehensive programs. Even more significantly, it is in the faces of the parents, who are able to bring their children (no matter their socio economic status) to receive world class rehabilitation and treatment.