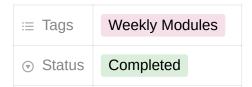
# Module 7 - Prevention and Sick Around the World Documentary



# **Learning Objectives**

#### Prevention

- 1. What is health promotion
- 2. How did public health departments develop in the United States?
- 3. Discuss the difference between primary and secondary prevention
- 4. Discuss guidelines for disease prevention and health promotion

## Critical Care: America vs. the World

## UK

- How is the NHS funded? How do doctors and hospitals get paid?
- The NHS covers almost all costs of health care
- Who has access to the NHS system?
- How does the cost of care and the outcomes compare to the United States? What is a weakness of the NHS?

#### **Switzerland**

- On average what percentage of income is spent on health insurance?
- Are co-payments higher or lower in Switzerland than the United States?
- Is health insurance tied to your employment?

- What role does the Swiss government play in insurance?
- Who is required to have health insurance?

## **Australia**

- What is Australia's public health insurance plan called? How is it funded? Who is it available to?
- Why would Australians choose to buy private health insurance?
- Who sets prices for prescription drugs and treatments?
- What is causing a strain on the health insurance system?

#### Canada

- What type of health care system does Canada have?
- What were the strengths of Canadas universal health care system during the pandemic?
- What are the gaps in coverage in the Canadian health care system?

## **Prevention of Illness**

We are going to start this module off by talking about two very important definitions.

The first term we need to define is **Health Promotion** – "**Health promotion** is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions." (World Health Organization, n.d., p. 1)

The second term is **Disease Prevention** – the goal of disease prevention is to delay disability and death and maximize illness-free years of life.

These are two very important concepts when discussing prevention.

I want you to consider the following three questions as we go through this module:

- 1. What is preventable?
- 2. What are the challenges in preventing conditions in individuals and populations?
- 3. How do we value prevention as a society—what are we willing to do to prevent conditions?

(Anderson, Rice, Kominski, 2001)

Where are we now with regards to preventative care and the ACA?

Video: Judge rules against key ACA preventative case requirements

What you just saw is that preventative measures that were included in the original ACA will stay. However, those that were added are now at stake to incur cost sharing. This can affect millions.

The initial decline in death rate from infectious diseases in the early 1800s was primarily attributed to:

- a. Immunizations.
- b. Antibiotic Treatment.
- c. Quarantining infectious people.
- d. Improved nutrition and living conditions.

The greatest decline in death rate was from the focus on social determinants of health (improved nutrition and living conditions).

Interesting to note that it was not from immunizations, antibiotics or quarantining those who were sick.



This is one of my favorite cartoons. It shows how too often in the U.S. health care system we are reactive instead of proactive. We focus on cures instead of focusing on prevention. Source: <a href="Dana Fradon, The New Yorker">Dana Fradon, The New Yorker</a>

So, what exactly is health promotion? It is...

"The combination of educational and ecological supports for actions and conditions of living conducive to health."

Educational supports are any combination of learning experiences and ecological supports are social, political, economic, organizational, policy, regulatory, and other environmental circumstances.

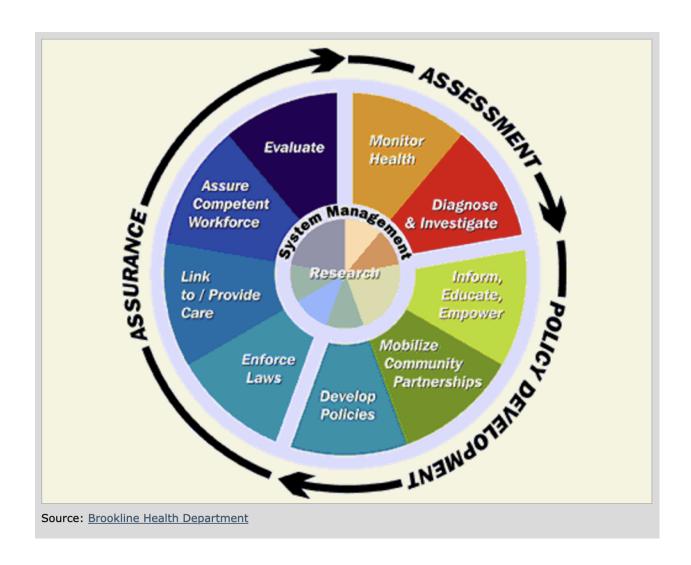
(Green & Kreuter, 1999, p. 25)

In order to have successful health promotion, you must have **both educational and ecological supports**.

## **Public Health Initiatives**

We are now going to discuss the development of public health departments in the United States. As a result of COVID-19, many of us are now very familiar with the work of public health departments. Let's learn about their history.

In the early 1900s most states had state health departments that provided sanitary inspections and communicable disease control. They then expanded to fill in the gaps in the medical system by providing childhood immunizations, care for mothers and infants, school screenings, and family planning. The federal government then became involved by providing grants to support substance abuse, mental health, and community prevention.



In the image above, you will see the role public health departments play. They begin by assessing their community's needs. For example, during the early days of the COVID-19 pandemic, public health departments were assessing COVID cases in their community daily. This led to them writing policies (policy development) to reduce transmission (e.g., mask mandates). Finally, they work to ensure that their policies are being followed.



Source: Cherokee Tribune News

This image above shows a police officer enforcing public health policies. What is this police officer doing and why?

He is rewarding the boy for his good behavior (wearing a bike helmet) by writing him a mock ticket that includes a coupon to a restaurant. This is a public health initiative to reduce head injuries.



Another example of a public health initiative is the **food pyramid**, which has evolved over the years. The images above show how the nutrition guideline images have changed. The latest iteration looks more like a plate because it is easier for people to visualize the foods on their plate rather than a pyramid.

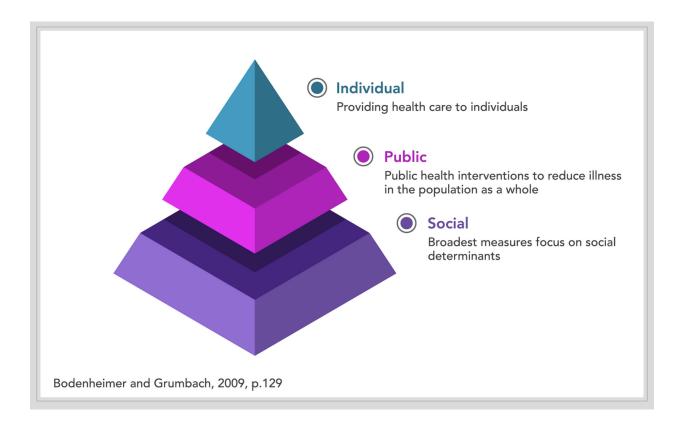
Now think about a behavior you have tried to change in yourself or someone else to improve your own or their health. Were you successful? If yes, why? If no, why not?

It is not always easy to change a behavior. Think about the millions of individuals who make New Year's resolutions; some are successful, and some are not. Change is not easy.

There are two components of prevention:

- Primary Prevention the goal of primary prevention is to prevent the first occurrence, outbreak, or episode. This may target a disease or people at risk for a disease. An example is immunizations. Getting immunized against measles, mumps and rubella will prevent an occurrence of those diseases.
- Secondary Prevention is the early detection of a disease and intervening to prevent the condition from progressing. An example of this is a mammogram.
   Detecting breast cancer early can prevent the cancerous cells from spreading.

There are three strategies for health promotion and disease prevention:



- Individual
  - Providing health care to individuals
- Public
  - Public health interventions to reduce illness in the population as a whole

- Social
  - Broadest measures focus on social determinants

What you can see from the image above is that:

- Focusing on the social determinants of health has the greatest impact on health promotion and disease prevention.
- Focusing on providing health care to individuals has the lowest impact on health promotion and disease prevention.

So, what are the social determinants of health? What are some of your ideas? (Click below for some examples)

The Social Determinants of health include but are not limited to:

- · Income and Social Status
- Social Support Networks
- Education Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices
- Health Services
- Gender
- Culture
- Housing
- Food security

Focusing on the social determinants of health is just as important as providing health care. If a person does not have a regular place to live with a roof over their head, they are more likely to get sick or not be able to manage a condition they already have. If a person is

food insecure this can lead to a variety of health conditions. These are just two of many examples.

## **Strong4Life Campaign**

Georgia created a mass media campaign to address Obesity called Strong4Life. This was a \$50 million initial investment. It was determined that nearly 1 million individuals in Georgia are obese. Georgia's obesity rate is second in the country, just behind Mississippi.

If you were given a grant to create a 15-second public service announcement, whom would you target and what would you include?

Now let's think about how to achieve the three objectives below.

- 1. Increase the quantity of fruits and vegetables Americans eat?
- 2. In an underserved community, improve people's ability to manage their Type 2 Diabetes?
- 3. Increase hand washing among health care providers?

These are three very important questions that can play a direct role in individual and population health.

## **Preventative Dental Care**

When you were writing your first paper, you may have noticed there was no information in your health insurance plan about dental care. That is because your health insurance plan does not cover dental care. You must buy a separate policy for dental insurance.

Research shows that as of 2015, 3.8 million Virginians had no dental insurance.

In some rural areas, there were as few as one dentist for every 5,000+ individuals. (Virginia Health Care Foundation, 2015)

#### Gaping, painful holes remain in U.S. health care despite coverage gains

Dire dental problems and other health issues keep the nonprofit Remote Area Medical busy running free clinics, particularly in states that didn't expand Medicaid. Even after Obamacare, large coverage gaps still exist in the nation's





As you saw in the video above, many rely on volunteer dental clinics to receive their dental care.

When we think about disease prevention, the medical model of chronic disease prevention assumes that individuals have a primary role in causing illnesses through poor health behaviors (diet, smoking, alcohol). Prevention in this case focuses on changing individual health behavior.

An overemphasis on personal responsibility for health can result in victim blaming. "By equating being ill with being guilty we may inadvertently stigmatize the disabled, the elderly, people who are overweight, and other already devalued groups in our society." (Becker, 1986, p. 15)

The public health model for disease prevention assumes that society creates the conditions leading to disease. For example:

- 1. Easy access to alcohol
- 2. Large tobacco industry
- 3. Availability of high fat/salt foods
- 4. Dependence on automobiles that decreases exercise
- 5. Unequal distribution of wealth

Let's now think about some illness prevention/health promotion strategies.

- 1. Address the basic social determinants of illness (social inequality, standard of living)
- 2. Develop public health interventions to reduce illness increase public health spending
- 3. Provide primary and secondary prevention to individuals and populations

What are some guidelines we can use for disease prevention and health promotion?

- 1. **Encourage societal common good** programs should persuade people to act in the name of the common good. People need to see how their personal behavior can, with the behavior of other people, change community health
- 2. Make efforts affordable the system will need to be able to provide people with health care at an affordable level through the lifespan. It will need to shift from individual to population centered health and find a balance between the two.

(Callahan, 2000)

# **Summary**

Disease prevention/health promotion efforts need to have a balance of individual and population strategies and need to address political, medical, and scientific tensions.

Social determinants of illness may have a greater impact on disease prevention than medical services.

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