

2ND ANNUAL SSU CONFERENCE ON
ADDRESSING THE HEALTH CARE CRISIS IN SONOMA COUNTY:
WHAT WE CAN DO LOCALLY

**ALLEVIATE THE DOWNSTREAM HEALTH CARE CRISIS
WITH UPSTREAM HEALTH ACTION**

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“If you are not part of the solution, then you are part of the problem.”

- Eldridge Cleaver

Clearly, something has to be done about increasingly unaffordable or unavailable health insurance, financially unstable and overburdened hospitals, doctors, and emergency rooms, the high cost of prescriptions... Current efforts are focused on finding sources of additional revenues, creating consumer and market incentives, salvaging eligibility, promoting single payer health insurance, or partial measures that may be feasible in the short term. All of these approaches are directed at assuring resources for people who, for the most part, are dying, sick, or injured. Therein lies the rub.

Where is the solution for what is causing people to die, become sick, or injured? In the US, the burden of care is greatest from diseases and conditions that can be prevented. The leading actual causes of death (and to a large part, hospitalization, and disability) are tobacco, poor diet and physical inactivity, alcohol abuse, infections, toxins, motor vehicles, firearms, sexual behaviors, and illicit use of drugs.¹ The CDC recently reported that poor diet and inactivity might soon overtake tobacco as the leading cause of death.² These findings, along with escalating health care costs and an aging population argue persuasively that the need to establish a more preventive orientation in the US health care system has become more urgent.³

Isn't it logical that if people were healthier and safer, fewer would need illness and injury care, and the burden on the health care system and the economy would be less? Unfortunately for all of us, the will to invest in being healthier and safer seem to be far less than the willingness to spend trillions to care for diseases and injuries that could have been avoided in the first place. As we wrestle with the question of how to solve the health care crisis, we must reconsider our goals and priorities by putting the pathway between health and illness in its proper perspective.

¹ Mokdad, AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States. *JAMA* 2004; 291:1238-1245.

² Ibid.

³ McGinnis JM, Foege WH. The immediate vs the important. *JAMA* 2004; 291:1263-4.

People are healthy, or become ill, for a variety of reasons. There is little doubt that genetics has a role, as does access to medical care. In fact, only about two percent of deaths in the United States are attributable to purely genetic factors.⁴ Similarly, shortfalls in medical care account for only 10% of early deaths in the U.S.⁵ But there is a growing consensus of the importance of non-medical factors, such as inequities in income, employment, environment, social networks and education, to explain the differential occurrence of illness and injuries across populations⁶. Indeed, the most common factors that influence healthy behavior are the same factors that, if absent or diminished, can lead to illness, disability, and death. Nurturing relationships, physical safety, economic security, healthy environment, education and life skills, access to necessary goods and services, and resilience from adverse physical, emotional, and societal influences together comprise the spectrum of conditions necessary for a safer, healthier population.

Healthy public policy assures the social and environmental conditions that are necessary for a safer healthier population. Healthy policy puts a priority on health whenever governmental or business decisions are made that can affect health. This includes consideration for land use, transportation, bike lanes, walking paths, recreation, a living wage, employee benefits, childcare, public safety, housing, health and physical education in schools, and public health programs aimed at disease and injury prevention, among others. Actions focused on the “upstream” conditions that promote and protect health, can alleviate the “downstream” illnesses and injuries that fuel the health care crisis. Everyone can contribute to healthy public policy as responsible parents and businesses, as advocates for safer healthier communities, as voters.

Imagine a Sonoma County where the social norm is that hardly anyone uses tobacco or abuses drugs and alcohol, kids and adults alike are physically active and eat balanced meals, driving under the influence and violent behavior is not tolerated. Illness, injury, hospitalizations, medical expenses would plummet, as would the tax-supported cost of caring for those without insurance. It can happen. Healthy public policy fosters healthy environments. Healthy environments foster healthy behavior.

Communities in Minnesota are convening around the notion of advancing healthy public policy as an opportunity to complement public health and medical care system efforts to prevent or to minimize the burden of illness and injury.⁷ They recognize the importance of healthy public policy to effect a safer, healthier population. With upstream action to strengthen communities -- leaders, institutions, mutual accountability, and work -- they aim to transform dependency, violence, environmental decay, stress, and insecurity. By leveraging healthy public policy with sound medical and public health policy and practice that emphasizes prevention and targets the most vulnerable, the crisis in downstream health care can be alleviated. It is time to be part of the solution. It is time for upstream health action in Sonoma County.

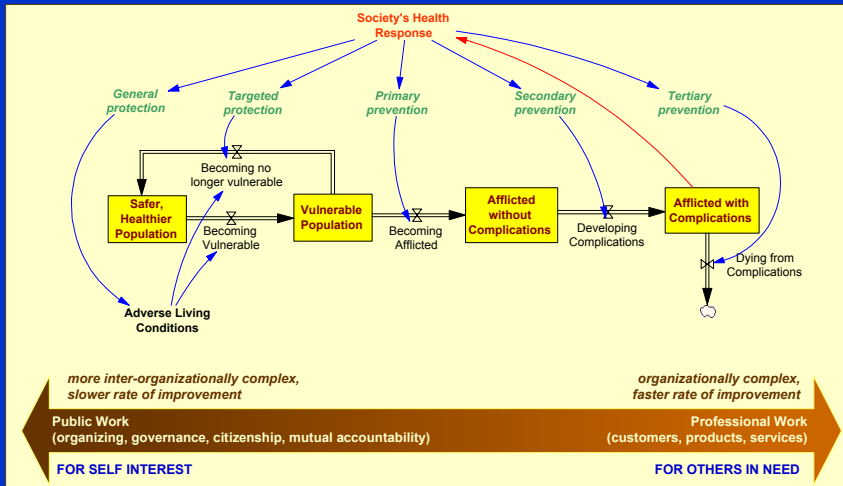
⁴ McGinnis JM, Williams-Russo P, Kinckman JR. “The case for more active policy attention for health promotion.” *Health Affairs* v.21, #2, p.80.

⁵ Ibid, p.83.

⁶ The Future of the Public’s Health in the 21st Century. Institute of Medicine. National Academies Press, Washington, DC, 2003

⁷ Milstein B, Homer J. The dynamics of upstream and downstream: why is so hard for the health system to work upstream, and what can be done about it? CDC Futures Health Systems Workgroup; Atlanta, GA; 2003.

Basic Dynamics in the Health System and Recap Why S/E/E Drivers are So Important



From: Milstein B, Homer J. *The dynamics of upstream and downstream: why is so hard for the health system to work upstream, and what can be done about it?* CDC Futures Health Systems Workgroup, Atlanta, GA, 2003.

A Rare Opportunity to Complement Downstream Health Care with Upstream Health Action

