

HEALTH AND WELLNESS IN CANADA



HEALTH IMPAIRING BEHAVIOURS

- Anthropologists study health by considering how different cultures understand health and well being
- They study **domestic-scale cultures**, or small kinship based societies where production and distribution of goods is organized on a household basis
 - these cultures are often very healthy - high fibre, low fat diet, low population density, active lifestyle, and isolation from viruses from the outside world
- Anthropologists are conversely interested in the health behaviours of people in industrialized countries
 - Declining social cohesion and increase in stress is leading to increase in disease

CONTINUED...

- Sociologists examine the ways in which social structure, allocation of resources, and social practices affect overall health
 - People live inactive lives, eat too much fast food, smoke, drink, etc., which leads to decreased health
 - 1991 study in Canada showed that the leading causes of premature death were lifestyle related, not as a result of inadequate health care
- They suggest we need to move away from the **medical intervention model** (assumes that we don't need to worry about our health because doctors will take care of us), towards a **health promotion perspective** (we must adopt healthy lifestyles to avoid getting sick)

ISSUES IN HEALTH CARE

- Psychologists look at how individual factors relating to the patient, and not societal factors, affect health
- In groups, read pages 251 - 255 in your textbook and take notes on one of the following issues. Outline the differing perspectives on the issue... how is the health and well being of Canadians affected?



- Issue #1: Formula Feeding vs. Breast Feeding
- Issue #2: Elderly and Alone
- Issue #3: Teenaged Smokers



BARRIERS TO HEALTH CARE

- COST

- The cost of care has been increasing steadily - in order to keep OHIP (et.al) viable, governments have had to “delist” many procedures or add a user fee
- Who has access to health care? Does it meet the collective needs of the population? Should there be limits to who can take advantage of certain procedures?
- Read the case study on page 260 and consider the questions at the bottom of the page.

BARRIERS CON'T

• Health Literacy

- many patients do not understand the terminology that doctors use, and many doctors do not comprehend their patient's lack of understanding
- stigma around low literacy rates, as well as fear of seeming unintelligent prevents patients from seeking medical advice
- there is also cultural insensitivities built into clinical language and literature - language is inaccessible, diagrams are too explicit, minority groups are rarely visible in literature, ethnic groups may be vulnerable to different illnesses

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- Facilities for People with Disabilities
 - “Women with disabilities face architectural, attitude and knowledge barriers” (Dr. Margaret Nosek, 1999)
 - Architectural barriers (structural problems) - for example, disabled women have difficulty getting onto exam tables, women in wheelchairs cannot access mammogram machines
 - Attitude barriers - misconceptions about the behaviours and needs of people with disabilities. Example - the belief women in wheelchairs have no sexual or reproductive health needs
 - Knowledge barriers - lack of knowledge about how disabilities affect normal health needs. Example - little research has been done about how life in a wheelchair affects heart health, etc. - creates barriers to adequate health care

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- Income

- In a 1991 study by the Canadian Institute for Advanced Research found that relative wealth affected health - the more money a person earns in the 12 years before retirement, the longer they will live

- Two Tier System

- Currently, Canadians enjoy a universal health care system where everyone has equal access to care
- As the population ages and health care begins to cost more, there has been a push towards a two tiered system, where certain medical services would be for sale
- P3's - Public Private Partnerships

CHANGING SOCIAL VALUES

- Social cohesion is normally maintained by an elaborate system of behaviours - norms, laws, folkways, mores and sanctions
- These values and mores are always changing, as a result of changes in the political climate, the economy, technology, rising or falling expectations, new experiences, etc.
- How do you think the following changes have affected the well being of Canadians?

CHANGES AFFECTING WELL BEING

- In groups, read the following issues regarding changing social mores and values
 - Tolerance for Violence
 - Attitudes Towards “Recreational” Drugs
 - Work Related Stress
 - Aboriginal Health Issues
- Summarize the changes that are taking place regarding this issue. Have these changes in social mores and values been positive or negative for Canadians? Why are these changes taking place? Be prepared to share with the class.