Advancing the Population Health Agenda: Uniting Altruism and Self-Interest

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Would that population health were as simple as a hernia repair. The more we know, the less anyone can do in isolation to effect meaningful improvement. All boats rise with the tide, but who shall harness the moon?

Inequalities in health status and vulnerabilities mirror inequalities in life's circumstances, and even minor inequalities count too. Some nations distribute wealth, status, control, and a sense of citizenship more evenly than others; their health gradients are consequently less steep. Access to health is about politics and distributive justice. While society is highly and increasingly stratified, access to health care is the egalitarian exception to the rule. It is the mop deployed to address both the vagaries of Nature and the mess of sickness arising from both absolute and relative disadvantage. The poor use more health care than the well-off, and we glory in our beneficence. If health for all were truly our goal, we would prefer high inflation to high unemployment, distribute work more evenly, settle for (somewhat) less aggregate but less concentrated wealth, and pay the person who prevents heart disease more than the cardiovascular surgeon. The political gauntlet has been thrown down, but the main response has been the wringing of hands.

Many surveyors of the gradient believe that identifying its contours and consequences is in itself a sufficient argument for redress. Society at large appears to be divided on the issue. There seems to be a greater tolerance for hierarchy and concen-

trated wealth today than thirty years ago. The political spectrum world-wide has shifted to the right. Collectivist and redistributionist ideas, especially those that invoke government as the agent, have been widely discredited. Voter turnouts are in decline, and the youthful political activism of a generation ago has given way to self-expression through hair colouring and body-piercing. Population health is a "we" notion in a "me" world. What is to be done? And who is to do it?

Neoconservatives and social democrats may find common ground in the population health perspective. Both believe in equality: the left in equality of outcome, the right in equality of opportunity. Many who are indifferent to disadvantage among adults (it is their own fault, unemployment is inevitable and stabilizing to the economy, coddling through welfare only creates dependencies, etc.) would more readily support investing in children, whom they deem innocent victims of the inabilities of their parents. As it turns out, intervening very early in life with good nutrition, nurturing and stimulation is immensely more cost-effective than rehabilitating the lives of those with imperfectly connected neurons who were socialized early into a culture of failure. (That the family, including the adults, is the crucial unit of intervention escapes many but the general point would still appear to stand.)

Where self-interest is the dominant *zeitgeist*,* a more complete accounting of the costs of inequality might renew interest in collective action. The successful pay a steep price for inequality: gated communities, private schools so their children do not have to compete for the teachers' attention

with "troublesome" poor kids, commutes from the suburbs to avoid exposure to the homeless and addicted, worries that their children will fall in with the wrong crowd because there is a wrong crowd. As the American inner city experience has shown, it is impossible to quarantine despair.

In this environment health boards have difficult roles. Despite their formal accountability for population health improvement, they are by and large powerless to achieve it in any direct sense. They are well positioned, however, to increase understanding and publicly connect the dots of wealth, work, civic engagement, and health. They can illustrate how the gradient affects not only the poor, and they can calculate and publicize the price the successful pay to maintain a system that creates so many losers despite the relentless ascent of the GDP. What gets measured and rated gets attention. Health boards need to support the development of, and adopt into their vocabulary and accountability frameworks those measures that provide a more complete picture of the consequences of how we choose to organize our economy and our democracy.

The population health idea imposes divided loyalties on health boards. They govern mostly conventional but complicated health care services and are by extension their advocates. Yet as representatives of the public they also have an obligation to be critics, particularly of services that deliver little at the margins for very high cost. Here they are up against the juggernaut of drug companies, technology manufacturers, and providers, all of whom understandably want to expand their domains and urge the public on to raised expectations. Telling the truth about wealth, health, and hierarchy means also telling the

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* Trend of thought and feeling in a given period.

truth about what health care can and cannot achieve. If they are to pursue successful population health strategies, boards will have to create sufficient distance between themselves and the existing services they govern in order to create opportunities for redeployment of resources elsewhere.

Talk is cheap and pseudo-accountability changes little. What is the consequence for failing to flatten the gradient, and who bears the price? Politicians in several Canadian provinces have made hay reducing welfare rolls and have not been held to account for increased poverty and diminished equality of opportunity. Perhaps the first step is to refocus the debate away from the particulars of the health care propaganda war and towards the quality of life among the bottom quintile. Forcing society to make explicit rather than implicit choices about how health status is distributed may diminish the seeming indifference to the fallout from exacerbated inequality. Logically, no government can be held accountable for population health achievements if its citizens explicitly eschew a gentler gradient. Let us at least insist that such choices be explicit, and their consequences be known. Is it too optimistic to imagine that such knowledge and discourse will unify rather than divide?