
PATHWAYS TO PROGRESS: Caring about care

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As people contemplate improving their health this time of year, we wish everyone a healthy new year.

With the new beginning, personal flaws and fallibilities are openly acknowledged as person after person resolves to lose weight, quit smoking, restrain vices, get more exercise, relieve stress, take better care of themselves and get more out of life.

Such resolutions reflect the pretense that health is a matter of individual choice. Perhaps this deception is a reason why so many resolutions at the start of a new year are halfhearted.

Public health experts Paul Zimmet, K.G.M.M. Alberti and Jonathan Shaw write that "one of the myths of the modern world is that health is determined largely by individual choice."

They make this observation in the context of analyzing the worldwide diabetes epidemic — ironically, a disease that has a reputation for demanding precisely those qualities of self-restraint and individual choice that we emphasize most in resolutions at this time of year. Also, it is a disease that is jumping to the front of challenges concerning public health.

Diabetes is a once-obscure disease that historically garnered scant attention as a major health problem. Today it is seen as a rising public health risk, not only in Texas and the nation, but also right here in our community.

Over the past decade, it has joined the 10 leading causes of death with a death rate that has increased in Tom Green County by 36 percent since 2000. The most recent estimate that 12.4 percent of local adults have diabetes is 2 percentage points higher than the state rate and 4 points over the nationwide percentage of adults with diabetes.

The increasing prevalence and growing death rate, however, are not what make diabetes so explosive as a public health risk. The alarm is due more to the aggressive long-term complications such as heart and blood vessel disease, stroke, nervous system disease, amputations, and kidney and eye disease created by the ailment.

These disorders cause irreversible damage that unfold for decades before being identified and treated, usually at immense expense.

These qualities make diabetes one example of a group of noninfectious chronic conditions topping the public health agenda because their long-term degenerative impact on personal health is exacting a gigantic and growing burden on the health care systems of one community after another. Obesity and hypertension are other examples.

Prevention of the long-term complications is a key issue that requires much more than individual choice, will power or personal responsibility. Inevitably, prevention demands medical intervention and management in ways not yet imagined in our community.

Unfortunately, we are still stuck on the question of whether some folks should even have access to our system of medicine.

We are harsh in our town when it comes to this access. According to 2010 census data, we have left some 28 percent of working-age people (18-64) without health insurance, creating major obstacles for access to the health system.

The number is 30 percent for Hispanics and 71 percent among noncitizens. Although fewer than 500 tots younger than 6 are not covered by insurance, a staggering 91 percent of uninsured toddlers are Hispanic.

Of course, there are reforms afoot that are designed to promote the prevention needed to address the long-term challenges of chronic conditions and to improve access of vulnerable populations to health care. Health care reform, however, evokes reservations from many folks and outright hostility from a vocal few in our community.

The most hostile among us seem repulsed by the idea of sharing access with someone who botched the New Year's resolution to lose weight, quit smoking, restrain vices, take better care of themselves and get more out of life. They loathe the thought of paying an insurance premium or tax that helps bring someone slacking on personal responsibility into the health care tent.

In reality, however, the world does not reach this kind of perfection. Indeed, the delusion that individual choice is the sole or primary driver of health outcomes demands a level of perfection likely to make pretenders of the most ardent advocates of personal responsibility. The rate of breaking those tidings of good health at New Year's is testimony.

The system also is imperfect so that those fortunate enough to have insurance coverage cannot escape sharing the cost for those without it, as charity care provided to uninsured or underinsured patients at hospitals illustrates.

The two main local hospitals reported nearly \$46 million worth of charges for charity care in 2009, charges that must be recovered in the revenue coming in from paying patients.

If the more than 82,000 medically insured Tom Green County residents shared equally in the hospital charity charges, each would pay about \$554. Substantial portions of that hospital bill and insurance premium go to covering charity care.

Our hope for 2012 is that this community, along with the state, can move past the strange notion that some of us deserve health care while others don't.

The framework for reform is in place. We need to adapt it and fit it to our local community. We need to work sincerely toward removing the barriers of access to health care. We need to work seriously on developing the prevention culture and methods that will enable us to address the real emerging challenges to the public health.

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