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HOLISTIC HEALTH: ITS MEANING AND ITS IMPLICATIONS

Moderator: ROY R. ANDERSON. Panelists: RICK J. CARLSON*,
PATRICK B. ROSE, M.D.**

ROY R. ANDERSON: There are several points in Bob Froehke's excellent speech that I would like to repeat for purpose of emphasis and to underscore the remarks I will make.

He said that when the interests of the patient and the physician are in conflict, the HIAA will come down on the side of the patient. Historically, the positions of HIAA have been compatible with those of the A.M.A. and the A.H.A. Bob's statement that the HIAA is prepared to differ from the A.M.A. and A.H.A. is an important one.

He referred to the winds of change -- and, never in my judgement, have they blown so fiercely.

He referred to the potential importance of the holistic health movement.

With gentle words, he spoke of the need for actuaries to exercise their imagination and creativity in developing new approaches to the present crisis in the systems of medicine and health insurance. His words were gentle, but his message was not. The substance was: If we do not get started immediately, the system of health insurance is not going to remain in the private sector a great deal longer.

It is with the same spirit of urgency that I would like to speak about the holistic health movement. I believe this movement will be making an increasingly important contribution to the improvement of the health of the public. As a result, holistic health will be having a great deal to do with how we will eventually get ourselves out of the mess we have worked ourselves into. By "mess", I mean the deficiencies and misperceptions that have developed in our systems of medicine and health insurance:

1. We have lost sight of the meaning of the word "health".
2. Our system of medicine is not a "health care" system; it is a system devoted almost entirely to the curing of sickness.
3. We have lost sight of the fact that each individual is responsible for his own state of good health.
4. The third-party system of financing the medical care system -- the financing system we call health insurance -- has been primarily

*Mr. Rick J. Carlson, not a member of the Society, is a Consultant in the Field of Health in Mill Valley, California.

**Dr. Patrick B. Rose, not a member of the Society, is the Former Deputy Minister for Health in Alberta, and is a Doctor in Private Practice in Alberta, Canada.

responsible for our system of medicine becoming a highly technical, hospital-oriented and increasingly expensive system of sickness.

5. This method of financing (both governmental and private) is systemically and fatally flawed, because it gives the physician full control in the diagnosis and treatment of his patient. Neither the physician nor the patient is concerned about the cost of treatment when it is being rendered; in fact, it is in the immediate interest of both that such treatment be the best possible -- often the most expensive.

The foregoing statements lead to two inescapable conclusions. First, under the present system of financing, there is no effective way to control medical costs. Second, a further expansion of the present systems of health insurance -- either the private system or the government system -- would make worse the present crisis in medical care costs.

We must recognize that our present system of medical care financing must undergo fundamental change. This change, in turn, must be based on a fundamental change in the perception of the relationship between patients and their physicians. Again, in turn, this changed perception must begin with a true understanding of the meaning of health -- of how we attain and maintain health -- and of who is responsible for health.

This is why I have looked upon the holistic health movement with such great hope. It does involve a new perception of health. It does involve many new and different techniques for the identification and treatment of sickness. And perhaps most important, an integral part of holistic health is the concept that each individual is responsible for his own state of health. As this movement grows, I believe it can relieve tremendously the pressures on the present system. This is the great hope.

But holistic health is no panacea. The Lord only knows how we will be able to pull ourselves from the present quagmire onto the sound ground of a healthy concept of health.

But it is time that we began to think in new perspectives. I hope that our discussion today will be such a beginning.

I will explain what I mean when I say we have lost sight of the meaning of health. For decades we have misled ourselves with the improper use of the word "health". We refer to the system of medicine as a "health care" system. But this system has very little to do with "health". It is a system almost entirely devoted to sickness. Until very recently, the only consideration given to the state of health was that of advocating more frequent and more thorough medical exams -- or the avoidance of smoking or drinking. At best, such programs help us to achieve a rather passive state of non-sickness.

So how should "health" be defined? For myself, I am attracted to the one given me by my own physician. He is Dr. Russell Jaffe of the staff of the National Institutes for Health in Bethesda. Dr. Jaffe has a deep knowledge of both Western medicine and the practices and philosophies of the East. Here is his definition:

"Health is the state of an individual being in harmony with his external environment and in harmony with his internal environment -- and being active in both."

The use of the word "harmony" suggests that health can mean a great deal more than the mere absence of sickness. "Harmony" brings to mind concepts such as beauty. And joy. And love. And purpose in life. In fact, the concept of health that Russ Jaffe offers suggests to me that each of us would profit greatly by reviewing carefully what health means to each of us.

What then is the meaning of the holistic health that is the subject of this panel? Perhaps the most important feature of this expression is that it means more than the health of the body. And more than the health of the mind. The definition I would offer is:

"Holistic health is the totality of physical health, mental health and spiritual health. Moreover, these variously named forms of health are not separable; rather, they are intertwined and combined into one system of total health. Further, an integral feature of this concept is that each of us is responsible for his own state of health."

An important feature of holistic health is that it includes the practice of healing techniques that are generally regarded as being outside the parameter of the medical establishment. There are many practices that meet that description. However, I will offer several examples based on my own experience.

My first experience was about five years ago. I came across a book on transcendental meditation and decided to try it. For me -- by my standards at that time -- the decision to take a course in TM was a pretty far-out decision. But just prior to that, I had seen evidence that had convinced me that there were powers of the mind beyond the five senses -- and that our Western culture had much to learn from the philosophies and practices of the East. I had decided to try to open my mind to new ideas and beliefs.

For me, transcendental meditation worked. It did what they said it would. In a matter of weeks, or months, my chronic headaches stopped -- my blood pressure decreased -- I slept much better -- and I began to experience what they describe as "increased creativity".

I am not advocating TM specifically. I have since found that there are other ways to achieve similar results -- such as relaxation response and bio-feedback. But, regardless of which technique is used, a program of stress control is an opportunity to reduce tension, relieve pressure on your cardio-vascular-renal system, and to improve health.

The next experience was the result of reading a book on acupuncture -- and this led to a brief study of the Chinese culture and philosophy. I learned that acupuncture has been an advanced system of medicine for thousands of years. During the past year, my wife has been diagnosed and treated by an acupuncturist who is also learned in Western medicine. In the United States, acupuncture is usually thought of as an unusual form of anesthesia. My wife would tell you that it is much, much more than that.

Next came my treatment over the past year or so for an impairment of the nervous system. During a five-year period some years ago, I had a series of four acute attacks that were diagnosed as multiple sclerosis. Following the acute attacks, I returned to fairly good health, but I was left

with chronic and annoying symptoms of MS. MS was still the diagnosis according to Western medicine. But the practitioners of Eastern medicine see the nervous system and bodily energies differently. Among other things, they prescribed treatment of mega-vitamins and suggested better diet. What symptoms I had up to a year ago have virtually disappeared.

None of the three experiences I have just described are courses of treatment that are identifiable with our high-technology Western medicine. Further, I have described each of them from the perspective of curing an illness. However, I have found that each of them can also help in achieving a better state of good health. For example, from practicing meditation, I have some understanding of what Dr. Jaffe meant when he included "being in harmony with your inner environment" as being an integral part of health.

The fourth experience I will relate is also not thought of as part of our medical care systems -- but I believe it is one that offers the greatest single avenue for an individual to attain the state of good health. That is the opportunity I had to gain an understanding of the importance of physical fitness as the result of meeting C. Carson (Case) Conrad, Executive Director of the President's Council on Physical Fitness and Sports, and his staff. From these men, I learned that the easiest and most natural way of achieving the state of total health -- holistic health: physical, mental and spiritual health -- is to engage in a regular program of physical fitness. When I relayed this finding of the President's Council on the East Coast to Rick Carlson (consultant on holistic health) and some of my friends in the more esoteric movements on the West Coast, they confirmed that they had found the same thing. When physical fitness is achieved, mental fitness and spiritual fitness tend to follow naturally.

Now, what has all of this to do with our system of health insurance? Precious little, I am afraid. The practices I have described are not generally covered in any health insurance system. Perhaps that explains why the health insurance business has shown little interest thus far in the holistic health movement.

But I submit that what has been learned from this movement could make a great contribution to the good health of our citizens. It would thereby reduce the pressure on -- and the over-use of -- our over-burdened and overly-costly system of medicine.

In fact, much of this added knowledge and new perspectives are already being incorporated in a great many new programs. In fact, you might even include all of the many things that are being done by individuals to achieve better health as a part of this holistic health movement: programs of physical fitness, such as jogging, running, tennis, etc.; the increasing rejection of junk foods and the interest in better nutrition as evidenced by the growth of natural foods stores; the objections of marketing of candy and sugar-laden breakfasts to children; the movements aimed at achieving "inner peace" -- EST, TM, relaxation response, etc.; the "self-care" movement -- or being your own doctor.

I am convinced that the public itself has shown far greater understanding and initiative than have the leaderships of our institutions in the public's perception that our system of health care is not "delivering" good health to them -- and that they must take on this responsibility for themselves in their own way.

Just as the public has been seeking its own answers to good health, so also have there been organizations at the grassroots levels that have been constructing programs that would help the public in their search. The number of such programs is growing very rapidly. I will describe just three of them with which I have some personal knowledge and association.

1. There are a growing number of holistic health centers. An excellent example is the Wholistic Health Center of Hinsdale, Illinois -- one of the pioneers of such centers and one whose operation is singular in being church-oriented. Its president is Granger Westberg, a Doctor of Divinity.
2. There are a goodly number of programs being developed by medical organizations for the purpose of having business organizations make available programs of self-improvement for their employees. An example is the Health Promotion Program of the St. Louis University Medical Center. Their program begins with improving physical fitness -- moves on to reducing stress -- and then to a diverse program of education in better health practices.
3. The President's Council on Physical Fitness develops many types of programs for the purpose of encouraging physical fitness. Historically, these have been aimed at the high school and college level. But in recent years, they have taken on a broader scope. Many of their programs are done in cooperation with corporations. For example, within the insurance business the Travelers has participated in such programs for a number of years -- and the Connecticut Mutual introduced a most successful "Run for your Life" program last year.

My first inclination in offering some concluding remarks was to urge that each of you become more interested and involved in the holistic health movement because I believe it will prove to have substantial impact on our systems of medicine and health insurance. And I would also suggest that you and the organizations that you may represent be supportive of the types of programs of health promotion that I have just described.

But, I will close on another note. A more personal note. I have profitted greatly from the people I have come to know and the understanding I have gained during these past four or five years that I have followed the trail of the holistic health movement. I enjoy the best state of health that I recall. I wish for each of you that you be so fortunate as to pick up the same trail. And the easiest way I know is to take literally the suggestion that Bob Froehke gave us in another context: Get moving. Get some regular exercise and get in shape. The rest will follow.

MR. RICK J. CARLSON: Before I get into the substance of my talk, I will share with you at least one of the reasons why I think Roy wanted me to give this talk. Much of what I have done and much of what I do with respect to public policy formulation in the health area in the United States is an attempt to bridge between existing health care institutions and new ideas, trends, thoughts, practices and so on to improve the understanding of those who occupy positions of influence.

Many of you, even those more deeply involved in health care issues, make certain assumptions about the holistic health movement. In some respects, they may indeed be quite accurate; but they may not be complete. They may

not be as full an expression of what the holistic health movement is all about as might desirably be the case. So my task here is to take what you already think about the holistic health movement and to expand your understanding. Perhaps among you there are those who have the image that it represents nothing more than a cluster of new techniques and modalities practiced mostly in California, perhaps having something to do with approaching a serious problem like cancer with a combination of massage and pickles.

Much of what I want to do this morning in the short time that I have before me is to put the holistic health movement in some kind of historical and contemporary context so that we can get a better sense of whether or not it does represent something quite new and quite formidable on the health care scene.

So let me start by taking us back historically first to create a brief historical framework in which to understand the holistic health concept. Let us all assume for the moment that all of us in this room instead of being here in 1979 are here in the year 1900. Let us assume that our agenda was to simply have a discussion about what the influences had been in the past that had brought us to where we were today with respect to our own health. As a group we would be discussing what those influences and factors had been, and indeed still were in the year 1900 as opposed to the year 1979.

The meeting would have been very different. Without going into detail, we would inevitably have stressed some very major factors which had contributed to the improvements in our health as a population prior to the year 1900. Almost all of our discussion would have centered on public health and environmental improvements. We would not have talked much at all about medicine or therapeutics. We would have focused very heavily on public health and environmental questions. And among that larger set of environmental and public health issues we would have stressed the role of improved nutrition, including the capacity of societies to improve the means by which they distribute foodstuffs to large numbers of people. Based on the evidence in the year 1900, those would have been the major factors influencing our health. There was medicine, and certainly people were being "cured" from time to time. But as against a meeting today in 1979, were we to look backwards, the predominant influences prior to the year 1900 were public health, environmental in origin and largely having to do with nutrition.

As an historical footnote, in 1900, nearly half of the physicians would have practiced homeopathic medicine as opposed to allopathic medicine commonly practiced today.

In the last 79 years we have experienced a major change in the way in which we as a society approach the question of health, both in Canada and the United States. Now as we look backwards from the year 1979 we are aware that, despite what had contributed to our health prior to the year 1900 we have progressively developed and elaborated on a very sophisticated medical care system to deal with our problem.

Every society has a medicine and every society creates and crafts a social response to its health care problems. Notwithstanding the title of my book, The End of Medicine, and the fact that it is, along with Ivan Illich's Medical Nemesis, is a harsh critique of medicine, indisputably we have gained something from the practice of medicine in the last 70 years. There have been many cures achieved, and we know a great deal about human biology. I am not

suggesting that we have wasted our time. What I am saying is that we are perhaps at another pivotal place, as we were in the year 1900, in terms of the kind of social response we may choose to make to the health problems that we perceive.

Given that and where we are today, what can I say about the holistic health movement? It represents, among other things, a "new idea" about a way of thinking about health, a new perspective, as Roy has already pointed out. And yet many people assume, to some degree correctly, that the holistic health movement is essentially a fringe movement located largely in California and therefore need not be taken that seriously.

So let me suggest that it has a good deal more profundity than that. There are really three ways of looking at the holistic health movement. The first is looking at it as a concept or an idea. The second is as a movement, and the third is looking at it as a way of describing certain techniques or modalities in dealing with patients who have health problems.

First, and most important, I will talk about it for a moment as an idea. It is very important to point out that the word holism is not old in our language. It was coined only in the year 1928. The reason for creating the word holism then had nothing to do with health or medical issues at all. It was created as an epistemological term or philosophical term. One of the premises of our modern scientific way of looking at things is reductionism; that is to say, as a way of understanding a phenomenon we reduce it into its parts and then examine the parts very carefully to get an understanding of how those parts work as a way of understanding how the phenomenon works for example, an automobile engine or a human being. Reductionism, as a philosophical position, is very much an underpinning of the way in which the modern medical care system works.

Holism was coined as a opposite to the term reductionism, suggesting that there is another way of looking at phenomena, by looking at them as wholes. In other words, look at phenomena as if they are something more than the sum of parts. And it has particular applicability to the human being. Therefore it is not a surprise that at least in the United States, the term holism has come to be the first applied to that part of the scientific enterprise we call medicine. Medicine is dealing with human beings with respect to their health; it is not the same as dealing with an automobile where it might make much sense to examine just the parts. The term is being used in other sectors of our society as well. We now find references to holistic education, and so on and so forth.

The second way in which the term is used is the holistic movement, in terms of a political constituency. And indeed there is a holistic health movement in the United States that has the markings of a political movement. It is most strong in California, but I should quickly point out that the largest concentration of wholistic (with a "w" in this case) health centers in the United States is in Illinois, not in California, and the creation of those centers has been supported by the Kellogg Foundation, not a foundation known for taking chances. Although it is not confined to California, it has the aspects of a political movement in California.

The third way of looking at the holistic health movement is in the sense in which it somehow represents a cluster of modalities or techniques. When I work with people on Federal health policy issues, I discover their idea of

holistic health is a series of techniques that are new and different, having to do with massage, biofeedback, acupuncture, or something like that; something that does not fit into medicine and has always lain outside of medicine.

I have already said that the real power lies at the conceptual level. Importantly, there is nothing more inherently holistic about acupuncture or biofeedback or massage than there is about surgery. It depends entirely on the context within which the patient and the provider meet. And one of the great deficiencies in moving the holistic idea along further is not among providers but among patients who want a quick solution to their problem and are not willing to look at their responsibility for it, how they are involved in the process of disease and health.

The label holistic can be applied to certain new techniques to the extent to which they attempt to approach the human being as a whole person. But a surgeon can do the same thing. It depends on the tone, the context, the nature of the interaction, and the perspective that both the patient and the provider bring to the experience.

Let me give you a few examples of how holistic thinking, not at the movement level or at the level of technique, but at the conceptual level, has already impacted on public policy in the United States and on the way in which we do things.

First of all, even as evidenced by what Bob Froehle said here today, you can not discuss the question of national health insurance without paying some attention to the holistic health movement. Some advocates and proponents of the national health insurance plans now have broadened the definition of health in their plans and in their bills and are paying attention to the need to develop other programs outside the financing of medical care that deal with the health problems that we face.

Secondly, an Office of Health Information and Health Promotion has been created within the Department of Health, Education and Welfare. The term "health promotion" has come to be an off-shoot term of the holistic health concept which refers to a variety of things which people can do for themselves to promote their own health - fitness, diet, nutrition, stress reduction, and so on. That office did not exist about five years ago.

As a third example, the National Cancer Institute, a part of the National Institute of Health, is looking very hard at nutritional issues with respect to the onset of cancer. Ten years ago if you had asked a cancer specialist whether nutrition had anything to do with cancer, the answer was very likely to be, "Not at all." Now there is an openness to consider the relationship between nutritional issues and the onset of various kinds of cancer.

Another example that I would give is what I call the "biologizing" of the environmental movement. Many environmental groups and environmental movements in the United States, which were essentially political movements in the past, have focused, and importantly so, on the esthetics of the environment. In a place like Banff you have to really appreciate the importance of that. It is indeed important to preserve the kinds of beauty we see around us here. In the last few years a number of people from the biological and health sciences have begun to appreciate that some of the issues that the environmentalists have been raising also go to the very question about whether we as a species will survive at all.

Stated dramatically: Are the kinds of things we have been doing in the interest of growth and progress in the last twenty or thirty years, particularly in the United States, leading to damage to the chain of life itself? We are finding the fusion of traditional environmental groups and those people interested in the survival of life itself. There is a part of the holistic perspective beyond just the assumption of responsibility by individuals. It looks at a variety of factors, including environmental and cultural ones, as they impinge upon human health.

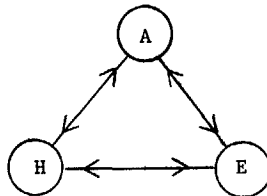
Another example is the growing recognition of the role of mind in health and healing. Looking at the medical care system, one gets the impression that the role of mind is not important at all. However, if you talk to physicians, you discover this is not true. Much of what the holistic health movement has to offer, in addition to what I have already suggested, is this notion that the onset of disease can result as much from the failure of will as it can from a failure of biology.

Other illustrations of the impact of holistic thinking on public policy and social responses would be the rather rapid development in the last few years of hospices and birthing centers to deal with two problems which in the past have been perceived as medical problems. These centers and hospices place less emphasis on "sickness" aspects of the person about to die or the pregnant woman, emphasizing aspects of life. The hospice movement and the birthing center movements are antidotes to a less human approach and they have occurred in part at least, by taking a holistic perspective on what health is all about, and indeed what life is all about.

The last example I would give is associated with the biologizing of the environmental movement, and that has to do with biosocial decline. A small group of us in California, with some foundation support, have attacked the hypothesis that young people in the United States are worse off in terms of their health and well-being now than they were twenty years ago. We looked at a wide range of biological and social indicators, including chronic disease rate, to ascertain whether or not the hypothesis made any sense, not prove it, but just to determine whether or not it was probeable. We have found, in looking at what data we can find, that in each instance the quality of life or the well-being of young people in the United States has declined in the last twenty years.

For further information, I refer you to two articles: "Chronic Diseases on the Rise Among Young People" by Leigh Bellingall and "The Biosocial Decline Hypothesis" by Michael Lerner. Both articles appear in Volume 1, Number 10 (Summer 1978) of Working Papers, a research publication of Commonweal, Bolinas, California 94924.

The schematic shown below represents a way in which a society could choose to approach improving its health. The letter A represents the agents of disease; H the human host; and E the environment in all the senses.



When society attempts to improve its health, what should it do? Should it emphasize the identification and the management and elimination of the agents of disease through a medical care, therapeutic approach? Should it emphasize strengthening the human host, and/or should it emphasize improving the quality of the environment, the E? These choices are not mutually exclusive; they are matters of emphasis.

At the turn of the century the gains we had made in human health had come largely from the strength the human host has gained from environmental improvements, and very little from therapeutics (letter A). In the last 70 years, although those things have continued to some extent, some of the gains we have appreciated in terms of human health have been derived as a result of emphasizing the identification and the management of the agents of disease through modern medicine.

Much of what I am saying to you today and much of what the holistic health movement represents as a concept suggests that we may be at another turning point. We want to preserve what we have learned and gained from our emphasis on the letter A in the last 70 years, but it is time now, if future gains in our health are what we are trying to achieve, to once again recognize and develop programs and policies which improve the quality of the environment and strengthen the human host? A review of the evidence and the movements in public policy and the concept of holism at the conceptual level, forces the conclusion that if we are interested in improving our health in the United States, Canada, and other developed countries, we must preserve what we have already learned and gained from modern medicine. But now is the time to begin to develop new programs and policies consistent with the letters E and H that improve the environment and strengthen the human host.

DR. PATRICK B. ROSE: In Canada, the primary responsibility for the provision of hospital and medical services to most of the civilian population, for health sciences education and for the regulation of the health professions has been acknowledged to lie with the provinces.

The Federal government also has a measure of responsibility - and this was expressed in 1948 in a series of grants to assist the provinces in the fields of hospital construction, training of health professionals, public health research, general public health programs and programs for the control of specific disease. These grants led to basically uniform programs of insurance against the costs of hospital and medical care -- The Hospital Insurance & Diagnostic Services Act 1957 and the Medical Care Act 1966.

In 1972, when Mr. Marc Lalonde became Minister of the Department of National Health and Welfare, the spectre of catastrophic medical and hospital bills, had been substantially eliminated. Nevertheless there were a number of problems facing those with responsibilities for providing health care services. In the health field 12 problems were delineated not the least of which was a cost escalation rate between 12% and 16%. Studies of these problems led to a working paper entitled: "A New Perspective on the Health of Canadians" which was published in 1974.

"A New Perspective" proposed that the approach to health problems should be from four directions:

1. Human Biology - defined as all that relates to the biological makeup of man, including the various body systems, genetic inheritance, maturation and aging.

2. Environment - defined as the influences on health which are external to the human body and over which the individual has little or no control.
3. Life Style - defined as all the individual decisions which affect health and over which the individual has more or less control.
4. Health Care Organization - defined as the sum of the health services provided to Canadians by health professions and institutions.

Due to my limited time the remainder of my talk will deal with the effects of No. 3 - Lifestyle. The Federal government has been a leader in proposing and financing programs to help modify personal habits which are serious dangers to life and health. Among these are: abuse of alcohol, including driving while under the influence; cigarette smoking; lack of sufficient exercise; over-eating or eating the wrong foods; drug abuse, including the excessive use of pep pills, tranquilizers and sleeping pills; and failure to attach seat belts while driving.

In terms of expenditure by the Department of National Health and Welfare the following percentage and dollar increases 1969-1970 to 1973-1974 are noted:

INCREASE IN EXPENDITURES

<u>Growth, 1969-1970 versus 1973-1974</u>		
<u>Topic</u>	<u>Amount (Millions)</u>	<u>Percent</u>
Human Biology	\$ 8.9	29%
Environment	16.9	79
Life Style	33.4	278
Health Care Organization	1,064.6	85

Operation Life Style is a major health promotion program designed to emphasize the relationship of life style to health status. Seven components are of particular importance: alcohol, smoking, fitness, nutrition, drugs, safety and general health.

One of the tools available to the department is a "cheque insert" program. By this means two pamphlets were inserted into Family Allowance and Old Age Pension cheques - reaching a total of 3.6 million Canadians. One pamphlet, "Your Lifestyle Profile" defined life style and provides a simple method of measuring it individually. The second pamphlet announces the "Fit-Kit" for adults which is a Home Fitness Test, to enable them to find just how fit they are and then select a physical activity program to their age, fitness and personal life style. The Fit-Kit sells for \$4.95 and to date more than 38,000 have been purchased.

Concern about the level of fitness of Canadians has led to the formation of a branch of Fitness and Amateur Sport in the Department of National Health and Welfare. The branch funds the National Sport and Recreation Centre, Inc., housing 42 national sport and recreation associations, providing them with administrative, technical and promotional services. The Coaching Association of Canada and the Canadian Academy of Sport Medicine are private corporations created and supported by the branch.

Sport Participation Canada (Participation) is a private, non profit corporation, core funded by the Federal government in the belief that the private sector possesses expertise and skills of a very special kind not available to government. Participation is producing films, posters, ads on T.V. and radio directed to physical activity. Private industry is taking over the funding of this corporation.

New Horizons is a program to encourage and enable retired Canadians to share their interests, skills and talents in carrying out projects of their own choosing, and these have ranged from Drop-In Centers to Physical Fitness Programs. To be eligible for a grant the group must consist of at least 10 volunteers. Then funds are available for materials, equipment or expenses, but not for salaries. This program has been much more successful than originally anticipated. To date over 20,000 projects involving thousands of seniors have been launched.

In describing the Federal government's involvement in physical activity programs, an issue was raised which also appears on the provincial scene. Each of Canada's 10 provinces has developed or is developing a large number of programs with a focus on physical activity. There are a number of different agencies having some degree of involvement in the field. In Alberta, for example, out of a total of 58 departments and agencies, 47 have an involvement in outdoor recreation and 42 in sports and physical recreation. In Ontario, there are 56 departments or agencies: 46 are involved in outdoor activities and 36 in sports and physical recreation. Obviously, involvement is as widespread in the provinces as it is at the Federal level.

In reviewing the programs of the provincial governments related to physical activity, it becomes clear that more interest is being taken in fitness related programs than ever before. There are an encouraging number of programs either developed or under development in the provinces with a focus on physical activity. There is no doubt that many more people are actively participating in many and various kinds of physical activity. One study comparing 1972 to 1976 shows an increase in participation in 10 sports of from 13% to 197%. A table from Statistics Canada, report numbered 87-501, is reproduced here:

GROWTH IN PARTICIPATION

Activity	1972-1976		Growth in Participation(%)
	Number of Participants-1972	Number of Participants-1976	
Tennis	732,000	2,175,000	197
Skating (alpine/ downhill and cross country)	1,001,000	2,534,000	153
Jogging	1,039,000	2,575,000	148
Golf	1,100,000	1,911,000	74
Swimming	4,191,000	7,117,000	70
Skating	2,155,000	2,930,000	36
Bicycling	1,743,000	2,225,000	28

Activity	1972-1976		Growth in Participation(%)
	Number of Participants-1972	Number of Participants-1976	
Curling	643,000	826,000	28
Hockey	1,191,000	1,459,000	23
Walking for Exercise	6,167,000	6,984,000	13

In Edmonton, using the Y.M.C.A. as an indicator, the Central Y.M.C.A. Fitness Club had 700 members in 1974, and now has 1,494. Females were introduced to the Y in 1976 and there are presently 200 members - and all classes are co-ed. Some 2,000 people attend Community Fitness Classes, 60% of whom are female. Joggers are everywhere, even in the winter in our chilly climate. The Edmonton Jogger's Club in 1974 had 644 members and today has 922 members. We have a Field House that over 1,200 people use on a weekly basis throughout the year. Our citizens in Canada have been covered for hospital care since 1957 and for medical care since about 1970. The average Canadian family spent an annual amount of \$351 in 1976 for medical and health care as compared to \$585 for smoking and alcohol, and so there is not any great worry about visiting a doctor.

Programs as outlined above which seek to change attitudes and values of a whole population must be measured in terms of at least one or two generations. In the five years since The Lalonde Report was published, although many thousands of Canadians are actively engaged in physical activity, no decrease in frequency of use of medical services has been demonstrated. In my own practice (largely geriatric) there has been no observable decrease in use of medical care. At my home hospital, The Royal Alexandra (900 beds), visits to the Emergency Department has increased from 83,682 in 1974, to 91,237 in 1979.

The programs noted in this talk, I have no doubt, will eventually result in a reduction in the demand for health services but I am also convinced we will wait a long time to realize any actual economic benefit.

