



Helping healthy living

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When it comes to healthy living, can we be trusted to make the best decisions for ourselves? Anyone with a

little George Orwell in their reading history will jump instantly to “Big Brother must not make those decisions for us!” But are we any good at making healthy living decisions?

As interesting as this discussion might be, the real idea behind good public health policy is to assist people in making the right decision, not to make it for them. What should happen is to ensure good choices are easy to make. That means, for example, having schools offer juices and milk in vending machines, not just empty-calorie soft drinks. It also means educating people about their options, and about the real costs of poor choices.

What have those choices done for us? In 2003, 42 per cent of adults in British Columbia were overweight or obese; slightly more than half of British Columbians were at least moderately active; and smoking kills more than 5,800 British Columbians every year.

What can we do to improve this situation? An effective strategy means providing healthy choice, information and supporting good decision-making on health matters. Instead of force-feeding good decisions, why not just make it easy for people to do it themselves?

In March 2006, the provincial government announced that it would invest \$30 million in support of healthy living. Of this, \$25.2 million is going to the BC Healthy Living Alliance (BCHLA) to pursue recommendations made in its report, “The Winning Legacy—A plan for improving the health of British Columbians by 2010.” A further \$4.8M is going to

2010 Legacies Now to support physical activity and healthy lifestyles and to collaborate with local governments and partner organizations to increase the proportion of the BC population who are physically active.

“Sounds good,” you say, “but what’s in it for the government?” —forgetting that the government is us!

Aside from being a good public health strategy, we all benefit from being more healthy. We may live longer and better lives—a good thing—but we also gain from having to devote less of our public finances to treating illness and disease, especially chronic ones like diabetes and cardiovascular disease. For example, the cost to British Columbians for being overweight or obese is more than \$700 million annually; physical inactivity, more than \$570 million a year; and though only 15 percent of us smoke, the direct and indirect costs of this choice are about \$1.2 billion per year.

It is simplistic to suggest that only individuals should get to make these decision for themselves, then have to live with the results. The picture is complicated by outside forces like the massive marketing machines driving us to drink this, eat that, and worse. If the simplest choices are to “super-size” and to sit on our butts watching television, then how can we expect people to make the healthy, but difficult choice? Why not make good choices just as attractive? And why not educate?

The approach to healthier choice need not be “Big Brother”. Instead, as a community, and via our governments, we need to encourage better decisions and healthy choices.

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