

Culture, Health and Quality of Life

Culture is good for your health: but how do we know?

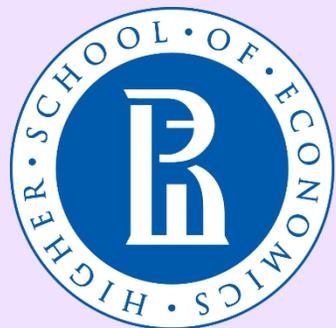
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**For information about the data and its sources or other references please contact
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Contents

- Healthy cities
- Health in Russia
- Culture and Health
-*some words from the dismal science*
- *In fact, a 'call to arms'*



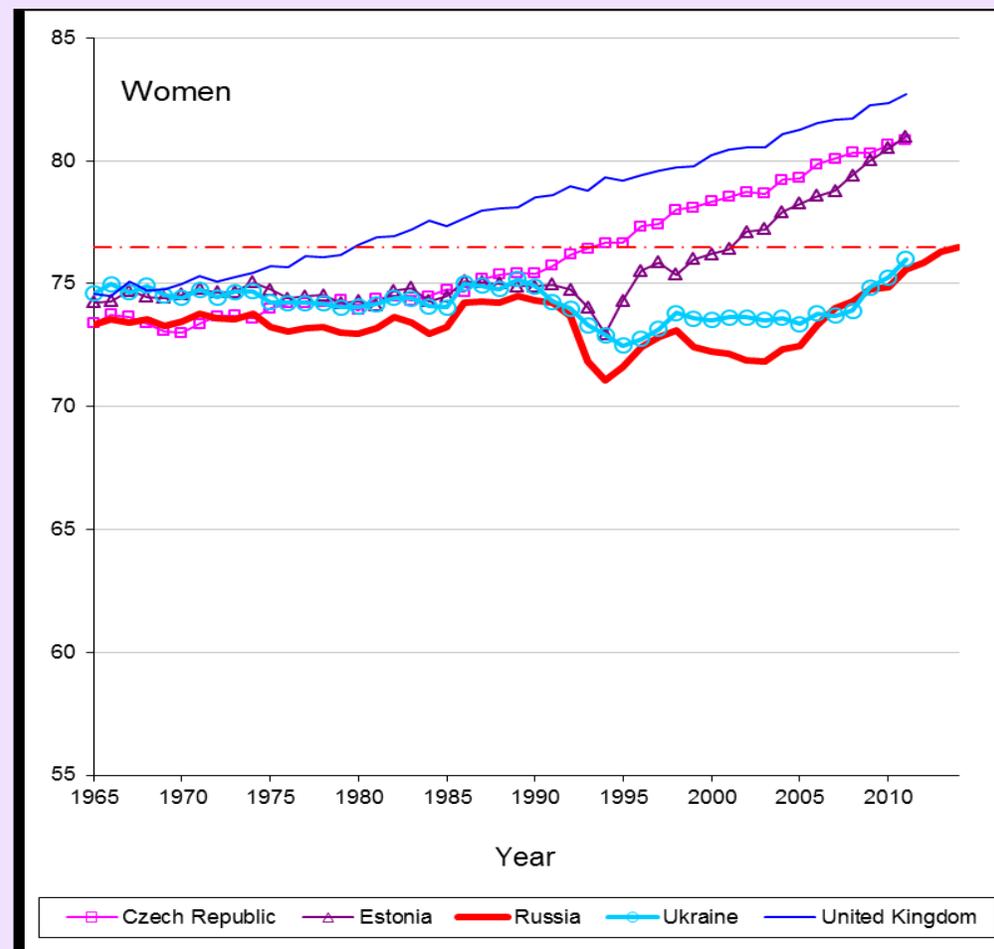
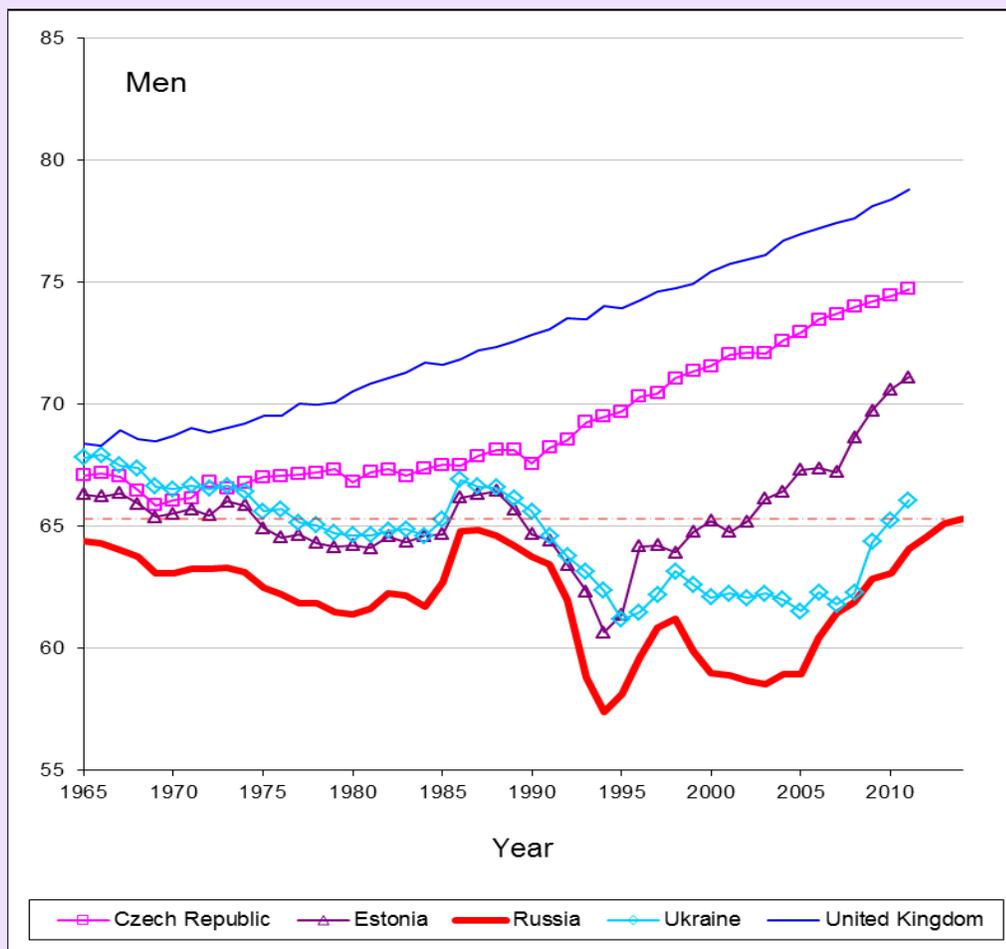
Healthy Cities Session

- I am not going to talk about healthy cities!
- There are 4 fascinating and diverse 'case studies' to fit into the session
- I will try to put a little twist of context against which we can think about these case studies but also those of the subsequent sessions
- Then it is strictly 15 minutes per presentation
 - Clarification questions (1-2 max) in-between
 - Longer discussion period at the end



Life expectancy at birth:

- Stagnation and fluctuation from 1960-2004
- Improvement from 2004-2014





1960-2004: Explanations

- The 'mortality reversal': upward trajectory in Russian life expectancy halted in early 1960s
- Big increase in cardiovascular disease in 1960s and 1970s and external causes (injuries, accidents, poisonings and violence) in the 1980s
- The Soviet health system and philosophy was not equipped for the epidemiological transition
- And then the 'shock' of the 1990s arrived



2004-2014: The underlying causes

- Alcohol
 - Heavily regulated; declining consumption; new patterns
- Smoking
 - Reductions in (male) smoking; safer tar levels in 1970s
- Social and Economic factors
 - Improved incomes, declines in relative costs of medicine, healthier lifestyles affordable, better produce; lower social strain, stress; welfare support, employment etc
- Health Care System
 - Improved CVD care (CV revolution?), better medical technologies, improved blood pressure control etc

But – period of remarkable progress



Progress, but a long way to go: Age SDR: Russia vs. UK

Russia / UK Mortality Ratio in 2014	Males	Females
Overall Mortality	2.4	1.6
Cardiovascular / Circulatory disease	4.0	3.5
Tuberculosis	34.3	14.3
Alcoholic Psychosis / Alcoholism	4.7	3.6
Stomach Cancer	4.2	3.7
External Causes	5.1	3.0



Health care in 2015: challenges

- Rapidly ageing population
 - Longer lives
 - Falling/low birth rates
- Declining resources
 - Prolonged economic crisis
- Growing demand and expectations
- Continued high rates of smoking and alcohol
 - 1.2 million CVD deaths per year linked to smoking and drinking



Health care in 2015: challenges

- **Cardiovascular care**
 - Great inequalities remain; access problems and adherence problems
- **Mental health**
 - Poor or no mental health care: outpatient clinics closing, range and quality of medication diminishing
- **Diabetes spreading rapidly**
 - 4 million diagnosed, up to 6 million unaware (cost over \$12bn annually to care for)
- **HIV epidemic still looming**
 - Up to 2 million males infected, mostly among under 30s, intravenous drug users
- **Tuberculosis remains a problem**
 - High prevalence of anti-drug resistant TB



So, what role culture?

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Welcome to the website of the [National Alliance for Arts Health and Wellbeing](#): a voice and resource for arts and health activity. Here you will find resources to support your own work, and examples of the ways that creative activity can benefit the health and wellbeing of individuals and communities. Please direct queries to info@lahf.org.uk

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ART THERAPY and HEALTH CARE

edited by **Cathy A. Malchiodi**



WHAT IS ARTS IN HEALTH?



RESOURCES



NATIONAL ALLIANCE FOR ARTS, HEALTH AND WELLBEING



ARTS & HEALTH MONTH NOVEMBER 15

Arts, health and wellbeing – making the connection

There is increasing recognition that people's health and wellbeing is influenced by a range of interconnecting factors. Indeed, the World Health Organization suggested over 50 years ago that health is a complete state of physical, mental and social wellbeing, not merely an absence of disease or infirmity.¹ This definition acknowledges that good health and wellbeing are reliant on an array of multiple factors, not just physical, but also psychological and social. Arts Council England, the Department of Health and many leading healthcare experts firmly believe that the arts have an important part to play in improving the health and wellbeing of people in many ways.



So, what role culture?

- Experience from around the world, along with common sense, medical knowledge and patient feedback all tell us that ‘culture’ and activities of a ‘cultural’ nature can directly address poor health
- So active are the arts sectors in some countries that they have explicit aims to “*integrate the arts into mainstream health strategy and policy making*” (UK Arts Council)



So, what role culture?

- That there is a relationship between engagement with creative arts and health outcomes, is not in question, but:
 - Which art-based interventions?
 - How do they influence physiological?
 - Or psychological outcomes?
 - By how much?
 - At what cost?
 - And who should pay?
- These questions are more disputed
- And yet to achieve anything like the goal of the UK Arts Council, surely, evidence is what we need



So, what role culture?

- Examples abound of routinely used **health treatments** that cost billions but that are not necessary in the vast majority of cases.
- Why not add some expensive **culture-based treatment** interventions into the mix?
- *Because no type of intervention should be free from the need for assessment, evaluation and impact measurement.*



So, what role culture?

- How do we know, that what we do for health is effective?
- Take hospitals, crude (EU) mortality rates average around 3% for all patient admissions
- So, we can be certain about the outcome associated with 3 in every 100 patient admissions
- For the remaining 97 patients we do not know whether they are 'recovered' or not following intervention
- This is not good enough for a sector based on interventions
- **Culture-based interventions can set a better example**



So, what role culture?

- We intervene with patients (individually and collectively) to subvert the expected course of events by
 - preventing (imminent) death
 - providing cure
 - relieving symptoms
 - maintaining function capacity
- We want to measure the effects / impact / consequences / outcomes of those interventions
 - primarily on patients / but also for indirect beneficiaries
 - assess the direction / magnitude of changes



So, what role culture?

- We somehow need to place a value on life, but valuing health, life and death is complex and controversial:
 - Life expectancy / survival
 - Relief of symptoms (e.g. pain, distress, disability)
 - Changed side-effects of treatment
 - Convenience / mode of therapy
 - Improved functioning (e.g. ability to work)
 - Health status
 - Health-related quality of life



So, what role culture?

- We can do it! We can collect data, just like we would and do in any other sector
 - We can and should do it with culture-based interventions
- There are standardised, simple, relatively cheap baseline and follow-up measurement techniques
 - Tools such as EQ-5D and its relatives
 - Widely used in many countries
 - Barely used at all in Russia
- But which can provide compelling evidence that an intervention works
- And can help bridge gaps between sectors that are notoriously bad at working together



PROMS: UK based 'Patient reported outcome measures'

home

Health

NHS Proms have proved effective in assessing patient care

A lack of post-operation record-keeping led Bupa's medical director to create a remarkable, yet simple, patient feedback system

www.bbc.co.uk/news/health-30382395

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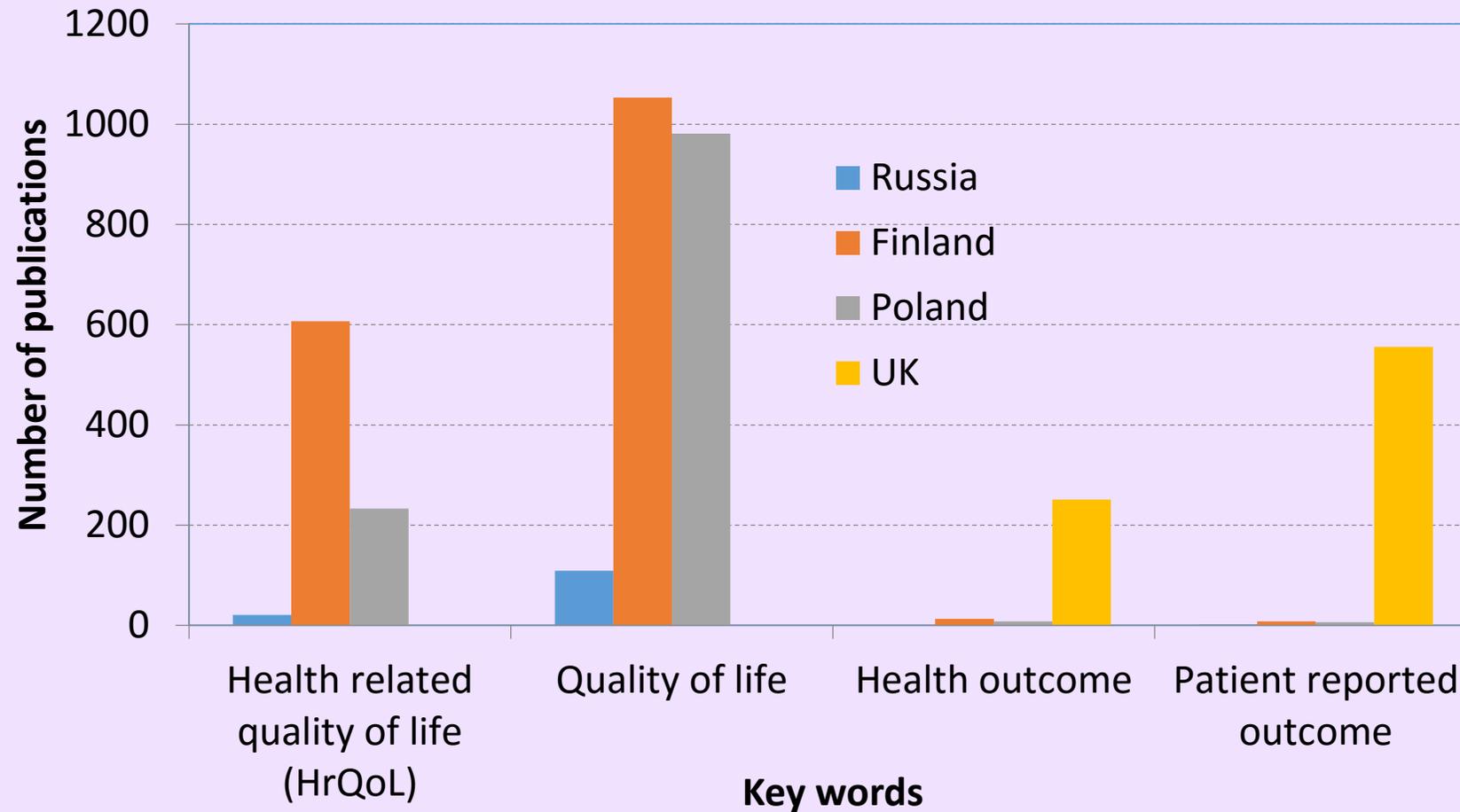


Interesting NHS data no-one is looking at

- IT MATTERS!
- According to PROMS about 20% of hernia repairs are for men who report no or minimal discomfort on EQ-5D
- Furthermore, 85% of them report feeling worse after the treatment.
- This equates to £50m of possibly unneeded treatment.



Is there much evidence based intervention going on in Russia?



Source : Pubmed citations 1995 - 2015



Conclusion

- Russia has an appalling health profile
- And its health sector is under-provisioned to address it
- Culture-based interventions can play a major role
- But, like all interventions, they should embrace contemporary scientific approaches to develop the evidence base
- In doing so, in Russia, they could set an example to the entire health care and medical sector



Finally,

Thank you!