



Towards a New Concept of Health: Three Discussion Papers

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Preface

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As the 1990s were drawing to a close, there was an apparent logjam in Canadian health policy. Stakeholders and policymakers at various levels were at an impasse when trying to discuss health issues or directions for new policy designed to improve the health status of Canadian society. It was as if the old conceptual frameworks and language were no longer sufficient for the task.

The inability to communicate about these issues was compounded by the vast changes in virtually all aspects of society and technology over the past 25 years, changes which were likely to continue. In response, CPRN's Health Network undertook a large-scale project to promote a lively and productive debate in the health policy arena and to help relieve the policy logjam.

The project – *Towards a New Perspective on Health Policy* – is an effort to learn from the evolution and articulation of past policy frameworks and to use that experience to help develop a new framework for a changing modern context.

The project began with an examination of some of the current issues in health research and then went on to look at the history of the concept of health itself. It was hoped this conceptual analysis would stimulate thinking and discussion about fruitful future directions for policy research. The current document is a collection of three discussion papers that emerged as part of this ongoing conceptual development. Each builds on its predecessor. Each is an articulation of a work in progress. Each has benefited from peer review and from numerous collaborators and commentators at the many workshops and discussions groups where these ideas were refined.

The first paper, “Social Inequality – Aristotle’s Insights,” takes as its starting point the increasing emphasis in current epidemiological thinking on socio-economic determinants of health status. In particular, the growing recognition that in every society there seems to be a gradient of health, using many different measures of health status, that parallels the gradient in socio-economic disparity. What is most interesting about this work is not the facile conclusion that it is better to be rich than poor but, rather, the fact that the gradient is relatively smooth and linear between these two extremes. This suggests that within any given socio-economic class, even those who are only slightly ahead will also have slightly better health status.

To understand this relatively modern phenomenon, we turned to Aristotle, who in the 4th century BC wrote extensively about social class, its nature and its influences. As can be seen in this paper, this investigation into Aristotle's discussion of goods gave us a new conceptual understanding of determinants that makes it clear how they can play a role without being, strictly speaking, causes. Second, and more important, was the insight that it is not the goods, to use Aristotle's term, or the socio-economic means, to use ours, which are most important in explaining health status. Rather, it is the differing levels of capacity for action and social engagement embodied in these social gradients that might be the key to understanding the relationship between social inequality and health status.

The second paper, "The Health Gradient Challenge: A New Approach to Health Inequalities," is an examination of the concept of health from early times to the present day. It was motivated, in part, by the discovery at the outset of this project that very little theoretical work had been done on the concept of health in the past 20 years. That raised the question of whether our inability to move ahead in discussions of health policy might be a symptom of the stagnation in our thinking about health itself.

Our historical analysis yielded the expected result that there was a tradition, dating back at least to Hippocrates, that discussed health as a function of the individual organism. Similarly, it was found that there was an equally ancient tradition that discussed health as a function of the environment, primarily the physical environment but increasingly the social context as well. But most interesting was the discovery of a more recent tradition, though with some older forebears, that sees health as a function of the interaction of the individual with his or her social context. This was particularly evident in the sociological writings of Talcott Parsons and Aaron Antonovsky, however, it also emerged in such fields as geriatrics and health psychology.

This growing perspective on health as a function of the interaction of a person with his or her social context fits well with the analysis of social gradients in terms of capacity for action and engagement in the first paper. Together, they have led to the working hypothesis of this overall project:

The quality of the interaction between an individual and his or her social context is a major contributor to health.

This is the conclusion reached in the third paper bundled here: "A Dynamic Concept of Health." It synthesises the results of the two earlier lines of research and places them in the context of other developments in contemporary intellectual history. The most noteworthy of these is the shift from the old physics, which promised a world of perfect predictability and control, to the new physics, which acknowledges the fundamental complexity of the universe, with its concomitant loss of perfect predictability and of the hope of attaining perfect control, in spite of ever-increasing knowledge bases.

Together, these three documents present one of the first fresh conceptual analyses of health in many years. It is hoped that this early conceptual work will continue to generate discussion and provoke debate, both within the context of the *Towards a New Perspective on Health* project, and more widely in the community of researchers and policymakers concerned with health and health policy.

Ultimately, we hope it will provide a key ingredient in a new platform for health policy in Canada.

To date, our hypothesis has been presented to a wide variety of audiences including the Federal, Provincial, Territorial Advisory Committee on Population Health and the Health Canada Policy Forum. *Closing the Loop: The Third International Conference on the Scientific Basis for Health Services*, an international conference held in October 1999, provided an opportunity to introduce our ideas to an international audience. Most recently, we presented this conceptual work at an international symposium of policy researchers and stakeholders we hosted in Toronto, and at a workshop held jointly with Health Canada.

These papers do not represent the end of our work on these topics. Throughout the research here reported we have engaged in an iterative process of discussion and revision with various stakeholders and other researchers. This process is ongoing, and the ideas expressed in these documents will doubtless continue to evolve. We hope that the publication of these reports at this stage will be a starting point for further discussion, and not the final word on anything.