Towards A Dynamic Concept of Health – CPRN Report

May 24, 2001 – One characteristic stands out above all in the history of our developing understanding of health, – its complexity.

"We now realize that health is shaped by numerous, perhaps countless, forces from many different spheres of influence, ranging from the molecular to the socio-economic," says Sholom Glouberman, Director of CPRN's Health Network.

Glouberman is the author of ***Towards a New Perspective on Health Policy***, the final report of a three-year research project at CPRN. The report, published today, ties together a number of separate studies and the results of discussions involving some 3,500 people at more than 90 events held over the course of developing the research conclusions.

The study takes a careful look at three fundamental questions:

- What is health?
- What is a health system? And,
- What is health policy?

Glouberman demonstrates the complexity of each. He then illustrates the nature of interventions in complex systems by addressing a number of interesting case-based questions:

- How did the Walkerton water supply crisis come to pass?
- Why are Canadians still obese, even though they exercise more and eat better than ever before?
- Why did the Canadian government face a crisis over the safety of the blood supply while the American government did not?
- Why are Canadians more and more dissatisfied with their health care system despite the fact that more money and brainpower are focused on it than ever before?

"We conclude with an important caution," says Glouberman. "Intervening in complex environments, such as those in the health field in Canada, the U.K. and the U.S., requires special care in understanding the particular circumstances and the general nature of complex systems. There is no formulaic response."

For a very long time, medical tradition has focussed on health in terms of the individual organism. Advances in medical knowledge have resulted from a better grasp of the physiology and psychology of the individual. Interventions attempt to prevent or cure illness in the body.

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A second tradition regards the environment as more important to an individual's health than medical intervention. This idea lies behind public health initiatives like sanitation, mass vaccination and health promotion campaigns designed to alter unhealthy behaviour. Its most recent expression is the field of population health, which identifies socio-economic factors as the source of persistent inequalities in health.

The present study adopts a third approach, a dynamic interplay between the first two. Its thesis: *The quality of the interaction between the individual and his or her social context is a key contributor to health*. Negative interactions are associated with lower health status, positive interactions with higher health status.

This complex notion of health entails an equally complex health policy response.

The implications?

Judith Maxwell, President of CPRN, says Glouberman's study points to the value of placing the reform of the health care system in this broader context.

"What Sholom's study underlines is that further investment in health care should be designed to foster public confidence in the system," says Maxwell. "That sense of security that health care will be there for us when we need it has, itself, an impact on the health of Canadians."

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