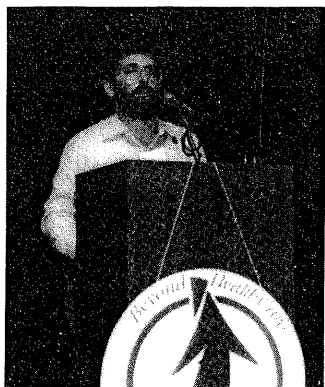


Beyond Health Care: From Public Health Policy to Healthy Public Policy

DR. TREVOR HANCOCK¹



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Dr. Trevor Hancock is a community physician and Associate Medical Officer of Health for the Department of Public Health, City of Toronto. He works in the newly created Northern Health Area, dealing particularly with the social and political aspects of health as they affect the physical and social environments. He received his medical training at St. Bartholomews Hospital in London, England, and following a period of family practice in rural New Brunswick and in a community health centre in Toronto he returned to university to take his post graduate degree in community health and epidemiology at University of Toronto. He worked as an epidemiologist, and health planner in Toronto, where he worked on program planning and on the health and social implications of our chemical society.

In addition to his interests in public health, particularly environmental health issues, Trevor Hancock has a long standing interest in ecological politics and the Conserver Society concept, and the health implications of such a society. He also has a long standing interest in health futurism, and was the health and medicine track co-ordinator for the First Global Conference in the Future Toronto in 1980. Most recently he has become interested in the health implications of public policy in non-health fields, and in devising healthy public policy. In 1984 he organised "Beyond Health Care" — a major national conference on health and public policy.

He holds an appointment as an adjunct associate professor in the Division of Community Health, University of Toronto.

His long term aim is to fuse his interests in public health, the Conserver Society, ecological politics, health futurism and planning, combining both a practical and an academic orientation.

The recognition that health results from a wide range of public policy initiatives, and not merely from interventions in health care, is not new. In his massive work "System einer vollstandigen medizinischen polizey" ("medical police") (1779-1827) Johann Peter Frank wrote about many aspects of social policy that affected the public health. In the preface to volume 4 he wrote:

"... it is difficult here to determine what should be judged by a medical tribunal and what is outside of the field of state medicine. Everything that threatens the body with disease or injury can be viewed by the physician as a cause for disease. If thus viewed, however, the field of my considerations is infinitely large, and subjects will appear which few persons would seek in a work dealing with Medical Police"¹

In this statement, Frank identifies the reason why so little

attention has been paid to the health implications of non health policy sector decisions. The field of consideration is certainly very large. The breadth and depth of the topics to be considered is daunting if we are to create a healthy society.

Others have made the attempt. Rudolf Virchow, the noted pathologist and reformer travelled to Upper Silesia in 1848 to study the cause of an outbreak of typhus. What he found led him to carry out what was in effect a socio-environmental epidemiologic study, and his report dealt with the broad political, social and environmental causes of disease. In his journal "Die Medizinische Reform" he later wrote:

"Medicine is a social science, and politics are nothing else than medicine on a large scale"²

In England, medical reform and the public health revolution had been pursuing similar lines. In 1875, Sir Benjamin Ward-Richardson addressed the Social Science Congress,

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his topics "Hygeia: A City of Health" dealt with a broad range of social and environmental causes of ill health. Many of the ideas that he advocated, including the elimination of tobacco and alcohol consumption, healthy workplaces, subway transit systems, community based group homes, and other proposals to improve health are still on the agenda of public health professionals. Richardson and others pointed out that health was much more than the mere provision of medical and hospital services³.

This was also the era in which Pasteur and Koch were making their discoveries known. The decline of the public health approach and the ascendancy of the biomedical approach had begun. It was not until 1974, with the publication of "A New Perspective on the Health of Canadians" (the Lalonde report) that public policy makers in the Western world began to take seriously again the notion that:

"future improvements in the level of health of Canadians lie mainly in improving the environment moderating self-imposed risks and adding to our knowledge of human biology"⁴

The Lalonde report was the first modern government document in the Western world to acknowledge that our emphasis upon a biomedical health care system is wrong, and that we need to look beyond the traditional health care (sick care) system if we wish to improve the health of the public. The Lalonde report was followed by similar reports in Britain⁵ Sweden⁶ and U.S.A.⁷ and elsewhere.

The move away from dependance upon the biomedical model has received substantial support from the World Health Organization.

The strategy for attaining the goal of "Health for All by the Year 2000" is based upon the recognition that:

"Health does not exist in isolation. It is influenced by a complex of environmental, social and economic factors ultimately related to each other . . . action undertaken outside the health sector can have health effects much greater than those obtained within it."

The WHO clearly recognizes that this approach is ". . . a holistic concept calling for efforts in agriculture, industry, education, housing and communications just as much as in medicine and public health . . .". Based on this realization, the primary health care strategy — which is the WHO's chosen approach to the goal of Health for All — has three main components: a multi-sectoral approach, community involvement and appropriate technology. These three components, and particularly the first two, are the basis of healthy public policy, and of a new public health movement that will bring together those concerned with ecological and conservation issues, with Third World development and with "basic questions of human ends and values and the thoughtful examination of social goals and social responsibility . . ."⁹

From Public Health Policy to Healthy Public Policy

My own interest in healthy public policy was sparked by a

realization that the so called conserver society was among other things a more healthful society¹⁰. In essence, it usually turns out that policies which benefit the long-term future and the planet as a whole are also beneficial to the individual. As Theodore Roszak put it, "the needs of the planet are the needs of the person." The corollary, as he also pointed out is that the rights of the person must become the rights of the planet"¹¹.

My thoughts were crystallized by the invitation to address the annual meeting of the Organization & Administration of Health Services Division of CPHA in 1982. I spoke on the topic of "Healthy Public Policy" and drew a distinction between "public health policy" and "healthy public policy". (Table I) Public health policy is chiefly concerned with the existing sick care system, it is sectoral or analytic in its approach, it is oriented to present health problems, and it is dominated by a hard technology/biomedical science approach. In a nutshell, public health policy accepts the givens of our present socio-cultural system and within those givens plans an illness care system.

By contrast, healthy public policy begins by questioning the givens: Why do we have to structure our society in such a way as to create ill health? Is there a way to structure our society so as to create health? Thus, healthy public policy tends to follow a soft or appropriate technology health path, one that emphasizes multiple small-scale local solutions to health problems and that involves individuals and the local community in those solutions. Healthy public policy is thus more holistic in its approach, is oriented towards the future state of health, and of necessity deals both with the health problems of the individual and the great global issues of the day — such as energy, food production, pollution and unemployment — that influence the health of humankind within the socio-environmental ecosystem of which we are a part. (Fig. 1)¹²

The "Beyond Health Care" Conference

This conference results from a resolution that was proposed at the meeting that a conference should be convened to explore the idea further.

Four main goals have been established for this conference. They are:

TABLE I

PUBLIC HEALTH POLICY	HEALTHY PUBLIC POLICY
1. Chiefly concerned with the health care system.	1. Chiefly concerned with creating a healthy society.
2. Dominated by the hard health path.	2. Dominated by the soft health path.
3. Sectoral/analytic.	3. Holistic.
4. Present Oriented.	4. Future Oriented.
5. Accepts the givens.	5. Questions the givens.

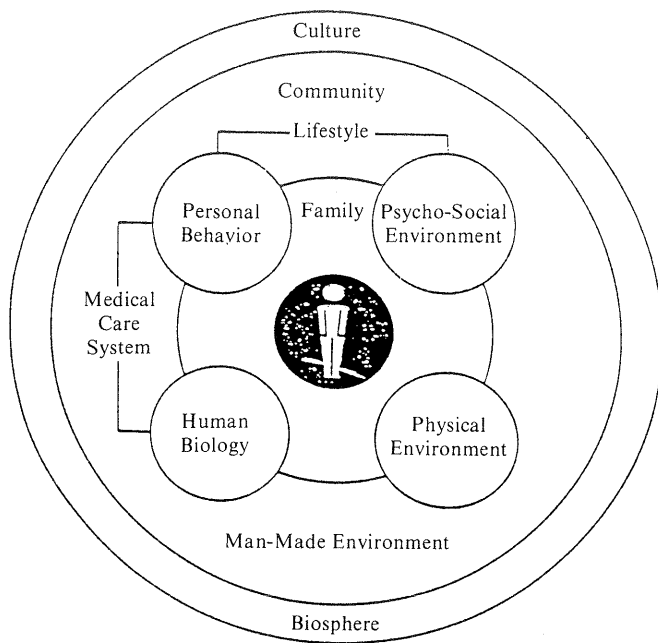


Figure 1
The Mandala of Public Health

1. *Conceptualizing & Defining the Field of Healthy Public Policy.*

The concept of healthy public policy, or promoting health through public policy is a relatively new one and there is at present no firm conceptualization or definition of the field. Before research and analysis can be conducted, it is important to establish some parameters and explore the implications of this new field for health policy research.

2. *Raising Awareness of the Issues of Healthy Public Policy*

The main function of the conference is to raise awareness among policy makers, researchers, analysts and planners as to the health implications of public policy making.

3. *Making Health an Issue on the Agenda for Public Policy Making*

Only when the field has been conceptualized and defined, and the awareness of policy makers with respect to issues of healthy public policy has been raised, will it be possible for health to become an issue to be taken into account in determining public policy decisions. It is therefore the purpose of the conference to place health on the agenda for public policy making.

4. *Developing Proposals & Recommendations for Action*
As this is working conference, delegates will participate in a series of workshops exploring specific issues in healthy public policy. It is intended that the workshops and the conference as a whole will formulate a series of recommendations and proposals for action which will be transmitted to all those concerned with health policy and public policy, including politicians, civil servants, academics and public health practitioners.

The conference will have achieved its goal if, in the words of Johann Peter Frank, subjects appear which few persons would seek in a work dealing with health administration. If we are to make major advances in the health of the public whom we serve, it can only be through recognizing the important role of public policy in non health policy sectors, in creating the conditions for health or disease, and in consciously making public policy so as to create health. It is a task worthy of the successors of Johann Peter Frank, Rudolf Virchow and Benjamin Ward-Richardson.

THE LOGO

The "Beyond Health Care" logo contains a number of elements relevant to the conference. There is a person; there is a tree; there is the planet; and finally there is the sense of progress and of moving beyond, breaking the circle and moving on out.

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