

# 12 Achieving Healthy Futures

## Learning Objectives

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- Demonstrate how theoretical paradigms shape the ways in which we understand health and illness
- Justify why the salutogenic approach to studying health should draw upon mixed-methods approaches to health, illness and disease
- Appraise how the concept of constrained choices identifies the social construction of how health choices are made
- Compare the roles of personal, professional, and public responsibility for health
- Evaluate Canada's health-care system as an example of structural intervention
- Apply Canada's framework for health promotion and Ottawa Charter for Health Promotion (two Canadian health promotion policies befitting a salutogenic approach) to the issue of your choosing

## Summary

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We have arrived at the closing chapter. The unique purpose of this book was to present a salutogenic model of health that pays specific attention to social location as a determinant of health. The chapter begins with a review of the theoretical paradigms studied in this book and a review of how theoretical paradigms influence sociological research. Although each paradigm offers a different way of understanding health, the textbook authors argue for an integrated theoretical approach in studying health and wellness, which draws on both quantitative and qualitative research methods.

Social determinants play a pivotal role in explaining population health. Social determinants have typically been divided into personal (self-care) and structural determinants (social location). A salutogenic model of health posits that the personal and structural factors interact with one another, thus necessitating an intersectional analysis “of overlapping health disparities.”

The chapter presents a critical analysis of personal (informal care), professional (formal care) and public responsibility (governance) for health care such as Canada's universal health-care program. The chapter also examines the Canadian government's numerous health policy initiatives. Three federal initiatives on health promotion are examined in detail: Canada's framework for health promotion, *Ottawa Charter for Health Promotion*, and *Strategies for Population Health: Investing in the Health of Canadians*. These programs not only benefit a salutogenic model of health but also challenge the biomedical model of health, because they address the structural determinants, individual responsibilities, and strategies to strengthen community health services. In 2002, the Canadian government organized a commission to examine ways in which Canada's national health program can be improved. The report is known as the Romanow Report. The report's two key recommendations were access to universal health care and the pursuit of good health.

Towards the end of the chapter, the authors ask us again to imagine a healthier Canadian society. The chapter concludes by asking five key questions that if answered correctly could lead to achieving a healthy future for Canadians. Through these questions, the textbook authors identify the solutions promoted by the Canadian government, which, though perhaps well-intended, are faulty at best. For example, although scholars believe that in order to improve population health there need to be initiatives focusing on building community-based care, the government's attention and money have been on repairing Canada's health-care system.

They ask us to consider what might be involved in redressing social inequities in health outcomes. They argue the focus needs to be on addressing social factors from an intersectional approach. But an intersectional approach has its challenges as the way government policies are currently made does not support an intersectional framework. Thus, a "remaking" of government is needed.

In the final chapter, the authors also remind us that the pursuit of health and wellness is not always good for our health and discuss some of the complexities associated with prioritizing health against a backdrop of other competing values. They caution us against overemphasis on the personal determinants of health as these distract us from looking at upstream determinants of health, illness, and disease.

In order to refashion our society from one that is medicalized to one that is salutogenic, a redistribution of health spending resources is needed. For this to happen there needs to be political leadership and a collective societal belief committed to a salutogenic approach.

## Key Concepts/Terms

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**Accessibility:** A fundamental principle of the Canada Health Act that reasonable access to medicare (without financial or other barriers) is guaranteed for all Canadians (p. 387).

**Comprehensiveness:** A fundamental principle of the Canada Health Act that all medically necessary services are guaranteed without dollar limit and are available solely on the basis of medical need (p. 387).

**Healthism:** A preoccupation with personal responsibility for health and self-care behavior (p. 385).

**Intersectoral approach:** An approach to improving population health that involves co-ordinated policy initiatives across several different government sectors simultaneously (p. 400).

**Portability:** A fundamental principle of the Canada Health Act that benefits are transferable from province to province (p. 387).

**Public administration:** A fundamental principle of the Canada Health Act that the health care program is administered by a non-profit agency or commission (p. 387).

**Universality:** A fundamental principle of the Canada Health Act that all Canadians are eligible for coverage based on uniform terms and conditions (regardless of ability to pay)(p. 387).

## Study Questions

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1. What is the intent of theoretical paradigms?
2. What is the best method to effectively measure a salutogenic approach to health?
3. What does constrained choice refer to?

4. What is healthism?
5. How does the biomedical health care system view self-care?
6. What does government action in relation to healthcare typically concern itself with?
7. What was the goal of the Romanow Report?
8. How has Lalonde played an important role in Canada's national health care?
9. How has Canada's health-care system been successful?
10. What needs to happen in order for a society to become salutogenic?

## Explore and Discuss Questions

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1. The textbook authors argue that in order to understand population health, an intersectional model is best. Explain why intersectoral models are important.
2. What are the benefits of studying health and wellness through a life course perspective?
3. Discuss self-care management in terms of structure–agency.
4. The authors argue that “overemphasis on personal responsibility for maintaining health once again deflects attention from the need to improve living and working conditions in order to reduce upstream social inequalities in the production of health” (p. 387). How else is our attention deflected away from addressing health inequities?
5. If you had the opportunity to address an upstream factor associated with disease, which factor would you target and why?
6. Discuss the relationship between health behavior and morality.
7. What is required to make the medicalized society into a salutogenic society?

## Further Exploration

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## Recommended Films

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1. **Forks over Knives (2011)**

This documentary examines the profound claim that most, if not all, of the degenerative diseases that afflict us can be controlled, or even reversed, by rejecting our present menu of animal-based and processed foods.

<https://www.forksoverknives.com/>

2. **Unnatural Causes: Is Inequality Making Us Sick? (2008)**

This four-hour documentary series examines the role of social determinants of health in creating health inequalities in the United States.

[http://www.unnaturalcauses.org/about\\_the\\_series.php](http://www.unnaturalcauses.org/about_the_series.php)

3. **Sicko (2007)**

The documentary investigates health care in the United States, focusing on its health insurance and the pharmaceutical industry.

<https://en.wikipedia.org/wiki/Sicko>

## Recommended Websites

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1. **Canadian Institute for Health Information**

An independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians.

<https://www.cihi.ca/en>

2. **Health Council of Canada (2003–2014)**

No longer operating.

<http://healthcouncilcanada.ca/>