

Ilona Kickbusch  
*Editor*

Policy  
Innovation  
for Health

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# Policy Innovation for Health

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The mission developed by the group was twofold: to explore and map policy innovations in health governance in OECD countries and to cultivate relationships and stimulate discussion with other institutions and among key leaders and decision makers. The aim was to do this through knowledge production, constructive conversations, and policy learning and transfer. This has been achieved in many ways – and will culminate in the presentation of this book at the 2008 EUPHA European Public Health Association Conference in Lisbon, Portugal, which will focus on “I-Health: health and innovation in Europe.”

As members of the advisory board we would like to thank the two members of Merck & Co. who worked with us through this period: Jeffrey Sturchio and Melinda Hanisch. Their support and patience as we grappled with difficult intellectual concepts was much appreciated, as was their input to our discussion. We would also like to acknowledge the intellectual work that was produced by the Academic Advisory Board – chaired by Marshall Marinker – in the years before our own work – we drew heavily from the effort of those earlier years – in particular the work on health targets and health values.

We hope the readers will find this book as stimulating as we experienced our time working together.

Brienz, Switzerland

Iлона Kickbusch

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# Chapter 1

## Policy Innovations for Health

Iлона Kickbusch

**Abstract** We are at a turning point in health policy. It has become increasingly clear that changes in the existing health care system will not be sufficient to maintain and improve our health at this historical juncture. Both our extensive knowledge on what creates health as well as the exponentially rising rates of chronic disease, obesity, and mental health problems indicate that we need to shift course and apply a radically new mind-set to health and health policy. This is what we mean by policy innovations for health. The boundaries of what we call the “health system” are becoming increasingly fluid and health has become integral to how we live our everyday life. Health itself has become a major economic and social driving force in society. This shifts the pressure for policy innovation from a focus on the existing health system to a reorganization of how we approach health in 21st century societies. The dynamics of the health society challenge the way we conceptualize and locate health in the policy arena and the mechanisms through which we conduct health policy. They also redefine who should be involved in the policy process. This concern is beginning to be addressed within government through Health in All Policy approaches and beyond government through new partnerships for health. Most importantly, the role of citizen and patient is being redefined – a development that will probably lead to the most significant of the policy innovations for health in the 21st century.

### Introduction

*Innovation is something everyone wants more of, but nobody is too sure what it means exactly.* John Gapper [1]

Innovation for the authors of this book is about applying a radically new mindset to health and health policy with the goal of addressing the determinants of health and involving citizens in their health in new ways. This explains our choice of terminology: policy innovations *for* health. We start from a perspective that considers

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both health and innovation to be central driving forces in 21st century societies, and we maintain that their prominent role reflects major societal shifts that are under way. The consequence is not only a changing role of health in modern societies but also a new perception of innovation in relation to health.

As part of this change we see new mechanisms emerge which aim to address the seminal changes underway in health and society. The shift from the industrial society of the 19th and 20th centuries to the knowledge societies of the 21st century is as ground-breaking as was the shift from the agrarian to the industrial world – and they are similar in their deep impact on health, this increases the need for innovation. The changes in our way of life are shaping our lifestyles and have created a situation where many of the patterns of everyday life – for example, our eating and food shopping patterns – and new forms of social stratification – for example, new forms of social inclusion and exclusion – endanger our health. This means that we need to understand that the health challenges and the diseases that come with this change are of a larger societal, not an individual nature.

It seems obvious that this development has two consequences: it changes the role of the health care sector significantly toward managing chronic disease rather than acute care and it moves many of the solutions for the most challenging health problems into other social and policy arenas. The authors of this book are focused on the second challenge and the policy mechanisms that are needed to address it. The need for change is vast. First, there is hardly a policy sector that can be excluded: health, education, agriculture, transport, industry, consumer affairs, and sports – all are essential to support health. Second, in a consumer society the role of business is critical and consumers themselves must express their demand. Finally, communities must act for their health interest and individuals are required to support their individual health and that of their families in new ways. To do so they need to be able to negotiate and navigate an increasingly complex health and care environment.

A recent analysis concerned with innovation and high performing health systems [2] underlines that there are two goals of innovation in relation to health: improving the affordability, quality, and efficiency of the health care system and improving the health of populations. Ideally the two would be fully complementary – in the real world they are not. Usually when we speak of innovation in the context of health the automatic assumption is that we mean the expansion of therapeutic possibilities – we associate new medicines, new technologies, and increasingly the potential of biomedicine and genetics. Sometimes we think of new approaches to the organization and financing of the medical care system, then we typically speak of “health care reform” – a term that is now linked almost exclusively with efficiency, effectiveness, and cost saving. The words innovation and health policy do not by and large sit very well together because the notion of “newness” and “better” that is at the core of innovation has been overshadowed by many short-term reorganizations of health care systems that seem to lack in vision and long-term perspective. And, if innovation is considered in terms of radical innovation only then we experience a clear tension between the drive for innovation and the constant challenge to keep down health care expenditures. A recent Health Innovation Survey by the OECD [3] typically focuses on the “question how to encourage and foster innovation which addresses health needs and priorities, maximizes access to

benefits, and manages challenges and risks in a way that is beneficial to both innovators and health systems.” Innovation in this case is also mainly related to innovations in biotechnology and the key challenge is how OECD countries are able to cope with introducing such technical and product-based innovations into their respective health care systems. This focus on financial pressure has led – through a range of new assessment mechanisms – to a reinforcement of a binary understanding of innovation as being either radical or incremental and a focus on medical rather than social value.

## The Shift to the Health Society

Over the last decade we have begun to witness a major shift with regard to health and its role in society. I argue that we now live in a *health society* which is characterized by two major social processes: *the expansion of the territory of health* and *the expansion of the reflectivity of health* [4]. The creation of the health society of the 21st century has been a process long in the making, beginning from about the mid 17th century onward. Health is integral to modernity and our modern societies would not be possible without the health gains achieved in this 250-year period [5]. During this time the balance of power between the four domains of the health system – *personal health, public health, medical health, and the health market* – has shifted continuously. The domains of personal health and public health dominated the 18th and 19th centuries, while during the 20th century the medical health domain gained increasing strength both in terms of its power over the social definition of health and the dominance of its organizational and governance infrastructure; this process of dominance has been referred to as medicalization. As a consequence, in both political and public perceptions, the social organization of health resides in what we have come to call the health care system and concerns over how to ensure the long-term financial sustainability of this system dominate the health policy debate.

But today the boundaries of what we call the “health care system” are becoming increasingly fluid. Health has become integral to how we live our everyday life. In this health is similar to innovation, which is also increasingly defined as being fluid, an issue that will be reflected upon later in this chapter. Indeed the expansion and liquidity of boundaries is a major characteristic of what the sociologist Zygmunt Bauman calls “liquid modernity” [6]. This changes the health policy debate because it means that *health is everywhere*: every policy decision a government makes also impacts on health and at the individual level every behavioral choice also has a health consequence. This was always the case – but now it is part of reflective modernity. Most discussions on health policy do not yet take this deep seminal change into account – they still focus on tinkering with a well-defined functional system of health governance, where through a process of defining the evidence base, they aim to ensure clear boundaries, define interventions, and prioritize medical rather than social solutions. The authors of this book are of the opinion that we clearly need a policy approach that responds more adequately to the new environment of 21st century health.

The dynamics of the health society not only challenge the way we conceptualize and locate health and how we conduct health policy but they also redefine who

should be involved in policy making – together they constitute policy innovations for health. The chapters of the book further explore five key defining concepts:

1. health is more than disease and health outcomes need to be measured differently;
2. the system boundaries are shifting and organization of health in society is increasingly separated from the management of disease and illness;
3. health policy is more than health care policy and becomes a joined up process of Health in All Policies at all levels of governance;
4. the differentiation into a first and second health market is occurring rapidly and we are faced with new issues of financing both health and health care;
5. people themselves are major actors in the health arena and new technologies are allowing them to participate in completely new ways.

Many analysts make the point that the changes facing the health sector will be as phenomenal as those we have witnessed in information technology and communications. This is due to the fact that health itself has become a major economic and social driving force in society [7] and that good health outcomes are increasingly important for a range of societal goals. The Conference Board of Canada [2] suggests understanding innovation “as a means by which societies, systems or organizations achieve social or economic value (e.g. increasing positive health outcomes)”; they maintain that innovation occurs only when new value is created. Our focus in this book is to explore what kind of policy innovations for health are required to achieve better population health, in terms of both its social and economic value. We argue though that the issue at stake is not just another reorganization/improvement of the health care system or a better mechanism of integrating scientific progress into existing health care systems but a *reorganization of how we approach health in 21st century societies*. In this we follow Peter Drucker’s understanding of innovation as creating a new dimension of performance [8].

## **Conceptualizing Health and Well-Being**

In modern democracies health is considered a right. Its doability is driven by the perception that *health* can be created, managed, and produced: *more health is always possible*. It is one of the characteristics of the health society that the notion of *doability* has expanded beyond the ever-rising expectations toward the curative medical care system to impact the determinants of health.

### ***Determinants of Health***

The first conceptual starting point for the arguments in this book are the rapidly changing determinants of health. We build on the arguments for increasing the investment for health and well-being and for strengthening the connection between health and wealth which are beginning to be expressed far beyond the public health community. Witness the similarity of the statements from the public health

perspective as voiced by Wilkinson and Marmot [9], two of the most respected researchers on social determinants of health

*Good health involves reducing levels of educational failure, reducing insecurity and unemployment and improving housing standards. Societies that enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face insecurity, exclusion and deprivation*

and as expressed in a recent publication commissioned by the European Commission [10]

*...improving the health status of a population can be beneficial for economic outcomes at the individual and the national level. There is indeed much evidence to suggest that the association between economic wealth and health does not run solely from the former to the latter. An immediate, if general, policy implication that derives from this conclusion is that policy-makers who are interested in improving economic outcomes (e.g. on the labour market or for the entire economy) would have good reasons to consider investment in health as one of their options by which to meet their economic objectives.*

It follows that if societies are to prepare adequately for new health challenges – such as obesity – and if they are to take action on the changes already under way, they must completely rethink their approach to health policy. It is argued that health sustainability is as important as environmental sustainability and that our response must be understood to be the challenge of at least a generation [11]. We need policy innovations for health that address the classic determinants of health, such as education, work, housing, transport, and particularly equity. Some countries – such as Sweden – have now done so and this is discussed in more detail in the chapters that follow [12].

### **Box 1**

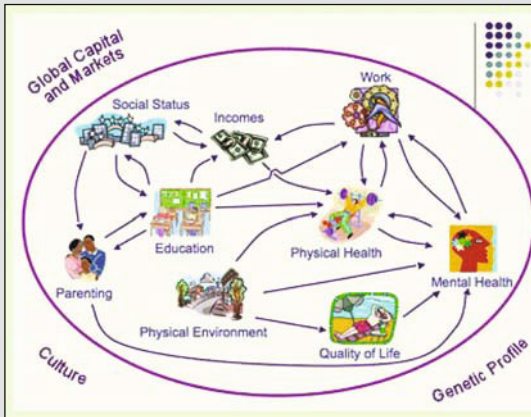
The “classic” determinants of health continue to influence our health. They include:

- Income and social status
- Social support networks
- Education and literacy, e.g., health literacy
- Employment/Working conditions
- Social environments/physical environments
- Personal health practices and coping skills
- Healthy child development
- Biology and genetic endowment
- Health services
- Gender
- Culture

(compiled by the Public Health Agency of Canada) [13].

## Box 2 Map of the Health and Wellbeing System

### The determinants of health



Wellbeing Project  
Scotland 2006

However, in the boundaryless health landscape of the 21st century policy innovations are called for that respond to the 21st century determinants of health. Health is increasingly being shaped by forces such as the speed of modern societies, globalization of markets, the increasing mobility and insecurity of individuals, energy expenditure, and concerns regarding risk and safety, and the reach of the media. These forces cut across many of the acknowledged social, environmental, and economic determinants of health. An approach to visualize the many determinants and their interaction was developed by the Well-being Project, Scotland, in a joint effort with members of the community [14].

### *Understanding of Health*

The second conceptual starting point for the authors of this book is an understanding of health which is social rather than a medical. Health governance is now challenged by this conceptualization of health as “well being beyond the absence of disease” as first defined by the World Health Organization in its constitution [15]. The Ottawa Charter of the WHO [16] stated that “health is created in the context of everyday life – where people live, love, work, learn and play,” and this has found its expression in a wealth of health promotion activities at organizational, community, and local level. The most well known are the many “settings projects,” which aim to create supportive environments for health and encourage people to participate in

shaping these settings for everyday life, examples include Healthy Cities, health-promoting schools, and healthy workplaces [17]. Indeed they constitute social innovations that spread the new understanding of health into many different sectors and, as an activity in the space between the sectors, prepare the ground for policy innovations and their social acceptance [18].

Recent global happiness surveys have identified health next to wealth and education as one of the three key factors for societal well-being [19]. Health becomes more central for the aspiration of personal goals in life and social inequalities are increasingly measured in health terms, highlighting differences in health and life expectancy. This broader view of health also needs to be reflected in the way we measure the impact of policy innovation for health. Hernandez-Aguada, in his chapter, discusses the increasing relevance of new types of health intelligence for intersectoral health governance with a particular focus on transparency and accountability for all actors in society. One such example of measurement, The Canadian Index of Well-being [20], clearly illustrates the dimensions of innovation that a new type of health policy needs to address:

- *build a foundation to articulate a shared vision of what really constitutes sustainable well-being;*
- *measure national progress toward, or movement away from, achieving that vision;*
- *understand and promote awareness of why society is moving in the direction it is moving;*
- *stimulate discussion about the types of policies, programs, and activities that would move us closer and faster toward achieving well-being;*
- *give Canadians tools to promote well-being with policy shapers and decision makers;*
- *inform policy by helping policy shapers and decision makers to understand the consequences of their actions for Canadian well-being;*
- *empower Canadians to compare their well-being both with others within Canada and those around the world; and,*
- *add momentum to the global movement for a more holistic way of measuring societal progress.*

Policies must come to terms with the new forces that act to create or compromise health – they must respond to what has been called “the new personal health ecology” where the individuals are subject to a broad range of influences over which they have very little control [21]. Just as cholera was symptomatic for all the dimensions of the rapid urbanization of the 19th century, obesity is the symbolic disease of our global consumer society. It will be a test case for the health governance of the 21st century as was the introduction of water and sewage systems at the end of the 19th century. Such challenges can only be resolved through great political commitment, willingness to innovate, and social action – including social entrepreneurship – at all levels of society.

## Locating the Interface Between Innovation and Health

Health and innovation are both social constructs, defined by their time and context. Just as the concept of health is changing, so is the concept of innovation. The social sciences began in the 1970s to concern themselves with both health and innovation as distinct areas of social analysis. It was at this point that both medical sociology (later to become health and medical sociology) and the sociology of innovation began to advance – the one never far removed from medicine, the other never far from the sociological analysis of technological development. Even today much of the literature on innovation still comes from a science and technology perspective. This is in sharp contrast to economics, where already at the beginning of the 20th century Josef Schumpeter drew attention to innovation as the engine of social and economic development, highlighting both its power of creation and of destruction [22].

Health has now become such an innovation engine – many investors see health as “the next big thing” and a rapidly growing health market attaches the added value “health” and well-being to an ever-growing set of products and services. The chapter by Henke and Martin in this book illustrates this process: not only do health innovations change society, but through the societal process of innovation in health the very nature and the characteristics of innovation change, a process that has been described as “the innovation of innovation.” This leads further to the concepts of “open innovation” and “fluid innovation,” which are discussed further below in relation to policy innovations for health [23].

In Switzerland a recent survey asked a group of health experts to identify the key technological and social drivers of innovation in health [24]. In the first category the experts established a ranking in the following order: (1) developments in biotechnology and genetics, (2) medical technology, (3) informatics and soft ware, (4) organic chemistry, (5) telecommunications and (6) nano technology. In the second category they ranked (1) demography, (2) individual responsibility, (3) nutrition, (4) education, and (5) income distribution. Most interesting though – and symptomatic for the speed of social change – is that the experts ranked the social driving forces as more important and forceful than the technological ones. Additionally they did not assign a high impact value to political driving forces – which reflects the assumption of the experts, that not much innovation is to be expected from traditional types of health policy.

The sociology of innovation argues that innovation itself has become a *Leitmotif* of 21st century society; this development is called “ubiquitous innovating” [25]. Indeed if one refers to some of the key documents – for example, of the European Union or of the OECD – a strategy for innovation is considered essential in order to compete in a global environment [3, 26]. It is interesting – with a view to liquid modernity – how similar the discussion of a new conceptualization of innovation is to the discussion on a new understanding of health. Health in turn is increasingly seen as one of the cornerstones for competitiveness and innovation. And like innovation it is increasingly seen to be in need of a policy approach that is more concerned with sustainability and long-term effects.