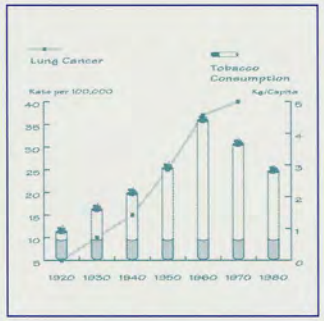
Integrating Health & Values



Toward a Shared Vision

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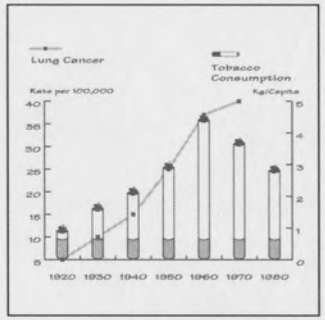
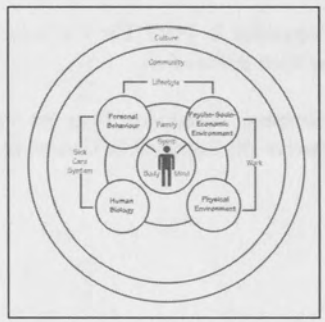
Integrating Health & Values





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CATHOLIC HEALTH
ASSOCIATION OF CANADA

CANADIAN CATALOGUING IN PUBLICATION DATA

Main entry under title:

Integrating health and values

ISBN 0-920705-20-0

1. Health--Religious aspects--Catholic Church.
2. Healing--Religious aspects--Catholic Church.
3. Medical care--Canada. I. Catholic Health Association of Canada.

BX1795.H4I68 1994 261.8'321 C94-900473-1

Research and Design: JAMES ROCHE CONSULTING SERVICES, Ottawa

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First Printing July 1994
Second Printing April 1996

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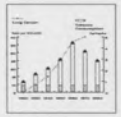


Toward a Shared Vision

ASSOCIATION CATHOLIQUE CANADIENNE DE LA SANTÉ
CATHOLIC HEALTH ASSOCIATION OF CANADA

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PREFACE

Integrating Health and Values *is for everyone interested in considering the future directions of health and health care in Canada, and in understanding the links between health and values. It aims to assist groups, large and small, in developing a shared vision of health and healing within a Christian perspective and in identifying actions that will promote the creation of healthy communities.*

Integrating Health and Values is a discussion paper intended for anyone interested in examining the links between health and values. The paper summarizes the shifts and changes that are leading to a broader understanding of health. It highlights the significant role research has played in enhancing our understanding of a wide range of factors that determine health and our ability to function. The current focus on health promotion and community health efforts is addressed, as is the changing role of the health care institution.

The mission and values that form the foundation of Christian health ministry also have an important role to play in deepening our understanding of health. The same research that emphasizes the significance of biological, social, economic and lifestyle factors in the determination of health also reveals the importance of such Christian values as social justice, community, compassion, ethical reflection, spirituality and stewardship in the pursuit of health. This document identifies the links that exist between these two aspects of health.

The Catholic Health Association of Canada (CHAC) has prepared this booklet with the following objectives in mind:

- to provide a resource for reflection on health and values from a Christian perspective;
- to facilitate small group discussion and sharing;
- to help groups to develop a shared vision of health and healing;
- to assist individuals and groups to identify specific actions they can take to further individual and community health;
- to provide references for those interested in further research and study.

The paper does not provide a finished picture of the future of health and health care in this country. However, it does provide the reader with a knowledge of the building blocks with which that future is being created. This document aims to inform and to encourage the sharing of personal experience and individual visions, for it is in this way that a commitment to a shared vision of health and healing will emerge.

Introduction

How are you? It's a question that's often asked of all of us. More than a norm of politeness, the inquiry is common to numerous cultures. The short Japanese greeting is *Genki desu-me?* "Health exists, not so?" An Arab will ask another Arab man how he is with the words *Kif halak?* The usual reply is *Mabsut, ilhamdulillah.* "Fine, thanks be to Allah."

While the greeting may not always be indicative of the questioner's readiness to receive a detailed account of our health, the words do reveal something about the concern we have for the health and well-being of both ourselves and others.

The Catholic Health Association of Canada (CHAC) is a national Christian community committed to promoting health in the tradition of the Catholic church. Our members share a long history of institutional ministry and are committed to all activities destined to promote wellness, prevent disease, and cure sickness. The Association's vision focuses on working with others to build strong communities that foster health. As a partner in health leadership, the CHAC challenges, advocates and collaborates with churches, regional health associations, and government and community organizations. The CHAC also provides a forum for issues analysis and health policy development.

Our mission is to witness to the healing ministry and abiding presence of Jesus. Our concern is for health in all its aspects: physical, emotional, spiritual, and social. As an organization rooted in gospel values we are committed to promoting the impact of those values on the health of Canadians.

This discussion paper is intended to assist reflection on two aspects of our mission and vision: the meaning of health and healing today, and consideration of the values which root and nourish the healing ministry.

Finally, a word about the document's sub-title: *Toward a Shared Vision.* A genuine vision (as opposed to the all-too-familiar 'vision statement') grows out of a dialogue. The flow of meaning through the members allows the group to discover insights that are not obtainable individually. In building a shared vision the group not only fosters a commitment to the long term, it expands its capacity to create its own future. It is hoped that this document will assist our members and partners, and the church community, in building a shared vision and in furthering our common task of community development for health.

CHAC Vision

The Catholic Health Association is an organization rooted in gospel values. Its diverse members and partners are committed to promoting the impact of those values on the health of Canadians. By working with others to build strong communities that foster health, CHAC provides a forum for issues analysis and policy development incorporating gospel values and knowledge of health policy. As a partner in leadership for health and a catalyst to link the Church's healing and health ministry with community development for health, CHAC challenges, advocates, facilitates and collaborates with churches, provincial/ regional Associations, health service providers, government and communities.

1993

The Context: Health and Values

One of the defining features of the last decades of the 20th century is a deepening awareness of and concern for health and well-being. That concern is evident in a variety of forms. It is witnessed in the interest people have today in self-help groups and alternative healing practices, and in their efforts to become informed and to make changes in their lifestyles as regards diet, exercise and leisure activity. It is also evident in the growing interest in establishing healthy communities and sustainable cities, and in ecology and the health of the planet. These changes may be indicative of a wider desire on the part of people to take responsibility not only in their individual lives but in society at large.

A second characteristic of our times has been the yearning for a more genuine spirituality. This concern has also prompted people to take various actions. The eagerness evident today to learn from other traditions that offer an integrated view of life is one example. For many Christians this era has been marked by a return to a more authentic spirituality. A spirituality that integrates the whole of one's life, leading to a discovery and experience of God in the here and now. The result is a relationship with God that calls us out of self-centredness and into relationship and concern for the well-being of others. The question of how to live and integrate Christian values is a concern, not only for the individual, but also for institutions concerned about the direction and future of their organizations.

For too long the concepts of health and spirituality have been viewed as two distinct realities but, increasingly, links and connections between the two are being rediscovered. Dave Hilton, speaking from his experience as associate director of the Christian Medical Commission at the World Council of Churches, and twenty four years of medical practice in the United States and Africa, urges us to begin to look beyond the medical aspects of health alone. He suggests that justice, peace, spirituality, and the integrity of creation are integral elements of health, just as the call to become healing communities and to speak up for human values is central to Christian identity.

> Today, people prefer to speak of "balance" rather than of "health". This term expresses the concept that human beings have to "regulate" the various energies within themselves which can help them face successfully... anything which might upset the harmony of their being.
>
> We are all made of biological, psychological, and spiritual factors... We live in relation with our physical and social environments: we act upon them, they act upon us. If the result is a harmonious balance, then we are "in good health". To reduce sickness to physical symptoms is not to know the true nature of the whole human being. The sickness will be treated while the human being who is sick is neglected.
>
> ***Thoughts on a Pastoral Policy for Health***
> *Pontifical Council Cor Unum*
> *1983*

The Context: Health and Values

Health is not primarily medical.... While medical education trains ever more expert 'body mechanics,' it is becoming clear that health is to be found elsewhere. I propose that we consider four major nonmedical aspects of health. They are justice, peace, integrity of creation, and spirituality.

Dave Hilton
Assoc. Director - Christian Medical Commission
World Council of Churches
1993

These characteristics of our time and the shifts they represent in society's understanding of health are founded on beliefs and values that are closely linked to Christian values. These common values enable Christian health associations, institutions and individuals to embrace many of these developments and to be actively involved in influencing the reform of health services, programs and policy. The Christian health perspective can make a distinctive contribution to these efforts. That perspective is based upon a number of theological themes that can be summarized as follows:

- All of creation is good and comes from the hand of God. God is actively present in creation.
- The human person, created in the image and likeness of God, has a special dignity.
- The human body is a gift of God and is to be cared for, respected and honoured.
- Mission and call: Christians are called to continue the healing ministry of Jesus and to work for the transformation and healing of humanity.
- Human persons are social beings and cannot live or develop their potential outside of human relationships and community.
- Social structures must support the goals and needs of the individual and community.
- Stewardship and creativity: as stewards of the gifts of the earth and of our own human nature, and as co-creators with God, Christians are called to fashion a better world.
- Commitment to transforming social and economic conditions in favour of the poor.
- The priority of values and ethical reflection on the diverse aspects of human activity.
- Spirituality and spiritual well-being as key elements of healthy living.

Coinciding with the shift toward a more holistic understanding of health and healing is the church's rediscovery of the health ministry as an essential aspect of the church's mission and of the call of each and every Christian. While there are those who have dedicated themselves to formal health care ministry, all Christians are called to contribute to the achievement of personal, communal, and ecological health.

WHAT IS HEALTH?

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The Constitution of the World Health Organization, 1947

Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacity.

World Health Organization, 1984

Healing - from the root *haelan* - to become whole; also wholeness as understood in relationships, relatedness, connection, harmony. Healing occurs when relationships within self, with others and with one's purpose is reestablished.

Quinn, 1989

... Health is not just the absence of illness, but is also the presence and availability of all things necessary to make for a sound body and mind, as well as emotional and spiritual satisfaction and also includes how able a person is to deal with any problems that will affect his/her quality of life.

A Saskatchewan Health District, 1993

What is health, and what is it that makes a person healthy? Is it only the absence of physical illness, or does good health have more to do with the overall state of our well-being? This introductory section presents several definitions of health as promoted by various health organizations.

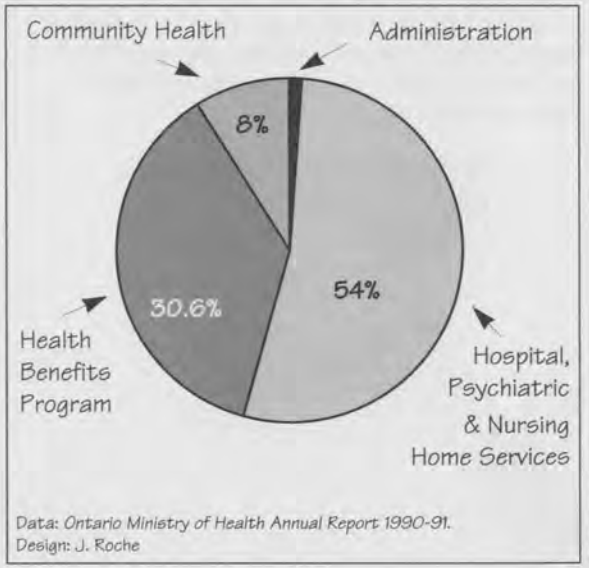
For most of this century, the concept of health has been linked with the treatment of illness through the practice of curative medicine. As a result, major advances in research and medical technology have improved our quality of life and raised the overall life expectancy for many who have suffered illness or injury.

For decades the emphasis in health has been on improving health care systems; an effort that has called for the allocation of a large portion of society's wealth and energy primarily to institutional health care facilities and programs. The expenditures of the Ontario Ministry of Health for 1991 (Fig. 1) provide an example. In that year total expenditures amounted to over $15 billion. The proportion of spending on hospital, psychiatric and nursing home services amounted to 54% of the total budget.[1]

Nationally, Canada spends 90% of its health dollars on its health care system, focusing primarily on disease treatment. Yet studies are showing that the major influences of health are to be found elsewhere.

The following pages review the current health frameworks within which the concept of health is being expanded from its traditional focus on curative medicine to a broader perspective that includes wide ranging determinants of individual health.

Fig. 1 ***Ontario Ministry of Health expenditures 1990-91 Fiscal Year: $15.20 billion***



Data: *Ontario Ministry of Health Annual Report 1990-91.*
Design: J. Roche

SHIFTING HEALTH FRAMEWORKS

The publication of a number of documents and studies illustrates an evolving health framework. These works also reveal an interrelationship between the Christian health perspective and the research of health professionals.

In 1974, the federal publication *A New Perspective on the Health of Canadians*[1] suggested that a basic problem in analyzing the health field has been the absence of an "agreed conceptual framework". It suggested that such a framework would enable a sub-division and examination of the principal elements of the health field. *A New Perspective* proposed such a health field model made up of four broad elements: human biology, environment, lifestyle, and health care organization. The report also attempted to unify all those involved in decisions which affect health.

The evidence uncovered by the analysis of underlying causes of sickness and death now indicates that improvement in the environment and an abatement in the level of risks imposed upon themselves by individuals, taken together, constitute the most promising ways by which further advances can be made.

A New Perspective on the Health of Canadians,
National Health & Welfare, 1974

In 1983, The Canadian Conference of Catholic Bishops (CCCB) issued *New Hope in Christ*, a pastoral message on sickness and healing.[2] The document receives its inspiration from the biblical approach to health and healing. Jesus' ministry expressed a concern for the health of the whole person. This concern for health was also an essential aspect of the work of Christian missionary efforts and of orders of religious men and women. The document addresses the question of how this healing tradition is to be lived and passed on in our own time. The Bishops emphasize that responsibility for health belongs to all Christians, not only to physicians, nurses and hospital administrators. They also challenge Christians to explore and change the roots of ill health found in the way we organize society. Healing these social ills is seen as an integral part of health ministry.

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment.... Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

First International Conference on Health Promotion,
Ottawa, 1986

The *Ottwa Charter for Health Promotion* also represents a significant development in an evolving health framework.[3] The Charter presents the results of the First International Conference on Health Promotion, held in Ottawa in 1986. It defines health promotion as the process of enabling people to increase control over, and to improve their health. The Charter states that health is the responsibility, not just of the health sector, but of the whole community. It also enlarged the notion of health beyond healthy life-styles to well-being.

SHIFTING HEALTH FRAMEWORKS

In 1987, Health and Welfare Canada produced *Achieving Health for All.*[4] It acknowledges that as our understanding of health has deepened, "We draw the conclusion that our system of health care as it presently exists does not deal adequately with the major health concerns of our time." The report identifies three major health challenges. One, the need to reduce inequities in the health of low-versus high-income groups. Two, the need to find more effective ways of preventing injuries, illnesses and chronic conditions. Three, with chronic conditions and mental health problems becoming the predominant health problems among Canadians, the challenge is to enhance people's ability to cope with these conditions and health difficulties.

These new health challenges have resulted in a changing focus within our health care system. Not surprisingly, such transformation does not occur without tension and difficulty. Figure 2 summarizes the characteristics of this new health focus and provides insight into how these changes are transforming health care delivery.

Fig. 2 Shifting the focus in Health Adapted from Leland Kaiser: *Opportunities for New Paradigms*, 1993. Design: J. Roche

Old Thinking		New Thinking
Treatment	→ → → → →	Prevention
Isolation	→ → → → →	Networking
Bottom-line goals	→ → → →	Community good
Competition	→ → → → →	Collaboration
Status quo	→ → → → →	Innovation
Curing	→ → → → →	Healing
Institutional Resources	→ → → →	Community Resources
Historical	→ → → → →	Futuristic
Physician Centered	→ → → →	Patient Centered
Come to us	→ → → → →	Go to them
Material	→ → → → →	Spiritual

Today, we are working with a concept which portrays health as a part of everyday living, an essential dimension of the quality of our lives... from this perspective health ceases to be measurable strictly in terms of illness and death. It becomes a state which individuals and communities alike strive to achieve, maintain or regain, and not something that comes about merely as a result of treating and curing illnesses and injuries. It is a basic and dynamic force in our daily lives, influenced by our circumstances, our beliefs, our culture and our social, economic and physical environments.

Achieving Health for All: A Framework for Health Promotion, National Health & Welfare, 1986

There is a growing gap between our understanding of the determinants of health, and the primary focus of health policy on the provision of health care.... We propose a somewhat more complex framework, which we believe is sufficiently comprehensive and flexible to represent a wider range of relationships among the determinants of health.

The Canadian Institute for Advanced Research, 1991

It's now clear that our occupational, social and physical environments affect our health status, and the health of the entire population, and that economic and social well-being are fundamental determinants of health.

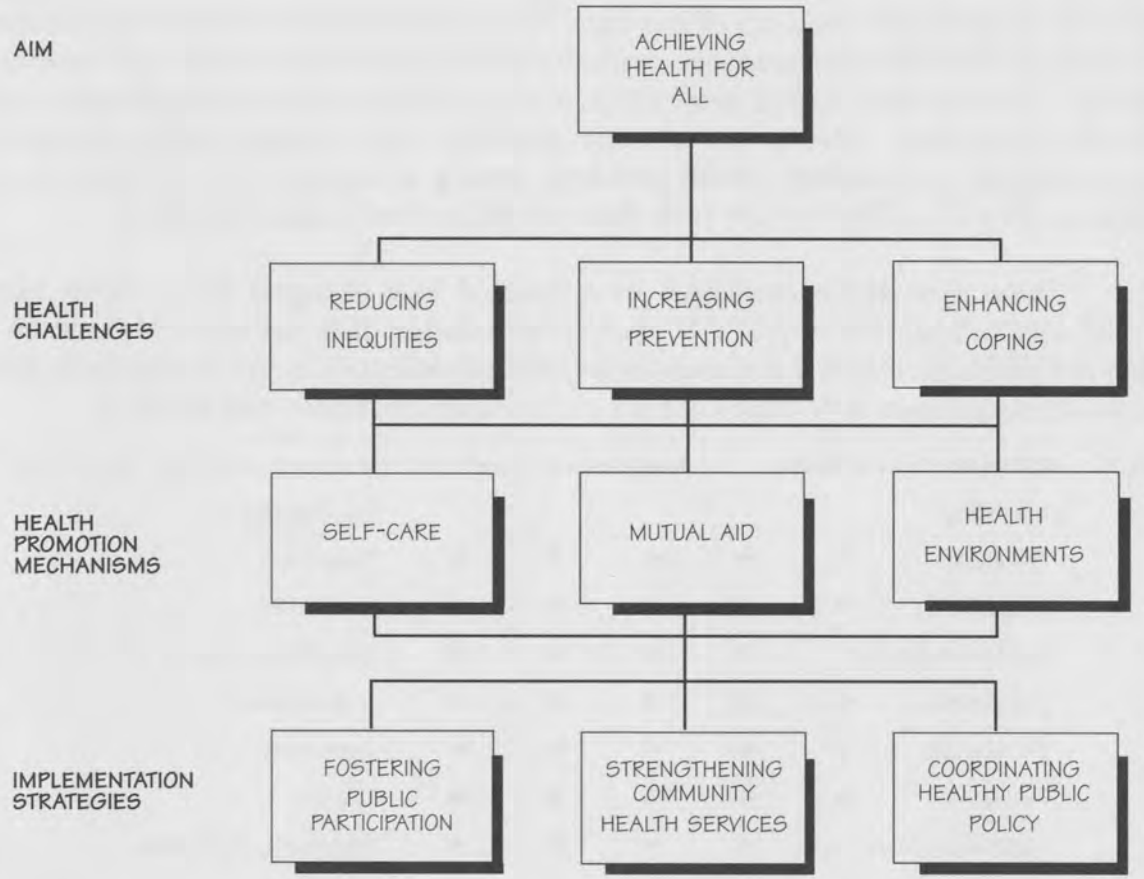
The Premier's Council on Health, Well-Being and Social Justice, (Ontario) 1992

In order to respond to these emerging health challenges, *Achieving Health for All* concludes that the best approach would be a wider application of health promotion. It views health promotion as a multi-faceted exercise including education, training, research, legislation and policy coordination, and community development. To achieve these goals, a *Framework for Health Promotion* was created. (Fig. 3) It illustrates the **aim** of health promotion, national **health challenges**, a set of **health promotion mechanisms**, and a series of **implementation strategies**.

In Ontario, the Premier's Council on Health, Well-Being and Social Justice[5] recently suggested that economic and social well-being are fundamental determinants of health. It too recommends that investing more and more resources in Ontario's health care system will not lead to marked improvements in health status. The Council suggests that health must be viewed in a broad context and that the challenge now is to highlight the determinants of health.

Fig. 3

A FRAMEWORK FOR HEALTH PROMOTION *



* From *Achieving Health for All: A Framework for Health Promotion*, Health Canada, 1986. Reproduced with permission of the Minister of Supply and Services Canada 1994.

In 1991, the Canadian Institute for Advanced Research (CIAR) proposed a framework within which a broader definition of health can be understood and health related issues can be addressed. (Fig.4)

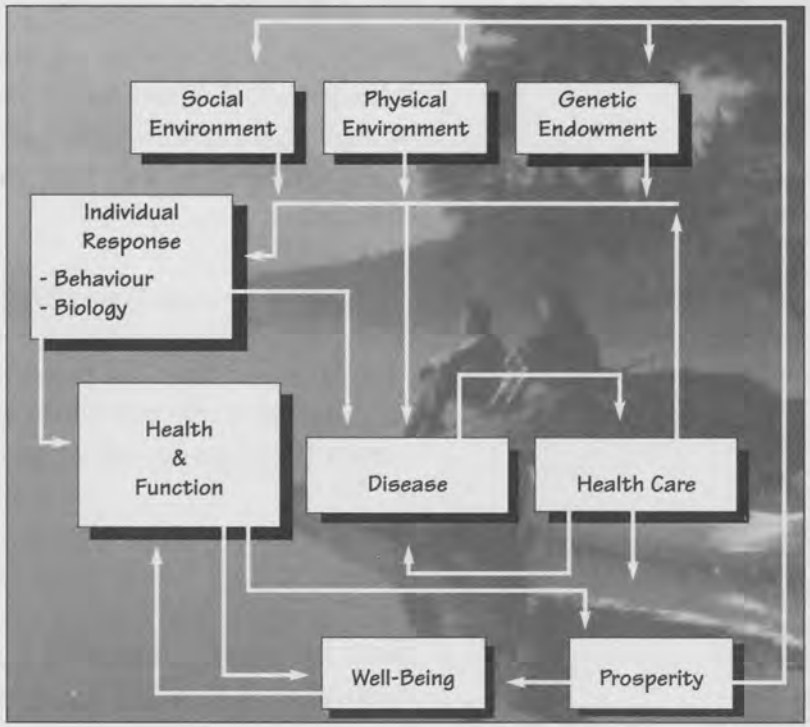
Expanding on previous frameworks, the authors illustrate the significant role played by **social and physical environments, genetic endowment,** and **individual response** (lifestyle) as determinants of health.

What is new in this presentation, is the addition of the individual's sense of health and functional capacity as important determinants. The category of **well-being**, defined as a sense of life satisfaction, is also added. The authors suggest that the ultimate test of health policy is whether or not it adds to the well-being of the population.

The role **prosperity** plays as a determinant of well-being is also included in this new health model. The framework attempts to identify the "economic trade-offs" involved in allocating scarce financial resources to health care instead of other activities which may themselves contribute to health and well-being.

This survey has outlined efforts taken over the past two decades to determine the principal elements of health and to construct a framework within which these elements can be examined. A parallel is evident between the evolving thinking around health and the church's ongoing reflection on its health ministry. As a result of these efforts, the concept of health has been greatly expanded. Community health, health promotion, well-being, holistic health - these are some of the notions shaping a new vision of health. More than any other factor, research concerning the determinants of health has profoundly influenced the development of this new vision, and it is this subject which will be examined in the following pages.

Fig. 4 A Framework for thinking about the Determinants of Health
From: *Producing Health, Consuming Health Care*, by Robert G. Evans and Gregory Stoddart. CIAR, 1991. Design: J. Roche



What Determines Health?

After examining this illustration of the determinants of health, readers are apt to say "But what about the health care system - should it not be included as a determinant?" Robert G. Evans, Professor of Economics at the University of B.C., addresses this question in his reflection on the decisions of modern societies to devote a very large share of their wealth, energy and attention to maintaining or improving the health of its citizens. In a paper entitled *Why Are Some People Healthy and Some People Not?*,[1] he suggests that much of the conventional research concerning the determinants of health has been "seriously incomplete if not simply wrong." Unfortunately many of the decisions that have been made, concerning the focus of health care over the years, have been based upon such research.

He suggests that these decisions have been founded on the belief that appropriate health care is the most important determinant of health. "But if this is not so, if the principal determinants lie elsewhere... there will in consequence be less health in us than there could be." The current trend toward preventative practices is also put into question if based upon shaky or faulty assumptions concerning the determinants of health.

Evans is quick to point out that there is a very important role for medical and other health care services in preserving life and in dealing with the suffering and illness of individuals. In restoring function these services play a vital role. "But while they may be decisive in individual cases, the availability of such services - or their lack- cannot begin to explain observed differences among health of populations."

To list and classify the main determinants of health would require a major research effort. The objective in this section of the paper is not to attempt such a task. The following pages present some of the emerging evidence concerning the determinants of health - evidence which suggests that there is a great potential for the improvement of health in directions not addressed by traditional health care systems.

WHAT DETERMINES HEALTH?

To answer the question - what determines health - requires consideration of a wide range of factors from the genetic make-up of individuals, environmental conditions, quality of nutrition and shelter, the impact of stress, the role of friendship and personal support and health care services, to issues of self-esteem and the ability of individuals to exercise control in their lives.

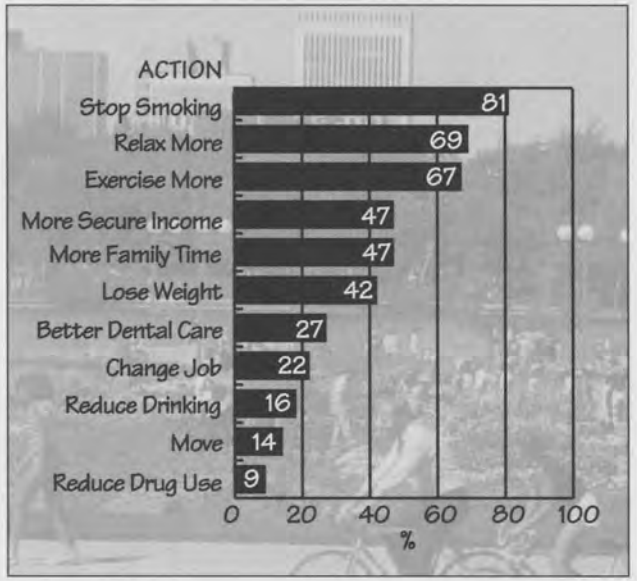
Initially, efforts to understand the determinants of health tended to work from the narrow concept of health - the absence of disease and injury. The advantage of such an approach was that it could be represented in quantifiable and measurable occurrences such as death and survival.

Working with the narrower definition of health, however, does have its disadvantages. It results in the omission of other less clearly defined dimensions of health - factors which most people would judge to be important in their evaluation of what would contribute to an improvement in health.

The following pages provide an overview of the wide range of health determinants and illustrate their interrelationship. The links between the determinants of health and those Christian values introduced in the opening pages of this paper are also discussed. The determinants of health are presented within five categories:

- biological factors
- physical environment
- social environment
- lifestyle
- emerging factors

Fig. 5 **Beliefs of Canadians about actions that would improve health.**



Data: *Canada's Health Promotion Survey, 1990.*
Design: J. Roche

The individual's sense of health and ability to function, and their beliefs about what will improve health, are coming to be seen as important factors in the achievement of personal and collective well-being.

BIOLOGICAL FACTORS

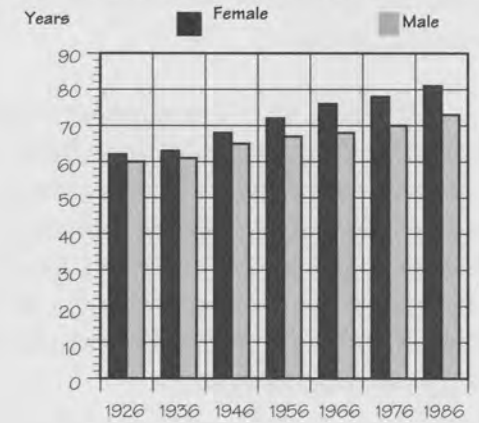
As a category of determinants, human biology includes all those aspects of health, both physical and mental, which are developed within the human body as a consequence of the basic biological and organic make-up of the individual. Elements included are genetic inheritance, the processes of maturation and aging, and the many complex internal systems in the body.

Given the complexity of the body, the health implications of human biology are numerous, varied and serious. "Health problems originating from human biology are causing untold miseries and costing billions of dollars in treatment services."[1]

As regards aging, Canada is witnessing an "age boom" among its population. It is estimated that the number of older people will more than double within the next thirty-five years. Added to this are the implications of a significant rise in the life expectancy of men and women over the past few decades. (Fig. 6) Canada's older population is particularily concerned about coping with chronic conditions and the disabilities which result from these conditions.

Discussion of biological determinants also raises the issue of mental health. North American surveys indicate that one in every 6.4 adults is currently suffering from some form of mental illness.[2] Historically, mental health services have not received the same support as physical health services. This may be due, in part, to a diversity of views regarding mental health ranging from 'biological accounts' to 'social determinism'. Society's tendency to discriminate against the elderly and those with mental illnesses illustrates the need for constant affirmation of the dignity of

Fig. 6 Trends in Life Expectancy of Canadians



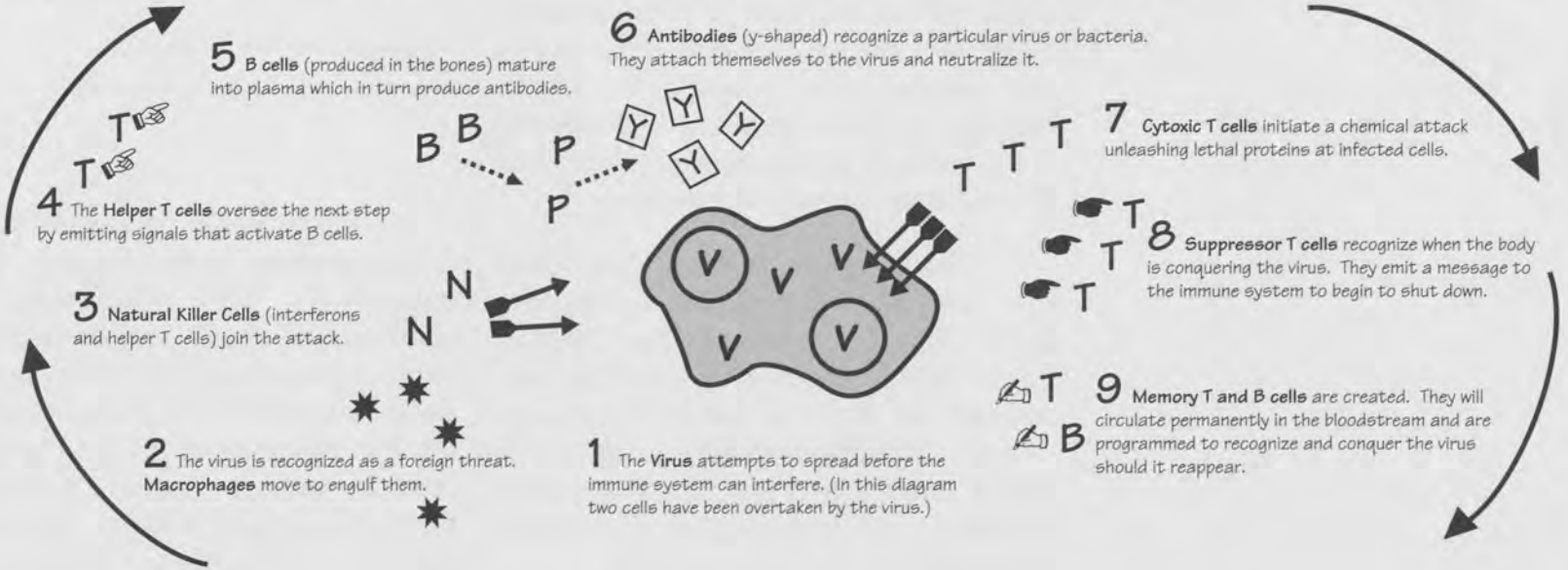
Data: A Vital Link - Health and the Environment in Canada, 1992.
Design: J. Roche

The beauty and wonder of the human body, created in God's image, is evident in the complex workings of our immune systems. Figure 7 illustrates how our bodies are finely tuned to attack invading viruses or infection. The new field of psychoneuroimmunology is providing insight into the disabling effects of negative emotions, such as stress and depression, on the immune system. Other clinical studies indicate "... a direct connection between a robust will to live and the chemical balances in the brain."[3]

Nurturing the natural drive of the body to heal itself is being recognized as a key to health and well-being. Research has demonstrated that the positive emotions connected to "hope, faith, love, will to live, festivity, playfulness, purpose and determination are powerful bio-chemical prescriptions."[4]

Research on human biology creates new possibilities for understanding more fully the wonder of the human body. At the same time, this research raises serious ethical questions for society. The technological imperative that promotes the unlimited advance of science must be balanced by ethical reflection and respect for the dignity of the human person. The strong values and the history of ethical reflection which characterize the Christian tradition are important resources that can assist in the effort to expand the horizons of biological research in a human manner.

Fig. 7 The Immune System Adapted from "Your Department of Defense". Originally published in *Nutrition Action Healthletter* by the Center for Science in the Public Interest. Washington, DC, 1988.



LIFESTYLE

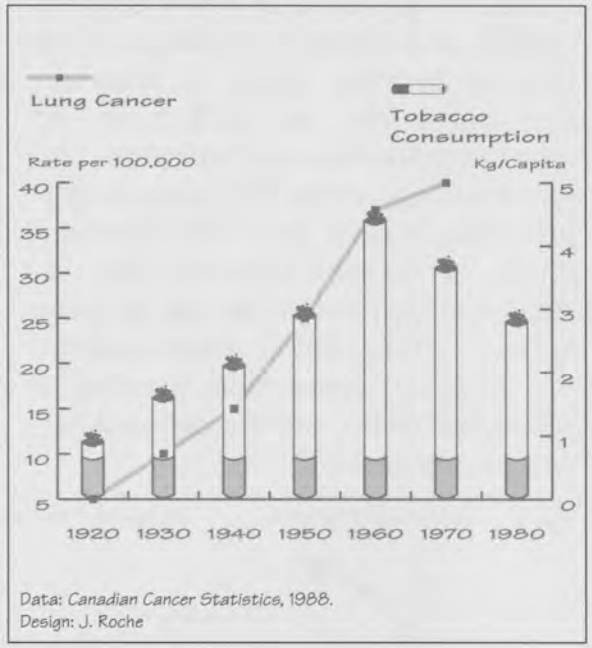
Lifestyle is expressed in behaviour that is determined by culture and by personal attitudes and beliefs. As individuals and as a community we need to be aware of our underlying values.

A 1990 health promotion survey[1] indicates that Canadians are most likely to believe that three lifestyle changes - quitting smoking, learning to relax more, and becoming more physically active - will most improve their health and well-being.

Canadians who have successfully made a health-promoting change in their lives identified increased knowledge of health risks as the factor which most influenced the change. Support from family and friends, other people who set an example, the advice of a health professional and self-help groups were also identified as important supports for change.

Stopping smoking was identified as the most important action to improve health. Fig. 8, produced by the Canadian Cancer Society, illustrates the striking correspondence between tobacco consumption and mortality from lung cancer. While such a correlation does not prove cause and effect, this evidence does incriminate tobacco in relation to lung cancer.

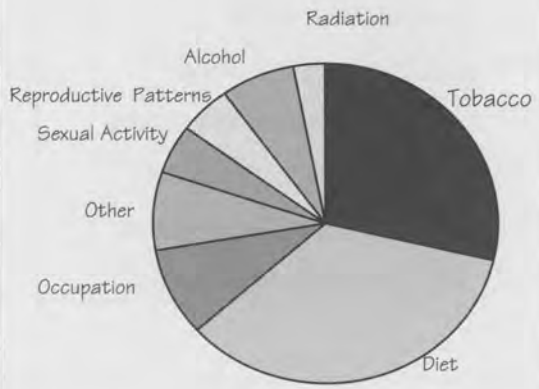
Fig. 8 Cancer Mortality Rates, Canada, 1940-1985



Data: *Canadian Cancer Statistics, 1988.*
Design: J. Roche

Motor vehicle accidents pose one of the greatest health hazards. Ontario statistics for 1991 reveal that, among males aged 1 to 39, motor vehicle accidents represented the most significant cause of death.[2] The sharp reduction in fatalities where seat belts have been in use provides another example of the importance of personal behavior and lifestyle choices as determinants of health.

Fig. 9 Estimates of the Percentage of Cancer Deaths in Canada and the United States from Known Causal Factors



Data: *A Vital Link - Health and the Environment in Canada*, 1992.
Design: J. Roche

Smoking, diet and occupation have been found to be the most significant causal factors of cancer. Such statistics emphasize the importance of personal choice and lifestyle in the attainment of heath.

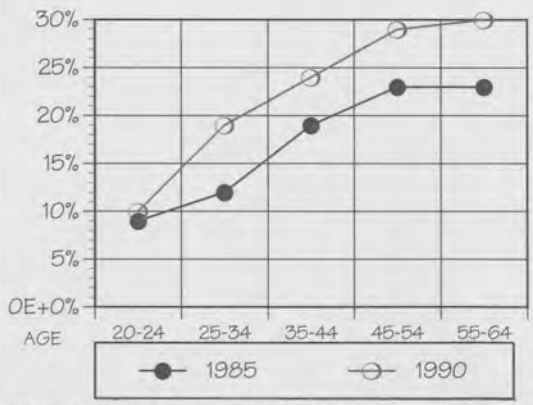
Cardiovascular health is believed to benefit from a pattern of physical activity lasting 30 minutes or more every other day, at fifty per cent of individual capacity or greater. Other health benefits, such as control of weight and blood pressure and enhancement of emotional well-being, are likely to be achieved through even less intense activity.

The 1988 *Campbell Survey* revealed that almost one-quarter of Canadians rated their overall health as very good. Interestingly, the survey also discovered a relationship between how Canadians rated their health and their level of leisure time activity. Highly active Canadians rated their health higher than the moderately active, who in turn rated their health higher than the less active.

Half of Canadians face potential health risks due to their weight (Fig.10). As a result, the promotion of healthy weights is viewed as a priority in the promotion of health. For those males who are at risk, being overweight tends to be the primary cause. Among females, however, half of those at risk are underweight.[3]

The assessment of numerous health education campaigns indicates that education alone does not bring about the changes in lifestyle that contribute to health. The links between health and values is perhaps most clear in this regard. Respect for self, personal responsibility, and self-esteem, are now being acknowledged as the determining factors in people's decisions to make health promoting changes in their lifestyle. These same factors are reflected in those Christian values that emphasize the innate dignity of the human person, the goodness of the body, and the responsibility to care for and nurture the health of the body.

Fig. 10 Males and females overweight, by age 20-64, Canada, 1985 and 1990.



Data: *Canada's Health Promtion Survey, 1990.* Design: J. Roche

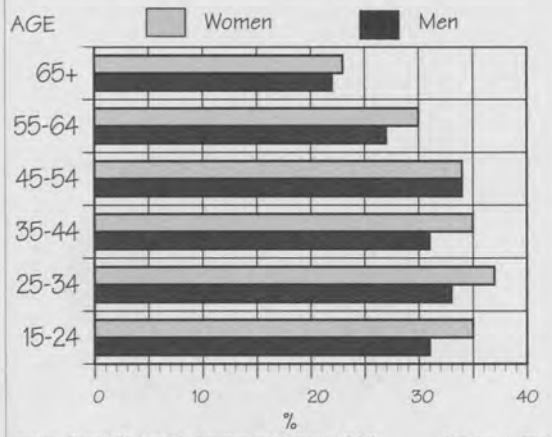
PHYSICAL ENVIRONMENT

The beauty of nature, clean water and air, safe living and working conditions are all important to our mental and physical well-being. This fact places an onus on us to consider the health implications of public policy and to review the ways in which it affects health, both directly and through changes to the environment.

The technological advances that have dramatically improved the quality of life and life expectancy of Canadians have also resulted in a new set of health hazards. Chemicals and waste can contaminate water, and emissions from industry and transportation are changing the composition of the air. Efforts to improve the production of food have also introduced chemicals into our diets. The interaction of these and other conditions can have serious consequences for the health of the planet and its people.

A wide range of public opinion polling reveals that one third of Canadians think that environmental pollution has affected their health, either a fair amount (24%) or very much (8%).

Fig. 11 *The percentage of Canadians who believe that environmental pollution has very much or a fair impact on one's own health.*



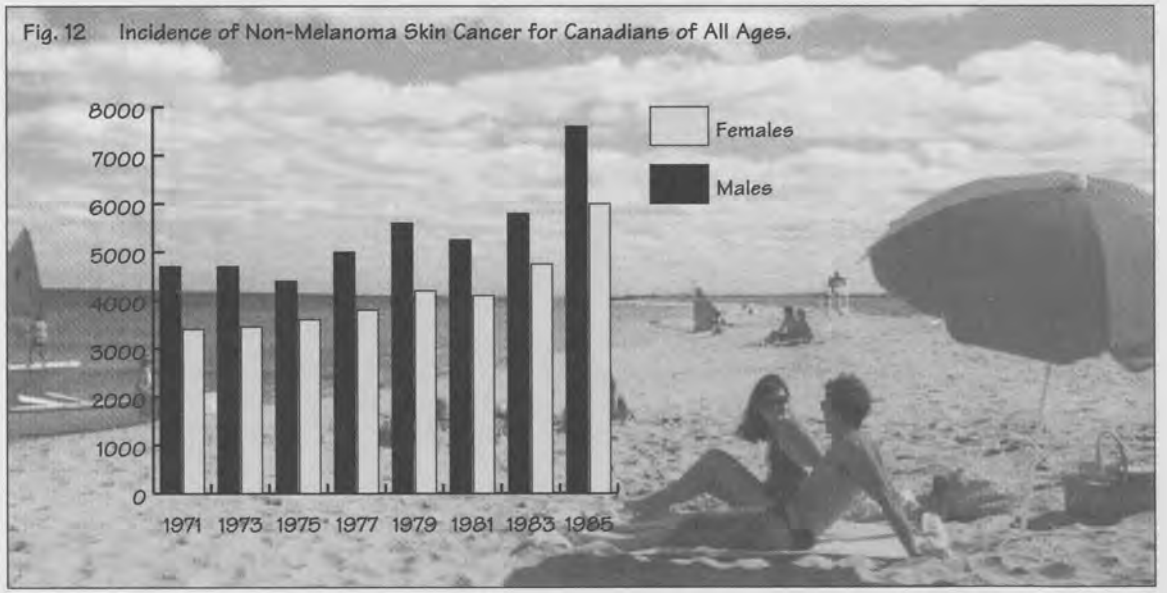
Data: *Canada's Health Promotion Survey, 1990.* Design: J. Roche

In the federal government's *Health Promotion Survey 1990*, among the 14 issues affecting health presented to Canadians, environmental pollution ranked first in terms of need for government action: 86% of Canadians ranked environmental pollution as "extremely important." The survey summary suggests that this high ranking appears to be strongly related to people's beliefs concerning how much environmental pollution has already affected their health.

Health promotion campaigns have tended to concentrate on personal health practices, such as smoking, nutrition and exercise, but the importance of environmental health practices is now beginning to be recognized. The findings of Canada's 1990 health survey reflect a tendency among those who have already adopted healthy personal lifestyle practices to be ready to embrace an environmentally sensitive lifestyle.

The link between our physical environment and health goes beyond the effects of environmental pollution. In the industrial world, cancer is the second leading cause of death after diseases of the heart. For a long time it was assumed that the high rate of cancer in these countries was a consequence of industrialization. Evidence is beginning to accumulate which supports the view that "variations in cancer incidence are often related to characteristics of the physical environment, namely its climate, geology, soils and water supply."[1]

Fig. 12 Incidence of Non-Melanoma Skin Cancer for Canadians of All Ages.



Data: *A Vital Link - Health and the Environment in Canada*, 1992. Design: J. Roche

Other issues are emerging as potential health concerns. In 1992, Health and Welfare Canada listed the three most important as noise, waste management, and global warming. Even at levels too low to cause permanent hearing loss, noise can significantly affect health and well-being. The problems of waste management are beginning to affect major urban centres. The serious impact of human activity on the atmosphere and its profound effects on the ecosystem and human health are only beginning to be understood. The dramatic increase in skin cancers among Canadians in recent years (Fig. 12) may be linked to these atmospheric changes.

These findings illustrate the importance of seeing creation as gift and of recovering the value of stewardship. Christian teaching considers stewardship as the responsibility of all human beings to care for the earth and the life that it sustains.

SOCIAL AND ECONOMIC ENVIRONMENT

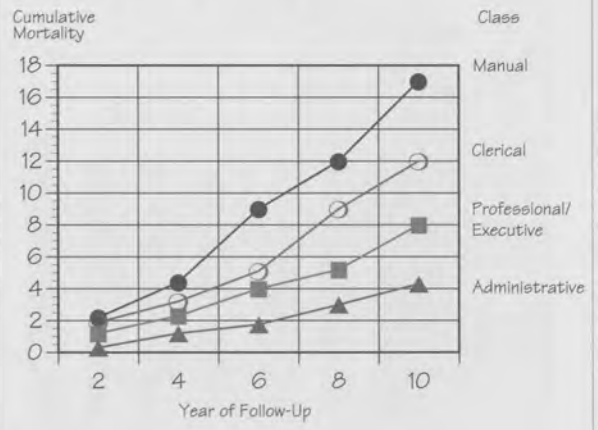
An understanding of the links between poverty and health are only now beginning to emerge. The research of T. McKeown, *The Origins of Human Disease*[1], has revealed a strong connection between enhanced prosperity and improved health and well-being. Among the poor we witness increased inequalities in health and human development.

In Canada, men in the upper income group live six years longer than men with a low income. Mental health disorders, high blood pressure and joint and limb disorders are more prevalent among low income groups.[2] Infant mortality in the lowest income group is double that of the highest. (Fig. 14)

Research concerning status and health is also providing important findings. A study of civil servants in Britain reveals a link between job hierarchy and life expectancy. (Fig. 13) The study found that mortality, over a ten year period, among males aged 40-64 was about three and a half times higher among those in clerical and manual grades than those in administrative roles. The fact that this difference cannot be explained by poverty has led researchers to examine a number of other factors which appear to influence health, including an individual's sense of achievement, self-esteem, and control over work.

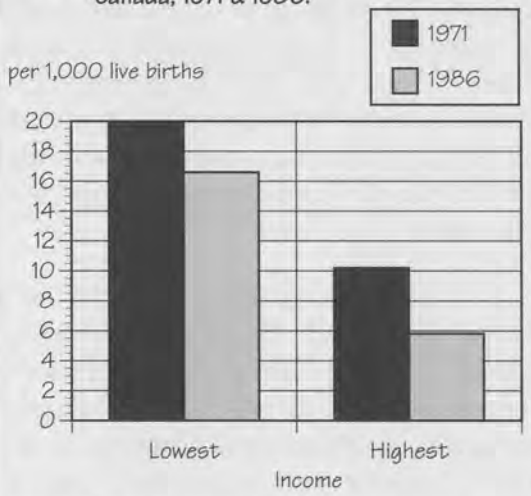
The Whitehall and Whitehall II Studies[3] found that men and women who rated their jobs as low for control, variety, skill use, support at work, and job satisfaction had higher rates of sickness absence. A lack of support from friends or relatives and financial difficulties also contributed to higher rates.

Fig. 13 Mortality by Social Class
U.K. Civil Service Mortality - All causes



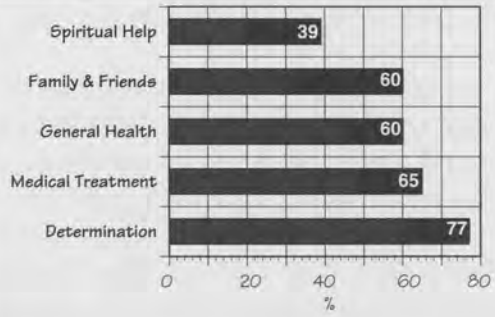
Data: *Class and Health*, CIAR, 1986. Design: J. Roche

Fig. 14 Infant mortality rates by income level, Canada, 1971 & 1986.



Data: *Health Reports*, Vol.1, No. 2, 1989, Statistics Canada.
Design: J. Roche

Fig. 15 Rating of various factors as "very important" in coping with activity limitation, age 15 +, Canada, 1990.



Data: *Canada's Health Promotion Survey, 1990.* Design: J. Roche

The *Canada Health Monitor* recently reported that "stress is the number one health problem in the workplace."[4] The reason, according to workers interviewed in the survey, is the new economy, not the recession. Heavy responsibilities were the most cited cause of stress leading to health problems. Other causes of stress-related workplace health problems included poor communications, inadequate means to do the job and insufficient authority.

There is strong evidence that links social support (family, friends and community) to health. Almost half of all Canadians interviewed in the 1990 Health Survey believed that spending more time with family or close friends would help improve health and well-being. This appears to be especially true for those persons who are coping with activity limitations.(Fig.15)

When asked about their social relationships and health, Canadians also listed prayer, spiritual guidance and self-help or mutual aid groups as important elements of support in seeking to improve health.

Researchers are discovering a vital connection between support, reassurance and effective medical care. The patient is often reaching out for hope. "Ninety percent of patients who reach out for medical help are suffering from self-limiting disorders well within the range of the body's own healing powers."[5] Part of the challenge for health caregivers is to encourage the patient's will to live and mobilize the body's natural resources to combat disease.

In examining the impact of the social environment on individual health, the fundamental importance of a healthy level of self-esteem for optimum well-being cannot be overlooked.

A person's sense of self-worth and self-esteem is dependent upon the degree to which they feel capable, significant, successful and worthy. Another element of self-esteem is the sense of being in control of one's behaviour and actions and of being able to achieve desired goals. These qualities are significant determinants of health-related behaviours. Economic and work conditions, and social attitudes and structures, can facilitate or be an obstacle to the cultivation of these healthy attitudes.

Ethical Choices & Political Challenges

The primary purpose of our socio-economic order should be to develop our resources to serve the basic needs of all people for a fully human life in this country. This includes such basic life needs as adequate food, clothing, housing, education, employment, health care, and energy. It also means putting an emphasis on the integral development of peoples, the value and dignity of human work, the preferential option for the poor and the marginalized, and the priority of labour.

Canadian Conference of Catholic Bishops, 1984

Current research tends to view economic growth as a positive force in our society, one which has promoted our level of health and well-being. There are those, however, who suggest that further economic growth, as traditionally viewed, may in fact be harmful to health.

Ronald Labonte and Trevor Hancock, two major public health professionals in Canada, suggest that continued economic growth, based upon prevailing political/societal norms, may lead to a deterioration in health, rather than continuous improvement. The reasons are to be found in the objectives of current economic activity; "the same objectives of maximized wealth and human and environmental exploitation that created the gross disparities in health and life expectancy in the last century."[6]

In their analysis, the values that drive our economic system are unhealthy and the indicators used to measure our economic progress are misleading in that they ignore many environmental, social, and health costs. Labonte and Hancock advocate two basic moral principles of public health policy. The first is "ecological sanity" - we can only be healthy in a healthy world. The second principle pertains to "social justice" - we can only be healthy in a healthy society, "which requires removing the socio-economic constraints which prevent people from attaining a high level of health."

These same themes are reflected in *Ethical Choices & Political Challenges*,[7], published by the Canadian Conference of Catholic Bishops in 1984. The document represents a major contribution to the ethical debate on economic (and by implication health) policy in this country. It maintains that "we are facing some basic structural problems in our economy that reveal a moral disorder in our society.... Under these conditions, the human person becomes more and more redundant and a victim of impersonal forces. This is the central problem of our times."

If we are to improve the health of people we must address the gap between rich and poor and we must safeguard the social environment at work and in the home. Economic growth must have a human face and ensure the integral growth of the human person in community.

The Value of Continued Learning

An essential component of caring for health and well-being is an understanding of the processes of human development. A state of well-being is dependent upon a wide range of developmental skills: an ability to make social connections, competence in the tools and skills of a culture, as well as coping skills and healthy responses to stress.[1]

While the groundwork for competence, coping and health is laid quite early in life, evidence suggests our ability to learn new skills, acquire new knowledge, and sustain vigourous and varied interests can be maintained until very old age. This capacity for continued learning is an important resource for health.

Peter Senge emphasizes this point in his discussion of "real learning". Real learning is not taking in information. It means undergoing a fundamental shift of mind. Real learning gets to the heart of what it means to be human. He compares this to the Christian "metanoia"(change of heart). "Through real learning we recreate ourselves.... We extend our capacity to create and to be part of the generative process in life.[2]

Impact of the Mind on Health

Earlier in this paper the boosting of the body's immune system through stress reduction and positive emotions was discussed. Little research has yet been done on the healing potential of the mind itself. The focus has tended to be on how one's mental state can lead to illness. It has been shown, for example, that certain personality traits appear to predispose people to specific diseases. Driven, time-anxious people seem more prone to coronary artery disease, as are people who have much repressed hostility.

Individual expectations and beliefs also appear to have an important impact on health. The often beneficial effects of placebos in bringing about actual physical healing of a number of symptoms or diseases provides an example. In another field, biofeedback research is demonstrating that some people can exert mental control over many body functions that until now had been thought to be involuntary.[3] Such findings are prompting researchers to probe further into the role of the mind in the healing process.

"Hearing the Voices"
The Mushua Innu (Davis Inlet)

In the winter of 1992, the Mushuau Innu undertook their own inquiry into the social disintegration afflicting their community. The inquiry report, *Gathering the Voices*, identified the regaining of control in their lives, individually and collectively, as the way to healing.

A year later, the community met again to formulate a plan for healing and renewal. The seven point plan is an example of a holistic approach that recognizes the interconnectedness of ecological, social, cultural and political issues in the pursuit of health.

Seven Point Plan for Healing & Renewal

1. Community. Creation of an Innu community off the isolated island and on the mainland.
2. Establish a Family and Cultural Renewal Centre in the country, emphasizing Innu cultural values and spiritual beliefs.
3. Set up a community resource team, building upon the abilities of the Innu.
4. Recognition and implementation of Innu government and land and resource rights.
5. Canada's acknowledgement of its constitutional obligations to the Innu people and Nation.
6. That chronic solvent abusers and their families get immediate treatment.
7. That Innu representatives and federal and provincial ministers meet to work out the plan's implementation.

Learning from other Healing Traditions

The term "holistic health" prompts a negative response among many people, evoking an image of a jumbled mixture of amateurism and quackery. And yet, in recent years there has been a growing interest in and acceptance of holistic practices and alternative healing traditions. We are beginning to recognize that there are many paths to knowledge and other sources of healing, ranging from acupuncture and South American herbalism to yoga and dream analysis.

In Canada, for example, it is recognized that western-style medicine has much to learn from the healing practices of aboriginal peoples and from their approach to health in general. Recently, the *Canadian Medical Association Journal* highlighted a study, undertaken by the University of Alberta, that compared the sweat lodge healing ceremony performed by a Cree healer treating a person with psoriasis with the corresponding treatment provided by Canadian physicians. The study concluded that the Cree patient is more actively and ritually involved in diagnosing the illness, in initiating the treatment and in contributing to the healing. The Cree healer indicated that the intent is to "maximize the healing by mixing herbs, psychology and spiritual power."[4]

In *Toward a Definition of Holistic Health*,[5] Ray Jackson suggests the ideal approach to health would look at the person as a whole. It would consider the interrelationships of all the systems in the body, assess psychological factors, lifestyle, social interactions, and the people's beliefs as they affect their health. He notes that as the health field is beginning to "leave room for mind and spirit" the interrelationship of all of these factors is beginning to be considered.

Linking Health & Spirituality

Openness to a holistic approach to health and healing is nurturing, what Dr. Barbara Burke calls, a "wellness model" of health care. The model calls for an assessment of the needs of body, mind and spirit. Burke emphasizes that spiritual and emotional well-being are "an inextricable part of physical health and healing."[1]

Among health care providers there is an increased focus on spiritual healing as a forerunner to emotional and physical healing. Lawrence Seidl, senior associate with the Catholic Health Association of the United States, defines spiritual health as "that aspect of our well-being which organizes the values, the relationships and the meaning and purpose of our lives."[2]

In the past, it was believed that spiritual matters were restricted to questions about belief in God and church attendance. But as the scope of spirituality has been enlarged so has our awareness that issues related to what we believe to be important and meaningful, where we find hope, and what we hope to achieve in life are fundamentally spiritual questions and can have a profound effect on our health.

The link between health and spirituality also raises the important distinction between curing and healing. *Thoughts on a Pastoral Policy for Health*, produced by the Pontifical Council Cor Unum, emphasizes the dynamic interplay of biological, psychological, and spiritual factors and resources in our lives, and its role in determining health. The document defines health as the harmonious balance of these three factors. If one of our inner resources is deficient or becomes the object of continual aggression, and our other energies are unable to maintain the balance, then we are left susceptible to some form of illness. "To reduce sickness (or health) to physical symptoms is not to know the true nature of the human being. The sickness will be treated while the human being who is sick is neglected."

An important aspect of health care in the future will be an increased focus on spiritual health and healing. The goal of curing patients will be replaced by an emphasis on the "cultural and psycho-spiritual" circumstances that have brought about illness or disease. As the health care system moves to become more holistic it "cannot ignore the spiritual in the process of healing."[3]

Lessons for Spiritual Health

As the health care system moves from a traditional medical model to a more culturally sensitive and holistic model, several lessons may be critical:

- Illness is often a metaphor for what is out of sync in our lives.
- Often illness is not an event but a process, which likely began months or years before the appearance of physical manifestations of disease.
- Resentment, anger, jealousy, anxiety, and unresolved grief are the silent and relentless precursors to illness.
- Social support, affirmation, and a positive outlook have a beneficial effect on the healing process.
- There is a vital relationship between spirituality and health, well-being, and susceptibility to disease.
- The key element to the healing process may lie within oneself.

From: "The Value of Spiritual Health" by Lawrence G. Seidl. ***Health Progress****, September, 1993.*

HEALTH PROMOTION

We have a health crisis here because we're trying to bring health by curing sick people, and that's not where healing comes from. Health comes from empowering people to take responsibility for their own health. That's what I'm working on now.

An Interview with Dave Hilton,
in **Second Opinion**, Jan. 1993

People often associate health promotion with posters and pamphlets. This is a simplistic view akin to associating medical care with white coats and stethoscopes... (Health promotion) represents a mediating strategy between people and their environments, synthesizing personal choice and personal responsibility in health to create a healthier future.

Achieving Health For All,
National Health & Welfare, 1986

The preceding discussion illustrated the development of a broader definition of health, one that recognizes health as a state of physical, mental, spiritual and social well-being. This state of well-being is determined by such factors as lifestyle, human biology, cultural and economic environment. Increasingly the link between health and spirituality is also being acknowledged.

Appreciation of these factors has led to shifts in health policy and focus. One of the major themes of this new focus is **Health Promotion**.

As a process of enabling people to increase control over, and to improve, both their health and the factors which influence health, health promotion consists of more than information programs and services. The aim of health promotion is to help people realize that they can influence the factors that determine their health and the health of their communities: an approach that combines personal choice with social responsibility for health.

In 1992 Health and Welfare Canada published *A Guide for Health Promotion*.[1] In it they identify the need for individual and public participation to:

- **Build healthy public policy.**
Policy makers need to recognize the health consequences of their decisions;

- **Create supportive environments.**
This requires that nations, regions, communities and individuals recognize their interdependence and work together to create healthy living and working environments;

- **Strengthen community action.**
Health promotion aims to empower communities to recognize that they can control their own destinies;

- **Develop personal skills.**
Enable people to gain knowledge and exercise control over their health and environment, and to make effective decisions about their health;

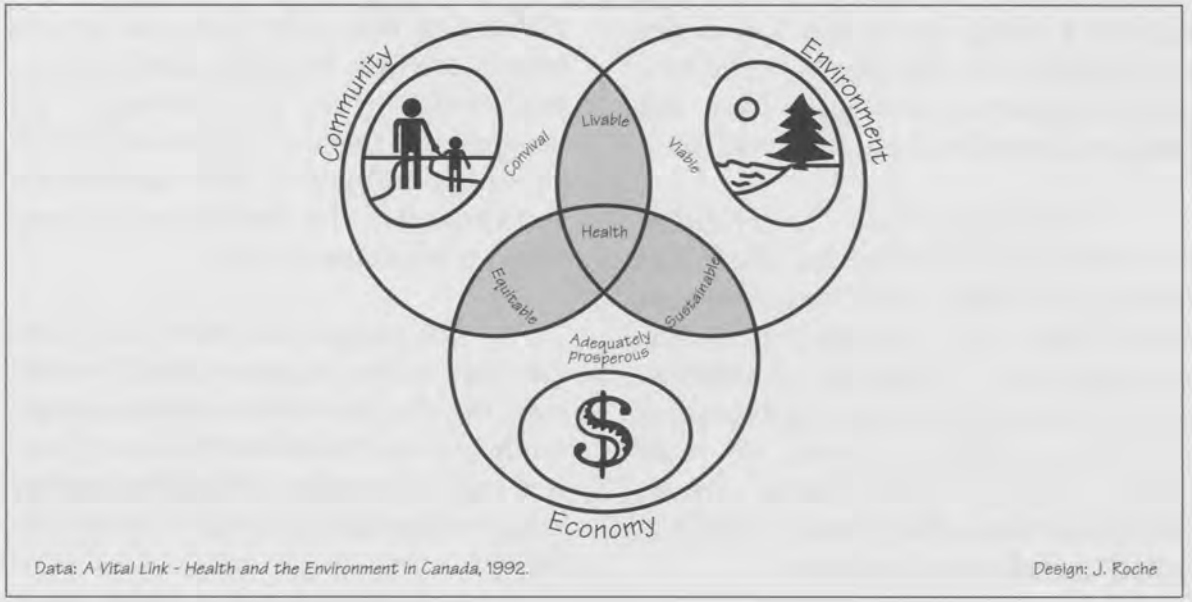
- **Reorient health services.**
Health promotion aims at reorganizing the health care system to move beyond clinical and curative services and to increase its focus on promoting health and preventing illness.

A second theme emerging from this transformed vision of health concerns the notion of **Healthy Communities**. Much work is being devoted to identifying indicators of healthy communities and to methods of monitoring progress.

A community health vision promotes community action as a means to assist citizens to better identify, appreciate, control and choose health promoting options for themselves and their communities.

Reflecting on sustainable communities in the 21st century, Trevor Hancock pictures a model of community composed of three interacting elements: environment, economy and community.[1] (Fig.16) From this he identifies six qualities for a sustainable and healthy community. A healthy community should be sustainable, livable, convivial, viable, equitable and prosperous. Concern needs to be given to the impact of the city on the global environment and on its local environment. To be livable the impact of urban design on life must become a priority.

Fig. 16 The Links between community, environment and the economy in producing health.

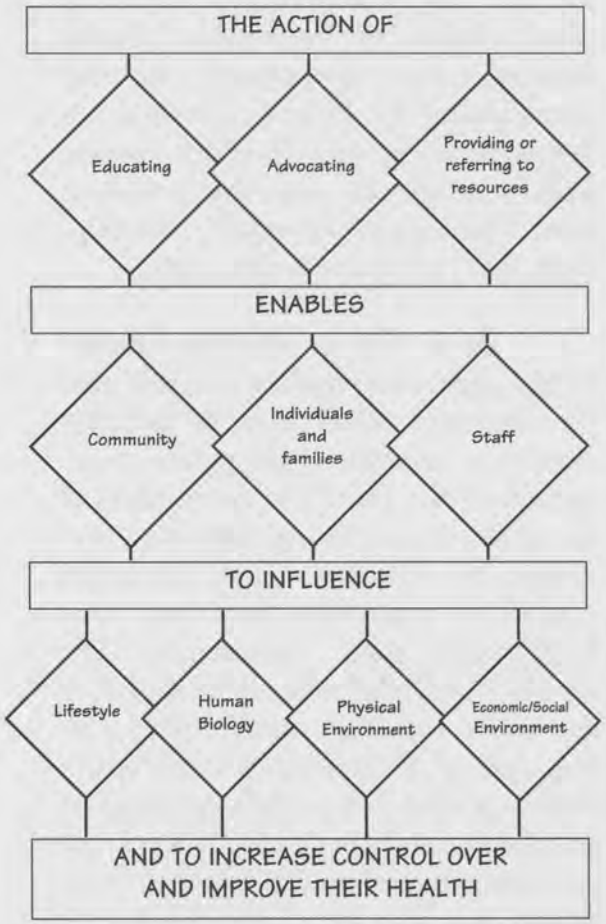


Conviviality means that people live well together. This requires social support, neighbourhood participation, safety, culture and recreation. Equity ensures equal opportunity for the development of human potential. In discussing prosperity, Hancock emphasizes ecologically sensitive industry, local community economic development and innovative technologies.

Dave Hilton, introduced earlier in the paper, emphasizes the role that the churches could play in building healthy communities. He points to the success of the church in some parts of the world in promoting *liberating education*, an education that empowers people to take their lives and their health into their own hands. The church's real challenge, as he sees it, is to create healing communities (as opposed to congregations of pretense) where people bring their brokenness and failure, and they heal. "People will be taking responsibility for their own health, and the core of the health care system will be communities of people empowering each other to stay well."[2]

THE CHANGING ROLE OF THE HEALTH CARE FACILITY

Fig. 17 A Framework for Health Promotion by Health Care Facilities



From: *A Guide for Health Promotion by Health Care Facilities*. Health Canada, 1990. Reproduced with permission of the Minister of Supply and Services Canada 1994.

Dawn Fyke, author of *Hospital-Based Health Promotion*,[1] writes that a worldwide transition from an industrial to a global service society (also called the information age) is promoting change at every level of our society. The decision of all the provinces to conduct reviews of health policy, over the past decade, is an indicator of this transition.

"Their reports recommended shifts from medical care to health promotion and from hospitals and facilities to services closer to home." All of the studies envision a health system that gives priority to health promotion. Such a goal requires a change in the way that health care workers see themselves. "The new order empowers individuals. They, not health care professionals, have control."

This change creates a very different relationship between the client and health care worker. Fyke maintains that such values as "empowering people through trust", "freedom of information", "a broad perspective and sensitivity" have received lip service for many years. She suggests that basing care on health promotion may create a system in which the values are supported.

One way that hospitals have made the switch to health promotion has been through a greater focus on home care. For many people, home provides privacy and autonomy, and an important sense of belonging. People in facilities tend to report feelings of powerlessness, dependency and vulnerability. The transition to home care requires that "control must be shifted to the individual and family."

The British Columbia *Victoria Health Project* (1989-1992) is an example of an innovative approach, the aim of which was to promote health, shift to home care and reduce costs. A central element of this experiment was a team approach which brought together nursing, social work, physiotherapy and occupational therapy. Teamwork provided an opportunity to share information and eliminated the duplication of home visits and documentation.

The project did show that home care may be less expensive than hospital care, but also found that at home people tended not to suffer from the loss of control and independence that often undermines self-esteem in hospitals and institutions.

One of the essential challenges to hospitals and health care facilities, as a result of this shift to health promotion, is to create a community health focus. "Imagine the difference (for) trustees and CEOs and administrators ... if the starting point were not what we do best, or what is most profitable, but what the community needs most."[1]

The idea of health care networks in which hospitals increasingly become partners with other community groups, such as public health, social services, educational and religious organizations, has already begun to take hold. Within such a network, health care providers have an opportunity to address not only clinical problems but also the social problems that affect health.

Fig. 18 illustrates the change of focus that occurs in moving from existing arrangements for health care delivery to a community health focus.

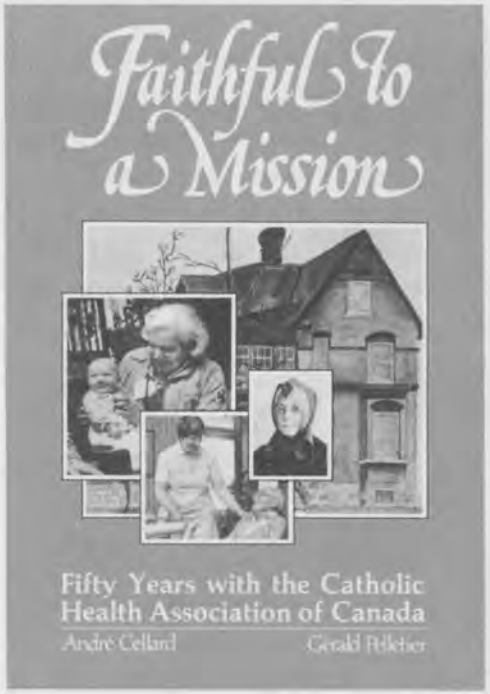
John McKnight, professor of community studies at Northwestern University, says that health care facilities have the potential of becoming "community-building assets."[2] To illustrate the need to relocate the health question from a medical to a community focus, McKnight cites a study of medical records from a Chicago hospital. The study showed that the most common reasons for emergency room hospitalizations were automobile accidents, personal attacks, other accidents, bronchial-ailments and alcohol-related ailments. "Those problems aren't medical problems, they are community problems."

McNight also suggests that health care institutions have great resources for collaborative community development. Collaboration in this context would mean that health care providers work cooperatively to meet unmet needs in the community. The starting point of such collaboration lies in asking the question: How can these institutions be more responsive to the community?

Fig. 18 A Community Health Focus *Adapted from: TRANSFORMING HEALTH CARE DELIVERY - Toward Community Care Networks. American Hospital Association, 1993.*

Existing Delivery Arrangements:	**Independent Provider**	**Informal/Ad Hoc Linkages with Other Community Services**	**Community Health Focus**
Organizational Perspective:	Disease-oriented → → → → → → → → → → → → Institutional focus → → → → → → → → → → → →		Health-oriented Part of a community of health and social agents
Description:	1) focus on treating episodes of illness (secondary & tertiary prevention) 2) health prevention initiatives/clinically based screenings 3) minimal links with community organizations for purposes of improving health status	1) sponsored community health and prevention events with continued emphasis on treating episodes of medical care 2) some linkages with the community, usually informal and event-specific 3) explicit and ongoing commitment to collaborate with other community groups still not embraced	1) focus on changing behaviour to prevent disease and treat ill health as early in the disease process as possible 2) ongoing community-wide efforts to assess and monitor progress in meeting explicitly stated community health objectives 3) work in concert with other organizations that also bear some responsibility for improving health status

Christian Health Ministry in Canada



"The story of CHAC and its mission... is also a story about Canadian history.... Within each era, CHAC adapts itself to meet the challenges and trends of an ever changing society under the careful guidance of its founding members."

Faithful to a Mission
Fifty Years with the Catholic Health Association
André Cellard and Gérald Pelletier
1990

Throughout the New Testament we find examples of Jesus' healing ministry. Jesus touched the whole person, healing physical disease and restoring those who suffer to healthy relationships with God and the community. Throughout history Christians have experienced the call to carry on this healing ministry and been challenged to adapt to changing circumstances and needs.

In this country many regions owe their first health care services to Christian initiatives, especially to the pioneering efforts of orders of religious women. These women had to discern the "signs of the time" and respond with faith and hope to the needs of their day.

In our own time, owners and boards of Catholic health care facilities, Catholic health associations, and individuals have continued to dedicate themselves to ongoing reflection on the mission and future of Catholic health care ministry in Canada.

This reflection is being influenced by a number of factors: a decrease in the number of religious available for institutional health care work; government initiated health care reform and limits on health expenditures; the need to seek alternative models of governance and health care delivery; and the reawakening of the church's health ministry. At the same time, those involved in Christian health ministry are being challenged to adapt to the new vision of health described in previous sections of this paper.

Out of this reflection on ministry has come a renewed commitment to Catholic sponsorship of institutional health care in Canada. Hard times have provided a sharpened sense of the need for the values that Catholic health ministry can bring to a highly technological health care system.

The renewed emphasis on health and community outlined in the first part of this booklet is also reflected in the church's growing recognition of its health ministry. The health ministry of the local church and of home care, and the importance of the healing that can take place within the family, is increasingly being recognized. This reflection has led to the rediscovery of a holistic vision of health that regards institutional health care as one aspect of Christian health ministry.

Gospel Values - The Foundation of Christian Health Ministry

Values are defined as beliefs, standards or principles upon which action is based. The preceding discussion of the determinants of health revealed the need for a values base which can provide both a vision for health care efforts in the future as well as the means to assess those new directions. The values that underlie the Christian health tradition provide such a base.

It is often said that Christian health care facilities are distinct from other health care institutions. The reflection on Catholic health ministry which has taken place in recent years has, in part, been aimed at trying to clarify and communicate this distinction. As a result, numerous Catholic health organizations have taken steps to define their mission and articulate the values which direct their ministry. Figure 19 provides an example.

The following pages describe those values which have provided focus and direction in the Catholic health ministry. Though presented individually, these values complement and build upon each other forming the foundation of Catholic health ministry. The themes presented are:

- the healing presence of God;
- health care as ministry;
- community;
- compassion;
- hope;
- social justice;
- stewardship, and
- ethical reflection.

Fig. 19 **Vision, Principles & Directions for Health Delivery in Alberta ***

The Catholic Health Association of Alberta

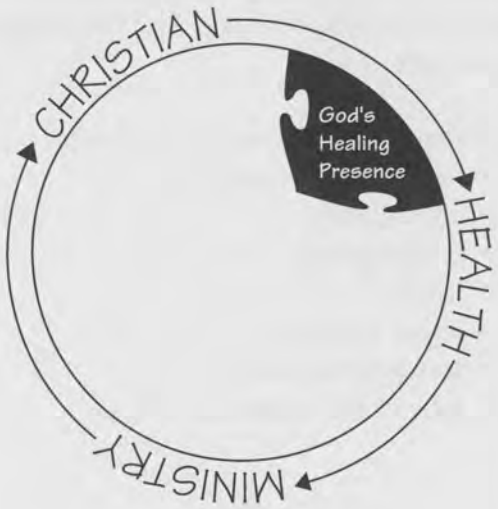
Vision We commit ourselves to a health system which honours the interrelatedness of life, respects the values and spiritual traditions of Albertans, and promotes an integrated and holistic approach to health and health services within the context of the Christian values of compassion and justice as well as the five principles of the Canada Health Act.

Guiding Principles

1. **Stewardship** requires an affordable, prudent, just and creative use of resources which recognizes the value of diversity.
2. **The Common Good** of all people requires commitment to the five principles of the Canada health Act: accessibility, comprehensiveness, portability, universality, and public administration.
3. **Dignity of life** requires: a) respect for the uniqueness of individuals and their ability to make informed decisions about their personal health care. b) we recognize the limits of care and we respect death as a natural process.
4. **Subsidiarity** - A principle of authority whereby decisions are entrusted to the appropriate body and not assumed by a higher authority. Issues are dealt with and policies are established at the lowest proper level of responsibility and competency.

*(Formulated - Fall, 1993.)

God's Healing Presence



In her book, *Food for the Journey*, Juliana Casey, IHM, defines the presence of God in human experience as one of the theological foundations of Christian health ministry. She suggests that the symbols and images found in the entrances to health care facilities often convey an important message about the values and spirit of the place. "Whatever the image... they invite all who enter to remember both the vision and the spirit of those who brought the place into existence... They had a 'sixth sense', as it were, that enabled them to recognize the divine presence in the midst of human experience."[1]

The connection between God's presence and healing is at the very heart of the Christian message. In a reflection on the theology of health care, Barry McGrory,[2] notes that in scripture "salvation" and "health" are synonymous. The central experience and memory of Israel was that of a God who heard their cries and saw their suffering. After coming among them and having liberated Israel out of Egypt, Israel sings" "Yahweh I sing: he has covered himself in glory.... Yahweh is my strength, my song, he is my salvation." (Ex. 15:2-3) Salvation translates the Hebrew word "yeshe". It conveys the sense of being brought out of a constricted space and into the open, to a place where one can breath freely. McGrory notes that "yeshe" is also translated as "health".

The Gospels are filled with stories of physical healings associated with the ministry of Jesus. In translating the scriptures the Greeks often used the word "sozo" to translate "yeshe". The word appears a hundred times in the New Testament. It too is a word that conveys both the meanings, "to save" and "to heal". At his baptism Jesus experienced his "Son-ness", that is, the intimate presence of God in his life. The "kingdom of God" is initiated by God's presence in Jesus. Now God is present in Jesus, reaching into the personal, social, and political context of the here and now, saving and healing.

Casey emphasizes that the belief that God's presence continues to be with us in the constant activity of the Spirit is fundamental to the Christian tradition. God continues to be involved in human life, continues to transform and heal in the relationship we call grace. Grace is described as the working of two sides in a relationship, God's openness to human beings and the ability of people to open up and to enter into dialogue with God. This encounter takes place in the ordinary events and encounters of our daily lives."Because of the gift of grace, attentive and receptive persons are able to recognize the presence and movement of the divine in human experience. All life, therefore is 'holy ground'; all experience has the potential to reveal."[3]

The dignity of the human person is a fundamental Christian value. It is based on the belief that the human person is created in the image and likeness of God. God's healing presence is something that we can come to know and experience in our own lives. Human relationships are also at the heart of encounters with God and can be a place of healing in our lives. Moments of healing occur daily between spouses, parents and children, friends, and between employer and employee.

Christian health ministry, which aspires to a concern for physical, mental, social, and spiritual well-being, cannot be compartmentalized to specific roles. While administrative personnel, and pastoral and health caregivers dedicate themselves to formal health care, all Christians are called to promote wellness and to build communities that foster health.

Those involved in formal health care are privileged to journey with people in what may be a time of crisis for them. Attending to their needs provides an opportunity to be attentive to issues of connectedness in a person's life: connectedness with God, self and others. In doing so he or she may also be able to support and witness to God's presence.

Casey describes health ministry as holy ground. It is about people who are vulnerable and in need, and people who seek to alleviate suffering, to heal, and to accompany others on their journey. "It is a place of healing and of suffering, of risk and of care. It is where the divine is revealed in the events of our lives."

At the heart of Christian health ministry is the belief that within each person, as part of the fabric of being human, is a longing and yearning for the transcendent, for the Holy, for God.

Food for the Journey
Juliana Casey, IHM

To speak of the health ministry requires reflection on the mission and ministry of Jesus. Matthew describes Jesus' ministry as one of teaching, preaching and healing. But in Jesus' life, these activities were part of a larger goal or mission, the proclamation of the "kingdom of God". "When paralyzed persons stand and walk, when mourning people are given cause to rejoice, when the leper is cleansed, and when the hemorrhaging women is healed, we are allowed to see the kingdom of God. God's saving intervention in Jesus Christ means that people are made whole."[1]

In Jesus' ministry, healing included but went beyond physical healing. For some it meant receiving comfort in the face of death, for others healing meant the joy of being welcomed back into the community, and for some healing came in the receiving of compassion and forgiveness. Jesus' disciples were sent out to share in his mission. Ministry means, in part, being sent by Jesus to share in his healing ministry.

All caregivers can learn by reflecting on how Jesus healed. Juliana Casey identifies three aspects of his ministry as being particularly significant. "Jesus **touched** those he healed; he **listened** to those who called out to him; and he **restored** the suffering to community."

• **Touch** - Jesus lived in a culture that had strict rules concerning what one could and could not touch. Nonetheless, Jesus touched lepers, the dead, the blind and the deaf. Jesus' touch was a sign of God's involvement in the suffering of people. Today, given the complexity of treatment and the stress of overwork, it's easy to lose sight of the importance and impact of a caring and respectful touch.

• **Listening** - Jesus responded to the cries of people when others tried to silence them. He took the time to stop and to give his attention to them. Listening to another's pain, fear and hopes is another way of participating in the healing ministry of Jesus. This can be especially important in health care institutions which are marked by highly technical language and unfamiliar routines which the patient or resident may not always understand.

• **Restoring Relationship** - In Jesus' time, lepers and those suffering from various illnesses were isolated from the community. For them healing also meant being restored to community. In our day, pain and illness continue to isolate people. Attentiveness to relationships and efforts to restore people to community are important aspects of the healing ministry.

HEALING IN COMMUNITY

While each person is a unique individual, no one could exist for long or fulfill their potential apart from the human community. The enlarged vision of health described in the first part of this paper emphasizes how community and community development are essential to health and healing.

This sense of community has been an integral part of the history of the church. Through the centuries, Christian men and women have been sent forth to further the church's mission by caring for the needs of others. As early Christian communities grew in number, deacons were chosen to care especially for the needs of its members. In later centuries, this activity took place through the establishment of inns for travellers, infirmaries, foundling homes, and homes for the aged.[1] In more recent times, religious congregations assumed responsibility for these various health care needs. The roots of Catholic health care are embedded in this history of Christian community and service. Today this sense of service in community is seen to be a responsibility of the entire church community.

A recent editorial in the *Journal of Religion and Health*[2] suggests that among the basic elements of healing today are such simple things as putting at the top of our communal agenda, programs that will provide sufficient food, clothing, shelter and health care for all.

It also notes that much of the most effective healing today is being done by small informal communities of men and women who meet to share with one another their common sufferings and to work out ways of meeting these illnesses together.

Efforts to regenerate communities and neighbourhoods have led to the development of a process for identifying the capacities and assets of a given community. This new "mapping" process stresses the community's resources, countering the tendency to emphasize only its needs or deficiencies.

Next to public schools, health care institutions are the most prevalent major institutions remaining in many neighbourhoods. John McKnight suggests that they are "a tremendous reserve of assets and resources to support initiatives in community enterprise."[3]

Enlivened by Hope

Hope finds its proper meaning in the face of adversity. Christianity is marked by hope - some call it an unreasonable hope. The early church exemplifies this kind of hope. Despite the death of Jesus, this small group of people continued to believe in the presence of his Spirit. They also dared to believe his message and actions could transform the world. Hope assumes a future. "Thus even in death there is hope. In the midst of desolation, life triumphs. We have glimpsed God's power in Jesus' resurrection. We believe that power is also for us."[1]

Suffering and Death

Suffering and death are part of human experience. One of the criticisms levelled against contemporary health care is its denial of our need to deal culturally and ritually with pain, sickness and death. The values which define Christian health ministry confront this denial. As Christians, we believe that concerted efforts must be taken to eliminate sickness and suffering. But when suffering, sickness and death are truly unavoidable, they can still have a positive meaning in a person's life. When accepted as the beginning of a fuller personal life with God, death comes to be regarded with awe and profound respect.

Ministering to People in Crisis

Christopher Forster is a pastoral associate at Hotel Dieu hospital in Kingston. In a recent article, Forster describes the needs of a person upon admission to a hospital intensive care unit. The seriousness of the illness, the strangeness of the setting and the disruption to family life, combine to create a state of crisis. Among the many needs experienced by the individual and family is the need to feel that there is hope. The pastoral care worker offers a unique skill in such crisis situations. In grieving the loss of control over life, the spiritual nature of the crisis becomes clear. Through attentiveness to the depression and sense of hopelessness that often accompanies the experience, the pastoral care worker gradually brings the person to understand the events from a new perspective. The patient and family are helped to articulate and understand the crisis from the standpoint of their own particular life outlook or faith stance. The root meaning of the word "crisis" includes both opportunity and danger. The opportunity offered is "to face our human weaknesses and uncertainties, and to discover our ultimate destiny as we grapple with them."[2]

Let us exult in the hope of the divine splendour that is to be ours. More than this: let us exult in our present sufferings, because we know that suffering trains us to endure, and endurance brings proof that we have stood the test, and this proof is the ground of hope. Such a hope is no mockery, because God's love has flooded our inmost heart through the Holy Spirit he has given us.

Romans 5:2-5

COMPASSION

The bible presents God as a God of compassion. God is recognized as one who is near to the broken-hearted and ready to reach out to those whose spirit has been crushed. The biblical view of compassion goes beyond pity. Compassion means entering deeply into and involving oneself in human suffering and sorrow. Jesus manifests God's compassion. He did not stand outside of human suffering; he knew the pain of isolation and the agony of betrayal. Casey finds an interpretation of the meaning of Jesus' suffering in the Pauline epistles. "He embraced the worst that life can offer so that *all* life might be held in God's saving love."[1] Those who reach out and enter into the suffering of others are a sign of this kind of compassion.

Norman Cousins, an influential author on issues of health and well-being, writes eloquently about the need for compassion. Reflecting on his own experiences in hospital, he writes: "There was the utter void created by the longing - ineradicable, unremitting, pervasive - for the warmth of human contact. A warm smile and an outstretched hand were valued even above the offerings of modern science.... I became convinced that nothing a hospital could provide in the way of technological marvels was as helpful as an atmosphere of compassion."[2] One of the tragedies of our time is the depersonalization of life. For too many, suffering and dying take place in a sterile and alien environment devoid of love, compassion and hope.

Frank Sabatino is a man suffering with AIDS. In a recent article he says his illness has helped him to become aware of the deep pain that comes from isolation; a pain that is little discussed in contemporary society, a pain that needs to be ministered to. The compassion received from friends and caregivers had a profound effect on this man. "I wonder if the most spiritual part of my life hasn't been the realization that it is my connection to other people that sustains me."[3] His experience points to the need for compassionate services to assist individuals and families, not just to cope with illness and suffering, but to find hope and meaning in these experiences.

Christians are, by definition, a community of people who have a mission to transform the world on behalf of justice and human dignity. The Christian faith is a social faith. One aspect of the call to love one's neighbour means working to make social structures and institutions more just. The work of justice and its link to health and well-being is increasingly recognized by all sectors of society. In Ontario, the *Premier's Council on Health, Well-Being and Social Justice* writes: "... enhanced health status and overall well-being will be obtained not only through improvements in the health care system, but also through increased attention to the economic, social and physical factors which influence health, employment, education, housing, social support and workplace conditions."[1]

The values underlying the church's social teaching are:[2]

- **Human dignity** - The test of every institution or policy is whether it enhances or threatens human life and dignity.

- **The call to community and the common good** Human life is life in community. Therefore, the dignity of the individual is inherently connected to the good of society. Everyone has an obligation to contribute to the common good.

- **Rights and responsibilities of the person** - Everyone has a fundamental right to life and to those things which make life truly human - food, clothing, housing, health care, education and employment. People also have complementary responsibilities to one another.

- **Option for the poor and vulnerable** - Catholic social teaching suggests that a basic moral test of any society is how the weak are treated.

- **Solidarity** - We are one human family, whatever our national, racial, ethnic, and ideological differences. Solidarity calls us to see the poor and the powerless as our own brothers and sisters. Solidarity insists that employers and employees see one another in complementary roles, working to achieve commonly agreed upon objectives.

Christian health care must include a critical analysis of our attitudes, lifestyle and of the structures of society that inflict suffering on powerless people. For instance, are vast expenditures of money on remedial medicine justified, when basic housing, nutrition, education and sanitation policies multiply unnecessary illness, especially in Third World countries?

Christians need to explore and change the roots of ills health found in the way we organize our society. For example, inadequate and expensive housing endangers the health of the poor.... Economic policies that increase automation at the cost of rising unemployment neglect people's basic need to find recognition and dignity in work.

The healing of these social ills and the equal provision of health services to all people in our country and elsewhere may be beyond the reach of individual persons, but they are not beyond the reach of people working together.

New Hope in Christ
Canadian Conference of Catholic Bishops
1983

In *Ethical Choices and Political Challenges*, the Canadian Conference of Catholic Bishops pointed to the necessity of raising fundamental ethical questions about the values and priorities that govern our socio-economic order. The document says that "to be authentic, development must be integral, encompassing the social, economic, cultural and spiritual needs of the whole person."[3] In assessing Canada's socio-economic order, the Bishop's Conference highlighted a number of major problems, all of which deeply affect the health and well-being of Canadians. Those problems, identified in 1984, are perhaps even greater today.

• **Massive unemployment** - The current restructuring of the economy has generated the highest levels of unemployment since the 1930's. The health impact of this tendency has led some analysts to conclude that unemployment is the greatest health risk of our time. The unemployed population reveals significantly higher rates of suicide, circulatory disease, accident mortality and cancer mortality. Studies of individual unemployed workers also show more psychiatric and emotional problems, and violent deaths compared to employed workers.[4]

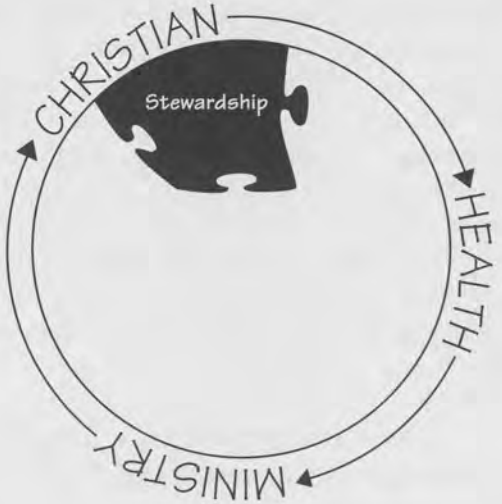
• **Social deprivation** - Social spending at the provincial and federal levels continues to undergo major cutbacks which has meant reductions for hospitals, social agencies and educational institutions. This trend threatens the social welfare system that has developed in Canada over the past four decades. The victims of such cutbacks continue to be those most in need.

• **Economic disparities** - Economic disparities between classes was another of the problems identified by the CCCB in 1984. A 1991 study reveals that high income earners in Canada enjoy on average 12 more years of good health than those with lower incomes.[5] Statistics released in February 1994 indicate that in Manitoba the death rate among aboriginal children is three to four times higher than among non-aboriginal children. Researchers indicate that the reasons for the difference have to do with housing, sanitation, education and employment.[6]

• **Ecological damage** - In much of Canada, renewable resources such as fish and forests have suffered what may be irreparable damage as a result of uncontrolled economic activity. Pollution of rivers and lakes threatens both human and animal life. There is, for example, a growing concern that pollution of the Great Lakes is now affecting the reproductive systems of animals and humans living along the water system.

• **Social breakdown** - Research highlighted earlier in this paper showed a direct link between a person's sense of purpose, job satisfaction and self-esteem and their health. This fact was also identified in the CCCB document. "Underneath the continuing unemployment crisis... lies a deepening human tragedy.... These personal traumas tend to translate into social crises such as increasing alcoholism, family breakdown, vandalism, crime, racism, and street violence."[7]

The Christian life calls for active involvement in the world and for action that witnesses to God's love for the poor and the vulnerable. Accordingly, the principles of social justice must be applied at every level of the current restructuring of the health care system. Representatives of Christian health care have a unique opportunity to bring this social justice perspective to the reform agenda.



The biblical accounts of creation present a view of the earth as both gift and responsibility. "God saw everything that God had made, and behold, it was very good". (Gen.1:31) Creation is entrusted to man and woman and it is their responsibility to nurture and care for it. (Gen.1:28) Stewardship, the responsibility to care for the gifts of the earth, belongs to every human being.

Jane Blewett, formerly of the Center for Concern in Washington, has been working closely with health administrators and officials promoting the notion of Christian stewardship. She emphasizes that an important shift is now occurring in which we are becoming more aware of the earth and the total earth community. Blewett notes that human development has had such an overwhelming, and often damaging, impact on the earth that a new attitude based on a stance of deep respect, reverence and a new humility, is required. "The human species is needing to learn its rightful place among all members of the total earth community."[1] She suggests that the word stewardship itself is troublesome: "It assumes we know how to be stewards of the earth, that it is our earth and we are in charge." She stresses the link between stewardship and health: we cannot be healthy in an unhealthy world.

The appreciation of the giftedness of creation and our responsibility for it has special significance for the health care sector, given its central role in our economy. *The Task Force on Energy Management in Health Care Facilities in Canada* notes that the medical-industrial complex consumes 8% of the Canadian GNP and employs one in 12 workers. It also found that health care facilities are one of the largest energy users and waste generators of all non-industrial buildings.[2]

Stewardship also involves a responsibility for those men and women who are employed in health care institutions. Stewardship, as exemplified in Jesus' parables, calls for the rejection of an understanding of power as domination over others in such situations. The employer/employee relationship calls for fairness and mutual accountability. Administrative decision-making and policy formation are to be participative processes involving managers, health care professionals, other staff and representatives of the community.

Ethical Reflection

The Catholic moral tradition is the fruit of an on-going dialogue between our understanding of human nature and our experience of God as revealed in Jesus Christ. It develops through study, reflection and a recognition of the working of the Spirit through various sources, such as, the experience of the health care and Christian communities, moral theologians, ethicists, the local bishop, church teachings and Sacred Scripture. No source of moral knowledge should be neglected in the making of moral decisions. This accumulated wisdom provides us with a firm foundation and direction for moral decision-making.

Health Care Ethics Guide
Catholic Health Association of Canada

Ethics is reflection on the meaning and morality of action. Such reflection does not result in a sudden realization of right and wrong, nor does it identify a single, absolute way of behaviour. Rather, ethics assists individuals, groups, and societies to evaluate their actions from the perspective of moral principles and values. The ethical principles that underlie Christian ethics are based on an understanding of human nature that is derived from human experience and enlightened by Christian faith.

The *Health Care Ethics Guide*,[1] published by the CHAC, notes that ethics implies a vision of what is good and valuable. The Christian moral vision also looks to a future, a future created by human effort with divine assistance. It is a vision of a future in which the kingdom of God is fully realized. This consideration of the future provides the Christian moral vision with its hope and inspiration.

Ethics also rests on a belief that persons are free and capable of moral choices. At the same time, ethical reflection does not fail to recognize that human freedom and choice are very much influenced by the society and culture in which we live.

Ethical reflection is made in the context of community; for Christians this is a community of faith. The communities' experience of God leads to a way of life that aims at being faithful to the God it has come to know. The community strives to ensure that its actions are consistent with its words and beliefs. Christian wisdom uses the image of the human body and our dependence on each other to describe the working of community. Within such a context, ethical reflection is not so much a question "What must I do or not do?" but rather, "Given our responsibility for each other, how shall we live?"[2]

The complexity of health care today results in serious ethical challenges including clinical, organizational, and policy issues. Confidentiality, informed consent, allocation of scarce resources, human reproductive issues, and care of the dying person, all of these issues challenge us to consider our responsibilities and to choose what is right. The Christian moral vision provides guidelines for living and for pursuing and finding the good.

THE FUTURE

The new health culture talks about service and empowerment; we speak of (the need) 'to heal' and 'to be healed'. The new culture talks about systems of integration; the Catholic culture talks about community. The new culture talks about developing an environment for growth; our language says, we create a kingdom of justice and peace. The new culture talks about accountability, we use the term stewardship.

Elizabeth Davis, RSM
Catholic Health Association of Alberta
Annual Convention
1992

This booklet summarizes the transitions and changes that characterize current health care reform and Catholic health ministry in Canada. In an address to the Catholic Health Association of Alberta annual convention in 1992, Elizabeth Davis, RSM, expressed a belief that the Christian mission of caring and health reform in Canada can actually enliven one another.[1] She stressed that the challenges facing Catholic health care are best viewed in the light of a text from Isaiah, Chapter 43. "Do not cling to events of the past or dwell on what happened long ago; watch for the new thing I am going to do, it is happening already, you can see it now.

Interdependence is one of the central characteristics of the emerging health care system. Davis says, "We have built fairly autonomous stand-alone organizations and that time has past. We now need to focus on interdependence."

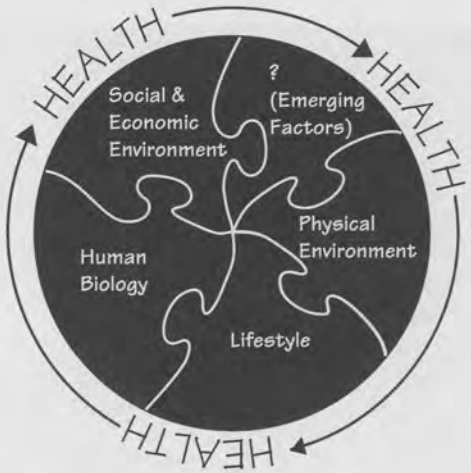
A second characteristic is the shift to a community health focus. We are converting from a hospital to a community health care system that will offer the full spectrum of services in some sort of organized, systematic way. Concern for community health status will be the key.[2]

For those involved in Christian health care, changes occurring within the church at large also affect the focus of health efforts. All the baptized are being urged to share in the call to heal and to take a more prominent role in health ministry.

Davis emphasizes that the predominant values evident in the Canadian health care system are not that separate from the values that characterize Catholic health care. In describing the links between the two, she suggests that the mission can affect the 'how' of reform, and the reform can reshape and renew the Catholic health mission.

Davis does acknowledge that health care reform can pose a threat to identity and mission, forcing boards to take an increasingly defensive position with government. There are also threats to community as is evident in the high level of demoralization that is common among people working in health care. Despite these threats, this is an era of possibility for those involved in church's health ministry. Its mission and heritage urge us to respond with faith and hope to the needs of our time.

The Future



The health care changes are already enhancing Catholic health ministry and are leading Catholic institutions and organizations to closer networking. In the area of governance, boards and facilities have the opportunity to be more assertive and to be more visible in the shaping of the overall health care system. In the process, Catholic health care is being challenged to be more articulate about its identity and goals, and to name its values. This era of transformation also offers opportunities for helping to build stronger communities that will foster health.

The current trend towards collaboration in the delivery of health care services also provides new possibilities for Christian health associations and institutions. Leland Kaiser, of the University of Colorado, writes that health care facilities are now coming out of a period during which competition was a dominant force. He believes we are now moving into the stage of collaboration. "Collaboration simply means that health care providers work cooperatively to meet unmet needs in the community. And it means they actually share resources."[3] With its system of hospitals, homes, clinics, dioceses and parishes, and given its close association with other churches, the Catholic health system has a natural network within which various forms of collaboration can be considered.

In this period leading to the emergence of a new health care system in Canada, those involved in the church's health ministry can find hope in the knowledge that "the very roots of our mission call us to reform, to reshape and renew."[4] It is by reflecting on experience and sharing that experience with one another that those involved in this ministry can make their mission of caring the cutting edge of reform.

Do not cling to events of the past or dwell on what happened long ago; watch for the new thing I am going to do, it is happening already, you can see it now.

Isaiah 43

Toward a Shared Vision

In his path-breaking book, *The Fifth Discipline*, Peter Senge describes the power of a shared vision among a group of people. "A shared vision is not an idea.... It is, rather, a force in people's hearts, a force of impressive power. People begin to see it as if it exists. Few, if any, forces in human affairs are as powerful as a shared vision".[1] The vision uplifts people's aspirations and creates a common identity within an overarching goal.

A shared vision emerges from the sharing of personal visions. It is these "pictures of the future" that foster genuine commitment to the long term. In the process of dialogue a change of focus occurs. Individuals no longer simply react to change; they begin to generate change.

Senge suggests that building a shared vision is one piece of a larger task; developing the mission, governing ideas, and core values of a group or organization. The vision is a guide for the long term; the core values provide direction for meeting the challenges of day-to-day decision making.

This discussion paper on the emerging picture of health and health care in Canada, and on the core values which provide the foundation of Christian health ministry, is intended to nurture dialogue among the CHAC membership and other partners and to assist their efforts to create such a shared vision. It is also an expression of the Association's effort to work as a catalyst linking the church's healing and health ministry with community development for health. For Christians the concept of a "shared vision" is not a foreign one. The promise of a vision for the community and the promise of hope for the future are at the heart of the work of the Spirit.

I will pour out my spirit on everyone; your sons and daughters will proclaim my message, your young men will see visions and your old men will dream dreams. Yes, even on my servants, men and women, I will pour out my spirit in those days.

Acts 2:17

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Fig. 10 Source: *Canada's Health Promotion Survey 1990 - Technical Report*, p.132.

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Fig. 14 Source: Wilkins et al, *Health Reports*, Ottawa: Canadian Centre for Information on Health, Statistics Canada, Vol.1, No.2, 1989.

Fig. 15 Source: *Canada's Health Promotion Survey 1990 - Technical Report.*, p.67.

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Fig. 17 Source: *A Guide for Health Promotion by Health Care Facilities.* Health and Welfare Canada, 1990.

Fig. 18 Source: *Transforming Health Care Delivery - Toward Community Care Networks.* American Hospital Association, 1993, p.11.

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