

Working Document- Unedited-for Discussion Only

**“Changing the Paradigm”
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Towards a New Definition of Global Health for Regions, Nations and the World

The Challenge: This paper is limited in its scope to the narrow challenge of identifying a set of criteria to determine the overall health status of a nation state in relations to its fellow nations, the health status of regions, that breaks new ground in determining and establishes a new definition and paradigm to identify and compare nation states and geographic regions. This is a working document designed to stimulate discussion and hopefully allow us to find a way forward to our expressed goal of meeting Samueli’s definition of community health.

In order for us to move forward we must create a new paradigm for the evaluating the health of a nations. NGO’s, research and academic institutions an identifying new and better measurements for the health of a nation state beyond that of life expectancy and incidence of disease. It is our challenge to identify a set of measurements, some new, and some in current use to develop a new evaluation product for measuring the relative global health of regions and nation states.

There has already been a willingness for global health experts to look beyond the traditional health markers of mortality and morbidity to include issues such as alcohol and drug use; obesity, diet, injury and non-communicable diseases such as diabetes.

Recommendation: That a new evaluative tool be developed to access the health of nation states; regions and global communities of interest based on a new set of evaluative tools. It is further recommended that we take many of the new evaluative tools/indicators such as rate of NCD’s; Health Adjusted Life Expectancy (HALE) and the Global Burden of Disease (GBD) along with additional markers that go beyond measuring health such as socio-economic indicators, public and regulatory. My cursory review of the current evaluative literature finds no one has combined all of the various indicators that impact the health of a nation such as access to healthcare, or the cost of obtaining that care. These indicators are as important as indicators of mortality and morbidity.

Methodology: I would suggest that we identify various indicators under the following that are **not normally** associated with global health. For example:

- ***Public and Regulatory Policies***
 1. **Worker Safety**
 2. **Access to Healthcare**
 3. **Aligned Payment Systems**
 4. **Health Safety Net**
 5. **Medical Education**
 6. **National Violence**

7. **Environmental Policies/Pollution**
8. **Public/Mental Health Infrastructure**
9. **Per Capita income**
- 10.

- *Socio-Economic-Cultural Markers*
 1. **Burden of Alcohol/Tobacco/Drugs**
 2. **Incidence of Violence**
 3. **Physical Exercise/Obesity/Nutrition**
 4. **Sense of Well Being**
 5. **Birthrate**
 6. **Education public**

Visualization/Characterization of the Process: It is important that we create a new design for health maps and a ranking system that is may call to mind the ranking of nations as we done with economies in the middle of the last century.

However, this map will not favor those nations with highest GDP but will create a new formula to evaluate nations so that GDP is not the overarching criteria for rankings. This will require some very intense thinking but it will allow us to differentiate ourselves from many persons/organizations looking to rank global health.

Next Steps: To determine whether this path of thinking is even worth further exploration. And if it is, how do we best go about enlarging upon the suggested direction.

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