TRANSFORMING HEALTH POLICY

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Current health is most nations and organizations tends to be focused on the short term, unable to grasp the deeper causes. Thus medical mistakes are often blamed on migrant doctors or health cares with little evidence based behind them. Part of the problem is not just the that these are easy to sell political solutions but that there are lack of methods that allow for the creation of different health policy outcomes.

This short article offers two such methods.

The first is causal layered analysis and second is four quadrant mapping. Causal layered analysis seeks to unpack, deepen the future. It has four dimensions. The litany or the day-to-day future, the commonly accepted headlines of the way things are or should be. Solutions to problems are at this level usually short term. The second dimension is deeper, focused on the social, economic, political causes of the issue. The third dimension is the culture or worldview. This is the big picture, the paradigm that informs what we think is real or not real, the cognitive lenses we use to understand and shape the world. The fourth dimension is the myth or the metaphor - this is the deep unconscious story.

Levels 1 and 2 are most visible, level 3 and 4 are broader and deeper and more difficult to identify. Outsiders are far more effective in discerning these levels of reality.

In health care, we know that there is a high rate of medical mistakes leading to serious injury or death. The Institute of Medicine in the USA estimates that this leads to 70,000 to a 100,000 preventable deaths in the USA per year.

At level one, the solution is more training for health practitioners, particular doctors. At level two, we search for causes for these mistakes. Is it lack of communication between health professionals? The state of the hospital? Lack of understanding of new technologies? Mis-administration of medicine? Systemic solutions seek to intervene by making the system more efficient, smarter, ensuring that all parts of the system are seamlessly connected.

But if we move to a deeper worldview level, we see the problem may in fact be the paradigm of western medicine itself:. its reductionism, its focus on technique and the disowning of its softer and holistic potentials. The doctor remains far above, the nurse below and the patient even lower. It is the hierarchy of knowledge that is the root

problem at this level. Merely more training or more efficient systems ignores power. The solution is to empower patients, or a move to different health systems - complimentary health systems, for example. Certainly, alternative health is the disowned self of modern medicine. Though now many researchers are integrating these opposites - using modern and ancient medicine to develop better outcomes.

At the myth problem, the deeper problem is the notion of "doctor knows best." Patients give up their power when they see medical experts – patients enter the hospital system and immediately regress to their child selves. Doctors resort to expert selves – and with dehumanized bureaucracies ensuring a focus on efficiency, mistakes keep on happening. CLA seeks to integrate these four levels of understanding. Each level is true, and solutions need to be found at each level. Thus policy solutions can be deeper. Litany interventions lead to short term solutions, easy to grasp, packed with data. Systemic require interventions by efficiency experts. Governmental policies linked to partnership with the private sector often results. Worldview change is much harder and longer term. It requires seeking solutions from outside the framework in which the solution has been defined. And myth solutions require deepest interventions, as this requires telling a new story, rewiring the brain and building new memories and the personal and collective body.
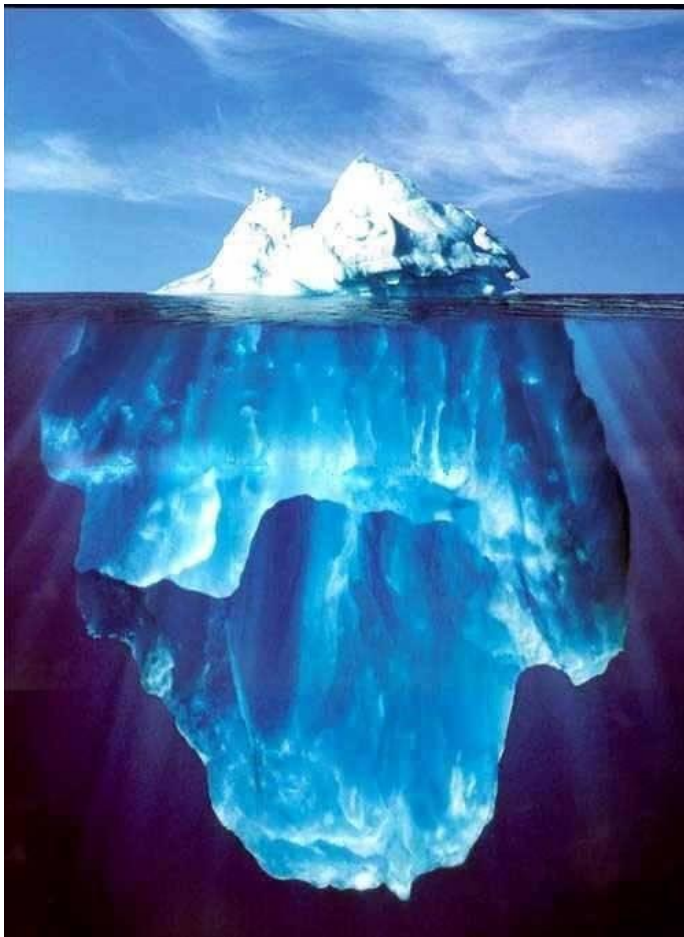
CLA applied to health policy

Health futures	I	II	III	IV
Litany (Visible)	Medical mistakes – so enhance gp training	All responsible for mistakes	No harm	
Systemic (Causes)	Smart cards, efficiency in hospitals	Listening to all the actors in the system – dialogue and communication skills	Move to naturapathic system	
Worldview	Modern medicine	Change the structure of power –patient advocacy	Alternative medicine	
Myth / Metaphor	Doctor is always right	Patient knows best	Listen to my body	

When we examine cities, litany health problems are often congestion and pollution. Solutions tend to be to expand roads and regulate emissions control. Systemic solutions focus on travel choices, linking roads with rail, creating seamless traffic patterns. Integrated transport planning is the buzzword strategy. At the worldview level, the issue is far less about finding solutions within the paradigm of the large city, but asking how the city can in some ways be undefined. Can the city be decentralized? Can time policies be developed that move us away from the industrial paradigm, creating home-work-school hubs that do not require travel by car. Can personal carbon credit cards be created so that citizens monitor their own greenhouse gas emissions?

At the deepest level is the story of the great city. Is it the search for the streets of gold? Can we create stories that revalue the village? Instead of "bigger is better" can we remind ourselves of the village fireplace where community was best?

By going deeper, we change the framework of the solution.

As important as CLA is four quadrant mapping. Developed by Ken Wilber and Richard Slaughter, four quadrant mapping develops the inner dimension of CLA. There are four quadrants – the first is the inner-individual – this is the meanings we give to the world that must change. Second is the outer-individual – the behavior we engage in. Third is the outer-collective. This is the official strategies organizations undertake. And last is the inner-collective – this is the inner map of organizations. Most policy focuses only on the outer-collective, and very little on the inner collective. Or on carrots and sticks, incentives and fines, so as change individual behavior, as in Singapore. But again, very little on the meanings individuals give to change in behavior.

For example, falling birthrates and individuals living longer is leading to the problem of the aging and even under-populated society. Most governments are focused on the external dimensions – the outer collective. They are delaying retirement, asking individuals to save more, or reducing taxes on retirement funds. Or they are providing baby bonuses hoping individuals will have more children. As one politician said, "have two children for you, and one for the nation." But this ignores the inner collective. This is the map of aging, the lifecycle. This has been classically birth-student-work-retirement-death. But this map is being challenged by trends and emerging issues. We are students not just from five to eighteen but now our entire lives – lifelong learning is a necessity for reskilling. Work is no longer about one job, but about multiple careers and even the portfolio career, having multiple jobs at the same time. And for many, it is the casualization of the workforce, having short term insecure low paying jobs. Finally retirement is not only being pushed back, but many are rethinking work, ideally desiring to mix work and play their entire lives, even every day, challenging the five day on and two day off pattern. And death too is being beaten back. New technologies, the genetics revolution, better diet – and more and more scientific information – all are leading to, at least those that benefit from globalization – living longer. Thus, the inner map is becoming more and more irrelevant. What is needed are new maps of the life cycle.

At the individual level, it is the fear and embracing of aging and death that is crucial, what has been called active aging. Some are embracing aging and others fearful and making the cosmetics and pharmaceutical industry rich beyond imagination.

	Inner	Outer
Self	Feeling good about ageing Personal health Coming to terms with death How others see me ageing	Biological clock Chronological clock Social inclusion Diet Exercise
Collective	Inner map of life cycle (birth-work-retirement) (student, householder, social service, monk)	Social Policy Care for aged Intergenerational equity Retirement age Careers for aged City design and aged

Let us take an example that further combines these two approaches.

At the litany level, there is increasing evidence that regular drinking of green tea decreases the changes of getting cancer. Pharmaceutical companies are now searching for the specific property of green tea that does this – so it can be used as a medicine.

At the systemic level, the preparation of green tea – what specific technologies are used, the cultivation of tea leaves, even its distribution becomes salient.

At the worldview level, it is how green tea is consumed that becomes salient. Is it because green tea is drunken collectively that is as important as the specific ingredients, ie is it the collectivist structure of East Asian society - social nature of tea drinking that is a compounding factor? As well, in Japan are the rituals associated with tea drinking – the tea ceremony – an important part of this? Tea is thus contextual, part of a worldview.

At the myth level, is it then about slow time, long life. Is tea part of a different way of timing the world?

The cla as done above points out that while certainly particular compounds in tea maybe crucial to fight cancer, systemic, worldview and myth dimensions of reality may be equally important. Isolating an element from the social may have risks.

At the inner-individual level, thus, the meanings and feelings one gives to drinking tea are crucial. "It relaxes me." Or once there is evidence about green tea and anti-oxidents, then, tea makes me healthy. That is, my belief system is complicit in my health realities. At the outer-individual level, it is how many cups I drink a day, when do I drink tea, how many times a day, with whom? At the outer-collective level, this becomes more crucial, what role does tea play in culture? Is it just a drink? Or are the social, economic, worldview dimensions that are crucial. As well, at this level, strategically, how best can companies take advantage of latest research on tea, and how might they use tea to spread or share their culture with others. Finally at the inner-collective level, what does tea mean for the culture – does it differentiate between tea and coffee cultures? Is it part of being East Asian? Is it part of slow time?

Thus CLA and the four quadrant method go hand in hand together, indeed, the four quadrant method is an inner CLA.

Hopefully by using methodology that does not reinscribe the present, that asks where do we stand as present out data, we will be able to change the health crisis in front of us.

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