

Health and risk behaviors: the *ying* and *yang* in surveillance

Vivian Lin

Professor Vivian Lin is Chair of Public Health at La Trobe University, Victoria, Australia

We are accustomed to working within a deficit model at the individual level in health and medicine. Patients seek care when they have a problem, and the job of the healthcare provider is to identify the problem and fix it. We undertake surveys to document the distribution of health problems across individuals in the community, then aggregate up to determine the extent and magnitude of health problems across population groups; we then present the findings of these problems to policy-makers, who can then, we hope, commit funding to public health programs to fix these problems. And we seem to need to do this repeatedly, for different health issues and risk factors, in different communities, and across different countries, before we get serious attention at the policy action level.

Two articles in this issue of the Journal raise interesting questions about some directions to be explored in health surveillance. Tountas et al. (2007) focus on protective factors, and show how protective health behaviors extend beyond physical health to health related quality of life. Parna et al. (2007) point to failure in addressing increasing availability of surrogate and illegal alcohol.

Studies that focus on protective behavior, rather than risk behavior, and link it to quality of life, rather than physical ill-health, might help to point to policy and program possibilities which offer benefit not only at the individual level, but potentially link to benefits at the household and social group level. This may help us think about how better to focus, support and develop the innate capacities within individuals, social groups, and communities to produce health and social gain.

Studies that can point to shortfalls in policy implementation, be it illegal alcohol or other surrogate measures of policy failings, can draw to the attention of citizens the need for improved performance from authorities who are charged with the responsibility for social and economic well-being

of society as a whole. This monitoring or tracking of health policies can contribute to providing an improved evidential basis for policy development and implementation, as well as explain why programs directed at individual behaviour are working or not working as expected.

In Chinese cosmology, the concepts of yin and yang are opposite forces which need to be balanced to achieve health and harmony. Yin and yang are like night and day, hot and cold, male and female – inextricably linked and dialectical, driving and explaining processes of change, in ceaseless alternation. Taking this concept across in our health surveillance work, I would suggest that we need to re-balance our efforts with more attention to tracking of

- protective factors at individual and environmental levels (to complement risk factors);*
- community and policy events and impacts (to complement individuals).*

If surveillance is to contribute to effective public health action, and if public health policies and programs are to be more informed by evidence, then our surveillance efforts or systems need to incorporate a recognition of the interdependence between risk and protective behaviors, between individual and social determinants of health and illness, and individual and collective action in health improvement.

Vivian Lin

References

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Address for correspondence

Vivian Lin
Professor of Public Health
School of Public Health
La Trobe University
Bundoora VIC 3086
AUSTRALIA
e-mail: V.Lin@latrobe.edu.au

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