BENGT LINDSTRÖM
Reducing social inequalities in health: what resources and assets can we bring to bear beyond tired rhetorics?

Les Grandes conférences Paul-Bernard sur les inégalités sociales de santé

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RECENT PREVIOUS POSTS
Professor of Health Promotion and Public Health, Nordic School of Public Health 2006
Professor of Health Promotion, HiBu NO 2008
Research Director Health Promotion Research, Folkhälsan Research Center, FI 2005-2011
MY OWN ENTRY POINT:
THE EXCAVATION OF HEALTH
THROUGH QUALITY OF LIFE

from MEDICINE
to PUBLIC HEALTH & HEALTH PROMOTION
then SALUTOGENESIS
and finally LIFE PROMOTION
WHAT IS HEALTH?

THE WHO DEFINITION 1948 or something different?

Today a strong rhetorical emphasis on the “wellbeing” part of the concept

but

practice still focused on the absence of disease, and risk reduction
Health, Disease, Quality of Life

WHAT CAN HP and SALUTOGENESIS CONTRIBUTE TO THIS ??

H- __________________________ H+

D- __________________________ D+

QoL- __________________________ Qol+
HEALTH AS A PROCESS
Health Promotion is the Process Enabling People to Gain Control over their Health Determinants Thereby Improving their Health and allowing them to lead an Active and Productive Life”

The ”Genetic Code of Health Promotion”.
The "Genetic Code" of Health Promotion

THE EMBEDDED PRINCIPLES AND VALUES

THE FIVE ACTION AREAS

- STRENGTHEN COMMUNITY ACTION
- DEVELOP PERSONAL SKILLS
- ENABLE MEDIATE ADVOCATE
- BUILD HEALTHY PUBLIC POLICY
- CREATE SUPPORTIVE ENVIRONMENTS
- REORIENT HEALTH SERVICES
Active and productive life (Good Life, Quality of Life)

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The Classic River of Health
Mac Kinley 1974
Well-being in the context of health research

RESOURCES

Explore the determinants for well-being
Salutogenic factors

What causes illnesses and disease?
Social determinants

DEATH AND DISEASE,

What creates health and well-being?

Quality of Life
The Good Life

Lindström, Eriksson 2011
THE RIVER OF LIFE

H+ ease  healthy orientation  SALUTOGENESIS
PROMOTE
EDUCATE
PREVENT
PROTECT
CURE

H− dis-ease

Resources

Risks

Quality of life Wellbeing

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"IT IS NOT A QUESTION HEALTH PROMOTION NOT HAVING THE RIGHT APPROACH TO IMPROVE THE HEALTH OF THE POPULATION, REDUCING INEQUITY IN HEALTH, IT IS ALL EMBEDDED IN ITS PRINCIPLES.

BUT RATHER

A QUESTION OF THE PROFESSIONALS IN HEALTH PROMOTION

NOT DOING WHAT THEY ARE SUPPOSED TO DO !!!"
International Definition and Measurement of Standards and Levels of Living (1954).

This report stated that the best way of defining the level of living in a population is to quantify clearly defined aspects, or parts of the individuals' life situation, correlating to the objectives of the UN Charter.

Standard of living was later defined as:

“The level of satisfaction of needs of the population assured by the flow of goods and services enjoyed in a unit of time or...the extent to which the overall needs of the population are satisfied” (Johansson 1970)
THE HUMAN DEVELOPMENT INDEX (HDI)

2012 List of countries by inequality-adjusted HDI

1. Norway 0.890 (Steady)
2. Australia 0.856 (Steady)
3. Sweden 0.851 (Increase 5)
4. Netherlands 0.846 (Decrease 1)
5. Iceland 0.845 (Increase 5)
6. Ireland 0.843 (Steady)
7. Germany 0.842 (Steady)
8. Denmark 0.842 (Increase 4)
9. Switzerland 0.840 (Steady)
10. Slovenia 0.837 (Increase 7)
11. Finland 0.833 (Increase 7)
12. Canada 0.829 (Decrease 7)

Millennium Development Goals
1. **Eradicate extreme poverty and hunger**
2. **Achieve universal primary education**
3. **Promote gender equality and empower women**
4. **Reduce child mortality**
5. **Improve maternal health**
6. **Combat HIV / AIDS, malaria and other diseases**
7. **Ensure environmental sustainability**
8. **Develop a global partnership for development**
COMBINING

WEALTH + WELLBEING = PROSPERITY
The 2010 Legatum Prosperity Index is based on 89 different variables analysed across 110 nations around the world. Source data includes Gallup World Poll, WTO, World Development Indicators, GDP, World Intellectual Property Organization, UN Human Development Report, World Bank, OECD, World Values Survey. The 89 variables are grouped into 8 sub-indexes which are averaged using equal weights. The 8 sub-indexes are:

1. Economy
2. Entrepreneurship & Opportunity
3. Governance
4. Education
5. Health
6. Safety & Security
7. Personal Freedom
8. Social Capital
RANKING 2012
1 Norway    NO
2 Denmark    DK
3 Sweden     SE
4 Australia   AU
5 N Zealand  NZ
6 Canada     CA
7 Finland    FI
8 Holland    NL
9 Suisse     CH
10 Ireand    ER

The 89 variables are grouped into 8 sub-indexes which are averaged using equal weights.

WEALTH + WELLBEING = PROSPERITY
The first Nordic comparative welfare study, which also explicitly uses the term of quality of life: “Having, Loving and Being” (Allardt 1975)

Defined welfare as: “a state where people are able to satisfy their central needs” (Allardt 1980).
<table>
<thead>
<tr>
<th><strong>HAVING</strong> (Standard of Living)</th>
<th>Objective indicators (needs)</th>
<th>Subjective indicators (wants)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasis on the material and impersonal</td>
<td>Level of living: objective measures of material or impersonal resources</td>
<td>Dissatisfaction: subjective feelings of satisfaction – dissatisfaction as regards the material living conditions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LOVING, BEING</strong> (QoL)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Emphasis on the non-material and social relationships</td>
<td>Quality of Life: Objective measures as regards people’s relation to (1) Other people (2) society, and (3) nature</td>
<td>Happiness: Subjective feelings of happiness</td>
</tr>
</tbody>
</table>

| **DOING** | |
|-----------| |
Swedner, developed a model he calls "Take-Have-Give" where both qualitative and quantitative methods are used to describe the social reality of people (Swedner 1983).

According to this model, "health" is something the individual achieves and maintains (have). In order to be able to accomplish this, resources are actively taken from the immediate surroundings (take). Quality of life is defined within the activity arena (give) (love, self-respect, appreciation, self-realization). This model considers individuals as social beings. A good quality of life is achieved when social networks are functioning and psychological needs are fulfilled.
A: The Global Sphere (Ecological, societal and political resources)

1) Macro environment 2) Culture 3) Human rights 4) Welfare policies

   Example: Physical environment, respect for human rights, equity, resource allocation

B: The External Sphere: Social and economical resources

1) Work 2) Income 3) Housing

   Examples Education, employment, economy, standard of housing. Satisfaction with these conditions

C. The Interpersonal Sphere: Resources in social relationships and support

1) Family structure and function 2) Intimate friends 3) Extended social support

   Examples Size of family, friends, intimate relationships, support from neighbours and society. Satisfaction with above

D. The Personal Sphere: Personal resources

1) Physical 2) Mental 3) Spiritual

   Examples Growth, activity, self-esteem and basic mood, meaning of life.

   (Lindström 1994)
Current concepts of positive mental health (Jahoda 1958).

Jahoda included six topics (all of which individually, or in combinations, were thought to serve as criteria for mental health):

- Attitudes of the individual towards herself
- The development of self-esteem
- The degree of the integration of personality
- The level of individual autonomy
- The sense of reality

* The ability of the individual to adapt to the environment.
THE INNER QUALITY OF LIFE (MENTAL HEALTH)

To be Active in the sense of: being interested and engaged in something outside yourself (hobby, work, politics, religion, art) which you experience as meaningful, having an appetite for life.

Having Self–esteem in the sense of: knowing yourself, feeling good as a human being, being aware of your skills, feeling useful, satisfied with your achievements, morally valuable and reaching set standards.

Having good interpersonal relationships in the sense of: having a close, mutual and warm relationship to at least one human being, having an active satisfying sexual relation, finding friendship and loyalty and a feeling of participation and belonging (to friends, neighbours, working companions, friends).

A Basic mood of Joy in the sense of: having rich intense feelings of beauty, feeling close to nature, open and receptive, secure, harmonious, the absence of worry, anxiety and restlessness, a state of joy and compassion, finding life rich and rewarding, the absence of emptiness, depression, pain and discomfort

(Siri Naess 1974, 1979)
SOCIAL CAPITAL (Bordieu)

*Horizontal social capital* relates to people’s intimate and immediate human relationships. In terms of health, horizontal social capital seems to promote mental and psychological well-being and the individual’s self-esteem.

*Vertical social capital* refers to how the individual relates to horizontal social capital and other social levels such as neighbourhood, local community, city, region and nation (Whitehead and Diderichsen 2001).

(Process indicator?? : SOC does effect both)

CULTURAL CAPITAL? (Bordieu)

What potential in this context?
LEARNING IN THE CONTEXT OF SCHOOLS

Most schools are constructed around a non-differentiated learning model where the ones who come from a family background and social class with “school intelligence” are favoured as these children already have a “learning culture” to do well in schools.

Schools could therefore unwillingly increase social and health differences (Rutter 1980; Nutbeam 1993; Nilsson 2003).

Another approach is so-called in-depth-comprehension or deep-learning.

In deep-learning there is a focus on connecting what is taught to the background and culture of the ones who are learning. In addition, deep-learning not only favours cognitive intelligence but also responds to the other qualities of intelligence (Gardner 1991).
Central to the health promotion process itself is the principle and theory of **empowerment** (Freire 1996; Rappaport 1987).

Freire used empowerment as a way of learning, focusing on populations that have difficulties in acquiring learning in ordinary institutions. He was working on the reduction on inequity by learning and mobilising the uneducated.

He was expelled from his country, Brazil, because his government was afraid of the revolutionary component in his learning philosophy regarding redistribution of power.
In 1946, Paolo Freire (1921-1997) was appointed Director of the Department of Education and Culture of the Social Service in the state of Pernambuco. Working primarily among the illiterate poor, Freire began to embrace a non-orthodox form of what could be considered liberation theology. In Brazil at that time, literacy was a requirement for voting in presidential elections.

In 1961, he was appointed director of the Department of Cultural Extension of Recife University, and in 1962 he had the first opportunity for significant application of his theories, when 300 sugarcane workers were taught to read and write in just 45 days. In response to this experiment, the Brazilian government approved the creation of thousands of cultural circles across the country. In 1964, a military coup put an end to that effort. Freire was imprisoned as a traitor for 70 days. After a brief exile in Bolivia, Freire worked in Chile for five years for the Christian Democratic Agrarian Reform Movement and the Food and Agriculture Organization of the United Nations. In 1967, Freire published his first book, *Education as the Practice of Freedom*. He followed this with his most famous book, *Pedagogy of the Oppressed*, first published in Portuguese in 1968.

On the strength of reception of his work, Freire was offered a visiting professorship at Harvard University in 1969. The next year, *Pedagogy of the Oppressed* was published in both Spanish and English, vastly expanding its reach.

Because of political feuds between Freire, a Christian socialist, and successive authoritarian military dictatorships, the book wasn’t published in Brazil until 1974, when General Ernesto Geisel became the then dictator president beginning the process of a slow and controlled political liberalisation.
FROM HORIZONTAL AND VERTICAL SOCIAL CAPITAL

OVER

PAOLO FREIRE AND EMPOWERMENT TO

TO

SALUTOGENESIS AND HEALTHY LEARNING
The development of a strong SOC

Psychoemotional rather than socioeconomical factors

THE KEY GRRs:
1. Being in contact with one’s inner feelings (Antonovsky 1979, 1987)
2. GOOD Intimate relationships (Antonovsky 1979, 1987)
3. Enjoying good Social support (Antonovsky 1979, 1987; Shawn et al. 2007)
4. Having meaningful everyday activities (Antonovsky 1979, 1987)
5. Existential coordinates in place (Antonovsky 1979, 1987)

CHILDHOOD CONDITIONS INCLUDE

A load balance and consistency (Sagy & Antonovsky 1996)
Participation in shaping the outcomes (empowerment) (Sagy & Antonovsky 1996)
Appropriate childhood conditions (Antonovsky 1979, 1987)
Absence of family conflict good neighbourhood cohesion (Shawn et al. 2007)
Introspection and reflection about job engagement (Forbech Vinje & Mittelmark 2007)
Effective learning is related to the contents, the methods of delivery, the setting (context) including the emotional climate, the quality and relationship between learner and teacher and finally to the form of evaluation or outcome. Today it is considered that it is more effective to let students construct their own knowledge and integrate that into their value-system rather than being fed with ready-made facts.

“Evidence based learning” exists in several forms and has to be adapted according to several of the factors mentioned previously creating wholeness, coherence and mental well-being (Lindström 2003). Effective learning is stimulated via a variation of methods, which should be shaped and defined through constant evaluation.
THE HFA 2000 POLICY AND OUTCOMES RELATED TO DO-WELL FACTORS

OUTCOME OF HEALTH

MEAN SOC

OUTCOME OF WELLBEING

SOC

AGE

Adding Years to Life (AYL)

Adding Life to Years (ALY)

Chronic diseases NCDs

Life events

Stress management

Health behaviour

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Mental health

The stronger the SOC the better the QoL on children, adults and in families.

Findings from both quantitative and qualitative studies support the SOC to be a factor enhancing good QoL.

Results from longitudinal studies confirmed the findings from the cross-sectional ones.

Most of the studies are using specific questionnaires for measuring HRQL on varying samples (patients).

Studies measuring QoL on general populations are scarce.

THE SYNTHESIS FOR HEALTH: BUILDING ON MEDICINE, PUBLIC HEALTH, HEALTH PROMOTION AND ALL OTHER NECESSARY DISCIPLINES........ TOWARDS ”THE NEXT HEALTH”
ONE NATION
WITH JUSTICE
FOR ALL?
IF WE DO NOT CHANGE OUR APPROACH

AND IN THE END...

THE RICH WILL LIVE
AND
THE POOR WILL DIE

Or: The Love You Take Is Equal to the Love You Make

(THE BEATLES)
REFERENCES


Bartley M. Life Gets Under Your Skin. ESRC International Centre for Lifecourse Studies in Society and Health, UCL Research Department of Epidemiology and Public Health


Marmot M. The Commission of Social Determinants of Health. WHO


Rootman Raphael Being belonging and becoming, Toronto

The Gradient Evaluation Framework GEF University of Brighton
REFERENCES CONTINUE

**Website:** [http://bit.ly/U1DWSC](http://bit.ly/U1DWSC) The OECD Social Expenditure Database (SOCX) has been developed in order to serve a growing need for indicators of social policy. It includes reliable and internationally comparable statistics on public and (mandatory and voluntary) private social expenditure at programme level. This version also includes estimates of net total social spending for 2009 for 30 OECD countries. SOCX provides a tool for monitoring trends in aggregate social expenditure and analysing changes in its composition. It covers 34 OECD countries for the period 1980-2009 and estimates for 2010-2012. The main social policy areas are as follows: Old age, Survivors, Incapacity-related benefits, Health, Family, Active labour market programmes, Unemployment, Housing, and Other social policy areas.

**VIDEO CLIPS**

Leros Pekpa Psychiatric Institution for Mentally Retarded Adolescents. (Greece)

Learning for Children with Morbus Down (Sweden)

Målet i Siktet Lena Maria (Sweden).

Jakten på Nazismen (Sweden).

**MUSIC**

You Tube: Ray Charles Elton John  *Sorry*  seems  to be the  hardest word.

The Beatles *In the End*