

spectra

81



Social determinants of health

2 Does poverty make us sick?

What are the factors that influence health? People who are economically and socially better off tend to enjoy better health than those who are less well off. So does poverty make us sick? Research on health determinants is concerned with the way in which the inequitable distribution of resources and negative pressures – and the inequitable access to healthcare services – impact on the health of different sectors of the population. The main focus is on how health promotion and prevention can help improve equality of opportunity in society.

2 Learning from experience

Measures to prevent addiction are more effective if at-risk children and adolescents are identified and helped as early as possible, as a number of projects concerned with early identification and early intervention (E&E) in schools have confirmed. What role do school directors and teachers play in integrating this attitude into the everyday life of the school? RADIX, the centre of excellence for health promotion, has consolidated these experiences and presented them in a booklet. The result is a highly readable and easy-to-understand collection of insights and suggestions.

4 Fun with physical activity and a healthy diet

The sooner, the better. This principle is particularly true of diet and physical activity. Since 2002, the Suisse Balance programme has launched a wide spectrum of projects that make it fun for babies, children and adolescents to engage in adequate physical activity and enjoy a balanced diet. We discuss three current examples: a booklet for pregnant women and new mothers, a pilot project for children and adolescents in training and residential facilities and a new project from the PEP (Prevention, Eating disorders, Practice-based) unit that is aimed at integrating regulation of the emotions and physical self-awareness into existing projects and services.



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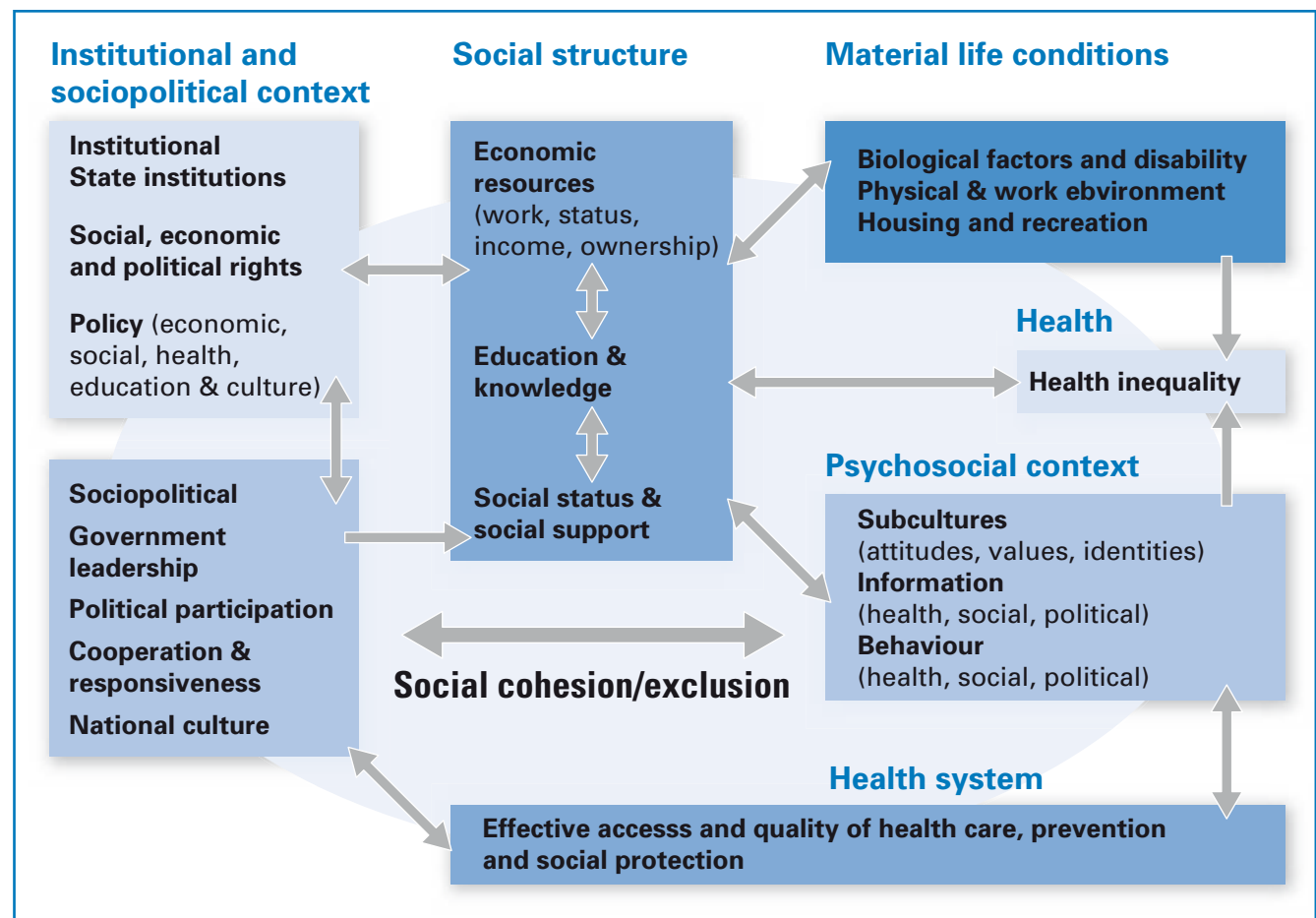
To him that has (affluence) shall be given (health)

Social determinants of health. «To him that has shall be given». This popular saying accurately sums up the principle behind the social determinants of health. People who are better off in terms of key aspects of life and work can also expect to live longer and healthier lives than others.

How to explain the connection between inequality of life and work conditions and inequality of health? Is there a cause and effect relationship? If so, where is the cause and where the effect? Studies have shown that socio-economic factors have a determining effect on health and life expectancy. «Poverty makes you sick» is one way of putting it. Ill health can also lead to social decline, but this effect is of less significance.

The higher the social status, the better the state of health

The term «determinant» is used because our life circumstances influence or shape (= determine) our health. Despite the closeness of the terms «determinant» and «determinism», this influence does not mean that everything is preordained. An individual's life can always take another direction, as population-based research shows. Research has also produced another finding that might initially come as a surprise – a social gradient: each rung that we climb on the social ladder improves our chances of enjoying a long and healthy life. Education, job and



income are the status characteristics most frequently studied. But health is also associated with many other determinants, including material, structural, cultural and personal factors.

Inequitable distribution of negative pressures and resources

A practical model for explaining the connections between social and health-

related inequality (see figure) assumes that social inequality leads to inequality of health-related pressures and resources. In figurative terms, it is as if all the negative pressures ever experienced and all

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Child's play: a balanced diet and enough physical acti

Suisse Balance. The Suisse Balance programme provides expert and financial support for innovative projects that make it fun for children and adolescents to engage in daily physical activity and enjoy a balanced diet. Since Suisse Balance was launched in 2002, a large variety of successful projects have been initiated, implemented and evaluated. The diet and physical activity projects currently receiving support, also at the implementation level, include «Procap bewegt», «BodyTalk PEP», «Papperla PEP» and «BabyGuide».

«Procap bewegt»

«Procap bewegt» is a pilot project focusing on children, adolescents and adults with handicaps who live in training and residential facilities. The aim is to create, with the participation of all stakeholders, optimum health-promoting conditions at the dietary and physical activity levels. Tried-and-tested measures from the fields of diet, physical activity and motivation are tested on a participatory basis and adapted to the target group at three pilot institutions (Stiftung Schulungs- und Wohnheime Rossfeld in Berne, St. Josef-Stiftung in Bremgarten and the Foyer de Porren-



truy). Topic-based continuing education courses are devised for the support and nursing staff. The findings gathered from the pilot institutions provide the basis for a set of guidelines that is being drawn up on the planning and realisation of the project at other institutions.

«Papperla PEP»: physical activity, self-awareness, diet

«Papperla PEP» is a pilot project run by PEP Suisse (PEP = Prevention, Eating disorders, Practice-based). The project is based on the assumption that diet, physical activity and emotional health constitute a single unit and that systematic account has to be taken of all three components. The aim of Papperla PEP is to integrate regulation of the emotions and physical self-awareness into existing diet and physical activity projects and into educational and care facilities

for children. Play-based measures are used to strengthen children's social and emotional skills and their feelings of self-worth. Papperla PEP is also involved in the advanced training of professionals from the fields of education, care and treatment who work with children up to the age of eight and with their parents.

«BodyTalk PEP»

«BodyTalk PEP» is motivated by the same aims as «Papperla PEP», but focuses on 9-12 year olds (BodyTalk PEP Junior) and on adolescents and young adults in the 13-20 age group. By promoting health in a way that is life-enhancing and close to everyday needs, the project aims to help children and young people develop a healthy self-confidence and a stronger sense of physical satisfaction with themselves. In particular, it organises school workshops at which experts encourage young people to take a critical look at issues such as standards of beauty, gender stereotypes and body-focused attainment ideals, as well as discussing alternative definitions of beauty with them. The concept of beauty is re-interpreted as the good bodily feeling that results from a healthy diet and physical activity. In a separate continuing education course, teachers are instructed on the aims and methods

the available resources consolidate themselves into a «landscape» in and around each individual. This landscape influences the individual. It has also now been demonstrated that negative pressures have different levels of influence at different phases in our lives, with certain time windows in child development in the womb and in early childhood being of particular importance. We are also now aware that negative pressures to which parents are subject can be transmitted to their children. Depending on their social background, children are lumbered with inequitable starting conditions not only in social terms but also in relation to health.

According to the model, negative pressures can directly impair health. For instance, anyone living on a busy road and exposed to polluted air can develop pulmonary disease. An extreme example is when a human being dies as a direct result of hunger. In many cases, however, determinants act indirectly, i.e. through lifestyles. But responsibility for lifestyles that have an impact on health does not rest solely with the individual. Lifestyle is substantially shaped by life's circumstances and the prevailing social, cultural and political norms and structures.

Inequitably high thresholds for access to healthcare

Besides health-related resources and

negative pressures, differences in healthcare provision also have an effect on health status. Healthcare provision - whether preventive, curative or rehabilitative - varies according to social standing. A person of low social status may have to overcome a higher threshold in order to benefit from healthcare services. This may be due to unawareness or financial factors. Quality of communication in this context is also inequitable, and in the worst of cases can result in serious misunderstandings or in cooperation problems.

Broad spectrum of research on prevention

The above model obviously cannot avoid simplification. The relationships between the units are, of course, not one-sided - reciprocal influences occur at all levels, also within fields. The significance of health determinants is associated very closely with the prevention and health promotion services provided. Many different research approaches have been developed in this setting, each of them elucidating specific aspects. Take, for instance, the term «sense of coherence», which is concerned with the question of internal patterns of health maintenance. Or if we consider people's work situation, we find another historical concept, that of «gratification crises», which occur when reward does not match effort. Perhaps we are more interested in «health literacy», which stresses people's «maturi-

ty» in dealing with health. The list could be continued. Each approach has its own justification and makes an important contribution towards obtaining a full understanding of the factors that influence health. But the main question must be: how can the health of a population be improved?

Rich-poor divide as «social thermometer»

Let's conclude with the provocative question as to why social conditions need to be changed at all for the less well-off to have a better chance of enjoying good health. It could be argued that the population would be better off on average if the conditions under which the more affluent lived were further improved. But this argument is mistaken. It has now been demonstrated - for Switzerland as well as for other countries - that the more inequitable the distribution of affluence, the higher the mortality rate of the population of a community. In other words, what we need to strive for is not a higher average affluence level, but affluence that is as equitable as possible.

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At first hand

A wide and varied spectrum of health promotion, prevention and early identification measures have been established in Switzerland in recent decades. They are aimed at the general public, young people, schools, etc. It has been scientifically proven that, under certain conditions, prevention is both effective and saves costs. But do such measures reach all those who need them?

Against the background of social development in the 21st century, this long-standing question needs to be asked again. Never in history have so many people in the industrialised countries enjoyed such good health and such long life expectancy. However, national and international surveys show that not everyone benefits to the same extent from this development. In terms of health, there is a distinct gulf between the lowest and highest social strata. The life expectancy of semi-skilled workers, for instance, is five years shorter than that of university graduates. What is more, they suffer more frequently from health problems, despite their shorter lives.

Health and the development of illness do not depend on behaviour alone. They follow social patterns that are shaped largely by the conditions under which people live - their level of education, occupation and income. But origin (migration), gender and the availability and use of healthcare services - including prevention and health promotion - also play a role.

This edition of «spectra» gives an insight into the interfaces of health's social determinants. Readers will see that, at both the conceptual and the implementation level, good approaches exist for promoting equality of health opportunities - for everyone. The Federal Office of Public Health will in future have to increasingly address these questions, because in the interplay of society, the economy and health, it is health that holds an absolutely central place, whether as a determining factor or one that is itself determined.



Pascal Strupler
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of BodyTalk PEP and on early identification and early intervention in eating disorders. BodyTalk PEP seeks by these means to institutionalise among the teaching staff health promotion topics and strategies focusing on eating, the figure and wellbeing. Besides holding a series of workshops in schools, the concerns of BodyTalk PEP are also being integrated into existing dietary and physical activity projects, training and continuing education facilities, and organisations and associations active in the educational or health-promotion sector.

«BabyGuide - Diet and Physical Activity»

«BabyGuide» is an existing information booklet for pregnant women, new parents and professionals. In collaboration with Suisse Balance and other specialist organisations, this booklet now includes an additional 20-page special section on diet and physical activity during pregnancy and in the first few years of life. The aim of the project is improve networking between everyone involved in motherhood (pharmacists, pediatricians, gynecologists, midwives, lactation consultants, parent counsellors, etc.) and the communication of coherent messages on the subject of diet and physical activity.



Scope of Suisse Balance

Suisse Balance operates under the aegis of the Federal Office of Public Health (FOPH) and the Swiss Foundation for Health Promotion and is integrated into their overriding strategies: the National Nutrition and Physical Activity Programme (NPEB 2008-2010) of the FOPH and the Healthy Bodyweight strategy of the Swiss Foundation for Health Promotion. Suisse Balance's tasks are as follows:

- dissemination of tried-and-tested projects, insights and measures (by multiplication and/or transfer)
- constant participatory development of quality criteria for implementing and evaluating diet and physical activity projects
- co-development, support and evaluation of innovative projects and preparing their dissemination by multiplication
- coordination and networking of projects, collaboration with relevant players in the diet and physical activity sector and exploitation of synergies

Links
www.suissebalance.ch
www.procap.ch/bewegt
www.pepinfo.ch
www.babyguide.ch

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Early identification and intervention in schools: lessons learned

New publication: The RADIX foundation has extracted key findings from the evaluations of a number of projects concerned with early identification and early intervention (E&E) in schools and presented them in summarised form in a new publication. E&E is an investment in the future not only of young people but also of schools, and improves equality of opportunities for the 10–20% of children and adolescents in Switzerland who are at risk.

In 2004, the Federal Office of Public Health (FOPH) and the Swiss Institute for the Prevention of Alcohol and Drug Problems (SFA; new name Addiction info suisse) published the booklet «School and Cannabis» in order to raise schools' awareness of selective and indicated prevention. The booklet provided teachers and school directors dealing with at-risk pupils with a set of guidelines on how to proceed when young people show signs and symptoms of abnormal psychosocial behaviour. This publication led to a large-scale E&E project in schools in the Canton of Basel-Stadt. This was followed by three further, though differently structured, projects throughout Switzerland. All projects were co-funded by the FOPH and scientifically evaluated by the University of Applied Sciences of Northwestern Switzerland (FHNW). This meant that implementation of E&E



was being promoted while also being verified and improved. The findings and insights of the four evaluation reports have now been consolidated and summarised in the new publication «Early Identification and Early Intervention in Schools: Lessons Learned».

Valuable findings for future E&E projects

The booklet comprises introductory comments on E&E in schools, followed by chapters on two main topics: «Project management» and «Development and implementation of E&E».

Each chapter concludes with a discussion of the lessons learned. These lessons comprise the consolidated findings of all the evaluations. For instance, it is of great importance in all E&E projects for the teaching staff to share the same attitude. The lessons learned are as follows:

- First, consensus on the prevention role of the school has to be achieved:

does the school, i.e. the director and the teaching staff, believe that E&E is a task of the school?

- This topic needs to be addressed if a shared attitude that can be experienced by everyone in the day-to-day life of the school is to be developed. This can, for instance, be achieved in the course of discussions on the common rules or if the teaching staff handle an actual case.
- The development of a shared attitude is a key component of E&E and should be addressed at the earliest possible stage of a project.
- Familiarity and identification with the attitude is greater when teachers are actively involved in the process.

Educational authorities, school directors, teachers, special units, parents and other parties interested in E&E, their effects and the obstacles facing them will find valuable insights and tips in this booklet which should be incorporated into projects at both the planning and implementation stages. The publication is not a guideline to implementation and does not include any actual tools. Rather, compiled on a basis of systematically and scientifically surveyed practical experience, it is a collection of insights and suggestions offered in a readable and easy-to-understand form.

Publication

Fabian, Carlo & Müller, Caroline. (2010). Früherkennung und Frühintervention in Schulen. Lessons learned. [Early identification and intervention in schools. Lessons learned] Berne: RADIX. Further information, the four evaluation reports and ordering details for this free publication can be found at: www.radix.ch/f-f

RADIX – centre of excellence for health promotion and prevention

RADIX develops and implements health-promotion and prevention services. It cooperates closely with the federal authorities, cantons, municipalities, schools and also many specialist organisations. Early identification and early intervention are a focal point of its activities. With support from the FOPH, RADIX is implementing two E&E projects in schools in the German and French-speaking parts of Switzerland, scheduled to run until 2012, and the nationwide project «Municipality-oriented Early Intervention», to run until 2012. You can obtain further information from fabian@radix.ch.

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Education and migration as health determinants

Equality of opportunities. Studies show that young immigrants do not enjoy the same opportunities as their Swiss peers in Switzerland's educational system. This poorer access to education can ultimately have negative effects on health.

As has been documented in the 2008 National Health Report, the migrant community is in poorer health than the indigenous population. Lower socioeconomic status and other factors associated with a migration background can impact unfavourably on health. Education, too, is a health determinant. It influences our health-related behaviour at the health skills and health literacy level, on the one hand. On the other, it influences our health indirectly through specific lifestyles, as well as directly. The focus here is on the social situation of young migrants in Switzerland's educational system.

As the National Health Report points out, access to education and training has a decisive influence on health. Particular efforts are required for young people who are experiencing educational problems. This problem must be viewed in the light of the fact that staying on longer in school both improves job prospects, promotes health literacy and a health-conscious lifestyle.

Many migrant children are in special classes

Kronig, Haeberlin and Eckhart have published a study on migrant children and school selection. In an analysis of educational statistics for the 1980–1998 period, they demonstrate a highly significant increase in the number of migrant children assigned to special classes, compared with Swiss children. The authors speak of a tendency for migrant children to occupy the lowest stratum of the educational pyramid at primary-school level. According to a report by Christian Imdorf, the same process can be seen at junior-secondary level. Current data from the Swiss Federal Statistical Office confirm this development for the period up to 2005. No data for more recent years are as yet available. Schools with special classes and junior-secondary schools providing a basic curriculum account for the largest proportion of pupils with a non-Swiss native language. This proportion has increased by at least 30% since 1980, while that of junior-secondary schools providing an extended curriculum has been stable for a long period. The proportion of foreign children in special classes has risen from a quarter to over half since 1980. According to the Swiss Federal Statistical Office, close to every tenth migrant child was attending a special class in 2005,

compared with every 40th Swiss child. It should be noted that this high proportion of migrants is not due to educational programmes introduced explicitly for foreign children and adolescents. This finding would be of no significance if the children had been referred primarily to a foreign language class for a short spell in order to learn the local language.

Connection between the educational system and health

The National Health Report reveals a trend towards higher levels of educational attainment in Switzerland. This development is referred to as educational expansion. According to the Report, this trend is primarily benefiting those who have grown up in Switzerland. To explain the connection between a selective educational system and the health of pupils with a migration background, an understanding of the basic determinants of health is required. Social status should be included as a co-determining factor. Children and adolescents of foreign origin who grow up in Switzerland do not appear to enjoy the same opportunities in the educational system as Swiss children. The complexity of the situation in this context also needs to be emphasised. The reasons why migrant children occupy the lowest levels of the educational system are found not only in

the school system itself but also in processes involving society as a whole. Access barriers to health promotion and prevention services also often co-determine health-related behaviour in the migration context. Conversely, professionals may have difficulty accessing migrant communities. As education is a relevant health resource, it is also worthwhile focusing attention on the school system, which reaches almost all children and adolescents living in Switzerland.

Importance of the school setting

With the programme education + health Network Switzerland (e + h), the Federal Office of Public Health (FOPH) recognises the importance of the school setting and supports its use in health promotion and prevention and the development of health literacy. In line with policy on integration and the promotion of equality of health opportunities, it is also recommended that the selection mechanisms that put certain population groups at a disproportionate disadvantage should be addressed on a basis of multisectoral cooperation.

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