

Addressing Sustainable Health Promotion in Theory and Practice

Nordic Contexts - Nordic Perspectives

This thematic issue originates from the ninth Nordic Health Promotion Research Conference. The Nordic Health Promotion Research Network (NH-PRN) organises international conferences every third year. In June 2019, the Centre for Health Promotion Research at Roskilde University, Denmark, hosted the conference. With the title ‘Health: Societal responsibility or individual obligation? Addressing sustainable health promotion in theory and practice’, the ninth Nordic Health Promotion Research Conference aimed at highlighting the latest empirical and theoretical research dealing with important dilemmas of developments, primarily in the Nordic welfare states, but also in countries with different welfare structures.

The articles in this issue of *Journal of Social Medicine* illustrate central sub-themes of the conference and the variety of keynotes, presentations and workshops held during the sessions. There are two types of articles in the volume: nine original research articles and one debate article. The original research articles focus on new empirical findings as well as theoretical research, whereas the debate article discusses a particular area of health promotion practice and research. Six of the articles are based on keynote presentations and four are based on oral presentations. The articles provide stimulating contributions that discuss key thematic areas from the conference, which are central in order to understand developments in health promotion research within a Nordic context.

The issue reflects recent changes in the area of health promotion and advances in health promotion research based on the principles of health promotion formulated by the World Health Organization (WHO 1998). At the same time, the contributions relate to what has been labelled ‘the distinctiveness of health promotion research’ as a practice and discipline (Woodall et al. 2018), including application to real-world contexts, the application of health promotion values to the research process, participatory approaches, as well as a comprehensive methodological toolkit.

The focus is primarily on a Scandinavian context, but one article deals with health promotion among immigrants in Germany.

All articles published in the volume have been through a peer review process and are in line with the academic standards of the *Journal of Social Medicine*.

New dilemmas for health promotion research – in a Nordic context

It is well known that the highest attainable standard of health as a fundamental right of every human being is enshrined in the WHO Constitution (WHO 1946). Similarly, concepts of social justice, equity and sustainability have been key factors in health promotion and foci for health promotion research since the launching of the Ottawa Charter (WHO 1986).

For both researchers and professionals in the field of health promotion, these ideals seem to be challenged today. The Nordic countries have made great strides in promoting health for their citizens, but have not yet reached equity in health (Raphael 2014). Health inequalities are increasing in some Nordic countries, in spite of their high degree of income equality compared to other nations, and in spite of a political focus over many years (OECD 2018; Bekken, Dahl & Van Der Wel 2017). The numbers of citizens suffering from non-communicable diseases and multi-morbidity constitute distressing evidence that conditions which enable a high level of health for members of the Nordic welfare societies have not been realised (Navickas 2016; WHO 2014).

From a North American and Canadian perspective, *Dennis Raphael & Toba Bryant* illustrate the achievements of the Nordic welfare states as well as the paths to their successes. Canada has been one of the forerunners in health promotion internationally. However, according to *Dennis Raphael and Toba Bryant*, the Nordic countries have taken the leadership in implementing health policies and practices. Their article illustrates the accomplishments of the Nordic countries compared to Canada. One fundamental difference between these countries is that the Nordic countries represent dissimilar welfare state models. The Nordic welfare states are characterised by a history of social democratic universal welfare ideals, with a high degree of equality as a political goal. By contrast, Canada represents a liberal welfare state model, characterised by an ideal of liberty. This dissimilarity is seen, for example, in how health and social services are organised. At public policy level, the Nordic countries have been successful in diminishing differences in income distribution and in providing economic and social security for their citizens. At the level of practice, the Nordic countries have successfully implemented health promotion principles such as equity, with exemplary partnerships between government and local actors. Despite the current positive situation, the authors identify two major threats for the Nordic countries: the increased endorsement of neoliberal approaches to governance and a rise in anti-immigrant sentiment. Both threaten equality and equity in health.

Elisabeth Fosse & Marit Helgesen investigate the opportunities and challenges in addressing the social determinants of health in the Nordic countries. Based

on document analysis and interviews with experts and policy makers, the authors emphasise that, although the Nordic countries aim to address the social determinants of health in policy measures to reduce inequality in health, these measures are often concerned with individual lifestyles and thus do not lead to structural changes. The authors interpret this tendency as a reframing of wicked problems into tame problems, as social inequalities and wider determinants of health embedded in political conflict are turned into an individual focus, making the challenges less complex and conflicting. The field of social inequalities in health constitutes a complex policy field, where decision-making is limited by its intrinsic 'wickedness'. This controversial nature constrains progress in implementing policies.

Although inequality in health is increasing, the Nordic countries still provide global leadership in implementing policies and practices that are consistent with the principle of equity as described by *Dennis Raphael & Toba Bryant*.

Jon Reiersen & Steffen Torp present an important analysis of the Nordic welfare model, which has been regarded internationally as a generous welfare state model that contributes to social equality. *Jon Reiersen and Steffen Torp* highlight the relationship between income equality and public health. In their article they show how coordinated wage bargaining and solidaristic wage policy leads to wage compression, and thereby to low market income inequality in the Nordic countries. The authors hold that there are important spill-over effects between the wage distribution decided in the labour market and the welfare state. Therefore, *Reiersen and Torp* claim that the first step to reduce health inequalities is to accept that income inequalities are a public health problem. They discuss the need to understand the forces that shape the distribution of income as the key to reduce income inequality in contemporary society. In order to counteract the economist's vision of a conflicting relationship between equality and efficiency, the authors illustrate how redistribution of income in the Nordic countries not only contributes to a high degree of equality in health, but also to stable economic performance and innovation.

A glance at the specific countries and current challenges

In spite of mutual differences, the Nordic countries all face changes in public health promotion strategies towards greater individual responsibility and risk orientation. Responsibility for prevention, treatment, care and rehabilitation are increasingly being shifted from the welfare state on to the citizens. To a growing extent living a healthy life turns into a personal obligation. However, changes in the roles of the welfare state allow for involvement of other key actors in governance for health in local communities, which also aims at involving users of health care in new ways.

Health promotion became part of health policies and practices 20 years ago in the Nordic countries. During recent years, new public management and new public health have influenced health care institutions, calling for research and theorisation on the consequences of these ongoing changes.

The article by *Betina Dybbroe* analyses how health promotion policies have been represented in health programmes, institutions and practices in Denmark. Universalism has been a key principle of welfare services, but currently neoliberal values and rationalities are influencing the ideas, conceptions and strategies of health promotion. This article examines how health promotion has been formed in recent years in Denmark through conflicts of interest in health policies at societal level. The analysis of health programmes reveals that the guidelines in the health promotion packages of the Danish health authorities since 2012 have been silent on defining the problems of inequity in health. At the empirical level the article presents the case of health promotion for children and families. In institutional practices citizens are seen as individuals to be categorised by their health and social situation. Obligations for health are distributed to the families, and engagement is desired in socially segregated ways. *Dybbroe* concludes that the life circumstances of citizens and the settings for health have become increasingly invisible in Danish health promotion. Health promotion has become part of health governance to reduce risks of illness, as part of a neoliberal turn in Denmark.

Since 2005, Finnish governments, as demonstrated by *Heikko Hillamo*, have proposed new reforms aiming at more equitable health governance by allocating the responsibility of health care services to larger entities than municipalities. However, this has not met with success. This debate article explores and discusses the causes of failure of the attempted SOTE reforms (SOTE being the Finnish abbreviation for 'governance of social and health care'). The difficulties of the SOTE reforms may be explained by the predominance of a method of tenacity at the expense of a scientific method and a method of authority. However, scientific methods also have limitations and the method of authority has created problems when scientific authority disagrees. *Heikki Hillamo* concludes by underlining the necessity of expert knowledge developed in communities of practice that includes both academic research knowledge and practical knowledge. For future initiatives to succeed, long-term, goal-oriented collaboration between academic and other SOTE experts is crucial. The article illustrates that health governance is not a straightforward process.

Close empirical research and sensitive theorisation are needed in order to understand the complex and intertwined ways in which health inequities are part of everyday life and of cultural and societal transformations and how such

inequities develop over time. An unusual method and theoretical perspective in the study of inequity in health is applied by *Iben Aamann & Birgitte Ravn Olesen*. Through the frame of participatory theatre and with a theoretical perspective on social class, the authors explore the importance of framing the communication when health professionals aim at initiating a dialogue with marginalised patients. An intervention in the form of two different versions of participatory theatre was developed by a Danish regional authority to enable marginalised citizens to share experiences of being negatively judged in communication with their GPs. The analysis finds that one version of participatory theatre frames the judge-judged relation as the problem, enabling the participating citizens to share experiences of being judged as morally inferior. The framing of the other version of participatory theatre, however, involves the judge-judged relation itself, whereby the participants feel that they are being judged. As a consequence, the participants dis-identify with the patient role and express resentment towards health institutions. In this way, the intervention reproduces social inequality in health by triggering the participants' feeling of being morally inferior. *Iben Aamann & Birgitte Ravn Olesen* conclude that framing is a central perspective when researchers and health professionals wish to initiate dialogue with marginalised citizens.

As the article by *Stefanie Harsch & Uwe H. Bittlingmayer* demonstrates, there is a great need for health promotion research on adult migrant and refugee populations, as they often have low levels of health literacy and limited language skills to understand and discuss health-related topics. The authors studied second language courses (SLCs) for adults as potential settings for health promotion, especially for health literacy improvement. They found that the health information in the textbooks approved by the German government and used in SLCs' did not meet the essential health needs of these populations, and did not support critical health literacy or address citizenship or self-awareness. Health communication is always context-dependent and complex, and therefore requires various communicative and language skills. SLCs should include these skills as assets for health promotion in relation to various dimensions of health literacy.

How to proceed? Theoretical aspirations for further development

The articles in this issue present important health promotion challenges and dilemmas in the current versions of the Nordic welfare states. Initiatives are taken to enhance access to health, policies are developed to address social determinants of health, and governments propose reforms to restore more equitable health governance. However, the goals do not seem to have been reached yet, and further health promotion initiatives are still needed in the different countries. While the initial principles of health promotion form the basis for the articles,

some of them suggest new and unfamiliar ways to research health promotion. Several theoretical perspectives have been applied and further developed in the research field of health promotion. One of these is the theoretical perspective of social capital. Social capital has been widely linked to health promotion research over the past twenty years, but it is still unclear how well this understanding has been utilised in policy and practice. *Malin Eriksson* conceptualises social capital in a health promotion framework and argues that social capital has become an important element of health promotion, but that many challenges remain. She presents several improvements to overcome these challenges. First, social capital should be seen as a complementary concept and be integrated into existing social network/support and community development approaches. Second, as the concept of social capital is very comprehensive, health promotion interventions should focus on utilising specific aspects of the concept. Third, awareness of power relations and social inequality as well as existing political structures should be better framed when applying the theoretical perspective in the development of health promotion initiatives. Fourth, there is a need for more case studies focusing on how social capital could be better understood and utilised in health promotion.

New theoretical approaches were proposed during the conference in June 2019. One of these was the perspective of social innovation and how it can be linked to health promotion. *Kristian Delica* described how there seems to be a lack of studies focusing on social innovation in current health promotion literature and offers a discussion on the subject in his article. The aim of his contribution is to stress the relevance of integrating the conception of critical social innovation in the field of health promotion. *Kristian Delica* shares a Danish case of young, marginalised mothers as the point of departure to conceptualise social innovation as needs-based health promotion. He argues that linking critical social innovation and health promotion has a huge potential, for example to advance discussions of ‘system failures’ in mainstream health initiatives in the public sector. Additionally, *Kristian Delica* holds that demarcations between social and health-based initiatives will burden young, marginalised mothers trying to cope with everyday stress in their lives. Instead he suggests working with needs and ‘innovating social relations’ to create a sense of coherence for the mothers. Finally, the article suggests that a critical social innovation perspective can help formulate and qualify a needs-based health promotion approach in a theoretical sense, although it is pointed out that the concept of ‘needs’ has to be refined, challenged, and further developed.

Within the Nordic Health Promotion Research Network (NHPRN), the need has arisen to explore how research under the label ‘health promotion’ in a Nordic context is presented in dissertations. *Eriksson et al.* searched for dissertations

published in Denmark, Finland, Iceland, Norway and Sweden from 2008 to 2018. Although they experienced some difficulties in the process, they collected 353 PhD dissertations under the label 'health promotion'. These were published in Denmark, Finland, Norway, and Sweden, but there were none from Iceland during those 10 years. In their analysis, *Eriksson et al.* found that about one-third of the dissertations had a settings approach, followed by a societal approach and an individual approach. They also concluded that the dissertations from Finland and Sweden presented more intervention studies than those from the other countries. Further, individual lifestyle issues were found in the majority of the intervention studies. The findings revealed that the term 'health promotion' is used across a broad range of disciplines, covering natural sciences, social sciences and humanities, including research in the fields of sociology, psychology, nursing, physiotherapy, medicine and anthropology. In their final discussion of the findings, *Eriksson et al.* recommend researchers to embrace societal perspectives and broader determinants of health in future dissertations in the Nordic context.

Concluding remarks

Theoretical aspirations for further development of health promotion research seem to be relevant in the context of increased awareness of the complexities involved in the promotion of health. Developments in the Nordic countries give new currency to the classical and highly relevant health promotion issues: equity, sustainability and social justice in health. In addition, new themes become relevant for critical health promotion research.

Changed organisational forms, decentralisation connected to goal management and welfare technologies are introduced, forming new contexts and roles for professionals and citizens. New public management seems to give rise to a schism between the potential effectiveness of standardisation and a resource-oriented, holistic and humanistic approach to health and disease. The performance of health increasingly constitutes a framework for social differentiation, creating new forms of inequity and marginalisation. Policy orientation towards risks and risk-taking as an expression of individual 'lifestyle' choices diverts attention from the distribution of burdens and resources in individual life courses and in societies, as well as from global health challenges in the environment and in climate issues, technology, production and demography; many of the changes in these areas are essentially man-made, but out of individual control.

These dilemmas pose challenges to critical health promotion research. The ninth Nordic Health Promotion Research Conference addressed the question of how we as researchers can investigate and theorise the changing contexts for health promotion and the normativities intertwined with late-modern interests in health. Based on the contributions in this issue, *Addressing sustainable health pro-*

motion in theory and practice, we pose the following question to health promotion researchers: *How can we understand the duality of health as, on the one hand, a basic human right, a fundamental resource for living, and a precondition for societal cohesion and development, and, on the other hand, as increasingly becoming a civic obligation left to the individual to fulfil?*

The articles have provided insights into the question, but more answers need to be developed, empirically and theoretically.

About the NHPRN

The NHPRN is a working network that holds meetings twice a year at the WHO Regional Office of Europe in Copenhagen. The members of the NHPRN are organised in working groups focusing on the following areas: Empowerment, Equity, Healthy Ageing, Health Literacy and Workplace Health Promotion. For more information, please see: <https://nhprn.com/> For the history of the NHPRN, see Ringsberg (2015) and Haglund and Tillgren (2018).

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