IT’S TIME TO REWRITE THE SOCIAL DETERMINANTS OF HEALTH (SDH)-MODEL AND INCLUDE THE EXISTENTIAL DIMENSION

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Background:
The famous SDH-model, with layers in a semicircle, was first painted in the sand by M.Dr. Håglund and published in Swedish 1983 with M.Dr. Svanström. The model has been translated and modified through the years with more or less the same determinants. The last decades the existential dimension of health, sometimes referred to as spiritual, has proven to be of importance for health and health related quality of life (HQOL). It was recognised as an aspect of supportive environment 1991. WHO developed 2002 a trans-cultural survey WHOQOL-SRPB for measuring HQOL including Spirituality, Religion and Personal Beliefs (religious or secular). This existential SRPB dimension consisted of: Meaning & Purpose in Life; Experiences of Awe & Wonder; Spiritual Connection; Wholeness & Integration; Spiritual Strength; Inner Peace and Hope & Optimism and Faith.

Purpose of study:
1) The overall purpose is to generate knowledge about the existential dimension of health (understood as aspects of SRPB) in relation to SDH and their impact on HQOL.
2) To develop existential health promotion in a secularized Swedish context.

The aim of this presentation is to introduce a refined model of SDH with the existential dimension.

Methods/Theory:
Theories of public health, psychology of religion and HCL is combined in a mixed-method design with now: Now consisting of WHOQOL-SRPB (original and BREF) surveys N=303, interviews with 15 focus groups and promotion evaluations.

Findings:
The existential aspects were relevant for participants in the interviews, preliminary partial psychometrically evaluates found correlation to SDH.

Conclusion:
Sustainable health promotion needs to consider the refined SDH-model.

Keywords:
Existential health; Spiritual health; social determinants of health; health promotion & Health related quality of life.

A CIRCUMSTANTIAL APPROACH TO SOCIAL INEQUALITY IN HEALTH; ON TARGETED HEALTH PROMOTION AND THE PROBLEM OF CATEGORIZATION.

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Background:
One way to reduce social inequality in health in welfare states is through targeted health promotion interventions, focusing on at risk populations. However, such interventions often fail to reach those most in need, and their effectiveness is highly debated.

Purpose of study:
Departing in the case of preventive health checks offered to at risk populations, this presentation explores how ways of addressing social vulnerability, disadvantage, or socio economic position within health promotion and illness prevention relates with the situatedness of life, health, and illness.

Methods/Theory:
Semi-structured interviews with people, who had been invited to participate in a preventive health check. Observations of health checks were also carried out. Theoretically, the presentation engages with contemporary discussions of egalitarianism, practice theory and health promotion.

Findings:
Targeted health promotion interventions often rest on assumptions of what socially disadvantaged people need, and therefore do not always address the actual problems faced by the people they intend to help. Moreover, the very categorization of disadvantaged or vulnerable populations group together people who live fundamentally different lives, and therefore have very different needs for assistance and support.

Conclusion:
Targeted public health interventions must be grounded in the concrete needs of the people involved, and more attention should be paid to the process of conceptualizing social differences in health and illness. Categorizing and defining people according to personal traits and competencies, diverts attention away from life circumstances that are often much more fundamental to health and illness practices.

Keywords:
Preventive health check, social inequality, categorization, life circumstances, egalitarianism