

‘Research for Health and Society’

Summary of the special international mini-symposium as part of the inauguration of Maria Koelen, as Professor of Health and Society, Wageningen University.

Wageningen, 10 March 2011

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Introduction

Prof.dr. Gert Jan Hiddink, Wageningen University

The symposium was formally opened by Prof. Gert Jan Hiddink with a brief welcome address followed by three short lectures from a range of International speakers on 'Research within Health and Society context'.

Drs Hans Saan introduced each of the speakers by comparing them with mythological figures and Greek gods. The first speaker, Prof. Dr Lawrence Green, University of California, was illustrated as "The Green Man", a pagan figure that removes winter leftovers, announces spring, offers fresh perspectives and encourages scientific fertility. Saan introduced Green as having "a status compared to Barcelona in soccer", recalled that Green had his very own Wikipedia page, collected perhaps all possible medals of honor and served all universities. Prof. Green addressed new forms of evidence in health promotion.

The next speaker was associated with Poseidon, the Greek God of the waters, who creates sources and rivers. Poseidon refers to Prof. Dr Bengt Lindström, of the Nordic School of Public Health who talked about new paradigms for health and health promotion: salutogenesis for health promotion practice.

The Goddesses Isis and Nephthys represent Dr Lynne Kennedy, Glyndŵr University, Wales (UK) and Dr Lenneke Vaandrager, Wageningen University. Isis and Nephthys are two Egyptian goddesses and sisters who are inseparable and very supportive partnership. Dr Kennedy and Dr Vaandrager gave a lecture on Salutogenic research indicators.

As last speaker, Mr Saan, gave advice for the division Health and Society by mentioning new options. He compared himself with Hermes, the Greek God of the travelers, thieves and orators, who is the messenger of Zeus.

“Towards new forms of evidence in health promotion”

Prof. Dr Lawrence Green, University of California.

Green signals a lack of evidence on effectiveness in the field of health promotion. But, in the words of Green, *“Just because the evidence isn’t there, doesn’t mean it doesn’t work”*, and *“You cannot randomize people or randomize people subject to policy”*; In other words, we need new forms of evidence. Although suitable forms of evidence exist – it is often neglected for several reasons. Reasons are a narrow focus, lack of attention to the context, lack of information about implementation and evaluation processes and lack of relevance to the real world. Those neglected fields of evidence are:

1. Participatory research evidence including Community Based Participatory Research (CBPR).
The standards of participatory research are a systematic investigation involving people in a co-learning process, for the purpose of action conducive to health. The challenge is to get the public involved and to include the perspective on health of scientists, health professionals and lay people.
2. Surveillance evidence. Surveillance evidence provides insight in “track of changes over time”. Such evidence can be useful in the implementation of new policy for example smoke-free law in bars in the Netherlands.
3. Population diagnostic evidence. There are several models available that provide this type of evidence, such as the Precede- Proceed model.
4. Program evaluation evidence. Multi-component analysis contributes to achieving continuous quality-improvement. In this, mediators and moderators need specific attention in the potential effects on outcomes.

To support those fields of evidence, Green proposes reforms in research funding priorities, publication criteria, criteria for inclusion of studies into systematic reviews, the derivation and qualification of practice guidelines, the academic weighting and credibility afforded to community and practice based research and the restrictions of university tenure criteria, including the research training of students and fellows. All this contributes to: *“A future in which we would not need to ask how to get more evidence-based practice, rather how to engage students, practitioners, patients and communities in a participatory process of practice-based research and program evaluation and how to adapt the ‘best practices’ guidelines through best processes of collecting data to diagnose the biopsychosocial needs of their patients and communities”*.

“Linking research evidence on salutogenesis to the development of health promotion practice”

Prof. Dr. Bengt Lindström, Folkhälsan Research Centre.

Prof. Lindström is not satisfied with the present definition of health. *“The definition is old, older than me”*. The present definition of health assumes that someone is in absence of disease; somebody with a physical disability however can still live a productive and healthy life.

Prof. Lindström presents the ‘River of Life’ to explain that we usually look at the endpoint of the river that is being death or having a disease. From that endpoint, people try to struggle upstream to health. An alternative view of health – and life – is to float to the direction of life and the means to do so: *“Risk is always there, but why don’t we concentrate on resources?”*

Similarly, there are two directions in health research: to address or reduce risks and to improve (social) determinants of health. These two directions should be combined. In order to improve the determinants and focus on strengths, Prof Lindström introduces the ‘do-well factor’, that is the ability to do well in life. Aaron Antonovsky developed the Salutogenic theory, focusing on strengths and determinants for health. Sense of coherence, the ability to successfully cope with stressors by using do-well factors is related to good health. Those people who do well are happier and healthier, even though they are not always in absence of diseases. People with a do well way of living, not only live longer but also their perceived health, quality of life and mental wellbeing is better. In conclusion, Lindström proposes a new definition of health: *“Health is what it takes to make life worth living!”*

“Salutogenic research indicators”

Dr. Lynne Kennedy (Glyndŵr University, Wales) and Dr. Lenneke Vaandrager (Wageningen University, The Netherlands).

Dr. Kennedy started by explaining the difference between pathogenic and Salutogenic research and evaluation. The main difference is that salutogenic research and evaluation is organised from an health and well being perspective and not a disease or pathogenic perspective.

The audience was actively involved by questions such as *“What creates health?”* and *“What makes our life worth living?”* A short discussion amongst the audience provided creative answers for example answers such as ‘life itself’, ‘no choice’, ‘social interaction’, ‘empathy’ and ‘good health makes our life worth living’ were received from both health professionals and students in the audience.

A Salutogenic framework was presented and four elements were discussed: Wellbeing/Salutogenesis, River of Life (Prof. Dr. Bengt Lindström), Positive Life Orientation and Resources. The Salutogenic framework is based on indicators at three levels: individual level (e.g. social competence), community level (e.g. network) and organisational level (e.g. social justice). To illustrate these different levels Dr. Kennedy talked about research findings from a study involving homeless people and the resources they identified for coping and living well; Dr Vaandrager discussed findings about research on ‘natural playing fields in cities’, looking at the resources at community level. Recommendations were made to improve the research and evaluation framework adopted for health promotion, they concluded *“the problem may not be one of lack of evidence but conceptualisation of health and where we look for evidence”*.

“Free advice for Health and Society”

Drs. Hans Saan, Healthy Alternatives

Mr Saan watches four trends or shifts in the field of health promotion. First the shift from education of people, to health promotion. Second, from an individual perspective to a multi-sector perspective. Third from incident to sustainable, and fourth from simple to integral. These shifts are in essence about engaging people for health, including those in power. The involvement of powerful relationships is important: *“It’s not inequalities that kill, it’s the people who benefit from these inequalities that kill”* (Vicente Navarro, 2008).

The field of health science developed over the ages. At present, it searches for solutions and it focuses on principles. Odd events may challenge these principles resulting in people becoming curious. The field is cross-fertilizing: insights from all different fields can be used to solve health problems.

Drs Saan gives advice for Health and Society.

The first advice is to stretch the concept of health. Until now, the individual sickness perspective on health has prevailed, but health is broader. It’s not black and white: it’s all kinds of gray scales. The flow of the Salutogenic river must be followed, and the scope of health broadened with other factors, such as spirituality, nature, heaven and earth.

The second advice relates to empowerment. Everything deals with power relations. There is resourceful power and power full of risks. Mr Saan: *“Bastards must be called bastards, and heroes must be praised and called heroes”*.

The third advice concerns new technologies. Technology is vital for the field of Health and Society, and must be integrated and used.

The fourth advice is to use metaphors. As fact and figures rarely appeal to people and are not easily understood: *“evidence does not always convince”*. Metaphors can make topics clear. Different disciplines can use their own metaphors, for example for obesity. From a military perspective you could say *“The war on the calories”*. From a psychologist perspective *“A weak body, represents a weak character”*. An economist could say *“Your fat, our bonus”*. And from a meteorological point of view: *“A tsunami of fat people”*. These metaphors provide individuals a cognitive shortcut to make sense of a complex societal problem, and may help in determining which governmental policies to support or oppose.

The fifth advice is to respect diversity, as all people are equal. The health sector can benefit tremendously by using knowledge on diversity.

The bonus advice is about ‘time’ and to be explicit about reasonable change expectations and capacity including the context of problems.

Finally, Saan congratulates the group Health and Society: *“This team has a great potential in Salutogenic glory. Today we witness the start of a new era. Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen (Winston Churchill)”*.