21st century determinants of health and wellbeing: a new challenge for health promotion

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A turning point

We are at a turning point in health policy: the nature of 21st century health, changes in society and technology call for a radical change of mindset and a reorganization of how we govern health in the 21st century. Health has moved up in the political agenda in countries, in development policies and in global agreements precisely because of its relevance to the economy, political ideology and legitimacy and to the expectations of citizens. It is of a highly symbolic nature: it concerns definitions of the common good and the role of the state, markets and individuals, as well as the interests of many stake holders. Is health and wellbeing something that *we collectively strive to pursue* (1) in a world of globalisation and individualisation?

New thinking is emerging in part because of and in part in spite of the economic crisis facing many high-income countries. Our way of life has not delivered what it promised. As inequalities increase, the health debate changes: the medical and technical development dimension of public health is increasingly overlaid by a debate on the social, political and economic factors that determine health. George Rosen (1910–1977) had initially defined these two major strands of public health and one can use them to analyse how the health debate changes over time: in the 19th and early 20th century the focus of public health was mainly national, social and political. I would suggest that in the course of the 20th century it moved to being national, medical and technical, and then in the late 20th and very early 21st century to being global, economic and technical. Today the focus is increasingly global, social and political – powered by developments in information technology that were not at our disposal even 10 years ago. Health promotion is challenged to link three big debates to the health agenda: wellbeing, sustainability and social investment.

Key debate: wellbeing and sustainability

The success of societies must be measured differently: no longer are economic indicators sufficient, the sustainable use of resources, particularly with regard to the environment and the increased wellbeing of citizens and their quality of life, must also be counted:

> The time is ripe for our measurement system to shift emphasis from measuring economic production to measuring people's wellbeing. And measures of well being should be put in a context of sustainability. (2)

This recommendation of the *Commission on the Measurement of Economic Performance and Social Progress* (chaired by Joseph Stiglitz) was issued in 2010. In consequence, so must health impact be measured differently – taking us back to the concept of health as wellbeing in the World Health Organization (WHO) Constitution.

It is a problem that the respective epistemic communities do not interact much: the Stiglitz Commission (2) underlines the consensus that quality of life depends on people's health and education, their everyday activities (which include the right to a decent job and housing), their participation in the political process, the social and natural environment in which they live, and the factors shaping their personal and economic security. It further underlines that wellbeing is multi-dimensional and that its various dimensions should be considered simultaneously: material living standards (income, consumption and wealth); health; education; personal activities including work, political voice and governance; social connections and relationships; environment (present and future conditions); and insecurity, of an economic as well as a physical nature. Advocates for social determinants of health could not have said it better.

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Key debate: social investment

Health is an investment and investments in other sectors support the generation of health; education is the most obvious of such a win–win strategy. But the time is also ripe to better conceptualize how health 'fits' in a broader social investment paradigm in times of rapid change and economic downturn. Today most of the social risks fall on young cohorts, irrespective of their educational status, as 40% youth unemployment in Southern Europe indicates. We must ask how health is positioned in relation to the social processes and relationships reshaping our societies – especially the 'new' social risks, which include rapid skill depletion, reconciling work and family life, caring for frail relatives and inadequate social security coverage. Can it help mitigate such risks through resilience? Are there new models of health promotion financing in times of reduced public budgets? How is public sector investment best combined with social investment by other actors, such as from private organisations, companies, philanthropies and social enterprises, in order to achieve social sustainability and connectivity (3)?

21st century determinants of health

Since the adoption of the Ottawa Charter in 1986, the world has undergone significant changes – economically, socially and politically. In view of the upcoming WHO global conference on health promotion in 2013 in Finland – which will focus on healthy public policy – I would like to throw out a couple of suggestions on such critical issues. I believe firmly that the five action strategies of the Ottawa Charter still hold – but at the same time it seems necessary to link them to what I like to call the *21st century determinants of health* (4). With that I refer to features of our society that are not captured in the classical determinants model we use; indeed, they might be considered as driving forces that shape the determinants we know so well. I would like to highlight just three such 21st century determinants.

- **Unsustainable lifestyles:** many of the health challenges we deal with are related to unsustainable lifestyles and unsustainable production and consumption patterns. The obesity epidemic and the global system of food production, distribution, consumption and waste is one of the most obvious symptoms of this development. It reflects paradigmatically the global flow of ways of life, ideas and products.
- **The flow of people:** the total number of international migrants has increased over the last 10 years from an estimated 150 million in 2000 to 214 million persons today; some 42.3 million people are displaced globally as a result of conflict. We do not yet grasp the impact of this phenomenon, which includes *tourism, migration, mobility and displacement* on the health of individuals, but it also stands in the way of accurate assessment of the public health burden of disease and its distribution.
- **The hurry virus:** urbanisation, modern media, new forms of work, women's entry into the employment market – all have contributed to time pressure and increased stress, anxiety and depression. They also impact on poor diets and a lack of physical activity. 'The feeling of constantly having to rush (the hurry virus) is a serious health issue, affecting not only adults, but also children'. (5)

The political determinants of health

All the issues raised above are intricately linked to what I call *the political determinants of health*. (4). These have also been highlighted as one of the three overarching recommendations of the Commission on Social Determinants of Health (6): *tackle the inequitable distribution of power, money and resources*. But this is a societal – not a professional – challenge. Health promotion is a social science and – as Rudolf Virchow, 1821–1902, stated for medicine, 'it has the obligation to point out problems and to attempt their theoretical solution' (7).

We must not forget though – as he also said – that it is for the politician to find the means for their actual solution.

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