HEALTH PREVENTION AND HEALTH EDUCATION FOR FAMILIES: HOW TO REACH THE UNREACHABLE

Presentation at the Erasmus+ Kick Off Meeting
“Foundations of preventive health care and health promotion”
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Politics and
Social Policy

“TRIBUTARIES”…
THREE RECENT RESEARCH AREAS OF MINE

- Family policy; especially public childcare expansion
  - Oliver, Rebecca, and Margitta Mätzke (2014): "Childcare expansion in conservative welfare states: Policy legacies and the politics of decentralized implementation in Germany and Italy." *Social Politics: International Studies in Gender, State & Society* 21 (2), pp. 167-193.
  - Mätzke, Margitta (2019): "Comparative Perspectives on Childcare Expansion in Germany: Explaining the Persistent East-West Divide." *Journal of Comparative Policy Analysis* 21 (1), pp. 47-64.
- Comparative health systems; especially the relationship of public health and curative medicine
  - Mätzke, Margitta (2021): "Political Resonance in Austria’s Coronavirus Crisis Management." In Coronavirus Politics. The Comparative Politics and Policy of COVID_19, edited by Scott L. Greer, Elizabeth J. King, André Peralta-Santos and Elize Massard da Fonesca. Ann Arbor, Mi: The University of Michigan Press, pp. 280-294. https://www.fulcrum.org/epubs/br86b586v?locale=en#/6/48[chapter16]!/4/1:0
- Social Services; organization, current challenges and underlying public policy conceptions
  - Martinelli, Flavia, Anneli Anttonen, and Margitta Mätzke, eds. (2017): *Social Services Disrupted. Changes, Challenges, and Policy Implications fpr Europe in Times of Austerity*. Cheltenham: Edward Elgar Publishing. https://www.elgaronline.com/view/edcoll/9781786432100/9781786432100.xml

TODAY'S PRESENTATION

A combination of the three !!

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Institutional and conceptual contexts of health promotion in families

1. The policy challenge: Families and children *of* vulnerable groups / Families and children *as* vulnerable groups ?
2. Modes of family policy intervention
3. Social services and public health intervention: Conceptual underpinnings
4. Wrap-up: Health promotion between targeting and universalism

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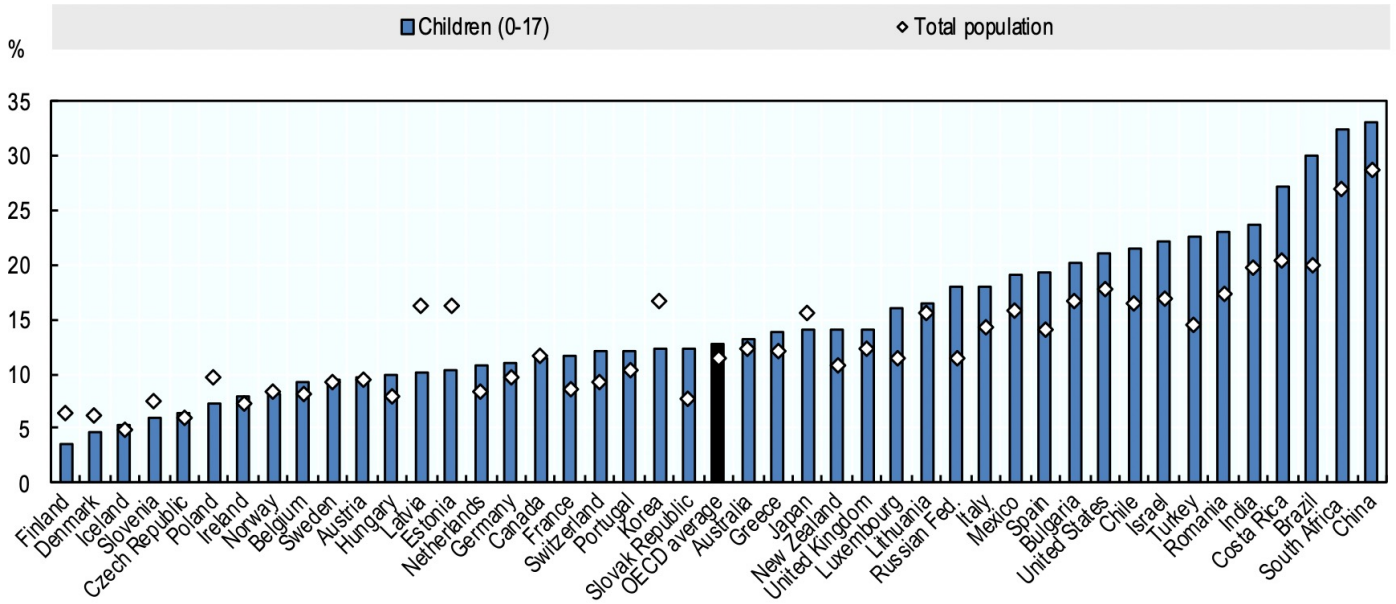
CHILDREN AS VULNERABLE GROUP

Relative Income Poverty

Chart CO2.2.A. **Child relative income poverty rate, 2018 or latest available year**
Relative income poverty rate (%), for the total population and for children (0-17 year-olds)



Note: Data are based on equivalised household disposable income, i.e. income after taxes and transfers adjusted for household size. The poverty threshold is set at 50% of median disposable income in each country. Data refer to 2018 for all countries except Costa Rica (2020), Canada, Latvia, Sweden and the United Kingdom (2019); Chile, Denmark, Iceland, the United States and the Russian Federation (2017); Netherlands (2016); South Africa (2015); New Zealand (2014); Brazil (2013); China and India (2011).
Sources: OECD Income Distribution Database

CHILDREN OF VULNERABLE GROUPS

Inequalities in child health →
Income health gradients *within* one country (here: the UK

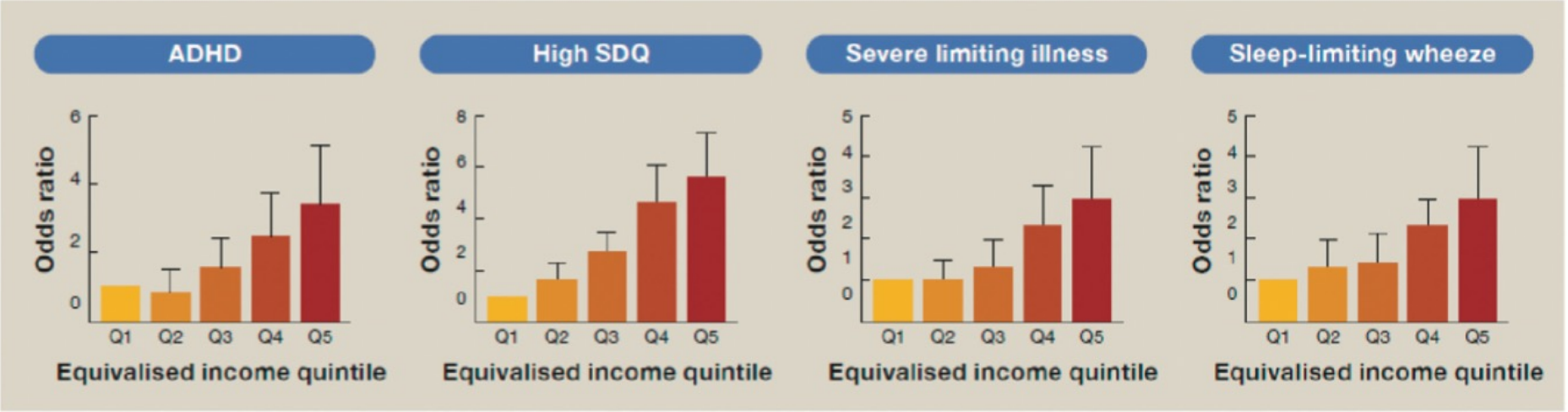


Figure 2 Health outcomes at 11 years showing social gradients (most advantaged quintile, Q1 = reference). Reproduced from reference 2 with permission from Elsevier.

Pickett, Kate E. et al.(2021): The social determinants of child health and inequalities in child health. *Paediatrics and Child Health* 32 (3), pp 89.

HEALTH INEQUALITIES *BETWEEN* COUNTRIES

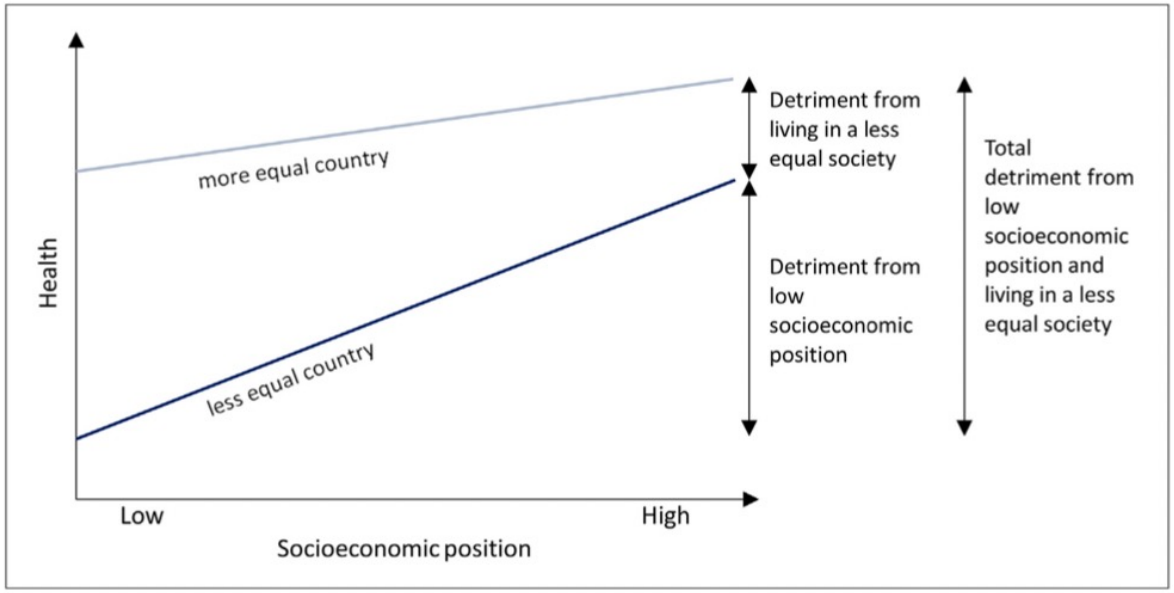


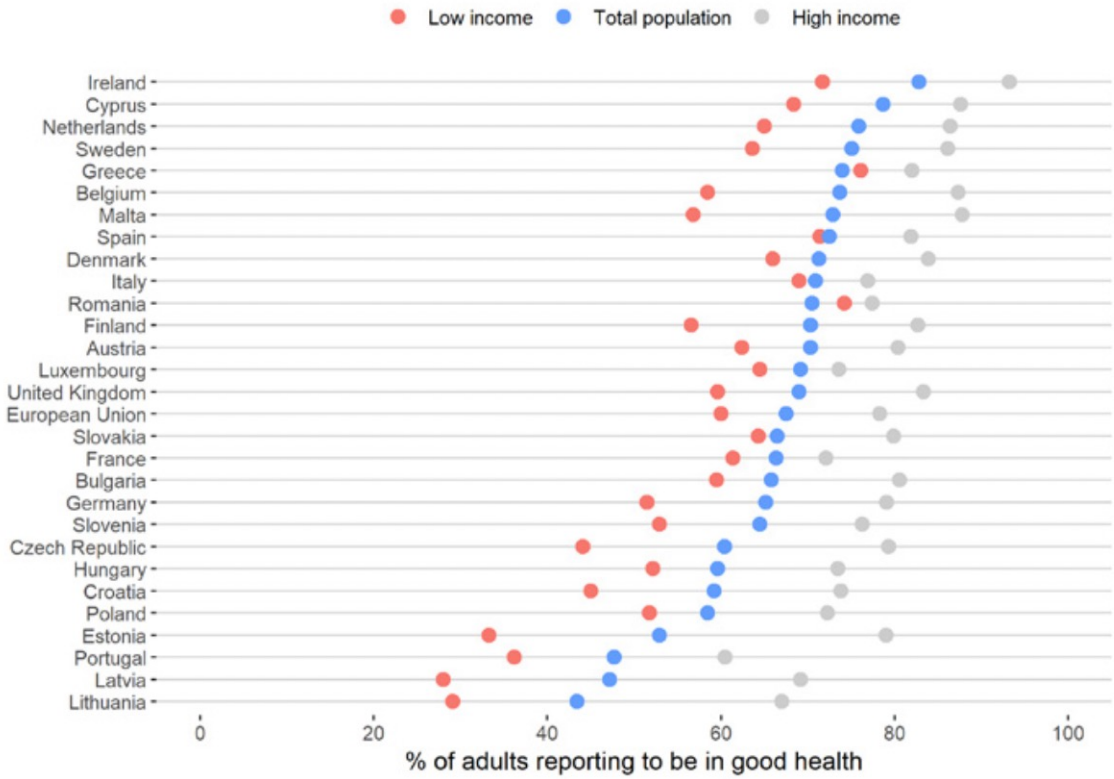
Figure 3 An example of how socioeconomic inequalities between and within societies contribute to detriments in child health and development. From reference 6. Reproduced under CC BY (https://creativecommons.org/licenses/by/4.0/).

Pickett, Kate E. et al. (2021): The social determinants of child health and inequalities in child health. *Paediatrics and Child Health* 32 (3), p. 90

HEALTH INEQUALITIES *BETWEEN* COUNTRIES: EMPIRICALLY

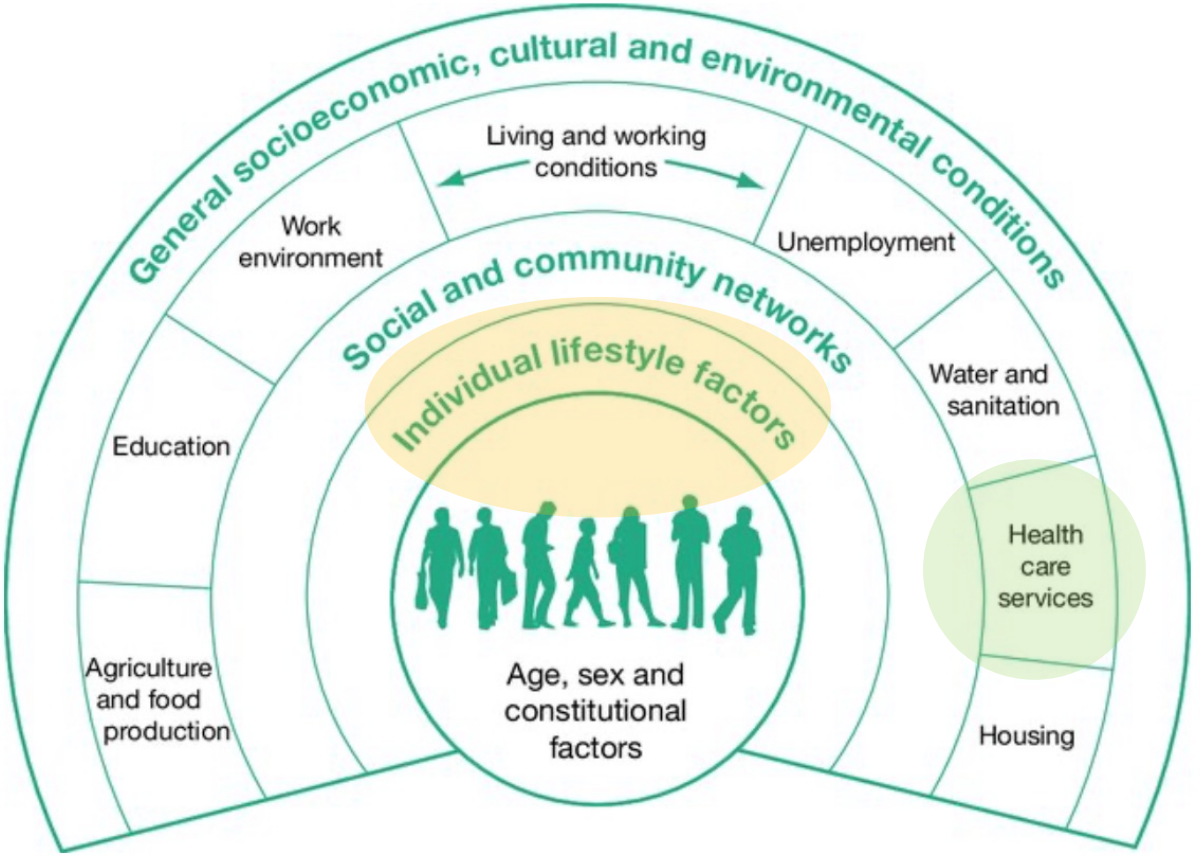
Forster, Timon et al. (2018): *Health Inequalities in Europe: Setting the Stage for Progressive Policy Action.* tasc Think Tank for Action and Social Change
https://www.researchgate.net/publication/328610704_Health_Inequalities_in_Europe_Setting_the_Stage_for_Progressive_Policy_Action

Figure A1.3: Disparities in Self-Reported Health by Income



Note: Data refer to 2016.
Source: Authors, based on data by Eurostat (2018) (indicator code: hlth_silc_10)[7]

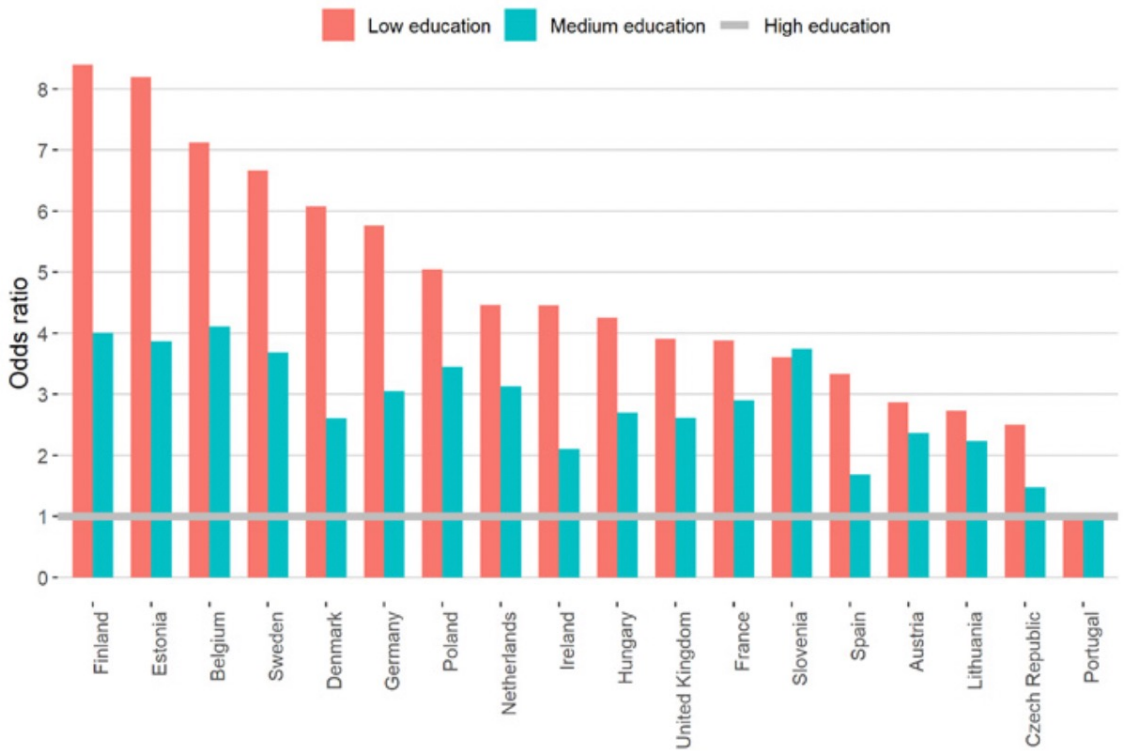
SOCIAL DETERMINANTS OF HEALTH



CONSEQUENCE 1: LIFESTYLE FACTORS AS EXPLANATION FOR UNEQUAL HEALTH

Forster, Timon et al. (2018): *Health Inequalities in Europe…*

Figure A1.5: Risk of Being a Daily Smoker by Education

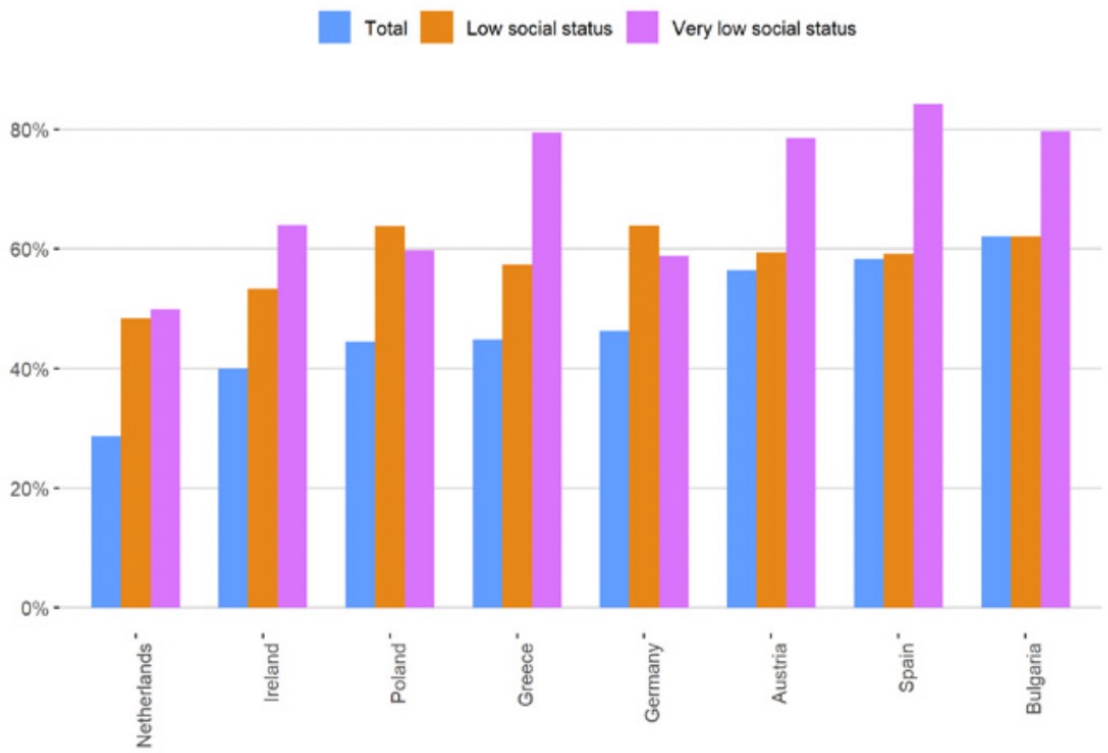


Notes: Odds ratios represent the probability of being a daily smoker given low or medium education, respectively, relative to individuals with high education. All results are adjusted for gender, age and age squared.
Source: Authors, based on data by Huijts et al. (2017) from the European Social Survey 2014[46]

CONSE-QUENCE 2: CROSS-COUNTRY DIFFERENCES IN VARIOUS OF THESE ASPECTS

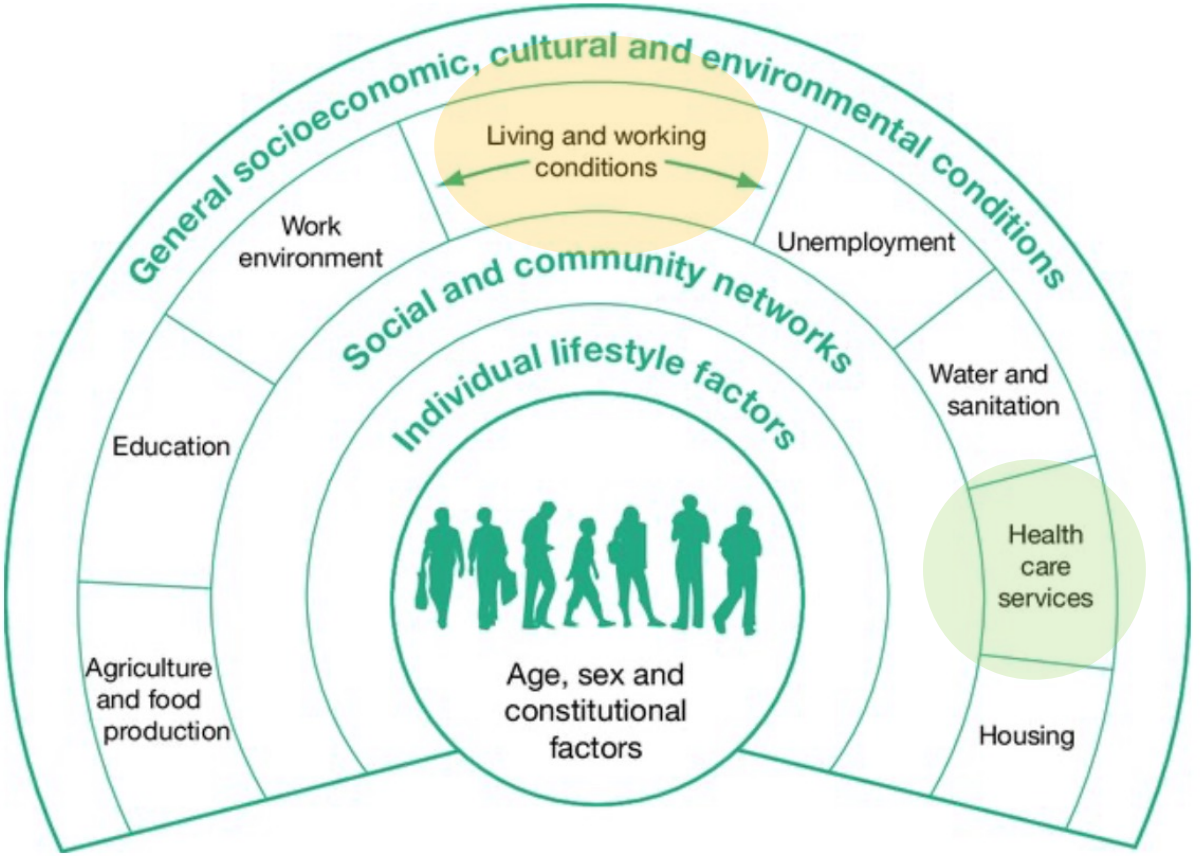
Forster, Timon et al. (2018): *He*
Inequalities in Europe…

Figure A1.7: Problematic Health Literacy by Self-Assessed Social Status



Notes: Social status is self-assessed on a scale of 1 to 10, with '1' indicating 'the lowest level in the society' and '10' marking 'the highest level in the society'. Values 1 to 3 are recoded to 'very low', and 4 equals 'low' societal status.
Source: Authors, based on data by Sørensen et al. (2015)[50]

SOCIAL DETERMINANTS OF HEALTH



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Institutional and conceptual contexts of health promotion in families

1. The policy challenge: Families and children *of* vulnerable groups / Families and children *as* vulnerable groups ?
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POLICIES FOR VULNERABLE FAMILIES AND CHILDREN

- Are all children in need of social protection ? … Yes & No
- Targeted measures for vulnerable groups
  - Income support (subsidies)
  - Income-capped support measures (e.g. for educational investment or homownership-related expenses) → often targeted at the middle class
- Social services for vulnerable groups
  - Support in the context of social work
  - Advisory and educational services
  - Limitedly: Active support in care-obligations
- *Measures that are targeted by institutional design*

POLICIES FOR FAMILIES AND CHILDREN (II): *"CARE AND CONTROL"*

- Are all children in need of social protection ? … Yes & No
- A range of compulsory social policy intervention
  - Maternity leave
  - Mother-child health passport https://www.oesterreich.gv.at/en/themen/familie_und_partnerschaft/geburt/5/Seite.082201.html#Voraussetzungen
  - The third year of Kindergarten is compulsory in Austria, and of course schooling
- A number of social policy *benefits* that are universalistic by design
  - Parental leave and childcare allowance (highly individualized design in AT)
  - Public childcare and free school and university education
  - A broad range of labor law, tax benefits and subsidies for families
- *They are universalistic by institutional design*
- **Yet with elements of activist intervention, some element of social control**

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CONCEPTUAL UNDERPINNINGS OF SOCIAL POLICIES

Dimension 1:
Goals and Core Commitments of Social Policy, including Social Services and Public Health Intervention

	CORE COMMITMENTS	
	Amelioration and liberty *(Emancipatory commitments)*	*Order and discipline* *(Utilitarian goals)*
Individuals	(I) Emancipation: providing support in individual advancement and empowerment	(II) Regulation of individual conduct: securing acceptable and productive behaviour

Mätzke, Margitta, Anneli Anttonen, Peter Brokking, and Jana Javornik (2017): "Public Policy Conceptions: Priorities of Social Service Provision in Europe." In *Social Services Disrupted. Changes, Challenges, and Policy Implications fpr Europe in Times of Austerity*, edited by Flavia Martinelli, Anneli Anttonen and Margitta Mätzke. Cheltenham: Edward Elgar Publishing, p. 77

CONCEPTUAL UNDERPINNINGS OF SOCIAL POLICIES

Dimension 2:
Reference Points and Targets of Social Policy Intervention: Who is the Addressee ?

MAIN TARGETS	CORE COMMITMENTS: *Amelioration and liberty* (*Emancipatory commitments*)	CORE COMMITMENTS: *Order and discipline* (*Utilitarian goals*)
Individuals	(I) Emancipation: providing support in individual advancement and empowerment	(II) Regulation of individual conduct: securing acceptable and productive behaviour

Source: Authors' elaboration.

CONCEPTUAL UNDERPINNINGS AND THE DEVELOPMENT OF SOCIAL SERVICES AND PUBLIC HEALTH CAPACITY

- Some of the conceptual underpinning are historically salient
- Some of them are currently important
- Some of them disagreeable, some of them less so, some of them positive utopias
- They point to the importance of institutional design:
  - How is the delivery of social services and public health intervention organized ?
  - How is it governed, i.e. who has a say in this ?
- As institutional design is a manifestation of social policy conceptions:
- It *communicates* the spirit of social policy intervention to citizens and potential recipients
  - E.g. our latest important public health campaign; vaccination against Covid19

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CONCEPTUAL UNDERPINNINGS INFORM INSTITUTIONAL DESIGN

- Conceptual underpinnings inform the big cash transfer schemes
  - E.g. an old-age pension as “reward” for a successful work biography
- Inform the organizational design of Social Insurance
  - E.g. occupationally fragmented social insurance as social groups’ social policy, reflecting the limits of social solidarity
- And they inform the design and the rules of conduct in social services and public health intervention, regulating important questions of institutionalization:
  - Mandatory or voluntary participation
  - Fragmented availability or universal coverage
  - Their quality and procedures for quality control
  - The extent of central government control
  - Selectivity and preconditions of access (conditionality or, conversely, targeting !)

HEALTH PROMOTION FOR FAMILIES BETWEEN UNIVERSALISM AND TARGETING

- Reconsidering our previous distinction between universalistic and targeted measures of social policy intervention:
- Should preventive health care and health promotion be targeted at the most vulnerable groups / families?

2 Observations

- Political fragility of targeted programs
  - Korpi, Walter, and Joakim Palme (1998): "The paradox of Redistribution and Strategies of Equality: Welfare State Institutions, Inequality, and Poverty in the Western Countries." *American Sociological Review* 63 (October), pp. 661-687.
  - Institutional and organizational isolation → Political Vulnerability
- Institutional isolation of public health tasks in autonomous public health agencies
  - Easier to attack and/or to ignore; likewise politically weak → pol. & org'l vulnerability

ORGANIZATIONAL "HOME" OF PREVENTIVE HEALTH CARE, HEALTH PROMOTION AND GENERALLY SOCIAL SERVICES FOR VULNERABLE GROUPS

- Better not translate "targeted services" into "segregated institutionalization"
- Better no specialized organizations
  - E.g. everyone wanted an RKI or a CDC
- Better institutionally and organizationally ingrained in the contexts in which the broad universalistic programs are offered
- → Some degree of "purpose-diversification" and even redundancy of the organizations of the welfare state
- → Draw on other broad public service settings, such as schools, workplaces, neighborhoods