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Production of good health: contribution of social marketing to health (in)equalities from a cultural capital perspective

Starting point: frequent critique

- From health promotion activities, which are primarily oriented towards the knowledge and behaviour of individuals, usually profit those who are already better-off.

(Froloch and Potvin, 2008; Friedly, 2012)

The facts behind the critique

Positive trends

- Health promotion programs, including social marketing programs have been increasing in numbers
- Raised life expectancy
- Improvements in health

Negative trend

- Health inequalities have been increasing
  - The greatest inequalities in EU are not between EU countries, but within countries (WHO, 2009)

Why is that so?

- Health inequalities are a symptom, an outcome, of inequalities in power, money and **resources**. (WHO, 2008)

- Psycho-social factors are to often abstracted from the material realities of people's lives and opportunities …. are detached from economic, political, cultural and historical context, obscuring the links between social psychology and social structure. (Rasanathan K, Villar Montesinos E, Matheson D et al., 2011)

- Countries differ markedly in the health conditions and health determinants responsible for their health gap (Mackenbach , 2006)

How is this relevant for social marketing?

- How is social marketing contributing to the (re)production of health inequalities?
  - Increasing
  - Decreasing
  - Sustaining

Inequalities in **resources**

- Economic
- Social
- Cultural

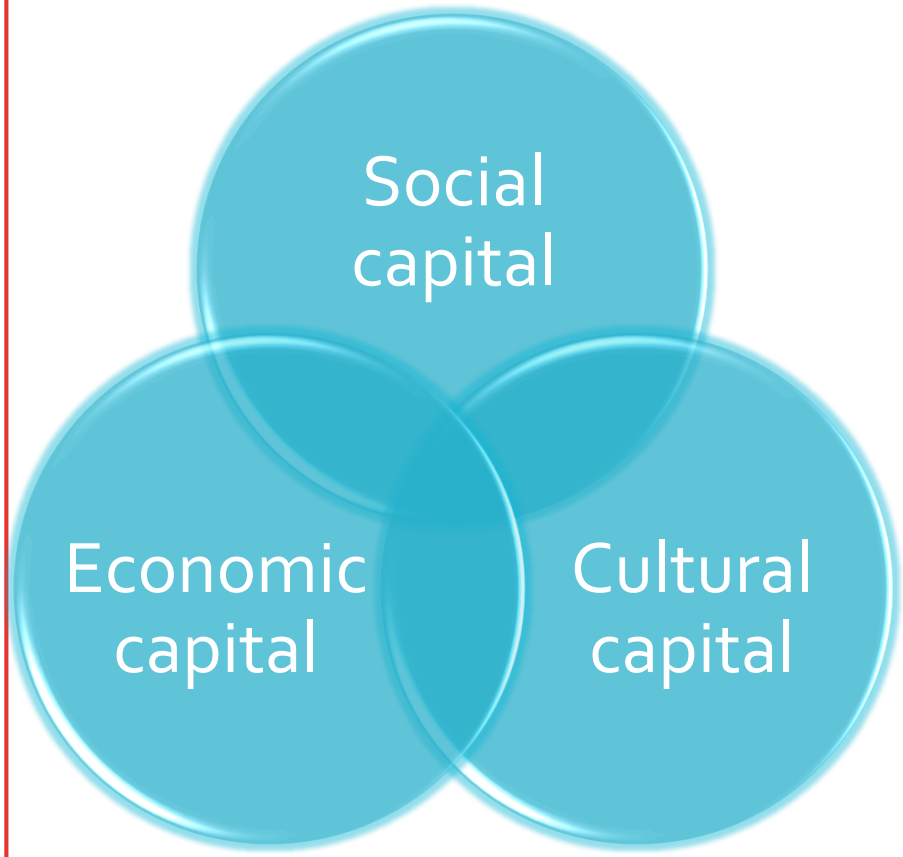
Cultural resources

- Importance of the non-material resources for health and well-being is increasing.
- The role of cultural factors for the production of good health is ever increasing. (Abel, 2007)
- Rise of cultural expectations and responsibilities; intensified demands are placed on patients to be knowledgeable, self-directive about their own care, proactive, skilful and competent in complex health care encounters. (Shim, 2010)

If the above is true …

- Do cultural factors become more important in production of health inequalities?
- What are these cultural factors?
- Can social marketing do something to influence these factors?

Bourdieu's cultural capital; understudied in relation to health



- Conceptualize the relationship between cultural capital, SM and health related:
  - Knowledge
  - Practices
  - Outcomes

Cultural capital (Bourdieu)

CC: three mutually dependent states

- institutionalized CC (formal qualifications)
- incorporated CC (embodied knowledge, cognitive abilities, skills, taste and competences
- objectified CC (material forms and representations of knowledge, social recognition and cultural goods

Little empirical support for influence of CC on health

- survey "Media consumption, class and cultural stratification" (n = 820) (2010); propensity score analysis (Kamin, 2013)
- All three states of CC are positively correlated with health

Can social marketing fill in the gaps in different states of CC between people?

State of CC	Indicators of CC	Barriers/Benefits in the field of health
Incorporated	Knowledge, skills, values, perceptions, mannerisms, vocabulary, style	Cognitive and social skills to incorporate health related recommendations in everyday life, embodied health care experiences, the cultivated consumption of health-related knowledge, the exercise of self-surveillance
Objectified	Books, movies, music, art, technical (social) tools	Technical and social tools that can be integrated in search for the health related information and for the support in developing, implementing and monitoring the health related behaviour
Institutionalized	Formal educational degrees, official classification, professional titles, affiliations	Courtesy and acknowledgement in the health care encounters and access to quality health related information networks

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The next stage

- Empirical testing of the above conceptualization.

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Thank you.

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