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Theorising Behavioural Risk Factor Surveillance

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I enjoy an association with…

- **Population Research Outcomes Studies Unit, Department of Health, South Australia**
- **Associate Professor Anne Taylor, Director**

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http://www.nwadelaidehealthstudy.org/

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My thoughts are also influenced by a nationally funded project through the Australian Research Council [ARC] Discovery Grant Scheme (DP0452805 2004 – 2007)

Chief Investigators:

Professor Julianne Cheek, A/Prof. David Wilson, Dr. Kay Price, A/Prof. Robert Adams, Professor Richard Ruffin

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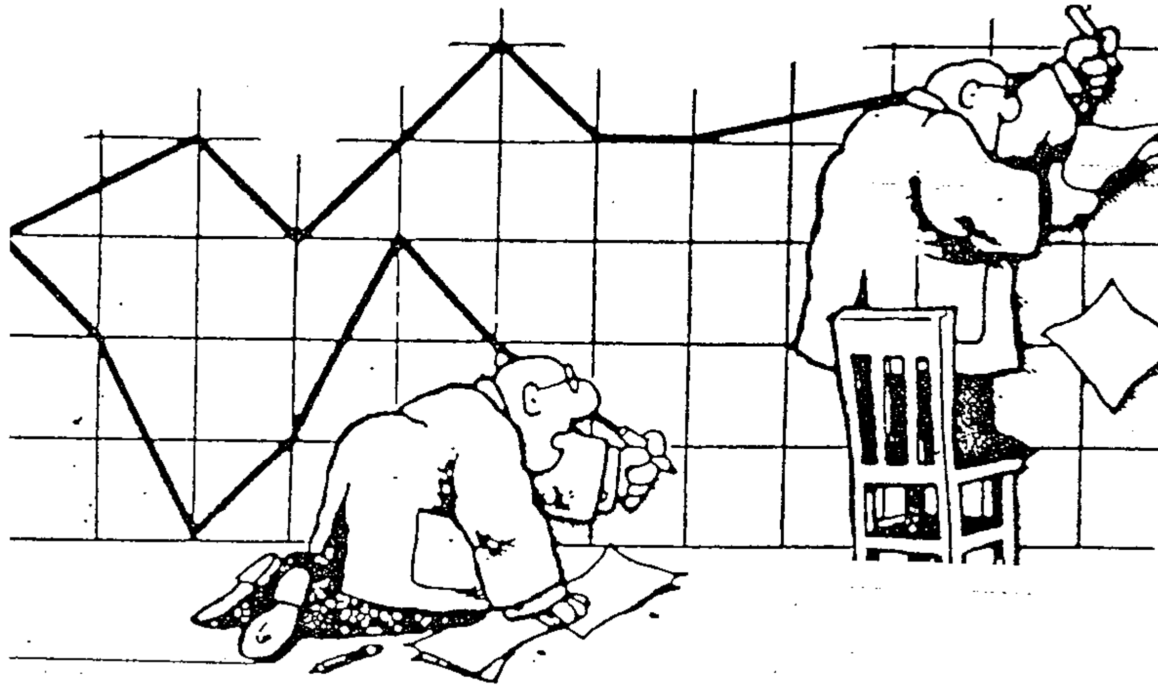
Differences are to be expected



HEY I THOUGHT WE WERE WORKING ON THE SAME DATA

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My view is…

- **While I agree you can rearrange the deck chairs on the Titanic and think that you can get a different view each time, and that you can do this as often as you like, for me, my view is that the Titanic will still sink. I am looking for a different ship...**

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If…

- If your thoughts (or you think your thoughts) are formed solely by your educational and professional fields, then what I am about to say will not influence you.

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Zygmunt Bauman (1993) says:

- There are no hard-and-fast principles which one can learn, memorize and deploy in order to escape the ‘messiness’ of the human world as ‘messiness’ will stay whatever we do or know.

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I agree that a major task in population health surveillance is…

- providing leadership on how to manage risk, complexity and uncertainty

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I agree with McQueen who says…

- That the problems are structural issues and success requires a degree of structural development within countries and an ability to accept and address leadership and responsibilities concerns

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I agree that…

As Abel challenges us to question…

1. Who will be the users of social determinant monitoring data?
2. How are we going to measure social determinants? What are social determinants and what are they not?

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The most fundamental problem to bring about change

- is changing the behaviour of people
- “So, it is YOUR behaviour that needs changing?”

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Flax (1993) writes:

- **"We adopt the knowledge that fits our uses. Humans are very good at creating rational reasons for rejecting knowledge that does not fit our purposes or would make us doubt them."**

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- **A government's capacity (the capacity of pubic health) to influence (dominate) the health of a population is constrained by its reliance on individuals.**
- **BUT … how can individuals take account of biological diversity, ecological diversity, genetic diversity and social historical constructs?**
- **How to improve population health?**

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McQueen said…

- **Context is everything**
- **The whole is the whole**

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The context in which people live …

- **Is complex and uncertain, contested and contradictory – it is not stable, nor predictable.**

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Bauman says…

- **We may think we can make human beings follow rules and checklists (care plans), follow routines (doing what they are told in the way they are told) but in doing so they will become recycled into consumables. But once they are consumables we cannot make them back as humans capable of meeting ethical, moral and legal obligations of being citizens (cf., Bauman, 2004: 94).**

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I ask questions like..

- **Is life living with a chronic condition a life not worth living?**
- **Is death because of chronic conditions killing?**
- **Is ageing with a chronic condition killing yourself?**

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Repeating Bauman…

- Life is not fixed or stasis nor could it ever be.
- As mortal beings, from the time of conception ageing and death are givens.
- This then makes ageing a significant event and what will people die from if not chronic conditions? Trauma? Killing?

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- **To be in good health says Bauman, has been turned into a permanent war against disease (Bauman, 2000). In turn, what has emerged, according to Bauman, is the concept ‘liquid life’ that emphasizes the actions of consumers and the choices they need to make.**

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Liquid life means constant self-scrutiny, self-critique and self-censure. Liquid life feeds on the self's dissatisfaction with *itself*' (Bauman, 2005: 10-11, emphasis in original).

- The health consumer is expected to be dissatisfied with the self and to always seek being better.

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- **I agree with Bauman who says that many consumers want the freedom to make their own lifestyle choices and at the same time to have the ‘freedom from bearing the consequences of wrong choices’ (Bauman, 2000; 89).**

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- **At an individual level people are told that they have different opportunities for life-style choices while we know many have not only no choice about their health before birth but also at birth and beyond.**
- **But more and more attention is focussed on people 'making good choices, only good choices and even better choices' (Bauman, 1992: 4)**

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- **The world full of possibilities is like a buffet table set with mouth-watering dishes, too numerous for the keenest of eaters to hope to taste them all. The diners are *consumers,* and the most taxing and irritating of the challenges consumers confront is the need to establish priorities: the necessity to forsake some unexplored options and to leave them unexplored. The consumers' misery derives from the surfeit, not the dearth of choices. (Bauman, 2000; 63 his emphasis)**

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- **The struggles people confront in the messiness that is life makes ageing a significant chronic condition.**
- **But in whose hands will decisions be made about how a child born will age and what will influence these decisions?**

- **Population health and surveillance…**

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Population health

- **I understand population health to be a way of thinking (one way of interpreting individuals) that seeks to make sense of individual's struggles so as to provide indicators to all stakeholders to learn how to sense these struggles, wherever possible, before they become problematic – before the person becomes a burden…**

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Derrida says…

- Context is never absolutely determinable
- Context serves to inscribe (give structure and order to) a specific way in which individuals are expected to perceive and deal with an event like for example health.
- There is ‘no outside text’

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No outside text

- There are no cultural practices that are not defined by frameworks that are caught up in conflicting networks of power and domination – or,
- There is nothing that is not caught up in a network of differences and references

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- **Potvin, Gendron, Bilodeau & Chabot (2005) argue; 'there is little theory for invoking, and reflecting upon, the social and relational dimensions of public health practice'.**

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Pierre Bourdieu (1930 – 2002)

[(habitus) (capital)] + field = practice

(Bourdieu 1984: 101)

- **Human beings understand their world and act in that world in accordance with the understanding they have of it (discourses they have on offering).**
- **One of the key questions informing Bourdieu's work is the question of how and why relationships of inequality and domination are reproduced.**

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[(habitus) (capital)] + field = practice

- ***habitus** = a practical 'feel' and 'competence' for performing particular kinds of practice, norms.*
- ***A person's habitus is an active residue or sediment of their past which functions within their present, shaping their perception, thought and action and thereby moulding social practice in a regular way.***

"...the habitus, the product of history, produces individual and collective practices, and hence history, in accordance with the schemas engendered by history." (Bourdieu 1977, 82)

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CAPITAL

- *Economic, cultural, symbolic and 'social capital'*
- *Social capital: the connections and networks which a person living with chronic conditions can call upon in their effort to be healthy.*
- *Social capital: the connections and networks which for example a health, policy or educational professional can call upon in their role to influence the health of a person living with chronic conditions*

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Access to capital

- ***Adapting Bourdieu, within the context that is a person's life, individual and collective practices (access to capital) to influence health, are sedimented at the level of habitus.***
- ***Practices that can influence health may not be recognised, both by those who could benefit and those who can bring about change.***
- ***How capital is produced and reproduced and the respective capabilities of participants may be at the pre-reflective level of the habitus such that access to capital and hence change may/may not be recognised, or what happens is considered 'a fact of life'.***

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Field

- ***A field is a distinct social space consisting of interrelated and vertically differentiated positions, a 'network, or configuration of objective relations between positions' (Bourdieu and Wacquant 1992: 97).***
- ***These positions may be occupied by either agents or institutions but what 'positions' them, as such, is their concentration or possession of specific 'species' of capital and power. They are positions in a specific distribution of capital and power.***

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Dynamic relationship

- Field and [(habitus) (capital)] are locked in a circular relationship.
- Involvement in a field shapes the [(habitus) (capital)] which, in turn, shapes the actions which reproduce the field.

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Practice

- ***Practice, Bourdieu argues, is an outcome not simply of habitus but, is the result of various habitual schemas and dispositions (habitus), combined with resources (capital), being activated by certain structured social conditions (field) which they, in turn, belong to and variously reproduce and modify.***

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Social spaces as games

- Distinct social spaces, such as the different situations (or contexts) a person encompasses are games in which players pursue specific goals and ends.
- People living with chronic conditions and health professionals are required to play the game on an ongoing basis.
- Participants' actions are shaped by their habitus and capital, and the logic of what is demanded or made necessary in the game and that puts pressure on the people involved as 'the game' unfolds.

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Opportunities for change

- **To influence health, requires of all participants an understanding of how a particular 'feel' and 'competence' for performing particular kinds of practices influences access to capital (resources, networks) that then generates perceptions, motivation and action (practices).**

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- **To influence health requires understanding what it means to live with chronic conditions (cannot be cured) and how this understanding influences habitus (who knows best – competence, norms) of ALL participants that then generates perceptions, motivation and action (practices).**

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- **To influence health requires understanding that the perceptions about what can be expected from any individual in the multiplicity of different social spaces influences habitus (who knows best – competence, norms) of ALL participants that then generates perceptions, motivation and action (practices).**

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- **To influence health, requires of all participants an understanding that how 'until next time' will be structured is influenced by habitus (acknowledging the expertise of each other) and access to capital (having the resources and connections so as to know the person better) that then generates perceptions, motivation and action (practices).**

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- **What is critical to influence health is the extent to which individuals living with chronic conditions and stakeholders have the ‘competence’ [habitus] to enact a collaborative partnerships approach and have access to the appropriate resources, connections and networks [capital] to bring about change.**

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Measuring healthy days …

- **It is precisely the association of healthy days with ill health (or unhealthy days), that sabotages the efforts of population health surveillance**
- **Unhealthy days are said to be an estimate of the overall number of days during the previous 30 days when the respondent felt that either his or her physical or mental health was not good.**
- **It is assumed that people's perceptions about their health are very important and can serve as proxy measures for the perceived symptom burden of both acute and chronic health conditions.**

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BRFSS…

- **For BRFSS to be an important public health domain resource for continuous, comparable data about population health, it is imperative to challenge how self-reports are requested in terms of what views or ‘rules’ may influence how a respondent may respond to a set question and how another person is able to interpret what is said.**

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The role of theory

- The health promotion discourse has not been able to adapt and develop the proper tools to reflect upon the theoretical bases of what constitutes its distinctive added value to public health. … Public health, therefore, should engage in a sustained dialog with social science and consider not only borrowing methods and instruments, but also some of its theoretical understanding of the world, and how it shapes human action. (Potvin and McQueen, 2007; page 19)

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‘There is no outside text’

Therefore, there is always a need to make a decision(s)

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Law of Undecidability –

Undecidability is the necessary condition of

decidability

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[(habitus) (capital)]

+ field = practice

(Bourdieu 1984: 101)

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Thank you

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