

Social Cohesion: Its Role in Health Promotion and Health Policy

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Learning Objectives

- Define social cohesion
- Describe social cohesion as a driver and an outcome
- Identify and discuss social cohesion roles in health promotion and health policy
- Describe themes for operationalizing social cohesion
- Identify evaluation measures for social cohesion



Social Cohesion Research

Completed in 2016

Methods: interviews, literature review, case studies

Identifies best practices and models in Latin
America and Europe

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inform the Culture of Health

What is social cohesion?

Definitions vary but most scholars agree it is:

The extent of connectedness and solidarity among groups in a society.

Source: Kawachi and Berkman, 2000



How does social cohesion work within a society?



Eight Dimensions of Social Cohesion



- Belonging
- Inclusion
- Participation
- Recognition
- Legitimacy
- Trust
- Collectivism
- Public provision of service



Social Cohesion, Health Promotion and Health Policies

What role can social cohesion take in advancing policies and behaviors that support improved health?

POLICY RESEARCH

On local, state,
regional and
national levels

WHAT WE NEED TO IDENTIFY

- Policies that inhibit or restrict cross-sector collaboration
- Community priorities to then develop, implement and evaluate policies within communities to ensure inclusivity, participation and sustainability.

Health Promotion and Social Cohesion

Best Practices from Latin America

Health Promotion: Achieved through policies that promote shared values of health and civic engagement

EXAMPLES:

- Create peer learning environments where community leaders and groups can share and learn from their different strategies for civic engagement and for the improved performance of public services;
- Develop cross-sector collaboration (between government agencies, NGOs, CBOs, private sector stakeholders, and community members) at the local, regional, state, and national levels



Health Promotion and Social Cohesion

Best Practices from Around the World: Policies Driven by Social Cohesion

- The Bismarck Model
- The Beveridge Model
- National Health Insurance Model

Common Principles of Models

- Coverage
 - Every resident (old or young, rich or poor)
 - Moral principle of all developed countries except for U.S.
 - Every country rations care – not everything is covered
- Quality
 - Other developed countries produce better “quality” results than U.S.
- Cost
 - All other systems are cheaper than in the U.S.
 - Foreign employers pay far less for health coverage than U.S. companies
- Choice
 - Many countries offer greater choice than most Americans have

Themes to operationalize social cohesion for improved health outcomes

- Cross-sector collaboration
- Community engagement
- Participatory health policy development
- Increased academically rigorous implementation
- Evaluation of social cohesion programs and policies

Measuring Social Cohesion

How many social cohesion programs measure success

More systematic methods needed

Reducing Inequities

Measuring core items that steer the actors of social cohesion:

- Government
- Civil society
- Community
- Education

Improving Health

Measuring the impact of factors that affect social cohesion and health outcomes:

- Social participation
- Nutrition
- Inclusion
- Health
- Social security
- Income
- Employment

Top Five Contributing Factors to Sustainability

- Leadership that understands the issues, process and goals
- Capability to implement over the long-term
- Strengthens existing efforts vs introducing new projects
- Builds capacity through technical assistance
- Engages community individuals



Questions?