Health promotion in the neighborhood throughout the life course

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«Where people live, work and play»

- A settings approach
- Health in all policies
- Action on the determinants of health

(WHO, 1986; 2010; 2011)
Neighbourhood
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Neighborhood & life course

- Life-course perspective on health
- The neighborhood is shared by people on all stages of the life-course
- Does the relationship between neighborhood and health change throughout the life-course?
- Need for different resources?
- Different use for resources?

Marmot, 2011
Applying Salutogenesis

- Looking at the «up-stream» conditions for health: the living environment
  Antonovsky, 1979, 1986

- Focus on resources and the whole population

- A closer look on how individual conditions for good health, like the sense of coherence (SOC), might be related to environmental conditions

Lindstrøm & Eriksson, 2012; Maass, Lindstrøm & Lillefjell, 2014
Applying Salutogenesis
Live-well: a co-operation between practice and research

- In 2012, municipalities in Norway were given extended responsibility to monitor and promote health of their inhabitants (St.meld. nr. 47)
- Ongoing project
- Including process an important factor in HP
Preliminary Analysis

- Created groups based on age (decades)
- «Dependent» variables:
  - Sense of coherence
  - Subjective health
- Perceptions of neighborhood in 5 dimensions:
  - Neighborhood satisfaction
  - Neighborhood social capital
  - Satisfaction with accessibility of neighborhood resources
  - Satisfaction with quality of neighborhood resources
  - Participation
- Descriptive analysis
- Explorative correlation analysis
Some findings: descriptives

<table>
<thead>
<tr>
<th>Age (N=859)</th>
<th>Gender (%women)</th>
<th>Education (% higher education)</th>
<th>Income (% lowest &lt;400.000/ Highest &gt;1.000.000)</th>
<th>Work status (% working)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30 (n=83)</td>
<td>70.7</td>
<td>43.9</td>
<td>20.7/19.5</td>
<td>86.6</td>
</tr>
<tr>
<td>30-40 (n=147)</td>
<td>66.7</td>
<td>79.6</td>
<td>5.5/27.4</td>
<td>92.5</td>
</tr>
<tr>
<td>40-50 (n=240)</td>
<td>53.3</td>
<td>63.3</td>
<td>7.1/33.2</td>
<td>93.2</td>
</tr>
<tr>
<td>50-60 (n=170)</td>
<td>52.9</td>
<td>49.4</td>
<td>7.8/28.9</td>
<td>90.4</td>
</tr>
<tr>
<td>60-70 (n=125)</td>
<td>47.6</td>
<td>36.1</td>
<td>23.1/14.1</td>
<td>48.4</td>
</tr>
<tr>
<td>70&lt; (n=96)</td>
<td>44.8</td>
<td>24.8</td>
<td>59.3/16.6</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Health

<table>
<thead>
<tr>
<th>Age</th>
<th>Good/very good health (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30</td>
<td>86.5</td>
</tr>
<tr>
<td>30-40</td>
<td>93.9</td>
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<td>40-50</td>
<td>88.7</td>
</tr>
<tr>
<td>50-60</td>
<td>82.3</td>
</tr>
<tr>
<td>60-70</td>
<td>84.1</td>
</tr>
<tr>
<td>70&lt;</td>
<td>62.3</td>
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</table>

The diagram shows the percentage of people with good health in different age groups.
SOC

Age | SOC (Ø, sd)
---|------------------
<30 | 64.6 (12.9)
30-40 | 71.2 (9.2)
40-50 | 68.8 (10.7)
50-60 | 71.3 (8.6)
60-70 | 70.5 (9.9)
70< | 69.1 (10.6)

(after Eriksson & Lindström, 2005)
# Neighborhood variables

<table>
<thead>
<tr>
<th>Age (N=859)</th>
<th>Neighborhood Satisfaction (Very good/good)</th>
<th>NSC (Ø, sd)</th>
<th>Satisfaction accessibility (Ø, sd)</th>
<th>Satisfaction quality (Ø, sd)</th>
<th>Participation (Ø, sd)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;30 (n=83)</td>
<td>84.2 (4.7)</td>
<td>26.4</td>
<td>80.6 (19.7)</td>
<td>72.7 (19.1)</td>
<td>19 (4.7)</td>
</tr>
<tr>
<td>30-40 (n=147)</td>
<td>91.1 (4.7)</td>
<td>27.1</td>
<td>85.1 (15.2)</td>
<td>81.2 (15.1)</td>
<td>20.8 (4.5)</td>
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<td>40-50 (n=240)</td>
<td>92.4 (4.9)</td>
<td>26.8</td>
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<tr>
<td>70&lt; (n=96)</td>
<td>95.6 (4.3)</td>
<td>28.3</td>
<td>79.8 (23.0)</td>
<td>77.8 (20.8)</td>
<td>15.5 (7.8)</td>
</tr>
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</table>
Neighborhood satisfaction
Some findings: SOC and health

- Strongest correlations between SOC and health under 30 (.415**)
- Weakest between 30-40 (.208**).
- Then strengthens again (.281**; .299**; .295**)
- Up to (.376**) in 70<
Some findings: neighborhood resources and SOC

- Strongest correlations between neighborhood-variables and SOC under 30, with the exception of overall satisfaction (Accessibility: .470**, NSC: .460**, Quality: .454**, Participation: .375**) 

- Correlations between SOC and accessibility weaken with age (no sign relationship after 60) 

- Correlations between participation and SOC weaken with age (no sign. relationship after 50) 

- Correlations between neighborhood satisfaction and SOC strengthen with age
Some findings: neighborhood resources and health

- Strongest correlations between NR and health between 50 and 60, and after 70
  - Especially Quality (.311** between 50-60, .302* after 70) and accessibility of NR (resp. .309** and 262**)  
- No sign. relationships between NR and health for those under 30
- Relationship between neighborhood participation and health sign. after 40, strengthening (from .147* to .384*)  
- Neighborhood satisfaction sign. between 30 and 60 (strengthening in that period)
New insights?

- Resources seem to be least fitting for the youngest and the oldest.
- The role of neighborhood-resources in HP changes throughout the life course:
  - Satisfaction with NR related to SOC in the youngest (before 30), and weakened with age.
  - No relationships between satisfaction with NR and health in the youngest.
  - Relationships between NR and health strengthened with age.

Is the neighborhood a beneficial arena to strengthen SOC early in life, and give access to health-related resources later in life?
The way on

- More knowledge is needed: further analysis and new rounds of data-gathering
- More knowledge on the inter-relations between neighborhood-variables:
  - What creates neighborhood satisfaction?
  - Favorable conditions for participation?

- Include the youngest and the oldest into planning-processes?
References

References
