Committed communities to improve their health

« Pour vivre heureux et en bonne santé, vivons cachés ? »

Colloque international « Santé des personnes LGBT » (Paris, 09/03/17)

François Berdougo
Health promotion

- The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being. (Ottawa Charter, 1986)

- Prerequisites for Health. The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity.
Community

- 1.a social group of any size whose members reside in a specific locality, share government, and often have a common cultural and historical heritage
- 2.a locality inhabited by such a group
- 3.a social, religious, occupational, or other group sharing common characteristics or interests and perceived or perceiving itself as distinct in some respect from the larger society within which it exists (the community of scholars)
- 4.a group of associated nations sharing common interests or a common heritage (the community of Western Europe)
- 5.Ecclesiastical. a group of men or women leading a common life according to a rule
- 6.Ecology. an assemblage of interacting populations occupying a given area
Health

« A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity » (WHO Constitution, 1946)
OTTAWA CHARTER FOR HEALTH PROMOTION

AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION
The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada
Health inequities

• Health inequities are *avoidable* inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

• The poorest of the poor, around the world, have the worst health. In general the lower an individual’s socioeconomic position the worse their health. There is a social gradient in health that runs from top to bottom of the socioeconomic spectrum. The social gradient in health means that health inequities affect everyone.

• Social determinants of health: the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.
Equality doesn’t mean Justice

Equality

Justice
Proportionate universalism (Marmot)
Cultural competence

• Cultural competence is defined as the ability of providers and organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of patients. A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of racial and ethnic health disparities. Examples of strategies to move the health care system towards these goals include providing relevant training on cultural competence and cross-cultural issues to health professionals and creating policies that reduce administrative and linguistic barriers to patient care. (Georgetown University)
Key take-home messages

- Many successes have been achieved through visibility mobilization
- Visibility is a key factor for successful mobilization and social change
- Visibility is highly valued when talking about individual health
- Health inequities buried by « LGBTI » people have to been tackled
- Proportionate universalism represents a promising approach
- Healthcare professionals’ cultural competence has to be enhanced
- Medical culture has to be challenged again and again
- Medical and social innovations must be promoted, especially through partnerships between communities, researchers and public health officials