Why well-being?
Why you?
Why now?

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Why well-being?
What does health mean?
illness  disease  germs
malfunctions  abnormalities
fix/cure  physical

pathology  psychiatry  gastro-enterology  podiatrist  physiotherapy  haematology

gynaecology  surgery  microbiology

nuclear medicine
the absence of disease or infirmity
By health I mean the power to live a full, adult, living breathing life in close contact with what I love – the earth and the wonders thereof – the sea – the sun. All that we mean when we speak of the external world. A want to enter into it, to be part of it, to live in it, to learn from it, to lose all that is superficial and acquired in me and to become a conscious direct human being. I want, by understanding myself, to understand others. I want to be all that I am capable of becoming so that I may be (and here I have stopped and waited and waited and it’s no good – there’s only one phrase that will do) a child of the sun. About helping others, about carrying a light and so on, it seems false to say a single word. Let it be at that. A child of the sun. Warm, eager, living life – to be rooted in life – to learn, to desire to know, to feel, to think, to act. That is what I want. And nothing less. (Katherine Mansfield)
Health is ......
a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1946)

not merely the absence of illness, but enjoyment of all those faculties we enjoy as individuals (O’Neill, 1983)

never confined to the realms of biology. Wherever definition is ventured, health is seen to be a state valued not in nature, but in society (Murcott, 1979)

Each person’s own experience of valuing that can be known only through personal description (Parse, 1987)
What makes you healthy and keeps you healthy?

Williams, Wetton & Moon (1989)
I am work to makes me healthy

Drinking keeps me healthy.

Breakfast.

Smoking is bad for you.

Don't go out side when it is snowing and you are not dressed properly.

Don't eat too much meat.

God gud.

Sun shines.

Fresh air keeps me cool.

Toothbrush.
Dimensions of Health

Physical

Mental

Emotional

Social

Spiritual

Societal (environmental, political) (Scriven, 2010)
What does wellbeing mean?
flourishing  happiness  
blessedness  
prosperity
Dimensions of Health

Physical

Mental

Emotional

Social

Spiritual

Societal (environmental, political)

(Scriven, 2010)
Health is ...

a state of complete physical, mental and social **well-being** and not merely the absence of disease or infirmity

(World Health Organization, 1946)
5 Ways to Wellbeing
(New Economics Foundation, 2008)

5 evidence-based actions that can improve personal wellbeing

- Connect
- Notice
- Be Active
- Keep Learning
- Give

Mental, emotional and social
Children & Adults

National Wellbeing Programme launched in 2010
Why well-being?

Health is strongly associated with illness, medicine and health care in the public’s mind. This incorrect.

Health includes wellbeing.

The wellbeing agenda is a **health** agenda.

We all have expertise in health. Health is everybody’s business.
Why now?
The population

(McKinlay, 1979)
The population’s health
Causes of death among people under 75 years in England

(Department of Health, 2013)
Fig 1: Under-75 all cause mortality rate for European countries (2010 or nearest)³

Deaths per 100,000 standardised population
Fig 3: Under-75 cancer mortality rate (2010 or nearest)\textsuperscript{5}
Fig 4: Under-75 respiratory disease mortality rate (2010 or nearest)

Deaths per 100,000 standardised population
Avoidable premature deaths in the under 75s (England & Wales) 2013

23% (114,740) of the 506,790 deaths registered in 2013 in England and Wales were from causes considered avoidable.

Males are more likely to die from a potentially avoidable cause than females.

28% of all male deaths considered avoidable.

17% of all female deaths considered avoidable.

(ONS, 2015)
UK disability adjusted life years, both sexes all ages 2010.
Global Burden of Disease

- Dietary risks: 12.4%
- Tobacco smoking: 11.9%
- High blood pressure: 9.1%
- High BMI: 8.6%
- Physical inactivity: 5.0%
- Alcohol use: 4.2%
- High total cholesterol: 3.7%
- High fasting plasma glucose: 3.2%
- Drug use: 2.4%
- Occupational risks: 2.2%
- Air Pollution: 2.1%

(Institute for Health Metrics and Evaluation, 2013)
What impacts on our health?


Canadian Institute of Advanced Research (2012)
Twice as many people from the poorest backgrounds die from cardiovascular disease compared to the richest backgrounds.
Illness and early death is not random

Socio-economic inequalities

(Marmot, 2010)
It is unacceptable that we can identify which children are likely to have an early death because of the conditions in which they are born.

(Roberts & Bell, 2015)
(Marmot, 2010)
What a child experiences during the early years lays down a foundation for the whole of their life.  
(Marmot, 2010 p. 60)
Maternal malnutrition, low birth weight, stress and other factors that impact development in the womb can create long-term changes in basic biological functioning
Maternal, fetal, child nutrition → Cardiovascular disease, cancer, Type 2 diabetes
Maternal malnutrition, low birth weight, stress and other factors that impact development in the womb can create long-term changes in basic biological functioning.
Maternal, fetal, child nutrition
Abuse & neglect

Cardiovascular disease, cancer, Type 2 diabetes
Cardiovascular disease, chronic lung disease, fractures, sexually transmitted infections, unintended teenage pregnancy, depressive disorders, obesity, smoking, promiscuity, alcohol & drug misuse, higher prescription use ...
Neuron development
(Sunderland 2006)

A newborn baby has 200 billion brain cells, but few connections.

In a child of about one year, cells in the higher brain have developed many more connections.

In a child of about two years, the brain wiring has become more complex and synaptic pruning has begun.
Brain scan evidence

Romanian orphan

Well loved child
Birth weight linked to maternal lifestyle e.g. smoking, diet, stress

Stress factors linked to parental unemployment depleted resilience, social isolation, mental ill health, domestic abuse, substance misuse.

(Roberts & Bell, 2015)
Why resilience?

I have strengths within me that help to protect me ......
These help us to stay healthy and well in the face of stressful life events and hardship.
School readiness: The percentage of children with free school meals achieving a good level of development at the end of reception 2012/13, England

36.2\% achieved a good level of development

\textbf{worse} Compared to England

\textbf{better} \textbf{similar} \textbf{worse} Compared to England
Children who don’t achieve a good level of development aged 5 years struggle with:

- Social skills
- Reading
- Maths
- Physical skills

which impacts on outcomes in childhood and later life:

- Educational outcomes
- Crime
- Health
- Death
Return for investing in disadvantaged children

James Heckman
Why now?

We know that where we live and how we live shapes our current and future health; our ill health, quality of life and time of death.

We know how psycho-social, socio-economic and environmental stressors cause direct physical changes in the body that lead to significant poor health.

We know that early life is an especially important time to promote health and wellbeing.
Why you?
Public health workforce
Smoking cessation

Substance misuse/drug & alcohol services

Neighbourhood regeneration

Sexual health services

Healthy Schools
Mental health worker

British Heart Foundation

Youth work
Crime prevention

MEND
Mini MEND
Healthy Walks

Health trainer
Community development
Healthy Living Centres

Cardiac prevention/rehab team

Healthy Weight
Food champion programme
Smoking cessation
Substance misuse/drug & alcohol services
Neighbourhood regeneration
Youth work
Crime prevention
Sexual health services
Healthy Weight
Food champion programme
Cardiac prevention/rehab team
Healthy Schools
Mental health worker
MEND
Mini MEND
Healthy Walks
Health trainer
Community development
Healthy Living Centres
Lobbying for PSHE/SRE

Action on Smoking

School food campaign
Understanding the wider public health workforce in England

It is widely recognised that many occupations outside the core public health workforce have the opportunity or ability to make a significant contribution to health and wellbeing. Our research estimates these total 185 occupations, encompassing around 15 million people, and that public health is further supported by up to 5.4 million unpaid carers.

15,000,000 workers can impact health and wellbeing

Admin and Management
1,547,000 people in 15 occupations, including Directors and Managers, Secretaries, Receptionists and Local Government Administrators

Education
1,917,000 people in 13 occupations, including Support Staff, Teachers and Lecturers in schools, colleges and universities

Health
1,913,000 people in 27 occupations, including Nurses & Midwives, Pharmacists, Allied Health Professionals, Dentists and Doctors

Protection Services
325,000 in 9 occupations, including Police, Fire, Prison and Probation Officers

Science and Engineering
782,000 people in 14 occupations, including most types of Scientist, Engineer and Electrician

Transport
331,000 people in 5 occupations, including Taxi, Coach and Bus Drivers, Air Travel Assistants and Driving Instructors

Other Professions
737,000 people in 14 occupations, including Solicitors, Public Service Professionals and Postal Workers

Arts and Media
372,000 people in 8 occupations, including Actors, Authors, Photographers, Journalists and Artists

Environment
1,269,000 people in 24 occupations, including Cleaners, Gardeners, Surveyors, Architects and Farmers

Hospitality
1,405,000 people in 12 occupations including Kitchen, Waiting and Bar Staff, Publicans, Restauranters and Chefs

Retail and Trade
2,452,000 people in 21 occupations, including Customer Service Staff, Sales Assistants, Hairdressers and Barbers

Sports and Fitness
225,000 people in 5 occupations, including Fitness Instructors, Sports Coaches and Officials, and Sports and Leisure Centre Staff

Welfare
1,577,000 people in 18 occupations, including Care, Youth and Social Workers, Childminders, Housing Officers and Clergy

(Centre for Workforce Intelligence, 2015)
Public Health England

Our seven priorities

- tackling obesity particularly among children
- reducing smoking and stopping children starting
- reducing harmful drinking and alcohol-related hospital admissions
- ensuring every child has the best start in life
- reducing the risk of dementia, its incidence and prevalence in 65-75 year olds
- tackling the growth in antimicrobial resistance
- achieving a year-on-year decline in tuberculosis incidence

(PHE, 2014)
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