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Turning the tide: countering syndemic vulnerability in a Dutch fishermen community

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Chapter 7

Summary

ENGLISH SUMMARY

Despite decades of efforts to close the health disparity gap, progress has been limited. Drawing on syndemics theory, a framework with roots in epidemiology and medical anthropology, this dissertation seeks to understand and address patterns of intergenerational poor health in Katwijk, a former fishing village on the west coast of the Netherlands.

Chapter 1 presents our quest to effectively address persistent health disparities in a contextual and holistic way. Departing from an interdisciplinary approach, the dissertation includes quantitative and qualitative methods of data collection, such as surveys, oral histories, life course interviews, participant observation, action research, and diary methods. Throughout four studies, the thesis attends to research questions on syndemics indicators, contextual drivers for syndemics, the intergenerational nature of syndemics, and possibilities for early public health interventions in Katwijk. The overall aim of this dissertation was to study the contribution of a syndemics framework to understanding and addressing persistent health disparities.

Syndemic indicators

In Katwijk, the available existing data could not provide the information needed to assess the three criteria for syndemics. Therefore, the indicators of syndemics need to be assessed first. The cross-sectional study presented in **Chapter 2** examined the prevalence and co-occurrence of non-communicable disease among adults, estimated whether disease interaction contributed to self-rated health, and identified which contextual variables were associated with interacting clusters of non-communicable diseases. We found three disease clusters to be most prevalent, each involving combinations of psychological distress, cardiometabolic diseases and musculoskeletal pain. These three diseases were shown to interact in mutually exacerbating ways, indicating a strong impairing effect when experienced together. In addition, we found that the clustering of psychological distress, cardiometabolic diseases and musculoskeletal pain was associated with age



and was also more likely to occur among people, particularly women, whose health was impacted by not being engaged in paid work, financial stress, loneliness, limited physical activity and a BMI > 25.

As a result, we argue that for intervention, a multicomponent, ecological approach is needed. Such an approach integrates interventions directed at different domains and educates policymakers and care professionals about the social interconnectedness of psychological wellbeing, cardiometabolic and pain conditions.

Syndemic vulnerability across generations

Following the identification of the clustering and interaction of psychological distress, cardiometabolic conditions and musculoskeletal pain among adults, as described above, we were interested in the contextual conditions that drive vulnerability for disease clustering and adverse disease interaction *across generations*. **Chapter 3** presents the results of our qualitative case study exploring themes and patterns related to syndemic vulnerability across families and generations in Katwijk.

We found four interacting themes that potentially contribute to the persistence of poor health outcomes across generations: poor social conditions, adverse life events, learned health behaviours and sociocultural normative processes. Conversely, we identified educational attainment, continued social support and aspirational capabilities as themes related to decreasing syndemic vulnerability. Taken together, this study indicates that syndemic vulnerability is potentially intergenerational and that syndemic processes can be countered. We highlight the need for culturally sensitive and family-focused interventions and recommend longitudinal research focusing on unravelling the complex mechanisms underlying the clustering of psychological distress, cardiometabolic conditions, and musculoskeletal pain.

Possibilities for early public health interventions

The poor health outcomes across generations in Katwijk prompted questions about the possibilities of early intervention. **Chapter 4** describes the results of integrating an intergenerational approach to the GIZ, a frequently used and shared assessment tool for children's care needs in child preventive health care. Our mixed-methods evaluation study found that the family-engagement approach elicited positive effects on some families' health and wellbeing. Overall, after a consultation using the family-engagement tool, the children's physical activity improved and mothers felt more energetic. Other outcomes did not change. In addition, we found that the family-engagement tool was often used without setting specific or family goals, particularly in consultations related to being overweight. In identifying the intricacies of family-focused health promotion, we argue that the skills required to set goals and make plans with families need to be integrated into the curriculum for professionals working in child preventive care.



Challenges in early public health interventions

As described above, the process of restructuring early public health interventions revealed many hurdles and challenges. Getting families to participate, or continue participating, in health promotion activities for children was often difficult. In addition, weight-related health promotion was often met with a protest response. **Chapter 5** reports the results of an ethnographic study of subversion in weight-related health promotion. Building on anthropological theory, this study analysed population-wide protesting responses to weight-related health promotion. Joking, anger, mocking and noncommittal-but-polite responses were identified as commonplace expressions of subversion. In addition, the study indicated that subversive responses are likely underpinned by protests against institutional indifference towards adverse social circumstances and the power of health institutions as a result of the perceived threat to social cohesion.

The findings of this study indicate that strained sociohistorical relations between the general population and government institutions need to be considered when introducing public health interventions in historically

deprived communities. Contextualised analysis of subversive responses in health promotion can shed new light on behaviours often framed as non-compliance, resistance and avoidance. In turn, such an analysis might provide the information necessary to sensitise and tailor communication strategies in public health programmes targeting childhood obesity.

Discussion and conclusion

Chapter 6 discusses the findings of each of the above studies separately and in relation to each other; addresses new and open research questions, presents methodological reflections and highlights what the syndemic lens adds to understanding, and ultimately addressing, persistent health disparities. Finally, this chapter describes a roadmap for future research and interventions.

Taken together, the dissertation contains many valuable components:

1. It describes the three most prevalent disease clusters in Katwijk, each involving combinations of psychological distress, cardiometabolic diseases and musculoskeletal pain.
2. It confirms that psychological distress, cardiometabolic diseases and musculoskeletal pain interact in mutually exacerbating ways, and highlighted how these diseases are more likely to occur among people whose health is also impacted by financial stress, not being engaged in paid work, loneliness, limited physical activity and a BMI > 25.
3. This dissertation provides the first indication that syndemic vulnerability is potentially intergenerational, and that syndemic processes can be countered. Poor social conditions, adverse life events, learned health behaviours and normative sociocultural processes are themes on the pathway to syndemic vulnerability across generations. Conversely, educational attainment, continued social support, and aspirational capabilities emerged as themes related to decreasing syndemic vulnerability.
4. It also highlights that both current and historical trends are key in understanding drivers of specific patterns of poor health on a population level.

5. It shows that, while challenging, a family-engagement approach can elicit positive effects on families' health and wellbeing.
6. It describes challenges and hurdles for implementing family-focused health promotion for multifaceted health conditions such as childhood obesity.
7. It also identifies joking and mocking, anger and agitation, and polite yes-but-no nodding as commonplace expressions of subversions in weight-related health promotion for children.
8. And it demonstrates that in Katwijk, subversion in weight-related health promotion for children is likely underpinned by protests against institutional indifference towards adverse social circumstances, and the power of health institutions to interfere with family life.
9. This dissertation establishes that the syndemics framework adds to understanding the phenomenon of poorer health expectancy. When integrated with life-course theory, the syndemics framework provides tools to identify past and present factors on the complex pathways to persistent poor health, which in turn point at directions for countering syndemic vulnerability in families and communities.
10. It also recommends multisystem approaches, in which stakeholders develop a thorough understanding of a community's history and past legacies with institutions, and professionals are equipped with the necessary knowledge, attitudes and skills for community-based and family-focused interventions.

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