Social inequality in health: the role of cultural capital

Thomas Abel
Montreal, October 2006

I. Introduction
II. Bourdieu’s 3 types of capital
III. Cultural capital
   - three states of cultural capital
   - interdependence and transformation
IV. Conclusions: two hypotheses for Health Promotion theory and practice

Cette présentation a été effectuée le 25 octobre 2006, au cours du Symposium "La Charte d'Ottawa pour la promotion de la santé est-elle toujours utile pour la pratique de la santé publique d'aujourd'hui ?" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse http://www.inspq.qc.ca/jasp.
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Fig. 1: Forms of Capital

Forms of Capital

- Economic Capital
- Cultural Capital
  - incorporated
  - objectivised
  - institutionalised
- Social Capital

Fig. 2: Types of Capital

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<th>Types of capital</th>
<th>Basic distinction</th>
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Adapted from: Anheier, 1995
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Incorporated cultural capital:
- perceptions, skills, knowledge
- acquired through social learning
- needs personal investment, time, “affection”
- bound to the individual
- essential for the use of other forms and states of capital

Cultural resources relevant to health

- **Knowledge** e.g. about body functions, bio-psycho-social determinants of health
- **Perceptions** e.g. on health risks, body awareness
- **Values** e.g. health as a priority, social responsibility
- **Social norms** e.g. group expectations about certain behaviours (eating, alcohol consumption etc)
- **Attitudes** e.g. self-efficacy, food preferences
- **Health Behaviour repertoires** i.e. options available, appreciated (at least accepted) in a given social context (family, peers)
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### Fig. 5: Objectivized cultural capital

**Objectivized cultural capital:**
- material representations of knowledge and meaning
- transferable
- utility dependent on incorporated cultural capital

### Fig. 6: Institutionalized cultural capital

**Institutionalized cultural capital:**
- educational degrees, professional titles
- provides formal legitimization and social recognition
- yields credibility
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Fig. 7: States of cultural capital: Interdependence

- Incorporated cultural capital
- Institutionalized cultural capital
- Objectivized cultural capital

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Fig. 8: Capital interaction in the social distribution of health

- Economic Capital
- Social Capital
- Cultural Capital

- Health Chances
- Structural Health Determinants
- Behavioural Health Determinants

- Incorporated cultural capital
- Institutionalized cultural capital
- Objectivized cultural capital

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Cultural capital and health promotion: Two new hypotheses

1. It is the interaction between the different forms of capital that explains much of the dynamics of social inequality in health
2. In the field of Health Promotion cultural capital plays a critical role in understanding and eventually reducing social inequalities
Thank you very much for your attention

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Unresolved issues

Behaviour

Economic capital

Social capital

Social structure

Health

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Discussion

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Health literacy

**WHO’s definition of health literacy:**
“Health literacy represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”

**Nutbeam (2000) distinguishes three levels of health literacy:**
- **Functional health literacy:** basic understanding of factual health information.
- **Interactive health literacy:** advanced cognitive and literacy skills; social skills to improve a individual's personal capacity for interactive communication.
- **Critical health literacy:** analysis and application of health information for the sake of greater control over life events and situations.

**Abel (2004) concludes:**
“In health promotion practice, health literacy means to understand the conditions that determine health and to know how to change them!”

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“We think of the fact that learning is something you do in school, but what happens in a family enables you to learn in school. Not because your parents are teaching you arithmetic [...] it’s because you learn from them how to relate to very complicated things”

Bronfenbrenner, 1996