Calling from the UK?
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Enter participant pass code: 880 273 08 #

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#HISQIConnect
If you want to get involved in the conversation, please click on the Chat icon at the **bottom** of the screen circled in red.

Select **all participants** from the drop down menu, type your message then click send!
Competition Time
Picking the countries flag

Please click on the scribble icon on the left-hand panel, circled in red above....
Where are you joining us from?

Please click on the arrow icon, circled in red....
Congratulations!

#HISQIConnect
Two New Countries!
OUR AUDIENCE REACH

1300+ Organisations

89 Universities & Colleges

#HISQIConnect
QI CONNECT TEAM

QI Connect Chair: Ruth Glassborow
Director of Improvement HIS

Session Manager: Michael Canavan

Technical Lead: Jess Yuill

Admin & Certification: Carmen Forrest

Twitter Lead: Lianne Smith

Resources Lead & Chatbox Moderator: Sophie Anderson
Sir Harry Burns
Social circumstances and health
So, what causes wellness?
Salutogenesis
An assets approach

Gratitude
(McGullough)

Learned resourcefulness
(Rosenbaum)

Learned optimism
(Seligman)

Learned hopefulness
(Zimmerman)

Quality of Life
(Lindström)

Sence of coherence
(Antonovsky)

Connectedness
(Blum)

Emotional intelligence
(Goleman, Akerjordet et al)

Self-efficacy
(Bandura)

Cultural capital
(Bourdieu)

Social capital
(Putnam)

Resilience
(Werner)

Flourishing
(Keyes)

Empowerment
(Freire)

Will to meaning
(Frankl)

Ecological system theory
(Bronfenbrenner)

Empathy
(Eisenberg)

Hardiness
(Kobasa)

Action competence
(Bruun Jensen)

Interdiciplinarity
(Klein)

Humour
(Martin)

Coping
(Lazarus)

Locus of control
(Rotter)

Wellbeing
(Diener)

Attachment
(Bowlby)
The causes of wellness?

- Having a positive, optimistic outlook
- Sense of control and internal locus of control
- Sense of purpose and meaning in life
- Confidence in ability to deal with problems
- Supportive network of people
- Nurturing family
For the creation of health....

....the social and physical environment must be:

- Comprehensible
- Manageable
- Meaningful
- ......or the individual would experience chronic stress
Evening Cortisol Levels Increase with Months of Orphanage Rearing *

*linear trendline*
STRESS AND GRADE OF EMPLOYMENT: MEN

Salivary Cortisol

- Higher Grade
- Lower Grade

Steptoe et al. 2003, Psychosomatic Medicine, 65, 461-470
PERCEIVED CONTROL IN NATIONAL SAMPLES AND ALL CAUSE MORTALITY

CONTROL (AGE-SEX ADJUSTED)

Pikhart, Bobak et al 2000
Midlife mortality from “deaths of despair” across countries
Men and women ages 50-54, deaths by drugs, alcohol, and suicide


“Deaths of despair” for white non-Hispanics, 2000 and 2014
Ages 45-54, by county

Death Rate (per 100k)
CSF CRF CONCENTRATIONS IN DIFFERENTIALLY-REARED JUVENILE PRIMATES:

CRF IS A “FEAR” NEUROPEPTIDE

Coplan et al, 1996, PNAS, USA

GROUP EFFECT; P < .0001
The Human Brain Under Stress: key brain regions

**Prefrontal cortex**
- Executive function, working memory
- Atrophy

**Hippocampus**
- Contextual, episodic, spatial memory
- Atrophy

**Amygdala**
- Emotion, fear, anxiety
- Hypertrophy, later atrophy
pSoBid: Choice reaction time

 milliseconds

 Age (years)

35-44 45-54 55-64

 p<0.001

 MD
 LD

p<0.001
The molecular biology of a hug

5HT regulates hippocampal GR gene transcription

5HT

↓ prenatal GCexcess

↑ PKA
↑ cAMP
↑ Ca

↑ AP2
↑ NGFI-A

GR gene

11 14 15 16 17 18 19 10 11 2
Adverse childhood events study

- Physical/sexual/emotional abuse
- Neglect (physical/emotional)
- Domestic substance abuse
- Domestic violence
- Parental mental illness
- Parental criminality
Adverse childhood events risk of alcoholism

Hillis et al 2011
Adverse childhood events risk of perpetrating violence
Boys experiencing physical abuse

Duke et al 2010
The Dunedin cohort

- 1000 children recruited in late 1972/3
- At age 3, “at risk” children identified on the basis of chaotic circumstances, emotional behaviour, negativity and poor attentiveness
- As adults, those “at risk” were more likely to:
  - be unemployed
  - have criminal convictions (especially for violence)
  - been pregnant as a teenager
  - have a substance abuse problem
  - exhibit signs of insulin resistance and metabolic syndrome
Maslow's Hierarchy of Needs:

1. Physiological
   - Breathing, food, water, sex, sleep, homeostasis, excretion

2. Safety
   - Security of: body, employment, resources, morality, the family, health, property

3. Love/belonging
   - Friendship, family, sexual intimacy

4. Esteem
   - Self-esteem, confidence, achievement, respect of others, respect by others

5. Self-actualization
   - Morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts
Maslow 2.0

All that other stuff

Self actualisation
MASLOW’S HIERARCHY OF NEEDS (INFORMED BY BLACKFOOT NATION (ALTA))

Western Perspective

- Transcendence
- Self actualization
- Aesthetic needs
- Need to know and understand
- Esteem needs
- Belongingness and love needs
- Safety needs
- Physiological needs

First Nations Perspective

- Individual rights
- Privileged one life time scope of analysis
- Cultural perpetuity
- Community Actualization
- Expansive concept of time and multiple dimensions of reality

Huit, 2004; Blackstock, 2008; Wadsworth,
Wellbeing for the whole family

- Help the children
- Support the parents!
Why public policy fails

- We tend to focus on people’s problems, needs and deficiencies
- We design services to fill gaps and fix their problems
- Services are rarely designed to take account of complexity
- Citizens become passive, and, essentially, recipients of services
- We do things to people rather than with them.
“The knowledge of social well-being and reform is to be learned, not from books, nor from the public platform, but in climbing the stairs to the poor man’s garret, sitting by his bedside, feeling the same cold that pierces him, sharing the secret of his lonely heart and troubled mind”
“What matters to you?”

- Prolonged, non judgemental relationship builds trust and self esteem

- Individual realises he is free to choose a different path

- Supported while he realigns his life

- Supports others in turn

- Success lies in the quality of the interactions between the individual and his supporters
The Broadway experiment

- City of London
- 13 rough sleepers with 4-45 year history
- Personalised budget (up to £3000)
- Personalised support
- “What do you need?”
- Build trust and sense of control and ability to make choices
The Broadway experiment

“"The most efficient way to spend money on the homeless might be to give it to them.""

The Economist November 4th 2010
Beacon and Old Hill Estate (Falmouth)

Between 1996 and 2004….

- Crime down by 50%
- Post natal depression down by 70%
- Unemployment down by 70%
- Child protection registrations down 65%
- Teenage pregnancies down from 14% to <1%
Citizens income - US and Canada

- Mincome, Canada – reduced domestic violence, better mental health, hospitalisations down 8.5%
- Illinois – reduced low birthweight babies
- New Jersey – high school graduations up 30%
- However, in Seattle divorces increased by 50%! (apparently)
Getting to the Third Curve

Outcomes

NEW PUBLIC MANAGEMENT
Targets, sanctions, inspections

Time

PERFORMANCE MANAGEMENT

QUALITY IMPROVEMENT

Ceding power

MOBILISING SOCIAL ACTION

Sharing power

Keeping power

CO-PRODUCTION
Joseph Townsend 1739-1816

“Hunger will tame the fiercest animals. “It will teach decency and civility, obedience and subjection … it is only hunger which can spur and goad the poor on to labour.”
“Here is what we seek: a compassion that can stand in awe at the burdens the poor have to carry rather than stand in judgment at how they carry them.”

— Gregory Boyle
“At the end of the day, love and compassion will win.”
Terry Waite
ihub Resource – HSCP Learning from Covid-19


#HISQIConnect
Any Questions?

#HISQIC connect
WATCH AGAIN

QI Connect WebEx series
Healthcare Improvement Scotland is currently hosting an exciting line up of monthly WebEx sessions presented by an exceptional global faculty.

Established in 2014, QI Connect provides clinicians with the opportunity to learn from national and international leaders in the field of improvement and innovation. Our reach is global - healthcare professionals from more than 60 countries link into our QI Connect sessions each month.

Join our sessions from the comfort of your own desk, or catch up on one of our international leaders in quality improvement.

Keep up to date with information about future QI Connect sessions by following us on Twitter @HISQIConnect or signing up to our mailing list.

Forthcoming sessions

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<td>Sir Harry Burns</td>
<td>Public speaker</td>
<td>Wellbeing - what is it and what can we do to promote it?</td>
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View recordings of previous QI Connect sessions

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Online:
http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.aspx

YouTube:
https://www.youtube.com/channel/UCUjQOMqJ9d_DzhoeKxo7S_Q

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