

# What's love got to with it? Exploring social love, public health and poverty

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### Why love?

Loving relationships are essential for mental and physical health. The term 'social love' describes the motivation and actions of a system, organisation, or institution (and people working within them), for the purpose of the collective good, increasing the wellbeing of another, self, community, and the environment. With a collective affective quality, it involves care, respect, commitment, knowledge, responsibility, and trust, valuing the other, self, community, and environment, and remaining open and receptive.

Public health systems dominated by biomedical models of care often neglect 'social love', to the potential detriment of those providing and using public health services. There is mounting evidence that human connection and compassion is associated with the delivery of high-quality healthcare, lower healthcare costs, reduced healthcare provider burnout, and effective public health programming.

Social love is a lens through which we can explore problems and solutions, and is applicable to the whole public health process, from defining a public health issue, all the way through to decision making and taking action. The concept may be used at both a system level to enhance understanding, analysis, and decision-making, and also at an individual and organisational level to enhance individual practice and service delivery.

Now is the time to recognise the unlocked potential of social love as a concept that could enhance public health discourse, introducing a new way to analyse problems, and deliver interventions.

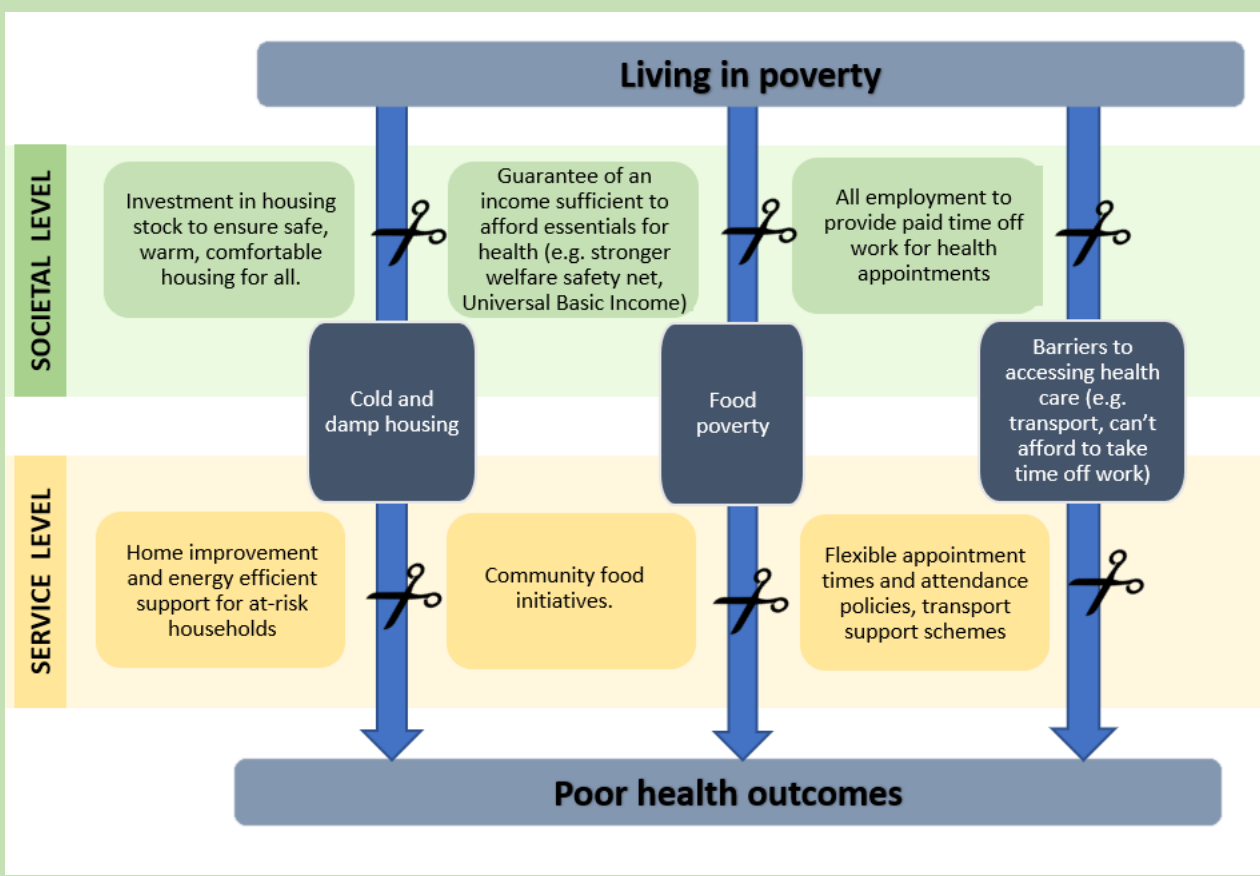
### Applying a social love lens to public health problems and decision-making

We tentatively propose a 'check and challenge' series of questions for the public health community as a starting point...

- ✔ **Motivation:** What is our ultimate aim? Is it to increase the health and wellbeing of the other, self or community? This may involve asking 'why?' repeatedly to get to the ultimate aim.
- ✔ **Care:** How does this impact the health, welfare, maintenance, and protection of the population/community/environment?
- ✔ **Respect:** Are we valuing the other, ourselves, our communities, and our environment? This should be regardless of circumstance e.g., even if the issue we are addressing is perceived as self-caused.
- ✔ **Commitment:** Are we acting from a position of dedication to improving the health and wellbeing of the other, self or community?
- ✔ **Knowledge:** Do we have an accurate understanding of the situation (the issue, the causes of it, the impacts and unintended consequences of our proposed actions or decision), as well as the community this will affect and possible impacts to our environment?
- ✔ **Responsibility:** Are we behaving in a socially and morally just way towards the other, self, community, and environment?
- ✔ **Trust:** Do we trust our evidence and information? Do we believe that our work is reliable/true?
- ✔ **Openness and receptivity:** Have we been open and receptive, allowing inspiration and innovation to feature in our work?

### Socially loving actions to prevent the impact of poverty on health

Poverty and the ongoing cost-of-living crisis is growing and deepening, increasingly impacting the health of the communities we serve. Viewing poverty as a public health issue through a social love lens, we can see opportunities for policies and actions at both a societal and system level to intervene to disrupt the pathway from poverty to poor health outcomes. Some examples are shown in the diagram below.



### Next steps: we want to hear from you!

We invite interested organisations, teams, and practitioners to get in touch if they would like to explore the operationalisation and application of social love to existing public health decision making, and to collectively re-imagine the ways that we can incorporate 'social love' into everyday practice.