Healthy Settings: Overview, Theoretical Perspectives, Challenges and Future Directions



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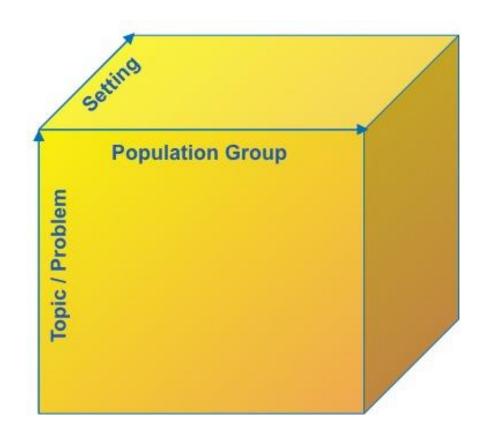


Healthy Settings: History & Evolution

Healthy Settings: Theory & Practice

Healthy Settings: Challenges & Implications

From...Settings as Dimension of Health Promotion Matrix





To...The Settings Approach & Healthy Settings

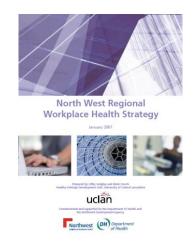
Healthy Settings: Origins & Development

"Health is created & lived by people within the settings of their everyday life; where they learn, work, play & love."

WHO (1986) Ottawa Charter for Health Promotion Sundsvall Declaration Health for All on Supportive Nairobi Helsinki Bangkok 1977-Environments Charter Declaration Statement 1991 2005 2009 2013 Healthy Cities **Healthy Settings** 1997 2007 2012 2016 Ottawa Charter Shaping the Future of Health 2020 & Shanghai Jakarta 1986 Health Promotion NCD Action Plan Declaration Declaration

"Health is created in the settings of everyday life - in the neighbourhoods and communities where people live, love, work, shop and play."

Healthy Settings: Origins & Development







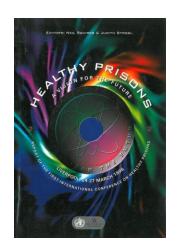


Health
Promoting
Hospitals & Health Services









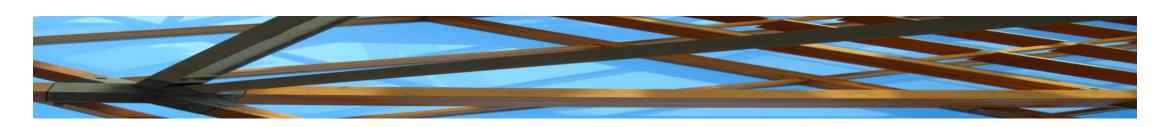




"[A 'setting for health' is] the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and wellbeing.

A setting is also where people actively use and shape the environment and thus create or solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organisational structure."

WHO (1998) Health Promotion Glossary - 'Settings for Health'



- A focus on place, people and increasingly planet and the interrelationships between them.
- An understanding of settings not only as convenient places to target health interventions, but also as contexts that directly and indirectly impact wellbeing.
- A commitment to integrating health within the culture, ethos, structures, processes and routine life of settings.

Dooris, 2009, 2013





Dahlgren & Whitehead 1991



Effective health promotion requires the type of cross-sectoral orientation advocated by the Health in All Policies approach and, within or alongside this, investment in the places in which people live their lives.



- Whilst important, 'health' services are only one factor influencing health and their main focus is actually illness.
- Health is determined by range of social, economic, environmental, organisational commercial and cultural circumstances, which have direct and indirect influences.
- Health promotion requires investment in places in which people live their lives.

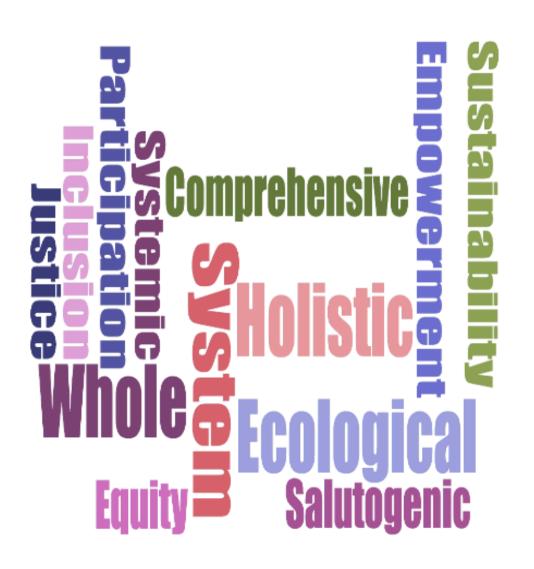
- People's lives are complex and processes of enabling human flourishing and addressing 21st century health challenges are equally complex.
- Complexity appreciates the interconnectedness of life and argues that we cannot always understand things by breaking them down into small component parts ('reductionist analysis').
- People don't tend to compartmentalise their lives (e.g. into 'risk factors' and 'behaviours')...Underlying factors/conditions are interrelated and can be most effectively tackled not by 'single thread' interventions, but through comprehensive, integrated programmes in settings of everyday life where people learn, work, play, love, live and die.

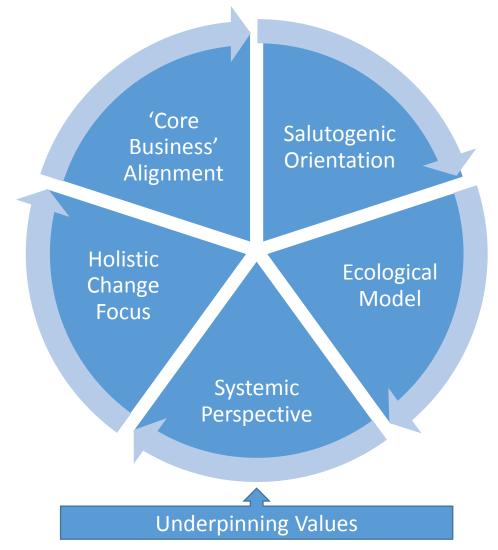
"While it is not possible to state with certainty that multicomponent, whole-settings approaches are more successful in college and university settings than one-off activities, the evidence points in this direction." (Warwick et al, 2008: 27)

Effective programmes are "likely to be complex, multifactorial and involve activity in more than one domain." (Stewart-Brown, 2006: 17)

Embedding a 'whole system' commitment to health into university structures/processes results in positive outcomes for students, staff and the organisation as a whole. (Newton, 2014)

Conceptual Framework





Source: Adapted from Dooris, 2006, Dooris et al, 2007

Conceptual Framework: Underpinning Values



Conceptual Framework: Salutogenic Orientation

• Shift of emphasis to salutogenesis – 'what creates health and helps people to flourish'

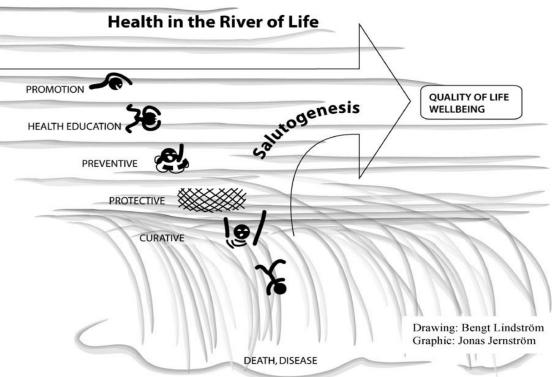
Health in the River of Life

See:

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion, *Health Promotion International*, 11(1), 11-18.

Eriksson, M. and Lindström, B. (2008) A salutogenic interpretation of the Ottawa Charter. *Health Promotion International* 23(2): 190-199.

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Conceptual Framework: Ecological Model of Public Health

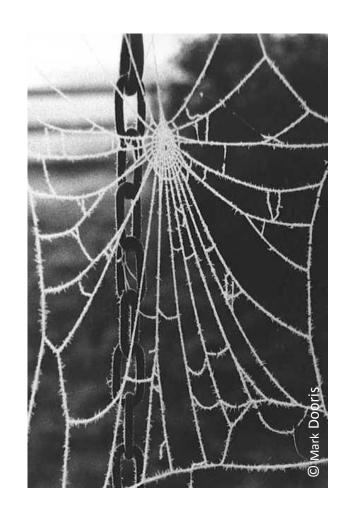
- Health a multi-layered, multi-component concept
- Health determined by complex interplay of environmental (physical, social, political, economic and cultural), organisational and personal factors
- Focuses on whole populations in the settings they inhabit
- Addresses human health within the framework of ecosystem health – appreciates convergence of public health & sustainable development



"Human health ultimately depends on the health of ecosystems...the interface of human and ecosystems health now deserves to be central for policy making."

Conceptual Framework: Systems Perspective

- Settings viewed as dynamic complex systems with inputs, processes, outputs & impacts characterised by unpredictability & feedback
- Emphasis on interconnectedness, interdependency & synergy between different elements – groups of people, components, issues, policies
- Settings are 'nested': part of a greater whole need to appreciate links to wider environment and other settings



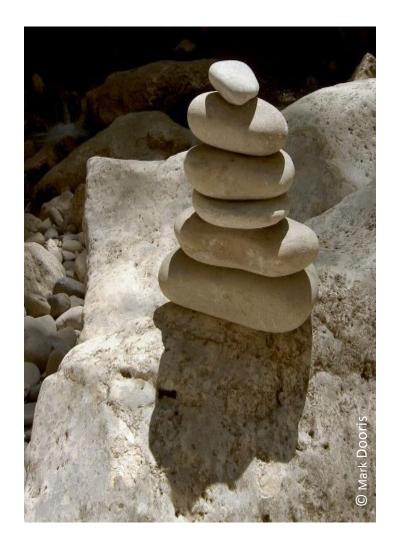
Conceptual Framework: Focus on Holistic Change

- Introduction and management of (cultural) change within the setting as a whole, drawing on organisation and community development insights
- Whole system thinking multi-stakeholder, multi-component, multi-issue
- Moving beyond disconnected ad-hoc approaches and instead seeking to embed health by using multiple interconnected interventions

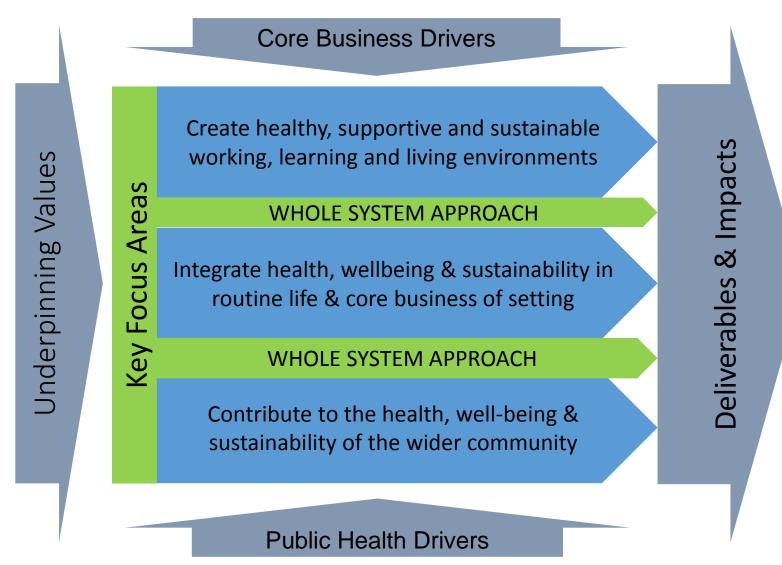


Conceptual Framework: 'Core Business' Focus

- Appreciates that most settings do not have health as their mission or 'raîson d'être'
- Focuses, therefore on making your case for the healthy settings approach in terms of impact on or outflow from 'core business' of the settings



Model 1: Three Key Focus Areas



Source: Adapted from Baric, 1993

Model 2: Multiple Layers

Contribute to health, well-being and sustainability of the wider community



Source: © Dooris 2013

Model 2: 'A Question of Balance'

'whole system' ecological settings approach

needs, deficits, problems (pathogenesis)

11

capabilities assets, potentials (salutogenesis) organisation/ community development & change



high visibility innovative projects

top-down political/ managerial commitment



bottom-up engagement & empowerment

institutional agenda & core business



public health agenda

Methods

e.g. policy development/implementation, environmental modification, social marketing, peer education, impact assessment

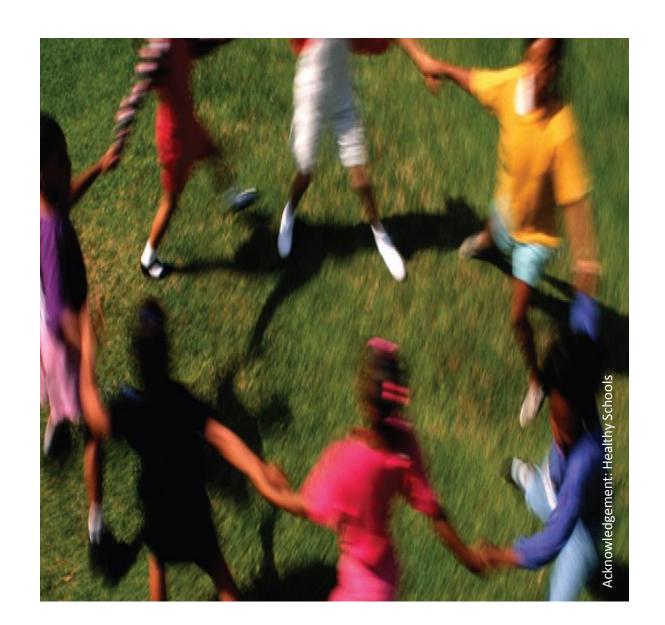
Values

e.g. participation, empowerment, equity, partnership, sustainability

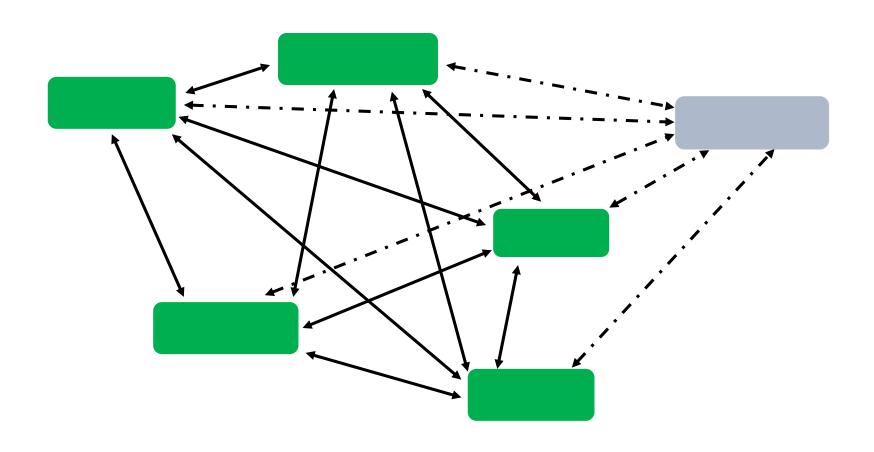
Mapping and Forging Connections



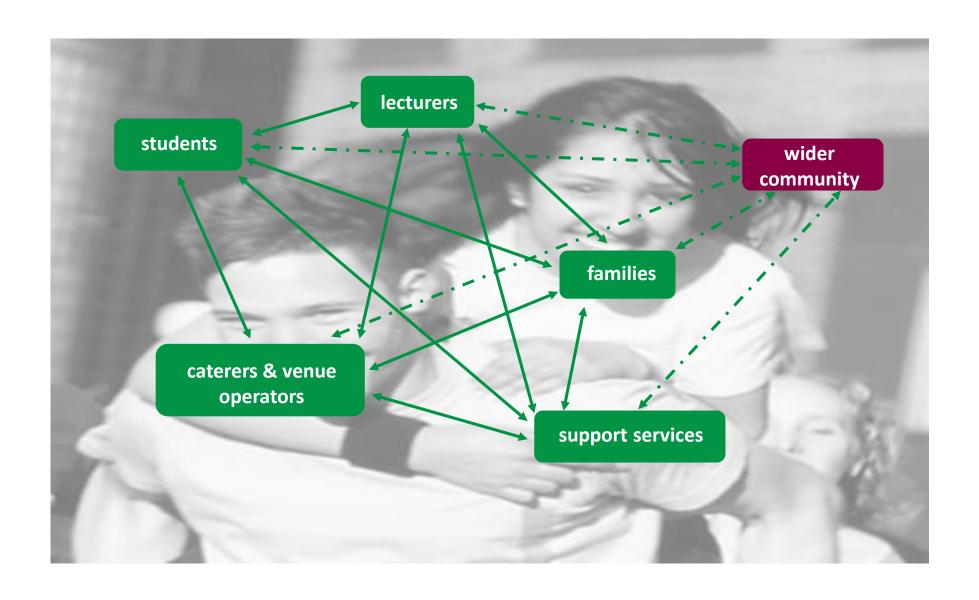
Connect Practice, Theory & Research



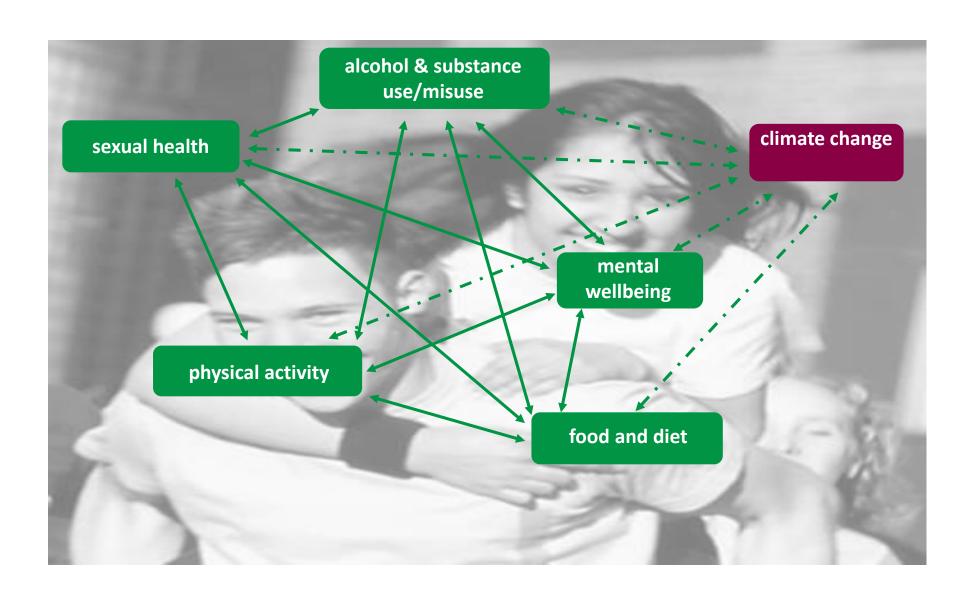
Connect Within Settings



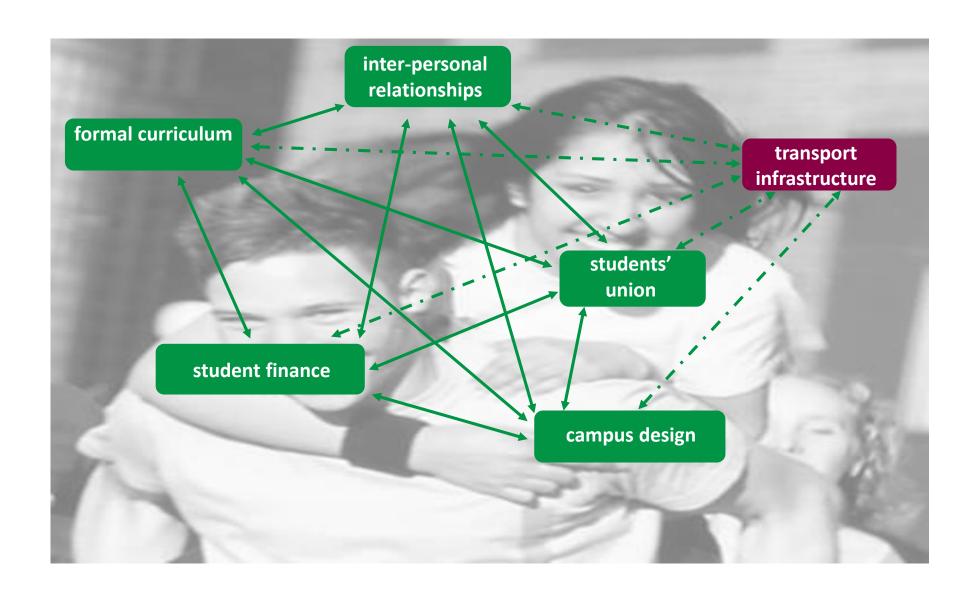
Connecting Between People



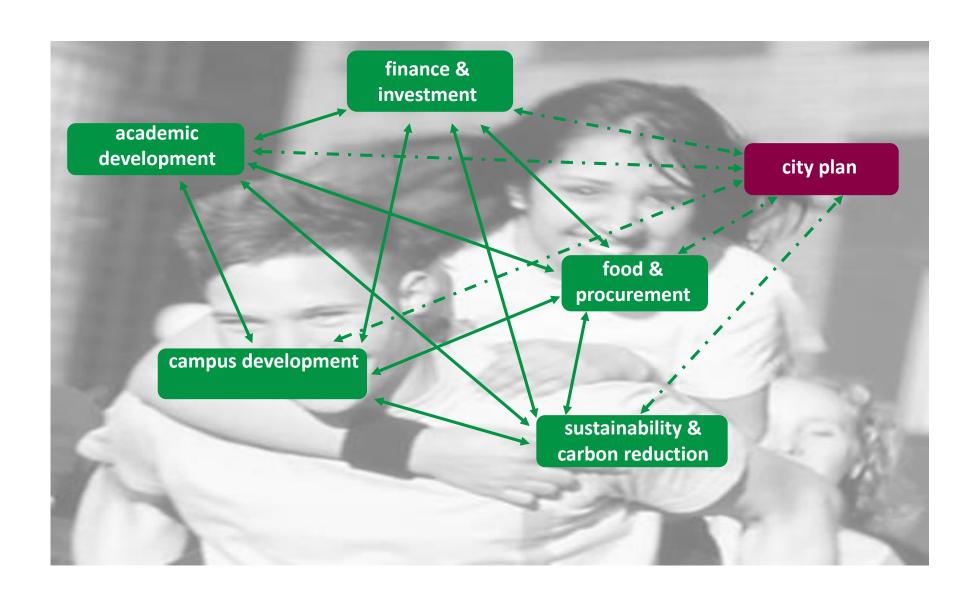
Connecting Between Issues



Connecting Between Components



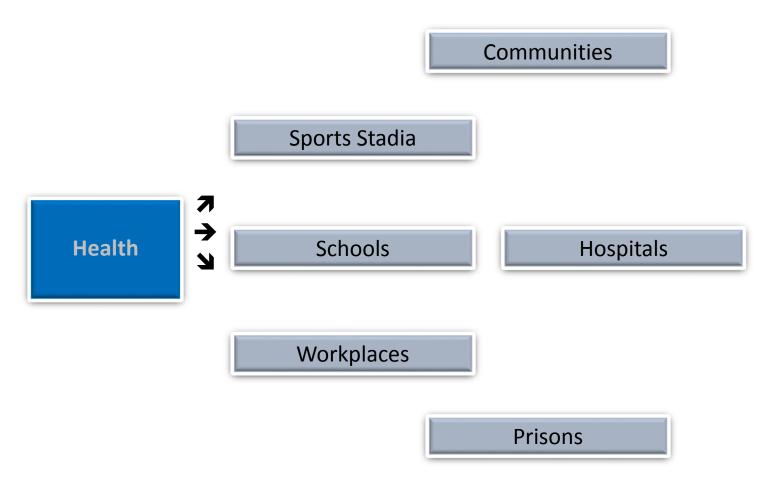
Connecting Between Policies



Connect Outwards



Connect Outwards: From settings...



Connect Outwards: ...to systems

Neighbourhoods, Local & Virtual Communities

Sport & Leisure

Health

Kindergarten : School

Education

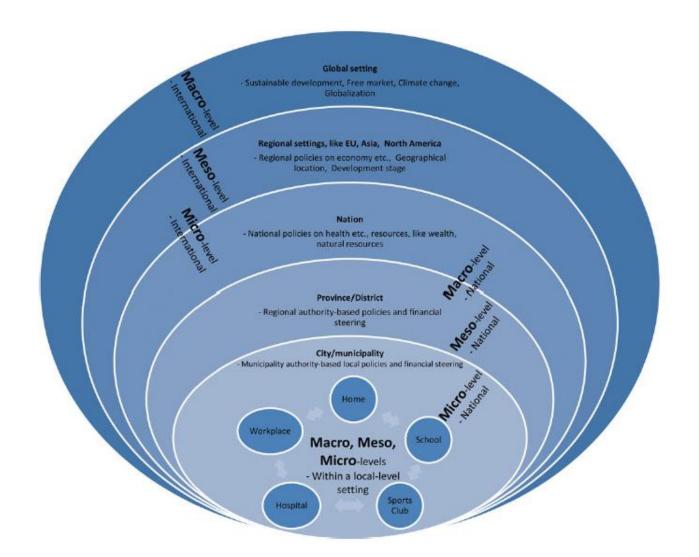
College: University

Health & Social Care Services

Economy

Criminal Justice
System/Offender
Pathway

Connect Outwards: Layers – Interaction Between Settings



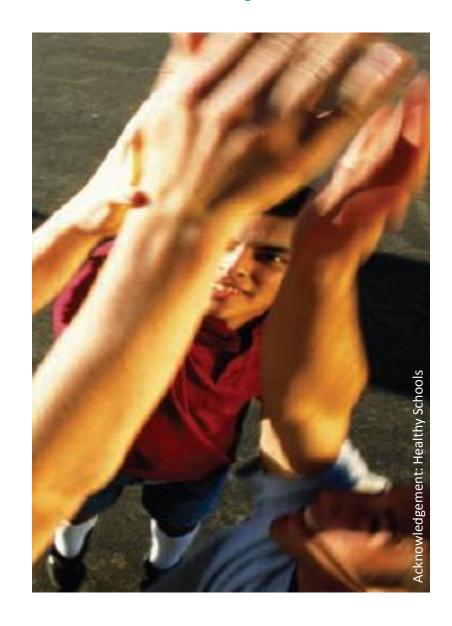
Connect Outwards





Useful references: Galea et al, 2000; Bronfenbrenner, 1979; Kokko, Green & Kannas, 2013; Dooris, 2013

Connect Upwards



Connect Beyond Health





http://greeninghc.com/



http://www.international-sustainable-campus-network.org/





http://eco-schools.org.uk/

http://liveablecities.org.uk/

Conclusion



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