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



Mark Dooris
Professor in Health & Sustainability / Director of Healthy & Sustainable Settings Unit
University of Central Lancashire

mtdooris@uclan.ac.uk

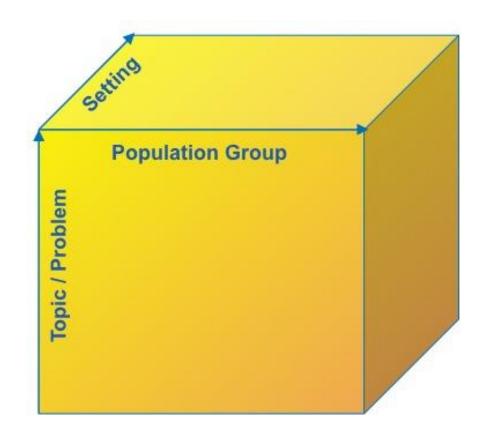


# Healthy Settings: History & Evolution

**Healthy Settings: Theory & Practice** 

**Healthy Settings: Challenges & Implications** 

# From...Settings as Dimension of Health Promotion Matrix





To...The Settings Approach & Healthy Settings

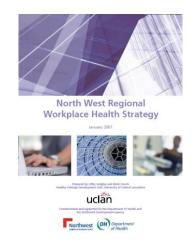
### **Healthy Settings: Origins & Development**

"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**







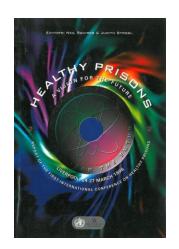


Health
Promoting
Hospitals & Health Services













"[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."

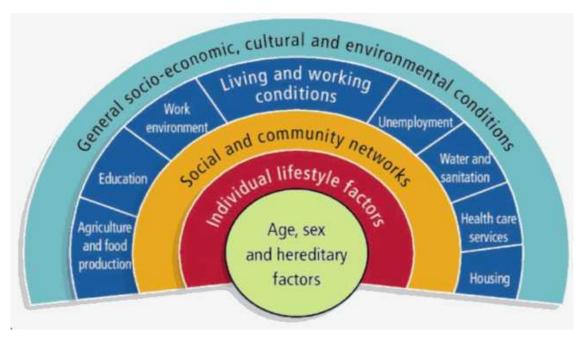
WHO (1998) Health Promotion Glossary - 'Settings for Health'



- 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

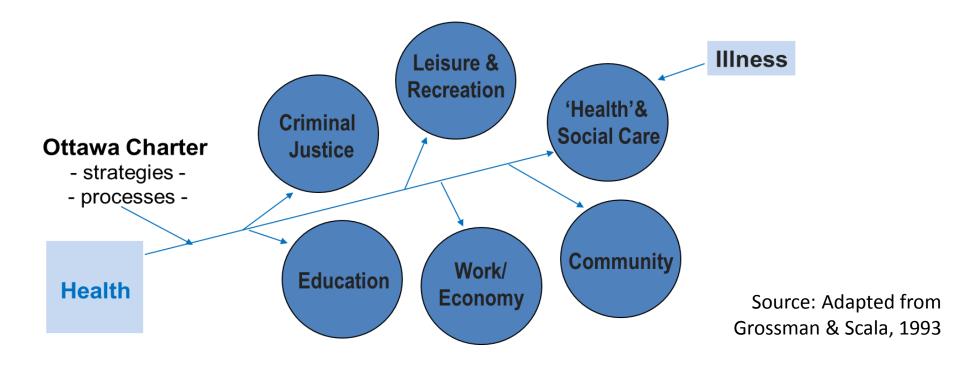




Dahlgren & Whitehead 1991



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.

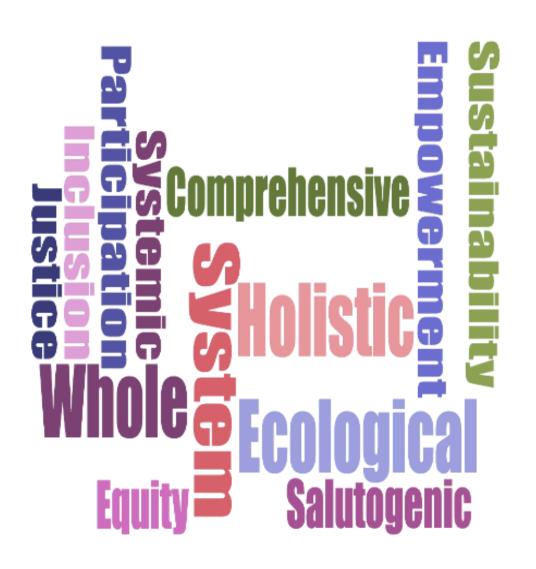
- People's lives are complex and processes of enabling human flourishing and addressing 21st century health challenges are equally complex.
- Complexity appreciates the interconnectedness of life and argues that we cannot always understand things by breaking them down into small component parts ('reductionist 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.

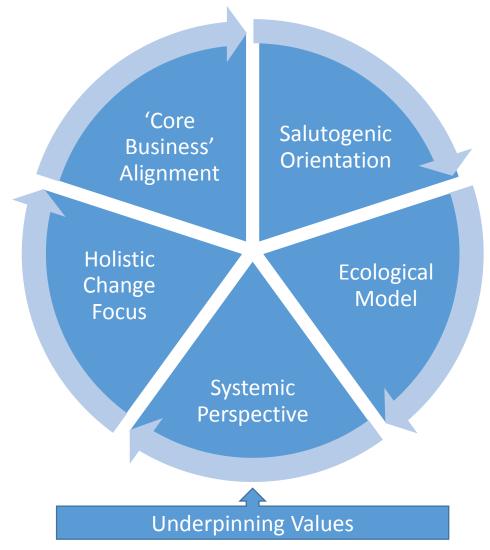
"While it is not possible to state with certainty that multicomponent, whole-settings approaches are more successful in college and university settings than one-off activities, the evidence points in this direction." (Warwick et al, 2008: 27)

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'

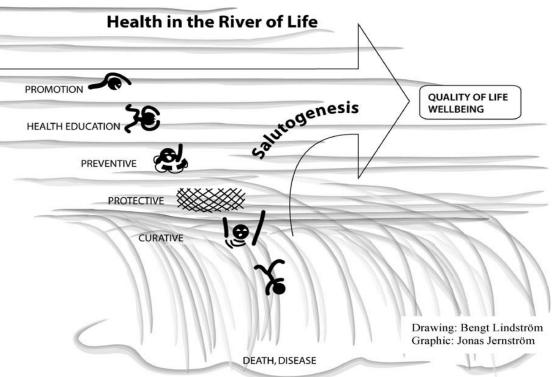
Health in the River of Life

#### 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.

Eriksson, M. and Lindström, B. (2006) Contextualizing salutogenesis and Antonovsky in public health development. *Health Promotion International* 21(3): 238-244.



# Conceptual Framework: Ecological Model of Public Health

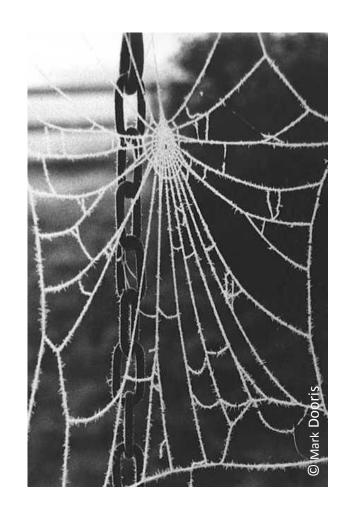
- Health a multi-layered, multi-component concept
- Health determined by complex interplay of environmental (physical, social, political, economic and cultural), organisational and personal factors
- Focuses on whole populations in the settings they inhabit
- Addresses human health within the framework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



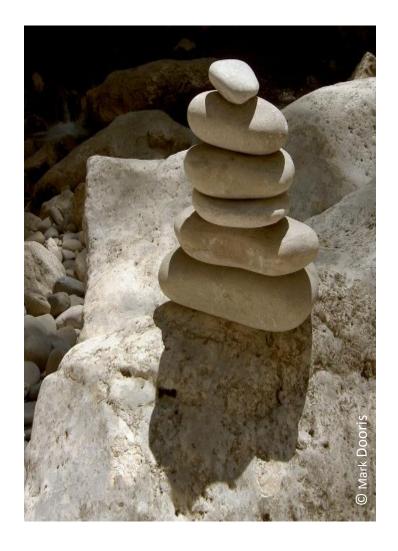
# **Conceptual Framework:** Focus on Holistic Change

- 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

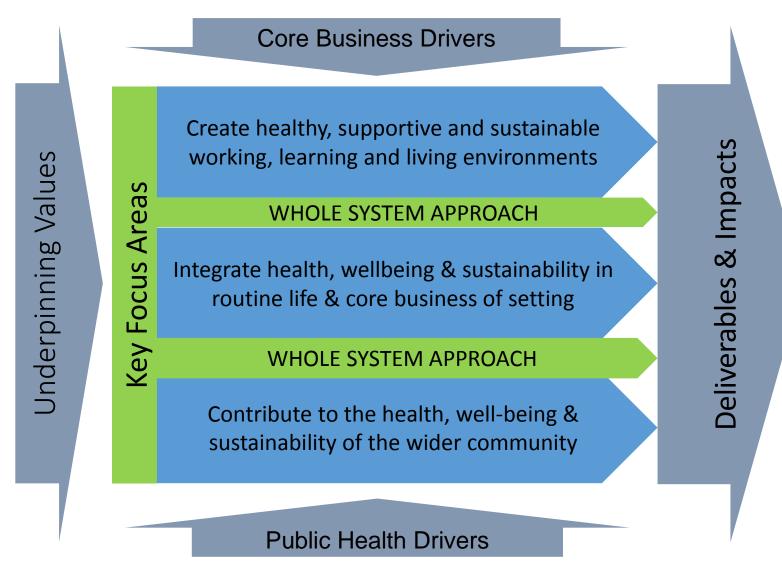


# **Conceptual Framework:** 'Core Business' Focus

- 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



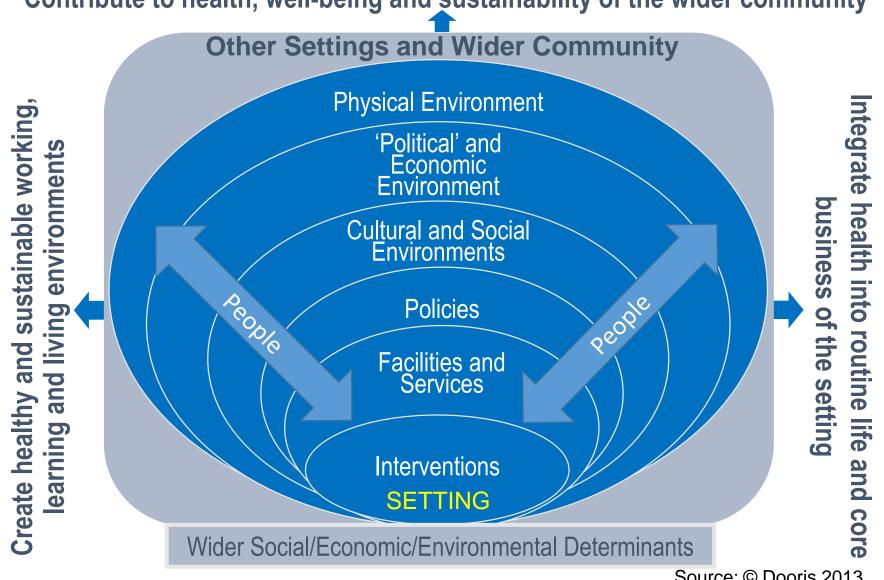
#### **Model 1: Three Key Focus Areas**



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

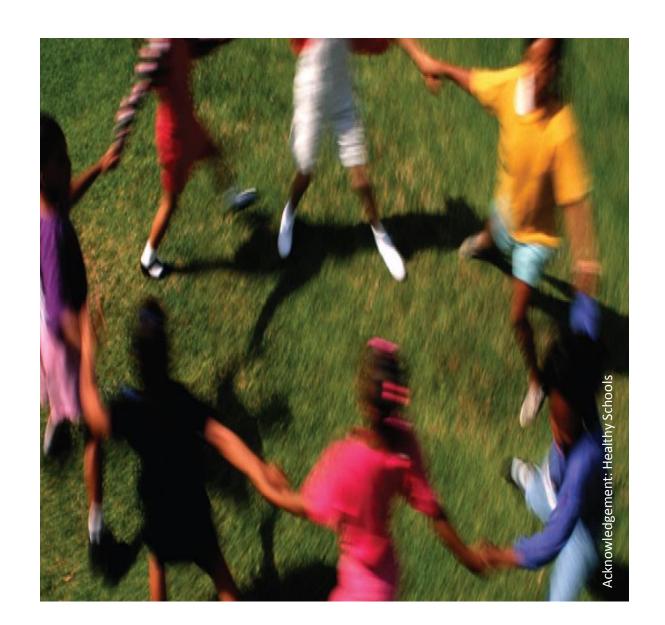
#### **Values**

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

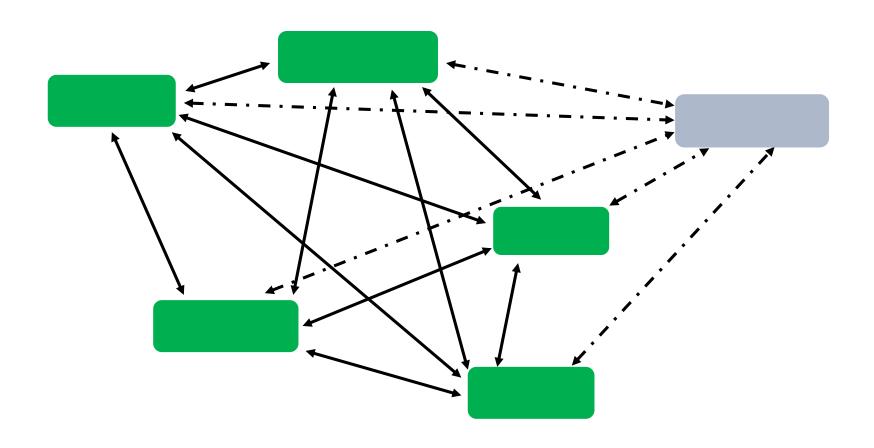
### **Mapping and Forging Connections**



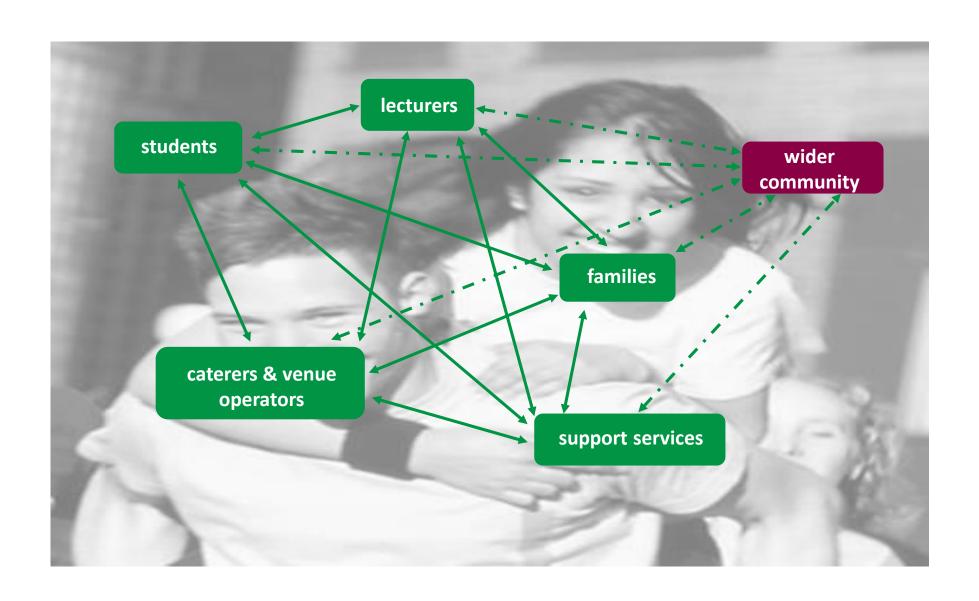
## **Connect Practice, Theory & Research**



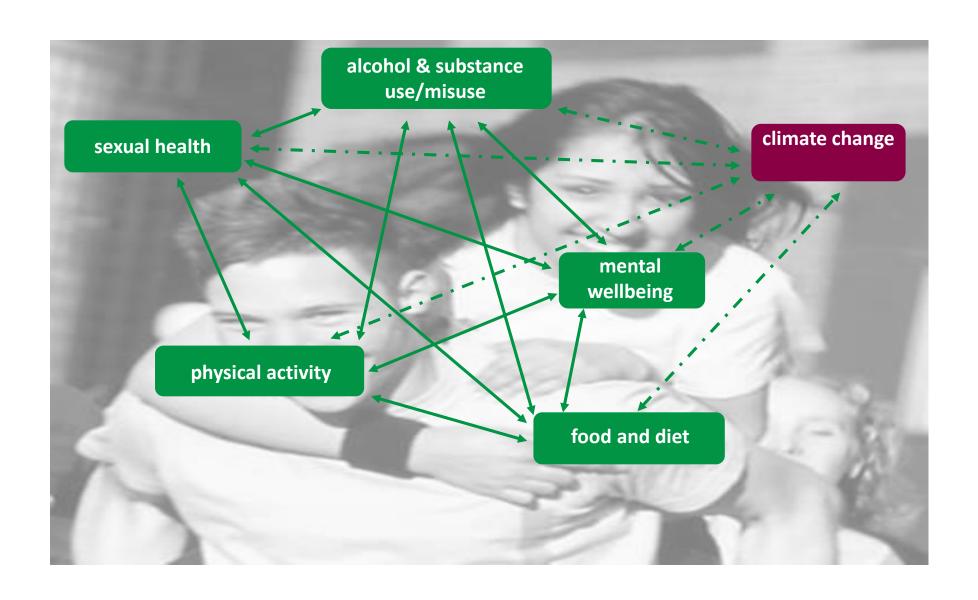
## **Connect Within Settings**



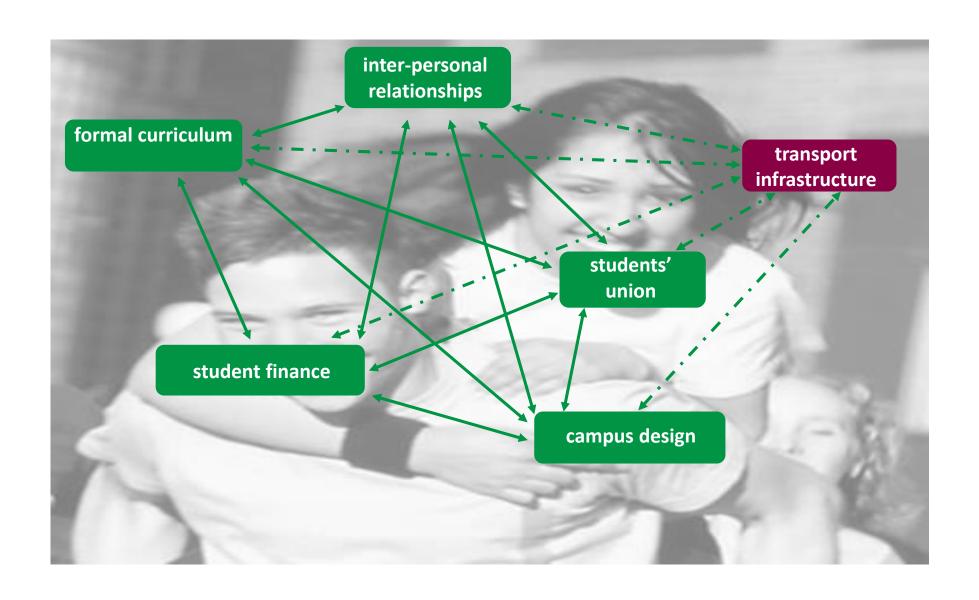
### **Connecting Between People**



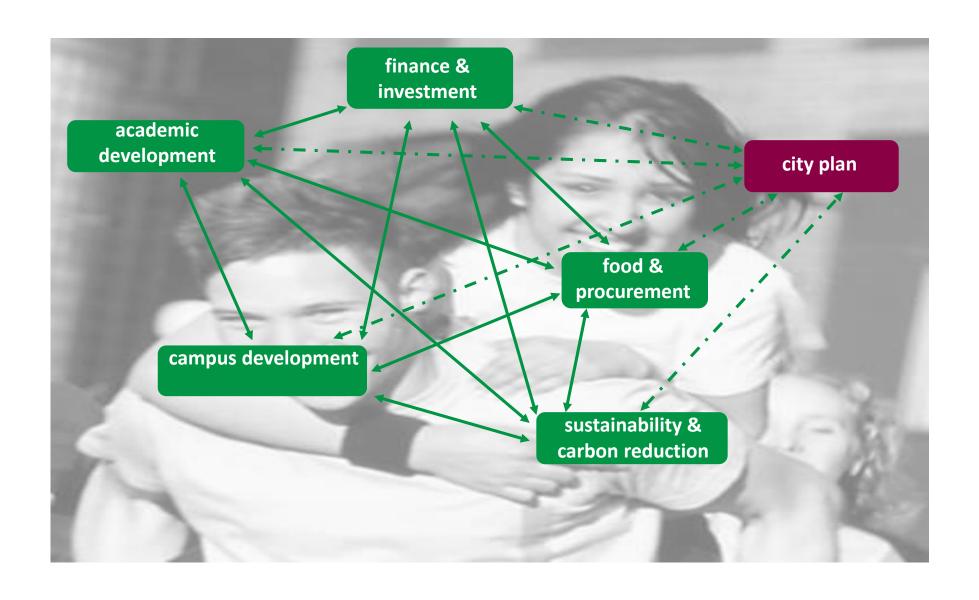
### **Connecting Between Issues**



### **Connecting Between Components**



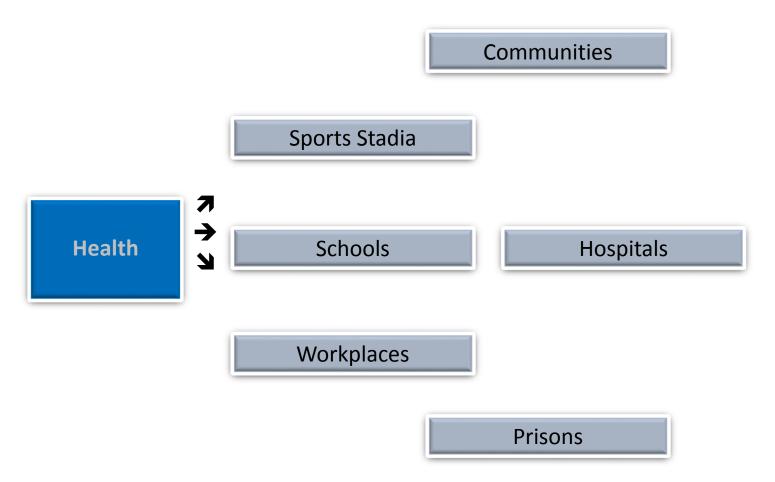
## **Connecting Between Policies**



### **Connect Outwards**



# **Connect Outwards: From settings...**



# Connect Outwards: ...to systems

Neighbourhoods, Local & Virtual Communities

Sport & Leisure

Health

Kindergarten : School

Education

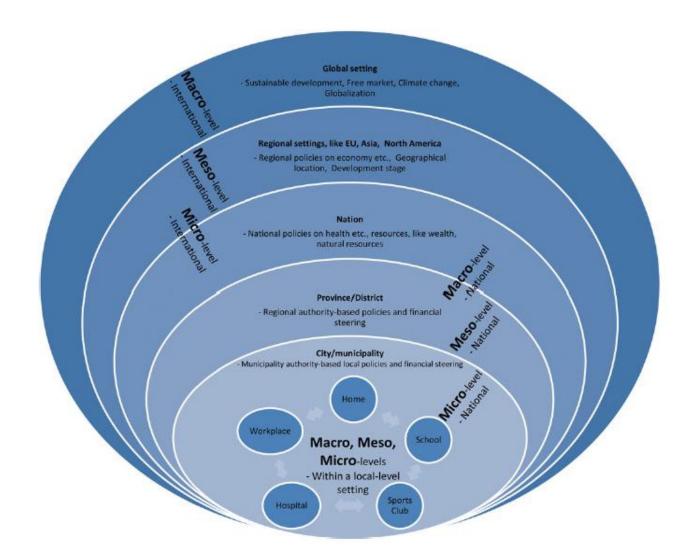
College: University

Health & Social Care Services

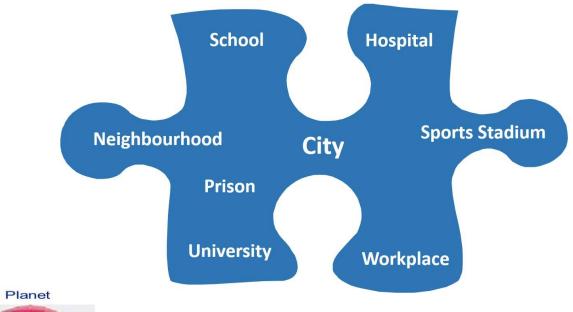
Economy

Criminal Justice
System/Offender
Pathway

## Connect Outwards: Layers – Interaction Between Settings



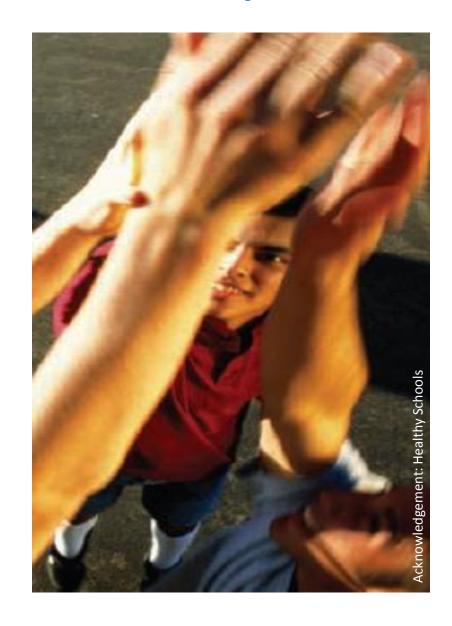
#### **Connect Outwards**





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**



#### **References & Further Reading**

Bloch, P. et al. (2014) Revitalizing the setting approach – supersettings for sustainable impact in community health promotion. *International Journal of Behavioral Nutrition and Physical Activity* 11:118.

Dooris, M. (2004) Joining up settings for health: a valuable investment for strategic partnerships? Critical Public Health 14: 37-49.

Dooris, M. (2006) Healthy settings: challenges to generating evidence of effectiveness. *Health Promotion International* 21: 55-65.

Dooris, M. (2009) Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion. *Perspectives in Public Health* 129(1): 29-36.

Dooris, M (2013) Bridging the Silos: Towards Healthy and Sustainable Settings for the 21st Century. Health & Place 20: 39-50.

Dooris, M., Wills, J. and Newton, J. (2014) Theorising Healthy Settings: a critical discussion with reference to Healthy Universities. *Scandinavian Journal of Public Health* 42 (Suppl 15): 7–16.

Grossman, R. & Scala, K. (1993) *Health Promotion and Organisational Development: Developing Settings for Health*. Copenhagen: WHO Regional Office for Europe Kickbusch, I. (1996) Tribute to Aaron Antonovsky – what creates health. *Health Promotion International* 11: 5-6.

Kickbusch, I. (2003) The contribution of the World Health Organization to a new public health and health promotion. *American Journal of Public Health* 93: 383-388. Kokko, S., Green, L. & Kannas, L. (2013) A review of settings-based health promotion with applications to sports clubs. *Health Promotion International* 2014 29: 494-509.

Newton, J. (2014) Can a University Be a 'Healthy University'? An Analysis of the Concept and an Exploration of its Operationalisation through Two Case Studies. Thesis submitted for PhD. London: London South Bank University.

Poland, B. & Dooris, M. (2010) A green and healthy future: a settings approach to building health, equity and sustainability. Critical Public Health. 20(3): 281-298.

Poland, B., Krupa, G. and McCall, D. (2009) Settings for health promotion: an analytic framework to guide intervention design and implementation. *Health Promotion Practice* 10(4): 505-16.

Scriven, A. and Hodgins, M. (2012) Health Promotion Settings: Principles and Practice. London: Sage.

Shareck, M. Frohlick, K. & Poland, B. (2013) Reducing social inequities in health through settings-related interventions — a conceptual framework. *Global Health Promotion* 20(2): 39–52.

Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe. (Health Evidence Network Report] http://www.who.dk/Document/E88185.pdf Warwick, I., Statham, J. and Aggleton, P. (2008) Healthy and Health Promoting Colleges – Identifying an Evidence Base. London: Thomas Corum Research Unit, University of London.

Whitelaw, S., Baxendale, A., Bryce, C., Machardy, L., Young, I. & Witney, E. (2001) Settings based health promotion: a review. *Health Promotion International* 16: 339-353.

World Health Organisation (1986), Milestones in Health Promotion: Statements from Global Conferences, Geneva: WHO. http://www.who.int/healthpromotion/milestones/en/