Holistic and sustainable health improvement: the contribution of the settings-based approach to health promotion

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Abstract

Highlighting the need for holistic and sustainable health improvement, this paper starts by reviewing the origins, history and conceptualization of the settings approach to health promotion. It then takes stock of current practice both internationally and nationally, noting its continuing importance worldwide and its inconsistent profile and utilization across the four UK countries. It goes on to explore the applicability and future development of settings-based health promotion in relation to three key issues: inequalities and inclusion; place-shaping and systems-based responses to complex problems. Concluding that the settings approach remains highly relevant to 21st century public health, the paper calls on the new "Royal" to provide much-needed leadership, thereby placing settings-based health promotion firmly on the national agenda across the whole of the UK.

INTRODUCTION

As multidisciplinary public health continues to take shape within the UK, facing both familiar and new challenges, the need for an holistic vision and approach to sustainable health improvement has never been more evident. Settings-based health promotion adopts an explicitly holistic model and, more than 20 years after its inception, continues to be widely used throughout the world as both an approach and infrastructure for health improvement. In the UK, although the healthy settings model retains a certain level of popularity and influence, there is considerable variation not only in local and regional practice, but also between countries in terms of policy commitments and supporting infrastructures. It is timely, therefore, to review the settings approach and to consider its relevance, applicability and future evolution in the context of key influences on public health policy and practice – tackling inequalities and promoting inclusion; place-shaping; and making effective systems-based responses to 21st century issues. Furthermore, following the recent merger, it is appropriate to consider how the new "Royal" can provide the vision, voice and national-level leadership necessary to place settings-based health promotion firmly on the national agenda across the UK – thereby supporting holistic and sustainable health improvement practice.

HEALTHY SETTINGS: OVERVIEW

The settings approach to health promotion emerged following the 1986 launch of the Ottawa Charter,[1] which stated that "health is created and lived by people within the settings of their everyday life; where they learn, work, play and love". This concern to put "health" into everyday settings has been illustrated by Grossman and Scala in their work on organization development (Figure 1).[2]

Further strengthened by subsequent publications such as the *Sundsvall Statement on Supportive Environments for Health*[3] and *Jakarta Declaration on Leading Health Promotion into the 21st Century,*[4] the approach developed rapidly under the World Health Organization (WHO)'s leadership – spawning a wide range of international programmes. As Kickbusch has reflected,[5] this meant "shifting the focus from the deficit model of disease to the health potentials inherent in the social and institutional settings of

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everyday life [and] pioneer[ing] strategies that strengthened both sense of place and sense of self".

A number of writers have been influential in conceptualizing settings-based health promotion,[2,6–13] not least Whitelaw *et al*,[13] who, while acknowledging the very real diversity that exists within the field, have cautioned that "those who deploy a settings model need to ensure that their work is more than simply a repackaging of traditional individualistic health education in a particular setting". Most recently, Dooris *et al*[14] have suggested that the settings approach is rooted in values such as participation, equity and partnership – and characterized by three interconnected dimensions, as follows.

An ecological model of health promotion

This reflects a shift of focus from a concern with what makes individuals ill towards a salutogenic perspective[15,16] on what creates health in populations. It also represents a move away from a reductionist focus on single issues, risk factors and linear causality towards an holistic vision of health and well-being determined by a complex interaction of environmental, organizational and personal factors within the contexts and places that people live their lives.

A systems perspective

Informed by this ecological model and drawing on organizational theory, the approach views settings as complex dynamic systems with inputs, throughputs and outputs.[17] This perspective (illustrated with reference to a university in Figure 2) acknowledges the significance of mapping the interconnectedness and synergy between different components, and recognizes that settings are both *complex* systems (unpredictable) and *open* systems (interacting with the other settings and the wider environment).

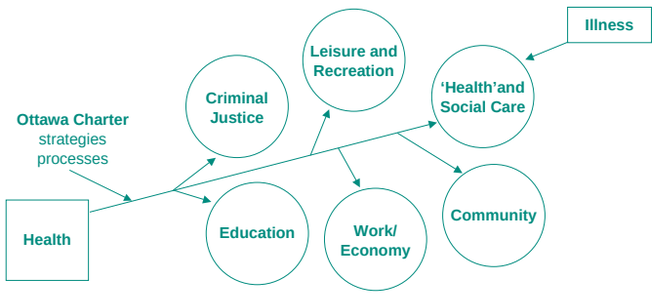
Whole-system development and change

The approach uses organization and/or community development to introduce, manage and sustain change within the setting in its entirety, taking account of contextual norms, values and interrelationships and applying "whole system thinking".[18] Following Barić, the approach is concerned to integrate health within the culture, routine life and core business of a specific setting; ensure living and working environments that promote health and productivity; and connect with and improve wider community well-being.

Discussing the absence of a *health* system in most developed countries, Dooris and Hunter[19] have suggested that "health promotion can be viewed as an intervention in social and organizational systems to improve health [whereby] health… becomes an integrative goal of the organization regardless of whether that organization is a workplace, school or business". Elsewhere, Dooris has proposed a model to assist in

Figure 1

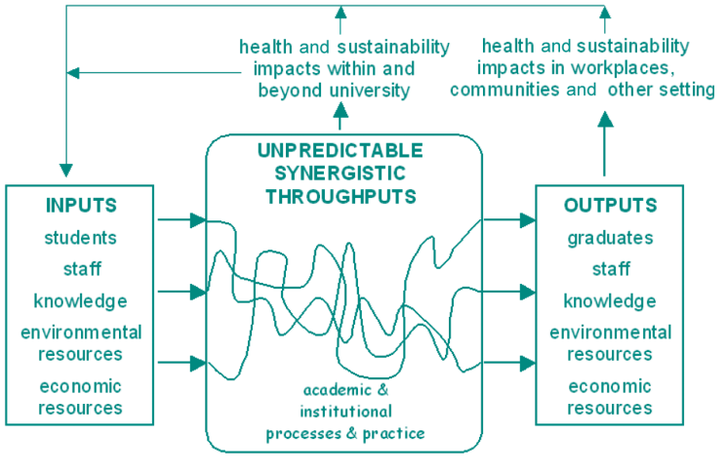
Putting 'health' into settings



Source: Dooris (2004),[7] produced with permission from Critical Public Health (adapted from Grossman & Scala (1993) with permission from World Health Organization)

Figure 2

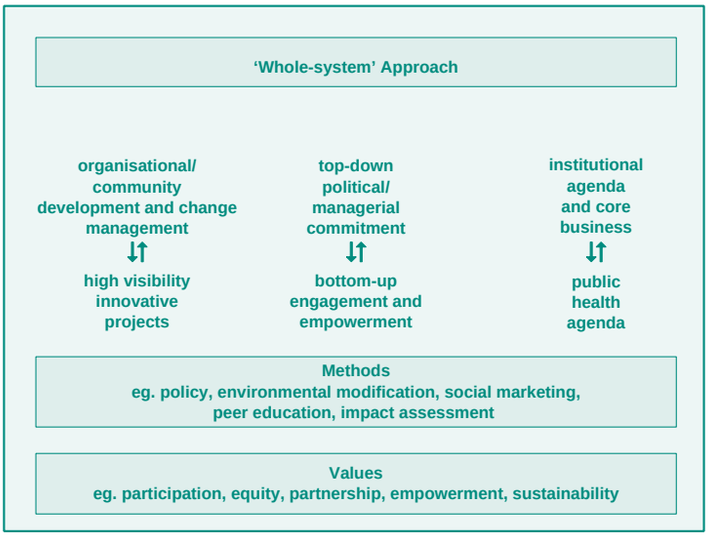
Settings as systems: The example of a university



Source: Dooris (2006)[8] reproduced from *Health Promotion International* 21(1): 55–65, by permission of the Oxford University Press

Figure 3

Healthy Settings: A model for understanding the Healthy Settings approach



Source: adapted from Dooris (2004),[7] produced with permission from Critical Public Health

understanding the theory and practice of the settings approach.[7,14] This presents a values-based approach that is underpinned by core health promotion/public health principles, but which is able to "translate" these into language and rhetoric appropriate to a particular setting. It also highlights the importance of balancing long-term organization and/or community development with shorter-term high-visibility project work; of combining top-down managerial and/or political commitment with bottom-up engagement and empowerment; and of being driven by and responding to both the public health agenda and core business concerns (Figure 3).

TAKING STOCK: INTERNATIONAL AND NATIONAL POLICY AND PRACTICE

More than two decades after the 1st International Conference on Health Promotion heralded "the move towards a new public health,"[20] the resulting Ottawa Charter[1] remains contemporary and continues to guide international health promotion policy and practice[21,22] (albeit within the context of a greatly changed and rapidly changing global society).[23] Having represented the third wave of health promotion during the 1990s,[24] the settings approach continues to flourish globally,[14] providing "a strong tool to protect public health and foster responsible development".[25] Supported by WHO programmes and by a new Global Steering Group of the International Union of Health Promotion and Education,[26] different regions of the world have recognized that the approach offers, in the words of the *Jakarta Declaration*,[4] "the organizational base of the infrastructure required for health promotion" and "practical opportunities for the implementation of comprehensive strategies".

Within Europe, not only has the settings approach been embedded in policy through the inclusion of Target 13 within the Health for All Policy Framework,[27] but as Orme *et al* have commented,[28] "[it] represents the key strategic approach by which health promotion is delivered in most… contexts". Building on the 1984 Toronto "Beyond Health Care" meeting, Healthy Cities was launched by WHO in 1987 as a small European project with the aim of taking the rhetoric of the Ottawa Charter and Health for All into the streets of European cities[29] and quickly grew to become a major global movement.[30] Drawing on this experience, a number of developments took place during the late 1980s and 1990s within a range of organizational settings – including schools, prisons, hospitals and universities.[31–34] While most of these were led by the WHO Regional Office for Europe, there was increasing collaboration with other international bodies – with Health-Promoting Schools being a joint initiative with the European Union and the Council of Europe, and the Health in Prisons Project engaging a number of partners such as the Council of Europe and the World Federation for Mental Health. Similar developments have occurred in other parts of the world, with specific foci relevant to particular cultures and circumstances. For example, Pan-American Health Organization (PAHO) has supported the development of the Healthy Municipalities and Communities movement in Latin America,[35] the WHO Western Pacific Region has promoted Healthy Islands[36] and Healthy Marketplaces,[37] the WHO South East Asia Region has endorsed a Healthy District programme as an umbrella for developing smaller settings projects,[38] and in Africa and the Eastern Mediterranean, there has been a focus on creating healthy settings and environments for children.[39]

Nationally, the picture is more diverse, with substantial variation in local and regional practice (e.g. certain primary care trusts have used settings to organize public health development; the North West Region funded a comprehensive Healthy Prisons initiative;[33] Greater Manchester is planning to establish a Health-Promoting Hospitals Network). Furthermore, there is an inconsistent profile and utilization of the settings approach across the four UK countries – influenced in part by the uncertain place of health promotion within multidisciplinary public health[28,40] and by differing policy contexts and supporting infrastructures. Northern Ireland's public health strategy, Investing for Health[41] states that "many risk factors are interrelated and can be best tackled through comprehensive, integrated

programmes in appropriate settings where people live, work and interact". In support of this, its Health Promotion Agency runs programmes on Healthy Schools, Healthy Workplaces and Health-Promoting Hospitals and Health Services, and facilitates an accredited training programme on Healthy Settings: Theory, Policy and Practice.[42] While Scotland does not have such an explicit policy commitment, the Better Health, Better Care Action Plan[43] makes reference to health-promoting schools, health services and workplaces. Furthermore, Health Scotland has continued to prioritize the settings approach as a mechanism for health improvement through its Healthy Settings team, which works with the Topics and Life Stages teams to embed the approach within education, health services, local government, workplaces and community and voluntary sectors.[44] Neither Wales nor England have an overarching policy commitment to the settings approach as a key mechanism for improving health, nor do they have integrated or dedicated support teams. However, both countries have well-developed Healthy Schools programmes that are informed by healthy settings theory; both share a strategic guidance document on Health-Promoting Prisons;[45] and both have a strong commitment to supporting workplace health and to developing Healthy and Sustainable Communities. In addition, building on grassroots action and a commitment expressed within England's Choosing Health public health strategy,[46] an English National Healthy Further Education Initiative has recently been announced[47] and a national research and development project on Healthy Universities is under way, funded by the Health Practice Centre of the Higher Education Academy and the Department of Health.

Key Issues for Public Health: Implications, Challenges and Opportunities for Healthy Settings

Acknowledging the diverse picture characterizing UK practice, it is pertinent to consider the relevance, applicability and future development of the settings approach within the context of 21st century public health. This paper will now explore three issues that are currently high on the political agenda and look set to play an important long-term role in influencing public health policy and practice – discussing implications, challenges and opportunities for healthy settings development.

Tackling inequalities and promoting inclusion within, between and through settings

Reducing inequalities remains at the heart of public health and health promotion endeavours, both globally and in the UK.[48–50] It is therefore imperative that the settings approach demonstrates its contribution to tackling health inequalities and to creating a fair, inclusive and socially just world. In this regard, a range of issues related to power, inequalities and inclusion can be highlighted.[19,51]

The first issue concerns the relationship of settings initiatives to macro-policy. The approach has been criticized for diverting attention from the underlying determinants of health and fragmenting action to promote public health.[52,53] For this reason, it is crucial that healthy settings initiatives work both upwards and outwards, influencing the organizational policies and practices that can actually create supportive environments and make a difference,[54] and at the same time explicitly addressing broader political, economic and social factors.[55] In its report to the WHO Commission on Social Determinants of Health,[56] the Knowledge Network on Urban Settings has advocated the healthy settings approach, recognizing particularly the role of Healthy Cities in convening action for healthier living environments in a range of settings. Noting that the movement has created a vehicle for health equity interventions, it comments that "evidence indicates that the Healthy City, Healthy Municipality or Healthy Settings approaches provide effective frameworks for integrative health promotion [and] constitute a platform for generating healthy urban policies". Elsewhere, the importance of forging connections between healthy settings programmes and corporate social responsibility has been highlighted,[57] and it has been suggested[7] that the settings approach can serve as a "springboard for broad-based corporate citizenship, developing organizational and individual awareness of the wider impacts of institutional practice at local, national and global levels".

A second issue concerns the ways by which health promotion may have "played into existing power relations and alliances"[51] within particular settings, by aligning itself with management and marginalizing less powerful groups such as patients and workers. As has been argued,[58] "it is important to build senior management commitment while developing broad-based ownership… The politics of this dual process can be extremely challenging". It is clear that power relations also need to be taken into account when developing joint work between settings and in geographical initiatives such as Healthy Cities, which involve a diversity of stakeholders from different sectors with different degrees of power and influence.

A third issue relates to who spends time in which settings. It is pertinent to consider how relevant the settings approach is to the inequalities and inclusion agendas when it has tended to leave out the less well-defined settings "in which one is to find the unemployed, the homeless, the disenfranchised youth, the illegal immigrants, and so forth".[51] Kickbusch[59] and Poland *et al*[12] have responded to this observation by proposing that the approach should move beyond "non-traditional" settings, an argument supported by Galbally[60] who has argued that "we must work not only in the standard settings… but also in pool halls, Jobskills training courses, boarding houses, and special accommodation". Globally, programmes such as Healthy Cities have long sought to address issues of urban poverty and exlusion, and in the UK, there have been a number of examples of healthy settings initiatives explicitly seeking to tackle inequalities and promote inclusion. The best developed is perhaps Health-Promoting Prisons, which was placed on the English and Welsh agendas with the 2002 publication of *Health Promoting Prisons: A Shared Approach*,[45]

subsequently supported by *Prison Service Order 3200*.[61] A National Healthy Care Standard[62] has also been developed to extend the Healthy Schools approach into work with looked-after children and young people and, more recently, the decision to launch a National Healthy Further Education Initiative for England[46] has been greatly influenced by the inclusion and widening participation agendas.

Organizational and geographical settings in the context of place-shaping

The emerging place-shaping agenda for local government[63] represents an important challenge and opportunity for public health. It has particular relevance and resonance for settings-based health promotion, highlighting the need to clarify theory and practice relating to both organizational and geographical settings.

At first glance, the WHO definition of "setting for health" presents a wide-ranging vision, with its discussion of places and social contexts where "people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being" and its acknowledgement that a setting is also "where people actively use and shape the environment and thus create or solve problems relating to *health"*. However, by then suggesting that "settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure", it infers that the term applies only to formal organizations – thus raising the question of where geographical settings such as neighbourhoods, cities and green spaces fit into the picture.

Within England, geographical settings have recently gained an increased political profile through the *Lyons Inquiry into Local Government*,[63] which built on the contexts provided by local strategic partnerships (LSPs), sustainable community strategies, local area agreements (LAAs) and the earlier "well-being power" to advocate place-shaping as the modern role of local government. This role is understood to involve "the creative use of powers and influence to promote the general well-being of a community and its citizens". Within this context, the inquiry emphasized the importance of vision, long-term strategic planning, community leadership, public engagement and partnership working in building local identity, maintaining cohesive and sustainable communities, strengthening the local economy and providing appropriate services. It also recommended a stronger and more explicit role for local government in the realm of public health, a development that could be aided by the Darzi report's proposal[64] for primary care trusts to "commission comprehensive well-being and prevention services, in partnership with local authorities".

This new place-shaping agenda has evident synergy with the Healthy Cities agenda – which seeks to put health high on the political and social agenda of cities and to build a strong movement for public health at the local level with an emphasis on equity, participatory governance, intersectoral action and sustainable development. Furthermore, it presents an opportunity to re-position broader healthy settings work – revisiting the language of "setting", "context" and "place"; generating programme theories for organizational and geographical settings that highlight commonalities while appreciating and respecting differences; and demonstrating its relevance to the place-shaping agenda. As previously discussed:

> Healthy settings work – particularly if it adopts a "whole system" approach across a range of health-related issues and is effectively "joined up" – offers a potentially valuable and extremely tangible delivery vehicle not only for public health, but for LSPs as a whole. Where a healthy setting initiative has been developed to reflect a broad vision of well-being, it is likely to have already gone a long way towards integrating many of the community strategy themes – with a green transport plan, arts and cultural projects and safety schemes forming part of its overall commitment to "whole system" health.[7]

Systems-based responses to 21st century public health issues

It is increasingly recognized that effective action to address complex 21st century public health issues requires holistic systems-based responses. This has obvious significance for the settings-based approach and presents an important opportunity to advocate its wider use and development.

To take an example, the challenge of stemming and reversing the trend of rapidly increasing obesity rates is widely acknowledged to be one of the most important public health challenges, globally and in the UK. Drawing on a systems-mapping approach, the final project report produced for the Government's Foresight Project[65] argued:

> The complexity and interrelationships of the obesity system… make a compelling case for the futility of isolated initiatives. Focusing heavily on one element of the system is unlikely to successfully bring about the scale of change required.

While emphasizing the enormity of the task ahead, the report concluded that there is considerable scope to align policies to tackle climate change and sustainability with policies for public health – adopting what has been termed a syndemic approach, which looks for common solutions to difficult social policy problems.[66] The report also suggested that systems maps could be developed "to consider different social settings and localities… encourag[ing] the development of targeted policy measures directed at combating obesity in particular groups or settings".

In advocating a role for settings-based health promotion within the context of 21st century public health, there are a number of interrelated tasks. First, it will be important to use topics such as obesity and climate change as entry points, mapping the potential for work within and across settings to impact on the complex of multiple determinants, drivers, processes and concomitants.[8] There are already signs of this happening – with recent research on healthy universities highlighting how an

increasing number of higher education institutions are aligning their work on sustainable development and health. Second, systems-related learning from the settings approach needs to be more effectively harnessed and articulated, distilling lessons for those planning and funding programmes to tackle key public health problems. While there remains a relative absence of research that explicitly applies the settings approach to such issues, the existing literature (primarily on violence)[67,68] highlights its appropriateness and effectiveness in tackling complex issues that require joined-up action across and between whole systems. Third, it will be increasingly important to draw down evidence about the effectiveness of the settings approach from topic-focused evaluations and effectiveness reviews. As highlighted by Jackson *et al*[69] with reference to a World Bank review on the prevention of non-communicable diseases, such findings can demonstrate the value of "multiple strategies in many settings, levels and sectors". Last, it will be necessary to revisit the work of Galea *et al*[36] and explore how "elemental" and "contextual" settings function at multiple levels. To address effectively the complex issues alluded to above, it is necessary to understand that settings may, like "Russian dolls", be located within the context of another (eg a school may be located within a neighbourhood, within a city, within a region) – constituting nested settings within interconnected layers.[70]

DISCUSSION AND CONCLUSIONS

Having reviewed the history, theory and practice of settings-based health promotion, and having explored implications, challenges and opportunities arising from three key issues influencing public health, it has been suggested that the healthy settings approach continues to have an important role to play in holistic health improvement. At a global level, this argument is supported by the International Union of Health Promotion and Education, which has not only advocated that[49] "the reach of settings-based health promotion should be greatly expanded", contending that "successful health promotion is delivered through whole-systems approaches encompassing all sectors", but has also established a Global Steering Group on Settings-Based Health Promotion to take this agenda forward.[26]

In the UK, the history of the settings movement reveals the importance of bottom-up developments in creating groundswell leading to subsequent government action – a recent example being the launch of the English National Healthy Further Education Programme.[47] However, the experiences of Scotland and Northern Ireland also highlight the value of an overarching national-level commitment that is currently lacking in England. Looking beyond the education system, there has been a noteworthy lack of leadership in this regard. There has been no recent investment in Health-Promoting Hospitals, resulting in the anomalous position where England is set to host the 2010 International Conference on Health-Promoting Hospitals and Health Services without having an active national network – despite the emphasis placed on health promotion within the recent Darzi report.[64] Although there have been promising policy-level developments in the field of Health-Promoting Prisons, there has been only limited investment in embedding and evaluating the approach. And the workplace health agenda has arguably been over-dominated by a concern to reduce reliance on incapacity benefit, although the Black Review Working for a Healthier Tomorrow signalled the potential for a more balanced approach.[71] Moreover, there has been little appreciation of the value of encouraging a joined-up approach that shares learning and builds synergy across different settings.

The merger of the Royal Society for the Promotion of Health and the Royal Institute of Public Health offers an important and timely opportunity, therefore, to place settings-based health promotion firmly on the national agenda across the UK and to seek ways of responding to the challenges and opportunities identified above. This task is a demanding one, not least because the logic of the settings approach is not primarily medical and may be more easily understood by community members and political decision-makers than by "health" professionals.[5] However, if the new "Royal" is to offer both vision and voice to guide and support holistic and sustainable health improvement practice, it is a task that is urgent and well worth taking on.

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