Health Promotion Settings: An Overview

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Aims

- To provide an overview of the content of the book, outlining the context and structure
- To offer the rationale for a text on the settings approach to health promotion
- To identify the focus of each of the chapters in the book
- To introduce general themes and arguments that will be expanded on in the specific introductions to Parts I – III

Since the Ottawa Charter (WHO, 1986) highlighted the idea that health is created within the settings of people’s everyday lives, where they learn, work, play and love, the settings approach has become an established component of the global health promotion agenda for action. The World Health Organization (WHO, 1998) has defined settings as the context in which people engage in daily activities and in which environmental, organizational and personal factors interact to affect health and wellbeing. The WHO definition also argues that normally, settings can be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Making these contexts the object of health promotion intervention and inquiry uses a wide range of processes and takes many different forms (Poland et al., 2009), but frequently involves some form of organizational development, including change to the physical environment and to the organizational structure (see Whitelaw et al., 2001 for a critical overview).
Settings can include those that have been coordinated at an international level by WHO, such as Healthy Cities, Villages, Municipalities and Healthy Islands projects, the networks of Health Promoting Schools and Health Promoting Hospitals, and the Healthy Marketplaces and Health Promoting Workplaces projects (Kickbusch, 1998). There are those that argue that twenty-first century settings should also include other more diffuse contexts, such as where people Google, shop and travel (Kickbusch, 2006). Currently healthy setting approaches have been implemented in many different ways in multiple areas. A list of all existing WHO coordinated Healthy Settings projects, including initiatives and documented activities, can be found on the WHO web pages at www.who.int/healthy_settings/types/en/index.html. The list cites:

- Cities
- Villages
- Municipalities and Communities
- Schools
- Workplaces
- Markets
- Homes
- Islands
- Hospitals
- Prisons
- Universities
- Ageing

Each setting on the list above has a web link which provides a description of the approach, outlines the fundamental theory of the programme and provides information on implementation, existing networks and available resources for each application. The website, therefore, is an invaluable resource for those working in settings.

The important point to note, however, is that planned, comprehensive and multisectoral settings approaches to health promotion action are now well established and an essential component of the twenty-first century health promotion agenda (Dooris, 2009), with the settings approach delivered locally and in many cases coordinated nationally and internationally by organizations such as WHO. The overall purpose of this book is to provide a detailed account of the principles on which a settings approach is based and to highlight some of the settings listed above. The book will combine a theoretical discourse of the settings approach with real-life examples of the settings, covering a wide range and including workplaces, schools, neighbourhoods, cities and prisons. Thinking, frameworks and processes that are actively shaping health promotion in settings in the twenty-first century are documented and the ideas and research covered will provide a vital set of materials for those who promote health in settings. The examination of health
promotion through a settings approach is covered in three discrete parts, as outlined in Box 1.1.

**Box 1.1 Health Promotion Settings in three parts**

The book is divided into three distinctive parts. Each part has not only a discrete focus but also a synergistic relationship.

**Part I** concentrates on theoretical principles, policy and the practical processes underpinning the settings approach to health promotion. The focus of the contributors will be on the history, concepts, values, principles, planning and evaluation that are fundamental elements to health promotion action in settings, covering, for example, partnership working.

**Part II** will offer examples of the broad range of settings, including schools, neighbourhoods, cities, prisons.

**Part III** provides an in-depth examination of workplace settings and will act as a major case study of a settings approach. A critical overview of the workplace context is offered alongside evidence and examples of practice covering a range of workplaces, including manufacturing and small and medium-sized enterprises (SMEs).

Each part of the book has an introduction which summarizes the key themes. There is cross-referencing between the three parts in order to locate theoretical, conceptual, process and policy issues within each setting.

There are a number of reasons for devoting a whole section to the workplace setting. Firstly, it is important to understand both the breadth and depth of the settings approach to health promotion. The workplace is a substantial setting and has been identified as one of the priority areas for health promotion into the twenty-first century (WHO, 2010). The significance of the workplace in terms of influencing the determinants of health is an important motive for the WHO prioritizing this setting. The nature of employment is a major contributing factor to health, directly influencing the physical, psychosocial and economic wellbeing of the population. Changing the overall conditions of work is recommended in terms of global action on the social determinants of health (WHO, 2008) and preventing accidents and illness at work can result in significant population health gain. The International Labour Organization (ILO) estimates that within the world’s 2.7 billion workers, at least 2 million deaths have occupational causes (Rosenstock et al., 2006). The relationship between adverse working conditions and negative health outcomes displays a strong social class gradient, with higher risk for accident and illness clustering in low status occupations (WHO, 2008), suggesting that improving working conditions might contribute significantly to reducing health inequities. Further, settings-based workplace health promotion has the potential not just to protect but to improve health through creating positive and health enhancing social environments and work cultures. The global labour force participation rate is 65% (ILO, 2008), demonstrating the extensive reach of the workplace setting and making it an ideal setting.
and infrastructure to support the promotion of health to large audiences. Using the modes of communication already in place in a workplace can be an effective means of encouraging participation in programmes and follow up with employees (Naidoo and Wills, 2009). Moreover, the workplace gives access to target groups not easily reached in other ways, for example, younger men. Finally, the reach of the workplace as a setting can also extend beyond employees, having indirect influences on families and communities, such as work–life balance policy and practice.

The workplace can be considered an overarching setting insofar as other well-established settings – schools, universities, prisons and hospitals – are also workplaces. To take just one illustration of this, the health sector is a major employer, estimated to employ 1.3 million people in the UK alone. Links need to be made, therefore, between hospitals, schools, prisons and university settings in Part II, which are workplaces, and the more specific examples of workplace settings in Part III. See Figure 1.1 for a figurative explanation of how the settings discussed in this book relate and Chapter 2 for a discussion of the link between the different health promoting settings.

Because the settings approach is universal and many of the settings, such as health promoting schools, are linked to global initiatives, all of the issues and
ideas addressed in this book will have international applicability, with international examples and comparisons used where applicable or appropriate.

**Box 1.2 Health Promotion Settings offers:**

- Reference to relevant and recent settings interventions, research, policies and evidence informed practice.
- Ideas, debates, issues linked, where appropriate, to international examples and global policies.
- Identification of principles, contemporary trends and viewpoints on developing health promotion initiatives in settings.

Part I opens with a chapter containing a detailed analysis of the origins, history, evolution and challenges of health promoting settings. The review of the theoretical and conceptual base, including outlining frameworks and typologies, of the settings approach highlights its ecological perspective, presenting an understanding of settings as dynamic open systems and with a primary focus on whole system organizations, development and change. The benefits of settings as foci of health promotion are debated and questions are asked about the challenges that health promoters face when working in settings. Key challenges are discussed and these include the difficulties relating to the construction of the evidence base, the diversity of conceptual understandings and practice, and the complexity of evaluating whole system approaches. The chapter concludes by exploring key issues: funding evaluation within and across settings; ensuring links between evidence, policy and practice; and clarifying and articulating the theories that underpin the settings approach generically and inform the approach within particular settings.

This broad opening introduction is followed in Chapter 3 by an examination of one of the introductory themes, a whole systems approach to working in settings. Settings are complex dynamic systems, set within and interacting with, larger systems, such as the political or economic environment. This view of settings as systems is consistent with the core principles and theory of health promotion. While it is often the case that problems seen in systems are addressed by isolating and attending to specific elements or parts of the system, for example the teachers in a school, or the canteen in a workplace, systems thinking advocates that change within a system can best be achieved by considering how the parts relate to one another and working with the system as a whole. Further, a healthy settings approach can take an organization beyond problem solving, contributing to a bigger picture of systems development and evolution. These ideas are discussed in this chapter with special reference to successful healthy settings work, the Management Standards Approach to work-related stress and the Bullying Prevention programme for schools. The overview of the Management Standards Approach demonstrates how at an
organizational rather than individual level, workplaces need to engage both management and workers in joint problem solving to address gaps between organizational practice and evidence informed standards. The Bullying Prevention programme relates to a comprehensive, school-wide programme designed for use in secondary level schools, for pupils aged 11–18 years of age. Its goals are to reduce and prevent bullying problems among school children and to improve peer relations at school. The programme comprises parent, school, classroom and community elements and has been evaluated extensively. Both initiatives are examples of how to draw on a systems approach in settings with a view to improving health.

Partnership working is a fundamental principle and prerequisite to work within settings. Chapter 4 begins by arguing that enabling and encouraging people to participate in the process of defining and promoting their collective needs and concerns in relation to health are key aims in health promotion and fundamentally important to a healthy settings approach. The difference between collaboration, participation and partnerships will be outlined and critiqued, and recommendations made for how professionals working in settings can fully engage in collaborative, participatory and partnership working with individuals, groups and other professionals.

Planning and evaluating health promotion in settings is multifaceted because of their inherent complexity. Chapter 5 examines the principles of health promotion programme planning and evaluation and their application within a settings approach. The assessment of health needs within settings underpins effective planning, and sources of evidence, including lay knowledge, need to inform the design of interventions. A simple planning framework will be utilized to demonstrate how health goals can be met in the context of settings through establishing realistic objectives, choosing appropriate methods and mobilizing professional and community resources within the setting. The chapter also explores how evaluation can be built into projects and interventions, and lead to enhanced learning across settings. Measurement of change at both individual and within the broader parameters of the setting is critically examined with reference to wider methodological debates on the significance of evaluation in health promotion. It is argued that an understanding of the range of health outcomes enables the selection of appropriate indicators and evaluation methods. Issues pertaining to health promotion evaluation, including the merits of wider stakeholder engagement, are explored, with examples drawn from different settings. The chapter concludes by arguing that clear articulation of health goals, attention to processes and strengthening evaluation within the planning cycle are crucial to a settings approach.

Having covered the fundamental principles that guide work in settings, Part II illustrates the settings themselves and begins with a chapter on healthy neighbourhoods and communities. Neighbourhoods and communities are important settings for health promotion because health inequality and social exclusion derive from poor social and physical environments. Multiagency approaches in partnership with communities appear to hold the key to closing
the health gap and delivering health improvements. Many influences on health operate at the community and neighbourhood level, among them culture, religion, housing and environment. Working at the community level opens up opportunities for health empowerment and building up the capacity of communities to participate in meeting their health needs. The Healthy Communities Programme is an example of how this can work. The programme aims to build the capacity of local authorities working within their communities to tackle local health inequalities, to provide leadership to promote wellbeing, and to foster a joined up approach to health improvement across local government itself and through Local Strategic Partnerships (LSPs) and Local Area Agreements (LAAs). The chapter critically considers the various approaches taken to advance the community as a setting for health, locating the approach in policy and practice agendas.

Communities and neighbourhoods reside within larger conglomerations. So, the next chapter considers cities as settings through the Healthy Cities programme. The health of people living in towns and cities is strongly determined by their living and working conditions, the quality of their physical and socio-economic environment and the quality and accessibility of care services. While the WHO Healthy Cities approach can offer comprehensive policy and planning solutions to urban health problems across a setting as large as a city, there needs to be engagement with local government and governance, through a process of political commitment, institutional changes, capacity building, partnerships and other actions. National and international examples are used to good effect to demonstrate that urban poverty, the needs of vulnerable groups, the social, economic and environmental root causes of ill health, and the positioning of health considerations in the centre of economic regeneration and urban development efforts are potential outcomes of a Healthy Cities settings approach. The principles and values of the Healthy Cities Project (2009–13) are outlined.

Healthy cities contain within them a plethora of other settings, so the chapter on healthy cities is followed by some of these smaller, more contained settings. Although healthcare institutions would seem to be the most obvious setting for the promotion of health it can be argued that structures, policies and processes in these institutions are antithetical to the principles of health promotion and the settings approach. In this context the WHO Health Promoting Hospitals (HPH) movement was developed in 1990 with a number of specific aims relating to health gain for patients, visitors, staff and community. The work of Health Promoting Hospitals is integral to the fifth action of the Ottawa Charter, reorienting health services (WHO, 1986). A healthy hospital is described as one that creates a healthy environment for patients and a healthy workplace for staff. It is healthy both because of the way it is designed and because of the way it operates. In Chapter 8 the work of the Health Promoting Hospitals movement is outlined and key projects explored in the four focus areas of patients, staff, community and organization. The potential for linking the work in this setting with quality management is discussed.
The question of how effective schools are as a setting for health promotion is dealt with in Chapter 9. Schools are generally regarded as important settings in which to promote children’s and young people’s health. The Healthy Schools programme is designed to make a difference to both the health and academic achievement of school children. The initiative is growing, with global networks that span countries and continents. In England, for example, nine out of ten schools are trying to meet the National Healthy Schools Programme criteria to become an accredited Healthy School. Seven out of ten have already achieved Healthy School status. The National Healthy Schools Programme has been running for over 10 years and is coordinated jointly by the Department of Health and the Department for Education. It has a network of 150 local programmes, which are supported by partnerships between local authorities and primary care trusts. The current development of this Healthy Schools movement is discussed and suggestions made for ways forward. Key principles are examined, including taking a whole school perspective, ensuring ownership and responsiveness to particular needs, looking at mental and social as well as physical health, and including the role of the school within its community.

From schools to another educational setting, universities. The Healthy Universities approach reflects a broad understanding of health and wellbeing and applies a whole system perspective, aiming to create healthy and sustainable working, learning and living environments for students, staff and visitors. Another goal is to increase the profile of health in teaching, research and knowledge exchange and contribute to the health and sustainability of the wider community. The chapter on healthy universities outlines the challenges involved in introducing and integrating health within a sector that does not have this as its central aim, is experiencing resource constraints and comprises fiercely autonomous and often competitive institutions. A key point is that a system-based approach has significant added value for universities offering the potential to address health in a coherent and integrated way and to forge connections to both health-related targets and core drivers within higher education.

The Health Promoting Prisons (HPP) project (also called the Health in Prisons Project, HIPP) began in 1995 in the WHO EURO region, in view of the recognition of inequality between general population health and prisoner health. Prisoners tend to have poorer health in comparison to the general public due to common prison issues, like bullying, mobbing and boredom. Prisons provide a unique opportunity for accessing the hard to reach with important aspects of health promotion, health education and disease prevention. Chapter 11 provides an overview of the settings approach to promoting health in prisons and draws on prison policies that promote health, a prison environment that is supportive of health, and health promotion initiatives specific to individual prisons. While more than 30 Member States of the WHO European Region participate in HPP to various degrees, the chapter debates why the HPP movement seems to be the least popular of all the settings-based environments. The problems
encountered are assessed, including underfunding, poor support and overcrowding. These challenges to the success of the HPP movement are discussed in full and examples offered of good practice, with recommendations made for further development of prisons as a setting for health improvement.

Part III of the book has a detailed focus on workplaces as a setting for health promotion. Exemplars of good practice in workplace health promotion are offered to provide decision makers in companies and organizations with knowledge on how workplace health promotion programmes can be successfully implemented. Models of healthy workplaces are required for a range of workplaces, since although basic principles of health promotion programme planning apply universally, specific contexts present different challenges in respect of implementation. For example, a small rural enterprise will be unlikely to consider the experiences of a large multinational to be of relevance to their situation. For this reason, three chapters provide detailed case studies of good practice in workplace health promotion for a large multinational private sector company (Volkswagen), a large public sector organization (Royal Mail, UK) and a small enterprise (Williams Medical Supplies).

Prior to the three workplace case studies there is an overview chapter on workplace health promotion. Workplaces are a key setting through which to improve health and reduce health inequalities. The Healthy Workplace initiative encapsulates a new approach to the problems of health at work. There is an examination of what constitutes a healthy workplace and the World Health Organization Healthy Workplace initiative is examined, as are examples of good practice at a UK and international level. The philosophy underpinning the initiative and the precise nature of workplaces as a setting is examined and an assessment made of the benefits it affords to achieving public health targets and confronting the social determinants of health. A critique of the partnership approach is offered, with business (employers and employees), trade unions and other organizations at international, national and local level, and the case is argued for the economic expediency of health promoting workplaces.

From this general introduction to workplace health promotion follows a case study of a multinational manufacturing company, Volkswagen. Volkswagen AG is a large multinational automobile manufacturer which employs in excess of 350,000 employees across sites in 15 countries. Volkswagen’s approach to the workplace as a setting for health improvement is comprehensive and includes both prevention and occupational health. A series of concrete measures has been drawn up in close cooperation with Volkswagen Health Services. These are outlined and an overview of some of the programmes and prevention schemes for workers are described, demonstrating Volkswagen’s preventive approach to illness and injuries. The Check Up scheme providing personalized preventive advice and information, and a number of rehabilitation and reintegration programmes are used as examples of good practice. Finally, Volkswagen’s approach to creating health throughout the chain of supplier, producer and dealership is described.
Chapter 14 offers a case study on Royal Mail, UK and illustrates a culture that supports health and wellbeing. The Royal Mail employs around 190,000 people in a diversity of tasks, providing a frontline public service on a daily basis. The organization has secured awards for occupational health management and for the promotion of gender equity and diversity in the workplace. A wide range of specific occupational and health promotion services are available including driver medicals, health screening, vaccinations service, an employee and family helpline, a bullying and harassment confidential helpline and an in-house gym. However, beyond services, the Royal Mail takes a fully integrated approach to workplace health, aiming to creating a workplace culture where employees consider themselves valued, supported and respected. Health clinics assist employees in returning to work successfully after illness or injury. A public health qualification is available to staff using a cascade model which focuses on both health and safety. This chapter provides an overview of projects and outcomes, in addition to exploring new initiatives such as the Royal Mail’s Corporate and Social Responsibility programme, and a partnership project with occupational healthcare providers to build managerial awareness of early indicators of workplace stress.

The final chapter describes workplace health promotion in SMEs, providing an example of good practice. Small and medium-sized enterprises (SMEs) make up a very significant proportion of the global economy, employing about 77 million people and representing approximately 66% of the workforce. However, their situation with respect to health and safety is less favourable than that of larger enterprises with work-related ill health risk increasing as enterprise size decreases. In this chapter some of the difficulties SMEs encounter in promoting workplace health are explored, along with an example of good practice in a small enterprise in Wales – Williams Medical Supplies (WMS). WMS employs 160 people and is the largest supplier to general practice in the United Kingdom. It was voted a Sunday Times Best 100 Small Companies to Work For and has been recognized as an Investors in People (IiP) Company since 2000. Workplace health promotion at WMS has been facilitated by their involvement with a national workplace health promotion accreditation programme, based from the outset on a whole company approach. At the centre of this is the high value that the company places on its staff, recognizing that their wellbeing is central to the company’s performance.

In summary, the 15 chapters that make up this text range from those that offer an element of critical review and theoretical overview to those that bring together a range of perspectives and case studies on current settings. The combination of contributions gives a detailed introduction and coverage of settings-based work, highlighting the history, frameworks, principles and interventions that make up a settings approach. The factors that influence the ability of health promoters to effectively deliver interventions are considered and those with a responsibility to promote health in settings should find the contributions invaluable as a guide to practice.
Summary points

- The settings approach to health promotion as evidenced in this book is a dynamic feature of twenty-first century health promotion.
- Settings are diverse and wide ranging, from discrete organizational units such as schools to large diffuse settings such as cities.
- There are discrete settings within settings, so schools are within communities which are within cities.
- The workplace as a setting is also represented within many other settings, so schools, prisons and hospitals are also workplace settings.

Online Further Reading


In addition to Dooris’s contributions to this book (see Chapter 2 and Chapter 10), this article offers an introductory glimpse of the issues linked to working in a settings approach, giving an overview of current practice both internationally and nationally and exploring future developments of settings-based health promotion in relation to three key issues: inequalities and inclusion, place-shaping and systems-based responses to complex problems.

References


