

20 Years Health Promotion Research in and on settings

In 2006 we celebrated the 20th anniversary of the Ottawa Charter for Health Promotion. During these 20 years health promotion became a very influential public health strategy. Let us - with reference to the WHO Health Promotion Glossary - recall some of the core elements of health promotion: "Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action."

The Ottawa Charter identifies three basic strategies for health promotion. These are (1) advocacy for health to create the essential conditions for health indicated above; (2) enabling all people to achieve their full health potential; and (3) mediating between different interests in society in the pursuit of health.

These strategies are supported by five priority action areas as outlined in the Ottawa Charter for health promotion:

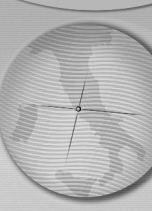
- "Build healthy public policy,
- Create supportive environments for health,
- Strengthen community action for health,
- Develop personal skills, and
- Reorient health services".

Since 1986 the Ottawa Charter for Health Promotion has been "spelled out" and "updated" several times. This took place during conferences around the world dedicated mainly to the following topics: healthy public policy (Adelaide 1988), supportive environments for health (Sundsvall 1991), health promotion in developing countries (Jakarta 1997), reducing social inequality in health (Mexico 2000) and globalization and health (Bangkok 2005).

This further development of health promotion underlines the importance of the setting approach for the implementation of comprehensive health promotion strategies.

In the WHO Health Promotion Glossary, "settings for health" are defined as: "the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being. Another setting is 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. Action to promote health through different settings can take many different forms, often through some form of organisational development, including change to the physical environment, to the organisational structure, administration and management. Settings can also be used to promote health by reaching people who work in them, or using them to gain access to services, and through the interaction of different settings with the wider community. Examples of settings include schools, workplaces, hospitals, villages and cities".

During the last 20 years health promotion became a famous and successful concept in public health as evidenced by the number of conferences, declarations, journals, scientific organisations, research projects, university departments, professorships etc.



But how successful was health promotion in terms of promoting the public's health in above mentioned settings?

The Health Promotion Section of EUPHA invited leading scientists in the field of the four most prominent health promotion settings (cities, schools, workplaces and hospitals) and asked them to answer this question in short presentations. These were given in a workshop during the annual EUPHA conference in Montreux in 2006 and are - in a revised longer version - now exclusively published in this journal.

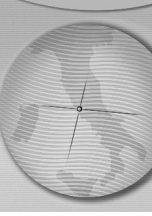
The articles in this issue stress different aspects of major importance for future development in the four settings:

- Geoff Green and Agis Tsouros start with the assumption that local governance is crucial for healthy cities. They identify three methodological challenges (context; multiple interactive interventions, and mechanisms of change). "Realist" evaluation is considered to be most appropriate for evaluations of such complex social interventions.
- Georg Bauer's article builds on published research reviews of workplace health promotion. The level of evidence ranges from "suggestive" to "acceptable". However, several challenges remain for future evaluation research such as long term effects, multi-component programmes, environmental determinants of health behaviour, and generalisability of outcomes.
- Peter Paulus appreciates the positive developments of school health promotion: It has become more setting orientated, more complex in its interventions, more salutogenic in its direction and more evidence-based. His major concern is the big gap between rhetoric and reality: Only very few schools actually do what they claim in their school programmes. Improvements could be accomplished by linking health promotion more direct to the educational goals of schools.
- Jürgen Pelikan emphasizes the difference between "health promotion in settings" and "healthy settings" in his review of health promoting hospitals. Strategies, standards and positive trends in the development of the International Health Promoting Hospitals Network are presented. But it is easier to succeed in terms of common concepts and quality standards than to reach achievements in the difficult area of evaluative research.

For us some common topics and challenges, that are relevant for all settings, seem to emerge from our own experience and the four papers:

- the question, whether emphasis should be put on health promotion in the settings or on the organisation as a whole (system level),
- the necessity to integrate health into other programmes, for example into quality management, and to link health promotion more closely to the settings' primary goals,
- the limited generalisability of existing research results and the numerous evaluation problems of complex social interventions,
- large scale implementation and dissemination (beyond "model projects"), and closely connected with this question,
- adequate public health diplomacy (understandable reports and other efforts to reach politicians).

Our impression is that we need more opportunities to discuss these and other common questions of the settings approach. The challenge for the future is to systematically provide possibilities for exchange as well as learning how to improve the health gains in various settings. The discussion at the EUPHA conference in Montreux was a start. The IUPHE World-Conference 2007 in Vancouver continued the discussion with the special focus "Exchanging



experiences in dissemination and implementation of health promotion between settings: cities, hospitals, schools and workplaces". In their announcement the organisers argue that settings are under increasing pressure for improving their productivity and service quality - making it more important but often also more difficult to implement health promotion due to seemingly competing demands. Despite these common challenges separate (inter-) national networks for each of these settings exist with limited systematic exchange. Knowledge exchange between settings, however, is expected to improve the health promotion effectiveness in settings.

Another important argument for closer collaboration between the various settings is what was called "joined-up healthy place-making". Only by broadening the vision of every single healthy setting the links between public health, sustainable development, neighbourhood renewal and corporate social responsibility can be strengthened and become more visible.

This issue of the Italian Journal of Public Health is meant to be another step to broaden the discussion on the future of the setting approach and its evaluation. We are very grateful to our colleagues for their outstanding contributions, and we are also very grateful to Walter Ricciardi, former president of EUPHA and chief editor of this journal, for giving us the opportunity to have these articles published in this prestigious journal.

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