Article

The centrality of the settings approach in building back better and fairer [Editorial]

Dooris, Mark T and Baybutt, Michelle

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EDITORIAL

The centrality of the settings approach in building back betterand fairer

Welcome to this issue.

I hope that you enjoy reading the papers in this issue and I welcome any commentsyou may have relating to the journal. I encourage you to continue to submit contribu-tions to the International Journal of Health Promotion and Education which celebratesa broad and far-reaching audience.

I am delighted to announce the joint winners of the Pittu Laungani Best Paper Award for the International Journal of Health Promotion and Education 2020 which are shared by the authors of two of papers in the Social Determinants of Health 2- part Special Issue.The guest editors were Dr Louise Warwick Booth and Dr James Woodall, both from Leeds Beckett University. The winners are: Owusu-Addo et al, for their paper *'Factors affecting health sector involvement in public policies addressing the social determinants ofhealth: a critical realist case study of cash transfers in Ghana*. Vol 58, No 4, 180–198; and Nasir et al, for the paper *'Cultural norms create a preference for traditional birth attendants and hinder health facility-based childbirth in Indonesia and Ethiopia: a qualitative inter-country study*. Vol 58, No 3, 109–123.

I am again pleased to introduce Professor Mark Dooris, co-author of this editorial,where we focus on the third of fives themes highlighted in the editorial in January 2021 (Vol 59, No.1). This theme emphasises the important role that settings have in mitigating the impacts of COVID-19 and reducing health inequalities.

COVID-19 has served as a powerful reminder that health is multi-faceted and holistic (Stansfield and Shah 2021) and that the effective promotion of physical, mental, emo-tional, spiritual and social wellbeing requires us to name, confront and address the widerdeterminants of health (McMahon 2021). We have experienced the multiple and inter-acting impacts of the pandemic in the settings of everyday life, with profound disruptionto the places in which we live our lives – where we 'learn, work, play and love' (World Health Organization 1986, p3). As we commented in our previous editorial (Baybutt and Dooris 2021), settings have had to look again at their physical, social, cultural, economic and political contexts, and take account of the interaction of these with behaviour changeat individual, group and community levels. Reflecting on the responses

taken, we have seen the importance of prioritising joined-up whole system approaches as a means of notonly responding effectively to the COVID-19 crisis, but also navigating both present and future uncertainty and complexity. This whole system response has powerfully spot- lighted a number of key features that characterise effective settings-based health promo- tion (Dooris, 2013).

First, it has been essential to think and work across the whole setting. For example, inuniversities, coherent containment measures that mitigate COVID-19 related risks while still
seeking to protect and promote wider student and staff wellbeing have required effective co- ordination across multiple service areas such as Health & Safety, Estates Management, Learning Technologies, Student Services, Students' Unions, Accommodation, Human Resources, Catering and Security.

Second, alongside this internal connectivity, COVID-19 has highlighted the necessity of organisations looking outwards and connecting systemically across multiple settings. Thus, individual institutions such as schools, colleges and universities exist and function within municipalities, such that they are influenced by external services, policies and regulations; and the lives of their staff and students tend to straddle multiple settings. From the perspective of a town or city, this connectivity has been paramount – as thedecisions and responses of the range of organisational settings has inevitably impacted on the overall effectiveness of a municipal strategy to contain and mitigate the negative effects of the pandemic, thereby influencing local public health.

Third, there has been an appreciation of the importance of forging connections between different levels of decision-making. For cities, there has been a highly visible tension between implementing policies and procedures drawn up by central governmentand putting in place local responses informed by local public health knowledge and intelligence harnessed at city, neighbourhood and community levels. For the education sector, there has likewise been a tension between national directives and a culture that, incountries such as the UK, has become increasingly 'locally determined'. It has also been clear that individual institutions' responses to the pandemic can impact on national and international public health through decisions taken regarding student and staff mobility; that actions have been informed by and informed policy-making across the wider education sector; and that a collective voice upwards to central government has been important in influencing pathways to recovery.

Fourth, the pandemic has brought into sharp relief the reality that most settings do nothave 'health' as their main mission or raîson d'être and that advocacy for wellbeing has tobe communicated in relation to core business priorities. Thus, we have seen very publicdebates about the relative benefits and costs of stringent lockdowns, pitting effectivecontainment of COVID-19 against educational advancement, a thriving high street,tourism and workplace productivity. At the same time, it has become evident even to

those not trained in health promotion or public health that 'absence of disease' and'health' are not the same thing. Consequently, we have seen cities, towns and organisational settings – alongside governments – grappling with the trade-offs between infectioncontrol, face-to-face contact and mental wellbeing. We have also seen a renewed focus onengagement with nature and green and blue space, alongside increased levels of physicalactivity (whether walking, running, cycling or doing online exercise classes) at householdand community levels – driven by concern to maintain both physical and mental health. Looking ahead it is evident that recovery from COVID-19 will be, in part, both determined by and experienced in the settings in which we live our lives. Affirming thecentrality of the settings approach, health promotion has the opportunity to strengthenits role not only in mitigating the negative impacts of COVID-19 and reducing healthinequalities, but also in seizing the wider potential to commit to the wellbeing of people,places and the planet as societies grapple with the challenge of building back better and fairer (Baybutt and Dooris 2021).

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Mark Dooris and Michelle Baybutt

Co-directors of the Healthy and Sustainable Settings Unit at the University of Central Lancashire