Local Ecological Health Promotion & Institutional Transition Places

Jesper Holm

Department of environmental, social and spatial change (ENSPAC), Roskilde University (RUC), Denmark

CSUF-Conference, 29 – 30 August 2011, Roskilde

CHALLENGES IN LOCAL HEALTH PROMOTION

- Danish municipalities are in a systemic lock-in when it comes to health promotion – single issues, individual focus, health behaviour education,(Lau, Holm, Dybroe & Andersen)

- Ongoing border conflicts on who to decide upon health btw. lay-proffs: parents-teachers-health proffs.-kids

- Increase in obesity, isolation, stress, fatigue, depression among kids and young persons

- Socio-educational institutions serve as potential settings for breaking a number of disparent health-related circumstances

- *But* Handling institutional settings from a health perspective is done by 1: NPM: quality control and standards, 2: single issue behavioural info campaigns

How generate a transition towards municipal use of ecological approaches as whole systems concepts and community capacity?

RESEARCH PROJECT: PRACTICES OF HEALTH PROMOTION IN THE EVERYDAY CULTURE OF SOCIO-EDUCATIONAL INSTITUTIONS

- 3 special educational institutions for disabled
- Best Practices of Health Promotion in everyday life. Self esteemed and guiding external research
- Mutual institutional learning instead of quality control (NPM)
- Municipal learning on health promoting everyday conditions in *all* socio-educational settings

RESEARCH QUESTIONS

- What practices do special institutions for people with developmental disabilities believe to be health promoting?

- How do the involved parties experience these practices?

- How would we analyse these practises from whole systems point of view?

- What understandings of psyche, individual, health promotion etc.are involved in these practices?

- What can researchers, professionals, managers, legislators and the involved individuals and families learn from analyzing these practices?

"Whole System" Approach

Organisational development and change management

Top-down political/managerial commitment

Institutional agenda and core business

High visibility innovative project

Bottom-up engagement and empowerment

Health promotion agenda

Methods
e. g. policy, enviromental modification, social marketing, peer education, impact assesment

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

Figur 1. Model til operationalisering af settingstilgangen.
Kilde: Dooris 2009

THE MARJATTA COMMUNITY OF SPECIAL EDUCATION

Framing health conditions:

Shaping Values and goals as supervised and evaluated
- an imagined community of a special spirit

Health educational image and mental training

Design of architecture, colors, nature / construction,

The food, movement, nature

Forming various life rhytms of individuals/groups

Self-evaluation through user studies

EUROPEAN DECLARATION ON THE HEALTH OF CHILDREN AND YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES AND THEIR FAMILIES, 2010

- http://www.euro.who.int/__data/assets/pdf_file/0015/121263/e94506.pdf

- *We recognize that people with intellectual disabilities are often disadvantaged in their health care from childhood onwards. They have greater health needs yet they encounter major barriers in gaining access to appropriate and effective health promotion and care.*

- *Currently*: "Community-based services should be developed and expanded in order to improve their health and well-being and their inclusion in society and to eliminate institutionalization

- *Reframing:* What may other socio-educational settings learn from whole-life institutions as extreme cases?

LOCAL HEALTH PROMOTION GOVERNANCE AND TRANSITION

Local health promotion governance - new local policy field

- Embedded in multi-level governance structures (UN, EU) – but emerges also independently as voluntary actions
- Redefined local governance/planning – transition of local socio-educationalsettings,

- Need of new governance forms – building of capacities to transform local socio-educational systems of living,

- Role of local health promotion governance in transition processes – local health promotion action serving as situated transition places

LANDSCAPES, REGIMES AND NICHES

Regimes: dominant practices, norms and shared assumption that structures the conduct of private and public actors

- Path dependencies
- Biased towards system optimization

Niches: local domains where non-standard assets develops

- Strategic niche management – for example ecological farming and eco-housing, healthy cities
- Learning processes and social experiments

Landscape - 'external variables:

- Macro economics, political culture and coalition, social values, belief systems and paradigms, demography, natural environment
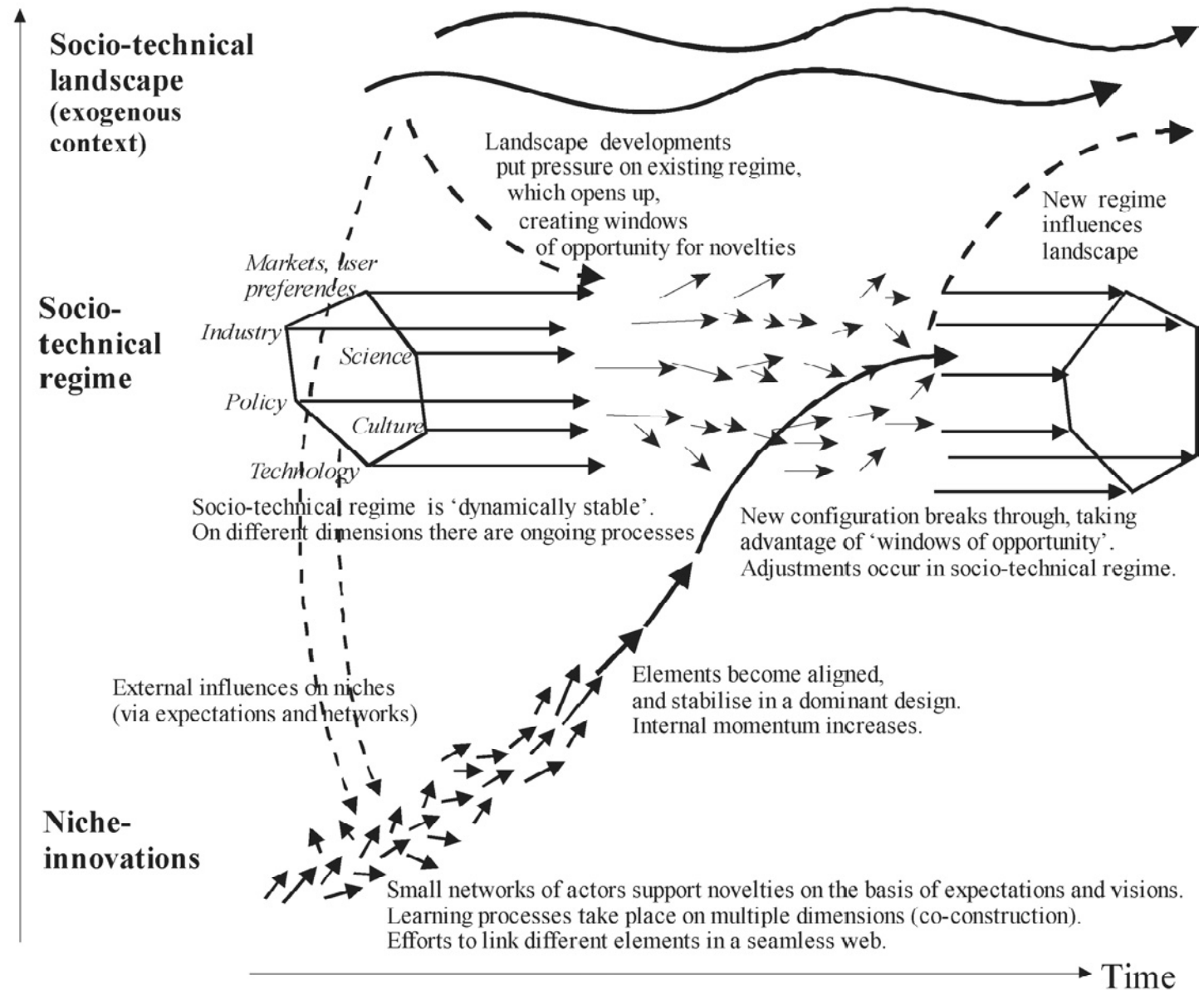
Multi level model

Interplay of

- landscape,
- regime and
- Niche innovations

Examined as processes of structuration

Increasing structuration of activities in local practices

Socio-technical landscape (exogenous context)

Landscape developments put pressure on existing regime, which opens up, creating windows of opportunity for novelties

New regime influences landscape

Socio-technical regime

Markets, user preferences
Industry
Science
Policy
Culture
Technology

Socio-technical regime is 'dynamically stable'. On different dimensions there are ongoing processes

New configuration breaks through, taking advantage of 'windows of opportunity'. Adjustments occur in socio-technical regime.

External influences on niches (via expectations and networks)

Elements become aligned, and stabilise in a dominant design. Internal momentum increases.

Niche-innovations

Small networks of actors support novelties on the basis of expectations and visions. Learning processes take place on multiple dimensions (co-construction). Efforts to link different elements in a seamless web.

Time

DEVELOPMENT OF LOCAL HEALTH PROMOTION GOVERNANCE IN MUNICIPALITIES

- Policy contingency – outcome of local policy processes
  - Local health programs often linked to other strategic goals
  - E.g. programs of welfare, environment and development
- Available roles of municipalities
  - Planner/authority, provider, self-government, enabler (Bulkeley/Kern)
  - Strategic actor – transition agent
- Shaping of new local governance structures
  - Internal capacity building within municipalities
  - Intermediary organisations – outside of socio-educational systems and of local political administrative organisation
  - Distributed capacity in local reconfigured socio-educational systems

Concurrent internal capacity building, shaping of intermediary

CONCLUSION: HEALTH PROMOTION ACTION TAKES NEW ROLE FOR THE STATE – GOVERNANCE FOR TRANSITION

Local health promotion governance – an extended scope of local governance/planning: ***Governance for transition of socio-educational networks***

- Establish/shape actor networks (transition teams) in relation to specific systemic changes and transition goals
  - Facilitating and negotiation capacity in order to secure new rationalities and institutional capacities
- Develop domains for social experiments and learning – strategic niche management
- Establish framework for a reflexive process for the installation of new objects/agendas (e.g. integration of arts, life skills in health), actors and arguments.