Health Education Research Special Edition

DRAFT Editorial

Concerns about the relationship between health and the environment have been explored from a number of perspectives but recently the socio-ecological model of health has found particular favour (Orme et al, 2007:12). This model provides a focus on the environmental and social determinants of health and wellbeing and seeks to integrate health, environment and sustainability concerns, recognising that health is affected by a multitude of factors across the lifecourse (City of Toronto, 1991; Labonte, 1998; Naidoo and Wills, 2009). Most recently this has found expression in the Strategic Review of Health in England post 2010 (Marmot Review). The linkages between health and environmental sustainability, and the benefits of pursuing both agendas through joint initiatives is a central theme in the review. The guiding principles of the UK's Sustainable Development Strategy *Securing the Future* (2005) are reflected in the Review's conceptual framework, where ensuring that social justice, health and sustainability are at the heart of policy is one of two overarching policy goals. A key policy recommendation is to "prioritise policies and interventions that both reduce health inequalities and mitigate climate change" (p127). Under the umbrella of "healthy and sustainable places and communities" a range of priority areas for intervention are cited including active travel, public green space, sustainable food and energy efficient housing.

This socio ecological approach towards health improvement draws upon a long history of policy and practice interventions and its influence can be seen in a number of important international and national strategies. Twenty years ago a broad approach to the determinants of health was advocated through the Ottawa Charter for Health Promotion (WHO, 1986) that built on the WHO's 'Health for All' (WHO, 1985) initiative, recognising that to be able to improve the health of populations, intersectoral action was necessary. The Ottawa Charter defined health promotion as 'the process of enabling people to increase control over and to improve their health'. Five strategies were set out in the Charter including building health public policy, creating supportive social and natural environments, strengthening community action and participation, developing personal skills and reorienting health services to reflect the shift in burden of disease towards chronic conditions, the ageing of populations and cultural diversity. The importance of this approach was that it recognised the influence of individual, social, economic and environmental factors in health and wellbeing and the different opportunities for intervention at the individual, community and societal levels.

More recently the WHO Commission on Social Determinants of Health report recognised the vital role that the environment plays in the protection and promotion of health (WHO, 2008). The report highlights how inequitable living and working conditions, coupled with inequity of access to good health care, has resulted in a widening of health inequalities globally. To address this, the report's first recommendation is to improve daily living conditions, including the circumstances in which people are born, grow, live, work and age (WHO, 2008). Here too Marmot draws explicit linkages between human and planetary health. He underscores the need to ensure that tackling the "disruption and depletion of the climate system and the task of reducing global health inequalities go hand in hand".

A comprehensive map of the global determinants of health, developed by two ISHE colleagues (Barton and Grant, 2006), is particularly useful when considering a more whole system approach to health and the environment. This is discussed in Orme and Dooris's paper

which focuses on a settings approach to improving health and wellbeing with particular reference to higher education.

Behaviour change is central to improving health, sustainability and the environment. However the complexities involved in changing people's behaviours at individual, community or society levels present a massive challenge. Never has it been more important to consider behaviour change firmly located within the socio-ecological context of people's lives. In addition the co-benefits of increasing people's sustainable behaviours, for instance around increasing walking and cycling, are likely to have an impact on health, well-being and the environment. The causes and manifestations of unsustainable development and poor health are inter-related and frequently pose these interconnected challenges. The opportunities to impact on both health and environmental improvement through integrated action and the utilisation of more whole system approaches are manifold.

Throughout this journal issue, authors discuss these challenges from different perspectives. For example, the socio ecological model is considered, either explicitly or implicitly, in a selection of papers and its implications explored within the context of *inter alia* physical activity, AIDS awareness, food and nutrition and the role of Higher Education as a catalyst of health promotion through an integrated socio-ecological approach. This approach is explicitly considered by some of the authors to be a valuable tool for understanding health issues and promotion for a range of populations. The papers overall do however demonstrate that the socio-ecological approach needs to integrate critical insights into the political, social, cultural, economic and environmental context within which different groups and individuals live. These can be gained in part from the use of innovative and sensitive research methodologies. These critical insights cannot be underestimated if public health and health promotion approaches are to be effective.

A number of papers address the issue of promoting health using a settings-approach, both evaluating the impact of health-promoting activities at a settings level, and also investigating the factors that influence the adoption of health-promoting initiatives by those who have the ability to tranform settings, such as education sector leaders, health professionals and community leaders. This settings focus is a key component in a socio-ecological approach to health, aiming to positively affect behaviour change and associated health status through the tranformation of people's environments.

The theoretical underpinnings and the practical challenges of implementing the socio-ecological model in real world settings remain significant issues. Considerable research effort is needed to explore and resolve theoretical ambiguities and to address barriers to implementation. As Porritt's critique shows the socio-ecological approach has the potential to deliver win-win outcomes for health and the environment; the challenge now is to ensure that the evidence base is properly developed and appropriately utilised to inform policy and its implementation.

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