Setting analysis

Use

The success of setting-based interventions largely depends on the ability to initiate and/or support health promoting developments in various levels of action.

Stakeholders in a setting must have an interest in health promotion and prevention and understand the need for action. This is necessary for the stakeholders to participate in the planning, implementation and evaluation of any intervention. The attitude of indirectly involved stakeholders could also affect the eventual success or failure of an intervention.

The setting analysis is a guide for practitioners in their efforts to clarify the initial situation in a setting, to discover opportunities and risks and to describe possible consequences for a planned program or project. On the basis of this analysis, an intervention will go ahead as planned, be adapted or be abandoned.

Procedure

A setting analysis should be conducted early in the planning phase so that its results and conclusions may serve as a basis for program or project planning.

An outline of the intervention, the theme, the initial situation and the arguments that favor an intervention should be available in the form of a preliminary draft project (see Template for Project Draft).

It is usually best to conduct the setting analysis in a participatory process that involves all of the stakeholders. This will not only improve the results of the analysis, but also will pave the way for an effective and sustainable intervention later. If new insights or changed dynamics occur in the subsequent planning and implementation phases, the setting analysis should be modified to reflect the latest state of knowledge.

1. Choice of settings

The WHO Ottawa Charter of 1986 defines the setting approach as one that creates an impact on health in the environments in which people *live, love, work and play*. It is crucial to identify a territory and a group of stakeholders who can influence behavioral and environmental changes.

Interventions in health promotion and prevention usually target a particular subject, such as healthy body weight or mental health. The type of setting that may be adequate for a particular intervention will depend on subject, the knowledge of the current situation, the experience of previous interventions in the same matter, theoretical considerations or assumptions about the cause and effect (based on the SMOC outcome model, for example). The setting is predetermined for health promotion in the school or workplace.

When different types of settings are considered for an intervention, it is useful to conduct separate assessments. Different assessments are also necessary if variations of interventions with different approaches are being considered for one type of setting.

2. Initial survey

Use a list, mind map or other appropriate way to show and structure all that you know about a particular setting.
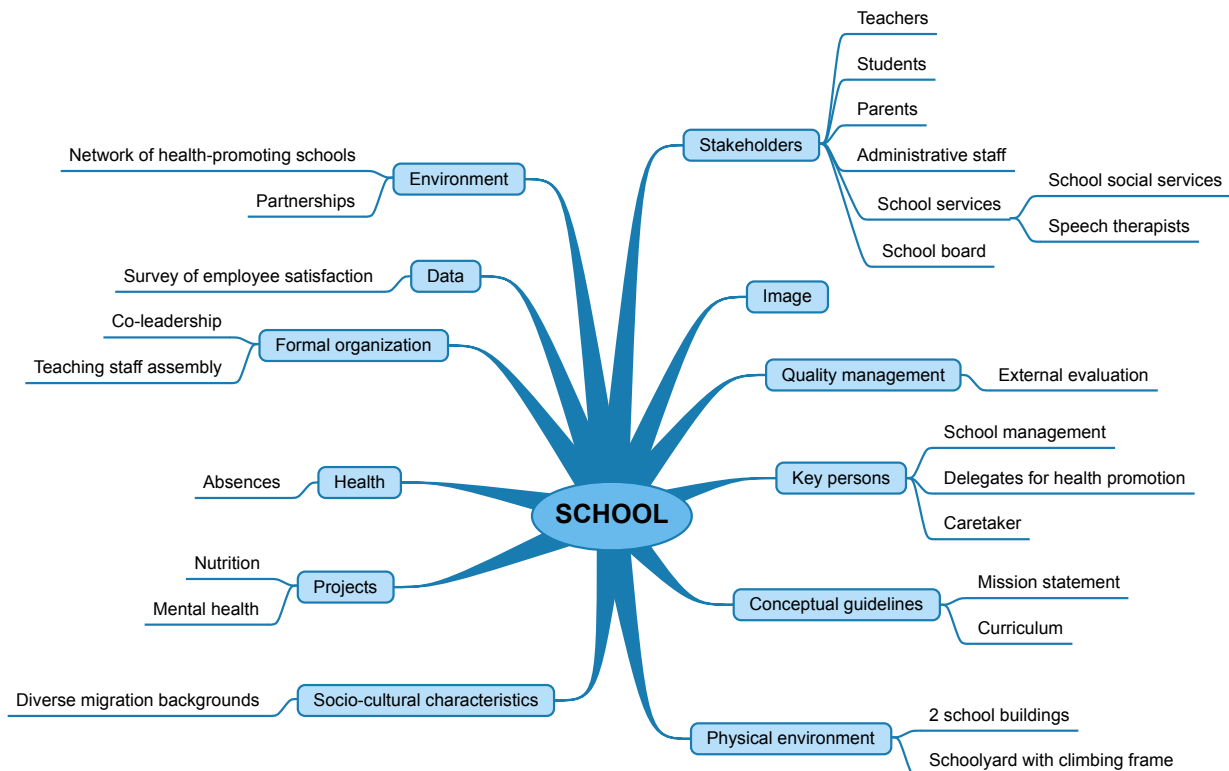

Fig. 1: Example of an initial survey (school setting)

Need assessments, evaluation reports, media coverage and other written material, as well as discussions with stakeholders in similar settings or with managers of other programs and projects, can contribute to a better understanding of the setting.

3. Stakeholder analysis

Stakeholders can exert a strong influence on the success or failure of an intervention, even if, they are not included subsequently in the target group. It is crucial to assess the potential of all stakeholders and key persons to influence the intervention in a positive or negative way.

Stakeholder groups in a setting are all groups or categories of stakeholders who have a legitimate interest in the setting. A stakeholder group may or may not become the *target group* of the subsequent intervention. This will be determined only in the planning phase where specific objectives are formulated.

Key persons are individuals who facilitate access to a particular setting or a particular target group or who enable the intervention to take place at all. They usually hold a key position in the organization (e.g., principal, caretaker) and, therefore, possess power, which can be crucial for the successful planning, implementation and evaluation of an intervention within its setting.

A table is a simple form of presenting a *stakeholder analysis* (see fig 2). Additionally, a pictorial representation (see Fig. 3) will quickly reveal possible spheres of influence and potential for conflict.

Stakeholder analysis

Stakeholders

Name	Composition of the group? Group or category?[1] Particular characteristics?	Particular interests? Needs?	Attitude toward the subject of the intervention? Distance? Influence?

Key persons

Name	Function? Particular characteristics?	Particular interests? Needs?	Attitude toward the subject of the intervention? Distance? Influence?

Fig. 2: Template for stakeholder analysis (based on Kurz & Kubek 2013)

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[1] Genuine group: members of the group interact with each other and function as a group (e.g., teaching staff assembly, a class of students).
Category: all members have the same role in the setting or another common characteristic (e.g., parents, students, etc.)
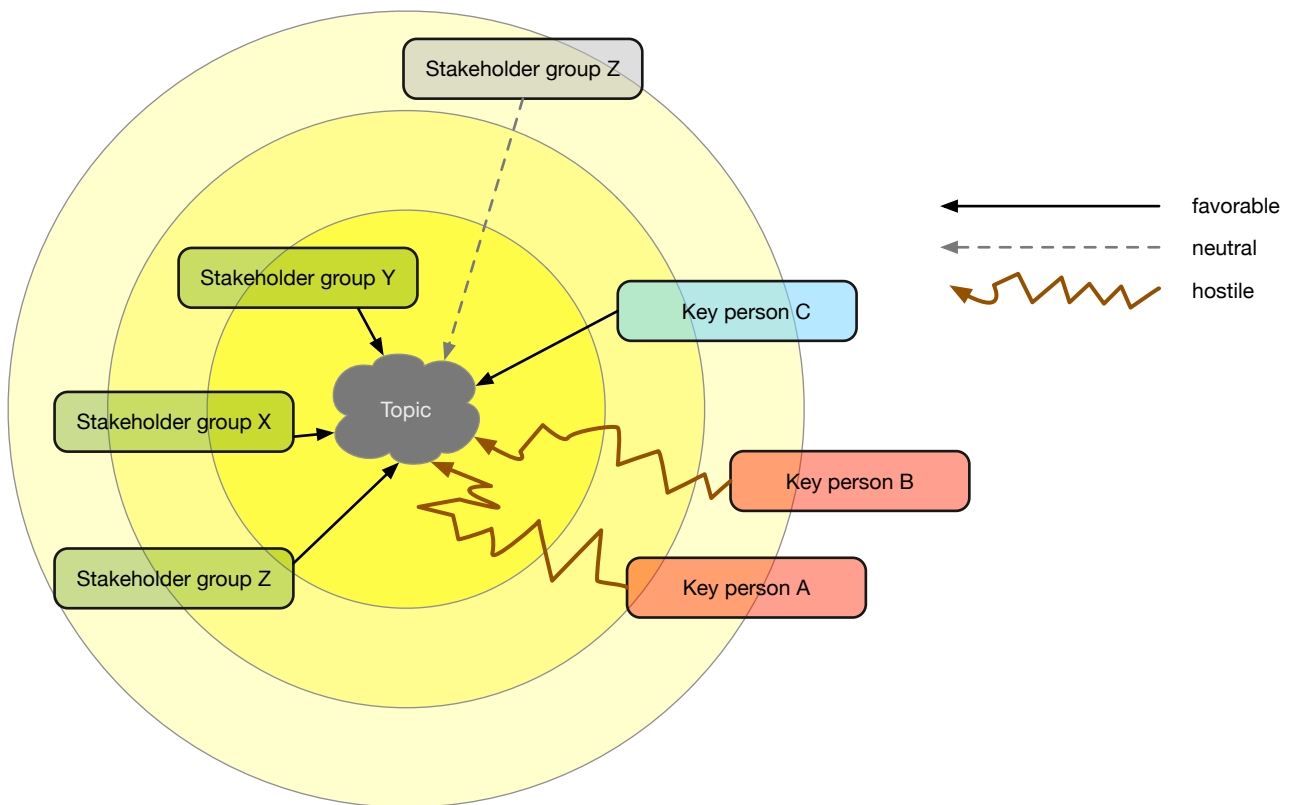
Fig. 3: Attitude and distance to a topic: example of a pictorial representation

Further knowledge and insights are gained by conducting a systematic needs analysis later.

4. Potential for interventions

When planning interventions in settings, it is necessary to ask (1) what effects can be achieved on which level and by which methods and measures, and (2) which factors are conducive to, or hinder, achieving the goals?

As a basic principle, there are five levels for interventions in health promotion and prevention:

- Policy/society
- Environment (setting/regional networks)
- Setting as an organization
- Group
- Individual

Interventions have the greatest potential for sustainability if they are aimed at several levels. Most essential is the one that is labeled "setting as an organization/" It is rarely possible to intervene simultaneously on all levels. The choice or exclusion of level(s) should be explained fully.

What to consider for each possible intervention level (see Annex) is provided by the answers to a series of key questions. This is not about defining objectives or actions yet, but about examining

potential approaches, to demonstrate options and limits, as well as possible links or common factors between the intended intervention and other current developments in the setting.

The results of this clarification process can be shown in a table (see Fig.4).

Potential for interventions

Levels for intervention

	Possible approaches?	**Conducive factors? Potential?**	**Hindering factors? Dangers? Obstacles? Risks?**
Policy/Society			
Environment			
Setting as an organization			
Group			
Individual			

Fig. 4: Template for assessing the potential for intervention

The results of this clarification process (including conducive or obstructive factors) provide the basis for formulating program or project goals and objectives.

Comments

Related tools (on quint-essenz)

Need assessment is discussed in a broader context in the *Checklist Assessment*. Interventions cannot be justified and legitimized by the stakeholders' internal point of view alone. Professional, and perhaps scientific, arguments from an external point of view also are desirable (normative need assessment).

The *Model of Outcome Classification developed by Health Promotion Switzerland* is useful in the early stages of conceptualizing an intervention. The intended topic can be discussed in the context of actual health problems.

The *Organization Chart* is suitable for showing the actual links between individual actors and groups (stakeholders) and the program or project.

Literature

Kurz, Bettina & Kubek, Doreen (2013). Kursbuch Wirkung. Das Praxishandbuch für Alle, die Gutes noch besser tun wollen. Berlin, Phineo.

WHO – World Health Organization (1986). Ottawa-Charter for Health Promotion. Internet: http://www.euro.who.int/en/publications/policy-documents/ottawa-charter-for-health-promotion,-1986 [26.09.2015].

Annex

Key questions with a view to clarifying the potential for interventions

The following key questions are organized under five subheadings, each according to the five levels for action in settings. They can be used to clarify the potential for interventions in particular settings. Each level can be discussed separately and in no particular order. It sometimes makes sense to start with the middle level.

Policy/Society

- Are there legal bases that are relevant for this setting?
- Are there other overriding strategies or stipulations for this setting?
- What social and societal trends need to be considered?
- What is the societal, political and institutional acceptability of the theme?

Environment/Regional networks

- What is the geographical insertion of the setting?
- What is the socio-demographic, cultural and infra-structural environment of the setting?
- What partnerships are maintained?
- How is this setting networked with other settings?
- What health promoting activities are on offer?
- Are other practitioners or organizations active in this setting?

Setting as an organization

- Does the organization have any formalized strategy (e.g., mission statement)?
- What is the main content? What values are stated? Are health promotion and prevention included?
- What infrastructures are available to the stakeholders?
- Are there any systemic development processes on the setting level (e.g., organizational development)
- Have any health promotion and prevention projects taken place? What has been the experience?
- Are there any current projects? If so, who is involved and how?
- Who are the key persons in a possible intervention?
- Are there any informal leaders, i.e., stakeholders who could be important in an intervention?

Groups

- Which stakeholders are organized in any formal way?
- Are there formal rules and regulations or binding documents (e.g., stating the roles of, and responsibilities for, the stakeholders)?
- Are there any existing development teams or steering groups for health matters)?
- Are there any informal groups?
- How do these groups function? How often do the stakeholders meet and what are the group dynamics?

Individual

- What are the needs of the various stakeholders?
- What are the current priority topics? Which ones are not hot topics at present?
- What is the attitude of stakeholders to health and health promotion?
- Are there any stakeholders who have particular health-related attributes or habits?