Health Square - A new Setting for Health Communication

Authors:
Ewy Olander, RN, PhD, Senior lecturer, School of Public Health, Blekinge Institute of Technology, Karlskrona, Sweden  ewy.lander@bth.se
Lovisa Wallenberg, MPH, Pharmacist, School of Public Health, Blekinge Institute of Technology, Karlskrona, Sweden
Inger Wandås, MPH, Pharmacist, School of Public Health, Blekinge Institute of Technology, Karlskrona, Sweden
Bo J. A. Haglund, MD, PhD, Professor. Department of Public Health Science, Karolinska Institute, Stockholm, Sweden

Summary
In Sweden a new setting called "Health Square" has been elaborated by the National Pharmacy Chain in collaboration with above all local pharmacies, county councils and municipalities. A Health Square aims to be an open meeting place where people can get easy accessible health information and have individual consultations for health and lifestyle issues with health professionals as primary health care nurses and pharmacists in order to improve health literacy and empowerment. Since 2002 about 30 Health Squares have been opened and the Vision is - a hundred Health Squares in year 2010. Health Squares are mostly situated at Health Centre next to pharmacies or in pharmacies, and a few in community buildings.

"a location for health education" in a setting" or a "setting for health approach"?(Tones & Green, 2004) Pharmacies and health care in Sweden have a long tradition of a medical preventive health education approach. The New Swedish Public Health Goals stress a more health promoting setting approach. Swedish Health Square reports and local evaluations do not provide a comprehensive view of Health Square policies and activities. The enquiry is; In which extend has the new setting Health Square potential to be a Health promoting setting to facilitating health communication with a health promotion approach.

The aim of this study is to enhance understanding of the Health Square's potential as a health communication setting. Data was collected from national and local documents; policies, contracts, plans and guidelines for primary health care and community health promotion, a Health Square personnel survey using an electronic questionnaire and a national pharmacy report with experiences of five years Health Square activities in Sweden. Walt and Gilson’s (1994) “Policy Analysis Triangle” focusing on content, context, process and actors, and their inter-relationships in the policy making and transfer, was used for the data analysis (in Buse, Mays and Walt, 2005).

Result; Context; Situational, structural, cultural and exogenous factors influence on the approach in policy formulation and transformation to how a health promoting communication is implemented and conducted in practice in different Health Squares. Actors; The Pharmacy Chain is the strongest “policy keeper”. Local nurses and pharmacists at Health Squares are the present “health communicators” with intention for a health promotion approached communication. Content; National and local policies have an empowerment and self management supporting approach for health communication including population health information and individual health dialogues. Local activity plans have a twofold communication approach which includes both preventive health education and health promotion communication. Process; Health promotion communication approach is not obvious and consistent in the policy making process. The unclearness influences on how policies are interpreted and the approach in local activity plans and guidelines, and on how health communication is carried through. Evaluation is not an emphasised part of the process.

Conclusions; The Health Square development follows the worldwide re-orientation of pharmacy and health care to a more health promoting approach. Health Square has a potential as a valuable setting for both population and individual health promotion communication. There are strong intentions to a health promotion and empowerment building approach, which also increasingly permeate health communication, but there is need of an evident consistent approach to make it possible for Health Square workers to synthesise population health communication and individual health counselling. The results could be useful for prospective analyses for further development of Health Square settings.