

## Summary

This literature review on health promoting and resilient communities, is based on a review of peer reviewed research literature on health promotion, resiliens and protective factors associated with mental health, at the local community- and population level. The project was commissioned (funded) by The Norwegian Association of Local and Regional Authorities (KS). In total 149 articles were included in the review, of which 120 scientific papers (quantitative studies, reviews, theoretic works and a few qualitative studies), and 29 texts from the grey literature (reports, books, webpages).

The aim of the literature review was to shed light on:

1. What is known from research regarding what factors promote health in a population perspective?
2. How may the concept of resilience be applied to local community development?
3. What are the most important protective factors in a robust local community?

### **What is known from research regarding what factors promote health in a population perspective?**

Health promotion may be aimed at different levels of the population, and the research literature emphasizes a change in focus of public health work from lifestyle- and behavioral change in the individual to efforts on the community level. As it pertains to health promoting factors, our focus in this review has been on social determinants of, including social affiliation, participation, social support, social capital and equal opportunity for all, and population mental public health.

***Social affiliation*** may be interpreted as an individual's experience of belonging in a larger social context and of being included as a friend or member of social communities. Social communities and belonging may arise on different arenas, such as the family, the workplace, the neighborhood, or through extracurricular activities. ***Participation*** on social arenas has a bearing on mental health because it provides opportunities for personal growth, self-esteem and experience of meaning in existence, as well as participation causing social affiliation. ***Social support*** primarily includes empathy and emotional support from other people, but also practical help and social control. Social support is particularly important when a person is exposed to stress and negative life events. ***Social capital*** refers in general to the degree of mutual trust, social support and cohesion between the inhabitants of a society. Social capital at the collective level can be understood as the degree of trust and social integration in the local community. ***Equal opportunities*** for all means absence of great social inequality in the population. A fair and even distribution of opportunities at (local) community level is an important factor in the work of building resilience and strengthening the mental health of the population.

Health promotion takes place in all phases of life, and in the literature, health promotion is often discussed in three different stages of life: childhood and upbringing, the adult population and the elderly. The health promotion factors mentioned above will have different expressions and could be realized in varying ways based on which life phase you are targeting. Home environment, day care and school are particularly important among children and young people, employment is particularly important in the adult population, while social support and networking is central to the elderly population.

### **How may the concept of resilience be applied to local community development?**

The literature review indicated that there were few studies and articles that directly addressed the second issue; how the understanding of the concept of resilience can be used in community development. Despite many, and partly contradictory, definitions of resilience, there is agreement that two elements

must be present if it can be said that individuals and / or communities present resilience. First, you must be exposed to adversity (a risk situation or threat), secondly, you must successfully adapt to the adversity. Knowledge of resilience factors helps to increase understanding of what prevents mental health problems in people who are vulnerable and who are in a difficult life situation. There is also reason to argue that prevention and treatment should focus so much on the promotion of protective factors (resilience) as well as the attenuation of stress and vulnerability factors.

The understanding of the concept of resilience has over the last few decades expanded from an individual focus, especially related to the development of children and adolescents, to include a more socially-oriented focus on the capacity of individuals, communities, institutions and systems to survive, adapt and grow, no matter what types of chronic stressors and acute shock they experience. Several theoretical articles as well as empirical studies suggest that *community resilience* is a term it may be appropriate to depart from regarding the development of robust, health-promoting and resilient communities. Community resilience can be understood as a society's persistent ability to exploit available resources (energy, communication, transport, food, etc.) to respond to, resist and recover from unfavorable situations (e.g. economic collapse or global catastrophic hazards). The literature review suggests that focus on resilience in community development means that more emphasis is placed on what different communities can do for themselves and how they can strengthen their capacity, in addition to concentrating on vulnerability or needs in more acute situations.

### **What are the most important protective factors in a robust local community?**

In the literature, health-promoting factors and protective factors are often used interchangeably, and these terms are also partly overlapping. A key question is: Can you promote health without protecting against illness and vice versa? Health-promoting factors and protective factors can be separated conceptually, but are very difficult to distinguish in practice. The literature review showed that there are no studies that have directly investigated what are the most important protective factors in a robust community. Nevertheless, based on results from individual studies, meta-studies and systematic literature reviews, one can get an idea of the factors that are important for mental health at the community level.

*Protective factors* related to mental health are often grouped within three areas/ domains: The first deals with individual factors (biology/ genes, intelligence, personality and temperament, cognitive factors). The second is factors related to family (unity and support) and the third area deals with accessibility to social resources (friends and social networking). Access to material resources is also included here, for example in terms of minimum housing and financial requirements. The protective effect of the different factors varies over the course of life. At the same time, it may also vary according to context or community environment.

There are essentially two different types of factors that are important for mental health and/ or wellbeing at the community level. The first deals with compound factors - descriptive characteristics of the composition, structure and circumstances of the community - discussed in the literature on so-called "*neighborhood effects*". The studies that address these factors have focused on, e.g., disadvantaged neighborhoods. Several of the studies that deal with neighborhood effects focus on risk rather than on protective factors. In a relatively large part of the residency literature, "protective" factors are often portrayed as the opposite of risk, or the absence of risk. Examples of such factors include poverty in demarcated areas, violence/ crime and the quality of residential areas. Several risk factors often occur at the same time and may interfere with each other. The other type of community-level factors that may affect mental health and wellbeing deals with different *mechanisms and processes* that make up the community's functioning. These processes shape everyday life in a community and can mediate the effect of risk factors as described earlier. Examples of these include the use and availability of social

capital, social ties and interaction. Local communities can add to arenas for meaningful activity, and for activities that create experience of coping, self-esteem and social support. However, there is more need for research related to how individual citizens and different communities can be stimulated through the facilitation of social and physical activity, the mastery and development of belonging and the consequences for mental health.