The Valor Framework: A Deep Dive into Holistic Determinants of Health, Well-being, and Quality of Life

Executive Summary: The Valor Framework for Integrated Well-being

The Valor framework provides a structured approach for understanding how the environment, actions, and social relationships fundamentally shape human health, well-being, and quality of life. This framework organizes determinants into four critical, interconnected pillars: Healing Places (macro-environments), Healing Spaces (micro-environments), Healing Practices (activities and rituals), and Healing People (social and relational infrastructure).

The analysis reveals that the efficacy of these four pillars is inherently interdependent. Healing interventions must move beyond a reductionist, stimulus-response model—which presumes that environments or actions possess intrinsic healing properties—to one that recognizes healing as a relational process rooted in context, meaning, agency, and social equity.[1] Foundational to this report is the

Salutogenic Environmental Health Model (SEHM), which provides the necessary causal architecture to map the Valor pillars onto established environmental and psycho-social pathways to health genesis.[2]

Key findings underscore the necessity of addressing equity in environmental design, recognizing the profound therapeutic mechanism of restoring individual control within built spaces, and prioritizing high-quality relational support (collective efficacy and relational care) as essential social infrastructure for sustaining long-term health outcomes. Strategic recommendations focus on integrating anti-displacement policies into green development, adopting comprehensive measurement tools for both physical environments and social capital, and formalizing interdisciplinary practices that address clinical, emotional, and existential needs.

Section 1: Theoretical Foundations and Contextualizing Health

1.1 Defining the Salutogenic Paradigm and Environmental Integration

Health promotion, as a central objective of public health, necessitates understanding the mechanisms by which health is developed and maintained, moving beyond the traditional pathogenic model that focuses solely on the causes of disease.[2] The

Salutogenic Paradigm, pioneered by Aaron Antonovsky, shifts focus to the origins of health, emphasizing the resources individuals utilize to manage stressors and move toward the "Health Continuum".[2]

While Antonovsky's original framework was foundational, it has been recognized as lacking the necessary specificity to reflect the complexity of environmental dimensions that emerged from modern research.[2] To address this deficit and provide a more comprehensive, holistic explanation of health development, the

Salutogenic Environmental Health Model (SEHM) was developed. The SEHM integrates interactions between humans and their environment through twelve principal components that define health development pathways.[2]

Crucially, the SEHM incorporates five defining environmental dimensions into its **Resource-Stress-Continuum** component: the **Natural Dimension** (nature and bio-physical properties), the **Built-Material Dimension** (human-made structures and infrastructure), the **Socio-Cultural Dimension** (social, economic, and political structures), the **Psycho-Social Dimension**, and the **Individual Dimension** (demographics and physiological needs).[2] This framework serves as the operational system for the Valor pillars. Healing Places and Healing Spaces map directly to the Natural and Built-Material dimensions, respectively. Healing People align with the Psycho-Social and Socio-Cultural dimensions, and Healing Practices correspond to the SEHM mechanisms of Physical Processing, Mental Processing, and Successful Management of stress.[2] This direct alignment demonstrates that the SEHM offers the essential causal pathways (e.g., how the environment influences sense of coherence) required to transform Valor from a descriptive concept into an actionable, research-based model for holistic policy design.

1.2 Historical and Contemporary Context of Therapeutic Landscapes

The concept of integrating environment and health has a long academic history, formalized by health geographer Wilbert Gesler in 1992 with the term **'therapeutic landscapes'**.[3] This concept was introduced to explore why certain environments contribute to a deeply felt "healing sense of place".[3] Since its inception, the concept has broadened considerably, encompassing dynamic material, affective, and socio-cultural roots.[3] Researchers have examined how therapeutic landscapes are shaped by the interaction of different belief systems with physical places, evident in First Nation/Indigenous populations, and increasingly studied in relation to mobile populations like migrants and refugees.[1]

However, the field underwent a crucial re-evaluation in the mid-to-late 2000s, motivated by a strong critique against the notion that therapeutic landscapes possess **intrinsic healing properties** or that mere presence could automatically lead to a therapeutic outcome in a simple stimulus-response fashion.[1] This perspective shift concluded that the efficacy of a Healing Place is determined not by its physical attributes alone, but by the

relationship people have with it, emphasizing that healing is a relational process experienced differently by different individuals or groups at different times.[1]

This recognition necessitated a methodological shift toward qualitative approaches, such as ethnographic research and analysis of lived experiences, to uncover the diverse contexts of meaning that define wellness in specific locales.[1] This relational perspective mandates that policy and design interventions within the Valor framework must prioritize co-design and genuine community engagement over top-down physical interventions. For instance, the wisdom embedded in Indigenous Land-based healing pedagogies exemplifies this relational approach, where the Land is not merely a place to visit but a partner in the healing process.[4] The efficacy of any Healing Place is thus deeply intertwined with the "Healing People" pillar, as the Socio-Cultural dimension determines whether a space is experienced as supportive or alienating.

1.3 Settings-Based Health Promotion

The application of health promotion principles, particularly those rooted in salutogenesis, occurs within specific contexts known as "settings".[5] As defined by the World Health Organization, a setting is "the place or social context in which people engage in daily activities

in which environmental, organizational, and personal factors interact to affect health and well-being".[5]

These settings span an immense range, from small-scale environments like the home and family unit to large-scale systems such as international organizations, cities, workplaces, military environments, and restorative environments.[5] The study of salutogenesis across these varied settings demonstrates its potential to generate effective, generalized health promotion strategies by examining how the physical environment, organizational culture, and personal factors intersect.[5] The holistic approach required by the Valor framework—integrating places, spaces, practices, and people—is inherently a settings-based application of environmental public health principles.[2]

Section 2: Healing Places – The Macro-Environmental Determinants of Health

Healing Places encompass the actual natural and built environments that form the macro-scale context of human life. Research consistently demonstrates the objective outcomes for human health and well-being resulting from these environments, providing foundational knowledge for design application.[6]

2.1 Efficacy of Natural Environments (Green and Blue Spaces)

Natural environments, particularly urban green spaces and "blue spaces," exhibit potent restorative effects on human health. Exposure to green spaces in urban areas has been shown to yield significant positive mental health outcomes.[6] The benefits extend beyond passive viewing; individuals who engage in physical activity within a natural environment at least once per week exhibit approximately half the risk of experiencing poor mental health compared to those who do not.[7] Furthermore, each additional weekly use of the natural environment for physical activity reduces the risk of poor mental health by an incremental 6%.[7]

Simple exposure to nature is psychologically restorative, aiding individuals' emotions and enhancing their capacity to reflect on life problems.[7] When physical activity takes place in green settings versus built or indoor settings, the improvements in affective state and attentional capacity are enhanced.[7] Importantly, blue spaces (coasts, lakes, and rivers) are

identified as equally valuable as green spaces.[7] This suggests that the mechanism of action is less about the color and more about the opportunity provided to engage, behave, and respond in a way that differs from standard urban settings.[7]

Long-term, large-scale data confirms these findings. An analysis of over 2 million people in Wales demonstrated that people had a lower risk of anxiety and depression if their immediate home surroundings (within 200–300 meters) were greener or if they could access local green and blue spaces nearby.[8] Specifically, every 10% increase in access to these spaces was associated with a 7% reduction in the risk of anxiety and depression.[8]

2.2 The Built Environment and Health Equity

While the benefits of the natural environment are well-documented, the design of the built environment poses significant challenges, particularly regarding health equity.[9] Neighborhood and the built environment constitute one of the five core Social Determinants of Health.[9] Data indicates that city dwellers and individuals residing in economically depressed areas disproportionately suffer from the least access to nature or safe places for outdoor enjoyment, reinforcing existing health inequalities.[9]

The built environment's impact extends beyond outdoor spaces and physical infrastructure into the microscopic realm. Humans spend the majority of their lives indoors.[10] This indoor environment is a complex ecosystem for microorganisms—the

indoor microbiome—which enters via ventilation, plumbing, and human activity.[10] Research confirms that this microbiome plays a pivotal role in modulating infectious diseases and fostering healthy immune development.[10] With escalating urbanization, understanding how humans interact with these indoor microbial communities is critically important.[10] This elevates the Built-Material Dimension of the SEHM from a focus on aesthetic or structural components to a fundamental aspect of human immunology and preventative health. Therefore, creating genuinely health-promoting interior spaces requires architectural standards that look beyond visible aesthetics to invisible biological systems, integrating environmental microbiology alongside biophilic design principles.

Historically, the focus of health studies has primarily resided at the urban planning scale, examining open space and forest conditions, potentially overlooking the nuanced impacts of the indoor micro-environment.[6]

2.3 The Critical Debate: Green Gentrification and Displacement

Green spaces are often described as **equigenic**—tools for reducing socioeconomic health inequalities.[7] Research supports this view, demonstrating that lower-Socioeconomic Status (SES) people exhibit stronger protective effects from public green spaces than more affluent populations, likely due to a greater dependency on proximate, publicly accessible green spaces compared to those with ample health-promoting resources elsewhere.[11] People in poorer areas were found to benefit more significantly (a 10% reduced risk of anxiety and depression) from access to green and blue spaces than those in richer areas (6% reduced risk).[8] This confirms that green space investment is a potent universal health resource whose marginal benefit is highest for resource-deprived populations.

However, the effort to redress environmental disparities through urban greening initiatives introduces a major policy paradox: **green gentrification**.[12] Market forces frequently leverage environmental improvements, leading to sharp increases in adjacent housing values, as exemplified by the New York City High Line, which contributed to a 35% spike in neighboring property values.[13]

Studies focusing on green gentrification reveal that longtime, marginalized residents are often negatively impacted.[14] They experience a diminished sense of community, frequently feel they do not belong in the newly developed green spaces, and often use them less often than affluent newcomers.[14] In effect, policies designed to improve health outcomes through environmental enhancement may inadvertently lead to social and economic displacement, eliminating the intended equigenic gains.[14] Equitable urban greening efforts are currently hampered by political obstacles, including vague agency responsibilities, inadequate stakeholder engagement, and historical patterns of disinvestment and maintenance.[12]

2.4 Policy and Planning Recommendations for Equitable Places

To ensure that Healing Places fulfill their potential as tools for health equity, policy must prioritize anti-displacement strategies alongside environmental development. Park advocates and public health officials must participate in broader initiatives to address displacement, regardless of whether a park is the direct trigger.[15]

Policy Recommendations for Equitable Development:

- **Anti-Displacement Measures:** Anti-displacement strategies must be explicitly required in policies, laws, and park funding implementation at all governmental levels to achieve wider, long-term impact beyond single sites.[15]
- **Community Ownership Models:** Utilizing strategies such as **Community Land Trusts (CLTs)** is highly effective in mitigating gentrification risks.[16] CLTs move housing from speculative market ownership to community ownership, ensuring that the increased land value resulting from green investments benefits long-term residents and keeps housing affordable.[16]
- **Inclusive Planning:** Development planning must incorporate community input as a baseline and focus on stabilizing and anchoring vulnerable communities, especially low-income communities and communities of color.[17] This includes fostering inclusive economic development, providing high-quality job opportunities and training for existing residents.[17]
- **Zoning Reform:** Upzoning in wealthier communities is a structural policy intervention that increases total housing supply, limiting displacement pressures on less affluent areas. This strategy serves both social and climate resilience goals.[17]

The efficacy of Healing Places policy is ultimately contingent on the state of the "Healing People" pillar; policies aimed at environment must include funding mechanisms to develop social capital and collective efficacy in vulnerable communities to ensure sustainable and equitable outcomes.[18]

Section 3: Healing Spaces – Micro-Environmental Design for Restoration and Safety

Healing Spaces refers to the specific elements within built environments that surround us—such as light, sound, art, and spatial configuration—and their influence on psychological and physical health.[20]

3.1 Biophilic Design and Nature Integration

The core concept driving the creation of supportive Healing Spaces is **biophilic design**, which operates on the premise of humanity's innate, evolutionary connection to nature.[20] This

design philosophy aims to integrate elements of nature into built environments to enhance human health and psychological wellness.[20]

Biophilic applications are categorized into three core areas:

1. **Direct Nature:** Physical elements like natural light, fresh air, plants, and water features.[20]
2. **Indirect Nature:** Representations of nature, including natural materials (wood, stone), nature-inspired patterns, natural color palettes, and artwork depicting natural scenes.[20]
3. **Space and Place Conditions:** Spatial configurations that provide prospect and refuge (open views combined with cozy corners) and natural forms.[20]

Case studies show that even healthcare settings, traditionally sterile, can be transformed using biophilic principles. For instance, a preventative clinic in New York utilized materials like wood and stone, charcoal-black *shou sugi ban* details, and internal gardens to create an atmosphere of warmth and tranquility, even transforming MRI exam rooms with kinetic ceiling installations to ease patient anxiety.[21]

The therapeutic mechanism often relies on **passive interaction** with nature.[23] Studies show that simply having a view of a natural scene from a hospital window can significantly impact well-being.[23] Heart surgery patients in intensive care units (ICUs) who had views of art portraying landscape scenes experienced reduced anxiety, lower stress levels, and a decreased need for pain medication.[24] This underscores the importance of visual and sensory environments. Conversely, abstract art has been shown to have a counterproductive or opposite effect in similar settings.[24] Healing Spaces, therefore, are defined by a multi-sensory experience where stimuli such as viewing natural scenery, listening to running water, smelling wood, and feeling natural textures effectively aid in recovering from anxiety and restlessness.[25]

3.2 Sensory Modalities: Light, Sound, and Color

Light Optimization and Circadian Health

Sufficient light exposure is a vital component of healing space design, as photon levels significantly influence key neurochemical pathways, including serotonin and melatonin, which regulate mood and energy.[24] Research indicates that patients in hospitals and nursing homes experience better sleep quality when they receive adequate daytime light exposure.[24] A study

of spinal surgery patients found that those placed on the brighter, sunlit side of the hospital had reduced pain medication needs, lower stress levels, and lower associated medical costs compared to those on the dim side.[24] Advanced systems, such as smart lighting, can further enhance clinical benefits by improving sleep quality, mitigating fatigue, and reducing symptoms of depression and chronic pain.[26]

Soundscapes and Auditory Input Management

Noise represents a significant negative sensory input that must be actively managed in healing environments.[24] The reduction of ambient noise—from medical instruments, overhead pages, and equipment like pneumatic tubes—is crucial and can be achieved through soundproofing, wrapping ductwork, and using carpeting.[24] Intriguingly, varying auditory input is superior to complete silence for patient rest.[24] Music is the most thoroughly researched environmental design component, with strong evidence supporting its use in reducing noise stress, particularly in high-intensity areas like the emergency department.[24]

Color Psychology

Color choice must align with the intended function and emotional goal of the space.[24] Warm colors activate the autonomic nervous system, while cool tones promote calming.[24] For patient rooms, soft, uniform palettes—such as pale gold, rose, or coral—are generally preferred, with ceilings tinted like walls since patients often look upward.[24] Cool tones (blues and greens) are ideal for high-stress areas like waiting rooms to induce relaxation.[24] Furthermore, blue and green tones are utilized in surgical environments because they combat glare and enhance visual contrast, improving surgeons' acuity against the red tones of blood and tissue.[24]

3.3 Design for Control, Agency, and Staff Well-being

A primary therapeutic mechanism of Healing Spaces is the restoration of **agency and psychological control** to the occupant. Giving people choices (Tip #1) is directly correlated with lower stress levels.[24] This means allowing users, whether patients or staff, to control their immediate surroundings, such as adjusting the thermostat, choosing audio input, or selecting

light levels.[24] Allowing patients to bring comforting items from home or giving staff input on their work environment further enhances this sense of control.[24] The physical attributes of Healing Spaces are secondary to their ability to restore agency, which minimizes the physiological stress response.

Healing Spaces also critically support the "Healing People" pillar by enhancing human connection.[24] The physical environment must accommodate family and friends, recognizing that their presence supports healing.[24] This requires designing comfortable waiting rooms, ensuring sufficient space in recovery areas for visitors, and facilitating courtesy from all staff members.[24]

Furthermore, Healing Spaces are essential organizational interventions for medical staff resilience. Designing workplaces that are comfortable for medical staff reduces occupational burnout and improves efficiency.[27] Supportive environmental features include maximizing privacy, reducing clutter, ensuring controlled temperature and lighting, and providing dedicated spaces for decompression.[28] The analysis demonstrates that improving the staff environment (e.g., providing sufficient lighting of 500 LUX in operational areas and access to outdoor rest spaces [27]) is a prerequisite for advancing patient healing; reduced staff stress enhances their ability to provide relational care, thus closing the staff-patient feedback loop.[30] Policies must therefore treat staff spaces not as mere functional requirements but as critical preventative health infrastructure.

Table 1 provides a consolidated view of the core mechanisms linking environmental design to specific health outcomes.

Table 1: Core Mechanisms Linking Environment (Place & Space) to Health Outcomes

Valor Component	**Key Element/Input**	**Mechanism of Action**	**Primary Health Outcomes**
Healing Places (Natural)	Green/Blue Spaces	Attention Restoration Theory (ART), Immunological Processes, Increased Physical Activity	Reduced Anxiety/Depression, Lower Stress Hormones, Reduced Chronic Disease Burden [7]
Healing Places (Built)	Equitable Development Policy	Mitigation of Displacement,	Reduced Community

		Anchor Existing Residents, Housing Stability	Violence, Protection Against Discrimination, Health Equity Advancement [14]
Healing Spaces (Sensory)	Optimized Soundscape/Light	Circadian Rhythm Regulation (Melatonin/Serotonin), Reduction of Negative Sensory Load	Improved Sleep Quality, Reduced Pain Medication Needs, Enhanced Cognitive Function [24]
Healing Spaces (Design)	Choice, Prospect, Refuge	Restoration of Agency and Psychological Control, Stress Buffering	Reduced Patient Anxiety, Enhanced Staff Resilience/Lower Burnout [24]

Section 4: Healing Practices – Activities, Rituals, and Evidence-Based Interventions

Healing Practices encompass the activities, rituals, habits, and specific therapeutic modalities employed to promote health, well-being, and quality of life. These practices span a spectrum from highly structured, reductionist clinical interventions to highly subjective, culturally resonant expressive modalities.[31]

4.1 Clinical and Evidence-Based Therapeutic Modalities

Within mainstream healthcare, efficacy is primarily assessed through structured, evidence-based practices (EBPs). These practices are vital for systematically addressing specific cognitive and behavioral deficits.[33]

Examples of well-established EBPs include:

- **Cognitive Behavioral Therapy (CBT):** Highly effective in altering negative cognitive processes, making it a popular choice for depression and anxiety treatment.[33]
- **Dialectical Behavioral Therapy (DBT):** A recognized treatment for complex conditions such as borderline personality disorder.[33]
- **Eye Movement Desensitization and Reprocessing (EMDR):** An evidence-backed treatment for trauma disorders, including post-traumatic stress disorder, anxiety, and general depression.[33]

The imperative in clinical research is to rigorously disentangle the different levels of efficacy in all healing practices to identify specific mechanisms and reliably evaluate outcomes.[31] This provides a necessary knowledge base to inform public policy regarding the inclusion and integration of diverse healing practices within pluralistic healthcare systems.[31]

4.2 Creative, Expressive, and Nature-Based Arts

Creative engagement offers significant therapeutic potential, contributing to the reduction of stress and depression and potentially alleviating the burden of chronic disease.[35]

Expressive Arts Therapy

Expressive arts therapy, which utilizes modalities such as visual art, dance, or written expression, functions as a powerful nonverbal language for communication and self-expression, allowing individuals to access and process inner feelings that may not be available through thought or speech alone.[37] This process of art-making, rooted in the concept of

poiesis (the natural process of moving into creativity), facilitates self-discovery and understanding.[37] Studies have shown that arts-based research, employing drawing or photography, yields unintended therapeutic benefits, particularly for individuals dealing with complex, chronic non-cancer pain, providing communication tools for subjective experiences.[38] In pediatric oncology, art therapy is shown to enhance communication among children, families, and providers, aiding in the development of coping mechanisms and improving overall quality of life.[39]

Despite these observed benefits, the evidence quality regarding arts therapy, particularly for chronic nonmalignant pain management, remains inconsistent and limited, often due to the

difficulty in verifying and measuring the subjective and creative process involved.[40] The effectiveness of the practice may vary depending on the individual's inclination toward artistic expression.[40]

Therapeutic Horticulture

Therapeutic horticulture programs capitalize on the restorative belief that an active connection with plants and nature can profoundly affect quality of life.[41] These programs are designed to decrease stress and mental fatigue, boost self-esteem, enhance self-efficacy, and cultivate community and optimism.[41] Therapeutic horticulture demonstrates how Nature-based practices effectively leverage the restorative capacity of the environment as an active component in therapy, bridging the Healing Practices and Healing Places pillars.

These practices have been successfully integrated into institutional settings. For example, a program for residents living with dementia utilized self-contained indoor gardens crafted by veterans (Eldergrow), reporting that approximately 97% of participants showed a positive demeanor or improvement of mood over the course of the lessons.[42] For quality assurance, horticultural therapy goals must be consistently aligned with the mission of the host organization, focusing on evaluating the enhanced quality of life for participants through both active and passive engagement.[43]

4.3 Cultural, Traditional, and Existential Practices

A comprehensive view of healing must acknowledge modalities rooted in ancient traditions and diverse cultural belief systems. All formalized systems of healing, across cultures, share core elements: a circumscribed time and place for rituals, specific symbolic actions, and shared expectations for recovery.[31]

Traditional healing modalities, such as acupuncture, herbal medicine, and mindfulness meditation, are now increasingly recognized and accepted as effective adjuncts to mainstream medicine.[44] These practices often address the deeper, existential aspects of mental health.[32] Diverse cultures maintain inbuilt repositories of existential wisdom that help promote positive mental health by enabling individuals to access deeper levels of self, creating a sense of direction, and reducing dysfunctional ambivalence.[32]

A truly holistic framework must incorporate these ontological resources. For example,

Indigenous Land-based healing practices model an ecocentric view, wherein humans are considered "extensions of the earth" and the Land is a relational partner in the healing process.[4] The exchange of knowledge regarding these ancient and multicultural foundations of nature-based therapies must proceed with careful attention to intellectual property rights, Indigenous data sovereignty, and the avoidance of bio-cultural piracy.[4]

Table 2 illustrates the range of efficacy and application across different domains of Healing Practices. The determination is that a truly holistic approach requires the integration of clinical, expressive, and existential practices.

Table 2: Efficacy and Application of Key Healing Practices

Practice Domain	**Example Modality**	**Mechanism of Efficacy**	**Key Application Areas**	**Evidence Quality**
Reductionist/Clinical	EMDR / CBT	Cognitive Restructuring, Desensitization of Traumatic Memory Pathways	Trauma (PTSD), Anxiety, Depression [33]	High (Evidence-Based)
Expressive/Emotional	Visual Art Therapy	Nonverbal Communication, Emotional Expression, Distraction Efficacy	Chronic Pain Management, Emotional Trauma, Pediatric Oncology [37]	Mixed/Inconsistent (Need for Higher Quality Research) [40]
Nature-Based/Restorative	Therapeutic Horticulture	Boosted Self-Efficacy, Community Building, Direct Restorative Experience	Dementia Care, Recovery Centers, Mental Fatigue [41]	Growing/Promising (Programmatic Success)
Existential/Cultural	Traditional Rituals/Land-based Healing	Ontological Resource Mobilization,	Mental Health Promotion, Identity/Existe	Qualitative/Ethnographic (Requires

		Meaning-making, Sense of Coherence	ntial Crisis [4]	Collaboration and Respect for Sovereignty) [31]

Section 5: Healing People – Social Connection, Relationships, and Community Cohesion

The "Healing People" pillar encompasses the critical roles played by social bonds, supportive relationships, and community infrastructure in determining health outcomes. Social connection is now recognized as a vital determinant of health, placing the epidemic of loneliness and isolation at the forefront of public health concerns.[45]

5.1 The Public Health Crisis of Social Disconnection

The U.S. Surgeon General has issued an advisory highlighting the healing effects of social connection and community.[45] This advisory confirms that social disconnection is widespread, affecting people of all ages and backgrounds, often manifesting as profound feelings of isolation and invisibility.[45] Addressing this crisis requires a multi-pronged national strategy encompassing six pillars, including strengthening local social infrastructure and mobilizing the health sector.[45]

5.2 Social Support Quality vs. Quantity

The sheer size or quantity of an individual's social network is insufficient to guarantee positive health outcomes.[46] Research indicates that a large, varied network with frequent contact may still be ineffective if those relationships are strained, lack depth, or are void of caring and compassion.[46] Optimal health buffering is achieved only through networks characterized by meaningful and

high-quality relationships.[46] This means that the efficacy of the "Healing People" pillar is

strictly contingent on relational quality and trust.

An intervention gaining popularity to address loneliness is **social prescribing**, which involves systematically referring patients outside clinical settings to community-based activities and services.[46] Although this approach has generally favorable effects in reducing loneliness and isolation, the quality of evidence supporting its effectiveness remains methodologically mixed and often weak, indicating a need for more robust, controlled research.[46]

Formal support structures, such as peer support groups, demonstrate specific value. Qualitative studies of cancer support groups identified them as providing a crucial context of available community, information, and acceptance—qualities often diminished in overburdened family and friend networks.[47]

5.3 Collective Efficacy and Community Resilience

Beyond individual relationships, community-level resilience is underpinned by **collective efficacy**, defined as the social cohesion among neighbors combined with their shared willingness to intervene on behalf of the common good.[19]

Collective efficacy functions as a potent mechanism for health promotion by fostering mutual help, reciprocal stimulation, and social coordination.[48] It is empirically linked to desirable community outcomes, including reduced community violence, greater life satisfaction, better self-reported health, and offering protective effects against racial discrimination.[19] Furthermore, for individuals managing long-term conditions, collective efficacy is a key concept that illuminates the process of mobilizing and sustaining self-management support within domestic and community settings.[49]

The importance of collective efficacy is also observed in organizational settings. For instance, collective teacher efficacy (CTE) has been shown to encourage participants to utilize their existing skills more effectively and share knowledge, thereby improving student outcomes and often outweighing the impact of socioeconomic status or home environment.[50] This demonstrates that collective efficacy is not merely a health outcome but a prerequisite social infrastructure necessary for the successful and equitable implementation of both Healing Places and Healing Practices (e.g., co-designing green spaces and sustaining behavior change).[18]

5.4 Professionalism and Relational Healing Roles

In professional healthcare settings, the "Healing People" pillar is defined by the quality of **relational care** and professional identity.[51] A profession maintains a contract with society to heal, requiring practitioners to adhere to a code of ethics.[51] Professional action is defined by two dimensions: the "right healing action," informed by scientific evidence, and the "good action," which incorporates the patient's values, preferences, and the clinician's judgment.[51]

A strong professional identity, combining ethical and clinical competence, is now deemed a key requirement in medical education.[52] Organizational health requires a shift toward holistic care that bridges the gap between clinical requirements and personal realities.[30] High-impact wellness programs are built on restructuring systems around

relationship-based care, shared leadership, and professional practice models that enhance trust, voice, and meaning for clinical teams.[30] By measuring relational strength and emotional exhaustion alongside physical outcomes, organizations can cultivate a culture of caring, which directly combats staff depletion and ensures that the formal healers remain effective Healing People.[30]

Table 3 summarizes the critical role of relational quality and social cohesion.

Table 3: Social Connection, Collective Action, and Health

Social Factor	**Definition**	**Impact Pathway to Health**	**Assessment Metric (Example)**
Loneliness/Isolation	Perceived lack of meaningful connection (Public Health Crisis)	Increased physiological stress, higher mortality risk, mental decline	UCLA Loneliness Scale, Social Connection Metrics [45]
Social Support (Quality)	Meaningful, high-quality relationships that provide caring and compassion.[46]	Buffers against stress, reduces isolation, provides coping resources.	Validated Social Support Scales, Relational Depth Inventories [46]
Collective Efficacy	Shared belief in the ability to intervene for the common	Increased community safety, enhanced life	Survey measures of neighborhood trust and willingness to

	good/social coordination.[19]	satisfaction, supports management of long-term conditions.[49]	intervene [19]
Relational Care/Professionalism	System-level focus on shared leadership and trust in formal settings.[30]	Reduces staff burnout, improves patient experience, fosters a culture of caring.	Emotional Exhaustion Indices, Mayo Well-Being Index, AACN Healthy Work Environment Assessment Tool [53]

Section 6: Synthesis, Integration, and Strategic Recommendations

6.1 Integrating the Valor Pillars: Holistic Frameworks

The four pillars of the Valor framework are not independent variables but mutually supportive determinants of health, requiring a deeply **holistic and multidisciplinary approach** for successful implementation.[54] The efficacy of an intervention in one pillar is often contingent upon the strength of the others. For example, the success of a Healing Practice, such as therapeutic horticulture, relies entirely on the availability of a physical Healing Place (the garden) [41], supported by a high-quality Healing Space (e.g., an accessible, well-lit indoor garden for those with mobility issues) [42], and facilitated by supportive Healing People (trained caregivers and community).[41]

This level of integration requires a fundamental shift in approach—a **cultural transformation**.[55] The Healing-Centered Community Development Framework emphasizes guiding stakeholders through the

how of change, rather than just the *what*.[55] Holistic care acknowledges the patient's clinical condition while engaging fully with the realities of their personal lives and lived experiences, a shift that necessitates redesigning systems around relationship-based care and cultivating

trust.[30]

6.2 Measurement and Assessment for the Valor Framework

To validate and track the success of comprehensive Valor-based interventions, systematic measurement using established tools is indispensable.[56] Measurement must be multidimensional, capturing individual, community, and organizational health outcomes.

Individual and Community Well-being Metrics

The Institute for Healthcare Improvement (IHI) developed holistic **Well-Being Assessments** (12-item and 24-item versions for adults and youth) based on validated instruments.[56] These tools are designed to measure and track health, well-being, and equity, allowing for stratification of results by demographics to assess equitable outcomes.[56] The collective health of the community is also assessed by measuring

collective efficacy—the shared belief in the community's ability to act for the common good—which serves as a key indicator of social cohesion and resilience.[19]

Organizational and Professional Fulfillment Metrics

Given the critical importance of the "Healing People" in formal settings, measurement must include the well-being and resilience of staff.[53] Organizational metrics are necessary for advancing relational leadership and a culture of caring.[30] Examples of validated instruments used to measure clinician and organizational well-being include the Maslach Burnout Inventory, the Mayo Well-Being Index, the Mini-Z Burnout Survey, and the AACN Healthy Work Environment Assessment Tool.[53]

6.3 Strategic Recommendations for Implementation

Based on the synthesis of environmental, social, and psychological data, the following strategic recommendations are proposed to operationalize the Valor framework:

1. **Mandate Equity-First Environmental Policy:** All new green infrastructure projects and built environment rehabilitation efforts must integrate mandatory anti-displacement strategies, such as Community Land Trusts (CLTs) and dedicated affordable housing preservation funds.[15] This secures the equigenic benefit of Healing Places for long-term residents. Urban planning must also include comprehensive zoning reform, such as upzoning in high-wealth communities, to manage regional displacement pressures.[17]
2. **Elevate Healing Spaces Standards for Agency and Resilience:** Architectural standards for healthcare and residential environments must prioritize user control (Tip #1) over sensory inputs, including dynamic light, sound modulation, and temperature adjustment.[24] Design must integrate evidence-based biophilic elements (views of nature, natural materials) proven to reduce anxiety and pain.[23] Furthermore, organizational policy must explicitly allocate resources to design and maintain high-quality, restorative Healing Spaces for staff, recognizing the direct correlation between staff resilience and patient care outcomes.[28]
3. **Formalize Interdisciplinary Practice Integration:** Healthcare systems must develop formalized pathways for integrating high-quality, expressive, and nature-based therapeutic modalities (e.g., therapeutic horticulture, expressive arts) alongside traditional clinical EBPs.[33] This strategy addresses the full complexity of human health needs—from acute symptoms (CBT) to existential meaning-making (Cultural Practices)—and necessitates interdisciplinary teams capable of evaluating outcomes across diverse methodologies.[32]
4. **Invest in Relational and Collective Infrastructure:** Policy and funding initiatives must explicitly target the development of social capital and collective efficacy in communities vulnerable to chronic stress and disinvestment.[19] In clinical settings, organizations must redesign care models around relational principles, focusing on shared leadership and building trust to combat professional depletion and ensure the formal "Healing People" are supported in their crucial role.[30]

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