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The Health Promoting University – opportunities, challenges and future developments

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This paper aims to:

- outline the conceptual framework developed for the Health Promoting University initiative at the University of Central Lancashire;
- describe and illustrate the work carried out within the initiative;
- explore some of the challenges and opportunities involved in developing the Health Promoting University approach, both within the organisation and in the context of inter-sectoral working;
- outline future developments, including the work of the newly established Healthy Settings Development Unit and explore its potential to support collaborative working and contribute to sustainable public health.

UNIVERSITY OF CENTRAL LANCASHIRE HEALTH PROMOTING UNIVERSITY INITIATIVE: CONCEPTUAL FRAMEWORK

The previous paper has already outlined the aims and objectives of the Health Promoting University and provided an overview of the initiative. Before expanding on this and providing a feel of the actual work carried out, I want to go back to the theory and outline the conceptual framework that we developed – defining the key characteristics of the settings-based approach and enabling this to be applied to the University.

Drawing on a sparse but growing body of literature, a number of defining characteristics were agreed (Baric, L., 1993, 1994; Grossman, R. & Scala, K., 1993; Kickbusch, I., 1995):

- *Firstly*, core underpinning principles and perspectives were identified – such as holism, participation, equity, sustainability, co-operation and consensus – drawn from Health for All, the Ottawa Charter for Health Promotion and Agenda 21 (World Health Organization 1980, 1981, 1985, 1986; United Nations, 1992)
- *Secondly*, it was recognised that the settings-based approach is characterised by the use of particular working methods. Through organisational development, it is possible to identify why and how a 'healthy' organisation can perform better and how a commitment to and investment in health can be embedded within the culture, structures, mechanisms and routine life of the institution. In turn, organisational development requires effective change management and 'whole systems' thinking.
- *Thirdly*, it was acknowledged that, as argued by Baric, the settings-based approach includes three key foci – a healthy living and working environment, integrating health promotion into the daily activities of the setting and reaching out into the community.
- In applying this approach, we also recognised that, whilst the University has a number of functions that are common to all large organisations, it also has specific roles that infuse it with a distinctive culture. Of particular importance – and reflected in the University's mission statementⁱ – is a belief that universities are concerned

ⁱ University of Central Lancashire Mission Statement: Available <http://www.uclan.ac.uk/other/missstat.htm>: "We promote access to excellence enabling you to develop your potential: we value and practice equality of opportunity, transparency and

with enabling students to explore and develop an understanding of themselves as whole people and with empowering them to develop their full potential – within, outside and beyond the University setting. The Health Promoting University initiative thus rejects the view that health promotion should be about persuading people to adopt certain 'healthy' behaviours. Instead, drawing on the Ottawa Charter (World Health Organization, 1986), it seeks to develop an appropriate policy context and provide a supportive environment that enables students to gain knowledge and understanding, to explore possibilities, experiment safely and make their own informed choices.

UNIVERSITY OF CENTRAL LANCASHIRE HEALTH PROMOTING UNIVERSITY INITIATIVE: OVERVIEW OF WORK

Drawing on the World Health Organization's experience in developing the Healthy Cities Project, the Health Promoting University has sought to build managerial commitment and widespread ownership, and to combine long-term organisational development and institutional change with innovative action and the co-ordination of high-visibility activities for health (Tsouros, 1991; Tsouros *et al*, 1998).

There are a number of key achievements from the last six years that highlight the breadth of the Health Promoting University's work and illustrate how it has translated its principles into practice. Although the 'agenda for action' suggests that the six priority areas are clearly 'delineated', the reality is very different – and indeed, much of the work has consciously *sought* to cross boundaries!

The Policy Process

At the centre is a concern to integrate a vision of and commitment to health within the routine policy-making and planning cycles of the University. Examples of action in this area include the following:

- *Corporate Health Policy*: In March 1997, a Corporate Policy on Healthⁱⁱ was adopted by the University. Many people are justifiably cynical about 'policy-ism' – arguing that policies merely serve to collect dust on office shelves. However, it was decided that given the University's strongly developed policy framework and proven ability to translate words into action in areas such as equal opportunities, a Health Policy would provide a valuable basis for subsequent action. The policy adopts an explicitly holistic approach in both its understanding of health and the range of themes developed – which provides a framework for action relating to the Health Promoting University's objectives.
- *Developing 'Healthy' Policies*: The next task is to move from a health-specific policy to healthy policies. This picks up on the Ottawa Charter for Health Promotion, which urges the development of healthy public policy – where health becomes a central criterion in decision-making and policy development not just within the health sector, but in all sectors and in all fields. Although it has been agreed, in principle, that the next policy review should seek to embed the concept of sustainable health within the

tolerance; we strive for excellence in all we do – locally regionally, nationally and internationally; we work in partnership with business, the community and other educators; we encourage and promote research innovation and creativity". this is a continuation of the footnote from the previous page

ii Available: http://www.uclan.ac.uk/other/planning/document_store/corpols.doc

University's overall planning and policy framework, action has been delayed due to a major organisational review and restructuring.

- *Procedural Guidelines on Drug Misuse:*ⁱⁱⁱ Drugs represents an important area in which specific guidelines have been developed and endorsed by the University. In response to concern about the lack of clear guidance on how to respond to drug-related incidents, it was decided that consultative training should take place with key staff, to both raise awareness and identify issues of concern. The information gathered was then used to inform the multi-agency development of procedural guidelines, taking account of and balancing the full range of legal, welfare, educational and health and safety concerns. Adopted in July 1999, they embrace rather than ignore the paradox presented by illegal drugs: that the University will not tolerate drug use on its premises; but that many students *do* use drugs and that furthermore, they choose to take them and clearly enjoy taking them! The challenge is to combine clear communication of the 'zero tolerance' message – the University does not and legally *cannot* condone use of illicit drugs – with effective and 'real-life' harm reduction strategies. The procedures are supported by a training programme, education and information and a club-based peer-education project – which I will go on to discuss.

Student Development

This leads onto the second priority area, concerned with supporting the healthy personal and social development of students, in a way which reflects the Health Promoting University's concern to enable students to explore and develop an understanding of themselves as whole people and to empower them to develop their full potential.

- *Investment in Support Structures:* Such an approach requires substantial investment in supportive structures, systems and processes. The Health Promoting University has tried to build upon the University's existing commitment to such investment, through working in active co-operation with Student Services, the Students' Union and Student Accommodation Services to promote well-being. Schemes such as the 'buddying' system for overseas students and the Code of Conduct for private landlords have been introduced to good effect. Clearly, many impacts on well-being – such as increasing financial hardship following the introduction of student fees – are not within the direct influence of the University. However, it is important that the University recognises and seeks to work within the context of these broader health determinants.
- *'Touch' Peer Education and Outreach Project:* In September 1998, the University of Central Lancashire launched 'Touch' – a multi-agency project focusing on sexual health promotion and safer drug use within the setting of Feel, one of the UK's top student club nights. Drawing on positive evaluations of both peer education and outreach projects, 'Touch' has merged these two approaches to create a highly credible, visible, developmental and sustainable initiative. Characterised by the use of indigenous volunteering, harm reduction approaches and value-free information, 'Touch' has developed a successful programme of recruitment, training and implementation. Now in its fourth year, 'Touch' has a part-time co-ordinator, is exploring with the University the development of an academic module in peer education and is the focus of a student dissertation concerned with evaluating the project.

ⁱⁱⁱ Available: <http://www.uclan.ac.uk/facs/health/hpu/documents/drug-pg-july2001.doc>

Supportive, Empowering and Healthy Workplace

Thirdly, there is a commitment to develop the University as a supportive, empowering and healthy workplace.

- *Inter-Service 'Synergy'*: One of the key 'planks' of this work has been the increased collaboration between different services to focus on workplace health and in particular on mental well-being. This has resulted in a growing synergy between Human Resources, Health and Safety and the Health Promoting University Initiative as a whole, characterised most recently by the evolution of the Mental Wellbeing Working Group into a focus group concerned with the development of a supportive and empowering workplace. Clearly, mental wellbeing is not only an issue for staff – and whilst the initiative is being driven forward through focusing on workplace health, the intention is to adopt a holistic framework that recognises the interface between staff and student well-being.
- *Support Systems*: In the same way that support systems are crucial to sustaining student well-being, supportive staffing procedures and services flowing from value-based policies are a cornerstone upon which the Health Promoting University has sought to build further commitment to a healthy and empowering workplace.
- *Health Handbooks*: One major project bridging staff and student health is the production of men's and women's health handbooks. These are aimed at enabling individual self-skilling and self help, and empowering staff and students to work for and advocate organisational change. The decision to produce handbooks common to staff and students was taken in recognition of the demographic overlaps between students and staff in terms of age and situation, and of the value of challenging existing stereotypes of 'student' and 'staff'. Two Journalism graduates who had represented the Students' Union on the Health Promoting University Steering Group were contracted to research and write the handbooks – a decision that reflected the Health Promoting University ethos of encouraging personal development and empowerment – and the process was overseen by an experienced health promotion journalist and an inter-departmental and multi-agency advisory group. Now also available as an easily updated web-based resource, the two booklets list common health issues, give general information and practical tips, and include phone numbers and website addresses.

Supportive and Health Promoting Physical Environments

Fourthly, there is a recognition that the quality of the physical environment affects the health and well-being of people – and a consequent commitment to create environments that are sustainable and supportive to health.

- *Building/Campus Design*: The Health Promoting University has liaised with Facilities Management to explore ways in which new build and refurbishment schemes can integrate a range of 'green' and health-enhancing features – from recycled 'grey' water, to maximised natural light and ventilation, to social spaces and aesthetically pleasing visual design. Furthermore, there has been a strong commitment to developing a green, visually attractive and safe campus. All of these features indicate a commitment to promoting and sustaining holistic health.
- *Transport*: A further working group has focused on transport, encouraging and enabling the use of alternatives to the car and working with other agencies to develop a draft 'green travel plan'. This has been agreed in principle by the University's Management Team and, following wider consultation, it is anticipated that an implementation plan will be actioned – including interest-free loans, car-

sharing and other schemes. This provides a useful illustration of the need to use current 'drivers' (no pun intended!): whilst the motivation of health and environment staff might be rooted in a commitment to sustainable health, the reality is that shortage of car parking spaces on campus provides a more urgent motivation to senior management!

- *Food*: Food is another area that naturally brings together health and sustainability agendas. Whilst work is still very much at the 'idea' stage, the potential for development of policy and action plans has been discussed at both the Environment Committee and the Health Promoting University Steering Group.
- *Finance*: A fourth area of work – again very much at the 'conceptual' stage – is finance. It is clear that the University's financial procedures, whether in relation to purchasing, investment or trading, impact on health, environment and quality of people's lives – both locally and globally. A commitment to becoming a health promoting and sustainable university demands the development of ethical financial procedures.

Academic Development

Fifthly, there is a commitment to increase understanding of and competencies for health promotion through academic development – 'embedding' health within the curriculum:

- *Key Skills and Competencies*: The educative process clearly has a role to play in enabling the development of key transferable skills and competencies for life, that empower students to take increased control over their health – for example, through assertive communication and informed decision making – and equip them to achieve their full potential in and outside of work as individuals, citizens and members of communities.
- *Health Awareness and Understanding*: There is also a potential for an awareness and understanding of health and competencies for health promotion to be integrated into and across a diversity of disciplines and professional training – whether in Building Surveying, Product Design or Human Resource Management. This reflects a growing national focus on multi-disciplinary public health – and can have important impacts within the University (for example, through Photography students producing installations for World AIDS Day) and result in students taking a commitment to promoting health into their future lives – at home and at work.
- *Research Projects*: Another area currently being explored by the Health Promoting University is the potential to 'match' student research/project interests with 'real-life' university and community-based health-related research, information and communication needs.

Health of the Wider Community

This leads into the final area of work – the concern to promote health within the wider community. As Naidoo and Wills (1994) have highlighted, there is a danger that:

"...settings address people in certain ascribed roles in certain organisations...(and) do not address the whole person whose life straddles different settings and communities."

It is important, then, that settings-based work focuses outside as well as inside the institution – a recognition that reflects recent writing on the role of universities (Committee of Vice-Chancellors and Principals, 1995). As mentioned earlier, the University has a strong tradition of working in partnership with the local and regional communities – and the institution cannot be separated from the context within which it operates: it has major impacts on and is an important resource for local communities;

and it has an increasing range of links with other regions and with countries all over the world. Whilst a number of the projects I've already outlined relate to the wider community, it is important to highlight this relationship – and to consider the role of a Health Promoting University in this respect:

- *Access and Community Resource:* The University has long prioritised access and equal opportunities policies to ensure that the University serves the diversity of local and regional communities – through educational, recreational and cultural provision. These commitments – whilst not labelled 'health' – make an important contribution to community well-being.
- *Partnership:* Partnership working has ensured that health issues are viewed within a broad context and that resources and energy are effectively harnessed and channelled. The partnerships have operated at both formal and informal levels: examples of the former include the Healthy Preston 21 inter-agency initiative of which I am co-chair – which has overseen the Local Agenda 21 process – and the involvement of external voluntary and statutory agencies on the Health Promoting University Steering Group and working groups; and an example of the latter is the AIDS Angel Quilts project, which involved many people from the local community who would never have previously ventured into the University, working alongside staff, students and local health workers.
- *Curriculum Links:* A third area builds on the academic development focus, linking with parallel initiatives such as 'Learning from Work' to encourage student involvement in the wider community.
- *UNI-SOL Model Project:* The University has recently been selected as one of nine universities worldwide – and the only UK university – to participate in the UNI-SOL (Universities in Solidarity for the Health of the Disadvantaged) field projects initiative. The Health Promoting University is working in partnership with the Centre for Ethnicity and Health to develop and implement a project called 'Communicating Well-being', focused on the needs of local communities in regeneration areas of Preston.

CONCLUSION: OPPORTUNITIES, CHALLENGES AND FUTURE DEVELOPMENTS

In this paper, I've sought to provide an overview of the Health Promoting University initiative at Central Lancashire and to give some examples of how the initiative has worked in practice. It is clear that, whilst we have made a good start, we have still got a long way to go and that progress is not always easy. There are a number of key challenges that I would highlight from our experience and that may be relevant to others seeking to develop initiatives.

- *Partnership:* As already highlighted, a challenge to any settings-based initiative is to combine a focused approach that looks inwards at the organisation with a recognition of the place of that setting within the greater scheme of things: people don't live the whole of their lives within the confines of a university campus and the university's impacts reach beyond the lives of staff and students. This highlights the need for a partnership approach between settings and a willingness to look at the impact of the organisation on the wider public health.
- *Project-ism:* A challenge to any new initiative is what can be termed 'project-ism'. For the first few years of the Health Promoting University, people clearly viewed it as a discrete and separate project – interesting, important even, but definitely 'over there' with a co-ordinator to take care of it. When we produced reports suggesting that action should be led by the full range of services and faculties, some managers

became unsettled and expressed reservations. Promoting health is fine, so long as it's someone else's responsibility...!

- *Power Relations*: Related to this is the challenge of combining a commitment to top-down and bottom-up action – both being an essential part of a balanced and effective approach. It is important both to build senior management commitment and to develop broad-based ownership by staff, students and the wider community – and combining these elements can be extremely challenging.
- *Politeness*: A further challenge is that of respectability. It is fine to promote health so long as you keep within certain boundaries and talk about 'polite' things that do not shock people. Unfortunately, health doesn't work like that: developing drugs guidelines means facing up to the fact that drugs are a part of student culture; educating about sexual health means talking in a language that people can relate to; and promoting mental well-being means recognising the links between environments, behaviours and health and tackling underlying factors such as prejudice, oppression and intolerance.
- *Playing Safe*: Similarly, many people are happy for the Health Promoting University to chug along so long as it doesn't rock any boats. What this boils down to is a belief that health promotion is only about individual responsibility and self-help. The Health Promoting University, however, is firmly rooted in the understanding that health can only be meaningfully promoted if individual and community action is underpinned and supported by organisational development and change. Consequently, the promotion of health should quite legitimately focus on such areas as management style and culture, communication systems, decision-making procedures, workload, levels of pay and job security – issues which are likely to be uncomfortable.
- *Playing the Game*: This leads on to the final challenge, concerned with 'playing the game' – or more accurately walking the tightrope (but that doesn't begin with 'p'!). If a Health Promoting University initiative is to achieve anything meaningful and not just tiptoe around the real determinants of wellbeing, we must learn to mediate for health in an effective way. This involves tackling 'thorny' and complex issues in ways that reflect the initiative's underpinning values, but also using appropriate and engaging language – often not the language of 'health' – and that 'taps into' current concerns, whether student recruitment and retention, staff performance, health and safety legislation or car parking problems!

I wouldn't want to end, however, by focusing only on the challenges faced in trying to promote health. An evaluation of the first phase of our initiative (Dooris, 1998) indicated that it was largely successful in achieving its short-term objectives and that there has been a growing recognition of the Health Promoting University's potential to increase the well-being of staff, students and the wider community, and more broadly to 'add value' to the University in terms of overall distinctiveness, performance and productivity.

Having in a sense 'broken down' health and health promotion into a number of easily digestible parts – mental well-being, sexual health, building design, transport, drugs – the past few years have seen a gradual deepening of understanding and a growing integration as links have been established between working groups and the holistic nature of health has begun to seem clearer. During the same time period, a far-reaching organisational review has prompted the Health Promoting University to review its organisational structure and priorities to ensure that it 'fits' the current climate and can be as effective as possible in pursuing its aims and objectives.

Universities occupy a unique position in seeking to practise and promote holistic health. They not only have the capacity to make changes to their institutional practice, but also

have a unique responsibility and potential to educate for global citizenship' the next generation of decision-makers and managers, developing in students (and staff) values, skills and competencies that will be taken beyond the setting of the University into their future lives, careers and communities (Toyne & Ali-Khan, 1998). The Health Promoting University model provides an invaluable framework for promoting health and well-being in an integrated and far-reaching way that takes account of the relationships between environments and behaviours, and between staff, students and the wider community.

At present, there is no formal national or European scheme or network for health promoting universities. However, following an international conference in Preston last year, discussions are ongoing with the World Health Organization and key national agencies – and a stakeholders' meeting is planned for early 2002, to be hosted by the Health Development Agency for England, which has signalled its commitment to supporting the further development of work in this area.

An exciting development that looks set to provide a context for any future networking is the recent establishment of a Healthy Settings Development Unit, to which I have been seconded as part-time Director. This has received two years' Government funding (thanks to Professor John Ashton) and is located within the University's Faculty of Health.

The unit aims not only to support initiatives within specific settings such as schools, hospitals, prisons and workplaces – but also to pick up on the first challenge I highlighted by exploring the potential for collaboration and synergy between work within different organisational settings. Furthermore, it will seek to develop an understanding of how work in individual settings contributes to sustainable public health through feeding into healthy cities, healthy communities and other area-based initiatives.

The work is being developed within the context of the World Health Organization's 'Investment for Health' approach – which seeks to create synergy between health development, social development and economic development – and will focus on information, training, research, evaluation and liaison (Levin & Ziglio, 1996; World Health Organization, undated).

There is enormous potential for future collaboration and connections between different parts of the world in taking these ideas forward.

REFERENCES

Baric, L. (1993). The settings approach - implications for policy and strategy. J. Institute of Health Education 31(1): 17-24.

Baric, L. (1994). Health promotion and health education in practice: module 2 - the organisational model. Altrincham: Barns.

Committee of Vice-Chancellors and Principals (1995). Universities in communities. London: Committee of Vice-Chancellors and Principals (Universities UK).

Department of Health (1992). The health of the nation: A strategy for health in England. London: HMSO.

Department of Health (1999). Saving lives: Our healthier nation. London: The Stationery Office. Available: <http://www.archive.official-documents.co.uk/document/cm43/4386/4386.htm> – accessed 07 October 2002.

Dooris, M. (1998). Working for sustainable health: University of Central Lancashire health promoting university Phase I progress and evaluation report. Preston: University of Central Lancashire.

Grossman, R. & Scala, K. (1993). *Health promotion and organisational development: developing settings for health*. Copenhagen: WHO Regional Office for Europe.

Kickbusch, I. (1995). An overview to the settings-based approach to health promotion. In: Theaker T & Thompson J (1995) The settings-based approach to health promotion: report of an international working conference, 17-20 November 1993.

Levin, L. & Ziglio, E. (1996). Health promotion as an investment strategy: considerations on theory and practice. Health Promotion International 11(1): 33-40.

Naidoo, J. and Wills, J. (1994). Health promotion: foundations for practice (1st edition). London: Baillière Tindall, p165.

Toyne, P. & Ali-Khan, S. (1998). A common agenda? Health and the greening of higher education. In: Tsouros, A., Dowding, G., Thompson, J. & Dooris, M. (1998). Health promoting universities: Concept, Experience and Framework for Action. Copenhagen: WHO Regional Office for Europe. Available: <http://www.who.dk/document/E60163.pdf> – accessed 07 October 2002.

Tsouros, A. (ed.) (1991). WHO healthy cities project: a project becomes a movement. Copenhagen: FADL and Milan: Sogess.

Tsouros, A., Dowding, G., Thompson, J. & Dooris, M. (1998). Health promoting universities: Concept, experience and framework for action. Copenhagen: WHO Regional Office for Europe. Available: <http://www.who.dk/document/E60163.pdf> – accessed 07 October 2002.

United Nations (1992). *Earth summit: Agenda 21*. New York: UN. Available: <http://www.un.org/esa/sustdev/agenda21.htm> – accessed 07 October 2002.

World Health Organization (1980). European regional strategy for health for all. Copenhagen, WHO Regional Office For Europe.

World Health Organization (1981). Global strategy for health for all. Geneva: WHO.

World Health Organization (1985). Targets for health for all. Copenhagen: WHO Regional Office For Europe.

World Health Organization (1986). Ottawa charter for health promotion. Health Promotion 1(4): iii-v. Available: <http://www.who.int/hpr/archive/docs/ottawa.html> – accessed 07 October 2002.

World Health Organization (Undated). WHO European Office for Investment for Health and Development. Available: <http://www.who.dk/ihd> – accessed 07 October 2002.