The “Health Promoting University”: a critical exploration of theory and practice

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The settings-based approach to health promotion

The settings-based approach to health promotion has its roots in the World Health Organisation (WHO) “Health for All” initiative (WHO, 1980, 1985, 1991, 1998a) and Ottawa Charter for Health Promotion (WHO, 1986). The latter, which drew on both “Health for All” and the work of theorists concerned with the creation of positive health – what Antonovsky (1987, 1996) has called “salutogenic” research – reflected a growing consensus that health is a socio-ecological product that can be developed most effectively and efficiently by investing outside of the healthcare sector. The Charter stated that:

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one’s life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

With its five-fold focus on healthy public policy, the creation of environments supportive to health, strengthening community action, developing personal skills and re-orienting health services, the Ottawa Charter served as a catalyst to shift health promotion away from problems (as characterised by particular behaviours or by specific at-risk groups) and towards environments and settings. This shift is also reflected in recent work on “investment for health” (Levin and Ziglio, 1996; Ziglio et al., 2000), developed through the Verona Initiative (http://www.who.dk/verona/main.htm).

The first and perhaps best known initiative that has been retrospectively labelled settings-based health promotion is Healthy Cities. Initiated as a small WHO project in 1986, with the aim of taking the rhetoric of Health for All and the Ottawa Charter “off the shelves and into the streets of European cities” (Ashton, 1988, p. 1232), Healthy Cities rapidly grew to become a major global movement for the new public health (Tsouros, 1991). Drawing on this “macro-level” experience, parallel initiatives were established during the late 1980s and early...
1990s within a number of smaller “meso-level” settings such as schools (Barnekow Rasmussen and Rivett, 2000) and hospitals (Tsouros, 1993).

Within the UK, this emerging approach received further legitimation through Government policy. “The Health of the Nation” (Department of Health, 1992) identified an eclectic mix of settings at macro-, meso- and micro-levels and “Saving Lives: Our Healthier Nation” (Department of Health, 1999) built on this endorsement by further highlighting the potential role of healthy schools, healthy workplaces and healthy neighbourhoods.

Critical literature on settings-based health promotion is still relatively sparse. While it is apparent that settings-based practice is itself characterised by a lack of clarity and a diversity of understandings and approaches, a number of European writers (Baric, 1993, 1994; Kickbusch, 1995; Grossman and Scala, 1993) have begun the process of shaping settings-related thinking into a more cogent whole. More recently, Dooris et al. (1998) have attempted to synthesise the ideas of these and other theorists and practitioners to articulate the main characteristics of the settings-based approach. They argue that first, the approach is underpinned by a range of principles and perspectives drawn from Health for All, the Ottawa Charter for Health Promotion and Agenda 21 – including the following:

- holistic, socio-ecological model of health;
- co-operation;
- focus on populations, policy and environments;
- consensus and mediation;
- equity and social justice;
- advocacy;
- sustainability;
- settings as a social systems;
- community participation;
- sustainable integrative actions;
- enablement and empowerment;
- settings as part of an interdependent ecosystem.

Second, they suggest that the settings-based approach is characterised by the use of particular processes and techniques, drawn from organisational, management and systems theory. In particular, they draw on the work of Grossman and Scala (1993) to argue that organisational development provides the overall means of identifying how health can make an organisation perform better, and how a commitment to and investment in health can be embedded within the culture, structures, mechanisms and routine life of an institution. In turn, it is suggested that organisational development can be most effectively operationalised through the use of project management, concerned with the processes of change management, policy development, knowledge and skills development, and quality, audit and evaluation. Third, they draw on the work of Baric (1993, 1994), in identifying three key elements of the settings-based approach, namely: a healthy working and living environment; integrating health promotion into the daily activities of the setting; and reaching out into the community.

Poland et al. (2000) have provided a recent North American addition to the literature. As well as offering chapters and commentaries on specific settings, they include a critical overview, which locates the settings approach within a broader discussion of health promotion theory and practice, with a particular focus on ecological and critical social science perspectives (Green et al., 2000). Their discussion and critical perspective is timely, wide-ranging, informative and thought-provoking, touching on many of the issues raised in the European literature referred to above. However, it engages with little of the current literature cited in this paper, and in contrast to it, does not seek to formulate a specific framework of characteristics for a healthy settings approach.

Health Promoting Universities: background

During the past few years, there has been growing interest in exploring what it might mean to apply the settings-based approach within the context of higher education. A useful starting point in tracing this history is a newsletter published by the Faculty of Public Health Medicine, in 1995, which chose “Health Promoting Universities” as its focus topic (Faculty of Public Health Medicine, 1995). In the editorial, Beattie (1995, p. 2) suggested that:

initiatives in Universities have emerged more or less in parallel with projects on the health-promoting workplace, school and hospital, but –
without the benefit of any national or international infrastructure – they are only just beginning to generate a momentum of research and development.

However, reflecting the lack of clarity and the diversity of understandings discussed, few of the case studies profiled within the newsletter demonstrated a grasp of the essential nature of the settings-based approach, being instead about a diverse range of health promotion projects in settings. While Beattie’s discussion of what he terms “purposeful opportunism” (Beattie, 1995) is instructive, it remains the case that only Lancaster University (Dowding, 1995a) and Newcastle Medical School (White and Bhopal, 1995) have demonstrated a clear concern to develop and apply a settings-based approach to their work.

A conference on Health Promoting Universities (HPU), held in Lancaster in 1996, and organised in collaboration with WHO, represented an important point in the development of a “movement” towards settings-based health promotion in higher education. It was the catalyst for a subsequent WHO “Round Table” meeting the following year, and the publication of a book including strategic guidance on the development of both local projects and a European Network of Health Promoting Universities (Tsouros et al., 1998).

**University of Central Lancashire: a case study overview**

The University of Central Lancashire followed Lancaster University (Dowding, 1995b) in becoming one of the first universities in Europe to establish a “whole organisation” HPU when it appointed a coordinator in 1995, initially for two years. The first task of the HPU was to develop a conceptual framework that defined the essential features of the settings-based approach applicable to a university. This not only highlighted the general principles, perspectives, processes and characteristics discussed above, but also took account of the specific roles of universities, acknowledging that the university as a setting is influenced by its own history and infused with its own distinctive culture and ethos.

While universities share many features of all large organisations, they also have a number of particular roles, in enabling learning and development, in fostering creativity and innovation, as resources for and partners with the wider community (National Commission on Education/Council for Industry and Higher Education, 1994) and in facilitating the development of independence and lifeskills. The University of Central Lancashire already had a corporate mission statement reflecting a commitment both to these roles and to the cultural language characterising the overall settings-based approach to health promotion (e.g. “enable”, “partnership”, “community”, “development of full potential”). Furthermore, the university had previously invested in projects of direct relevance to the HPU, such as an Ethics and Values Audit and an Environmental Audit.

A “social ecosystem” model proved to be a useful means of articulating the potential value of the HPU approach as an investment in the health and well-being of students and staff within, outside and beyond their university lives. The university setting was viewed as an interactive “system” – with inputs, processes and outputs/impacts (see Figure 1).

It was agreed that the overarching aims of the HPU should be to:

- integrate within the university’s structures, processes and culture a commitment to health and to developing its health-promoting potential;
- promote the health and well-being of staff, students and the wider community.

**Figure 1** The university as a social “eco-system”
Within these overall aims, six objectives were set relating to six overlapping “functional” areas of the university – forming a broad “agenda for action” (see Figure 2) to:

- integrate a commitment to and vision of health within the university’s plans and policies;
- create health promoting and sustainable physical environments;
- develop the university as a supportive, empowering and healthy workplace;
- support the healthy personal and social development of students;
- increase understanding, knowledge and commitment to multi-disciplinary health promotion across all university faculties and departments;
- support the promotion of sustainable health[1] within the wider community.

A flexible organisational structure was subsequently established, comprising a senior-level Steering Group, able to establish working groups and short-term sub-groups as necessary. These have been set up over a period of time, in response to identified need, interest and motivation, harnessing and focusing enthusiasm and available resources and utilising “real-life” entry points within the constraints of the existing organisational culture (see Figure 3). A conscious decision was taken not to carry out a comprehensive needs assessment exercise: with two year’s pilot funding, it was strongly felt that this would take up too much time and mitigate against the achievement of high visibility action combined with building the foundations for longer-term strategic development. The first four priority focus areas, sexual health, building design, transport and mental well-being, were selected because of their obvious importance to health and well-being within the university setting, because there were resources within and/or outside the institution to work in these areas and because, taken together, they served to reflect the HPU’s breadth of vision.

Reviews of research and institutional practice were carried out to provide a baseline of legitimacy, and ensure that work within the university would build on a wider pool of existing knowledge and practice (Dooris, 1998a, Appendix 2).

Following evaluation of the two-year pilot phase (Dooris, 1998a), the university took the decision to commit permanent resources to enable the development of a long-term strategic vision and the implementation of action in and across the six “functional” areas depicted in Figure 2. Drawing on WHO’s experience in developing the Healthy Cities Project, the work of the HPU Steering Group and working groups has sought to build managerial commitment and widespread ownership, and to combine the co-ordination of high-visibility activities for health with innovative action and long-term organisational development and institutional change (Tsouros, 1991, p. 25; Tsouros et al., 1998, pp. 119-20). Key elements of this process are summarised below.

**Policy and planning**

Health-promoting policy and planning are at the heart of the Ottawa Charter for Health Promotion, and, as Grossman and Scala (1993, p. 18) highlight, present a major challenge for health-promoting settings:

> The shift in the emphasis from public health policy to healthy public policy indicates the great challenge of policy co-ordination that is connected with health promotion. It is not an overstatement to point out that public policy can provide people with opportunities for health or deny them such opportunities . . . All big institutions have different sectors that should be co-ordinated by the management . . . the challenging task of health promotion is . . . to introduce new criteria into the decision-making procedures of the organisation.

The university’s plans and policies impact on health, negatively or positively. They have the potential to protect health and promote the well-being of students, staff and the wider community. A corporate commitment to developing an HPU requires health to be
“named” as a criterion in the planning and policy development process, and involves mediation between competing criteria and demands as well as a concern to enable the participation of all stakeholders in order to ensure shared ownership of the resulting policies. Through introducing health as a criterion into policy-making, the university has the potential to build capacities for health into other organisations through contract specification. Furthermore, the university, as a centre of expertise and influence, has the potential to develop its role as an advocate, calling for healthy public policy at local, national and international levels.

The growing interest in “health impact assessment” at European (European Centre for Health Policy, 1999) and national (Ison, 2000) levels offers a useful vehicle for developing the university’s commitment to health promoting policy and planning.

The HPU has been successful in putting health firmly onto the policy and planning agenda, with key actions including:

- formulation and adoption by the university of a Corporate Policy on Health;
- development of strategic implementation guidance on sexual health, transport and mental well-being to guide the working groups’ planning and programmes;
- formulation and adoption by the university of Procedural Guidelines on Drug Misuse;
- inclusion of reference to health, sustainability and the HPU within the University Plan;
- participation in a review of the University’s Mission Statement.

There is still, however, a long way to go – with the next stage being to build on the university expressed intent to incorporate health as a central criterion within the subsequent review of all university policies and to review increased participation in the policy process.

A health-promoting and sustainable environment

The Ottawa Charter for Health Promotion emphasises the importance of appropriate planning and policy development combining with effective community action to create environments which are supportive to health and well-being – and more recent public health declarations have highlighted the importance of integrating health and sustainable development (e.g. WHO, 1997, 1998b). The university is an environment in which people live, work, learn, socialise and develop as people, within the wider context of Preston, Lancashire, and beyond. As well as being a major influence on the local economy, the university, through its buildings, landscape, waste management, purchasing and transport policies, impacts on the local, regional and global environments, negatively and positively.

A number of developments have already taken place which contribute to a supportive environment, including:

- incorporation of health promoting and sustainable elements within building and campus design (e.g. rainwater harvesting, use of wind catchers to enhance ventilation, use of light tubes to maximise natural lighting);
prioritisation of an attractive, green and aesthetically-pleasing campus;
awareness-raising through Green Transport Week;
development of a draft “green commuter plan”;
 provision of a smoke-free environment;
 provision of “safer clubbing” environments within the context of the Students’ Union.

However, funding and other resource constraints have at times constrained progress, particularly in terms of implementing innovative actions within the areas of transport and building design.

A supportive, empowering and healthy workplace

The university is a major employer, and staff make up one of its major communities. An HPU must address the needs of this community, considering how the university can build on good practice to develop further a supportive, empowering and health-promoting workplace.

A commitment to the development of healthy workplaces is integral to the Government’s public health strategy, as expressed through the Healthy Workplace Initiative (Department of Health, 1999, para. 4.27). Core elements of an holistic approach to promoting health in the workplace include empowering management styles, supportive communication systems, appropriate service provision, and personal and professional training and development opportunities.

Key actions contributing to the development of a supportive, empowering and health-promoting workplace have included:
• inclusion of the implications of the HPU within the staff induction training programme;
• allocation of a minimum of six days per annum for staff personal and professional development;
• provision of a staff counselling service;
• provision of men’s and women’s health handbooks;
• collaborative work between Health and Safety, Personnel Services and the HPU concerning stress and mental well-being in the workplace.

Not surprisingly, however, action has been influenced, and at times constrained, by both the current funding climate characterising higher education in England and internal reviews within the University itself.

Student well-being

The university provides an environment in which students are not only educated, but also develop personally and socially. This development has profound impacts on students, not only during their time in higher education, but throughout the rest of their lives – in the choices they take, in their values and priorities, and in their jobs, homes and communities. Changes in the funding, nature and structure of higher education have all had implications for student well-being, with poverty, withdrawal and psychological distress being just some of the major concerns.

It is important that the HPU supports healthy personal and social development. It thus rejects the view that health promotion should be about persuading people to adopt certain “healthy” behaviours. Instead, it seeks to build on the foundation of a supportive environment to enable students to gain knowledge and understanding, to explore possibilities, experiment safely, make their own informed choices and discover and develop their potential.

A small-scale qualitative research project carried out as part of the HPU, suggests that students have a well-developed and holistic understanding of health, but experience considerable stress and anxiety related to a range of underpinning economic, lifestyle, academic, environmental and service-related factors (see Figure 4). The picture is one of students struggling through lack of money, time, information and advice, eating and living generally unhealthy lifestyles, and experiencing a wide range of symptoms such as headaches, irregular sleeping patterns, allergies and relationship problems. The report of the study (Dooris, 1998a, Appendix 4, p. 8) concluded that:

. . . students do not draw boundaries delineating their “health” from their overall well-being . . . It follows that an attempt to promote student health must itself recognise the interconnections and the complexities – and be located within an holistic framework which considers the University setting as an organisational whole and
in turn recognise that the University is influenced by broader local, regional, national and international contexts.

The university has a well-established and highly-regarded range of student services, including advice and counselling, careers, accommodation, sports facilities, a multi-faith centre and a pre-school centre. The HPU has sought to build on this provision through a number of initiatives:

- establishment of a peer education project, ``touch'', promoting harm reduction in relation to drug use and safer sex within a club-night context;
- high visibility awareness-raising weeks in support of World AIDS Day, World Mental Health Day, Green Transport Week and other national/international events;
- provision of men's and women's health handbooks (also targeted at staff).

These initiatives have all been well evaluated. “Touch” is now in its third year and has recruited an increasing number of student volunteers and been profiled by the Home Office Drug Prevention Advisory Service. The university has, for the past four years, provided a focus for World AIDS Day events within North West Lancashire; and the handbooks have been reprinted and disseminated to all first-year students (and all new staff).

**Academic development**

The role of the university as a centre of learning offers enormous potential for health promotion, through means of academic development. In relation to curricular development, the Ottawa Charter (WHO, 1986) emphasises: the role of information, education and learning opportunities in the development of personal skills and in the strengthening of community action; the need for changes in professional education and training to facilitate a reorientation of health services; and the importance of “health” being integrated more widely into public awareness and professional competence [beyond the “health” professions]. “Saving Lives: Our Healthier Nation” (Department of Health, 1999) further emphasises the importance of skills development, highlighting the opportunities offered by the Healthy Schools Programme. The recent focus on key skills development in higher education clearly offers potential for HPUs to develop work in this area.

In relation to research, Boyer (National Commission on Education/Council for Industry and Higher Education, 1994) suggests a four-part paradigm of scholarship – involving a dynamic interaction between discovery, integration, application and transmission. He suggests that whereas much past research has focused solely on discovery, the twenty-first century will demand an increased focus on integration, application and transmission. Viewed in this way, it is apparent that research is an essential component of the HPU.

Successful developments in this area have included:

- development of inter-disciplinary modules (e.g. sustainable development and health; arts, creativity and health);
- incorporation of health-related assessed work into curricula outside of the Faculty of Health (e.g. performing arts, photography), linked to events such as World AIDS Day;
- work with the Key Skills Project to facilitate a shared agenda and synergy in relation to transferable personal skills development;
- a proposal to develop an elective in peer education, linked to the “touch” project.

However, there is clearly scope to develop this work further, to ensure that opportunities throughout the curriculum and across all faculties are explored and progressed.
The university in the wider community

As Naidoo and Wills (1994, p. 165) 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 current thinking on the role of universities (Committee of Vice Chancellors and Principals, 1995).

The university cannot be separated from the wider context of Preston, Lancashire, and beyond: it is a major institution with more than 22,000 students in a town of approximately 130,000 people. 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. So key action has included:

- prioritisation of access and equal opportunities policies to ensure that the university serves the diversity of local and regional communities – through educational, recreational and cultural provision;
- active participation in health-related partnerships at local (e.g. Health Strategy Board and the Healthy Preston 21 initiative), regional, national and international levels;
- engagement of local communities through HPU project work (e.g. a quilting project in support of World AIDS Day);
- involvement of external voluntary and statutory agencies in HPU Steering Group and working groups;
- linking with parallel initiatives such as Learning from Work to encourage student involvement in the wider community.

There is, however, the potential to extend this work further and to develop more fully the role of the HPU within the wider community.

HPUs: reflections and future directions

In reflecting on the development and practice of the HPU at the University of Central Lancashire, it is possible to identify a number of challenges and opportunities. A challenge to any new initiative is what can be termed “project-ism”. For the first few years of the HPU, people viewed it as a discrete and contained project – interesting, important even, but definitely the responsibility of a named co-ordinator. The challenge has been, and still is, to move to a position where the initiative is understood to be mainstream and health promotion is seen to be everyone’s responsibility.

A further challenge is that many people would like health to be “respectable” and kept within certain boundaries. However, health does not 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 about sex in a language that people can relate to. Promoting mental well-being means recognising the links between environments, behaviours and health and tackling underlying factors such as prejudice and intolerance.

Similarly, many people would prefer the HPU not to “rock any boats”. What this translates to is a belief that health promotion is about only individual responsibility and self-help. The HPU, 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 needs to focus on areas such as management style and culture, communication systems, decision-making procedures, workload, levels of pay and job security-issues which are likely to be uncomfortable and difficult. Clearly the challenge is similar to that of getting health onto the university agenda in the first place, in a climate characterised by funding difficulties and rapid change. Mediation for health is important here, as is tackling the issues in ways that use appropriate language and “tap into” current concerns, whether they be student recruitment and retention, staff performance or legislature regarding stress.

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 to build senior management commitment while developing broad-based ownership by staff, students and the wider
community. The politics of this dual process can be extremely challenging.

However, while the challenges remain very real, the success of the HPU highlights a number of opportunities. An evaluation of the first phase of the initiative (Dooris, 1998a) highlighted a growing recognition of the HPU’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. Through working in a reflexive and integrative way – respecting the wealth of good practice already developed and seeking to harness energy, motivation and resources – the initiative has been largely successful in achieving its short-term objectives.

Having in a sense “broken down” health and health promotion into a number of easily digestible parts – sexual health, mental wellbeing, transport, building design, 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. While continuing to operate a thematic working group structure, the initiative is focusing increasingly on “horizontal” cross-cutting processes, such as policy and planning, training and development and communication.

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” (Toyne and Ali-Khan, 1998) 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. The HPU 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.

As indicated above, the WHO Regional Office for Europe have endorsed the development of work within the higher education sector. The 1997 “Round Table” meeting produced criteria and strategies for a new WHO European Network of Health Promoting Universities and the publication “Health Promoting Universities: Concept, Experience and Framework for Action” (Tsouros et al., 1998) provided more detailed guidance for universities interested in establishing their own initiatives. This commitment has been expressed through the Healthy Cities Project Phase III Strategic Plan (WHO, 1998c), in which one of the strategic priorities is:

...promoting initiatives to promote health in specific settings of cities, including the development of Health Promoting University projects.

Discussions concerning the implementation of this are ongoing, and a major international conference “Universities, Colleges and Sustainable Health: A Twenty-first Century Investment” is being organised by the University of Central Lancashire, in collaboration with WHO, in September 2000. This offers a potential springboard for future regional, national and international networking and development. Watch this space!

Note

1 The term “sustainable health” is increasingly being used to emphasise two facets of effective health promotion: first, a recognition that health is dependent on environmentally and socially sustainable human development – as articulated within Agenda 21 (United Nations, 1993, Earth Summit: Agenda 21, UN, New York); and second, a concern to ensure that health promotion interventions are themselves durable and sustainable in the way they are set up and implemented.

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