

Healthy Universities: Taking the University of Greenwich Healthy Universities Initiative Forward

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Abstract

The last 15 years has seen the development of the Healthy Universities approach within higher education and the role of the University in promoting health and wellbeing among staff, students and the local community (Abercrombie et al 1998; Dooris et al 1998; Dooris 2005; Doherty and Dooris 2006; Warwick et al 2008). Literature has been innovative and practical, focusing upon its historical development and creation of official arrangements for delivery, for example, Dooris, 2001. This paper aims to use and expand this important work by focusing upon what we perceive to be important policy and practice developments to take forward the University of Greenwich pilot initiative.

It sets out the background to the national Healthy Universities initiative within the settings based approach, briefly outlines the University of Greenwich Healthy Universities pilot initiative; and ends by considering the broader developments in policy and practice that go beyond the view of Universities as traditionally concerned with issues around, for instance, alcohol and drugs; but that can be used to argue for continued development of the pilot into a holistic strategy to be embedded within the University and local community. These are developments in current government policy; community development and engagement; and wider social and technological changes.

Introduction

The English National Healthy Universities Initiative was established in 2006 and over 60 Higher Education Institutions (HEIs) are members (<http://www.healthyuniversities.ac.uk> 2011). This development is timely given increased emphasis on health and wellbeing in the workplace as the Higher Education Funding Council for England report on the Higher Education Workforce framework (2010) and the Boorman review of NHS health and wellbeing (NHS 2009) illustrate. Additionally, the overarching public health vision established in *Our Health and Wellbeing Today* (Department of Health 2010a) for strong and inclusive communities and a healthy and attractive environment would seem to provide a contemporary policy context for the initiative.

The University of Central Lancashire (UCLan) have lead in developing the concept of a healthy university. In October 2009, UCLan and Manchester Metropolitan University (MMU) were commissioned by the Royal Society for Public Health to work on a project funded by the Department of Health to develop a model for Healthy Universities and produce recommendations for development of a National Healthy Universities Framework. UCLan established a broad formal settings-based health promotion approach – The Health Promoting University Initiative. The overall aim is to adapt university structures, policies and procedures into University and community health promotion and embed its cultures and practices inside and outside of the institution by supporting sustainable health.

Much of the literature around Healthy Universities advocates planning and delivery approaches within the settings based approach. This situates individuals within a given social or organizational context that influences health behavioural drivers and

motivations such as neighbourhoods, schools, cities or workplace communities (Theaker and Thompson 1995; Dooris et al. 1998; Dooris 2001; Wills and Earle 2007; Dooris and Doherty 2009). The context of the setting or organization influences the different interventions required. It draws upon socio-ecological models of health and wellbeing which view individuals as existing within prevailing overlapping social, cultural and economic milieus, which provide resources to draw upon at one point but withdraws them at another point.

Pricewaterhouse Coopers LLP, who were commissioned by the Health Work and Wellbeing Executive to undertake a report alongside the review by Dame Carol Black (2008) suggest, there is not a 'one-size fits all' approach that can meet health and wellness needs (PriceWaterhouse Coopers LLP 2008). This is implicitly acknowledged in the development of the Healthy Universities network with its specific aims and the diverse tools and perspectives to meet the needs of different HEIs.

Beattie (1998) focused on frameworks for delivering action learning health promotion at University College of St Martin, Lancaster. He was particularly interested in how economic and management structures constrained delivery of the strategy as much as the complexity of students' lives, concluding that health promotion in Universities requires a range of frameworks. White (1998) also focused upon planning and delivery of health promotion in a medical school setting, seeing the main challenges as mainstreaming activities and securing funding. Dooris (2001) considered the settings based approach in depth and focused on the need for joined up processes of policy, planning, training and development in implementing Healthy Universities at UCLan. More

recently Dooris and Doherty (2010a) in a review of current national initiatives, found mainstream agendas such as staff and student recruitment, institutional productivity and sustainability are conducive to the approach. On the other hand, lack of evaluation, difficulties in integrating health into a 'non-health' sector and the complexity of securing sustainable cultural change counteract it.

This work has been useful in developing the national strategy as well as influencing the University of Greenwich pilot initiative and, as has been mentioned, numerous tools and strategies have emerged to assist development and delivery. This paper aims to use and expand upon this by setting out current developments in policy and practice that needs to be referred to more explicitly, to progress with the pilot initiative

The University of Greenwich Healthy Universities Pilot Initiative

Drawing upon the tools disseminated on the Healthy Universities website, the School of Health and Social Care, University of Greenwich, has initiated a Healthy Universities pilot initiative, initially with £10,000 of funding. The pilot is predicated upon the settings based approach that the University as an organization is a determinant of its members' health and wellbeing. The Steering Group has been set up that initially veers towards the initiative as an "aspirational model" (Dooris and Doherty 2010b). This acknowledges the initiative as a staged process, which is unique to each institution, and recognises, for instance, financial and operational constraints. It has developed the following aims around three stakeholder groups, students, staff and the local community:

- To use the School's staff and student expertise and structures to develop events and activities to encourage healthy living and wellbeing among staff and students;
- To provide opportunities for staff and students, to develop their professional and academic skills in relation to health and wellbeing;
- To create health enhancing physical and social environments for staff and students;
- To raise the profile of the School and its ability to contribute to the health and wellbeing of the university community and to eventually foster knowledge and commitment to healthy living and multi-disciplinary health promotion across all Schools and Departments, as a result of the pilot;
- To develop collaborative partnerships with local and community groups and individuals who have an interest in local health and wellbeing promotion in Greenwich and Bexley and further afield. To gain upward influence and more strategic buy in, it is anticipated that the committee will work towards incorporating the initiative into the University mission statement.

As things stand, the Steering Group has decided that resources for the pilot initiative are best allocated to activities that will begin to create sustainable health enhancing processes. They will also give the committee activities that can be monitored and evaluated in the future (White 1998).

Project Activities

In terms of project activities, the initiative has embarked upon various health promotion strategies which maximize publicity and ensure widest potential dissemination of information and education. Two significant ones were:

- A health and wellbeing policy and practice conference was held in June, 2010, which brought together academics in the field, local community groups and practitioners, to discuss relevance and implications of the Coalition Government's emphasis upon wellbeing and its impact upon professional practice;
- Staff and student health and wellbeing days have been held, organized by the Human Resources Department, supporting Healthy Universities. These have promoted health advice and information through, for example, stalls organized by local organizations that have an interest in health and wellbeing. Here, the emphasis is on individual level interventions (Giga et al. 2003), provision of skills and knowledge to students and staff, to understand and enable health and wellbeing.

Activities are designed to take the form of individual/organization-level interventions (Giga et al. 2003). These target specific issues relating to the interface between the individual's needs and those of the organization. They concentrate upon how the University as a setting can enable individuals to change behaviour, which has beneficial impacts on its overall functioning. The Steering Group also intends that activities and

events are intended to empower staff and students and enable them to make healthy choices through a supportive environment. From the strategic viewpoint, it is hoped that visibility will be enhanced by incorporating it into the BSc Public Health and BSc Wellbeing degrees and gaining increased support from academic structures in the University.

The Steering Group is planning the following events and activities for future development:

- Production of twenty minute video/DVDs offering advice and signposting students to support across transition issues from home to university, for instance, loneliness, mental health, isolation and drinking, and work life balance. These can be used on websites and digital platforms, such as lecture theatres, smart phones and other enabled devices and online portals; this work can be developed as best practice and disseminated among other Higher Education Institutes.
- Production of a leaflet, consisting of information signposting students to University services and local community organizations that can assist with issues around alcohol, mental and sexual health. The leaflet will be produced in conjunction with the Students' Union and designed by students.

As it develops, and resources permit, it is anticipated that students and staff will become involved in other potential activities; for example, voluntary work with local organizations. This will involve coordinating voluntary work with other parts of the University, for instance, the Guidance and Employability Team (GET) that advise students around employment issues and arranges voluntary activities with local organizations. It is also anticipated that future consultation with students and staff around their needs will be achieved.

The initiative is assuming the form of a holistic activity based intervention, involving other teams throughout the University, an important part of the settings-based approach. Furthermore, the pilot initiative promotes the concept of the University beyond the instrumental approach that sees it purely in terms of equipping individuals with skills and knowledge that promote competence in the market place (NEF 2008). The importance of health and wellbeing as a contextual and organizational driver of change and culture is emphasized which demands collective action. It is broader developments in policy and practice that will be used to continue the project beyond the pilot that we shall now turn to.

Future and Developments and Practice

Current Government Policy towards Health and Wellbeing

There has been growing UK government policy relating to occupational health and wellbeing (Beaven-Marks et al 2011). Dooris and Doherty (2010b) argue that health and wellbeing remain marginal to the core mission of universities, despite growing interest in it. Healthy Universities at the University of Greenwich is pushing for more recognition of current government policy, which increasingly places health and wellbeing at its centre (McNaught and Malham 2011). They are conceptualised, not only in terms of absence of pain and disease, but how they are produced through individual action and wider communities and organizations (Department of Health 2010a). It also views health and wellbeing holistically on the social, physical, psychological and environmental level, recognizing complex processes and structures influence health and wellbeing. The move to “localism” and the “shifting of power to local communities” (Department of Health 2010b) lends its support to tackling health inequalities and formulating health promotion from the settings perspective, as well as mainstreaming concepts of wellbeing.

Settings and organizational based health promotion strategies, not only produce outcomes, but actually spell out contexts of choices and responses (e.g. personal, social and geographic). This occurs according to organizational culture and environment, for instance, how the intervention works and the internal and external individuals and organizations that are drawn into it. Healthy Universities at the University of Greenwich is embracing the idea of health promotion as local capacity, drawing the organization into the wider community, sharing its resources, but drawing support from it too, through developing future reciprocal arrangements. Change is

delivered at the local level. It is widely anticipated that Healthy Universities can contribute to the work of Health and Wellbeing Boards, currently being established in England and Wales as a result of changes to the public health structure. (Department of Health 2010b).

Community Action and Engagement

The settings based approach is often utilized in community based public health interventions where emphasis is upon how the organization affects the health of the individual but also how participants draw upon the organization's internal and external resources, values and structures to construct and interpret their own health behaviour. The approach is akin to the concept of "organizational" health promotion (De Joy et al 2003), whereby health promotion is perceived in terms of a dynamic interplay between organizations and individuals, enhancing human capital and wellbeing within the organization. Organizational support, peer group interaction, employee participation and communication are key to involvement and development of organizational culture.

Although current literature around Healthy Universities emphasises the need for participatory and "bottom up" processes of development and delivery (Dooris 2001; Dooris and Docherty 2009), the approach needs to be developed into solid community action and engagement strategies which have far reaching implications beyond the University as a setting for sustainable interventions. The pilot is perceived to have potential to become part of local community development. It operates on the basis of promoting social change, healthier lifestyles and has reciprocal obligations to the local

community. As well as promoting specific health education on campus, it integrates itself into the very local decision making procedures influencing wider practice and initiates change beyond original boundaries.

It utilizes its influences to create new ways of making sense of community and lifestyle needs (Ledwith and Springett 2010). Thought and engagement go beyond the immediate intervention (Kindon et al 2010). Community engagement evolves according to plurality of need and the very structures and processes through which needs and solutions are articulated (Cropper and Goodwin 2007). As a result, any extension of the pilot must enhance engagement with the local community, lay and professional stakeholders. Furthermore, McNaught (2011) develops the concept of community wellbeing whereby communities enhance wellbeing by equipping individuals with social capital, for example, skills, goods and resources required to enable individuals to develop adequately (Coleman 1998; Putnam 1995; 2001; Baum and Ziersch 2003). This enables individuals to transfer personal resources into the community to foster collective action and resource sharing that others may build upon.

Technological and Social Changes

Whilst Healthy Universities appropriately accentuates the capacity of health promotion around local solutions, the Steering Group are aware of the impact of wider technological and social changes on health and wellbeing and delivery of settings based approaches. As Giddens (2002) comments, intensification of relations globally have an

effect on distant localities. What happens in one's neighbourhood is often shaped by global occurrences. The spread of HIV/AIDS and infectious diseases across borders are examples. Friedman (2005) alerts us to increasing interdependence of individuals through the spread and mobilization of global information technology, for instance, the Internet. Technological development empowers individuals through access to new information and wider relations with others. In terms of the workplace and educational setting, this will encourage increased communicative interaction and decline in traditional work based offices, as we move to more portable methods of working, allowing organizations to respond flexibly to changing global and organizational changes. (Steiner 2005).

However, O'Driscoll and O'Driscoll (2010) argue that whilst providing advantages for individuals with increased access to information and changing work patterns, these developments also have negative effects on, say, mental health and wellbeing with issues such as frustration, anxiety and feelings of inadequacy when using the technology. Insecurity that new technology will replace the individual is also a concern. As new technologies develop, diverse skills and knowledge will be required by both students and staff throughout the University, both as a location for learning and working. It is anticipated that Healthy Universities will develop new and existing strategies to enhance adaptation to new technologies and employment that increases skills and confidence for students and staff, through formal training and organized workshops covering key employment and job search skills for students. This assumes the form of "social investment" whereby individuals are encouraged to concentrate on necessary

skills and knowledge to compete in the labour market (Giddens 1998). Developing and mainstreaming wellbeing can enhance productivity and improve an organization's overall performance by enhancing personal control and social support (Diener et al 2009). Integrating concepts of wellbeing across local organizations may also increase satisfaction and productivity on a community basis, as well as encouraging more individual engagement and creativity in it (Warr 2007).

Furthermore, Dooris (2001) asserts that changes in funding arrangements and structures of Universities have implications for student wellbeing, with poverty, non-completion of degrees, and psychological distress having major impacts. Even more far reaching changes to the finances and structures of higher education will undoubtedly continue these effects. As a result, there is potential to turn the initiative into a developing social enterprise, whereby the University develops entrepreneurial approaches, encouraging innovation from students and staff, within organizational change and dynamics.

Conclusions

A plethora of useful and innovative literature has been produced over the last 15 years around the concept of Healthy Universities, with a number of British universities developing the idea. The University of Greenwich is drawing upon this to develop a pilot initiative around it. This paper has briefly considered this and articulated current developments in policy and practice that can be used to take it forward and expand it

locally and nationally into a credible force for effective and sustainable community wellbeing.

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