



WHO

REGIONAL OFFICE FOR EUROPE

SCHERFIGSVEJ 8
DK-2100 COPENHAGEN Ø
DENMARK
TEL.: (45) 39 17 17 17
TELEFAX: (45) 39 17 18 18
TELEX: 12000
E-MAIL: POSTMASTER@WHO.DK
WEB SITE: [HTTP://WWW.WHO.DK](http://www.who.dk)

EUR/ICP/POLC 06 09 01
ENGLISH ONLY
UNEDITED

*HEALTH PROMOTING
UNIVERSITIES PROJECT:
CRITERIA AND
STRATEGIES FOR A NEW
WHO EUROPEAN
NETWORK*

Report on a WHO Round Table meeting

Lancaster, United Kingdom
24–25 July 1997

TARGET 14

SETTINGS FOR HEALTH PROMOTION

By the year 2000, all settings of social life and activity, such as the city, school, workplace, neighbourhood and home, should provide greater opportunities for promoting health.

ABSTRACT

The WHO Regional Office for Europe held a meeting to determine the scope, purpose, objectives and products of a project for health promoting universities. Topics of discussion included the concept of the project, its organizational development and management, and criteria and mechanisms for network membership. It was suggested that the guiding principles pay particular attention to equity, accountability and sustainability, and, to convince prospective members of the value of the network, it should be evidence based. To facilitate the management of the project, the participants agreed that guidelines for managers be collated, including an explanation of organizational development. They also debated three strategies for networking, favouring a network with a commitment to the project philosophy, products and infrastructure over looser affiliations that would yield higher membership but lower levels of commitment. Finally, a four-step strategy for launching the project, including future products, was summarized.

Keywords

HEALTH PROMOTION
UNIVERSITIES
ORGANIZATION AND ADMINISTRATION
EUROPE

© World Health Organization

All rights in this document are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language (but not for sale or for use in conjunction with commercial purposes) provided that full acknowledgement is given to the source. For the use of the WHO emblem, permission must be sought from the WHO Regional Office. Any translation should include the words: *The translator of this document is responsible for the accuracy of the translation.* The Regional Office would appreciate receiving three copies of any translation. Any views expressed by named authors are solely the responsibility of those authors.

CONTENTS

	<i>Page</i>
1. Objectives of the Meeting	1
2. Opening remarks	1
3. Introduction to the meeting	1
4. The discussion document	2
5. The future	3
1. Information dissemination	4
2. Multi-level resource strategy for the Project	4
3. The launch of the Project	4
4. Recruiting universities	5
Annex 1. List of participants	6
Annex 2. Summary of the main points of discussion on the document	7

The Round Table meeting was attended by 17 participants, representing 8 universities and the United Kingdom NHSE North West. University delegates included Pro Vice-Chancellors, Heads and Senior Lecturers in Public Health/Health Studies Departments, and Health Promoting University Project Coordinators (see participants list Annex 1).

1. Objectives of the Meeting

The objectives of the meeting were:

1. To determine the scope, purpose, goals and deliverables of the Health Promoting Universities Project.
2. To determine the main strategies and the operational elements of the proposed WHO European Network of Health Promoting Universities.
3. To discuss networking options and alternative coordination and support arrangements, and to discuss options for packaging the Health Promoting Universities Project.

2. Opening remarks

Professor Bill Ritchie (Vice-Chancellor of the University of Lancaster) welcomed participants to Lancaster. He commented that much of the learning of the first phase of the Lancaster Health Promoting University Project was reflected in the discussion document which provided the background paper for the meeting.

Ms Aislinn O'Dwyer added that it was timely that the round table meeting to discuss a new setting was being hosted in the United Kingdom when the United Kingdom Government had just announced the preparation of a new health strategy 'Our Healthier Nation'. The new strategy will include two key settings for health: workplaces and schools, and focus on inequalities in health. Universities could be a vital element of this new strategy.

3. Introduction to the meeting

Dr Agis Tsouros thanked Lancaster University, the NHSE North West and Morecambe Bay Health Promotion for supporting the development of the proposed Project.

He then set the scene for the meeting by describing how, since commitment was made to Health for All, and the signing of the Ottawa Charter in 1986, Europe is now more mature in terms of health, health development, social development and sustainable development. Across Europe, health in the workplace is a recognized priority and yet still at its early stages, and work on Health Promoting Schools has not yet engaged all types of 'school' or learning environment.

He suggested that universities are legitimate ground for development as health promoting settings in terms of their roles as workplaces and learning environments. Healthy Cities were at the beginning of the settings movement and since then WHO has given legitimacy and support to other settings developments including Health Promoting Schools, Health Promoting Hospitals and more recently Healthy Prisons. He stated that Health Promoting Universities have been incorporated into the WHO Healthy Cities Project plan.

4. The discussion document

Dr Tsouros referred participants to the discussion document *Criteria and Strategies for a new WHO European Network* and to the comments which had been received from representatives of other WHO departments and universities.

He said that the details in the document provide a model for active engagement by universities. Experience with other settings suggests that statements and declarations of intent are not enough by themselves and that this formula will stimulate action in universities. He suggested that there are advantages and disadvantages of a formalized and organized network as opposed to a loose and open network. A more structured and regulated network allows some form of 'control' over innovation and the monitoring of practical developments.

The meeting then discussed general issues arising from the discussion document followed by a structured consultation on each section of the document.

General issues

It is essential to state the benefits to universities of involvement in a Health Promoting University Project. It is also important to state why it is worth investing in universities as settings, considering that they are traditionally seen to consist of relatively healthy population groups. Later in the meeting each participant contributed their own reasons for the above which will be included in the revised document.

It was suggested that Health Promoting Universities initiatives should be evidence-based, in order to convince 'clients' that they are worth pursuing. It was suggested that proof is required that the outcomes of Health Promoting Universities are greater than the sum of piecemeal approaches. Dr Agis Tsouros stated that there is evidence to suggest that the settings approach mobilizes action and support, and unleashes energy and interest in a wider range of functions and departments in the organization. In the long term, evaluation of Health Promoting Universities will be required, but he suggested there is sufficient evidence that Health for All and the settings approach brings demonstrable results.

It was agreed that it would be useful to provide evidence of the health status of universities. There is evidence to suggest that, in the United Kingdom at least, successive cohorts of students are less healthy than previous ones. It was agreed to conduct a review of available research of health in universities which could provide an annex to the revised strategy.

A definition of Health Promoting Universities is required. Discussion ensued regarding the scope and mission, and qualities of Health Promoting Universities. Detailed discussion in small groups was later recorded.

It was suggested that the processes involved in Health Promoting Universities require *mediation* between the various departments and functions and also *facilitation*. University managers are required to make choices with apparently conflicting criteria. It was agreed that a 'tool kit' or guidelines to universities should be collated which would assemble the various documents available from existing projects and which would include job descriptions, evaluation reports, etc.

It was agreed that Health Promoting Universities offer an opportunity to review existing health promotion action, to identify gaps and to bring together a whole range of health agendas in universities.

Specific issues

Most of the rest of the meeting was spent discussing the details of the document. Participants divided into three small groups to discuss *the concept and practice of Health Promoting Universities*. There was a whole group debate on this and *the mechanisms of the Network and criteria for membership*. (For a summary of the main points see Annex 2).

There was a consensus that the key points should be addressed in the revision of the document.

Dr Agis Tsouros summarized this debate by suggesting that there are three strategies for networking within a proposed WHO Project:

Firstly, there is the kind of network outlined in the document which requires that universities meet the criteria in all the four areas:

- commitment to the philosophy
- infrastructure
- deliverables
- networking

Secondly, there is the possibility of creating a loose affiliation of universities with a lower level of commitment and hoping that in time this will give rise to a number of leaders in the field with a strong commitment and demonstrable outcomes.

Thirdly, there is the possibility of networking at national level (with a lower level of commitment) in the hope that national leaders will emerge to facilitate international networking.

Dr Agis Tsouros said that he considered the first one to be the most desirable option in the first instance, despite reservations expressed about universities' ability to meet the criteria required for membership. He believes there is much interest in the concept and suggested that we should 'test the water' with this approach.

5. The future

It was recognized that to date there was a strong English-bias in the meeting and that there was a need to involve and attract European universities, and to incorporate European perspectives into the Network. Silke Graeser, representing the network of North German Health Promoting Universities agreed to provide a link to the network, to encourage participation and to make contact with the Regional Government.

Finally Dr Agis Tsouros summarized the four next steps in launching the European Project and participants in the meeting agreed to certain actions.

1. Information dissemination

- The book on Health Promoting Universities, which is based on the proceedings of the conference of September 1996 will be ready at the end of November 1997. Advance publicity about the book will begin at the beginning of September. This will publicize the concept of Health Promoting Universities in advance of the Network.
- The revised strategy paper will be ready and circulated to key individuals and agencies by the end of September 1997.
(WHO Healthy Cities Office/Gina Dowding)
- A 'brochure' which packages the key components of the strategy for audiences in Universities, and specifically for Vice-Chancellors, will be produced shortly after the strategy and will be sent to universities widely throughout Europe.
(WHO Healthy Cities Office/Gina Dowding)
- A review of research on the 'health of universities' will be published.
(Martin White to submit terms of reference to WHO)
- A 'tool kit' for universities will be prepared with support from the Healthy Cities Project Office which will include project coordinator job descriptions, etc.
(Information from Projects to be collated by Healthy Cities Office)

2. Multi-level resource strategy for the Project

- Resources from the EU/DG5 and other European funding will be sought.
(WHO will make representation to DG5 along with university representatives. The universities of Central Lancashire and Lancaster have expressed interest in sending delegates)
- Plans for a European Health Promoting Universities project should be publicized, with reference to funding, to
 - National and sub-national Government Ministers
 - National higher education agencies (e.g. CVCP)
 - National health promotion agencies (e.g. HEA)
 - Deans of Medical Schools across Europe (and Deans of Health Studies where appropriate).
 - The European Council for Rectors*(Professor Nick Abercrombie to contact CVCP and CRE)*
- WHO will include Health Promoting Universities into its 1998–1999 Healthy Cities Programme framework.
- The possibility of appropriate private finance opportunities to be explored (e.g. from the banking community).

3. The launch of the Project

The Project will be launched at a European event in 1998, which it is hoped will be hosted by a non-English university.

4. *Recruiting universities*

The brochure, aimed primarily at Vice-Chancellors and other non-health promotion specialists in universities will invite applications for further information about the Network. WHO will use the existing Healthy Cities Networks and contacts to distribute the brochure. This should be ready for distribution in December.

Finally, Dr Agis Tsouros thanked participants for their time, energy and enthusiasm in the meeting.

Annex 1

**Strategic Development of Health Promoting Universities
Round Table Meeting, 24–25 July 1997
Lancaster House Hotel**

List of participants

Agis Tsouros	Healthy Cities Project, WHO Regional Office for Europe
John Ashton	Regional Director of Public Health, NHS Executive North West
Aislinn O'Dwyer	Specialist in Public Health and Primary Care, NHS Executive North West
Cathy Wynne	District Health Promotion Officer, Morecambe Bay Health Authority
Gina Dowding	Health Promoting Universities Development Officer, Lancaster University
Nick Abercrombie	Pro Vice-Chancellor, Lancaster University
Tony Gatrell	Director of the Institute for Health Research, Lancaster University
Mark Dooris	Health Promoting University Project Coordinator, University of Central Lancashire
Margaret Mackeith	Pro Vice-Chancellor, University of Central Lancashire
Martin White	Senior Lecturer in Public Health, University of Newcastle-upon-Tyne
Graham Watkinson	Senior Lecturer in Health Studies, University of Portsmouth
Carol Martin	Head of Student Services, University of Portsmouth
Silke Graeser	Lecturer, Universität Oldenburg, Germany
Jane Jacks	Director of the School of Health, Liverpool John Moores University
Barry Hurst	Senior Lecturer, School of Health, Liverpool John Moores University
Isobel Daniels	Researcher, Faculty of the Built Environment, University of the West of England
Ton Oostveen	Senior Lecturer, University of Maastricht

Annex 2

Summary of the main points of discussion on the document

The concept and practice of Health Promoting Universities

A. *Philosophy*

- The guiding principles
- The aims and objectives
- Qualities
- Translating the Project objectives into action
- Outcomes/deliverables

B. *Process*

- The process
- Structures and coordination

A.

- A more detailed background should be provided, covering
 - the scope and mission of Health Promoting Universities
 - definitions and understandings of health
 - experience of the settings approach in other settings.
- The guiding principles should be clarified and expanded, with particular attention given to equity, accountability and sustainability.
- The aim of Health Promoting Universities should be to promote and maintain health (and reference made to the objective that they should not be health damaging).
- The objectives should be revised and should be more specific about
 - links with the community
 - primary care services' response to local health problems.
- Examples of action should be given in relation to both the qualities of Health Promoting Universities and to the Project objectives.
- More details of Project deliverables should be given which relate not only to the process but also to impact and outcomes.

B.

- Explanation should be given regarding organizational development and the experience of other settings.
- The model of Project Management proposed may be seen to be proscriptive and challenging to the culture in universities, and should be introduced with the rationale for this methodology.

- There was much discussion about the proposal for a Project Officer and the conflict between the necessity of someone responsible for coordinating the project and the cost implications of this to universities. Professor John Ashton gave the meeting a summary of the development of Health Promoting Prisons in the United Kingdom, stating that Prison Governors took the role of project coordinators. However it was also stated that Universities are a much more diverse and disparate organizations with a number of managers. It was felt that time and resources must be made available for Project management and coordination.

The mechanisms of the Network and criteria for membership

- Each setting has developed its own way of networking, which reflects the characteristics of the organization. For example prisons network via national agencies. It was felt that the nature of universities means that a network is likely to be more successful if there is direct participation by individual universities.
- There was considerable debate about the ability and/or willingness of universities to meet the criteria outlined in the discussion document. It was felt that the criteria requires universities to have already made substantial commitment to the concept and were not likely to attract universities who were embracing the concept anew.
- Much concern was expressed about the budget periods of universities being less than five years (in many cases, one or two years) and the inherent difficulty in making a commitment for five years. It was clarified that the five-year commitment period was based on a 'political' commitment to the Project and it was accepted that funding would need to be reviewed within this time frame.