



Runanga Whakapiki Ake i te Hauora o Aotearoa
Health Promotion Forum of New Zealand

Health Promotion Settings – an Opportunity to Improve Health

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Overview from HPF

The interdisciplinary nature of health promotion places it at the cutting edge of health and wellbeing: offering creative and effective ways to promote wellbeing and protect groups, communities and populations from health challenges. It is a discipline and process that focuses on empowering people and communities to take control of their health and wellbeing. Ranging from action at a community level to developing policies, it is founded on the principle that health and wellbeing begins in the settings of everyday life (Health Promotion Forum of New Zealand, 2014).

Within Aotearoa New Zealand the Health Promoting Schools (HPS) is a successful approach that facilitates participation and action by the whole school community to address health and wellbeing issues of students, staff and their community, and integrates health and wellbeing into the school's planning and review processes, pedagogy, curriculum and assessment activities.

To explore the settings-based approach further the Health Promotion Forum has commissioned this international evidence based paper to inform future discussion, planning and potential health promotion initiatives.

Introduction

Health promotion is now widely acknowledged as a distinctive part of public health that plays a significant role in improving the health and wellbeing of individuals, specific populations and ultimately society as a whole. The Settings Based Approach (SBA) to health promotion is increasingly being recognised as an effective method of engaging individuals and specific communities in targeted health promotion interventions (Dooris 2009).

The challenge health promotion specialists face is the lack of recognition of health promotion as a discipline and the continuing contention between the medical and non medical power base within the health sector (Davies 2013). The recession and austerity have also led to significant cuts in healthcare budgets globally. With the dramatic increase in non-communicable diseases (NCDs), this now accounts for the death of more than 36 million people globally each year (WHO 2013). It is suggested that the SBA could, if measures of success and cost effectiveness of health promotion activity can be established, have a positive impact on the health and wellbeing of the wider population.

Health Promotion Today

Health promotion today represents a unifying concept, bringing together a diversity of disciplines and approaches, ranging from educating people about their health to developing and implementing strategy and policy. Health promotion emerged in the 1970s with the Lalonde Report (1974) which was followed in the early 1980s by work undertaken by the European Office of the World Health Organisation culminating with the Ottawa Charter in 1986. Since then, there have been a number of international conferences, strategies and global directives (WHO 1986, 2005, 2009, 2013) developing on emergent health promotion work.

Three decades on, a clear definition of health promotion continues to cause debate with authors such as Cragg et al. (2013), Davies (2013), Green and Tones (2010), and Seedhouse (2004) highlighting this.

Despite this debate, the key principles of health promotion remain consistent with empowerment and enablement. This is a focus for practitioners; particularly with the increased focus on the prevention agenda.

The World Health Organisation (WHO) asserts that:

“Health promotion, and the associated efforts put into education, community development, policy, legislation and regulation, are equally valid for prevention of communicable diseases, injury and violence, and mental problems, as they are for prevention of non-communicable diseases”. <http://www.who.int/healthpromotion/en/>

What is the Settings Based Approach to Health Promotion?

The SBA is derived from the biomedical model and is now within the socio ecological paradigm. The SBA was developed in the 1980s with its roots lying within the WHO strategy of ‘Health for All’ (WHO 1981) and the Ottawa Charter (WHO 1986). Subsequent publications including the Jakarta Declaration (WHO 1997) affirmed this (Dooris 2009). The WHO illustrates the key principles of the settings approach as equity, supportive environments, empowerment, community participation and partnership. The description in the Ottawa Charter depicts this clearly:

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love” (WHO 1986 p3).

It is important to distinguish between health promotion in a particular setting and the ‘*settings for health approach*’ with authors such as Wenzel (1997) warning of the dangers of trivialisation. The ‘*settings for health approach*’ provides an opportunity for a more comprehensive and organised approach through integration of health promotion activities and interventions into all areas of the setting (Green and Tones, 2010, Scriven and Hodgins, 2012). The settings approach is a whole systems approach and recognises that health is multifaceted involving ‘...*inter-related physical, mental ‘spiritual’ and social dimensions of wellbeing – and that it is*

determined by a complex interaction of factors operating at a personal, organisational and environmental level' (Dooris 2013 p40).

Established Health Promotion Settings

The first example of the SBA to health promotion was the Healthy Cities initiative with the first Healthy City conference taking place in Liverpool, UK in 1988. Initially, the settings within the WHO European context classified these as schools, communities and municipalities, workplace and the home and family. Subsequently, however, a number of other settings were added to the original list; namely Health Promoting Universities (HPU), Health Promoting Hospitals (HPH) and the Health Promoting Prison (HPP). An interesting progression in terms of setting was the establishment of the 'Healthy Stadia' (HS) in 2005 and since then, the HS has been supporting sports clubs and their stadia to develop health promoting activities taking a themed approach.

By virtue of the target audience, the HS has the opportunity to engage with a large proportion of young people and men, who are often regarded as 'hard to reach', to influence and promote positive health behaviours of fans, young and old as well as those living in the surrounding communities of the actual stadia itself (<http://www.healthystadia.eu/>). The approach has also been successfully adapted into 'Healthy Islands' and 'Healthy Villages' within the Pacific Island nations. http://www.who.int/healthy_settings/types/islands/en/.

The SBA has the opportunity to assimilate health uniquely into the culture of a living and working situation to promote health with the ultimate aim of improving health and wellbeing (Dooris in Scriven & Hodgins 2012). Kickbush (1997 p 433) goes beyond the 'traditional' settings to propose that places where people eat, shop and socialise should be considered as part of the SBA and increasingly these are through the internet and social media and it is suggested these can provide ideal opportunities to promote health.

Increasingly it is being recognised that people generally do not live in isolation and are therefore affected by a wide range of different settings. Leading experts in the field such as Dooris (2004, 2009, 2013), Hubley & Copeman (2013), Orme (2014) and Scriven and Hodgins (2012), continue to push forward with the health promotion agenda; encouraging progression into non traditional settings such as social media. Loss et al (2014) suggest that online social networking sites are 'novel' settings for health promotion that are ready for development but propose that in order to be effective they need to move beyond basic health education.

Dooris (in Scriven & Hodgins 2012 p29) highlights different models of health settings practice and asserts that "...if the settings approach is to retain integrity and fulfil its potential, it is essential that it is not hijacked by proponents of individually focused behaviour change and reduced to health promotion in a setting". This is a significant challenge and it is therefore important that social capital theory and capacity building underpins the specific setting and that key stakeholders and partners are involved from the outset. There are a number of key features of the SBA which are consistent

across the literature (Dooris 2013, Loss et al. 2014, WHO, 1986, 2013) and these include:

- Ecological, holistic and whole systems approach.
- Strong leadership and direction to manage and change culture.
- Importance of partnerships both within and outside the setting.
- Working with individual skills and capabilities.
- Taking an empowering approach from the bottom up to ensure participation and sustainability.

What is the Evidence?

Debate continues around the effectiveness of the SBA and it is therefore imperative that robust evidence is collated to demonstrate outcomes. Dooris (cited in Scriven & Hodgins 2012) confirms the challenge and complexity of obtaining robust data from the SBA and, as a result, it is often easier to evaluate specific initiatives rather than the whole setting.

This can result in the SBA being vulnerable due to lack of incontrovertible research evidence. However, today there is an increasing evidence base around theory and practice which is supporting the SBA providing knowledge to individuals and organisations of the potential that the SBA can proffer in the challenge to reduce NCDs and ultimately improve population health and wellbeing. Dooris (2005) asserts that to effectively evaluate the setting in its entirety, evaluation approaches must address the exchanges, relationships and collaborative opportunities of the setting taking a holistic and ecological approach.

The Healthy University Initiative

In the UK alone there are 2,340,275 students studying in Universities at undergraduate and postgraduate level supported by, in excess of 370,000 staff (2012/13 statistics HESA). Globally, it is estimated that by 2025 the number of students enrolling in higher education will reach 262 million (David and Mackintosh 2012). Given the significant number of both students and staff globally within universities, as a setting, it has the potential to make a positive impact on the health and wellbeing of the university community as whole.

Here in the UK, a network of Healthy Universities was established in 2006 by Professor Mark Dooris of the University of Central Lancaster (UCLan) and Dr Sue Powell of Manchester Metropolitan University (MMyu). The Royal Society of Public Health (RSPH) commissioned Professor Dooris and Dr Powell to work on a project funded by the Department of Health (DoH) to develop a model for Healthy Universities with recommendations for future work. The network was established as an English Network however in 2013 due to the interest across the UK, this was extended to include Scotland, Wales and Ireland who are now represented on the Project Board. The core aims of the Healthy University are to:

- Create healthy and sustainable learning, working and living environments

- Integrate health and sustainability into core business
- Contribute to the health, wellbeing and sustainability of local, regional, national and global communities (<http://www.healthyuniversities.ac.uk>)

Under the leadership of Professor Dooris, the network meets regularly and, through funding from the Higher Education Funding Council for England (HEFCE), a website (<http://www.healthyuniversities.ac.uk>) was developed. This website is an excellent resource and provides examples of case studies and evidence of best practice from UK based universities and internationally including the Healthy Campus Community (HCC) initiative at Simon Fraser University, Canada (<http://www.sfu.ca/healthycampuscommunity.html>).

Case Study – ‘Fit for the Future’

The Robert Gordon University (RGU) is based in Aberdeen, Scotland, and was granted university status in 1992. Since then it has established an excellent reputation for producing graduates that are sought after by employers. RGU now offers more than 300 courses to over 15,000 full and part time students from 120 countries. It has now been voted the best modern university in the UK by The Times Good University Guide (2013) for the fifth consecutive year.

Like many other universities Robert Gordon University (RGU) had various ‘pockets’ of health promotion work being undertaken across the university, however a whole systems approach was lacking and the focus of the health promotion activity was primarily directed at individual behaviour change in the student population.

Over a period of six years this work was collated and mapped by one member of staff, a health promotion specialist who took the strategic lead. In the absence of specific funding to take the initiative forward, a six week student intern placement from Seattle University in the summer of 2011 provided the opportunity to consolidate this early work. The objectives for the intern were focused on how RGU could take a SBA to establishing RGU as a healthy university for staff and students alike.

Table 1. – Intern Placement Objectives

Objective 1:

Acquire the necessary skills and knowledge to research current progress of a ‘whole university’ approach to the Healthy Universities Model at RGU.

Objective 2:

Acquire the necessary skills and knowledge to review and feed forward a Mental Health Policy at RGU.

Objective 3:

Acquire the necessary skills and knowledge to highlight best value/practice for Health & Wellbeing co-ordination across RGU.

Objective 4:

Acquire the necessary skills and knowledge to showcase the first steps to adopting the Healthy Universities Model at RGU.

At the end of the placement an extensive formal report was produced by the Intern which included recommendations on how RGU could become a healthy university. This work was the catalyst in producing and presenting a business case to the University's Senior Planning and Resource Group who formally approved the establishment of a strategic committee chaired by the Dean of the Faculty of Health and Social Care. The committee was fortunate to secure Dr Steve Boorman, Chief Medical Adviser at Capita PIP Assessment Services as an external advisor. Dr Boorman has extensive experience in Occupational Health and authored the Boorman Review (NHS 2009). He advised that a 'brand' should be developed that would be recognisable by staff and students alike. This was one of the first pieces of work undertaken by the committee who collaborated with the university's design department to develop this. After various iterations the following logo was developed with the strap line '*Fit for the Future*' which the committee felt was appropriate for the university population as a whole.

Figure 1 – 'Fit for the Future' Brand Logo



It is important to highlight that the committee was representative of students and both academic and support staff across the University which is important for embedding the initiative within the culture of the whole university. The period from October 2012 to April 2013 was focused on developing the formal launch along with short, medium and long term outcomes as well as building capacity across the university. The launch of '*Fit for the Future*' in April 2013 was a great success (<http://www.rgu.ac.uk/healthy-university>) with a good turnout of staff and students from across the university and positive PR coverage internally and externally. Students were involved in the launch highlighting projects they had been involved in as part of their academic learning.

Staff Physical Activity & Wellbeing Survey

Unlike many other healthy university initiatives, RGU took the opportunity of developments in the campus to focus on staff health and wellbeing. There is a relative lack of literature and research undertaken in university staff in relation to physical

activity and personal issues including for example general health, stress and workload. In the summer of 2013 all staff from the centre of Aberdeen were relocating to the Garthdee Campus on the west side of the city where all teaching is now delivered. Given the lack of research it was a good opportunity to establish some baseline data on staff health and wellbeing. Physical activity has many benefits, for both physical and mental health, and promoting physical activity in the workplace can enhance staff wellbeing and reduce sickness absence. Before making recommendations on strategies to increase physical activity and wellbeing amongst RGU staff, it was important to explore current physical activity and wellbeing levels along with perceptions of barriers and motivators for increasing activity. This was achieved through an electronic survey developed by a research team from the School of Health Sciences.

The survey was distributed to all staff via e-mail, with print copies available at all RGU sites for distribution to staff without e-mail access. The survey consisted of: (i) demographic details, (ii) two validated measures of physical activity, (iii) a validated mental wellbeing scale, (iv) questions relating to use of on- and off-campus physical activity facilities, (v) questions relating to barriers and incentives to workplace physical activity, and (vi) an invitation for suggestions relating to enhancing physical activity and wellbeing in RGU staff.

The findings allowed the committee to design and implement interventions targeting staff only which included:

- Motivation Mondays – circuit training.
- Wellbeing Wednesdays – Mindfulness sessions.
- Campus Walks.
- Salary sacrifice deductions on gym memberships.
- Salary sacrifice deductions on private medical insurance.

RGU is working collaboratively with Dundee University to develop this initial Staff Physical Activity and Wellbeing work further with the possibility of rolling out to other universities across the healthy university network to formally evaluate. The lack of physical activity is having a significant impact on the health and wellbeing of all age groups with resultant NCDs and it is therefore important to look at how to move those from sedentary to less sedentary and ultimately to being more physically active.

Student Physical Activity & Wellbeing

As part of the launch of the *Fit for the Future* initiative, findings from a pilot of what RGU have termed the ‘Active Classroom’ were presented. Led by a Senior Physiotherapy Lecturer, students from the MSc Physiotherapy (pre-registration) programme designed and led different ways of reducing sedentary behaviour within classroom-based teaching sessions, where students can typically be sitting for up to two hours, usually with a short mid-session break. This pilot has led to a larger area of work that will be taken forward by a student intern from Atlanta University in Georgia who is coming to work at RGU on the Fit for the Future initiative over a six week period in June 2014. In addition, a Student Physical Activity & Wellbeing electronic survey was sent out to all students in April 2014 and the intern will be

working with the research team on data analysis and semi structured interviews. Similarly the findings of this survey will inform future strategies and targeted interventions for student health and wellbeing.

One Year On

One year on, a considerable amount of work has been successfully completed with highlights of the first year including:

- Development and establishment of ‘New You’ monthly online magazine for staff and students <http://www.rgu.ac.uk/about/healthy-university/new-you>
- Get Dancing@RGU – pop up dance workshops for staff and students.
- Let’s go walking - development of bronze, silver and gold medal routes from the Garthdee Campus to mark the 100 day countdown to mark the Commonwealth Games.
- Student and Staff Physical Activity & Wellbeing Surveys.
- Motivation Mondays – free staff only circuit training out with Sport facility.
- Capacity building across the university.
- Campus Walks.
- Sun Awareness drop in sessions in collaboration with NHS Grampian Dermatology Department.
- Smoking cessation drop in sessions in collaboration with NHS Grampian Smoking Cessation Advisors.
- Research activity and output.
- Healthy food initiatives in collaboration with RGU catering contractors.
- ‘Ready Steady Cook’ sessions for staff and students with a focus on how to cook healthy meals on a budget.

Future Initiatives and Ongoing Work Programme:

- Appointment of full time Project Officer.
- The Lunchbreak Challenge – to encourage staff to get away from their desks.
- Get crafty at lunchtime.
- Active classrooms in each of the Faculty buildings.
- Green Gym within Campus Walks.
- Fit for the Future Fayre (Freshers-September 2014) – fun event at the weekend for students, staff and their families.
- Further embedding of the initiative into the culture of RGU through development of School Champions.
- Further integration of specific projects into the student curriculum across the University.
- Completion of data analysis of Student Physical Activity and Wellbeing survey and dissemination of findings to inform future strategies and interventions.
- Collaboration with other universities UK and globally on the healthy universities initiative strategically.
- Ongoing research activity.

Challenges and Opportunities

University communities provide a unique opportunity to engage staff, students and the wider community in health improving behaviours through the SBA however it would be naïve to think that there will be no challenges. The increase in NCDs globally highlights how difficult it is to change health damaging behaviours and therefore different approaches are needed to influence both individual and population health.

According to the New Zealand Health Survey (2012/13), despite the majority of New Zealanders reporting positive health, there continues to be an increase in diabetes, ischaemic heart disease and stroke in Māori and Pacific adults. There also continues to be an increase generally in smoking, alcohol misuse and obesity rates in areas of deprivation.

There is clearly a lot of successful health promotion work being undertaken in New Zealand; by the New Zealand Health Promotion Forum and leading academics within the university setting including Sir Mason Durie (2005), with particular emphasis on the indigenous higher education population. From a staff perspective, approaches need to be specific and focused.

Bryne et al. (2011) conducted research over a seven year period looking at the trends in employee health habits at Vanderbilt University and concluded that improvements to health can be achieved through a voluntary incentive based wellness programme. Bryne et al. (2011 page 1379) reported that the financial incentives were to primarily draw employees into the programme and to “...eventually transform the external incentive to one that is internalized by the individual when the new behaviours become intrinsically rewarding”. From a university perspective the importance of staff being healthy, happy and productive is vital, particularly as the focus on the student experience and league tables increases. The importance of prevention and self management should not be underestimated; enlightened employers are taking a partnership approach with their employees to work collaboratively to improve health and wellbeing and ensure long term productivity (Barton 2013). Employees need to be encouraged through the SBA to take responsibility for their health and wellbeing. A partnership approach between the employer and employee can be beneficial and can be empowering for the employee which is important in long term behaviour change.

Universities have the opportunity to positively influence the health behaviours of the student population throughout their studies and beyond. The SBA provides the opportunity to change the culture and it is this approach that can change health damaging habits to health enhancing habits through an ecological and holistic approach to health. It is suggested that the lessons learned here within the UK can be transferred to the higher education sector in New Zealand. Sadly, the increase in NCDs is a global challenge that is affecting all sectors and collectively we need to find practical and effective solutions to halt these behaviours.

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Biographical Note

Gil Barton has been at the Robert Gordon University since 2007 and is Senior Lecturer and Course Leader for the online distance learning MSc Health Promotion and Public Health programme. She has extensive experience in online teaching and engagement methodologies.

In addition, Gil teaches on the undergraduate Allied Health Profession Programmes and the MSc Pre-Registration Physiotherapy programme within the School of Health Sciences. Gil is Strategic Lead for the '*Fit for the Future*' healthy university initiative and has been instrumental in establishing RGU as a healthy university and is passionate about promoting and improving individual and population health. She has been working with organisations within the Energy Sector developing strategic health improvement and health promotion activities with the over arching aim of reducing sickness absence and increasing workforce productivity.

Gil is a Fellow of the Royal Society for Public Health and Fellow of the Higher Education Academy.