Healthy universities—time for action: a qualitative research study exploring the potential for a national programme

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SUMMARY
Despite the absence of national or international steers, there is within England growing interest in the Healthy University approach. This article introduces Healthy Universities; reports on a qualitative study exploring the potential for a national programme contributing to health, well-being and sustainable development; and concludes with reflections and recommendations. The study used questionnaires and interviews with key informants from English higher education institutions and national stakeholder organizations. The findings confirmed that higher education offers significant potential to impact positively on the health and well-being of students, staff and wider communities through education, research, knowledge exchange and institutional practice. There was strong support for extending the healthy settings approach beyond schools and further education, through a National Healthy Higher Education Programme that provides a whole system Healthy University Framework. Informants argued that although there are important public health drivers, it will also be necessary to show how a Healthy Universities can help achieve core business objectives and contribute to related agendas such as sustainability. Two models were discussed: an accreditation scheme with externally assessed standardized achievement criteria; and a flexible and light-touch framework focusing on change-related processes and utilizing self-assessment. While highlighting the appeal of league tables, many informants feared that a top-down approach could backfire, generating resistance and resulting in minimal compliance. In contrast, the majority felt that a process-focused aspirational model would be more likely to win hearts and minds and facilitate system-level change. Key recommendations relate to national programme development, research and evaluation and international collaboration and networking.

Key words: higher education; settings; healthy universities; health promoting universities

INTRODUCTION
Background
This article focuses on Healthy Universities [While it can be argued that there are semantic differences between the terms ‘health promoting settings’ and ‘healthy settings’ (Whitelaw et al., 2001; Dooris, 2006), the reality is that they have often been used interchangeably (e.g. the term ‘Health Promoting Schools’ has been used at a European level while the term ‘Healthy Schools’ has been used in England). For the purposes of this article, the term ‘Healthy Universities’ is used throughout, even though the discussion draws on literature that has used the term ‘Health Promoting Universities.’] and the potential for developing a national programme for England. It describes the current higher education context; introduces the healthy settings approach and outlines
the history, theory and practice of Healthy Universities; reports on the methodology and findings of a qualitative national-level study; and concludes with reflections and recommendations for moving forward.

**Higher education as a setting for health promotion**

With 169 higher education institutions (HEIs) and a total of 2,362,825 students and 364,165 staff (UUK, 2008), the UK higher education sector offers significant opportunities for the promotion of health and well-being.

Most health-related reviews, guidance and policy documents relating to universities have been concerned with student well-being, many focused on specific concerns such as mental health and substance misuse (CVCP, 1997; UUK, 2000; Grant, 2002; RCP, 2003; Anderson, 2004; Crouch et al., 2006; Polymerou, 2007). Similarly, the majority of documented health-related interventions and activities within higher education settings have focused on students (Riding, 2004), frequently targeting 18–24 year olds and focusing on topics such as mental health, sexual health, drugs and alcohol, physical activity and healthier eating. The rationale for this is clear: university often serves as a key life transition stage for young people exploring and experimenting away from parental influence (Abercrombie et al., 1998; Stewart-Brown et al., 2000). However, in the context of ‘widening participation’ (DES, 2003) and with recruitment and retention high on the agenda and increasingly recognized as important indicators of institutional health (NAO, 2007), there has been an increased focus on the quality of the student experience for various sub-populations.

Public health policy developments (DH, 2004) have led to a renewed focus on workplace health and well-being (DWP/DH/HSE, 2005; Black, 2008), with a consensus that good health is good business (BitC, 2006, 2007; PricewaterhouseCoopers, 2008). With reference to higher education, guidance [(HSE, 2006), p. 1] suggests that ‘universities and colleges need healthy and well-motivated workers if they are to deliver high-quality services’ and advocates ‘well-managed, healthy universities with well-motivated healthy staff’.

Universities function within the context of local, regional and global communities. It is therefore also pertinent to consider the relationship between HEIs and broader community health and well-being. The impact of HEIs on communities is widely recognized in terms of employment, knowledge exchange, the built environment and social/community development (CURDS, 1994)—and the relationship between health and economic success has also been highlighted in relation to HEIs (Charles and Benneworth, 2001). More specifically, concern about the rapid increase in student numbers within UK cities and towns has prompted research and guidance about how HEIs and other stakeholders can respond to the trend of ‘studentification’, effectively managing and integrating students into residential neighbourhoods (UUK/SCOP/LGA, 2006).

**The healthy settings approach**

The healthy settings approach is rooted in the Ottawa Charter for Health Promotion, which stated that ‘health is created and lived by people within the settings of their everyday life; where they learn, work, play and love’ [(WHO, 1986), p. 3]. While settings have long been used as locations for targeting health-related behaviour change interventions at specific populations, the healthy settings approach moves beyond the delivery of health promotion in a setting. It appreciates that the places and contexts in which people live their lives are themselves crucially important in determining health and well-being (Dooris et al., 2007) and that health is both an asset for and outcome of the development and effective functioning of organizations and partnerships (Grossman and Scala, 1993; Dooris et al., 1998; Kickbusch, 2003). Drawing on work of key theorists, Dooris (Dooris, 2005) has presented a conceptual framework suggesting that the healthy settings approach is rooted in values such as participation, partnership, equity and sustainability and characterized by three interrelated dimensions: an ecological model of public health; a systems perspective; and a whole system focus.

**Healthy universities**

Although the potential of schools and further education as settings for health promotion has been recognized through the establishment of international and/or Government-championed programmes (www.schoolsforhealth.eu; www.healthyschools.gov.uk; www.excellencegateway.
The study reported in this article aimed to explore the potential for a national programme on Healthy Universities that could contribute to health, well-being and sustainable development. It formed part of a larger project that also scoped activity taking place in HEIs.

METHODOLOGY

Introduction

In addition to a rapid review of relevant academic and policy-related literature undertaken to clarify theory, scope practice and distil key contextual issues, the study comprised three strands: research with national-level stakeholder organizations, research with HEIs and a data validation workshop. Data from all strands of the project were fed into the final action planning and reporting process. While

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**Whole University Approach**

<table>
<thead>
<tr>
<th>Organisational development &amp; change management</th>
<th>Top-down political/managerial commitment</th>
<th>Institutional agenda &amp; core business</th>
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<tr>
<td>high visibility innovative projects</td>
<td>bottom-up engagement &amp; empowerment</td>
<td>public health agenda</td>
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</table>

**Methods**
e.g. policy, environmental modification, social marketing, peer education, impact assessment

**Values**
e.g. participation, equity, partnership, empowerment, sustainability

Fig. 1: The Healthy University: key processes.

*Source: Adapted from Dooris (Dooris, 2004).*
acknowledging the shortcomings of triangulation (Blaikie, 2000), it was decided that it would be valuable to use a combination of data sources as a means of enriching the research process and adding to the validity and authenticity of the findings (Bowling, 2002; O’Leary, 2004). Ethical approval was obtained via the relevant University committee and research participants were, where appropriate, given consent forms dealing with issues such as anonymity and data attribution.

**National-level stakeholder research**

With guidance from the Project Advisory Group, a purposive sample of national-level stakeholder organizations was drawn up (Table 1) and key informants (mainly chief executives or senior policy officers) were identified and contacted with a view to them being interviewed. All those approached agreed to participate in the research. A semi-structured schedule was drawn up, piloted and finalized with questions on awareness; attitudes and possible support; drivers, benefits and challenges; potential shape; and leadership (Table 2). The research was then undertaken using audio-recorded individual and small group interviews and transcripts of interviews were sent to interviewees for approval.

The data were analysed thematically, recognising that in qualitative analysis ‘understandings are built by a process of uncovering and discovering themes that run through the raw data, and by interpreting the implication of those themes for the research questions’ [(O’Leary, 2004) p. 195]. The approach taken to this analysis merged inductive and deductive approaches, combining what Fielding (1993) has called ‘coding up’ and ‘coding down’. In this way, the themes were partially generated from the data but also informed by the underlying assumptions that had framed the research, as reflected in the interview schedule and questionnaire design.

**HEI-level research**

The first stage of the HEI-level research utilized a web-based questionnaire. While its main aim was to audit current activity (which is outside the scope of this article), it also included a question asking respondents ‘If there was a National Healthy Universities Programme, would you be interested in finding out more and/or participating?’ Appreciating the challenge of contacting appropriate informants and the need to work within resource constraints, discussion took place with the Project Advisory Group regarding options for sending out the invitation. It was decided that the primary contact route should be via the nine regional Teaching Public Health Networks. Although not exhaustive, a total of 117 HEIs received the invitation to complete the questionnaire—with

<table>
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<tr>
<th>Stakeholder organization</th>
<th>Acronym</th>
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<tr>
<td>Association of Managers of Student Services in Higher Education</td>
<td>AMOSSHE</td>
<td>To inform and support leaders of student services; and represent, advocate for and promote the student experience</td>
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<tr>
<td>Department of Health</td>
<td>DH</td>
<td>To improve the health and wellbeing of people in England</td>
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<tr>
<td>Department of Innovation, Universities and Skills</td>
<td>DIUS</td>
<td>To develop skills, carry out world class research and scholarship, and apply both knowledge and skills to create an innovative and competitive economy</td>
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<tr>
<td>Higher Education Academy</td>
<td>HEA</td>
<td>To support the sector in providing the best possible learning experience for all students</td>
</tr>
<tr>
<td>Higher Education Funding Council for England</td>
<td>HEFCE</td>
<td>To promote and fund high-quality, cost-effective teaching and research, meeting the diverse needs of students, the economy and society</td>
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<tr>
<td>Leadership Foundation for Higher Education</td>
<td>LFHE</td>
<td>To provide support and advice on leadership, governance and management for all the UK’s universities and higher education colleges</td>
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<tr>
<td>National Union of Students</td>
<td>NUS</td>
<td>To promote, defend and extend the rights of students and to develop and champion strong students’ unions</td>
</tr>
<tr>
<td>Royal Society for Public Health Universities UK</td>
<td>RSPH, UUK</td>
<td>To promote and protect collective human health and well-being To advance the interests of universities and to spread good practice throughout the higher education sector</td>
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Table 1: National-level research: purposive sample of organizations for interview
reminder emails being sent to non-respondents—and 64 (55% of the sample) completed the survey.

A decision was taken to conduct second stage research to explore in greater depth perceptions relating to potential national-level developments. An invitation to complete a further web-based questionnaire was sent to a purposive sample comprising all those HEIs that had either reported having a Healthy University initiative in place or expressed interest in finding out more about and/or participating in a national programme for Healthy Universities. This sample totalled 60 and of these, 18 (30%) completed the questionnaire—which consisted of three questions:

(i) What do you think would be the potential benefits of a national programme?
(ii) Which organization(s) would be best placed to lead/champion such a development?
(iii) What shape might a national programme might take?

The Stage 2 data were collated and further analysed by extracting key themes relating to each of the questions (O’Leary, 2004).

Data validation workshop

A workshop was held with members of the English National Healthy Universities Network, with the aims of presenting findings from the national-level stakeholder and HEI-level research, validating data and informing the action planning process. The workshop was attended by 23 people, representing 15 HEIs, three national stakeholder organizations and two local health trusts.

FINDINGS

Introduction

Findings are presented below for each of the three strands of research, categorized under the sub-headings of: Awareness, Attitudes and Support; Drivers and Perceived Benefits; Challenges; Shape; and Leadership.

National-level stakeholder research

Awareness, attitudes and support

The majority of those interviewed knew of the National Healthy Schools Programme but there was only limited awareness of the healthy settings approach being applied in other contexts including higher education. However, they were enthusiastic about connecting their core areas of work to the Healthy Universities agenda and all confirmed that they would, in principle, be supportive of a national programme. The health-focused stakeholder organizations articulated particularly strong arguments for such a development:

The higher education sector has a critical responsibility to play its part in improving the health and well-being of populations... It makes up a very large workforce; it also has captive within it a very large group of students and learners... So there’s something here about being exemplary in how it behaves in promoting health and well-being as an organisation, and secondly how it promotes it through learning and knowledge transfer... highlighting how health is linked to whatever it is people are studying, everything from built environment to medicine to business to economic policy... (DH-1)

Yes, not only the fact that it’s important for staff and students now — but because these are the people who are going to become the leaders of industry, our public services, our universities and our voluntary organisations in the future. So, it helps to set the tone
and establish a climate within which they are going to be more receptive to these ideas when those students find themselves in positions of influence in due course. (RSPH)

**Drivers and perceived benefits**

Asked why they thought that there had been little national-level leadership to date, interviewees identified a number of key issues, including: the autonomy of the sector; the challenge of promoting health in organizations for which this is not a core aim; the lack of engagement with higher education by health-related agencies; the overriding policy focus on schools and children; the perception of HEIs as ‘élite’; the failure of health promotion to evidence against economic productivity; and the absence of any one organization that sees health and well-being in higher education as their role.

There was, however, a sense that the time may be right for a national programme on Healthy Universities and those interviewed identified a range of important drivers with which it would be important to engage and in relation to which it would be valuable to articulate likely benefits. These included: enhancing quality, reputation and distinctiveness in the higher education ‘market’; student recruitment, experience, retention and achievement; widening participation; workplace health in relation to staff performance and productivity; sustainable development and climate change (Table 3). It was noticeable that these benefits were largely aligned with the perceived ‘core business’ of HEIs, a point powerfully made by RSPH:

> Whenever you are working to persuade another sector or organisation to engage in public health, you

### Table 3: Drivers for a National Healthy University Programme: perceptions of interviewees from national stakeholder organizations

<table>
<thead>
<tr>
<th>Theme</th>
<th>Illustrative quotes from stakeholder interviews</th>
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<td>Enhancing quality, reputation and distinctiveness in the higher education ‘market’</td>
<td>‘I think this is an agenda that can become real and be driven by competition, wanting to get a unique position in the market, to come across with strong values’ (LFHE) &lt;br&gt; ‘The…potential benefits would be reputational within the UK as a sector, that’s seen as leading and bringing other sectors along with it’ (UUK-1)</td>
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<td>Student recruitment, experience, retention and achievement</td>
<td>‘The student experience [is] far more than teaching and learning. If you’re healthy and happy, then you’re more likely to overcome hurdles than if you haven’t got that kind of support’ (NUS-1) &lt;br&gt; ‘We need to clearly say that we’re not just doing this just because we want young people to be healthy, but that there will be a very positive added value in terms of raising achievement’ (DH-2)</td>
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<td>Widening participation</td>
<td>‘It could be suggested that if we are promoting our widening participation strategies and implementing those in a coherent way, then this agenda should be another key driver…there must be a health inequalities dimension in there’ (AMOSSHE)</td>
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<td>Workplace health in relation to staff performance and productivity</td>
<td>‘I think [workplace health] is a massive driver…If you’re in a supportive environment as a teacher and feel valued, that will reflect through to how you work with the students…It’s actually about creating and changing a culture’ (DH-2) &lt;br&gt; ‘With the work…on Health Promoting Workplaces, with Dame Carol Black’s report…Universities are supposed to be there at the forefront of innovation and development, the engines of economic and social change…They don’t want to be left behind if you’ve got this sort of initiative happening in other sectors’ (RSPH)</td>
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<td>Sustainable development and climate change</td>
<td>‘[Health and sustainability] are linked up. They’re about enhancing the overall quality of the experience of universities. How you contribute to society’s key values is an important differentiator – and having a good profile in this area must be a bonus’ (LFHE) &lt;br&gt; ‘If people take sustainable development seriously, then health and well-being is a natural by-product of it…It’s one driver that we could use because people don’t articulate health…people are genuinely aware now and there’s much more heightened concern about how climate change is going to affect ‘me and my community’ (DH-1)</td>
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have to start with their agenda and show how what you will do will help them achieve the objectives they already have... Identifying the benefits for the universities and how it will meet the agenda they already have has to be the starting point. (RSPH)

A range of additional advantages were identified, as detailed in Table 4. These included: improving health of students and staff; strengthening the leadership roles of HEIs in relation to sustainable models of societal and economic productivity; introducing a strategic and coherent framework to harness and connect disparate initiatives; establishing a credible presence, securing national-level endorsement and mainstreaming the approach; and achieving consistency and enabling progression across the education sector.

**Challenges**

Alongside the perceived benefits, interviewees highlighted a number of challenges. Foremost of these was the need to negotiate competing agendas and avoid the perception of ‘initiative overload’, which could prevent widespread buy-in. Closely linked to this was cost and the need to overcome the perception that Healthy Universities would be yet another budgetary drain. Even with funding secured, there was a

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<th>Table 4: Added value of a national healthy university programme: perceptions of interviewees from national stakeholder organizations</th>
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<tr>
<td><strong>Theme</strong></td>
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<td>The potential to contribute to the health and well-being</td>
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<td>The potential to strengthen the role of HEIs in relation to</td>
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<td>Achieving consistency across the education sector and</td>
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<td>enabling progression through to higher education</td>
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M. Dooris and S. Doherty
concern that this tends to be time-limited and therefore mitigate against securing long-term continuity.

Shape
In considering the ‘shape’ of a national programme, there was consensus among national stakeholder organizations that a key role of any future programme development should be to facilitate the exchange of good practice and that priority should be given to building upon and strengthening the existing National Healthy Universities Network. There was a perceived tension between introducing a broad-based programme and drawing boundaries that facilitate a clear identity. On the one hand, a number of interviewees felt that it would be attractive to encompass a commitment to diversity, fair trade, environmental sustainability and other dimensions that could be viewed as aspects of what it means to be a Healthy University. On the other hand, they appreciated that this would potentially overlap with other initiatives and many people might view the issues differently—for example seeing health as a sub-section of sustainability. Linked to this discussion was a consideration of branding and marketing issues—there being a strong sense that the marketing of any future programme should focus on the contribution to core business outcomes and take account of different audiences. For example, the ‘Healthy University’ brand may be attractive to parents and some international markets but be a turn-off to many 18–24 year old UK students.

There was also strong support for a robust, evidence-based approach. However, a range of views were expressed about what this might mean in practice. Some interviewees argued for an accreditation model that would reward HEIs with recognition based on achievement, but others questioned the currency of such an approach and the feasibility of introducing a meaningful assessment system. While engagement with the Quality Assurance Agency for Higher Education was seen as a possible means of introducing an audit aspect, it was acknowledged that the existing quality assurance framework—with its emphasis on academic standards—might not easily embrace the more holistic vision of Healthy Universities. A contrasting proposal emphasized the introduction of a more flexible and responsive framework aligned with core business objectives and focusing on change-related processes.

Leadership
In relation to leadership, interviewees highlighted the absence of any one agency with a clear remit to promote health within higher education. There was, though, strong consensus that any such development should be from within the sector—with relevant Government departments acting as champions and mediators. Alongside a focus on national advocacy and leadership, there was recognition that a regional approach may add value.

HEI-level research
Awareness, attitudes and support
At the level of individual universities, there was also strong support for a national programme, with the Stage 1 research indicating that 96% of HEIs would be interested in finding out more about and/or participating in a national programme on Healthy Universities.

Drivers and perceived benefits
Stage 2 questionnaire respondents from HEIs identified a range of perceived benefits relating to the development of a national programme. The two most common themes highlighted were:
(i) the potential for increased networking and learning from others
(ii) the provision of an accepted common baseline, national standard or standardized approach.

It was also emphasized that a national programme could stimulate increased health-related work in universities, encourage more universities to get involved and adopt the Healthy University model, provide a network of ‘champions’, help to secure greater buy-in from senior managers, provide leverage for funding and increase the overall profile of Healthy Universities.

Challenges
The Stage 1 and 2 questionnaires to HEIs did not directly ask about perceived challenges. However, in answering the other questions, respondents highlighted the potential difficulties of securing appropriate leadership and funding and ensuring that national developments respect regional differences.
Shape

In considering the possible ‘shape’ of a national programme, Stage 2 questionnaire respondents strongly supported the formulation of guidance and the introduction of criteria or minimum standards. However, there were again differing views of how this might be developed and operationalized—with some wanting an achievement-based model and others favouring a more flexible process-based approach.

Leadership

Again, there was no clear consensus about which organizations would be best placed to lead a national programme. In addition to mentioning a range of Government departments and stakeholder bodies and emphasising the need for a partnership approach across health and education, respondents highlighted the importance of linking with the English National Healthy Universities Network and the potential role of Teaching Public Health Networks operating at a regional level.

Data validation workshop

Awareness, attitudes and support

The data validation workshop held with members of the English National Healthy Universities Network provided further support for a national programme on Healthy Universities. Participants were enthusiastic about the potential of such a development and keen to see the research inform policy and practice.

Drivers and perceived benefits

Network members endorsed the main drivers identified through the research. They emphasized the importance of:

(i) mental health—as evidenced by the publication of a range of reports and guidance documents on staff stress, student suicide and wider well-being issues (Grant, 2002; RCP, 2003; Anderson, 2004; Crouch et al., 2006)
(ii) aligning advocacy for Healthy Universities with core business goals
(iii) positioning Healthy Universities as a means of enhancing market position.

They also showed an appreciation that drivers may vary for different types of HEI and for different services and departments within them. Alongside this, there was an understanding that key benefits are closely linked to these drivers—and that Healthy Universities can help HEIs deliver their core business more effectively, compete in the higher education ‘marketplace’, fulfil externally defined responsibilities and improve student and staff health. In relation to this latter point, there was recognition that by investing in student health, there would be knock-on effects for workplace and wider societal health, through progression of students beyond university.

Challenges

Key challenges highlighted at the workshop included demonstrating and evidencing success; securing widespread ownership and participation; and enabling long-term sustainability within the context of continuing financial pressures. The workshop also highlighted the burgeoning of activity relating to health and well-being in higher education and pointed to the importance of dialogue and collaboration with parallel initiatives.

Shape

In considering the potential shape of a national programme, workshop participants discussed the value of introducing a measurable ‘standard’ with defined criteria. There was a strong sense that this standard should be aligned with core business objectives (e.g. widening participation) and be based upon principles and processes rather than seeking to measure achievement—although there was also a desire that it should incorporate and take account of development and progression.

Leadership

Although there were no strong views on the leadership or championing of a national programme, workshop participants were keen that key stakeholder organizations be brought together to discuss potential developments.

DISCUSSION

Strengths and limitations of the research

Although there is abundant research and literature on Healthy Schools, this was one of the first national-level studies to explore perspectives
Healthy universities—and it is valuable to consider its strengths and limitations with a view to informing future work.

With regard to the first strand of research, the study aimed not only to conduct in-depth research with national-level stakeholder organizations but also to engage them in the Healthy Universities agenda. It was therefore agreed that the most appropriate method would be to use a semi-structured interview format—which is understood to be particularly valuable ‘because of its flexibility balanced by structure, and the quality of data so obtained’ [(Gillham, 2005) p. 70]. The purposive sample chosen with guidance from the Project Steering Group was in no way exhaustive: while recognising that it would have been illuminating to have engaged a wider range of agencies in the research, the decision to limit the sample to nine represented a practical response to resource constraints. The fact that lead individuals from all the organizations approached readily agreed to be interviewed and to be identifiable in the research report would seem to reflect the perceived importance and timeliness of the Healthy Universities agenda—and certainly represented a major strength of the study in enabling an applied and policy-focused approach to the research.

In relation to the second strand of the research, the main challenge involved in contacting HEIs regarding the Stage 1 questionnaire was to direct invitations to the most appropriate individuals within large and complex organizations—appreciating also that Healthy University initiatives are led from a wide range of different services and departments. The decision to use the regional Teaching Public Health Network leads as the main contact route represented a pragmatic compromise, targeting as it did mainly academics working in public health. Acknowledging this, the 55% response rate was felt to be satisfactory, possibly reflecting the growth of interest in this field of work. The response rate of 30% to the follow-up Stage 2 research was more disappointing and clearly weakened the findings of this part of the study in terms of generalizability. However, it was perhaps not surprising given recipients’ recent completion of the Stage 1 questionnaire and, on reflection, it may have been better to have gathered more data at this early stage.

The workshop held with members of the English National Healthy Universities Network—mainly individuals engaged with the Healthy Universities approach and working in HEIs—worked well as a means of validating data, informing action planning and securing further engagement.

Key findings and emerging issues

The study revealed clear support for a National Healthy Universities Programme among both stakeholder organizations and individual HEIs. Despite the lack of leadership to date, there was a strong sense that it is the right time for a formal commitment to be made to extend the healthy settings approach beyond its application in schools (and, more recently, further education) and put higher education ‘on the map’. While there are strong public health drivers for investing in Healthy Universities, it will also be important to demonstrate how such a whole university approach to health and well-being can contribute positively to core business objectives such as quality, distinctiveness, recruitment, retention, experience, achievement and productivity—and forge strong connections to related agendas such as sustainability (Barlett and Chace, 2004; Griffiths and Stewart, 2008).

With regard to the ‘shape’ that a national programme might take, the findings point to two potential ‘models’:

(i) the first emphasizes the introduction of standardized achievement criteria, through an accreditation scheme that incorporates external assessment

(ii) the second is characterized by an aspirational model that acknowledges different emphases and capacities across the sector, is consciously ‘light-touch’, focuses on principles and processes related to organizational change, and utilizes self-assessment.

While both HEIs and national stakeholder organizations discussed elements of both models, the latter placed stronger emphasis on the dangers and constraints attached to the achievement model—concerns reflected also at the data validation workshop. Although it was recognized that league tables and accreditation can be attractive, there was a fear that external assessment would prove unmanageable and that a top-down approach may backfire. It was felt that such an approach would be likely to generate resistance within a sector characterized by autonomy and independence, potentially resulting in minimal compliance. In contrast, it was
suggested that the aspirational model would be more likely not only to secure widespread buy-in, but to win hearts and minds and encourage HEIs to go beyond the ‘tick box’ mentality that so often characterizes top-down initiatives.

There was no consensus as to which organizations would be best placed to offer leadership or act as key champions. Whereas national stakeholder organizations highlighted the importance of a programme being sector-led, HEIs placed greater emphasis on the need for leadership or championing to reflect partnership across education and health sectors. There was also strong support for building on the work of the English National Healthy Universities Network and ensuring appropriate governance at national and regional levels.

CONCLUSION AND RECOMMENDATIONS

A paper commissioned by the Quality Assurance Agency for Higher Education (Steur and Marcs, 2008) reflects on what has happened since the publication of the influential Dearing Report (NCOHE, 1997), commenting that:

The aspiration, as outlined by Dearing, is that higher education serves a number of purposes, ranging from inspiring personal ‘growth’, through to supporting economic development and building what is now often termed ‘active citizens’. The reality suggests, however, that it is the third purpose – to serve the economy (and arguably individuals’ competitiveness within it) – which is now driving the higher education system to the detriment of the others. (p. 9)

It goes on to advocate a transformative approach to quality that moves beyond the narrow focus on learners as future workers, calling for a higher education mandate that serves the dual purpose of enhancing both personal and collective well-being.

The findings from this study suggest that universities, policy-makers and stakeholder organizations are increasingly recognising the enormous potential of higher education to impact positively on the health and well-being of students, staff and the wider community through education, research, knowledge exchange and institutional practice. They also point to a growing appreciation that investment for health within the sector will contribute to core agendas such as staff and student recruitment, experience and retention; and institutional and societal productivity and sustainability. Despite this, health and well-being remain largely peripheral to the mainstream of higher education.

It is encouraging, therefore, that funding has recently been secured from the Higher Education Funding Council for England to strengthen the English National Healthy Universities Network—which currently has a membership of 46 HEIs and 16 other organizations. Within this context of growing interest and developing activity, there is clear demand for a programme that not only adds value within the higher education sector, but also helps build consistency of approach across the entire spectrum of education.

In the words of an interviewee:

There’s a massive opportunity at the moment which we mustn’t miss. Everything’s in the right place – if we don’t do it now, things will move on and we’ll lose that impetus. (DH-2)

In the light of the study’s findings, it is recommended that high level endorsement should be sought for a National Healthy Higher Education Programme that is sector-led; builds on the momentum and dynamism of the English National Healthy Universities Network; is supported and championed by a consortium of relevant stakeholder bodies; and provides a comprehensive whole system Healthy University Framework supported by networking opportunities and guidance tools.

In order to progress the Healthy Universities agenda effectively and embed it within health promotion and public health policy and practice, it will also be important to invest in further research and evaluation—in order to provide benchmarking data, a richer insight into stakeholder perspectives and competing priorities, and a fuller understanding of what works, for whom, in which contexts and why.

This development work and research can only be enhanced by taking place within the context of international collaboration. While there has been a degree of informal networking between countries pursuing Healthy Universities, it would be timely for global bodies such as WHO and the International Union for Health Promotion and Education to engage with this agenda and demonstrate leadership—thereby helping ensure that the concept of Healthy Universities becomes a tangible reality.
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