**Appendix C**

**Self-Reflection Review: Year 2**

**Health Promoting University**

**Self-Reflection Review of Health Promoting University Process**

**End of Year 2 Review**

A Health Promoting University aspires to create a learning environment and organisation culture that enhances the health, well-being and sustainability of its community and enables people to achieve their full potential.

The heart of any Health Promoting University (HPU) initiative must be a top level commitment to embedding an understanding of and commitment to sustainable health within the organisation in its entirety.

The main aims of the HPU initiative are:

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

The Health Promoting University setting approach provides a more integrated and cohesive mechanism for addressing multiple health issues. The strategic focus is on the whole campus community and its population, policies and environments.

The following self-reflection review is based on the progress made by UCC Health Matters in the second year of its operation (2014), and is intended to allow the HPU co-ordinator(s), Steering Committee and working groups to reflect on progress to date, acknowledge those achievements and establish the direction for future work. This review will form part of the self-evaluation for official recognition as a Health Promoting University by HSE South.

**Self-Reflection Review Year 2**

**Administrative Information**

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| --- | --- |
| **University Name** | University College Cork |
| **Address** | University College Cork, Western Road, Cork. |
| **No of Staff** | 2,500 full time staff |
| **No of Students** | 19,500 |
| **President Name** | Dr Michael Murphy |
| **HPU Co-ordinator(s)**  **Name**  **Title**  **Department**  **Name**  **Title**  **Department** | Dr Michael Byrne  Head of Student Health Department  Student Health Department  David Berry (Until June 2014)  Cian Power (June 2014-Present)  Students Union Welfare Officer  Students Union |
| **HPU Project Officer (s)**  **Name**  **Title**  **Department** | Deirdre Ryan  Health Promotion Project Worker  Student Health Department  Kieran Ryan  Health Promotion Evaluation Worker  Student Health Department |
| **Steering Committee Members**  **Name**  **Title**  **Role (Chair /member …)**  **Department** | Ivan Perry  Professor Epidemiology & Public Health  Chair  Michael Byrne  Student Health  HPU Co-Ordinator  Ian Pickup  Head of Student Experience  VPSE  Dave Berry  SU Welfare Officer  HPU Co-Ordinator  Colin Bradley  Professor, General Practice  Cork Healthy City Representative  Mary Buckley  Student Health    Maria Harrington  HSE representative  Josephine Hegarty  Professor, School of Nursing & Midwifery  ACCSE  Padraig Rice  President, Societies Guild  Catherine Maguire  HR  HR Advisor on Staff Welfare & Development  Tom McCarthy  Media & Communications  VPER  Karen McNulty  Occupational Science & Occupational Therapy    Paul Moriarty  Student Counselling and Development  HLG  Mary O'Grady  DSS SSG  Jim McEvoy  President, Clubs Executive  Annie Hoey  SU Deputy President  Frances Shiely  Department of Epidemiology & Public Health  Deirdre Ryan,  Health Promotion Project Worker  Emer O' Driscoll VPSE |

**Process of Developing as a Health Promoting University**

**Year 2**

**Raising Awareness & Review of Health Related Activity**

1. **Raising Awareness**

As there is always a natural flow of students, outgoing graduates and incoming first years, on an annual basis, there is always the continued need to promote healthy lifestyles and awareness of the UCC Health Matters initiative.

UCC Health Matters continued to promote its brand throughout the 2014 calendar year as it had done so in the past, through the use of its purposefully developed logo, various forms of social media, its online health promoting magazine, hosting of events such as Operation Transformation, and public addresses.

**What worked well**

* Much of what was carried out with regard to raising awareness of the HPU initiative in the first year was carried through to the next as it had proven success. Operation Transformation 2014 was on an even grander scale to that of 2013, with a group model being incorporated into the programme along with the individual leaders. Over 100 people participated and the event brought a lot of publicity to the UCC Health Matters initiative and the benefits of healthy living.
* The Ezine, developed by UCC Health Matters to promote healthy living and provide a forum for students and staff to share information, underwent a revamp to become a much more readable and attractive online magazine (Joomag) that was disseminated to all members of UCC on a quarterly basis, via their email.
* The UCC Health Matters Day, held in October 2013, was such a success that it is to become an annual event, and will be held in mid-November of 2014. This, it is hoped, will provide the opportunity to build more partnerships with other groups, along with presenting a platform from which it is possible to promote healthier living among students and staff.

**What were the challenges/barriers**

* Challenges identified in the previous year remain **(**Appendix BSelf-Reflection Review: Year 1**)** It is difficult to organise and/or host large scale events such as Operation Transformation, particularly in 2014 where the group’s model was introduced. The ability to host such events is dependent largely on volunteers to assist in the operational running of these events

**Recommendations for the future**

* As with the previous year, in order to make it feasible to organise and /or host events, in particular large scale events such as Operation Transformation and UCC Health Matters day, it is necessary to have the essential personnel and resources available prior to planning.

1. **Review of Current Health Related Activity**

Review of health related activity that is on-going across the university is primarily conducted by the working groups who document activities and services that fall under the remit of their specific action area. This review of health related activity is a continuous process and is in itself regularly reviewed by each group at meetings to keep up to date with activities in their respective area.

**What worked well**

* What worked well last yearseemed to work well this year. The input from the various members within each group from diverse backgrounds provided a comprehensive approach in the identification and mapping of activities. The student and staff mix that the working groups contain, ensured that the review of health related activity was as broad sweeping as possible.
* The case study template, designed to record health related events and services across the campus, was encouraged and worked well when used.

**What were the challenges /barriers**

* The resources to conduct more formal exercises in mapping the current health-related activities around campus are not available, as was the case in the past.
* Events continue to be conducted on campus that are not centrally recorded, though this has been improved upon since last year. Though the case study template is a useful tool for Working Group members to record activities, services and events, many groups did not use them.

**Recommendations for the future**

* The reporting of health related activity across the university has been improved, however, there is still a need for further enhancement. All members of the UCC Health Matters initiative will continue to be encouraged to report activity in their respective areas of interest, so that it may be recorded centrally by the Health Promotion Project Worker (HPPW).
* The advantage of writing up case studies will be stressed to increase their use, and increased lines of communication with the HPPW will be emphasised to aid the reporting process in the future.

**Consultation/Needs Assessment**

Broad needs assessments were conducted during Town Hall meetings in the earlier days of UCC Health Matters, and proved quite comprehensive. As part of this year’s process, Working Group themselves discuss the needs regarding their specific areas of interest during their own meetings, usually at the beginning, and discuss how these needs can be met by the group.

**What worked well**

* The diversity of the members of each group and the student/staff mix makes it a more comprehensive approach to needs assessment with different members capable of identifying different needs.
* The fact that the working groups hold regular meetings, more frequently than the Town Hall meetings, means that needs assessments and reviews of assessments are up to date.

**What were the challenges/barriers**

* As with the previous year, time constraints for all involved, and encouraging student involvement provide their own separate challenges to the consultation and needs assessment processes.
* In addition to this, some members of the groups move elsewhere for work, or simply, in the case of students, due to their graduating from their academic studies. As a result, they would no longer be capable of continuing their involvement with the working groups. This increases the difficulty with continuing the progress made by the groups, or to keep a high level of interest maintained in the long term.

**Recommendations for the future**

* Though regular needs assessments are conducted within the working groups, it is still advisable for an annual review of each group’s review within the Town Hall meeting setting. The purpose of this would be to identify areas in which the work of individual groups overlaps with that of another, highlighting areas where greater collaboration is required.
* Maintaining student involvement in the consultation and needs assessment process is an important factor, as they have the ability to identify areas that are of concern to the student population, and to help develop and implement measures to address these issues.

**Action Plan**

Currently UCC Health Matters has one action area specific Action Plan in place, covering the area of alcohol related harm, and have three others in the design phase that relate to mental health, sexual health, and physical activity and active transport.

The current form of the UCC Alcohol Action Plan (**APPENDIX D (I): ALCOHOL & SUBSTANCE ABUSE ACTION PLAN**) has been in place since late 2012 and consists of five distinct Strategy Areas, within which are twenty specific Action Points used to identify tasks that need to be undertaken to reduce the alcohol-related harm amongst students. A set of Key Performance Indicators (KPIs) was also developed and included in order to help monitor the progress made.

The Alcohol Action Plan undergoes regular review by the Alcohol Working Group, one of UCC Health Matters working groups, who may modify the plan so as to be most effective in the face of changing needs, keeping in line with its primary aim to reduce alcohol-related harm amongst the student population.

**What worked well**

* The Alcohol Working Group has been, and continues to be, one of UCC Health Matters greatest successes, setting a standard for other groups to emulate. Much of the group’s success has been due to its use of sound methods of practice in the group’s operations, for example with its accurate and up to date record keeping, its setting of achievable targets, and through regular communication amongst the group members and with the HPPW.
* For the academic year 2013-2014, UCC, through the Alcohol Working Group, became the first university in the country to introduce an alcohol-free housing scheme for students, where six students took up the offer. This initiative gained much attention from the media and was effective in promoting the idea that alcohol can have adverse effects on health amongst students. This year, 2014, uptake for the alcohol free housing increased to twenty four students, and it is hoped that this number will be increased again for the next academic year 2015-2016.

**What were the challenges/barriers**

* The main challenge faced by the Alcohol Working Group is that presented by the drinking culture that exists not only amongst students, but amongst the population at large. Changing the drinking culture will present a long term challenge to the group, as a great deal of time is required in order to exact any kind of change in culture.

**Recommendations for the future**

* Similar to recommendations from the previous year, UCC Health Matters’ Alcohol Working Group should continue to gain momentum, and in doing so will make further inroads in the reduction of alcohol related harm in students.
* The group’s use of best practice in its operations should continue as it increases both its efficiency and effectiveness to the overall UCC Health Matters initiative.

**Mental Health, Sexual Health, and Physical Activity & Active Transport Action Plans**

At present UCC Health Matters working groups have drafted preliminary Action Plans in the areas of mental health, sexual health, and physical activity and active transport which are in the process of being reviewed and refined (**APPENDIX D (Iii): SEXUAL HEALTH ACTION PLAN (DRAFT 2014)** **APPENDIX C (IV): MENTAL HEALTH ACTION PLAN (DRAFT 2014)**

**): PHYSICAL ACTIVITY & ACTIVE TRANSPORT ACTION PLAN (DRAFT 2014)APPENDIX D (V**). These Action Plans have adapted the same format as that of the UCC Alcohol Action Plan, identifying specific Action Points to identify tasks to be undertaken, and KPIs to monitor progress. There has been a new sense of invigoration within these working groups as a result of the Town Hall meeting, held in April of this year, which has resulted in the drafting of these Action Plans. It is hoped that further Action Plans for other areas such as that of food and nutrition, and of safety and the built environment, will be drafted early in the next calendar year (2015) before being reviewed, refined, and implemented.

**What worked well**

* The new Action Plans were developed in consultation with other members of their respective groups, allowing for all members to have input into what areas should be included into the Plan.
* The Alcohol Working Group’s Action Plan provided a tried and tested template for these other groups to use as a model upon which to base their own Action Plan. Additionally these other groups were in a position where they could adapt similar procedures as those employed by the Alcohol Working Group in group operations, making the reinvigoration of the groups occur more smoothly.

**What were the challenges/barriers**

* A major challenge to the drafting of the mental health, sexual health, and physical activity and active transport action plans was to get the input from all members of each of the respective working groups. Each Action Plan was drafted at various times between the beginning of May and mid-August, 2014. This meant that it was difficult to get everybody involved as many people are absent during the summer months. It was thought best to wait for the new academic year to commence, when the majority of people would be present around the university, before reviewing and refining each Action Plan and developing a strategy to implement them.

**Recommendations for the future**

* It is necessary to keep up the new momentum gained in these other working groups as they are each as equally important to the UCC Health Matters initiative. Modelling their procedures on those employed by the Alcohol Working Group is to be recommended as these have been found to be effective, after a process of trial and error. These may then be adapted to suit the specific goals of each of the individual Working Group.
* Acknowledging that these are preliminary drafts of the Action Plans for the mental health, sexual health, and physical activity and active transport groups, these should be reviewed and refined early in the 2014-2015 academic year. This would allow time for each of the respective groups to develop an implementation strategy to put each of their Action Plans into effect, possibly before the end of the calendar year, 2014.

**Implementation Plan**

To date, just one Action Plan has been fully implemented, the Alcohol Action Plan(**APPENDIX D (I): ALCOHOL & SUBSTANCE ABUSE ACTION PLAN**), however, Action Plans in the areas of mental health, sexual health, and physical activity and active transport are currently nearing the implementation stage.

These Action Plans will follow the same procedures of implementation as the Alcohol Action Plan which was put into effect in late 2012. As previously mentioned, the Action Plans will consist of specific Action Points to identify tasks to be undertaken and KPIs to monitor progress, similar to the format of the Alcohol Action Plan. Each of the Action Plans will then be reviewed regularly by the respective groups and modified where deemed appropriate.

**What worked well**

* What worked well for the Alcohol Action Plan in the first year (**APPENDIX D (I): ALCOHOL & SUBSTANCE ABUSE ACTION PLAN**) continued to work well in the next. Lists of actions were created at each of the alcohol group’s meetings and the responsibility for conducting these actions was assigned to specific group members.
* The group monitored and reported on progress at each meeting using the KPI’s identified in the Action Plan.

**What are the challenges/barriers**

* Changing the drinking culture that is prevalent amongst students, and with society in general, presents a major challenge to the Alcohol Working Group’s Action Plan, requiring a high level of commitment from each of the group members.

**Recommendations for the future**

* The Alcohol Action Plan has worked well and it is recommended that the Action Plans for each of the other groups adapt a similar process to that of the Alcohol Working Group.
* Regular contact should be maintained between the working groups as new ideas to improve the group’s performance, and the performance of their respective Action Plans, can be shared which would improve on groups’ efficiency and effectiveness.

**Appendix 1**

Table 1 Summary of the Alcohol Action Plan under the key health promotion areas

|  |  |  |
| --- | --- | --- |
| **Health Promotion Key Elements** | **Qualitative Response** | **Additional Information (not required but some commentary can be included to briefly qualify response)** |
| **Policy Development** | Good progress achieved | UCC has an Alcohol Policy in place which undergoes regular revision.  On-going lobbying of local and national politicians in conjunction with IUSSN- meeting with Minister of State.  Continued sharing of best practice at national & international conferences. |
| **Environment** | Good progress achieved | Zero tolerance policy to anti-social behaviour  Recording and reporting mechanism developed for encouraging the reporting of abuse of local licensing laws, and promotion of alcohol on campus which is banned  Option of Alcohol free accommodation initiated Sept 2013  Promoting of increased awareness of alcohol related harm in the student body e.g. orientation talks, leaflets, social media  Continuing work on developing alcohol free spaces for all |
| **Community Action** | Good progress achieved | Establishment of forum involving students, residents and local Gardaí to reduce alcohol related harm and anti-social behaviour- biannual meetings  CCTV cameras placed along College Rd outside the main campus and along campus walkways, to reduce anti-social behaviour. |
| **Personal Skills** | Good progress achieved | E-Pub- online brief alcohol intervention tool promoted to all incoming students.  Alcohol Awareness promoted through programmes and events such as Health Matters Day, Off the Booze and On The Ball etc.  Training of Peer support leaders (150+) in Peer Led Alcohol Education.  Training of staff in Alcohol Education |
| **Health Services** | Some progress achieved but not as planned | Screening and Brief Intervention Therapy implemented by Student Health Department & Student Counselling & Development Department Professionals  On-going development of guidelines for staff for the referral of students at risk of alcohol-related harm.  Annual meeting with Southern Region Drugs Alcohol Task Force. |

Table 2 Summary of the Mental Health Action Plan under the key health promotion areas

|  |  |  |
| --- | --- | --- |
| **Health Promotion Key Elements** | **Qualitative Response** | **Additional Information (not required but some commentary can be included to briefly qualify response)** |
| **Policy Development** | Some progress achieved, planning more for next year | UCC Mental Health Policy available to students  Mental Health Group has completed a draft of the mental health Action Plan which is to undergo review and refinement before being implemented |
| **Environment** | Some progress achieved, planning more for next year | Annual Mental Health and Wellbeing Awareness Week expanded and developed.  Reading material available from health promotion literature stands in specific locations across the campus |
| **Community Action** | Good progress achieved, planning more for next year | Received a second Amber Flag by Suicide Aware for work carried out in raising awareness of mental health.  Suicide awareness cycle  Darkness Into Light walk |
| **Personal Skills** | Some progress achieved, planning more for next year | Stress management workshops provided to students.  Meditation and mindfulness workshops also provided from the chaplaincy building which are well attended |
| **Health Services** | Some progress achieved but not as planned | Counselling working at full capacity. |

Table 3 Summary of the Sexual Health Action Plan under the key health promotion areas

|  |  |  |
| --- | --- | --- |
| **Health Promotion Key Elements** | **Qualitative Response** | **Additional Information (not required but some commentary can be included to briefly qualify response)** |
| **Policy Development** | Some progress achieved but not as planned | Sexual Health Group has completed a draft of the sexual health Action Plan which is to undergo review and refinement before being implemented |
| **Environment** | Some progress achieved, planning more for next year | Annual Sexual Health Awareness & Guidance Week (SHAG Week)  Promotional leaflets on sexual health outside libraries.  Free condoms provided by the Students Union- year round.  Condoms available from vending machines in bathrooms |
| **Community Action** | Some progress achieved but not as planned | Events such as Health Matters Day and SHAG Week spreading awareness. |
| **Personal Skills** | Some progress achieved but not as planned | Student Sexual Health Counsellor position opened up, to work on behaviour change of students presenting with STIs at UCC Sexual Health clinic. |
| **Health Services** | Good progress achieved | UCC Sexual Health Clinic operating efficiently and well regarded.  STI screenings available  Screen presentations re sexual health awareness in waiting rooms |

Table 4 Summary of the Physical Activity & Active Transport Action Plan under the key health promotion areas

|  |  |  |
| --- | --- | --- |
| **Health Promotion Key Elements** | **Qualitative Response** | **Additional Information (not required but some commentary can be included to briefly qualify response)** |
| **Policy Development** | Good progress achieved, planning more for next year | Physical Activity & Active Transport Group has completed a draft of the Physical Activity Action Plan which is to undergo review and refinement before being implemented |
| **Environment** | Good progress achieved, planning more for next year | Campus Bikes Scheme fully operational.  Increased number of bicycle parking stations provided across campus, with more to be implemented in future.  Designated Sli na Slainte walking route through campus. |
| **Community Action** | Some progress achieved, planning more for next year | UCC Operation Transformation 8 week programme, using the groups model, raised awareness of benefits of physical activity and healthy lifestyle. |
| **Personal Skills** | Some progress achieved, planning more for next year | UCC Operation Transformation contributed to behaviour change  Unlimited free classes in Mardyke Arena (College Sports Complex) provided for all students |
| **Health Services** | Some progress achieved, planning more for next year | ELEVATE - GP referral to Mardyke Arena for peer-led exercise programme, nearing the implementation stage.  Physiotherapy service provided for students by Student Health Service |