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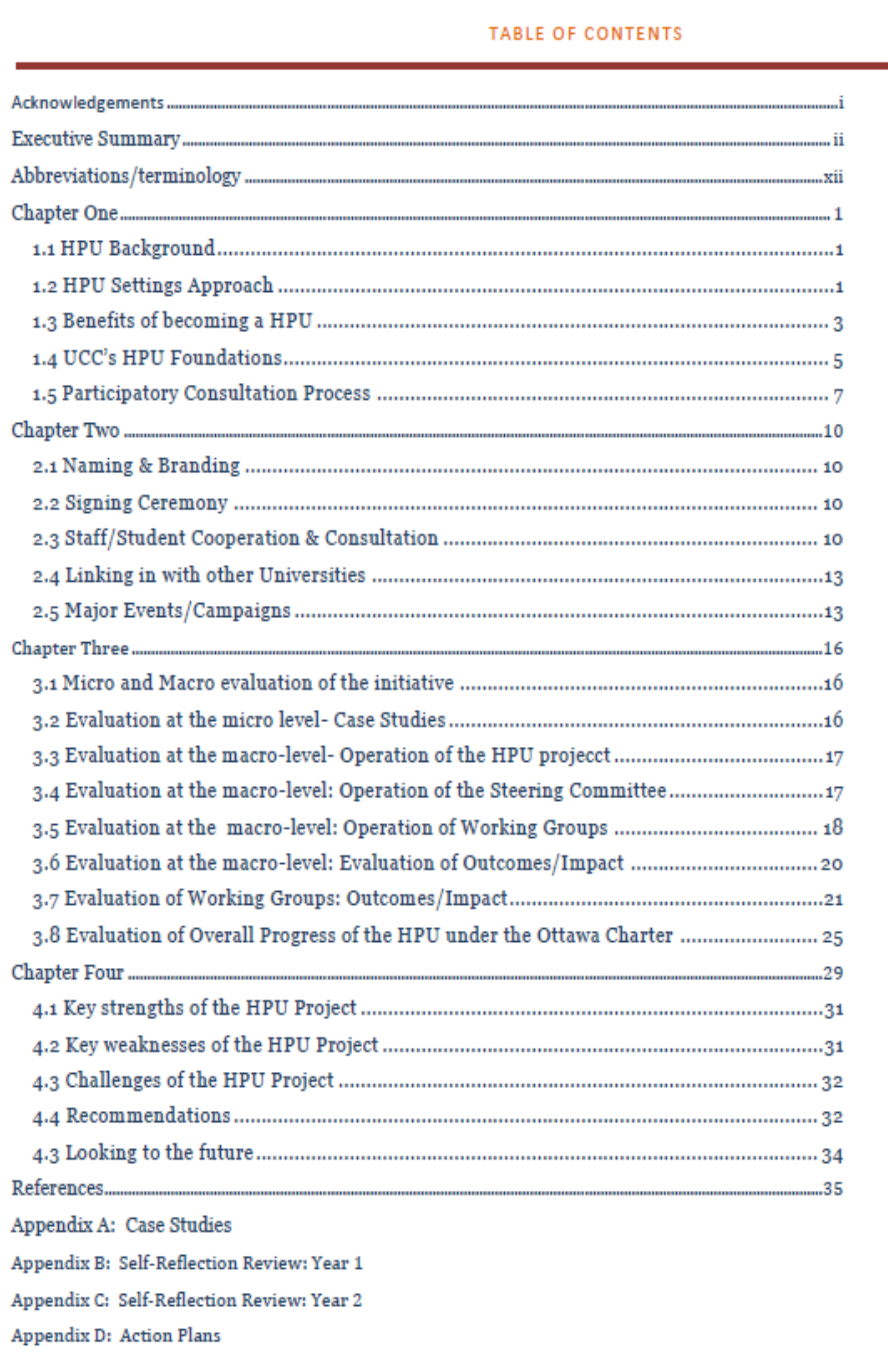


**Establishing University College Cork as a HSE (s) recognised Health Promoting University**

**The Journey from 2010-2014:**

**Final Report**

**October 2014**



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# **Acknowledgements**

The UCC Health Matters management team would like to express sincere thanks to our steering committee and working group members, for their commitment and effort in progressing the Health Promoting University initiative in UCC to date. We hope that they will continue to be champions for health and wellbeing in UCC for many years to come.

Thanks also to those in the Student Experience Office, for providing the funding to employ the health promotion project worker (HPPW), and the health promotion evaluation support worker (HPESW). A special thanks to Conor Hegarty for his help in designing the case studies for this report.

UCC Health Matters would like to express its gratitude to Maria Harrington, Senior Health Promotion Officer with the HSE-South, for her guidance in ensuring that the HPU initiative remained on track throughout the journey to becoming a HSE(s) recognised Health Promoting University.

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# S:\Health Promotion Project Work\UCC Health Matters Logo\UCC healthmatters logo\JPEG\healthmatters logo color.jpg**Executive Summary**

**Background**

“*The HPU initiative aims to integrate processes and structures within the university's culture supportive of a commitment to health and health promotion. Additionally, the initiatives promote the health and wellbeing of staff, students and the wider community*.” (WHO, 1986)

UCC’s first steps in the journey to becoming a Health Promoting University (HPU) began in 2010, arising from a number of health related concerns on campus. These concerns included but were not limited to: the adverse consequences of excessive student alcohol consumption, the observed increase in obesity levels nationally, the easy availability of unhealthy food choices on and off-campus, as well as the effect the student financial crisis was having upon both the physical health and mental wellbeing of the student body.

On December 3rd 2012 Dr. Michael Murphy, President of UCC, signed a memorandum of agreement with the Health Service Executive (South) committing the university to work towards Health Promoting University status, with the support and guidance of the Health Promotion Department HSE (South).

The objectives of the HPU were (and are) as follows:

* **To identify and map all health related activities and initiatives on-going in the university, and to bring these initiatives under one brand**
* **To encourage the development and delivery of new health- related projects that are evidence based and designed to appeal to a wide base audience of both students and staff.**

With the overall aim being to:

**To increase the impact and effectiveness of any health related initiative or health promotion activity on campus**

**Governance/Oversight/Structure**

The proposal for the HPU initiative was developed by the Healthy Living Group (HLG), an ad-hoc group of students, practitioners and external experts originally established to help promote healthy living and reduce alcohol-related harm amongst students, under the chairmanship of Vice-President Student Experience.

As recommended by the Healthy Universities (UK) template for developing as a Health Promoting University, the ad-hoc HLG was replaced by an enlarged committee, under the chairmanship of a respected expert academic from the field of Health Promotion and Public Health, Professor Ivan Perry, Head of the Department of Epidemiology and Public Health. Two committee members were appointed as co-coordinators; The Head of the Student Health Department (Dr Michael Byrne) and, the Welfare Officer/Vice President of the Students’ Union (ex-officio) (David Carey) and they are responsible for leading the operational activities of the HPU initiative. The remaining membership of this steering Committee is drawn from students and staff, (academic and professional administrative/support staff), with external input from the Health Promotion Department of HSE (South). The steering committee performs an oversight/governance role, to oversee the initiative, to ensure that the operational activities are in keeping with the overall aim of the HPU initiative, and to recommend change where needed. The steering committee reports annually to the Academic Council Student Experience Committee.

At an operational level, working groups were established for each of the action areas, with both staff and student membership representative of each strand of university life. Each of these working groups include a convenor/convenors, responsible for oversight and organisation of the working groups, with support and guidance form the co-coordinators, and a Health Promotion Project Worker.

**Methodology**

The methodology used in the journey that UCC is undertaking to become a HSE(S) recognised Health Promoting University is based on the methodology established by Healthy Universities (UK) and adapted for the purposes of this initiative, under the guidance of the Health Promotion Department HSE(s).

**Planning/Development phase of the HPU initiative**

At the start of the planning phase of the HPU initiative, a mapping exercise was undertaken at a series of town hall meetings involving both staff and students to identify all pre-existing health related initiatives on campus. This mapping exercise resulted in the following 8 key areas being identified as priority areas for sustained and on-going action:

* **Alcohol & Substance Abuse**
* **Mental Health & Wellbeing**
* **Sexual Health**
* **Physical Activity & Active Transport**
* **Food & Nutrition**
* **The Built Environment**
* **Safety**
* **Sustainable Development**

Whilst acknowledging the ambitious nature of the decision to include such a large number of areas for ongoing action, the consensus view at the town hall meetings was that it was extremely important to be as inclusive as possible from the outset. It was felt that a decision not to include one or more of the 8 action areas would run the risk of UCC Health Matters appearing to be a top-down, undemocratic organisation, possibly being accused of ignoring or invalidating examples of excellent work already underway in UCC. It was deemed worthwhile to accept the risk that the HPU initiative may not be able to deliver in one or more of these areas. Working groups were established for each of the 8 action areas. Each working group was invited to develop an action plan for their respective action areas, which would be implemented and monitored by the working group on an annual basis, and reported (at least) annually to the steering committee .

**Implementation phase of the HPU initiative**

Once the working groups for each action area had been established and an outline of the process of development of action plans had been shared amongst each group, each working group was encouraged to seek to implement their own action plans autonomously. Support and guidance was/is available on request from the Health Promotion Project Worker and the co-coordinators, and oversight and guidance was/is provided by the steering committee. Whilst respecting the autonomy of each working group, the co-coordinators and Health Promotion Project Worker wish to support a consistent and coherent approach to health promotion and health activities on campus, ensuring that activities follow an evidence base. They also encourage a policy of self-reflection and evaluation to maximise effectiveness.

During the implementation phase of the HPU initiative, many of the actions undertaken/events on campus helped develop the UCC Health Matters brand. Social Media was also extensively used to promote the UCC Health Matters message, of “*advocating for long term sustainable initiatives to help change attitudes, behaviour and practice, and so improve health and well-being”*. A number of headline events and activities (“spectaculars”) helped achieve high visibility for the UCC Health Matters brand, with high penetration amongst students and staff.

**Evaluation of the HPU initiative**

Notwithstanding the acknowledged difficulty of identifying long term outcome measures to evaluate, (that might represent meaningful change) , the HPU initiative set out to undertake ongoing evaluation of activities that formed part of the HPU initiative, as well as undertaking end point evaluations at the end of each of the two years of the journey. This mixed approach was deemed important, in that there it allowed evaluation at the micro and the macro level.

At a micro-level, on-going activities and health events were subjected to self-evaluation by those involved in organising or delivering the events, by the completion of case-studies template, as developed by Healthy Universities UK.

At the macro level, The Health Promotion Project Worker (HPPW) was tasked with the responsibility of recording the HPU process and describing the challenges and successes on an on-going basis, as it was evolving. At the level of each of the 8 action areas, working groups were challenged to evaluate the outcomes and impact of their actions by developing their own dashboard of Key Performance Indicators (KPIs) for the Action Plans they developed.

Also at the macro level, at the end of Year 1, a major self-evaluation exercise was undertaken by the HPPW, the co-ordinators and in association with the convenors of the working groups. This self-evaluation exercise helped inform the direction that year 2 would take, by identifying the successes and the failures. It was clear that a significant amount of effort in Year 1 went into establishing the brand, assembling the working groups, sharing methodology, and co-ordinating a number of new “spectacular” Health Promotion events on campus. There was major success for the Alcohol Action working group in year 1 which served as a template and an exemplar for other working groups in the other action areas for year 2. The end of Year 2 evaluation consisted mainly of recording of the achievements of the working groups that had not managed to report at end year 1.

A further elements of the self-evaluation process was undertaken at the steering committee level, where at end of Year 2 the steering committee made a number of recommendations as to how the steering committee itself might better oversee the HPU initiative, including recommending greater student participation in the steering committee, better communications between the working groups and the steering committee, and the establishment of a student/staff HPU “forum”, where lively exchange of ideas and activities might increase student engagement and generate new ideas.

Finally, overall evaluation of the initiative was completed by self-reflection of the progress made by the HPU initiative against each of the 5 action areas of the Ottawa Charter, demonstrating significant progress in each of these 5 areas.

**Benefits/Opportunities of the HPU initiative**

The benefits of, and opportunities afforded by, the initiative to become a recognised Health Promoting University go beyond the achievement of any award or “flag” These benefits and opportunities have included, but are not limited to:

* Enhancing the image, profile and reputation of the university.
* Ensuring greater coherence and co-ordination of health-related activity on-campus, thus avoiding duplication of effort and promoting an evidence-based approach to the delivery of such activity, moving beyond isolated and fragmented interventions.
* Seeking to ensure that the important role played by student/staff health and well-being in supporting the university’s core business is recognised, through consistently considering health and well-being at the policy/planning level.
* Securing senior management commitment and advocacy for health.
* Encouraging widespread engagement/ownership of health and well-being, facilitating joined-up working across the university, and with external partners.
* Promoting the development of healthy and sustainable working, learning and living environments for students, staff and visitors.
* Increasing the profile of health, well-being and sustainable development in teaching, research and knowledge exchange.

**Barriers /Challenges to the HPU initiative**

Many significant challenges and barriers presented themselves over the course of the HPU initiative. These included (but were not limited to):

* Engagement **–** Student engagement and involvement remains the single greatest challenge for the initiative. Staff engagement has steadily increased over time, but in part due to the turn-over in the student leadership and student body this has proved to be a greater challenge on the student side.
* Development of a brand **–** Linked to the issue of engagement was the question of branding. What message is the HPU initiative trying to communicate? How do we convey that message in a name and logo? How do we ensure that our brand is acceptable to differing constituent groups?
* Recruitment and retention of volunteers **–** The initial recruitment process at launch of the HPU initiative provided a pool of volunteers that could be used as necessary. However, the biggest problem is that student turnover means that a new recruitment drive and training must take place annually in September/October which is resource intensive and time consuming.
* Funding **–** From the outset, the HPU initiative has had no new additional funding stream identified. The part-time pay of the HPPW comes from the existing Student Health Department pay-budget as does any necessary non-pay expenditure to fund campaigns, events or materials.
* Public-sector recruitment embargo – Restrictions imposed on recruitment by the Public-Sector embargo means that even if a funding source was/is identified for Pay costs, it was not possible to recruit a permanent or even fixed term member of staff, due to the impact on headcount.
* Competing Priorities/Everyday Workload **–** The HPU initiative depends on staff busy in their day-jobs, and students studying, researching and living the “Student-life” to undertake activities, organise events, and evaluate initiatives in an already busy and packed schedule.
* Evaluating the impact – The “Holy Grail” of all Health Promotion activity is to demonstrate real change, through appropriate evaluation. The HPU initiative is officially on-going for 2 years and established for over 4 years, a time scale which makes meaningful change difficult to measure. Indeed there may even be difficulty in agreeing what outcomes qualify as meriting the description of being real and meaningful positive change.
* Demonstrating relevance – It is likely that there remain a significant number of students or staff who believe that the health and well-being agenda bears no relationship to and has no influence over the core business of the university.

**Vision for the Future**

The vision for the future of UCC Health Matters is one where the methodology developed to date is refined to increase student engagement. There is a need for the development of a more robust evaluation and reporting process, with a particular emphasis on assessing the impact of health and well-being on enhancing the core activities of the university; learning, teaching, research, and the student experience.

A vision of a successful ongoing Health Promoting University initiative is one where the impact of the initiative is such that promoting health and well-being is seen as a responsibility and a deliverable of all in the university, individual students and staff, as well as the university itself, through its policies and procedures. This is a difficult challenge but will be assisted by embedding UCC Health Matters and health activity and health promotion as an everyday element of UCC life, both for staff and students, making it part of the ethos of the university as a whole.

While the brand is now strongly established and respected across the institution, the HPU initiative still relies upon the dedication of a limited number of people. We wish to ensure that the work that has occurred so far is sustained and will be sustainable, and so have a lasting place within the university community

Part of the vision of the future for UCC Health Matters also includes ensuring that UCC helps support and drive efforts to establish a national Health-Promoting Colleges network for Ireland, originally proposed and envisaged in 1996. Given the experience we have acquired during this process, we are keen to contribute in a meaningful way towards the development of any agreed standards. As UCC moves towards formal recognition as a Health Promoting University, UCC Health Matters is determined to share the experiences we have enjoyed to date with a view to promoting a Healthy Ireland.

Although the end of the initial phase of the initiative is upon us, it is not a case of the “Beginning of the End”, more a case of “The End of the Beginning.”

# abbreviations/terminology

**HPU**- Health Promoting University

**HSE**- Health Services Executive

**WHO**- World Health Organisation

**UCC**- University College Cork

**HLG**- Healthy Living Group: Original group formed to promote healthy living and reduce alcohol related harm amongst students. Its remit was purely students

**SU-** Students’ Union: The representative organisation of students within UCC

**Clubs & Socs**- Student Clubs & Societies- Student clubs & societies are available to all registered students of the university and cover a wide varied of sports, hobbies and interests.

**HPPW**- Health Promotion Project Worker- Part time employee tasked with overseeing the day to day operations of UCC Health Matters.

**HPESW**- Health Promotion Evaluation Worker- Part-time employee tasked with overseeing the reporting and evaluation of the initiative.

**UMTS**- University Management Team Strategic- A senior management committee that oversees all long term strategic decisions for the university.

**Steering Committee** - The highest level of oversight for the UCC Health Matters initiative. It is responsible for strategic direction & oversight of the initiative.

**Co-coordinators** - A staff and student member responsible for the operational management of the HPU. Hold a permanent place on the steering committee.

**Working Groups**- Groups formed around each of the 8 action areas. Each one is responsible for developing and implementing an Action Plan for their given area.

**Working Group Convenor -** Responsible for ensuring regular meetings of the group and progressing and monitoring their actions as laid out in an Action Plan.

# Chapter One

DEVELOPING the Health promoting University Concept FOR UNIVERSITY College Cork

## **1.1 Background TO THE HPU CONCEPT**

Universities can do many things to promote and protect the health and well-being of students and staff and to create healthy working, learning and living environments. The challenge arises in doing this as effectively and sustainably as possible. Health promotion is defined as “*the process of enabling people to increase control over, and to improve, their health*” (WHO, 1986). This can be achieved by a co-ordinated approach to the following key action areas as outlined by the Ottawa Charter (WHO, 1986):

* Build healthy public policy
* Create supportive environments
* Develop personal skills
* Strengthen community action
* Reorient health services

The Health Promoting University (HPU) concept provides a framework for co-ordinating health related activities on campus and identifying areas for action that will potentially enhance the health and well-being of the university population. The HPU initiative uses the Ottawa Charter (WHO, 1986) as a general guide for its development.

The WHO defines a Health Promoting University as:

*"...one that is conscious of health and striving to improve it"*

(WHO, 1998).

## **1.2 HPU: the Settings Approach**

The concept of a Health Promoting University is based upon a settings (e.g. healthcare, workplace, cities and educational settings) approach, where the strategic focus is on the setting, i.e the whole campus community and its population, policies and environments, rather than individuals and problematic health behaviours (Dooris *et al*., 2007).

Key features of a settings approach include:

* Developing personal competencies
* Implementing policies effectively
* Re-shaping environments
* Building partnerships for sustainable change
* Facilitating ownership of change throughout (Whitelaw et al., 2001)

The concept of the Health Promoting University means much more than health education for students and staff, it means integrating health and well-being into the culture, processes and policies of the university. While a long-term approach to health promotion is key to its effectiveness and sustainability, short-term projects have a place, acting as tools for implementing change through a strategic plan. There is widening recognition that a whole university approach has significant added value – offering the potential to address health in a coherent and joined-up manner (Dooris & Doherty, 2009).

“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.”

Dooris & Powell (2012

At the heart of any Health Promoting University initiative is a top level commitment to embedding an understanding of and commitment to sustainable health and well-being 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
* To promote the health and well-being of staff, students and the wider community.

In developing as a HPU, it is imperative that there is a commitment to and vision for health within the University's plans and policies, that the healthy personal and social development of students is embraced and that the university develops as a supportive, empowering and healthy workplace. In addition, health promoting and sustainable physical environments are created and there is increased understanding, knowledge and commitment to multi-disciplinary health promotion across all university departments (Tsouros *et al*., 1998).

Universities can potentially contribute to health gain in three distinct areas:

1. Creating healthy working, learning and living environments for students and staff,
2. Increasing the profile of health, health promotion and public health issues in teaching and research
3. Developing alliances for health promotion and outreach into the community.

The success of the HPU lies in a whole university approach with commitment from the most senior level coupled with partnership with all sectors of the university community.

## **1.3 Benefits of becoming a HPU**

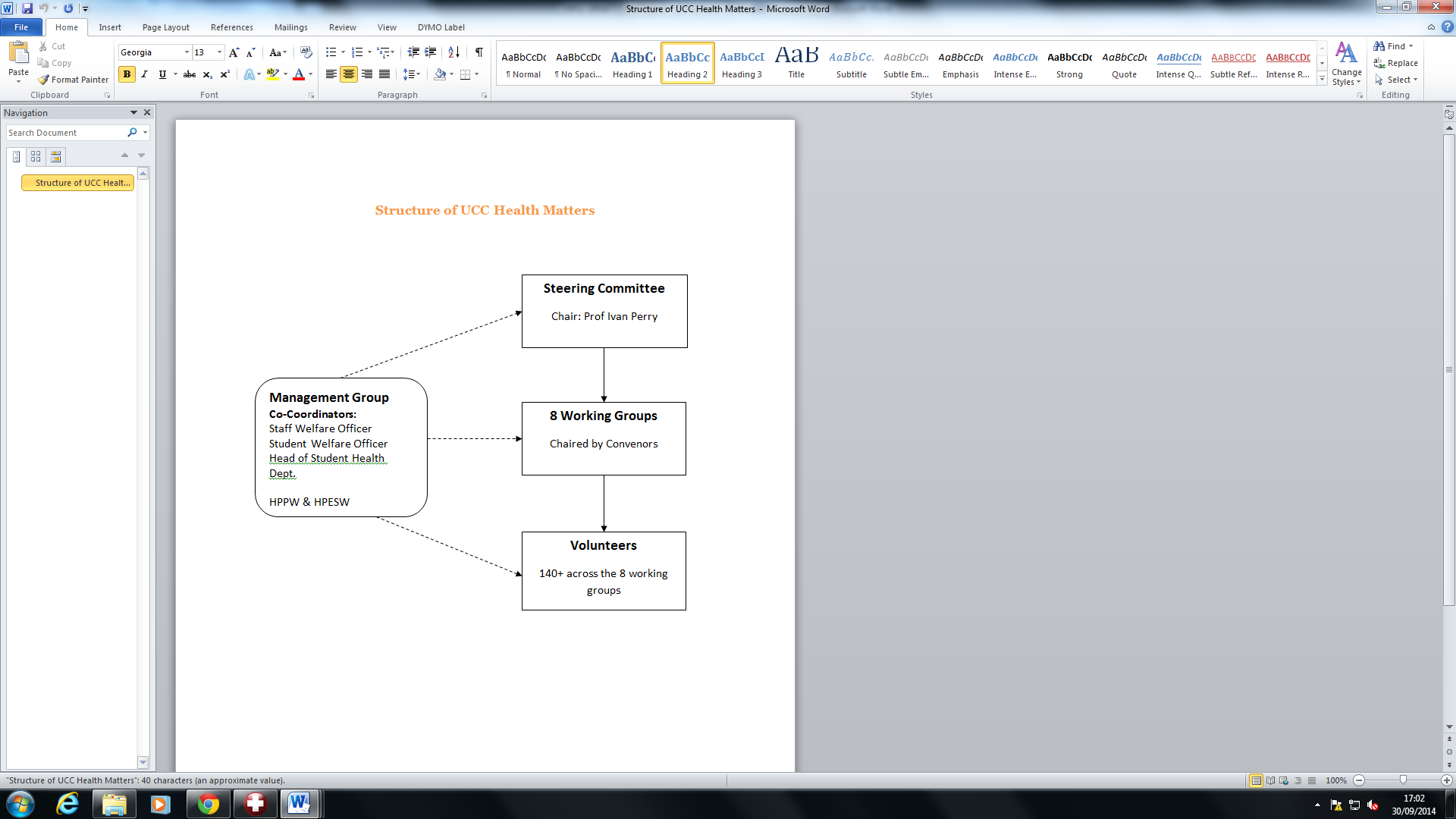
Universities that become involved in the HPU may obtain several benefits including improving their public image, the profile of the university, the welfare of students and staff and working and living conditions. Research has shown that the whole university approach offers a number of potential benefits:

* It ensures that health and well-being are connected to the university core business through embedding at the policy/planning level.
* It gives greater coherence to health-related work, moving beyond isolated and fragmented interventions.
* It secures senior management commitment and advocacy. It encourages widespread engagement/ownership and facilitates joined-up working across the university and with external partners.
* It strengthens the creation of healthy and sustainable working, learning and living environments for students, staff and visitors.
* It increases the profile of health, well-being and sustainable development in teaching, research and knowledge exchange.
* It contributes to the health and sustainability of the wider community (Black, 2008, Dooris & Doherty, 2009).

The HPU is a relatively new setting in terms of health promotion with the initial framework model for Health Promoting Universities put forward by Tsouros *et al*. in 1998. More recently, the UK has developed a national healthy universities network (Dooris & Doherty, 2010) and the USA is developing the healthy campus approach (ACHA, 2006). Cawood (2010) has shown that the healthy universities model provides a potentially valuable means of promoting health and well-being of staff and students, enhancing staff performance and student achievement and improving organisational productivity.

The broad evidence base for the HPU is drawn from the considerable investment internationally in healthy cities, health promoting schools, hospitals and workplaces and is well documented in the literature (Taras, 2005; Taras & Potts-Datema, 2005; ENWHP, 2006; Stewart-Brown, 2006; Warwick *et a*l., 2008; www.healthyschools.gov.uk; www.schoolsforhealth.eu).

## **1.4 UCC’s HPU Foundations**



### 1.4.1 Steering Committee

The UCC ‘Healthy Living Group’ (HLG) was established under the Chairmanship of the Vice-President for the Student Experience (VPSE) in 2009 to consider how the university might best promote healthy living and responsible alcohol use among students. Its membership consisted of representation from student bodies, the Student’s Union (SU), senior university management, a Health Service Executive (HSE) representative, and the student support professional services, including health, counselling and disability services. The operations of the HLG demonstrated UCC's commitment to a long term plan for improving health on campus. In 2010, the HLG began to develop the proposal that UCC would work towards becoming officially recognised as a Health Promoting University, and produced a report entitled ‘Health Promoting Universities - Why UCC should work to attain Health Promoting University Status’ in August 2011. This report provided the evidence and research as to UCC should embark on this journey and in March 2012 the proposal that UCC would work towards a recognised Health Promoting University was approved by UCC’s Academic Council. The AC approved the establishment of steering committee for the HPU initiative.

### **1.4.2 Leadership**

**To ensure the initiative enjoyed both academic support and enhanced credibility in the community, Academic Council approved the appointment as Chair of the steering committee, Professor Ivan Perry, Head of the Department of Epidemiology and Public Health in UCC. The VPSE continued as an ordinary member of the steering committee. Responsibility for the operational leadership of the initiative was devolved to two co-coordinators, one student member, one staff member, (a) the student representative holding the office of Welfare Officer in the Students’ Union and (b) The Head of UCC Student Health Department, to ensure a cross-university approach. The two co-coordinators were later joined by the Staff Welfare Officer (Dept. Of Human Resources) and the Health Promotion Project Worker (HPPW), to form an operational management group.**

### **1.4.3 Communication with Pre-existing Committees**

**During the initial planning phase, a concern highlighted was that those with “ownership” of pre-existing initiatives (see 1.5.2 Pre-existing initiatives identified) may see the HPU initiative as a threat, not an opportunity. To address this concern, the co-coordinators made contact with all of the pre-existing committees/groups across the staff and student sectors where there were already on-going health and well-being initiatives, detailing the reasoning behind the HPU initiative and inviting and encouraging their participation at future meetings in the ‘Town Hall’ format. A clear message was given that the HPU was not attempting to take ownership of initiatives but to strengthen them and increase impact under one umbrella brand. No pre-existing projects which felt that the HPU initiative did not align with their own philosophy for their given project, were under obligation to link in with or be subject to the HPU initiative. Fortunately the concern that the HPU initiative might be perceived as a threat has not materialised.**

## **1.5 Consultation Process - Town Hall Meetings 2012**

In June 2012, all staff and all students of UCC received an e-mail invitation to establish and join the proposed HPU initiative “Working Groups”, which would be constituted at a series of Town Hall meetings. An open “Town Hall” style meeting was advertised to staff and students for September 2012: (1) to explain the HPU initiative in greater detail, (2) to constitute Working Groups, (3) to formulate a needs assessment/undertake a desktop mapping exercise and (4) to develop an action and implementation plan for the HPU initiative. An additional student focused Town Hall meeting followed in November 2012 to increase the level of student engagement. Originally, a total of 11 “Action Areas” were identified, with working groups formed to target each specific area. Over time these 11 working groups were consolidated into 8 working groups targeting 8 specific Action Areas.

### **1.5.1 Engaging Volunteers**

Presentations from key leaders/stakeholders including Professor Ivan Perry (Head of the Department of Epidemiology & Public Health, UCC); Professor Colin Bradley (Cork Healthy City Representative and Head of UCC’s Department of General Practice), Catherine Maguire (UCC’s Staff Welfare Officer), Dr Michael Byrne (Joint Coordinator of the HPU and Head of UCC’s Student Health Department), the Students Union, and UCC Clubs & Societies, were delivered to the participants during the first Town Hall meeting. Desk-top exercises after the presentations encouraged engagementand contributions from attendees to help gather opinion as to the “health-needs” of the university, and subsequently inform the areas to prioritise in developing the HPU Action Plan. The second Town Hall meeting in November 2012 was designed to increase the level of student engagement in the initiative. Though the number of students actively involved in UCC Health Matters is gradually increasing, the initiative was (and still remains) largely staff driven.

### **1.5.2 Pre-existing initiatives identified**

An earlier health needs assessment carried out in 2010, prior to the establishment of UCC Health Matters, was reviewed and updated during the Town Hall meetings in 2012, Following this exercise, a total of approximately 80 services or pre-existing health promoting initiatives were identified.

### **1.5.3 Areas of priority identified**

Following the identification of pre-existing initiatives in UCC, the next undertaking at the Town Hall meeting was a desktop exercise to gather opinion as to health-needs of the university. The findings of this mapping exercise were used as the basis for the development of the subsequent HPU project/action plan. It is important to note that this needs assessment exercise/health-initiative mapping exercise was completed by a gathering of consensus opinion from interested participants, some of who were experts. It was not a robust scientific exercise. That may be a weakness and a strength.

### **1.5.4 Action Plan Development**

The UCC HPU Action Plan was completed in November 2012. This Action Plan was developed in consultation with the HSE (south) and approved by the HPU steering committee. The HPU initiative Action Plan outlined the methodology to be used and the timeframe in which the initiative to move UCC towards becoming a recognised Health Promoting University would be completed. It followed the framework laid down by the HSE(s) and included the named priority action areas identified in the earlier Town Hall meetings. The plan was submitted to the President of UCC and the two senior committees of the university, the University Management Team (Strategy), and Academic Council, for approval. and a Memorandum of Agreement was jointly signed by President Michael Murphy and HSE(s) in December 2012.

### **1.5.5 Creating balanced Working Groups**

One important principle was to ensure that membership of the working groups was diverse, and balanced. **While we actively pursued staff/student involvement across the board, it was also deemed important to take account of the physical spread of the university. Whilst much of the population of UCC is located on main campus, there is a significant portion that occupies the satellite campus locations, primarily the Brookfield Health Science Building and the Western Gateway Building and the North Campus. The steering committee was conscious that many students and staff have expressed a sense of a lack of involvement in college life as a result of being based in off-main campus locations. In an attempt to counter this, student recruitment in these areas was prioritised, with the SU making direct contact with class representatives in these locations to recruit for the Town Hall Meeting (detailed in 2.3.1).**

The Town Hall meeting conducted an exercise: ***‘Working Groups’- Taking ownership and Moving Forward.* This required members of the Working Group to volunteer to participate and work in a particular action area- of which, at that point there were 11. (Some participants opted for involvement in a number of the action areas as their interest was not limited to one area.)**

**Each Working Group identified one or more convenor(s), responsible in a light-touch fashion, for convening meetings, and gently stewarding each Working Group. Some groups were highly subscribed- in particular the alcohol group, and the mental health group. Others such as the sustainable development, the built environment, and the sexual health Working Group had a more limited uptake/membership.**

# Chapter Two

first steps following official launch of UCC’s Health promoting University Initiative

## 2.1 Naming & Branding

To select an appropriate name/title/brand for the HPU initiative in UCC, the steering committee balloted members as to their preferred choice, drawn from a short-list of possible names generated by the UCC HPU management group. Following selection of **UCC Health Matters** as the title/name for the HPU initiative an external design company was commissioned, and designed a logo “to capture the imagination and attention of the university community and others”. The final logo design was selected by the two co-ordinators, the Deputy President of the Students’ Union and the Head of the Student Health Department**.**

**The name, colouring and logo appear to have significant appeal.**

## 2.2 Signing Ceremony

An official signing ceremony was held to mark the joint commitment of UCC and the HSE(s) to work towards making UCC a Health Promoting University by 2014, on December 3rd 2012. The signing took place in the office of Dr. Michael Murphy, President of UCC, officially launching UCC Health Matters as a brand. The HSE was represented by Dr. Maria Harrington, Senior Health Promotion Officer for HSE South.

## 2.3 Staff/Student Cooperation & Consultation

### 2.3.1 Working with the Student Population

The single largest challenge identified by the co-coordinators and the original Healthy Living Group was how to achieve a meaningful and sustainable level of student engagement in the initiative to make UCC a HPU. This issue was considered (and is still considered) at all stages of the HPU initiative. Crucial to effective working with the student population was the early appointment of the Student Leaders to a leadership role in UCC Health Matters. The Student Welfare Officer was appointed as co-coordinator of the overall initiative to emphasise the collaborative nature of the initiative, and the importance of direct student involvement in the design and delivery of the initiative.

To build on the student-leadership involvement the wider student body was invited and encouraged to get involved through a series of promotional routes largely via e-mail and the SU’s Social Media sites.

While all students were targeted and encouraged to engage there was also a focused aim on particular subsets of students. There was a specific focus put upon the recruitment of students from health related courses in expectation that there would be a larger uptake from this area. To ensure that this did not lead to a bias within the groups the Students’ Union used their class representation system to encourage involvement of students from all other courses. The universities Societies’ Guild and the universities Clubs were also specifically targeted. This proved an effective recruitment tool as these were students that had already shown a commitment to engaging in university life.

Once the student Town Hall meeting had occurred, a cohort of students volunteered to represent the student body across each of the Working Groups. The issue of student engagement has been addressed through large scale events (“spectaculars”), highly visible on campus which has boosted the brand and student awareness of the HPU initiative (see 2.6).

However, upon reaching June 30th 2013, at the end of Year 1, student engagement once again became a concern as the student leadership that had been involved in the initial implementation and success of the initiative in Year 1 completed their terms of office. To address this , the incoming officers of the SU were briefed by Dr. Byrne on the importance of the initiative.

The issue of student turnover is one that will continue to occur annually (in July with student leadership, and in September with the general student body) Many students who are members of HPU groups at various levels, graduate and move on from university life, or choose to focus on other aspects of their student experience. This problem is unique to the student sector of the initiative; as there is a low level of turnover on the staff side. The impact of this issue appears to be lessening year on year as the brand of UCC Health Matters has achieved greater penetration on campus. The initial July to September/October recruitment has become an easier process and the members of the student leadership are now aware of the HPU initiative before running for election to SU, with many listing it as a key focus of their manifestos.

It should also be noted that this student turnover is not an entirely negative phenomenon. While the re-recruitment and training phase can prove time consuming, it does result in a re-invigoration of the initiative annually and leads to a constant stream of fresh thinking and new ideas.

### 2.3.2 Working with the Staff Population

While initial engagement and recruitment of staff was easier than it was with student population, other issues emerged. The previously mentioned sense of ownership over their own existing health related initiatives may have led to UCC Health Matters being perceived as a threat; as if UCC Health Matters was attempting to supplant these projects. This was evident and acknowledged at the initial Town Hall meeting for staff and addressed immediately.

Once acknowledged and addressed, staff became incredibly enthusiastic about the HPU initiative and many actively participated in the establishment of the working groups. The steering committee took a conscious decision not to limit the numbers of those who wished to participate in any working group, in an attempt not to temper their enthusiasm to engage in the process. This did create a concern that there would be an overabundance of staff members versus students on the Working Groups, something that was monitored by the steering committee. However, in practice the working groups most popular with staff (alcohol & substance abuse and mental health) were also the most popular with the student members and therefore all the groups were relatively balanced across the board.

## 2.4 Linking in with other Universities

Since establishment of the groups, branding and events, it has become apparent that the work of UCC Health Matters has become recognised by other universities and Institutes of Technologies/Colleges/Universities. Contacts have been made with representatives of 12 other Irish universities/institutes at meetings held in Athlone Institute of Technology in March 2014 and Trinity College Dublin in July 2014, where the UCC Health Matters initiative was considered. Other Irish universities and 3rd-level institutions have expressed an interest in exploring the move towards becoming a Health-Promoting College. These links with other 3rd-level institutions will serve as useful platforms for future partnerships and collaborative working in the sector.

## 2.5 Major Events/raising awareness of HPU

The success of UCC Health Matters’ major events has been crucial in terms of (a) direct promotional opportunities (b) building a sustainable brand and (3) increasing and sustaining recruitment of volunteers. Retaining and sustaining the commitment and interest of volunteers, as well as that of the wider university community was identified as key if the initiative was to succeed and become embedded in the culture of the university Over the two year period, a number of major events and campaigns were delivered on a university- wide basis to promote the brand and the highlight the objectives of the initiative. These ranged from one day events to an initiative that ran over an 8 week period for each of the 2 years to date. See Case Studies Appendix A.

### 2.5.1 event Planning

Event planning was undertaken by the small management committee comprised of the HPPW, HPESW, and the co-coordinators, in association with working groups, according to the event or activity planned. Most of the day-to-day planning was undertaken by our HPPW, operationalising the outline plan and enlisting the help/involvement of others e.g. employees (health & safety, security, etc.), volunteer students, local health organisations, etc.

### 2.6.2 event Promotion

The majority of promotional work was done electronically, which was appropriate given the physical spread of the university campuses, the demographics/age groups of students and the existing UCC information/web/intranet services (an internal electronic staff service) already available. The staff contact was largely done through the internal UCC all-staff email system. The student body was also targeted through email, but the main means of promotion to the student body was the use of social media. As the UCC Health Matters Facebook page had relatively low follower yield (no. of Likes) in its first year, the majority of the promotion through social media came from the UCC Facebook page and the Students’ Union Facebook page which posted on behalf of the initiative. The class representation system of the SU also proved a useful tool for cascading information. A presentation promoting any event could be given at the SU monthly council and the representatives attending would subsequently cascade the information to their class. Promotion of the initiative is now part of the orientation presentations to all incoming 1st year students in September of each year.

### 2.6.3 Implementation of events planning

The size/duration and scale of individual events dictated the resources/personnel needed for each event, and this varied widely. The initiative has developed many positive links with academic departments, societies, student services, providing a pool of volunteers to draw from in organising and delivering events. Low-level consumable costs are covered by the Student Health Department Non-Pay budget. The willingness of services such as the Mardyke Arena, Aras na MacLeinn and Kylemore Services Group to part-sponsor events, in particular UCC Operation Transformation, has made the delivery of major events possible. The Health Promotion Project Worker is responsible for co-ordinating and facilitating UCC Health Matters events.

### 2.6.4 Links with External Partners

External organisations were not invited to sit upon the Working Groups or steering committee (excluding HSE representation), to ensure the level of independence the initiative required. Links and partnerships with external organisations were made on individual projects when appropriate. In the early stages of UCC Health Matters, involvement of external organisations was largely non-existent, but as brand recognition increased we increasingly developed external links for specific events. e.g. Mental Health Reform on campus during the SU Mental Health & Wellbeing Week, and with the GAA for the annual “Off the Booze and On The Ball”

UCC Health Matters has been fortunate to have the opportunity to visit the University of Central Lancashire to attend a Healthy Universities UK study day to learn from the experiences of universities in the UK who are already well down the path on the journey to becoming health-promoting institutions.

### 2.6.5 events Review Process

Following each major UCC Health Matters event, a review meeting with all involved is held, to gain an understanding of what worked well and what needed improvement. For example, following UCC Operation Transformation 2013, the review recommended increasing involvement of participants, to beyond the 8 individual leader model. This resulted in a greatly expanded UCC Operation Transformation on 2014, with a total of 19 groups partaking, (180 individual participants). The annual activity of UCC Health Matters is reviewed by the steering committee, which is responsible for ensuring the strategic direction of the initiative is appropriate.

# **Chapter Three**

Evaluation of the HPU Initiative

## 3.1 Micro and Macro evaluation of the HPU initiative

In Ireland, there is as of yet no agreed means of evaluation and external validation for any 3rd level institution wishing to pursue the goal of being recognised as a health promoting institution. Evaluation of the effectiveness and impact of the UCC Health Matters HPU initiative is vital however, to ensure that the strategic objectives are being achieved, to consider if the methodology used is a “best-fit”, and to inform future ideas and plans. The principle that evaluation was and is a key element of the HPU initiative is accepted and strongly endorsed by the UCC Health Matters steering committee. In advising on the HPU initiative, the HSE(s) has encouraged that a process of self-evaluation be undertaken, and **a Self-Reflection Review Tool**, was developed and formed part of the self-evaluation at the end of Year 1 and end of Year 2. Evaluation is undertaken at (1) a micro-level, considering individual events, as well as at (2) a macro level, evaluating (a) the operation of the UCC Health Matters HPU initiative and (b) evaluating (or trying to establish a framework to evaluate) the impact of outcomes delivered by UCC Health Matters.

## 3.2 Evaluation at micro-level: case Studies

Much of the visible health promotion activity on campus is in the form of an event or campaign, and prior to UCC Health Matters, this activity often proceeded with no means of external reporting or internal evaluation. To improve reporting, and to facilitate consistent and coherent internal evaluation by those groups delivering these activities, UCC Health Matters adopted the Case Study Template Report approach used by Healthy Universities UK. This approach encourages organisers to describe their event, and to reflect in a systematic way on the methodology employed, the resources needed, the achievement of aims, and the wider impact on the health and well-being on the community. These reports are submitted to the UCC Health Matters management group and prepared for publication, to highlight and promote the activity that is ongoing on campus. This Case Study Template Report approach was extended to include initiatives or projects or events which might not previously been considered to be “health promotion” powerfully demonstrating the “health-promoting” potential that these projects might have. Examples of the 12 Case Studies chosen for inclusion in this report are available in Appendix A.

## 3.3 Evaluation at macro-level: operation of hpu initiative

UCC Health Matters and the initiative to become a Health Promoting University is intended to be more than simply a collection of health promoting events, (worthy though that might be in and of itself). Central to the overall evaluation of the HPU initiative therefore is an attempt to describe and reflect on the operation of the initiative at a higher level than that of individual projects. Self-evaluation of the operation of the HPU initiative at the macro level took the form of extensive end of year reviews; at end year 1 and end year 2, including using the HSE(s) **Self-Reflection Review Tool** See Appendices B and C. End Year 1 review describes in considerable detail the processes behind the establishment of UCC Health Matters, including the establishment of new activities, and the dissemination of new methodology to working groups in new action areas. The End of Year 2 review describes the increase in activity that was seen in action areas and working groups that had not been active in year. Below is a summary of the evaluation of the operation of differing elements of the HPU initiative

## 3.4 Evaluation at macro-level: operation of Steering CTTEE

The steering committee for UCC Health Matters was established on firm foundations and with real credibility, having arisen from the successful Healthy Living Group. It also benefited from having balanced representation from both the staff and student body. The steering committee meets at least every three months. Though the meetings are well attended, some key players have been unable to attend the meetings in 2014. These figures are of high standing in the university, and have busy schedules, so their inability to attend is perhaps understandable. This is however a challenge to the effectiveness of the steering committee. It is also challenging to coordinate a large and disparate group of individuals from various departments and societies. Feedback on the mission and operation of the steering committee was gathered at the quarterly meeting held on the 18th of September, 2014. This is presented below, along with some illustrative quotes from members.

**Feedback from steering committee members**

Issues that were highlighted include:

(1) the need to increase and improve attendance, with general agreement that there should be an expansion of the steering committee to include key players, such as auditors of health related societies (e.g. UCC Cancer Society & The Suicide and Mental Health Awareness Society SAMH), a member of the chaplaincy team, a member of the Kylemore Services Group, and the new UCC Student Wellbeing Officer.

(2) It was felt that the steering committee does not get enough opportunity to hear of the work of the working groups.

“We need an arena where we can learn what is happening in the working groups”

To address this communication gap, it is proposed that two convenors of differing working groups would present at each quarterly steering committee meeting, thereby providing all convenors with the opportunity to present their progress to the steering committee at least once each academic year.

Based on the feedback given by the steering committee members it has been proposed that a Communication Plan be developed for UCC Health Matters going forward.

## 3.5 Evaluation at macro-level operation of working Groups

When UCC Health Matters commenced, a total of 11 working groups was established. Since there was a degree of overlap between the action areas, it was deemed appropriate and more efficient to merge some of the working groups, reducing the number from 11 to 8 working groups in 2013. The following working groups remain in operation;

1. Alcohol and Substance Abuse
2. Food & Nutrition
3. Physical Activity & Active Transport
4. Mental Health& Well-Being
5. Sexual Health
6. Safety
7. The Built Environment
8. Sustainable Development

The proposed substance abuse, and the active transport working groups were merged with other working groups. A research-arm working group has not yet been operational.

The level of activity and operational effectiveness of the working groups vary. Much of Year 1 was spent on establishing the UCC Health Matters brand and organising new “spectacular” events, which meant that there was little time left for the UCC Health Matters management team to facilitate and encourage activity amongst each of the 8 working groups. There was a notable success however, which served as a template for other working groups to follow. The Alcohol & Substance Abuse group operated successfully, with strong leadership and wider team-involvement. This is perhaps understandable given that this group had in effect been in operation as the Healthy Living Group since 2010. The Alcohol & Substance Abuse group had established their own action plan in 2010, , which was updated after review in 2012 and 2014. They have been an encouraging role-model for the other groups to follow and the progress was presented to the rest of the members at a Town Hall meeting in April 2014. This made a positive impact on the members of other working-groups and since then, the Mental Health Group, the Sexual Health Group, the Physical Activity & Active Transport group, and the Food & Nutrition group are all now working towards their own action plans- with three of the four provisionally drafted in September 2014.

**Feedback of Steering Committee and Working Group Members:**

At the steering committee review of the operation of the working groups, the issue of a lack of connectedness and communication problems emerged:

*“Somewhere along the way, I lost connection”*

Bridging this communication gap through the use of a ‘forum’ approach was strongly advocated by members of the steering committee, as this gap is considered one of the key weaknesses of the operation of the working groups. Comparison was made with the operation of the Societies Guild and Students’ Union meetings which are ‘infectious’ and ‘buzzing’, and the forum meetings of the UCC Green Campus, which are popular open-door meetings and involve both students and staff.

*“We should encourage a more cohesive approach”*

The “forum” approach is to be adopted for UCC Health Matters, in Town Hall style meetings, where all group members and new interested members, staff and students, gather to share information and brainstorm. This “forum”/Town Hall format has been successful already in 2014, and has re-invigorated some working groups which had been dormant for much of year 1.

*“There should be a convening of the convenors meeting”*

The need for the provision of training for group convenors has been acknowledged, and it is hoped that this will help improve the effectiveness of the convenors in their role as facilitators of each of the working groups.

## 3.6 Evaluation at macro-level: evaluating outcome/impact

It is a real challenge to try and demonstrate meaningful impact or outcomes for any health promotion intervention. Indeed one of the challenges is to define what “meaningful impact” might be. These difficulties are compounded for the HPU initiative in UCC, by the relatively short time frame in which the Healthy Living Group and UCC Health Matters have been in operation (2010-2104). Nevertheless it is important to address this challenge, at least in part to ensure that scarce resources are not being wasted on activities that have no added value.

The outcomes and impact of the HPU initiative are considered and reported at two levels: (1) the level of each working group, using self-reflection and the working group’s progress and performance against a set of Key Performance Indicators (KPIs) developed by themselves for their own action area and (2) the level of progress achieved by overall HPU initiative considered under the 5 main action areas of the Ottawa Charter. These are each reported below.

## 3.7 Evaluation at macro-level: evaluating Working groups’ outcomes/impact

### 3.7.1 Alcohol & Substances- Progress Report: outcomes/impact

In late 2012, the Alcohol working group was formed under the UCC Health Matters initiative, and comprised of academic, administrative and media staff alongside students registered to the university. This group was a continuation of the previously established Healthy Living group, and began working towards an existing alcohol action plan, with its existing dashboard of KPIs.

Other headline projects emerged, including (1) the group collaborated on campus with the GAA initiative ‘Off the booze, On the Ball’, where students and staff abstain from alcohol for the month of January, whilst partaking in increased physical activity and (2) UCC Campus Accommodation helped deliver the option of alcohol free accommodation to students.

In late 2013, partly due to efforts of the Alcohol and Substances working group, UCC Health Matters had double success in the **Irish Healthcare Awards**, winning ahead of 116 other entries nationwide, the

**Best Public Health Initiativ**e and **“An Duais Mhór” (Overall Award)**,

**“UCC Tackling Alcohol Related Harm**”

In May 2014, the working group revised and updated the Alcohol Action Plan adding new and deleting some existing KPIs. The focus of the group also expanded to include substance abuse, with the development of an action plan to tackle tobacco use on campus. (See Appendix D)This was ratified by the steering committee for the UCC Health Matters initiative in August 2014. The group is now focused on operationalising this plan, and will continue to review and monitor the implementation of the action plans against the agreed KPIs.

### 3.7.2 Sexual Health- Progress Report: outcomes/impact

The sexual health working group is made up of 12 members, staff and students. The group was inactive in 2013, but was reformed following a Town Hall meeting held in April 2014. The group met in early June 2014 to discuss and update the provisional Sexual Health Action Plan, which had been drafted by the outgoing Students’ Union UCC Welfare Officer. Although there is already a well-developed sexual health clinic/sexual health advisory service available for students, and sexual health awareness and guidance (SHAG) week each year organised by the SU, the working group identified the need to further promote healthier sexual behaviour and attitudes among students and staff. Most recently, members of the group promoted free chlamydia screening on campus for the Student Experience Fair during Fresher’s week where 15 students chose to take an impromptu screening test.

Examples of activities which are detailed on the first draft of the sexual health action plan (See Appendix D) include (1) delivery of health promotion material on campus screens, (2) raising awareness of sexual health services available to students, and (3) provision of training courses in facilitating sexual health behaviour change for key people, such as the UCC Student Welfare Officer, the UCC Wellbeing Officer and uLink Peer Supporters who come in contact with students in need of help.

### 3.7.3 Mental Health& Wellbeing- Progress Report: outcomes/impact

The mental health and wellbeing working group has of 18 members, staff and students. The group had some activity in 2013, but has been re-invigorated since the Town Hall meeting in April 2014. The group met in May 2014, and the mental health action plan was provisionally drafted using a similar template to that of the alcohol group and sexual health group, which is guided by the concepts and principles of the Ottawa Charter (1986). The meeting was significant in that the new UCC Students Union Welfare Officer and new UCC Societies President attended, increasing student representation in the group.

UCC is already a positive example of mental health promotion, being the first Irish university to receive an Amber flag award in 2013, and attaining a second Amber flag in 2014. Mental Health & Wellbeing week, held in early November annually, is one of the headline health-related events of the academic year, with significant dissemination of mental health promotion material and awareness-raising events occurring on campus. Various on-going mental health promotion services are provided in UCC for students and staff, for example NiteLine and the Student Counselling Department.

The group is still in its early stages and has recently attracted six new student members, and the auditor of SAMH as a result of an *all students* email sent in early September 2014. Dr Karen McNulty, lecturer in Occupational Therapy, and Mr Paul Moriarty, Head of Student Health and Counselling, are providing the leadership as co-convenors of the group since August 2014. The first draft of the mental health action plan (see Appendix D) will be developed further in October 2014.

### 3.7.4 Physical Activity & Active Transport- progress report: Outcomes /Impact

Physical Activity & Active Transport began as two working groups originally, but merged in late 2012. Two particular “spectacular” events were developed in 2013 and 2014: **UCC’s Operation Transformation** and the first ever **UCC Desk 2 5K**. No regular working group meetings were held until April 2014. The co-convenors for the group were chosen at the Town Hall meeting in 2014, with student representation from the President of the UCC Clubs Executive, Mr. Jim McEvoy, and staff representation from Dr Wesley O’Brien, lecturer in sports studies and physical education.

Dr Stephan Koch is an influential member of the group, having a key existing role in promoting Active Transport in UCC, particularly through championing the CampusBikes scheme. New members in 2014-15 include, the Director of Sport in UCC, Mr. Declan Kidney (former manager of the Irish rugby team), Dr Fiona Chambers (UCC Director of Sports Studies and Physical Education) and Maura O’Neill, UCC’s Student Wellbeing Officer. Two additional student members have joined the group as a result of the ‘all students’ email circulated in September 2014.

The first Physical Activity & Active Transport meeting of 2014 was held in July, where group members were reintroduced and the needs assessment for physical activity promotion was undertaken. A follow-up meeting took place in mid-September 2014 where Ken Hegarty of the Smarter Travel Campus Initiative (an external partnership which has flourished since Marchathon in March 2014) came to introduce the initiatives such as The Student Cycling Challenge which are being promoted to students and staff for the 2014/15 academic year to increase activity and reduce car use. The Physical Activity & Active Transport action plan (See Appendix D) was provisionally drafted based on the outcome of the first meeting in July, and was further reflected on during the September meeting.

This action area is one of the key action areas for the year of 2014/15.

### 3.7.5 Food & Nutrition: PROGRESS report: Outcomes / impact

The Food and Nutrition action area attracted a lot of interest, and the working group recruited a large number of members. As with some of the other working groups however, the Food & Nutrition working group was relatively inactive as a group in year 1, 2013. The group was re-invigorated following the Town Hall meeting in 2014, with the appointment of a convenor, Anna O’Leary, lecturer in Nursing and Midwifery. The action plan for this group is yet to be developed, however a number of key action points been identified for action in 2014/15.

Despite the delay in this working group becoming operational, one initiative of high impact which occurred in 2013 was an initiative to reduce the salt, sugar and fat in meals offered by KSG, the catering company which serves the majority of staff and students daily.

### 3.7.6 The Built Environment, Safety & Sustainable Development: progress report: outcomes/impact

No specific action plan has been developed by this working group. There are examples of fantastic work happening in these areas in UCC, before and independently of the HPU initiative. In 2010, University College Cork was the first third level education institute worldwide to receive the Green Campus award and credit for this is due to the UCC Green Campus Forum, which consists of staff and student members from across the university. The group is chaired by Vice-President of UCC, Professor John O'Halloran, and UCC Health Matters have recently been invited to send a representative to the forum which meets regularly to drive forward the Green Campus initiative within UCC.

## 3.8 Evaluation at macro-level: evaluating progress of the HPU initiative in the 5 ACTION AREAS of the ottawa charter

The Ottawa Charter (WHO, 1986) identifies five main action areas which are central to the conceptual framework of health promotion. The health promoting work conducted by UCC Health Matters is guided by the principles of the Ottawa Charter, and as part of the self-evaluation process, the progress of the initiative in each of 5 action areas of the Ottawa Charter is considered.

1. Building healthy public policy

It is difficult to quantify to what extent, if any, the UCC Health Matters HPU initiative has helped build healthy public policy in UCC and beyond. Since 2010, a number of significant student and staff policies have been produced or updated in UCC. These include

1. The Student Mental Health Policy (2010)
2. The Student Alcohol Policy (2010) Updated (2013)
3. The Student Fitness to Practise Policy (21013)
4. The Policy to Support and Determine a Student’s Fitness to Continue in Study (2014)
5. Duty of Respect and Right to Dignity Policy (2103)
6. Staff Wellbeing Plan (2103-2017)

To be described as a true health promoting university, the health and wellbeing of the staff and students needs to taken into account in developing policies and procedures in UCC. Items 1-4 above were developed and/or actually written by key members of the HPU initiative, including the 2 co-coordinators, a number of convenors as well as many ordinary members of the UCC Health Matters working groups. Items 5 and 6 actively promote well-being and are consistent with the aims of the HPU initiative. This level of direct influence on the spirit and actual content of the key policies and procedures of the university, by the UCC Health Matters’ members, goes a long way to achieving in the key action area of the Ottawa Charter, of **Building healthy public policy**. A key objective of UCC Health Matters going forward is to seek to continue to extend that influence to ensure that all polices of the university are health promoting, and take account of the health and wellbeing of the community. This includes in particular policies relating to teaching, learning, research and employment.

1. Creating supportive environments

Since the commencement of UCC Health Matters, many changes have occurred throughout the UCC campus, conducive to a more health- promoting lifestyle. Some of these changes have been quite significant, such as the changing of paving around the main campus, from a surface which became slippery in wet weather to a surface which has better grip and, hence, is less hazardous. Safe, clean, well-lit environments are provided for students and staff to socialise, and the introduction of CCTV cameras at various vantage points outside the campus discourages antisocial behaviour.

Other changes that have occurred across the university campus, that help promote healthier lifestyles, include (a) the introduction of extra bicycle stations, to encourage staff and students to cycle rather than drive or take the bus to the university, and (b) the introduction of calorie counts on menus within the university’s main restaurant with the aim of promoting more healthy dietary practices amongst UCC’s population, (c) the introduction of alcohol-free student accommodation is a pioneering initiative in Irish third level education institutions.

Many of these changes in the environment of the UCC campus have occurred completely independently of the UCC HPU initiative, and UCC Health Matters is not seeking to take credit for these actions. It is interesting to note however that many of those involved in delivering these changes are also acting as convenors for some of the working groups, and almost all changes have been supported and endorsed by the UCC Health Matters brand.

1. Strengthening community action

The HPU initiative continuously seeks to strengthen community action, by providing all members of the university community the opportunity to be involved in the consultation and decision-making processes of the initiative. Active participation is encouraged by all staff and students, and pathways for communication are always open.

Community action has also been strengthened by the development of many partnerships between UCC Health Matters and other key stakeholders, including the Students Union, the Staff Health and Wellbeing Officer, the many Students Clubs and Societies, on-campus businesses, the HSE-south, and through engagement with the wider community.

1. Developing personal skills

UCC Health Matters has sought to develop the personal skills of the staff and students of UCC, to help them be better informed and equipped to make choices that will lead to healthier lifestyles. It has done so through (a) the direct delivery of health-promoting events, (b) the dissemination of educational material in a variety of media , including social media, email, a quarterly e-magazine, leaflets and brochures, and (c) through public presentations.

Large scale events such as UCC’s Operation Transformation, organised by the UCC Health Matters initiative, provide a springboard for the initiative to facilitate staff and students in developing personal skills around physical activity and food choices and practices.

1. Reorienting health services

UCC Health Matters, (which originated in the Student Health Department where the co-coordinator and HPPW and HPESW are based), has in turn influenced the direction that the student health services has taken, often guided directly by the need for specific services being highlighted by the working groups (e.g. STI screening, Sexual Assault info sessions, Brief Intervention Training, Smoking Cessation Service, Eating Disorder and Weight Management, Exercise Referral Services)

The UCC’s health service has adapted to the needs of the present day university student, and strongly supports a holistic approach to the promotion of the health and wellbeing of all staff and students. It is committed to ensuring that all members of the university fulfil their own personal, social, physical, psychological and academic potential.

# Chapter Four

key Strengths, Weaknesses,challenges, recommendations,

The HPU initiative in UCC, UCC Health Matters, has made significant progress since its launch in 2012, building on the earlier work of the Health Living Group which had originally started in 2010, 4 years of real progress.

The development of the initiative coincided with the appointment of the new Head of the Student Experience – Dr Ian Pickup, a strong advocate of the initiative, who has a track record of promoting healthy choices and behavioural change in students. The initiative has been further enhanced by the endorsement and support of the Department of Human Resources and the Student Union leadership. A number of key learning points have been identified and are listed below. These help inform our recommendations and possible future direction of the Health Promoting University initiative in UCC.

## 4.1 Key strengths of the hpu INITIATIVE

UCC Health Matters has many strengths that have contributed to its progress and success to date**:**

1. The primary strength of the initiative is the backing that it has received from the University Management Team Strategic (UMTs) and senior management in general. This backing from the University President, Dr. Michael Murphy, and senior management from across the university is a crucial factor in seeking to achieve the objectives of the Health Promoting University initiative.
2. The steering committee, established to lead the initiative, consists primarily of many members of the Healthy Living Group which was already established and had credibility in promoting the health and wellbeing of staff and students across the campus.
3. Many of the members of the steering committee hold influential positions within the university. For example, the Chair of the steering committee, Prof Ivan Perry, heads UCC’s department of Public Health and Epidemiology and is acknowledged as a leading expert in the public health arena at a national level. The contributions of these key individuals have been an invaluable source of knowledge, guidance and leadership throughout UCC Health Matters’ journey to date.
4. The members of the working groups feel passionately about their own group’s action area. The genuine interest of working group members makes real progress possible within each action area.
5. Student representation within the steering committee and working groups has been an important factor and has helped identify student concerns across the university.
6. Having one member of staff and one student representative acting as joint coordinators of UCC Health Matters has helped ensure that the initiative remains inclusive and supports the health and wellbeing of both students and staff of the university.
7. Establishing the role of the Health Promotion Project Worker (HPPW) has played a significant part in the success of the initiative. Charged with the operationalising the initiative and acting as a liaison with the working groups and steering committees, the HPPW has helped the initiative to gather momentum and evolve over time.
8. An important aspect to the progress of the initiative is the development of external links that have been made since its inception. Many partnerships have been established with external bodies in recent years. One of the most valued has been the partnership established with Health Service Executive, and with Dr. Maria Harrington, Senior Health Promotion Officer, who has provided guidance and support for to the initiative.
9. The biannual “Town Hall” meetings are well attended by a mix of both staff and students alike. These meetings are large, focus-group style, gatherings in which many issues and ideas are identified and discussed. All members of these meetings have an input which ensures that the initiative is as far-reaching as possible within the university.
10. By harnessing the power and novelty of extensive use of Social Media to the already well-established pre-existing effective electronic communications systems within UCC, the UCC Health Matters brand and mission has achieved a high degree of internal and external recognition and penetration.

## 4.2 weaknesses of the Hpu initiative

As with any initiative involving voluntary time and effort and a limited budget, weaknesses are inevitable. Student engagement, Time and resources have emerged as the identified weaknesses of the initiative.

1. In order for the initiative to continue to progress, staff and student involvement are crucial. While both groups have been actively involved, student representation may not have been as strong as it could potentially be.
2. UCC Health Matters operates almost entirely on a volunteer basis, the sole exception being the paid part-time role established for the Health Promotion Project Worker (HPPW). The HPPW’s role is an important strength of the initiative, however, the part-time nature of the role due to lack of funding prevents UCC Health Matters from maximising its full potential.
3. The lack of resources/non-pay budget has also presented a challenge when it comes to running events or developing and disseminating health information in university. It should be noted, however, that the initiative has achieved significant outcomes in promoting health and wellbeing to date, with no new budget-line for funding.

## 4.3 Challenges for the hpu INITIATIVE

UCC Health Matters acknowledges the weaknesses described above and overcoming these identified weakness represents the most important challenges for the initiatives:

1. It is important for the success of UCC Health Matters to have student involvement in all areas of the initiative. Getting students to become actively engaged, however, can be very challenging. Though there has been, and continues to be, a committed core of students throughout the university actively involved in the initiative, UCC Health Matters must meet the challenge of improving the engagement of students.
2. UCC Health Matters has made the most of limited funds. The nature of the current economic climate has resulted in reduced availability of funding for such initiatives. Ensuring that adequate funds are in place to secure the position of the HPPW, an important role for the success of the initiative, is a challenge that needs to be addressed.
3. A common challenge that affects all groups involved, from the steering committee to the working groups, is that of time constraints. The strong volunteering nature of UCC Health Matters requires that all those involved can dedicate a certain amount of time to the initiative. This can prove difficult in trying to host events, meetings, seminars, etc. as it is often difficult for individuals to make themselves available at the required times, usually in a voluntary capacity.
4. Keeping the working groups engaged and progressing can also provide a challenge, primarily due to the limited time and resources at members’ disposal. Members of UCC Health Matters become involved purely on a voluntary basis, but work or academic commitments can often limit the time that they may be active in the initiative, and some may lose interest as a consequence. It is the one of the roles of the HPPW to keep the working groups engaged, further highlighting the importance of this position and the importance of the challenge to secure funding for this post as described in 2. above.
5. The annual changeover of the Students’ Union Welfare Officer can present a challenge. The Welfare Officer is the leading student representative on the steering committee, and is one of 2 named co-coordinators for the initiative. The commitment of each new Welfare Officer to the HPU initiative may vary with some more interested than others though, fortunately, this has not been an issue to date.

## 4.4 Recommendations

The following recommendations have been made by members of the steering committee and the working groups to ensure UCC Health Matters continues to develop UCC as a true Health Promoting University:

1. That adequate funding is secured in order to make the initiative sustainable. These funds are needed to to facilitate the employment of the Health Promotion Project Worker, and to provide a non-pay budget to run events and support the initiative.
2. That the role of Health Promotion Project Worker/ Health Promotion Officer be made full-time and permanent.
3. That the strong ethos of volunteer support and involvement in the initiative continues and is supported. This may be encouraged through recognition of involvement with UCC Health Matters be granted via the UCC Works Scheme and any future credit-accumulation scheme.
4. That new approaches to increase student involvement be undertaken. This will involve addressing incoming students during their orientation week at introductory lectures, and using various forms of social media to encourage students to engage with UCC Health Matters.
5. That UCC Health Matters continue to promote and facilitate choices that lead to healthier lifestyles, to improve the health and wellbeing of its staff and students.
6. That UCC Health Matters continue to monitor, review, and evaluate its progress, and in so doing, help identify issues of interest or concern. In the future, it is hoped that an external evaluator will be enlisted to perform a full scale evaluation of UCC Health Matters. This would benefit the initiative greatly as it will help identify further strengths and weaknesses of the program, describe its impact, and help guide recommendations for the future.
7. That UCC Health Matters develop a communications strategy to further improve the penetration that has been achieved to date.
8. That the new UCC Staff Welfare Officer be added as the 3rd co-coordinator of UCC Health Matters, to ensure that there is staff and HR representation on the UCC Health Matters management team.

## 4.5 Looking Forward

UCC Health Matters’ goal of UCC being recognised as a Health Promoting University, if achieved, signals that things are only beginning. Health promotion is an on-going process which needs to respond to changing circumstances and to new health and wellbeing concerns as they arise.

Through its steering committee and working groups, and its many partnerships built over the past 4 years, UCC Health Matters will continue to evolve and strive to improve the health and wellbeing of both staff and students.

UCC Health Matters will remain committed to making improvements in how it operates, to ensure that UCC has health promoting policies, environments and practices, that sustain students and staff health & wellbeing as they work, learn, research and live.

# **References**

American College Health Association (2006). *Healthy Campus 2010: Making It Happen.* Baltimore, MD: ACHA.

Black, C. (2008) *Working for a Healthier Tomorrow.* London: TSO

Cawood, J. (2010). Healthy Universities: Shaping the future. *Perspectives in Public Health,* **130** (6), 259-260.

Dooris, M. (2001). Health Promoting Universities: Policy and Practice *– A UK Perspective.* Conference paper. Community-Campus Partnerships for Health's 5th Annual Conference, San Antonio, Texas.

Dooris, M., Poland, B., Kolbe, L., de Leeuw, E., McCall, D. and Wharf-Higgins, J. (2007). *Healthy* settings: Building evidence for the effectiveness of whole system health promotion – challenges and future directions. In McQueen, D. V. and Jones, C. M. (Eds), *Global Perspectives on Health Promotion Effectiveness*. Springer Science & Business Media, New York, pp. 327-352.

Dooris, M. and Doherty, S. (2009) National Research and Development Project on Healthy Universities: Final Report. Preston: Healthy Settings Development Unit, University of Central Lancashire

Dooris, M and Doherty, S. (2010). Healthy universities-time for action: qualitative research study exploring the potential for a national programme. *Health Promotional International,* **25** (1), 94-106.

Dooris, M and Powell, S. (2012) Healthy Universities. Developing Leadership and Governance for Healthy Universities*.* Final Report. September 2012.

European Network for Workplace Health Promotion (2006). The business case: why companies should invest. ENWHP. Available at: www.enwhp.org/whp/business-case.php.

National Commission on Education/Council for Industry and Higher Education (1994). *Universities in the twenty first century.* London, National Commission on Education.

Stewart-Brown, S. (2006). *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen: WHO Regional Office for Europe.

Taras, H., (2005a). Nutrition and student performance at school. *Journal of School Health,* **75** (6) 199-213.

Taras, H., (2005b). Physical activity and student performance at school. *Journal of School Health*, **75** (6), 214-218.

Taras, H. and Potts-Datema, W. (2005a). Obesity and student performance at school*. Journal of School Health,* **75** (8), 291-295. 13

Tsouros, A, Dowding, G, Thompson, J. and Dooris, M. (Eds.) (1998). Health Promoting Universities: Concept, Experience and Framework for Action. Copenhagen: WHO Regional Office for Europe, Copenhagen. www.euro.who.int/document/e60163.pdf.

Tsouros, A. (Ed.) (1991). WHO Healthy Cities Project: A project becomes a movement. Review of Progress 1987-1990. Copenhagen: FADL Publishers/Milan: SOGESS

Warwick, I., Statham, J. and Aggleton, P. (2008). Healthy and Health Promoting Colleges – Identifying an Evidence Base. London: Thomas Coram Research Unit, Institute of Education.

Whitelaw, S., Baxendale, A., Bryce, C., Machardy, L., Young, I. and Witney, E. (2001). Settings based health promotion: a review. Health Promotion International, 16, 339-353.

World Health Organization (1986). Ottawa Charter for Health Promotion. WHO, Geneva. www.who.int/hpr/NPH/docs/ottawa\_charter\_hp.pdf.

World Health Organization (1998). Health Promotion Glossary. WHO, Geneva. www.who.int/healthpromotion/about/HPR%20Glossary%20199