



– Information material –

Quality criteria of Health Promoting Universities

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1. *A Health Promoting University follows the so-called settings approach.*
2. *A Health Promoting University is based on the concept of salutogenesis and focuses on conditions and resources necessary for health.*
3. *A Health Promoting University integrates the concept of health promotion into university policy (for example: mission statements, guiding principles for leadership, agreements regarding targets, service agreements, or other agreements).*
4. *A Health Promoting University integrates health promotion in a cross-cutting manner to guide all its internal processes and decisions as well as education and research.*
5. *A Health Promoting University employs a university-wide supervisory committee, which is responsible for developing health promoting structures and processes in all relevant areas of the university.*
6. *A Health Promoting University manages information in a transparent fashion. It uses the results of regularly conducted health reports to formulate goals and measures, which are derived from understandable, transparent, and accessible information and data. Health promoting measures undergo quality assurance evaluation during and after their implementation.*
7. *A Health Promoting University carries out health promoting measures, which are aligned with both behavioural and structural aspects that are organised following a participatory approach.*
8. *A Health Promoting University is committed to the principle of sustainability. Health promotion that operates in this way functions from a global perspective and is capable of accounting equally for social, ecological, economic, and cultural aspects.*
9. *A Health Promoting University integrates gender and cultural mainstreaming as well as the equitable treatment of humans with non-communicable diseases and disabilities. Such integration is an essential component of health promotion.*
10. *A Health Promoting University is connected to other universities as well as to the regions and communities that surround it.*

The aforementioned quality criteria were the result of a two-year discussion process and were ratified at the "Ten-Year Network of Health Promoting Universities" anniversary event held on June 10, 2005 at the University of Bielefeld. The criteria and their corresponding explanations can be downloaded at <http://www.gesundheitsfoerdernde-hochschulen.de/>. Included in the version below is an elaboration of the explanations that was agreed upon on January 31, 2007 in Aachen.

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Explaining the quality criteria of Health Promoting Universities

1. A university is recognised as an environment for living and working. In terms of health promotion, a Health Promoting University draws upon the World Health Organisation's (WHO) landmark documents that include the Ottawa Charter (1986) and the Jakarta Declaration (1997).

A settings approach means:

- viewing the organisation as a whole as well as carrying out measures that are incorporated within one master plan and not as single, isolated entities,
- understanding that health promotion is a part of lived organisational culture,
- involving all representative groups at the university (employees in technical and administrative departments, research staff, and students),
- realising that both the world of work and the world of study simultaneously make up our lived experience. In addition, health promotion recognises the value of social relations.

The main areas of intervention within a health promoting setting are:

- the physical environment (for example: campus design, building furnishings and equipment, noise, climate)
- the working and learning environments (for example: models pertaining to work-time and study-time, work and study processes, team building, leadership)
- the social environment (for example: culture of communication)
- the services sector (for example: counselling services, catering, cultural and athletic opportunities, day-care)
- the individual (for example: capacity building within the realms of health or communication)

2. According to the WHO, health promotion is a concept that is to be applied at all levels of society for the analysis and strengthening of health resources as well as the potential of persons, groups, and organisations. A central aspect is the paradigm shift from pathogenesis to salutogenesis. Salutogenesis (according to Aaron Antonovsky - Latin Salus = Heal, Greek Genesis = Development) examines the developmental and maintenance conditions required for health. This approach stands in contrast to the pathogenetic (Greek Pathos = Disease, Genesis = Development) perspective: at its core is the biomedical perspective, which focuses primarily on disease-inducing factors or risk factors. A salutogenetic framework views health and illness not as mutually exclusive conditions but rather as being on opposite poles on the health-illness spectrum. Health status is the consequence of a dynamic interplay between the health risks and health resources of individuals and their environments.

To work within a salutogenetic framework means the establishment and maintenance of health promoting conditions at the following levels:

- the level of the person (for example: social competence, health literacy in the areas of nutrition, physical activity, exposure to addictive substances)
- the level of groups (for example: opportunities to reflect upon learning and working)
- the level of the organisation (for example: the establishment of health promoting structures and the basic prerequisites for health)
- the assurance of quality in leadership behaviours (training, employee appraisal) and in education (evaluation)
- the fostering of a constructive culture of communication
- the design of a health promoting physical environment

3. Mission statements, guiding principles for leadership, agreements regarding targets, or service agreements are ideal avenues for health promotion.

Mission statements are a description of the practised or intended values of an organisation. They create identity and provide direction for member communication and behaviour.

Guiding principles for leadership outline the self-conceptualisation and orientation of administration and employees as well as the implementation of associated leadership behaviours.

Target agreements are mandatory agreements between two parties (for example: between the supervisor and employee, between organisations or organisational units). Results must be monitored and achieved within a defined period of time; likewise, the availability of resources must be determined.

Operating or employment agreements are agreements between management and employee representatives. These agreements establish a judicial standard for all employees and civil servants from the organisation or its departments. Specific requests (for example: a general smoking ban within the business or agency organisation) are subject to the organisation's constitutional act or personnel representation act. They are to be settled upon within the scope of the operating or employment agreements.

4. A Health Promoting University aligns itself with all members and status groups of the university and involves all structures and levels related to decision-making processes. Moreover, health promotion must be implemented into the fields of education and research.

The numerous and heterogeneous target groups of a Health Promoting University (students, lecturers, and employees) necessitate a multitude of health promoting measures and activities, including:

- standard physical activity and nutrition programmes
- health promoting layout of a broad assortment of course offerings
- provision of counselling and social services
- ergonomic and safe workplaces
- health promoting design of classrooms, buildings, and leisure spaces
- health promoting structures for communication and information, etc.

The implementation of these initiatives and measures calls for the co-ordinated collaboration of many different professions and stakeholders (for example: company physicians, occupational health and safety experts, social and addictions counsellors, student representatives, employee councils, employee departments, university athletics representatives, health representatives, student services, environmental representatives, and many more). They can only be sustainable, if health promotion is understood as a cross-cutting task to be incorporated in all internal university processes and structures.

The dimension of health must be considered in all university decision-making processes. Examples include:

- In terms of construction, quality of life must be promoted, meeting rooms must be created, and users must be able to participate in the planning phases.
- In terms of dividing resources and organising work, either over-burdening or under-challenging positions must be avoided.

5. The role of a steering committee is to plan and guide the collective processes pertaining to the long-term implementation of health promotion within the organisation whilst collaborating with health management. The decision to appoint a steering committee permits the engagement in health promotion by the organisation over time. A requirement is neutral moderating, which is necessary for overcoming disciplinary language barriers and for opening communication among those sharing mutual interests.

Representatives from the following groups are recommended to engage in this meaningful collaboration: all status groups, university management, employee councils or workers' councils, occupational health and safety departments (work and environmental protection), equal opportunity committees, company physician services, research institutions and facilities, addiction services, students' unions, university athletics, personnel or organisational development committees, groups with those having severe disabilities, and counselling centres. Other terms for steering groups are working groups or research groups. Members prepare decisions for university management. A minimum standard is the mandatory appointment and release of a person charged with the role of co-ordinating the steering group and ongoing health promotion activities.

6. A regular health report is an instrument for the planning, governance, and quality assurance of measures and initiatives for prevention and health promotion. Through the identification of needed action areas and continual process controls, it serves to support health policy decision-making and interactive teaching methods. Information about burdens to, and resources for, health, as well as their corresponding complexity, type, and dissemination, are also included within the report. Background, procedures, and results of projects and measures for prevention and health promotion are likewise covered.

To discover how effective a measure was and how well the factor of success was able to achieve its target, evaluation must occur. An evaluation (performance review) should take place during (process evaluation) and upon conclusion (outcome evaluation) of the process.

Other topics to be included in a health report are disability, accident, and relevant personal health data as well as information about activities stemming from the interventions. Questionnaires, qualitative interviews, health "circles" or groups, focus groups, and reports are appropriate tools for gathering such data.

7. Behavioural measures are related to the individual (for example: relaxation exercises, yoga, sport, back exercises, etc.). Performing these exercises contributes to a sense of general accomplishment and strengthens resistance abilities. In contrast to these measures are those that orient themselves towards structures in which relationships are established in health promoting ways (for example: through the implementation of health promoting guiding principles for leadership or the optimisation of occupational conditions by increasing freedoms at work). Behavioural prevention and structural prevention are not independent of each other; rather, one involves the other, meaning they are reciprocally complementary and occasionally compensatory.

The principle of participation advocates for the planning and implementation of measures from their onset by those who are involved and impacted. Participation is an important component, and a criterion for the success, of health promotion.

The inclusion of employee councils and student representatives or single employees and students in topic-relevant working and project groups are an example of participation. The formation of health circles are another way by which students or employees are able to directly influence the development of health promoting measures.

8. The idea of sustainable development as a mission statement for future global development was proposed at the 1992 Conference for Environment and Development in Rio de Janeiro. The 178 participating states adopted Agenda 21 as the roadmap for the 21st century. Sustainable development was understood as development that "meets the needs of the present without compromising the ability of future generations to meet their own needs" (Brundtland Report). An important feature of sustainable development is the idea of equity. Equity embraces equalisation between the north and south as well as the poor and rich (distributive justice) and draws attention to living at the expense of future generations (intergenerational equity). Another associated concept is encouraging today's generations to live in a way that is environmentally friendly and protective of resources.

One further feature of sustainability is the integration of environment and development with ecological, social, economical, and cultural approaches. Participation is an additional important element of sustainable development.

Many universities have already included sustainability in their mandates. Health promotion can only be effective when it considers the complexity of the “living world” within the university as well as beyond in terms of regional, national, and global challenges. Thus, health promotion should align itself with the concept of sustainability and should take social, ecological, economic, and cultural aspects into account. Consequently, relationships between colleagues, pollution, questions of sufficient salary, or intercultural differences are only a few of the themes and organisational areas that may be addressed by the diverse nature of health promotion.

Sustainable health promotion can make an important contribution by ensuring that a university is a place that promotes health and improves well-being as well as quality of life.

An example of sustainability would be the regular display of energy usage (for example: projecting actual consumption figures on a wall), which could accompany a university’s energy saving program.

9. According to the 1986 Ottawa Charter, health promotion is directed at all people in all walks of life, including people with non-communicable diseases or disabilities. Against this backdrop of a multi-dimensional understanding of health and disease that considers ways of living and life’s circumstances, the WHO advocates for health policy appropriate to gender and culture. Such policy takes into account existing biological and cultural differences as well as the various health needs of persons and groups. Health promotion is closely connected with Diversity Management, which is gaining prominence in the personnel policies of organisations.

This means that health or employee development programmes are attuned to single target groups in accordance with gender and cultural competencies.

10. Universities are able to network at regional and national levels in a multitude of ways. Not in line with the settings approach, however, is the lack of sustainable regional or national network structures beyond universities. Fortunately, the settings approach is being demonstrated with the possibility for partnerships between Health Promoting Universities and the Regions for Health Network or the Healthy Cities Network. Furthermore, university clinics may potentially become members of the German Network for Health Promoting Hospitals.

The Healthy Cities Network in Germany considers itself a part of the “Healthy Cities” movement of the WHO. This network is a voluntary association of participating communities. Since 2004, it has been an active member of the “German Forum for Prevention and Health Promotion.” Various national organisations, institutions, and competencies have come together within this forum and are committed to a common goal: the strengthening of prevention and health promotion in Germany. A primary objective is serving as a forum for action and learning that is supported by fieldwork. The Healthy Cities Network also addresses employees of public health departments, social welfare offices, and housing offices as well as representatives of health initiatives and self-help groups in a professional and political manner. The potential for stakeholders of Health Promoting Universities to access a wide range of co-operating partners has now become possible through this network. Furthermore, numerous experiences regarding project implementation and effectiveness may be publicly shared by connecting with other universities in the region. The integration of regional networks should be considered a quality criterion for Health Promoting Universities.

Networking at regional levels signifies a commitment to engage with existing networks or an opportunity to initiate contact. In this way, the launching of events, like health days for the region, can be better achieved.

Translation: Stephanie Schmidt, Canada; Juliane Hesse, Germany/Norway; September 2010