



***Health Promoting Universities:  
Policy and Practice – A UK Perspective***

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# **Health Promoting Universities: Policy and Practice – A UK Perspective**

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## **ABSTRACT**

During the past few years, a number of universities have sought to apply the settings-based approach to health promotion within the context of higher education. The University of Central Lancashire became one of the first universities in Europe to establish a strategic Health Promoting University initiative when it appointed a Co-ordinator in 1995. With the overall aims of embedding within the organisation an understanding of and commitment to holistic health and to developing its health promoting potential, the initiative has developed its work programme across a breadth of health-related issues.

This paper will briefly outline the context of higher education in the UK, before providing an overview of the Health Promoting University approach, using the University of Central Lancashire's initiative as a case study, identifying opportunities and challenges, and discussing potential future developments.<sup>1</sup>

## **INTRODUCTION**

This paper aims to:

- offer a brief overview of the organisation of higher education – and specifically health-related education and training – within the UK
- provide a background and context to the work being carried out at the University of Central Lancashire
- introduce the theory and practice of settings-based health promotion
- describe and illustrate the work carried out within the Health Promoting University initiative at the University of Central Lancashire
- explore some of the challenges and opportunities involved in developing the Health Promoting University approach
- outline potential future developments at regional, national and international levels.

## **HIGHER EDUCATION WITHIN THE UK**

### **Overview**

The Higher Education Funding Council states that the main purposes of higher education in the UK are:

- to enable people to develop their capabilities and fulfil their potential, both personally and at work
- to contribute to an economically successful and culturally diverse nation
- to advance knowledge and understanding through scholarship and research.

Some facts and figures about higher education in the UK include:<sup>2</sup>

- there are 171 higher education institutions - 111 universities and 60 colleges
- around 318,000 people are employed, of which 114,000 are academic staff
- there are over 1.8 million students, including full-time and part-time undergraduates and postgraduates – and the proportion of male to female students is roughly equal

- about 30 per cent of full-time first degree students are 21 or over when they start their course
- 33 per cent of young people will have entered higher education by the age of 21 years
- around 200,000 overseas students from over 180 countries study in the UK.

### **Health-related Education and Training**

Recently published reports<sup>3 4</sup> summarise the current situation and proposed future developments with regard to the health professional workforce. In September 1999, there were 310,000 nurses, midwives and health visitors and 102,000 allied health professionals and scientists working in National Health Service [NHS] hospitals and community health services.

In September 2000, there were approximately 50,000 nursing and midwifery students and 14,000 student therapists and scientists on NHS-funded pre-registration training programmes for the above professions, provided through contracts with 73 higher education institutions.

Despite increasing numbers of entrants to pre-registration education and training, the NHS Plan<sup>5</sup> concluded that the biggest constraint the NHS faces today is shortage of staff. The Plan proposed to address these staff shortages through increasing numbers of trainees and improving access to post-registration education and training and continuing professional development. Themes highlighted include widening the recruitment base, increasing placement opportunities, addressing attrition, increasing multi-disciplinary and inter-professional education and training and strengthening integrated benchmarking and quality assurance.

### **UNIVERSITY OF CENTRAL LANCASHIRE: BACKGROUND AND CONTEXT**

The University of Central Lancashire has its main campus in Preston, a town of 130,000 people in the North West of England – some 30 miles north of Manchester and 200 miles north of London. Its roots can be traced back to the Institution for the Diffusion of Knowledge founded by the Temperance Movement in 1828. It developed through the Harris Institute and Harris College to become Preston Polytechnic in 1973 [it was the last of the polytechnics to be founded by Mrs Thatcher while she was Minister for Education]. Reflecting the polytechnics' mission to serve the whole of Lancashire and not just the town of Preston, it became Lancashire Polytechnic in 1984 and was granted University status in 1992 when it became the University of Central Lancashire.

Having gone through a period of rapid expansion and change over the past ten years, the University now has nearly 23,000 students and around 2,000 staff, based at two University campuses and associated colleges. In keeping with its origins, the University has a strongly developed policy framework, signalling its commitment to principles such as equality of opportunity, access and environmental protection. It is also committed to maintaining strong links with the local community and to partnership working at local, regional, national and international levels.

The University has five faculties: the Lancashire Business School; Cultural, Legal & Social Studies; Design & Technology; Science; and Health. The Faculty of Health consists of the following academic departments and units:

- Department of Health Studies
- Department of Social Work
- Department of Primary and Community Nursing
- Department of Acute and Critical Nursing
- Department of Midwifery Studies

- Lancashire Postgraduate School of Medicine and Health
- Clinical Nursing Practice Research Unit
- Ethnicity and Health Unit
- Complementary Therapies Unit
- Health Informatics Unit
- Business Development Unit

## **UNIVERSITY OF CENTRAL LANCASHIRE HEALTH PROMOTING UNIVERSITY INITIATIVE: CONTEXT, ESTABLISHMENT AND DEVELOPMENT**

### **Context: The Settings-Based Approach to Health Promotion**

In 1995, the University of Central Lancashire became one of the first few universities in Europe to establish a Health Promoting University [HPU] initiative. In doing so, it became part of the wider movement for health promoting settings. Whilst health promotion – or, more commonly, health education – has been practised within settings such as schools and workplaces for many years, the concept of an actual settings-based approach has begun to take shape only recently – its roots lying in the ‘new public health’ movement<sup>6</sup> – and in particular in the World Health Organisation Health for All initiative<sup>7</sup> and Ottawa Charter for Health Promotion,<sup>8</sup> the latter stating that:

*"Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love."*

It thus signalled a shift away from focusing solely on problems, risk behaviours and at-risk groups to look at population health in the context of broad-based investment outside of the health [or illness] care sector. Building on an understanding of health as ecological and holistic – influenced by an interplay of social, environmental and economic factors - Healthy Cities was established as a smallscale European project in 1987.<sup>9</sup> Inspired by its success, a number of parallel initiatives were developed in smaller settings such as hospitals and schools, supported and legitimated by WHO, which in its latest European Health for All Policy includes settings as a key target.<sup>10</sup> Within the UK, settings-based health promotion has been further endorsed by the publication of national health strategies - with 'Saving Lives: Our Healthier Nation'<sup>11</sup> building on the commitment expressed in 'The Health of the Nation'.<sup>12</sup> Although universities are not mentioned explicitly in these documents, the Strategic Plan for the third phase of Healthy Cities included a commitment to developing Health Promoting Universities,<sup>13</sup> and there is growing interest in exploring the application of the settings-based approach within a higher education context, fuelled by the increased focus within the sector on quality and excellence.

### **Establishing and Developing the HPU at the University of Central Lancashire**

Looking back to the establishment of the HPU initiative at Central Lancashire, it's not easy to identify a clear starting point. The Faculty of Health had taken a long-standing interest in settings-based health promotion, being involved in the local Health Promoting Hospital Project and organising an international conference on settings in 1993. This resulted in growing interest in what it might mean to apply the approach within the University itself, and in 1995, the University took the decision to fund a two year pilot project.

Following the appointment of a Co-ordinator in 1995, based within the Department of Health Studies, the first task was to develop a conceptual framework that defined the essential characteristics of the settings-based approach and enabled this to be applied to the University. Drawing on a sparse but growing body of literature,<sup>14</sup> a number of defining characteristics were agreed:

*Firstly*, underpinning principles and perspectives were identified – such as holism, participation, equity, sustainability, co-operation and consensus – drawn from Health for All<sup>15</sup> and Agenda 21.<sup>16</sup>

*Secondly*, it was acknowledged that the settings-based approach is characterised by the use of particular methods and techniques. Through organisational development, it is possible to identify why and how a 'healthy' organisation can perform better and how a commitment to and investment in health can be embedded within the culture, structures, mechanisms and routine life of the institution. In turn, organisational development requires 'whole systems' thinking and effective change management.

*Thirdly*, it was recognised that, as argued by Baric, the settings-based approach includes three key foci - a healthy living and working environment, integrating health promotion into the daily activities of the setting and reaching out into the community.

In applying this approach, it is important to understand that, whilst the University has a number of functions common to any large organisation, it also has roles that infuse it with a distinctive culture and mission. Of particular importance - and reflected in the University's mission statement - is a belief that universities are concerned with enabling students to explore and develop an understanding of themselves as whole people and with empowering them to develop their full potential - within, outside and beyond the University setting. The HPU thus rejects the view that health promotion should be about persuading people to adopt certain 'healthy' behaviours. Instead, drawing on the Ottawa Charter,<sup>17</sup> it seeks to develop an appropriate policy context and provide a supportive environment which enables students to gain knowledge and understanding, to explore possibilities, experiment safely and make their own informed choices.

Having devised a conceptual framework, it was agreed that the overarching aims of the HPU initiative should be:

- to integrate within the University's culture, processes 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.

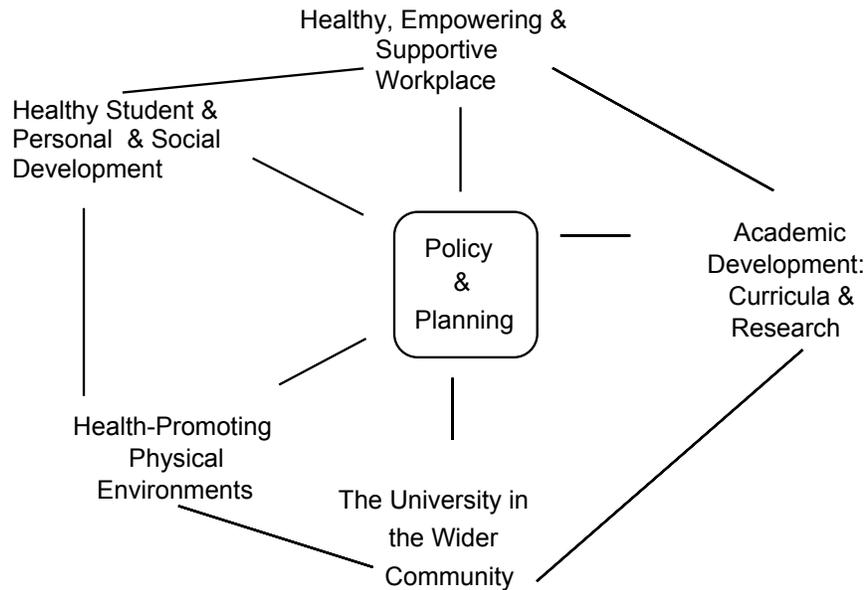
Within these overall aims, six objectives were set, forming a broad 'agenda for action':

- to integrate a commitment to and vision of health within the University's plans and policies
- to support the healthy personal and social development of students
- to develop the University as a supportive, empowering and healthy workplace
- to create health promoting and sustainable physical environments
- to increase understanding, knowledge and commitment to multi-disciplinary health promotion across all University faculties and departments
- to support the promotion of sustainable health<sup>i</sup> within the wider community.

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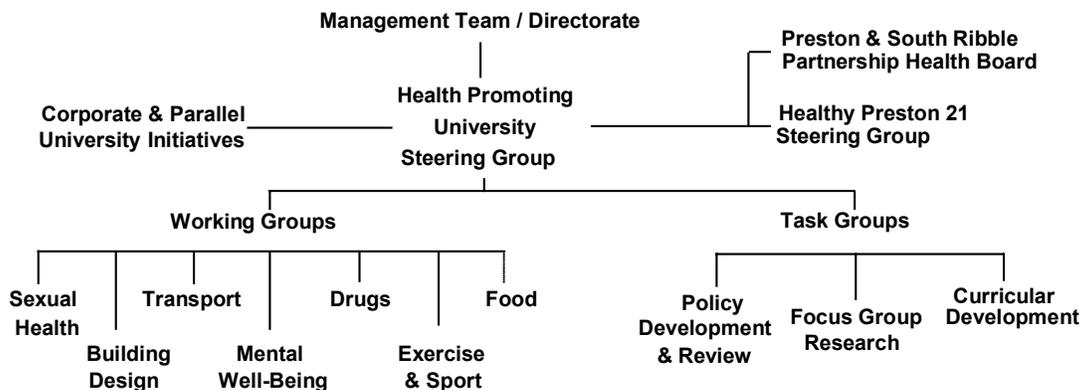
<sup>i</sup> The term 'sustainable health' is increasingly being used to emphasise two facets of effective health promotion: *firstly*, a recognition that health is dependent upon environmentally and socially sustainable human development - as articulated within Agenda 21 [United Nations, 1992, *Earth Summit: Agenda 21*, New York, UN]; and *secondly*, a concern to ensure that health promotion interventions are themselves durable and sustainable in the way they are set up and implemented.

**Figure 1: Agenda for Action**



A flexible organisational structure was subsequently established [see Fig. 2], comprising a senior-level Steering Group, able to establish working groups and short term sub-groups as necessary. These have been set up over a period of time, in response to identified need, interest and motivation - harnessing and focusing enthusiasm and available resources and utilising real-life entry points within the constraints of the existing organisational culture. The first four priority focus areas - sexual health, building design, transport, drugs and mental well-being - were not only important in their own right, but also served to reflect and communicate the Health Promoting University's philosophy of health and breadth of vision. Subsequent areas prioritised have included drugs, food and exercise. As the diagram illustrates, the initiative has also worked to develop effective linkages and partnerships with relevant initiatives and groupings – both within the University and in the wider community.

**Figure 2: Organisational Structure**



## UNIVERSITY OF CENTRAL LANCASHIRE HEALTH PROMOTING UNIVERSITY INITIATIVE: OVERVIEW OF WORK

Drawing on WHO's experience in developing the Healthy Cities Project, the work of the HPU Steering Group and working groups has sought to build managerial commitment and widespread ownership, and to combine the co-ordination of high-visibility activities for health with innovative action and long-term organisational development and institutional change.<sup>18 19</sup>

There are a number of key achievements from the last five years, which serve to highlight the breadth of the HPU's work and the ways in which it has translated its principles into practice. Although the 'agenda for action' implies that the six different priority areas are clearly 'delineated', the reality is very different - and indeed, much of the work has consciously *tried* to cross boundaries!

### The Policy Process

At the centre is a concern to integrate a commitment to and vision of health within the routine policy-making and planning cycles of the University. Examples of action in this area include the following:

- *Corporate Health Policy*: In March 1997, a Corporate Policy on Health was adopted by the University. Many people are justifiably cynical about 'policy-ism' - arguing that policy statements merely serve to collect dust on office shelves. However, it was decided that given the University's strongly developed policy framework and proven ability to translate words into action in areas such as equal opportunities, a Health Policy would provide a valuable basis for subsequent strategic action. The policy adopts an explicitly holistic approach in both its understanding of health and the range of themes developed - which provides a framework for action relating to the HPU's objectives.
- *Developing 'Healthy' Policies*: The next task is to move from a health-specific policy to healthy policies. This picks up on the Ottawa Charter for Health Promotion, which urges the development of healthy public policy - whereby health becomes a central criterion in decision-making and policy development not just within the health sector, but in all sectors and in all fields. It has been agreed, in principle, that the next policy review should seek to embed the concept of sustainable health within the University's overall planning and policy framework and consider ways of increasing participation and transparency in decision-making processes. Action on this has, however, been delayed pending the outcomes of a major organisational review and restructuring.
- *Procedural Guidelines on Drug Misuse*: One area in which specific guidelines have been developed and endorsed by the University's management is that of drugs. In response to concern about the lack of clear guidance on how to respond to drug-related incidents, it was decided that consultative training should take place with key staff, aimed at raising awareness and identifying issues of concern. The information gathered through this training was then used to inform the multi-agency development of procedural guidelines, taking account of and balancing the full range of legal, welfare, educational and health and safety concerns. Adopted in July 1999, they embrace rather than ignore the paradox presented by illegal drugs: that the University will not tolerate drug use on its premises; but that only a very obstinate ostrich would be surprised to hear that many students *do* use drugs and that furthermore, they choose to take them and clearly enjoy taking them! The challenge is to combine clear communication of the 'zero tolerance' message - the University

does not and legally *cannot* condone use of illicit drugs - with effective and 'real-life' harm reduction strategies.

### **Student Development**

This leads onto the second priority area, concerned with supporting the healthy personal and social development of students, in a way which reflects the HPU's concern to enable students to explore and develop an understanding of themselves as whole people and to empower them to develop their full potential.

- *Investment in Support Structures*: Such an approach requires substantial investment in supportive structures, systems and processes. The HPU has tried to build upon the University's existing commitment to such investment, through working in active co-operation with Student Services, the Students' Union and Student Accommodation Services to promote well-being. Clearly, many impacts on well-being – such as increasing financial hardship following the introduction of student fees – are not within the direct influence of the University. However, it is important that the University recognises and seeks to work within the context of these broader health determinants.
- *'Touch' Peer Education and Outreach Project*: In September 1998, the University of Central Lancashire launched 'Touch' - a multi-disciplinary and multi-agency project focusing on sexual health promotion and safer drug use within the setting of Feel, one of the UK's top student club nights. Drawing on positive evaluations of both peer education and outreach projects, 'Touch' has merged these two approaches to create a highly visible, developmental and sustainable initiative that prioritises person-based, experience-based and message-based credibility. Characterised by the use of indigenous volunteering, harm reduction approaches and value-free information, 'Touch' has developed a successful programme of recruitment, training, implementation, action research, monitoring and evaluation. Now in its third year, 'Touch' is increasing the use of existing peer educators in future volunteer training and is exploring with the University the development of an academic module in health-focused peer education.

### **Supportive, Empowering and Healthy Workplace**

Thirdly, there is a commitment to develop the University as a supportive, empowering and healthy workplace.

- *Inter-Service 'Synergy'*: One of the key 'planks' of this work has been the gradual bringing together of different services to focus on workplace health and in particular on mental well-being. This has resulted in a growing synergy between Human Resource Management, Health and Safety and the HPU Initiative as a whole, characterised most recently by management-level discussions around the development of a policy statement and organisational action plan on stress and mental well-being. Clearly, stress is not only experienced by staff and whilst the initiative has been driven forward through focusing on workplace health, the intention is to adopt a holistic framework that recognises the interface between staff and student well-being.
- *Support Systems*: In the same way that support systems are crucial to sustaining student well-being, supportive staffing procedures and services are a cornerstone upon which the HPU has sought to build further commitment to a healthy and empowering workplace.
- *Health Handbooks*: A major project carried out last year was the production of men's and women's health handbooks aimed at enabling both individual self-skilling and

self help, and empowering staff and students to work for and advocate organisational change. The decision to produce handbooks common to staff and students was taken in recognition of the demographic overlaps between students and staff in terms of age and situation, and of the value of challenging existing stereotypes of 'student' and 'staff'. Two Journalism graduates who had represented the Students' Union on the HPU Steering Group were contracted to research and write the handbooks - a decision that reflected the HPU ethos of encouraging personal development and empowerment - and the process was overseen by an experienced health promotion journalist and an inter-departmental and multi-agency advisory group. The two booklets list common health issues, give general information and practical tips, and include phone numbers and website addresses.

### **Supportive and Health Promoting Physical Environments**

Fourthly, there is a recognition that the quality of the physical environment affects the health and well-being of people - and a consequent commitment to create environments which are sustainable and supportive to health.

- *Building/Campus Design:* A working group has explored ways in which new build and refurbishment schemes can integrate a range of 'green' and health-enhancing features - from recycled 'grey' water, to maximised natural light and ventilation, to social spaces and aesthetically pleasing visual design. Furthermore, there has been a strong commitment to developing a green, visually attractive and safe campus. All of these features indicate a commitment to promoting and sustaining holistic health.
- *Transport:* A further working group has focused on transport, encouraging and enabling the use of alternatives to the car and working with other agencies to develop a draft 'green travel plan'. This has been agreed in principle by the University's Management Team and, following wider consultation, an implementation plan will be undertaken.
- *Food:* Food is another area that naturally brings together health and sustainability agendas. Whilst work is still very much at the 'idea' stage, the potential for development of policy and action plans has been discussed at both the Environment Committee and the HPU Steering Group.
- *Finance:* A fourth area of work – again very much at the 'idea' stage – is finance. It is clear that the University's financial procedures, whether in relation to purchasing, investment or trading, impact on health, environment and quality of people's lives – both locally and globally. A commitment to becoming a health promoting and sustainable university demands the development of ethical financial procedures.

### **Academic Development**

Fifthly, there is a commitment to increase understanding of and competencies for health promotion through academic development - 'embedding' health within the curriculum. A Task Group has met to explore possible ways forward, highlighting the importance of:

- *Key Skills:* The role of the educative process in enabling the development of key transferable skills and competencies for life, that empower students to take increased control over their health [e.g. through assertive communication, informed decision making] and equip them to achieve their full potential in and outside of work as individuals, citizens and members of communities.
- *Health Awareness and Understanding:* The potential for both an awareness and understanding of health and competencies for health promotion to be integrated into and across a diversity of disciplines and professional training - whether in Human Resource Management, Building Surveying or Product Design. This can have

important impacts within the University [for example, through Photography students producing installations for World AIDS Day] and can also result in students taking a commitment to promoting health into their future lives - at home and at work.

- *Research Projects*: The potential to 'match' student research/project interests with 'real-life' community-based health-related research, information and communication needs.

### **Health of the Wider Community**

This leads into the final area of work - the concern to promote health within the wider community. As Naidoo and Wills<sup>20</sup> have highlighted, there is a danger that:

*"...settings address people in certain ascribed roles in certain organisations...(and) do not address the whole person whose life straddles different settings and communities."*

It is important, then, that settings-based work focuses outside as well as inside the institution – a recognition that reflects recent writing on the role of universities.<sup>21</sup> As mentioned earlier, the University has a strong tradition of working in partnership with the local and regional communities – and the institution cannot be separated from the context within which it operates: it has major impacts on and is an important resource for local communities; and it has an increasing range of links with other regions and with countries all over the world. Whilst a number of the agenda points above relate to the wider community, it is important to highlight this relationship – and to consider the role of a HPU in this respect.

Key action has included:

- *Access and Community Resource*: The University has long prioritised access and equal opportunities policies to ensure that the University serves the diversity of local and regional communities – through educational, recreational and cultural provision. These commitments - whilst not labelled 'health' - make an important contribution to community well-being.
- *Partnership*: Partnership working has ensured that health issues are viewed within a broad context and that resources and energy are effectively harnessed and channelled. The partnerships have operated at both formal and informal levels: examples of the former include the Healthy Preston 21 inter-agency initiative of which I am co-chair and the involvement of external voluntary and statutory agencies on the HPU Steering Group and working groups; and an example of the latter is the AIDS Angel Quilts project, which involved many people from the local community who would never have previously ventured into the University, working alongside staff, students and local health workers.
- *Curriculum Links*: A third area builds on the academic development focus, linking with parallel initiatives such as 'Learning from Work' to encourage student involvement in the wider community.
- *UNI-SOL Model Project*: The University has recently been selected as one of nine universities worldwide – and the only UK university – to participate in the UNI-SOL [Universities in Solidarity for the Health of the Disadvantaged] field projects initiative. The HPU will be working in partnership with the Ethnicity and Health Unit to develop and implement a project called 'Communicating Well-being', focused on the needs of local communities in regeneration areas of Preston.

### **CONCLUSION: OPPORTUNITIES, CHALLENGES AND FUTURE DEVELOPMENTS**

In this paper, I've sought to provide an overview of the Health Promoting University initiative at Central Lancashire and to give some examples of how the initiative has worked in practice. It's clear that, whilst we've made a good start, we've still got a long

way to go and that progress is not always easy. There are a number of key challenges that I would highlight from our experience and that may be relevant to you as you develop your initiative.

- *Project-ism*: A challenge to any new initiative is what can be termed 'project-ism'. For the first few years of the HPU, people clearly viewed it as a discrete and separate project - interesting, important even, but definitely 'over there' with a co-ordinator to take care of it. When we produced reports suggesting that action should be led by the full range of services and faculties, some managers became unsettled and expressed reservations. Promoting health is fine, so long as it's someone else's responsibility...!
- *Politeness*: A further challenge is that of respectability. It's fine to promote health so long as you keep within certain boundaries and talk about 'polite' things that don't shock people. Unfortunately, health doesn't work like that: developing drugs guidelines means facing up to the fact that drugs are a part of student culture; educating about sexual health means talking in a language that people can relate to; and promoting mental well-being means recognising the links between environments, behaviours and health and tackling underlying factors such as prejudice, oppression and intolerance.
- *Playing Safe*: Similarly, many people are happy for the HPU to chug along so long as it doesn't rock any boats. What this boils down to is a belief that health promotion is only about individual responsibility and self-help. The HPU, however, is firmly rooted in the understanding that health can only be meaningfully promoted if individual and community action is underpinned and supported by organisational development and change. Consequently, the promotion of health should quite legitimately focus on such areas as management style and culture, communication systems, decision-making procedures, workload, levels of pay and job security - issues which are likely to be uncomfortable and challenging. Clearly the challenge is to mediate for health and tackle these issues in ways that use appropriate language and 'tap into' current concerns - whether that be student recruitment and retention, staff performance or legislature regarding stress.
- *Power Relations*: Related to this is the challenge of combining a commitment to top-down and bottom-up action - both being an essential part of a balanced and effective approach. It's important to build senior management commitment and to develop broad-based ownership by staff, students and the wider community - and combining these elements can be extremely challenging.

I wouldn't want to end this presentation, however, by focusing only on the challenges faced in trying to promote health. An evaluation of the first phase of our initiative<sup>22</sup> indicated that it has been largely successful in achieving its short-term objectives and that there has been a growing recognition of the HPU's potential to increase the well-being of staff, students and the wider community, and more broadly to 'add value' to the University in terms of overall distinctiveness, performance and productivity. Having in a sense 'broken down' health and health promotion into a number of easily digestible parts - sexual health, mental well-being, transport, building design, drugs - the past few years have seen a gradual deepening of understanding and a growing integration as links have been established between working groups and the holistic nature of health has begun to seem clearer. During the same time period, the University has appointed a new Vice Chancellor and undergone a far-reaching review. As a consequence of these parallel developments, we are currently reviewing the organisational structure of the initiative to ensure that it 'fits' the current climate and can be as effective as possible in pursuing its aims and objectives.

Universities occupy a unique position in seeking to practise and promote holistic health: they not only have the capacity to make changes to their institutional practice, but also have a unique responsibility and potential to educate for global citizenship<sup>23</sup> the next generation of decision-makers and managers, developing in students (and staff) values, skills and competencies that will be taken beyond the setting of the University into their future lives, careers and communities. The HPU model provides an invaluable framework for promoting health and well-being in an integrated and far-reaching way that takes account of the relationships between environments and behaviours, and between staff, students and the wider community.

At present, there is no formal network of health promoting universities at either UK or European levels. However, following an international conference in Preston last September, discussions are ongoing with the Health Development Agency for England and the World Health Organisation Regional Office for Europe – and both have signalled their commitment to supporting the further development of work in this area. An exciting development that will hopefully provide a context for any future networking is the establishment of a Settings Development and Support Unit within the Faculty of Health at the University of Central Lancashire. This has received two years' Government funding and aims to explore the potential synergy between work within different organisational settings and more broadly with cities, communities and area-based initiatives. The work will be developed within the context of the World Health Organisation's 'Investment for Health' approach<sup>24 25</sup> – which seeks to create synergy between health development, social development and economic development – and will take a regional and national lead in relation to information, training, research, evaluation and liaison.

To conclude, I want to say again how pleased I am to be at this conference and have the opportunity to learn from your work and share experiences from across the Atlantic. I believe that there is enormous potential for future collaboration and connections between your work and ours – and I look forward to exploring and discussing that potential further.

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