

Concept Paper

## **Could DWU aspire to be part of the international Healthy University movement?**

Elisabeth Schuele & Colin MacDougall

### **A settings approach to health**

In this concept paper we apply the settings approach to health by exploring the potential to elevate the healthy university concept on the agenda of Divine Word University (DWU) in Madang, Papua New Guinea (PNG). We do this by explaining the application of a settings approach to DWU, illustrated by a combination of research and teaching strategies with the potential to reorient the university. A key theme of our paper is that a settings approach confers advantages upon a university by exploring new ways of thinking about its taken for granted assumptions, paradigms and structures.

The Ottawa Charter for Health Promotion (WHO, 1986) stimulated the healthy settings movement by advancing the understanding that health is created and lived by people in their settings of their everyday life; where they work, play and love (Kickbusch, 1997). Paired with Salutogenesis, a strengths oriented concept, it harnesses resources to maintain and improve health and wellbeing (Lindstroem, & Eriksson, 2005).

Universities are important settings that determine health and wellness based on an ecological, intersectoral approach to health promotion (Newton et al., 2016). Implementation of the healthy universities approach is oriented towards social action and policy development and includes a high degree of community participation (Butterworth & Duhl, 2012).

The international healthy universities movement is grounded on a holistic understanding of health as a whole university approach. The Okanagan Charter (2015) formulated these three overarching aims:

- Create healthy, supportive and sustainable learning, working and living environments for students, staff and their families, and visitors.
- Increase the profile of health and sustainability in the university's core business – its learning, research and knowledge exchange
- Connect with and contribute to the health, wellbeing and sustainability of the wider community (Okanagan Charter, 2015).

DWU Madang is a regional campus in Papua New Guinea that is already a focal point for the community and the region, provides significant employment opportunities and brings together a range of knowledge and skills. The application of a settings approach can mobilise these strengths for the benefit of the university and its surrounding community.

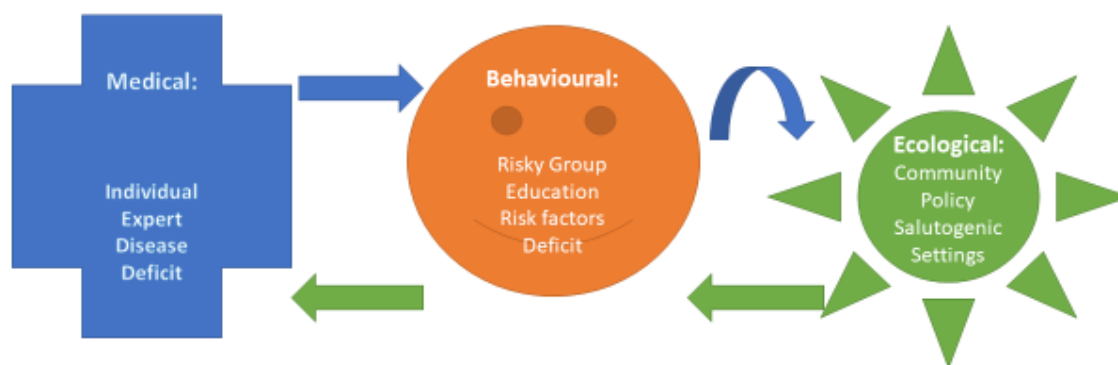
The three interrelated functions of DWU – teaching and learning, research and community service provide fertile ground for a settings approach. Creating a healthy university builds interlocking communities who are productive in discovering skills and knowledge as well as knowledge translation for human and societal development (AUN-Health Promotion Network, 2017).

### **Contemporary health promotion**

A default approach to health promotion applies a medical model delivered by an expert to an individual with a disease or deficit in health, compared to a normal standard. Although this can manage a disease in a person, it is often too late to fix the problem and does nothing to stop the pipeline effect of more people getting the disease. The behavioural model changes focus from an individual with disease to a group at risk of a disease. This approach may include education and behaviour change. Although intuitive, plausible and attractive to decision makers, it has not been as effective as many hoped (Baum, 2016).

By contrast, contemporary models of health promotion increasingly shift their gaze to the health of the planet, while taking the settings approach that we described earlier (Keleher & MacDougall, 2016). For PNG and Madang, climate change may be the biggest challenge for health systems and health promotion. One of the most appealing aspects of an ecological model is that it also acts to increase the effectiveness of medical and behavioural approaches by making healthy choices easier (Baum, 2016). Ecological health promotion seeks to maximise the participation of communities in making decisions about their own health. It is also strongly aligned with social movements and civil society.

Figure1: Health promotion model



Source: Colin MacDougall, 2022, Health Promotion teaching, DWU

Recent approaches to health promotion challenge the underlying deficit model's gaze on disease and illness. Strength based approaches follow Salutogenesis theory, a combination of the Greek *genesis or beginning* and the Latin *saluto or health seeking*. Salutogenic health promotion asks what creates health and well-being instead of trying to fix factors causing disease and dealing with health deficits (Antonovsky, 1996). Salutogenic approaches identify and mobilise resources for physical and mental health (Lindström & Eriksson, 2005).

### Why a healthy university?

The adoption of an ecological model shifted the gaze of health promotion from a deficit model of individual behaviour change to examining how health is created in social and institutional settings (Kickbusch, 1996). This gave rise to a healthy settings movement which started with healthy cities and soon expanded to healthy schools, hospitals, islands, markets, regional areas and universities (Baum, 2016).

Universities, particularly in rural and regional areas, are focal points for the community. If they move from being inward to outward looking, they can reimagine core educational and research functions for the benefit of the university and its surrounding community.

Universities are important and complex settings where many people, students, staff and their families spend many formative years of their lives. Universities have the responsibility and opportunity to positively influence students, staff and their dependants as well as the wider community's health and wellbeing. The connection of the university to the wider community is increasingly valued.

The original settings approach argued that *health is created and lived by people in their settings of their everyday life; where they work, play and love* (Kickbusch, 1997). We could modify this for DWU as *health is created by people at DWU where they live, love, work, study, research, worship, garden, play, party and watch rugby!* This shows the importance of contextualizing the definition of health based on the culture and place.

### **Applying the healthy university approach to DWU**

We can combine strong evidence for why healthy settings approaches are effective, with practical strategies steps to plan, conduct and evaluate them (Baum, 2016). Support is available from international colleagues and from the international healthy university movement. The healthy university model is compatible with public health at DWU, which takes an ecological approach by considering place, participation and culture.

Acknowledging that large trees grow from small seeds, we embarked on a modest test of the healthy university concept in 2022 during the on campus intensive residential class in the Health Promotion Theory and Research unit of the Master of Public Health program. On day one, before students had been introduced to the theory and practice of health promotion, we divided students into three groups to focus on three topics: environmental health, nutrition and the Diwai Mart, and physical activity. They conducted a trans-sect walk around the DWU campus and used photovoice to take pictures related to their topics and stimulate discussion and analysis.

Over the first week of the residential intensive class, students used their photographs as a stimulus to deepen their understanding of the settings approach. As they progressively presented and discussed their developing knowledge, as teaching staff we recognised that we were creating rich opportunities for experiential learning to challenge understandings of health promotion theory and practice they brought from their work experience. Crucially, the reframing to a settings approach for health promotion led to concrete and achievable proposals for action.

The following photographs illustrate how the groups presented the results of their observations.

#### **Group 1: Environmental health**



Pictures by James, B., Irie, A., Kupanu, D.

### Group 2: Physical activity



Pictures by: Sarei, G., Jofuve, I., Bon, C.

### Group 3: Diwai Mart



Pictures by: Bubun, L., Kamia, I., Toloube, O.

These pictures demonstrate how students discovered and communicated both their concerns and positive impressions. The environmental health group pointed out the poor drainage systems, especially behind the kitchen of the student mess and male dormitory ablution block. They also found asbestos on campus. Asbestos is a serious public health hazard requiring, immediate investigations remedial to protect the health of the university community.

Then students were asked to develop a vision for 2027 in relation to their topic in present tense. The environmental health group formulated:

DWU Management and staff and other partners/sectors work together to improve the sanitary conditions.

The physical activity group presented their vision:

Now it is 2027, and we see DWU students, staff, family members and the neighbouring communities living a healthy and physically active life with equal access to affordable, appropriate facilities, equipment and sustainable wellness and fitness programmes.

In relation to nutrition and the Diwai Mart, the vision was formulated by the group as:

The Diwai Mart is a health promoting supermarket, providing cost-effective, environmental-friendly and healthy choices of goods and services to the communities.

Finally, each group developed actions on how to achieve the vision in 2027. This included a stakeholder analysis whom to involve and their role in the implementation process. As one example of stakeholder involvements students suggested as follows:

- DWU management is responsible for decision making, resources allocation, as well as monitoring and evaluation.
- Staff will identify activities, implement actions and involve in research.
- Students are part of planning teams. They are working in groups and implement actions as well as take part in research.
- Staff dependents will be involved in carrying out actions, for example, walk for life and DWU beautification. They will be invited as research participants.

Other groups added the connection to the wider community and included stakeholders from other organisations outside the university.

In the two-week residential class we worked with students to develop action plans based on the evidence informed based steps of how to create a healthy university. The first step is to develop a positive vision, set sometime in the future, of positive health or Salutogenesis. Second, we work backwards to derive strategies to achieve the vision. Third, each group recommended the participation of organisations and communities to achieve the vision. We observed synergies between the findings of the three groups, demonstrating the need for changes across the university to embrace the healthy university approach.

Our reflection is that the experiential learning using the healthy university approach improved the quality of education. We saw possibilities for a healthy university to become a living laboratory for relatively low cost research with strong community benefit whereby DWU could help promote health and wellbeing and sustainability of the wider community (Dooris et al., 2010).

There are opportunities for a range of health, scientific, social and business disciplines to contribute to these three topics of environment, nutrition and physical activity.

### **What next?**

However, as with all new university wide change processes, there are organisational and paradigmatic matters to consider. We have identified some early questions to resolve.

1. The academic and professional field of health promotion has always been influenced by biomedical and behavioural understandings of health and illness. It draws on an ingrained paradigm of professionals who are trained to take an expert position when they deal with illnesses and behaviours of individuals and groups who are either sick or at risk. The settings approach is conceptually different because it focuses on the daily conditions of living as principal determinants of behaviour and risk. It is very difficult for people trained in more individual and deficit approaches to become comfortable in this new paradigm. Settings approaches are also much more difficult to explain in day-to-day and practical terms.
2. Many health promotion theories and strategies use *power over* to translate evidence about health and illness into actions involving education and behaviour change. By contrast, a settings approach emphasises community participation, local cultural knowledge and lived experience using *power with* to conduct research and craft proposals for change. It can be difficult for universities whose teaching and research is heavily metric driven to accept and value more participatory and long term approaches (Baum, 2006).



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3. The healthy university approach requires new ways of working. Universities are typically organised into separate professional and academic units, often with very different cultures and approaches to knowledge. For many years, organisations, practitioners and researchers have tried bravely to work across so-called sectors and silos to achieve joined up policies and practices. The evidence for long term effectiveness on intersectoral action is patchy at best (Laris & MacDougall, 2016). To succeed as a healthy university, we need deep reflection about new ways of working across the university and with surrounding communities.
4. Recent research has shown how even organisations responsible for the remaining health promotion activities can shift their strategies towards individual lifestyles and behaviour change (Roesler et al., 2022). Known as lifestyle drift, it refers to policies and practices that start by acknowledging broader structural causes of health, only to revert to individualised behaviour change strategies in practice (Fisher et al., 2016). Leadership, champions, research along the way and participation in international networks are options to avoid lifestyle drift.

These challenges demonstrate that developing a healthy university is much more than a technical process using a checklist. As a paradigmatically different way of thinking it is important to have early and small scale success to bring people along and keep momentum going, and to develop governance structures that ensure effective implementation of this new concept.

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