CASE STUDIES

SPANISH NETWORK OF HEALTHY UNIVERSITIES

1. Case metadata

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- ***Abstract:***

Issue

In 1986, the Ottawa Charter for Health Promotion set out the notion of 'Creating supportive environments for health' as one of its five priority action areas. The Ministry of Health and Consumer Affairs and the *Conferencia de Rectores de las Universidades Españolas* (CRUE—Conference of Vice-Chancellors of Spanish Universities) created the network of Healthy Universities in 2008 and asked all interested universities to join.

Action

The objectives of the network are to:

- Empower universities to become health-promoting environments for university communities (including both the staff and students) and society as a whole.
- Encourage research and teaching in the area of health promotion.
- Promote experiences and encourage exchanges in the area of health promotion.
- Stimulate and promote joint action amongst public health organisations, local institutions and universities.
- Reach a consensus on strategy and work plans to carry out joint healthy university projects.
- Make it possible to conceive and develop shared projects along the strategic lines of the network.
- Foster international participation.

The University of Navarra in Spain provides an example of good practice of the activities that universities can develop to promote health.

Results

The results at the University of Navarra are notable and suggest that changes have occurred in some behaviours and lifestyles of its employees. Health indicators have also improved and participation rates of employees have increased.

2. Organisations involved

Red espanola de universidades saludables (REUS) - Spanish Network of Healthy Universities

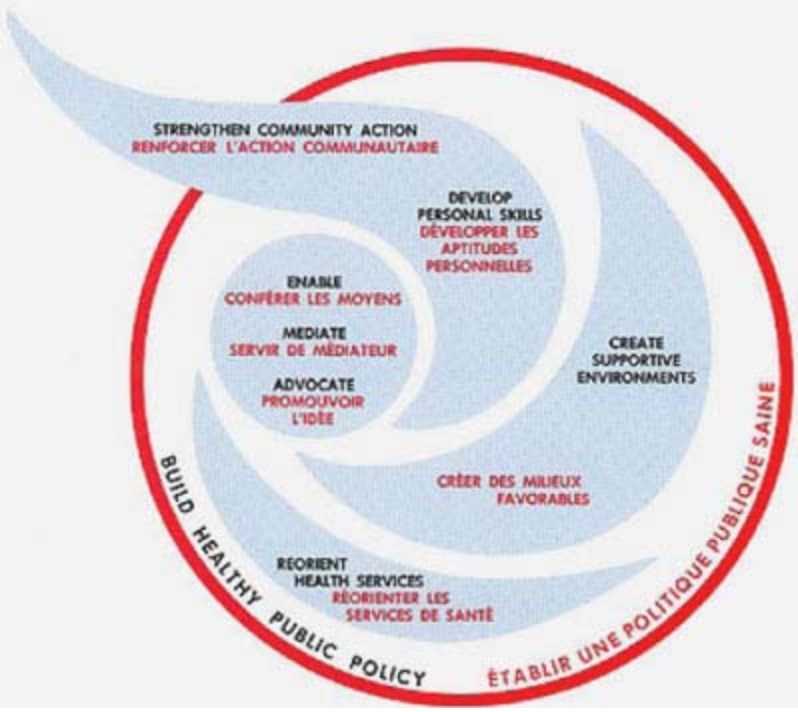
Universidad pública de Navarra – Public University of Navarra

3. Description of the case

3.1. Introduction

In 1986 the Ottawa Charter for Health Promotion set out the notion of 'Creating supportive environments for health' as one of its five priority action areas (see Figure 1).

Figure 1: Ottawa Charter for Health Promotion - health determinants



Environments or scenarios are defined as those locations or social contexts where people engage in daily activities and within which environmental, organisational and personal factors interact. This interaction affects the health and wellbeing of those who work, learn, and live in these locations or environments. Universities constitute such a place where health could and should be promoted.

Since 1986, many projects on occupational health promotion have been developed in schools or companies.

The university brings together several features of these environments. First, it is a workplace, but also an educational centre, and above all an institution of special importance in both research and advancement of our society through the training of the future workforce.

For some years now, some universities and public health centres in Canada have worked on this issue with the goal of making universities healthier within a range of diverse perspectives.

In the case of Spain, the most appropriate path for furthering and developing this project appeared to be the setting up of a national network of universities.

The Ministry of Health and Consumer Affairs and the *Conferencia de Rectores de las Universidades Españolas* (CRUE—Conference of Vice-Chancellors of Spanish Universities) created the network of Healthy Universities in 2008, and asked all interested universities to join.

3.2. Aims

The objectives of the network are to:

- Empower universities to provide health-promoting environments for university communities (including both the staff and students) and society as a whole.
- Encourage research and teaching in the area of health promotion.
- Promote experiences and encourage exchanges in the area of health promotion.
- Stimulate and promote joint action amongst public health organisations, local institutions and universities.
- Reach a consensus on strategy and work plans to carry out joint healthy university projects.
- Make it possible to conceive and develop shared projects along the strategic lines of the network.
- Foster international participation.

3.3. What was done, and how?

The Ministry of Health and Consumer Affairs and the CRUE created the network of Healthy Universities in 2008. These two institutions are responsible for motivating universities to join the network and ensuring the network's operational effectiveness.

The network is organised in the following way:

- The Conference of Vice-Chancellors of Spanish Universities (CRUE) as the overall decision-makers.
- A Board of Directors elected by the CRUE including:
  - A chair selected from the CRUE;
  - A vice-chair held by the General Director of Health from the Ministry of Health and Consumer affairs;
  - A technical coordinator of the CRUE who acts as a Secretary of the network;
  - Seven delegates: four persons representing University members of CRUE, two persons from autonomous communities, and one person representing the Ministry of Health.
- Working groups.
- A secretariat that rotates between the universities that are members of the network.

The network's strategy includes:

- Creating universities that have work culture and environments that promote good health.
- Incorporating studies in health promotion into the universities' undergraduate and graduate level curricula.
- Research in the field of health promotion.
- Increasing cooperation amongst public health organisations, community institutions and universities.

The target population of this strategy is the university community including students, administrative and services personnel, faculty and research staff and society as a whole. Network members include the Ministry of Health and Consumer Affairs, the lead promoter and driver of the network, the universities and the public health structures of the autonomous regions.

For universities to join the network, the following conditions must be met:

- Approval of the membership application to the network by the Governing Council.
- A commitment to initiate a project that incorporates the concept of health promotion in the university culture, its policy, structure and curricula. It also includes identification of the needs of the university community, areas for focussing work and strategies for implementing programmes.
- A designation of a specific team with a team leader and allocation of the necessary resources.

The public health structures of the autonomous regions should:

- Have links with at least one Healthy University project and support the objectives of the network.
- Include a commitment to support and actively participate in the specific development of the projects within its regional area, through the appointment of a project manager.

The universities and institutions that make up the network include the following:

- University of Girona
- University of Rovira i Virgili – Tarragona
- University of Huelva
- University of Navarra
- University of Córdoba
- University of Sevilla
- University of Cádiz
- University of La Rioja
- University of King Juan Carlos – Madrid
- University of Murcia
- Autonomous Universityof Barcelona
- The Ministry of Health and Consumer Affairs
- The public health structures of the following autonomous communities: *Andalucía, Cataluña, Navarra, La Rioja, Madrid, Murcia*.

The following case from the University of Navarra provides a good example of what activities a university can implement to promote health.

An example of a health promoting university: the University of Navarra

The *Universidad Pública de Navarra* (University of Navarra) began its activity by setting up an overall objective related to health promotion in 2000. Until it was officially decided to establish and develop a Healthy University Plan, the University of Navarra had engaged in a series of isolated actions through the Professional Health and Environmental Management Division and the Health Care Unit. Although these actions had no general framework that could provide a separate identity for them, they were tied into the Healthy University and Health Promotion programme objectives and included implementing proposals for modifying lifestyles and physical surroundings, as well as furthering programmes and activities to improve health within the various groups.

These actions include the drafting and application of a plan to stop tobacco consumption, a week-long campaign to promote healthy nutrition, and individualised programmes for weight control.

Subsequently, beginning in 2003 and in conjunction with the Health Department of the Government of Navarra, the first meetings were held to commission the drawing up of a specific Healthy University Plan for 2005-2010. This plan would integrate and systemise a grouping of actions centred directly on

health promotion.

The second Healthy University Plan (2010-2015) reflects the wealth of knowledge and expertise accumulated over the five years of the first Healthy University Plan, and is therefore a great starting point to promote and advance health promotion at the University of Navarra.

This second plan operates under the auspices of the Partnership Framework Agreement signed between the University of Navarra and the Navarra Department of Health in January 2005, from which the first plan originated.

The Healthy University Plan is implemented each academic year, through a range of activities based on the four implementation areas.

During each academic year, one of the criteria followed in establishing the respective programmes of activities consists of retaining those activities carried out and positively evaluated in the previous academic year. In this way more knowledge is obtained and/or new areas can be recommended and incorporated into future programmes. However, the intent is also to bring in new materials with the purpose of better achieving the objectives expressed in the Plan.

Both individual and group activities intended to promote good health amongst the university community are included in the programmes each year These include daily activities, training workshops, chats, expositions, plans, studies, etc., in diverse areas such as stress and anxiety management, self-knowledge, substance abuse, occupational risk prevention, etc.

The University of Navarra had 8,070 students in the academic year 2009-10. In terms of human resources, as of December 31, 2009 the total number of University staff amounted to 1,359 persons, 932 involved in teaching and research, both staff and contractors, and 427 administrative and service staff.

One of the main aims of the Healthy University Plan II is to address the health needs of the university community. In order to do this information has been obtained from a number of sources:

- study on health, wellness and quality of life of the Navarra university community;
- evaluation of Healthy University Plan I (2005-2010);
- occupational health records from medical examinations;
- studies on the health situation in Navarra;
- information services from qualified academics and key informants.

During the five-year period of Plan I, numerous initiatives and awareness raising campaigns were undertaken in four main areas. Plan II, maintains the internal structure of the four areas developed in Plan I, defining objectives for each areas, as explained below:

Area 1. The University's physical and psychosocial environment

This area aims to complement and further develop the work that had already began prior to signing up to the health promoting universities network, for example, by:

- Setting up studies, research and work environments that are related to health and physical, psychological and social wellbeing, taking into account not only physical environment and professional safety aspects, but also the organisational and interpersonal aspects.
- Assessing objective and perceived health status of the university community, studying and analysing the influence of different factors on health including biological, psychological, family, relational, professional and social factors.
- Developing and offering recommendations, based on the results of the assessments mentioned above, including both physical and psychosocial factors and addressing the students, the teachers and the administrative workers of the University.
- Updating or modifying these services, where necessary.

Plan I, among other things, focused on improving physical and psychological working conditions by, for example, creating smoke-free zones and addressing working relationships; and supporting healthy choices by, for example, introducing healthy food in the canteens and vending machines etc.

Area 2. A Curriculum and research programmes related to health promotion

European harmonisation of academic degree structures and standards as well as academic quality assurance standards has led to changes in the University's educational programmes. Concerning health promotion, the University has:

- Prepared and recommended programme improvements, both curricula and extra-curricula, in the area of health promotion.
- Promoted different training and research methods, and the use of active teaching strategies in health promotion.

Efforts have been made to review the courses that make up the University's curricula, and to raise awareness among faculty members on health promotion.

Area 3. Provision of a range of services related to health promotion

Incorporating actions and their development, as well as consolidating others, both fall under a common and integrated framework for health promotion:

- Offering new services, programmes and activities directed toward the university community, re-direct those that exist already and continue and/or improve those already established that deal with health promotion.
- Consolidate and create new health education programmes for the university staff to promote the development of personal capabilities and to assist employees to live a healthier life, as well as to identify factors to improve the overall health of the university community.

Within this area many varied activities have been undertaken including raising awareness on substance abuse, self-awareness and personal development, healthy lifestyles, stress management and anxiety, and awareness of emotional and sexual issues.

In addition, physical exercise and sport activities have been arranged, as well as community programs organised by the Social Action Unit and the Psychological Health Care Unit

Area 4. Information, cooperation and participation

The following are the actions to implement Plan II:

- Create participation structures that facilitate access to the Plan and the Annual Programme of Activities for the various groups of the University of Navarra.
- Provide leadership for participation in programmes and incorporate the various proposals emerging from the University community and the Annual Programme of Activities.
- Establish and maintain communication and coordination networks with other services, both internal and external.
- Disseminate information concerning content, progress and results of this programme, both within and outside of the university community.
- Participate in the various networks, forums and work groups concerned with Health Promoting Universities, both domestically and internationally that favour development, innovation, research, discussion and exchanges of experience on the subject.

Activities have been arranged at the following three levels:

- within the University itself;
- in the University's locality, engaging with local development issues;
- an inter-university level, primarily through the Spanish Network of Healthy Universities (REUS).

3.4. What was achieved?

Benefits achieved by applying the programmes for promoting health in the University of Navarra

Data from the University's occupational health records suggest changes in some behaviours and lifestyle:

- Tobacco consumption: the figures, both in absolute and in relative terms, show an increase in the number of non-smokers and ex-smokers, while the number of smokers has decreased.
- Blood pressure: the number of hypertensive patients has decreased, and the number with normal blood pressure has increased. In 2005, 6.3% of cases had high blood pressure, while 93.87% had normal blood pressure. In 2010, the number of cases with high blood pressure had fallen to 3.52% against 96.35% with normal blood pressure.
- Cholesterol levels: the absolute number and the percentage of people with high cholesterol and hypercholesterolemia have decreased, while the figures for people with normal cholesterol levels have increased; in 2005, 65.15% of people had normal cholesterol as compared with 36.22% with an elevated cholesterol level; by 2010, the percentage of normal level cases had increased to 86.54% and the percentage for high cholesterol equated to 12.96%.
- Physical exercise: the stats show a significant increase in the number of people who take part in some form of exercise; in 2005, the figure was 83.07%, while the 2010 figures show an increase to 89.08%.
- On the negative side, figures also show that, despite the fact that average body mass index (BMI) has fallen and that 56.1% of people are of normal weight, there is a trend towards being overweight and towards obesity.

In order to evaluate the impact of the health promotion programme, different indicators can be examined. For example, an increase in personal satisfaction resulting from an evaluation of the university's interest in promoting healthy habits amongst its employees and students, or the interest expressed by the university community for developing its knowledge of the programme's aspects included in programmed actions.

Table 1 illustrates the information obtained with figures expressing recorded participation in those actions that were used to quantify the respective indicators, i.e. activities, excluding participation in open activities such as expositions, information areas, meeting points etc.

Table 1: Numbers of participants to the workplace health promotion at University of Navarra

ACTIVITY	Participation 2006 - 2007	Participation 2007 - 2008
Individualised medical consultations	1,891	1,938
Individualised consultation for social action (help to disabled persons or to people with social difficulties)	1,363	1,741
Medical examinations from health surveillance officers	644	686
Flu vaccination campaign	150	191
Tetanus vaccinations	30	30
Hepatitis A vaccinations	0	2

ACTIVITY	Participation 2006 - 2007	Participation 2007 - 2008
Attendance of training actions related to professional risk prevention	88	210
Participation in nutrition and weight control programmes	13	15
Participation in smoking cessation programmes	30	23
Actions in the area of interpersonal relationships	172	222
Actions in the area of self-knowledge and personal development (training, art therapies etc.)	22	15
Actions in the emotional-sexual education sphere (sexual education courses, discussions, HIV prevention campaigns)	151	735
Actions in the area of stress and anxiety management	53	66
Actions in the area of use of addictive substances	558	530
Area of healthy lifestyles (breathing and relaxation classes, campaigns for healthy eating habits etc.)	0	370
TOTAL NUMBERS OF PARTICIPANTS	**5,165**	**6,774**

A comparison of the participation data for the two reference years leads to the conclusion that the Healthy University Plan has been implemented in the university community with total satisfaction, in as much as recorded participation in the programmes has increased by 31% with respect to the 2006 – 2007 academic year.

With regard to accident rates, whilst the figures in this category are very low, in 2008 the percentage of new accidents was 33.3% lower than in 2007.

Regarding the number of illnesses with time off work, in 2008 the number of cases with respect to 2007 was again lower, dropping by around 25.2% in total.

Average time off per accident or common illness also fell in 2008 with respect to the figures recorded in 2007, with a reduction of 36% and 18.1% respectively.

Still, these indicators make explicit reference to a possible occurrence of accidents and/or an illness that could impede work, as well as an average time that a worker could be affected by these situations. This could serve as an indicator of the effectiveness of prevention measures, but not of the beneficial repercussions that these activities have on the health of university community members, a much more appropriate measure with respect to a health promotional activity as opposed to a preventive one.

In addition, in this specific university example, this data refer only to groups of employees, excluding a much larger group such as students whose absences - or the reasons for them - from university classes or in university facilities goes unrecorded.

3.5. Success factors

The success of the network of Healthy Universities relies primarily on the fact that some Universities had already set up a health promotion plan in recent years, for example the University of Navarra. This then encouraged others to join in and develop their own health promotion plan. Universities members of the network can exchange their experience and find new ideas to promote health in their premises.

The involvement of the Ministry of Health and Consumer Affairs also gives a national vision of the network, which is mainly composed of regional entities.

3.6. Further information

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3.7. Transferability

The network system and structure can be utilised by other education structures in other countries. However for this type of network to be successful it needs good communication and cooperation between the key stakeholders of the University and the help of the Ministry or government organisations to be implemented effectively.

To maximise its success rate it is useful if it is based on a health promotion culture already present in the respective structure. Setting the whole process up from scratch, whilst not impossible, would require much more effort. The network encourages new initiatives but relies on initially on an existing health promotion programme and on promoting and sharing experiences created by the existing programmes.

The network helps motivate Universities to further develop their health promotion programmes and to exchange knowledge with other Universities on the subject.

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