

# Developing a health promoting university in Trinity College Dublin—overview and outline process evaluation

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## Summary

Higher Education Institutions (HEIs) have the potential to impact positively on the health and well-being of their staff and students. Using and expanding on the 'health promoting university' (HPU) platform within HEIs, this article provides a description of 'Healthy Trinity', which is an initiative underway in Trinity College Dublin, the University of Dublin. First, Healthy Trinity is contextualized in background literature including international and national policy and practice. Second, an overview of Healthy Trinity is provided including its vision and goals. Third, the article describes the steps taken relating to the identification of stakeholders and use of a network and a co-lead model. Within this approach, the article describes a partnership approach whereby responsibilities regarding health and

wellbeing are shared by individuals and the institution. Fourth, the design and implementation of Healthy Trinity is discussed by taking a ‘settings approach’, in which the emphasis for change is placed on individual behaviours, environment, policy and organizational culture. Consideration is given to the interplay between intervention, implementation strategy and context for successful systemic implementation. The fifth element presented is the early-stage challenges encountered during implementation, such as the need to secure recurrent funding and the importance of having a direct input to the governance of the University to enable systemic change. The sixth and final component of the article is an outline of Healthy Trinity’s intention to utilize a process evaluation of the early implementation phases of this complex intervention within a settings approach. Potential deliverables and impacts of this HPU initiative are presented and discussed.

### Lay Summary

Universities, such as Trinity College Dublin, the University of Dublin, can be looked at as a community of staff and students. The university community has needs in terms of health and wellbeing. ‘Healthy Trinity’ attempted to build strategies and practices to meet these needs for its community. The approach taken was from multiple angles and involved students and staff, focusing on both individual and organizational responsibility to promote and encourage healthy behaviours. Healthy Trinity achieved some successes as well as encountering some challenges. This article explores how the university might build upon the successes of Healthy Trinity in order to embed a culture which prioritizes health and wellbeing for the entire university community. The article also looks at the broader impact of achieving this goal, namely the University’s contribution to a healthier community beyond the university setting.

**Key words:** healthy settings, implementation, process evaluation, health promoting policies

## BACKGROUND

Universities have an important role to play in the global movement to build healthier communities, through research, education, advocacy and civic engagement. Encapsulated within this is the concept of universities as large and influential entities in civil society, repositories and generators of knowledge, contributors to cultural, social and economic development, as well as promoters of human rights and sustainable development (UNESCO—United Nations Educational, Scientific and Cultural Organization, 2011). Implementing a ‘health promoting university’ (HPU) model eliminates some of the traditional barriers to health promoting behaviours (Bruce, 1993), by utilizing a ‘captive audience’, and by harnessing an environment which has potential for disseminating health messages and supporting healthy behaviour. An HPU aspires to create a learning environment and an organizational culture that enhances health, wellbeing and sustainability (Tsouros *et al.*, 1998).

The need for an HPU approach, which is the application of the ‘settings-based approach’ on a university campus (Tsouros *et al.*, 1998; more below) is demonstrated by recent studies of pressures on university staff,

with factors such as excessive workloads, insecure employment and punitive metrics-driven performance policies driving this phenomenon for academic staff (Watts and Robertson, 2011; Mark and Smith, 2018). A 2020 large-scale survey of the wellbeing of young adults in Ireland, (of which 96% were third-level students) found that in an average lecture hall of 100 students: 43 will have felt at some point that life is not worth living; 40 are suffering from depression; 38 are suffering from anxiety; 21 have engaged in deliberate self-harm; 10 meet the criteria for alcohol dependence disorder; and 7 have attempted suicide (Dooley *et al.*, 2020).

Much of the literature on HPU advocates planning and delivery procedures using a ‘settings-based approach’ (DeClercq, 2016), which emphasizes health promotion on a systems-wide basis. Recently, 54 HPUs from 25 countries took part in a survey to capture how the concept of HPU is being implemented locally (Suárez-Reyes *et al.*, 2019). The analysis determined that there are two tiers of universities in relation to HPU—‘emerging’ HPU are those that are not yet recognized within their university governance structures and tend not to apply a ‘whole systems approach’ nor evaluate initiatives; and ‘established’ HPU which are mature in their implementation and already apply a whole

systems approach with routine evaluations, and have a sustained funding source. This review also demonstrated a heterogeneity in terms of implementation of approaches to policy, activity and evaluation. This is understandable as to implement and embed systemic changes within any complex organization, such as a university, where health and wellbeing has not traditionally been considered its core business', a diverse and multi-faceted approach is to be expected. In the established HPUs, a common theme is that health and wellbeing are regarded as multi-faceted issues that are customarily considered by the management and administration throughout the core business of the university, rather than being siloed as a 'Health Centre' issue. Ideally, everyone on campus should be involved in creating and experiencing the type of environment that enables staff and students to grow, develop and flourish. The support of senior management along with the tacit knowledge and understanding of local stakeholders will enhance successful implementation of an HPU and circumvent barriers that may impede the implementation of projects (Poland *et al.*, 2009).

## INTERNATIONAL AND NATIONAL POLICY CONTEXT OF THE HPU MODEL

The original HPU model endorsed by the WHO (Tsouros *et al.*, 1998) in the late 1990s set the scene for how universities could build a commitment to health in their organizational culture, structures and practices—creating supportive working, learning and living environments. This was firmly rooted in the Ottawa Charter for Health Promotion (World Health Organization, 1986) and the theory of and experience with a 'settings-based' approach to health. A settings-based approach considers the physical, organizational and social contexts in which people are found to live and work. It involves a detailed analysis of the context, such as who is there; how they think or operate; implicit social norms; hierarchies of power; accountability mechanisms; local ethical, political and organizational culture; physical and psychosocial environment; and the broader socio-political and economic context. The more recent Okanagan Charter (Okanagan Charter, 2015) has called on universities to embed health into all aspects of their culture and specifies that universities should embed health in campus policies, create supportive campus environments, generate thriving communities, develop a culture of wellbeing, support personal wellbeing and create or re-orient campus services. It also calls on universities to lead health promotion action and collaboration locally and globally specifying universities should

integrate health, wellbeing and sustainability in multiple disciplines to develop change agents, advance research, teaching and training for health promotion knowledge and action and lead and partner towards local and global action for health. These calls to action have influenced the visions and goals of Healthy Trinity. Alongside the Okanagan Charter, there are the UN Sustainable Development Goals, in particular Goal 3: Good Health and Wellbeing (United Nations, 2018) which seeks to ensure healthy lives and promoting wellbeing at all ages, with linkages to sustainable development. There are strong commonalities and similarities in terms of language and themes across all these policies, which are echoed in key national policy documents in the Irish context.

'Healthy Ireland' is a government-led initiative aimed at improving the health and wellbeing of everyone living in Ireland (Department of Health, 2013). The initiative was launched in 2013 and it is designed to bring about, measurable change based on the determinants of health. It is well established that health and wellbeing are affected by all aspects of a person's life, including economic status, education, housing and the physical environment in which people live and work. In 2015, the Irish Government announced forthcoming legalization relating to health and wellbeing in the workplace (Workplace Wellbeing Bill) requiring public sector employers to develop a 'healthy workplace' policy to promote the physical, mental and social wellbeing of employees' (Department of Health, 2015). Recently, a 'Healthy Campus Framework' and a 'Healthy Campus Charter' were developed through consultation and partnership with Higher Education Institutions (HEIs) within Ireland (Government of Ireland, 2021). Both the Framework and Charter are based upon the Okanagan Charter (Okanagan Charter, 2015). These should not only provide a national template for change but could also be a catalyst for securing appropriate university sector buy-in and funding, thus ensuring that national developments reflect regional and local developments within HEIs.

## HEALTHY TRINITY—AN OVERVIEW

The overall aim of 'Healthy Trinity' is to advocate to Trinity College Dublin, the University of Dublin (herein referred to as Trinity) to adapt its structures, policies and procedures towards supporting sustainable health, making the 'healthy choice, the easier choice', both inside and outside the University, for all members of its community (United Nations, 2015).

The vision of Healthy Trinity is recognized as a 'health enhancing' university where everyone can enjoy physical, mental and social health and wellbeing to their full potential, where health and wellbeing is valued and supported at every level of Trinity and is everyone's responsibility. Healthy Trinity is informed by international (World Health Organization, 1986; Okanagan Charter, 2015; United Nations, 2018) and national policy (Department of Health, 2013; Government of Ireland, 2021). Integral to fulfilment of this vision is a partnership approach between staff, students and the University governance with shared responsibilities at the individual and the institutional level.

Healthy Trinity has four goals to realize its vision.

1. Develop a broad-based, holistic focus on health and wellbeing for the [BLINDED] community (e.g. inclusion of reference to physical, mental and social health and wellbeing in the University's Strategic Plan and throughout other policies and procedures documents).
2. Provide healthy physical and social environments for visiting, working, learning and living for everyone on campus (e.g. the Tobacco Free Campus, providing microwaves for students to prepare food, improving bike parking, installing free condom dispensers throughout campus, providing student spaces for socializing, installing breastfeeding rooms).
3. Secure high-level, strategic buy-in from the highest decision-making group within Trinity [e.g. Board, chaired by the Provost (president)], to drive the HPU initiative.
4. Establish Trinity as a national and international leader in health, wellness and health-promotion through an evidence-based approach (e.g. develop ongoing evaluation mechanism and dissemination plans relating to same).

These goals are set against a total of 16 short-, medium- and long-term outputs which are scheduled for delivery over a 10-year period. These goals are progressive, with the realization of the long-term goals predicated on the delivery of the short and medium terms goals (see Table 1).

An example of a progressive goal is as follows: in relation to Goal 2 of Healthy Trinity, Trinity College Dublin ranks as the eighth most international university in the world (Times Higher Education World University Rankings, 2021). With staff and students from more than 120 countries, spanning six continents, there is no question that the campus community is multicultural.

Good health cannot exist where racism does; Naming racism and identifying it as a determinant of health will allow us to become more knowledgeable and guide our actions towards advancing public health (Krieger et al., 2003). An important first step is to recognize this symbiotic relationship between race and health. In Trinity, the Students' Union (Trinity SU) are working with the University's Equality Office to introduce an anonymous reporting tool for racism; this will enable the university community to develop a better understanding of the prevalence of racism and to evaluate the impact of interventions over time. The Welfare and Equality Officer of Trinity's SU is an ex-officio member of Healthy Trinity, which ensures Trinity SU input to Healthy Trinity on an ongoing basis. Another ongoing project led by the Trinity SU in conjunction with Healthy Trinity is the establishment of a prayer and reflective space on campus for both students and staff of all faiths and none, to foster inter-culturalism on campus and ultimately to contribute to the social health of the entire campus community.

The broad spectrum of initiatives within Healthy Trinity has been captured in an 'Implementation Framework' which was drafted by the main committee and sub-groups, with a series of campus-wide workshops to capture the wider community's views. Healthy Trinity assumes a partnership approach, which is about equipping individuals with skills and knowledge while simultaneously promoting the importance of health and wellbeing as a contextual and organizational driver of change and culture. The ambition of Healthy Trinity is that the initiative will lend itself to collective action—i.e. the 'sum is greater than the parts'. It will demand an organizational climate that is supportive and responsive to this philosophy. Trinity's Strategic Plan 2020–2025 places a welcome emphasis on the interdependence between community and connection (Trinity College Dublin, 2020). A strength of Healthy Trinity is the whole community approach. Traditionally, formal university structures are focused on either staff or students. Some but not all student services in Trinity are also made available to staff, e.g. the College Health GP service.

In some instances, near-identical services are provided but through different channels, e.g. the Student Counselling Service engages in mental health prevention and outreach work with the student community, whereas counselling services for staff are provided via the Human Resources Department who provides access to a free and confidential external counselling service provider. Access to the Sport Centre is provided free of charge for all students, whereas a membership fee exists for staff; some free access is provided for non-members

**Table 1:** Timeline of outputs relating to the goals of Healthy Trinity

Completed activities to date:

1. A main committee will be developed to provide oversight, coordination and leadership for the HPU initiative.
2. Working groups will be established and maintained to raise awareness and drive specific initiatives, with expertise in particular health promoting areas e.g. mental health, healthy eating, physical activity.
3. A vision, goals and outputs for Healthy Trinity will be agreed and made public.
4. A webpage, hosted on the University's website will be produced and maintained to communicate all activities.
5. A number of 'quick wins' will have been identified and achieved, aimed at addressing some of the barriers to health promotion, as well as building the credibility and value of progressing health promotion in Trinity.
6. Pilot a health and personal development module as core learning at entry level, to determine whether such a module should and could be taken by all incoming fresher students (H-ToT).
7. A number of high profile health promotion events led by local health promotion champions/ambassadors will have been held. [Note—we see this activity as an ongoing activity].

Short-term outputs

The following outputs are to be delivered over the next 1–3 years. By the end of Year 3 the following will have been completed:

8. A review of all existing policies and procedures to assess their level of health promotion compliance will be completed
9. A targeted awareness/advocacy campaign to improve staff, student and the wider community's understanding and appreciation of the value of health promotion and wellbeing will be delivered
10. A diversity and inclusivity review will have taken place relating to factors, such as race and health, across both our staff and student body
11. Training and/or incentives for students/staff willing to engage in and lead health promotion and wellbeing initiatives will have been provided
12. An assessment of the amount and type of resources required to progress health promotion and wellbeing in Trinity will be completed and key resources secured
13. A review of international practice to identify the benchmarks and evidence base for health promotion in university settings will be completed
14. Establish baseline measures of success<sup>8</sup>. A review of all existing policies and procedures to assess their level of health promotion compliance will be completed

Medium-term outcomes

If the above outputs are delivered and there is a continued focus on health promotion it is envisaged the following outcomes will be achieved over the next 6 years:

1. Health promotion and wellbeing will be an integral part of Trinity strategy and embedded in the University's policy development process
2. International best practice benchmarks and measures are driving health promotion activity
3. Appropriate resourcing and organizational structures are in place in Trinity to proactively support health promotion across the University, and to ensure appropriate communications between health promotion campaigns and corresponding services
4. Prospective staff and students identify Trinity as a healthy and positive place to work or study and Trinity is regarded as a leader in health and wellbeing promotion
5. Trinity's services and processes reflect the needs of faculty, staff and students
6. Indicators of change in attitudes and values of students towards certain health damaging and health promoting behaviours

Long-term outcomes

If the medium-term outcomes are realized in the following 6 years and they continue to be built upon it is hoped the following longer-term outcomes will be achieved within 10 years:

1. Trinity is regarded as an inclusive community both internally and externally
2. Staff and students' holistic health and wellbeing needs are being met in a continuous and integrated fashion
3. Responsibility for health promotion is accepted as an integral part of the culture of Trinity
4. Health promotion activities and outcomes are evidenced based
5. Trinity is viewed as a global health promotion leader

to avail of showering facilities in an effort to promote and support active transport to the campus. The Health Promotion Officer works with both students and staff.

Health and wellbeing of its community can be marginalized outside of the core business of an academic institution where the primary focus is on research and education. Health and wellbeing should be reflected in

its policies, practices and ethos. University students are looking for an HPU which includes the promotion of health and wellbeing in every aspect from facilities and environment to curriculum (Holt *et al.*, 2015). If an initiative like Healthy Trinity is to be sustainable, then the University must be proactive in promoting a health enhancing environment for both staff and students. This is going to take careful prioritization, planning and implementation that is iterative in nature to maximize positive preventive efforts, and minimize organizational, administrative and social barriers that may impede the goal of creating a health enhancing university.

### Identification of stakeholders and the use of a network and co-lead model

The impetus for Healthy Trinity started with the College Health Service and the Faculty of Health Sciences. This has since expanded to include representation from all three faculties within the University, including academics, operational staff, administration and technical staff and students. Healthy Trinity is inspired by the operational model of integrated care (Darker, 2014) and multidisciplinary teams which is commonplace in healthcare, where all professionals are considered equal members, with a shared goal, while also allowing for professional autonomy. The main committee and the sub-groups operate a co-lead model with an academic and an operational person working in partnership (Figure 1).

The purpose of the main committee is to provide oversight, coordination and leadership for the whole of the Healthy Trinity initiative. This is achieved through collaboration, a spirit of inclusivity and engagement with all stakeholders (represented in the 'green' of Figure 1). Nine sub-groups, represented in blue in Figure 1, have been developed which focus on a particular behaviour (e.g. physical activity, healthy eating). Each sub-group has its own co-chairs, with terms of reference, workplan and goals. Where possible, the sub-groups draw on relevant national policy such as the 'National Physical Activity Plan' (Department of Health, 2016b) and 'A Healthy Weight for Ireland' (Department of Health, 2016a).

The partnership model requires significant, sustained and mutually respectful collaboration to work effectively. A cornerstone of the first year of the main committee was to break down institutional barriers, siloed ways of working that separate both theory and practice and academics and practitioners (Benson *et al.*, 2000). The main committee is composed of members of each of the sub-groups (one or both of the co-chairs) along with

other members of the community and so has representation of all aspects of Trinity; this includes students (e.g. SU Welfare and Equality Officer), academics, practitioner-academics, professional and support staff, with all committee members having parity of esteem. This partnership approach serves to harness the collective ingenuity and experience of all, to ensure the focus and outputs benefit all members of the community, and to help to socialize the concept of a 'HPU'. This partnership model is in keeping with the Okanagan Charter which places a strong emphasis on building and supporting effective relationships to achieve change.

### Design and implementation targets

After determining the stakeholders and other supporters of Healthy Trinity, the primary agenda was to agree the policy, physical environmental adaptations, health promoting initiatives and education and research that Healthy Trinity would focus on. Previously successful health promoting initiatives were examined to use as potential templates for future changes, such as 'Tobacco Free Trinity'. This initiative was a good example of the interface between policy and physical environmental adaptations within the University. It incorporated a university wide debate about the acceptability and feasibility of becoming a tobacco free campus. After 6 years, the policy was adopted by the University; this allowed the alteration of the physical environment to restrict smoking to three small areas on campus which achieved an 83% reduction in frequency of observed smoking.

In order to broaden and deepen students' health and wellbeing knowledge an educational online learning tool 'Healthy Trinity Online Tool (H-ToT)' was developed (Darker *et al.*, 2021). This was completed through a partnership approach between academics, operational staff and students. The H-ToT targets first year students and covers a wide variety of topics based on student needs such as the promotion of physical activity, education about healthy eating, advice in relation to mood and guidance about how to navigate academic life. These topics map onto the expertise of both the academic and the operational members of Healthy Trinity, and are adapted as specific needs arise such as the context of COVID-19 (SARS-CoV-2). Alongside providing the latest evidence the H-ToT also informs students about the existing supports in the University by signposting appropriate resources. Curriculum infusion of knowledge, skills and health-related experiences not only enhances learning but also holds health at its core (Ottenritter, 2004). In addition, the H-ToT furthered the University's goal of developing online learning



Fig. 1: Healthy Trinity model for an HPU in Trinity College Dublin.

resources, therefore adding another positive aspect to the initiative from a University perspective.

A core strength of Healthy Trinity is having research embedded throughout workplans of each of the sub-groups. For example, the mental health sub-group circulated a survey of employee wellbeing and quality of working life across all categories of staff within the University. This survey captured the views of 1175 staff members and the high response rate (~60%) reflects an interest in the promotion of mental health and wellbeing in the workplace. Findings of this study are currently being prepared for publication but signpost to a number of key short-medium-and longer-term interventions that can contribute to workplace mental health and will form a key pillar of the work of the Healthy Trinity Mental Health sub-group over the next 2 years. Likewise, implementing initiatives from other jurisdictions regarding improving the mental health of students within Trinity is a key goal of the Healthy Trinity mental health sub-group, the Student Counselling Services and general mental health support services for staff. For example, actions currently underway to support students' and staff's mental health in a COVID-19 context have been inspired by initiatives from Hanover Research, USA (Hanover Research, 2021) including: (i) Talking about mental health: Reduce stigmas and help

students and staff feel comfortable seeking help for their mental health needs; (ii) creating a strategic approach: Develop a campus-wide, comprehensive approach to mental health crisis prevention and intervention; (iii) investing in services and programmes: mental health services and programmes should be accessible, affordable and able to meet diverse needs; (iv) listening and responding: survey students, faculty and staff to understand and directly respond to their unique needs and interests; and (v) engage virtually: offer virtual, video and telehealth crisis prevention and intervention services to support online community members.

The physical activity sub-group altered the environment of one of the buildings on campus to include 'point of decision prompts' to increase stair usage (Griffin *et al.*, 2019). They also developed a number of 'active break' videos to break up periods of prolonged sitting during lectures (Keating *et al.*, 2020). Both of these initiatives were developed through the collaboration of several different departments across the University and evaluated by students. For example, the 'active break' videos were filmed by professional sports instructors in Trinity, following consultation with the Health Promotion Officer, academics and students from the Disciplines of Physiotherapy and Public Health and Primary Care. The acceptability and feasibility of the

'active break' was investigated by trialling the intervention during lectures with a sample of health sciences students and subsequently evaluated by four Physiotherapy students completing their final year research project (Keating *et al.*, 2020). In this way, students gained exposure to the real-life challenges of designing and implementing an intervention using a settings approach (see Table 2).

A keyway of monitoring progress and indicators of outcomes derived from projects and programmes will be to develop an omnibus survey to establish baseline measures of health and wellbeing and to benchmark changes amongst staff and students, with the intention to repeat this survey biennially. This will facilitate a needs assessment of the whole community in terms of their health vis-a-vis working and studying within Trinity. It will form part of the 'Living Lab' approach to health promotion (Trinity College Dublin, 2017), allowing for the monitoring of trends in our population, and the ability to compare these trends with the general population where possible.

Issues relating to the social determinants of health and culture and diversity are topics that HPUs are becoming increasingly involved in. In 2019, Trinity appointed an Associate Vice Provost for Equality, Diversity and Inclusion. Reporting directly to the Provost (President) and part of the highest decision-making forum of the University, this new role provides visible and sustained advocacy for equality, diversity and inclusion across the University and support schools and administrative units in developing their own measures to benefit students and staff. The remit includes developing a new Equality, Diversity and Inclusion strategy, which will tackle structural issues on race and ethnicity as well as the other grounds of discrimination. Alongside policies protecting the University community from discrimination, bullying and harassment (including ethnicity, nationality and skin colour; Equality Office and Equality Committee, 2016; Human Resources Trinity College Dublin, 2016), a series of 'Living Culture Conversations' took place in 2019 involving staff and students from across the University to discuss how best to support a culture of dignity, respect, diversity and inclusion. From this exercise, a set of relational values are being developed. Individuals involved in Healthy Trinity provided input to this important initiative.

## EARLY CHALLENGES IN IMPLEMENTATION

There have been significant challenges highlighted internationally regarding implementation of the HPU model,

including negotiating competing agendas, the need to avoid the perception of 'initiative overload', and the perception that this would be yet another budgetary drain (Dooris and Doherty, 2010). Funding in third-level education within Ireland is at crisis point (QQI Quality and Qualifications Ireland, 2016; McGuire, 2020) and the uncertain situation faced by many universities due to COVID-19 and its implications on student numbers and research revenue make the next 1–3 years within higher education extremely challenging. All HPU have to be cognizant that 'core' central funds may only be made available on a short-term basis—if at all. A financial strategy for the sustainability and growth of Healthy Trinity will be a key to realizing its goals.

The ability to demonstrate achievements will be predicated on data capture and monitoring methods embedded from the beginning. To date, activities have largely been funded by a modest annual grant from the Dean of the Faculty of Health Sciences, subsidized by project funding from the Director of Sports, and the Director of Student Services. The Tobacco Free initiative was funded via the College Safety Committee. Operational staff from other areas (e.g. Health Promotion Officer) are supported to dedicate time to the Healthy Trinity because it aligns so strongly with their role and College remit. Other staff, including academic and professional staff on the main Committee and sub-committees, are giving of their time because of their belief in the initiative and its strong potential to bring about positive change for the whole community. Within the existing academic progression and promotions model, academic staff are required to engage in activities that 'contribute to College'; therefore, it could be viewed that the University is indirectly supporting the HPU initiative. However, there are plenty of other opportunities for staff to demonstrate this by contributing to long standing initiatives, servicing formally recognized Committees and taking on other roles more directly linked to the governance and function of the University, many of which confer a 'workload allocation' to the staff member which reduces a small number of hours of teaching or administration. Healthy Trinity does not qualify for official workload allocation; therefore to date, the initiative has been largely run on 'good will'.

The current reporting structure of Healthy Trinity is one step, but a significant step, away from the main governance of the University. Healthy Trinity reports on student related activity to the Student Life Committee (which in turn reports to Council) and on staffing related activity to the Human Resources Committee (which reports to Board). There is risk to not having a direct reporting line; this includes the possibility of



**Table 2:** Example activities relating to Healthy Trinity subgroups

Sub-group	Example activity
Healthy eating	<ul style="list-style-type: none"> <li>• Providing a free apple with every lunch during Health and Sports Week</li> <li>• Offering ‘nude’ salads, i.e. salads free of dressing unless specifically requested by customer</li> <li>• Introducing “No Chip Monday” where chips (e.g. French fries) were not part of the menu on Mondays</li> <li>• Introduction of milk fortified with vitamin D in food outlets on campus</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Roll-out of staff mental health survey findings of which informed several initiatives including workplace wellbeing workshop and development of drop-in mindfulness sessions</li> <li>• Student focused campaigns including ‘Tap, Tap for mental health’—to promote help-seeking among students and #operationexamination—an online campaign providing support during the stressful examination period</li> <li>• Supporting the roll out of the Governments framework for student mental health and suicide prevention in third level</li> </ul>
Physical Activity	<ul style="list-style-type: none"> <li>• Creation of ‘active break’ exercise videos</li> <li>• Introduction of point of decision prompts to increase stair usage</li> <li>• Four-week exercise and psychoeducation programme targeting students with poor physical activity and mild mental health difficulties</li> </ul>
Breastfeeding	<ul style="list-style-type: none"> <li>• In academic year 2020–21, 90 mothers and their children attended 10 online breastfeeding meetings run by La Leche League Healthy Trinity in partnership with Trinity College Dublin</li> <li>• Three breastfeeding rooms are available on campus and new data on attitudes to breastfeeding is being collected in 2021/2022; which were installed in accordance with the University’s breastfeeding policy which the project introduced in 2017</li> </ul>
Sexual and Reproductive Health	<ul style="list-style-type: none"> <li>• Healthy Trinity installed 18 condom/lubricant dispensers across campus and in student accommodation as part of the National Condom Distribution Service. A total of 10 400 condoms were distributed in 2021</li> <li>• We also supported the Health Services Executives’ rollout of home sexual transmission infection testing</li> <li>• A safer sex in a time of COVID-19 social media campaign was implemented</li> <li>• Healthy Trinity supported evidence-informed porn literacy information and awareness campaign with the Student Counselling Service</li> </ul>
Workplace	<ul style="list-style-type: none"> <li>• Workplace Wellbeing Policy and Framework developed in conjunction with focus groups of 100 staff and signed off by Executive Officers’ Group in July 2018</li> <li>• Living culture (2019)—a series of conversations and a workshop involving 60 members of the college community to define Healthy Trinity’s relational values. The results will be published in 2021</li> <li>• Resilience building programmes piloted from 2019 offering training including reframing challenges and time management</li> <li>• Wellbeing page on the Trinity HR website and Wellbeing Series of talks introduced as part of the YourHR series</li> </ul>
Tobacco	<ul style="list-style-type: none"> <li>• After 6 years of negation, the University became tobacco free</li> <li>• To support that policy, free stop smoking courses have been run twice p.a. since 2004 as well as multiple events to promote tobacco free living. For example, Ultimate Frisbee, was one of seven clubs who as part of our Healthy Library initiative offer “come and try” sessions encouraging active breaks not cigarette breaks outside the library at end of term</li> </ul>
Smarter Travel Drug and Alcohol	<ul style="list-style-type: none"> <li>• The University has been a partner with the national authority for transport and through that has run walking challenges every year since 2011</li> <li>• In 2021, 720 students/staff took part in the Smarter Travel Campus walking challenges. The project published a paper on travel preferences as the university reopens after COVID-19, students want to walk to campus, staff want to cycle</li> </ul>

(continued)

**Table 2:** (Continued)

Sub-group	Example activity
	<ul style="list-style-type: none"> <li>• In 2021, the project installed 1,135 new/upgraded bike parking spaces with funding from the national authority for transport</li> <li>• Since 2018, the project has developed a Liveable city project to engage the entire city in a conversation about how Dublin can be made more liveable</li> <li>• The University participated in the ‘Leave the Light On International Campaign, where global iconic buildings and landmarks lite up to show support for persons in recovery from addiction.</li> <li>• Seminars, lectures and workshops were delivered to staff and students around changes and safe practices relating to alcohol and drug use during COVID-19 outbreak.</li> <li>• Targeted harm reduction seminars and workshops were developed for the LGBTQi college community in response to the emerge of Chemsex</li> <li>• The Drug and Alcohol group was a co-lead on the first national survey of drug use in students and member of Ministerial taskforce to build national strategy to respond to drug use in Higher Educational Institutions</li> </ul>

trivializing the remit, function and immediacy of the work of Healthy Trinity. In the short term, this is mitigated by some of the members of the Healthy Trinity committee and sub-committees being members of Board, by virtue of other roles in the University, therefore having an input into the decisions of the University. A consultation process is currently underway to review all aspects of the working of Board and its principal committees (Board Review Working Group, 2020). Healthy Trinity provided input to this consultation process, with a view to establishing how best an initiative such as this can engage with Board. These challenges are not unique to Trinity; a recent evaluation of the UK Health Universities Network found that key barriers included the lack of capacity of staff to attend meetings and contribute to the network, influenced by a lack of institutional commitment and prioritization (Dooris *et al.*, 2019). Furthermore, the experience of implementing the HPU concept across the HPU Ibero-American HPU network found that key factors relating to implementation included political support, coordination structure, funding, collaborations and participation (Suárez-Reyes *et al.*, 2021). The authors of this qualitative research determined that political support by central university administration was the most important factor predicting successful implementation. These views from the international literature, coupled with our own local experiences, underscore the imperative that an HPU approach needs to have a sustained strategic influence which is fused throughout the entirety of the institution if it is going to achieve its vision.

## EVALUATING HEALTHY TRINITY

There is no doubt that building the evidence base for evaluating a complex ‘whole of system’ intervention is a challenge. A recent review (Suárez-Reyes and Van den Broucke, 2016) reported nine intervention studies describing the implementation of the HPU concept. All studies provided descriptive material relating to their targeted areas of action, with different studies concentrating items of work on health topics pertinent to their local context. Coordination efforts and adaptation to the local cultural contexts were also reported and described. Six of the nine studies outlined their specific methodologies undertaken which demonstrated that questionnaires and interviews with staff and students were a popular method of evaluation. These activities spanned a needs assessment type exercise, measures of change in knowledge and attitudes and changes in health-related behaviours within cohorts of interest. The Healthy Universities Network proposes the use of self-review tool (Dooris *et al.*, 2018). This tool is hosted online and provides guidance for those engaged in HPU to reflect on key areas such as, leadership and governance, service provision, facilities and environment, communication, information and marketing and academic, personal social and professional development. It is noted by the authors of the tool that it is for general use only and does not constitute a detailed evaluation analyses but rather a mechanism for guiding decision-making and action planning. It also does not allow for an assessment of differential progress for specific target groups

(e.g. staff or students) or progress on different health-related topic areas of activity (e.g. mental health, healthy eating, etc.). Nevertheless, this tool could prove very valuable in terms of a complementary mechanism of reflection, alongside an evaluation strategy, to guide decision-making and planning.

Effects at a more systemic level, such as the creation of a health-promoting environment or the integration of health within the university culture, are important but challenging to assess.

It will be important to develop a system to track the impacts of advocacy, mediation and enablement roles that our stakeholders play during the implementation of Healthy Trinity. Rather than look at single interventions in isolation it will be important to look at the whole and attempt to map and understand the interrelationships. For example, while a settings approach to the HPU is the model that has been adopted by Healthy Trinity there is an appreciation that in any university, the lives of the community of students and staff extend beyond the university setting. Although this is problematic in some ways, with external settings beyond scope of this initiative, there is also great opportunity through viewing the university as having a global reach. To this end, an attempt will be made to make sense, where possible, of the cross interfaces between work, home life and the broader community. Health promotion and indeed public health initiatives are complex, multi-layered and diverse and, therefore, require a model that can adapt and respond to these types of conditions.

## PROCESS EVALUATION AND ITS UTILITY IN A HEALTHY UNIVERSITY CONTEXT

A process evaluation focuses on the implementation process and attempts to determine how successfully the project followed the strategy underpinning it. In particular, it establishes how well the programme is working, the level of implementation, as well as the programme acceptability and feasibility with the target population (Moore *et al.*, 2015). The complex intervention of enacting an HPU has several interacting components which present a number of special problems for evaluators, in addition to the practical and methodological difficulties that any successful evaluation must overcome. A process evaluation can help describe the organizational practices, resources and attitudes that influence the implementation of an intervention locally, allowing researchers to understand the functioning of an intervention, by examining implementation, mechanisms of impact and cultural factors (Moore *et al.*, 2015). To date, no such mechanism has been applied to looking at the roll out

and evaluation of an HPU, so the work undertaken with regards to the evaluation of Healthy Trinity represents a novel contribution to this field. In particular, the process evaluation will seek to:

- Describe participation rates (programme reach of Healthy Trinity) and programme engagement (programme dose) and strategies adopted to improve both;
- Establish whether Healthy Trinity initiatives were implemented as intended (implementation fidelity);
- Identify data collection types, time points and data analysis methodologies;
- Explore intended or unintended mechanisms of action reported to influence the effectiveness of delivery;
- Describe barriers and facilitators to delivery of and participation in Healthy Trinity programmes or projects and any recommendations made to address such barriers and facilitators;
- Identify implementation and delivery of good practice recommendations; and
- Examine qualitative data concerning the views and the experiences of staff and students who are a part of Healthy Trinity formally on the main committee and sub-committees with a view to eliciting implementation challenges.

## POTENTIAL DELIVERABLES AND IMPACTS

Healthy Trinity and the HPU model that it is based upon have the potential to deliver enormous change that contributes to health, sustainability and core business priorities within the university sector. These are likely to include, inter alia, support for a holistic approach to development of policies that positively impact on staff and student health and wellbeing; increased understanding of commitment to and sense of personal responsibility for health and sustainable development; and strengthened institutional level commitment to practice corporate responsibility. The mechanisms to deliver these impacts will include a combination of policy, environmental modifications, peer education and targeted campaigns, all of which will need a robust system of monitoring and evaluation in place.

By following the HPU model, Healthy Trinity has the potential to result in longer-term impacts both within and beyond the University. As described in the Okanagan Charter, a university has the potential to lead and influence both inside its own organization but also by setting itself as an example for health promoting

settings more broadly. A recent systematic review of the effects of employee assistance programmes in enhancing both employee and organizational outcomes found positive improvements in presenteeism and functioning of employees, but mixed results for absenteeism (Joseph *et al.*, 2018). As a part of Healthy Trinity with the programmes planned for enhancements to the existing employee assistance programme, there would be an anticipation for a positive effect on staff wellbeing, including an increase in presenteeism. Generally, this programme aims to address all aspects of wellbeing and life stage needs. Diversity and inclusion related training is also in place including: Living Equality And Diversity training, unconscious bias training, the ‘Developing Cross-Cultural Intelligence’ online course and the Cultural Awareness Training which staff, especially those in positions with hiring responsibilities, are encouraged to do. The campus setting is one of the most significant environments in which many young people spend their ‘emerging adulthood’ (Committee on Improving the Health, Safety, and Well-Being of Young Adults *et al.*, 2015) and in this setting many students establish their long-term behaviour patterns including their independence and identity. Likewise, an engaged and healthy faculty and student body will in turn exert a positive influence as local and global citizens within families, communities, workplaces and political processes. Equality and inclusion within communities are vital to ensuring people’s differences are valued and that people are treated equally. There may be an opportunity for Healthy Trinity to contribute to the University’s ambition to have an inclusive and egalitarian community. This could be achieved by developing and strengthening links between Healthy Trinity and the initiatives central to the work of the Equality Committee (Equality Office and Equality Committee, 2020). Depending on the success of Healthy Trinity the model that is developed arising from this initiative could be looked at as a model of good practice that is transferrable to other large public sector organizations.

## CONCLUSION

Even with national and international policies such as the Healthy Campus Framework and Charter, plus the Okanagan Charter as a guiding principle, major challenges remain in implementing the underlying concepts and rhetoric into meaningful and sustained action within large, complex and diverse institutions like universities (Dooris *et al.*, 2020). It has long been recognized that the student experience is about more than just teaching and learning. Universities represent an

important sector in and through which to invest for public health. Campuses are macrosystems, like villages, towns and cities, that have an identity. Universities have an increasingly diverse profile, have a large workforce and are important engines for wider economic, social and cultural change. A university that advocates and promotes good health and wellbeing encourages the development of a community that works to achieve and maintain healthy behaviours. As the needs of the university community evolves so too should the goals and implementation plan for the supportive initiatives. Such programmes should complement national and international programmes and policies. Developing a *Healthy Trinity* is a testimony to how the international HPU approach and national plans such as Healthy Ireland (Department of Health, 2013) may be realized.

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