Factors influencing the implementation of the Health Promoting University initiative: experiences of Ibero-American universities

Mónica Suárez-Reyes^{1,*}, Mónica Muñoz Serrano², and Stephan Van den Broucke³

¹Escuela de Ciencias de la Actividad Física, Deporte y Salud, Universidad de Santiago de Chile, Las Sophoras 175, Estación Central, 9170020 Santiago, Chile, ²Escuela de Enfermería, Facultad de Medicina, Pontificia Universidad Católica de Chile, Av. Vicuña Mackenna 4860, 7820436 Santiago, Chile and ³Psychological Sciences Research Institute, Université Catholique de Louvain, 10 Place Cardinal Mercier, 1348 Louvain-la-Neuve, Belgium

*Corresponding author: E-mail: monica.suarez@usach.cl

Summary

The Health Promoting University (HPU) concept encourages universities to incorporate health into the university context. HPU initiatives exist worldwide, yet information on how universities translate the HPU concept into actions is scarce. This study aimed to identify the factors influencing the implementation of HPU initiatives in Ibero-American universities. Semi-structured interviews were held with seventeen representatives of universities in Ibero-America that had implemented an HPU initiative. All interviewees had been involved in the initiative and had occupied a position of responsibility for at least 1 year before the study. The interviews were carried out remotely, and the data were analyzed using an inductive approach. The main factors influencing the implementation of an HPU initiative were political support by the university authorities, coordination structure, funding, collaboration inside and outside university and participation of the university community. Among them, political support by the university authorities was considered the most important, although some initiatives succeeded without it and managed to obtain support during the implementation of the HPU concept. A better understanding of these factors would enable universities to address them to develop the HPU initiative in the best possible conditions.

Key words: healthy university, whole university, settings approach, qualitative study

INTRODUCTION

The university setting represents a valuable opportunity to promote health. Numerous universities around the world recognize this opportunity by adopting a settings approach to health promotion and pursue to become a *Health Promoting University* (HPU). The settings approach goes beyond an individual strategy to promote health, in the sense that a setting is not simply considered a place where an interested audience can be found, but as a context that in itself functions as an modifiable

determinant of health (Dooris, 2013; Kokko *et al.*, 2014). Consequently, universities that pursue a settings approach consider the physical, organizational and social context of the university as an intervention target and try to integrate health into the institutional processes (Tsouros *et al.*, 1998). In addition, they attach important value to participation, equity and sustainability as intrinsic values of health promotion.

Despite the interest of universities in the concept of HPU, little evidence exists on how universities implement the settings approach and its associated principles (Suárez-Reyes and Van den Broucke, 2016). While HPU initiatives have been implemented with different levels of accomplishment, the success of an intervention to a large extent depends on the way it is implemented (Darlington *et al.*, 2018), which in turn is influenced by the context. Different implementation profiles have been observed among the HPUs (Suárez-Reyes *et al.*, 2018). Nevertheless, the factors influencing the implementation of a health-promoting initiative have been less studies in HPU initiatives (Darlington *et al.*, 2018).

The literature on other settings (e.g. schools and hospitals) shows that the main factors influencing the implementation relate to the organizational capacity, political support, healthy policies and funding. Such factors can either facilitate or hinder the implementation of the initiative (Lee *et al.*, 2014; McIsaac *et al.*, 2017).

For the university setting, the literature regarding the factors that affect the implementation of healthpromoting initiatives is not well developed. Although universities that have implemented an HPU initiative have reported similar difficulties and opportunities as other settings (Lee, 2002; Dooris and Doherty, 2010), their nature and impact on the implementation is not well documented. One study conducted at a health faculty revealed that the main factors that facilitated the implementation of the initiative were the support by the university authorities and the value assigned to health promotion; whereas time constraints and work overload hindered the implementation (Sirakamon et al., 2011). However, as this initiative was limited to the level of a faculty, these findings cannot be generalized to conclude that the same factors apply to other faculties or to the whole university.

The HPU concept is popular in the Ibero-American region, where the Ibero-American network of HPUs gather universities from more than 10 countries (Arroyo, 2018). In Ibero-America, HPU initiatives represent an important action domain of health promotion (Arroyo-Acevedo *et al.*, 2014; Suárez-Reyes and Van den Broucke, 2016). The purpose of this network is to exchange experience so that universities can learn from

M. Suárez-Reyes et al.

versities successfully addressed them. The aim of this study was to identify and describe the factors that influence the implementation of HPU initiatives in universities of the Ibero-American region. The results of the study can help other universities to consider these factors and point the way as to how universities can address them when implementing an HPU initiative.

implementation of the HPU and to describe how the uni-

METHODS

A qualitative study was conducted using semi-structured interviews with representatives of universities that had implemented an HPU initiative. The aim was to arrive at a construction of meaning regarding the implementation of HPU initiatives and the factors that influence the implementation process, through an interactive process of questions and answers (Hernández Sampieri *et al.*, 2014).

Participants

Purposive sampling was used to recruit key informants of universities belonging to the Ibero-American HPU network. Key informants were selected who met the following criteria: (a) be directly related to the HPU initiative in the role of coordinator, director or assessor; and (b) have been in that position for at least 1 year before the study. The use of these criteria allowed to obtain information from people with the best knowledge concerning the implementation of the HPU initiative, and about any opportunities and difficulties that were faced during the process. The approach to use coordinators as key informants has also been used in studies in other settings (Lee et al., 2014). Potential interviewees were contacted in person during the Ibero-American Congress of HPU (Alicante, Spain 27-29 June 2017). The first author contacted the informants who had shown interest in participating by e-mail and scheduled an interview at convenient times. Of the 80 universities that are members of the Ibero-American HPU network. 17 representatives agreed to participate (Table 1).

Procedure

Interviews were carried out between June and September 2017 via Skype. Each interview lasted between 25 and 46 minutes, with a mean duration of 33 minutes. All of them were carried out in one single

Position	
Coordinator	11
Director	2
Other	4
Countries	
Spain	5
Latin-American countries	12
Type of University	
Public	13
Private	4

occasion. Although less used than face-to-face interviews, Skype interviews have several advantages, such as lower cost and access to participants from geographically dispersed regions (Novick, 2008; Iacono *et al.*, 2016). Notably, the loss of nonverbal information during telephone interviews (Sturges and Hanrahan, 2004) is partially solved by using videoconference (Iacono *et al.*, 2016).

The interviews focused on the perspectives, experiences and opinions of the participants regarding the HPU initiative, and were guided by a protocol based on the recommendations for semi-structured interviews (Given, 2008). The interview started with an open-ended question inquiring about the factors that influenced the implementation of the HPU in the university (Which factors do influence the implementation of the HPU initiative?). Once the interviewees identified an influential factor, they were asked about its effects and importance as follows: could you describe whether such factor has a positive or negative effect on the initiative?, could you identify the most influential factor for implementing an HPU initiative? Interviewees were encouraged to provide examples of how the factors influenced the implementation of the HPU initiative. All interviews were tape recorded and transcribed verbatim.

Ethical considerations

Before the interviews, each participant was informed about the expected impact of their involvement. Confidentiality was guaranteed for the interviews and reports based on the interviews. The right to withdraw from the interview at any time was explained. Explicit consent for participating in the interviews and permission for recording were obtained from all participants.

Data analysis

Qualitative data analysis software (Nvivo Version 11 for Mac) was used to organize and code the imported transcript interviews. The transcribed interviews were

analyzed using thematic analysis with an inductive process through which significant categories could be iteratively developed from the data (Terry et al., 2017). The first author read all interviews to know the main ideas and recurring themes mentioned by the interviewees. The coding was a collaborative process; the first and second authors independently coded the transcripts and met regularly to reach consensus. The name of the codes was assigned using labels taken from the words of participants as well as those relevant to the HPU literature. Frequent discussions were held among three authors to revise codes and definitions. The list of codes resulting from this process served as a framework for the subsequent coding of the transcripts, which was done in an adaptive way whereby codes could be fine-tuned if necessary. The information categorized under the codes represented the main factors that influenced the implementation of the initiatives. The information for each code was examined to describe the effect of the influencing factors identified. The information summary and main ideas were discussed, and quotations were used to illustrate and reflect the words of the informants. Once all data had been analyzed and all the factors identified, the relationship between the different factors was organized in a conceptual model.

RESULTS

The analysis of the interviews revealed that various factors affected the implementation of the HPU initiatives, which were named as main factors. These factors were: political support, coordination structure, funding, collaborations, and participation (Table 2 and Figure 1). These factors had either a positive or negative effect depending on whether they facilitated or hindered the implementation of the initiative. Other factors that were identified that could affect the implementation included: the political, educational and health context; a change of university authorities; the value assigned to health promotion; and the extension of the initiative (Figure 1).

Main factors Political support

A solid political support by the university authorities was considered by the interviewees as one of the most important factors that enable the implementation of an HPU initiative:

The support from the highest authority of the university represents the cornerstone for the actions we carry out to be well received by all levels of the university.

Туре	Factor	Definition
	Political support	Any recognition or support given by the authorities of the university for the implementation and development of the initiative (type of recognition, authority involved, documentation, regulation, etc.)
	Coordination structure	The way in which the initiative function organizationally considering peo- ple, services or units that participate and/or lead it.
	Funding	The existence of an economic support or resources received for the opera- tion of the HPU initiative. If such support exist, mention to who gives it, types of financing, characteristics, etc.
	Collaborations	Alliances or joint work with organizations outside and within the univer- sity and how these are developed for the implementation of the initiative (Ministries, faculties, NGOs, HPU networks, etc.)
	Participation	The form and level in which the different members of the university com- munity (students, staff and teachers) are involved and are part of the initiative.
Other factors	Political, educational and	Any factor associated with the political, educational or health context of
	health context	the institution, region or country that affects the way in which the initia- tive can be implemented.
	Change of university authorities	How the periods of administration (rector, coordinator, other) can influ- ence the way in which the initiative can be implemented in a university
	Value assigned to health	How the health promotion is addressed in the university, its importance,
	promotion	value and its relationship with the central objectives of the university (mention in the speech, inclusion of health promotion in the curriculum).
	Extension of the initiative	Mention whether the initiative covers the whole or part of the university (faculty, department, campus)

 Table 2: Factors influencing the implementation of the HPU initiative

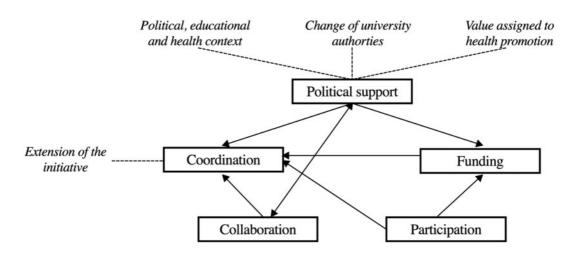


Fig. 1: Pattern of the relationship between factors influencing the implementation of an HPU.

Often, this support is expressed in a declaration or an official document:

A formal commitment given by an official document is essential for the initiative to be part of the university's institutional development project. Besides the need for such an 'officialization', all interviewees agreed that this support must be comprehensive and needs to be demonstrated by a strong involvement on the part of the authorities. It must transcend people and needs to be incorporated into the heart of the institution. When the support is only provided by a single person or a group of people without an institutional commitment, the sustainability of the initiative can be jeopardized; for example:

Authorities change every four years... without a formal commitment, how this [the HPU initiative] will work depends on the person who is in charge at that moment.

According to the interviewees, obtaining support from the university authorities is a gradual process. The key to success in securing this support is to demonstrate the value of the initiative to the authorities.

Coordination structure

According to the interviewees, a good political support for the initiative enables the creation of a stable structure in charge of the coordination of the initiative. Nevertheless, the interviewees mentioned that the initiative was coordinated by few people, and that it was seldom a stable structure. A stable structure to coordinate the initiative is important to ensure the sustainability of the initiative. For example:

The initiative has to be within the framework of a structure that allows having professionals in charge...otherwise it [the initiative] cannot last.

The interviewees agreed that the coordinating tasks should be undertaken by a multidisciplinary work team consisting of not only professionals with a background in the health area but also from various other sectors:

We are convinced that we need various points of view to address the health problems that we see at the university... thus, our team includes representatives from the areas of education, nutrition, psychology, and environment.

In the interviews, it emerged the idea that to have a better buy-in from areas whose central activity is not linked to health, the coordination structure should not be directly associated with a single service or unit, and especially not with the health service or health faculties. For example:

Disengaging [from a specific service] and being part of a higher direction allow us to cover more space of the university and in some way helps the university community to realize that it is a programme with enough formality to adhere to the activities.

Interviewees also mentioned that to ensure the stability of the coordination, it is important for the people who work on the coordination to have time set aside for the initiative. When this was not possible, the interviewees mentioned that the initiative depended on the motivation or will of collaborators, thus affecting the sustainability of the initiative:

We have professionals who specifically have hours to dedicate to the initiative. In other universities there are teachers who in their free time work on health promotion strategies... That is difficult, it is not systematic.

Funding

Exclusive funding for the operation of the HPU initiative is considered by interviewees as an enabling factor. Funding allows for better conditions to develop the initiative:

We receive financial support from the university vicechancellor... this support is essential to maintain the activities... without this support it would be very difficult to continue with the activities...

When no specific funding is made available by the university, or when the funding provided is insufficient, HPU initiatives may complement their resources by seeking additional funding from other sources or services (e.g. student affairs, sports department). However, the interviewees emphasized that such funding may be unstable due to the competition with other priorities:

To keep what we have, we are sometimes forced to take resources from something else. The important thing is to keep it, but we could not take many steps forward, right?

In some cases, the lack of resources is compensated by external contributions. Among the agencies mentioned as contributing financial resources are municipalities, private companies and competitive funds organized by the government:

I depend on the health service of the city [name of the city], they finance me... different formulas have been sought so that initiative does not disappear.

To counteract the lack of funding, some initiatives mentioned the adoption of other strategies, such as requesting a reduction of academic hours for professors who coordinate the initiative, calls for students to participate voluntarily, or the provision of scholarships for students who work on the initiative or of professional internship offers for students from all areas.

Collaboration

Collaboration, another enabler, can be in the form of teaming up between services within the university, or collaborations with agencies outside the institution and with other universities. Collaborative work among various services to support the HPU initiative can provide the necessary human resources to contribute expertise in issues related to health promotion:

I think the key is that we work with many careers and services. Each one of the disciplines involved nurtures the programmes.

Collaboration outside the institution mainly involves joining forces with other universities through HPU networks, with other institutions such as health agencies (ministries, local or regional services) and with private companies such as local food producers and medical laboratories. According to the interviewees, the main benefit of belonging to an HPU network is the possibility to exchange experiences, to get support for understanding the principles of an HPU and to share strategies and tools:

In a network, other institutions share their experiences and not only tell you how good it was but are willing to present the methodology, so you can replicate it in your institution.

According to the interviewees, joining an HPU network is easier if there is support by the university authorities. However, the reverse is also true: belonging to an HPU network can be a facilitator to seek the support of the university authorities when this support is not yet established. Collaboration with health agencies outside the university was also highly valued, although the interviewees recognized that such collaborations are mainly focusing on specific issues and do not help to build the sustainability of the HPU initiative over time:

There is an itinerant stand that comes from the regional health service. They go through the faculties giving information about life habits and risk factors, for example, but it is for that activity on that specific day, and that is all.

Most interviewees agreed that health and education authorities should assume responsibility for the development of the HPU initiative. A formal commitment to the HPU initiative by the Ministry of Health, the Ministry of Education or an equivalent organization is only seen in a few countries.

Participation

Most of the interviewees reported that they encourage the participation of the entire university community in the HPU initiative. Many interviewees recognize that, at the beginning, the initiative was mainly focused on students. Nevertheless, more options to incorporate academic and nonacademic staff in different ways have been opened.

The main way for students to participate was consultation through health surveys, needs analysis, and attendance to activities related to the HPU initiative. Projects of student volunteering around health themes was another way for student to participate, for example, peer education on sexual health or drug misuse. However, one limitation with this type of participation is to maintain a continuity when students graduate and need to be replaced. Another possibility of participation for students is through the offer of scholarships and professional practices from all areas.

Regarding the academic staff, interviewees said that they could be encouraged to participate in the HPU initiative by incorporating health promotion topics in the study programs. Professors involved in courses related to health are more sensitive to this possibility. Some interviewees mentioned that, sometimes, it is difficult to counter the promotion of unhealthy habits, especially by professors whose specialty is unrelated to health:

Some teachers of certain faculties are very demanding, and they often encourage students to stay awake and study at night before taking the exams.

Regarding the participation of nonacademic staff, it was mentioned that this was mainly passive limited to attending certain activities or being consulted about their needs or opinions. Interviewees recognized that the group of nonacademic staff was not very involved in the design or implementation of the HPU initiative.

Other factors

According to the interviewees, there exist other factors that could affect the implementation of an HPU initiative such as political, educational and health context; change of university authorities; importance that is assigned to health promotion; and extension of the initiative, that should be also considered (Figure 1).

The *political, educational and health context* could have an effect on the political support that is given to the HPU initiative by the university authorities. As such, a strong health promotion policy at the local, regional or national level is considered to be an enabling factor that can push universities authorities to strengthen health promotion within the institution. In contrast, a *change of the university authorities* can jeopardize the sustainability of an HPU initiative, especially when the initiative is not formally incorporated into the institution's structure. Indeed, some interviewees admitted that the re-election of the vice-chancellor or rector can be 'a relief', as it allows the work on the initiative to be maintained without disruptions. A high *importance assigned to health promotion* by the university authorities could be another factor that affects the support to an HPU initiative; this motivates the people who coordinate the initiate and recognizes the importance of working to promote health in the university setting.

The *extension of the HPU initiative* refers to the geographic distribution of the university buildings. Thus, universities can have their faculties, units and services on either the same campus or spread across different locations in a city or region. Interviewees whose university operated on a single campus considered this as an advantage. The implementation of the initiative across multiple campuses can carry logistic and practical issues that affect its coordination.

DISCUSSION

Main factors influencing the implementation of HPU initiatives

Political support is one of the most important factors, if not the most important, for the implementation of an HPU initiative, as it is also for other health-promoting initiatives (International Union for Health Promotion and Education (IUHPE), 2009; Lee et al., 2014; Gaviria Mendez, 2015). Nevertheless, many HPU initiatives are launched without this support. Sometimes, political support from the university authorities may need time to take root, and it could be strengthened when the first signals of positive influences become visible (Kokko et al., 2014). The literature about health-promoting settings has described some strategies or conditions to make this political support sustainable. The alignment with local or national health promotion policies has been suggested to be a good support for the implementation of a health-promoting initiative (McIsaac et al., 2017). Other efforts such as an agreed-upon implementation policy, the formal and public commitment of authorities, and the creation of a coordination structure must also be considered (Sirakamon et al., 2011; Röthlin et al., 2015).

One way to make political support sustainable is through the creation of a *stable structure for the coordination* of the initiative. This refers to an organizational structure made up of people whose role in coordinating the initiative is recognized within their work or academic tasks. As for health promotion in other settings, it is necessary that the people who are tasked with the coordination of an HPU initiative have time to dedicate to the initiative within their work schedule (Röthlin *et al.*, 2015). If not enough time is provided, this may result in a work overload that adversely affects the development of the initiative and the well-being of the people involved (Sirakamon *et al.*, 2011). Coordinators who have designated time to work on the HPU initiative are also more likely to have executive power and direct control over the implementation process (Lee *et al.*, 2014).

It is also important that the working group that coordinates the initiative has a multidisciplinary composition (Orme et al., 2007). Although in most cases those who are the most motivated to participate in an HPU initiative are people with a background in (public) health or related disciplines, experts from others areas have a lot to contribute as well. The best case-scenario is an HPU initiative coordinated by a multidisciplinary team with a leader trained in public health (Lee et al., 2014), and who has the background and tools to implement a health promotion initiative using a settings approach. According to literature in HPUs, it is necessary to promote the idea that an HPU initiative seeks more than just people's health. Rather, an HPU initiative can address many social and environmental interventions that contribute to the well-being of people, the university and even the planet. To accomplish this, the contribution of all sectors is required (Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015). It is also necessary to consider that the core business of the university relates to learning and teaching. Therefore, explicitly stating how health promotion positively affects the academic performance can attract collaborators from areas other than health (Torp et al., 2014).

Other critical factor for the implementation of the HPU initiative is to have sufficient funding for the initiative. As has been reported for health-promoting initiatives in other settings (Lee et al., 2014), a lack of financial resources is a barrier for the implementation of an HPU initiative, and often accompanies an absence of political support (Sarmiento, 2017). Along with the creation of a stable coordination, providing funding is a strong demonstration of the political support from the university authorities. Securing financial support from the university is usually a gradual process, whereby the authorities must be convinced of the value of the initiative. Since convincing the university authorities that health promotion and academic performance are intimately related can be a major challenge (Dooris et al., 2017), seeking financial resources outside the university can be an alternative. However, while it may provide a temporary relief for the initiative, it should not be seen as a long-term solution. On the other hand, volunteer work, scholarships and student internships can

compensate for the lack resources that are required for the coordination and implementation of an HPU initiative or to strengthen the team. Volunteering has the additional benefit of providing benefits for students, such as the development of skills and expanding their experiences. As such, it can be a strategy that benefits both the HPU and the students (Williamson *et al.*, 2017).

Another factor that enables the development of an HPU initiative is *collaboration*. Collaborations can occur between services within the university, with other universities or with organizations outside the university. One of the most interesting reasons for establishing collaborations within the university is that it partly compensates for a lack of resources, since a university disposes of human resources from a range of disciplines that can contribute to the initiative. The main challenge, as previously mentioned, is to convince people from disciplines other than health to participate in the initiative.

The collaboration with other universities in HPU networks is also a factor that enable the implementation of the initiative. Networking is not only a tool to disseminate health promotion (Dietscher, 2017), it also provides opportunities to exchange experiences and improve the understanding of the principles that guide an HPU. As such, it has the potential to improve the implementation of HPU initiatives (Gräser *et al.*, 2011). Interestingly, joining an HPU network before having the political support of the institution can actually contribute to obtaining that support, as has been observed in universities in various countries (Stock *et al.*, 2010). For universities that still struggle to obtain political support joining a network may therefore be a good first step.

Collaborations with government agencies such as the Ministry of Education or the Ministry of Health are also important; however, they are often limited to specific and short-term activities. External agencies are seldom formally committed to HPU initiatives. More sustainable forms of collaboration would be, for instance, to have the Ministry of Health offer a system of accompaniment to universities, so as to ensure that health promotion is an essential element of their work. This could be done by including health-related initiatives in the accreditation schemes for universities (Red Nacional de Universidades Promotoras de la Salud, 2013). Collaborations with organizations outside the university are important because people live their lives moving between different settings. Many health issues that are addressed at the university may have their origin or effect in another setting such as home or cities, so all settings should prioritize networking to improve the health

M. Suárez-Reyes et al.

of the population (Dooris, 2013). Such coordinated work between settings has been labeled the 'super-settings approach' (Bloch *et al.*, 2014). It could be a way to address a major challenge of the settings approach, namely to foster joint work between different stakeholders and develop health action across a wide range of interests (Dooris, 2004).

Participation is one of the most important principles of the settings approach (Ader et al., 2001). Although the participation of all members of the university should be the objective of an HPU initiative, the most outstanding participation is that by students. It can take place through consultation in discussion groups or health needs analysis (Meier et al., 2007; Becerra Heraud, 2013; Holt et al., 2015), which are useful to know the opinions and needs of those involved and to address them appropriately (Suárez-Reyes and Van den Broucke, 2016). In contrast, it is also essential to ensure the participation of academic and nonacademic staff. According to the interviewees in the present study, one way in which academic staff participated in the HPU initiative was by incorporating health-related topics into their courses. This type of participation agrees with previous reports (Duarte-Cuervo, 2015; Holt et al., 2015). The challenge is to incorporate health promotion topics in careers unrelated to health, and to incorporate topics that influence health (e.g. economy or environment) in health careers (Lencucha and Mohindra, 2014; Ruano-Casado and Ballestar-Tarín, 2015). Regarding the participation of nonacademic staff, the interviewees in the present study mentioned that this was limited to the attendance at certain activities, but without further involvement. The HPU initiative contemplates the participation of all, so the involvement of nonacademic staff should be encouraged. Participation of nonacademic staff would have positive effects on the work experience and the well-being of the university community in general (Innstrand and Christensen, 2020).

Most forms of participation that the interviewees mentioned are limited to low or intermediate levels of participation. This means that people involved have little or no decision-making power over the initiative (Arnstein, 1969; Davidson, 1998). Higher levels of participation, which correspond to a real engagement of people by having decision-making power (Heritage and Dooris, 2009), were seldom reported by informants in our study. Generating opportunities to participate at a high level is a challenge that has been previously reported (Dooris, 2002). This is important because when people have power on the decisions, they notice that their needs and opinions are met, thus feeling that the initiative benefits them. This may generate a virtuous circle by motivating them to participate in the HPU initiatives (Davies and Hall, 2011; Duarte-Cuervo, 2015).

Other factors that could affect the implementation of an HPU initiative

According to the other factors that could affect the implementation of an HPU initiative, the interviewees mentioned the political, educational and health context; change of university authorities; importance that is assigned to health promotion; and extension of the initiative. Political support was identified as one of the most important main factors for HPU initiatives. This political support could be affected by other factors, including the political, educational and health context; changes of the university authorities, and the value assigned to health promotion. These other factors, especially those related to structural issues (e.g. regulatory or legislative) have been previously recognized as having a major impact on the development of a health promotion initiatives (Bloch et al., 2014). These other factors can have either a positive or negative effect on the development of health-promoting initiatives and should thus be accounted during the planning and implementation. Although the importance of a national health promotion policy is evident (Sirakamon et al., 2011; Dietscher, 2017), its importance within the scope of this study is limited to an effect on the political support given by the institution.

With regard to the educational context, reforms in different Ibero-American countries have led to an increased university enrollment of students from lowincome sectors in Latin America (Avitabile, 2017). The same situation has been reported in European countries (Dooris *et al.*, 2017) and Australia (Taylor *et al.*, 2018). This situation has a dual effect: on the one hand, it can hinder the implementation of HPU initiatives due to strained resources of universities; on the other hand, it makes health promotion strategies and the reduction of health inequalities in the university more important and necessary than ever (Nutbeam, 1986; Cabieses *et al.*, 2011).

Of note, the value that is assigned to health promotion by the university authorities could have an effect on obtaining political support. If the authorities do not value health promotion, it is very difficult to proceed in a setting based way (Kokko *et al.*, 2014).

Finally, the extension of the HPU initiative can affect the *coordination* of the initiative. Interviewees whose university operated on a single campus considered this as an advantage. A need to implement the initiative across multiple campuses can indeed bring about logistic and practical problems. However, representatives of those universities that have advanced the most with the implementation of HPU believed that the difficulties related to having different campuses can be overcome with time, through the growing support of the authorities and the university community. More research is required to describe the implications of all these other factors identified in this study and how they could be considered in decision-making.

Strengths and limitations

The main strength of this study is to be, to the best of our knowledge, the first to investigate the factors influencing the implementation of the HPU concept. However, the study is not extent of limitations. First, the interviewees were the only people who held a position of responsibility in HPU initiatives; future studies should include the vision and experience of other stakeholders such as students, academic and nonacademic staff. Second, the interviews were conducted by videoconference; face-to-face interviews would probably allow a deeper understanding of the implementation of the HPU concept and the influencing factors.

CONCLUSION

The results of this study on the factors influencing the implementation of HPU initiatives in Ibero-American countries suggest that the support from the university authorities is a primordial factor. This political support, or the lack thereof, will have an impact on the other factors, including coordination structure, funding, collaborations and participation. However, universities that do not have this support initially can try to foster it by highlighting the positive effects of an HPU initiative when they become apparent. The political support that is thus obtained can then facilitates the processes that are necessary for the initiative to become effective and sustainable. Other factors related to the context should be considered during the planning and implementation of the HPU initiative.

ACKNOWLEDGMENTS

We thank all coordinators of HPU initiatives who participated in this study.

FUNDING

M.S.R. was supported by the Comisión Nacional de Investigación Científica y Tecnológica, Chile (CONICYT). This study was part of a Ph.D. thesis conducted in the Université Catholique de Louvain, Belgium.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interests.

REFERENCES

- Ader, M., Berensson, K., Carlsson, P., Granath, M. and Urwitz, V. (2001) Quality indicators for health promotion programmes. *Health Promotion International*, 16, 187–195.
- Arnstein, S. R. (1969) A ladder of citizen participation. Journal of the American Planning Association, 35, 216–224.
- Arroyo-Acevedo, H., Duran Landazabal, G. and Gallardo Pino, C. (2014) Diez años del movimiento de universidades promotoras de la salud en iberoamerica y la contribucion de la Red Iberoamericana de Universidades Promotoras de la Salud (RIUPS). *Global Health Promotion*, 22, 64–68.
- Arroyo, H. V. (2018) El movimiento de universidades promotoras de la salud. *Revista Brasileira Em Promoção Da Saúde*, 31, 1–4.
- Avitabile, C. (2017) The rapid expansion of higher education in the new century. In Ferreyra, M. M., Avitabile, C., Botero Álvarez, J., Haimovich Paz, F., and Urzúa, S. At a Crossroads: Higher Education in Latin America and the Caribbean. World Bank, Washington, DC, 115–148.
- Becerra Heraud, S. (2013) Universidades saludables: una apuesta a una formación integral del estudiante. *Revista de Psicología*, 31, 287–314.
- Bloch, P., Toft, U., Reinbach, H. C., Clausen, L. T., Mikkelsen, B. E., Poulsen, K. *et al.* (2014) Revitalizing the setting approach—supersettings for sustainable impact in community health promotion. *International Journal of Behavioral Nutrition and Physical Activity*, 11, 1–15.
- Cabieses, B., Rice, M., Muñoz, M. and Zuzulich, M. (2011) Igualdad y equidad: pasos necesarios para construir una universidad más saludable. *Revista Facultad Nacional de Salud Pública of Universidad de Antioquia*, 29, 308–319.
- Darlington, E. J., Violon, N. and Jourdan, D. (2018) Implementation of health promotion programmes in schools: an approach to understand the influence of contextual factors on the process? *BMC Public Health*, 18, 1–17.
- Davidson, S. (1998) Spinning the wheel of Empowerment. Planning, 1262, 14–15.
- Davies, J. K. and Hall, C. (2011) Establishing the University of Brighton as a Health Promoting University: Executive Summary. https://www.brighton.ac.uk/_pdf/research/hpu-fi nal-report.pdf.
- Dietscher, C. (2017) How can the functioning and effectiveness of networks in the settings approach of health promotion be

understood, achieved and researched? *Health Promotion International*, **32**, 139–148.

- Dooris, M. (2002) The Health Promoting University: opportunities, challenges and future developments. *Promotion & Education*, 9(1 suppl), 20–24.
- Dooris, M. (2013) Expert voices for change: bridging the silos-towards healthy and sustainable settings for the 21st century. *Health & Place*, 20, 39-50.
- Dooris, M., Doherty, S. and Orme, J. (2017) The application of salutogenesis in universities. In Mittelmark M. B., Sagy S., Eriksson M., Bauer G. F., Pelikan J. M., Lindström B., & Espnes G. A. (Eds.), *The Handbook of Salutogenesis*. Cham: Springer.
- Dooris, M. and Doherty, S. (2010) Healthy Universities: current activity and future directions—findings and reflections from a national-level qualitative research study. *Global Health Promotion*, 17, 6–16.
- Dooris, M. (2004) Joining up settings for health: a valuable investment for strategic partnerships? *Critical Public Health*, 14, 49–61.
- Duarte-Cuervo, C. Y. (2015) Comprensión e Implementación de la Promoción de la Salud en Instituciones de Educación Superior en Colombia [The understanding and implementation of health promotion at higher institution in Colombia]. *Revista de Salud Publica*, 17, 899–911.
- Gaviria Mendez, A. E. (2015) La Universidad de Antioquia como institución promotora de la salud (Medellín, Colombia, 2010-2013). Investigación En Enfermería: Imagen y Desarrollo, 18, 13.
- Given, L. (2008) The SAGE Encyclopedia of Qualitative Research Methods. London: Sage.
- Gräser, S., Hesse, J. and Hartmann, T. (2011) German Network Health Promoting Universities. Health Promoting Universities Activities. *Prävention und Gesundheitsförderung*, 1–5.
- Heritage, Z. and Dooris, M. (2009) Community participation and empowerment in Healthy Cities. *Health Promotion International*, 24(Supplement 1), i45-i55.
- Hernández Sampieri, R., Fernández Collado, C. and Baptista Lucio, P. (2014) Metodología de la Investigación (6th ed.). New York, NY: McGraw-Hill Education.
- Holt, M., Monk, R., Powell, S. and Dooris, M. (2015) Student perceptions of a healthy university. *Public Health*, **129**, 674–683.
- Iacono, V. L., Symonds, P. and Brown, D. H. K. (2016) Skype as a tool for qualitative research interviews. *Sociological Research Online*, 21, 1–15.
- Innstrand, S. T. and Christensen, M. (2020) Healthy Universities. The development and implementation of a holistic health promotion intervention programme especially adapted for staff working in the higher educational sector: the ARK study. *Global Health Promotion*, 27, 68–76.
- International Union for Health Promotion and Education (IUHPE). (2009). Achieving health promoting schools: guidelines for promoting health in schools. http://www. iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/HPS Guidelines_ENG.pdf.
- Kokko, S., Green, L. W. and Kannas, L. (2014) A review of settings-based health promotion with applications to sports clubs. *Health Promotion International*, 29, 494–509.

- Lee, C. B., Chen, M. S. and Wang, Y. W. (2014) Barriers to and facilitators of the implementation of health promoting hospitals in Taiwan: a top-down movement in need of ground support. *The International Journal of Health Planning and Management*, 29, 197–213.
- Lee, S. (2002) Health promoting university initiative in Hong Kong. *Promotion & Education*, Suppl 1, 15.
- Lencucha, R. and Mohindra, K. (2014) A snapshot of global health education at North American universities. *Global Health Promotion*, 21, 63–67.
- McIsaac, J.-L. D., Read, K., Veugelers, P. J. and Kirk, S. F. L. (2017) Culture matters: a case of school health promotion in Canada. *Health Promotion International*, **32**, 207–217.
- Meier, S., Stock, C. and Krämer, A. (2007) The contribution of health discussion groups with students to campus health promotion. *Health Promotion International*, 22, 28–36.
- Novick, G. (2008) Is there a bias against telephone interviews in qualitative research? *Research in Nursing & Health*, **31**, 391–398. https://doi.org/10.1002/nur.20259
- Nutbeam, D. (1986) Health promotion glossary. Health Promotion International, 1, 113–127.
- Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015). International Conference on Health Promoting Universities & Colleges, Kelowna, BC.
- Orme, J., de Viggiani, N., Naidoo, J. and Knight, T. (2007) Missed opportunities? Locating health promotion within multidisciplinary public health. *Public Health*, **121**, 414–419.
- Red Nacional de Universidades Promotoras de la Salud (2013). Guía para la autoevaluación y reconocimiento de instituciones de educación superior promotoras de la salud. https:// deportes.utem.cl/wp-content/uploads/2016/11/09-Guía-parala-Autoevaluación-y-Reconocimiento-de-Instituciones-de-Educación-Superior-Promotoras-de-la-Salud-Red-Chilenade-Universidades-Promotoras-de-la-Salud.pdf.
- Röthlin, F., Schmied, H. and Dietscher, C. (2015) Organizational capacities for health promotion implementation: results from an international hospital study. *Health Promotion International*, 30, 369–379.
- Ruano-Casado, L. and Ballestar-Tarín, M. L. (2015) Incorporación de la promoción y educación para la salud en los planes de estudio de grado en Ciencias de la Salud de la

Universitat de València. *Revista de la Fundación Educación Médica*, 18, 149–153.

- Sarmiento, J. P. (2017) Healthy universities: mapping health-promotion interventions. *Health Education*, 117, 162–175.
- Sirakamon, S., Chontawan, R., Akkadechanun, T. and Turale, S. (2011) Factors influencing the development of a Thai health-promoting faculty of nursing: an ethnographic exploration. Nursing & Health Sciences, 13, 447–456.
- Stock, C., Milz, S. and Meier, S. (2010) Network evaluation: principles, structures and outcomes of the German working group of Health Promoting Universities. *Global Health Promotion*, 17, 25–32.
- Sturges, J. E. and Hanrahan, K. J. (2004) Comparing telephone and face-to-face qualitative interviewing: a research note. *Qualitative Research*, 4, 107–118.
- Suárez-Reyes, M., Muñoz Serrano, M. and Van den Broucke, S. (2018) How do universities implement the Health Promoting University concept? *Health Promotion International*, 34, 1014–1024.
- Suárez-Reyes, M. and Van den Broucke, S. (2016) Implementing the Health Promoting University approach in culturally different contexts: a systematic review. *Global Health Promotion*, 23, 46–56.
- Taylor, P., Saheb, R. and Howse, E. (2018) Creating healthier graduates, campuses and communities: why Australia needs to invest in health promoting universities. *Health Promotion Journal of Australia*, 30, 285–289.
- Terry, G., Hayfield, N., Clarke, V., Braun, V., Terrynikki, G. and Clarkevirginia Braun, H. (2017) Thematic analysis. In Willigs C. and Rogers W. S., eds. *The SAGE Handbook of Qualitative Research in Psychology*. London: Sage, 17–36.
- Torp, S., Kokko, S. and Ringsberg, K. C. (2014) Promoting health in everyday settings: opportunities and challenges. *Scandinavian Journal of Public Health*, 42(Suppl 15), 3–6.
- Tsouros, A. D., Dowding, G., Thomson, J. and Dooris, M. (1998) *Health Promoting Universities. Concept, Experience* and Framework for Action. WHO Regional Office for Europe, Copenhagen. (Vol. 27).
- Williamson, I., Wildbur, D., Bell, K., Tanner, J. and Matthews, H. (2017) Benefits to University Students Through Volunteering in a Health Context: a New Model. *British Journal of Educational Studies*, 66, 1–20.