Policy related to health promotion at Chiang Mai University: Administrator views

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Abstract

Objective A descriptive study was conducted to explore the health promotion characteristics of Chiang Mai University (CMU) in five action means: building healthy public policy, creating supportive environment, strengthening community action, developing personal skills, and reorienting health services.

Methods All participants were powerful administrators at CMU. A semi-structured in-depth interview using an interview guide developed for this research obtained data from 8 informants. Data were collected during April-June, 2004 and were analyzed using deductive content analysis.

Results Health promotion actions were discovered under the five action means of the Ottawa Charter. The majority of the data were assigned to the theme of ‘building a healthy public policy’, which related to the physical environment, sport and recreation, and management. This manuscript is a report of the findings related to the first action means. Most of the data were under ‘the physical environment, which related to physical environment management and its improvement. ‘Sport and recreation policy’ encompassed policies promoting sport and recreation projects or activities for personnel and students, and policies to establish, provide, or improve the facilities needed for sport and recreation. Three categories in support of ‘management’ included change management, financial management, and regulations that support health.

Conclusion CMU has developed a number of innovative policies that are promoting health implicitly for its population, even though its policy is not explicit about health promotion. The evidence at this university demonstrates its policies aligned with the first action means of the Ottawa Charter. Nonetheless, these policies require further development. Results of the study provide baseline data for future studies and evaluation.

Keywords: Health promoting university, health promotion, health promotion actions, settings-based
Good health is an important dimension of quality of life, and a resource for social, economic and personal development. Population health is a crucial goal of a health policy. To attain that goal, the World Health Organization (WHO) has set health promotion as an essential strategy, but health cannot be ensured by the health sector alone, and demands coordinated action by all sectors of society.\(^{(1,2)}\)

Universities are potential locations for enhancing population health. The intellectual capacities, skills, authority, and credibility of universities help to fulfill this purpose. The university that becomes involved in health promotion can improve its public image, profile, student welfare, and working and living conditions.\(^{(3)}\)

Chiang Mai University (CMU), which is the first and largest university in northern Thailand, has an excellent opportunity to create a healthy setting for its 26,279 students\(^{(4)}\) and 10,664 personnel.\(^{(5,6)}\) Some problems regarding health and healthy behavior need to be addressed. Although studies revealed that the health behavior of students at CMU was at a good level,\(^{(7,8)}\) relevant activities required consideration, such as yearly physical examinations, sources of information and advice about health, participation in exercise programs, consumption behavior (coffee, tea, stimulating beverages or alcohol, fast-food and especially flour, sugar, and fat),\(^{(7)}\) and helmet use while riding motorcycles.\(^{(8)}\) In addition, unpublished data collected by the emergency unit of Maharaj Nakorn Chiang Mai Hospital from 1998 to 2002 indicated that although motorcycles were prohibited for first year baccalaureate students who lived in the campus in 1998, and for all four levels in 2000,\(^{(9)}\) a significant number of motorcycle accidents and head injuries still occurred. The data showed that the annual rates of motorcycle accidents were 95, 63, 90, 61, and 35 cases and, with head injuries, 12, 8, 15, 20, and 8 cases in 1998, 1999, 2000, 2001, and 2002, respectively.\(^{(10)}\)

Khuansuwan found problems with food sanitation in student dormitories at CMU such as inappropriate cleaning techniques and personal sanitation, failure to use netting to prevent contamination of food by insects or animals, and incidents of dogs and cats living in eating areas.\(^{(11)}\) These findings indicated serious problems in both the environment and health behavior which could be improved through health education and health promotion.

Few studies have examined health and the healthy behavior of personnel. Sirakamon revealed that health promoting behavior of instructors in the Faculty of Nursing was only at an average level, and responsibility for health, especially, was at a low level.\(^{(12)}\) A few sources addressing student and staff health showed that universities need to promote health. If universities are concerned about the health of their population they should take the responsibility of identifying and responding appropriately to specific health needs.\(^{(3)}\)

In theory, development of a university as a health promoting setting should be based on its culture, structure, management systems, and processes,\(^{(13)}\) but few data sources were identified. The purpose of this study was to examine health promotion actions at CMU to determine its potential for becoming a health promoting university. Research was conducted with university administrators who, as policy makers, were responsible for establishing policies that would be the starting point for developing a health-promoting university. As prior evidence regarding this topic was not readily available, qualitative methods for collecting data were utilized by interviewing university administrators, who were the most appropriate informants.
A powerful concept, ‘the health promoting university,’ emerged from the notion of settings-based health promotion. The root of health promotion in the university must be embedded in university structures and processes.¹⁴ Health promoting universities do more than educate or promote the health of students and staff; they integrate health into their culture, processes, and policies.¹⁵ The Ottawa Charter was a catalyst for shifting health promotion towards the environment and settings. The Charter adopted a five-fold focus: building a healthy public policy, creating an environment supportive to health, strengthening community action, developing personal skills, and reorienting health services.¹,² The first action means, ‘building a healthy public policy’, is very important, as public policy can provide people with opportunities for good health.¹⁶ To develop university policies and plans committed to health is also very significant, as a university’s plans and policies can help to protect health or promote the wellbeing of its members and even the people in a wider community.¹⁴

Objectives

From the perspective of the participants of university administrators, the following objectives were identified for the study: (1) to explore the CMU healthy public policy, (2) to explore the CMU physical and social environment, supportive to health, (3) to explore strengthening community actions at CMU, (4) to explore CMU activities to develop the personal skills of staff and students, and (5) to explore the reorienting of health services at CMU. These were the findings related to the first objective of exploring the CMU healthy public policy.

Method

A descriptive study design was used to examine health promotion actions at CMU. Data were collected from April, 2004 to June 30, 2004. Deductive reasoning was used to identify the five action means of the Ottawa Charter.

Sample

Eight CMU administrators formed the sample using different sampling methods. Six participants were chosen by purposive sampling based on their responsibilities and known activities in the area of health promotion. These included a Dean from one of the three major groups of faculties at CMU. Because the researchers had no prior knowledge of the health promoting activities in the other two groups, the researchers chose a name at random from each one. The sample included a Vice President, two Assistant Presidents, two Deans, one Dean’s representative, one Director, and one of the Coordinators initiating health promotion activities among health science faculties.

Instruments

The researchers developed an interview guide for semi-structured in-depth interviews. The guide addressed the five action means of the Ottawa Charter. Two expert reviewers in administration, health promotion, and/or health policy criticised the guide against the action means of the Ottawa Charter. No politically sensitive questions were identified. The researchers revised some items in accordance with reviewer responses, and pre-tested the guide with one individual in a Health Science Faculty.

Data collection procedure

Ethical considerations. The Human Research Committee of the Faculty of Nurs-
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At CMU approved the proposal. Informed consent was obtained; three preferred to give just verbal consent. Only the interviewer and research supervisor knew the identities of the participants. Interviews took place in a confidential location preferred by the participant. All interview data and signed consents will be kept for five years in a safe. Confidentiality is ensured by permitting only the researchers to access the raw data. This was a minimal risk research study and no participant appeared disturbed by the interview questions. Aggregate data were reported and quotations only used if not indicating the identity of the participant.

Participants were interviewed using the guide and allowed to freely express their perspectives. Interviews lasted from 30 minutes to 2 hours and were recorded with the participant’s permission. Either the interviewer or the assistants transcribed the tapes; the interviewer checked transcriptions against tapes for accuracy.

Data analysis

Data were analyzed using deductive content analysis.\(^{(17)}\) The transcribed text was analyzed by segment throughout. At times, key words were identified in the segments and separated out. Segments or key words were assigned to the appropriate themes under the action means of the Ottawa Charter. All segments and words assigned were exclusive to each particular action means. The data were presented for the first action means (building a healthy public policy). Results for the remaining four action means were addressed in a manuscript under development.\(^{(18)}\) Verification, mechanism was used during the research process to ensure that scholarly rigour was employed. Strategies included: the use of methodological coherence, selection of appropriate informants, clarification of informant intent during the interviews, and confirmation of data collected against published documentation. In addition, the findings will be triangulated with other data sources (student and personnel perspectives) in two other studies (under analyses).

Results

Using the Ottawa Charter as a framework, the researchers discovered health promotion actions at CMU in all five action means. Presented here are the data that were congruent with the action means of building healthy public policy. Three themes were discovered in the data: policy related to the physical environment, policy related to sports and recreation, and policy related to management.

1. Policy related to physical environment. This theme was created from comments expressed most frequently by participants. Two sub-themes supported this theme: physical environment management and improvement of physical environment management.

1.1 Physical environment management. This sub-theme contains five categories: establishing a ‘Green & Clean’ campus; promoting sustainable energy conservation; creating a safe environment; creating ‘the healthy living university’; and planning for the use of land in the University.

1.1.1 ‘Green & Clean’ campus policy. This policy is under development. It includes the following:

1) Clean campus. To be a clean campus, there were 2 core actions: one limiting exhaust from cars and motorcycles, the other addressing garbage management. To reduce exhaust, motor vehicles were limited
Policy related towards health promotion

Motor vehicles were restricted by limiting the number and use of motorcycles (as well as cars) in the CMU campus. All vehicles attempting to enter the university were scrutinized. Regulations were established regarding the closure and opening times of the university gates and the entry of commercial vehicles. To establish alternatives for transportation, strategies included three major actions: university-transportation management; promotion of walking to class; and promotion of bicycle use. Transportation management at CMU emphasized the use of electric cars, and walking to class was encouraged in three ways: a walkway, a covered passage, and a silent zone (also used for noise reduction). To promote bicycle use, CMU had not only raised a bicycle campaign, but it also provided bicycles for students to borrow on campus.

Garbage management to promote a clean campus was put into effect in two ways: breaking up garbage before disposal, and especially, prohibiting garbage burning. Also, to ensure a clean campus, workers swept the grounds and dispose of garbage every morning. Prohibition of alcohol consumption on campus also promoted a cleaner campus by reducing garbage left by drunkards, in particular, broken glass.

...After establishing this regulation (prohibiting alcohol consumption), the university’s areas will be cleaner. Previously, some groups drank together over night... and in the morning a lot of rubbish, glasses, and bottles were littered around that area...

2) Green campus. Two major policies promoted a green campus. One was a policy of environmental protection; the other a policy to create green areas. A regulation to prohibit cutting of university trees was established, and a committee formed to be responsible for the surface area used at the university. One faculty made a strong commitment by having an explicit policy to conserve the natural environment around the campus. It committed to the regulation of prohibiting trees cutting and set punishments for anyone who breaks the regulation.

...At the start of constructing this building, we clearly stated that the construction must impact the trees as little as possible... If the contractor destroys a tree, he will be fined 200,000 baht. We have a policy to keep a green environment around our area...

The policy to create green areas was implemented through landscape gardening projects at the university and planting trees around the campus. One project gave every new student the opportunity to plant and nurture a tree. The faculty involved has a tradition of students planting a tree at the end of each school year.

A CMU administrator reported;

...For a green campus, we try to grow green plants, but sometimes colorful types as well. Some depend on the season. This is spirituality, and it makes people healthy.

And a Dean representative reported;

...Before finishing each level, students in each year will plant their trees around our building, one tree for each...

1.1.2 Sustainable energy conservation. The second category of physical environment management is sustainable energy conservation. The main purpose of this policy was to ensure that all projects reduced their use of energy such as oil, gas, electricity, and water. Two major projects include the ‘CMU-DIV2’ project and the ‘Saving Energy’ project. Another strategy, building design, has
been planned for future energy conservation.

...We have projects to save every kind of energy. These projects were generated to reduce energy and electricity utilization, as well as create an environment for encouragement...Next, building design needs to consider saving energy. Every time we construct buildings we need to first match Lanna design and, second, design to save energy...

1.1.3 Creating a safe environment. The third category of physical environment management was creating a safe environment, which has been achieved in three major areas: safety in traffic; safety in handling toxic chemical substances; and security of life and property. Actions to establish traffic safety comprise creating traffic lights, setting solar cell road markers, improving roads around the campus, and reducing motor vehicle use. Generating safety in toxic chemical substance handling was undertaken by the university as a whole, and each faculty separately. The university was responsible for managing chlorine substances used and waste water treatment. The faculties were each responsible for managing toxic or inflammable substances. For security of life and property, the most important activity is providing illumination, especially in high risk areas. The Dean of one Faculty stated that;

..In the night, at risky places, providing light must be a concern...

Another one stated.

.. We have placed the lights and the students can walk around in safety..

1.1.4 Healthy living university. The fourth category of physical environment management involved promoting healthier living accommodation. The “Healthy living university” was a project mentioned. It involved the idea of “financial sharing” and “collaboration” between the university and its residents.

...To promote health and a quality of life for them (personnel), it (the university) has to have a budget for arrangements, while the finances for this aspect are reduced continually. It is necessary to have collaboration between the university and residents.... The University provides the landscape and finances for investment and subsidizes some portion, while residents have to pay rent at a special rate...This project is ongoing..

and...The collaboration will help them (student personnel) to be satisfied and develop a sense of belonging in living in university accommodation...

In addition, the university sought other financial resources for extending accommodation projects. The Dormitory “40 years” was being constructed at that time to house 1,000 students.

1.1.5 Planning for land use. The last category of physical environment management was establishing a master plan for land use at CMU. Zoning and holism were crucial strategies employed as initiatives. Building in a horizontal line was limited, while building vertically would be promoted. Construction of accommodation was designed to unite several disciplines. In the future, one building might house personnel from several faculties.

1.2 Improvement of physical environment management. Improvement of physical environment management was a way to establish the quality management process in the Department of Welfare. To reach management standards, quality management processes of ISO 9001 were operationalized and accomplished in early 2004. Quality improvement has been extended to achieve the
standard of ISO 14000, which is specific to environment management.

...It is necessary to have a standard of management...On February 3 (2004), the Department of Welfare was accredited on ISO 9001, 2000 version...and it has to continue its direction to achieve the standard of ISO 14000, which involves the environment management...

2. **Sport and recreation policy.** Policies related to sport and recreation had two elements. First, policies promoting sport and recreation projects or activities for personnel and students included competition and health. Second, policies were written to establish, provide, or improve the facilities needed for sport and recreation such as playing fields, a sports stadium, and sports equipment. Projects for recreation include Karaoke in the dormitories, the choice of one entertainment by every first year student (1 person, 1 entertainment), Fridays for leisure activities, and more.

...Every time we establish a policy, we are concerned about health. We emphasize caring about health, and promotion of sport... We have tried to promote sport very much... We have the" one student one sport” project (a student chooses one sport to play)...

3. **Management policy.** The last theme that emerges under “building a healthy public policy” is management. Three categories in support of this theme are: change management, financial management, and regulations that support health.

3.1 **Change management.** Administrators helped their members to face change by providing information related to change in various ways, including the internet, newsletters, documents, meetings, etc. One participant claimed;

...The University has provided information about changes (regarding working in CMU) quite a lot through several ways including the Internet, newsletters, the University journal...

3.2 **Financial management.** Budgets have been developed to support health in two ways. Some administrators budgeted indirectly to support health by including projects on physical environment development or sport and recreation. One faculty budgeted directly for health promotion projects. A university administrator stated;

...For budgeting (regarding health), there are two or three parts. To take care of students’ health, we have a health fee budget. Another one is from a sport promotion fee. The third is the budget provided by the university to promote sport activities...

A Dean claimed;

...For health budgeting, it is specified (in the faculty plan) as a budget for health promotion...

3.3 **Regulations.** Two types of regulations have been reported: coercive and collaborative, each involving traffic safety, energy conservation, and environmental protection. For example, regulations to prohibit garbage burning, consumption and sale of alcohol, and cutting wood are important, but coercive. According to one participant,

...We established two kinds of regulation: coercive regulations, and collaborative regulations. Collaborative regulations involve many campaigns encouraging people to be more responsible to keep to traffic rules, save energy, and protect the environment. Others are coercive regulations such as some traffic rules, parking...

Two characteristics (written and explicit) that are important for the establishment
of health policies were missing. Most policies were unwritten and only one faculty had explicit aims and plans to create a healthy faculty.

Discussion

Health promotion was not a stated aim of the university, but findings from this study indicated that CMU uses many policies and activities that could be assumed as action means for health promotion. Despite little explicit intention to establish health promotion at CMU, the University has attained some degree of health promotion as an institutional characteristic, as outlined in the charter.\(^{(1,2)}\)

Findings illustrate that there were two types of health policies: implicit versus explicit. One reason why a particular faculty consciously decided to shift its direction to health promotion was its awareness of the leadership role in health services. Another reason was support for the faculty’s efforts from external factors. These include the National Health Act, results of the 7th National Medical Education Conference, Universal Health Care Coverage, and government encouragement of hospital accreditation. All factors emphasize proactive strategies. They have actually affected the direction taken by health services at CMU as this is the responsibility of a particular faculty.

In actuality, CMU has activities in accordance with the Charter action means of health promotion, but not all are at the same level. Many activities are identified for the policy domain and significant in establishing health promotion at CMU.\(^{(13)}\) Under *Building a healthy public policy*, policies involving the physical environment are extensive, addressing the creation and sustainability of a healthy environment as well as sustainable energy conservation.

Health is involved with the surrounding environment. Therefore, the environment should be both protected and promoted.\(^{(1,2)}\) Health promotion, has inevitably shifted the focus towards environment and settings.\(^{(20)}\) Two principles and perspectives of this concept are a holistic and socio-ecological understanding of health, and sustainability of the environment. One key element is the healthy working and living environment that a setting tries to create and maintain for the health and well-being of staff, clients, and other participants.\(^{(13, 14)}\) Based on this concept, and to become a health promoting university, University of Central Lancashire (UCL) in England determined that creating a supportive and health promoting physical environment was on its agenda. The quality of the physical environment affects health and well-being; a consequence of its commitment to create an environment that is sustainable and supportive to health. Like CMU, UCL has advocated the integration of ‘green’ into new building and refurbishment schemes, and has a strong commitment to developing a green, visually attractive, and safe campus. In addition, transportation at UCL has been a long-standing focus, which is a concern of the health promoting university. Progress regarding vehicles has been limited at UCL, partly due to the fact that the University cannot control this issue alone.\(^{(13)}\) At Lancaster University, a steering group was created with one responsibility: the promotion of a healthy environment. Access to attractive campus grounds was improved and promoted. New signed footpaths were established around the campus, a footpath map was produced and widely distributed, and an existing nature trail was upgraded. Another activity undertaken was the development and implementation of a policy for minimizing waste.
and the promotion of recycling on campus.

For CMU, the campus is attractive in itself. It has a beautiful landscape with many green trees and flowers, and especially ‘Ankeaw’, an attractive reservoir located within CMU. Some projects are still needed to improve the landscape at the University. On the other hand, CMU has achieved a great deal with regard to physical environment management by limiting exhaust from vehicles in controlling the number of motor vehicles, and establishing alternative options of transportation. To promote walking, CMU created a walkway, covered way, and silent zone. It also promoted bicycle use. A management program to reduce the use of vehicles elsewhere is called ‘Mobility Management or Transportation Demand Management (TDM).’ The program utilizes various strategies that encourage travelers to drive less and shift to other modes of transport. Facility investment and design features improve walking, cycling, and public transit.

Planning for land use at CMU is another strategy for promoting health. In the past, land use was not recognized as important and building congestion occurred in some areas, especially in ‘Suandok’ campus. Administrators believed that by zoning, taking a holistic approach, and avoiding horizontal growth, the master plan for use of CMU land would be more efficient. In fact, zoning has advantages for health and traffic, and it has been accepted that quality of life is connected to quality of place. In the community, zoning provides adequate parks, forests, playgrounds, and recreational facilities that are relevant to health promotion. Zoning is one way of creating health-promoting community designs, and is the key to a paradigm shift from curative to preventive actions. Recognizing that mixed land use and walkable, pedestrian-friendly, and transit-friendly communities are the keys to promoting health assistance in a shift in administrators’ thinking. It is obvious that CMU has emphasized on physical environment development. The Vice President of Campus Management was appointed responsible for this work, which is carried out by the CMU Department of Welfare.

Administrators at CMU often mentioned policies involving sport and recreation as being related to projects or activities that provided opportunities for physical exercise, or facilities that support members. These kinds of policies are a tool for promoting a healthy work life. In contrast, at Lancaster University, facilities and services for staff are considered inadequate.

Policies regarding management, which addresses change management, financial management, and regulations, are a tool for facilitating health. As changing patterns of life, work and leisure have a significant impact on health, the way that society organizes work should help to create a healthy society. Many changes regarding working conditions occur at CMU. Nevertheless, no obvious policy has been developed to address these changes or help personnel to face change. Yet, the activity mentioned most often by administrators is the provision of information to personnel regarding change. Although change may bring hard work and stress, personnel obtain benefits. “The more hard work, the more money.” One administrator admitted that he had never before thought of stress occurring in personnel.

For financial management, the findings of this study indicated that most items relating to health in CMU budgets are indirect. This is a consequence of not stating health objectives in policies. This factor is crucial. If the budget
is insufficient, projects cannot run. Two informants stated that they had allocated a small amount of money for health, and one of them emphasized several times that budgets for these tasks were not large enough. It would be beneficial to students and staff if universities provided funding to implement health projects.

Management by regulation was another strategy used to initiate, promote, or reduce some behavior. When analyzed, data indicated that coercive and collaborative regulations addressing traffic management, energy saving, safety, and preservation of the environment all affected health.

Some findings of this study were different from those of other studies conducted in schools rather than universities. At the university level, there was no obvious policy to mandate health promotion actions or even concern about health; this contrasted with the clear policy related to health or developing health promotion at the school level. In schools, the relationships amongst personnel and between schools and communities have been emphasized, which may be because schools are smaller organizations and have closer contact with communities. Therefore, at the school level, a social environment is a focus for health promotion; at CMU, the physical environment is the focus and a significant factor in the development of the health promoting university. (25,26)

Despite several policies and actions concerning health promotion, many problems have been uncovered regarding these policies and activities at CMU. Problems include barriers that reduce the potential of this university to contribute to the health and well-being of its population. To overcome these obstacles, the University is encouraged to consider a number of actions. First, CMU needs to create a clearer policy for health promotion actions; next, it needs to ensure financial support for providing some facilities (e.g. accommodation, playgrounds, and sports equipment). To help create health or well-being, CMU needs more compliance from its members to observe rules and regulations regarding health promotion actions (e.g. alcohol consumption, motorcycle use, vehicle parking, garbage burning). Some issues need to be reviewed for more efficient management, for example, the problems regarding insufficient electric cars and inadequate car services. Other problems with toxic chemicals indicate the need for more knowledge, a plan for substance management in case of exposure to hazards, and a need for explicit responsibility for toxic chemical substance management. Also, individual factors and lifestyle choices create challenges for health promotion. Some factors beyond the control of university authorities influence health promotion actions of the university: private sector alcohol sales and community garbage mismanagement close to the campus. It is essential that these problems be addressed in collaboration with the community and private sector. Action plans must be created for an improved future, especially at CMU, which has the opportunity to demonstrate leadership in the WHO initiative on health promoting universities.

Conclusion

In a change from the past, CMU has created a number of policies that are supportive to the health of its diverse population. Physical environment management is one policy that has been applied widely. Other actions are very important including sport and recreation activities. These findings indicate the potential for
the University to implement health promotion. However, obstacles were identified that require further extensive and systematic study. These findings informed the researchers of policies established at the University to promote health. Results also indicated policies and actions already taken, which support health promotion and should be maintained. Moreover, this study increased the knowledge of the investigators regarding areas for improvement. It should be recognized that these findings represent perspectives only of university administrators involved in establishing University policies. To capture the whole scope of health promotion at the University, a study of the five health promoting action means of the Ottawa Charter was conducted. For a broader perspective and greater detail, various population groups at the University should be studied. Furthermore, various data collection methods should be employed together, including document review, multimedia programming, images, and computer surveys. One study that might be designed is the development of instruments or tools for assessing health promotion actions at universities. Problems and barriers should be studied extensively, in depth, and systematically. New studies must be designed to examine each and every faculty, and constructed using quantitative and qualitative approaches (triangulation).

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นโยบายที่เกี่ยวข้องกับการสร้างเสริมสุขภาพของมหาวิทยาลัยเชียงใหม่ ใหม่ในมุมมองของผู้บริหาร

สมใจ ศิระกมล, พย.ม., วิภาดา คุณาวิกติกุล, พย.ด., รัตนาวดี ชอนตะวัน, พย.ด. คุณาวิกติกุล, พย.ด., สกินเล็น, พย.ด.

"ภาควิชาวิชาการทบทวน คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่.

"คณะพยาบาลศาสตร์ มหาวิทยาลัยอัลเบอร์ตา"

บทคัดย่อ

วัตถุประสงค์ การวิจัยนี้เป็นการวิจัยเชิงพรรณนาเพื่อสำรวจลักษณะการสร้างเสริมสุขภาพของมหาวิทยาลัยเชียงใหม่ตามแนวทางการพัฒนาการสร้างเสริมสุขภาพ 5 ประการของกฎบัตรออตตาวา ซึ่งประกอบด้วยการสร้างนโยบายสาธารณะเพื่อสุขภาพ การสร้างสิ่งแวดล้อมที่เอื้ออำนวย การสร้างกิจกรรมชุมชนใหม่ เข้มแข็ง การพัฒนาทักษะสุขภาพใหม่และการปรับเปลี่ยนบริการสุขภาพ

วิธีการศึกษา เก็บข้อมูลโดยการสัมภาษณ์เชิงลึก แบ่งเป็น 4 กลุ่ม: 1) มหาวิทยาลัยเชียงใหม่ จำนวน 8 คน ในระหว่างเดือน เมษายน-มิถุนายน พ.ศ. 2547 วิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา

ผลการศึกษา พบการสร้างเสริมสุขภาพภายใต้แนวทางการพัฒนาการสร้างเสริมสุขภาพ 5 ประการของกฎบัตรออตตาวามีการสร้างนโยบายสาธารณะเพื่อสุขภาพ จำนวนนโยบายสาธารณะ 2 ใน 2 แนวทางการพัฒนาการสร้างเสริมสุขภาพ การสร้างสิ่งแวดล้อมที่เอื้ออำนวย การพัฒนาทักษะสุขภาพ การสร้างกิจกรรมชุมชนใหม่ เข้มแข็ง การพัฒนายุทธศาสตร์เพื่อสุขภาพส่วนบุคคล

สรุป มหาวิทยาลัยเชียงใหม่มีการพัฒนานโยบายกองทุนการพัฒนาการสร้างเสริมสุขภาพของมหาวิทยาลัย แม้ว่าจะยังไม่มีนโยบายการสร้างเสริมสุขภาพอย่างชัดเจนในขณะนี้ คงการศึกษาและให้ข้อมูลเพื่อใช้เป็นแนวทางการพัฒนาการสร้างเสริมสุขภาพในด้านต่างๆ ของกิจการของมหาวิทยาลัย อย่างไรก็ตามจะต้องมีการพัฒนานโยบายอย่างต่อเนื่องต่อไปในอนาคต

คำสำคัญ: การสร้างเสริมสุขภาพ การสร้างเสริมสุขภาพในมหาวิทยาลัย การสร้างนโยบายสาธารณะเพื่อสุขภาพ