Rationale and Background
on SFU’s Healthy Campus Community Initiative

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Rationale for SFU’s Healthy Campus Community Initiative

Background on Ecological Approaches to Health Promotion

Ecological approaches to health promotion have been gaining increasing momentum worldwide since the establishment of the Ottawa Charter for Health Promotion in 1986 (World Health Organization [WHO], 1986). Ecological approaches to health promotion look at factors beyond the individual by exploring multiple levels within which the determinants of health exist (Public Health Agency of Canada, 2011). These levels typically include community level factors, societal level factors and institutional/organizational factors. Ecological approaches are supported by the World Health Organization in a series of settings based approaches to health promotion, in which the setting itself is explored in terms of its potential for influencing health. Examples of settings based approaches supported by the World Health Organization include Healthy Schools, Healthy Cities, Healthy Hospitals, Healthy Workplaces and Healthy Universities (WHO, 2012). Settings based approaches are supported by the theoretical underpinnings of population health models (Public Health Agency of Canada, 2012). Population health models, demonstrate that by minimizing risk factors within the entire population you also reduce the number of people who may develop an illness (Rose, 1992; 2001).

Well-being: Good for Individuals and Societies

There is increasing recognition that enhancing well-being at the population level has beneficial outcomes for both individuals and societies (Friedli, 2009; Foresight Committee Mental Capital and Well-being Project, 2008; Mental Health Foundation of New Zealand, 2012; Thompson & Nics, 2008). Substantial literature from the workplace setting has outlined the multiple benefits of enhancing well-being of employees included individual, organizational and financial benefits (GuardingMinds@work, 2012; Harter, Frank, Schmidt & Keyes, 2003). In
addition, elementary and secondary schools across North America and Europe have begun to recognize the value of creating school environments that enhance well-being (California Education Supports Project, 2009; Cohen, 2006; Juvonen, 2007; Morrison & Kirby, 2010; National Healthy Schools Standards, 2004; Rowe, 2007; Shochet, Dadds, Ham & Montague, 2006; WHO, 1999). Approaches include not only health education within the curriculum, but also creating healthy policies, physical spaces and social environments that enhance well-being. It also means ensuring that the process of education is itself health promoting, including assessment, curriculum and classroom culture (Simovska & Sheehan, 2000). Benefits of taking these approaches within elementary, secondary schools and the workplace settings have been well-documented and include enhanced retention, learning, academic achievement as well as worker productivity, retention and motivation (California Educational Supports Project, 2009; GuardingMinds@work, 2012; Harter et al., 2003; Samra, Gilbert, Shain, & Bilsker, 2009). In addition, benefits in terms of long term health and well-being outcomes have been documented (Bond et al., 2007; Hammond, 2004; Shochet et al., 2006; California Education Supports Project, 2009).

**Relevance of a Socio-Ecological Approach in Post-Secondary Contexts**

There is increasing concern regarding the well-being of students in higher education settings (Goh & Chiu, 2009; Hefner & Eisenburg, 2009; MacKean, 2011; Mori, 2000; Robotham, 2008; Royal College of Psychiatrists, 2011; Warwick, Maxwell, Simon, Statham & Aggleton, 2006). Literature demonstrates that student well-being contributes to academic achievement, learning and student retention (Cohen, 2006; California Education Supports Project, 2009; Deberrard et al., 2004; Hoffman, 2002, Morrison & Kirby, 2010; Shochet et al., 2006). Student well-being is therefore not only of importance for health professionals, but is also important to the core business of higher education institutions. There is a complex interplay between student well-being and learning outcomes, and a growing interest in using ecological approaches to understand well-being within learning institutions including higher education settings (Byrd & McKinney, 2010; Rowe, 2007; Tsouros, Dowding, Thompson & Dooris, 1998).
There is an opportunity to build off of the findings within the school and workplace literature, in order to adapt a similar approach within post-secondary contexts. In fact, a variety of programs and papers have begun to explore the opportunities for taking a system-based or ecological approach within the post-secondary setting (Canadian Council on Learning, 2008; New Economics Foundation, 2008; Patterson & Kline, 2008; Tsouros et al., 1998). Various research articles have also begun to explore the benefits of addressing well-being within post-secondary contexts (DeBerard, Spielmans & Julka, 2004; El Ansari, 2010; Larsons, 2000; Minnesota University, 2008). In fact, some articles have already made the direct link between applicability of workplace literature to the university context (Cotton, Dollard & de Jonge, 2002).

Given the current trends of disengagement and increasing mental health concerns in higher education, the Health Promotion Unit at Simon Fraser University has adopted a Health Promoting University approach within our campus community. This is a World Health Organization supported approach which emphasizes the importance of moving beyond a health education model of health promotion, to understanding how systemic changes within our campus setting can positively impact health and well-being. Our broader goal for this work is to make SFU a place that supports student well-being through all its policies, processes and learning environments.

The university or college is seen not only as a place of education but also as a resource for promoting health and well-being in students, staff and the wider community... the settings based approach... recognizes that the setting itself is crucially important in determining health and well-being. (Royal College of Psychiatrists, 2011, p. 9)
Mental Well-being in Higher Education: What Can We Be Doing Better?

There is growing concern among mental health professionals, researchers and university administrators about the levels of psychological distress experienced by students in higher education settings (Goh & Chiu, 2009; MacKean, 2011; Robotham, 2008; Royal College of Psychiatrists, 2011; Warwick et al., 2006). Counselling services across North America and Europe have noted that there appears to be a rise in the number of college aged students who are experiencing mental health issues (Royal College of Psychiatrists, 2011; Warwick, et al, 2006). In addition, several academic studies have found that student mental health concerns have been rising dramatically over time (Cook, 2007; Kirsh, Leino & Silverman, 2005; Sax, 1997; Storrie, Ahern & Tuckett, 2010). In a review of mental health concerns in higher education settings, Storrie et al. (2010) found that emotional problems have increased since 1994, including substantial increases in students with depression and with suicidal ideations. Current levels of psychological distress in this population are high (Goh & Chiu, 2009; Storrie et al., 2010), and some authors have noted that mental health concerns may in fact be higher in this population than in the general population (Storrie et al., 2011; Ontario College Health Association, 2009). In Canada, the latest National College Health Assessment data has shown that students are struggling across a broad range of measures which reflect their overall levels of psychological health (American College Health Association [ACHA], 2010). For example, in a Canadian reference group a high percentage of students reported the following signs of distress at least once within the last 12 months: 54% reported that they had felt things were hopeless, 36% reported having felt so depressed it was difficult to function, and 61.9% reported feeling very lonely. Similar findings have consistently been found at SFU (ACHA, 2007, 2010). In their review of mental health concerns among university students, Storrie et al. (2010, p.10) state that “the level of distress is very high with 83% of students being moderately or severely distressed.”

In response to these concerns, several institutions have begun to develop mental health strategies and other recommendations for improving mental health within higher education settings (Association of University and Colleges of Canada; 2012; MacKean, 2011). These strategies
usually recommend a dual approach of intervention and treatment in addition to settings based community approaches which enhance the well-being of the entire campus population through broad based community approaches. Unfortunately, there are limited tools to actually assess what settings based risk factors have the greatest impact on well-being within the university context. In addition limited efforts have been made to explore the role of the university itself in shaping the experiences which foster resilience and mental health among students.

**Background on Key Issues Impacting Student Well-being**

Issues impacting well-being at SFU were identified through direct student feedback, a Well-being Survey in Spring 2012 and ongoing review of literature.

**Stress.** Stress has been commonly cited as a factor that impacts student well-being as well as student academic success (ACHA, 2010; Cotton et al., 2002; Robotham, 2008). Although moderate levels of stress can be associated with constructive involvement in learning, higher levels of stress can hinder learning and can negatively affect students’ emotional health (Swaner, 2005). “Whilst learning in university should entail challenge, it need not entail excessive stress – students will not perform at their best if they are unduly stressed” (Burgess, Anderson & Westerby, 2009, p.1). High levels of distress can also negatively impact student experience and satisfaction leading to withdrawal or disengagement (Cotton et al., 2002; Whitman, Spendlove & Clark, 1986). Student stress has been linked to emotional, cognitive, behavioural and physiological reactions including anxiety, depression, abuse and smoking (Robotham & Julian, 2006) In some rare instances, student stress has even been linked to suicide (Scott, 2000).

In a recent review of the literature on stress in higher education, Robotham and Julian (2006) acknowledge that the prevalence of stress is increasing among higher education students. In our most recent National College Health Assessment Data, 81% percent of SFU students report feeling exhausted (not from physical activity), 83% felt overwhelmed by all they
had to do and over 50% reported overwhelming anxiety at least once in the last 12 months (ACHA, 2010). Feeling overwhelmed has been found to be correlated with time pressure such as hours spent studying or doing homework and giving presentations in class (Astin, 1993). Others have also indicated that time constraints and feeling a sense of control over one's time are important determinants of student stress (Robotham & Julian, 2006).

When examining stress and student job design, Cotton et al. (2002) found that levels of psychological distress were linked to the classroom environment: specifically high pressure, low control and low support from students and faculty. Whitman et al. (1986) found that “given the opportunity to participate actively in the learning process [students] report less stress than those forced into a more passive or helpless mode”. Theoretically, acting within this environmental context should reduce stress and dissatisfaction and enhance learning, satisfaction and well-being (Cotton et al., 2002).

Instructional staff at SFU may not view their work as related to health and well-being. Although some faculty may view stress as a necessary part of the student experience, there is significant evidence that high levels of stress can negatively impact academic success (Misra, 2000; Robotham & Julian, 2006). There is also evidence that current stress levels among higher education students may be negatively impacting performance and student success. For example, SFU students consistently report that stress is the top factor that negatively impacts their academics, causing them to receive a lower grade, drop out of a course or experience a significant disruption in research or practicum work (ACHA, 2004, 2007, 2010). In addition, 54% of students at SFU report that their academic experiences within the past 12 months have been traumatic or very difficult to handle (ACHA, 2010). It is of central importance that higher education institutions continue to challenge students to do their best work, but given the above information it is equally important to consider the very real possibility that current stress levels among higher education students may be negatively impacting student productivity and success as well as student well-being. As described above, it is likely to be a learning environment that provides a balance between pressure, control and support that will enable
students to experience their academics as engaging as opposed to overwhelming (Cotton et al., 2002).

**Social connections.** Caring social relationships within a school environment have been associated with improved academic outcomes, decreased risk taking behavior and improved mental health and well-being (Bond et al., 2007).

Caring relationships between students and their teachers or other adults in the school are the most powerful of all educational supports. Studies have shown that school connectedness is consistently and strongly related to fewer high-risk health behaviours and higher attendance and academic achievement. (California Education Supports Project, 2009, p.15)

Astin (1993) found that although there is an overall decline in student emotional health after entering college, students who frequently interacted with fellow students or faculty showed the smallest declines. In addition, students’ self-ratings of emotional health were positively associated with “working on a group project for a class” (Astin, 1993). Sax, Bryant and Gilmartin (2002) added to this knowledge base with “evidence that academic factors contribute directly to emotional health”. Others have demonstrated how feeling disengaged from one’s studies is correlated with lower levels of emotional health (Swaner, 2005). School connectedness, in particular, has been shown to be an important determinant of future health behaviours, mental health and academic success among adolescents (Bond et al., 2007). In a longitudinal study, DeBerard et al. (2004) found that social support was a significant independent predictor of academic achievement among higher education students. In contrast, lack of social support has been associated with a six fold higher prevalence of depressive symptoms (Hefner & Eisenberg, 2009).

These findings are particularly relevant given the high rates of emotional distress currently experienced by university students. Our most recent National College Health Assessment data for SFU indicates that within the last 12 months, 58.2% of students had felt
very lonely, 50.8% had felt things were hopeless, 37.7% had felt so depressed it was difficult to function and 7.3% had seriously considered suicide at least on time (ACHA, 2010).

Literature from higher education settings and K-12 settings has recognized the linkages between engaged learning and student mental health and well-being. The positive experiences that come along with engaged learning experiences enhance emotional resilience and well-being (Hammond, 2004). School and social connectedness help foster a sense of community that welcomes students to feel engaged and inspired in their learning process (California Education Supports Project, 2006; Hammond, 2004; Joint Consortium for School Health, 2010; Steuer & Marks, 2008).

Extensive research shows that the quality of interactions with others influences all aspects of health and functioning and covers issues such as social isolation, belongingness and respectful and fair treatment. These are all aspects likely to affect the quality of the student learning experience and in some cases, the learning outcomes. (Steuer & Marks, 2008, p. 25)

There is significant literature to support the notion that positive emotions, that can result from positive interactions within our environment, are in and of themselves are a resource that fosters future resilience, well-being, mental functioning and positive outcomes (Friedrickson, 2005; Seligman, Steen, Park, & Peterson, 2005). Within the context of an educational institution, positive emotions can enhance student engagement in learning and can ultimately benefit student participation, motivation and success (Cohen, 2006; Steuer & Marks, 2008). “Happy people are healthier, more productive, and more socially engaged” (Cohen, 2006, p. 203).

As described above, social connections can contribute greatly to positive day to day experiences. Even small gestures of acknowledgement or kindness can go a long way to enhance an individual’s day to day experiences and promote well-being. “Even acknowledging a student while passing them on the stairs gives them a positive boost” (Thompson Rivers University [TRU], 2007, p. 27)
**International student well-being.** Intercultural students face many of the same health concerns as other students but their experiences are often intensified by the fact that they are transitioning into a new culture (Popadiuk & Arthur, 2004). International students encounter a variety of stressors above and beyond the common development concerns faced by the majority of students (Chwee, Jiansan & Rerez, 1998; Mori, 2000). These include language barriers; different learning styles and expectations regarding education, family pressures, cultural adjustment and isolation from traditional support networks (Mori, 2000; TRU, 2007).

Social support has been identified as a key factor which positively influences the transition for international students (Morres & Popadiuk, 2011). Social support has been found to be associated with stronger emotional resilience and decreased acculturative stress among international students (Yeh & Mayuko, 2010). Yet international students face many barriers to developing positive social interactions, and are as a group have higher rates of social isolation than non-international students (Hefner & Eisenburg, 2009). Different cultural understandings about friendship may make international students susceptible to relationship disappointments which may lead them to withdraw socially (Mori, 2000). In addition, language barriers and ethnic/racial prejudice can further complicate efforts to form social connections with national students (Mori, 2000). Classroom environments are a key opportunity for addressing social disconnection among international students. By fostering cultural understanding and cooperation among students through classroom experiences, there is the opportunity to benefit both international students and national students (Thompson Rivers University, 2007). Selected quotes addressing international student well-being follow:

“Newly arrived international students suddenly find themselves in “relational deficit” if not social isolation, at a time when they need more than the usual support” (Kodlabacheva, 2010).

“International students' academic adjustment difficulties can be exacerbated by variables such as their English language competency, difficulties with unfamiliar pedagogical styles and
expectations for learning, and curricular content which does not recognize their unique cultural experiences and worldviews” (Williams, 2008).

“An international element in our classrooms can enhance the educational experience of all students. The educational benefits of fostering cultural understanding and cooperation among students are immeasurable” (TRU, 2007, p. 87).

“Social support, especially from one’s academic program, is essential to the welfare of international students” (Yeh & Inose, 2010, p. 17).

**Strategic Alignment at SFU and Beyond: The Engaged University**

Simon Fraser University has recently gone through an extensive community consultation process entitled Envision, that has led to a redefinition of the institutional vision. SFU’s new vision emphasizes the importance of engaging students, engaging research and engaging community. Multiple stakeholders across campus were asked to contribute to making SFU an “an engaged university committed to enhancing the well-being of current and future generations” (Simon Fraser University, 2012). This vision reflects the growing need for universities to place themselves not only as institutions that contribute to knowledge development and academic excellence, but also as institutions that promote the enhancement and enrichment of individuals and communities.

There is growing recognition that the role of universities as educational institutions must go beyond preparing students in academic arenas, but must also prepare them as citizens, equipped to manage the challenges and uncertainties that may lie ahead (Christensen, Hughes & Mighty, 2010; Hersh et al. n.d.; Swaner, 2005;). This approach is sometimes described as transformational learning. “Transformational learning means that the “whole student” has to develop so as to prepare him – or her as a thinker and citizen for a challenging world” (Hersh et al, n.d., p. 2).
SFU’s vision reflects this concept and describes a desire to prepare students “for life in an ever-changing and challenging world” (Simon Fraser University, 2012). Transformational learning outcomes include both cognitive outcomes such as knowledge, reasoning and communication, as well as efficacy outcomes such as psychosocial, affective and interpersonal competencies (Hersh et al, n.d.). As such, healthy student development and psychological well-being are inextricably tied to this approach. The concept of well-being is in fact at the heart of preparing individuals and communities to thrive and flourish (Hersh et al, n.d.; Keyes, 2002). For example, well known psychologist Corey Keyes (2007) describes how psychological, emotional and social well-being impact work absenteeism, physical health outcomes, resilience and overall psychosocial functioning. He describes the experience of optimal emotional, psychological and social functioning as human flourishing (Keyes, 2002).

Within the university context, students’ health and well-being have been shown to be positively correlated with academic success and learning (El Ansari & Stock, 2010; DeBerard et al., 2004; Larsons, 2000; Minnesota University, 2008). El Ansari and Stock (2010) state that “it is widely accepted that health and well-being are essential elements for effective learning” (p.2) and the links between health and learning have been confirmed in a variety of educational settings (California Education Supports Project, 2009; Minnesota University, 2008).

Our Healthy Campus Community initiative therefore aligns with strategic trends within higher education across Canada and the US. In the Eastern US the Association of American Colleges and Universities has established a program called Bringing Theory to Practice which explores the links between mental health, engagement and civic development in higher education settings (AACU, 2012). This and other projects are highlighting the benefits of mental health in terms of individual, social and economic outcomes for individuals and societies (Foresight Mental Capital and Wellbeing Project, 2008; Friedli & Parsonage, 2009). This literature has shown that enhanced well-being contributes to improved productivity, motivation, learning and engagement with benefits to both individuals and societies. Within the university context then, working to enhance student mental well-being can be considered a
strategic move that will support students to become resilient individuals who are prepared to manage the challenges of the 21st century.

The Development of SFU’s Healthy Campus Community Initiative

Program Development: Building Off of Our History

As described above, the Health Promotion unit at Simon Fraser University has identified that there is an opportunity to develop a Health Promoting University approach within our campus community. This is a World Health Organization supported approach which emphasizes the importance of moving beyond a health education model of health promotion, to understanding how systemic changes within a setting can positively impact health and well-being. Our broader goal for this work is to make SFU a place that supports student well-being through all its policies, processes and learning environments.

The initiation of our current projects has been possible as a result of several years of shifting our focus from individual health education towards systemic approaches to health promotion at SFU. This has required many hours of advocacy, research and planning and was made possible by the support of the Director of Health and Counselling Services who invested in our Health Promotion unit and enabled job description revision to encompass a more systemic approach to health promotion.

Development of the Healthy Campus Community Brand

Based on the SFU’s newly developed vision as an Engaged University, the Health Promotion unit decided to rebrand the concept of a Health Promoting University approach
under the title “Healthy Campus Communities”. It was deemed that this title would resonate with broader stakeholders than would Health Promoting University and would be seen as contributing to an “Engaged University” rather than competing with an “Engaged University”. In January 2012 we therefore developed a one-page handout summarizing our new Healthy Campus Communities initiative so that we could communicate the concept and intention behind this to campus stakeholder across SFU. This hand out summarized our vision for a Healthy Campus Community which was adapted based on our own internal goals as well as language from the Ottawa Charter, Edmonton Charter and the WHO Health Promoting Universities Framework.

**A broad definition of health.** Health is viewed as a “state of complete physical, mental and social well-being and not merely the absence of disease” (World Health Organization, 2011). Health and well-being are resources that enable individuals to thrive and reach their full potential. Impacting student health and well-being requires both individual-level and institutional-level action, involving the whole university through a healthy university approach (WHO, 1998). A healthy university approach is one that enhances health and well-being and enables all individuals and their communities to achieve their full potential through collaborative and cross-campus processes and actions such as creating a positive learning environment and organizational culture.

**Rationale for 6 Areas for Action: Where Can We Make a Difference**

In order to help campus stakeholders to understand how they could play a role in creating a Healthy Campus Community at SFU, we identified 6 areas for action within the university context that would positively impact well-being through a systemic approach. These areas for action were developed through a comprehensive literature review of areas in which action could be taken to improve health through a settings-based approach. In the literature review process we drew examples of areas for action from the workplace, elementary and secondary school, healthy hospitals, healthy cities, universities and other academic articles.
related to the university context. We also incorporated internal research we had done at SFU regarding what are SFU students’ priorities and concerns regarding their well-being.

The areas for action include: services and supports, physical spaces, social connectedness and community development, learning environments, policies and personal growth and development. The 6 areas for action were initially included in our earlier “Community Approach to Mental Health and Well-being at SFU” in June 2011. In the following year, we changed the title for these from “Areas for Action” to “Areas Where We Can Make a Difference” because several of our campus partners had brought to our attention that we don’t want it to seem as if we are pointing out faults within their areas by calling them “Areas for Action”.

REFERENCES
For more information about SFU’s Healthy Campus Community initiative and list of references used in the development of our initiative, and/or to request more detailed information on specific projects, please contact the Health Promotion team at SFU health_promo@sfu.ca