

# LEADERSHIP FOR A HEALTHY CAMPUS

An Ecological Approach for Student Success



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## **HELP Campus Ecology Team**

Steven Neilson, Dean of Student Affairs, Rollins College, FL, Team Leader

Marie Kotter, Professor, Clinical Laboratory Science, Weber State University, UT

Richard Padilla, Vice President for Student Affairs, University of Texas-El Paso, TX

Karen Pennington, Vice President for Student Development/Campus Life,  
Montclair State University, NJ

Carole Pertofsky, Director, Health Promotion Services, Stanford University, CA

Raymond Quirolgico, Director of Residence Life, University of San Francisco, CA

Richard Keeling, MD, Keeling & Associates, NY, Consultant

## **HELP Advisory Committee Members**

Karen Moses, Assistant Director for Health Education and Wellness, Arizona State University

Vance Valerio, Assistant Vice Chancellor for Student Development Services, University of Nebraska-Omaha

## **NASPA Staff Members**

William O'Connell Jr., Health Education and Leadership Program,  
Director (1996- 2002; 2004-2005)

Beth Beck, Health Education and Leadership Program, Associate Director (2001-2002), Director (2003),

Tess Shier, Director, James E. Scott National Academy for Leadership and Executive Effectiveness, HELP Program Associate (2003-2005)

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# EXECUTIVE SUMMARY

Multiple variants influence college students' academic achievement. One variable that affects all students is health. Students regularly report health factors as high on the list of issues affecting their academic performance. It is common knowledge among student affairs and health professionals that there is a correlation between students' health, academic achievement, and completion of a degree. Given these facts, institutional efforts to ensure a healthy campus environment can have an impact on student success and potentially affect retention.

The National Association of Student Personnel Administrators' Health Education and Leadership Program proposes an *ecological approach* to understanding the campus environment. Using an ecological approach can help campus leaders address health-related issues to achieve a healthy campus that is community-based and not just individually focused. Campus ecology provides a new way to view the connections among health, learning, and the campus structure. It encourages the exploration of relationships between and among individuals and the learning communities that comprise the campus environment.

*Leadership for a Healthy Campus: An Ecological Approach* for Student Success calls for strong leadership and deliberate action by student affairs professionals, especially senior student affairs administrators. Such leadership will ensure that the campus environment is optimally organized to support, strengthen, and enhance health, enabling students to achieve, learn, and serve.

An ecological approach to campus health requires a shift in the philosophy of campus governance, leadership, and action by campus leaders. Using an ecological approach will give student affairs leaders a multifaceted view of the health-related behaviors of students and groups. It offers a unique way to identify the intersections, interactions, and feedback between students and the multiple components of their environments. This can lead to a better understanding of the relationships among students, student affairs, and the institution. This booklet offers the student affairs practitioner a step-by-step guide for applying the ecological framework in a health assessment or strategic planning process that integrates health across a wide institutional spectrum.



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# INTRODUCTION

Student affairs professionals are constantly challenged to create and maintain support for students' physical and mental health and to develop creative and successful models for reducing students' unhealthy and risky behaviors. It is common knowledge among education and health professionals that there is a correlation between students' health and academic achievement and progress toward completion of a degree. In a nationwide study of 28,258 college students conducted during the 2002 spring semester, students reported the following factors as affecting their individual academic performance: stress (29%), having a cold or sore throat (22%), sleep disturbances (21%), concern for a troubled friend or family member (16%), relationship difficulties (15%), depression and anxiety (11%), and alcohol use (10%) (American College Health Association [ACHA] 2002). Additionally, 50% of students reported using alcohol within the previous two weeks, 16% reported using tobacco at some point but not within the last 30 days, 46% reported using a condom the last time they had vaginal sex, and 21% reported the same for anal sex (ACHA, 2002). Whereas the incidence of mental and emotional health issues continues to increase on college campuses and has more of a negative effect on student success than do physical health issues, students continue to engage in risk-taking behaviors that impact their physical health and may be a direct result of the increasing prevalence of mental and emotional health issues.

Administrators are called upon daily to deal with a growing number of issues on campus that affect not only individual students' health but the broader campus community as well. These issues include alcohol, tobacco and other drug use, violence, unsafe sexual behavior, suicidal ideation, depression, stress, and eating disorders. While not every student who attends class on a college campus will be affected directly by these issues, most will be indirectly impacted by the consequences of such problems.

Traditional models of health care have emphasized the treatment of illness (mostly physical) and focused on the individual's responsibility for maintaining good health. The effect of the environment and community on the individual health and well being is largely ignored in this model. To successfully address the health of today's college students, the focus must move beyond individuals and their behaviors to establishing a healthy campus community. Campus health concerns need to expand from the student health center to integration throughout the institution's various systems. Strong leadership and deliberate action by student affairs professionals, especially the senior student affairs administrator, is required to achieve this goal.

# INTERPRETING HEALTH<sup>1</sup>

There are many interpretations of what is meant by health, but we choose to believe that good health is not merely the absence of disease or symptoms. Health is active, alive, and vital. It is the presence of well being and dignity in the lives of individuals, communities, and cultures. It is the holistic integration of the six dimensions of wellness - physical, emotional, intellectual, social, spiritual, and environmental. The positive aspects of health depend on the quality of the interactive relationships between an individual and his or her environments. This is more inclusive than traditional definitions of health that focus on the absence of disease, the delivery of health and counseling services, and systems of health care. This focus is on the good health of the whole person and his or her environments. Just as an individual may impact his or her environment, the environment also impacts the individual. Healthy people need healthy communities to thrive, and healthy communities need healthy people to thrive

Students arrive on campus with a set of variables that influence their health status. One set includes individual factors such as genetics, health behaviors, beliefs, attitudes, values, and access to quality health services. The campus environment itself becomes another influential factor on health status. And the dynamic relationships between individuals and all their environments are powerful health determinants. It is the responsibility of student affairs professionals to ensure that the campus environment is optimally organized, to support, strengthen, and enhance health, enabling students to achieve, learn, and serve.

# THE ECOLOGICAL PERSPECTIVE



The National Association of Student Personnel Administrators' (NASPA) Health Education and Leadership Program proposes an ecological approach to understanding the campus environment that can help assist campus leaders address health-related issues to achieve a healthy campus that is community based and not just individually focused. Campus ecology is an innovative approach that merges student affairs and health paradigms to provide a broader understanding of campus health and its determinants (Strange and Banning, 2001). In this construct, health is interwoven among all aspects of college life and campus infrastructures. Health and related issues should therefore be elevated to the top of the student affairs agenda.

Campus ecology is not a blueprint or a recipe for improving an institution's health. It is a new way to view the connections among health, learning, and the campus structure that explores relationships between and among individuals and the learning communities that comprise the campus environment. In a healthy campus community, the learning environment supports each student's academic achievement and personal development, which are shaped by the values, norms, and traditions of the multiple learning communities; e.g., classrooms, residence halls, organizations, student services such as career counseling and employment, peer relationships, and others. These communities can promote or hinder student health, safety, and well being.

To advance the health of students and learning communities, student affairs professionals must reframe traditional ways of managing relationships and learning environments. By doing so, they will better understand the interactions among the student, student affairs, and the institution. The ideas presented here offer the student affairs practitioner a way to design a strategic planning process that integrates health across a wide institutional spectrum.

The ecological perspective offers student affairs leaders a multifaceted approach to addressing health-related behaviors of students and groups. It provides a way to identify the intersections, interactions, and feedback between students and the multiple components of their environments. The ecological perspective makes it possible to recognize that individual behaviors are the result of influences on the individual from the environment and vice versa.



## USING THE ECOLOGICAL PERSPECTIVE ON CAMPUS

The ecological perspective may seem awkward or cumbersome at first, given the term's breadth, especially when conceptualizing health from this perspective. Because the concept can be applied to an individual, a division, a service area, or any structure, however, one can use this opportunity to analyze situations and design interventions at any level. This approach can be helpful when beginning a strategic planning process, conducting an audit of programming or service needs, and instituting a committee structure to address health- and wellness- related issues. At the beginning, it is helpful to identify all aspects of the environment that positively and negatively affect individual and group behaviors.



# DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

For a college or university to move closer to realizing a healthy campus, it is important for staff, faculty, and students to examine individual and environmental influences on the campus and then work strategically toward the goal. The following sections offer examples of individual and environmental influences to illustrate a broad range of areas that a campus should examine when addressing factors that affect achieving a healthy campus.

## Individual Influences

An individual's health behaviors, knowledge, attitudes, and values are influenced by many factors that reflect cultural identity, personality, and childhood experiences. Such internal influences include:

- Ethnicity or race
- Gender
- Age
- Sexual orientation
- Religion
- Character
- Personal values and goals
- Expectations
- Health status
- Economic status

These factors and more affect behavior and lifestyle choices. Individual influences can affect and be affected by environmental influences.

## Environmental Influences

In the environment are factors and influences that interact with an individual or organizational unit and with each other and that need to be identified to understand the concept of campus ecology. Environmental factors can be the physical setting or place (features of the natural environment and the man-made environment), human aggregate or characteristics of the people (social, economic, cultural, ethnic background of groups), organizational (size and function of organizations), and social climate and/or characteristics of the surrounding community (support of a particular social setting and clarity of expectations). Each environmental factor may include several influences that predispose, enable, or reinforce behaviors.

Following is a set of categories that list these environmental factors and influences (Moos, 1986), each followed by a set of questions that can guide campus leaders who wish to examine the campus health influences and plan for changes (Conyne & Clack, 1981) that will move toward the goal of a healthy campus. Neither the list nor the sets of questions are complete for all situations; they are offered as examples. Each campus must determine which and how many factors are important in its own setting.

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
<b>Physical Setting or Place</b>	<b>Campus geographical</b> <i>Aspects of the place that influence behaviors.</i>	<p>a) How does the campus location affect student behavior; e.g., in the downtown section of a large city versus a rural campus?</p> <p>b) To what extent do aspects of the immediate larger community impact behaviors; e.g., an affluent section of town versus an inner-city or a very rural setting?</p> <p>c) How might the prevalence of sexually transmitted infections or HIV/AIDS in surrounding communities impact student risk-taking behaviors?</p> <p>d) To what extent do differences in health cultures affect the campus; e.g., California versus Minnesota versus New York versus Alabama?</p>
	<b>Campus meteorological</b> <i>Ways climate and weather affect behaviors.</i>	<p>a) What is the impact on behavior of short days and heavy snows? Conversely, how do warm temperatures year round affect behavior?</p> <p>b) To what extent does a long winter with little sun cause Seasonal Affective Disorder among students, faculty, administrators, and staff?</p> <p>c) How do public displays of the body project images of healthy and unhealthy campuses; e.g., at recreation and fitness centers?</p>
	<b>Campus architectural</b> <i>The influence of buildings and related structures on behaviors.</i>	<p>a) What does campus architecture convey about the value placed on human comfort and diverse needs of the community? Does form follow function or function follow form?</p> <p>b) Are larger, more impersonal residence halls more conducive to risk-taking behaviors than apartment-style buildings? What influences on behavior result from old, outmoded residence halls?</p> <p>c) How does the design of the student union or campus center lend itself to healthy or unhealthy behaviors?</p> <p>d) How does the design of the campus impact student safety? Are walkways, parking lots, and building entrances lighted and secure?</p>

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
<p><b>Human Aggregate or Characteristics of the People</b></p>	<p><b>Behavior setting</b>  <i>The environments, not just architecture, that affect and shape behaviors</i></p>	<p>a) Are healthy or unhealthy behaviors associated with particular student organizations or groups? One example might be a fraternity meeting with a range of behaviors that can be part of that setting.</p> <p>b) How do large campus events and rituals, such as convocation, registration, Greek recruitment, athletic events, and ticket lotteries affect behaviors?</p> <p>c) Does the pattern of movement between residence halls, commuter lots and lounges, and academic areas affect how students behave toward one another?</p> <p>e) How does the availability or lack of student parking on campus affect behaviors?</p> <p>f) Can students meet with advisors, administrators, and residence assistants in private (e.g., closed-door offices), or are all workspaces open?</p> <p>g) Do students have access to and knowledge of health-related services and materials (e.g., hotline, condom, and birth control availability, etc.).</p> <p>h) Does the quality of campus aesthetics influence whether or not students perceive that the institution cares about their welfare? Does this perception influence the degree to which students practice self care, make healthy lifestyle choices, and avoid serious risk behaviors</p>
	<p><b>Characteristics of the inhabitants</b>  <i>The makeup of the community that influences members' behaviors</i></p>	<p>a) How does diversity (racial/ethnic, socioeconomic, gender, sexual orientation) or lack of it affect the ways individuals on and off campus (faculty, staff, students, community members) approach discussions about health and health behaviors? How do preexisting perceptions and attitudes affect these discussions and relationships?</p> <p>b) What is the cultural makeup of student athletes, the Greek system, and the leadership of clubs and organizations? Do individual minority (racial/ethnic, gender, sexual orientation) groups have recognized organizations or clubs?</p> <p>c) How does the composition of residents in a residence hall affect behaviors? Do faculty members live in residence halls? Are student</p>

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
<p><b>Human Aggregate or Characteristics of the People</b></p>	<p><b>Campus geographical</b> <i>Aspects of the place that influence behaviors.</i></p> <p><b>Cultural influences</b> <i>Customs, traditions, values, and rewards that play a part in determining behaviors of community members</i></p>	<p>residences mixed by gender, race, and class? Do graduate students and students with families have separate housing?</p> <p>d) Who are the students from the most privileged and the least privileged backgrounds, classes, ethnic groups, genders, and physical abilities? How does privilege influence student access to resources (internal and external) that promote health? Conversely, what are the barriers for students of less privilege?</p> <p>e) Are students who have disabling conditions or diseases welcomed as part of the campus community? Are they given appropriate accommodations? Is their confidentiality protected; e.g., HIV positive status? Are they fully eligible to participate in all aspects of student life?</p> <p>f) How do faculty and staff influence the campus health environment?</p> <p>a) What roles (good and bad) do intercollegiate athletics play on campus? What issues of violence are raised by intercollegiate athletics, if any?</p> <p>b) What is the impact on students' behavior of a tradition of tailgating and use of alcohol at major fall sporting events?</p> <p>c) Where does the student body perceive student leadership to be located; e.g., is InterFraternity Council/Panhellenic considered a major force on campus or is the daily campus newspaper more important to students? Is volunteering as a peer health educator perceived as being as much of a leadership role as being resident assistant?</p> <p>d) To what extent do institutionally supported student organizations address issues of sexual minority health?</p> <p>e) Are campus HIV/AIDS awareness events held annually?</p> <p>f) How does a diverse population affect attitudes toward racism and prejudice?</p>

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
	<p><b>Economic forces</b>  <i>Ways changes and priorities in economics affect behaviors</i></p>	<p>a) In what ways do students' socioeconomic backgrounds (privilege/need) affect behavior?</p> <p>b) Is enrollment increasing due to layoffs in the private sector so that the student body is affected by severe economic stresses in addition to academic ones?</p> <p>c) Do students who work full time or who have families feel connected to the campus and are they represented in campus life?</p> <p>d) Do budget allocations affect student life in ways that do or do not respond to students' concerns? During times of budget cuts, what priority is given to health services?</p> <p>e) During lean times, which specific health issues receive greatest priority? Least priority? Are personal health concerns (seeing a clinician for an illness, injury, or other personal treatment) given higher priority than community health issues (incidents of alcohol, eating disorders, or sexual risk behaviors)?</p>
<b>Organizational</b>	<p><b>Organizational structure</b>  <i>Aspects of the organization that influence behaviors</i></p>	<p>a) Does the organizational structure itself cause stress-related behaviors? For example, is it very hierarchical, are unlike activities or services grouped together, is there too broad a span of control for good management and access by employees and students?</p> <p>b) Is it obvious that the health and/or wellness center holds a respected place in the organizational structure?</p> <p>c) How do issues about the relationship between academic and student affairs impact the concept of a healthy campus?</p> <p>d) Are there meaningful and successful student organizations that address students' interests and needs for healthy choices?</p> <p>e) What is the highest level of leadership that addresses health issues publicly and makes the connection between health and academic success? Does it make a difference if health leadership is assumed by the president and board of directors, the senior student affairs officer, or the health service director? How is health best addressed publicly at different levels? Why is it often the case that health is not addressed by top leadership, although most would agree that students cannot thrive in unhealthy environments, or when they are not healthy themselves?</p>

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
<b>Social Climate or Characteristics of the Surrounding Community</b>	<b>Organizational policies</b> <i>How formal and informal policies and practices influence behaviors</i>	<ul style="list-style-type: none"> <li>a) How do institutional policies and practices promote a healthy campus?</li> <li>b) Are some policies and practices barriers to creating a healthy campus?</li> <li>c) What new policies or practices could be implemented to encourage healthy behaviors and remove barriers?</li> <li>d) What role can the campus play in initiating policy development to ensure a healthy campus community?</li> <li>e) Are policies consistently and coherently enforced?</li> <li>f) Are policies congruent with current campus health practices?</li> </ul>
	<b>Organizational climate</b> <i>How the styles of organizational operation (liberal/conservative, etc.) influence behaviors of the participants.</i>	<ul style="list-style-type: none"> <li>a) How does the organizational structure allow for more open interaction or communication between students and senior administrators than an organization built on strict hierarchy?</li> <li>b) Is the organizational climate student centered, faculty centered or administration centered? How does this affect organizational, individual, and group health behaviors?</li> <li>c) How are some of the social stigmas associated with HIV-related risk (race, class, sexual orientation, drug use) addressed on campus?</li> <li>d) How does the identity of the institution - religious, public, private, two-year, four-year, graduate, residential, commuter - affect relations and behaviors?</li> </ul>
	<b>Political climate</b> <i>Ways politics on and off campus influence behaviors</i>	<ul style="list-style-type: none"> <li>a) Is the political climate in the state or community pro- or anti-education? Does this affect funding?</li> <li>b) In what ways can the institution influence its external communities to support a healthy campus?</li> <li>c) How does a shift from liberal to conservative makeup of the governing body affect policies that guide student behaviors? Does this affect student government directions/leadership and funding allocations?</li> </ul>

## DESCRIPTORS OF ENVIRONMENTAL COMPONENTS

Environmental Factor	Influence	
	<p><b>Reinforcement and Rewards</b>  <i>The influences of institutional structures, formal and informal, on aspects of behavior.</i></p>	<p>d) In what ways does the political climate influence sexual health education, primarily HIV prevention? Do those influences promote students to engage in sexual behaviors that might put them or others at risk?</p> <p>a) What institutional recognitions support and reward healthy behaviors of individuals and organizations?</p> <p>b) How are individual and organizational initiatives rewarded? Are individuals and units held accountable for promoting healthy behavior? Are there perceived rewards for unhealthy behaviors? If so, does the institution know about them? Why or why not?</p> <p>c) Is slack given to highly visible groups of students or student organizations when they are involved in health-risk incidents? Are programs and systems in place to address the fact that some student communities may be more involved than others in the highest incidence of alcohol abuse and acquaintance-rape cases on a national level?</p> <p>d) Are there identified students as peer role models on campus; e.g., peer educators, student athletes, student organizational leaders, student health staff?</p>
	<p><b>Campus architectural</b>  <i>The influence of buildings and related structures on behaviors.</i></p>	<p>a) What does campus architecture convey about the value placed on human comfort and diverse needs of the community? Does form follow function or function follow form?</p> <p>b) Are larger, more impersonal residence halls more conducive to risk-taking behaviors than apartment-style buildings? What influences on behavior result from old, outmoded residence halls?</p> <p>c) How does the design of the student union or campus center lend itself to healthy or unhealthy behaviors?</p> <p>d) How does the design of the campus impact student safety? Are walkways, parking lots, and building entrances lighted and secure?</p>

# PUTTING CONCEPTS INTO ACTION: Using the Ecological Perspective on Campus

The previous sections introduced you, the student affairs practitioner, to an innovative approach for integrating student affairs and health concepts in order to achieve a healthy campus environment. During the 2002-2003 academic year, the Health Education and Leadership Program began testing this approach on nine campuses throughout the United States. The following institutions were selected through a competitive process: Arizona State University, California State University, San Bernardino, Prince George's Community College (MD), Northeastern Illinois University, Pennsylvania State University, University of Nebraska-Omaha, University of Texas at El Paso, Western Washington University, and William Rainey Harper College (IL). Each campus conducted an ecological assessment of student health using the tenets of campus ecology identified in this booklet. At each site, the senior student affairs officer and/or an upper-level representative from the student affairs division was actively involved in the process to ensure that campus ecology and the assessment activities were given high priority.

The following section describes what we learned from the step-by-step process used on each campus, including illustrations of success from some of the campus projects. In the Appendix we include a series of worksheets<sup>2</sup> (referenced under the illustrations) that have been helpful in conceptualizing the ecological approach.

## **Step I - Establishing a Working Group**

A broad representative group, that must include students, needs to be established to guide the process. Most college and university campuses have an established body that serves in an advisory capacity to student health services. However, that group is usually too limited in membership and should be expanded to include representatives from all areas of the campus. It is recommended that the senior student affairs officer on campus or an upper-level representative from his or her office chair this group. This is a crucial group that is instrumental in guiding and participating in the ecological campus assessment process.

### **Concepts Into Action**

The model that was successful on most of the pilot campuses was an expansion of the advisory or wellness committee to integrate individuals representing a cross-section of the institution (including campus recreation, faculty members in the health sciences, campus police, residential life, student organizations, health services, counseling and career centers, international student associations, etc.).



The University of Texas at El Paso (UTEP) established a new group to bring together representatives of all areas that dealt with student health. The Vice President for Student Affairs established the campus-wide Health Education Steering Committee and appointed the Associate Vice President for Student Affairs/Dean of Students and the Director of the Student Development Center as co-chairs. The Vice President continued to attend all meetings of the group as an active participant. As the committee began to work and become known on campus the membership was expanded and included, for example, a faculty member in psychology and the Assistant Vice-President for Outreach Programs, to expand the university's initiatives to high school students.

At each pilot site the guiding committee included students who represented the various constituencies important to the specific campus discussions. These students were active contributors to the work of the programs. This representation was very important at Prince George's Community College (PGCC) because of the diversity of its student body and the need to address HIV prevention issues for a diverse student population. Student enrollment at PGCC is made up of 66% females, 76% African Americans, 14% White Americans, with Asian, Hispanic and Native Americans accounting for 7%. International students account for 3% of the total enrollment. <sup>8</sup> The committee considered the differing needs among these groups during their process.

## **Step II - Identifying Campus Values**

The group's first task should be to identify the values most important to the campus and their perceptions of campus health concerns. An easy exercise to begin is for the group to brainstorm the institutional values, student values, and workgroup values (Worksheet #1). Once these values are listed, the group should identify where common values intersect (Worksheet #2). This is an important exercise for a multidisciplinary group because it provides a way to achieve a common understanding of campus values. Next, the group should engage in a similar exercise to identify campus health concerns and their relationships to campus values (Worksheet #3). These steps will allow the group to reach consensus on their own views prior to analysis of qualitative and quantitative data related to student health.

### **Concepts Into Action**

The early meetings of most of the campus groups were spent determining the most important issues to be dealt with through this ecological process. Most addressed institutional and student values in a general sense while determining the most immediate issues for action. The topics they chose for a focus spoke loudly about the values they held. For example, Arizona State University made the focus of their project the health needs of the LGBTQ student community. The group felt it was important to learn about students' concerns, faculty and staff observations about students' health, and the effect of the institutional environment on LGBTQ students' health.

### **Step III - Assessing Student Health Data - Quantitative and Qualitative Approaches**

Campuses should be actively involved in collecting and analyzing data on student health status as a way to understand the individualized risk-taking behaviors of students and the perceptions they may have about particular behaviors or risks. Most institutions have collected quantitative data using a variety of survey instruments. Most campuses rarely gather qualitative data on student health, however, due to the time consuming nature of data collection, transcription, and analysis. To gain a full understanding of students' interactions with their environments and the impact environments may have on their health decision making, it is imperative that institutions collect and analyze both types of data. Each pilot campus successfully did this.

Some commonly used survey instruments available to institutions (usually for a fee) are: The Core Drug and Alcohol Survey,<sup>3</sup> the National College Health Assessment (NCHA),<sup>4</sup> and The HealthSurvey.<sup>5</sup>

#### **Concepts Into Action**

At Pennsylvania State University, students who participated in focus groups identified unprotected sex, lack of information or misinformation about HIV infection, low perception of risk, and a sexually charged college environment as factors that affect student risk for HIV infection. Similarly, findings from The HealthSurvey at Penn State reinforced the focus group information. Students reported that sexual orientation issues were a problem on campus, and that many had minimal knowledge about sexual orientation (52%), sexuality (43%), sexually transmitted diseases (46%), and HIV/AIDS (52%).<sup>6</sup>

At Western Washington University, student responses to the NCHA question on health issues that cause impediments to academic progress correlated with findings from student focus groups. Findings showed that stress, sleep disturbances, relationship difficulties, and depression significantly impacted the quality of students' lives at Western Washington University.<sup>7</sup>

### **Step IV -Analyzing Campus Health Concerns Through an Ecological Lens**

Once student health data is analyzed, the working group should determine the most serious campus health concerns (Worksheet #4). These concerns can be prioritized by the issues that have the greatest potential to cause the most negative consequences (Worksheet #5). Each health issue may be examined ecologically using a matrix exercise (Worksheet #6) whereby the environmental influences are identified for a particular health issue (see the campus example below). This exercise can be used repeatedly for other identified health issues, including those

that may be identified as environmental influences. Environmental themes will begin to emerge and the group may then decide which environments should be prioritized for change.

### Concepts Into Action

California State University-San Bernardino used the matrix exercise described above.<sup>8</sup> Pennsylvania State University,<sup>9</sup> used a slightly different approach with its Team Decision Center to identify students' risk-taking behaviors as related to HIV infection, and subsequently identified environmental factors and influences that impact the identified behaviors. Arizona State University used the matrix exercise as a guide to identify health risk factors affecting LGBTQ students.<sup>8</sup> As evidenced by these three different approaches, campus leaders may be creative when using the principles of campus ecology to address campus-wide student health issues.

### Arizona State University

The most prominent student health behaviors on campus that may increase an LGBTQ student's risk for HIV-infection included:

#### A. Access to Care:

- 1) Lack of confidence about health and counseling providers' ability to understand LGBTQ health issues and lifestyle leads students to omit important information in health and counseling appointments.
- 2) Lack of confidence about who can be approached for assistance for LGBTQ related questions prevents students from accessing care, and prevents LGBTQ-friendly staff from making appropriate health and counseling referrals.

#### B. Sexual Risk Taking:

- 1) Internet chat rooms were identified as a common place to meet potential sexual partners. This may lead to a high-risk sexual encounter.
- 2) Bars were identified as a common place to socialize and meet potential sexual partners. The use of alcohol and drugs related to the bar scene increases risk.

#### C. Identity Development:

- 1) Students who are working through the issues of coming out are more vulnerable to becoming overwhelmed with stress, excessive alcohol and drug use, and depression.
- 2) Gay male students may be overly concerned with their appearance and develop unhealthy eating and exercise patterns.

- 3) Students experimenting with and lacking self-confidence about their LGBT identity may engage in high-risk sexual activity to make themselves acceptable to new sexual partners.

D. Safety:

- 1) Students may experience verbal abuse when openly gay. Fear of harm or verbal abuse may discourage students from seeking health and counseling services or from reporting such abuse to school authorities.

## **Pennsylvania State University**

Student HIV risk-taking behaviors identified through Penn State's planning process were unprotected sex, alcohol and drug use that impairs safer-sex decision making and action, and communication skills. The planning committee identified four sets of environmental factors and influences that greatly impact these behaviors and offered a set of steps that might be taken to address each behavior.

### **1. Human Aggregate/Behavior Setting**

Increase access to knowledge, materials, and services. There was an overwhelming consensus among planning committee members that students need more HIV information and services. Enhancing and strategically positioning existing and new culturally appropriate HIV materials, information, and services will increase student access. Taking HIV awareness to the students may be the most effective approach to facilitating access. Penn State therefore determined that its current outreach efforts must be expanded.

Create urgency about HIV. Although HIV is pandemic, many Penn State students do not and cannot perceive it as an imminent threat. Physical attributes associated with HIV infection and AIDS are virtually unseen in the campus environment. This invisibility of HIV infection produces a sense of invulnerability among students and may contribute to the prevalence of high-risk sexual behavior. Bringing the reality of HIV to Penn State via multimedia, educational programming, and guest speakers can change apathetic student opinion regarding risk reduction.

Promote healthy lifestyle choices as a campus norm. High-risk sexual behaviors among the most influential campus groups (Greeks, athletes, LGBTQ) contribute to not-so-subtle negative peer pressure that affects many students' decision-making. Collaborating with student leaders from these groups and others to increase HIV awareness may be effective in several ways:

- o Newly educated student leaders may model positive behaviors and influence their peers.
- o Enlightened student groups may shape the attitudes of other students

- o The collective social power of major student groups will have the potential to manipulate how the student body views sexual responsibility and protective behaviors.

## **2. Organization/Organizational Structure**

Create a respected place in the organizational structure for health and/or wellness.

The action-planning committee composed of student affairs staff and students at Penn State will work with administrators, faculty, and staff to prioritize the value of health. It is necessary for the message to be wholly supported (financially, politically, academically, and socially) by the campus and community to have any effect on the student body and beyond.

Improve and increase student organizations that address student health. Many student organizations address student health concerns. Health-related programs and activities sometimes are not meaningful to students, however, and are usually poorly attended. Student groups tend not to invest resources in sponsoring broader health programming. Increasing HIV awareness and sexual health programming can therefore be achieved by including these types of programs in service and Greek organizations' activity requirements.

Use incentives for student clubs to develop or participate in HIV risk-reduction activities to spur creative and quality HIV-related activities. Minigrants could be established to motivate students to compete for funding to sponsor HIV risk-reduction programs. Rutgers University has seen great success with the Student Health at Rutgers Independent Mini-Grant Program (SHRIMP) and it is our intention to develop a similar program at Penn State. <http://health.rutgers.edu/SHRIMP>

Make the connection between academic success and health. Health and academic success have a direct relationship. An imbalance in one may create an imbalance in the other. Penn State students (not unlike their counterparts at many other universities) complain of sleep deprivation, coursework overload, and excessive extracurricular commitments, yet they are not formally taught how to balance or cope with stresses related to college life. Health must be brought into the curriculum and supported during students' first year. Academic departments, residence life, and health services should collaborate to ensure that the health and academic success connection is clearly made and reinforced.

## **3. Organizational/Organizational Climate**

Decrease/remove social stigmas associated with HIV infection. At Penn State, HIV infection is still considered a disease of marginalized people. This ignorance perpetuates negative attitudes toward the issue and creates a subtly hostile environment that serves to silence those who are closely affected by or with the HIV infection. Furthermore, the university's conservative environment limits

open public dialogue to surface discussion. HIV education is explicit and may cause discomfort to many individuals, yet it is vital to student health and development. University administrators should be encouraged to fully support HIV risk-reductions efforts. Such hard work must be increased and attempts at organizing major events and outreach activities during the month of December (HIV awareness month at Penn State) ought to be pursued.

Create more open interaction between students and other HIV-prevention stakeholders. Students should be involved with every phase of decision making at all levels in campus life. Omitting students from decision making that will ultimately have a direct bearing on their lives will likely fail. HIV risk reduction has to be a discussion in which administrators, faculty, staff, community leaders, and students are engaged. Forming an HIV/AIDS Risk Reduction Coalition with student leadership to address concerns and needs exclusive to Penn State's student body may be a smart approach to changing the organizational climate.

#### **4. Physical/Campus Geography**

Involve community in student health issues. The Penn State University campus interweaves with the surrounding community. The proximity of the campus to the community environment gives students with easy access to major sources of alcohol-related entertainment. After a night of drinking and dancing, many students have admitted to engaging in unprotected sexual behaviors. The purpose of bringing community leaders and businesses into the HIV discussion is to enlist their support for our risk reduction plan, recognizing them as strong influences on students' health

(e.g., gain support of local businesses to use their establishments to distribute HIV resources). Also, community programming venues have the potential to support student behavior changes.

Create a small community on a large campus. Penn State's large student body, along with its vague community boundaries, fosters a sense of invisibility and individuality that is not conducive to community building on campus. It is quite easy for any student to complete his or her college experience without connecting with anyone outside his or her immediate social network. Efforts will be made to encourage connections between student groups that would otherwise not interact. Through the HIV/AIDS Risk Reduction Coalition, Penn State seeks to bring diverse constituencies together to impact campus health concerns.

### **California State University, San Bernardino**

The following three charts show the factors identified by San Bernardino using the worksheets that are included in the appendix of this booklet.

**Identified Health Issue - Safety**

<p><b>Physical Setting or Place</b>                  Remote parking                  Wind                  Traffic control                  Open doors vs. fire codes</p>	<p><b>Organizational</b>                  Incivility (e.g., Campus e-mail)                  Lack of health and safety position</p>
<p><b>Human Aggregate or Characteristics of the People</b>                  Communications challenges                      With commuters                      With confidentiality                      With reporting                  Resistance among faculty to training in diversity and workplace violence                  Mostly male leadership on campus                  Budget cutbacks</p>	<p><b>Social Climate or Characteristics of the Surrounding Community</b>                  Lack of opportunities to express concerns                  Alcohol near campus</p>

**Identified Health Issue - Stress**

<p><b>Physical Setting or Place</b>                  Wind and smog                  Lack of social areas near department offices                  Parking                  Lights</p>	<p><b>Organizational</b>                  Course overloads</p>
<p><b>Human Aggregate or Characteristics of the People</b>                  Civility                  Overloads                  Lack of family                  Lack of control over variables in environment                  Income                  War                  Social</p>	<p><b>Social Climate or Characteristics of the Surrounding Community</b>                  Isolation (lack of community)</p>

**Identified Health Issue - Alcohol, Tobacco and Other Drugs**

<p><b>Physical Setting or Place</b>                  Smoking areas and ashtrays are provided                  Easy access to tobacco, alcohol, and marijuana</p>	<p><b>Organizational</b>                  Underreporting due to perception of negative consequences (to reporter)</p>
<p><b>Human Aggregate or Characteristics of the People</b>                  Problematic role models                  First in family to be enrolled/finish college</p>	<p><b>Social Climate or Characteristics of the Surrounding Community</b>                  CA/CSUSB was to protect image                  CSUSB tougher on residents                  Most students work                  Smoking when drinking</p>



## CONCLUSION

The goal of having a healthy campus could mean that leaders in student affairs can focus on the central goals of furthering the institution's mission and ensuring student learning and success. Most problems that demand the attention of student affairs grow out of unhealthy behaviors and activities.

This booklet introduces an innovative approach to integrating student affairs and health concepts as a way to achieve a healthy campus environment. The ecological perspective provides a strategic framework that leaders can use to open campus-wide dialogue and stimulate new understanding of how issues relating to health permeate the interrelated dimensions of campus life. The illustrations of environmental factors and influences presented can encourage and assist new campus leadership develop strategic objectives and plans to become healthier communities and more successful in achieving institutional goals.



# ENDNOTES

- <sup>1</sup>This section is comprised of universally taught concepts of health and health promotion.
- <sup>2</sup>Karen Moses, Assistant Director for Health Education and Wellness, Arizona State University, designed all worksheets for this booklet.
- <sup>3</sup> Prince George's Community College, *2002-2003 Strategic Plan*, submitted to NASPA March 2002.
- <sup>4</sup>Survey instrument can be obtained from the Core Institute at Southern Illinois University at Carbondale, [coreinst@siu.edu](mailto:coreinst@siu.edu).
- <sup>5</sup>NCHA is conducted biennially through the American College Health Association, [www.acha.org](http://www.acha.org).
- <sup>6</sup>*The Health Survey* can be purchased through Outside The Classroom, Inc., a company specializing in online alcohol education, [www.outsidetheclassroom.com](http://www.outsidetheclassroom.com).
- <sup>7, 10</sup> Pennsylvania State University Division of Student Affairs, *Making Health a Priority: A Report on HIV/AIDS Risk Reduction Strategic Planning at the Pennsylvania State University*, submitted to NASPA March 2003.
- <sup>8</sup>Fabiano, Patricia, Ph.D. *Final Report and Strategic Plan - Students Defining Health and Community: A Qualitative Inquiry into Students' Perceptions of the Environment of Health*, submitted to NASPA March 2003.
- <sup>9</sup>California State University-San Bernardino, *Demonstration Site Final Report and Proposed Strategic Plan*, submitted to NASPA March 2003.
- <sup>11</sup>Arizona State University Student Health and Wellness Health Promotion Department, *Final Report*, Submitted to NASPA March 2003.

## CAMPUS VALUES

INSTITUTIONAL VALUES	STUDENT VALUES	WORKGROUP VALUES

## COMMON VALUES

INSTITUTIONAL VALUES	STUDENT VALUES	WORKGROUP VALUES

## CAMPUS HEALTH CONCERNS

INSTITUTIONAL VALUES	STUDENT VALUES	WORKGROUP VALUES

## IDENTIFY CAMPUS HEALTH CONCERNS

<b>STUDENT HEALTH DATA &amp; HEALTH CONCERNS</b>	<b>TOP FIVE HEALTH CONCERNS</b>

# **IDENTIFY NEGATIVE CONSEQUENCES OF HEALTH ISSUE**

# MATRIX EXERCISE: ENVIRONMENTAL INFLUENCES

HEALTH ISSUE: \_\_\_\_\_

<p><b>PHYSICAL SETTING OR PLACE</b></p>	<p><b>ORGANIZATIONAL</b></p>
<p><b>HUMAN AGGEGRATE OR CHARACTERISTICS OF PEOPLE</b></p>	<p><b>SOCIAL CLIMATE OR CHARACTERISTICS OF THE SURROUNDING COMMUNITY</b></p>



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# ADDITIONAL RESOURCES ON THE INTERNET

## Campus Ecology Resources by The Campus Ecologist

This is a website for the exchange of ideas, information, and resources about students and their environment maintained by James Banning and Will Barratt.

*Home Page:* <http://www.campusecologist.org>

## Combined Health Information Database by Children's Environmental Health Network

This database is a collaborative effort of several federal agencies provides titles, abstracts, and information on the availability of health information and health education resources, many of which are not indexed elsewhere. Some entries describe current research or health education projects and include contact information. Numerous topic-specific subfiles include Maternal and Child Health and Comprehensive School Health.

*Home Page:* <http://www.cehn.org>

*Resource Guide to Databases:* <http://www.cehn.org/cehn/resourceguide/chid.html>

## Healthy Campus 2010 by American College Health Association

The American College Health Association (ACHA) is the principal advocate and leadership organization for college and university health. Healthy Campus 2010: Making It Happen establishes national health objectives and serves as a basis for developing plans to create college health programs to improve student health. The ACHA manual is a companion document to the Nation's Healthy People 2010.

*Home Page:* <http://www.acha.org>

*Healthy Campus 2010 Home Page:* <http://www.csupomona.edu/~jvrizzell/hc2010/introduction.htm>

*Healthy People 2010 Home Page:* <http://www.healthypeople.gov>

## National Association of State Boards of Education Policy Guidelines by National Association of State Boards of Education

The National Association of State Boards of Education (NASBE) is a nonprofit organization working to strengthen state leadership in educational policymaking, promote excellence in the education of all students, advocate equality of access to educational opportunity, and assure continued citizen support for public education.

*Home Page:* <http://www.nasbe.org>

*Healthy Schools Program:* <http://www.nasbe.org/HealthySchools/index.html>

*NSABE Policy Link:* [http://www.nasbe.org/Educational\\_Issues/Safe\\_Healthy.html](http://www.nasbe.org/Educational_Issues/Safe_Healthy.html)

*National School Boards Association's Health Resources Database* by National School Boards Association

The National School Boards Association (NSBA) is the nationwide organization representing public school governance. NSBA's School Health Resource Database contains nearly 3,000 items, including sample policies, articles, and training tools that address issues facing local school districts related to HIV/AIDS/STDs, school-based teen pregnancy prevention, physical activity, healthy eating, tobacco use prevention, and coordinated school health programs.

*Home Page:* <http://www.nsba.org>

*School Health Resource Database:*

[www.nsba.org/site/page\\_schoolhealth\\_search.asp?TRACKID=&CID=1116&DID=12022#](http://www.nsba.org/site/page_schoolhealth_search.asp?TRACKID=&CID=1116&DID=12022#)

*National Wellness Institute*

The National Wellness Institute's (NWI) mission is to provide health promotion and wellness professionals with resources and services that promote professional and personal growth. NWI allows professionals to share their knowledge, research, and expertise, and to build a network of friends dedicated to wellness and health promotion.

*Home Page:* <http://www.nationalwellness.org>

*Standards of Practice for Health Promotion in Higher Education* by American College Health Association

The American College Health Association (ACHA) is the principal advocate and leadership organization for college and university health. The ACHA recognized that standards of practice for college- and university-based health promotion and education services were needed. Standards of Practice for Health Promotion in Higher Education provides quality indicators for health promotion practice in higher education communities.

*Home Page:* <http://www.acha.org>

*Standards of Practice Publication Site:* [www.acha.org/info\\_resources/special\\_pubs.cfm](http://www.acha.org/info_resources/special_pubs.cfm)

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