

A Proactive Approach to Student Wellness
NetResults: NASPA's E-Zine for Student Affairs Professionals
August 2007 Issue
Christopher Arterberry

In the months following this year's tragedy at Virginia Tech, many schools began a review of their policies, procedures, and support systems relating to students' mental health, and rightly so. As a professional whose work directly relates to health and wellness, I'm pleased to see these reviews happen. At the same time, however, I'm frustrated that such a critical look at one dimension of student wellness comes reactively rather than proactively. While some of our institutions are already implementing strategic, integrated plans for student wellness, many are not and it's time for that to change.

Taking a reactive approach to one's wellbeing is certainly nothing unique in our society. For example, many American adults choose to pay minimal attention to their health until there's a problem. We're currently seeing this in the rates of overweight and obesity in the U.S. and the subsequent increased prevalence of associated conditions. We've collectively determined that we place higher priority on things other than our health, and have even chosen this path for our children. After all, we're the ones deciding that math and science, while certainly important, should be taught in our primary and secondary schools at the expense of physical education, not to mention art and music. Sadly, in addition to society at large this approach isn't unique on many of our campuses either. For example, we'll wait until alcohol and drug violations and incidents dramatically escalate on our campuses before creating a strategic plan to address substance abuse that could more effectively help even some of the thousands of students who die, or are injured or assaulted each year in alcohol-related events.¹

What disappoints me about institutions' typical approach to individual wellbeing is that while society may give it low priority, I think that we as higher education professionals have a duty to help our students act otherwise so that they may improve their health and increase their chances of success in college and beyond, and we're not doing it as effectively as we can. And what confuses me about this low priority is that we can lessen the barriers to academic success by identifying and address students' wellness issues, and subsequently positively impact retention. I have yet to hear of an institution that is not interested in student success and retention, yet know of many that don't strategically address these issues via student wellness. Certainly, no wellness plan will inspire healthy behaviors among all students, but we can positively influence more students and to a larger extent if we as educators have our act together.

Through conversations with colleagues nationwide and from my own observations I've concluded that there are three key ways by which we're failing our students on this topic: a lack of institutional data on student wellness, a lack of inclusion of student wellness in the institution's strategic plan, and a silo-based approach to student learning of this topic. The first scenario results in our reliance on national data that may not accurately reflect health and wellness issues of students on our respective campuses. More importantly, some assessment instruments, such as the National College Health Assessment, show precisely which of those issues students believe to be barriers to academic success. Directing our programs, services, and learning outcomes without institution-specific data is akin to a shot in candlelight, if not completely in the dark. A campus-wide assessment of multiple dimensions of student wellness is a critical first step in effectively supporting our students.

The second situation handcuffs us because it can mean limited resources – people, time, money, or any combination of the three. All three of these resources are needed for a wellness initiative, or any initiative for that matter, to be effective. Ideally an institution would have personnel who specialize in health promotion and alcohol, tobacco, and other drug (ATOD) use to help coordinate and implement wellness efforts on campus, although there are still many institutions without such positions. In the absence of these specialized staff, current staff must devote more time to it to the initiative. However, this is problematic because if it's not in the strategic plan (i.e. not a criterion for evaluation of me or my department), then it simply becomes a side project to address when there's "spare time." In addition, staff members who do attempt to address wellness issues may not have the expertise to properly do so, while other staff members remove their departments from the picture because they have a narrow definition of wellness and fail to recognize how their area contributes. And finally, while staff can sometimes work creatively with little or no funding, it absolutely helps widen the possibilities for education and intervention. Beyond these three resources of people, time, and money, an effective strategic planning process also provides at minimum an opportunity to assess the campus environment, and determine goals, the plan of execution (including how to overcome barriers to implementation), and the players involved. Publications such as NASPA's *Leadership for a Healthy Campus: An Ecological Approach*, and the ACHA's *Healthy Campus 2010* and *Standards of Practice in Health Promotion* are helpful tools for this process.

The last situation, the silo effect, is related to strategic planning although it may exist independent of whether a wellness plan is in place. Silos may result from politics and turf wars,

or simply from people working so hard that communication with other relevant players becomes an afterthought. They may also result from an organizational structure that hinders communication by separating departments that should be closely aligned – for example, having campus recreation in athletics, the health center in facilities/auxiliaries, and the counseling office in student affairs. Regardless of cause, the end results are the same – efforts that are duplicated, inefficient, or ineffective. Silos also stifle creativity since, by nature, they result in fewer opportunities to interact with colleagues in other areas. Although they can exist in any situation, a comprehensive strategic plan can reduce the likelihood of silos by holding the relevant players accountable for determined outcomes, thereby forcing communication and collaboration.

Faced with any of these three situations, it's critical that the practitioners at the department level take student wellness into their hands as much as possible. This can also be difficult since some departments' resources are already stretched too thin, so accomplishing it often means finding untapped opportunities that exist in current programs and services, as well as capitalizing on the energy and passion of students. This is not an ideal approach, but can help address campus wellness issues in the interim.

I'm optimistic that in the future more institutions will address student wellness and do so more thoroughly, if for no other reason than that they'll eventually be forced to do it. Issues like obesity, depression, and substance abuse aren't going away anytime soon, and students and parents increasingly demand more support for their money. I would like to think, however, that institutions will act because it's the right thing to do for their students, and I'm encouraged by the schools that have embraced the topic of student wellness and chosen to make it a priority on

their campuses. There will eventually be a critical mass in higher education that will result in a paradigm shift for those who view student wellness reactively. Until then, to those who proactively address wellness as an integral part of student success and retention, I say lead on.

¹ Hingson, R., Heeren, T., Winter, M., & Wechsler, H. (2005). Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18-24: Changes from 1998 to 2001. Annual Review of Public Health, 26: 259-279.