



# Report on Post- Secondary Institutions as Healthy Settings

## The Pivotal Role of Student Services

Findings from a Study with College,  
Institute and University Students and  
Student Services Administrators in Canada

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This report is issued by the Health and Learning Knowledge Centre as a basis for further knowledge exchange. The opinions and conclusions expressed in the document, however, are those of the authors and do not necessarily reflect the views of the Health and Learning Knowledge Centre's members.

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For further information about this publication please contact:

### **The Health and Learning Knowledge Centre**

School of Exercise Science, Physical and Health Education  
University of Victoria  
PO Box 3015 Stn CSC  
Victoria, BC  
V8W 3P1

E-mail: [healthandlearning@ccl-cca.ca](mailto:healthandlearning@ccl-cca.ca)

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## List of Acronyms Used in this Report

ACCC	Association of Canadian Community Colleges
ACHA	American College Health Association
CACUSS	Canadian Association of College and University Student Services
CAS	Council for the Advancement of Standards
CAUSPS	Canadian Association of University Student Personnel Services
CCL	Canadian Council on Learning
CNHEO	Coalition of National Health Education Organizations
COUCH	Canadian Organization of University and College Health
HLKC	Health and Learning Knowledge Centre
NASPA	National Association of Student Personnel Administrators
SASA	Student Affairs and Services Association
WHO	World Health Organization
YAWG	Young Adults Work Group

## Executive Summary

The objective of this study was established by the Young Adults Working Group (YAWG) of the Canadian Council on Learning's Health and Learning Knowledge Centre (HLKC), with the Association of Canadian Community Colleges (ACCC) as the lead organization. The study was "...to provide an overview of the role that Student Services play in making post-secondary institutions healthy settings. It will also identify institutions' capacity issues related to the delivery of Student Services and provide recommendations for post-secondary institutions and stakeholders on how to address these issues in order to continue to provide and/or sustain a healthy setting for young adults to learn."

(From *Terms of Reference*, 9/27/2007)

The information collected provides a unique look at:

- The identification of the most significant health challenges identified by both students and Student Services Administrators.
- The identification of the services currently used by students to address health related issues, from the perspectives of *both* students and Student Services Administrators.
- The identification by *students* of the impact of health-related concerns on their learning.
- The identification by *Student Services Administrators* of the impact of either addressing or failing to address students' health-related issues.
- The recommendations from *both* students and Student Services Administrators about other things that could be done by institutions to address student health concerns.

### Data Collection Procedures

Three forms of data were collected for this study and were analyzed and integrated into this Report:

#### 1) Student Focus Groups

Eleven focus groups were conducted in 6 different geographic regions of Canada involving 72 students from 5 universities and 6 colleges/technical institutes/cégeps; from 3 francophone and 8 English speaking post-secondary institutions.

#### 2) Telephone Surveys

Twenty surveys of Student Services Administrators from institutions where focus groups occurred were conducted by telephone (18 English and 2 French).

#### 3) Email Surveys

Close to 900 members of the Canadian Association of College and University Student Services members received an invitation, in English or in French, to complete and submit their responses to the study questions. Thirty-two were completed and submitted by email (28 English and 4 French).

### Findings

#### 1) What Students Said

The results of this study confirm the important role played by Student Services, and particularly Health Services and Counselling Services, in addressing students' health issues on post-secondary campuses in Canada.

The students who participated in this study confirmed that the services they most frequently used to address their health concerns, a finding mirrored by the Student Services Administrators surveyed, were the Health Clinic and the counsellors, psychologists and elders at their institutions. Students also identified Recreation and Fitness facilities and Massage, Physiotherapy and Chiropractic services on their campuses as resources for addressing their health concerns. However, students also sought out other supportive people, such as professors, tutors, residence life staff and chaplains. Unlike the Student Services Administrators, they did not mention that they used off-campus resources to address their health concerns. To understand the resources they used to address their health concerns, it is also important to understand the *primary impacts* of health issues identified by the student focus groups. The most frequently-mentioned impacts of students' health-related concerns were on their academic life, becoming prone to other illnesses, flu, anxiety, guilt, and depression. Students' reference to the 'domino effect' captured the complexity or interrelation of their health issues – with the vicious cycle of academic, personal, financial, lifestyle and health concerns sometimes resulting in dropping out or reductions in academic performance.

When students identified their health concerns they listed mental health, and particularly the identification of depression, as the most frequent health issue and also the prevalence of fatigue, stress, and eating/weight/nutrition issues. In addition, they identified a range of issues that could be seen to be 'lifestyle' issues, such as sleep deprivation, addictions, a lack of physical activity, financial concerns and life balance, as well as colds and flu.

The student focus groups also identified 116 areas in 11 clusters of activities or services that, in their opinion, could have the potential *to address their health challenges and to enhance their learning experiences*.

The following clusters of activities were identified:

1. Facilities (22 recommendations)
2. Health Services (15 recommendations)
3. Food (14 recommendations)
4. Academic activities (14 recommendations)
5. Services for Students (12 recommendations)
6. Financial Services (11 recommendations)
7. Mental Health Resources (10 recommendations)
8. Advertising (9 recommendations)
9. Housing (5 recommendations)
10. Staff (3 recommendations)
11. Safety (1 recommendation)

What is interesting about the recommendations made by the students was that they focused on their health and the things that could potentially enhance both it and their student experience in a *systemic* way – through attention to the facilities available at their institutions, such as less crowded classrooms, a larger fitness centre, the cleanliness of washrooms and better air/ventilation, the services, the resources and the academic activities of the campus, as well as the health and mental health services available. This focus is consistent with their responses to the earlier question about the impact of health related issues – the domino effect, where one aspect of their lives collides and impacts on other aspects. Based on their responses to this question, students would appear to see the domino effect as also relating to facilities, and that addressing facility issues might also address health challenges and prevent illnesses that would then be addressed by their second set of recommendations – Health Services. Once again, they saw ‘health services’ as being defined more broadly than the Health Clinics, doctors and other healthcare providers, although they definitely recommended enhancements in these areas. In fact, only one suggestion for additional health services was mentioned by more than one focus group - having hand sanitizer dispensers available throughout campus.

Finally, the only suggestion that was noted by six focus groups, and by both college/institute and university students was the recommendation that there be “**more effective ways to communicate, promote and advertise health services – and do it more often.**” The students participating in the focus groups obviously value the health services and resources available on their campuses, but they do not believe that there is enough information about these services available to students.

## 2) What Student Services Administrators Said

Student Services Administrators gave a similar ranking to issues of mental health, and particularly to the identification of depression as the most frequent health issue presented by students as well as the prevalence of stress, and eating/weight/nutrition issues as students’ primary health concerns. They also identified an increase in general physical health issues.

When the 52 Student Services Administrators were asked to identify what *hindered* them from addressing student health issues, the 3 items identified most frequently were resource-based, and specifically:

1. more human resources (36),
2. more financial resources (16), and
3. more space (14).

There was also a consistency in the types of things the Student Services Administrators would do if they had additional, unlimited resources to address student health concerns. Their first recommendation for what institutions could do to address student health concerns was to invest in *increasing the number of health services staff*. As they had identified too few staff as one of the major barriers to delivering services, this is not a surprising finding. The next most frequently-cited suggestion was to *develop and promote healthy lifestyle services and initiatives* to prevent problems from occurring in the first place. The administrators responding would clearly like to engage more in these health promotion initiatives if the resources were available to them.

The results from this study do not, however, provide support for making an increased investment of Health Services resources in staff and physical space *alone* as a way of improving student health outcomes. In fact, the students’ definition of ‘health services’, like their list of health concerns, while certainly including the medically-related services focused on by the Student Services Administrators, related more to the quality of their life and lifestyle *as a student* and was not focused on services to address illness alone. This perceived difference in both the range and definition of health-promoting resources could be seen as an opportunity for Student Services Administrators and post-secondary institutions to re-frame the ways in which the campus community can assist post-secondary students as they learn how to enhance and maintain their own health... perhaps the most significant outcome of this study.

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## Discussion and Recommendations

The results from this study are discussed and recommendations made on the basis of the literature in the field of Student Services in the U.S., and particularly, of the opportunities for linking student learning and student health. This Systems/Community Approach to student health (Keeling, 2007) is grounded in two significant reports that are considered foundational documents in North America. In 2000, the first report, Healthy Campus 2010 – Making it Happen, a supplement to the much broader Healthy People 2010 report, was published. The report outlined how post-secondary campus health and wellness services could help address national health goals and objectives. In addition to the Healthy Campus 2010 report, a second document was introduced by the American College Health Association (ACHA), the ACHA Standards of Practice for Health Promotion in Higher Education described by Allen et al. (2006) as providing newly established standards of practice for post-secondary health promotion. The Standards provided both an approach and an educational strategy by which institutions could assess their programs, services, and efforts in terms of meeting both the academic and personal goals of students in meaningful and measurable ways. The creation of these official standards of practice was a significant contribution to quality assurance of health promotion and health services in post-secondary education.

Combined with this Standards of Practice, the perspectives and goals of Canada's Population Health Promotion Model (2002), a model incorporating the action strategies identified in The Ottawa Charter (1986), is identified as a tool that Student Services can use to re-focus on student health in post-secondary institutions and can provide an approach to responding to 3 critical questions:

1. On **WHAT** should we take action?
2. **HOW** should we take action?
3. **WITH WHOM** should we act?

(*Population Health Model, 2002, p.1*).

Besides illustrating how this Campus Health Promotion Model can be applied to campus-based health issues, there are two features of this Model which are similar to the requirements for the success of the National Association of Student Personnel Administrators (NASPA) model and which have already been launched by the completion of this study: a) the need for the *collection and monitoring of reliable data* on which to make health promotion decisions, and b) focusing resources in areas where *the largest number of students benefit* and that have the greatest impact on their *academic performance*. The primary shift in service

provision is from a focus that is solely on an individual student's health to a focus on community health and well-being.

The Report concludes by reiterating the pivotal role that Student Services Administrators can play in making the transition from a model of service focused primarily on the *treatment of illness* to a model focused on *the promotion of a healthy campus community* that supports student wellness and learning as well as outlining a community-based approach to promoting Student Health.



# 1. The Role of Student Services in Making Post-secondary Institutions Healthy Environments: A Review of the Literature

## 1.1 In the Beginning...

Universities and colleges/institutes in Canada have a long history of supporting the well-being of students. Both private and sectarian universities have existed in Canada since the 17<sup>th</sup> century, first in Quebec and then in Ontario and the Maritimes in the 1800's. In 1867, post-secondary education became the responsibility of the provincial governments and new universities were built in all of the provinces within a few years following confederation, including Canada's first federally-funded institution dedicated to higher education for Aboriginal people, Emmanuel College, which opened in 1879 in Prince Albert, Northwest Territories (Jones, 1997).

Although funded provincially, post-secondary institutions did receive federal funds from the *Veteran's Rehabilitation Act* in 1945 which included both tuition and a \$150 grant per student that permitted institutions to provide both education and support for veterans. This funding was to assist veterans in their preparation for a career, to provide them with financial aid and to provide them with personal counselling. Due to veterans' physical health concerns the provision of health services, too, became a matter of concern to universities. Thus, the first areas of focus for 'formal' student services in Canada were crystallized as health, personal counselling, financial aid and career development. Because most Canadian universities already had positions referred to as Deans of Men and, later, as Deans of Men and Women who supported the needs of students, particularly undergraduates, which pre-dated this funding support for veterans, these Dean positions found that their offices became the natural organizational homes for those responsible for counselling, health, career services and financial aid. These "pioneers in student affairs work" went on to develop and evolve professional associations to support their activities and professional development which continue today (Hardy Cox, 2002).

Then in the 1960's and 1970's there was again an infusion of funding to the provinces from the federal government to support the establishment of adult and vocational training programs and the colleges and institutes that supported them (Jones, 1997). These colleges adopted the service and support structures which existed in their university counterparts, which included health services, personal counselling, financial aid and career development. To include these new professionals, in 1973, the Canadian Association of University Student Personnel Services (CAUSPS) became the Canadian Association of College and University Student Services (CACUSS), along with the foundational Divisions of Student Affairs, Counselling and Health Services. Student Services support and

responsibility for student health, as well as for personal counselling was formalized within this new structure and Student Services' core task became one of supporting access for students and enhancing the total student experience (Sandeen, 2004).

Since that time, and continuing today, the health of students has become an increasingly critical issue addressed by most institutions of higher learning for many reasons, including the following:

- a call from faculty to create a support system to maintain the student's health for academic studies;
- the public health and communicable disease concern of isolation within a compact campus community, prior to the advent of vaccines and antibiotics;
- the specialized medical needs of the historically adolescent population, that may differ from the care of adult and pediatric care provided in the surrounding community;
- the confidentiality needs of young adults when establishing new relationships with parents; and,
- the need to access for treatment of a potentially uninsured population, or when the student was potentially uninsured.

(Source: CAS Book of Professional Standards for Higher Education, 2003, pg. 83)

There has also been an ever-growing number of students coming to campuses with serious medical, psychological, family related problems and emotional disabilities – most of which are invisible challenges to their academic success (Preece et al., 2007; Hall & Belch, 2000). Students confronted by these challenges now make up a large percentage of the "new" student population and, in turn, the workforce. Murray and Baldwin (2004) reported at the Association for Continuing Higher Education Conference that 73 percent of all undergraduate students are now in some way considered non-traditional – often due to health and wellness issues that deem them to be 'at-risk' students. The recent research of Preece et al. (2007) indicates that the number of non-traditional students has tripled in the past 25 years, with the largest increase in this student population being in the last five years. This insight into the changing population of post-secondary students is an important factor in understanding the role of Student Services in creating healthy campuses.

Sacher (2005) reported that in higher education, health and learning are interdependent and that today's students need more than the traditional provision of on-campus health services based strictly on a medical model. She emphasized the need for student health to be embraced as part of the mission of the university

because keeping students healthy improves the entire learning community for students, faculty and staff alike. Moses (2005) reiterated the view that the health of college students greatly influences the quality and productivity of students not only while in attendance at the university, but also throughout their lives, in the workplace and in the community.

In 2005, Quiroigco, Moses and Keeling suggested that an integration of opportunities for encouraging student health into Student Services improves student retention, learning, student success and academic achievement, and that each of these outlined benefits is often cited throughout the educational literature as being a major aim of higher education.

Burns (1990) stated that:

... as long as we believe that education has something to do with helping individuals achieve their maximum potential for self-development, the development of connection to others, and effective contribution to a lively democracy and its institutions, we cannot achieve the mission of higher education without dealing in some way with health. If we believe we can, we do so at the risk of ignoring major personal, environmental, and political dimensions of education (pp. 103-108).

In addition, Keeling (2002) reinforced the important opportunity that colleges and institutes have to intervene in health education and to address the critical public health issues that affect all citizens. He stated that Student Services, such as traditional health services on campuses along with academic programs, services and special wellness education projects, can enhance the common health in their communities while also improving the health status of individual students. Keeling (2002) also identified colleges and institutes as unique settings for addressing public health issues, and students themselves as important resources for bringing about improvements to the overall status of public health.

A close look into the discourse and literature on health services offered on post-secondary campuses indicates a strong alignment with Student Services as the coordinating body for student health and wellness services. The American College Health Association (ACHA), the Council for the Advancement of Standards in Higher Education (CAS), the National Association of Student Personnel Administrators (NASPA) and the Canadian Organization of University and College Health (COUCH) each point to post-secondary Student Services as having the primary responsibility for ensuring the health and well-being of students.

## 1.2 Health or Wellness?

To further situate the research on the role of post-secondary Student Services in creating healthy campuses, and before the specific health-related challenges found in the literature can be discussed,

it is imperative to first clarify how the terms 'health' and 'wellness' are used. Each has a slightly different meaning and focus, although throughout the literature they are commonly found in tandem. NASPA defines what it means to be healthy by using the World Health Organization's (WHO) 1948 definition of "a state of complete physical, mental and social well-being, as well as having the ability to lead a socially and economically productive life and not merely defined by the absence of disease or infirmity." Keeling (1995) added to this definition by proposing that the capacity to love, to work, and to know yourself regardless of chronic illness are also essential elements of health. More recently, Swinford (2002, p. 309) used the Carnegie Foundation's definition in relationship to college health and suggested that the work of Edward Hitchcock, a physician and professor of hygiene at Amherst College in 1860 marked the historical beginning of college health being seen as important in institutions of higher education in the U.S.

So, although the definition and dialogue around student health has a long history, the concept of wellness only really started to appear in the American higher education literature in the early 1970s. Ardell (1984) cited John Travis as the first physician to formally offer wellness education and services to the public. Travis and Ryan (1981) defined wellness as being: 1) a choice made to move toward optimal health; 2) a lifestyle designed to achieve the highest potential for well-being; 3) an awareness that there is no end point – that health and happiness are always present; 4) an effective use of energy received from the environment, internally transformed and then used to affect the outside world; and, 5) an integration of body, mind and spirit providing a deep appreciation for one's self.

## 1.3 Where Wellness and Health Fit Within Student Services Work

Since the late 1980's much has been published on the concept of wellness. For example, Johnson and Wernig (1986), Leafgren and Eisenrath (1986), Edlin, Golanty and Brown (1996), and Modeste (1996) have all explored wellness and, although each developed slightly different interpretations of what defines wellness, the common tenets of emotional stability, intellectual development, physical health, social participation, and spiritual meaning can be found in their articulated definitions of wellness. Taking these tenets into consideration and applying them to the wellness of post-secondary students, the work of Johnson and Wernig (1986) is helpful. They identified the deep connection between the Latin phrase *mens sans in corpore sano* (a sound mind in a sound body) as the ultimate definition of wellness and significant to the post-secondary context because of its relationship

to the long-held aims of a liberal education. As early as 1949, the American Council on Education, as cited by Leafgren and Elsenrath (1986), has promoted the role of Student Services in higher education as being responsible for the development of the whole person in terms of understanding the importance of having a sound mind in a sound body. This belief is consistent with the concept of wellness, and as a result has stimulated both interest and enthusiasm for campus recreation and wellness programs (p.3). From this early onset of interest in wellness, Hypertson, Hulme, Smith and Horton (1992) reported that university wellness programs typically started with an emphasis on health, and the provision of medical services, and have since grown to extend to assisting students with health management, illness prevention, well-being and lifestyle balance.

So, while slightly different in meaning, health and wellness are not new concepts to post-secondary student service responsibilities. What is significant to acknowledge, however, is the ever-growing interest in studying the importance of health and wellness for post-secondary students.

#### 1.4 Student Services Health and Wellness Today – What the Literature Reveals

The literature of the late 1980s was used to springboard the 1996 American College Health Association's (ACHA) interest in outlining protocols for establishing, operating and evaluating health promotion on post-secondary campuses (Zimmer, Hill & Sonnad, 2003). As a result, over the last ten years two significant reports that outline what constitutes a healthy post-secondary campus have been produced and are today considered foundational documents in North America. In 2000, the first report, Healthy Campus 2010 – Making it Happen, a supplement to the much broader Healthy People 2010 report, was published.

The report specifically outlined how post-secondary campus health and wellness services could help address national health goals and objectives.

Throughout the literature, and especially in the citations from Student Services conference proceedings, there is an abundance of information about the recommendations outlined in the Healthy Campus 2010 report which mapped out two overarching goals, 28 focus areas, 467 specific objectives (of which 178 are solely college service objectives) and 10 leading health measures. Some examples of issues identified in the report as concerns specific to post-secondary Student Services are related to alcohol usage, health insurance disparities, a lack of physical activity, obesity, tobacco use, substance abuse, responsible sexual behaviour, mental health, injuries, violence, environmental factors and immunization.

In addition to the Healthy Campus 2010 report, a second document was introduced by ACHA and described by Allen et al (2006) providing newly established standards of practice for post-secondary health promotion. Because, as Allen et al. (2006, p. 247) elaborated, all of those working in post-secondary education were being asked to assess their programs, services, and efforts in terms of meeting both the academic and personal goals of students in meaningful and measurable ways, it was increasingly difficult to assess the impact of college-based health promotion services on student wellness. As a result, the creation of the official ACHA Standards of Practice for Health Promotion in Higher Education was a significant contribution to quality assurance of health promotion in post-secondary education.

The key contributing elements of the ACHA standards include: 1) a clearly articulated definition of health; 2) an overarching mission statement that stressed the critical contributions that post-secondary Student Services make in creating opportunities, programs, policies and services to support students and the entire learning community in reducing the risk of illness and injury, and in enhancing wellness that in turn benefits learning, and advocating for safety, social justice, economic opportunity and human dignity; 3) a challenge for post-secondary education to advocate for inclusive and equitable access to resources and services as a social justice imperative aimed at eliminating health disparities; and, 4) an overview of the scope of health promotion services and the institutional initiatives, supports, programs and policies recommended to address institutional, community and public decisions related to student wellness.

Both the Healthy Campus 2010 and the ACHA standards documents have become major and influential contributors to the discourse of post-secondary students' health and wellness. Zimmer et al (2003, p. 247) based on the support from The Coalition of National Health Education Organizations (CNHEO), of which ACHA is a member, forecasted that the shared vision for creating Standards of Practice for Health Promotion in Higher Education would be a major contributor and support for post-secondary institutions. Based on a review of ACHA and NASPA conference proceedings over the last several years, it is evident that both the Healthy Campus 2010 and the ACHA Standards of Practice for Health Promotion in Higher Education have indeed become the foundations on which American post-secondary Student Services base their work on creating healthy campuses. While not the only bases for the evolution in focus of Student Services support of campus health activities, these two documents have created the theoretical foundations upon which health promotion activities can be built, as well as the professionally-supported rationale for doing so.

In spite of the fact that the majority of the literature on health-related Student Services addressed the needs of on-campus students, Scheer and Lockee (2003) stressed the need for Student Services not to ignore the health needs of on-line learners. They pointed out that increasing numbers of post-secondary students are taking some or all of their courses on-line and that the health needs of this population are more invisible than any other post-secondary student group. Scheer and Lockee (2003, p. 179) cited a variety of research on the needs of distance learners to reinforce the assertion that this population of students has a “[variety of roles other than that of being a student](#)” and as a result, the need for these students to balance their responsibilities causes heightened stress levels that impact their health and their ability to be successful learners.

While the extant research on topics such as specific health programs, student affairs and faculty projects, culture and community building initiatives and the needs of specific student populations are all helpful, the Zimmer et al. (2003) article that outlined the scope-of-practice survey leading up to the development of the [Standards of Practice for Health Promotion in Higher Education](#), in combination with the Swinford (2002) article mentioned earlier, are the two key contributions to the body of literature on the overall role of post-secondary student services in health promotion. These articles clearly position health promotion in higher education as “[a unique specialty in the field of public health, and health education focused on the advancement of health from three perspectives – school health, institution/community health and work sites](#)” (Zimmer et al., 2003, p. 247). Zimmer et al. (2003) also described post-secondary education as having great opportunities, through comprehensive management and institutional accountability, to access large student populations and a learning-centered culture in order to improve the health of students, faculty and staff. However, while the article illustrated the opportunities, it also addressed the challenges of campus health service administration in a realistic and useful manner.

In addition to changes in the focus in the field of health care itself, there has also been a major transformation in Student Affairs practice which has created further opportunities to focus on the promotion of student health. There has been a re-commitment of many post-secondary institutions, and certainly by Student Services professionals in both the U.S. and Canada, to the importance of student learning as ‘the’ outcome of higher education. Student learning, as defined in the foundational document, [Learning Reconsidered](#) defines learning as a “[comprehensive, holistic, transformative activity that integrates academic learning and student development](#)” (ACPA/NASPA, 2004, p.2). Academic learning and student development have often been considered outcomes that are separate or even independent of each other. Focusing on the goal

of *wellness*, which refers to a positive state, whereas *illness* refers to a negative state (Modeste, 1996) provides many opportunities for student learning. This fundamental shift in focus has been embodied in the change in the definition and label used to describe the professional standards for college and university health services approved and promoted by the American College Health Association from [College Health Programs](#) (2003) to [Health Promotion Services](#) (2006). The change in these international standards for student health service provision means that the profession of Student Services has moved past the discussion of health promotion into the sphere of action.

## 1.5 The Canadian Context of Campus Health

A thorough review of the literature did not find a Canadian equivalent to the [Healthy Campus 2010](#) or the [ACHA Standards of Practice for Health Promotion in Higher Education](#) documents. However, it appears that some of the work being done within the context of Canadian post-secondary Student Services is being influenced by both of these reports.

A review of several Canadian university student health services websites, such as Dalhousie University, the University of Toronto, the University of British Columbia (UBC), Carleton University, Concordia University, and the University of Northern British Columbia, indicated alignment of these health services with many of the goals, objectives, services, and programs outlined in the [Healthy Campus 2010](#) and [ACHA Standards](#) documents. Also, while a review of the conference proceedings from the last five years of the CACUSS conferences indicates a strong representation of sessions that focus on many aspects of health and wellness issues, scholarly articles written from a Canadian perspective on health and wellness student services are not readily available.

Within the field of health care in Canada, however, there has been significant momentum around the concept of ‘health’, which, like wellness, is a positive concept. Health is seen as a “[resource for everyday life...as a positive concept emphasizing social and personal resources as well as physical capacities](#)” ([Ottawa Charter for Health Promotion](#), 1986, p.1). The outcome of the First International Conference on Health Promotion in Ottawa in November 1986, the [Ottawa Charter for Health Promotion](#), advocated for coordinated action from all constituencies to promote the goal of health – a goal that was supported by means of Healthy Public Policy, Supportive Environments, Community Actions, Personal Skills, Reorienting Health Services, and Moving into the Future. The promotion of ‘health’ was placed on the national agenda, and this agenda was communicated worldwide.

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Therefore, combined with the momentum of Healthy Campus 2010, Standards of Practice for Health Promotion in Higher Education, and the value and centrality of the goal of student learning articulated in Learning Reconsidered (2004), campus health services have the conceptual rationale available to transform their practice from the treatment of illness as their main activity to the promotion of student health in Canadian college/institute and university Student Services.

## 2. Overview of the Data Collection Processes Used in this Study

This study on Post-secondary Institutions as Healthy Settings: The Pivotal Role of Student Services will inform the discussions currently underway within Canadian post-secondary institutions while also adding to the literature about both the current state of, and recommendations about, ways of enhancing both their services and campus health overall from the perspectives of both students and Student Services Administrators. Student Services in Canada *does* have the mandate and the opportunity to lead the discussion, and now, more than ever, as will be seen from the results of this study, they have the mandate and potential to do so.

This study had two main areas of focus which were examined in three different but interconnected ways:

- The responses of **post-secondary students** describing the health challenges that affect the academic performance of students, the impact of these health challenges, the institutional resources currently available to address these health issues and their recommendations about other measures that institutions could introduce to address their identified health challenges.
- The responses of **Student Services Administrators** describing the changes in the types or levels of health-related issues that students are presenting at their institutions, the services students currently use to address health issues and whether or not these services are part of the portfolio, what hinders and assists them in delivering health services, the impact of either addressing or failing to address their health issues, and their recommendations for further investments in addressing student health concerns.

The objective of this study was established by the Young Adults Working Group (YAWG) of the Canadian Council on Learning's Health and Learning Knowledge Centre (HLKC), with the Association of Canadian Community Colleges (ACCC) as the lead organization. The study was "...to provide an overview of the role that Student Services play in making post-secondary institutions healthy settings. It will also identify institutions' capacity issues related to the delivery of Student Services and provide recommendations for post-secondary institutions and stakeholders on how to address these issues in order to continue to provide and/or sustain a healthy setting for young adults to learn." (From *Terms of Reference*, 9/27/2007)

The information collected provides a unique look at:

- The identification of the most significant health challenges identified by both students and Student Services Administrators.
- The identification of the services currently used by students to address health related issues, from the perspectives of *both* students and Student Services Administrators.
- The identification by *students* of the impact of health-related concerns on their learning.
- The identification by *Student Services Administrators* of the impact of either addressing or failing to address students' health-related issues.
- The recommendations from *both* students and Student Services Administrators about other measures that could be introduced by institutions to address student health concerns.

### 2.1 Management of the Activities for this Study

In consultation with the YAWG of the Canadian Council on Learning's HLKC, this study was conducted jointly by the ACCC and consultants hired in October 2007 by the YAWG. As described below, each constituent had unique but overlapping areas of responsibility as part of this study:

- The **Young Adults Working Group** – reviewed and approved all correspondence sent to Student Services representatives, the survey, interview and focus group questions and the final report. In addition, YAWG and ACCC selected the institutions where focus groups would be conducted to make sure that there was a mixture of large, small, francophone, anglophone and rural colleges/institutes across the country according to the six ACCC regions (British Columbia/Yukon, Alberta/ Northwest Territories, Saskatchewan/ Manitoba/Nunavut, Ontario, Quebec and Atlantic).
- The **Association of Canadian Community Colleges** – scheduled, prepared and facilitated the student focus groups in both English and French, with two representatives from the consulting firm NRL Group Inc. based in Ottawa, Ontario. ACCC then compiled the results of the 11 focus groups and translated the French focus group responses into English for use by the consultants. The Association also translated into French, the introduction, the email surveys, and telephone surveys for Student Services Administrators, developed by the consultants. ACCC negotiated with the Canadian Association of College and

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University Student Services (CACUSS) to allow us to use their email distribution list to conduct our survey, in exchange for permitting CACUSS to have the results from the study to share with its membership. The Association conducted the French telephone interviews with Student Services Administrators, and translated both these French telephone interviews and the French email survey responses into English to permit their analysis by the consultants. ACCC is responsible for the translation and distribution of the final report of the results from this study.

- The **Consultants** – developed the questions for the Student Services Administrators that addressed the areas of focus for this study, identified the Student Services Administrators who would be interviewed by telephone survey and conducted the telephone interviews with the English-speaking Student Services Administrators. The consultants also developed the introduction and email survey for distribution in both English and French to 900+ Student Services Administrators, collected the email submissions, removed all identifiers from the submissions. French telephone and email surveys were sent to ACCC for translation and the consultants collated and analyzed the results of all the English and French telephone and email surveys. They also collated and analyzed the results of the 11 focus groups, conducted a literature review of existing research in the area of Student Health in Canadian post-secondary institutions, compiled all of the results, information and analysis from this study in a final report and made recommendations for post-secondary institutions and the Canadian Council on Learning on the basis of their analysis.

## 2.2 Data Collection Procedures

Three forms of data were collected for this study, and were analyzed and integrated into this report:

### 1) Student Focus Groups

Eleven (11) focus groups were conducted in six different geographic regions of Canada involving 72 students from 5 universities and 6 colleges/technical institutes/cégeps; from 3 French and 8 English speaking post-secondary institutions.

### 2) Telephone Surveys

Twenty (20) surveys of Student Services Administrators from institutions where focus groups occurred were conducted by telephone (18 English and 2 French).

### 3) Email Surveys

Close to 900 members of the CACUSS received an invitation, in English or in French, to complete and submit their responses to the study questions. Thirty-two (32) were completed and submitted by email (28 English and 4 French).

Because of the relatively low response rate to the email surveys and because the questions in both the telephone and email surveys were identical, the results from these two types of surveys were *combined*, resulting in a total of 52 responses from Student Services Administrators.

### 3. A Description of the Study Sample

In this section, the students and Student Services Administrators who participated in this study are described and the potential limitations of this study are detailed.

#### 3.1 Student Focus Group Participant Information

The data from the 11 student focus groups conducted for this study which involved 72 individual students were provided to the consultants by the ACCC. These focus groups were conducted between October 3 and November 8, 2007 on site at each selected institution and each focus group lasted approximately 90 minutes. Institutions were each asked to recruit and select 8 to 10 participants within the ages of 18-34 which “best represent their student body” (Source: Guidelines for Focus Groups – Appendix B). The participating institutions provided a small room set up for the focus groups, preferably in a circle formation, a flip chart for recording the ideas presented by the students and food and beverages. One consultant facilitated and recorded each focus group discussion, assisted by an ACCC representative, and ACCC summarized

the responses, by institution and by question. These response summaries to the various questions asked during the focus groups were then transcribed and provided to the consultants for their analysis, as was the cumulative demographic profile of all of the focus group respondents.

#### Provincial Distribution of Focus Groups

Newfoundland – 2  
 Quebec – 2  
 Ontario – 2  
 Alberta – 2  
 Saskatchewan – 2  
 British Columbia – 1

#### Type of Institution

University – 5  
 College – 4  
 Technical Institute – 1  
 Cégep – 1

A partial profile of the Focus Group Participants is provided below in Table 1 (a complete profile is included in Appendix A).

Table 1 Profile of Focus Group Respondents	All Focus Group Students (N=72)
<b>Gender</b>	
Male	26
Female	45
No Response	1
<b>Age</b>	
Under 18 years or younger	1
19 -21 years of age	30
22-25 years of age	21
26-34 years of age	19
Not Specified	1
<b>No. of years Attending</b>	
Less than 1	16
1	13
2	6
3	15
4	5
4+	17
<b>Marital Status</b>	
Single	59
Married	9
Separated	2
Divorced	2
<b>Children</b>	
Yes ( average # 3.5)	12
No	56
No response	4
<b>Aboriginal person</b>	
No	56
Total self-identified	19
- North American Indian	13
- Métis	1
- not specified	5
<b>Disability</b> (Note N=more than 72)	
No	67
Yes, learning disability	5
Yes, physical disability	1
Yes, mental disability	1

### 3.2 Student Services Administrators Participant Information

Responses to an email or telephone survey of six questions were collected from a total of 52 Student Services Administrators. Twenty (20) of the surveys were administered by telephone (18 English and 2 French) and the other 32 were completed by email attachment (28 English and 4 French).

A list of approximately 900 student services members of CACUSS was used to invite members to complete the email survey in partnership with ACCC. A copy of this invitation is included in Appendix C. The individuals responding had agreed to be contacted to participate in this study and were informed that in exchange for their participation, CACUSS would receive a report summarizing the results from this study. The survey itself was sent to the members of CACUSS who had agreed to be part of the study (i.e. had not asked that their name be removed from the distribution list – 10 members made such a request), in the language in which they wanted to receive it (English or French) by the CACUSS Secretariat. Responses to the survey were to be sent directly to the consultants, however, several responses were returned to the Secretariat which then forwarded them to the consultants. Once received, the survey responses were separated from the identifying email and were assembled in a separate document to enable analysis; French survey responses were sent to ACCC for translation and were then analyzed together with the English survey responses.

While it was initially proposed that *only* an email survey be used, the consultants suggested that, based on their recent experiences, the expected response rate would likely be very low, and that this email information would be best supplemented by telephone interviews with individuals representing institutions from across Canada. This proved to be a wise precaution as the small number of email surveys completed (32) out of more than 900 that were sent out indicates a very small response rate (about 3 percent). With the added 20 phone interviews we were able to ensure that we had a reasonable sample in terms of representation and size to allow us to make some general knowledge claims. It was decided to conduct the telephone interviews at the same institutions at which the student focus groups were conducted. This was done to ensure that when we compared student and Student Services Administrator responses we were including data from as diverse a range of institutions as possible, since, as noted above, the email survey was not distributed to Student Services Administrators at the institutions where focus groups were held.

The Student Services Administrators who participated were invited to respond to the questions using the telephone interview introduction (see Appendix D. The questions for these participants

were identical regardless of completion format and are included in Appendix E. The telephone and email survey data were collected in November and December 2007. French email surveys were sent to ACCC for translation and ACCC also conducted and translated two French telephone interviews of Student Services Administrators.

The Student Services Administrators who responded to the telephone or email surveys came from institutions with a wide range in the number of students (mean = 19,800, standard deviation = 15,567, range = 118 – 63,000). Most respondents did not differentiate the numbers of full versus part-time students at their respective institutions so these values represent both types of students participation combined. Also, four respondents did not indicate the number of students at their institution. While three respondents did not report the percentage of students living on campus, the data for those who did respond to this question indicated that most students at these institutions did *not* live on campus (mean = 13.6 percent, standard deviation = 18 percent, range 0 - 79 percent)

#### **a) Respondents came from the provinces in the following numbers:**

Newfoundland – 4  
Nova Scotia – 2  
New Brunswick – 1  
Quebec – 6  
Ontario – 16  
Manitoba – 4  
Saskatchewan – 5  
Alberta – 6  
British Columbia – 7  
Unreported – 1

#### **b) The Student Services Administrators responding to the email and telephone surveys represented by the following types of institutions:**

University – 32  
College – 12  
Technical Institute – 4  
Cégep – 2  
University/College – 1  
Unreported – 1

#### **c) The positions held by the 52 Student Services Administrators responding were:**

Senior Student Services Officer/Director – 26  
Health/Wellness Services Manager/Director – 14  
Psychiatry/Counselling Director/Manager – 4  
Not Specified – 3  
Academic Support Services – 2  
Others (advocacy, disability, career and residences) – 4  
in total

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It is important to note that although the total number of Student Services Administrators responding was relatively small, the 14 Health/Wellness Services Managers/Directors who did respond represent 16 percent of all of the members of the Canadian Organization of University and College Health (COUCH) – the division of CACUSS members who have responsibility for the health and wellness activities on their campuses. In contrast, the 26 Senior Student Services Officers/Directors account for only 4 percent of the membership of their division, SASA (Student Affairs and Services Association). Therefore, those individuals with the responsibility for Health and Wellness Activities on college/institute and university campuses were more likely to respond to this survey and to have their opinions represented in the results.

### 3.3 Limitations of this Study

While 72 students and 52 Student Services Administrators were included in this study, we are aware that this relatively small sample may or may not be representative of the opinions and experiences of the majority of these same constituencies in Canada. However, there was much unanimity in the responses with respect to health issues which suggests to us a pattern or trend in opinion among these individuals. In addition, the focus groups were conducted in five provinces; the Student Services Administrators came from nine provinces. In both focus groups and in surveys, the university was the institutional home for 45.5 percent of the respondents. Therefore, caution should be used in generalizing the results from this study to the *entire* post-secondary population and *all* Student Services Administrators in Canada. It does, however, give us both new and valuable information that could be used to enhance and support the development of post-secondary institutions as healthy settings as well as the significant role played by Student Services in the creation and support of healthy campuses and students in Canada.

## 4. What We Learned

### 4.1 The Most Significant Student Health Challenges

Although the questions asked were slightly different for the students and the administrators included in this study, there was a similarity in some of the health issues reported most frequently by both students and Student Services Administrators. Table 2 summarizes the student health challenges identified most frequently by the student focus groups and by Student Services Administrators.

The entire listing of the issues and challenges identified by both students and Student Services Administrators is included in Appendices F and G.

While there is a similarity in the ranking of mental health, and particularly the identification of depression as the most frequent or increasing health issue presented by students and also the prevalence of stress and eating/weight/nutrition issues as health concerns, there were some interesting differences in the health-related issues and concerns identified by students and administrators. Students identified lifestyle issues such

as fatigue, addictions, physical activity, life balance and finances as of concern to them, as well as colds and flu. Student Services Administrators, on the other hand, identified an increase in general physical health issues.

Based on an understanding of student developmental issues, particularly psychosocial development (Chickering & Reisser, 1993), it could be anticipated that most post-secondary students are grappling with issues of self-management, including the management of their own health and well-being. Therefore, as they learn how to manage themselves it would be normal to expect that they have to learn to address their own health and activity, personal finance and illness. This is particularly true for the generation of students born since 1985 and most commonly known as the Millennials (Howe & Strauss, 2000) for whom inactivity, health issues and dependency on parents are the norm rather than the exception. Student Services Administrators may, in fact, be identifying the same problems, but labelling it more broadly as “general physical health”, whereas the lived experience of students is more differentiated.

**Table 2 Most Frequently-Identified Student Health Issues/Challenges**

Student Health Challenge/Issue	Total Number of times it was identified as a challenge by Student Focus Groups N=11 ☒ = not mentioned	Total number of Student Services Administrators indicating an increase in this student health issue N=52 ☒ = not mentioned
Mental health (anxiety, depression)	13	57
Sleep deprivation (fatigue)	11	☒
Stress	9	12
Addictions (alcohol, drugs, on-line gambling)	8	☒
Poor nutrition (diet), eating disorders/weight issues	7	7
Flu/colds	6	☒
Unplanned pregnancy/STD's, sexual health	6	8
Lack of physical activity	6	☒
Financial concerns	6	☒
Life balance	5	☒
Learning disability	5	9
General physical health	☒	5

## 4.2 The Services Currently Used by Students to Address Health-related Issues

There was much similarity in the list of resources used to address health issues by both students and Student Services Administrators. Table 3 lists services mentioned most frequently by each constituency.

Once again there was definite and strong agreement on the services used most frequently, and there are also some differences in the two lists. Both students and Student Services Administrators cited students' use of the Health Clinic, doctors and nurses on campus and also the use of counsellors/psychologists (and students added elders to this group) as the most frequently used source of help. However, students also included academic resources, such as supportive instructors and tutors, as well as career counsellors, social events and clubs on their list of resources, whereas Student Services Administrators noted the use of off-campus contacts and student disability services on theirs. It is interesting to note (see Appendix H for details) that although the

various types of wellness information workshops were listed separately and were not, individually, mentioned as frequently as services used, as were counsellors or the health clinic, when taken *together* (e.g. wellness information workshops, nutrition information, wellness guides and on-line resources) they indicate strong support for the Health and Wellness outreach activities that are already taking place on many campuses.

What is interesting about this perceived difference in the identification of the services used by students to address their health concerns is that the students' list includes services that speak to the realities most affected by any health-related issue they are experiencing – their academic life, their social life and career prospects. In some ways, this more holistic view of their experience of health issues is surprising. In other ways it is instructive. Therefore, while the services generally considered to be the most frequently used in supporting students' health and well-being frequently fall within the Student Services portfolio, the ways that they think about and use resources is, in fact, much broader and speaks to the integration of the entire student experience into our thinking about student health and health services.

**Table 3 Services Most Frequently Used to Address Student Health Concerns**  
(The entire listing of services used by students is included in Appendix H)

<b>Help Available</b>	<b>Total number of times it was identified as a helping resource by Student Focus Groups N=11 ☒ = not mentioned</b>	<b>Number of times service was mentioned by Student Services Administrators N=52 ☒ = not mentioned</b>
Health clinic on campus, nurses and doctors on campus	9	42
Counsellors/psychologists/elders available on campus	8	34
Recreation/ fitness centre, gym, pool	6	5
Social events/clubs organized by student government	6	☒
Massage/chiro/physiotherapy available	6	8
Career/guidance counsellors	5	☒
Supportive instructors/professors	4	☒
Tutors, informal and formal arrangements	4	☒
Student disabilities	☒	15
Off campus contacts	☒	11
Funding/financial aid available	4	☒
Residence life /advisors	4	6
Multifaith chaplains	4	7
Learning/orientation	☒	5

### 4.3 The Impact of Health-related Concerns on Students

Students and Student Services Administrators were in agreement that health-related issues had an impact on the academic performance of students. Both groups view student health as a central feature of success for students – both academically and physically. There was a similarity in some of the health-related impacts on student learning reported most frequently by both students and Student Services Administrators with both groups citing reduced academic performance and dropping out of courses/programs as the primary negative outcomes. Table 4 lists the learning outcomes identified most frequently by the student focus groups and by Student Services Administrators.

The entire listing of the impacts on student performance identified by both students and Student Services Administrators is included in Appendices I and J.

The 72 students participating in 11 focus groups identified a large number of impacts of health challenges on their learning. As noted earlier, the most frequently-mentioned were the effects on their academic performance and dropping out of their academic programs. While being more prone to catch flus or illnesses was also noted frequently, the significant majority of the impacts (24) were primarily psychological or emotional in nature. Eight (8) items were academic in nature and 7 of the impacts were primarily physical in effect. Perhaps most descriptive was what was referred to by three groups as the ‘domino effect’ – trying to deal with one health challenge triggered others. It is in this context that the cyclical and intertwined nature of health challenges becomes more evident – wherever it starts, the cascade of consequences of any health-related challenge triggers many other events, only some of

which can be identified as primarily academic in nature. One focus group also identified 5 positive outcomes of a health challenge which was in stark contrast to the overwhelmingly negative impacts listed by the other student focus groups.

The Student Services Administrators responding were clear that they believed there was a link between physical and mental health and students’ academic success. They identified an impact on academic performance and dropping out or not completing an academic program as the most frequent results of health-related issues on learning. They also saw the opportunity of an illness to stimulate healthier lifestyle choices and with a healthy body and mind; students were expected to have a more successful academic experience leading to higher retention and then graduation rates. Student learning was also cited as an impact, although this is similar to academic success. Students who are healthy are perceived to have fewer course withdrawals as well. Finally, they identified some long-term benefits to being healthy at post-secondary institutions – students learn to effectively cope with problems, mature and make a successful transition into adulthood.

Therefore, while there was definite agreement on the impacts of dealing with health-related issues on academic performance overall, students identified more psychologically-oriented impacts than did the Student Services Administrators and the ‘domino effect’ of illness on their learning was also clearly articulated by them. Student Services Administrators saw the potential ‘learning’ about healthy lifestyles and choices as an impact – a more positive way of looking at the negative consequences of illness. Since student groups did not identify this potential, it could be assumed that it is an impact better understood by administrators, and maybe one not yet appreciated by the students themselves.

**Table 4 The Most Frequent Impacts of Student Health-Related Concerns**

Impact Identified	Total number of times impact was identified by Student Focus Groups N=11	Number of times impact was mentioned by Student Services Administrators N=52
	☒ = not mentioned	☒ = not mentioned
Effect on academic performance	8	22
Dropping out/retention/completion	6	26
Increased anxiety	6	☒
Poor concentration	6	☒
Prone to catch flus and illnesses	4	☒
Domino effect (i.e. trying to deal with one issue causes others)	3	☒
Lose interest in learning	3	☒
Guilt	3	☒
Poor grades/student learning	3	6
Lower self-esteem/confidence	3	5
Depression	3	☒
Healthy lifestyle choices	☒	4
Sense of security for students	☒	2
Recruitment	☒	2
Productivity	☒	2
Not sure	☒	2

## 4.4 Recommendations on What Could be Done by Institutions to Address Student Health Concerns

Both the student focus groups and the Student Services Administrators were invited to identify what other measures institutions might introduce to address student health concerns. Since the questions asked were slightly different for each constituency, the responses are presented and discussed separately to this question.

### 4.4.1 Student Recommendations

The student focus groups identified 116 areas in 11 clusters of activities or services and that, in their opinion, could have the potential to address their health challenges and to enhance their learning experiences. A complete listing of these suggestions is included in Appendix K.

Few of the recommendations listed were mentioned by more than one focus group, with the exception of the recommendation that more effective ways be found to advertise the availability of health-related services for students. This suggestion was made by 6 of the 11 focus groups.

In terms of absolute numbers of recommendations, the following clusters of recommended activities were identified:

1. Facilities (22 recommendations)
2. Health Services (15 recommendations)
3. Food (14 recommendations)
4. Academic Activities (14 recommendations)
5. Services for Students (12 recommendations)
6. Financial Services (11 recommendations)
7. Mental Health Resources (10 recommendations)
8. Advertising (9 recommendations)
9. Housing (5 recommendations)
10. Staff (3 recommendations)
11. Safety (1 recommendation)

What is interesting about the recommendations made by the students is that they focus on their health and the things that could potentially enhance both their health and their student experience in a *systemic* way – through attention to the facilities available at their institutions, such as less crowded classrooms, a larger fitness centre, the cleanliness of washrooms, better air/ventilation, the services, the resources and the academic activities of the campus, as well as the health and mental health services available. This focus is consistent with their responses to the earlier question about the impact of health related issues – the domino effect, where one aspect of their lives collides with and impacts on other aspects. Based on their responses to

this question, students would appear to see the domino effect as also relating to facilities, and that addressing facility issues might also address health challenges and prevent illnesses that could then be addressed by their second set of recommendations – Health Services. Once again, they saw ‘health services’ as being defined more broadly than the Health Clinics, doctors and other health care providers, although they definitely recommended enhancements in these areas. In fact, only one suggestion for additional health services was mentioned by more than one focus group - having hand sanitizer dispensers available throughout campus.

Finally, as mentioned earlier, the only suggestion that was noted by 6 focus groups, and by both college/institute and university students, was the recommendation that there be “*more effective ways to communicate, promote and advertise health services – and do it more often.*” The students in the focus groups obviously value the health services and resources available on their campuses, but they do not believe that there is enough information about these services currently available to students.

### 4.4.2 Student Services Administrator Recommendations

Student Services Administrators were also invited to make recommendations about what they would do to address student health concerns if they had unlimited resources, and their responses were grouped into their first, second and third choices. Their recommendations are summarized in Table 5 (see following page).

There was a consistency in the types of things the Student Services Administrators would do if they had unlimited resources to address student health concerns. While the priority of these activities changed from first to second to third response, some recommendations were made repeatedly.

Their first recommendation for what institutions could do to address student health concerns was to invest in *increasing the number of staff*. As they had identified too few staff as one of the major barriers to delivering services, this is not a surprising finding. The next most frequently-cited suggestion was to *develop and deliver health promotion initiatives* on campus to possibly prevent problems from occurring in the first place. The administrators responding would clearly like to engage more in these initiatives if the resources were available to them.

Since this question asked administrators to focus on what could be done through Student Services, they may have focused fewer of their responses on the institutional environment than did the students who responded. However, there was no mention of partnerships with other constituencies such as facilities, or with academics as a way of enhancing student health.

Table 5 Most Frequently-Mentioned Things Student Services Administrators Could do First, Second and Third to Address Student Health Concerns Through Student Services (N=52)	
Number One Response	Count
Invest in more staff	16
More space	4
Reorganize services for more effective delivery	4
Build an integrated student life centre including a clinic	4
Run a campus-wide survey on student health behaviour and what their Health Services needs are	4
Number Two Response	
Develop & deliver health promotion initiatives on campus	15
Add more service providers	12
Do more outreach to let students and staff know about services	4
Number Three Response	
Develop and promote healthy lifestyle services, initiatives and positions	10
Expand services to students	4
Add staff	4

#### 4.5 What Hinders and Assists Student Services Administrators in Delivering Health Services and in Addressing Student Health Issues

Student Services Administrators were asked to identify what, if anything *hinders them* from addressing health issues on campus and what *assists them* in delivering health services. The responses to these two questions will be considered together to inform a discussion of the opportunity structure within post-secondary institutions as it is seen by Student Services Administrators.

Not surprisingly, the Student Services Administrators who responded to the email and telephone surveys attributed their institution's ability to deliver health services to students to be directly related to the *strong commitment and professionalism of their staff*. Many of them noted that moving to a team-based, collaborative service delivery model assisted in delivering services. The other major factor identified in successful health service delivery was *support from the institution's administration*, which could also provide adequate resources to deliver the services. Several respondents commented on the support they had from student groups in assisting them to reach out to students and also in providing services to them.

Clearly, the largest hindrance for Student Services Administrators in delivering services to students is resources, or more precisely, a lack of them. The most frequently-cited resource lacking was *human resources* (physicians, nurses, psychologists, psychiatrists, counsellors). Along with this deficiency was usually a *lack of financial resources* to pay these people as well as *space* in which to locate them. This lack of resources then leads directly to the problem of long waitlists and the large volume of students needing health services that could not be provided to them.

Some of the respondents also had interesting suggestions regarding the need to reach students more effectively (particularly electronically) to encourage them to lead a healthy lifestyle.

So, taken together, the responses to these questions suggest that while Student Services Administrators understand that the promotion of health and the treatment of illness is a human enterprise. They identify that both the strength of their current services and their limitation for the development of future services rests on their ability to attract and retain the right people to work collaboratively to enhance the overall health of their campuses. This perspective may, however, be limiting their ability to effectively address student health issues from a more *systemic* perspective – a finding that will be discussed in more detail later in this report.

**Table 6 The Most Frequent Responses to What Assists and What Hinders Student Services Administrators in Addressing Students Health Issues**

(A complete listing of the responses to these questions is included in Appendices L and M)

*A. What assists you in delivering these services?*

Response	Count
Dedicated/hard-working/competent/trained/innovative staff	23
Team-based service delivery/cooperation between services/integration of services/collaborative care	11
Adequate resources	9
Support from the administration	8
Good rapport with student groups	5
Community support	4
Connections with the academic units	4

*B. What, if anything, hinders you from addressing health issues that students are presenting on your campus?*

Response	Count
More human resources	36
More financial resources	16
More space	14
Volume of needs presented/waitlists	7
Reaching the students to let them know of the services available and the need to change poor lifestyle habits	8
Lack of recognition of our contribution to the institution	4
Private practice model of service delivery/need more holistic and organic model/more preventative approaches/less silos	4

## 5. What are the Implications of What We Learned from this Study: Conclusions and Policy Implications

This study examined the role that Student Services plays in making post-secondary institutions healthy settings for student learning. It summarizes the results of 11 student focus groups of 72 college and university students in six different geographic regions of Canada. It also includes responses from 52 individual Student Services Administrators in nine provinces to an email or telephone surveys. While this relatively small sample of students and of Student Services Administrators may or may not be representative of the opinions and experiences of the majority of these same constituencies in Canada, we found a convergence and pattern in the results which gives us the basis upon which we can make some observations and recommendations.

### 5.1 The Role of Student Services in Campus Health

#### 5.1.1 Defining Health Problems

The results of this study confirm the important role played by Student Services, and particularly Health Services and Counselling Services, in addressing students' health issues on post-secondary campuses in Canada. The students who participated in this study confirmed that these are the services that they most frequently used to address their health concerns, a finding mirrored by the Student Services Administrators surveyed. Students also identified recreation and fitness facilities and massage, physiotherapy and chiropractic services on their campuses as resources for addressing their health concerns. However, students also sought out other supportive people for assistance when they were ill, such as professors, tutors, residence life staff and chaplains. While Student Services Administrators mentioned students' use of off-campus resources to address their health concerns, students did not.

In order to understand why they used the resources they did to address their health concerns, it is also important to understand the *primary impacts* of health issues identified by the student focus groups. The most frequently-mentioned impacts of students' health-related concerns were on their academic life, or becoming prone to other illnesses, flu, depression, anxiety and guilt. Students' reference to the 'domino effect' captured the complexity and interrelatedness of their health issues – with the vicious cycle of academic, personal, financial, lifestyle and health concerns which sometimes resulted in dropping out of school or reductions in academic performance.

Perhaps not surprisingly, then, when students identified their most significant health concerns they listed a range of issues that could be seen to be 'lifestyle'

issues, such as sleep deprivation, addictions, nutrition, a lack of physical activity, financial concerns and life balance, as well as colds and flu. The Student Services Administrators surveyed did not specifically identify these issues as student health concerns, a fact which points to an opportunity for them to see health issues and challenges more broadly than solely the treatment of illness – as an opportunity to promote student health. In fact, they did refer to the possibility of developing health promotion activities for students as one of their second and/or third suggestions for future investment. While these activities could focus on resources for students, it is clear from the results of this study that Student Services Administrators need to consider other areas of campus life which go *beyond* students, but which impact their health. For example, by partnering with others to focus on the conditions and characteristics of classrooms, on the types and quality of food served on campus, on facilities and on the interrelated impacts of these key areas of students' lives, Student Services Administrators could have a significant and positive impact on the promotion of student health.

#### 5.1.2 Addressing Capacity Issues Related to the Provision of Health Services for Students

When the 52 Student Services Administrators were asked to identify what *hindered* them from addressing student health issues, the three items identified most frequently were resource-based, and specifically:

- more human resources (36),
- more financial resources (16), and
- more space (14).

Likewise, when Student Services Administrators were asked to identify what assisted them in delivering health services, they also identified the importance of resources, and specifically

- dedicated/hardworking/competent/trained/innovative staff (23),
- team-based service delivery/cooperation between services/integration of services/collaborative care (11), and
- adequate resources (9).

Further, when asked what they would do to address student health concerns if they *had unlimited resources*, Student Services Administrators' first (number one) response was to invest these unlimited resources in more staff, more space or in a re-organized/integrated centre (28 responses). Health promotion and outreach

initiatives were frequently mentioned as a second (5 responses) or third option (10 responses) in this rank-ordered question, in addition to adding more staff (16 responses).

Student focus group respondents, on the other hand, identified a more holistic range of potential investments that could be made by institutions to address their health challenges, paralleling their definition of health concerns as being both illness and lifestyle-related. Students ranked investments in *facilities*, including less-crowded classrooms, better cleanliness, having a safe place to sleep, better ventilation or heating, and a larger fitness centre most frequently. As their second-ranked recommendations, students identified *health service and mental health service* enhancements, such as having hand sanitizers available throughout campus, having defibrillators onsite, and having psychiatrists, psychologists and naturopaths on campus. In addition, they made an extensive list of potential investments related to their *academics*, on-campus *food, housing, safety* and *other services* for students that could address their health challenges more effectively.

The results from this study do not, however, provide support for making an increased investment of Health Services resources in staff and physical space alone as a way of improving student health outcomes. In fact, students' definition of 'health services', like their list of health concerns, while certainly including the medically-related services focused on by the Student Services Administrators, related more to the quality of their life and lifestyle *as a student* and was not focused on services to address illness alone. Once again, this perceived difference in both the range and definition of health-promoting resources could be seen as an opportunity for Student Services Administrators and post-secondary institutions to re-frame the ways in which the campus community can assist post-secondary students as they learn how to enhance and maintain their own health... perhaps the most significant outcome of this study.

## 5.2 The Problem: The Opportunities

"We are continually faced with a number of great opportunities brilliantly disguised as unsolvable problems."

*John W. Gardner (1912-2002)*

Where does Student Services begin if it wants to re-focus on the provision of health-promoting services for students?

There has recently been a fundamental change in the focus of both the field of Student Services and certainly in the approach to student health in the U.S. toward the goals of promoting student wellness and student learning. By integrating student health, instead of the treatment of illness, into the work of Student Services, there have been increasing opportunities for

collaborative activities that were not possible within the framework that was based on the provision of health care alone. NASPA's Health and Leadership Education Project succinctly summarizes this re-focusing on Student Health within the post-secondary community as follows:

"This [Systems/Community Approach](#) to student health has two main features:

- The client/patient is not (or not only) the individual student whose behaviour is in question; the client or patient is the community or population of students.
- To advance the health of students:
  - ✓ Move beyond the campus health clinic
  - ✓ Determine highest/best use of clinic visits

The implications for practice of this approach are the provision of:

- balanced clinical and prevention programs, services and resources,
- an infusion of prevention content and interventions in clinical visits,
- encourage attention to quality and 'healthiness' of campus facilities and services
- training, professional development and quality assessment for clinicians, and
- interdisciplinary practice and service models.

Campus Health professionals

- [Redefine](#) health not as an end unto itself, but as a means to an end, i.e. health is instrumental to the goals of student affairs and post-secondary education.
- [Reframe](#) health as a tool for explaining and resolving important aspects of academic engagement and achievement.
- [Redistribute](#) the responsibility for campus health among multiple constituents.
- [Relocate](#) the focus of student health care outside of the student health service unit or facility.
- [Reconceptualize](#) health as an inspirational opportunity for collegial discourse, new partnerships with students, collaborative projects and cross-campus coalitions."

*(Keeling, 2007)*

Student Services may, in fact, be the *only* constituency on post-secondary campuses that can play this pivotal role – being the point of articulation for academic, service, outreach and preventive activities focused on students and on student health. Historically, functionally, practically and philosophically Student Services professionals are positioned to move forward as well, informed and supported by some of the Canadian pioneers in this area and also by their U.S. counterparts and professional associations.

It is also interesting to note the convergence of the findings of this study with NASPA's Systems/Community Approach and with the perspectives and goals of Canada's Population Health Promotion Model (2002) - a model supported by the action strategies identified in The Ottawa Charter described earlier. This model, shown as Figure 1, is a tool that Student Services can use to re-focus campus attention on student health, and is grounded in being able to respond to three critical questions:

1. On **WHAT** should we take action?
2. **HOW** should we take action?
3. **WITH WHOM** should we act? (Population Health Model, 2002, p.1).

Figure 1



The opportunity to re-focus attention on building an integrated system of support for student health in Canadian post-secondary institutions may, in fact, be *the* most notable outcome of identifying a difference between the perceptions of students and Student Services Administrators with respect to their health issues. This project signals the beginning of an opportunity to focus on creating healthy post-secondary communities to support the health and well-being of students and communities that make health-sustaining choices the easiest choices.

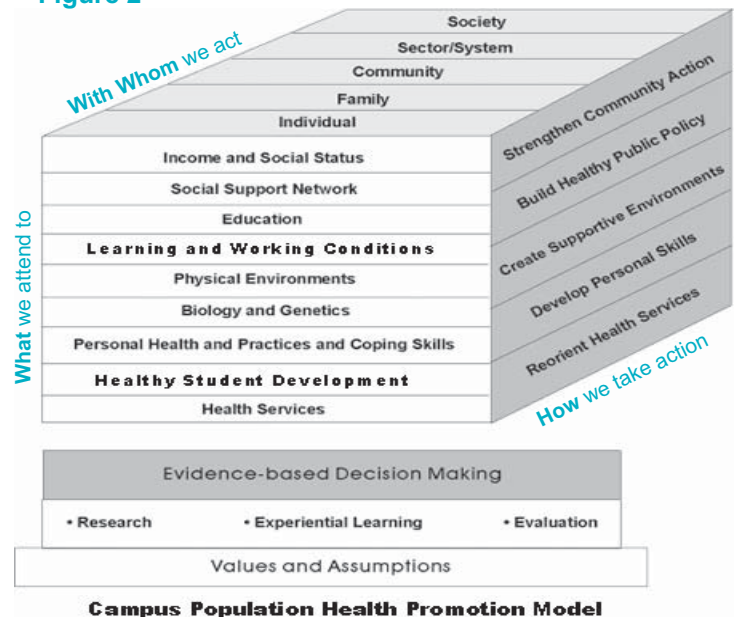
### 5.3 Recommendations for Creating and Supporting Healthy Learning Communities for Post-secondary Students

Since the students who participated in this study identify their health issues as being broader and more inclusive of personal and academic needs than do Student Services Administrators, the results may provide a starting point for the initiation of a campus-based approach to student health. Such an approach may require a new way of thinking about campus health, and Student Services professionals are well-positioned to undertake this challenge. In this, the final section of the study of the Pivotal Role of Student Services in both providing and sustaining a healthy setting in which

post-secondary students can learn, we will provide a model for moving forward, a potential tool for creating and supporting healthy post-secondary communities.

The Model we will use to illustrate one approach to community-based health promotion is the Population Health Promotion Model (2002) referenced earlier, integrated with NASPA's Systems/Community Approach (Keeling, 2007) to campus health. It is also grounded in the reality that “students’ experiences are their learning; health education, like other kinds of education, happens **always and everywhere**” (Keeling, 2007) ... which is *exactly* what the students in this study told us. This model is illustrated in Figure 2.

Figure 2



(based on Population Health Model, 2002)

There are two features of the above Model which are similar to the requirements for the success of the NASPA model and which have already been initiated by the completion of this study: a) the need for the *collection and monitoring of reliable data* on which to make health promotion decisions, and b) focusing resources in areas where the largest number of students benefit and that have the greatest impact on their *academic performance*. The primary shift is from a focus that is solely on an *individual student's health* to a focus on *community health and well-being*, as can be demonstrated in Figure 3 below:

Figure 3



e.g. On-campus marketing raises awareness of the importance of healthy eating and exercise through enhanced communication and making healthy food options both available and relatively inexpensive.

Figure 3 cont'd



e.g. Health promotion information and resources are available in the health clinic and throughout the campus community. Faculty members, student services and students themselves model and promote personal health and well-being.



e.g. Institutional policy ensures that there is attention to study facilities, class schedules and fitness facility schedules in overall timetabling. Opportunities for engaging in healthy activity are celebrated.

This illustrates *one* example of how the Campus Health Promotion Model could be used to promote students health and create healthy campus communities *through attention to the campus facilities and food* – areas identified by students in this study as a priority for their health.

While this example is a relatively simple one, it illustrates the levels of intervention that are possible when the focus of attention shifts to improving student health. It is also a useful illustration because it is predicated on an understanding, and one validated by this study, that students know what could enhance their health and well-being. Students are also aware of the interrelatedness of health and academic performance, as well as the interrelatedness of their health and academic experiences with other aspects of their lives, including social, financial and emotional aspects. Students who develop an understanding of how to keep themselves and others healthy will graduate as citizens who have this knowledge and the potential to create healthier communities outside of post-secondary institutions. This example also demonstrates visually the challenges faced by Student Services Administrators who, for various reasons, may not have the opportunity

to have influence on aspects of student life – from food to fitness facilities to the cleanliness of washrooms – that affect the quality and promotion of student health. The promotion of student health is an opportunity for the entire campus, and not solely the responsibility of Student Services.

However, Student Services professionals are uniquely positioned to play a pivotal role in implementing a community-based approach to student health. At colleges/institutes and university campuses in Canada and elsewhere, Student Affairs and Services officers have the primary responsibility for the out-of-classroom experience of students at their institutions. Whether they are working in health or counselling settings, in residence halls, in athletics programs, in academic advising or in course scheduling, Student Services professionals base their practice on an understanding of students personally and developmentally. They also function in a collaborative and co-operative way with faculty members, administrators, parents and community members. Many post-secondary Health Services clinics in Canada are already implementing creative ideas to promote student health. Perhaps with the added impetus provided by this study, student health will rise to the top of the list of priorities for planning and investment. A possible planning process for supporting the creation of a Healthy Campus is illustrated below in Figure 4.

## 5.4 Conclusions

This study has provided the tools, the information and the impetus to re-think and potentially refocus some of the activities and health services provided for students on post-secondary campuses in Canada. It also demonstrates the pivotal role that Student Services can play in making the transition from a model of service – one focused on the treatment of illness to a model focused on the promotion of a healthy campus community that supports student wellness and learning.

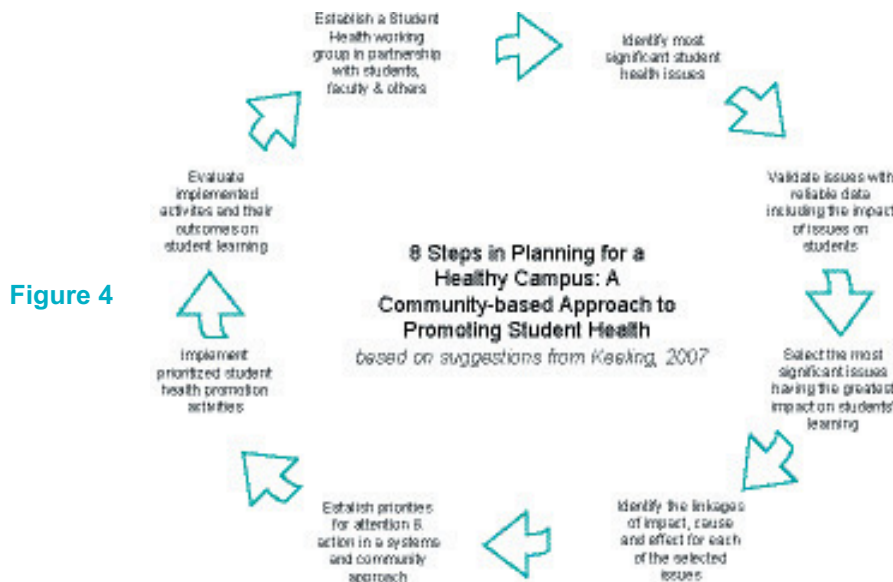


Figure 4

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## Appendix A - Participants Profile Results of Focus Groups with Young Adults in Colleges/Institutes and Universities

Total Number of Focus *Groups* – 11

Total Number of Focus Group *Participants* – 72

### Provincial Distribution of Focus Groups

Newfoundland – 2

Quebec – 2

Ontario – 2

Alberta – 2

Saskatchewan – 2

British Columbia – 1

### Type of Institution

University – 5

College – 4

Technical Institute – 1

Cégep – 1

### 1. Type of Academic Program of Participants

Type of Program	Number of Participants in Program
Career or Technical (certificate or diploma)	38
Bachelor's Degree	22
University Preparation or Transfer Program	5
Post Diploma or Advanced Diploma	4
Master's Degree	2
Access/Upgrading	1

### 2. Field of Study of Participants

Field of Study	Number of Participants in Field of Study
Arts/Media	18
Health Sciences/Medicine/VetTech	13
Education	10
Science	8
Agriculture	8
Business/Management	5
Social and Community Service	3
Information Technology	2
Law	1

### 3. Number of Years Attending a Post-secondary Institution

Number of Years Attending	Number of Participants Attending by Years
Less than 1	16
1	13
2	6
3	15
4	5
4+	17

#### 4. Student Status

Full-time student – 71

Part-time student – 1

#### 5. Working During Study Period

No – 36

Yes – 36

If yes, on average how many hours do you work per week?

University students – 16.1

College students – 17.4

#### 6. Sex (gender)

Male – 26

Female – 45

No response – 1

#### 7. Age Grouping

Age	Number of Participants this Age
Under 18	1
19-21 yrs	30
22-25 yrs	21
26-34 yrs	19
Other ( not specified)	1

#### 8. Marital Status

Single – 59

Married – 9

Separated – 2

Divorced – 2

#### 9. Any Dependent Children or Adults Living with you Full-time?

No – 56

Yes – 12

No response – 4

Average number of dependents – 3.5

*Note: NO university participants had any dependents*

#### 10. Status in Canada

Immigration Status	Number of Participants with this Status
Born in Canada, both parents from Canada	58
Born in Canada, 1 parent born in Canada	1
Born in Canada, neither parent born in Canada	4
Not born in Canada, now a Canadian Citizen	1
Landed immigrant/permanent resident	2
Visa student	1
No response	5

## 11. Aboriginal Person?

No – 54

Yes, North American Indian – 13

Yes, Métis – 1

Yes, not specified – 5

## 12. Member of a Visible Minority

No – 62

Yes – 6

No response – 4

Type of Visible Minority	Number of Participants this Visible Minority
Yes, Southeast Asian ( e.g. East Indian, Pakistani)	2
Yes, Arab	2
Other ( not specified)	2

## 13. Disability?

No – 67

Yes – 1

Yes, Mental disability – 1

Yes, Physical disability – 1

Yes, Learning disability – 5

*Note: adds up to more than 72*

## 14. Language First Learned at Home in Childhood and Still Understands

Language	Number of Participants Knowing this Language
English	38
French	21
Other ( Arabic, Cree, Portuguese, Saulteaux, French/ Arabic, English/French)	9
No Response	4

## 15. Highest level of education attained by parent/guardian

Level of Education	Number of Fathers Attaining Level	Number of Mothers Attaining Level
Less than High School	16	12
Completed High School	9	8
Some Apprenticeship	3	1
Completed Apprenticeship	1	3
Journeyman Certification	3	6
Some College/University Credits Completed	2	4
College/Institute Certificate or Diploma	6	10
Undergraduate University Degree( e.g. BA, BSc)	10	12
Postgraduate/Advanced Diploma	3	5
Graduate Degree (e.g.MA/Phd)	11	7
Unknown	4	0
No response	4	4

## Appendix B - Guidelines for Focus Groups on the Health and Learning Challenges of Young Adults

The Association of Canadian Community Colleges is the lead organization for the Young Adults Work Group (YAWG) of the CCL's Health and Learning Knowledge Centre. As part of its 2007-08 Annual Workplan, the YAWG identified the organization of focus groups with young adults as a key deliverable. The objective of the focus groups is to identify young adults' top five issues in relation to health and learning and to get their perspective on how post-secondary institutions are addressing them. The YAWG will then prepare a report and focus on these health and learning challenges for communications, knowledge exchange and research activities.

Focus groups with young adults will be held at college, institute and university campuses in six provinces of the country (British Columbia, Alberta, Saskatchewan, Ontario, Quebec and Newfoundland and Labrador).

### **ACCC's Responsibilities**

ACCC will be responsible for the following:

- scheduling, preparing and facilitating the focus groups;
- participating and accompanying the moderator to all focus groups;
- covering the costs of food and refreshments;
- providing the necessary equipment to record the discussion.

### **Institution's Responsibilities**

The institution will be responsible for the following:

- selecting the participants;
- notifying participants of the date, time and place of the focus groups;
- reserving and setting up the room;
- providing and installing a flip chart in the room;
- ordering food and refreshments for the group.

### **Focus Groups Timeline and Duration**

The focus groups will take place during the months of October and November 2007 and will be 90 minutes in length. ACCC will contact each institution to schedule a date and time for the focus groups.

### **Participant Selection and Group Size**

Even though focus groups are related to health challenges of young adults, colleges, institutes and universities are asked to select a group of 8 to 10 students within the ages of 18 to 34 which best represent their student body population. It would be preferable if the group had an equal number of female and male students and did not include peer helpers working in Student Services or the Wellness Centre.

### **Logistics**

**Room Reservation:** the room will be reserved by the institution for a period of 2.5 hours to allow sufficient time for preparation and clean-up.

**Room Configuration:** a small room to accommodate a group of 10 people will be set up so that all members can see each other and no barriers come between them, preferably chairs set up in a circle.

### **Equipment**

**Flip Chart:** a flip chart will be provided by the institution and installed in the room reserved for the focus group.

**Recording Equipment:** focus groups will be recorded and ACCC will provide the recording equipment.

**Food and Beverages:** ACCC will defray the cost of food and beverages and will contact each institution to provide additional details once a time for the focus group has been scheduled.

### **Contact Information:**

For additional information on the focus groups, please contact:

Rachel St-Jean

Policy Research Officer, Member Services and Public Policy

Association of Canadian Community Colleges

613-746-2222 ext. 3165

[rstjean@accc.ca](mailto:rstjean@accc.ca)

## Appendix C - Introduction of Email Survey for College/Institute and University Student Services Administrators

November 2007

Hello, Student Services colleague,

We are Drs. Peggy Patterson and Theresa Kline from the University of Calgary and we are assisting the Association of Canadian Community Colleges, the lead organization of the Young Adults Work Group (YAWG) of the Health and Learning Knowledge Centre from the Canadian Council on Learning by collecting data on the topic of "Post-secondary Institutions as Healthy Settings and the Pivotal Role of Student Services." To this end, we are asking educators and leaders from post-secondary institutions across Canada who work in the area of Student Services for their opinions on this important topic.

Your contact information was made available to us through CACUSS, the Canadian Association of College and University Student Services, on the understanding that CACUSS members would receive the results of this study, which will be available in both English and French, once it is completed.

The attached survey asks six questions about students and Student Services at your institution. We are also asking you to provide some descriptive information about your institution for purposes of aggregating the data across institutions of similar size and type. We do NOT ask for any information that would personally identify you. The use of a separate survey allows us to immediately separate the surveys from the email addresses from which the surveys they came to ensure that your responses remain anonymous.

The survey will take you approximately 15-20 minutes to complete and we hope that you will provide us with this important information. Once you have completed it, please email it to us. The deadline for the completion of this survey is **December 10, 2007**. If you have any questions about the survey or about this study, please email:

Dr. Peggy Patterson: [mpatters@ucalgary.ca](mailto:mpatters@ucalgary.ca)

Dr. Theresa Kline: [babitt@ucalgary.ca](mailto:babitt@ucalgary.ca)

The contact individual for the Young Adults Work Group for this project is Rachel St-Jean from the Association of Canadian Community Colleges, and she can be contacted at: [rstjean@accc.ca](mailto:rstjean@accc.ca).

We will be collecting the data until December 10, 2007 with the final report available through the Young Adults Work Group lead by the Association of Canadian Community Colleges in March 2008. Thank you in advance for taking the time to complete this survey.

### Email Survey Questions for College/Institute and University Student Services Administrators

1. Have you noticed any changes in the types or levels of the health-related issues that students are presenting at your institution? If so, please describe these changes.
2. What are the services that students use to address health issues at your institution addresses? Are these services in the Student Services portfolio on your campus?
3. What, if anything, hinders you from addressing health issues that students are presenting on your campus?
4. What assists you most in delivering these services?
5. What, in your opinion, is the overall impact on students' learning on your campus of either addressing or failing to address their health concerns?
6. If you had unlimited resources, what things would you do first, second and third to address young adult health concerns at your institution through Student Services?

### Institutional Demographics

1. Province of institution: \_\_\_\_\_
2. Is your institution a college, a technical institute or a university? \_\_\_\_\_
3. How many full-time and part-time students attend your institution? \_\_\_\_\_
4. What percentage of your students live on campus, if any? \_\_\_\_\_
5. What is your role in student services at your institution? \_\_\_\_\_

## Appendix D - Introduction of Telephone Survey with College/Institute and University Student Services Administrators

Hello \_\_\_\_\_. My name is \_\_\_\_\_ and I am calling as a research assistant on behalf of Drs. Peggy Patterson and Theresa Kline from the University of Calgary. They have been requested by the Canadian Council on Learning and Learning Knowledge Centre's Young Adults Working Group and the Association of Canadian Community Colleges to assist them in collecting data on the topic of "Post-secondary Institutions as Health Setting and the Pivotal Role of Student Services." To this end, they are asking leaders and educators from post-secondary institutions across Canada who work in the area of Student Services for their opinions on this important topic.

Your contact information was made available through CACUSS, the Canadian Association of College and University Student Services, on the understanding that CACUSS members would receive the results of this study, which will be available in both English and French, once it is completed.

I have six questions to ask you about students and Student Services at your institution and I will also ask you to provide some information about your institution for purposes of aggregating the data across institutions of similar size and type. I will NOT ask for any information that would personally identify you. Your identity will not be connected to your responses to this survey.

This telephone survey will take approximately 15-20 minutes to complete. We will be collecting the data through December 10, 2007 with the final report available through Association of Canadian Community Colleges in March 2008.

Would you be interested and willing to take some time to answer the questions now?

*If no, then thank them.*

*If yes, then ask them when would be a convenient time to phone them to complete the questions. If they indicate now, then go ahead otherwise make arrangements to call them back.*

*If they ask about contact information let them know:*

*If they have any questions about the survey, please email:*

Dr. Peggy Patterson: [mpatters@ucalgary.ca](mailto:mpatters@ucalgary.ca)

Dr. Theresa Kline: [babitt@ucalgary.ca](mailto:babitt@ucalgary.ca)

*If they have any questions about the project itself, ask them to contact:*

Rachel St-Jean, who is representing the Young Adults Working Group at the Association of Canadian Community Colleges at: [rstjean@accc.ca](mailto:rstjean@accc.ca).

## Appendix E - Questions for Telephone Interviews with College/Institute and University Student Services Administrators

**To be followed up with probes as needed.**

1. Have you noticed any changes in the types or levels of the health-related issues that students are presenting at your institution? If so, please describe these changes.
2. What are the services that students use to address health issues at your institution? Are these services in the Student Services portfolio on your campus?
3. What, if anything, hinders you from addressing health issues that students are presenting on your campus?
4. What assists you most in delivering these services?
5. What, in your opinion, is the overall impact on students' learning on your campus of either addressing or failing to address their health concerns?
6. If you had unlimited resources, what things would you do first, second and third to address young adult health concerns at your institution through Student Services?

## Appendix F - Significant Health Challenges of Young Adults that Affect Academic Performance

### Responses from Young Adults in Colleges/Institutes and Universities

N = 44 college/institute students and 28 university students = 72 Focus Group Respondents

Total Number of Focus Groups = 11

**Question 1. In your opinion, what are the most significant health challenges of young adults that affect academic performance?**

Health Challenge	Number of times College Student Focus Groups identified it as a challenge N=6	Number of times University Student Focus Groups identified it as a challenge N=5	Total number of times students identified it as a challenge (N=11) (* note-some groups referred to challenge more than once)
1. Mental health (depression)	8	5	13
2. Sleep deprivation (fatigue)	4	7	11
3. Stress	6	3	9
4. Addictions (alcohol, drugs, on-line gambling)	3	5	8
5. Poor nutrition (diet)	3	4	7
6. Flu/colds	3	3	6
7. Unplanned pregnancy/STD's, sexual health	2	4	6
8. Lack of physical activity	2	4	6
9. Financial concerns	3	3	6
10. Life balance	1	4	5
11. Learning disability	5		5
12. Concerns about family/friends ( e.g. terminal illness, loss of support)	2	2	4
13. Hygiene and cleanliness of facilities	1	2	3
14. Environment (residence, adaptation to it)		2	2
15. Low self-esteem/confidence	1	1	2
16. Solitude, loneliness	1		1
17. Homelessness	1		1
18. Sexual orientation	1		1
19. Body image		1	1
20. Sexual assaults		1	1
21. Lack of access to Dr./medical support		1	1
22. Injury/accident		1	1
23. Personal problems ( relationships)	1		1
24. Lack of motivation	1		1

ADDENDUM: Focus groups were asked to identify their #1 Health Challenge. Ten of 11 Focus groups did so. And two groups identified two #1 Health Challenges, resulting in 12 responses:

Stress – 8

Fatigue – 1

Anxiety – 1

Mental health – 1

Alcohol consumption – 1

## Appendix G - Changes in Health-Related Issues Presented by Students

### Responses from College/Institute and University Student Services Administrators

<b>Question 1a: Have you noticed any changes in the types or levels of the health-related issues that students are presenting at your institution? If so, please describe these changes.</b>	
<b>Response</b>	<b>Count</b>
Yes	45
No change	5
Hard to say as no statistics have been kept	2

<b>Question 1b: If so, please describe these changes.</b>	
<b>Response</b>	<b>Count</b>
Increased volume	1
More mental health/psychiatric problems	28
General physical health (prescribed medication, lower fitness, multiple problems)	5
Crisis management	1
Birth control	3
Stress	12
"Exotic" illnesses due to international student increase	2
Eating disorders/weight issues	7
Depression	16
Sleep disorders	2
Mutilation	2
Anxiety	13
Learning Disabilities	9
Chronic diseases	2
Physical disabilities	3
Alcoholism/excessive drinking	4
Smoking	1
HIV/STD/Dysfunction	8
SARS	1
Decrease in binge drinking	1
Psychosis	4
Asian women worse off	1
Gastro-intestinal	2
Musculo-skeletal	1
Suicide attempts	3
No family doctor	2
Mumps	3
Financial difficulties	2
Violence/harassment	3
Epilepsy	1
Community health work required	1
Emergency room visits	1
Gambling	1
Drug abuse	1
Computer dependency	1
Need for emotional support	1

## Appendix H - Help Available at Institutions to Assist Students with Health Challenges

### Responses from Young Adults in Colleges/Institutes and Universities

**Question 3. What help is available at your institution to assist students with health challenges to learn more effectively?**

Help Available	Number of times College Student Focus Groups identified this helping resource N=6	Number of times University Student Focus Groups identified this helping resource N=5	Total number of times it was identified as a helping resource by Student Focus Groups N=11
(Note: Help provided is followed by the notation of the usual service provider: SS = Provided by Student Services I = Provided by Institution SG = Provided by Student Governments A = Provided by Academic Units)			
1. Counsellors/psychologists/elders available on campus - SS	4	4	8
2. Recreation/ fitness centre, gym, pool - SS/ I	1	5	6
3. Social events/clubs organized by student government - SG	3	3	6
4. Career/Guidance counsellors - SS	3	2	5
5. Health clinic on campus - SS	2	3	5
6. Funding/financial aid available - SS/I	3	1	4
7. Tutors (informal and formal arrangements) - A	3	1	4
8. Nurses and doctors on campus - SS	3	1	4
9. Supportive instructors/professors - A	4	0	4
10. Massage therapy available - SS	2	2	4
11. Residence life and resources - SS	0	4	4
12. Multifaith chaplains - SS	0	4	4
13. Women's centre - SS/I	0	4	4
14. Healthy food is available - SS/I	2	1	3
15. Security services - SS/I	1	2	3
16. Native centre - SS	0	3	3
17. Safety escort/Safewalk services available in the evenings - SS/I	1	2	3
18. Peer help centre - SS/I/A	2	1	3
19. Free flu shot clinic - SS	1	1	2
20. Time & stress management workshops - SS	2	0	2
21. Access to computers on campus - A/I	2	0	2
22. Lots of services on campus - SS/A/SG	2	0	2
23. Wellness centre with workshops, resource people, etc. - SS	0	2	2
24. Student clubs - SG	0	2	2
25. Campus food bank - SG	0	2	2
26. Legal aid on campus - SS/SG/A	0	2	2
27. Student appeal centre - SS/SG	0	2	2
28. Psychiatrists, physiotherapists, chiropractors and dieticians available on campus - SS	0	2	2
29. Student rights advisor - SG/SS	0	2	2
30. Peer tutors - A	1	1	2
31. Centre for students with disabilities/special needs -SS	1	1	2
The following services were each mentioned by <u>one</u> group and are organized by area/areas responsible for service			
Services provided by academic areas/departments			
32. Bilingual centre	0	1	1
33. Electronic blackboard-academic resources on-line	0	1	1
34. Student societies in faculties	0	1	1
35. Academic advising centre	0	1	1

36. Grad and undergrad advisors	0	1	1
37. Academic dons	0	1	1
38. Small class sizes	1	0	1
39. Classmates	1	0	1
40. Grievance committees	1	0	1
Compulsory physical education course	1	0	1
41. Learning centre – place to study and do work	0	1	1
Services provided by institution			
42. A relaxing physical environment with walking trails	1	0	1
43. Hospital on campus	0	1	1
44. UPass	0	1	1
45. Lots of windows	1	0	1
46. Good location of institution	1	0	1
47. Emergency buttons all over campus	0	1	1
48. Quiet, soundproof study spaces	1	0	1
49. Resource rooms/lounge	1	0	1
Wheelchair access	1	0	1
Services provided by student government			
50. Health and dental coverage available	1	0	1
51. Good food box- access to inexpensive fruit and veg.	0	1	1
52. Pharmacy on campus	0	1	1
Services provided by student services			
53. Free yoga classes available	1	0	1
54. Student life facilities	1	0	1
55. Suicide prevention program	0	1	1
56. Nutrition information available	0	1	1
57. International student health office	0	1	1
58. Aboriginal health office	0	1	1
58. Wellness guide and on-line resources	0	1	1
60. U life course	0	1	1
61. Help centre with peers	0	1	1
62. International student centre	0	1	1
63. Victim advocate	0	1	1
64. Wellness information workshop	0	1	1
65. Info desk for students	0	1	1
66. Organized travel available	1	0	1
67. Free office support	1	0	1
68. Daycare	1	0	1
69. No charge “toaster bar” breakfast program	1	0	1
70. Student cafeteria	1	0	1
71. Cultural resources	1	0	1
72. Student handbook	1	0	1
73. Free FAX services	1	0	1
74. Free access to telephone & long distance calls, if necessary	1	0	1
75. Student services on campus	1	0	1
76. Workshops on nutrition	1	0	1
77. Brochures, pamphlets, food guides	1	0	1
78. Organized sports activities	1	0	1
79. Contraceptive vaccine, condoms, birth control pills free/at a reduced cost	1	0	1

## Appendix I - Impacts of Health Challenges on the Learning of Young Adults

### Responses from Young Adults in Colleges/Institutes and Universities

**Question 2. According to your experience, what impacts do these health challenges have on the learning of young adults?**

Impact Identified	Number of times College Student Focus Groups identified it as an impact N=6	Number of times University Student Focus Groups identified it as an impact N=5	Total number of times it was identified as an Impact (* note-some focus groups referred to Impact more than once) N=11
1. Effect on academic performance	3	5	8
2. Dropping out	4	2	6
3. Increased anxiety	3	3	6
4. Poor concentration	4	2	6
5. Prone to catch flus and illnesses	2	2	4
6. Domino effect (i.e. trying to deal with one issue causes others)	0	3	3
7. Lose interest in learning	2	1	3
8. Guilt	1	2	3
9. Poor grades	2	1	3
10. Lower self-esteem/confidence	2	1	3
11. Depression	3	0	3
12. Affects relationships	1	1	2
13. Feel overwhelmed	1	1	2
14. Change program	1	1	2
15. Increased pressure/stress	1	1	2
16. Absenteeism	2	0	2
17. Irritability/anger/resentment	2	0	2
18. Substance abuse	0	2	2
19. Bad eating habits	0	2	2
20. Suicide	1	1	2
21. Alcohol/drug dependence	1	1	2
22. Take longer to graduate (more costs, more debts, delays plans)	1	1	2
23. Change in personality		1	1
24. Lack of focus		1	1
25. Disengage physically		1	1
26. Poor relationships with faculty		1	1
27. Lack of motivation	1		1
28. May hinder learning capacity	1		1
29. More competition		1	1
30. Discouraged	1		1
31. Get behind and have to catch up	1		1
32. Need medication	1		1
33. Loneliness	1		1
34. Weight gain/become overweight	1		1
35. Weight loss	1		1
36. Irritability	1		1
37. Insomnia	1		1
38. Burnout		1	1
39. Procrastination		1	1
Positive			
40. May force one to work		1	1
41. May force one to improve		1	1
42. May force you to be more efficient		1	1
43. May make you stronger		1	1
44. May contribute to personal growth		1	1

## Appendix J - Overall Impact on Student Learning of Addressing or Failing to Address Health Concerns

### Responses from College/Institute and University Student Services Administrators

<b>Question 5: What, in your opinion, is the overall impact on students' learning on your campus of either addressing or failing to address their health concerns?</b>	
<b>Response</b>	<b>Count</b>
Student success in academic performance	22
Retention of students/graduation/completion	21
Student learning	6
Course withdrawal	5
Personal development/self-esteem/effective transition to adulthood/learning to cope with issues	5
Healthy lifestyle choices	4
Not sure – data are not clear on this issue	2
Recruitment	1
Productivity	1
Sense of security for the students	1

## Appendix K - Measures Institutions Could Introduce to Address Challenges of Students and Enhance their Learning Experience

### Responses from Young Adults in Colleges/Institutes and Universities

**Question 4. Are there other things your institution could do to address these health challenges in order to enhance the learning experience of students?**

Additional Resources Suggested	Number of times College Student Focus Groups identified this potential resource N=6	Number of times University Student Focus Groups identified this potential resource N=5	Total number of times it was identified as a potential resource N=11
<b>A. Academic ( N=14)</b>			
More help with time management	0	1	1
Less pressure from profs to attend when sick( e.g. cannot make up labs)	0	1	1
More common spare time for students	0	1	1
Organize events so profs and students can get to know one another	0	1	1
Introduce peer tutoring in academic program	0	1	1
Make Ag Sci 100 available to all students	0	1	1
Integrate community service learning into academic program	0	1	1
Adopt a more holistic focus on the whole person, not just on academics	0	1	1
Less condensed academic program (increase length)	2	0	2
Introduce a coaching/mentoring service	1	0	1
Introduce physical education into our program	1	0	1
Implement mandatory exercise course	0	1	1
Have a study week in the fall term	1	0	1
<b>B. Advertising (N=9)</b>			
Find more effective ways to communicate, promote and advertise services ( and do it more often)	2	4	6
Provide links to existing services and on-line resources	0	1	1
Provide a main page on the institutional website where daily activities are listed	0	1	1
Reach out to students rather than requiring them to look for/identify services	0	1	1
<b>C. Facilities at Institution (N=22)</b>			
Less crowded classrooms	0	1	1
Having multiple campuses makes it difficult to access services	0	1	1
Renovate buildings so we can drink the water (have lead pipes now)	0	1	1
Rethink the newly created spaces: they are noisy, awkward, uncomfortable, not functional and need better lighting	0	1	1
Have better maintenance in residence buildings	0	1	1
More comfortable temperature in the Library (too cold)	0	1	1
Create a larger fitness centre	0	1	1
Create a music or arts facilities	0	1	1
Build a swimming pool	2	0	2
Have better classroom equipment (chairs)	1	0	1
Create a daycare centre	2	0	2

Better cleanliness – wash door handles	1	0	1
Improve cleanliness of washrooms – it's poor	1	0	1
Create a student lounge with sofas	1	0	1
Create a safe place to sleep	1	0	1
Better parking facilities	1	0	1
Have a courtesy phone for important calls	1	0	1
Create a fitness room	1	0	1
Better air/ventilation in buildings	1	0	1
Provide the possibility of opening windows	1	0	1
<b>D. Finances ( N=11)</b>			
Lower parking fees	0	1	1
Include bus pass with tuition	0	1	1
Provide financial compensation/tuition for students who don't get into residence	0	1	1
Extend UPass to spring semester	0	1	1
Provide financial planning assistance	0	1	1
Lower tuition fees and debt	1	0	1
Increase funding for bursaries	1	0	1
Provide health and dental plans	1	0	1
Extend bus pass subsidy to all students	1	0	1
Provide part-time students with ID cards so they can benefit from discounts	1	0	1
Access to a financial advisor to help to fill out applications for funding, bursaries, etc.	1	0	1
<b>E. Food ( N=14)</b>			
Remove unhealthy foods from cafeteria	1	0	1
Student management of cafeteria	1	0	1
Have cafeteria on site	1	0	1
Have a supermarket on campus	0	1	1
Have a community garden on campus	0	1	1
Provide additional information on foodbank	1	0	1
Provide healthier food choices	1	2	3
Reduce lineups for restaurant	0	1	1
Have vending machines with healthy choices at reasonable process ( e.g. water, fruit)	0	1	1
Lower price meal plan; too expensive to eat on campus	0	1	1
Provide healthy food at university events and meetings	0	1	1
Subsidize meal plan to improve academic performance	0	1	1
<b>F. Health Services (N=15)</b>			
Reduce wait times for doctors	0	1	1
Have hand sanitizer dispensers available throughout campus	1	1	2
Provide access to naturopaths on campus	0	1	1
Increase focus on the "big picture" of healthy lifestyle	0	1	1
Free yoga for relaxation	1	0	1
Make health services more personalized	1	0	1
Massage centre	1	0	1
Defibrillator onsite	1	0	1
One-to-one follow-up on problems	1	0	1
Increase number of workshops and sessions on health ( e.g. how to protect immune system)	1	0	1
Have nurse on site	1	0	1
Access to a nutritionist free of charge	1	0	1
Access to healthy support groups ( e.g. to lose weight)	1	0	1
Have flu/vaccine clinics on campus	1	0	1

<b>G. Housing ( N= 5)</b>			
Provide more residence space	0	1	1
Provide more innovative ways of housing students	0	1	1
Implement a healthy living community in residence	0	1	1
Create a housing registry to help students find housing	1	0	1
Provide additional information on affordable housing	1	0	1
<b>H. Mental Health ( N=10)</b>			
The services are good, but there is a stigma for using them, especially counselling	0	1	1
Psychiatrists on campus	0	1	1
Provide more counsellors to reduce wait time	0	1	1
On-site psychologist	2	0	2
Have more activities to raise awareness on issues like stress	2	0	2
More follow-up on one-to-one problems	1	0	1
Reduce stigma on accessing mental health support	1	0	1
Provide additional information and support on dealing with mental health issues	1	0	1
<b>I. Safety ( N=1)</b>			
Communicate better with students when incidents occur	0	1	1
<b>J. Services for Students ( N=12)</b>			
Better access to services for students with disabilities	0	1	1
Make Ulife mandatory for all students	0	1	1
Communicate availability of ULife and services available on campus	0	1	1
Include ULife course in orientation	0	1	1
Reinstate orientation program, not just a tour and enthusiastic faculty	0	1	1
Promote pride in community and belonging	0	1	1
Have more sports activities with other institutions	1	0	1
Have more novels in the library as well as books on relaxation	1	0	1
Improve the Peoplesoft student information system – it's cumbersome and frustrating	0	1	1
Carpooling service	1	0	1
Have better books in library	1	0	1
Organize more social activities	1	0	1
<b>K. Staff ( N=3)</b>			
Have more friendly staff	1	0	1
Increase staff in Registrar's office to reduce wait time	1	0	1
Focus more on retention and a variety of learning approaches in services	0	1	1

## Appendix L - What Helps?

### Responses from College/Institute and University Student Services Administrators

Question 4: What assists you in delivering these services?	
Response	Count
Dedicated/hard-working/competent/trained/innovative staff	23
Team-based service delivery/cooperation between services/integration of services/collaborative care	11
Adequate resources	9
Support from the administration	8
Good rapport with student groups	5
Community support	4
Connections with the academic units	4
Use of the internet	3
Information about problems available/information about services available	3
Recognition by students of our services	2
Openness to change by staff of service delivery methods	2
Raising the profile of health services to make people aware	1
Trust we have in physician	1
Student demand for services	1
Encouraging students to act responsibly before needing help	1
First-year student orientation	1
Support across post-secondary institutions	1
Running group programs	1
Strategic plan	1
Teaching/handouts	1

## Appendix M - What Hinders?

### Responses from College/Institute and University Student Services Administrators

<b>Question 3: What, if anything, hinders you from addressing health issues that students are presenting on your campus?</b>	
<b>Response</b>	<b>Count</b>
More human resources	36
More financial resources	16
More space	14
Volume of needs presented/waitlists	7
Reaching the students to let them know of the services available and the need to change poor lifestyle habits	8
Lack of recognition of our contribution to the institution	4
Private practice model of service delivery/need more holistic and organic model/more preventative approaches/less silos	4
Trying to find ways to deliver some services electronically	2
Culture of being pushed to the limit at the institution	2
Lack of administrative support	2
Lack of training	2
More wellness resources	2
Lack of screening/diagnosis to triage the students to the proper service	1
Educating parents	1
Lack of timely services (after-hours/walk-in)	1
Location of services geographically dispersed	1
Database to track needs and services delivered	1
Not recognizing psychological problems as a disability by the province	1
Not enough architectural solutions to physical disabilities	1
Lack of time	1
Lack of public transportation	1
Lack of follow-up capability	1