

COMMENTARY

## The Value of College Health Promotion: A Critical Population and Setting for Improving the Public's Health

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### ABSTRACT

10 College students are an important priority population, and higher education is an opportune setting for chronic disease prevention and health promotion. Yet many people do not understand why enhancing the well-being of college students is of value. In this commentary, we address 3 common misperceptions about college health promotion: (1) College students are privileged and do not reflect most of the United States population; (2) college students are generally healthy; and (3) it is not the university's responsibility to focus on students' health. We contend that in actuality, college students increasingly represent the US population; that college students struggle with numerous health concerns and are in fact unhealthier than many other subpopulations; and that institutions of higher education are a unique setting that can not only improve the health of a large segment of the US population but that doing so is actually integral to the mission of higher education. Topics that merit additional research are discussed in an effort to further enhance college health promotion practice.

### ARTICLE HISTORY

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20 College students are an important priority population, and higher education is an opportune setting for chronic disease prevention and health promotion. Yet many people in and outside of the health promotion field believe that public health efforts directed toward college students are trivial compared to work with other populations. In this commentary, we challenge this erroneous perception and address three widespread misconceptions about the value of health promotion in higher education. Our perspective is informed by our experience serving as college health promotion professionals for several years before transitioning to our present faculty roles, which include a focus on college health promotion research.

### Misconception 1: College students are privileged. They do not reflect most of the US population

35 College students in fact represent a large portion of the US population. There are over 20 million students enrolled at degree-granting postsecondary institutions in the United States. Approximately 12 million are under the age of 25, representing 40% of the overall US population of 18- to 24-years-olds.<sup>1</sup> The collegiate population is increasingly becoming a microcosm of

American society. Forty-two percent of college students are people of color, 20% are above the age of 30, 62% work part-time or full-time, 39% receive Pell grants (based on low income levels), and 28% have children.<sup>2</sup> The notion of the archetypical college student is becoming a thing of the past, with college students who have historically been referred to as “nontraditional” steadily becoming the norm.

### Misconception 2: College students are generally healthy

50 Education is a known determinant of future health status,<sup>3</sup> but this does not negate the fact that college students struggle with numerous and complex health issues. The American College Health Association–National College Health Assessment II (ACHA-NCHA II), a national survey of college students in which hundreds of institutions have participated,<sup>4</sup> has consistently found that college students experience health problems that impact their well-being when they are in college and contribute to later chronic disease. For example, college students have high rates of substance use and mental health concerns, and few students meet national nutrition and physical activity guidelines.<sup>5</sup>

Some people argue that regardless of noted health concerns within the collegiate population, students have better health outcomes than other US subpopulations. Yet this is not the case. When considering “traditional-aged” college students,<sup>6</sup> young adulthood (ages 18–26) has recently been deemed a unique developmental time period. Individuals within this age range have been called “surprisingly unhealthy,” with more health risks and negative outcomes than the adolescents and adults they are sandwiched between.<sup>7(p4)</sup> Additionally, the brain is still developing; specifically, cognitive and motivational systems are still maturing during young adulthood and even into the 30s.<sup>7,8</sup> Because this physical change affects current and future decision making, developing healthy skills during this time period is imperative. Accordingly, there has been a call for renewed attention for research, interventions, and public health policies that focus on this age group.<sup>7</sup>

There is also an assumption that college students are healthier than their peers not in college. Although more research that juxtaposes college students and others of the same age across various health issues is needed, college students have worse outcomes than their non-college-attending peers for some health concerns. For example, college students engage in more high-risk alcohol consumption<sup>9</sup> and prescription drug misuse<sup>10</sup> than their non-college-attending counterparts. Additionally, though some studies show that college students have respectable health literacy levels,<sup>11</sup> other research has indicated that high health literacy does not translate to healthier behaviors in this population.<sup>12</sup>

### **Misperception 3: College is about academics and student learning; it is not the university’s responsibility to focus on students’ health**

In contrast to the stated presumption, we would argue that, in fact, it should be the duty of colleges and universities to enhance the well-being of their constituents. Contrary to popular belief, college as a setting for health promotion is not a new concept but rather is a long-standing practice. Physical education and hygiene academic courses were offered at institutions of higher education beginning in the early 1800s. By the 1950s, the majority of institutions had such courses. The first college health services was established in 1859, and over time services provided by these entities became increasingly comprehensive.<sup>13</sup>

Respected professional organizations have declared the importance of higher education as a setting for health promotion and public health. The World Health Organization has deemed universities a “healthy setting,” meaning that they are an advantageous

environment for “implementing comprehensive strategies for providing an infrastructure for health promotion.”<sup>14(para.2)</sup> Likewise, the Society for Public Health Education has deemed universities a primary setting for promoting health.<sup>15</sup> Most recently, the Okanagan Charter has called upon higher education institutions to “incorporate health promotion values and principles into their mission, vision and strategic plans, and model and test approaches for the wider community and society.”<sup>16(p5)</sup> NASPA, an organization for student affairs professionals, has a unit devoted to “health and wellness promotion” in recognition of the essential role it plays in student success.<sup>17</sup> Additionally, there is the American College Health Association (ACHA), an organization of over 800 institutional members and almost 3000 individual members, all dedicated to the well-being of college students. Within ACHA, the Health Promotion Section has specified standards, tools, and assessment instruments intended to guide health promotion on college campuses.<sup>18</sup> This includes Healthy Campus 2020, a companion document to Healthy People 2020, which provides a framework to improve the health status of students on college campuses nationwide.<sup>19</sup>

The Ottawa Charter for Health Promotion states, “Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love.”<sup>20(para.14)</sup> These activities occur for most students within the college environment, particularly for the approximately 40% who live on campus<sup>5</sup> and are therefore wholly entrenched in the college experience. Yet in addition to reaching a vast number of people efficiently, health promotion within the collegiate setting has the unique opportunity to influence and empower individuals at multiple levels of the social ecological model.<sup>21,22</sup> Few locales can so easily reach and impact not just the individual but their interpersonal network, resources, programs and services, the physical and social environment, and the policies implemented within an entire community.

Beyond the importance of students’ health in and of itself, supporting students’ well-being is integral to the academic mission of colleges and universities. In short, healthier students are better equipped to learn and therefore have the capacity for stronger academic outcomes. An inextricable link has been established between health and learning for younger students.<sup>23</sup> Evidence suggests that through both direct and indirect pathways, K–12 students who eat healthfully and who are physically active have higher academic achievement, which includes class grades and standardized test scores, graduation rates, school attendance, classroom behavior, and cognitive skills and attitudes.<sup>24</sup> Among

high school students, an inverse relationship has been identified between health risk behaviors, such as cigarette use, alcohol consumption, and sexual activity, and their academic grades.<sup>25</sup> Though limited, research among college students has yielded similar findings. For example, the ACHA-NCHA II found that in the last 12 months, 23.2% of college students reported that anxiety negatively impacted their academic performance; 20.7% said the same of sleep difficulties, and 14.5% stated the same for cold, flu, or sore throat.<sup>5</sup> Undergraduate students' combined alcohol and marijuana use was recently determined to predict a significant decline in their grade point average, and if these students curtailed their substance use, their grade point averages rose.<sup>26</sup> Correspondingly, health and overall wellness have been identified as top factors affecting college dropout rates.<sup>7</sup>

Society seems to better recognize the need for health-related programs and services among children and adolescents, and organizations that serve primary and secondary school students have developed strategies and models that institutions of higher education can learn from. The coordinated school health approach, which recently expanded to the Whole Community, Whole School, Whole Child model, is a well-known and highly regarded framework with 10 components that schools are encouraged to address in order to improve young people's health and learning.<sup>27</sup> In 2015, Health Education was included in the federal legislation, Every Child Succeeds Act,<sup>28</sup> as part of students' "well-rounded education," recognizing the critical role that schools can and should play in supporting students' well-being. Colleges and universities should be viewed in the same manner as K-12 schools, and college students should be considered as deserving of attention as their younger counterparts.

## Conclusion

College students are a unique priority population and college campuses are an ideal setting to reach a substantial amount of the US population. Institutions of higher education have the unparalleled opportunity and a vested interest in serving as catalysts in promoting and protecting the health and well-being of college students. Yet more work is needed to fully inform college health research and practice moving forward. College students are often used as a convenience sample due to faculty researchers having easy access to them. Instead, college students should be considered a distinct priority population with their own developmental context, needs, community, and venue in which to implement tailored health

promotion strategies. More extensive and rigorous research should be conducted on the interconnection of health and academic performance among college students, and a framework should be created or adapted, similar to the Whole Community, Whole School, Whole Child model, to showcase the role of the college campus in health-promoting efforts. More systematic study is needed on the health of college students in comparison to their non-college-enrolled peers, and more information on how diverse institutional characteristics affect college students' health would prove valuable.<sup>29</sup> This research, ideally supported through community and national funding streams, must be accompanied by practice-based implications and recommendations specific to college students and those who serve them. Only then will institutions of higher education be able to truly play the role they are capable of in enhancing the health and well-being of college students, thereby improving the health of America.

## References

1. National Center for Education Statistics. Fast facts: back to school statistics. <http://nces.ed.gov/fastfacts/display.asp?id=372>. Published 2016. Accessed January 16, 2017. 245
2. Bill & Melinda Gates Foundation. America as 100 college students. <http://postsecondary.gatesfoundation.org/areas-of-focus/incentives/policy-advocacy/advocacy-priorities/america-100-college-students/>. Published 2015. Accessed January 16, 2017. 250
3. Robert Wood Johnson Foundation. Why does education matter so much to health? [http://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2012/rwjf403347](http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2012/rwjf403347). Published March 2013. Accessed January 16, 2017. 255
4. American College Health Association. About ACHA-NCHA: participation history. [http://www.acha-ncha.org/partic\\_history.html](http://www.acha-ncha.org/partic_history.html). Updated 2016. Accessed January 16, 2017. 260
5. American College Health Association. *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2016*. Hanover, MD: American College Health Association; 2016. 265
6. National Center for Education Statistics. Definitions and data: who is nontraditional? <https://nces.ed.gov/pubs/web/97578e.asp>. Published November 1996. Accessed January 27, 2017. 270
7. Institute of Medicine and the National Research Council. *Investing in the Health and Well-being of Young Adults*. Washington, DC: National Academies Press; 2015. 275
8. Simmonds DJ, Hallquist MN, Asato M, et al. Developmental stages and sex differences of white matter and behavioral development through adolescence: a

- longitudinal diffusion tensor imaging (DTI) study. *Neuroimage*. 2014;92:356–368.
- 280 9. Slutske WS. Alcohol use disorders among US college students and their non-college attending peers. *Arch Gen Psychiatry*. 2005;62:321–327.
10. Herman-Stahl MA, Krebs CP, Kroutil LA, et al. Risk and protective factors for methamphetamine use and nonmedical use of prescription stimulants among young adults aged 18–25. *Addict Behav*. 2007;32:1003–1015.
- 285 11. Ickes MJ, Cottrell R. Health literacy in college students. *J Am Coll Health*. 2010;58:491–498.
12. Hansen HR, Shneyderman Y, Belcastro PA. Investigating the association of health literacy with health knowledge and health behavior outcomes in a sample of urban community college undergraduates. *Am J Health Educ*. 2015;46:274–282.
- 290 13. Turner HS, Hurley JL. The history and development of college health. In: Turner HS, Hurley JL, eds. *The History and Practice of College Health*. Lexington, KY: The University Press of Kentucky; 2002:1–21.
- 295 14. World Health Organization. Types of healthy settings. [http://www.who.int/healthy\\_settings/types/en/](http://www.who.int/healthy_settings/types/en/). Updated 2017. Accessed January 16, 2017.
- 300 15. Fertman CI, Allensworth DD. *Health Promotion Programs: From Theory to Practice*. 2nd ed. San Francisco, CA: Jossey-Bass; 2016.
16. Okanagan Charter: An international charter for health promoting universities and colleges. [https://www.acha.org/documents/general/Okanagan\\_Charter\\_Oct\\_6\\_2015.pdf](https://www.acha.org/documents/general/Okanagan_Charter_Oct_6_2015.pdf). Published 2015. Accessed January 25, 2017.
- 305 17. National Association of Student Personnel Administrators. About—Health and Wellness Promotion Knowledge Community. <https://www.naspa.org/constituent-groups/kcs/wellness-and-health-promotion/history>. Updated 2017. Accessed January 27, 2017.
- 310 18. American College Health Association. The Health Promotion Section [https://www.acha.org/ACHA/Networks/Sections/Health\\_Prom.aspx?WebsiteKey=03f1a0d5-4c58-4ff4-9b6b-764854022ac1](https://www.acha.org/ACHA/Networks/Sections/Health_Prom.aspx?WebsiteKey=03f1a0d5-4c58-4ff4-9b6b-764854022ac1). Updated January 2017. Accessed January 16, 2017.
- 315 19. American College Health Association. Healthy Campus 2020. <http://www.acha.org/HealthyCampus/>. Published June 2012. Accessed January 25, 2017.
20. World Health Organization. Ottawa Charter for Health Promotion. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index1.html>. Published November 1986. Accessed January 16, 2017.
- 320 21. McLeroy KR, Bibeau D, Steckler A, et al. An ecological perspective on health promotion programs. *Health Educ Q*. 1988;15(4):351–377.
- 325 22. Israel BA, Checkoway B, Schulz A, et al. Health education and community empowerment: conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Educ Q*. 1994;21(2):149–170.
- 330 23. Centers for Disease Control and Prevention. Health & academics. [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/index.htm](https://www.cdc.gov/healthyyouth/health_and_academics/index.htm). Updated October 15, 2015. Accessed January 30, 2017.
24. Centers for Disease Control and Prevention. Health and academic achievement. [https://www.cdc.gov/healthyyouth/health\\_and\\_academics/pdf/health-academic-achievement.pdf](https://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf). Published May 2014. Accessed March 13, 2017.
- 335 25. Centers for Disease Control and Prevention. Health & academics data & statistics. [https://www.cdc.gov/healthyschools/health\\_and\\_academics/data.htm](https://www.cdc.gov/healthyschools/health_and_academics/data.htm). Updated August 24, 2015. Accessed March 13, 2017.
- 340 26. Meda SA, Gueorguieva RV, Pittman B, et al. Longitudinal influence of alcohol and marijuana use on academic performance in college students. *PLoS ONE*. 2017;12(3):e0172213. doi:10.1371/journal.pone.0172213.
- 345 27. Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child. <https://www.cdc.gov/healthyyouth/wsc/>. Updated October 26, 2015. Accessed January 16, 2017.
- 350 28. Every Student Succeeds Act, 2015. Public Law 114–95. Stat. 1177.
29. Oswalt SB, Lederer AM, Schrader L. Institutional characteristics and the connection to college student health. *Am J Health Behav*. 2015;39:475–486.
- 355