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Engaging Stakeholders in the Healthy Campus Movement

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Abstract

Background: Institutions of higher education are increasingly attending to the health of their campus community. This article reports on a Healthy Campus Initiative (HCI) to build a culture of health.

Objectives: Evaluate the applicability of the four action areas of the Robert Wood Johnson Foundation Culture of Health Framework to campus health and discuss challenges and lessons learned.

Methods: Observational, qualitative, and quantitative data were collected to describe partnership development, key stakeholder engagement, and stakeholder perceptions of healthy campus activity between 2016 and fall 2018.

Results: This initiative aligned with 3 of the four action areas of the Culture of Health Framework by making campus

health as a shared value, fostering campus and local community collaborations, and creating a healthier and more equitable campus community.

Conclusions: For institutions of higher education, the Culture of Health Framework is ideal to engage stakeholders to take action to create and build cultures of health.

Keywords

Campus community, campus health, culture of health, community-based participatory research, higher education, mixed method design

There is increased attention on creating healthy campuses at institutions of higher education; however, campuses have historically focused on the health of students not the health of the entire campus community (administrators, faculty, staff, students).¹ Despite the growing number of HCIs across the nation,² very little is known about creating campus communities that foster a culture of campus health for all. Universities are known, in great measure, as institutions that create and transmit new knowledge through scholarship and discoveries. Until the recent healthy campus movement, few universities studied the health of their own communities.^{3–6}

Whole campus and collective impact approaches increasingly recognize the critical role of partnering with community-based organizations, local government, and other anchor institutions to enact change. The University of California (UC) education system through its Healthy Campus Network is doing exactly that. The UC's Healthy Campus Network is paving the way for campuses to engage diverse stakeholders to mobilize collective approaches to build cultures of campus health.^{3,7} The Healthy Campus Network, which spans all 10 UC campuses, follows the Robert Wood Johnson Foundation (RWJF) Culture of Health Action Framework that focuses on four upstream action areas: making health a shared value,

fostering cross-sector collaborations, creating healthier and more equitable communities, and strengthening integration of health services and systems.^{8,9}

While this framework provides an approach to build cultures of health, the national Healthy Campus 2020 objectives informs health priorities for students (e.g., sleep, anxiety), as well as administrators, faculty, and staff (e.g., physical activity/fitness).¹⁰ This article presents a case study of the first 2 years of the UC Riverside (UCR) HCI and examines the applicability of the RWJF Culture of Health Action Framework to building cultures of health.

UCR, founded in 1954, is one of the newest campuses in the public UC system and a federally designated Hispanic-serving institution. The campus community consists of 20,581 undergraduate and 3,341 graduate and professional students, 250 medical students, 103 medical physician residents, 8,829 staff, and 1,958 faculty.¹¹ UCR consistently excels in rankings related to ethnic diversity, social mobility of students, and responsiveness to community needs.¹² The university is comprised of three colleges (Engineering, Humanities, Arts, and Social Sciences, and Natural and Agricultural Sciences) and four professional schools (Business, Education, Medicine, and Public Policy). It was awarded \$159 million in grants and contracts in FY18 and contributed \$1.92 billion to the state of California and \$2.7 billion to the US economy in FY16.^{13,14} UCR's mission is to "transform the lives of the diverse people of California, the nation, and the world through the discovery, communication, translation, application, and preservation of knowledge—thereby enriching the state's economic, social, cultural, and environmental future."¹⁵ In 2017, the UC Office of the President provided funds to all UCs, including UCR, to build partnerships, develop organizational infrastructure, and execute strategic action plans.

METHODS

This initiative draws on principles of community-based participatory research in health to engage multiple stakeholders (campus administrators, faculty, staff, students, the city, and county public health) and enact shared decision making and equitable resource allocation.^{16,17} The goal is to infuse health into teaching, scholarship, business practices, and institutional policies in an effort to build a culture of health.

Faculty and staff co-chairs lead the initiative and oversee nine subcommittees that are guided by an advisory board of faculty, staff, students and community partners. Figure 1 illustrates the HCI organizational structure.

HCI Organizational Structure

Approach. A critical first step to the initiative was fostering collaborations among stakeholder groups and creating an advisory board. HCI co-chairs began by identifying campus stakeholders (administrators, faculty, staff, and students) with expertise or interest in health and then community partners (city and county representatives) to serve on the advisory committee. Stakeholders were selected because of their unique expertise and potential contributions to the initiative. Administration provides leadership and vision; faculty hold research expertise, connection to academic life and students, and model health behaviors for students; staff possess institutional knowledge, subject matter expertise, and model health behaviors for colleagues; and students offer the student life and learning perspective. Community partners bring insight on local health initiatives and access to additional collaborations and resources.

To recruit members for the advisory committee, the co-chairs held one-on-one meetings with initial stakeholders to present the HCI concept, discuss potential roles, and the strategic plan. Because the HCI concept falls within the public health field, co-chairs sought stakeholders with this expertise. Several administrators and faculty in the School of Medicine (SOM) hold masters in public health; thus, they began relationship building with this school. Co-chairs also presented the concept of healthy campus and the HCI vision through "roadshows" during departmental meetings, staff trainings, and student organization meetings. The purpose of these roadshows was to engage members of the campus and local community in the initiative and invite them to join the advisory committee.

Evaluation of the HCI. A mixed-methods approach was used to assess how well our HCI aligned with the four action areas of RWJF's Culture of Health Framework.¹⁸ From 2016 to 2018, observational, qualitative, and quantitative data were collected and used to describe the process of partnership building, stakeholder engagement, and stakeholder perceptions of

Figure 1. Healthy Campus Initiative Organizational Structure

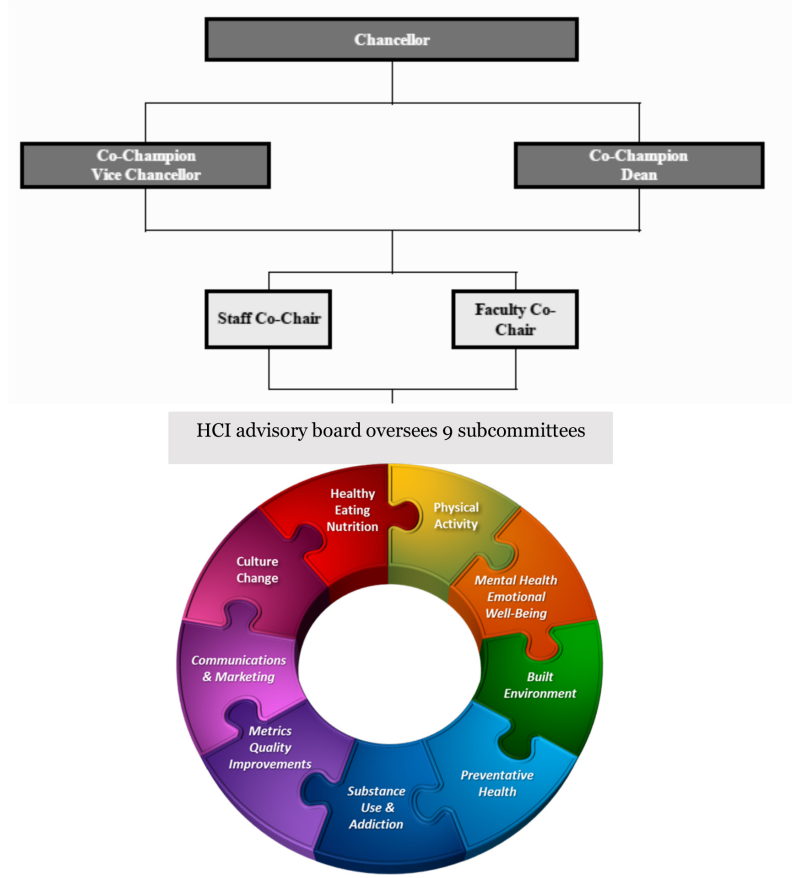


Figure 1. HCI organizational structure

healthy campus. Human subject approval was granted on May 18, 2018, by the UCR Institutional Review Board. Previously collected observational and textual data were approved for use in analyses.

Observations took place during one-on-one meetings, advisory boards, and HCI activity with stakeholders and quantitative and qualitative data were obtained via surveys with closed and open-ended questions. Observations were jotted down as notes in meeting minutes and field notes. After each HCI event, HCI team members collected process evaluation data to capture stakeholder participation, methods of stakeholder engagement, and impact of the event on creating cultures of health. Surveys were used to collect participants' sociodemographic data, perceptions of the healthy campus activity, and knowledge learned during the event.

Open-ended questions elicited participants' experiences, feelings, and thoughts about events. Student researchers distributed surveys, which were self-administered, included multiple choice responses and open-ended questions, and were completed via the Qualtrics software platform for administering surveys.

Data were analyzed using theme identification and descriptive statistics.¹⁹ Textual data, including meeting minutes, field notes, and open-ended responses, were analyzed to identify patterns. Quantitative data were analyzed for frequencies and trends.

RESULTS

The analysis indicates that HCI established key partners and engaged multiple stakeholder groups in the HCI

and addressed three of the four RWJF Culture of Health Framework action areas.

Making Health a Shared Value

During the first 2 years of the HCI, 48 faculty, staff, and students across four of the seven schools, administrative offices, auxiliary departments (e.g., dining, housing), and city and county representatives were engaged in the advisory committee. This committee was charged with 1) creating a culture of wellness where UCR faculty, staff, and students live, work, and learn and 2) engaging campus and local community partners in development and institutionalization of environments and policies essential for a healthy campus culture.

Fostering Cross-Sector Collaborations

Key campus partners included offices of the: Executive Vice Chancellor/Provost, Academic Senate, Business and Administration, SOM leadership, Presidents of Staff Assembly, Associated Students, Graduate Student Association, Environmental Health and Safety, and Campus Planning. These collaborations facilitated invitations to present on HCI progress and its strategic plan to the Academic Senate, Chancellor's Executive Committee, and the Provost's Executive Committee, as well as collaborate on initiatives. As an example, HCI co-chairs collaborated with the Provost and the Academic Senate Chair to engage faculty in the initiative through a faculty competition. Faculty accrued points by identifying ways to integrate health and well-being into their teaching, research, and service. The Provost awarded six faculty cash rewards and a homemade dinner for their HCI-related activity (e.g., HCI-related research or mentorship, promotion of HCI in course syllabi).

Community sectors included the County Public Health Department and the Mayor's Office. UCR has long-standing relationships with both entities through tobacco-free advocacy and the City's wellness initiative. These community partners have regularly attended HCI advisory board meetings and collaborated on HCI events. HCI was also invited to participate on a county-wide health coalition, which provided opportunities to learn more about local community health, identify potential partners, and share HCI with the greater Riverside area. Furthermore, Riverside County is part of the

Healthy Cities Network whose goal is to "Build health into everyday life and make the healthy choice the easy choice," by incorporating health into policies.²⁰ The goals of HCI and Healthy Cities Network align, making this partnership invaluable to both parties as resources and ideas can be shared and stronger connections between the campus and city made.

Over the first 2 years of the initiative, the HCI advisory committee grew from 25 to 48 members, composed of 6 faculty, 33 staff, 8 students, and 2 community partner representatives. Committee members collaborated on HCI's Strategic Plan, including the vision, mission, strategic goals, formation of subcommittees, and creation of action plans. They recruited faculty, staff, and students to participate in subcommittees. As Table 1 outlines, faculty-staff or staff-staff co-leads (appointed by HCI co-chairs) lead HCI subcommittees and are experts in their subcommittee subject matter.

Additionally, through the HCI 100 roadshows reaching more than 2,600 faculty, staff, students were held; 125 stakeholders were engaged in HCI subcommittee work; and 600 Instagram followers were established. More than 1,000 faculty, staff, and students participated in one or more of the 50 HCI events, and 11 campus members (two faculty, four staff, five students) received HCI Project Grants (totaling \$15,000) to carry out healthy campus related projects. Last, the HCI received the American College Health Association 2018 Healthy Campus Award.

Healthier and More Equitable Communities

HCI activity primarily fell within action area three of the RWJF Culture of Health Framework, creating healthier and more equitable communities by increasing access to healthy choices, services, and resources. As indicated in Table 2, all subcommittees drafted an action plan, conducted an asset map, and began to implement strategic plans.

Healthier communities. HCI activity included public health campaigns designed to reach administrators, faculty, staff, and students in the university community. Campaigns focused on increasing physical fitness through stairwell usage and knowledge of campus marijuana and tobacco policy. For example, the Built Environment subcommittee led the "Take the Stairs" Campaign, a UC-wide initiative, that involved beautification and installation of point of decision signage for

Table 1. HCI Subcommittees

Built Environment	Healthy Eating	Mental Health	Substance Use and Addiction	Preventative Health	Physical Activity	Culture Change	Communications	Metrics
Subcommittee co-leads								
Faculty department	None	Social medicine, population and public health	Sociology biomedical sciences	SOM student affairs	Entomology	Anthropology	—	—
Staff department	Faculty/staff wellness dining services	Student wellness counseling and psychological Services	Student wellness faculty/staff wellness	student wellness	Recreation	International collaborations	Library human resources	Office of compliance
Affiliation								
Faculty	1	4	2	1	1	1	0	2
Staff	11	27	16	17	13	19	7	5
Students	3	23	13	10	12	2	4	1
Community			2					
Meeting frequency	Monthly	Quarterly	Monthly	Quarterly	Monthly	Monthly	Monthly	Monthly

stairwell activation. This committee identified two frequently used stairwells, installed a step tracker to assess stairwell usage pre- and post-stairwell activation, and collected brief survey data (closed- and open-ended questions) regarding users’ perceptions of the stairwell, which indicated a slight increase in average stairwell usage upon entering the building (205 to 255) and a dramatic increase upon exiting the building (99 to 313). According to the survey respondents, the majority of whom were students (72.5%), followed by staff (17.5%) and faculty (10%), most reported stairwell activation increased their stairwell usage (79.5%) and improved perception of the UCR environment (87.18%). Such a campaign illustrates how HCI activity created more community resources (eye-appealing and accessible walking spaces) that elevated both individual and campus health and wellbeing. One participant commented, “I took the stairs before, but I would occasionally get lazy and take the elevator instead. Now, because there are so many signs, I feel more compelled to take the stairs even if I am feeling lazy. So, it’s effective for me.”

More equitable communities. Subcommittees also implemented programs to address health inequities, including stigma reduction, healthy food access, and planet sustainability. The Mental Health Subcommittee created R’ Time: A Community and Space for International Women to address women’s mental health needs (anxiety, depression, isolation) in a non-stigmatizing environment. R’ Time invited female international students to attend a meet-and-greet that offered free massages, food, and a relaxing environment to interact with other women, share experiences, and obtain mental health resources. This monthly service engaged 45 women over 8 months, many of whom consistently returned. Similarly, the Substance Use and Addiction subcommittee raised awareness of the needs of students in recovery through a Photovoice Exhibit engaging over 130 campus and local community members and implemented student-led recovery meetings. Additionally, the Healthy Eating subcommittee held workshops on nutrition education and cooking informed by the “Seeds of Change” philosophy, adapted from Harvard TH Chan School of Public Health and the Culinary Institute of America Menus of Change program, to increase knowledge of plant-based proteins and sustainable production practices.

Table 2. Healthy Campus Subcommittee Goals and Accomplishments

	Built environment	Healthy Eating	Mental Health	Substance Use and Addiction	Preventative Health	Physical Activity	Culture Change	Communications	Metrics
Goals									
Short term	Suggest structural changes that easily lead to healthier behaviors.	Promote and provide healthy food and beverage choices.	Conduct a mental health needs assessment. Identify existing mental health resources.	Reduce substance use risk and increase safe substance use. Support recovery. Reduce tobacco use, second-hand smoke, and cigarette litter.	Develop a resource list of campus prevention resources.	Establish baseline community physical activity.	Identify ways to infuse health and well-being into teaching, scholarship, business practices, and policies.	Design HCI communication strategies. Engage 1,000 campus members in HCI social media.	Identify data collection goals and metrics. Lead annual survey data analysis and dissemination efforts.
Midterm	Implement structural changes to facilitate healthier behaviors.	Conduct food demonstration with nutrition education and experiential learning opportunities.	Implement a mental health literacy campaign.	Implement recovery support services. Address on campus substance use policies.	Promote preventative health via campus health events.	Promote walking as a way for people to easily move on campus.	Develop strategies, evaluate policies and create environments essential for sustainable health behavior change.	Standardize the HCI communication and marketing strategy	Provide consultation and technical assistance to HCI subcommittee activities
Accomplishments	Developed a "Healthy Building Checklist." Implemented the "Take the Stairs" campaign.	Promoted and expanded dining and catering options. Held healthy cooking demos. Established healthy corners in campus convenient stores.	Build an inventory of campus mental health resources. Conducted a mental health needs assessment. Planned for a mental health literacy campaign.	Updated the campus smoke/tobacco-free policy. Launched cannabis education campaign. Coordinated student recovery meetings.	Created a "Wellness Map" of campus health resources. Coordinated health screenings and promoted sexual health awareness at campus events.	Created fitness toolkits and exercise books. Developed stretch breaks and videos for classroom use. Developed concept for a walking trail.	Wrote white paper for: "Alternative Work Schedule Policy." Developed "Healthy Classroom Pedagogy."	Created HCI Instagram account. Designed HCI website. Designed HCI PowerPoint templates, postcards, and posters.	Designed metrics for HCI activity. Created data collection Packet. Analyzed annual survey data.

CHALLENGES AND LESSONS LEARNED

The HCI aligned strongly with the RWJF action areas—it fostered cross-sector collaborations, health as a shared value, and healthier and more equitable communities. A number of successes and challenges were identified during the first 2 years of this initiative.

First, having dedicated co-chairs with public health expertise to form cross-campus collaborations and community partnerships was critical to infrastructure development. Investment in infrastructure building led by HCI champions and faculty-staff co-chairs who reported directly to the Chancellor was also critical. This allowed for strong leadership support from influential positions (e.g., Vice Chancellors, Provost) and buy-in from faculty senate and staff assembly, as well as the County Department of Public Health and the Mayor’s Office. Furthermore, support from Human Resources, Student Affairs, SOM, Associated Students, and faculty invested in community health needs was essential to engage the campus community. This support facilitated dissemination of information on HCI activities and increased visibility of the initiative and efforts to promote a culture of health. However, buy-in from faculty was difficult to obtain. While the HCI co-chairs worked closely with faculty senate leadership to educate faculty on the potential impact of healthy campus on their own and their students’ health and collaborated with the Provost on the Faculty Challenge that included a monetary incentive and dinner prepared by the Provost, only a handful of faculty consistently engaged in the initiative. Successful faculty engagement in campus activities involves demonstrating the connection of the work to the mission of higher education to serve the public and generate scholarship. That said, future efforts will focus on creating partnered research opportunities for faculty and their students, as well as call on faculty members’ academic expertise to address public health needs, concerns, and policies within the context of the campus community.

Second, faculty-staff collaborations across leadership levels were critical to fostering collaborations and campus engagement. Faculty often have strong academic networks, research expertise, and direct interaction with students, whereas staff have extensive institutional knowledge and connections and understand how to navigate university systems. This collaboration provided an ideal partnership that allowed

staff to conceptualize and operationalize plans and projects while tapping into the research and academic expertise of faculty partners who provide a unique perspective on both academia and work/life integration. The value of having faculty involvement and endorsement of healthy campus efforts reinforces the importance of the various subcommittee areas to the campus community. However, a limitation to faculty-staff collaborations is faculty’s competing demands of service, teaching, and research. It is critical to handpick faculty who have a vested interest in health.

Most HCI advisory and subcommittee members were retained in the initiative—the majority were involved because of their commitment to health and wellbeing. To acknowledge staff and faculty efforts, HCI Champions sent each advisory member a “charge” letter that confirmed their participation in HCI and recognized their commitment to campus health and wellbeing, which was also sent to their supervisor, chair, or dean. The co-chairs also held recognition luncheons for all HCI stakeholders and provided occasional incentives, such as gift cards and giveaways to advisory members. UCR’s HCI will continue to identify strategies to engage stakeholders and will explore the potential research opportunities linked to the concept of building cultures of health, as well as continue to learn from other higher education institutions on their best practices for engagement.

Third, HCI Project Grants that provided value and investment in the health of our campus community and that aligned with HCI subcommittee action plans were funded. Fundable projects were identified based on their contribution to health as a shared value, campus needs and interests, ability to leverage existing resources, and potential for meaningful campus impact. One of the most successful projects was a sexual trauma survivor’s coloring book distributed to more than 1,000 campus members that was adopted by campus mental health services and tailored to include services and resources by student psychological services. This project was incredibly successful and required limited oversight; however, most projects required guidance from HCI subcommittee co-leads who were volunteers with limited capacity.

CONCLUSIONS

The RWJF Culture of Health Framework can direct institutes of higher education on how to involve individuals and

communities to work together to take action to create cultures of health. In the first 2 years of this initiative, key stakeholders engaged in action to make health a shared value, collaborate across campus and community sectors, and create a healthier and more equitable campus community. As this movement continues, campus efforts will need to address patients' health by strengthening collaborations with campus student health services and partnerships with faculty and staff healthcare insurance providers to consider how best to address this RWJF action area.

A critical part of this initiative was its collaboration with UCR's medical school. Medical schools, often viewed as the center for health and wellness promotion, can play foundational roles in the initial stages of partnership building and continuation of healthy campus work. Our medical school was the first partnering school and set an example for active involvement in the HCI, and the dean executed strategies to promote the HCI, including updates to campus leadership on HCI activity and inclusion of HCI in the bimonthly newsletter.

Cross-campus efforts promoting teamwork and encouraging a sense of community and health as a shared value can engage stakeholders in healthy campus movements. As the initiative progressed and moved toward sustainability, it was rebranded to UCR's Healthy Campus to reinforce that the work is no longer an initiative but a movement to create cultures of health.

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