

On the value and limitations of the CCWS for HM|HC

The Canadian Campus Wellbeing Survey (CCWS) initiative intends to inform health interventions directed at post-secondary students. It provides data on local prevalence and correlates of behaviours to guide prioritization, selection, implementation, ongoing evaluation and program/health service refinement, as well as determination of policy measures (Faulkner et al., 2019, pp. 1, 2, 9, 10; cf. CCWS Survey Content, 2019, p. 3). The data from the survey can provide a helpful broad surface picture on the extent to which certain experiences, opinions, sentiments and behaviours are present and predominant among students and may call for special attention. Comparison of data across multiple years might highlight trends and could be an indicator of progress or lack thereof in relating to features of concern.

The CCWS attempts to provide information on students' impressions of the campus climate related to mental health, their feelings about how well they fit in and how supportive the campus is toward their learning process and academic success. Pegged as a twenty-minute survey, it also incorporates:

- an existing mental well-being scale
- assessment of sense of difficulties, negative affect and access to health services
- questions about sleep patterns, physical exertion, wakeful sedentary activity, sexual behaviour, substance use, and food (in)security
- a wide range of potentially illuminating demographic information

How do we proceed from and build on this?

The survey developers acknowledge limitations in its focus primarily on individual beliefs and behaviours (Faulkner et al., pp. 9-10). This is a reminder that campuses also need to look for means of monitoring institutional health and well-being and assess progress in implementing the Okanagan Charter's calls to action. Tools for these environmental assessments are less easy to come by and operationalize, but arguably more critical for enhancement of the campus setting as it, in turn, influences individual attitudes and behaviours.

HM|HC has embraced a health promotion approach that endeavors to build capacity in campus communities and among their members to better manage and improve shared and personal well-being. In a consistent application of this perspective, campuses will see the need to go deeper than a quantitative look at how students report doing and feeling and to explore further with them why they have those sentiments and what meaning they attach to their activity. This will require more in-depth forms of qualitative inquiry and collective dialogue that yield insight and understanding with respect for human agency, personal autonomy, social practice, cultural frameworks and the role

of assumptions, values, ideals and goals in shaping perceptions, attitudes, decisions and conduct. It will also mean that initiatives attempting to address issues of concern will not seek to impose interventions on target student audiences with a view to changing their thinking and behaviour to meet predetermined objectives. Efforts will instead engage with these stakeholders as peers and partner together to reach and apply a working consensus on expectations for each other as mutually responsible contributing members to the kind of campus community they wish to co-inhabit.

HM|HC campuses have experience in conducting various forms of this kind of participatory inquiry and practical or moral reasoning among their ranks, including the employment of open questions that invite dialogic sharing of diverse stories and perspectives. Including the survey findings in the conversation and seeking to explore their meaning (rather than assume it) is a useful way to use CCWS data in building a broader more profound picture of campus reality. Human behaviour and well-being are complex and cannot be understood in isolation from the myriad of social and physical environmental factors that influence them. Building collective responses that reflect and foster community connectedness is critical, and dialogue is integral to this process.

Questions:

- How might our campus best complement CCWS data? What added value would this have?
- What makes it difficult to document and relate to the complexity (breadth and depth of experiences) related to well-being on our campus? How can we overcome these challenges?
- Why might we seek alternatives to trying to persuade or compel others to behave in ways “we” want “them” to? What are those alternatives?

References:

Canadian Campus Wellbeing Survey (2019). [Canadian Campus Wellbeing Survey survey content](#).

Faulkner, G., Ramanathan, S., Kwan, M. & the CCWS Expert Panel Group (2019). Developing a coordinated Canadian post-secondary surveillance system: a Delphi survey to identify measurement priorities for the Canadian Campus Wellbeing Survey. *BMC Public Health*, 19:935. <https://doi.org/10.1186/s12889-019-7255-6>.

(2015). *Okanagan Charter: An international charter for health promoting universities and colleges*.

Suggested readings on a humanistic approach to health promotion:

Buchanan, D. R. (2016). Promoting dignity: the ethical dimension of health. *International Quarterly of Community Health Education*, 36(2), 99-104.

Buchanan, D. R. (2008). Autonomy, paternalism, and justice:

Ethical priorities in public health. *American Journal of Public Health*, 98(1), 15-21.

Buchanan, D. R. (1998). Beyond positivism: humanistic perspectives on theory and research in health education. *Health Education Research*, 13(3), 439-450.

Buchanan, D. R. (2000). *An ethic for health promotion: rethinking the sources of human well-being*. New York: Oxford University Press.

Resources on dialogue:

Some generic resources are accessible from CISUR's Opioid Dialogues [webpage](#).

The HM|HC website provides examples of dialogic approaches and processes pursued in connection with the Changing the Culture of Substance Use initiative, among [the project's Tools & Resources](#).

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