An intentional effort of community empowerment and sustained integration beyond the health care sector as a possible path to build capacity for health started at the University of Southern California (USC) in 1972. Several physicians from various campuses met to discuss the limitations of medical care, and the possibilities to address current “lifestyle diseases” in their student populations. Addie Klotz, MD, was among the participants. She returned to USC and hired Amy Dale, a recent MPH graduate, to advise a grassroots student peer-based health education organization called Health Advocates. This was the beginning of the USC community engaging in creating health with what we now call Health Promotion. In 1987, I was hired into that Program Manager position to supervise a dozen Health Advocates with three support staff. That year we wrote a F.I.P.S.E. Grant and hired an additional full-time staff member and a graduate assistant.

It has been thirty years of evolution. USC has led the way in community development with our HIV testing and by pioneering new media with our ‘No Greater Love’ social marketing campaign, consistently using multiple data streams to mine community concerns. We have always held student engagement and the power of community at our core. So it is on the 45th year of the Office, and my 30th year of service, that we offer this Look Book to showcase our work. May there be expanding efforts to utilize Health Promotion to realize population health and communal well-being.

Paula L. Swinford, MS, MHA, F-ACHA
Director, Office for Wellness and Health Promotion
As the Division of Student Affairs, we...

**SUPPORT** the individual student and student communities through development of environments, services and policies that reinforce shared strengths;

**EDUCATE** students to discover a deeper understanding of themselves and become change agents in the world;

**ENGAGE** students in transformative experiences to challenge their perspectives and become global citizens.

**VISION**
Empowering students to transform the world.

**MISSION**
Strengthening a culture driven by student well-being.

**2017-2020 STRATEGIC PLAN**

1. Enhance the culture of equity and inclusion

2. Cultivate a culture where individuals and communities thrive

3. Disrupt the culture of at-risk substance abuse

4. Foster a culture of consent and healthy relationships
Health Promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions.

Health Promotion Actions:
- Create Supportive Environments
  Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment.

- Build Healthy Public Policy
  Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health. Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change.

- Strengthen Community Actions
  Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies, and implementing them to achieve better health. At the heart of this process is the empowerment of communities - their ownership and control of their own endeavors and destinies.

- Develop Personal Skills
  Health promotion supports personal and social development through providing the educational infrastructure to deliver learning outcomes demonstrated by enhancing life skills. By doing so, it increases the options available to people to exercise more control over their own health and advocate for environments that supports those skills.

- Reorient Healthcare
  The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health. The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.
Student well-being at USC is built on a narrative of global connection, compassion, and community.

The Office for Wellness and Health Promotion plays an essential role at USC: we provide transformative experiences, engage the student voice, develop new knowledge and skills, lead by example, and advocate for all students to thrive. As a strategy for public health, the department functions and is structured into 3 Areas of Attention.
ASSESSMENT + COMMUNICATION

The Office for Wellness and Health Promotion has made a concerted effort to create a positive culture that enables students, staff and faculty to thrive. We pursue this through data collection, analyses and reporting in order to understand student needs, track community capacity and evaluate programs. We disseminate key data back to the community as part of the health promotion process.

THE BUILDING BLOCKS OF OUR WORK ARE INFORMED BY DATA COLLECTION AND BEST PRACTICES

- **ACHA National College Health Assessment**
  - 71% of 1st year undergraduate students often feel that they belonged to a community

- **Transit: Financial Wellness**
  - <$1000 total approximate balance of all credit cards for 54% of new undergraduate students

- **Spotlight Reports**
  - 7,175 total number of Pause for Paws visitors since spring 2016

- **Program Evaluation**
  - 28% of new undergraduate students indicated not drinking alcohol in the past year

- **AlcoholEdu**
  - 912 total number of students completed by students in the past year
  - 28% of new undergraduate students indicated not drinking alcohol in the past year

USC strives to be a healthy campus community where data drives policies, practices and spaces that foster well-being.

http://www.engemannshc.usc.edu/what-we-know-about-you/
Everyone has a role to play in creating a supportive campus community. Health Promotion works through community participation and ownership: the student community informs our work in setting priorities, making decisions, planning strategies and implementing solutions to complex problems. At the heart of this process is the empowerment of students - their voice and contribution to our work is critical.

**WELLNESS DOG**
The first of his kind at an American university, Professor Beau is professionally trained and certified as a Facility Dog. He works with students, staff and faculty to decrease stress, increase their sense of well-being, and bring a feeling of “family” to the ever-growing Trojan Family.

**WELLNESS LOUNGE**
The Wellness Lounge is the heart of OWHP. It is set up to be a warm and welcoming space for students from all backgrounds to relax, connect with one another, and explore well-being in a variety of ways. With couches and massage chairs prime for napping; a wellness library; available coffee, tea, and organic fruit; brain games and knitting supplies; plus a plethora of safe sex supplies, the lounge has something for everyone. Open Monday-Friday, 8:30a - 7:00p, this space is solely dedicated to our students.

**HAPPY HOUR**
Happy Hour with OWHP isn’t quite what you’d expect. Yoga and Tai Chi classes are offered Monday-Friday in the Engemann Student Health Center to all students, staff and faculty as a way to decompress and find community. Take an hour out of the day to relax, stretch, and open up the mind and body to the restorative powers of these age-old practices. From beginner yoga to tai-chi, OWHP has classes for everyone.

**PAUSE FOR PAWS**
Pause for Paws equals more dogs! Every week, volunteers from a local therapy dog organization, Love on 4 Paws, come to campus with their friendly pups to spread the love. Find them around campus, from the Lyon Recreational Center to Alumni Park.
The Office for Wellness and Health Promotion provides training and consultations for students, student organizations and campus partners, with training designed to be interactive, engaging, and skills-based. Students are welcome to meet with an OWHP staff member for one-on-one consultations about a variety of topics, and can either make an appointment or simply walk in.

Wellness Advocates & LINKS comprise a community of student volunteers who are knowledgeable about OWHP’s purpose, programs and services, as well various campus resources available to students. Wellness Advocates are also trained to facilitate CARE workshops to student groups and organizations.

CARE WORKSHOPS

USC Wellness Advocates are available to facilitate skill-building CARE workshops with student groups, including student organizations, athletic teams, Greek organizations, residence halls, etc. Faculty may also request the workshops for their classes.

Workshops focus on personal and community well-being, and include CARE and the Mind, CARE and the Body, CARE and Consent, and CARE and Bystander mobilization.
THE BLUEPRINT

THE POWER OF NUMBERS

1 Director
3 Health Promotion Professionals
1 Graduate Student Intern
1 Wellness Dog
10 Student Workers
40 Wellness Advocates
25 Wellness Links

DIRECT PARTICIPATION AND IMPACT

A Snapshot of 3 Initiatives on the University Park Campus 2012-2017

2017-2018 Staff (left to right): Oliver Tacto, Diane Medsker, Professor Beau, Paula Swinford and Amanda Vanni

With the same number of professional staff since 1987, the Office has continually expanded its campus reach through services and programs that are evidence-based and data-driven, thereby creating a positive impact on student well-being.
GLOSSARY OF TERMS

Given that desirable outcomes are most easily achieved when there is an integrated, whole-campus approach, a deep understanding of these definitions of common terms is critical. As certain terms are used throughout this document, it is important to establish working definitions.

HEALTH

Defined by the World Health Organization (WHO) as a “state of complete physical, mental, social well-being, and not merely absence of disease or infirmity.” In the dynamic nature of human existence, “a complete state of...well-being” is an objectively measured aspiration statement.

WELLNESS

Wellness is often used outside the health care sector to mean something more positive, less clinical, and more inclusive than health. It is also used as a synonym for health and yet it is a subjective measure with a more momentary personal result. While health lists just three areas (physical, mental, social), wellness includes six or more areas (physical, emotional, intellectual, spiritual, social and occupational) as a way of conveying that we are more than a level of physical fitness. Wellness is associated with optimization rather than repair, making the very best of what is currently available while challenging oneself to be more.

In 2006, WHO added a definition of “wellness” to the WHO Health Promotion Glossary stating “Wellness is the optimal state of health of individuals and groups.

There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one’s role expectations in the family, community, place of worship, workplace and other settings.”

The addition of wellness as a concept that can be applied to a group, and as connected with “role expectancy” is unusual in the literature. Wellness, like health, is related to well-being. It has been in use since Halbert Dunn, M.D. began using the phrase “high level wellness” in the 1950s. In the 1970’s, the term was incorporated into a model encompassing the dimensions of personal skills development as a way of understanding capacity beyond a physical, disease-defined health status. Thus, the wellness concept became a model focused on an individual’s intentional capacity for developing personal health-related skills or lifestyle.

The term “wellness” as a noun is defined as a dimension of health beyond physical, mental and social to include spiritual, physical, occupational, and sometimes even financial or environmental. While it involves activities and behaviors that individuals engage in to enhance the quality of their life and maximize their potential, it has little evidence for application to populations, or outside of a higher level of affluence.

Wellness refers to a positive state, illness to a negative state.

PREVENTION

The application of interventions that deter the development of problems before they occur and therefore reduce harm through removal of risk or the addition of protection.

There are three subsets of prevention: universal, selective, and indicated. Universal prevention is risk reducing for broad populations without consideration of individual differences in risk. Selected prevention targets sub-populations of individuals identified on the basis of their membership in a group that has elevated risk. Indicated prevention is for individuals that exhibit high-risk behaviors.

Health Promotion requires a positive, proactive approach, moving beyond a focus on individual behavior and towards a wide range of social and environmental interventions that create and enhance health in settings, organizations and systems.
WELL-BEING

Well-being was first used as early as the 16th century but has become a buzzword of the 21st. The Merriam-Webster dictionary defines the word as “the state of being happy, healthy, or prosperous.” Historically, definitions of well-being have fallen into two broad categories. The first category consists of traditional neo-classic measures such as income, GDP, life expectancy, and poverty rates. The second includes the subjective or psychological measures of well-being that seek to measure how people feel about their lives. Based on more recent research, the second category can be separated into two general types: those measures that tap into the evaluating or remembering self and those that tap into the experiencing self.  

The current usage of well-being seems to warrant replacing the word “or” with “and” since we do not describe a person who is merely happy, merely healthy, or merely prosperous as having a level of high well-being. Rather, the word “well-being” is used to express more than that. Aristotle’s “eudaemonia” is a similar concept. The Greek term eudaemonia consists of the words “eu” and “daimon,” meaning “good” and “spirit”. Some scholars add in hedonia, which is closer to happiness.  

Yet it is not a superficial or transient experience of being happy, or even about feeling happy; well-being turns to a sustainable quality of purpose that underlies our sense of self, our motivation to persist, our trust in agency, and our responsibility to act for the common good. The current conversations about well-being may indicate that the human species is raising its consciousness about earth jurisprudence and the necessity of honoring our place in a larger construct.

HEALTH PROMOTION

The process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (WHO defined health promotion in the 1986 Ottawa Charter).

Further, the 2015 “Okanagan Charter: An International Charter for Health Promoting Universities and Colleges” refers to the WHO 1986 definition of health promotion as requiring “positive, proactive approach, moving ‘beyond a focus on individual behavior towards a wide range of social and environmental interventions’ that create and enhance health in settings, organizations and systems.”

REFERENCES

“Because life is a network, there is no ‘nature’ or ‘environment,’ separate and apart from humans. We are part of the community of life, composed of relationships with ‘others,’ so the human/nature duality that lives near the heart of many philosophies is, from a biological perspective, illusory. We are not, in the words of the folk hymn, wayfaring strangers traveling through this world.”

- David George Haskell, The Songs of Trees, 2017