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Promoting the Health of Young Adults in Urban Public Universities: A Case Study From City University of New York

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Promoting the Health of Young Adults in Urban Public Universities: A Case Study From City University of New York

Nicholas Freudenberg, DrPH; Luis Manzo, PhD; Lorraine Mongiello, DPH, CDE, RD; Hollie Jones, PhD; Natascia Boeri, MA; Patricia Lamberson, MPH

Abstract. Changing demographics of college students and new insights into the developmental trajectory of chronic diseases present universities with opportunities to improve population health and reduce health inequalities. The reciprocal relationships between better health and improved educational achievement also offer university health programs a chance to improve retention and graduation rates, a key objective for higher education. In 2007, City University of New York (CUNY), the nation’s largest urban public university, launched Healthy CUNY, an initiative designed to offer life-time protection against chronic diseases and reduce health-related barriers to educational achievement. In its first 5 years, Healthy CUNY has shown that universities can mobilize students, faculty, and other constituencies to modify environments and policies that influence health. New policies on tobacco and campus food, enrollment of needy students in public food and housing assistance programs, and a dialogue on the role of health in academic achievement are first steps towards healthier universities.

Keywords: chronic diseases, community health, educational achievement, health education, health inequalities

Two trends present new opportunities for universities to contribute to improving the health of the American public. First, more low-income and black and Latino students are entering college, enabling access to higher education to populations facing greater health inequalities.1,2 Second, new insights into the developmental trajectory of chronic diseases suggest that the young adult years provide important opportunities for chronic disease prevention.

In this report, we describe Healthy CUNY, the response of the nation’s largest urban public university, City University of New York (CUNY), to these challenges. The following questions guided the Healthy CUNY initiative: How can universities best respond to these recent health trends to improve the nation’s health? Can universities play a new role in reducing inequalities in chronic diseases? Can promoting the health of university students contribute to improved academic achievement and retention rates?

In the last 2 decades, the proportion of young people going to college has increased and college students have become more diverse. Between 1990 and 2009, US college enrollment increased by 148%.3 For the first time in US history, more than half of 18- and 19-year-olds are now in college. By 2012, a record 63% of the nation’s young adults aged 25 to 29 had completed at least some college.4

In the last 35 years, the number of blacks, Latinos, and other racial/ethnic minorities attending college has more than doubled and now represents about one third of the entire student body.5 In 2008, 55% of high school students in the 2 lowest income quintiles started college compared with only 36% in 1984.5 Colleges now reach a broad spectrum of young people, including those who face health, educational, and other inequalities, making colleges an important setting for addressing the nation’s gap in equality of life chances.6

In part as a consequence of rapid expansion, many campuses have experienced problems achieving satisfactory retention and graduation rates. Freshman class attrition rates are typically as high as 20%-30%.7 As one researcher noted,
Since college graduates are less likely to smoke, have low–birth-weight babies, be obese, or die prematurely than nongraduates,9 those who drop out miss the opportunity to realize the lifetime health and social benefits that a degree offers. Unfortunately, college dropout rates are higher for black and Latino than for white students,10 thus depriving these populations of the health enhancements that more education brings and missing an opportunity to reduce racial/ethnic inequalities in health.

Recent public health research shows that many of our nation’s most serious problems are worsened during the developmental stage some have labeled “emerging adulthood.”11 Several studies suggest that hypertension, coronary heart disease, the metabolic syndrome, psychological problems and mental illnesses, and other conditions begin early in life, worsen during young adult adulthood, and impose substantial health burdens by the middle adult years.12–15

During emerging adulthood, many young people first move out of their family’s sphere of influence, become responsible for their own health care, and establish lifetime health habits. Rising rates of unhealthy food consumption, lack of physical activity, and problem alcohol use put many college students at risk of current and future health problems.16 In addition, many young adults lack health insurance, limiting their options for receiving care for problems that are identified or getting the benefits of preventive care.17 As adolescents progress into their 20s, negative changes in health often occur.18 Between 26% and 40% of college students have 1 or more components of the metabolic syndrome,15 and conditions such as coronary heart disease often begin at this age.12,19–21 Other studies document high rates of problem behavior among young adults, including tobacco use,22 excessive alcohol consumption,23 and unhealthy diets.24 In addition, college students report high and rising levels of stress,25 an exposure associated with current and future physical and mental health problems.

The National College Health Assessment (NCHA), which annually surveys a representative sample of more than 20,000 undergraduate students, provides another window on the health issues college students’ experience. In the 2011 survey, 76% of students reported drinking alcohol in the past 30 days.26 Of those drinking, 28.7% reported binge drinking in the last month. About 15% reported smoking cigarettes in the last month. Furthermore, 52.6% did not meet the recommendations for weekly physical activity and 94.6% reported not consuming the recommended number of fruits and vegetables each day.26 Students also reported several psychological problems that interfered with academic performance.26

In young adulthood, the first manifestations of mental illnesses, including schizophrenia, bipolar disorder, and major depressive disorders, often appear, making colleges an appropriate setting for early intervention and connections to care.27

As college populations become more diverse, they demonstrate the racial/ethnic and socioeconomic health inequalities of the general population. Studies of college students have shown racial/ethnic or socioeconomic health inequalities in rates of overweight and obesity,28 health insurance coverage,17 depression,29 and binge drinking.30 Using the college years to take action to reduce these gaps presents universities and their health centers with new opportunities to improve the health of the nation.

Although the role of health in retention and on-time graduation has not been well studied, research suggests that psychological problems, substance use, pregnancy, and other conditions contribute to academic difficulties associated with dropout.31–33 Reducing these problems promises improved academic achievement and reduced racial/ethnic and socioeconomic inequalities in educational achievement.

This cumulative evidence highlights the potential of US colleges and universities to address 2 pressing public health concerns: (1) rising rates of preventable chronic medical conditions and psychiatric disorders and (2) persistent socioeconomic and racial/ethnic health inequalities. Serendipitously, by taking on these 2 challenges, universities can also address one of their own greatest problems: high rates of dropout and unsatisfactory academic progress.

CITY UNIVERSITY OF NEW YORK: THE NATION’S LARGEST URBAN PUBLIC UNIVERSITY

In fall 2011, CUNY enrolled 272,128 credit students and more than 250,000 adult, continuing, and professional education students at its 24 campuses throughout New York City. Its 239,103 undergraduate students—59% enrolled in 4-year schools and 41% in community colleges—were 29% Latino, 26.8% black, 25.6% white, 18.3% Asian or Pacific Islander, and 0.3% American Indian or Native American.34 Fifty-eight percent were female; 41.3% were born outside the US mainland, and 28.2% were 25 years and older. CUNY students speak 195 languages and 38.1% reported household incomes of less than $20,000 per year. More than two-fifths (44.2%) were the first generation in their family to attend college. In addition, 14.2% supported children and 31.8% worked for pay more than 20 hours per week.35 In many ways, CUNY students reflect the changing demographics of US college students, especially those living in urban areas. Like other universities serving low-income populations, its retention and graduation rates are lower than national averages: 12% of the CUNY community college fall 2007 cohort had earned their degrees within 3 years and 41% of the 2005 fall cohort had earned their baccalaureate degree within 5 years.36

THE HEALTHY CUNY INITIATIVE

In 2007, to better meet the health needs of its students, faculty, and staff, the City University of New York began several
initiatives, ultimately called the Healthy CUNY initiative. Its goals are to:

- identify salient health needs of CUNY students, faculty, and staff and develop policies to address these needs;
- engage various constituencies, including students, faculty, staff, administrators, and the Chancellor’s Office, in creating health initiatives and building a stable infrastructure for health promotion;
- analyze the contribution of student and family health to educational achievement and graduation and develop programs and policies that reduce health-related causes of low academic achievement or college dropout;
- identify and take action to reduce inequalities in health among our students; and
- offer students the knowledge, skills, and access to resources that could promote lifetime health and prevent the onset of the chronic diseases.

**HEALTHY CUNY CONCEPTUAL MODEL AND ACTIVITIES**

Healthy CUNY emerged from a series of discussions among public health and psychology faculty members and senior administrators in the Chancellor’s Office who were concerned about the rising rates of obesity and diabetes among young adults in New York City. Recalling the success of mobilizing New Yorkers to confront the earlier human immunodeficiency virus epidemic, these founders hoped that CUNY could play a role in catalyzing citywide action on obesity and diabetes.

These founders organized an interdisciplinary group of CUNY faculty, students, and administrators that issued a “Call to Action” to promote healthier living and learning environments for the CUNY community. From its inception, Healthy CUNY’s mission and activities have been supported by the Chancellor’s Office, facilitating access to key players and resources within the university and assisting Healthy CUNY to leverage university as well as state, city, and foundation resources to advance its goals. To emphasize its focus on policy and environmental change as well as behavior change, Healthy CUNY uses the sociological model of health to plan interventions that can influence health by operating at different levels of organization and scale.37,38 Its activities, therefore, seek to bring about changes at these varying levels of influence, as shown in Figure 1.

Assessing the health needs and assets of CUNY students and documenting the health impact of existing campus environments, policies, and programs was an early and continuing priority. In order to enlist a broad cross-section of faculty and students, over time Healthy CUNY planners expanded their initial focus on obesity, diabetes, and health-related obstacles to educational achievement to include a wider range of health concerns. Table 1 provides an overview of selected assessment activities through 2011 and their key findings. All studies that involved students were approved by the CUNY Institutional Review Board. Details of the methods used for each study and their findings are available elsewhere.39–41

From these assessment activities, which varied in the rigor of their design and methodologies, the Healthy CUNY planning team identified the scope and magnitude of assets and problems at various levels and domains. The findings from these assessments were used to plan interventions. We describe a few of these in greater detail to illustrate the range of activities.

**PROFILE OF HEALTH OF CUNY STUDENTS**

Based on Healthy CUNY assessment activities shown in Table 1, we present a composite portrait of CUNY undergraduate students’ health. Although each of our data collection methods has limitations, together they illustrate the variety of health and social problems that diverse urban college students face. They also show the potential for assessing needs systematically, even with only modest resources for data collection, and for identifying inequalities in health that can be addressed through campus interventions.

**Health Behavior and Outcomes**

Our findings on health behavior come from 2 surveys described elsewhere.40,41 The first survey showed that 9% of the sample reported smoking in the last year; 35% reported a body mass index of greater than 25 kg/m², the usual criterion for overweight; 46% reported drinking more than 1 sugary beverage a day; and 30% reported physical inactivity, defined as less than 3 hours of physical activity per week.40 Of

![FIGURE 1. Conceptual model for Healthy CUNY (color figure available online).](image-url)
TABLE 1. An Overview of Selected Assessment Activities

<table>
<thead>
<tr>
<th>Assessment activity (level)</th>
<th>Data collection method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of student health attitudes, knowledge and behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Survey of obesity, physical activity, and diabetes-related behaviors and attitudes (2010) (individual/campus)</td>
<td>In-class survey in sample of classes</td>
<td>Convenience sample of 1,579 undergraduates at 3 CUNY campuses selected for demographic heterogeneity</td>
</tr>
<tr>
<td>2. Surveys of food insecurity, housing instability and psychological problems among CUNY students (2011) (individual/university system)</td>
<td>Online and telephone survey</td>
<td>Representative sample of 1,086 CUNY undergraduates</td>
</tr>
<tr>
<td>3. Focus groups with graduates of health advocates training (2008–2011) (individual)</td>
<td>Semistructured questions for groups of 9–11 participants; audiorecorded and transcripts coded for recurring themes</td>
<td>53 students from 12 campuses in 5 groups</td>
</tr>
<tr>
<td>Assessment of environments and policies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Environmental audit of campuses examining opportunities for physical activity (2009) (campus)</td>
<td>Walk through with standard rating instrument</td>
<td>60 buildings on 15 campuses</td>
</tr>
<tr>
<td>7. Environmental audit of water fountains (2011) (campus)</td>
<td>Structured observational assessment of water fountains encountered on CUNY campuses</td>
<td>Data collectors assessed status of 13–25 water fountains on 12 CUNY campuses</td>
</tr>
<tr>
<td>8. Survey of food and beverages served at CUNY meetings (2011) (campus)</td>
<td>Online survey of CUNY faculty and staff regarding last 2 meetings attended (followed by selected telephone interviews)</td>
<td>301 respondents from 9 campuses and CUNY Central Office. Eight telephone interviews</td>
</tr>
</tbody>
</table>

Note. CUNY = City University of New York.

note, rates of tobacco use and physical inactivity were lower than in the NCHA national survey, perhaps reflecting New York City’s aggressive antismoking campaigns and lower use of passive form of transportation. One survey found that about 2.5% of the 18- to 24-year-old CUNY students surveyed reported being diagnosed with either type 1 or 2 diabetes. Students 25 years and older had a higher proportion diagnosed with diabetes (5.7%). Students with household incomes below $60,000 and those enrolled in community colleges also reported significantly higher rates of diabetes. Surveys also showed racial/ethnic, sex, and socioeconomic differences in health behaviors associated with chronic diseases.

Mental Health

Findings from one survey indicated that 19% of the respondents met the criteria for depression, based on the Patient Health Questionnaire-8, a commonly used screening test for depression. About 2 in 5 (41.1%) of the respondents who reported any of the common psychological symptoms of depression within the last 2 weeks acknowledged that these problems made it difficult for them to work, take care of things at home, or get along with others.

Food Insecurity and Housing Instability

A survey on social problems assessed the prevalence of food insecurity and housing instability among CUNY students. This survey revealed that 39.2% of CUNY students reported that they experienced food insecurity in the past 12 months. Food insecurity was defined as reporting 2 or more of the following conditions occurring often or sometimes in the last year: worrying that you would not have enough money for food; cutting or skipping a meal because you did not have enough money to buy food; unable to eat balanced or nutritious meals because of a lack of money; or going hungry because of a lack of money. More than 1 in 5 students (22.7%) reported that they often or sometimes went hungry because of a lack of money.

Overall, 41.7% of CUNY reported housing instability, defined as experiencing 1 or more of 12 housing-related problems in the last year. Women were more likely to have at least 1 housing problem than men (47.4% vs 36.5%). Students over the age of 25 were twice as likely to experience housing-related problems as students under 21. Students raising children were significantly more likely to have housing problems as compared with those who were not (60.2% vs 39.7%). Students reporting household incomes of less than
$50,000 a year were more than twice as likely to report housing instability as those with higher annual household incomes.45

Health Care

According to one survey, about one-third (35.4%) of students reported Medicaid or other public health insurance coverage and 29.6% reported private insurance coverage. In another survey, 17% reported no health insurance coverage and 14.4% said they did not have a regular source of health care. Only 8.2% reported a visit to campus-based health or wellness service in the past 12 months, suggesting underutilization of this resource.45

Impact of Health and Social Problems on Education

Students reported a wide range of physical health, mental health, and social concerns. The most commonly reported health problems in the last 12 months were anxiety (23.9%) and depression (22%). More students reported social problems than health problems: stress (reported by 54.9%), worries about finances (47.5%), relationship difficulties (28.6%), or worries about the health problems of other family members (18.6%), parents (15.5%), or children (2.3%). Of those students reporting any health or social problems, 21.8% asserted that the problem had a significant effect on their academic work, with stress being the most commonly reported obstacle to academic achievement.45

HEALTHY CUNY ACTIVITIES

Health and Social Services

In its first 2 years, Healthy CUNY focused on obesity and diabetes, piloting several campus-based services at 3 campuses, selected for their ethnic diversity. One was a mostly Latino community college, another a 4-year school with a large enrollment of black (including Afro-Caribbean) students, and the third a campus with a mix of white, Asian, black, and Latino students. On these campuses, Healthy CUNY offered free diabetes management workshops for students, faculty, and staff with diabetes. Multisession workshops, led by a certified diabetes educator, educated participants with knowledge and skills needed to better manage their condition.40 In addition, all campuses sponsored health fairs that provided diabetes screening services.

Other health and social services were created outside the umbrella of Healthy CUNY to address problems our assessment activities uncovered. Healthy CUNY staff worked closely with these new programs to ensure that the various approaches were coordinated. For example, in 2010, CUNY community colleges opened Single Stop Centers, a social benefits enrollment program. These centers screen students’ eligibility for more than 25 city, state, and federal benefits and also assist in tax returns preparation. These services provide direct benefits, including assisting many CUNY students experiencing food insecurity or housing instability with enrollment in the Supplemental Nutrition Assistance Program or various housing support programs.

Student Health Advocates

From 2008 to 2010, Healthy CUNY staff trained 336 students to serve as Healthy CUNY advocates. A 5-day workshop prepared students to take action for healthier CUNY policies and programs related to tobacco, food, and mental health. Workshop speakers included CUNY faculty and staff and seasoned professionals in the fields of tobacco control, food policy, nutrition, and mental health services. After the training, students were expected to complete campus-based education or intervention projects supporting Healthy CUNY tobacco, obesity, and mental health initiatives. The workshop and projects offer CUNY students an opportunity to learn and practice new skills while making CUNY a healthier campus. Students from many disciplines, campuses, and levels of training have participated. Some students have also worked with faculty to conduct needs assessment or research projects to inform future interventions. Unlike other campus-based peer education programs, Healthy CUNY advocates worked to change campus policies or environments, not simply student behavior.

Educational Campaigns

Healthy CUNY has also supported educational campaigns carried out at CUNY campuses. These time-limited campaigns seek to bring about changes in knowledge, attitude, or behavior; support policy change; or encourage individuals to seek services. Some examples include the following:

- In partnership with the New York City Department of Health and Mental Hygiene, Healthy CUNY encouraged students and faculty to Take the Stairs by posting signs near stairways, encouraging campuses to open and light stairwells, and disseminating messages on the health benefits of using stairs. A total of 4,000 signs reading Take the Stairs were posted on 24 CUNY campuses.

- In 2011, Healthy CUNY sponsored CUNY Fights the Fizz, a contest for multimedia counteradvertising messages used to educate the CUNY community about the harmful health effects of soda and to encourage reduced consumption of sugary beverages. Two were awarded a $500 prize and posted online and in other venues. The goal of this campaign was to discourage consumption of sugary beverages associated with obesity and diabetes.

- In 2011, Healthy CUNY partnered with a marketing class at one CUNY campus to create Make CUNY Your Gym, a physical activity social marketing campaign that created fitness circuits on campuses using existing features such as stairways, hills, and tracks. The campaign has now been launched on 3 other campuses.

These three examples illustrate the emphasis on low-cost environmental changes that encouraged behavior that reduced the risk of chronic diseases.

Policy Change

Changing CUNY policies to create campus environments that make healthy decisions easier has been another focus. In
In its first 5 years, Healthy CUNY has demonstrated that diverse university constituencies can be mobilized to support health promoting programs, policies, and environments. Its educational activities and campaigns have reached tens of thousands of students and faculty and its policy changes have improved campus environments for the approximately 600,000 people who study or work at CUNY. Healthy CUNY demonstrates that students can play a vital role in promoting health through campus-based health activism. Needs assessments have brought student health concerns and campus environmental issues (e.g., lack of sufficient working water fountains on some campuses—a deterrent to reducing soda consumption) to the attention of university administrators, a first step in resolving such problems. Healthy CUNY activities have legitimized the idea that a caring university can take action to promote the health of its students, faculty, and staff.

Findings on the links between health and academic achievement have opened a new dialogue within the university. As university administrators develop new strategies to promote retention and improve academic achievement, Healthy CUNY has focused new attention on mental health services, reproductive health care, and reducing food and housing insecurity, each an important influence on academic success.

LIMITATIONS

At the same time, Healthy CUNY faces important limitations. Although policy changes benefit the university as a whole, the programs that Healthy CUNY has offered have reached only a fraction of those in need, limiting the potential for population health impact. To date, Healthy CUNY has not had the resources for systematic and rigorous evaluation, a prerequisite for using resources more efficiently and for guiding the scaling up of activities. Many key university constituencies support Healthy CUNY, but others continue to regard health promotion as ancillary to the core mission of educating students, an indication that more work is required to persuade decision-makers of the virtuous circle between health improvement and educational achievement.

To achieve improvements in the current and future health of CUNY students—and New York City as a whole—the university will need to expand, sustain, and intensify the work Healthy CUNY has begun. Similarly, to realize the potential for improving academic achievement by improving health, Healthy CUNY activities will need to reach more students. Such an expansion will require new resources both from within the university and from external sources, a big challenge as public funding for higher education declines.

In addition, as a large underfunded public agency with a tradition of campus-based administration, CUNY faces difficulty in fully implementing systemwide changes—an obstacle to the economies of scale and demonstrable population impact that systemwide implementation enables. For example, currently each of CUNY’s 24 campuses negotiates its own contracts with food vendors, significantly reducing the university’s potential market power to demand healthier, more affordable food in its cafeterias and vending machines. At the same time, for some problems, leaving campuses flexibility to develop their own solutions encourages local engagement. For example, each campus was asked to devise its own plan for implementing the tobacco-free campus policy, although all had to meet the standard at the same time. Other multicampus systems will need to consider how best to negotiate this centralization-decentralization dilemma.

LESSONS LEARNED

An analysis of Healthy CUNY’s first 5 years suggests several lessons that may guide other universities to expand their health portfolio.

Link Health Goals to Improving Educational Achievement

The central mission of universities is ensuring that students graduate with the desired knowledge and skills. Comprehensive university health initiatives will be more likely to assure their future if they incorporate academic
success and graduation as outcomes in the development of their health programs. Using health interventions to improve educational achievement (ie, retention and graduation rates) is the strongest rationale for university support for innovative health policies and programs. This is especially true for the largest and fastest growing university sector: public and private colleges serving lower and middle income students and those from communities of color.

Although the case that health interventions can improve educational achievement can win the support of some administrators, other university constituencies may have other motivations to endorse health programs. Students want help in solving personal and family health problems that disrupt their lives. Faculty and staff may seek healthier campus environments and less stressful working conditions. Local health departments support efforts that contribute to improving community health. Defining initiatives that can encompass these diverse concerns and aspirations will maximize engagement.

**Take on Students’ Living Circumstances That Undermine Health and Educational Achievement**

Healthy CUNY surveys showed that significant proportions of its students face food insecurity, housing instability, and psychological problems that can undermine health and educational achievement. Increased college enrollment of disadvantaged students offers an opportunity to expand the health protection that higher education confers, but only if these groups are offered equal opportunities to succeed as their better-off peers. By taking concrete steps to reduce the poverty-related health and social obstacles to academic achievement, US colleges can fulfill their historic mission of promoting a more equitable society.

**Create a Portfolio of Multilevel Interventions That Use a Variety of Intervention Strategies**

No single program or policy can fix the variety of health challenges that college students face. Thus, both top-down (centrally led and mandated) and bottom-up (led by students, faculty, or staff) initiatives play a role in developing comprehensive sustainable efforts. In addition, clinical, educational, and support services and policy change all play roles in promoting health. Whereas health services are one important component of a comprehensive approach, policy and environmental change provide opportunities to educate university members about health issues. Sometimes this consciousness raising is itself an important outcome, as in the CUNY tobacco-free campus campaign.

Single-issue health campaigns such as the CUNY campaign on obesity and diabetes have the advantage of targeting resources, but it may be inefficient to create new organizational and programmatic infrastructures for each venture. Building a broad and flexible platform for time-limited health campaigns may be a more efficient mode of organization. This operational, administrative, and conceptual platform for health promotion can thus support many health initiatives.

**Use Student and Community Resources to Leverage Impact**

Few university systems, especially underfinanced public systems, have the capacity to launch comprehensive health initiatives that can improve educational achievement and promote lifetime health using only their own resources. Thus, creating interventions that have the scale, intensity, and sustainability to have a population impact will require finding other assets.

Fortunately, the experience at CUNY has shown that several such types of support are readily available. First, students offer passion, commitment, time, and relevant experience, especially those whose lives or the lives of loved ones have been affected by health problems. By finding ways to pay students (eg, through work-study or stipends) or offering academic or fieldwork credit, health programs can tap an accessible low-cost human resource while also providing invaluable learning opportunities. Similarly, many faculty and staff have personal motivation, research, or scholarly interests and professional networks that can support health initiatives.

Second, most communities, especially cities, have a wealth of local health and social services. Linking students to these services can often be a win-win enterprise: getting services to students without incurring costs to the university and bringing patients, some with revenue streams (eg, health insurance or Medicaid) attached, to community providers. For universities unable or unwilling to offer campus-based student health services, these partnerships can provide a viable alternative. The Affordable Care Act may offer additional funding streams for such partnerships, given the high rates of uninsurance among young adults and the attractiveness of this age group to health insurers.46

Finally, state and local health departments can achieve their goals of improving population health and reducing health inequities by using universities to reach not only young adults but also the people they are connected to—family, coworkers, neighbors, and peers. Especially in the fast-growing sector of community colleges and universities serving low-income young adults, students can be health ambassadors to the disadvantaged communities in which they live. Their academic skills and engagement in the wider world enable them to bring health messages and resources to less connected sectors of the population. As fewer college students fit the stereotype of middle-class young people living away from home, health departments can consider college students a new resource for health promotion for hard-to-reach populations.

**CONCLUSIONS**

To achieve its national health goals of reducing the burden of chronic conditions and eliminating socioeconomic and racial/ethnic health inequalities, the United States will need to develop new approaches to integrating robust health promotion programs and policies into the enduring institutions that have ongoing interactions with populations at risk. As more people attend university, especially more low-income,
black and Latino, and recent-immigrant students, higher education can play a new and larger role in improving population health.

Recent cuts in public financial support for higher education and conservative opposition to a strong public sector role in higher education make the current period a challenging time to expand the mission of universities. However, the multiple health, economic, and educational benefits that strengthen the virtuous circle between health and education at the university level warrant pursuing this important objective. At CUNY, our efforts to realize these benefits have helped make health a part of the administrative culture while engaging diverse constituencies in the task of integrating health into the university’s overall goals and mission. Our next task is to institutionalize this approach and assess its contribution to educational achievement and student and population health.

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CONFLICT OF INTEREST DISCLOSURE

The authors have no conflicts of interest to report. The authors confirm that all student research was approved by CUNY Institutional Review Boards.

NOTE

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