CHAPTER 13

Health and Well-being Matters

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The first article of the Rio Summit (1992) Declaration on the Environment and Development declares "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature" (United Nations 1992). This clearly suggests an equivocal interrelationship between health and well-being and sustainability. This chapter discusses this relationship and contemporary views of health and well-being and will consider the important role that college practitioners may have in their promotion with young people and the wider community.

Definitions of sustainability can be illusive and yet everyone has an idea of what health and well-being is and is not—even though professionals across the globe struggle to produce a single meaning that is acceptable to everybody. A successful society is one which delivers high levels of sustainable well-being for all of its citizens (New Economics Foundation 2006) but subjective well-being is about much more than physical health, feelings of happiness or even about money (Fig. 13.1). The characteristic features of

- a sense that all is well with the world,
- perception that we and those we care about are flourishing and
- a feeling of satisfaction with things that matter

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Fig. 13.1 A 5S model that highlights the complex webs of well-being (based on Prilleltensky and Prilleltensky 2012)

depend on a complex, non-linear relationship between social, cultural and economic matters that is not easily unravelled.

Although they are sometimes used interchangeably, the terms "health", "well-being", "quality of life" and "happiness" are remarkably difficult to define, disentangle or explain. Life expectancy, although rising, varies widely across the globe as do life satisfaction levels. People who live in some of the world's richest countries do not have the highest levels of either happiness or subjective well-being. In sharp contrast are findings that those who live in economically deprived communities do not feel ill-being and report high levels of subjective well-being. Nevertheless, health and well-being both include aspects of physical, emotional and social functioning whether in the home, the workplace, an educational setting or the wider world of national policy.

Sites of Health and Well-being

Health is a powerful state (Gorin 1998) that undoubtedly makes each individual think about their own beliefs and attitude towards health and health behaviours, for example, their eating patterns, recreational habits or the way people manage their lifestyle habits and cope with the stresses of life. A recent review highlighted that relatively few studies have focused on health-related quality of life (HRQoL) of college (Anye et al. 2013) or university (Rania et al. 2014) students but the argument presented here holds that several key determinants of health and well-being contribute to the life of any vibrant college community. Unpacking the web of factors that contribute to individual and community well-being—from physical aspects of student health and/or safety, health literacy (Rowlands et al. 2014) to social functions such as motivation for learning and classroom behaviour, communication across the

institution or health and safety provision—has the potential to help practitioners in college settings to develop innovative collaborative solutions that move theory into practice. Learning about the various signs and sources of health and well-being offers educators the opportunity for exploration and discussion of what young adult learners may know or misunderstand about key aspects of their own well-being or global trends in health. Psychological and cognitive aspects of health and well-being relate to self-esteem, learning outcomes and academic performance as well as individual emotional and relational lives. Furthermore, increasing numbers of people are finding themselves trying to cope with the impact of long-term health conditions within the home so the need to ensure that people, including students, live and work in safe and strong communities becomes increasingly important (Black 2008). Subjective well-being (Allen, Carrick-Sen and Martin 2013) thus contributes to positive aspects of college life, such as motivation for learning, happiness and life satisfaction. Through active learning activities, learners can be encouraged to problem-solving and devise strategies that may impact on their own long-term health, resilience, life satisfaction and on the dynamic well-being of the college.

Signs of Health and Well-being

The origins of today's health policies recall the early days of the post-war period. Almost 60 years ago, the World Health Organization (WHO) offered a concept of health, which formalised the idea that health is an essential resource and a fundamental human right. Defining health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1946) was a positive step that helped health professionals to explore ways in which the various components that contribute to health fit into wider cross-cultural contexts. Some people seemed to be fortunate with health coming apparently effortlessly, while others struggled to survive. Nature and geography can make health a continual contest to stave off ill-health but modern medicine was providing a helping hand.

In the UK, the Health Protection Agency (HPA) was established to protect the population from infectious disease and prevent risk of injury and hazard (see Table 13.1) but sustaining good health continued to present some formidable challenges in the latter part of the twentieth century. Preventing harm and reducing impacts when hazards include infec-

Table 13.1 Example priorities for healthier individuals and communities

Health Protection	*Preventative Services*	*Health Promotion*
Unintentional injuries Occupational safety and health Environmental health Radiation protection Oral health	Maternal disease and infant health Cancer Heart disease Stroke Chronic conditions e.g. diabetes, obesity Sexually transmitted diseases HIV/AIDS	Smoking cessation Nutrition Alcohol and other substances Mental health Violent behaviour Education-based programmes

tious disease(s), chemicals, poisons or radiation occurrences play a part in the health status of individuals and communities but this focus tends to suggest that health is a purely biological state that can be averted.

The earliest health outcome goals were to increase the normal span of life for individuals, but freedom from disease and infirmity suggested a more integrated balance between the various elements that contribute to physical wellness, mental health and social well-being. The range of technologies, interventions and medications available increased dramatically. The twenty-first century thus offers hope where prospects of longevity were previously bleak (Table 13.1). More recent policy initiatives continue to shape the health of the population, for example, compulsory seat belts, smoke-free public places and regulation of embryo and stem cell research.

Cultural influences add to the complexity of conceptualisation of health and well-being; culture profoundly influences people's beliefs, values and lifestyle customs and habits while a sense of social justice also tends to bring a feeling of concern about inequalities in health outcomes and well-being. The Marmot review (2010) highlighted that people with higher socio-economic position in society possess better health, wider life chances and more opportunities to flourish. Colleges are generally in an excellent position to demonstrate an active contribution to challenge existing health and social conditions thus reducing health inequalities. Nevertheless, the United Nations Millennium Development Goals and subsequent Sustainable Development Goals continue to commit world leaders to achieve specific targets and indicators to combat poverty, hunger, disease, health inequalities, illiteracy, environmental degradation and discrimination.

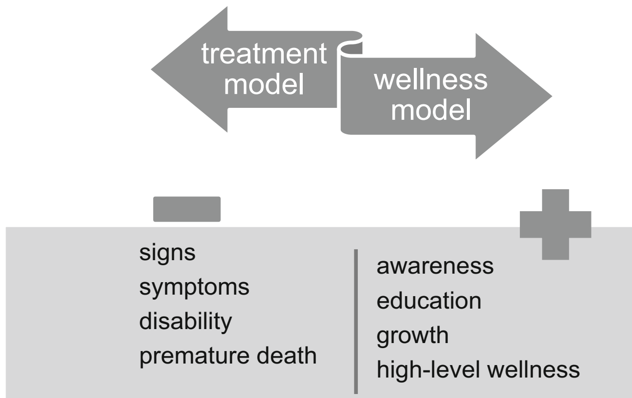

Fig. 13.2 The wellness–illness coninuum. This was introduced to support conceptualisation of progressively improving or gradually deteriorating states of health and well-being

The wellness model (see Fig. 13.2) was introduced in reaction to a preoccupation with illness; it highlights the ways in which cause and effects in life—as in health—tend to merge into connections between individuals and their inner and outer worlds. Health, therefore, was not viewed as a static condition but as dynamic continuum in which the potential for change and improved health is/was always present (Anspaugh et al. 1994). Disease (*dis-ease*) was defined using a multifactorial, ecological perspective; a failure of an individual's ability to sustain homeostasis and adapt in a way that could counteract daily stimuli and stressors. Adopting this approach helped to develop a better understanding of the various components that contribute to health, well-being and quality of life. The challenge was to determine whether health and disease are mutually exclusive.

Disease originates from biomedical approaches but health *promotion* emphasises the gradual shift towards better health at all stages of the lifespan. Promoting health and well-being, which offers many opportunities for students to take action, is generally considered to be concerned with positive strategy and approaches through which individuals can influence their own health (and that of their family, wider circle and community) so early outcome goals were to increase the span of life and improve quality of life for people through:

- Passive strategies which involve individuals and populations as inactive recipients, for example, public health measures to maintain clean water supplies and sanitation systems to reduce incidence of infectious disease.
- Active strategies which depend on individuals taking personal responsibility for their health and well-being, for example, adopting lifestyle changes to incorporate daily exercise or reducing intake of salt or fats (see Fig. 13.2).

Mental health was later defined as a state of well-being in which everyone "realises their potential, copes with life stresses, works productively, and contributes to the community" (WHO 2011). These statements reflect aspects of the synergy and interrelationship between health, well-being and quality of life.

Physical Aspects of Health and Well-being

Patterns of well-being vary across the world and are affected by culture, experience, knowledge and personality (Helliwell and Barrington-Leigh 2010). New evidence on genetic influences and the short- and long-term impact of material deprivation during pregnancy and early infancy on health trajectories along the entire life course is becoming available and is contributing to improved understanding of socio-economic gradients of health and disease.

Young people's health and well-being within the college setting will undoubtedly be affected by sedentary behaviour since the average UK adult spends 60–75 % of their time sitting down. No matter whether they may be sitting at a desk, watching TV or playing video games, prolonged inactivity is associated with increased risk of diabetes, cancer, heart disease and premature death (Dept. of Health 2011). Encouraging students to take positive steps to make healthier lifestyle choices can reduce their risk of long-term chronic conditions that reduce longevity such as coronary heart disease (CHD), hypertension, obesity and type 2 diabetes. Although the potential health gains are significant, changing health behaviours amongst young adults presents a challenge for educators but strategies such as motivational interviewing, coaching and peer education have been found to be particularly effective.

Problem-based and discovery learning both offer opportunities to promote interest for learners encourage engagement with complex subject

matter such as lifestyle and health. Screening programmes clearly indicate that malnutrition—both underweight and overweight/obesity—often goes undetected in the UK. Surveys reveal that, when given a choice, nearly half of young adults would opt for energy-dense foods such as burgers and drinks that are high in simple sugars. Whether this situation has arisen because of a lack of nutritional awareness, student habit, or simply availability in educational institutions and high streets is a debatable point. However, all could be topics for investigation by young people themselves, for example, group work or individual projects. Since the least popular options for students appear to be foods that are rich in vitamins, minerals and fibre, that is, fruit, fruit juice, salads and vegetables, students could devise solutions, for example, recommendations that restrict choices to more healthy options or using incentives to increase their appeal (Fig. 13.3).

Box 13.1: Pause for Thought.

How healthy are you today? What do you imagine when you think about your own health? What level of health would you like to achieve? What kind of old age would you like to plan for? What steps could you take to improve your health?

diet and nutrition	stress	physical activity	sleep hygiene
• cooking skills • type and choice of foods • nutritional quality • portion size • snacking habits	• individual resilience • mindfulness practice • coping skills • motivation • level of family/ • social support • anxiety • depression • distress	• sedentary activity eg study • screen time • occupation al activity • travel eg walk, cycle or car • leisure activity eg running, organised sport, gym or dance	• feeling of safety • background noise or PCs • levels of tiredness, anxiety or worry • health conditions eg sleep apnoea

Fig. 13.3 Some of the lifestyle factors that contribute to individual health

Interconnections between the built environment can be complex but students could examine why and how "housing-environment" interrelationships may impact both positively and negatively on well-being, for example, for elderly people or those with disabilities. Doing this could encourage critical evaluation of current situation(s) and proposed solutions, for example, doors and access points, fuel poverty, carbon or water footprints and flood preparedness. Classroom-based formative exercises require students to practise effective team working and thinking skills centred on the application and demonstration of critical reflection and creativity and innovation.

Box 13.2: Pause for Thought.

Collaborative projects amongst groups of students may offer solutions that can develop strategy to benefit the health and well-being of the whole community.

Trigger question: Is it time to change our sedentary habits?
Consider the ways in which physical inactivity might have an effect on

- Your family
- College environment
- Business environment
- Local communities
- The public purse

Devise a health-promotion campaign that encourages a target group of people to become more physically active.

Cognitive and Emotional Well-being

Are happiness and subjective well-being the same thing? Two perspectives have given rise to different research focuses that contribute to the knowledge base. The eudemonic theorists (see Fig. 13.4) assert that happiness and subjective well-being are distinct constructs because not all sources of pleasure promote health, self-determination or well-being, for example, drug or gambling addictions.

Damaging life events, especially during the early years, can have a profound influence of health risks in adulthood and across the lifespan. Every child and young person deserves the best start in life that will foster a

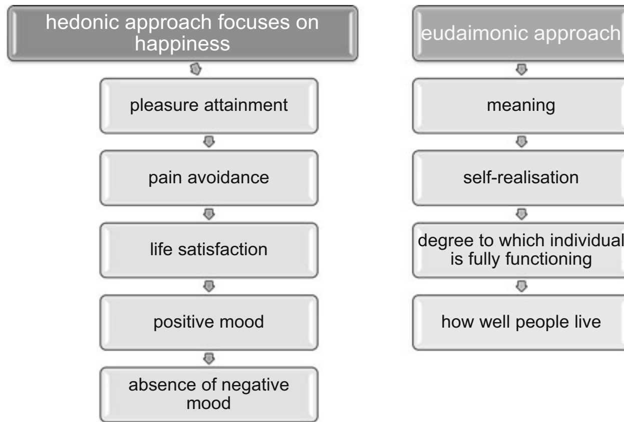

Fig. 13.4 Summary of different research approaches to happiness and subjective well-being

sense of control and self-efficacy, maximise his/her capability for learning and future employment, and encourage their contribution to a healthy community.

To a large extent, health beliefs and values are transmitted to adolescents and young adults through socialisation and normal practices, so a useful mnemonic for promoting dialogue around well-being is HEADSSS (Upton 2010):

- **Home—**living circumstances, parental influences, hosing context
- **Education—**college peers, goals, achievement
- **Activities—**friends, leisure, recreational, spiritual/religious
- **Drugs—**use, curiosity, misuse (alcohol, tobacco, street drugs)
- **Suicide and stress—**isolation, withdrawal, mood and emotion, body image, psychological history, bullying
- **Sex—**curiosity, orientation, partners, exposure to sexually transmitted infections (STI), pregnancy
- **Safety—**abuse, fighting, weapons, protective gear and skills, home, college, neighbourhood

A sense of belonging—to a crowd, a gang, a family, a couple or a specific group—is often a means for young people to explore and develop new roles and relationships with a set of common rules and norms can be expected to

cause stress that is different from academic challenges but which may impact on individual achievement. Western society is orientated to "looking better", "feeling better", "being sexier", and the influence of celebrity is hard to ignore. When all of these challenges arrive at the same time, the stress on students can be compounded; establishing an open dialogue within the college community is essential for promotion of well-being amongst students who may be feeling fearful about the transition to college life and adulthood.

On the one hand, there is a need to promote safe discussion of underlying reasons why people may be anxious, depressed or afraid, adopt unhealthy coping strategies, for example, alcohol or drug misuse, gambling or promiscuity, or become violent and abusive but this is matched by the equally important provision of evidence-based resources and skills. Clarity about who or where help and support is available, for example, college nurse, counselling, learning support, is essential. It is not unusual for young adults to be grappling with abstract constructs that they may never previously have thought about and which challenge the status quo. Although each individual may pass through these stages at different rates, the college environment can promote discussion of moral and ethical issues, for example, is war ever justified? Are the wealthy obligated to care for those who are poor? Does playing violent video games increase violent/aggressive behaviour?

Until adolescence, young people are very dependent on parents and other responsible adults in their circle, although often still economically dependent. However, the college environment tends to promote new roles; young people become more mobile and spend less time with their family so it is not unusual for family crises concerning rules, academic performance, religion, privacy and choice of career to develop, sometimes with heated conflict. Verbal, behavioural and other clues can indicate that a student may not be coping well and that well-being as well as learning is compromised. The student may exhibit signs of changing weight or eating patterns, altered sleep patterns, loss of energy and enthusiasm for usual activities, drop in academic performance, disengagement/resignation from student groups. Mortality amongst 16–25-year-olds is high; fluctuating self-esteem, a sense of invulnerability, feelings of anxiety and depression, poverty versus economic privilege mean that young adults who feel nurtured and valued are more likely to emerge unscathed.

The challenge for educators generally and specifically in colleges, therefore, is to try to ensure provision of a safe, supportive learning environment in which training and education enhances coping mechanisms and promotes skills that improve resilience in the face of stress and adversity.

Doing this not only supports students while they are passing through an important life transition that prepares them for higher education or for employment but which has the potential to help prepare them for an adult role in creation and development of sustainable communities in an uncertain world. Educational processes can build resilience through focus on planning, managing anxiety over deadlines and achieving long-term goals. People also learn to model professional behaviour(s) and leadership skills. Encouraging reflective practice can help to build social capital and enhance learning through acknowledgment of stress, discussion of work–life balance and workplace cultures, for example, time limits and expectations

Box 13.3: Pause for thought again.

When working with young people in college sessions, an interesting approach in tutorials may be to discuss the following headings in relation to peer pressure.

- Deciding how you really feel about the situation
- Standing up for your opinion
- Not making excuses or apologies for your position. Simply assert your opinion and repeat if necessary
- Say No! Say it over and over again if you need to
- Recruiting a “buddy” to support your position.

Through discussion and reflection, students can be encouraged to at least recognise peer pressure and that there are strategies that they can adopt to help them cope in situations where they feel uneasy or unhappy with events.

Lifestyle change that improves well-being is rarely achieved in a single leap. Applying health education models such as the transtheoretical model (Prochaska et al. 2008) can enhance well-being amongst young people because it highlights the various stages of behavioural change (Fig. 13.4). With student populations, it may be more effective to provide options, consistent, relevant messages and guide decision-making to create action plans that can be regularly reviewed. However, there is also a need to take account of social and cultural barriers when devising appropriate classroom tasks or workshops; for example, lower socio-economic groups may have higher levels of addictive behaviours and there is always a need for cultural sensitivity and language difficulty (Fig. 13.5).

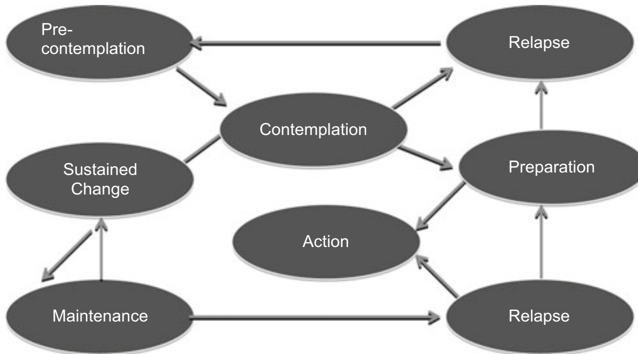

Fig. 13.5 Stage-based model of behaviour change describes the way on which people determine how their actions affect their lives and well-being.

National Measures of Well-being

All over the world, individuals, organisations and countries are measuring well-being in ways that could not have been imagined in the twentieth century. Since 1970, the UK's GDP has doubled, but people's satisfaction with life changed very little and evidence suggested that 80 % of the population believed that the government should prioritise the creation of happiness rather than the creation of wealth. However, the Office of National Statistics has been measuring people's well-being since 2011. Following national consultation events, four key questions were developed:

- How satisfied are people with their lives overall?
- To what extent do people feel the things they do in their lives are worthwhile?
- How happy have people been feeling?
- How anxious they have been feeling?

The average ratings on all of these measures have improved every year since then, driving exploration between subjective well-being and material conditions with the aim of developing strategies that will enable findings to inform economic progress and be incorporated into policy. On a global scale, a growing body of epidemiological and other evidence suggests that improved health and well-being may be be one of our greatest achievements and so the United Nations have recently announced their boldest goal—to eradicate extreme poverty for all people everywhere by 2030.

Box 13.4: Ideas for student activities.

The Happy Planet Index (HPI) was designed by the New Economics Foundation to measure ecological efficiency with which populations achieve long and happy lives. A tiny Pacific State, Vanuatu, came top in 2006. Is eradication of extreme poverty an impossible dream?

Student exploration could compare and contrast lifestyle habits of pacific islanders with those of UK citizens. What data would they collect? What conclusions can students draw? How could they determine the validity of their conclusions?

The field is still in a developmental stage; lots of ideas and emerging data are helping to support the understanding of what well-being actually means, but as yet there is no single theory which encapsulates it (Diener 2009a, b). If the focus on well-being is to be taken seriously—rather than perceived as a "fad"—then individuals, families and organisations could be transformed through commitment to values that embrace learning about social capital. In further education, these concepts could be employed with the aim of transforming college communities in ways that enhance learning for the future. While the concept of well-being seems set to remain subject to debate and discourse, community and "grassroots" activity that promote multidisciplinary, collaborative learning between students, educational professionals, lay populations, health care teams and the wider world of business and political stakeholders will be necessary. Research and practice into this complex but emerging field could be viewed as a form of "productivism" based on service to the community and investment in social capital with the aim of strengthening learners' ability to cope, achieve and improve collective well-being in a sustainable manner.

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Further Reading and Useful Resources

Ed Diener—a primer for reporters and newcomers http://internal.psychology.illinois.edu/~ediener/faq.html#measure

Has Q & A approach to exploring happiness and subjective well-being.

Gapminder—http://www.gapminder.org

Has teacher guides that make suggestions about how to discuss life expectancy and global development.

Health Literacy—http://www.healthliteracy.org.uk

Health literacy is a social determinant of health and at least one in five adults has problems with basic skills. Ideas for promoting change through access to better information and care.

Institute of Health Equity—http://www.instituteofhealthequity.org

The Institute is supported by the Department of Health, University College London and the British Medical Association. It seeks to increase health equity through action on the social determinants of health.

NHS Health Check—http://www.healthcheck.nhs.uk

A collaborative programme that aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia.

The King's Fund has infographics, statistics and about public health and inequalities in mental health which could be used to promote discussion of health trends and changes over time. http://www.kingsfund.org.uk/time-to-think-differently/audio-video/improving-health-nation-infographics

We Can End Poverty—http://www.un.org/millenniumgoals/
The Millennium Development Goals (MDGs) ranged from halving extreme poverty rates to halting the spread of HIV/AIDS and providing universal primary education by the target date of 2015. They formed a global blueprint agreed by the world's leading institutions.
Wellcome Trust Big Picture—http://bigpictureeducation.com
Originally published for biology teachers, this resource explores science innovations, ethical and social implications including a wide range of topics from obesity, addiction, cognition music to climate change.