

HEALTH AND WELLNESS POLICY
THE UNIVERSITY OF THE WEST INDIES
(Draft – October 23, 2012)

INTRODUCTION

The University of the West Indies is committed to providing a healthy environment that encompasses positive lifelong health, including mental health, personal fitness, safety, and good nutritional behaviour for all its employees and its students.

Each Campus has devised policies and programmes to ensure a healthy campus community for its staff and students. These policies have evolved over time based on the vision of the leaders; specific issues on each campus and national priorities in each campus territory. Each campus therefore has health and wellness policies and programmes that differ in quantity, name and content from each other even though it could be discerned that the general objectives and intentions are similar.

In addition to existing policies and programmes it is recognised that it is necessary to identify other priorities and establish newer policies and programmes that are in keeping with global standards for improvements in health status in higher education institutions.

At a meeting held on May 25, 2012 in Jamaica, it was agreed that it was in the best interest of the University to present a unified policy on health and wellness. This is in keeping with the strategy of mobilising our collective regional strength, even when serving national agendas, which is a critical success factor in the development of the University of the West Indies.

This Health and Wellness Policy will therefore provide broad guidelines that will encourage the harmonisation and standardisation of the goals and objectives of specific health and wellness policies and programmes that are established on each campus.

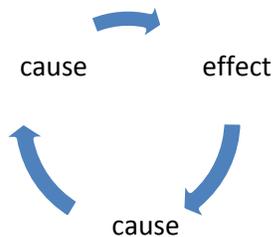
BACKGROUND AND POLICY RATIONALE

A health and wellness policy for The University of the West Indies has its own complexities based on the national and regional nature of this institution. As the premier tertiary institution in the Caribbean, the University of the West Indies is one of the largest employers in the region. The University provides education at the tertiary level to nearly 40,000 students. Approximately 3000 persons are employed in distinct work categories, namely, Administrative and Technical, Service, Academic, Senior Administrative and Professional.

The University has a physical campus in Barbados – Cave Hill Campus; Jamaica – Mona Campus; and Trinidad and Tobago – St Augustine Campus. In addition it has an Open Campus which has special focus on the 13 territories without a physical campus. The University community is a microcosm of the wider society and as such issues related to health and wellness in the Caribbean in general, are also of concern and relevance to each of the four campuses that make up the University. Policies should therefore take into account the specific concerns of the University, as well as the national and regional issues of concern.

Institutional Concerns

In an institutional setting such as the one found at The University of the West Indies, the causes and effects of issues pertaining to health and wellness usually merge into a cycle of cause and effect, both direct and indirect.



Substance abuse, for example, can lead to stress factors on the job or in the class room for staff and/or students, which can lead to further substance abuse. Hostile environments due to poor relationships among staff or students, or between staff and students can lead to unhealthy lifestyles and the development of stress-related diseases and substance abuse. This in turn can exacerbate an already bad work or study environment. (See table 1 for some examples of cause and effect).

Table 1: Causes and possible effects of ill-health among staff and students at The University of the West Indies

Cause	Possible Effects
Knowledge deficits	Inappropriate lifestyle behaviors & disease, including sexually transmitted diseases
Poor diet & exercise habits	Overweight and obesity, chronic diseases
Food insecurity	Poor diet
Job insecurity/instability	Debt and other financial problems
Poor physical working conditions and job environment	Low employee morale
Strained relationships, emotional abuse, poor communication	Eating disorders, mental disorders and illnesses, sleep disorders, poor academic progress and failures, illness
Violence	
Substance abuse and misuse	
Grief due to loss	
Sexual harassment	
Financial insecurity	
Health impacting environments	Poor academic progress, illness and organ dysfunctions

Improving the productivity of staff and students is critical to the attainment of the University's strategic objectives, especially the following perspectives that speak to;

1. Creating an organisational environment that promotes personal growth and development for employees and positive cognitive, emotional and behavioural states directed toward optimum organisational outcomes;
2. Providing a high quality student experience as a platform for enhanced regional and international student success and long term commitment to the UWI; and
3. Becoming the driving force for economic, social, educational and other critical developmental needs in the region.

Strategic repositioning that includes a focus on health and wellbeing, through the development and implementation of policies and programmes, has the potential to improve productivity, reduce operating costs, and maintain a healthy professional and academic environment at the UWI. The University of the West Indies Health and Wellness policy requires the identification of core content based on international, regional and national public health concerns that are aligned with the target population. This selection of core content takes into account the fact that while there will be issues

that are relevant to both staff and students, there will be those that are more pertinent to each group.

Global Overview

The American College Health Association (ACHA) has developed an action model to help institutions of higher education achieve a **Healthy Campus** by 2020¹. While not a policy, this action model identified some of the key objectives that were identified as being specific to the target population.

The national student objectives are comprised of 11 topic areas and 54 objectives. However, five objectives with the greatest combined frequency and severity of impact, were selected for inclusion based on research². These were stress; sleep difficulties; anxiety; cold/flu/sore throat; and work.

The framework for serving faculty and staff as part of Healthy Campus 2020 is built upon [3FOUR50](http://www.3four50.com)³. This approach involves many different disciplines to reduce the global epidemic of chronic disease. According to 3FOUR50, "There are 3 risk factors — tobacco use, poor diet (including the harmful use of alcohol) and lack of physical activity — which contribute to four chronic diseases — heart disease, type 2 diabetes, lung disease and some cancers — which, in turn, contribute to more than 50% of preventable deaths in the world." This is also a particular concern of our Chancellor, Sir George Alleyne. (<http://www.3four50.com/v2/index.php?page=video2&cat=8&subcat=1117&video=1121>). The objectives for faculty and staff therefore include, but are not limited to, nutrition and weight status; physical activity and fitness; and stress management.

¹ American College Health Association. (2012, June). *Healthy Campus 2020*. Retrieved October 18,2012 from <http://www.acha.org/HealthyCampus/contact.cfm#usage>.

² Spring 2010 ACHA-NCHA II data

³ The name 3Four50 represents the Oxford Health Alliance's key message: 3 risk factors - tobacco use, poor diet and lack of physical activity - contribute to four chronic diseases - heart disease, type 2 diabetes, lung disease and some cancers - which, in turn, contribute to more than 50 per cent of deaths in the world. However, by addressing the risk factors, many of these deaths could be prevented. 3Four50 believes that a collaborative approach involving many different audiences is necessary in order to stem the global epidemic of chronic diseases. 3FOUR50 will facilitate partnerships, collaboration and action among experts, leaders, innovators - from a variety of sectors - and anyone genuinely concerned with chronic disease prevention. It will also allow new audiences, such as young people, to become engaged in the debate and work towards common solutions.

National and Regional Priorities

Research on health and wellness issues of relevance at the national and regional levels show that there is some measure of alignment of issues identified at the global level.

Chronic Non-Communicable Diseases: There has been an epidemiological transition in the pattern of diseases all over the world. Changes in lifestyles, accompanied by a decline in malnutrition and acute infections have now resulted in the looming epidemic of Chronic Non-Communicable Diseases (CNCDs). In 2006, the World Health Organisation identified a number of diseases that would be the major causes of mortality by 2030. The areas of greatest concern were:

- a) cardiovascular disease, (ischemic heart disease and cerebrovascular disease),
- b) HIV and AIDS,
- c) chronic obstructive pulmonary diseases - (COPD),
- d) lower respiratory infections,
- e) cancers of the respiratory tract,
- f) diabetes mellitus,
- g) road traffic accidents,
- h) perinatal conditions and
- i) stomach cancers.

These findings correlate with the trends seen in the Caribbean over the past decade. English-speaking Caribbean countries with a population of 7.5 million—mostly African and Asian-Indian descent—are the worst affected by the **Non-Communicable Disease** epidemic in the Americas. The most prevalent chronic diseases which are responsible for the first four causes of morbidity and mortality in this region are:

- a) Cardiovascular diseases, mainly heart disease and stroke
- b) Cancer
- c) Chronic respiratory diseases and
- d) Diabetes mellitus

Diabetes-related lower extremity amputations in Barbados are among the highest recorded in the world. Trinidad and Tobago has a diabetes mortality that is 600% higher and cardiovascular disease mortality that is up to 84% higher than in North America. Cervical cancer rates in the region are also extremely high compared to the rest of the Americas. Other risk factors for chronic disease include infectious agents that are responsible for cervical and liver cancers, and environmental factors such as air pollution, which contribute to diseases such as asthma and other respiratory diseases.

Obesity is the major contributing factor for the development of chronic non communicable diseases. In 2002 the prevalence of persons in the Caribbean who were obese was between 9-40 %, giving an overall prevalence of 24.5% and the prevalence of overweight persons was between 25 to 40% giving an overall prevalence of 33%. This means that one in three persons in the Caribbean are overweight and hence at risk of CNCD. Research done at the St Augustine Campus 2011, shows that 19.1% of students who had a normal body mass index also had elevated body fat. These students had risk factors for cardio-metabolic disorders. This highlights the need for early effective screening and intervention in young persons, so as to quell the looming epidemic of CNCD.

The contributing factors of the chronic disease epidemics are well known. The most important modifiable risk factors are: **(1) unhealthy diet and excessive energy intake; (2) physical inactivity; (3) tobacco use and (4) harmful alcohol use.**

Sexually Transmitted Diseases and HIV and AIDS: Apart from Chronic Non-Communicable Diseases, Communicable diseases are also a concern in the Caribbean region. Sexually Transmitted Diseases (STDs), including the transmission of the HIV virus are of especial concern in this regard. Young adults, aged 25–34 is the group most affected by HIV and AIDS. At the end of 2009, an estimated 240,000 people were living with HIV in the Caribbean. Some 17,000 people were newly infected during 2009, and 12,000 people died from AIDS.

There are a number of factors that fuels the transmission of the HIV virus – the main ones being social vulnerability, lack of confidentiality, stigmatization, early sexual initiation and multiple partnering. Gender inequalities also tend to put women and young girls at risk. Opportunistic infections such as tuberculosis has also increased due to a combination of factors such as poverty, malnutrition, diminished control efforts, and the HIV/AIDS epidemic.

The primary risk exposure for HIV is unprotected sexual intercourse regardless of heterosexual or homosexual encounters. In addition this risky behavior results in the transmission of other sexually transmitted diseases including syphilis, genital herpes, chlamydia, gonorrhoea, genital warts and human papilloma virus (HPV), resulting in several aspects of morbidity such as;

- Pelvic inflammatory diseases
- Increased susceptibility to HIV infections
- Perinatal infections

- Depression
- Infertility

Mental Health: According to the World Health Organisation's Global Burden of Disease Study depression is one of the top five major causes of disability in the world. It causes more disability and greater decrements in health than most other chronic illnesses such as diabetes mellitus, arthritis and angina. Factors contributing to the impact of depression on the individual include the following:

- Only 30% of those afflicted receive treatment.
- Its chronicity and complications affect both the sufferer and their social networks.
- It can also be co-morbid with other chronic illnesses, which adds to its overall impact on morbidity and mortality.
- It is under-recognised even by those who suffer,
- It is under-diagnosed by those who may be called upon to treat it.

There is no doubt that when the disorder does exist, it is a source of great suffering and disability, and contributes to mortality through suicide, particularly in the young adult and elderly age groups. This explains why depression is estimated to become the second highest cause of disability by 2020.

In 2009, the American College Health Association-National College Health Assessment (ACHA-NCHA)—a nationwide survey of college students at two and four year institutions—found that nearly 30 percent of college students reported feeling "so depressed that it was difficult to function" at some time in the past year. Depression affects academic performance in college. Studies suggest that college students who have depression are more likely to smoke. Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students, however students with depression, are more likely to drink to get drunk and experience problems related to alcohol abuse, such as engaging in unsafe sex. It is not uncommon for students who have depression to self-medicate with street drugs.

Depression is also a major risk factor for suicide. Better diagnosis and treatment of depression can help reduce suicide rates among college students. In the Fall 2009 ACHA-NCHA survey, about 6 percent of college students reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year. Suicide is the third leading cause of death for teens and young adults ages 15 to 24. Students should also be aware that the warning signs can differ by gender.

Substance and Alcohol abuse: Several surveys show that substance abuse is a serious problem and the use of alcohol, tobacco and marijuana among the youth is of special concern. Substance abuse is commonly found among patients seeking psychiatric services and in Trinidad a rate of 43.1 per cent of substance abuse was found in first admissions to a psychiatric service, with the commonest substances being alcohol, marijuana and cocaine (Reid et al., 2004). Substance abuse is also associated with HIV infection, mental illness, suicide, and many social issues.

Harmful alcohol use is an important contributor to the global burden of disease. It has been estimated to result in 3% of global deaths and 4% of the global burden of disease, almost half of which is the result of unintentional and intentional injuries. Alcohol use studies conducted on the St Augustine Campus by Dr Neil Singh revealed that 70 % of all students drink alcohol but that 38 % of male students go on drinking binges. Female students were found to be responsible drinkers. Alcohol abuse was associated with risky sexual behavior, physical and sexual violence, drinking and driving, anxiety and depression and inability to cope with academic demands.

AIMS OF THE POLICY

This policy is intended to provide guidelines and a framework for the development and implementation of Health and Wellness programmes and policies at each Campus of The University of the West Indies. The proposed Health and Wellness Policy would serve as an umbrella policy, which would house the components of a comprehensive health and wellness programme which would ultimately achieve the following goals:

- a) Reducing health insurance costs to the University;
- b) Reducing the burden of disease on the UWI student and staff population; and
- c) Improving productivity among students and staff.

It is expected that based on the policy guidelines, each campus will be provided with a framework that supports the creation of an environment that caters for the total wellbeing of students and employees, and allows for the maintenance of individual and national investment in the health, education and development of students and staff throughout the region.

POLICY STATEMENT

The University of the West Indies recognises the importance of providing for its students and employees total wellbeing, within a caring environment. This is expected to facilitate their protection and health, while supporting their efforts to self actualize towards achieving social and economic stability. It undertakes to implement policies and programmes as part of its overall strategy to promote and protect the health and wellbeing of students and employees in a sensitive and caring manner.

Of major importance to this strategy is the focus on Wellness as a key initiative in the implementation of wellness programmes on the various campuses of the University of the West Indies. Wellness is a way of life. It is not directed only at the physically fit, but rather, is associated with the philosophy, which sees health as the fullest realization of an individual's physical, social, spiritual, and psychological potential, achieved through positive attitudes, fitness training, balanced diet and the avoidance of unhealthy practices.

The Wellness initiative of the UWI St Augustine, is an example of this focus in action. The establishment of The UWI Wellness Initiative is a new approach to achieving wellness through the use of group therapy, rehabilitation and educational programmes coupled with an outreach element. The UWI Wellness Initiative is intended to encourage the participation of the University community in beneficial health and wellness activities by catering to the preferences of stakeholders in terms of type of activity and the times at which they are offered. **The policy will apply to all students and all staff of The University of the West Indies.**

POLICY AREAS & COMPONENTS

The University commits to support the health and wellbeing of students and staff by implementing policies and programmes in the following areas:

1. Chronic and non-communicable diseases
2. Mental and Psychological health
3. Sexual and reproductive health
4. Maintenance of wellness
5. Substance abuse and misuse

In the implementation of policies and programmes in these areas, care will be taken to ensure that activities are aligned to the target populations of students and faculty &

staff. In addition, the framework for the development and implementation of programmes and policies in each of the area identified above will also include the following components:

- i. Research:** An assessment of the health status of students and staff will be critical to understanding the key health issues affecting the University population. Data from the University Health Services and specially commissioned studies will be utilized.
- ii. Education & training:** Ongoing health education and training will be provided for student and staff groups. This education will be implemented in collaboration with student and staff representative groups (i.e. student leaders, unions/staff associations, departments).
- iii. Environmental supports:** Varied health and wellness support systems will be established within the University. These may include designated 'no smoking' zones, safe spaces, recreational areas and physical activity programmes. Partnerships with existing activities and/or programmes will be promoted.
- iv. Health Services:** The University Health Centre will continue to provide primary health care services to the University community.

POLICY ARTICULATION

In articulating the areas for possible focus in the development of health and wellness policies and programmes at the University of the West Indies, the results of the Caribbean Health Research Council in identifying the health priorities of CARICOM countries have been adapted to the University setting⁴.

This matrix therefore suggests the recommended areas that could be targeted in the development of policies, programmes and activities under each of the broad themes identified. In this framework, strengthening of health systems is a necessary cross cutting theme to be considered.

BROAD THEMATIC AREA	SUGGESTIONS FOR POLICY ARTICULATION
Chronic and non-communicable diseases	<ul style="list-style-type: none"> • Health Promotion/Maintenance of wellness and disease prevention • Integrated management of chronic diseases (including quality care for diabetes and hypertension) • Obesity and co-morbidities • Nutrition deficiency diseases • Availability of healthy food on campus
Mental and Psychological health	<ul style="list-style-type: none"> • Update of mental health policies, including management of students with mental health challenges on hall and on campus • Treatment of persons with mental health problems
Sexual and reproductive health	<ul style="list-style-type: none"> • HIV and AIDS • STDs • Sexual violence • Pregnancy • Other Reproductive health issues
Substance abuse and misuse	<ul style="list-style-type: none"> • Care and treatment of substance abusers • Prevention of substance abuse and misuse
Maintenance of wellness	<ul style="list-style-type: none"> • Policy and programmes to ensure maintenance of physical and mental health, including attention, where possible, to stress factors which contribute to ill-health
Strengthening of health systems	<ul style="list-style-type: none"> • Provision of health care on campus and systems for accessing health care not available on campus • Development of a Health Information system • Environmental scans to ensure proper health conditions for staff and students

⁴ The Caribbean Health Research Council (CHRC) has developed a Health Research Agenda for the Caribbean. The development of the Agenda was guided by the latest edition of the Caribbean Cooperation in Health (CCH III). The latter defines the health priorities of CARICOM countries and comprises eight Programme Areas: Communicable Diseases, Food and Nutrition, Chronic NonCommunicable Diseases, Human Resource Development, Family and Community Health Services, Strengthening Health Systems, Environmental Health, and Mental Health. (<http://www.chrcaribbean.org/Portals/0/Downloads/Publications/Research/Cbean%20Health%20Research%20Agenda/Health%20Research%20Agenda%20for%20the%20Caribbean.pdf>)

RESPONSIBILITY

The policy shall be the responsibility of the Campus Registrar, who will ensure that it is implemented and applied across Facilities, Departments, Administrative units and Halls of Residence in an impartial and consistent manner.

KEY STAKEHOLDERS

Key stakeholders in the implementation process will include the Campus Registrar's Office, University Health Services, Guild of Students, Human Resources Management Division, Office of Student Services & Development, Chapel Management Committee, Staff Bargaining Units, Deans of Faculties and Heads of Departments.

POLICY SENSITIZATION

Special sensitization sessions will be implemented for the leadership of the student body – Guild of Students, representatives of Staff Bargaining Units, Deans of Faculties and Heads of Departments. These key groups are expected to familiarize themselves with the policy provisions. All students and staff of the University will also be sensitized to the policy through various media - print; electronic; social media (e.g. Facebook and Twitter) and mobile technology (e.g. text messaging).

FOCAL POINT

A Focal Point should be appointed from each of the key stakeholder groups. This individual will have the responsibility of ensuring that the policy is administered at the local level.

HEALTH POLICIES THAT EXIST ON EACH CAMPUS

A list of all programmes or initiatives that should be included in the Health and Wellness policy should be listed here. This should include campus policies that already exist, with actual policies appended.

Cave Hill policies:

Mona policies:

St Augustine policies:

- i. Alcohol Policy
- ii. HIV Policy
- iii. Sexual Harassment Policy
- iv. Smoking Policy
- v. Disability Policy
- vi. Identifying the distressed student

APPENDIX 1 – ALCOHOL POLICY

APPENDIX 2 – SMOKING POLICY

APPENDIX 3 – WELLNESS POLICY