First--Person Perspective by Heather Zesiger

Colleagues outside of student affairs will sometimes question my decision to practice public health within a higher education setting. They challenge whether college students “deserve” my attention, or they consider high-risk drinking or sexual violence as hopelessly endemic. They warn me I’ll never get grants for research because students aren’t an underserved population. These comments irk me on many levels, but they do give me a chance to wax poetic on the value of public health work with university students. First, promoting the wellbeing of all students, including those from underserved communities, is part of our mission. Our students come from a variety of communities from across the nation and around the world; these students espouse very specific needs, which we must work hard to understand and to address. Another reason I am drawn to work in higher education is because I can assume a certain level of privilege and socioeconomic power among my colleagues and my students (if not when they enter, then at least when they graduate). Thus, I see my work as less about serving “needy” populations and more about engaging with students as partners and collaborators to explore the impact of wellbeing on individuals and within communities so that they can be change agents on campus and in their communities after they leave Emory. I hope they will factor their own self-care and the wellbeing of those around them into their decision-making process as consumers, parents, business leaders, politicians, artists, writers, voters, members of faith communities, educators, tourists, and more.

Given the link between educational attainment and personal health outcomes, we have a responsibility to embrace students as the next generation of change agents in their communities. When we factor in the opportunities an Emory degree will afford these students in the future, we come to see college health promotion as the ultimate train-the-trainer exercise.

Over the past three decades, the World Health Organization has shifted its emphasis from a sanitation approach to a settings-based approach in the practice of public health. This transition provides a greater role for examining social determinants of health and socio-ecological implications in addition to personal actions. As public health trained student affairs professionals, my Office of Health Promotion colleagues and I are uniquely positioned to see the synergy of accreditation; the emphasis on assessment of learning outcomes; the increasingly complex student demographics and wellness needs, and the need for systems thinking and successful application of an ecological approach to student success and the organizational dynamics within institutions of higher education.

So, how did I get here? My interest in public health has its roots in Appalachia. While a child there, I was exposed to the power of education, prevention science, and public health in ameliorating challenges in complex systems: poverty, obesity, pollution, socioeconomic stratification, and substance abuse. As secondary teachers in a rural area, my parents were preeminently concerned with their students’ welfare and acutely aware of the impact of these challenges on academic performance and persistence. Their emphasis on education and the impact of health behaviors on the future of a community formed my first public health framework and set me on my career path. At Amherst College, my research projects focused on the intersections of socioeconomic status and educational access. In one study I qualitatively explored undergraduate students’ perceptions of class while in another I investigated intersections of race and gender identity with educational aspirations among adolescent girls in Holyoke, MA. Through these sociological research projects focused on identity, education, and wellbeing, I was clearly beginning to examine social determinants of health. I supplemented my academic work with related co-curricular endeavors as both a trained peer health educator and a peer responder to survivors of sexual violence. After Amherst, I worked in public affairs consulting in Washington, DC, gaining exposure to health policy and public awareness campaigns. I then transitioned into a non-governmental organization and engaged in systems thinking as I explored the impact of human population growth on environmental resources by developing, implementing, and evaluating a teacher training curricula. That experience training pre-service teachers cemented my interest in working in higher education and in public health, so I applied to Emory for master’s
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studies. At RSPH, I focused on health concerns of college students (nutrition, alcohol abuse, social belonging) in class projects but diverged from that population for my thesis work in which I expanded a faith-based sexuality education curriculum for Jewish adolescents. In fulfilling the charge to update the curriculum to be consistent with best practices in both science-based and faith-based approaches to adolescent sexuality, I conducted a literature review, met with Jewish teens to get their input, consulted curriculum design and evaluation experts, re-worked the curriculum, and subjected it to an expert panel review. The resulting product is still being taught at The Temple in Atlanta and has been requested for use by educators throughout the US, Canada, and Great Britain. I also got my first formal training in student affairs at Emory, serving as a Fellow with the Office of Residence Life and Housing while pursuing my MPH. Res Life was my first “home” at Emory – in more ways than one!

As my career here continues and deepens, I hope to start a movement at Emory to embrace all of the characteristics of a health-promoting university as advanced by the WHO. Health-promoting universities promote health and wellbeing for all on campus and in the communities where graduates will live, work, and serve. We are well on our way. I leave you with this parting quote to start us on our journey together:

“A health promoting university project is not and should not be seen as some sort of luxurious and trendy thing to do in times of prosperity – on the contrary, investing in such projects at times of financial difficulties can prove a tremendous asset for protecting and promoting the health of students and staff… and promoting healthy dialogue, trust-building and participatory decision-making (p. 19).” (Tsouros, A. D., Dowding, G., Thomson, J. & Dorris, M. (Eds.) (1998) Health Promoting Universities: Concept, Experience and Framework for Action. Copenhagen: World Health Organization, Regional Office for Europe.

Heather Zesiger is the Director of the Office of Health Promotion where she supports students and colleagues in exploring the intersections of health, learning, and social justice. Heather received her B.A. in Spanish and a B.A. in Sociology from Amherst College and her M.P.H. from Rollins School of Public Health at Emory. She is in her first year of doctoral studies at the Institute of Public Health at Georgia State University.