**HEA Healthy Campus**  **Case Study**

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| **HEALTHY CAMPUS CASE STUDY** | |
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| **Name of Institution/ Organisation** | Munster Technological University |
| **Who** **lead the initiative?** | Healthy Campus Research Team within the ‘HEX-SPO’ Research Group (Health, Exercise & Sport Sciences). The current case study was implemented by HEX-SPO PhD Candidate Ms Karrie-Marie Mc Carthy. |
| **Date and timeframe of the initiative** | **September 2023-April 2024** |
| **What was the reach of the initiative?** | All registered Year 1 undergraduate students across six campuses of the multi-campus University were contacted to participate in a bespoke ‘health and wellbeing’ survey. The aim of the survey was to examine dietary behaviours, health parameters, and alcohol consumption patterns of students during the critical transition to higher education. The survey was disseminated during two successive academic years, as follows:  **2022/2023: (Wave 1) Target:** 5,077 **Reach:** 330 (6.5%)  **2023/2024: (Wave 2) Target:** 4,969 **Reach:** 1,580 (31.8%) |
| **Initiative Title** | *‘A Healthy MTU’: An Investigation into the Dietary Behaviours & Alcohol Consumption Patterns of First Year Undergraduate Students During the Transition to Higher Education.* |
| **Aims/ Objectives** | Aligned with a broader ‘Healthy Campus’ entity, the current case study aimed to examine self-reported dietary behaviours and alcohol consumption patterns amongst Year 1 undergraduate students in a multi-campus University in Ireland. |
| **The rationale for the action, including any identified health needs** | Empirical evidence indicates that young adults may exhibit sub-optimal dietary behaviours (such as insufficient fruit and vegetable intake and infrequent breakfast consumption) and engage in hazardous alcohol consumption during the transition to higher education (Deforche et al., 2015; Niba et al., 2017). From a salutogenic perspective, higher education presents a prime opportunity to implement evidence-based interventions to support students to engage in health-enhancing behaviours. |
| **Identify all frameworks, policies, or strategies this initiative aligns to**  **(Internal, local or national)** | * HEA Healthy Campus Charter and Framework * Healthy Ireland Framework (2019-2025) * The Okanagan Charter for Health Promoting Universities and Colleges |
| **Summary** | A 42-item web-based questionnaire was disseminated via e-mail to all first-year undergraduate students at MTU during Semester 1 of the academic year 2022/23 (Wave 1). This process was repeated in Semester 1 of 2023/24 (Wave 2), supplemented by in-class recruitment efforts to enhance participation rates.  Participants were asked a series of demographic questions such as age, campus association, area of study, socio-economic status, and living situation. To determine habitual consumption of fruit and vegetables, participants were asked to quantify their daily servings of fruit (a serving defined as 1 piece of fruit) and vegetables (3 dessertspoons of vegetables), which were then aggregated to determine daily servings of fruit and vegetable consumption. Habitual breakfast consumption (days) was reported in numeric values for weekdays, classified as Monday to Friday (0-5), and weekend days, classified as Saturday and Sunday (0-2). Participants self-reported their height and weight in either imperial or metric units, which were then converted to metric units. Body mass index [kg/height(m)2] was then calculated and classified using the WHO criteria. The AUDIT-C scale (range 0-12) was used to identify hazardous alcohol consumption (Davoren et al., 2015) based on previously reported sex-specific threshold scores (Scores ≥5 for Females and ≥6 for males classified as hazardous alcohol consumption).  Response rates were 6.5% (n=330; 61.2% female, 34.2% male) and 31.8% (n=1,580; 52.2% female, 46.0% male) for Wave 1 and Wave 2, respectively. Median daily fruit and vegetable servings were 4.0 at Wave 1, and 3.0 at Wave 2. Over 63.0% of participants did not meet the minimum recommended daily intake of 5 servings across both waves. A significantly higher proportion of males compared to females reported daily breakfast consumption at both W1 (45.6% males vs. 29.1% females) and W2 (36.6% males vs. 27.6% females). The prevalence of participants with overweight and obesity was 27.7% at Wave 1 and 32.2% at Wave 2. Among students who reported habitual alcohol consumption (88.6% at Wave 1, 89.9% at Wave 2), over two-thirds, 63.6% at Wave 1, and 66.4% at Wave 2 exceeded hazardous gender-specific thresholds, with no significant gender differences across waves. |
| **Did you collaborate with internal and/or external stakeholders to deliver?** | Cross-university collaboration with Academic and PMSS staff (as applicable) to enable and facilitate in-class participation during the second iteration of the survey. |
| **How was the initiative organised?** | The Host Institution’s Research Ethics Committee granted ethical approval to disseminate a 42-item web-based questionnaire to first-year undergraduate students across six campuses in Munster Technological University (MTU).  The Research Team were also facilitated to attend ‘in-person’ during a Year 1 Semester 1 mandatory module, so that students could be enabled to complete the survey. |
| **What resources did you need?** | The survey was disseminated using the Qualtrics platform, ensuring GDPR compliance.  Email dissemination was facilitated using the University's centralised email system to Year 1 undergraduates only. |
| **Has it been evaluated? How successful has it been?** | N/A |
| **Any future plans, including the sustainability of the initiative?** | Subsequent longitudinal research aims to explore the impact of the transition to higher education on participants’ dietary behaviours, alcohol consumption, and changes in body mass index.  This research will inform critical initiatives to foster health-promoting behaviours within the higher education environment. |
| **Key Learning Points** | * Sub-optimal dietary behaviours, and hazardous alcohol consumption patterns, similar to international research were prevalence across this multi-campus university setting. * A high prevalence of overweight and obesity was observed. * Utilising in-person recruitment methods not only boosts absolute participation rates compared to online email dissemination but also increases representativeness. |

**Healthy Campus Framework Categories (please tick all that apply)**

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| **Healthy Campus Process** | **Whole Campus Approach** | **Topic** | **Population Group** |
| Commit | Leadership, Strategy & Governance | Alcohol | Students |
| Coordinate | Campus Environment (Facilities & Services) | Substance Misuse | Staff |
| Consult | Campus Culture & Communications | Healthy Eating / Food | Wider community |
| Create | Personal & Professional Development | Mental Health & Wellbeing | Other |
| Celebrate & Continue |  | Sexual Health & Wellbeing |  |
|  |  | Tobacco Free Campus |  |
|  |  | Physical Activity / Active Transport |  |
|  |  | Wellbeing on the Curriculum (can also fall under ‘Personal & Professional Development) |  |
|  |  | Health & Sustainability |  |
|  |  | Other |  |

**Contact Details**

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| **Contact Name/s** | Karrie-Marie McCarthy |
| **Date** | 24/05/2024 |
| **Email Address** | [k.mccarthy1@mycit.ie](mailto:k.mccarthy1@mycit.ie) |
| **Links** |  |