Enacting a Framework for Healthy Community Development Outcomes for Student and Faculty Co-researchers

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Enacting a Framework for Healthy Community Development: Engagement and Outcomes for Student and Faculty Co-researchers

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Abstract: Healthy community development in cities, workplaces and educational settings has been the focus of considerable research, policy and practice activity. Healthy community development emphasizes changing health determinants. While the theory is appealing, engaging community members to translate theory into action is challenging. This paper outlines a framework for healthy community development which brings together cross-sector community members to change health determinants. Use of the VOICE framework in a long term project with a university campus is described. In the project, campus community members work as co-researchers to assess the health of the community, identify priority issues, mobilize existing resources, and create health-promoting change. Project achievements have included improvements in campus community health and increases in research and healthy community development capacity of all types of co-researchers. This paper focuses on the engagement of students and faculty as co-researchers and outcomes for each group from participation. Outcomes for non-academic co-researchers (other community members) are briefly described. Related literature on community service learning and undergraduate student researchers is reviewed. Other campuses and communities can easily adapt the VOICE framework and engagement strategies to change health determinants in their settings.

Keywords: Community Development, Population Health, Interdisciplinary, Health Promotion, Research Partnerships, Action Research, Community Engagement, Healthy Campuses

Introduction

Healthy community development in cities, workplaces and educational settings has been the focus of considerable research, policy and practice activity over several decades. The basic intent is to maintain the health of populations, often through changing social, environmental and economic determinants of health (Hancock 1993; Rabinowitz 2013). Rabinowitz simply and comprehensively defined a healthy community as “one where people take care of one another, where people from diverse backgrounds mix comfortably and work together for the good of the community…where all citizens can be assured of a decent quality of life – economically, physically, environmentally, socially, and politically.” The well known Ottawa Charter for Health Promotion (WHO 1986) outlines strategies to guide the development of healthy communities. Health promotion is defined as enabling individuals and communities to increase their control over and improve their health (WHO 1986). Healthy community theory is appealing and has been applied worldwide, however, questions persist about how a community realistically can create and sustain this kind of health promotion work given the complexity of health determinants in a community and competition for resources.

Colleges and universities have a mandate to answer society’s questions through research and to educate students to be global citizens who can “make the world a better place.” Strategic plans
consistently contain compelling statements about teaching, research and community service. This intersection of interests (conducting research, educating students, contributing to communities) translates well into healthy community and healthy campus development (Davies and Hall 2011; Dooris and Doherty 2009). Colleges and universities may be viewed as communities with many of the same issues as other communities, and healthy campus development may be thought of as a sub-set of healthy community development.

During the mid-1990s in western Canada, students in a baccalaureate degree course on health promotion and healthy community development challenged faculty members about the lack of such work in their own campus community. This challenge was the stimulus for a research program in which the campus is conceptualized as a setting for testing health-related theory. Students and faculty work as co-researchers bringing practical experience to theoretical course material and service to the campus community. Initial successes led to a larger ongoing project in 2006 titled The VOICE Study. An early research goal was to assess community health changes attributed to the project (Budgen et al. 2011). A second research goal was to increase the capacity of students, faculty and non-academic community members\(^1\) in research methods and healthy community development (knowledge, skills and interest).

This paper examines related literature, outlines the VOICE framework, describes the longitudinal project to enact the framework and presents findings with an emphasis on engagement and outcomes for students and faculty who have participated as co-researchers. Outcomes for non-academic co-researchers are briefly described; a full description is beyond the scope of this paper. The authors are hopeful that readers will view students and faculty in their communities as resources who can be invited to assist in healthy community development, and that readers will have some practical ideas about how to make these partnerships productive. Finally, the authors reflect on limitations and lessons learned.

**Related Literature**

**Community Service Learning**

University-community partnership models are numerous in the literature. Community Service Learning (CSL) is a popular pedagogical model with some similarities to the VOICE healthy community development framework. CSL is used to integrate community service with students’ academic experience and to create beneficial change for communities (Gemmel and Clayton 2009). Intellectual and human resources of colleges and universities are mobilized in partnership with community members and organizations. Students become involved in CSL as part of a university/college course or practicum. Because students can select a project, they often are highly motivated and devoted to their placement. All those involved learn how to work in partnership with multilevel teams and apply theoretical knowledge in real-life settings. This process has been found to enhance critical thinking, problem-solving, leadership skills, co-production of knowledge and awareness of ways to influence change (Gemmel and Clayton 2009; University of Ottawa 2012).

Community service learning sometimes is combined with research “to promote community-university collaboration for the purpose of producing transformational community change” (Eckerle Curwood et al. 2011, 16). According to Seifer (2006), Gemmel and Clayton (2009) and University of Ottawa (2012), benefits of combining CSL with research are deeper engagement of students and increased learning about research and partnerships by all participants. This in turn, has been reported to foster future research, CSL, knowledge transfer and the addition of resources to communities.

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\(^1\) Non-academic community members, for purposes of this paper, include administrators, staff, campus business people and visitors who are not connected to the core teaching and learning enterprise in the same way students and faculty members are connected. Of course, in reality these categories may overlap.
Partnerships are repeatedly identified as being foundational to CSL. Seifer (2006) reported findings from a three-year prevention research collaboration in which one Canadian and ten American health organizations explored their respective community-institutional partnerships. Common characteristics for successful partnerships were trusting relationships, equitable involvement, shared control in all aspects, diverse membership, tangible benefits to all partners, actions that have a positive impact on the community, supportive organizational policies and structures, multilevel leadership, culturally competent staff, collaborative dissemination and ongoing partnerships. Recommendations included careful consideration of membership, building on prior relationships of trust, involvement of top-level leadership and front line staff and embracing diversity. Eckerle Curwood et al. (2011) reported similar key factors for productive CSL community-university partnerships.

**Undergraduate Students as Researchers**

Literature about undergraduate student researchers is included because the VOICE project has extensively engaged undergraduate students in a community-based participatory action research process. Student engagement in research studies at universities/colleges historically has been the privilege of postgraduate students. However, since the late 1990s there has been an increasing commitment within academic institutions to engage the undergraduate student in “real life” research. The Boyer Commission, a seminal report, encouraged a more involved undergraduate research experience whereby students work with university researchers (Boyer Commission on Educating Undergraduates in the Research University 1998).

Although a majority of undergraduate student researchers are from Science, Technology, Engineering and Mathematics, there are studies describing student-faculty research from multiple other disciplines (Budgen et al. 2011; Mangrum and West 2012; Partridge and Sandover 2010). Involvement ranges from traditional models that engage students through research assistant work to newer experiential models of engagement through course credit. In addition, research has expanded from the university setting into external community experiences.

Regardless of the research discipline, the reported benefits of undergraduate student involvement are similar and extend to students, faculty and community partners (Galbraith 2012; Harsh, Maltese and Tai 2011; Hunter, Laursen and Seymour 2007; Potter et al. 2009). For example, in a longitudinal study on the educational benefits of undergraduate research experiences in science (chemistry and physics), Harsh, Maltese and Tai (2011) reported that students gained confidence in conducting “genuine” research. Similarly, John and Creighton (2011) reviewed student undergraduate research opportunities in the United Kingdom and found increased student research capabilities, confidence and understanding of their subject. In a study within social work, a faculty-student team expanded to include a community agency working to improve services for the homeless (Mills-Dick and Hull 2011). The team linked theory and practice and faculty and students increased their skills in research and collaboration. Relationship building and networking with community members not only was beneficial to these teams but also to the educational institution that had the goal of college-community collaboration. Other authors found that through active participation in research, undergraduate students become agents of change rather than being limited to learning about leadership and change in the classroom (Budgen, Cameron, and Bartfay 2010; Partridge and Sandover 2010).

**The VOICE Framework**

The VOICE methodological framework has been refined based on rigorous process and outcome evaluations and literature review. The framework combines settings-based health promotion (World Health Organization 1986), community-based participatory action research [CB-PAR] (Brydon-Miller 2001; Minkler and Wallerstein 2003) and youth/adult partnership theory (Checkoway, Allison, and Montoya 2006; Libby, Rosen and Sedonaen 2005) (see Figure 1).
The Ottawa Charter outlines five strategies for settings-based health promotion: healthy policy, supportive environments, community action, personal skills and orienting health services toward prevention and health promotion (World Health Organization 1986). CB-PAR has three interconnected goals: research, education and action. The design involves an ongoing process of selecting methods appropriate to project objectives (Minkler and Wallerstein 2003). The design evolves through dialogue between the community and researchers with community members functioning as co-researchers (Figure 2 illustrates CB-PAR in a campus setting). Mixed research methods are commonly used. CB-PAR complements and strengthens the action strategies of settings-based health promotion by enabling more thorough exploration of health determinants. Consistent with youth/adult partnership theory, both youth and adult co-researchers receive training and ongoing support to ensure that the collaborative process of refining and carrying out the research and community development agenda is productive and mutually beneficial. There are three components to youth-adult partnerships that support successful outcomes: organizational commitment, training and support for partnerships (Libby, Rosen and Sedonaen 2005).
Setting of Interest: A University Campus

The VOICE framework has been developed and tested at The University of British Columbia’s Okanagan Campus (UBC Okanagan) in western Canada. The University’s system-wide core commitments include student learning, research excellence and community engagement (UBC Place and Promise 2012). A broad goal is transformative student learning through excellence in teaching and research that serves and engages society.

The Okanagan Campus population totals about 8,500 students and 2,000 faculty, staff, administrators and campus business people. The campus has more than tripled in population since the VOICE project began. The aims of the University and growth of Okanagan Campus provide a dynamic backdrop for healthy campus development.

The VOICE Project: Enacting the Framework

The project to develop and enact the VOICE framework has consisted of several sequential projects since the 2006 pilot work. VOICE 2012-2015 is in progress. In this paper, the term VOICE refers to the overall project. A project year is stated when relevant (e.g. 2009 campus assessment results). The framework is described in project phases and tasks for the core research team members who provide continuity and the co-researchers who come and go (see Table 1). Because the setting is a campus, the academic calendar influences project timelines. The core research team is assembled first each year (minimally the principal investigator, 2 project coordinators and 2 faculty researchers), and then co-researchers are invited to participate (including undergraduate students, faculty and other community members). Campus wide community assessments have been conducted twice, and smaller specific interest assessments have been completed whenever needed. Following the identification of campus health issues, action does not occur until those who care about the issue have communicated with each other and considered all aspects. Then, actions are implemented. The final phase is to reflect on actions taken, assess changes and determine if further action is required.

<table>
<thead>
<tr>
<th>Phases of Project</th>
<th>Tasks of Core Research Team and Co-Researchers</th>
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<tbody>
<tr>
<td>Phase 1: Engage Community</td>
<td>• Inform all levels of community about project and gain support.</td>
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<tr>
<td>- Who are the community members?</td>
<td>• Invite community members interested in being co-researcher to contact team.</td>
</tr>
<tr>
<td>- Who wants to be a co-researcher?</td>
<td>• Recruit and train co-researchers from each community group (e.g. students, faculty, non-academics).</td>
</tr>
<tr>
<td>- What are general features of the setting?</td>
<td>• Design initial research plan (e.g. community assessment): objectives, sample, recruitment, data collection, tools, analysis, dissemination.</td>
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<td></td>
<td>• Design opportunities to assess setting and for all interested community members to VOICE their views.</td>
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<td></td>
<td>• Establish task/timelines (remember campus calendar).</td>
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<td></td>
<td>• Obtain research ethics board approval.</td>
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<tr>
<td>Phase 2: Assess Community</td>
<td>• Recruit sample.</td>
</tr>
<tr>
<td>- What is the current situation?</td>
<td>• Collect and analyze data.</td>
</tr>
<tr>
<td>- What is important to health?</td>
<td>• Mentor co-researchers as early learning stage.</td>
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</table>
### Data Collection and Analysis Methods

Data are collected throughout the project to explore research objectives and support research action work. Tool development and data collection methods have included: photography, surveying, mapping, policy assessments, individual interviews, group interviews (focus groups, talking circles), community forums, action group notes and field notes. Data are collaboratively analyzed, verified and disseminated. Quantitative data are analyzed using descriptive statistics while qualitative data are analyzed for concepts and themes by multiple researchers.
Keeping the Project and People on Track

The VOICE project is kept on track each year by 2-4 part-time project coordinators whose main work is forming relationships throughout the community and guiding student co-researchers. Skill is required to keep students moving “in the same direction” and to ensure they have the necessary knowledge and skills. Student co-researcher numbers vary according to project needs. In autumn 2012, 115 student co-researchers conducted a campus-wide community assessment in which 35% of the population “voiced their views”. During fall 2013, 60 student co-researchers followed up on issues identified in the assessment to partner, plan and take action.

The nature of the project and having large numbers of students requires flexibility and organization. For example, students have different time commitments ranging from a full-time six week practicum to a 20-hour class assignment. In addition, the multidisciplinary background of the students means that each comes with a unique understanding of research, set of skills and experience. To ensure they have a sound basic knowledge of research ethics, students complete a national research council online tutorial and sign co-researcher agreements.

Other layers of complexity are students’ personal expectations and academic requirements. The coordinators manage student expectations while ensuring project goals are met. When expectations among the core research team, and students and faculty co-researchers do not match, students become frustrated and sidetracked. Frequent communication helps students and others deal with ambiguity and clarify expectations. Project goals must be reviewed frequently along with the research phase, tasks and timeline to maintain essential focus.

Most students are enthusiastic and want to “do well”. A common challenge is that they jump ahead thinking that they know what would “fix the situation” and next steps to take, and need to be reminded about participatory process and research precision. The energy of students and their tight timelines help the project move forward. To disseminate project results to the community and showcase student co-researchers’ work, an end of term event such as a campus forum is typically held.

Project Findings

Issues, Actions, and Community Changes

VOICE community assessment methods have enabled identification of numerous health-related issues. Analysis of quantitative and qualitative data has revealed priorities and details about the issues of interest. Some issues are relatively simple to improve (e.g. signage on an unsafe crosswalk) while others are persistent and evolving (e.g. natural environment protection). Examples of issues identified repeatedly at UBC Okanagan are food, drinking water, student spaces, physical activity, bike paths, campus trails, natural environment, substance use, campus spirit and sensitivity to diversity. These issues all are determinants of health. As actions have been taken, issues and goals have changed. For example, access to healthy, affordable food, was identified in 2007 as the top issue needing improvement. A VOICE action network worked two years with many community members to create change (e.g. new food vendors). By 2009, satisfaction with campus food increased significantly (Budgen et al 2011). The action network eased off. In the 2012 assessment, food again was the number one issue needing improvement and satisfaction with food had significantly decreased. In response, the 2013 VOICE team renewed its focus on campus food. In another example, in 2007, drinking water was another top priority and satisfaction rates were even lower than with food. VOICE facilitated a strong action network with cross-sector community members. Filtered water stations were established and campus-wide education was implemented annually to orient new people on campus. A water network remains active. In 2012, water dropped to number six on the list of priority interests,
satisfaction continued to improve, and water interests changed (to decrease plastic bottles and improve landscaping and irrigation practices).

**Engagement of Student and Faculty Co-Researchers**

Students engage in the VOICE project for course credit, as volunteers, interns or as paid research assistants with the majority being undergraduates. Table 2 illustrates course credit arrangements.

<table>
<thead>
<tr>
<th>Course type</th>
<th>Course description</th>
<th>Assignments for evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom</td>
<td>VOICE work completed as part of course requirements (e.g. Research Methods, Fine Arts, Psychology).</td>
<td>Course assignments: papers, posters, oral presentations and written reports.</td>
</tr>
<tr>
<td>Directed studies</td>
<td>Students chose an issue identified in VOICE and describe what they will do to meet course requirements (e.g. Psychology, Health Studies, Medicine, Management).</td>
<td>Assignments are determined between student and faculty member in consultation with research team.</td>
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</tbody>
</table>
| Practice        | Join VOICE project to complete required practicum hours (e.g. Nursing, Medicine, Health and Exercise Science, Engineering, Social Work). | Placement is determined by student and faculty member in consultation with research team. Student performance evaluation:  
• Faculty observe performance by working alongside students (e.g. analyzing data).  
• Students complete self-evaluation.  
• Feedback on student participation is provided to students and faculty by VOICE project coordinators. |

**Outcomes for Students from Participation as Co-researchers**

Outcomes for student co-researchers have been derived from 2012 student course evaluations (for students receiving credit) and student interviews conducted in 2009 and 2013. Written and verbal data were provided by faculty co-researchers in 2012-2013. The faculty co-researchers were asked about student learning as well as personal benefits and challenges to themselves as academics (see section on Outcomes for Faculty Co-Researchers).

Results indicated that knowledge and skills were gained by students from participation in the VOICE project whether or not course credit was received. Benefits were categorized as research, leadership/change and community development/health promotion. Students’ perspectives on their learning (see Table 3) were similar to those identified by faculty (see Table 4). Students identified benefits from being involved in a “real” research process, working in multidisciplinary partnerships with academic and non-academic community members and contributing to health promoting change within their university community (e.g. “making a difference” and “belonging to a community”).
Table 3: Student perspectives on benefits from participation as co-researchers in VOICE

<table>
<thead>
<tr>
<th>Benefits to self</th>
<th>Student quotes from data</th>
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</thead>
<tbody>
<tr>
<td><strong>Research knowledge and skills:</strong></td>
<td>I am constantly reading textbooks and articles on research but without firsthand experience in research all the theoretical knowledge in the world is for naught. There is no substitute for experience and it is through my time spent working with the VOICE project that I have gained confidence in my abilities. Research at an undergraduate level is a great means for gaining the basic skills for a career in the future and the VOICE project provided a perfect opportunity to develop those skills.</td>
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<tr>
<td>• Learned research process.</td>
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<tr>
<td>• Practiced data collection, management as well as analysis and dissemination skills.</td>
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<tr>
<td>• Developed skills in maintaining ethics.</td>
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<tr>
<td>• Increased self confidence from working “real life” research.</td>
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<tr>
<td>• Developed future career skills.</td>
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<tr>
<td><strong>Leadership and change:</strong></td>
<td>I learned a lot about communication, actually working with faculty members that I’ve never worked with before...working with more authoritative people, learning how to correspond with them because it is quite different from how you correspond with peers. I learned how to work with stakeholders and key players, how to collaborate, build coalitions and bring people together to create something good of importance. Change can happen. It is nice and reassuring to see that changes are being made.</td>
</tr>
<tr>
<td>• Developed skills/confidence in communication, organization of information and public speaking.</td>
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<tr>
<td>• Learned about building coalitions and developing diplomacy (e.g. networks, media outreach).</td>
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<td>• Learned about interdisciplinary and large group work.</td>
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<tr>
<td><strong>Community development and health promotion:</strong></td>
<td>I saw involvement with VOICE as an opportunity to integrate my interest of health promotion and my passion for creating environments where others feel empowered to succeed. Through this experience, I have gained the ability to identify and develop partnership with various community members to utilize the skill of others and mobilize existing resources in a new way. Having the chance to partner with members of the university community, including faculty, staff, and administration, has been an incredible opportunity to learn the power of collaborative action and interdisciplinary thinking. This opportunity with VOICE...for sure it will help me in the long run. It’s just nice to be part of the school and know that maybe you’ve made a difference somewhere.</td>
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<tr>
<td>• Developed interest in creating health promoting environments.</td>
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<tr>
<td>• Learned ways to develop community partnerships, build on others’ skills and mobilize resources.</td>
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Table 4: Faculty perspectives on benefits to students from participation as co-researchers

<table>
<thead>
<tr>
<th>Benefits to students</th>
<th>Faculty quotes from data</th>
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</thead>
<tbody>
<tr>
<td><strong>Research knowledge and skills:</strong></td>
<td><strong>As co-researchers students have hands on experience conducting research and research becomes real for them with tangible aims and outcomes they can relate to.</strong></td>
</tr>
<tr>
<td>• Experienced research processes: literature searches, collecting data (photography,</td>
<td></td>
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<td>survey, interview), data transcription, data analysis, interpreting, report writing</td>
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<tr>
<td>and presenting results.</td>
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<tr>
<td>• Applied course material to a real life setting.</td>
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<tr>
<td><strong>Leadership and change:</strong></td>
<td><strong>Students have opportunities to develop relationships with other members of the research team and with students and faculty from other disciplines and many other community members. This experience contributes to their confidence and assists in the development of their ability to influence change and be leaders.</strong></td>
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<tr>
<td>• Enhanced wide range of knowledge/skills by “doing”.</td>
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<tr>
<td>• Worked with diverse groups.</td>
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<tr>
<td>• Assessed community capacity.</td>
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<tr>
<td>• Identified health priorities collaboratively.</td>
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<tr>
<td>• Formed partnerships.</td>
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<tr>
<td>• Facilitated action groups.</td>
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<tr>
<td>• Organized community events and forums.</td>
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<tr>
<td>• Conducted educational events.</td>
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<tr>
<td>• Created project plans.</td>
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<td>• Prepared proposals.</td>
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<tr>
<td>Gaining practical leadership skills, even seemingly small things can be important such as how to connect effectively with diverse people, e.g. a senior executive, a grounds keeper, an international student and how to organize and chair a meeting where you want diverse people to work together to improve an issue.</td>
<td></td>
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</table>
Community development and health promotion:

- Learned how to take theoretical and abstract concepts and apply these in practical real life situations.
- Had an opportunity to work with a wide range of people with different views.

Student perspectives are broadened and more connected to a philosophical understanding of social issues across populations in regards to the determinants of health. They move from a narrow western medical perspective to strengths based community development and engagement for health promoting change.

Challenges for students, identified by both students and faculty, related to coordination between VOICE project timelines and students’ required time commitments and assignments. Scheduling their time to be congruent with various events of VOICE was difficult for students because of other responsibilities such as courses and examinations. Semester time frames (e.g. 13 weeks) meant that students were expected to move into the project for this period but project phases and tasks were not necessarily on the same timeline. Some students also were troubled about having less control over their work than with other kinds of course work (e.g. a traditional term paper). Project coordinators thought students benefited most when they had choices about their work (e.g. photographic or focus group data collection or a community issue of interest to them), although many students were keen to work on any project task.

Outcomes for Faculty from Participation as Co-researchers

Faculty described gaining new knowledge and skills in research methods (e.g. CB-PAR and Photovoice) and in working with undergraduate students as researchers. Although dialogue to understand different disciplinary and methodological perspectives took time, working within a multidisciplinary research team and being exposed to different perspectives were positive experiences. Involvement in VOICE enabled faculty to engage in research, serve a community (their own campus), know their campus better and apply healthy community development principles to improve their work environment. Faculty also reported time savings from being able to supervise and observe students in a setting “a short walk from my office”. Personal rewards came from witnessing the impressive development of students’ skills and knowledge from this research design and their excitement from making a difference through research.

One challenge for faculty was that some students required extra support as they struggled with the flexibility of hands-on participatory action research. However, the greatest challenge occurred when a faculty member had large numbers of students requiring a numerical course grade when students were learning experientially or through group work. When numerical grades were required, a tangible piece of individual work was preferable. Faculty who could evaluate student performance as pass/fail did not describe difficulties.
Outcomes for Non-academic Community Members from Participation

Although beyond the scope of this paper, outcomes for non-academic community members are briefly described, to provide a glimpse into the experiences of the other key players in the project. Data from non-academic co-researchers were obtained through interviews (audio and video taped). Non-academic co-researchers described the experience of working with VOICE student co-researchers as beneficial for themselves, students and the campus. The opportunity to work directly with students was unique for some non-academic co-researchers. They described the experience as energizing. “Partnering with students has been really effective because they keep you on task. The students are here for a much shorter time… and they want to see results from the issues they bring forward….” “Every time I have connected with a VOICE student they have energy to burn…..” Non-academic co-researchers also noted that partnering with students assisted them to make better decisions. For example, student co-researcher input meant that student and campus community perspectives were more clearly represented thereby decreasing the chance that action would be based on inaccurate assumptions. “So in a sense we are going directly to the consumer and asking them what they want, how they use (something), what is their experience and what can we learn from those experiences about how to plan for future services ….”

Non-academic community members noted a few challenges. The main challenge was time, for example, arranging meetings around student schedules and needing to provide more background information on an issue so that students had broader insight into the problems. “…..we found ourselves getting engaged because we couldn’t say no, because you want to support the student body but at the same time there was very little time or resources to give to that”.

Project Limitations

Assessing community outcomes in a fieldwork project has limitations as many factors influence communities other than a project such as VOICE. Also, data from students, faculty and non-academic co-researchers are mainly self report and observational. Credibility is strengthened by the triangulation of data sources and congruence of results with the literature.
Reflections

Use of the VOICE framework to guide healthy community development has been linked with many positive changes to health determinants in the campus community. Although there are challenges to keep the work progressing well, the framework provides a practical approach for mobilizing already existing resources within the community. Student, faculty and non-academic community member co-researcher partnerships (youth/adult partnerships) are key to success. Skilled project coordination eases challenges and provides continuity.

The extensive community engagement and positive community outcomes facilitated by the VOICE framework exemplify the literature on healthy community development. Outcomes for students and faculty co-researchers from participating in VOICE are consistent with the literature on community service learning and undergraduate students as researchers. The project aim of increasing research and healthy community development capacity of co-researchers is being met through the inclusion large numbers of co-researchers from different sectors of the campus community. Although challenges exist, outcomes such as better food and water, an improved sense of community and skills to change one’s community, are inspiring and worth the effort.

Acknowledgement

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REFERENCES


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interests in healthy, sustainable and economic development. She is an associate professor emerita nursing (UBC), principal investigator for VOICE.

**Doris Callaghan:** Doris Callaghan, RN, BSN (U of Saskatchewan), MSc (U of Manchester), is an associate professor at UBC. Her research interests include healthy living, internal medicine, non-communicable disease prevention, action research, healthy community development, and nursing curriculum design. She has been a VOICE research team member since study began in 2006.

**Dr. Linda Hatt:** Linda Hatt, BSc (U of Oklahoma), MSc, PhD (U of Alberta) is interested in the application of psychological principles to health issues including treatment, prevention, and health promotion. With a background in physiotherapy and current teaching interests in health psychology, she brings a unique perspective to health community development. She has been a faculty co-researcher with VOICE since 2009.

**Dr. Donna L.M. Kurtz:** Donna Kurtz, RN, BSN (U of Victoria), MN and PHD (Deakin University), is an Aboriginal Métis researcher committed to culturally safe, participatory, indigenous, and feminist research. Her current collaborative research includes inequities and disparities of urban Aboriginal peoples, health policy change, Aboriginal nursing, Métis health promotion, and Aboriginal health curriculum development. She has been a faculty co-researcher with VOICE since 2011.

**Melissa Feddersen:** Melissa Feddersen, RN, BSN (UBC), is a nurse clinician at the UBC Health and Wellness Centre. Her practice background is in public health and youth/student health, wellness, mental health, substance use. She is a graduate student in nursing. She was grant-funded by Health Canada for tobacco control program development and evaluation research. She has been a project and research coordinator with VOICE since 2006.

**Robyn Wiebe:** Robyn Wiebe, RN, BSN (UBC), teaches in the Bachelor of Science in Nursing program. She is completing a master's thesis at the University of Victoria with a focus on international students' experiences using VOICE data. She has worked with VOICE since 2008 as an undergraduate student, post graduate intern, project coordinator, and core research team member.

**Curt More:** Curt More has an Arts Assoc. degree (Okanagan College) and is a 4th-year Bachelor of Arts student. He is a teaching assistant for psychology research and a journeyman electrician. He is a psychology major, English minor, working toward a PhD in psychology. He worked with VOICE in 2012 as student co-researcher (class assignment and directed studies), and currently is a paid research assistant.

**Casey Hamilton:** Casey Hamilton, RD, BSc, is a dietician at the UBC Health and Wellness Centre, and a teaching assistant for health policy. Her interests include food security (local healthy food and agriculture), built and natural environments, physical well-being, and outdoor trails. She is a graduate student completing her MSc thesis in urban agriculture policy development and has been a research coordinator for VOICE since 2011.

**Alexa Geddes:** Alexa Geddes is a Bachelor of Science undergraduate student at UBCO. She is a biology major, psychology minor, and a student member of the UBCO Senate. Her research interests include biological and psychological health, health promotion, community based research, and interdisciplinary thinking. She was a volunteer student co-researcher with VOICE in 2012, and is now a paid research assistant.
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