

FRAMING WELL-BEING IN A COLLEGE CAMPUS SETTING

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Abstract

This investigatory study sought to explore the range and variation of well-being initiatives on a select cross-section of college campuses across the United States and in Canada. This whitepaper seeks to highlight innovative practices that may inspire institutions to consider new ways of promoting well-being for both students and employees. In this whitepaper, we report findings from 10 participating higher education institutions across three major categories: student-serving programs, employee-serving programs, and hybrid programs. The qualitative data collected from key stakeholder interviews and focus groups were analyzed for trends between and across institutions. Importantly, the results of this study are intended to be hypothesis-generating as opposed to hypothesis-testing. In an effort to describe the state of the field with respect to both common and innovative practices the findings have generated additional questions for further research. Several themes emerged from this study: (1) Campuses have not adopted a universally-

accepted definition of well-being; (2) While many institutions are using iterations of the wellness wheel and its various dimensions (e.g. physical, emotional, intellectual, social, spiritual, financial) to guide their efforts, there is not a dominant model for structuring or measuring well-being initiatives on campus; (3) There appears to be a systematic shift from use of the term "wellness" to "well-being"; (4) While many institutions are still utilizing traditional health education practices, there appears to be a movement toward more systemic, environmental approaches to well-being, including structural, organizational, and financial strategies, in addition to a range of policy initiatives; (5) There is a range of engagement in well-being initiatives, with significant variance based on institutional philosophy; and (6) Many institutions are designing well-being initiatives that address health disparities—particularly among underrepresented or marginalized populations.

Introduction

The *Framing Well-Being in a College Campus Setting* whitepaper was first conceived of by the American College Health Foundation (ACHF) and Aetna Student Health as a collaborative opportunity to explore the current state of student and employee well-being initiatives at select colleges and universities. There were two primary objectives guiding this project: (1) to develop an overview of the range of well-being programs being offered on college campuses, and (2) to highlight innovation and encourage continued exploration of well-being strategies that promote communities of care on our college campuses. The concept of well-being, as it will be discussed throughout this paper, is complex, constantly evolving, and ill-defined. As such, the reader should note the evolving and dynamic nature of this work. The intention of this whitepaper is not to prescribe “best practices,” but rather to frame a continued exploration of well-being on college campuses, highlighting ‘promising practices’ and innovative strategies when and where applicable.

Note to Reader: While institutions are moving toward using the term “well-being” in place of “wellness,” we made an intentional choice to use the terms interchangeably throughout this whitepaper in order to maintain fidelity to the language used by participants in the study, while attempting to reflect the current state of the field.

Literature Review

Philosophies of well-being can be traced back many millennia. Deci and Ryan (2008) explain a well-being tradition that follows two main tracks. The first, known as the hedonic tradition, emphasizes happiness, the presence of positive affect, and the limitation of negative affect. Witmer (2012) suggests that happiness arises when individuals who understand their essential nature aspire toward their desired lifestyles. The second well-being tradition builds upon happiness and embraces the pursuit of fulfillment and wholeness.

This tradition is known as eudaimonic well-being and was posited as early as the fifth-century B.C.E by Aristotle (Meyers & Sweeney, 2005). Eudaimonic well-being is described as a state of flourishing that represents the ultimate expression of each person’s ability to thrive (Myers & Sweeney, 2005). This model takes a more holistic approach to health and well-being. The ideas found in these two traditions are foundational to many different early health systems, including Ayurvedic regimens, traditional Chinese medicine, and the roots of Western medicine in Ancient Greece.

More recent scholars have expanded upon these historical influences to create the modern-day well-being movement. Currently, well-being is a construct understood as a multidimensional and holistic quality. The concept refers to the movement of individuals or organizations towards actualizing inherent potentialities for health and growth (Dunn, 1961; Hettler, 1980; Myers & Sweeney, 2005; Roscoe, 2009). When modern models of the concept mention “multidimensional” or “holistic” well-being, they are often referring to a wide variety of components including spirituality, physical health, mental health, social relationships, and intellectual development, (Gieck & Olsen, 2007; Granello & Witmer, 2012; Myers & Sweeney, 2008).

The modern well-being paradigm is distinctive in that it transcends the pervasive and almost ubiquitous treatment-based approach of most Western health systems. Instead, well-being seeks to promote greater awareness and growth through capacity building (Travis & Ryan, 2004). The modern well-being paradigm also distinguishes itself from standard Western medical practice as its primary focus is to bring about behavioral changes that result in a higher quality of life. A well-being approach moves beyond models of diagnosis and treatment. Instead, it is oriented toward developing capacities for well-being, including psychological, emotional, and social functioning (Keyes 2002, 2005, 2007).

Focusing well-being on capacity building and moving beyond diagnosis and treatment toward optimal human functioning aligns well with the research agenda of positive psychology (Seligman, 2007; Csikszentmihalyi & Seligman, 2000). Positive psychology is referred to as “an umbrella term for theories and research about what makes life most worth living” (Park, Peterson, & Seligman, 2004, p. 603). Positive psychology’s emphasis upon happiness alone, similar to hedonic well-being, has been critiqued within the field as a “rose colored” view of human experience. Gable and Haidt (2005) refute this assertion, stating that positive psychology acknowledges struggle and suffering as universal, while equally emphasizing potentiality, growth, and optimal functioning. Positive psychologists suggest a complementary and additive approach to understanding and resolving experiences that negatively impact human development. As such, the research agenda of positive psychology aligns well with the fundamental orientation of well-being theorists.

The focus on well-being includes prevention of illness, enhancement of individual capacities, and maximization of health-oriented lifestyles that have gained traction as a potential benefit to individuals and society (Witmer, 2012). This movement has also found its way into higher education.

Higher education is often tasked with the promotion of healthy behaviors and is increasingly utilizing wellness-based approaches (Gibbs, 2017). In fact, the American College Health Association (ACHA) has identified health promotion that includes well-being at colleges and universities as a critical factor for nationwide health improvement (American College Health Association [ACHA], 2018). Initiatives and services designed to enhance the well-being of students, faculty, and staff have subsequently become a priority at many institutions. ACHA led efforts to develop Healthy Campus 2020 as a guiding framework for college campuses to promote quality of life, healthy development,

and positive health behaviors (ACHA, 2018). Current work is under way to further promote the agenda of Healthy Campus 2020 to build upon the comprehensive objectives that include dimensions such as academic performance, mental and physical health, harm reduction, self-care, and sexual and social relationships. The varied health objectives articulated by Healthy Campus 2020 align with holistic approaches to well-being, which typically integrate broad dimensions of functioning into a growth-oriented and preventative approach to health promotion (Granello & Witmer, 2012; Myers & Sweeney, 2005).

The case for holistic health promotion and well-being is reinforced by a recent survey of student affairs administrators in which mental health, sexual violence, and various forms of substance use were all perceived as significant issues facing colleges and universities (Sponsler & Wesaw, 2014). Additionally, students often list health and well-being concerns as key impediments to their academic performance and persistence (Neilson et al., 2005). ACHA annually surveys college students through the National College Health Assessment (ACHA-NCHA). The most recent iteration of the ACHA-NCHA found that a majority of students who completed the survey reported feeling overwhelmed by all they had to do (87.4%), 58.4% reported alcohol use within the past 30 days; less than 5% eat the recommended servings of fruits and vegetables in day; and 18.6% stated that not getting enough sleep was either a big problem or a very big problem that interfered with daytime activities (ACHA, 2019). It is clear that, based on this information, university students are facing myriad challenges leading to a constellation of health and well-being concerns.

College and university enrollments have steadily risen in recent decades. According to Freudenberg et al. (2013) more than half of all 18- to 19-year-olds in the United States were enrolled in higher education, representing the highest enrollment percentage in history. This unprecedented access

to higher education entails the inclusion of a significant number of students who identify as racial and ethnic minorities, low-income, and first-generation. These groups now represent about one-third of the overall student population and more closely reflect a broader cross-section of the U.S. population. While colleges and universities continue to focus on issues of access, inclusivity, and equity, these changes uniquely position higher education to become a critical setting for addressing gaps in health equity (Freudenberg et al., 2013).

Colleges and universities are embracing their duty to support the full spectrum of student health and well-being concerns. Research on well-being programming for college student populations has investigated multiple elements of wellness such as spirituality (Winterowd, Harrist, Thomason, Worth, & Carozzi, 2005), mental and emotional health (Conley, Travers, & Bryant, 2013; Pritchard & Wilson, 2003; Ruthig, Marrone, Hladkyj, & Robinson-Epp, 2005), physical health (Gieck & Olsen, 2007; Waldon & Dieser, 2010), and social wellness (Pritchard & Wilson, 2003). However, relatively few studies have investigated a more integrated and multidisciplinary approach to college student well-being (LaFountaine, Neisen, & Parsons, 2006). Much of the research using a holistic framework focuses on affinity groups (Myers & Sweeney, 2008). For instance, LaFountaine, Neisen, and Parsons (2006) contrasted first-year student well-being with an undergraduate population through a holistic wellness assessment. Traditional and non-traditional well-being was explored by Myers and Mobley (2004). Holistic well-being coaching is being utilized and studied at colleges and universities as well (Gibbs & Larcus, 2015; Larcus, Gibbs, & Hackmann, 2016). The promotion of health and well-being in a college setting has been explored mostly in academic, credit-bearing courses (Choate & Smith, 2003; Conley, Travers, & Bryant, 2013; Gibbs, 2017; Myers & Sweeney, 2008). Although these are isolated examples of the impact of holistic well-being interventions,

they show promise for adoption across the higher education landscape.

While there has been a significant shift to develop initiatives and services aimed at improving the well-being of students on college campuses, there has also been a dramatic increase in support for faculty and staff. Workplace well-being programs are described as organizational sponsored services, either on- or off-site, that attempt to promote health or to identify and correct potential health-related problems (Wolfe, Parker, & Napier, 1994). Workplace well-being programs have been gaining traction as effective strategies to increase employee health (Flynn et al., 2018; Goetzel et al., 2014; Johns Hopkins Bloomberg School of Public Health & Transamerica Center for Health Studies, 2015; Lloyd, Crixell, Bezner, Forester, & Swearingen, 2017; Richardson, 2017; Ryan et al., 2019; Terry, 2019; Wieneke et al., 2019). Parks and Steelman (2008) also provide a meta-analysis of workplace wellness programs and their positive correlation to job satisfaction and decreases in absenteeism.

As employee well-being programs grow, calls for comprehensive approaches are being explored (Terry, 2019). Richardson (2017) outlines the modern well-being movement in organizations that have emerged from the symbiotic relationship between two initiatives. In this way, organizations are interested in stress management interventions while increasingly working toward mitigating and improving lifestyle behaviors promoting physical activity, good diet and nutrition, and tobacco cessation, and addressing other markers of physical health. The linking of these efforts elucidates an emergence of more holistic approaches to employee well-being. Lloyd et al. (2017) provide an example of a holistic initiative for faculty and staff within a higher education setting. Their study focused on sedentary behavior, diet, and stress management. Additionally, the study sought to investigate the impact on the organization as a whole, rather than just at the individual level. This socio-ecological approach

also marks a transformation of the field of employee well-being programs.

With a rise in research into emerging employee well-being programs, there has been a genesis of employee well-being best practices. Comprehensive workplace well-being programs often include various aspects of health education, supportive environments, integration into the organization's culture, linkage to related programs such as employee assistance programs, and worksite screening and education (Terry, 2019). As Goetzel et al. (2014) and the Johns Hopkins Bloomberg School of Public Health and Transamerica Center for Health Studies (2015) iterate, well-being program administrators are encouraged to center program and individual goals within larger company objectives and values for maximum impact. Furthermore, employee well-being programs now seek to create and promote a "culture of health" across the entire organization through holistic and environmental interventions that also support favorable business performance (Robert Wood Johnson Foundation, 2018; Robert Wood Johnson Foundation, 2019; Lloyd et al., 2017; Chandra et al., 2016).

Lloyd et al., (2017) highlight critical factors to the success of one university well-being program. These factors align with the frameworks mentioned above but also include additional elements: leveraging of existing facilities and equipment, peer leadership, and innovative service delivery. Similar to student-serving initiatives, a socioecological approach marks the future of employee-well-being programs (Terry 2019). Considerations for the built environment, policies and procedures, along with communication efforts, were all identified as key aspects for a supportive well-being culture (Flynn et al., 2018).

Within the past few years, several landmark documents have solidified the importance of centering well-being within higher education. First, the wellness institute, Bringing Theory to Practice (BTtoP) (2013) authored *Considering*

Well-being, and its Connection to Learning and Civic Engagement, as Central to the Mission of Higher Education. This document seeks to create understanding and cultivate intentional action regarding the connections among engaging learning opportunities, civic development, and well-being for students. To BTtoP, focusing on the intersection of these three dimensions represents a new spin on the tripartite mission of higher education.

Perhaps the most influential and aspirational framework for colleges and universities is the Okanagan Charter (2015). This charter emphasizes a proactive approach to health and well-being that moves beyond individual behaviors towards larger social and environmental interventions. The Okanagan Charter (2015) reiterates higher education's central role in the ongoing development of individuals, communities, societies, and cultures. There are two main calls to action posed in this document:

1. Embed health into all aspects of campus culture, across the administration, operations, and academic mandates.
2. Lead health promotion action and collaboration both locally and globally.

More than 10 professional associations within higher education have signed a joint statement of health and well-being in higher education (Health and Well-being in Higher Education, 2019). This commitment to student success urges professional organizations within higher education to pursue innovation, support, and foster a holistic, integrated, and strategic approach to well-being. The Council for the Advancement of Standards within Higher Education (CAS) created the cross-functional framework for advancing health and well-being (2019). This new, unique position addresses the complex nature of "health, well-being, flourishing, and thriving of college students in the context of a healthy community (CAS, 2019, np). This approach aligns with the other

foundational documents and research provided by understanding the multidimensional, holistic, proactive, and capacity building need to support college student well-being. Finally, employee well-being within higher education utilizes additional foundational documents such as *From Evidence to Practice: Workplace Wellness that Works* authored by Johns Hopkins Bloomberg School of Public Health and Transamerica Center for Health Studies (2015) and the work of the Health Enhancement Research Organizations (HERO, 2019).

In addition to these key frameworks and documents, various models and measures of well-being inform the efforts of college and university initiatives. In this whitepaper, participating institutions were provided a definition of well-being provided by the U.S. Centers for Disease Control and Prevention (CDC). The CDC (2018) extensively describes well-being concepts and assessments. Other institutions use the World Health Organization (2014) framework or the Robert Wood Johnson (2018a) Community Well-Being resources as the basis for their work.

Larger assessment projects related to well-being include the work of the Gallup-Purdue Index (Purdue University, 2016). This inaugural study, “aims to create a national movement toward a new set of measures, created by and for higher education, and to help foster a new level of accountability for the sector” as it relates to the outcomes of higher education (Purdue University, 2016, np). This crucial examination of the impacts of higher education, especially as it relates to well-being, show that *how* students engage with their college experience is just as—if not more important—to their success later in life than *where* students attend college or university. Another example includes the work of Wake Forest University (2019) which is exploring a specific model and pathways to student well-being.

Other, non-higher education institutions are innovators in this field and have created assessments of well-being. These include Su, Tay,

and Diener’s (2014) Brief Inventory of Thriving and the Diener et al. (2009) Flourishing Scale. Additionally, employee well-being initiatives also use insurance claims data and employee engagement and satisfaction surveys to inform their impact. Another trend in employee well-being programs is a shift from financial return on investment (ROI) to value on investment (VOI). This effort focuses on long term evaluation plans that explore broader metrics with cost (e.g., health risk status, biometric screenings, productivity, and presenteeism) to assess program efficacy (Lloyd et al., 2017; Abraham et al., 2017). Each of these guiding documents and measures of well-being influence the design, delivery, and impact of well-being programs and initiatives within higher education and the schools sampled in this exploratory study.

Methods

Phenomenon

This whitepaper explores the phenomenon and ubiquity of well-being initiatives for college/university students and employees. The selected sites represent a broad and diverse cross-section of institutions that include student-serving, employee-serving, and hybrid models for addressing well-being on campus. A qualitative multi-site study was conducted in order to assess the state of well-being initiatives in college settings.

Definitions

While there is no universally accepted definition of well-being, for the purposes of framing this study, well-being is defined as: “the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning” (How is well-being defined, n.d., sixth para). Simply stated, “Well-being can be described as judging life positively and feeling good” (How is well-being defined, n.d., sixth para). This definition, developed by the U.S. Centers

for Disease Control and Prevention, is rooted in a public health approach to well-being. It acknowledges multiple dimensions of well-being including: physical, economic, social, development, emotional, psychological, occupational, life satisfaction, and domain specific satisfaction (How is well-being defined, n.d., sixth para).

The well-being initiatives examined for this study were divided into three categories: student-serving, employee-serving, and hybrid models. Student-serving models include those institutions that have separate and distinct programs and services for students. Employee-serving institutions have separate and distinct programs designed for faculty and staff members. Hybrid models include institutions that take an integrated approach to serve both students and employees, coordinated out of one centralized functional area on campus.

Those who participated in key informant interviews were provided with the following definitions of terms in advance of their individual interviews:

- Well-being: as defined by the U.S. Centers for Disease Control and Prevention, well-being is, at minimum, the presence of positive emotions and moods [contentment, happiness], the absence of negative emotions [depression, anxiety], satisfaction with life, fulfillment, and positive functioning. In simple terms, it is judging life positively and feeling good. There is no sole determinant of well-being but, in general, well-being is dependent upon good health, positive social relationships, and availability and access to basic resources [food, shelter, income].
- Health equity: as defined by the CDC, health equity is when everyone has the opportunity to be as healthy as possible.

- Health disparities: as defined by the CDC, health disparities are differences in health outcomes and their causes among groups of people. Many health disparities are related to social determinants of health and the conditions in which people are born, grow, live, work and age. Identification and awareness of differences among populations regarding health determinants and health outcomes are essential steps toward reducing health disparities. Although the term disparities is often interpreted to refer to racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. Healthy People 2020 indicates that, if a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations.
- Well-being initiative: collection of programs, practices, or policies designed to enhance individual and community well-being; not a singular or discrete program, practice or policy.

Research Question

The research question guiding this line of inquiry is: What is the state of well-being initiatives in college settings?

Methodology

Given the type of research question posed and the exploratory nature of the phenomenon, a qualitative case study analysis was used to guide this line of inquiry. "Qualitative research, broadly, is based on the methodological pursuit

of understanding the ways that people see, view, approach, and experience the world and make meaning of their experiences as well as specific phenomena within it” (Ravitch & Carl, 2016, loc. 650). Qualitative data typically come from small, purposive samples that aim to select people or settings with certain characteristics and are used to explore specific phenomena.

The 10 sites where the data were collected represent the units of analysis for this study. Data were analyzed for themes that emerged as well as similarities and differences across the units of analysis.¹ Qualitative interviews were selected as a primary data source to “develop full, detailed, and contextualized descriptions of experiences and perspectives; understand and integrate multiple individual perspectives; describe processes and experiences in depth” (Ravitch & Carl, 2016, loc. 3207) and to “develop holistic descriptions of perspectives, realities, experiences, and phenomena” (Ravitch & Carl, 2016, loc. 3207).

Data Collection

Data were gathered from 10 participating institutions. Researchers attempted to compile a cross-section of institutions to represent a diversity of colleges and universities by sector, segment, size, and selectivity. The institutions represented in this whitepaper include two large state universities (one U.S., one Canadian); an historically black college/university (HBCU); a state system, including community colleges; large and small private, not-for-profit institutions; and both primarily residential and commuter institutions. The participating U.S. institutions are located in urban, suburban, and rural settings in the Northeastern, Southern, Pacific, Southwestern, and Midwestern regions of the United States. Enrollment spans 2,500 to 300,000 students. Nine of the institutions have undergraduate

and graduate programs; one institution is undergraduate only.

Archival data was collected in an effort to learn more about each institution and to triangulate data with findings from key informant interviews and focus groups. Examples of artifacts included institutional websites, organizational charts, policy and procedure manuals, strategic plans, and claims-loss ratio reports.

Data were collected through semi-structured interviews with key informants and focus groups. Key informants were employees directly involved in the day-to-day operations and coordination of well-being initiatives. Depending upon the organizational structure of the institution, these individuals were housed in a variety of places including centralized offices for well-being initiatives, student affairs, and human resources. The semi-structured interviews attended to the following guiding principles (Bernard, 2000; Edwards & Holland, 2013):

- Style: used open-ended questions to yield lengthy and descriptive responses [rather than close-ended answers with little detail]
- Bias management: avoided leading questions
- Language: used terms that participants can understand [see definitions of terms provided to all key informants]
- Concise: questions were short and specific; avoided asking two questions in one
- Frame: avoided questions with strong negative or positive associations
- Ordering of questions: started with earlier events [e.g., definitions, history of initiatives], grouped questions of similar domains together [e.g., optional supplemental questions], started with least

¹ Travia, R. M. (2019). *Institutional decision-making and restructuring to develop seamless learning environments: A dual-site case study analysis* (Unpublished doctoral dissertation). University of Pennsylvania, Philadelphia, PA

sensitive questions [e.g., end with more complex questions regarding health equity and measurement of well-being]

- Probing question: posed supplemental questions, but did not interrupt the key informant
- Concluded with an open question [what have we not asked you about that you would like highlight or ensure that we know?]

All interviews and focus groups were conducted via Zoom video conferencing. Each interview included the lead investigator, a secondary investigator, and a third individual who provided logistical and administrative support. Interviews were recorded and transcribed verbatim by a professional transcription company. Extensive field notes were also taken by the team and used as additional source material for this paper. The interview protocol was carefully crafted and revised by the team. Core questions were sent to schools in advance of key informant interviews. Follow-up questions were posed by the investigators, as appropriate, and in maintaining a semi-structured qualitative approach.

Key informants were asked to identify participants for the focus groups. The focus groups were conducted with students from student-serving institutions and students and employees from hybrid institutions. The focus group questions mirrored the questions posed during key informant interviews (see Appendix A), with the exception of one additional question: How would you describe the ways in which the average student/employee engages in well-being initiatives at your university? The focus groups diverged from the key informant interviews in one key way: participants were not provided the questions or definition of terms in advance of the interview. This was an intentional research design choice to assess student-employee knowledge, understanding, and

engagement with their institution's well-being approach and initiatives.

Sampling Strategy

Participating institutions were identified using purposeful selection, based upon their innovative or unique approaches to addressing well-being. The interview participants included directors of health promotion and senior human resources professionals who serve as benefits administrators for their respective campuses. Aetna Student Health and ACHF shared their initial recommendations for potential research sites with the investigative and writing teams. Significant time was spent discussing the importance of recruiting a diverse cross-section of institutions for the study representing different sectors (public four-year not-for-profit institutions, private four-year not-for-profit institutions, public two-year institutions) and segments (Medallion, Name Brand, Good Buy, Good Opportunity, and Convenience) (Zemsky & Shaman, 2017), sizes, regions, and selectivity. As a result, the list of potential participants was expanded to include community colleges, an historically black college/university (HBCU), an institution outside of the United States, and at least two institutions that met the aforementioned definition of being a hybrid model. A high-level institutional demographic profile of all 10 participating institutions can be found in Appendix C.

Validity of Research

A pathway to trustworthiness and ensuring the quality of the research can be achieved by gathering rich data.² Interviews were recorded and then transcribed verbatim by a professional transcription service. Extensive field notes were taken and used as additional source material for the study. These notes were added to a research matrix within one hour of the interviews and focus groups concluding.

² *ibid*

Utilizing a focus group approach was an additional validation strategy designed to uncover descriptive data that moves from the general [e.g., How does one institution define well-being?] to the more specific [e.g., How do students/employees engage in well-being initiatives at your university?]. This strategy helps to explain the relationship between existing initiatives and the end-user experiences of those initiatives. This was part of a larger triangulation strategy, making use of multiple data sources (key informant interviews, focus groups, and supporting documentation) to better understand context and develop a more robust understanding of the well-being initiatives in each college setting.

Peer review was utilized by including the lead and secondary investigator in all key informant interviews and the focus group. When one investigator was facilitating a session, the other was observing and taking careful field notes. The team debriefed and compared notes following each interview with a representative from the ACHF. Finally, participants were provided with an opportunity to review a draft of the whitepaper to gauge accuracy and to ensure fidelity to their lived experiences.

Findings

Across all three models studied (student-serving, employee-serving, and hybrid programs), it was clear that institutions are defining well-being in different ways and do not subscribe to a commonly accepted definition. In some cases, different definitions and interpretations of well-being are being used on the same campus, and some campuses are not using a definition at all. Among participating institutions, the majority are not measuring their well-being efforts. For those who are measuring their efforts, the strategies range along a spectrum from basic utilization and participation rates to sophisticated research studies. The most common assessment method being used by institutions are student and staff health behavior surveys. Traditional health

education initiatives (e.g. programming, tabling, education-only events, peer education) are still the predominant ways in which well-being is being addressed on campuses; however, there are several emerging efforts underway that seek to better define and measure well-being for students and employees. The hybrid institutions, in particular, are approaching well-being through creating collaborative health models that take a more intentional and integrated approach to well-being.

Student-Serving Programs

There were four institutions in this sample that were categorized as student-serving institutions based on their programs and services. These student-serving institutions varied in institutional type. One institution is a large, four-year, public, doctoral-degree granting institution in the southwestern region of the United States. The second is also a large, public entity consisting of over 20 campuses in the Northeast. The student-serving programs also included a small, liberal arts, primarily residential, historically black college/university of a few thousand students in the Southeast. There is one international campus in the sample, a Canadian, multi-campus public research university with over 30,000 students. Each of these institutions vary in their approaches to addressing well-being in their respective communities. An overview of each approach is explored in the proceeding “case studies”.

Southwestern, Large, Four-Year, Public, Doctoral-Degree Granting Institution (#1)

This large, four-year, public university in the southwestern region of the United States enrolls over 60,000 undergraduate students and 10,000 graduate students. About two-thirds of students are residents of the state, and the academic community is supported by over 20,000 faculty and staff. This institution does not have a universally accepted definition of well-being, but it does promote four pillars of health and well-

being: live, feel, learn, and engage. These elements help advance the promotion of well-being and capacities to move beyond just illness primarily through a social marketing campaign entitled, “Build Your Best You.” The well-being efforts on this campus are constantly evolving. The university seeks to anticipate the needs of its incoming students through data and anecdotal experiences with students to frame initiatives moving forward. A largely decentralized approach is employed, with shared ownership and partnership around specific elements of well-being to support the community. For instance, an initiative started in one area may land permanently in another area based on fit and capacity to support students. This institution has identified a need to progress from more traditional educational interventions to policies and procedures to impact the larger environment. The social-ecological model largely informs the work.

A prominent example provided in response to the health equity question for all schools is access to services. This institution stated that they do not charge for their educational interventions and programs. They also promote their work through online platforms. With rising online student populations and limited ability to reach all students in person, online content expands access to well-being programming. Additionally, this university has made intentional efforts to hire a diverse counseling and health promotion staff that is reflective of the student population. This was in response to prior feedback that students do not see themselves represented in some of the supports offered.

Northeast, State-Controlled, Large, Urban Public University (#2)

The second university in this sample is a large, urban university system founded in the mid-1900s. This public system consists of over 20 campuses with more than 200,000 students. While this institution does not have a formal definition for well-being, some participants defined well-being as, “holistic and connected to cultural

experience(s),” as well as “linked to reducing barriers to academic success.” Administrators focus on inclusion and safety. To them, there is an inextricable link between health and other social problems impacting academic success.

A systems-based approach emerged to include environmental interventions such as forming a healthy campus network. This network includes wellness champions from each campus and resulted in a healthy campus summit to discuss policies, procedures, and interventions that impact the whole community. Additionally, the presence of this network examined the impact of the campus community on its surrounding community, thus highlighting the unique role higher education and its well-being agendas can have on varying levels of the social-ecological model beyond the campus. Striking, however, in the focus group comments, was an apparent core tension around well-being in higher education. Top-down efforts incur hostility in this system versus bottom up efforts that are not well-resourced.

While the investigators’ questions about equity yielded a variety of responses, perhaps the most intentional health equity efforts took place within this multi-campus system. During the stakeholder interview, the respondent mentioned the interconnected aspects of health and social problems and their impact on academic success. Additionally, this state system focuses on inclusion and safety as core principles of their work. They are constantly assessing the needs of their students, especially from historically marginalized populations.

There is significant research being done on this system’s health equity and limiting health disparities approach to well-being. Leonhardt (2017) summarizes the impact of centering health equity and health disparities work in well-being work. This state system has “propelled almost six times as many low-income students into the middle class and beyond as all eight Ivy League campuses, plus Duke, M.I.T., Stanford and Chicago,

combined (np).” This research bolstered this system’s approach and position to eliminate as many barriers to success and future mobility of its student population. This resulted in a variety of “one-stop-shop” programs aimed at reducing barriers to holistic health and success. Examples of these programs include financial literacy workshops, food pantries, and emergency grant and aid availability. These “one-stop-shops” often serve as components of an organized health service on the various campuses. These collections of services, often absent from the community health services around the campuses or where students reside, are critical to meet demonstrated needs of their campus community. Another innovation and metric of the success of this institution is the engagement of faculty in the process of enhancing student-well-being. One of the primary drivers of students to the “one-stop-shop” sessions are faculty and student interactions in the classroom. The engagement of faculty highlights that senior leadership is important, yet system-wide support from all levels is vital to enhancing well-being across campus. This coordinated effort leads to a vision in which all members of the university community are able to achieve their full potential for academic success. Students will not be deterred by health and social problems they may bring with them to the university community or that they develop as part of their college experience.

Southeast, Liberal Arts, Private, Women’s Historically Black College/University (#3)

The third institution categorized in the student-serving programs is a private, liberal arts, historically black college/university (HBCU) women’s college in the southeastern region of the United States. The primarily residential campus community consists of over 2,000 students with an 11:1 student-to-faculty ratio. The institution does not have a universal definition for well-being; however, they utilize a nine-dimensional model in line with the research (Dunn, 1961; Hettler, 1980, Myers & Sweeney, 2005; Roscoe, 2009).

Well-being is an institutional priority at this HBCU, albeit mostly narrative in nature. This narrative of well-being was illuminated and championed by a past president of this institution. This individual suffered from health issues and shared publicly the desire to create an ecosystem of well-being. Immediate past and current presidents understand the connection between well-being and academic and career pursuits. This strong narrative cemented well-being as an institutional priority, resulting in the construction of a new fitness and wellness center on campus. This well-being initiative continues to be championed by the current president, along with other faculty and staff who model well-being with their active presence in the wellness center. This institution builds upon its physical infrastructure for well-being through a wellness-based curriculum that requires 15 contact hours for students. While these efforts primarily focus on physical and biometric measures, the institution uses its nine-dimension model to help promote physical health among a holistic perspective of the student.

Canadian, Public Research University, with Multiple Campuses (#4)

This institution enrolls over 30,000 students across multiple campuses in Canada. A public research university that confers degrees in over 20 academic programs, it offers a 22:1 student-to-faculty ratio. Of the four student-serving programs studied, this is the only institution that utilizes a common definition. The institution has adopted the World Health Organization (WHO) definition of health: “a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity” (WHO, 2019). Further, this institution relies on a multi-dimensional, holistic, seven-dimension model of well-being to inform programs and services.

In conversations with administrators and students, the theme of a traditional health education versus environmental strategies arose. The school uses peer education, educational workshops, and their holistic wellness model to promote well-

being across campus. Focus group conversations at this school noted marketing gaps and areas for improvement in communication as students often “stumble” into the programs and initiatives offered. Students are also often too busy with schoolwork to attend events and programs. For these reasons, and based upon a review of literature, this institution has sought to expand well-being interventions from brief, educational, often individualistic or small group programs, to environmental interventions. These environmental interventions align with the social-ecological model often used by health promotion and wellness professionals to maximize impact as seen in the large, public, doctoral-degree-granting institution in the Pacific.

The U.S. Centers for Disease Control and Prevention (2019) outlines the social-ecological model as a prevention framework. This model, “considers the complex interplay between individual, relationship, community, and societal factors” (CDC, 2019, np). While the pervasive model for well-being interventions lies within the individual or relationship domains, some institutions are calling for widespread centering of well-being as a shared principle across all levels of social-ecological model. The president and vice-chancellor of this institution shared:

We care deeply about the physical and emotional well-being of our students, faculty and staff. That’s why we have been a leader in the Healthy Campus Community movement. In doing so, we have strived not only to create a supportive campus community that benefits our own members, but also to provide an example that be looked to by others.

The provost echoed these sentiments:

The health and well-being of our students, staff and faculty members are central to the success of our institution, and we have a responsibility to create the healthiest environment that we can at our university.

For students, there is a complex interplay between well-being and learning, persistence and satisfaction. For staff and faculty, healthy environments contribute to job satisfaction, productivity, morale and organizational culture.

Like other campuses, the Canadian university also formed a healthy campus community initiative. This group tailored their working time towards addressing systems and processes that either inhibit or advance well-being for the campus community. The first example to support student well-being includes a “learning environments project.” The aim of this initiative is to improve well-being in the classroom. This project was created in partnership with the university teaching and learning center and champion faculty members. The project creates conditions for well-being through course design and delivery. The project has a network of over 150 faculty members and instructors who actively participate in centering well-being in the classroom.

Expanding upon the learning environments project, this institution also focuses on supporting graduate teaching assistants and lab managers. Here, the university understood their traditional programs were not necessarily targeting graduate students in their services, while also understanding the impact graduate teaching assistants and lab managers have on overall student well-being. Often, these graduate students are leading smaller classes and labs with undergraduate students. This initiative provides skills and training for graduate students to enhance their own well-being along with best practices on how to infuse well-being into the classroom environments they are leading.

The physical environment has a significant impact on overall well-being (Strange & Banning, 2001). This institution endorses a physical spaces project focusing on core principles of creating physical spaces and well-being through a partnership with facilities. This initiative assists with any new

or renovation projects to influence the design of space that is student-centric and would be conducive to promoting health and connection. The work of this team is now included in the university master plan.

Finally, the policy project team evaluates current policies and procedures with a “well-being lens.” This group understands the impact of policy on creating environments in which everyone can strive for their own sense of well-being. Examples of this work include reducing undue stress through the academic calendar. This group seeks to reduce the burden placed on students through multiple midterms, finals, or projects that often overlap.

Each of these examples provides a progression in thought. Traditional educational and behavior change approaches to well-being persist and can provide valuable platforms for students. However, environmental strategies and interventions center on well-being and create an ethos that supports connection, engagement, and happiness, among other well-being outcomes. These approaches provide the future for the field of wellness and health promotion. Documents such as the not-for-profit Bringing Theory to Practice’s *Considering Well-being, and its Connection to Learning and Civic Engagement, as Central to the Mission of Higher Education* (2013), the Okanagan Charter (2015), and the joint statement *Health and Well-Being in Higher Education: A Commitment to Student Success* (2019), provide a framework for the evolution of health and wellness work.

Employee-Serving Programs

Four of the participating institutions were examined through the employee-serving lens. All four are private, not-for-profit, highly selective, leading research universities. Three are located in the Northeast (including an urban, suburban, and rural setting), and one is located on the West Coast. The findings that follow are specific to each of the four participating employee-serving institutions in the study.

Pacific, Private, Highly Selective, Research University (#5)

This institution enrolls over 16,000 students (7,083 undergraduates and 9,437 graduate students) with 2,200 faculty members across seven principal academic units. This institution also has over 13,000 staff supporting teaching, learning, and research across the university. The institution’s employee health program has existed for nearly four decades, and offers a wide range of programs, services, classes, webinars, and other web-based applications designed to improve the health and well-being of its employees. Three statistical analysts, whose jobs are to measure the impact of their faculty and staff well-being initiatives, are on staff in the employee health program. The university offers a subsidy to employees who participate in fitness classes, and there is a significant focus on research projects and measuring the impact of their well-being initiatives. Several studies have been commissioned to investigate the institution’s employee well-being programs through the lenses of prevention, health promotion, and behavioral science. Another series of studies found that altruism is important to well-being and that compassion can increase health outcomes. The Rand Study, in particular, influenced their project. It focused on employee engagement in the community, with faculty and staff recording over 8,000 service hours and volunteer time in nearby communities.

There are 200 “wellness champions” involved in structured programming and activities. The employee well-being program incentivizes faculty and staff involvement at an average of \$800 per employee, which amounts to a \$6 million annual institutional commitment. There is also high-level support from the provost, who consistently emphasizes the importance of employee well-being. Employees are granted eight hours (eight one-hour blocks) of paid well-being time to use as they see fit. This earned time is reflected in employees’ paychecks.

Northeast, Urban, Private, Highly Selective, Research University (#6)

The northeastern, urban university enrolls over 13,000 students (5,964 undergraduates and 7,469 graduate/professional students). This institution has 16,000 benefits-eligible staff and 5,000 union employees. There are over 4,700 faculty members across 14 principal academic units. This institution does not define well-being, nor do they subscribe to a particular model. The employee wellness program tends to focus on more traditional health education initiatives such as walking campaigns, mindfulness activities, exercise classes, and the sponsorship of a “virtual destination” holistic wellness challenge. The strength of their program lies in its strategic partnerships across campus. Efforts are spearheaded by the Wellness Leadership Group comprised of representatives from the departments of Human Resources; Compensation and Benefits; Environmental Health and Safety; Sustainability; Athletics; the Provost’s Office; WorkLife; Hospitality; the Schools of Public Health, Medicine, and Nursing; Facilities; and the Health Center. This group has guided, advised, and influenced the support for continued expansion of wellness initiatives. The university has partnered with Weight Watchers and provides a 50% subsidy for benefits-eligible faculty and staff to access self-directed tools, resources, and individual consultation with a registered dietician. Additionally, the university incorporated well-being dimension questions in the bi-annual staff workplace survey to measure awareness of the organizational commitment to wellness.

The university recently launched a new, mandatory care program for unionized employees. The program outlines expectations that union employees will demonstrate that they have had a mammogram, PAP test, and/or colonoscopy within the last year. Free health coaches are utilized to bolster and encourage participation. If employees are non-compliant, they are charged a fee, which is modeled after their state employee program. There are five unions at this institution, and all unionized

employees receive subsidized health care. There are no existing measurements of employee well-being, with the exception of analyzing claims data to inform program and policy development.

Northeast, Suburban, Private, Highly Selective, Research University (#7)

The northeastern, suburban university enrolls over 8,000 students (5,260 undergraduates and 2,845 graduate students) and employs 6,900 staff and over 1,200 faculty members across four principal academic units. This institution is in active discussions to finalize language surrounding the concept of well-being. Like many institutions, they have used “wellness” language to this point, but are working on developing a more holistic definition of health and well-being. As of this report, the individuals involved in this discussion have not landed upon a universally accepted definition for well-being.

Despite the lack of a unifying definition of well-being, the institution has developed a document for all employees that clearly identifies health and well-being as a strategic priority related to the university mission. There is significant support for employee well-being initiatives from top executive leaders, including the provost, dean of faculty, and chief administrative officer for the university. These three individuals also serve on the Benefits Committee and have considerable influence in advancing the university’s well-being efforts. Specific health issues are targeted on an annual basis based upon claims data. This past year’s initiatives included education and support for diabetes, high blood pressure, and mental health. Health coaches and wellness champions are key resources for employees.

Northeast, Rural, Private, Highly Selective, Research University (#8)

The northeastern, rural university enrolls over 23,000 students (undergraduates and graduate/professional students). This institution has nearly

8,400 staff and over 1,600 faculty members across 15 principal academic units. This institution has made a significant investment in developing a healthy workforce and connection with the community. While the institution does not subscribe to a common definition of well-being, various initiatives are derived from seven dimensions of well-being. Programmatic goals include promoting an ethic of care and sense of belonging among employees. Funding for well-being initiatives comes from the fringe pool, which provides for group and individual counseling and nutrition services.

The health center at this institution serves students, faculty, and staff. Significant emphasis is placed upon financial well-being, including a 10% contribution toward retirement savings, financial planning counseling, and financial literacy programs. The university also offers both internal and external employee assistance programs to facilitate access to providers. Given that this institution operates several campuses beyond its main campus, they are exploring tele-mental health services for staff at several of these hubs.

The university has also engaged its surrounding community in its Community Health Project, bringing together 15 organizations in the community to support well-being initiatives at the institution and within the community. Currently focused on the opioid epidemic, diabetes, and heart disease, the coalition will identify and focus on three key issues each year.

The university engages in frequent measurement of its well-being initiatives through staff surveys, climate surveys, and work-life surveys. Results have indicated a range of employee needs including family, elder care, child care, and stress. These findings are utilized to inform program and policy development, though, no information was shared to suggest that outcome measures of these efforts are being tracked or evaluated. From a semantics perspective, this institution is also in

the process of changing “wellness” terminology to “well-being.”

Hybrid Programs

Two institutions in the study provide services to both students and faculty/staff. These hybrid programs differ from the more traditional health education models in that they are taking a more intentional and integrated approach to well-being through the creation of collaborative models. One of the hybrid schools is a four-year, public, mid-size, urban campus in middle-America, while the other hybrid institution is a small, private, suburban, southern school. Both are categorized as high research activity according to the Carnegie Classification system.

Middle-America, Four-Year, Public, Urban Campus (#9)

The middle-American, four-year, public campus enrolls over 20,000 students, primarily comprised of undergraduates. More than 3,500 faculty and staff contribute to the academic community of this university. Well-being efforts on this campus have a strong connection to Human Resources. One of the primary innovations of this campus is an emphasis on the collection of health and well-being data for employees through the American College Health Associations’ National Faculty and Staff Health Assessment. This institution is one of nine colleges and universities piloting this effort. Staff and faculty are able to use up to 90 minutes per week for wellness activity participation. The wellness activity participation policy was implemented in 1984 when the faculty-staff wellness initiative began. This university views well-being in a more fluid way rather than discrete efforts. For example, lactation spaces on campus emerged not only for staff needs, but for students who are nursing as well.

This school uses wellness ambassadors to deliver health education messaging. Between 35 and 40 student ambassadors and 65 employee

ambassadors seek to create an ecosystem of well-being that can positively impact the campus community. There is not a single definition of well-being that has been adopted at this institution. The student focus group participant did add that a holistic, eight-dimensional model is employed in programming and that the peer education model was the most impactful aspect of their university's work.

Both student and faculty and staff populations did not explicitly articulate a focus on addressing health disparities and equity as part of their school's well-being initiatives. That said, both populations provided examples of programs and services that address health disparities and equity including a food pantry, health screenings, Weight Watchers at Work, and child care services. Community engagement, and policies that address barriers such as emergency grants, ergonomics, breastfeeding policies and free or reimbursable services also were mentioned. During the stakeholder interview, a direct focus on health equity was discussed through progressing efforts to examine climate survey data and its connection to well-being initiatives. These data will be used in discussions on campus, particularly focusing on disparities with regard to gender and race within the campus community.

Small, Southern, Four-Year, Private, Suburban Campus (#10)

The small, southern, private, four-year campus enrolls more than 8,000 students in over 15 academic programs, primarily comprised of undergraduates. Compared to the other hybrid institution, this school serves both students and faculty and staff with little to no connection to the Human Resources division. The coordinated approach is still a relatively new initiative. An eight-dimensional framework is the basis of this office's work. Monthly, dimension-themed programs align with the roughly eight months of the academic year. Efforts are currently aimed at serving students at individual and group levels.

Employee interventions are more aligned with environmental and systemic impact. For instance, this school has created a "well spaces" designation for various offices and physical spaces across campus with designated well-being ambassadors from each participating office. Additionally, a toolkit for faculty was developed to consider the importance of sleep in establishing deadlines and due dates for student work. Employees also have an ambassador-style program that meets quarterly and serves as an active network for the advancement of well-being.

Of the institutions sampled in this study, health equity and health disparities are a more explicit focus. The well-being office at this university recently established and hired a new full-time program manager position to focus on health disparities within the campus community. From a student perspective, free access to resources such as wellness coaching was identified as a key avenue for students to establish wellness-related goals, connect to resources, and receive expert knowledge and advice on health and wellness topics. It was emphasized that services would be offered at no charge to students. The no-cost aspect of this preventative and health promotion program is an important part of the well-being fabric, with special emphasis for first-generation students. Employees indicated the \$150 rebate and incentive program for completing the health assessment and participating in well-being workshops are examples of health equity strategies. This school is working with the campus community and clustering students, faculty, and staff to better understand the needs of varying constituents.

Beyond the research referenced by the employee focus group member, this institution is leading the way in terms of assessing and defining well-being. As part of this hybrid model, a comprehensive student well-being assessment project is underway. This annual, large-scale national survey is currently being piloted with 28 colleges and universities across the country. Developed by an

interdisciplinary team, this endeavor is designed to develop targeted, effective, evidence-informed programming to support holistic student success. This project is the first of its kind. It distinguishes itself as an assessment because it was created with the unique developmental needs present for undergraduate students in early adulthood, evaluates both student levels of well-being and the presence of pathways (skills, resources, and conditions) required to strive for holistic well-being. Furthermore, this assessment provides students with actionable feedback to further engage individuals in their own well-being journey. A larger aim of this project is to inform, through research, the multiple dimensions that comprise well-being. While many institutions use holistic, multidimensional models, this research project shows promise in attempting to define well-being for college-aged individuals along with a sense of which dimensions are most critical to student success.

Limitations

Through the process of purposeful selection, comparisons were made across research sites. However, given the highly contextualized nature of qualitative research—and in particular, case study research—comparisons are generally less productive in smaller-scale multisite case studies. The research findings speak to the contextual influences within selected sites but are not generalizable to a larger population of institutions. The sample initially included another state university and urban medical campus that would have further broadened the demographic representation of the overall sample, but both institutions declined participation. Though the sample aimed to include as much demographic diversity as possible, individual institutions were chosen based on both their demographic contribution and also on their novel, innovative, or interesting approach to developing and implementing well-being initiatives. Rather than direct translatability of program structure,

the themes that emerge from this study may be transferrable to other settings and can serve to inform future design of well-being initiatives in a variety of campus settings.

While every effort was made to diversify the sample of participating institutions, the employee-serving participants were comprised of Ivy League+ institutions only. While these institutions are engaging in many innovative practices with respect to well-being initiatives for faculty and staff, the authors recognize that this small sample is comprised of well-resourced research institutions that have established significant infrastructure to support their employee-serving programs. Additionally, none of the participating Ivy League institutions partook in the focus groups. This may be an area for further research to examine employee-serving well-being initiatives as less well-resourced colleges and universities.

Discussion

From a programmatic perspective, several themes emerged related to issues of resiliency, thriving, belongingness, and connectedness. Engagement with senior-level institutional leaders to position student and employee well-being as an institutional priority appears to be a key factor in what many of the participants deem to be a successful well-being initiative. Traditional health education efforts are still the predominant way in which well-being is being addressed on campuses. Each of the student-serving institutions provide educational workshops, various levels of peer education involvement, and wellness or well-being wheels. A specific example of a health education lens came from conversations with our small, liberal arts, HBCU. Here, well-being has been an institutional priority as demonstrated by the construction of a new fitness and wellness center on campus. This initiative was championed by the previous and current presidents who valued the connection between well-being and academic and career pursuits.

Campuses are seeing value in developing more integrated systems of care by increasing collaboration and communication between previously siloed units on campus. This was particularly evident at the hybrid institutions and those that are utilizing campus-community coalitions to promote cultures of health and well-being on campus. Concurrent with these initiatives is a shift from traditional health education efforts to more systemic programs and policies. As opposed to focusing on individual interventions, small group workshops, and traditional peer education programs, several campuses have instituted evidenced-based practices and environmental strategies to promote well-being among students and employees in addition to using data to inform decisions about policy and practice.

There was also an emphasis on health equity, with particular attention given to accessing services. Multiple schools indicated that they do not charge for their educational interventions and programs. Some are also delivering services through online platforms to attend to the needs of a growing population of non-traditional distance learners, employees working remotely due to flexible work arrangements, and meeting residential students and staff in a preferred learning environment. With rising online student populations and limited ability to reach all students in person, online content expands access to well-being programming. Additionally, at least one institution in the sample mentioned an intentional effort to hire a diverse counseling and health promotion staff that is reflective of the student population and diverse identities represented.

Future Research Questions

This study was not intended to test various hypotheses or to produce a series of recommendations or “best practices” for well-being initiatives in a college campus setting. Rather, this project was conceived as a hypothesis-generating study, with the intention of exploring

a range of well-being initiatives among a diverse cross-section of campuses and highlighting emerging trends and examples of innovative practice. After collecting and analyzing the data, several questions have emerged for consideration for possible future research:

1. What are the motivators behind the recent movement from “wellness” initiatives to “well-being” initiatives?
2. What are the outcomes of the various well-being models (i.e., student-serving, employee-serving, or hybrid) across the various higher education sectors?
3. Does the socio-ecological model, including the range of policies, practices, and programs, lead to greater well-being outcomes and how do they differ for students and employees?
4. In what ways are college and university well-being programs addressing health disparities across the various higher education sectors?
5. What are the health outcomes of underrepresented student populations across the various higher education sectors?
6. In what ways do faculty, staff, and institutions benefit from engagement in employee well-being initiatives?
7. In what ways do campus-community coalitions address well-being initiatives on college/university campuses? What is the impact and value of these efforts?
8. What are the impacts of well-being initiatives on academic success?

Conclusion

Several themes emerged from this exploratory study. While the field appears to be moving toward the adoption of the term “well-being” to describe initiatives on their campuses and many institutions subscribe to various dimensions of the “wellness wheel” to guide their efforts, it is clear that there is not one universally accepted definition of well-being being used by colleges and universities. This is neither a judgment statement, nor a finding that was explored in further detail given the research question. Rather, it is an observation and one that may well be worth further exploration. Given the wide variation in structural, programmatic, and financial models of well-being that exist at colleges and universities around the globe, perhaps this lack of consensus is indicative of the uniqueness of institutional culture and the wide range of philosophies surrounding well-being on college campuses. Even if there were to be a common definition endorsed by various professional associations, based upon the initial findings outlined in this whitepaper and the project team’s extensive experience in the field, it is clear that at least some institutions are moving toward their own ways to measure well-being in order to demonstrate their initiative’s impact and/or to assess outcomes. Still, several institutions indicated that it would be helpful to have a common definition from which to begin their work. The model or framework that each institution uses is variable and should reflect the measures that best demonstrate impact/outcome for their campus, while also considering the unique context and culture of the organization.

It is also apparent that colleges and universities that have support from institutional leadership appear to have higher levels of engagement with respect to their well-being initiatives and, thereby, are also more likely to demonstrate innovative practice. This has taken various forms including: committing institutional resources for the creation of new facilities, offering subsidies for faculty and staff to participate in various well-

being initiatives, authorizing the use of flex time at work for wellness breaks and participation in well-being activities, and generally supporting the infrastructure for comprehensive, data-driven, evidence-informed public health approaches to health and well-being.

Concurrent with these initiatives is a movement toward the use of environmental interventions such as campus-community coalitions, well-being ambassador networks, and student and employee incentive programs. These initiatives provide for broader engagement with the campus and surrounding community, encourage “buy-in” at all levels of the organization, and foster increased accountability for demonstrated outcomes.

Finally, many campuses are addressing health disparities through both direct and indirect means. Some institutions have been very intentional in their approaches, such as creating food pantries to address growing food insecurity on campuses, while others promote health equity through their programs and services without explicitly articulating that as an objective. Free and low-cost services (i.e., included in tuition and fees), emergency funds for students and employees, and attending to the needs of non-traditional students, including working mothers, are all efforts that were highlighted by participating institutions. These initiatives appear to be a more common (and expected) practice moving forward, particularly given the changing demographics of U.S. higher education.

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Appendix A

Focus Group Interview Protocol

Introduction:

Good morning/afternoon. Thank you so much for taking the time to participate in research for the “Framing Well-Being in a College Setting” whitepaper project. This interview will be video recorded to ensure accuracy. My name is Stacy Andes, and I am the Director of Health Promotion at Villanova University and one of the researchers for today’s focus group. I am joined today by my colleague Paula of Emory University as well as Alex Phelan from the American College Health Foundation who will be helping us with any technical difficulties we may encounter. Paula, do you want to introduce yourself?

Aetna Student Health and ACHF are very happy to be collaborating on this project to develop an overview of the range of well-being models and initiatives currently offered to students and employees in higher education settings.

The goal of this project is to promote innovation and encourage exploration of effective well-being strategies for students and employees. Aetna Student Health and ACHF, by bringing together thought leaders on well-being, hope to help broaden the field of vision to encompass various approaches to well-being deployed in college settings.

As a student/employee at institutions we have interviewed as part of this project, we are here today to discuss your experience of well-being initiatives at your institution. As a reminder, your institution will be identified only by high level demographic information in the draft version of the white paper and YOU will not be identified at all in the white paper [only as student/employee].

Do you have any questions before we move on to our focus group discussion?

We would like to review several rules of engagement for our focus group today:

- Each time you respond to a question, please remind us of your first name for note-taking purposes.
- When you are not responding, please be mindful of background noise and practice good active listening by attending to other people when they are talking.
- If you do not have anything to add to a question, please simply indicate that you do not have anything to add so that we ensure everyone has had the chance to respond.

Are there any other rules you would like to introduce at this time?

Let’s get started!

For this first question, we would like for each of you to introduce yourself using your first name, indicate whether you are a student or employee at your institution, and tell us how you understand your campus defines well-being. It is okay if you do not know the definition that your campus uses and are only speaking from what you understand from your own experience on your campus.

Our second question is about the well-being initiative(s) that have had the most impact on you as a student or employee. We have defined initiatives as programs, practices, and/or policies that are designed to enhance individual and community well-being. Please feel free to give examples of programs, practices and/or policies that have had the most impact on you.

How would you describe the ways in which the average student or employee engages in well-being initiatives at your university?

What are the primary obstacles to well-being on your campus or in your workplace?

How does your campus well-being initiatives recognize the connection between well-being and health equity? We have defined health equity as: when everyone has the opportunity to be as healthy as possible.

Before we end our discussion today, we wanted to give you an opportunity to tell us about anything related to your campus well-being initiatives that we have not asked you about today. Is there anything else that you would like to highlight?

Conclusion:

Thanks so much for talking with us today. Your input and feedback provides us with additional perspectives on the well-being initiatives taking place on your campuses.

We also want to thank you for your time and engagement in the focus group process. Your observations provide us with important perspectives from constituents who represent the target groups for the well-being programs and services at your institutions.

Stacy and I would like to thank you again for your participation.

Appendix B



“Framing Well-Being in a College Setting” White Paper Project in collaboration with Aetna Student Health

Research and Writing Team Bios

Stacy L. Andes, EdD

Dr. Stacy Andes is **Director of Health Promotion** at Villanova University. She holds a doctorate in education from Nova Southeastern University, Fischler School of Education and a M.A. in Clinical Psychology from Marywood University. Her research areas of expertise include non-medical prescription drug use, college alcohol and other drug use prevention, and standards of practice in health promotion. Her teaching areas of expertise include college health promotion theory and practice, health promotion for the undergraduate nursing student, healthy living and lifestyle choices for college students, alcohol and other drug use prevention. She has published extensively, including most recently on “Employing a strategic campus-community partnership to non-medical prescription drug use on college and university campuses” in the *Journal of Social Work Practice in Addictions* (2014).

Paula Gomes, PSYD, CEAP

Dr. Paula Gomes is **Executive Director of the Faculty Staff Assistance Program (FSAP)**, which is the employee assistance program for Emory

University and Emory Healthcare. The FSAP holistic model of intervention incorporates behavioral mental health, education and outreach, and team dynamics services for the Emory faculty, staff and their family members. She is a Licensed Psychologist and Certified Employee Assistance Professional with extensive experience in the provision of behavioral mental health and employee assistance services for individuals, couples, and organizations. Her areas of specialty include depression, cultural competency, intimate partner violence, worksite wellness, substance abuse, physician impairment, burnout prevention, and individual/organizational well-being. Dr. Gomes began her position at Emory in January 2002, after she served as the EAP Coordinator at the Georgia State University, Faculty and Staff Assistance Services office.

James Larcus, MA

James Larcus serves as the **Project Manager for Strategic Initiatives at the Health and Counseling Center** at the University of Denver. In this role, he supports holistic well-being initiatives across the Division of Campus Life and Inclusive Excellence. Prior to DU, James worked with the Wellness Coaching program at Ohio State. He is an ardent

supporter of creating environments where students can align their values towards the lives they hope to live now and into the future. In his free time, you can find James on one of Colorado's mountain vistas, watching European soccer, or cooking with his partner.

Ryan Travia, MEd, EdD Candidate

Ryan Travia joined Babson College in March 2015 as its first **Associate Dean of Students for Wellness**. In this role, Ryan leads the division of Student Affairs in the development of a holistic approach to ensuring student health and safety, personal development, and overall well-being. Ryan provides leadership and strategic direction for a comprehensive portfolio that includes health services, counseling and psychological services, health promotion, alcohol and other drug services,

sexual assault prevention and response services, and religious and spiritual life. Prior to joining the Babson community, Ryan spent a decade at Harvard University as the founding director of the Office of Alcohol & Other Drug Services and founding director of the Department of Health Promotion & Education. Previously, Ryan led the substance abuse prevention program at Dartmouth College. Ryan holds a Bachelor's degree in Human Development and Elementary Education/Moderate Special Needs and a Master's in Educational Administration, both from Boston College, and is a doctoral candidate in Higher Education Management at the University of Pennsylvania. His research interests include institutional decision-making about restructuring at institutions that have been intentional about creating integrative approaches to student and academic affairs.

Appendix C

Institutional Demographics Matrix

#	Student-Serving	Employee-Serving	Institutional Demographics	Interviewee(s) role(s)
1	x		Southwest Large Four-year Public Doctoral-degree granting 60,000 undergraduate students 10,000 graduate students Diversity score: High [ranked in the top 150 institutions nationwide]	Senior Leader in Health Promotion
2	x		Northeast State-controlled Urban Large Public Multiple campuses 274,000 students [undergraduate and graduate] Diversity score: Above average [ranked in the top 500 institutions nationwide]	Senior Faculty Member
3	x		Southeast Private Residential Liberal arts Women's college Historically black college/university [HBCU] 2,000 undergraduate students Diversity score: Low	Senior Leader in Student Affairs and Campus Health Services
4	x		Canadian Public Research university Multiple campuses 30,000 students [undergraduate and graduate] Diversity score: Unavailable	Health Promotion Specialist
5		x	Pacific Private Highly selective Research university 7,000 undergraduate students 9,000 graduate students 13,000 employees Diversity score: High [ranked in the top 100 institutions nationwide]	Senior Leader in Health Promotion
6		x	Northeast Urban Private Highly selective Research university 6,000 undergraduate students 7,500 graduate/professional students 16,000 benefits-eligible staff 5,000 union employees Diversity score: High [ranked in the top 100 institutions nationwide]	Director of Benefits Senior Leaders in Health Promotion

7		x	Northeast Suburban Private Highly selective Research university 5,300 undergraduate students 3,000 graduate students 6,900 staff 1,200 faculty Diversity score: High [ranked in the top 100 institutions nationwide]	Senior Leader in Compensation and Benefits
8		x	Northeast Private Highly selective Research university Multiple campuses 18,000 employees Diversity score: High [ranked in the top 100 institutions nationwide]	Senior Leader in Benefits and Administration
9	x	x	Middle America Four-year Public Urban Residential 21,000 students [primarily undergraduate] 3,500 faculty and staff Diversity score: Low [Ranked in the middle of other institutions nationwide]	Senior Leader in Health Promotion
10	x	x	South Small Four-year Private Suburban 5,200 undergraduate students 3,000 graduate students 6,300 employees Diversity score: High [ranked in the top 100 institutions nationwide]	Senior Leader in Health Promotion