MEASURING WELL-BEING IN A COLLEGE CAMPUS SETTING

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A Note from the Authors: This paper was developed with a scholar-practitioner audience in mind, particularly those individuals working in college and/or employee health, student affairs, and academic affairs. A more technical, psychometric measurement paper will be forthcoming, which will focus on additional validation strategies and more sophisticated analyses of the data.

Abstract

This study builds upon the work of Travia et al. (2020), whose previous whitepaper, *Framing Well-Being in a College Campus Setting*, found that among colleges and universities, there is no universally accepted definition of well-being, nor are campuses consistently measuring the overall well-being of their campus communities or their respective efforts to address issues of well-being. The purpose of this study was to develop a validated survey instrument, focused exclusively on measuring mental health and emotional well-being that could be used universally by institutions of higher education across a range of populations, including staff, undergraduate and graduate students, and faculty. Drawing upon a wide range of existing validated scales and measures, the research team developed a new tool using the following dimensions of emotional well-being: (1) Community and Belonging (social connectedness, confidence, safety, and trust), (2) Coping and Stress Management (resilience, flexibility and adaptability, and anxiety), (3) Purpose and Meaning, (4) Subjective Well-being (happiness, life satisfaction, depression, and loneliness) and (5) Institutional Environment. The tool was tested and piloted at six diverse institutions of higher education.

While the primary purpose of this study was to respond to a need in the field to develop a validated tool, focused on mental health and emotional well-being, that could be used with diverse populations across the higher education spectrum by describing the process of developing, testing, and validating the survey, this paper also reports initial findings from participating institutions regarding the range and variation of mental health and well-being among staff, students, and faculty. Additional findings describe the range and variation of various environmental factors on staff, student, and faculty participants' mental health and emotional well-being. The authors also conducted quantitative analysis to measure differences by race/ethnicity and gender by subtype.

Several key findings emerged from this study. Firstly, a new survey instrument focusing on measuring the mental health and emotional well-being of staff, students, and faculty has been developed, tested, and validated and is ready for future use. The exploratory, descriptive, and confirmatory analyses conducted confirmed significant variance in background characteristics, particularly gender identity, across the three groups. Overall, faculty score higher (i.e. "healthier") as a group across multiple scales and measures of mental health and emotional well-being, as compared to staff and students. Students tended to score lower with respect to overall mental health and emotional well-being as compared to both staff and faculty. Given that respondents participated in this study during the COVID-19 pandemic, the research team also investigated the potential impacts of remote work and learning modalities on participants' mental health and emotional well-being. Interestingly, no significant differences were found pertaining to modality.

As hypothesized in the aforementioned Framing Well-Being in a College Campus Setting (Travia et al., 2020) paper, the findings of the current study demonstrate that perceptions of environmental factors on campus (i.e., institution values mental health and emotional well-being, support for diversity, and feeling connected to and valued by the institution) showed meaningful results in the regression analysis. Both institutional support and managerial support were identified as two key variables impacting individuals' mental health and emotional well-being. In other words, how people perceive and experience the environment in which they work or learn correlates with how they report on flourishing scales and those related to depression/anxiety. Finally, and perhaps most importantly, this research project confirms the findings of the previous whitepaper upon which this study was premised, Framing Well-Being in a College Campus Setting (Travia et al., 2020). Specifically, the influence that environmental

factors have on individuals' mental health and emotional well-being cannot be overstated.

Introduction

The Measuring Well-Being in a College Campus Setting study builds upon the work of the previously published paper, *Framing Well-Being in a College Campus Setting* (Travia et al., 2020). Two key findings from the aforementioned study are that while campuses are using various dimensions of well-being (e.g., physical, emotional, intellectual, social, spiritual, financial) to help frame their efforts, (1) "Campuses have not adopted a universally accepted definition of well-being" (Travia et al., 2020), and (2) There are broad inconsistencies across institutions with respect to how they are measuring well-being, if at all.

This next iteration of research sought to address a gap in the field by developing a validated measurement tool that could be used universally by institutions across a range of populations, including staff, undergraduate and graduate students, and faculty. Unlike more comprehensive health and wellness surveys, such as the American College Health Association's National College Health Assessment, this instrument would focus exclusively on issues of mental health and emotional well-being. The survey that was ultimately developed and tested by the research team drew upon existing validated instruments, with a particular focus on the following dimensions or domains (used interchangeably throughout) of emotional well-being: (1) Community and Belonging (social connectedness, confidence, safety, and trust), (2) Coping and Stress Management (resilience, flexibility and adaptability, and anxiety), (3) Purpose and Meaning, (4) Subjective Well-being (happiness, life satisfaction, depression, and loneliness) and (5) Institutional Environment.

This research could not be timelier. While institutions of higher education continue to grow and refine their various health and well-being initiatives – amidst shrinking resources – heightened concerns about students' and employees' mental health and emotional well-being persists. Layering these foundational baseline assumptions with the short- and long-range impacts of the coronavirus pandemic on both individuals and institutions writ large, we suggest that there is no better time to assess the emotional health and well-being of college and university affiliates than the present. Doing so will equip institutions of higher education with valuable data that will, in turn, enable them to target resources, interventions, and support services across populations and learning modalities, given the massive shift to virtual work and learning environments.

Literature Review

The field of well-being has gained prominence in recent years. While well-being has become a salient topic in business (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), pop culture (Global Wellness Institute, 2018), and even of national governments (United Nations General Assembly, 2012), the topic is not new. The origins of well-being have roots through two ancient principles, hedonism and eudaimonia (Deci and Ryan, 2008). The hedonism tradition emphasizes the pursuit of pleasure and happiness and the limitation of negative affect. The focus of positive affect and mitigation of obstructive aspects differs from the second well-being concept of eudaimonia. Myers and Sweeney (2005) describe this additive and complementary locus of fulfillment and wholeness. Eudaimonic well-being was first posited in the writings of Aristotle in the 5th century B.C.E. and often describes a more holistic approach to expressing an individual's ability to thrive and flourish.

The significance of this shift to a more holistic view of the human experience informs the modern well-being movement. Well-being is often depicted to be a synergistic and interconnected process that includes dimensions of physical health, emotional or mental health, spirituality and purpose, social connectedness and belonging, intellectual development, and environmental determinants (Travia et al., 2020; Gieck & Olsen, 2007; Myers & Sweeney, 2008).

Modern well-being movements transcend beyond traditional models of diagnosis and treatment. Travis and Ryan (2004) posit that well-being seeks to promote greater awareness and growth through a capacity-building approach that results in a higher quality of life. As evidenced in Travia et al. (2020), well-being has taken a proactive approach to meeting the needs and holistic development of individuals and communities. While many well-being initiatives focus on increasing individual capacities, there is also a call to shift towards environmental and systematic interventions (Travia et al., 2020). This environmental approach aligns with leading public health models that speak to an ecological approach (Centers for Disease Control and Prevention, 2020). For example, the United Nations General Assembly passed a resolution in 2011 entitled, "Happiness: towards a holistic approach to development" (United Nations General Assembly, 2012). Building upon the philosophy and leadership of Bhutan, this resolution urged member nations to measure happiness and well-being. These constructs were described to be a "fundamental human goal" (United Nations General Assembly, 2012). Additionally, there was an emergence of a Gross National Happiness (GNH) and World Happiness Report as alternatives to traditional measures of governmental success such as Gross Domestic Product (GDP) (United Nations General Assembly, 2012). From the inaugural report in 2012 to the most recent iteration in 2020, environmental factors and interventions are called for to raise the collective well-being of the world (Helliwell, Layard, Sachs, & De Neve, 2020).

Higher education institutions often represent a microcosm of society, and as such, well-being has garnered the attention of staff, students, and faculty alike. The American College Health Association (ACHA) has provided leadership in this movement through the promotion of its Healthy Campus framework (American College Health Association, 2020a). This framework seeks to enhance the overall status of health and well-being of campuses nationwide. As this well-being movement seeks to complement and build upon traditional models of diagnosis and treatment, the Healthy Campus framework promotes an increase in quality of life; healthy development; and positive health behaviors for faculty, staff and students (American College Health Association, 2020a). In addition to the Healthy Campus framework, the Okanagan Charter (2015) is perhaps the seminal schema for higher education institutions. The Okanagan Charter (2015) accentuates a capacity building and proactive approach to achieving health and well-being outcomes through social and environmental interventions. This charter has two main calls to action including:

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.

It is a belief that through these calls to action, higher education plays not only a central role in not only the thriving of campus communities but also, the ongoing development of larger society.

The American College Health Association recently joined more than 10 higher education professional associations in the creation of a joint statement of health and well-being in higher education, advancing the field's work for supporting innovation of holistic, integrated, and strategic approaches to well-being (Health and Well-being in Higher Education, 2019). The Council

for the Advancement of Standards within Higher Education (2019) similarly created a strategic framework for cross-functional realization of thriving academic communities.

Bringing Theory to Practice (BTtoP) is another initiative positing that education must be holistic and transformative (Bringing Theory to Practice, 2013). BTtoP suggests that the outcome of education should nurture active and integrative learning, personal well-being, preparation for meaning and purpose in work, and civic engagement.

The rise of the well-being movement and higher education's increasing interest, duty, and responsibility for cultivating it led to the *Framing Well-Being in a College Campus Setting* whitepaper (Travia et al., 2020). This exploratory study, in partnership with the American College Health Foundation and Aetna Student Health, enlisted comprehensive and innovative campus well-being programs to garner insights into where the field currently lies while seeking to promote further innovation.

Major insights from the *Framing Well-Being in a College Campus Setting* whitepaper (Travia et al., 2020) included initiatives that took a holistic and proactive approach consistent with previous literature (Gieck & Olsen, 2007; Myers & Sweeney, 2008). Additionally, the major innovations in the campus well-being space were those that drove environmental interventions capitalizing on the Okanagan Charter and connected to initiatives such as the UN resolution (Okanagan Charter, 2015; United Nations General Assembly, 2012).

Several challenges were also gleaned from the *Framing Well-Being in a College Campus Setting* research project (Travia et al., 2020). While each institution utilized a model and/or definition of well-being, there was no consistency among them across the scope of the study. Participating schools reflected this finding, demonstrating impact through assessment being a significant challenge.

As holistic well-being practices emerge as a newer addition to traditional health education initiatives within higher education, assessing impact is critical. While individual impact based on campus culture and needs was shown, there was a dearth of a national comprehensive data set for well-being. A variety of initiatives such as the work of the Gallup organization (Gallup, 2020) and the Wake Forest Well-being Assessment (Wake Forest Wellbeing Collaborative, 2020a) are a few that are endeavoring to collect national benchmark data.

In most of the models outlined in the *Framing Well-Being in a College Campus Setting* study (Travia et al., 2020), emotional well-being was found to be a key construct. Staff, students, faculty, and administrators are increasingly aware of the mental health challenges and opportunities that exist on college campuses (Kwai, 2016). Chief student affairs officers were surveyed in 2014 and identified mental health as the number one health and well-being challenge facing colleges and universities among other concerns such as sexual violence and substance use (Sponsler & Wesaw, 2014). Additionally, from 2009-2010 to 2014-2015, college and university counseling center utilization grew five times faster than enrollment growth in the United States (Educational Advisory Board, 2018). Considering higher education enrollments have risen steadily in recent decades and more than half of all 18- to 19-year olds in the United States were enrolled in institutions of higher learning, these utilization rates are alarming (Freudenberg et al., 2013).

The American College Health Association-National College Health Assessment (ACHA-NCHA) also collects national data on student health habits, behaviors, and perceptions and highlights the salience of emotional well-being (American College Health Association, 2020b). In ACHA's spring 2019 administration of the NCHA IIc, 87.4% of students felt overwhelmed by all that they had to do within the past 12 months (American College Health Association, 2019). 65.6% endorsed the statement, "felt very lonely" within the past 12

months, and 70.8% "felt very sad." More concerning, 45.1% of students "felt so depressed that it was difficult to function" and 13.3% of students "seriously considered suicide" within the last year. Similar findings are reflected in the Association for University and College Counseling Center Directors (AUCCCD) annual report (2019) where there was an annual average increase of 12.2% of the amount of students served. As such, there has been a trend of dedicating resources to meet the growing mental health and emotional well-being needs of the college population. Nearly 44% of colleges and universities added full-time employees (FTE), with an average of .64 of an FTE, to their college counseling centers in the last year (The Association for University and College Counseling Center Directors, 2019). At the same time, wait times for first appointments still hover around a week (The Association for University and College Counseling Center Directors, 2019).

The most recent iteration of the American College Health Association's National College Health Assessment (ACHA-NCHA), the ACHA-NCHA III, now uses standardized measures for mental health and well-being in contrast to the previously developed questions of how often a student has felt overwhelmed, anxious, or lonely within a specific time period (American College Health Association, 2020c). This shift allows university administrators to draw upon larger literature and research bases and provides a better benchmark of the state of mental health and well-being on campus.

The ACHA-NCHA III measures mental health and well-being through the Kessler 6 (K6) Non-Specific Psychological Distress Score, the University of California Los Angeles (UCLA) Loneliness Scale (ULS3), the Suicide Behavior Questionnaire-Revised (SBQR) Screening Score, along with a general question about stress levels over the last year (American College Health Association, 2020c).

The spring 2020 iteration of the NCHA III highlights nearly 40% of students report moderate or serious psychological distress according to the Kessler 6 (K6) measure (American College Health Association, 2020c). Additionally, nearly one-half of respondents flag positive for loneliness in the ULS3 and 25% meet a positive suicidal screening score on the SBQR.

One other change to the ACHA-NCHA III survey was the addition of positive mental health outcomes and capacities (American College Health Association, 2020c). The addition of these positive constructs marks progress for colleges and university well-being initiatives to not only understand the negative outcomes and risks associated with mental health on campus, but to start to truly measure well-being and growth of students aligned with the additive and complimentary shift towards a well-being culture (Travia et al., 2020).

The ACHA-NCHA III includes the Diener Flourishing Scale for Psychological Well-Being (PWB) and the Connor-Davidson Resilience Scale (CD-RISC2) (American College Health Association, 2020c). Psychological Well-Being average scores for students averaged 46 on a scale from 8-56. The Diener Flourishing scale states that a higher score represents a person with many psychological resources and strengths.

The Connor-Davidson Resilience Scale (CD-RISC2) for students averaged 6.04 (American College Health Association, 2020c). This measure was constructed to gain insights on adaptability and how individuals could "bounce back" (Vaishnavi, 2007). The scale for the CD-RISC2 ranges from 0-8 with higher score reflecting greater resilience. The spring 2020 sample of college students (6.04) trends lower than studies done with the general population survey of US adults where the mean was 6.91 (Vaishnavi et al., 2007).

Another major national data set to measure the mental health and well-being of college students is the Healthy Minds Study (2019). The Healthy Minds Study (2019) is often used as a tool to benchmark mental health and well-being

specifically, identify campus needs and priorities, as well as a way to evaluate and advocate for programs and services. The HMS (2019) utilizes validated and standardized measures for mental health such as the Patient Health Questionnaire-9 (PHQ-9), the Counseling Center Assessment of Psychological Symptoms-34 (CCAPS-34), and the General Anxiety Disorder-7 (GAD-7).

The PHQ-9 measures for a major depressive episode within the last two week through 9-items of symptoms from the Diagnostic and Statistical Manual for Mental Disorders (Spitzer, Kroenke, & Williams, 1999). According to the 2018-2018 Healthy Minds Study data set, 18% of students meet criteria for major depression while 36% measure for depression overall major and moderate) (Healthy Minds Study, 2019).

The CCAPS-34 scale specifically studies the psychological symptoms and distress college students face (Center for Collegiate Mental Health, 2015). In the 2018-2019 data set, 28% of students showed elevated levels of depression and 31% had elevated levels of generalized anxiety. Similarly, 31% of students scored for an anxiety disorder according to the GAD-7, a screening tool for the presence and severity of generalized anxiety disorder in the past two weeks (cite HMS; Spitzer, Kroenke, Williams, & Lowe, 2006).

While several data sets reflect a static snapshot of the presence or absence of both positive and negative mental health and well-being constructs, Wake Forest University has created a unique and innovative well-being assessment that evaluates not only are students well, but also whether students have the skills, resources, and conditions to be well (Wake Forest Wellbeing Collaborative, 2020a). As such, the Wake Forest Wellbeing Assessment was developed to inform, through evidence and research, the programming needed to support student well-being (Wake Forest Wellbeing Collaborative, 2020a). Compared to other instruments, the developmental needs of undergraduates in early adulthood are taken into account while also providing students feedback to their responses aimed at increasing capacity for improving their well-being. Preliminary findings include the importance of meaning and fit when students select extracurricular activities (Brocato et al., 2021).

This paper and corresponding study seek to build upon the growth in interest and need for mental health and well-being programming by building and testing a tool that measures emotional well-being (mental health and well-being) for the entire campus population (staff, students, and faculty).

Phenomena

This study sought to build upon the findings from the *Framing Well-Being in a College Campus Setting* whitepaper (Travia et al., 2020), where emotional well-being was found to be a key construct throughout the cross-section of campuses selected to participate in that study. "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" (Travia et al., 2020, p. 1). This paper explores the phenomenon related to the inconsistent measurement of well-being initiatives across institutions of higher education. In an effort to address this gap in the research, the current study focuses on the development, implementation, and evaluation of a new survey, focused on mental health and emotional well-being that was administered broadly to a cross-section of college and university staff, students, and faculty.

The purpose of this project was to develop and validate the ACHF Emotional Well-being Survey through administration of the instrument to volunteer higher education institutions. We sought to have between 7 and 10 institutions administer the Emotional Well-being Survey in the Fall and Spring of 2020-2021 with participation from staff,

students, and faculty. The project had three specific goals:

1. To test processes and procedures for institution-wide survey administration with faculty, staff, and students on a campus.

2. To develop baseline cross-population data for participating campuses, and in aggregate, on the emotional well-being of staff, students, and faculty.

3. To run statistical validation tests on the collected survey data to validate an Emotional Well-being Survey that can be used broadly by higher education institutions in the future.

While the ultimate purpose of the project was to validate an instrument that can provide cross-institution population-level data related to the emotional well-being of individuals working, teaching, researching, and learning within higher education institutions, there was also an intention to gain additional insights. One area of interest includes the relationship between staff, student, and faculty emotional well-being and specific environmental factors that are linked to psychological health and safety within an institution. By way of piloting the emotional well-being survey, the research team aimed to: explore the process and value of collecting institutional level health data within higher education settings, to better understand student, staff, and faculty emotional well-being within a higher education context; identify possible trends and patterns for various populations within and across institutions; and lastly, investigate the role of environmental factors in influencing the emotional well-being of staff, students, and faculty.

The Measuring Emotional Well-being project and survey tool draws upon existing research as well as validated measures in the areas of mental health and well-being. Precedent has long been established for research efforts in the field of measuring well-being nationally, and internationally specifically within higher education contexts, including the National College Health Assessment (NCHA) (American College Health Association), the Healthy Minds Study (Healthy Minds Network), and the Wake Forest Wellbeing Assessment (Wake Forest University). A distinguishing factor of the Emotional Wellbeing Survey is that it is designed to be applied institution-wide across student and employee populations. To our knowledge, there is limited research examining the role and impact of institution-wide, population-level emotional well-being focused data collection as it relates to the international health promoting campuses movement. As a result, there is potential for this project to facilitate knowledge creation and advancement within the field of higher education studies. Moreover, our hope is that this project will further support implementation efforts of the Okanagan Charter: An international charter for health promoting colleges and universities (2015). The survey developed for this project can assist institutions of higher education in taking a data-driven, comprehensive, and whole-campus approach in supporting the well-being of staff, students, and faculty in higher education as well as benchmark emotional well-being against other comparable institutions.

Definitions

Consistent with the approach taken in the *Framing Well-Being in a College Campus Setting* whitepaper (Travia et al., 2020), for the purposes of this study, the research team used the U.S. Centers for Disease Control and Prevention (CDC) definition of well-being. According to the CDC, "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]" (Travia et al., 2020).

The research team determined the emotional well-being of a college or university is determined not only by its students but even more so by its staff and faculty. From a workplace standpoint, staff and faculty spend longer periods of time at the institution. Their relationship is not transient and they are extremely influential in driving institutional culture. To our knowledge, this holistic approach is unique to college emotional health surveys.

There is no consensus around a single definition of well-being, so we turned to the Center for Disease Control and Prevention (CDC) definition mentioned above as well as the Inter-Association Definition of Well-being definition. The Inter-Association definition simply states, "well-being as an optimal and dynamic state that allows people to achieve their full potential." (Inter-Association Definition of Well-being, 2020)

Based on research and experience in the field, the dimensions and sub-dimensions of emotional well-being identified for this study include (1) Community and Belonging (social connectedness, confidence, safety, and trust), (2) Coping and Stress Management (resilience, flexibility and adaptability, and anxiety), (3) Purpose and Meaning, (4) Subjective Well-being (happiness, life satisfaction, depression, and loneliness) and (5) Institutional Environment.

Community and Belonging

The CDC (2009) defines community as "a specific group of people, often living in a defined geographical area, who share a common culture, values, and norms, [and] are arranged in a social structure according to relationships which the community has developed over a period of time. The World Health Organization (1998) further clarifies that "members of a community gain their personal and social identity by sharing common beliefs, values, and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group and share common needs and a commitment to meeting them."

Coping/Stress Management

The World Health Organization (2017) defines stress as "the reaction people may have when presented with demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope".

Stress and anxiety are normal parts of a day. Having the ability to cope and bounce back will strengthen emotional well-being. Being adaptable and flexible when presented with stressful situations are common coping/stress management techniques. Resilience allows one to "recover(ing) quickly from failure and adversity, and not only returning to the status quo but actually using the opportunity to grow and further their (your) personal development" (Ackerman, 2020). We defined Coping/Stress Management as an individual's ability to be resilient and manage stress, to be flexible and adaptable, and to cope with anxiety.

Meaning and Purpose

Defining emotional well-being would not be complete without ensuring there was a dimension addressing meaning and purpose. Having a clear sense of your purpose and its meaning in your life directly supports your emotional health. We looked to Damon et al, (2003) as they defined purpose in life to "represents a long-term, forward-looking intention to accomplish aims that are meaningful to the self and of consequence to the broader world."

Subjective Well-being

Our fourth dimension addresses how an individual subjectively assesses their well-being. Here we turn to the World Health Organization's definition of Loneliness and Depression. "Loneliness is hard to define because it is a subjective thing. A simple and acceptable definition is: a feeling of malaise or distress that the person concerned attributes to a lack of relationships with other people with whom to exchange feelings and ideas and to do things" (Diekstra, 1988). And depression "is characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities" (World Health Organization, n.d.). Relying on these non-clinical definitions, we assess Subjective Well-being as an individual's sense of life satisfaction, and feeling depressed and lonely.

Institutional Environment

We recognize that there is a need for more work to take place related to understanding the nature of higher education as a working and learning environment for staff, students, and faculty. The environment, structures, and systems of an institution directly influence an individual's emotional well-being since it includes aspects of social justice, equity, fairness, diversity, inclusion, and access to adequate services related to well-being.

Research on this dimension of emotional well-being comes from Guarding Minds at Work. Guarding Minds at Work is a tool for employers to effectively assess and address the psychosocial factors known to have an impact on organizational health, the health of individual employees, and the financial bottom line. "Psychosocial factors can influence psychological health in either a positive or negative direction. Each factor can act as either a risk or protection for employee wellbeing. Risk factors increase the likelihood that an individual will experience increased stress, which in turn increases the likelihood of developing or worsening a mental or physical health condition"(Samra et al., 2009). For purposes of this study, we define a psychologically healthy and safe institution as one that promotes psychological well-being and actively works to prevent harm to staff, student, and faculty psychological health. Because of the challenges inherent in measuring environmental contributors to emotional well-being, we focused on individual perceptions of the Institutional Environment.

Each of the above domains were conceptualized by the project team, based on the existing research, as essential dimensions of emotional well-being. As will be further seen below in the description of methods, from this list of domains, the project team also identified a number of sub-domains connected to the above. In developing a survey tool based on these dimensions and sub-dimensions, it is hoped that this project will further understanding of the impact of on-campus well-being initiatives (programs, policies, infrastructure), especially on the mental health and emotional well-being of campus constituents and advance higher education's goal of holistic development.

Research Questions

The primary purpose of this project was to develop and validate the ACHF Emotional Well-being Survey through a pilot administration of the instrument to volunteer institutions of higher education, guided by the following **objectives**:

1. To test processes and procedures for institution-wide survey administration with staff, students, and faculty.

2. To develop baseline cross-population data for participating campuses, and in aggregate, on the Emotional Well-being of staff, students, and faculty.

3. To run statistical validation tests on the collected survey data to validate an Emotional Well-being Survey that can

be used broadly by higher education institutions in the future.

Six institutions of various types participated in the administration of the Emotional Well-being Survey in the Spring of 2020-2021 with staff, students, and faculty on their campuses. Ultimately, we hope the survey developed for this project can assist institutions of higher education in using data on emotional well-being to advance a comprehensive approach to supporting the well-being of staff, students, and faculty. In short, our primary research purpose is to validate an emotional well-being instrument for use by college and universities.

With respect to the secondary goal of conducting an initial data analysis, the following three **research questions** guided our line of inquiry:

1. What is the range and variation of mental health and emotional well-being among staff, students, and faculty by gender?

2. What is the range and variation of mental health and emotional well-being among staff, students, and faculty by race/ethnicity?

3. What is the range and variation of environmental factors on the mental health and emotional well-being of staff, students, and faculty?

Methods

This quantitative survey research project involved data collection from staff, students, and faculty who are at least 18 years of age. The multidisciplinary team of researchers working with ACHF collaborated to create a 41-question survey to measure emotional well-being.

The project team examined existing literature to determine commonly understood dimensions of emotional well-being. From that literature, the team generated a list of potential domains for measurement which included: community and belonging; social connectedness/belonging; confidence safety and trust; coping and stress management; flexibility and adaptability; anxiety; purpose and meaning; subjective well-being; loneliness and depression; and institutional environment. To structure the approach to item development, the team then created a conceptual definition of emotional well-being by selecting the dimensions outlined above in the Definitions section and related sub-dimensions on which to focus. This conceptual definition, including the conceptualized relationship between dimensions and sub-dimensions, is visualized in Appendix B, Figure 1.

Item Development Methods

The conceptual map of emotional well-being was then employed to create an extensive list of previously developed surveys and scales that measure the selected domains of emotional well-being. Nineteen existing surveys or scales were gathered and considered for inclusion in the pilot instrument because they were initially seen to align with the conceptual definition of emotional well-being.

In some instances, scales were identified for inclusion as measuring particular components of the conceptual definition of emotional well-being. In other instances, entire surveys, with multiple subscales were identified. These surveys were examined for scales or individual questions that might align with the conceptual definition of emotional well-being and the domains the team sought to measure. Procedurally, the research team identified surveys, scales, and questions obtained copies of each and then created brief descriptions of the concepts measured (see Appendix A, Table A).

After a preliminary review of identified surveys and scales, the team more intensively examined 11 surveys and scales by mapping each item to the identified list of dimensions and sub-dimensions of emotional well-being. The mapping

activity revealed questions, and scales for each of the constructs of the conceptual definition of emotional well-being.

Following the mapping of established survey questions and scales to the constructs of emotional well-being, a draft survey was developed. The initial survey design was guided by three priorities: 1) to create a survey that fully measured the constructs of emotional well-being present in the operational definition; 2) to use existing scales whenever possible to measure constructs; 3) to aim for parsimony in the number of items on the survey so as to keep the length of the survey as short as possible while still measuring all constructs. Following initial development, an iterative process of review, revision and refinement was conducted to arrive as the pilot version of the ACHF Emotional Well-Being Survey. A map depicting of the final pilot survey items and connecting them to their original existing surveys, along with which dimensions and sub-dimensions they sought to measure can be found in Appendix A, Table B.

Among the various psychometric properties available, the research team focused most heavily on the item-pool development research and conducted the first psychometric study of the newly-developed Emotional Well-being Survey. This process entailed using an expert panel to review existing scales and measures, review the literature, and then develop a construct map to plot out the agreed-upon latent variables. This emphasis on construct validity bolstered confidence in the trustworthiness of the survey as well as the overall research study.

Sampling Strategy

Participating institutions were solicited broadly (Appendix C) and then engaged through purposeful selection based upon criteria that sought a diversity of institutional factors across five factors. These factors included: institutional size, public v. private, institutional type, geographic location, and population to participate (i.e., staff, students, faculty). Follow-up conversations occurred with the appropriate department heads and leadership from institutions that expressed interest in participating in the study.

There were initially 10 institutional volunteers, all of whom were selected for participation. Four of the institutions withdrew, which left six institutions in the study. Participating institutions were not intended to be a representative sample; rather, intentional efforts were made to generate a broad representation of institutions. This included two East Coast schools, three Midwestern schools, and one institution from the Southwest. Participating institutions agreed to three items. First, they agreed to participate as an institution. Second, they agreed to develop a sample of staff, students, and faculty. Sample size was determined by each institution. Third, they agreed to provide the research team with their samples' contact first name, email address, and whether the contact is a staff member, student, or faculty. It is important to note that email addresses were used only for a single survey effort and are not retained for future implementations. Institutions were unable to change or customize the survey.

Survey Methods

Following receipt of IRB exemption status from an independent Institutional Review Board,the research team delivered the survey using Qualtrics Research Suite software. Invitations were sent by email through Qualtrics. Data were collected from January 2021–April 2021. The procedure for survey administration was as follows: the survey at each participating campus opened with an invitation to participate email coming from the research team on a Tuesday. On Monday of the second week of survey implementation, a reminder email was sent from the research team. Participants were able to opt out of the project at any time and not receive follow-up email solicitations. On Wednesday of the second week of survey implementation, a second reminder to participate email was sent to participants. The survey closed on Friday of the second week of implementation. To increase

participation, ACHF research team offered enrollment in a drawing of twenty $50 Amazon gift cards to participants. Institutions were able to provide advertising and promotional materials to increase participation, but were not able to provide incentives.

Survey administration was completed electronically via email and the web through Qualtrics. The Qualtrics survey interface can be taken via mobile device/smart phone, tablet, or computer. The Qualtrics interface is currently accessible to screen readers but may not be fully accessible to keyboard-only users or screen magnified users. Individuals need only to click on the survey link with the email they receive to access the survey. The survey was then displayed in their web browser window. Individual consent was programmed into the beginning of the Qualtrics survey platform.

The research team discussed the question of survey administration and if it was preferable to work with a convenience sample from a static link as opposed to gathering email addresses for individual participants from each institution. The team determined that it was preferable to receive emails in order to send personalized messages and reminders to eligible participants as opposed to a static link. This method tends to improve response rates and allows the researchers to embed data fields and track institutions in order to make the processing and analysis of the data more efficient. Each participating institution was provided with an implementation guide (Appendix D) to ensure a consistent application of the survey tool across institutions. It should be noted that approximately one-half of the institutions were unable to utilize incentives due to state laws and/or other restrictions that prohibit the use of incentives to bolster survey response rates.

Data Analysis

Our effort here is to present preliminary findings of the survey so as to illustrate the potential of the survey to examine well-being for the scholar-practitioner audience, a more comprehensive technical analysis will be forthcoming. Data files from the six participating institutions were combined, cleaned, a code book created and descriptive analysis run. Cleaning involved removing extreme outlier responses, though we chose not to impute missing items. We conducted an exploratory factor analysis in SPSS 26 using the Principal Component Factor Analysis with Varimax rotation. We retained factors with eigen value of 1 or greater.

The conceptual scales in the dataset were consistent with the mapping chart created to develop the ACHF Emotional Well-being Survey. Based upon the exploratory factor analysis the following scales were then created: (1) community/belonging, (2) confidence, safety and trust, (3) flexibility and adaptability I, (4) anxiety I, (5) meaning and purpose I, (6) coping and stress management, (7) flexibility and adaptability II, (8) anxiety II, and (9) meaning and purpose II,(10) the institution's inclusion of difference, (11) the institution's prioritization of well-being, and (12) the individual's feelings of being respected and valued at the institution (see Appendix B, Figure 2). These scales are scored using simple sum scores.

To answer the three substantive research questions, we ran the same set of independent variables (x, y, z) in regression models with four of the previously extracted scales as the dependent variables (anxiety, depression, etc.)

Findings

Demographics

Descriptive results indicate that there were 6040 responses from college and university staff, students, and faculty from six institutions. There were 1387 staff, 5710 students, and 566 faculty, indicating that many respondents classified as staff, students, and faculty in different combinations. 63.4% of respondents self-identified as women or female, 33.3% male or men, and 3.3%

identified as another gender. 75.2% of respondents indicated they are white, 11.2% Latino/a/x, 9.8% Asian or Asian American, 5.4% Black or African American, 3.6% multiracial, and 2.0% American Indian or Native American. Among all responses, 48.6% were working or studying remotely when the survey was completed.

Table A: Survey Participation by Background

Variable	N	Percent
Gender identity		
Woman or Female	3830	63.4
Male or Man	2012	33.3
Other Identification	198	3.3
Racial/ethnic identity		
American Indian or Native Alaskan	177	2.9
Asian or Asian American	592	9.8
Black or African American	329	5.4
Latino/a/x	681	11.2
Middle Eastern/North	88	1.5
Native Hawaiian or Other Pacific Islander Native	20	.3
White	4562	75.3
Biracial or Multicultural	217	3.6
Not Listed	121	2.0
Institutional role		
Student	5710	94.3
Staff	1387	22.9
Faculty	566	9.3
Location		
Working or Studying Remotely	2947	48.6
Not Working or Studying Remotely	3111	51.4

Item descriptives

Descriptive results among staff, students, and faculty indicate the high prevalence of concern about emotional well-being. For instance, 36.2% of staff, students, and faculty report feeling depressed, and 37.8% report feeling sad more than half of the days just prior to completing the survey (Table C). Related to anxiety, 60.9% of respondents reported feeling nervous, anxious, or on edge, and 50% reported not being able to stop or control worrying more than half of the days (Table B).

Table B: Frequency, Mean and Standard Deviation of Anxiety Items

Variable	N	Mean	SD	Not at all %	Several Days %	Half the days %	Over half the days %	Nearly everyday %
Feeling nervous, anxious or on edge	6039	3.26	1.403	10.5	28.6	14.2	17.9	28.8
Not being able to stop or control worrying	6030	2.86	1.497	24.0	26.1	12.3	15.6	22.1
Worrying too much about different things	6027	3.10	1.446	14.8	29.3	12.7	171	26.1
Being concerned that something bad might	6026	2.64	1.455	28.2	28.4	12.1	13.8	17.4

Table C: Frequency, Mean and Standard Deviation of Subjective Depression Items

Variable	N	Mean	SD	Not at all	Several Days	Half the days	Over half the days	Nearly everyday
Feeling depressed	6039	2.37	1378	35.2	28.5	12.2	12.0	12.0
Feeling Sad	6024	2.52	1.275	21.4	40.8	13.6	12.6	11.6
Feeling like nothing can make you happy	6028	1.95	1.252	52.2	22.9	10.0	8.1	6.9
Thinking that others would be better off without you	6032	1.57	1.093	71.5	14.3	5.1	4.2	5.0
Feeling like you have let yourself, friends, or family down	6041	2.03	1.286	47.6	26.8	9.1	7.9	8.6

Only 50% of respondents reported agreeing that they felt they were able to relax when they wanted, and 59.6% reported agreeing that they generally feel optimistic about the future (Table D). Similarly, 62% of responses indicated they agreed that they are satisfied with their life (Table E). 60.1% of staff, students, and faculty reported they agree that "the conditions of my life are excellent."

Table D: Frequency, Mean and Standard Deviation of Coping Items

Variable	N	Mean	SD	1 Disagree Strongly %	2	3	4	5	6	7	8	9	10 Agree Strongly %
I feel able to relax when I want to	6034	5.46	2.52	7.0	6.5	12.0	12.3	12.2	11.8	15.0	11.2	5.2	6.8
In general, I feel optimistic about the future	6044	6.04	2.488	4.6	5.0	8.9	9.9	11.8	12.8	15	14.2	9.0	8.6
I am confident in my ability to solve problems that I might face in life	6047	7.02	2.167	1.5	1.8	4.8	5.9	9.3	12.2	17.5	19.3	15.3	12.5
When I find myself in stressful situations, I take a problem-focused approach	6040	6.37	2.213	1.9	3.2	6.3	9.5	14.4	13.6	16.5	17.3	9.7	7.7

Table E: Frequency, Mean and Standard Deviation of Diener SWLS Items

Variable	N	Mean	SD	Strongly disagree %	Slightly disagree %	Disagree %	Neither agree agree or disagree %	Slightly agree %	Agree %	Strongly Agree %
In most ways my life is close to my ideal.	6023	4.15	1.679	7.4	14.9	12.9	13.2	26.6	21.1	3.7
The conditions of my life are excellent.	6017	4.59	1.632	4.2	105	26.5	39.8	24.7	26.9	8.5
I am satisfied with my life.	6006	4.63	1.657	5.0	9.5	11.9	11.7	23.3	30.3	84
So So far I have gotten the important things I want in life.	6013	4.77	1.633	4.4	8.3	9.9	12.7	24.0	29.3	11.4
If I could live my life over, I would change almost nothing.	6015	3.85	1.888	12.9	17.0	17.0	11.4	16.2	17.6	7.8

Limited factor analytic results

Out of the 12 scales identified through the factor analysis procedures described above, we examined four in the regression analyses used to evaluate Research Questions 1-3. We present here only the factor analytic results for those four scales.

First, from four survey items, an Anxiety scale was created in which those scoring higher on the scale were more likely to self-report feelings of anxiety (Cronbach alpha .928). Second, from four survey items, a scale related to the self-reported ability to cope (Cronbach alpha .815) was created, in which higher scale score reflects a higher reported ability to cope with life challenges. Third, we replicated the five-item Diener Satisfaction with Life Scale (Cronbach alpha .886) in which higher scale score reflects more satisfaction with life. Finally, we created a self-reported depression scale from five items taken from the Wake Forest Well-Being Survey (Cronbach alpha .907). Higher scale score reflects higher levels of self-reported depression (See Tables F, G, H, and I).

We also created three scales that examined the perception of the institutional environment. These scales are intended to capture participants' perceptions of the institutional context. The first institutional scale includes six questions that describe the extent to which institutions support emotional well-being (Cronbach alpha .911). The second institutional perception scale included four items related to diversity and treatment of others at the institution (Cronbach alpha .931). The third institutional scale includes three items related to feeling valued at the institution (Cronbach alpha .815).

Table F: Exploratory Factor Analysis Anxiety Items

Variable	1
Feeling nervous, anxious or on edge	.904
Not being able to stop or control worrying	.941
Worrying too much about different things	.936
Being concerned that something bad might happen	.845

Table G: Exploratory Factor Analysis Coping Items

Variable	1
I feel able to relax when I want to	.778
In general, I feel optimistic about the future	.851
I am confident in my ability to solve problems that I might face in life	.840
When I find myself in stressful situations, I take a problem-focused approach	.743

Table H: Exploratory Factor Analysis Diener SWLS Items

Variable	1
In most ways my life is close to my ideal.	.871
The conditions of my life are excellent.	.837
I am satisfied with my life.	.894
So far I have gotten the important things I want in life	.827
If I could live my life over, I would change almost nothing.	.733

Table I: Exploratory Factor Analysis Subjective Depression Items

Variable	1
Feeling depressed	.889
Feeling sad	.881
Feeling like nothing can make you happy	.887
Thinking that others would be better off without you	.793
Feeling like you have let yourself, friends, or family down	.816

Table J: Exploratory Factor Analysis Institutional Environment

Variable	1	2	3
I feel that I am part of a community at my institution	.393	.080	**.556**
I would describe my institution as psychologically healthy	**.699**	.340	.355
My institution prioritizes student mental well-being	**.797**	.211	.295
My institution prioritizes staff mental well-being	**.826**	.320	.295
My institution prioritizes faculty well-being	**.839**	.244	.141
People at my institution have a good understanding of the importance of mental health	**.709**	.307	.351
I feel valued and respected by my manager, supervisor or instructor	.239	.202	**.889**
I feel my work is valued by my manager, supervisor	.223	.188	**.899**
People from diverse backgrounds are treated with respect and fairness at my institution	.281	**.859**	.073
People treat each other with respect and consideration at my institution	.266	**.842**	.230
People at my institution show sincere respect for others' ideas, values and beliefs	.277	**.820**	.240
People from all backgrounds are treated fairly at our institution	.293	**.878**	.098
My institution offers services or benefits that adequately address my psychological and mental health	**.600**	.452	.252
I trust my institution	**.593**	.479	.336

Regression results

Our three research questions were to consider variations in self-reported emotional well-being by staff, students, and faculty (1) by gender and (2) by race/ethnicity, and (3) in association with environmental factors.

Our Factor Analytic Results above yielded 12 scales. For these three research questions, we chose four of those scales to serve as dependent ("outcome") variables: anxiety, coping, satisfaction with life, and depression. Our independent ("predictor") variables were the demographics associated with our three research questions: staff, students, and faculty (with staff the comparison), gender (with other than male or female as comparison group) and race/ethnicity (with unnamed as the comparison). For the environmental factors, we included the three institutional perception scales identified in the Factor Analytic Results. Based on the timing of administration of the survey and the anticipated impact of the COVID-19 pandemic on emotional well-being in a remote work and study environment, we also included as an independent variable whether or not respondents were working/studying remotely.

RQ1 Regression results: Gender

To consider variations in self-reported emotional well-being by staff, students, and faculty by gender and race/ethnicity, regression models were created that considered gender; race/ ethnicity; and staff, student, and faculty status in combination with the three scales associated with the perception of the institutional environment. We considered four emotional well-being dependent variables in four individual regression models, the four dependent variables are the summative scales associated with anxiety, coping, life satisfaction, and depression. The regression model includes gender (with other than male or female as comparison), race/ethnicity (with unnamed as the comparison group); staff, student, and faculty (with staff the comparison group); working remotely or not; and the three institutional perception scales.

We found that gender is a significant independent variable for all four emotional well-being scales. Those who report an identity other than male or female are more likely to report higher scale scores of anxiety and depression and also report lower coping and flourishing scale scores. Those who are women report lower depression scale scores than men and report higher flourishing and

coping skills than men, but males report lower anxiety scale scores. There is significant variation in emotional well-being measures associated with gender when other variables in the model are held constant.

RQ2 Regression Results: Race and Ethnicity

Variables associated with race and ethnicity are also significant independent variables in the four regression models. There are four backgrounds that have statistically significant results in predicting emotional well-being dependent variables in the regression models. First, Asian or Asian Americans report lower coping scale scores, lower flourishing scores, and higher depression scores that are statistically significant. Those who are Middle Eastern/North African (MENA) or Arab also report lower coping scale scores, lower flourishing scores, and higher depression scores that are statistically significant. Third, those who are Latino/a/x report higher anxiety scores. Fourth, those who are White report higher anxiety and depression scores and lower coping scores.

Among student, faculty, and staff status, the results are consistent in the four regression models. Students report lower emotional well-being related to the four dependent variables. Faculty report the highest emotional well-being as compared to staff and students when other variables in the model are held constant.

RQ3 Regression Results: Environmental Factors

A statistically significant finding in the regression model is that the three institutional perception scales are significant independent variables as it relates to their relationship with the four emotional well-being dependent variables. The first institutional scale describes the extent to which institutions support emotional well-being and is positively related to coping and flourishing scale scores and negatively related to depression and anxiety. For the third institutional scale score related to feeling valued at the institution results are like the first institutional perception scale. These results indicate that positive beliefs about the institutional environment are related to emotional well-being in positive ways. More complicated is the relationship between the perception of the environment related to diversity and treatment of others at the institution and self-reported emotional well-being. Those who report higher positive relating of the perception that the institutional environment is supportive of diverse individuals also report lower flourishing and coping scores and higher anxiety and depression score. Finally, it should be noted that the final question, "I trust my institution," was included by the research team in recognition of the emergent work that is taking place in the areas of institutional courage and institutional betrayal. Thus, this particular statement was not taken from the Guarding Minds at Work Survey. This has been an important topic as institutions navigate COVID-19 as well as issues and events linked to systemic racism.

Table K: Regression Findings Diener Flourishing, Depression and Coping/ Stress Management

	Anxiety Scale		Coping		Diener Flourishing Scale		Depression Scale	
Variable	B	ß	B		B	ß	B	ß
Constant	4.078**		5.516**		1.398**		3.847	
Female or Woman	-.646**	-.150	1.804**	.255	.598**	241	-.629**	-.282
Male or Man	-1.938**	-.303	1.667**	.231	.549**	.217	-.741**	-.325
Other Gender								
American Indian or Native Alaskan	.249	014	.281	.014	.131	.019	.012	.002
Asian or Asian American	.113	.011	-.675**	-.059	-.200**	-.050	.165**	.045
Black or African American	-.003	.000	-.394	-.026	-.249**	-.047	.064	.013
Latino/a/x	.288*	.030	.035	.003	.026	.007	.090	.027
Middle Eastern/ North African (MENA) or Arab	.439	.017	-.754*	-.026	-.248*	-.025	.345**	.038
Native Hawaiian or Other Pacific Islander Native	-.034	-.001	.946	.016	.024	.001	-.076	-.004
White	.305*	.043	-.581**	-.073	.012	.004	.095*	.038
Biracial or Multiracial	.505*	.031	.298	-.016	-.075	-.012	.092	.016
Unnamed								
Student	.627**	.045	-.518**	-.033	-.227**	-.042	.234**	.048
Faculty	-.823**	-.080	1.490**	.127	.327**	.079	-.263**	-.071
Staff								
Remote Work	197*	.033	-.061	-.009	-.006	-.002	046+	.021
Institution1 Scale	-.710**	-.273	-.199**	.137	.184**	.179	-.202**	-.218
Institution2 Scale	.265**	.101	.069**	-.074	-.024	-.023	.083**	.089
Institution2 Scale	-.516	-.205	-.229**	.301	.344**	.346	-.246**	-.275
R	.431		418		497		437	
R2	.184		.175		.245		.189	

Discussion of Research Question Findings

There are several findings worth calling out to the field that may require further discussion and/or formal investigation. Of heightened concern is the simple fact that a large number of respondents reported experiencing varying degrees of anxiety and depression. Perhaps these findings across the three populations studied (staff, students, and faculty) were more pronounced due to the impact of the coronavirus pandemic. Or perhaps this is illustrative of the growing mental health pandemic in our nation that is clearly impacting all aspects of the academy. While further exploration of this phenomenon is most certainly warranted, studying the state of staff, student, and faculty members' mental health and

emotional well-being within the context of one of the present study's key findings (that perceptions belonging, connectedness, and that one's institution values community members' mental health) will be an important consideration.

The key differences among staff, students, and faculty were both striking and illustrative of the real or perceived hierarchical differences throughout academia.

Respondents who reported a non-binary gender identity consistently report lower emotional well-being as compared to male-identified and female-identified respondents. This finding is consistent with what is reflected in the literature and further demonstrates an urgent need for colleges and universities to address the ongoing harm resulting from systemic inequities, particularly for both trans-identified and non-binary individuals who may experience mental health challenges at disproportionately higher levels.

Asian-American respondents reported more significant mental health impacts and scored lower on the emotional well-being scales as compared to other races/identities. This is potentially reflective of the national context, specifically violence perpetuated against Asian and Asian-Americans due to xenophobic rhetoric related to the COVID-19 pandemic. As that nation recovers from the health and financial impacts caused by the pandemic, it will be critical to continue to measure and monitor the mental health and emotional well-being of Asian and Asian-American people to gain a deeper understanding of the impacts that are being experienced in order to advocate for responsive action and enhanced support for these populations.

Finally, the authors cannot stress enough the importance that environmental factors play in either promoting or negatively impacting the mental health and emotional well-being of staff, students, and faculty at colleges and universities. Perceptions of safety, belonging, and connectedness all connote significant correlations to individuals' mental health and emotional well-being. Further, the perceived value that institutions of higher education place on community members' mental health and emotional well-being, coupled with the institutional investment in resources and services that promote mental health and emotional well-being, are also shown to have significant (positive) impacts on the overall mental health of staff, students, and faculty. This finding has myriad implications and practical applications for institutional leaders to consider when thinking about issues of student and staff retention, graduation rates, worker productivity, and overall health impacts across the institution.

The emphasis for recruitment within the college and university community is the value of this survey for their specific context. Individual institutions that utilize the survey have the opportunity to gain valuable insights about the emotional well-being of their campus constituents, including staff, undergraduate and graduate students, and faculty. This may be particularly useful for those institutions that do not already assess faculty/staff well-being, and/or those who are seeking more refined strategies for measuring student mental health and emotional well-being.

Limitations

As articulated in the findings section, staff, students, and faculty indicate a high prevalence of concern about emotional well-being. 36.2% of staff, students, and faculty report feeling depressed, and 37.8% report feeling sad more than half of the days just prior to completing the survey. 60.9% of respondents reported feeling nervous, anxious, or on edge and 50% reported not being able to stop or control worrying more than half of the days. Readministering this survey will be critical in helping to determine if this is a reliable baseline among staff, students, and faculty, and/or if the generally lower scores on the various mental health and emotional well-being scales were clouded and/or exacerbated by the COVID-19 pandemic.

Additionally, 75% of the respondents across the entire sample size identified as White, 63.4% are women and 94.3% are students. For future iterations of this survey, additional subgroup analysis should be conducted to determine if that is consistent with the demographic profile of participating campuses to inform if the results will need to be weighted to account for over- or under-representation of particular racial/ethnic groups.

Future Research Questions

This study yielded an abundance of data that can be analyzed in a variety of ways across multiple variables. The sheer volume of analyses possible far exceeded the scope of this particular project. However, there are several areas of interest identified for future research.

In particular, further investigation of subpopulations such as students affiliated with fraternities/sororities, student-athletes, and residential life staff may help to inform targeted interventions for particular populations on campus. Additionally, exploration of mental health and emotional well-being among staff, students, and faculty at Historically Black Colleges and Universities, women's colleges, and community colleges could yield some interesting insights by sector. In addition to examining the range and variation of mental health and emotional well-being scales segmented by population, the tool could also be used to inform institutional efforts at promoting diversity, equity, and inclusion among students, faculty, and staff.

Conclusion

This research project had two primary objectives. First, the team endeavored to develop a validated survey instrument that could be administered to staff, students, and faculty across various colleges/universities. The tool was carefully constructed, tested, and piloted on six campuses. The secondary objective was to run limited exploratory and descriptive analyses of the data collected on the range and variation of overall mental health and emotional well-being among staff, students, and faculty (and segmenting the data by gender and race/ethnicity), as well as analyzing the environmental factors that may be influence these domains for each respective group.

The analyses conducted confirmed significant variance in background characteristics, particularly gender identity, across the three groups. Overall, faculty appear to score better as a group across multiple scales and measures of mental health and emotional well-being, as compared to staff and students. Students tended to score lower with respect to overall mental health and emotional well-being as compared to both faculty and staff. Interestingly, no significant differences were found on remote work.

Perceptions of environmental factors on campus (i.e., institution values mental health and emotional well-being, support for diversity, and feeling connected to and valued by the institution) showed meaningful results in the regression analysis. In other words, how people perceive and experience the environment in which they work or learn correlates with how they report out on flourishing scales and those related to depression/anxiety. This study demonstrates that there is strong empirical evidence that institutional investment in the mental health and emotional well-being of their students, faculty, and staff matters.

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Appendix A

Table A: Emotional Well-Being Measurement Tools Considered for Inclusion

Name of Instrument	Brief Description of Measurement	References
Ryff	Multiple forms (long 84 items, mid length 54 items, 18 items short form). 6 areas of Psychological well-being; Autonomy, environmental mastery, personal growth, positive relationship with others, purpose in life, self-acceptance.	Ryff Scales of Psychological Well-being: https://centerofinquiry.org/wp-content/uploads/2018/04/Ryff_Scales.pdf Center of Inquiry at Wabash College https://centerofinquiry.org/uncategorized/ryff-scales-of-psychological-well-being/ Stanford/SPARQtools (Social Psychological Answers to Real-world Questions)http://sparqtools.org/mobility-measure/psychological-wellbeing-scale/ Users Guide - Ryff Scale https://www.ifs.org.uk/elsa/user_guides/wave_2_ryff_scale.pdf
Mental Health Continuum Short Form	14 items related to social connectedness, resilience, stress management, purpose, flexibility and adaptability.	https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf
Diener Scales	Satisfaction with Life Scale – 5 item scale	Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). http://labs.psychology.illinois.edu/~ediener/SWLS.html http://labs.psychology.illinois.edu/~ediener/Documents/FS.pdf
Adult Hope Scale	12 item scale – includes self-management and responsible decision-making	Snyder, Irving and Anderson (1996).
Meaning In Life Quest	10 items about feel about their life meaning/ purpose	Steger, M.F.
Mindful Attention Awareness Scale	15 item addresses	Brown, K.W. & Ryan, R.M. (2003) https://ppc.sas.upenn.edu/resources/questionnaires-researchers/mindful-attention-awareness-scale
PERMA Profiler	Positive emotion, engagement, relationship, meaning and accomplishment.	Butler, J.& Kern, M.L. (2015) https://ppc.sas.upenn.edu/resources/questionnaires-researchers
Personal Growth Initiative Scale	9 item measuring personal growth initiative	Robitschek https://ppc.sas.upenn.edu/resources/questionnaires-researchers
Post Traumatic Growth Scale	21 items with five factors around new possibilities, relating to others, personal strengths, spiritual change, and appreciation of life.	https://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-B_Post-Traumatic-Growth-Inventory.pd
Silver Lining Questionnaire	Measures the extent to which people believe their illness has had a positive benefit despite the negative consequences of being ill.	https://ppc.sas.upenn.edu/resources/questionnaires-researchers/silver-lining-questionnaire
VIA Survey of Character Strengths	240 items that measures 24 strengths	Perterson & Seligman (2004) https://www.viacharacter.org/survey/account/register
Guarding Minds at Work Survey Tool	13 elements related to Canadian Workplace Standards for psychological health and safety.	https://www.guardingmindsatwork.ca
Canadian Campus Wellbeing Survey	Instrument in pilot development measuring social connectedness; belongingness and resilience; stress management.	https://www.ccws-becc.ca
Resilience at Work Scale	Examines resilience, stress management, purpose and meaning	https://www.viacharacter.org/research/findings#nav
PHQ-9 – Patient Health Questionnaire	9 question depression screening.	Williams & Kroenke (1999)

Claremont Purpose Scale	A Measure that Assesses the Three Dimensions of Purpose among Adolescents, Research in Human Development,	Kendall Cotton
De Jong	6 questions examining causes of loneliness	De Jong
Student Well-being Process Questionnaire	43 items measuring Social connectedness; belongingness, Resilience; stress management, Confidence; safety and	Williams, G.M., Pendlebury, H., Thomas K., & Smith A.P. (2017)
Wake Forest Wellbeing Process Questionnaire	Dimensions measured Happiness; Self-esteem, Life satisfaction (which historically struggles with measurement invariance), Anxiety, Depression, Loneliness and Social anxiety; uses a series of existing validated scales.	Brocato, N. W., Ni, X., & Hix, L. E. (2020). Technical report: *Wellbeing Assessment methods and psychometric properties for the spring 2019 administration*. Wake Forest University. https://wellbeingcollaborative.wfu.edu/the-wellbeing-assessment/development/technical-reports/

Table B: Source and Construct Mapping of Each Question on ACHF Emotional Well-being 2020 Pilot Survey (Combined Version)

Survey Item Number	Item Question	Where Identified	Emotional Well-Being	Emotional Well-Being Sub-	Notes
1a	When I find myself in stressful situations, I take a problem-focused approach (e.g., I take one step at a time, I change things about the situation or my- self to deal with the issue, I don't let my feelings interfere too much).	Well-being process	Originally - Coping/ Stress Management Shifted to: Community/ Belonging -	Originally – Resilience & Stress Management and Flexibility& Adaptability Shifted to: Confidence, safety and trust	Was 10 point Disagree Strongly to Agree Strongly Shifted to 7 point Strongly Disagree to Strongly Agree
1b	It is important to me to actively contribute to the happiness and well-being of others	Diener Flourishing Scale	Community/ Belonging	Social Connectedness & Belonging	Wording changed from: I actively contribute to the happiness and well-being of others
1c	I am comfortable accepting love from others	VIA Character Strengths Survey	Community/ Belonging	Social Connectedness & Belonging Confidence, safety and trust	Wording changed from: I can accept love from others. Shifted to 7 point Strongly Disagree to Strongly Agree
1d	I am comfortable expressing love to someone else	VIA Character Strengths Survey	Community/ Belonging	Social Connectedness & Belonging Confidence, safety and trust	Wording changed from: I am good at expressing love to someone else Shifted to 7 point Strongly Disagree to Strongly Agree
2a	During the past month, how often have you felt:	MHC – Short Form	Community/ Belonging	Social Connectedness & Belonging	No Changes
2b	During the past month, how often have you felt:	MHC – Short Form	Community/ Belonging	Social Connectedness & Belonging Confidence, safety and trust	No Changes

3	Over the past two weeks, how often have you experienced any of the following: Feeling nervous, anxious or on edge Not being able to stop of control worrying Worrying too much about different things Being concerned that something bad might happen Feeling an intense and persistent fear of a social situation in which people might judge you Fearing that you will embarrass yourself Fearing that people will notice that you are anxious	Wake Forest Well-Being Assessment	Originally - Coping/ Stress Management Shifted to: Community/ Belonging	Originally – Anxiety Shifted to: Confidence, safety and trust	Taken from Wake Forest Well-Being Assessment as is.

4	Please respond about the extent to which you agree with each statement: I feel able to relax when I want to In general, I feel optimistic about the future (For example: I usually expect the best, I expect more good things to happen to me than bad, it's easy for me to relax) I feel that I am laid-back about things (For example: I do just enough to get by, I tend to not complete what I've started, I find it difficult to get down to work When I find myself in stressful situations, I take a problem-focused approach (e.g., I take one step at a time, I change things about the situation or my- self to deal with the issue, I don't let my feelings interfere too much). When I find myself in stressful situations, I blame myself (e.g., I criticize or lecture myself, I realize I brought the problem on myself). When I find myself in stressful situations, I wish for things to improve (e.g., I hope a miracle will happen, I wish I could change things about myself or circumstances, I daydream about a better situation). When I find myself in stressful situations, I try to avoid the problem (e.g. I keep things to myself, I go on as if nothing has happened, I try to make myself feel better by eating/ drinking/smoking).	Well-being Process	Coping/ Stress Management	Resilience & stress management Flexibility & adaptability Anxiety	Taken as is from Well-being Process
5	Using the scale below, please indicate how much time pressures are a part of your life?		Coping/ Stress Management	Anxiety	No changes
6	Using the scale below, please indicate overall, how stressful is your life?	Well-being Process	Coping/ Stress Management	Anxiety	No changes
7	How clear is your sense of purpose in your life?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
8	How well do you understand what gives	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes

9	How confident are you that you have discovered a	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
10	How clearly do you understand what it is that makes your life feel worthwhile?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
11	How hard are you working to make your long-term aims a reality?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
12	How much effort are you putting into making your goals a reality?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
13	How engaged are you in carrying out the plans that you set for yourself?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
14	What portion of your daily activities move you closer to your long-term aims?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
15	How often do you hope to leave the world a better than you found it?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
16	How often do you find yourself hoping that you will make a meaningful contribution to the broader world?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
17	How often do you hope that the work that you do positively influences others?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
18	How important is it for you to make the world a better place in some way?	Claremont Purpose Scale (Bronk et al.)	Purpose and Meaning	Purpose and Meaning	No changes
19	Below are five statements that you may agree to disagree with. Using the scale below, indicate your agreement with each items by selecting your response to each statement: In most ways my life is close to my ideal. The conditions of my life are excellent. I am satisfied with my life. So far I have gotten the important thing I want in life If I could live my life over, I would change almost nothing	Diener Satisfaction with Life Scale	Subjective Well-Being	Life Satisfaction and Happiness	No changes
20	Over the past two weeks, how often have you experienced any of the following:	Wake Forest Well-Being Assessment	Subjective Well-Being	Depression and Loneliness	No Changes

21	To what extent do you agree with the following statements about your institution. I feel that I am part of a community at my institution. I would describe my institution as psychologically healthy. My institution prioritizes staff mental well-being. My institution prioritizes faculty well-being. People at my institution have a good understanding of the importance of mental health. I feel valued and respected by my manager, supervisor or instructor. I feel my work is valued by my manager, supervisor or instructor.	Guarding Minds at Work Survey Tool	Campus Environment	Campus Environment	Newly adapted
22	To what extent do you agree with the following statement about your institution. People from diverse backgrounds are treated with respect and fairness at my institution. People treat each other with respect and consideration at my institution. People at my institution show sincere respect for others' ideas, values and beliefs. People from all backgrounds are treated fairly at our institution. My institution offers services or benefits that adequately address my psychological and mental health. I trust my institution.	Guarding Minds at Work Survey Tool	Campus Environment	Campus Environment	Newly adapted
Questions 23 to 41 are demographic questions taken from NCHA (only noting added or modified questions here)					
28	If you are a student, what is your primary role as a student at your institution.				Alerted response categories.

29	If you are a staff member at your institution, what is your primary role.				Added question.
30	If you are a faculty member, what is your primary role at your institution.				Added question.
31	Are you a member of a union?				Added question.
32	O you have a visa?				Added question.
35	Do you have any of the following disabilities or ongoing medical conditions that affect your everyday functioning?				Added question.
36	Do you identify as a person with a disability?				Added question.
37	If I am a student, I am…				Added question.
38	If I am a faculty or staff member I am				Added question.
41	In an average week, do you participate in any of the following:				Altered response categories.

Appendix B

Figure 1: Conceptual Map of Emotional Well-Being Domains and Sub-domains

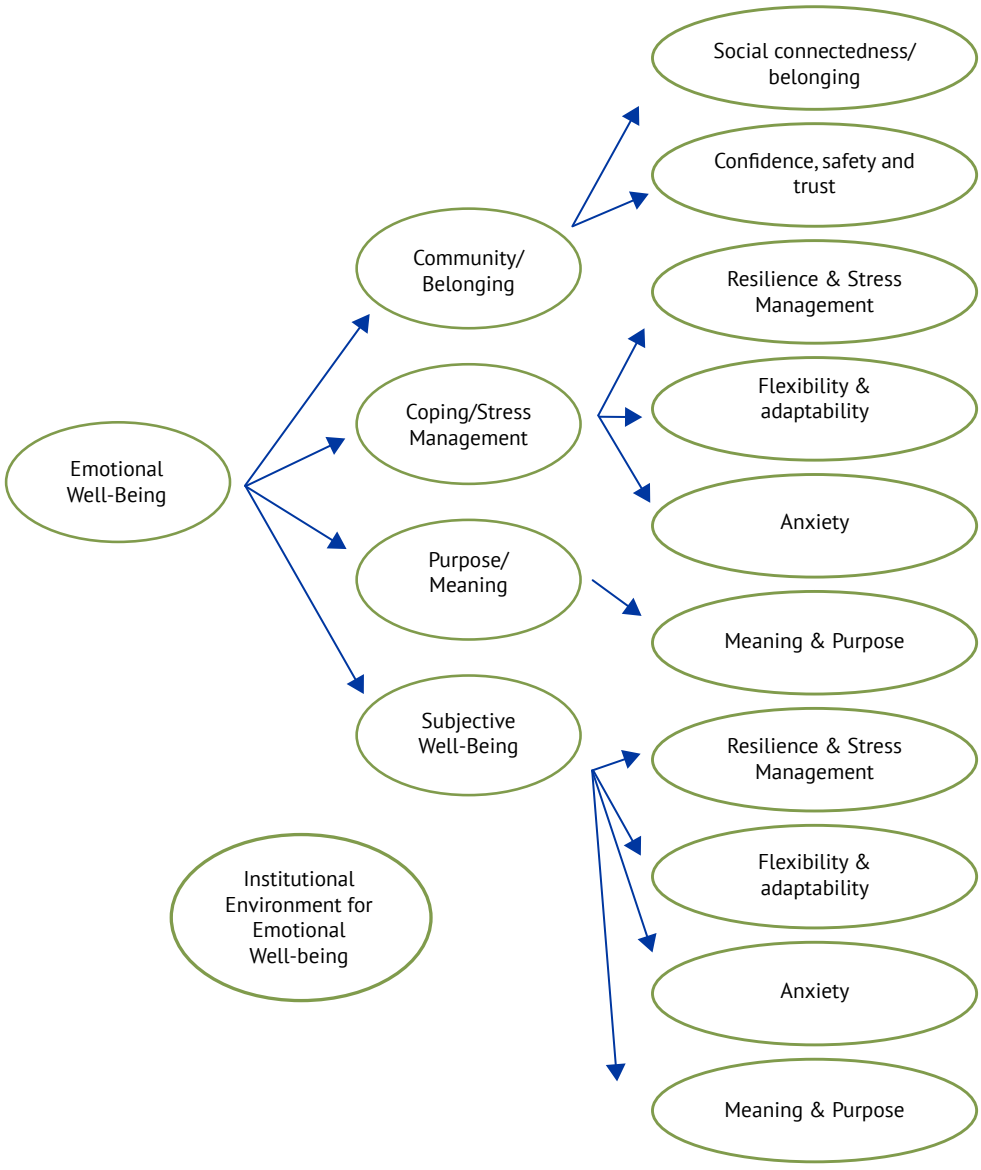
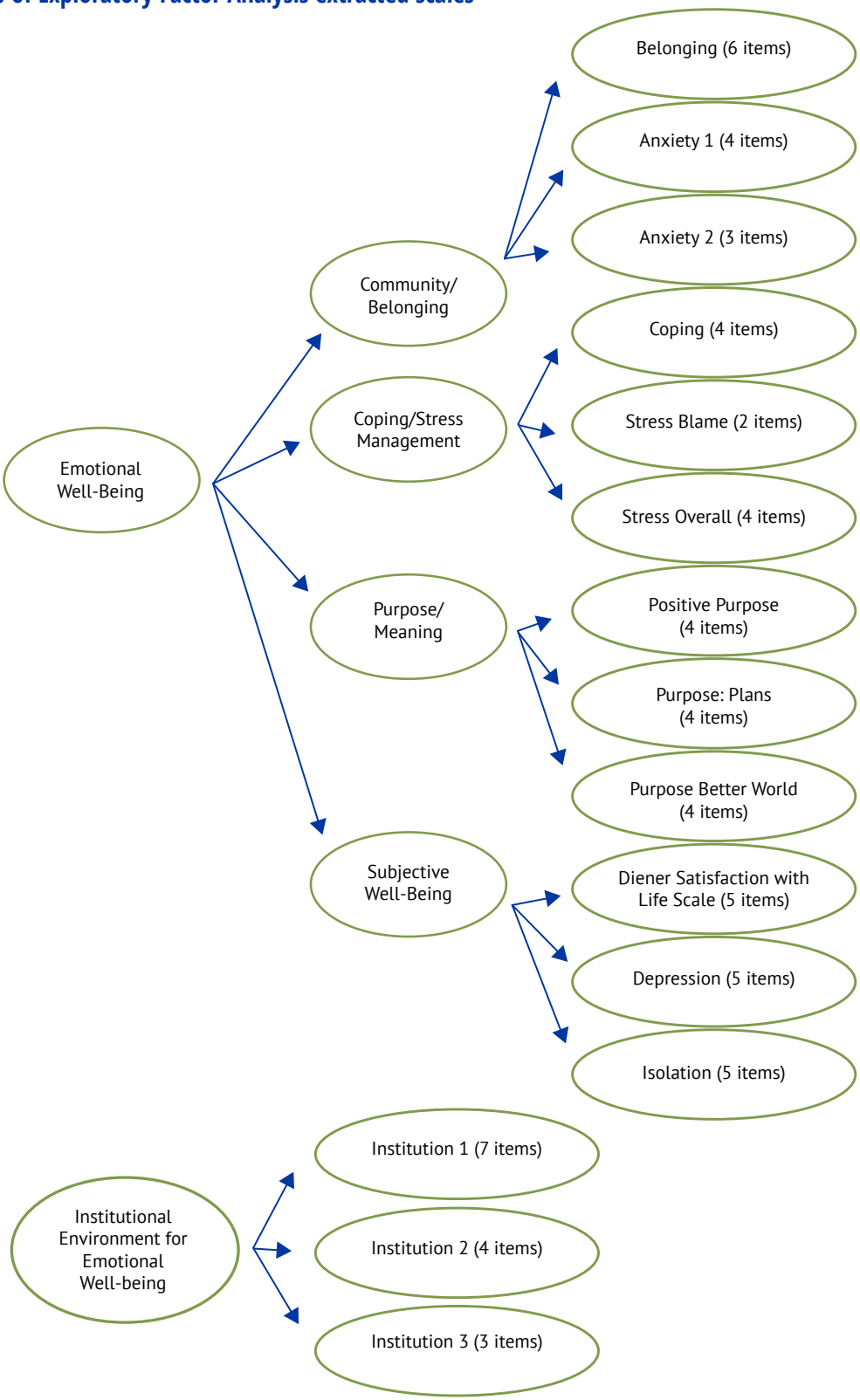


Figure 2: Map of Exploratory Factor Analysis extracted scales



Appendix C

Open Call for Institutions to Participate in Pilot Study

Building on the work featured in the "Framing Well-Being in a College Campus Setting" white paper, the American College Health Foundation has partnered with Aetna Student Health on an innovative project tentatively entitled "Measuring Emotional Well-Being in a College Campus Setting".

We are reaching out because we are interested in sharing an exciting upcoming opportunity to partner with you and your institution.

In the fall of 2020, we will be piloting a recently developed online survey tool. The survey features validated and reliable measures of emotional wellbeing. The Emotional Well-Being questions are assessing the dimensions of: Community & Belonging, Coping & Stress Management, Purpose & Meaning and Subjective well-being and are designed to assess students, staff and faculty. This tool is the first instrument of its kind designed for use with faculty, staff and students and will enable institutions to take a whole campus approach in using shared measures and collecting data related to emotional health.

Along with other countries, we are busy working to contain the current outbreak of coronavirus (COVID-19). Many of us are adjusting to new ways of living, working and learning while facing constant uncertainty. As we navigate these unprecedented times, it is pivotal to understand and monitor the impact on the mental health and resilience of our faculty, staff and students. Our campuses are dependent upon their people and this survey provides the opportunity to gather valuable information about their emotional well-being.

We are currently looking for ten institutions willing to be involved in this pilot, permitting us to survey a cross-section of their campus population including representatives from faculty, staff and student populations. The survey tool is offered at no cost to your institution. It is confidential and voluntary. Those that participate in the pilot survey tool will receive de-identification data which will provide valuable data about the emotional well-being of their constituents.

By agreeing to pilot the new survey tool, you will:

- Be part of cutting-edge research on emotional well-being within higher education as it relates to the health promoting campuses movement
- Have access to institutional measures of emotional wellbeing for faculty, staff and students which can be used strategically to support cross-sector coordination and action
- Contribute to a national effort to enhance the emotional well-being of campus communities, identify strengths and address critical disparities and gaps in emotional well-being.
- Support your campus' implementation efforts of the 2015 Okanagan Charter: An International Charter for Health Promoting Colleges and Universities which calls on us to embed health into all aspects of campus culture, across the administration, operations and academic mandates and lead health promotion action and collaboration locally and globally

If you are interested in participating in this exciting new project, receiving additional information about implementation or have other questions, please reach out to Alex Phelan at aphelan@acha.org by September 8th.

Appendix D

Implementation Guide

SUMMARY - 3

CONTACT US - 3

PARTICIPATION CHECKLIST - 4

IRB PROCEDURES - 5

Q: Do I need to file an IRB application? - 5

Q: My IRB says I need to file an IRB application. What do I do? - 5

Q: My IRB wants a reliance (or authorization) agreement. What do I do? - 5

CONFIDENTIALITY, PRIVACY, AND SECURITY - 5

Q: What measures does ACHF take to ensure/protect student, staff, faculty and campus data privacy? - 6

Q: Is it possible to link a particular email address to a set of survey responses? - 6

Q: Is the survey considered anonymous or confidential? - 6

Q: How do you track which students, staff and faculty actually submit the survey? - 7

Q. Does ACHF host the survey internally on their servers and what kind of security is provided? - 7

Q: Does the ACHF hold a Certificate of Confidentiality from NIH for the survey? - 7

Q: How does ACHF protect respondent privacy in the absence of an NIH Certificate of Confidentiality? - 8

SCHEDULING - 8

Q: Can I select when the survey opens/closes? - 8

Q: How long will the survey be open? - 8

SAMPLE SIZE AND SAMPLING - 8

Q: Can we require students, staff, and faculty to take the survey? - 8

Q: Is it possible to administer the survey anonymously? - 8

Q: My IRB/IR/Assessment/Dean's/etc. office will not let me grant permission to sample without a copy of the IRB application. Where can I find a copy? - 9

Q: How many students, staff and faculty do we need to provide contact information for? - 9

Q. Is it possible for the ACHF Program Office to draw a random sample from a list of our student population? - 9

CONTACTING STUDENTS, STAFF AND FACULTY - 9

Q: How are students, staff and faculty contacted to participate in the survey? - 9

Q: Does the emailing system offer the student the option to unsubscribe from the survey mailing list? - 9

Q: Can I customize the recruitment email? - 9

Q: If I can't customize or administer myself, how do I make sure I get a large sample? - 9

Q: Does ACHF send reminder messages to all students, staff and faculty or just those who have not responded to the survey? - 10

Q: Is it possible to contact students, staff and faculty at a personal or "preferred" email address, rather than their campus email address? - 10

Q: What if my school will not allow me to provide ACHF with student, staff and faculty email addresses? - 10

Q: My school will not allow me to transfer email addresses to ACHF via email. Is there an alternative, more secure way to provide the file to the ACHF Program Office? - 10

Q: My school uses rate control systems and spam filters that can intercept and block mass e-mailings from outside organizations. What can we do to prevent our invitations to participate in the survey from being blocked? - 10

PARTICIPATION EXPERIENCE - 11

Q: How do survey participants provide consent? - 11

Q: How do students, staff and faculty access the survey? - 11

Q: How long does it take to complete the survey? Does the student need to complete the survey in one sitting? - 11

Q: Is it possible to take the survey on a mobile device? - 11

Q: How will respondents know if their survey has been successfully submitted? - 11

Q: Is the survey Section 508 Compliant? - 11

Q: What resources are available for the students, staff and faculty who experience distress while taking the survey? - 11

AWARDING INCENTIVES TO SURVEY PARTICIPANTS - 11

Q: Can ACHF help us select random respondents to award participation incentives? - 12

Q: We plan to award all survey participants a small incentive rather than (or in addition to) a drawing for a smaller number of larger value incentives. How can we tell which students

participated and which ones did not? - 12

Q: We'd like to award incentives throughout the data collection period in an effort to better promote the survey among students. Is this possible? - 12

CUSTOMIZING THE SURVEY - 12

Q: Can we delete, move, or reword questions on the survey? -12

SURVEY RESULTS AND DATA DOWNLOADS - 12

Q: I have access to additional information about the students, staff and faculty in my sample. Is it possible to have this data merged with the survey data for each subject? - 12

Q: In what format can I expect to receive my results? - 12

Q: Is it possible to get extra report packages, and if so, how much does it cost? - 12

Q: Is it possible to order a special Reference Group Report Package using campus demographic variables that are more relevant to our population? - 12

CONTACT US - 13

SUMMARY

In the fall of 2020 and spring of 2021 and with support from AETNA Student Health, ACHF is piloting a recently developed online survey tool called the Emotional Well-being Survey. The Emotional Well-Being Survey assesses the dimensions of: Community & Belonging, Coping & Stress Management, Purpose & Meaning and Subjective Well-being. Designed for use with students, staff and faculty, this tool will enable institutions to take a whole-campus approach in using shared measures and collecting data related to emotional health. Although many measures of well-being exist, to date there are not brief screening instruments that are valid for use with faculty, staff, and students.

The Emotional Well-being measure has been developed with existing, validated scales. These scales have not previously been administered together or tested for validity and reliability specifically within samples of faculty, staff, and students. The purpose of this project is to continue developing and validating the Emotional Well-being Survey by ensuring that it is valid for use in higher education settings and with faculty, staff, and students.

We are currently seeking 10 participating institutions that will allow us to sample from all three categories of faculty, staff, and students. We cannot currently accept institutions that will only allow us to sample from one or two of these categories. All participants must be 18 years of age or older [see here].

Because this is a research project to test the functionality of the Emotional Well-being measure, participation is free. We will provide participating schools with raw (i.e., un-scored), de-identified data. We will not be providing reports or other implementation support. We are not promising these materials because we cannot guarantee that the measure will work until we have been able to complete the research project.

We are very grateful for your participation, which is invaluable for helping us make this much-needed tool available.

CONTACT US

Alexandra Phelan
Special Project Coordinator at American College Health Association (ACHA)
American College Health Association
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PARTICIPATION CHECKLIST

Participation in this project differs from participation in the NCHA. This section provides a brief overview of key participation requirements. We encourage you to review the entirety of this document for complete details.

The most notable difference between this project and the NCHA is that **you will not be filing your own IRB application**. We will file an IRB application, and we will add participating schools to that application as "non-engaged partner sites." "Non-engaged" is a technical term specific to the IRB; it means that no one at your institution will receive identified data or will be directly responsible for any of the research activities.

1. Permission to sample form
    a. Due 3 weeks before survey open date
    b. Unlike normal NCHA survey administrations, we will be filing the IRB application for this project. You do not need to file an IRB application. To demonstrate to the IRB that you have given us permission to recruit participants from your school, the IRB requires written permission to sample.
    c. You can include as small or as large a sample as you would like. We do require that you provide a sample that includes all three categories of students, faculty, and staff. We cannot currently accept participants who cannot provide representatives from all three participant categories.
    d. Please complete this form and complete it following the instructions on that form.
    e. We will add this form to our IRB application via amendment. Once you are approved as a non-engaged site, we will request the participant email contact information from you (step 2, below).
2. Spreadsheet with participant email contact information

    a. Due after we notify you that you are an approved site and at least one weekbefore survey open date
    b. For this first administration of the Emotional Well-being Survey, the only way to participate is by allowing us to email your students. For this first administration, youare not able to administer the survey on our behalf.
    c. Please download and complete this template spreadsheet so that you can provide us with the following information:
    d. Contact's first name
    e. Contact's email address
    f. Whether the contact is a student, faculty, or staff
    g. Advertising recruitment material.
    h. ACHF will provide copy for a promotional email to go out to all faculty, staff andstudents notifying them of the upcoming survey.

IRB PROCEDURES

Q: Do I need to file an IRB application?

A: No. This is a research project we are conducting, and so we will file an IRB application. We will add participating schools to the application as "non-engaged partner sites" as described in section III.B.4 of this HHS guidance on Engagement of Institutions in Human Subjects Research .

Q: My IRB says I need to file an IRB application. What do I do?

A: IRBs usually only ask that schools file their own IRB applications when some common miscommunications occur. We suggest that you use the following language with your IRB:

- ACHF is conducting all the "research activities": recruiting participants by administering the survey, working with the identified data, etc.
- You will receive de-identified data and are not conducting any of the research activities yourself
    - If you are planning to analyze your data to improve your programs, policies, and practices, that is internal quality assurance work and is not technically "research"
    - If you are planning to analyze your data for publications and presentations that make generalizable conclusions outside your institution, you will need to file an IRB application to *conduct secondary analyses of anonymous data*, not an application to collect the data at your school.
- Specifically say that your school is a non-engaged site and refer them to this HHS guidance on Engagement of Institutions in Human Subjects Research

The IRB will tell you that you need to file an application if you tell them that ***you*** are:

- conducting research
- receiving identified data
- recruiting subjects
- or conducting any other research activities

Q: My IRB wants a reliance (or authorization) agreement. What do I do?

A: IRBs occasionally ask for a reliance (or authorization) agreement, which is simply a form where one IRB certifies to another IRB that they are responsible for reviewing the research activities of a particular project. Requesting IRBs usually have their own form. These requests can be evaluated on a case-by-case basis.

CONFIDENTIALITY, PRIVACY, AND SECURITY

Q. Does ACHF host the survey internally on their servers and what kind of security is provided?

A: ACHF administers the survey via the Qualtrics, LLC Research Suite product. Qualtrics is an Application Service Provider (ASP) with a Software-as-a-Service (SaaS) platform for creating, distributing, and collecting data from online surveys. Many colleges and universities also use Qualtrics for data collection, so it is

possible that your campus IRB and other campus administrators may already be familiar with Qualtrics and the lengths that they go to secure the data. Institutions using Qualtrics will have access to Qualtrics Security Whitepaper. Please contact your campus Qualtrics Brand Administrator for more information. The Qualtrics Security Statement is here: http://www.qualtrics.com/security-statement/. Insummary, Qualtrics servers are protected by high-end firewall systems, and vulnerability scans are performed regularly. Complete penetration tests are performed yearly. All services have quick failover points and redundant hardware, and complete backups are performed nightly. Qualtrics uses Transport Layer Security (TLS) encryption (also known as HTTPS) for all transmitted data and also protects surveys with passwords and HTTP referrer checking. The data is hosted by third party data centers that are SSAE-16 SOC II certified. All data at rest are encrypted, and data on deprecated hard drives are destroyed by U.S. DOD methods and delivered to a third-party data destruction service. Qualtrics deploys the general requirements set forth by many Federal Acts including the FISMA Act of 2002 and meets or exceeds the minimum requirements as outlined in FIPS Publication 200.

Per the Terms of Service with Qualtrics, ACHF owns all survey content and data produced and collected with Qualtrics Research Suite. Qualtrics considers data collected by ACHF confidential and will only access the data for technical support and with the express permission of ACHF. See Qualtrics Terms of Service: http://www.qualtrics.com/terms-of-service/ and the Qualtrics Privacy Statement: http://www.qualtrics.com/privacy-statement/.

Likewise, files stored on the servers at BOX are password protected. ACHF and Qualtrics, LLC will use the email addresses provided by your campus only for a single survey administration. The addresses will not be used for any other purpose, retained after the data collection period, nor shared with any other organizations.

Q: What measures does ACHF take to ensure/protect student, staff, faculty and campus data privacy? A: ACHF agrees to use the email address provided by the institution for the sole purpose of requesting participation in the survey. The email addresses are used only for a single survey effort and are not retained for future implementations. During data collection, the email addresses are stored on a password protected secure server on the cloud with BOX. The file containing email addresses is also uploaded into Qualtrics Research Suite software. Per both the Qualtrics and ACHF policies, email addresses are never shared with another party or used for any other purpose. After the data collection period ends and before results are released to the campus, the files containing email addresses are deleted from the both the Qualtrics and BOX servers. To ensure that no copy of student email addresses is retained, the files containing student email addresses are intentionally deleted from Trash folders in BOX and cannot be retrieved.

Q: Is it possible to link a particular email address to a set of survey responses?

A: Yes, technically it is possible (which is why the survey is described as confidential and not anonymous), but ACHF and Qualtrics go to great lengths to make it very difficult to do so. We use unique links and an anonymizing function to collect data. The Qualtrics software generates a unique survey link for each email on the mailing list. The unique survey link is connected to a randomly generated Response ID number. While participants are in the process of answering the survey, the connection between their email address and Response ID number persists on Qualtrics's servers. Once participants submit their answers, the anonymizing function destroys the connection between participants' email address and their Response ID number. When we close the survey and prior to accessing the data, any partially complete surveys

are discarded from the data. These procedures ensure that only the Response ID number for any given email is recorded with participants' survey responses. The ACHF survey is set to PREVENT the collection of personal information including name, email address, and IP address along with the survey submission.

Q: Is the survey considered anonymous or confidential?

A: The survey standard implementation protocol is confidential, not anonymous. While survey responses are anonymized upon survey submission, **the survey is NOT administered ANONYMOUSLY.**

Q: How do you track which students, staff and faculty actually submit the survey?

A: The Qualtrics software generates a unique survey link for each email on the mailing list. The use of a unique link per email enables us to do five things: 1) prevent more than one survey submission from the same email, 2) prevent those outside your sample from submitting surveys, 3) contact only non-responders with survey reminder messages, 4) conduct a random drawing to award incentives at the close of the survey, and 5) allow for survey completion in multiple sessions and from multiple devices.

As mentioned above, the connection between an email address and a particular Response ID number is maintained in the Qualtrics system during data collection and is destroyed when the survey responses are submitted. ACHF does not collect names, email addresses, or IP addresses with survey responses.

Q: Does the ACHF hold a Certificate of Confidentiality from NIH for the survey?

A: No. This project will involve no more than minimal risk to participants, and it will not collect any information about illegal activities or other information that could be used to prosecute or discriminate against participants.

Q: How does ACHF protect respondent privacy in the absence of an NIH Certificate of Confidentiality? A: As explained in various parts of this document, survey responses are connected to a unique Responder ID number which prevents multiple submissions from the same email and keeps students, staff and faculty from outside your sample from submitting a survey. While both Qualtrics and ACHF take numerous measures to protect the privacy of those who participate in the survey, it is still possible that either organization could be served with a subpoena that would require us to identify and release survey responses from a particular student.

In order to minimize the threat to privacy ACHF employs the following techniques in managing respondent contact information:

- The link between a Responder ID number and a participant email address is made within the Qualtrics platform and is not stored at ACHF. This link only exists temporarily and is destroyed before data are accessed or analyzed.
- The only identifying information stored with survey responses is the randomly generated unique Responder ID number. IP addresses are not recorded with survey responses.
- No survey results are made available to participating campuses until all files containing email addresses are removed from the servers at both BOX and Qualtrics. Therefore, in the unlikely event that something in the survey results might trigger a legal action, there is no way to link a specific email address or first name to a particular set of responses.

SCHEDULING

Q: Can I select when the survey opens/closes?

A: Most schools require that large surveys be approved by the office of Institutional Research, Assessment, or other coordinating office. Those offices typically have schedules that dictate when surveys can be administered. We can schedule the survey to open during a week that is allowed by your

institution. All surveys will open on a Tuesday and close on the second Friday. For the current project, we cannot provide further customizations of survey administration times.

Q: How long will the survey be open?

A: We will leave the survey open for approximately two weeks at your school, from a Tuesday until two Fridays later. For the current project, we cannot provide further customizations of survey administration times.

SAMPLE SIZE AND SAMPLING

Q: Can we require students, staff, and faculty to take the survey?

A: One of the important tenets of informed consent is that participation in the survey must be voluntary. ACHF will not administer a survey that is mandatory or required.

Q: Is it possible to administer the survey anonymously?

A: Not at the present time. This feature may be available in future administrations.

Q: My IRB/IR/Assessment/Dean's/etc. office will not let me grant permission to sample without a copy of the IRB application. Where can I find a copy?

A: You can find a copy of our IRB approval memo here.

Q: How many students, staff and faculty do we need to provide contact information for?

A: We are grateful for however many participants you are able to offer!

If you are hoping to recruit a certain sample size for your own internal purposes, we can offer some suggestions based on our other survey projects. Most ACHA-NCHA Web surveyors experience an average response of 14-15%. Thus, in the absence of a campus-specific history with web-based surveys,you may want to estimate the number of contacts based on a 20% return.

Although we do not find that incentives have a large impact on response rates, advance advertising seems to help quite a bit. We suggest that you provide your campus with lots of advance notice of the survey and make sure to dissemination information across multiple platforms (newsletters, social media, emails, staff meetings, etc.). Be sure to use the recruitment materials we provided here.

Q. Is it possible for the ACHF Program Office to draw a random sample from a list of our student population?

A: Not at this time. Typically, schools prefer to do their own sampling rather than send us their entire directory and ask us to sample. If you're not sure, we suggest you work with your office of Institutional Research, Assessment, Registrar, or other office that may manage large survey projects and requests for external research projects.

CONTACTING STUDENTS, STAFF AND FACULTY

Q: How are students, staff and faculty contacted to participate in the survey?

A: ACHF contacts students, staff and faculty to participate in the survey through a letter of invitation sent via email.

Q: Does the emailing system offer the student the option to unsubscribe from the survey mailing list?
A: Yes, to ensure unsubscribe compliance with the CAN-SPAM Act of 2003, all email communication with students contain the following statement at the end of the message: "If you do not want to receive reminder messages about completing the survey, please use this link to remove yourself from the survey mailing list (unsubscribe link inserted here)." Any individual that clicks on the link provided is automatically removed from the mailing list and will not receive any subsequent reminder messages sent to non-responders in the sample.

Q: Can I customize the recruitment email?

A: No. Because we are submitting the IRB application and all recruitment materials must be approved under that application, we cannot allow schools to customize the recruitment emails.

Q: If I can't customize or administer myself, how do I make sure I get a large sample?

A: Great question. We strongly encourage you to use the recruitment materials provided well in advance of the survey. Use those materials to provide your campus with notifications and reminders via listservs, social media, and newsletters.

Q: Does ACHF send reminder messages to all students, staff and faculty or just those who have not responded to the survey?

A: ACHF contacts only non-responders with up to three reminder emails.

Q: Is it possible to contact students, staff and faculty at a personal or "preferred" email address, rather than their campus email address?

A: We advise against it. Yes, ACHF email communications may be sent to email addresses unaffiliated with campus (Hotmail, Gmail, Yahoo, etc.), however doing so does present some challenges. When campus email addresses are used, it's relatively easy to work with the campus IT department to ensure your invitations make it through the campus server to your students, staff and faculty (see the section on SPAM AND RATE

CONTROL FILTERS). This is not the case with other email service providers, so there is a greater chance of the messages not reaching students, staff or faculty. While ACHF takes measures to reduce the likelihood of complications from using personal or "preferred" addresses, the process is not foolproof and message delivery errors are more common when personal email addresses are used.

Q: What if my school will not allow me to provide ACHF with student, staff and faculty email addresses?

A: If your campus prohibits the release of email addresses to ACHF, you will not be able to participate. In future administrations, we will be able to accommodate schools that cannot provide email addresses, but we are not able to do so for the current project.

Q: My school will not allow me to transfer email addresses to ACHF via email. Is there an alternative, more secure way to provide the file to the ACHF Program Office?

A: School email addresses are "directory information" and are therefore not covered under FERPA.

If your campus has a secure file sharing system and you can add one of the ACHF Program Office staff as a user, then we are willing to download your file from the campus system. Another option is to exchange the file using a third-party secure file sharing service, such as Dropbox (www.dropbox.com).

Q: My school uses rate control systems and spam filters that can intercept and block mass e-mailings from outside organizations. What can we do to prevent our invitations to participate in the survey from being blocked?

A: It is important that you work closely with your IT department to try to prevent this problem. We recommend that you provide them with a copy of our recruitment emails as early as possible.

Spam filters often look for specific words in the subject line and body of a message in an effort to decrease unsolicited e-mail messages. We have designed our recruitment emails to avoid these common triggers, which include words and phrases such as "free," "discount", "opportunity", "money back," "incredible," "targeted," "offer," and any words or phrases that could be construed as pornographic.

Please notify the IT department of your survey plans and let them know your survey dates, the number of students, staff and faculty we will be emailing, and that that the invitations to participate will originate from the Qualtrics server noreply@qemailserver.com (IP Ranges: 139.60.152.0/22, 162.247.216.0/22, 192.41.90.160/27, and 66.35.37.96/27). Although the e-mail messages will originate from the Qualtrics server, they will appear to be from NCHF. All Qualtrics IP addresses and both domains should be "whitelisted" to prevent the rate control system or spam filter from blocking our invitations. Lastly, the predetermined limit on rate control systems might need to be increased during your survey period.

PARTICIPATION EXPERIENCE

Q: How do survey participants provide consent?

A: Consent information is the first item participants will see after clicking the participation link in the email. You can see a copy of our IRB-approved consent information here.

Because this study involves no more than minimal risk, we are requesting a waiver of signed consent. As such, we will not be keeping documentation about which students consented.

Q: How do students, staff and faculty access the survey?

A: ACHF will email individuals with their own unique URL for the survey. The individual need only click on the survey link within the email, and the survey will be displayed in their browser window as shown below.

Q: How long does it take to complete the survey? Does the student need to complete the survey in one sitting?

A: The survey takes about 12 minutes to complete. The survey is "persistent," in that an individual may begin the survey, take a break, and return to the survey to complete it in another session. Because persistence is managed on the Qualtrics server (rather than placing a "Cookie" on the respondent's computer) it is possible for the respondent to begin taking the survey on one device and finish it on another.

Q: Is it possible to take the survey on a mobile device?

A: Yes, the survey is formatted to display on a mobile device such as a mobile phone or tablet.

Q: How will respondents know if their survey has been successfully submitted?

A: When participants hit the "submit survey" button at the end of the survey, a message will be displayed confirming that responses have been recorded.

Q: Is the survey Section 508 Compliant?

A: The Federal Electronic and Information Technology Accessibility and Compliance Act (1998) is Section 508 of the Rehabilitation Act of 1973 and establishes requirements that information technology systems may be operated in a variety of ways and do not rely on a single sense or ability of the user. The

ACHA-NCHA is Section 508 compliant and accessible to the visually impaired via screen reader software. A copy of the Qualtrics Voluntary Product Accessibility Template (VPAT) is available on the ACHA-NCHA website if required by your campus.

Q: What resources are available for the students, staff and faculty who experience distress while taking the survey?

A: A link to a list of national resources available to respondents will be provided on the first page of survey, and in the thank-you email sent to them upon completion of the survey. You can review the list of national resources on our website here.

AWARDING INCENTIVES TO SURVEY PARTICIPANTS

Q: Can ACHF help us select random respondents to award participation incentives?

A: Yes, ACHF has a number of mechanisms in place to help with awarding incentives. Throughout the data collection process, our emailing software automatically tracks whether or not a particular student, staff or faculty member submits a survey. At the end of the data collection period, we export a list of all participants from which we randomly draw your winners. The email addresses of the random winners are sent to the campus survey administrator, who in turn contacts them. Please note that incentives must be awarded immediately after the data collection period and before survey results are returned to the campus.

Q: We plan to award all survey participants a small incentive rather than (or in addition to) a drawing for a smaller number of larger value incentives. How can we tell which students participated and which ones did not?

A: We agree that this can be a helpful incentive strategy. Unfortunately, we will not be able to provide you with a complete file of all participants. If you would like to incentivize participants, you will need to do so by selecting random recipients.

Q: We'd like to award incentives throughout the data collection period in an effort to better promote the survey among students. Is this possible?

A: No. Because the survey window is only two weeks, we will not be able to provide ongoing participation information.

CUSTOMIZING THE SURVEY

Q: Can we delete, move, or reword questions on the survey?

A: No, it is not possible to alter existing items on the survey.

SURVEY RESULTS AND DATA DOWNLOADS

Q: I have access to additional information about the students, staff and faculty in my sample. Is it possible to have this data merged with the survey data for each subject?

A: No. We are only able to provide the original, raw, de-identified survey data for your school.

Q: In what format can I expect to receive my results?

A: We will provide a csv of your raw (un-scored), de-identified survey data.

Q: Is it possible to get extra report packages, and if so, how much does it cost?

A: No, reports and other implementation supports are not possible for this project.

Q: Is it possible to order a special Reference Group Report Package using campus demographic variables that are more relevant to our population?

A: No, we will not be providing reference groups or related implementation supports for this project.

CONTACT US

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Appendix E

Research and Writing Team Bios

Dr. Nicole Brocato is the Director of the Wellbeing Assessment at Wake Forest University. She earned her doctoral degree in Human Services Psychology from the University of Maryland, Baltimore County. Nicole came to the Wellbeing Assessment after completing dissertation work in applied psychometrics and working in applied settings developing measurement and assessment systems while providing clinical services.

During this work, she encountered three common barriers that have strongly informed her work on the Wellbeing Assessment: a research-practice gap, the importance of environmental factors, and differential access to treatment and resources across population groups. These barriers helped shape Nicole's philosophy that everyone's wellbeing is interdependent, context and opportunities matter, and we all deserve access to the best possible science and resources to improve our lives.

Nicole's research methodology is primarily psychometric and quantitative, and she also has experience with qualitative and mixed-methods work. Nothing makes her happier than spending an evening coding to explore a hard data problem. Because she recognizes that we all have specific fields of expertise with unique perspectives, Nicole deeply appreciates working in multidisciplinary teams with researchers from technical and personal backgrounds that differ from hers. She hopes the trends in open and multidisciplinary science continue to grow, and she looks forward to bringing that science to life with practitioners.

Crystal R. Hutchinson, MEd, CHES, is an organizational wellbeing consultant, health promotion practitioner and strategist. In her current role as Workplace Wellbeing Practices and Learning Consultant within Human Resources at the University of British Columbia, Crystal leads and evaluates systemic, and comprehensive university-wide initiatives to enhance employee wellbeing and advance psychologically healthy and safe workplaces. Crystal's knowledge, skills and expertise span 13 years in the areas of health education and health promotion. She has over 8 years of experience working specifically within higher education settings, as a key collaborator in the development of the 2015 Okanagan Charter: An International Charter for Health Promoting Universities and Colleges and as author and co-author of numerous publications. Crystal is an advocate for health equity and applies this lens in all decision making. She is passionate about shifting systems, policies, and practices to advance the wellbeing of people, environments, and communities. As a settler, she gratefully acknowledges she lives and works on the unceded and traditional territories of the Musqueam, Squamish and Tsleil-Waututh peoples.

James Larcus, MA, NBC-HWC serves as Project Manager for Strategic Initiatives at the Health and Counseling Center at the University of Denver. In addition, he serves as an affiliate faculty member in the Wellness Coaching minor at Metropolitan State University of Denver. In both of these roles, he is committed to cultivating an environment that supports student success and fosters holistic well-being. He has authored 6 whitepapers, book chapters, or peer-reviewed journal articles along with over 40 state, regional, or national presentations as it relates to well-being. James stays diligent to the intersecting national and higher education trends related to wellbeing practices and develops and consults on community-based strategies within university contexts. He has overseen programs that have been awarded national and state innovative program awards and been named a rising star and emerging outstanding professional in wellness by leading higher education organizations.

Kim R. Thibodeau is an accomplished well-being innovator focused on strategic development, consulting, designing, implementing and evaluating well-being programs and services. While at Aetna she was responsible for developing the enterprise well-being strategy and delivering the well-being product development for commercial, B2B, and B2C markets, including Aetna Student Health and CVSHealth HUB customers. Aetna's collaboration with Harvard T.H. Chan School of Public Health was studying Aetna's six determinants of well-being, the correlations to engagement and productivity and the effectiveness of various interventions. Kim was the subject matter expert responsible for leading the groundbreaking personalized well-being approach for four of the six dimensions; social connectedness, purpose, character strengths and emotional health. She also evaluated and expanded the commercial well-being culture assessment tool and toolkits. Previously Kim designed and led professional multidisciplinary workshops, integrating kinesthetic movement into the common core curriculum for the State of Connecticut. She also pioneered a business that created and launched a national program named Recess Rocks, recognized as a highly successful program reaching classrooms virtually and in-person. The Recess Rocks approach targeted childhood obesity with four programs: Recess, Lesson Plan Tie-Ins, Celebrations and customized Trainings for movement instructors and school teachers. She has presented at TEDx, Go Red for Women, and at several Connecticut colleges. Kim holds a BA from University of Connecticut. She enjoys volunteering at a local garden that donates organic produce to soup kitchens and invests her free time practicing mindfulness and exploring the Connecticut shoreline with her husband and dog, Slater.

Dr. Ryan M. Travia, is Associate Vice President for Student Success at Babson College. In this role, Ryan provides leadership and strategic direction for a comprehensive portfolio that includes accessibility services, alcohol & other drug services, counseling and psychological services, health promotion, health services, religious and spiritual life, student advising & success, sexual assault prevention and response services, the Campus Assessment, Response, & Evaluation (CARE Team), and the COVID-19 Testing Center. Prior to joining Babson, 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 a doctorate in Higher Education Management from the University of Pennsylvania. His research interests include institutional decision-making about restructuring at institutions that have been intentional about leveraging the connectivity between student and academic affairs to develop a more seamless learning experience for students. Most recently, Ryan served as the lead author for the peer-reviewed journal article, Framing Well-being in a College Campus Setting.

Dr. Andrew Wall is a Professor at the School of Education, Department of Leadership and Higher Education, University of Redlands University. Andrew F. Wall served as the Robert A. & Mildred Peronia Naslund Endowed Dean of the School of Education at the University of Redlands from July 2014 to June 2020. Prior to his time as Dean, Wall served as Associate Professor and Department Chair of educational leadership at the Margaret Warner Graduate School of Education and Human Development at University of Rochester in New York. While at Rochester, Wall also served as the higher education program director and interim co-director of the Warner Center for Professional Development and Education Reform.

In those roles, Wall has been key player in leadership strategy. His curriculum and pedagogical innovations helped to build

robust and thriving academic programs. A skilled relationship-builder, Wall counts his key accomplishments as building community of scholars and a student-focused culture at the institutions he has served. Additionally, he has cultivated strong links within the local and national K-12 and higher education communities.

The author of numerous book chapters and journal articles, Wall is also the co-author of two books, "Assessment Reconsidered" and "Case Studies in Higher Education Leadership: An Instructional Tool." He is a member of the American Education Research Association, the Association for the Study of Higher Education and the National Association of Student Personnel Administrators.