

CLARK
UNIVERSITY



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CHANGE OUR WORLD.

Final Report

Recommendations of the Health and Wellness Task Force

April 2022

Letter to the Provost

Dear Provost Royo,

I want to thank you for your awareness and proactivity in assembling this task force as one of your early actions upon arriving at Clark University. It was profoundly appreciated and moving knowing that the health and wellness of our community is at the forefront of your mind.

In assembling this task force, you laid out the charge as threefold:

- 1) Assess the current structure and landscape of health and well-being services, programs, and offerings at Clark University,
- 2) Explore and research best practices and models from other universities, and
- 3) Compile findings to make a recommendation(s) about how Clark's health and wellness services and programs could be organized in a comprehensive and coherent way and what kind of services, programs, and offerings we should offer to our students.

Over the course of the past six months, we have worked to accomplish this charge and present this report to you as a culmination of our work. This work has led to increased awareness of our current landscape at Clark, a sincere appreciation of the efforts that already exist, and a passionate desire to improve where we can in the short- and long-term future of Clark University. We hope you find this report to be informative and useful in the direction you choose to take Clark.

Lastly, I want to take this moment to thank the members of the task force. It is with deep gratitude that I acknowledge all of the time, effort, collaboration, and brain-power that these individuals put forth over the course of these past six months. I appreciate each and every person's dedication to this effort as it truly could not have been possible without the contributions and perspectives on this team. An extra thank you is required to send to Lamara Burgess, Aaron Haddock, and Kathy Palm Reed for assisting in the synthesizing and writing of this final report. Thank you, Provost Royo, for assembling a great working group!

Sincerely,

Erica Beachy-Randall, Chair

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Foreword

As the culmination of six months of dedicated work, the task force put forth five themes of focus that are required to strive towards improving the overall health and well-being of our campus community. These five themes are:

- Build a Healthy Campus and Community Culture
- Orient Physical and Organizational Infrastructure to Promote Health
- Educate the Community Utilizing Campus-Wide Education and Prevention Strategies
- Strengthen Comprehensive Care and Direct Services Related to Health and Well-Being
- Know the Pulse of the Health and Wellness of the Community

Within each theme, the task force has provided specific recommendations for ways to improve that theme based on the best practices explored from other institutions and professional organizations. A snapshot of these recommendations can be found in the Executive Summary section and the findings, rationale, and evidentiary support can be found in the Thematic Summary section.

These themes and recommendations are put forth within the context of complexity-informed health promotion (Mohammadi, 2019). This framework honors and acknowledges the networked and multi-layered nature of determinants as well as their impact and influence on health and wellness. Therefore, the adoption of these recommendations should come with the understanding that they have been shown to be either research-backed or a best practice proposed in improving health and well-being, however no adoption of an intervention can be solely responsible for the improvement of all health outcomes or the avoidance or prevention of all negative health incidents.

Introduction

The health and wellness of college students has been on the rise as a national conversation over the past decade. Over the past two years, the COVID-19 pandemic brought this conversation to an even higher level and intensity as our nation and the world grappled with the seemingly endless challenges and losses brought on by this crisis.

Health and wellness services are at the forefront of students and families' minds when they choose the college they wish to attend. It has become increasingly expected that colleges have a responsibility to care for, respond to, and hopefully improve students' well-being during their time at an institution. Demand for these services is high and rising with 43% of incoming students self-reporting a very good chance they will seek personal counseling in their first year (HERI, 2021). Additionally, problems in well-being such as sleeplessness, anxiety, stress, depression, poor eating habits, lack of activity and overall poor coping mechanisms have been shown to negatively impact student success metrics (American College Health Association, 2018).

Specifically at Clark, we continue to outpace peer institutions on prevalence of mental health challenges and other basic well-being needs (Wake Forest Wellness Study, 2019). The Center for Counseling and Personal Growth (CPG) routinely experiences an increase in the volume of individual students seen each year (an average of 11% increase each year). In recent years, CPG reported providing mental health services to 28% of the undergraduate school, whereas the national average utilization rate for similar-sized institutions is 11.8% (Association for University and College Counseling Center Director Survey, 2021). With a student population experiencing such a high need, Clark has had to adopt a structure to track, document, and process student concerns in a timely manner. Symplicity's Advocate management system is a tool that provides faculty, staff, and student leaders an opportunity to submit a Care Report that documents student concerns surrounding academics, mental health, and other personal challenges. From the start of the academic year (August 2021) to now (April 2022), the CARE team has responded to 1,785 Care Reports. One of the top student concerns for Care Reports is

mental health. These challenges exist in our broader general population, and data from the 2019 Wake Forest Study also shows an even heightened need for support with our BIPOC and LGBTQ+ populations. Multicultural and First-Generation Student Support (MFGSS) regularly sees and reports an exponential increase in the need for support of the student populations with whom they work. Within their office's 2020-2021 annual survey, 65% of student respondents reported concern as it related to their mental health, and mental health issues (56%) were also a primary reason that student respondents reported considering leaving college.

Supporting students' health and well-being must be integral to their Clark experience for their own wellness, development, and success in and outside of the classroom. Past research with Clark students shows that happier students feel that they have goals and actionable plans for their aspirations, meaningful activities at school, and supportive friends (Wake Forest Wellness Study, 2019). Additionally, retention case studies demonstrate the intersectionality of social relationships and academic performance (see Clark Retention Review, 2021). These findings show that helping students thrive promotes students' persistence and student satisfaction; therefore, it is necessary to prioritize and embed the deep integration of wellness into the Clark experience.

One of the things that was evident throughout the six months of this task force is that there are many efforts from various departments and staff aimed to help improve the health and well-being of our campus community. We were struck by the Clark employees' care and compassion and their desire to help the student body. Unfortunately, it was also clear that these efforts are often stratified, siloed, and pursued without collaboration or the awareness of the rest of our campus community. This problem is visible at Clark, however, not unique. Many colleges have yet to institute a comprehensive, structured, and integrated approach to promoting health and well-being on campus (Hill-Mey et. Al, 2015). This lack of a coherent health and wellness vision at Clark specifically has contributed to the duplication of efforts, confusion among the student body regarding resources, lack of awareness on behalf of staff and faculty of the resources that exist to refer students to, and gaps in service.

The task force recognizes the strengths of Clark University's current approach to promoting and supporting the health and well-being of our student body while also acknowledging the necessary improvements to strive for in our future. It is with excitement that we look towards a future that centers a shared vision and responsibility to cultivate and embed holistic health and wellness in all that we do at Clark.

Process of the Task Force

Shortly after starting his position at Clark University, Provost Sebastián Royo called for the organization of this task force. On September 20, 2021, he reached out to Erica Beachy-Randall to chair this group and asked that the group “look at best practices/models from other universities, and make a recommendation(s) about how Clark University’s health and wellness services and programs should be organized; and what kind of services and programs we should offer to our students.” Over the course of the next month, Provost Royo assembled the task force members, aiming for a diverse group of individuals across the institution from varying constituencies.

On October 19, 2021 the full task force came together for its kick-off meeting, with the Provost joining to explain the charge of the group. The next four meetings were dedicated to assessment and resource mapping to identify and share information about current health and wellness supports, services, and resources at Clark University. The task force heard presentations from the following areas:

- Wellness Education
- Health Services
- CARE Team
- Becker School of Design Technology Student and Academic Services
- Title IX, Campus Dietitian
- Center for Counseling and Personal Growth
- Psychology Department
- Residence Life and Housing
- Athletics and Recreation
- Institutional Research

These presentations laid the groundwork for the task force members to have a fuller understanding of our current organizational and physical infrastructure, how various departments aim to serve the health and wellness of our student body, what services are

currently offered and the utilization rates of those services, the current presenting or expressed concerns of our students, and what gaps in service currently exist at Clark University. After this first phase, an update on the task force's progress was shared with the Provost at the end of fall semester. For a full review of the presentations, see Appendix A.

The task force took three weeks off over the semester break and holidays. During the three-week break, task force members reflected on what we had learned from our colleagues in their presentations and our conversations as a group during our initial assessment. Additionally, task force members were asked to read literature that articulate best practices in varying areas of health and well-being from reputable sources and professional organizations. For a compilation of the literature on best practices that was reviewed, please see the references section.

The task force resumed meeting biweekly on January 4, 2022. Upon return, we reviewed our work from the previous semester and dedicated the spring semester towards the final two stages of the objectives: exploring best practices and developing recommendations. The task force identified our current strengths and gaps and identified subcommittees for exploration of best practices. These subcommittees included:

- Physical Infrastructure & Community Culture
- Direct Services & Outside Resources
- Prevention & Education
- Assessment
- Staffing Needs

For one month, the subcommittees met separately, in addition to continuing the larger team meetings, to explore best practices and what our peer institutions as well as other outstanding institutions are doing in their specific topic areas. Peer institutions were identified by Strategic Analytics & Institutional Research and included American University, Babson College, Bentley University, Boston University, Brandeis University, Macalester College, Northeastern University, Pepperdine University, Skidmore College, Wesleyan University,

Wheaton College (MA), Worcester Polytechnic Institute. The meeting notes and findings from each subcommittee can be found in Appendix B.

After the work of the subcommittees was concluded, the learning and information gathered was shared back to the broader task force and the team turned to the final stage of the process - compiling this report. The goal of this report is to share out the recommendations that could be implemented at Clark based on what the team has learned about best practices to help a campus community strive towards optimal health and well-being.

Executive Summary of Themes & Recommendations

Build a Healthy Campus and Community Culture

RECOMMENDATION: The adoption of the Okanagan Charter charge (see Appendix C) with a commitment to incorporating health promotion values into Clark’s mission, vision, strategic plans, everyday operations, business practices, and academic mandates.

RECOMMENDATION: Identify the barriers that exist at Clark that undermine current and future efforts to promote well-being and establish new policies and practices to address those barriers.

RECOMMENDATION: Institutionalize and center well-being in the academic setting through curricular and strategic initiatives in collaboration with faculty governance.

RECOMMENDATION: Fund CETL’s development of a faculty pedagogical certificate program that incorporates holistic wellness as part of the academic setting.

RECOMMENDATION: Conduct an assessment of needs and challenges that staff and faculty face, and then utilize those findings to inform the coordination of a working group to improve employee well-being, given that healthy employee culture leads to a healthier student body.

RECOMMENDATION: Create an on-going cross-campus health & wellness committee.

RECOMMENDATION: Educate and train campus partners and administration to improve understanding, adoption and integration of the Wellness Wheel Framework into their efforts, programs, and policies.

Orient Physical and Organizational Infrastructure to Promote Health

RECOMMENDATION: Invest in the reworking of older buildings and design of all new buildings to be oriented towards equity and health.

RECOMMENDATION: Increase utilization of our outdoor space to promote health.

RECOMMENDATION: The newly established health and wellness committee (recommended earlier) conduct environmental scans to increase safety and health on campus.

RECOMMENDATION: Co-locate health and wellness services within a new student health and wellness center.

RECOMMENDATION: Develop a strategic and scaffolded plan to increase the integration and accessibility of the out-sourced resources dedicated to health and well-being in our current organizational structure with the long-term goal of establishing all in-house, on-campus services.

*Educate the Community Utilizing Campus-Wide
Education and Prevention Strategies*

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| RECOMMENDATION: The creation of developmental prevention, education training and outreach for students on health and wellness, to include suicide prevention, sexual health and wellness, physical fitness and nutrition, and healthy relationships. |
| RECOMMENDATION: Mental health onboarding training for faculty and staff to prepare them to facilitate conversations with students surrounding health and wellness. |
| RECOMMENDATION: Broaden the scope of the Office of Wellness Education to include Health Promotion and hire 2 full-time health educators with one specializing in sexual health and wellness and the other specializing in alcohol and other drug prevention education. |
| RECOMMENDATION: Purchase and adopt a comprehensive substance use training program such as Vector Solutions' Alcohol and Other Drug Abuse Prevention and Awareness online training. |
| RECOMMENDATION: The expansion of campus physical recreational space, programming to include competitive sport opportunities, fitness classes, and social based movement activities, and the hiring of 1-2 full-time staff to lead recreation programming and educational efforts. |
| RECOMMENDATION: Strengthen nutrition services to include nutrition education and programming surrounding body positivity, varied healthy eating options, and community connections. |

*Strengthen Comprehensive Care and Direct Services
Related to Health and Well-Being*

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| RECOMMENDATION: Hire an in-house Title IX officer, have on-campus Confidential Advocate services, and develop of a team devoted to the coordination of sexual assault prevention, intervention, advocacy, and treatment on campus. |
| RECOMMENDATION: Establish In-House University Health Services. |
| RECOMMENDATION: Expand services at University Health Services: including a hiring of full-time dietitian and improving LGBTQ+ healthcare. |
| RECOMMENDATION: Strengthen the existing Student Accessibility Services by filling the remaining empty position and hiring a 504 coordinator. |
| RECOMMENDATION: Expand of behavioral health services at Clark and in the Worcester community as well as hire more professional staff at the Center for Counseling and Personal Growth (CPG) to meet the unique needs of our diverse student population. |

RECOMMENDATION: Hire 2 additional full-time staff for the CARE Team to support crisis intervention needs.

RECOMMENDATION: Develop infrastructure to increase BIPOC representation among direct service providers, including through pathway programs (e.g. clinical graduate assistantship that can lead to full-time employment).

Know the Pulse of the Health & Wellness of the Community

RECOMMENDATION: Regularly assess the student body with the Healthy Minds survey and focus groups.

RECOMMENDATION: The newly established health and wellness committee (recommended earlier) oversee this comprehensive data review of findings from the Healthy Minds survey, focus-group data, and office-based assessment to improve systematic collection and data-based decision making in the implementation of Clark's comprehensive health and wellness services.

RECOMMENDATION: Continue funding the Center for Counseling and Personal Growth's (CPG) use of the Counseling Center Assessment of Psychological Symptoms (CCAPS), an evidence-based, multi-dimensional assessment instrument designed to be used in college counseling centers, and membership in the Center for Collegiate Mental Health.

RECOMMENDATION: CPG regularly administer progress monitoring measures and systematically collect client feedback on services.

RECOMMENDATION: Develop a logic model to guide program implementation and evaluation.

Thematic Summary of Findings & Recommendations

Findings & Recommendations:

Build Towards a Healthy Campus and Community Culture

In 1946, the newly constituted World Health Organization defined health as holistic, and a reflection of “physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1946). This remains true to this day. In order to strive towards health, we must recognize the interconnectedness of individuals and environment, that “health is created and lived by people within the settings of their everyday life: where they learn, work, play, and love” (WHO, 1986), and that the promotion of health requires “moving beyond a focus on individual behavior towards a wide range of social and environmental interventions” (WHO, 2015). The task force’s review of Clark’s systems and services has highlighted that too often we are: reacting to crisis; view a few offices to be solely responsible for the treatment and care of health and well-being of students; consider “wellness” only when there has been a concern, distress, or illness; and when considering “wellness” do not operate from an understanding that well-being falls on a spectrum in that wellness is not merely the absence of suffering or illness but the intentional striving for positive well-being. This theme arose as this task force recognized that the responsibility of health (not just management of crisis) is a shared responsibility, necessitates cultural shifts, and requires buy-in and commitment at all levels of administration. The Okanagan Charter (2015) encourages higher education institutions to “incorporate health promotion values and principles into their mission, vision and strategic plans” and asserts that health promoting universities should strive towards infusing “health into everyday operations, business practices, and academic mandates” to “create campus cultures of compassion, well-being, equity, and social justice”.

RECOMMENDATION: The task force recommends the adoption of the Okanagan Charter charge (see Appendix C) with a commitment to incorporating health promotion values into

Clark's mission, vision, strategic plans, everyday operations, business practices, and academic mandates.

The Okanagan Charter is a charge for all universities to incorporate and embed health into all aspects of an institution. For this to be possible, the task force found that there are specific cultural experiences, narratives, and expectations that are perceived at Clark by students, faculty, and staff that can undermine the goal of striving towards health. The task force members believe the following problematic themes are felt among the community: "busy culture", "change our world" motto, and the ongoing need to better support the needs for our diverse community. The felt glorification of "busy culture" (where members of our community feel the need to take on more work to prove worth and the prioritization of quantity over quality) can lead to increased burnout and decreased health and satisfaction. Our inspirational motto of "Challenge Convention, Change Our World" is perceived by some students as a personal expectation rather than aspiration or collective goal. This can instill feelings of personal responsibility to fix all of the inequities and injustices in the world and lead to a lack of prioritization of self-care and activism burnout. With the goal of continuing to diversify the Clark student body, staff, and faculty, there is a need for increased awareness and development of identity-conscious and culturally responsive services to inclusively welcome and provide ongoing support to equitably serve the health and wellness needs of our community.

RECOMMENDATION: The task force recommends the identification of the barriers that exist at Clark that undermine current and future efforts to promote well-being and the establishment of new policies and practices to address those barriers.

A large part of building towards a healthy campus and community culture is to live and practice those values in the classroom. Specific best practices or action steps that other institutions have taken and been shown to be beneficial in incorporating this into the academic setting include:

- Implementation of a shadow grade policy (implemented at colleges such as MIT and Wellesley College). Shadow grades all the student to receive a pass/fail on their transcript, while they personally receive the feedback of what their letter grade would have been. This policy, often implemented in the first semester or first year, acknowledges the developmental stages of a student and help ease them into the intensity required for college coursework. Additionally, this policy aids well-being by understanding and reducing the impact of academic stress and supports first-to-second year retention.
- Infusing health and wellness courses into the curriculum (i.e., requiring courses on fitness/movement, mindfulness, life skills, stress relief, etc.)
- Centering health and well-being within syllabi (i.e., avoiding midnight or “Cinderella deadlines”, incorporating student choice/autonomy when possible, including student supports and resources, etc.)
- Creation of academic programs or courses of study that are related to health and wellness careers.

RECOMMENDATION: The task force recommends institutionalizing and centering well-being in the academic setting through curricular and strategic initiatives in collaboration with faculty governance.

The task force discovered that there is great variability in the faculty’s understanding of how to promote within the classroom and their awareness of the resources available to students on campus. Students have shared that some faculty excel at centering health and wellness within the context of their classrooms, whereas they feel others may not understand the importance as fully. There is more information within the education theme that centers on increased training for faculty. In addition, there are excellent efforts and resources coming out of CETL to increase faculty members’ competencies and pedagogical skills (e.g., training in Universal Design Instruction, ‘tolerance for error’, having multiple points of feedback vs. two exams and a final, understanding appropriate rigor, etc.). Incentivizing and incorporating this

intentional training more broadly across campus to all faculty members would be invaluable and very beneficial.

RECOMMENDATION: The task force recommends funding CETL's development of a faculty pedagogical certificate program that incorporates holistic wellness as part of the academic setting.

Retention and turnover continue to be a challenge, particularly among staff. With ongoing turnover, students are unsure who the staff members are to go to for help when they need it. Second, students develop relationships with staff members where they find support and mentorship and then the loss of that relationship when a staff member leaves is detrimental to the student. Frequent turnover can also serve as a barrier for a student to reach out to a new staff member as re-establishing a relationship can feel like a monumental task. And lastly, staff members will start innovative programs, services, or initiatives, however if they then leave those efforts die out and the continuity or any momentum building is lost. Therefore, staff retention and well-being are critical to invest in for the continuity and benefit of student support. In 2016, 57% of colleges reported offering an employee wellness program (College and University Professional Association for Human Resources). Specific action steps that are suggested that could benefit the health and well-being of staff and faculty and improve retention include:

- Improved onboarding and support of employees within that specified department for at least the first 90 days
- Creation of health and wellness offerings or resources for staff and faculty and encouragement of health and wellness in work-life balance
- Improved communication of the structures to support flexibility in modalities of work as we move out from COVID-19 restrictions and mitigation measures.
- Adoption of employee retention initiatives to incentives longer staff tenures at Clark.

- Consideration of varying models that allow staff to rest and carry a lighter load during certain times of year – (for some, this may mean half days during December break while others may have shorter workdays in the summer and half day Fridays).
- Adjust cost of living increases to minimally match inflation rates.

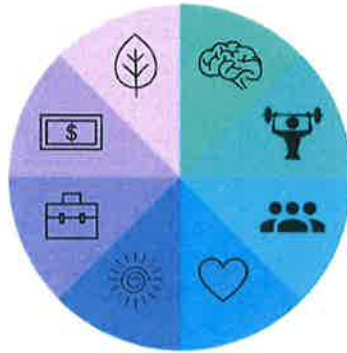
RECOMMENDATION: The task force recommends conducting an assessment of needs and challenges that staff and faculty face, and then utilizing those findings to inform the coordination of a working group to improve employee well-being, given that healthy employee culture leads to a healthier student body.

As stated in the introduction, there are impressive efforts that go into the care for our students' health and well-being; however, these efforts often happen with silos and without awareness among different areas of the university. Even participation in this task force led many members to understand for the first time what different areas do, services they provide, and resources they offer. There is benefit to maintaining a cross-campus committee to continue the work that this task force has started and to help usher in the recommendations that are put forth in this document.

RECOMMENDATION: The task force recommends the creation of on-going cross-campus health & wellness committee.

There is currently no comprehensive understanding about what “wellness” is across our campus. As stated in the introduction, this is not a unique concern to Clark and there is an opportunity for Clark to join leading institutions in implementing a comprehensive, structured, or integrated framework to promoting health and well-being on campus. Many campus health promotion offices utilize some version of a holistic framework to teach about wellness. At Clark, the Office of Wellness Education promotes the Wellness Wheel which incorporates 8 spokes: Mental and Emotional Wellness, Physical Wellness, Social & Cultural Wellness, Sexual Wellness, Spiritual Wellness, Occupational Wellness, Financial Wellness, and Environmental Wellness. It is recommended that this holistic approach is taught to all administrators and campus partners

and there be a strategic adoption of teaching and the promotion health in each of these spokes across campus each academic year.



RECOMMENDATION: The task force recommends education and training for campus partners and administration to improve understanding, adoption and integration of the Wellness Wheel Framework into their efforts, programs, and policies.

Findings & Recommendations:

Orient Physical and Organizational Infrastructure to Promote Health

Physical infrastructure is not to be overlooked and is an essential key when considering health and wellness outcomes (Luxon, 2015). Ideally, all campus buildings would be within ADA compliance, have gender-inclusive restrooms, and are safe and sustainable. Currently, many of our buildings are not wheel-chair accessible and most classroom furniture often do not accommodate varying bodies. Students in classroom buildings (such as Sackler) that use gender-inclusive restrooms, currently report having to leave and walk to the UC when in need of a bathroom break, missing more class than needed. Safety and sustainability of buildings is an ongoing effort and unfortunately our student body has dealt with a variety of safety and maintenance issues in residential spaces and older units.

RECOMMENDATION: The task force recommends to invest in the reworking of older buildings and design of all new buildings to be oriented towards equity and health.

Utilizing greenspace in the academic setting has been shown to promote a feeling of detachment from daily stress, provide an identity-creating element of the campus, promote mental well-being and evokes positive emotions, and is utilized as a place of social encounter and inclusion (Foellmer, Kistemann, & Anthonj, 2021). Institutions that utilize outdoor space well have incorporated the following into campus: an identified walking trail system around campus, bike lanes and bike rental systems, highlighting and promotion of green space, and outdoor spaces that promote lounging and gathering. Ideally, Clark could capitalize on increasing utilization of the greenspace that we do have (i.e., increasing promotion and integration of the Hadwen Arboretum or the greenspace off Woodland Street) as well as incorporate some of these suggestions as new initiatives and spaces to encourage outdoor use. Additionally, improved signage on main campus as to the direction of campus buildings would decrease confusion and improve clarity for new students and campus visitors.

RECOMMENDATION: The task force recommends increasing utilization of our outdoor space to promote health.

The physical aspects of a campus environment can have an impact on negative health or safety incidents. Having a thorough understanding of our campus can help with mitigation efforts. The American College Health Association (ACHA, 2016) recommends using hot spot mapping, which is a strategy used to identify and monitor unsafe areas on campus (i.e. for sexual assault, crime, etc.). Additionally, the JED Foundation offers a process for higher education institutions to enroll into it for comprehensive suicide prevention efforts. Becoming a JED campus requires an investment of \$42,000 and a 4-year campus-wide commitment. Campuses who have gone through with becoming a JED foundation found that one of the most useful parts of the process was the environmental scan to assess the physical campus for safety with a lens towards suicide prevention. This 75-point plan was shared internally with this task force. The task force recommends that a campus-wide committee be formed to work through this environmental scan in a systematic way to understand and improve the safety and suicide prevention of our physical space.

RECOMMENDATION: The task force recommends the newly established health and wellness committee (recommended earlier) conduct environmental scans to increase safety and health on campus.

Co-location and centralization of offices dedicated to health and wellness allows students to know where to go regardless of the health or wellness resource they are seeking and can decrease barriers in access and referral (ACHA, 2010). Schools consulted in this work reported having a dedicated space to wellness efforts allowed for an increased ability to provide a holistic, prevention-based, wellness-centered philosophy. Having dedicated space for these initiatives and services are increasingly sought after by colleges (due to its impact on increased retention) as well as noticing a reduction in stigma as students may be entering the space for a variety of different reasons. Offices and departments that have often been pulled together to co-locate include health services, counseling services, wellness education and health promotion offices, sexual assault prevention offices, and recreation. A space dedicated to wellness has also been an ask from current Clark students when offered the opportunity to consult with the architecture firm this past year. Building a new center would require significant investment financially and logistically, in addition to the costs that would be associated with moving some current offices (i.e. Health Services has physical infrastructure such as the direct, confidential lines that would need to be re-worked).

RECOMMENDATION: The task force recommends to co-locate health and wellness services within a new student health and wellness center.

Currently, Clark out-sources for Health Services, Title IX, Sexual Assault Confidential Advocate, and for dietitian services. This has presented some challenges for the Clark campus community including a disconnect from campus, lack of awareness of resources available, difficulty in referrals and continuity of care, and for all the services other than Health Services, the largest concern is an inability to be physically present on campus in a way that meets student demand (i.e. Title IX services are physically located across the country and in different

time zones, Pathways does not have space or hours to hold on-campus time and recently the campus liaison has left the organization, Sodexo dietitian serves five other campuses and is only able to be at Clark one day a month).

These challenges are not a criticism of the quality or expertise of our out-sourced partners, but rather have been shown to exist whenever a college out-sources services (ACHA, 2019). Literature on best practices have found that integration of services has been shown to increase communication, collaboration, and continuity of care (ACHA, 2010). Additionally, the majority of colleges explored in our work have in-house operations for all direct services. See the findings and recommendation in the Direct Services theme regarding the goal of eventually establishing having all services provided in-house. However, we understand that it may not be financially or logistically feasible to bring all services in-house at this time, and so if Clark chooses to remain with out-sourced models for Health Services, Title IX, Sexual Assault Confidential Advocate, and Campus Dietitian, literature on best practices recommends the considering and mitigating the following challenges that are common with out-sourced entities operating in a college setting (ACHA, 2019):

- Integration and physical presence into the campus community
- Confidentiality and the sharing of communication
- Barriers in collaborations with essential campus partners
- Locus of control of university in regards to hours, services, staffing, etc.
- Provision of services outside of clinical time (i.e. campus events, orientations, presentations to various constituents, education/promotion campaigns, etc.)
- Clear expectations of contract and services
- Clear reporting structures

RECOMMENDATION: The task force recommends the institution develop a strategic and scaffolded plan to increase the integration and accessibility of the out-sourced resources dedicated to health and well-being in our current organizational structure with the long-term goal of establishing all in-house, on-campus services.

Findings & Recommendations: Educate the Community Utilizing Campus-Wide Education and Prevention Strategies

Establishing an opportunity for students' personal growth and development during their time at Clark is a priority. In addition to building academic foundations in the classroom, students also have an opportunity to strengthen their independence, knowledge, and experiences outside of the classroom. For some students, learning more about their individual needs related to their health and wellness may not arise until after they have already experienced a mental health emergency. Although there are tools to respond to mental health crises embedded into departments at Clark, there are few options available to support students proactively.

Education and Prevention Strategies represent proactive work the institution does to provide community members with the education and tools they need to make healthy decisions surrounding their wellness and the wellness of others. Research shows that providing young adults with life skills to support their overall wellbeing helps to minimize unhealthy behaviors and maximize opportunities for success. According to the American Psychological Association (APA), due to the increased demand for mental health services on college campuses, institutions are finding creative ways to address those needs through peer support programs, raising awareness, and training staff and faculty to be first responders for mental health crises (Abrams, 2018). Students are more likely to approach a friend for help in comparison to seeking out resources from the institution. Therefore, it is imperative that students receive adequate training to not only help themselves when faced with mental health challenges but will also be equipped to help each other.

At Clark, orientation is a multi-day event prior to the start of the academic semester that provides incoming students an opportunity to meet their peers, get an introduction to the campus and community, and receive training that will support their transition to the university. Days are typically jam packed with workshops led by faculty, staff, and student leaders on

academics, getting involved, diversity and inclusion, safety, and student support services. Outside of this structured onboarding schedule, we do not offer any consistent required developmental training for students on their health and wellness.

The JED Foundation (JED), a non-profit organization that promotes the emotional health of young adults through suicide prevention education, developed a 4-year comprehensive collaborative program for colleges and universities. JED Campus has worked with around 350 institutions and helped to create long-term systemic changes within the campus community, including policy changes, new programming, and expanded awareness (The Jed Foundation, 2021). A similar model at Clark would be beneficial to the campus community.

Based on best practices, the task force recommends creating a developmental training surrounding health and wellness into each class year.

RECOMMENDATION: The task force recommends the creation of developmental prevention, education training and outreach for students on health and wellness, to include suicide prevention, sexual health and wellness, physical fitness and nutrition, and healthy relationships.

Clark students are displaying higher levels of mental health needs related to self-harm, suicide ideation, depression and anxiety. These challenges show up in classrooms, residence halls, and general meetings. With such a high need for support, the Center Counseling and Personal Growth (CPG) is unable to solely provide resources to the student body. Faculty and staff must also be able to facilitate difficult conversations and be well versed in basic mental health training and resources, where they would be able to identify student concerns and refer to the appropriate departments for follow up support. Outside of their peers, faculty and staff are often first responders to students experiencing mental health crises due to the amount of time they spend with students in and outside of the classroom (Abrams, 2018). One option would be to include this training into onboarding from our existing expertise on-campus. Another option for this training could be utilizing an out-sourced vendor, such as Kognito. Kognito's 45-minute interactive program At-Risk for Faculty & Staff has been shown to:

1) statistically significant increase faculty/staff skills in identifying a student's behavior or appearance is a sign of psychological distress, discuss concern with a student, motivate a student to seek help, and discuss a referral to mental health support services; 2) increase faculty/staff participants approaching students to discuss the concerns they notice and the number of students they offer a referral to support services; 3) increase conversations faculty/staff have with one another about at-risk students; and 4) 97% of participants rated the simulation as good, very good, or excellent and 98% said they would recommend it to their colleagues (Albright & Shockley, 2018). Annual license of this Kognito program begins at \$3,250. **RECOMMENDATION:** The task force recommends mental health onboarding training for faculty and staff to prepare them to facilitate conversations with students surrounding health and wellness.

According to the Center for Disease Control and Prevention, sexual violence is very common with data showing that 1 in 3 women and 1 in 4 men will experience sexual violence involving physical contact in their lifetimes (CDC, 2022). For college-aged students, that risk is elevated with women aged 18-24 at 3 times the risk for sexual violence in comparison to all women (Rainn, 2022). Studies show that there are short and long term affects for survivors of sexual assault, including, but not limited to increased anxiety, depression, eating disorders, post-traumatic stress disorder, academic challenges, and risky behavior (Rainn, 2022). Alongside increasing awareness, risk-reduction, and response to sexual violence, it is imperative for institutions to develop prevention methods for long-term impact on the community.

The task force found that there is no designated staff to oversee or facilitate training surrounding sexual violence prevention or sexual health and wellness.

Alcohol and other drug use is closely connected to increased risks of sexual assault among college students as well as mental health issues (The JED Foundation, 2022). Substance misuse on college campuses has been on the rise over the last decade (Welsh, Shentu, & Sarvey, 2019). Studies show that students who regularly misuse substances may experience challenges related to their academics, physical and mental health, and future success (Welsh,

Shentu, & Sarvey, 2019). In addition to alcohol, students are also exposed to prescribed stimulants, narcotics, cannabis, and nicotine devices (Welsh, Shentu, & Sarvey, 2019). Alcohol and other drug prevention programs include education, resources, referrals, and confidential treatment options to address substance misuse proactively and responsively. Best practices report that there should be at least 1 full-time equivalent staff member who is dedicated primarily to alcohol prevention for every 3,073 students (Vector Solutions, 2022).

The task force found that there is no designated staff to oversee or facilitate training surrounding the prevention of alcohol and other drug use. There is also very limited training currently offered to Clark students as a preventive measure against substance misuse.

At Clark, incoming students take an online training module, Get Inclusive, which incorporates education regarding Title IX and alcohol misuse. Incoming Clark students also receive the peer-education training of Consenting Communities, a program designed to teach them about consent, our community standards, and resources available to them. By broadening the scope of Wellness Education to include Health Promotion, that office could take on the charge of educating our student body more comprehensively and proactively with regards to sexual health and wellness and AOD prevention education. We also have a limited licensing agreement with Vector Solutions, AlcoholEdu, and this is used as a punishment model, charging a student \$40 to go through the module when that student faces conduct charges related to alcohol use. AlcoholEdu for College, was awarded the highest rating for its effectiveness in addressing harmful and underage drinking by the National Institute of Alcohol Abuse and Alcoholism's College AIM. When data is available from our usage of Get Inclusive, it would be valuable to assess it's efficacy with the more broadly utilized AlcoholEdu module and purchase comprehensive use of the more effective training.

RECOMMENDATION: The task force recommends to broaden the scope of the Office of Wellness Education to include Health Promotion and hire 2 full-time health educators with one specializing in sexual health and wellness and the other specializing in alcohol and other drug prevention education.

RECOMMENDATION: The task force recommends the purchase of a comprehensive substance use training program such as Vector Solutions' Alcohol and Other Drug Abuse Prevention and Awareness online training.

According to the National Alliance on Mental Illness (NAMI), regular exercise has significant positive impacts on physical and mental health, reducing anxiety and depression as well as improving other health issues (Hibbert, 2016). Campus recreation programs provide an opportunity for students to get more involved in campus activities, exercise regularly, learn, compete, and be well. Students involved in campus recreation programs are retained at higher rates and have improved health and wellness. A recent survey conducted by Wellness Education found that of the 346 students who participated, 72% identified they want to use the Bickman Fitness Center more frequently. Additionally, many of the recommendations from students for what would help them utilize the fitness center more centered around:

- Improved and more equipment available
- More comprehensive fitness class schedule and offerings
- Explicit efforts for inclusivity (i.e., hours for beginners or non-male identifying individuals)
- Increased operating hours in general

The task force found that there is limited campus-wide physical recreation programming and no full-time staff to run these programs.

RECOMMENDATION: The task force recommends the expansion of campus physical recreational space, programming to include competitive sport opportunities, fitness classes, and social based movement activities, and the hiring of 1-2 full-time staff to lead recreation programming and educational efforts.

According to the National Eating Disorders Association (NEDA), data estimates that 30 million people in the United States will have an eating disorder at some point in their lives (NEDA, 2022). Most eating disorders are most prevalent during the ages of 18-21, which is the

traditional age of college students. Although eating disorders on college campuses are on the rise, the prevalence of eating-disorder related services and programs are scarce (NEDA, 2022). At Clark, dedicated focus to eating disorder prevention education only happens during NEDAwareness Week and is coordinated by the Office of Wellness Education. The lack of awareness, limited availability and emphasis on resources, and lack of screenings to detect eating disorders all negatively impact students' behaviors to seek out help when in need. Targeted prevention programs for eating disorders have been proven to alter attitudes and behaviors associated with eating disorders. Providing students with knowledge, resources, and access to healthy food options, is shown to positively impact their health and wellness. Current best practices include:

- Expanded nutrition education programs.
- Partnerships with the local community to connect with local farmers and artisans for farmers markets on campus
- Implementing The Body Project, a program developed to help promote and maintain body positivity for anyone influenced by societal pressures to be ultra-thin yet curvy. Up to 8 Clark staff/faculty members could be trained to become Body Project facilitators by bringing trainers to campus for \$1,290 plus expenses.

RECOMMENDATION: The task force recommends the university strengthen nutrition services to include nutrition education and programming surrounding body positivity, varied healthy eating options, and community connections.

Findings & Recommendations: Strengthen Comprehensive Care and Direct Services Related to Health and Well-Being

Direct Services represent the tertiary prevention domain, in which the institution is responding to individuals currently experiencing illness or distress. We focused on considering direct services that are provided for physical illness and psychological distress. Within those issues, we paid particular attention to public health concerns that are of concern on college

campuses. Through our research on best practices and outstanding peer institutions, the following are recommendations to be considered.

Title IX and Sexual Assault Response

Over a 7-month time period, 2.8% of college women report experiencing a completed and/or attempted rape, and 15.5% report experiencing any kind of sexual victimization (Fisher, Cullen, & Turner, 2000). In a given year, approximately 30% of college students report experiencing dating violence, with men reporting higher rates of victimization than women (Hines, Malley-Morrison, & Dutton, 2013). Also over a 7-month time period, 10.5% - 13.1% of college women report being stalked (Fisher, Cullen, & Turner, 2000). Dating violence, sexual assault, and stalking also happen to heterosexual male and LGBTQ+ students.

Given the legal and healthcare complexity of preventing and responding to violence on college campuses, most college campuses have specialized and separate staff overseeing (1) compliance with regulations (i.e., Title IX, Campus SaVE, Violence Against Women Act, Clery Act, etc) and (2) prevention/intervention/advocacy. Further, these staff and other community partners often work together as part of Sexual Assault Response and Prevention Team to coordinate campus-wide prevention, ensure consistent messages, involve more people in the solution, and make prevention visible across campus.

Coordinated community response teams used to exist at Clark University and were supported with grant-funding through the Department of Justice Office of Violence Against Women (2009-2015). Oversight for compliance and services was then transferred to the Title IX office. Currently, Title IX compliance is outsourced to Grand River Solutions, an out-of-state provider. Clark University's Title IX Coordinator and the Title IX Deputy are not located on-campus and interface with students virtually. Similarly, the organization that we partner with to provide Confidential Advocacy Services, Pathways for Change, is based in the Worcester community. While this organization is a wonderful resource and we can refer our students

there when we learn of a sexual assault, they do not have physical presence on campus, do not hold on-campus hours, and recently their campus liaison has left the organization. Lastly, while some prevention programming is offered through the Wellness Education Office (e.g., Consenting Communities during first year orientation), there is no coordinated team addressing the coherent efforts to improve sexual assault prevention, intervention, and advocacy on campus. Based on Mass. Gen. Laws Chapter 337, Section 168E (2020) colleges are required to provide sexual assault victim services and if the services are off-campus, community partners it is stated that there must be “cooperation and trainings between the institution and the service center or program to ensure an understanding of the roles that the institution, service center and program should play in responding to reports and disclosures of sexual misconduct against students and employees of the institution and the institution’s protocols for providing support and services to the students and employees.”

Based on best practices, we recommend having an in-house, on-campus Title IX Coordinator who oversees compliance and training and an on-campus Confidential Advocacy service or professional. Most college campuses position the Title IX coordinator in a compliance or equity office within the university. Additionally, best practices recommend that behavioral and physical health services that meet the specific needs of sexual assault survivors are available and advertised. Additionally, it is recommended to form a coordinated team; partners in sexual assault response teams often include wellness and prevention staff, victim/survivor advocates, LGBTQ+ and multi-cultural centers, campus safety, student conduct, student life, law enforcement, athletics, and local rape crisis centers or community-based organizations.

RECOMMENDATION: The task force recommends the hiring of an in-house Title IX officer, establishing on-campus Confidential Advocate services, and the development of a team devoted to the coordination of sexual assault prevention, intervention, advocacy, and treatment on campus.

University Health Services

Currently, the university provides physical health services through contracted care with a team of doctors, nurse practitioners, and nurses from UMass Memorial Medical Group. They offer a variety of services and the five-year average number of visits per year is 3,141. Health Services has done a commendable job working with the Clark community to manage the COVID-19 pandemic. However, both BIPOC students and LGBTQ+ students have underscored the need for their services to be more inclusive. While there are advantages of contracting with another agency to provide services, most institutions minimally have one to two full-time health service providers who directly work for the university.

The benefit of having health services directed by Clark University employees is that they are more likely to be aware of and invested in the unique needs of our community. It is important to have providers who are attuned to Clark's community norms and expectations of emerging adults. Further, in-house services could improve the coordination of care across University Health Services and CPG.

RECOMMENDATION: The task force recommends the establishment of In-House University Health Services.

As mentioned above, University Health Services provides a range of basic services to students. Additionally, they have a network of referrals from the UMass Memorial Medical system to address specialized care needs. Yet, there are some areas of care that seem minimal relative to the needs of our student population. Namely, the dietitian and LGBTQ+ healthcare services need to be improved.

Currently, Clark contracts with Sodexo to bring a dietitian to campus once per month. This dietitian is also available via email to answer students' basic questions about healthy meal planning, food allergies, sports and nutrition, etc. The dietitian does not provide expertise on eating disorders. We recommend hiring a dietitian who would be able to be a part of Health Services. An in-house dietitian would be able to educate the general student population and student athletes about healthy nutrition and serve as a collaborative professional on the Eating

Disorders Treatment team. The standard of care for treatment of disordered eating should include a coordination of a physician, a mental health clinician, and a dietitian. Given the high rates of eating disorders and body image concerns on college campuses, most universities employ a registered dietitian who is a member of eating disorder treatment teams and is minimally available 2-3 times per week to students.

Another health service that we recommend expanding is improved services for our LGBTQ+ students. The improvements range from greater sensitivity training on working with a more gender diverse population to providing services for both medication initiation and maintenance for transgender patients. Currently, only medication maintenance is offered.

RECOMMENDATION: The task force recommends the expansion of services at University Health Services to improve dietitian services and LGBTQ+ healthcare.

In the past decade, students and college counseling directors report increased rates of psychiatric diagnoses and severity (Gallagher, 2012; Twenge et al., 2010). Similar to national trends, Clark University students have reported increasing rates of depression, anxiety, eating disorders, and suicidal ideation. In line with increased rates of diagnoses, the rate of mental health treatment-seeking on college campuses has increased from 19% in 2007 to 34% by 2017. Moreover, these increased rates have occurred across all facets of student support services. While staff have been doing a remarkable job meeting the needs of the students, many students' needs are not addressed. There is a clear need for more professional staff across student support services.

Student Accessibility Services

Student Accessibility Services: Students with disabilities face unique *programmatic* (i.e., academic programs and coursework), *structural* (i.e., documentation for accommodations and physical access to classrooms), and *social* (i.e., stigmatization and exclusion) barriers that act as deterrents from participating in higher education. These barriers can impact students' experiences of support and belongingness. Research suggests that if new students do not start

to feel like they “belong” within eight weeks of arriving on campus, they are at high risk for dropping out (Raley, 2007), while students who develop supportive networks tend to be more successful academically (Antonio, 2001; Thomas, 2000).

Of concern, there has been significant turnover and limited staff at Student Accessibility Services (SAS). While a new director of SAS was recently hired, the turnover has created challenges in meeting the needs of students as well as in understanding depth of student need, data gathered, and continuity of care and service. Unmet programmatic and structural needs have negatively impacted students’ social/emotional health and academic performance. Moreover, the primary focus of SAS has been on student support and accommodations, with considerably less focus on oversight of compliance and community education. We recommend increasing the professional staff working in the Student Accessibility Services Office. Further, Clark University does not have a 504 Coordinator to oversee compliance with the American Disabilities Act. Most college campuses have a 504 Coordinator or similar position within SAS or an equity office to assure that regulations are being complied with. According to the Office for Civil Rights, all school districts, colleges, and universities receiving federal financial assistance and employing 15 or more persons must designate at least one employee to coordinate their efforts to comply with and carry out their responsibilities under Section 504 (<https://www2.ed.gov/policy/rights/reg/ocr/34cfr104.pdf>).

RECOMMENDATION: The task force recommends strengthening the existing Student Accessibility Services by filling the remaining empty position and hiring a 504 coordinator.

Counseling Services

Center for Counseling and Personal Growth (CPG): While CPG has been able to schedule close to 5,000 sessions and is projected to see approximately 700 students this year (22.4% of the total student population), it has been a challenge to meet rising demands. Average wait for an initial appointment is 3.4 business days, even with increases in staff – which is impressive given that pre-pandemic, wait times for initial mental health appointments in Central Massachusetts were two weeks or longer (Blue Cross Blue Shield of Massachusetts Foundation,

2017). Yet, one of the most frequent comments from Clark students is the need for more mental health staff and improved services.

CPG has been able to address increased utilization and severity in the past by using referrals in the community, however a nationwide and local shortage in mental healthcare providers who are taking new clients continues to worsen. This shortage has increased pressure for university counseling centers to provide care for all their students. Rising suicide and substance use rates are problems that our staff has been struggling to address adequately. At Clark University, there have been 22 emergency hospital transports in AY 2021-22 to date, with 9 of those transports being substance-involved. Nationwide, suicide is the 10th leading cause of death, and the second and fourth leading cause among persons aged 10–34 and 35–44 years, respectively (CDC, 2021). For example, in 2019 wave of the Healthy Minds Study (Oh et al., 2021) – a web-based survey of 33,372 undergraduate and graduate students across 400 universities the United States, 12.56% of the sample reported suicidal ideation, 5.70% reported making a suicide plan, and 1.28% reported making a suicide attempt in the previous 12 months. Similarly, rates of substance use disorders and problem use on college campuses have been rising (Schulenberg et al., 2017). Further, rates of cannabis use are rising and there is a growing body of research illustrating the short-term effects of heavy cannabis use on memory and learning, and its negative impact in academic and health outcomes on college campuses (Arria et al., 2015; Arria et al., 2016).

At Clark, mental health service gaps could be addressed in a variety of ways including:

- Increasing awareness and utilization of the peer counseling services supervised by CPG that are available for less acute cases (Peer Support Workers)
- Increasing awareness and utilization of crisis services, when needed (e.g., CPG after hours crisis hotline)
- Establishing a Dialectical Behavior Therapy Team at CPG, which is an empirically supported treatment for self-injury and suicidality
- Rounding out the Eating Disorders Treatment team with a dietitian (see recommendation to hire an on-campus, full-time dietitian) to provide the gold standard of

comprehensive care for identifying and treating students who are struggling with disordered eating

- Collaborating with other consortium colleges to develop relationships with and/or build new community supports and resources specifically for our Worcester-based college students
- Increasing support for AOD treatment and for students in recovery and those who are contemplating changing their substance use. Currently, we have one staff member at CPG who specializes in AOD treatment. Yet, there are few other supports for students who are currently struggling with alcohol and other drug (AOD) concerns or who are in recovery. Prior to the pandemic, there was a regular Alcoholics Anonymous (AA) meeting that was held on-campus, but that meeting is no longer available. It is recommended that those meetings resume on campus.
- Increasing number of full-time, professional staff that are reflective of our diverse student body. Approximately 50% of the CPG staff are unlicensed trainees who require supervision time from professional staff. This ratio of trainees-to-supervisors is significantly higher than most college counseling centers. While trainees allow CPG to provide care to more students, over-reliance on trainees, who have short-term contracts, may provide inconsistent quality of care, and can create challenges with continuity of care over time. Additionally, a continued focus on hiring racially diverse trainees and staff is recommended (see section on BIPOC representation and care).

RECOMMENDATION: The task force recommends the expansion of behavioral health services at Clark and in the Worcester community as well as hiring more professional staff at CPG to meet the unique needs of our diverse student population.

CARE Team

The Dean of Students Campus Assessment, Response, and Education (CARE) Team is focused on creating sustainable systems of support that provide students with wrap around services to meet their academic, personal, and social needs. The CARE Team, currently made up

of 2 full-time staff members, collaborates with campus staff and faculty to develop action plans to respond to students of concern, with the goal of retaining the student, resolving their challenges, and overall improving their experience at Clark. Since the start of the academic year (August 2021), almost a third (558) of all Care Reports were assigned to the CARE Team for response and mental health was the leading student concern (see figure below). Most individual cases require outreach to the student, initial and follow up meetings, connecting with various offices, and many other steps to resolve the situation. With such a small staff, the CARE Team has had to serve in a primarily responsive and reactive role on campus and have a limited capacity to develop proactive initiatives surrounding student support. Increasing the staffing in this area will ensure timely and effective responses, and opportunities for proactive and intentional campus programming to support the health and wellness of students and staff. This will also help to meet the growing demand for individualized and longer-term support.

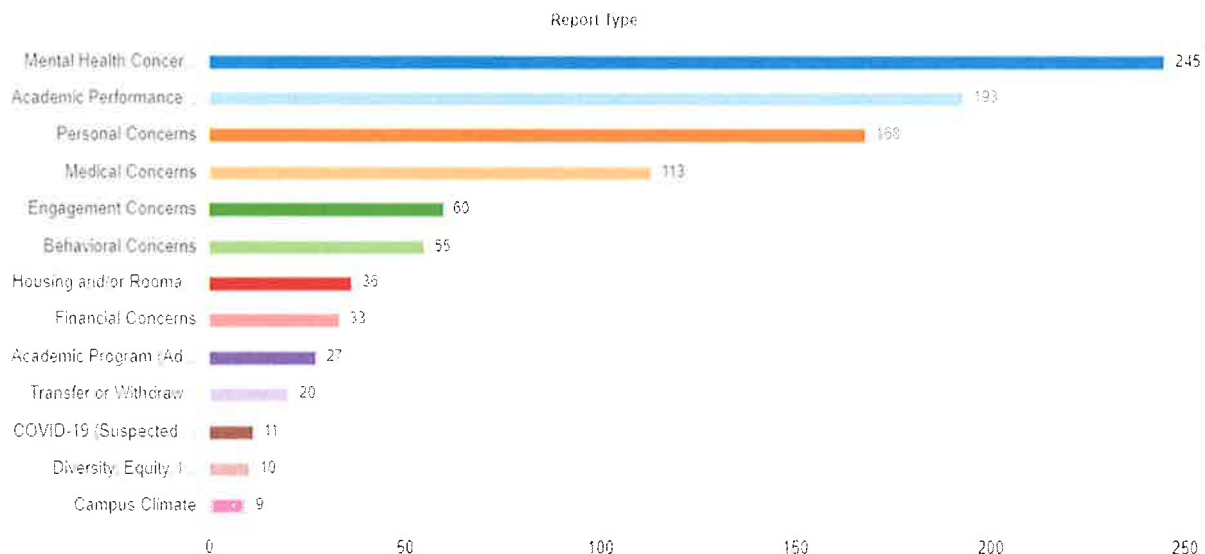


Figure: Fall 2021-Spring 2022 Care Reports assigned to CARE Team members in Symplicity's Advocate System. Report Types of student concern are illustrated above.

RECOMMENDATION: The task force recommends hiring two additional full-time staff for the CARE Team to support crisis intervention needs.

BIPOC Representation and Care

BIPOC college students experience greater risk of suicidality and experience substantial systemic barriers to care. For example, racial and ethnic minorities show low utilization of mental health services (Nestor, Cheek, & Liu, 2016), possibly due to factors such as stigma (Cheng, Kwan, & Sevig, 2013), lack of culturally sensitive services (Augsberger, Yeung, Dougher, & Hahm, 2015), and different conceptions of mental health (Leong, Kim, & Gupta, 2011). These barriers may lead to possible under-diagnosis among minoritized students, with college campuses facing the task of reaching students that have “hidden” but urgent health concerns. There is a need for a greater number of BIPOC professionals working in the mental health field in general and at Clark University specifically. In the United States, 83% of psychologists are White (APA, 2020). At CPG, there are only two full-time BIPOC employees. As such, two recommendations are critical: first, to continue building capacity of the white therapists employed to provide culturally sensitive and competent therapy, and second, that the university adopt new recruitment strategies and incentives to support the diversification of counselors and other wellness and healthcare providers on campus. One such example is the inclusion of pipeline programs that can potentially help diversify staff at Clark. Ultimately, we recommend hiring more BIPOC professional staff across physical, psychological, and student accessibility services.

As a higher education institution, Clark University has the opportunity to train BIPOC staff and clinicians and ultimately increase access to care at Clark and the mental health field more broadly. We recommend developing an infrastructure to increase BIPOC representation among direct service providers, including through pathway programs (e.g., a clinical psychology graduate assistantship that can lead to full-time employment).

RECOMMENDATION: The task force recommends developing an infrastructure to increase BIPOC representation among direct service providers, including through pathway programs (e.g., a clinical psychology graduate assistantship that can lead to full-time employment).

Findings & Recommendations: Know the Pulse of the Health & Wellness of the Community

Implementing comprehensive mental health models with high fidelity can lead to the prevention of mental health problems, reduce the prevalence of mental health problems, and improve the health and well of students (Reinke et al., 2021). Comprehensive mental health models include universal screening, prevention, and evidence-based intervention. Assessment is used to identify the strengths and needs of students, monitor treatment response, inform ongoing treatment, and track implementation fidelity.

Assessment and data-based decision making are key components of a comprehensive school mental health system providing a continuum of proactive and responsive services. Comprehensive assessment systems systematically gather appropriate data from all students, not just students identified as already experiencing social, emotional, and/or behavioral health difficulties. Thus, assessment occurs at multiple levels, and includes screening of the entire student population and assessment of students receiving direct services. Additionally, given the inequities across campus, it will be especially important to intentionally assess and garner feedback from key groups such as BIPOC students, LGBTQ+ students, and students with disabilities. Regularly surveying the student population on indicators of well-being and social-emotional distress, life satisfaction, school belonging, and social determinants of health enables the identification of needs and trends and implementation of prevention and early intervention strategies tailored to the needs of the community. Routinely administering client-reported process and outcome measures to students receiving services enables progress monitoring and generates data to inform treatment and the need for services.

Through our assessment of our current offerings, we found that there is a large opportunity for improving the regular assessment of our student body regarding their health and wellness and an increase in the collaboration, storage, and sharing of specific office-based assessment and data. The recommended establishment of an ongoing health and wellness committee could serve to address these barriers as well as improve our collaborative, campus-wide efforts. Additionally, it would aid the building of intentional partnerships to obtain

feedback on challenges and barriers by connecting with programs and offices that interface with underrepresented groups more frequently.

Institutions of higher learning often administer surveys to the entire student body to collect data on the strengths and needs of students. The task force reviewed several different measures (e.g., National College Health Association survey, Healthy Minds survey, Wake Forest Wellness Survey). Upon review, the task force concluded that use of the Healthy Minds online survey offers a concise and relevant approach to gathering data on Clark's student body wellness across a set of key indicators. The survey also enables Clark to make comparisons with peer institutions. The Healthy Minds survey uses validated measures to provide a close look at the prevalence of mental health concerns, knowledge and attitudes about mental health, and service utilization. When conducted on a regular basis, the results will allow Clark to identify needs and trends. Utilize the regular assessment process as a vehicle for disseminating information about current services and programs. Implementing the Healthy Minds Survey at a school of Clark's size is currently \$2,750.

Conducting focus groups with a diverse cross-section of the student body will provide a holistic understanding of students' experience and facilitate the identification of strengths and needs among students. Focus groups hold the potential to provide insights into the challenges students face in the transition to college and life at college; the programs, services, and resources that foster student health and well-being; and barriers or factors that prevent students from accessing and utilizing existing programs, services, and resources.

Ideally, the ongoing health and wellness committee will be convened to review and synthesize office-based assessment and data, the results of the campus-wide Healthy Minds survey, and the focus-group data and make data-based decisions utilizing the methods of improvement science (e.g., Bryk, Gomez, Grunow, & LeMahieu, 2016).

RECOMMENDATION: The task force recommends regularly assessing the student body with the Healthy Minds survey and focus groups.

RECOMMENDATION: The task force recommends that the newly established health and wellness committee (recommended earlier) oversee this comprehensive data review of findings

from the Healthy Minds Survey, focus-group data, and office-based assessment to improve systematic collection and data-based decision making in the implementation of Clark's comprehensive health and wellness services.

Counseling Center Assessment of Psychological Symptoms (CCAPS) is used nationally by college counseling and psychological service centers. It has been utilized in large studies on mental health outcomes for college students (e.g., Youn et al., 2015). CCAPS takes under 10 minutes to complete and garners data on psychological symptoms and distress in college students. The CCAPS instrument possesses very strong psychometric properties and provides regularly updated peer-based norms drawn from exceptionally large samples of students receiving services in college counseling centers across the nation. It is designed to be particularly relevant for clinical work in counseling centers (Locke et al., 2011). The measure is clinically useful for initial assessment, progress monitoring, and termination. Consistent utilization of a sound process and outcome assessment system like CCAPS is an evidence-based practice known as measurement-based care (Scott & Lewis, 2015).

CPG utilizes the CCAPS and was pleased with the data the measure provided. The task force commends the university for recently reinstating funding for CCAPS and membership in the Center for Collegiate Mental Health (CCMH). CCMH membership for the following academic year is \$625. Membership in CCMH enables CPG to obtain data that compares Clark students with a national sample of college students, which can inform university policy, procedure, and service provision. The task force recommends funding for measurement-based care be continued indefinitely.

In addition, the task force recommends CPG take full advantage of its CCMH clinical membership benefits. Key CCMH clinical membership benefits include:

- Use of the 34- item and 62-item CCAPS assessment instruments.
- Ability to generate CCAPS Profile Reports that contextualize individual student scores vis-a-vis CCAPS norms.

- Use of CCAPS-Screen, a mental health screening instrument for the general student body that assesses the most common psychological problems experienced by college students. Universal screening is an evidence-based practice used to identify student stressors and mental health concerns to identify pressing needs and challenges in the current system of care and respond appropriately. Note: Administrators can quickly run aggregate reports on all groups of students who were screened. Reports include how many students completed the CCAPS-Screen, the percentage with elevated distress on each subscale, and the proportion of students reporting thoughts of ending their life. Note: Use of CCAPS-Screen may not be needed if Healthy Minds Survey provides sufficient information.
- Use of CCAPS National Comparison Reports. The Pre-Post Report enables CPG clinicians to examine how client change at CPG compares to the national sample. The Initial Distress Report enables CPG clinicians to examine their clients' baseline CCAPS scores compared to the national sample.
- Use of the Clinical Load Index, a reliable, comparable, and intuitive distribution of staffing levels that can be used to inform decisions about the resourcing of mental health services. The CLI describes the relationship between the demand for and supply of mental health services in college and university counseling centers.

Whether using CCAPS or another evidence-based approach, the task force recommends CPG clinicians regularly collect and review multiple measures of progress monitoring data (e.g., symptom presentation, emotional regulation, behavior, engagement, overall functioning) on all clients to document impact of services and to utilize this data to gauge the efficacy of treatment, adjust practice if the student is not responding, improve services, make changes, and inform data-based decisions regarding termination of services. Progress monitoring can be embedded into individual and group therapy sessions.

RECOMMENDATION: The task force recommends continuing to fund the Center for Counseling and Personal Growth's (CPG) use of the Counseling Center Assessment of Psychological Symptoms (CCAPS), an evidence-based, multi-dimensional assessment instrument designed to

be used in college counseling centers, and membership in the Center for Collegiate Mental Health.

To ensure students benefit from services, continue services when indicated, and establish effective therapeutic alliance with clinicians, the task force recommends CPG regularly administer progress monitoring measures and systematically collect client feedback. Two brief, evidence-based measures that lead to improved outcomes for clients to consider employing are the Outcome Rating Scale (Bringhurst, Watson, Miller, & Duncan, 2006; Campbell & Hemsley, 2009; Miller, Duncan, Brown, Sparks, & Claud, 2003) and the Session Rating Scale (Campbell & Hemsley, 2009; Duncan, Miller, Sparks et al., 2003).

The Outcome Rating Scale is a brief outcome measure that enables clients to provide feedback on their perceptions of their progress in achieving their therapeutic goals and how they are functioning; it can be quickly administered and incorporated into the beginning or end of each therapeutic session.

The Session Rating Scale is a brief, evidence-based measure of the therapeutic alliance that includes gathering information about how the client feels about the relationship, the goals and topics, the approach to treatment, and an overall rating. The research literature clearly demonstrates that the therapist-client bond, known as the therapeutic alliance, is a strong predictor of successful outcomes (Reese, Norsworthy, & Rowlands, 2009).

CPG clinicians and supervisors can utilize this data to ensure goodness-of-fit between clinicians and clients; identify clients at risk for negative outcome before dropout or treatment failure; gauge the efficacy of treatment, solicit client feedback, adjust practice, and improve services. The task force recommends CPG invest in one of the software systems available for administering and scoring progress monitoring measures and collecting client feedback.

RECOMMENDATION: The task force recommends CPG regularly administer progress monitoring measures and systematically collect client feedback on services.

Logic models are frequently used in program development, implementation, and evaluation to graphically depict the relationship between a program’s activities and its intended effects. A logic model provides a road map that clarifies a program’s resources (inputs), the activities intended to drive outcomes (activities), the evidence of those activities (outputs), and the assessments used to document program effects. The use of logic models enables an organization to coordinate services and data sharing, evaluate the overall impact of a program, identify areas of need, and monitor implementation fidelity.

| INPUTS | ACTIVITIES | OUTPUTS | OUTCOMES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Represent human, financial, organizational, and community resources that the program/initiative has available to direct toward completing activities and attaining the desired objectives and outcomes. | Represent the interventions - events, tools, processes, and actions - that are used to bring about the intended program objectives and outcomes. | Also known as deliverables, represent the direct products of a program and its activities. Outputs produce evidence of service delivery and the work of the program/initiative. | Represent how target populations, including communities, are expected to change (short- and long-term) as a result of the program/initiative and its activities. |

The task force recommends the development of a comprehensive logic model representing program activities and the assessments and/or outputs used to document program effects across each of the identified themes in this report. The logic model can further be used to depict Clark’s complexity-informed health promotion model and evaluate the degree to which the model is being implemented with fidelity to drive improved outcomes.

RECOMMENDATION: The task force recommends the development of a logic model to guide program implementation and evaluation.

Potential Roadblocks in Forward Momentum

The concerns about health and well-being and a renewed focus on how to support students on college campuses is a national conversation. However, there are some unique issues and roadblocks specific to Clark that we foresee could hinder the implementation of these recommendations. Throughout our time working as a task force, three main areas of concern continued to be highlighted:

- funding and resources
- staffing concerns
- limited facilities

We felt it would be important to speak to these pieces and how they intersect in context with the recommendations in this report.

Funding

A very real and understandable concern that may arise in the context of this report is the logistics of how to make these recommendations come to fruition. It would be impossible to strive towards these five themes with the recommendations set forth in this report, with only the existing level of personnel and funding. Particularly given that many departments and offices feel like their current level of staffing and budgets are not sufficient. Therefore, adoption of these recommendations would require significant investment in funding and resources to help bolster our current services and to launch any new offerings, initiatives, and services to stay competitive, meet the basic needs of our students, and help them thrive at Clark.

Staffing

Even throughout our time working on this endeavor, we saw staff turnover within our task force. We initially began with the Director of Student Accessibility Services as part of the team. When he left, we invited in the Associate Director to join and then unfortunately she left as well and there was a time where SAS had no staff. The ongoing issue of retention of staff

increases the challenges of support student health and well-being in a variety of ways. First, with ongoing turnover, students are unsure who the staff members are to go to for help. Second, students develop relationships with staff members where they find support and mentorship and then the loss of that relationship when a staff member leaves is detrimental to the student. It can also serve as a barrier for a student to reach out to a new staff member as re-establishing a relationship can feel like a monumental task. And lastly, staff members will start innovation programs, services, or initiatives, however if they then leave those efforts die out and the continuity or any momentum building is lost.

Facilities

The final issue we'll address here is on the limitations of facilities. Throughout many of the presentations from our colleagues we heard about ways the physical buildings impede the work; from not having enough or adequate space for direct service departments, to ADA compliance issues, to not having designated student space dedicated to wellness. We understand that some of the best practices found require increased physical infrastructure than we currently have at Clark. There are challenges that come from being bound within a city and having many of our buildings be historic and older and are therefore not ADA compliant. We understand that some of the recommendations put forth in this report (i.e., a new health and wellness center for co-located services, increased physical space for campus recreation separate from Athletics) require commitment to a long-term vision and plan.

Future Planning

This report has explained the process of the task force over the course of the past six months as well as put forth recommendations that have been based on our current assessment of what we offer at Clark University, what other institutions have implemented, and best practices that are recommended with the respective professional fields of health and well-being. The task force acknowledges that this represents a starting point and that there is much work still to be done from here. The task force is hopeful for the ongoing commitment and prioritization of the institution towards these goals with future planning efforts. Once certain recommendations are adopted by senior leadership, next steps will be required to follow through with the implementation.

Building off the work of this task force, future efforts should include:

- Assessment of and clear communication to community prior to implementation of any recommendation to ensure buy-in, commitment, and therefore future success of future efforts
- Clear understanding of support, funding, and human resources required of recommendation to be adopted
- Development of implementation strategies, benchmarks, and outcomes
- Operationalization of implementation strategy including an establishment of what offices and point people need to be involved in the execution of recommendation
- Assessment of implementation and execution of recommendation after a recommendation has been adopted

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**Appendix A: Presentations of current health and wellness services at
Clark University**

WELLNESS EDUCATION

Erica Beachy-Randall, Psy.D., RYT



CLARK
UNIVERSITY

Office Overview

- Staff
 - Director of Wellness Education
- Office Space
 - UC Room 305
- Part of the Student Engagement Team within DOS, reporting to Associate Dean Danielle Morgan Acosta
- Website: <https://www.clarku.edu/offices/wellness-education>
- Instagram: @clarku_wellness

Wellness Framework

- Create a campus culture of equitable wellness, resilience, and adaptability
- Being human is complex, dynamic, and multifaceted
- Wellness is not merely the absence of suffering or illness, but the personal, meaningful, and intentional striving for positive well-being.
- Our Wellness Wheel provides a visual representation of the different dimensions that are encompassed in holistic health and well-being.
 - Mental & Emotional Wellness
 - Physical Wellness
 - Social & Cultural Wellness
 - Sexual Wellness
 - Spiritual Wellness
 - Occupational Wellness
 - Financial Wellness
 - Environmental Wellness



Wellness Wheel Inventory

- The Wellness Wheel Inventory is a self-reflective tool that can help us more fully examine how well we feel we actually are. This inventory is only to be used to gain insight into oneself and not to be used for diagnostic purposes. Link on Wellness Education website.
- Fall Orientation Data (Peer Mentors, RAs, ACE and Connections students)

| | |
|--------------------|-------|
| Sexual | 45.18 |
| Environmental | 42.21 |
| Spiritual | 41.95 |
| Social & Cultural | 41.49 |
| Occupational | 40.86 |
| Financial | 40.09 |
| Physical | 37.52 |
| Mental & Emotional | 37.27 |

Wellness Ambassadors

- 2020 – 2021: 14 2021 – 2022: 17
- Trained through the NASPA Certified Peer Education over the summer
- Develop campus initiatives, campaigns, or programming in areas of wellness that they are passionate about and where they see a need for the Clark community
- Sign up for The Wellness Corner newsletter!



Wellness Ambassador Training Outcome Data

| Learning Outcomes Measured | Self-Reported Increase in Knowledge from Pre to Post Test | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|-----------|
| | 2020-2021 | 2021-2022 |
| Rate your level of knowledge about: | | |
| Acting with ethics and integrity | 17% | 33% |
| The roles peer educators play on campus | 43% | 38% |
| Strategies for facilitating behavior change | 38% | 38% |
| The process through which change happens on a community level | 29% | 48% |
| Techniques for active listening | 29% | 24% |
| Barriers to active listening | 38% | 24% |
| Ways to encourage individuals to share when speaking with them | 36% | 33% |
| Campus resources and how to refer students | 21% | 24% |
| Creating a plan of action to help a student deal with a distressing situation | 40% | 38% |
| How to intervene safely and effectively as a bystander | 31% | 48% |
| Your own social identities | 24% | 29% |
| The ways in which social identities might affect your work as a peer educator | 33% | 24% |
| Steps needed to plan a successful program | 50% | 57% |
| How to craft a successful presentation | 29% | 38% |
| How groups form and develop | 45% | 33% |
| Characteristics of highly effective peer education groups | 50% | 52% |

Consenting Communities

- 40 – 50 Consent Advocates
- Selected during spring semester, trained before fall semester starts
- Run Consenting Communities with all incoming students during Orientation
- Outcome data:

| After participating in this program, I: | |
|------------------------------------------------------------------------------------------------------------------------|------------------------------|
| learned something new. | 86% agree or strongly agree |
| can define the terms effective consent, sexual assault, sexual exploitation, sexual harassment, and sexual misconduct. | 100% agree or strongly agree |
| feel confident in knowing how to ask for and give consent. | 100% agree or strongly agree |
| am aware of the resources that exist to help Clark students | 100% agree or strongly agree |
| understand the standards of conduct I am held to as a Clark University Community member. | 100% agree or strongly agree |

Fresh Check Day

- Campus-wide community event in collaboration with CPG centered on bringing awareness to mental health and suicide prevention
- First FCD was Fall 2021, reached approximately 200 students
- Outcome data:

| After Fresh Check Day,: | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| how aware are you of the warning signs of suicide? | 75% much more or somewhat more aware |
| how prepared do you feel to help a friend who is exhibiting warning signs of suicide or mental health concerns? | 84% much more or somewhat more prepared |
| how aware are you of the mental health resources available to you? | 86% much more or somewhat more aware |
| how likely are you to ask for help if you are experiencing emotional distress? | 80% much more or somewhat more likely |
| how comfortable do you feel talking about mental health and suicide? | 79% much more or somewhat more comfortable |

Weekly Wellness Staples

- **Monday Morning Stretch**
 - Mondays 10:00 - 10:30am [*Kneller Multipurpose Room*]
- **Walk It Out Wednesdays**
 - Wednesdays 3:00 - 3:30pm [*Corner of Woodland & Main*]
- **End of the Week Unwind**
 - Fridays 1:00 - 1:30pm [*Atwood Blue Room*]

Get free stuff by taking care of yourself!

1st event = Drawstring Bag

3rd event = Water Bottle

5th event = Yoga/Exercise Mat

Weekly Wellness Staple Data

From first 10 weeks of Fall 2021:

| Monday Stretch | Wednesday Walk | Friday Unwind | Total Numbers |
|----------------|----------------|---------------|---------------|
| 87 | 139 | 70 | 296 |

- At end of fall 2021, I will be emailing all students who attended at least 1 staple to assess:
 - Level of enjoyment of activity
 - If participating helped them:
 - Structure in time for self-care
 - With stress management
 - Feel a sense of community
 - Meet new people they otherwise might not have
 - Other practices they would like to see incorporated

For the bookworms among us!

- **INTERCESSION WELL-BEING BOOK CLUB**

- "How We Show Up: Reclaiming Family, Friendship, and Community"
By: Mia Birdsong
- *email wellness@clarku.edu to register*



- **WELLNESS EDUCATION LIBRARY**

- Check out our library of books curated towards personal growth in all areas of the wellness wheel. Sign out a book and read it on your own or sign up for wellness coaching to discuss how to apply the lessons to your own life.

Data from 2 previous book clubs

- Considering your complete experience participating in the Personal Growth Book Club, how likely are you to recommend this experience to a friend or peer? (Scale of 1-10)
- Average response = 9

| After participating in book club,: | |
|----------------------------------------------------------|------------------------------|
| I gained new knowledge. | 100% agree or strongly agree |
| my self-awareness increased. | 100% agree or strongly agree |
| I learned something that positively benefited me. | 100% agree or strongly agree |
| I applied something I learned from the book to my life. | 100% agree or strongly agree |
| I met new people I otherwise might not have. | 100% agree or strongly agree |
| I felt a sense of connection to the other group members. | 100% agree or strongly agree |

Individual One-on-One Wellness Meetings

- Students may schedule time with the director of wellness education to discuss their wellness goals, needs, etc.
- So far in the fall 2021 semester, there have been 40+ hours of individual one-on-one meeting time conducted

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Gaps/Hopes

- Currently, Clark has no Health Promotion staff/team
- No prevention work for Alcohol or Other Drug Education
- Very limited programming around awareness weeks/months related to health and wellness
- Would like to scale up Weekly Wellness Staples to provide a self-care space and practice every day for the community

14

HEALTH SERVICES

Robin McNally, FNP-BC



CLARK
UNIVERSITY

Office Overview - Staff

- **Receptionists**

- Sue Leveillee
- Karyn Kingsley

- **Nurse**

- Gail Davis

- **Nurse Practitioners**

- Robin McNally
- Felicia Richard

- **Medical Assistant**

- Susan Gauquier

- **Physicians**

- Kim Bombaci
- Ingrid Fuller
- Jeremy Golding

Office Overview – 501 Park Avenue

- Triage Room
- 4 Exam Rooms
- 2 Respiratory Exam Rooms

- One Entrance/Exit
- Outdoor tent at entrance for COVID BinaxNow test collection
- Waiting Room capacity is 3 with distancing
- Walk through clinic to get to Separate Respiratory Rooms in the back

Health Services Overview

- Contracted service through UMassMemorial Medical Group. Clinical Services are available during the academic calendar year. Administrative hours per contract. Call for appointment. No walk ins.
- Lab work ordered by Clark providers is drawn on site with courier service to Quest Laboratory.
- Radiology imaging is ordered by Clark providers. Radiology is performed off site at UMassMemorial.
- Prescription medications are ordered electronically by Clark providers. Students choose pharmacy and are responsible for picking up their prescription(s).

Services

- Diagnosis and treatment of acute illnesses and injuries
- Collaboration with PCP and specialists for treatment of chronic health conditions such as diabetes, asthma, colitis...
- ADD/ADHD medication renewals per policy
- Diagnostic laboratory testing through Quest Laboratories
- Contraceptive counseling and gynecological services
- Sexually transmitted disease (STD) screening
- HIV/AIDS education
- Eating disorders and referral to higher level of care when needed
- Basic Nutrition Education
- Routine Physical Examinations
- Study Abroad Examinations
- Plan B
- Administration of Injectable Medications-Immunizations, Antibiotics, Emergency medications, DepoProvera, Testosterone...
- Communicable and Other Infectious Diseases
- Sentinel Site for CDC ILI surveillance program
- Referrals from Counseling Services

Services NOT Available

- Emergency Services
- Specialty Providers
- Procedures other than simple I&D at the discretion of the provider



- Pharmacy
- Radiology services
- Not a lab draw station for orders by outside providers

Visits to Health Service

- Five year average visits 3,141.
- Seven year average visits with COVID 3,035

| Academic Year | Number of visits |
|---------------|--------------------------------------------------------------------|
| 2014-2015 | 3,383 |
| 2015-2016 | 3,375 |
| 2016-2017 | 3,202 |
| 2017-2018 | 2,801 |
| 2018-2019 | 2,948 |
| 2019-2020 | 2,991 [Spring semester ended early] |
| 2020-2021 | 2,546 [Fall semester ended early. Spring semester started late] |

Immunization Compliance

- Required Immunizations
- Health Forms
- Email reminders
- Place and remove Health Service holds
- Clark Health Service staff partners with Walgreens for mass immunization clinics (Incoming required immunizations and flu vaccine)
- Clark provides space and setup
- Massachusetts College Immunization Survey Results



DPH Immunization Compliance

Massachusetts College Immunization Survey Results 2020-2021 - All College Students

See "Notes" Tab for Explanation of Symbols and Limitations: * Did not respond; † Reported fewer than 30 students; ‡ Data discrepancies

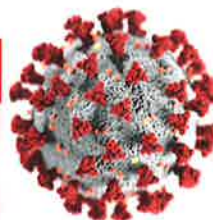
| SCHOOL NAME | DATA | DTaP | MM | MMR | MMRV | VARICELLA | TETANUS | ADULT/MINGUS | HEALTHCARE |
|----------------|-----------|------|------|------|------|-----------|---------|--------------|------------|
| ALBANY COLLEGE | 2021-2022 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2020-2021 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2019-2020 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2018-2019 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2017-2018 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2016-2017 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2015-2016 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2014-2015 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2013-2014 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2012-2013 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2011-2012 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2010-2011 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2009-2010 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2008-2009 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2007-2008 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2006-2007 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2005-2006 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2004-2005 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2003-2004 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2002-2003 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2001-2002 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 2000-2001 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1999-2000 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1998-1999 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1997-1998 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1996-1997 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1995-1996 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1994-1995 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1993-1994 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1992-1993 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1991-1992 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1990-1991 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1989-1990 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1988-1989 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1987-1988 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1986-1987 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1985-1986 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1984-1985 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1983-1984 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1982-1983 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1981-1982 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1980-1981 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1979-1980 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1978-1979 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1977-1978 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1976-1977 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1975-1976 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1974-1975 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1973-1974 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1972-1973 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1971-1972 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1970-1971 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1969-1970 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1968-1969 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1967-1968 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1966-1967 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1965-1966 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1964-1965 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1963-1964 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1962-1963 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1961-1962 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ALBANY COLLEGE | 1960-1961 | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

Massachusetts Department of Public Health Immunization Division

COVID Team

- Ordering Provider for BROAD Student Testing
- Case investigation and notification of close contacts
- Medical Check-ins for positive cases
- Weekly reporting to Worcester DPH
- Follow-up testing for vaccinated close contacts
- Isolation and quarantine order and release

| Semester | Covid Positive | Close Contacts |
|------------------------------|----------------|----------------|
| Fall 2020 (9/25/20-12/11/20) | 36 | 112 |
| Spring 2021 (3/1/21-6/2/21) | 67 | 101 |
| Fall 2021 (8/19/21-10/31/21) | 48 | 156 |



DPH Reporting Regulations

COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS BY HEALTHCARE PROVIDERS*

**Reportable infectious diseases and conditions are restricted to those designated below. The list includes only those cases to be promptly reported by providers. A full list of reportable diseases in Massachusetts is located in 105 CMR 310.000.*

REPORT IMMEDIATELY BY PHONE!
This includes CDC-approved and confirmed cases.
All cases should be reported to your local board of health.
 For more information, please contact the Massachusetts Department of Public Health
 Telephone: (617) 887-8300, TDD: (617) 887-8312

REPORT PROMPTLY (WITHIN 24 HOURS)
 This includes suspected and confirmed cases.

BUREAU SHOULD BE SUBMITTED TO THE STATE PUBLIC HEALTH LABORATORY

- Anthrax CD
- Any case of an unusual illness thought to have public health implications
- Any foodborne outbreak of illness, including but not limited to food-borne illness
- Botulism CD
- Brucellosis CD
- Chagas
- Chikungunya virus
- Creutzfeldt-Jakob disease (CJD) and variant CJD
- Cholera
- Diphtheria, any cause
- Foodborne illness due to foods including multi-resistant bacteria, ciguatera toxin, Serratia marcescens, paratyphoid shigella toxin and enteric shigella toxin, staphylococcus enterocolitum and others
- Hantavirus infection (any type)
- Hepatitis A (any type)
- Hepatitis B (any type)
- Hepatitis D in pregnant women
- Hepatitis E (any type)
- HIV/AIDS, including acute primary infection
- Invasive pneumococcal pneumonia CD
- Infectious mononucleosis CD
- Lymphoproliferative disorders
- Malaria
- Measles CD
- Meningitis, bacterial, community acquired
- Meningitis, viral (herpes, and other *Herpesvirales*)
- Meningitis, viral (herpes, and other *Herpesvirales*)
- Mumps CD
- Paratuberculosis
- Pertussis CD
- Rabies
- Rocky Mountain spotted fever
- Rubella
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis CD
- Evidence of tuberculosis infection
- Typhoid fever CD
- Typhus
- Varicella (chickenpox)
- Viral hemorrhagic fevers

All cases should be reported immediately to the designated local authority.

105 CMR 310.000 Reportable Diseases, Conditions, and Conditions of Laboratory Reporting. Effective January 2017, version 1.11
 Page 2 of 2

DPH Reporting Regulations

COMMUNICABLE AND OTHER INFECTIOUS DISEASES REPORTABLE IN MASSACHUSETTS

**Reportable infectious diseases and conditions are restricted to those designated below. The list includes only those cases to be promptly reported by providers. A full list of reportable diseases in Massachusetts is located in 105 CMR 310.000.*

Reportable Diseases Primarily Detected Through Laboratory Testing
 Please work with the laboratory you utilize to assure complete reporting.

- Anthrax CD
- Botulism CD
- Brucellosis CD
- Cholera
- Chikungunya virus
- Ciguatera
- Dengue
- Dengue, asymptomatic CD
- Echinococcosis
- Enterovirus (non-CSF)
- Gonorrhea
- Group B streptococcus, invasive in patients ≥ 16 years old
- Herpesvirus, infectious mononucleosis CD
- Hepatitis A
- Hepatitis B
- Hepatitis D
- Hepatitis E
- Influenza CD *(antiviral resistant)*
- Legionnaires' disease
- Leptospirosis CD
- Listeriosis CD
- Lyme disease
- Measles CD
- Malaria
- Meningitis, bacterial, community acquired
- Meningitis, viral (herpes, and other *Herpesvirales*)
- Mumps CD
- Paratuberculosis
- Pertussis CD
- Rabies
- Rocky Mountain spotted fever
- Rubella
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis CD
- Evidence of tuberculosis infection
- Typhoid fever CD
- Typhus
- Varicella (chickenpox)
- Viral hemorrhagic fevers

Isolates should be submitted to the State Public Health Laboratory

Report Directly to the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences
 305 South Street, Boston, MA, 02130
 Tel: (617) 983-6801 Confidential Fax: (617) 983-6813

Sexually Transmitted Infections

- Chlamydia
- Chlamydia infections (epidemic)
- Gonorrhea CD
- Granuloma inguinale in California CD
- Herpes, genital (not with other *Herpesvirales* type)
- HIV infection and AIDS CD
- Syphilis CD
- Lymphogranuloma venereum
- Chlamydia trachomatis
- Pelvic inflammatory disease
- Syphilis

105 CMR 310.000 Reportable Diseases, Conditions, and Conditions of Laboratory Reporting. Effective January 2017, version 1.11
 Page 2 of 2

Follow-up Care

- Health Services provides follow-up care for
 - All medical transports from UP dispatch
 - After hours doctor on call
 - Alcohol transports with referrals to BASICS and/or Clark Counseling
 - Medical leave of absence
 - Medical CARE assigned cases

DOS CARE TEAM

Lamara J. Burgess, M.S.Ed.



CLARK
UNIVERSITY

Office Overview

- Staff
 - Associate Dean of Students for Student CARE
 - Director of Student Support Management
- Office Space
 - Alumni & Student Engagement Center 2nd Floor, Rooms 218 & 220
- Housed within the Office of the Dean of Students
- Established Spring 2020
- Website: <https://www.clarku.edu/offices/dean-of-students/student-support-resources/>

Student Affairs Overview

- DOS CARE Team
- Engagement
 - Multicultural & First Generation Student Support
 - Student Life & Programming
 - Wellness Education
- Residential Life & Housing
- Center for Counseling & Professional Growth

DOS CARE Team

- The DOS CARE (Campus Assessment, Response, and Education) Team creates sustainable systems of support that are accessible, inclusive, and equitable so students can thrive as they work to reach their full potential.
- We provide wrap around support for students' academic, personal, social, and short-term financial needs by serving as a liaison between the student and other departments

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DOS CARE Network

The CARE Network is a University-wide group that actively works to provide early intervention through the outreach and support of students. The CARE Network, facilitated by the Dean of Students Office and the Office of Academic Support, meets weekly to review cases and address any additional student concerns.

Advising, Athletics, Center for Counseling and Professional Growth, International Center, Multicultural and First Generation Student Support, Residential Life & Housing, Student Accessibility Services, University Police

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CARE Advocate Data

- Fall 2021 – 873* Total CARE Reports
 - 520 CARE Reports (August 23, 2021- Now)
 - Last 30 days: 266 Care Reports
 - 33 Active Care Action Plans
- Fall 2020- 275 Total CARE Reports (August 24, 2020-Now)

*New addition of incoming student "flags" through the Slate Admissions process (353 Cases from Summer data)

275 more Care Reports than this time last Fall.

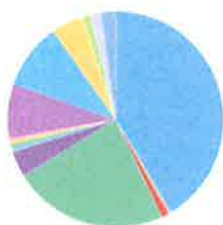
- Increased use of the online reporting system (by faculty & staff)
- Students coming forward with their concerns or the concern of others

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CARE Advocate Data (Fall 2021)

2021-10-23 to 2021-11-01

TOTAL CASES IN QUEUE



- Academic Concerns (42%)
- Campus Climate (0%)
- Diversity, Equity, Inclusion/Justice (13%)
- Emotional/Mental Wellness (23%)
- Family or Community Concerns (3%)
- Financial Issues (1%)
- Food Insecurity (0%)
- General Information (0%)
- Homicidal Ideation/Terror to Harm Others (0%)
- Personal Concerns (8%)
- Physical Health and Wellness (10%)
- Social Adjustment Issues (5%)
- Substance Use/Abuse (2%)
- Suicidal Ideation (2%)
- Transfer or Withdrawal (2%)
- Violence/Weapons (0%)

All CARE Reports

Top 3 Areas of Concern

1. Academic
2. Emotional/Mental Wellness
3. Physical Health/Wellness

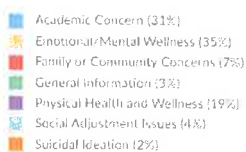
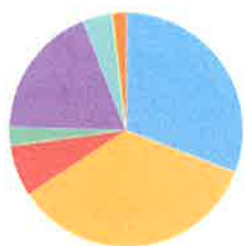
*Note: New areas of concerns were added this semester to include: Campus Climate, DEI & Justice, & Food Insecurity

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CARE Advocate Data (Fall 2020)

2020-08-24 to 2020-11-01

TOTAL CASES IN QUEUE



All CARE Reports

Top 3 Areas of Concern

1. Academic
 2. Emotional/Mental Wellness
 3. Physical Health/Wellness
- (% were much closer together)

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Student Status Changes

- Spring 2021: 98 Students on a Leave of Absence
 - 15 Medical Leave (mental/emotional health concerns)
 - 83 Voluntary Leave
- Fall 2021: 78 Students on a Leave of Absence
 - 16 Medical Leave (mental/emotional health concerns)
 - 62 Voluntary Leave
- Spring 2022- 29 submitted their intentions
 - 19- Return
 - 9- Extend
 - 1- Withdraw

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Health & Wellness Initiatives

- Establishing protocol/policy, process, communication, documentation
 - Admin on-call, Student Status Changes, Emergency Funding
- 1-on-1 meetings (students, families, faculty)- plan of support
- Training
 - Professional staff, student leaders, students
 - Advocate system, Care/Student Support, Re-enrollment
- Programs and Events
 - Identify themes and make recommendations for programs
 - Slate Data- early reporting/flags
 - Financial Literacy initiative with CornerStone Bank

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BSDT STUDENT AND ACADEMIC SERVICES

Micky Roberts



CLARK
UNIVERSITY

Strategic Learning Services (SLS) Program Overview

Staff

- Assistant Dean of Students & Academic Services for BSDT
- 6 Part-Time Professional SLS Coaches
- 2 Clark Graduate Students, Psychology PhD. program

Location

- Weller Building, Rm 206, & Remote Services

Website: Currently being developed

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What is the SLS Program?

- Strategic Learning Services (SLS) is a comprehensive and holistic program that provides structured and targeted academic supports for students.
- SLS leverages a student-ready framework that is strength-based and inclusive; meets students where they are.
- This program and its differentiated approach can enhance any student's progress and academic experience, for example:
 - Honors students
 - Multilingual learners
 - First-Years → Seniors
 - Students with disabilities
 - Various majors and concentrations



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SLS Provides Individualized Supports for All Learners

- Differentiated services focus on meeting the individualized and developing needs of each unique student, rather than isolating populations.
- Students develop strategic learning skills, self-advocacy, self-efficacy, executive functioning strategies, etc.
- These supports introduce and reinforce transferable skills.
- Students currently opt into this program, which is fee-based.
- Future goals to increase equitable access to these kinds of supports could include extending this service to all students.

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Data Suggests SLS Supports Persistence & Success

- Six years of data indicates that students who participated in the SLS Program retained 11%-17% higher than peers in their cohort who did not participate in the program.
- Participants' GPAs have been on par with those of their peers, with the average difference in GPA for all cohorts falling under 0.1 GPA points.
- Graduation rates for SLS participants were trending 5%-7% higher for participants when compared to peers in their cohort who did not participate in the program.

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QUESTIONS



MaRoberts@clarku.edu



TITLE IX

Cherie Scricca



CLARK UNIVERSITY

Office Overview

- Contracted service through Grand River Solutions, Inc.
- Off-site Title IX services
 - Interim Title IX Coordinator
 - Intake and initial assessment
 - Prevention conversations and actions
 - Supportive and protective measures
 - Resolution: alternative, investigation and hearing
 - Training

45

CAMPUS DIETITIAN

Tim Dileo



CLARK
UNIVERSITY

Campus Dining Intro

Timothy Dileo
Registered Dietitian, Licensed Sports Dietitian

- ❖ *Has been an RD for 7 years working in Sports performance*
- ❖ *Has worked for Sodexo since April 2021*
- ❖ *Transitioned to Clark in August '21*
- ❖ *Covers 4 additional Sodexo university accounts in Massachusetts*
- ❖ *Can be contacted directly or via referral*

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Nutrition Services Provided

Individual nutrition meetings

Group nutrition programming

Tabling Events in Higgins Dining Hall

Higgins Dining Menu Review & Audits

Allergen & Dietary Restriction Menu Planning

Sports Nutrition Services

Partnership with Student Wellness

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Sodexo Health & Wellness

- Mindful Program
- Simple Servings & MyZone
- Vegan & Vegetarian Offerings
- Higher nutritional quality offerings at The Bistro

40

Current Student Inquiries

Total inquiries Fall '21 (September 1-November 12)

40 total inquiries

- Allergies/Dietary Restrictions: 21 (52.5%)
- General Healthy Eating Guidance: 10 (25%)
- Sports Nutrition: 5 (12.5%)
- Eating Disorders/Disordered Eating: 4 (10%)

50


Moving Forward

- Increased marketing/promotion of nutrition services*
- Development and Growth of nutrition education programming & resources*
- Sport Nutrition implementation with Athletics*
- Allergen Specific Dining Focus Group*

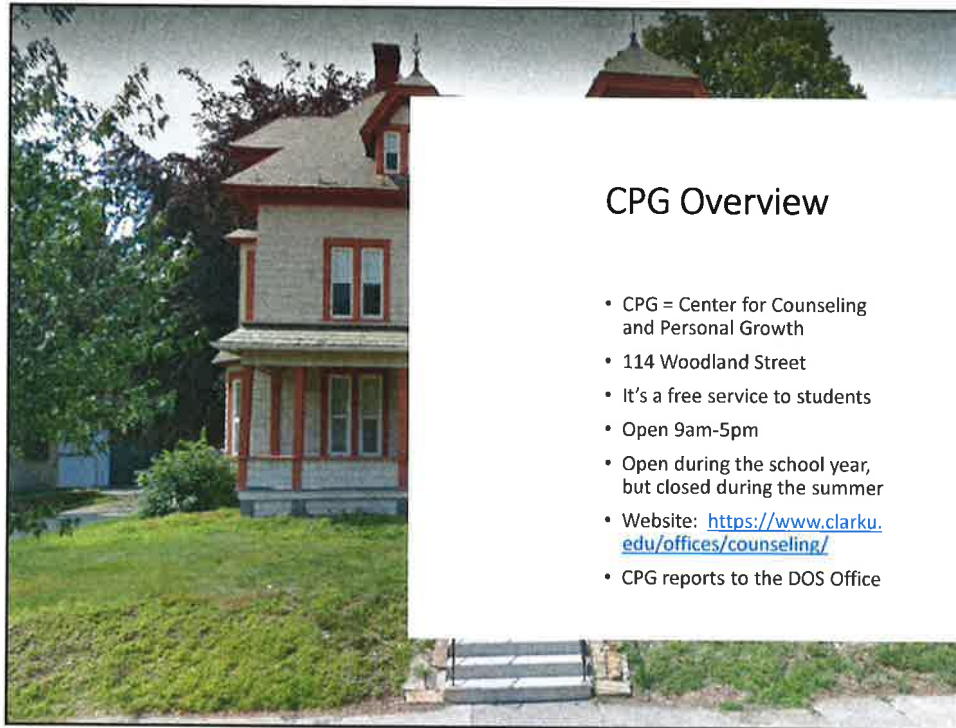
51

CENTER FOR COUNSELING AND
PERSONAL GROWTH

Megan Kersting



CLARK
UNIVERSITY



CPG Overview

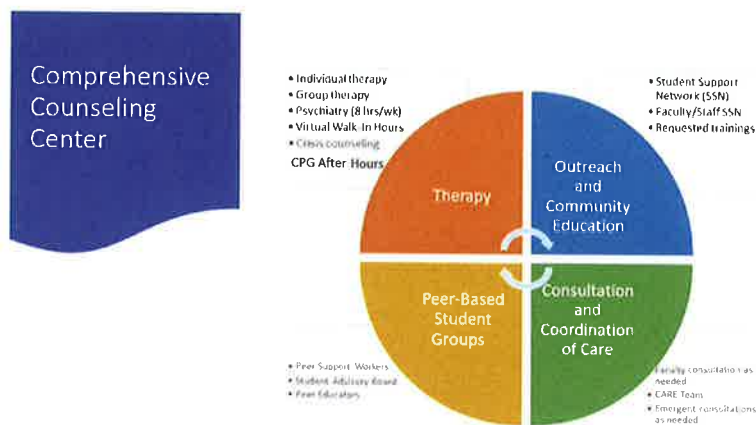
- CPG = Center for Counseling and Personal Growth
- 114 Woodland Street
- It's a free service to students
- Open 9am-5pm
- Open during the school year, but closed during the summer
- Website: <https://www.clarku.edu/offices/counseling/>
- CPG reports to the DOS Office

CPG Staff

| | | | |
|-------------------------------------|------------------------------------------------|------------------------------------------------------------------------|--------------------------------|
| Associate Dean of Counseling | Assistant Director of Counseling | Assistant Director of Multicultural Counseling & Diversity Programming | Diversity Specialist Counselor |
| Neurodiversity Specialist Counselor | Community Education Coordinator/Counselor | Substance Abuse Specialist Counselor | Part-time generalist counselor |
| Psychiatrist (8 hrs/week) | 7 pre-doctoral interns (2 multicultural-track) | Administrative assistant | |

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Comprehensive Counseling Center Model



CPG Data & Trends

- CPG is expected to see ~650-700 students this year
- CPG averages around 5,000 sessions in a year

Clark trends:

- Clark's utilization rate of the counseling center is larger than other universities of similar size (26% versus 14%)
- CPG typically sees more undergraduate students than graduate students (89% undergrad versus 11% grad)
- Average wait for initial appointment 3.4 business days
- Clark students typically present more with trauma histories than other university counseling centers

Challenges and Areas for Growth

Challenges:

- "Crisis of capacity": a crisis of access as opposed to a mental health crisis
- CPG is an "intern heavy" counseling center
- CPG is not open during the summer (nationally, fewer than 5% of college counseling centers our size are open 9 months)
- Worcester MH resources are saturated
- Unrealistic expectations – right versus privilege
 - Quick access versus treatment: students want both
 - Expectation to see students with serious mental illness

Areas for Growth:

- Collaboration with UMASS and Worcester College Counseling Centers for centralized mental health support for college students in Worcester (e.g. Intensive Outpatient Treatment, substance abuse supports, therapists for overflow, crisis services, etc.)

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PSYCHOLOGY DEPARTMENT

Kathy Palm Reed



CLARK
UNIVERSITY

Office Overview

- Individual Therapy Practicum Clinic
 - 1 Licensed Psychologist (Kathy Palm Reed)
 - 4 doctoral students (on average)
 - 8 Clients per year
- Couples Therapy Practicum Clinic
 - 1 Licensed Psychologist (James Cordova)
 - 4 doctoral students (on average)
 - 8 Couples per year – Clark and Worcester community clients

Psychology Department Services

- Office Space:
 - 3 therapy rooms in Jonas Clark, with video recording capability for supervision purposes
- Referral Process:
 - CPG
 - Self-Referred
 - Friends

Psychology Department

- BASICS
 - 1-session based on Motivational Interviewing (not recorded)
 - Students referred through judicial process

| BASICS Interviews conducted by Clinical Psychology Program | | | | |
|------------------------------------------------------------|---------|---------|---------|---------|
| YEAR | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
| Number | 18 | 5 | 5 | 3 |

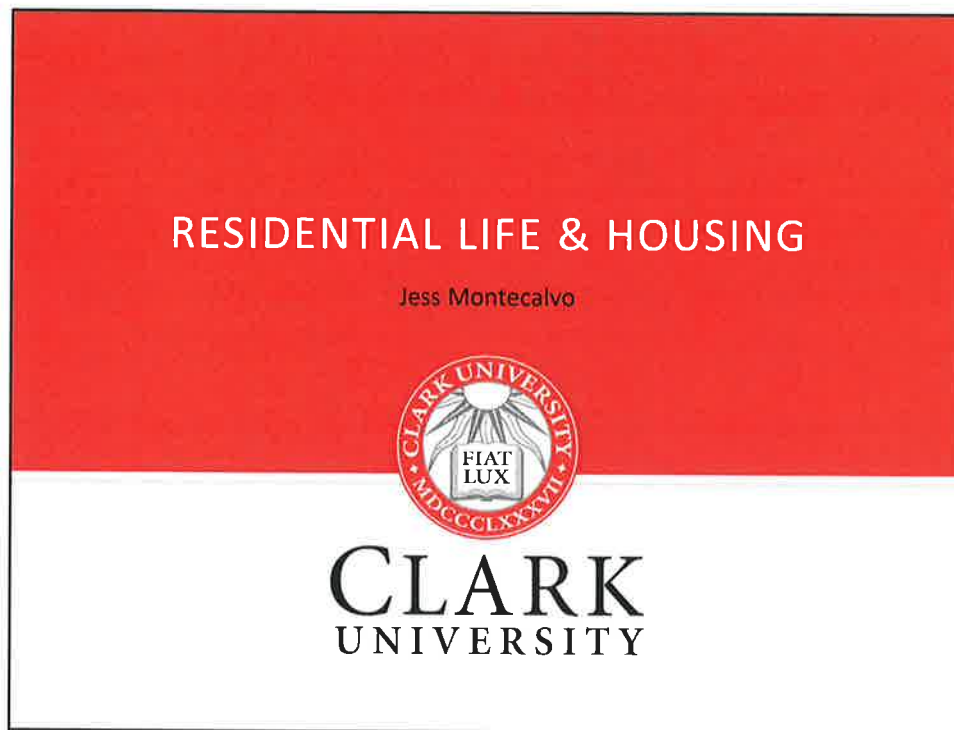
- 3 Confidential Resources (Title IX)
 - Palm Reed, Cordova, Stewart
- Past Collaborations
 - Undergraduate Peer Educator Class and Internship
 - Bystander Interventions / CAVE

01

Challenges / Areas for Growth

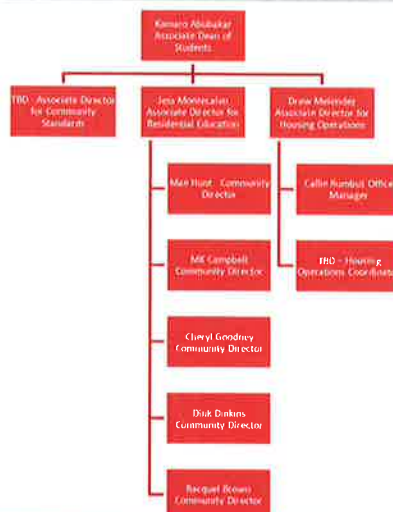
- Training clinic limitations
 - Managing conflicts of interest (TAs, instructors, etc.)
 - Video-recording of sessions concerning for some clients
 - Limitations on acuity of client presentation
 - Managing student confusion between our clinic and CPG
- Areas for Growth
 - Creating more opportunities for collaboration with faculty and graduate / undergraduate students
 - Capacity to see more students through BASICS and other short-term interventions

02



Office Overview

- Residential Life & Housing is currently located on the 3rd floor of the University Center
 - CD offices in reshalls
- Open from 8am-6pm
- On-call 24/7 throughout the year (including summer and breaks)
 - 43 RAs in area rotation
 - 7 professional staff in PSM rotation



Role of Resident Adviser

- Predominantly undergraduate residential population
 - NEW affinity housing option centering Blackness and fighting anti-Blackness
 - Small graduate student population
- 43 Resident Advisers
 - Each have 15-30 residents
- Areas of focus
 - Community Building
 - Programming
 - Conflict Resolution



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Role of Community Directors & Professional Staff

- **5 Community Directors**
 - Supervise around 8 RAs and oversee specific residence halls
- **Main Focuses of Role**
 - Supporting/meeting with students of concern in the area
 - Holding conduct meetings for low level policy violations
 - Focused on harm reduction and repairing harm
 - Some sanctions include: BASIC, E-Check up, and individualized plans
 - Oversee programming curriculum for their areas
 - Some areas of focus: Wellness, DEI, Community Building, and skills building

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Challenges & Areas of Growth

- **Challenges**

- Lots of growing pains! The majority of RLH has been at Clark for less than 6 months
- Retention for professional staff

- **Areas of Growth**

- Lots of energy and excited to build new programmatic and support systems for students
- Developing a residential curriculum that will center community building
- Moving towards incorporating restorative justice practices into our residence halls and conduct processes

ATHLETICS & RECREATION

Kirsten Clark



CLARK
UNIVERSITY

Office Overview - Staff

Administration

- Trish Cronin
- Kirsten Clark

Coaches

- 15 FT coaches

Athletic Trainers

- •Greg White
- •Kate Fenuccio
- •Ethan Fisher

Support Staff

- Bryan Costello – Athletic Communications
- Spencer Manning – Business Manager
- Kamahl Walker

Information

- Website – clarkathletics.com
- Social - @clarkathletics
- Video streaming & Scores available on Clark Athletics

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Facilities Overview

Indoor Facilities

- Kneller Center
 - Bickman Fitness Center
 - Pool
 - Squash and Racquetball Courts
- Dolan Field House

Outdoor Facilities

- Granger Fields and Corash Tennis Courts
- Kilby Gardner Field (next to BG Club)
- Softball Field at arboretum
- Rowing at boathouse in Shrewsbury

20

Varsity Sports Overview

Coaches

- Recruiting (approx. 100 students to Clark each year)
- Mentor and support current athletes (About 380 Varsity student athletes - 18% of Clark students)
- Alumni relations (support University fundraising)

Student-Athlete Achievement

- SA retain and graduate at rate higher than Clark students overall
- 82% of SA have over a 3.30 cumulative GPA as of last spring
- Community service initiatives – examples include Columbus Park reading, Team Impact, You're with us, FIRM partnerships

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Sports Medicine Overview

- Three licensed and certified Athletic Trainers
- UMass medical provides doctor visits and medical supervision
- Provide medical coverage at all contests and practices
- Create and monitor all safety policies such as concussions, heat/cold policy or conditioning policy
- Injury prevention, treatment and rehabilitation care
- Monitoring required NEWMAC COVID testing protocol for athletic competitions (more stringent than University)

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Recreation Overview

- Club Sports
 - 10 active clubs with approx. 230 members
 - Student clubs that engage in intercollegiate competition
- Intramurals
 - 4-5 sports per year
 - Working on re-growing participation after a year with no intramurals
- Exercise Classes
 - New initiative started last year. Currently 3 classes hoping to add 1 more in spring
 - Approximately 400 participants through the semester
- Facilities and Open Recreation
 - Employ 90+ students in managing facilities

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Challenges and Areas for Growth

Challenges:

- Need for increased physical recreation and wellness resources at Clark
- Limited facilities
- Funding - Coaches are fundraising to cover operating such as busing, officials, uniforms. "gear" all paid by fundraising or students.

Areas for Growth:

- Staff trained in recreational programming
- Diversified recreational programming

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STRATEGIC ANALYTICS & INSTITUTIONAL RESEARCH

Elissa Lu



CLARK UNIVERSITY

Looking at Wellness through Clark

Retention & Survey Data

December 2021
Strategic Analytics & Institutional Research

First-to-Second Year Retention: Mental health cited as leading reason for leave or withdrawal after first year

Clark has an 87% first-to-second year retention rate. Retaining **19** more students would have increased our retention rate to 91%.

| Departure Reasons | Fall 2018-Fall 2020 Incoming Cohorts | | | |
|-------------------------------------|--------------------------------------|-----------|-----------|-------------|
| | Fall 2018 | Fall 2019 | Fall 2020 | Grand Total |
| Mental health/emotional | 24.7% | 11.6% | 26.9% | 20.3% |
| Academic fit | 18.0% | 24.2% | 14.9% | 19.5% |
| Social fit | 12.4% | 9.5% | 16.4% | 12.4% |
| World Situation | | 23.2% | 4.5% | 10.0% |
| Withdrawn due to administrative ... | 4.5% | 8.4% | 10.4% | 7.6% |
| Academic performance | 12.4% | 3.2% | 4.5% | 6.8% |
| Personal reasons | 7.9% | 5.3% | 4.5% | 6.0% |
| Financial | 3.4% | 5.3% | 6.0% | 4.8% |
| Readiness for college | 7.9% | | | 2.8% |
| Null | 3.4% | 2.1% | | 2.0% |
| Clark campus | | 2.1% | 3.0% | 1.6% |
| College readiness | 2.2% | 1.1% | 1.5% | 1.6% |
| Location | 2.2% | 1.1% | 1.5% | 1.6% |
| Personal shift in needs | | | 6.0% | 1.6% |
| Medical | 1.1% | 2.1% | | 1.2% |
| Other-Exclusion from Cohort | | 1.1% | | 0.4% |
| Grand Total | 100.0% | 100.0% | 100.0% | 100.0% |

43% of ten students who leave from first-to-second semester

Fall 2020 Non-Retained Student Case Examples

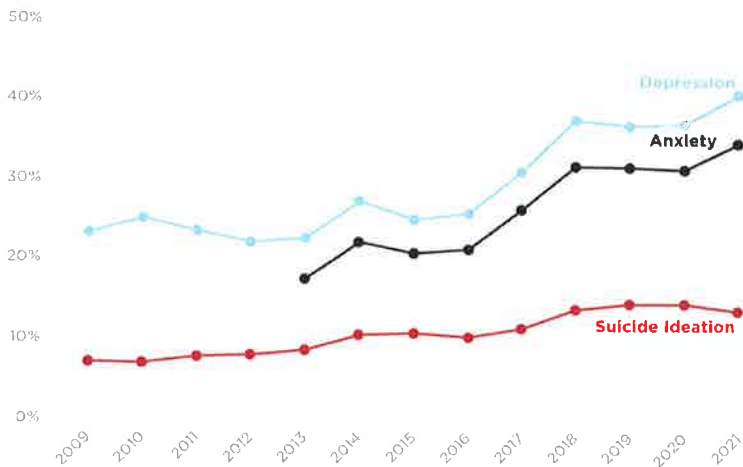
- "I have had difficulty coping with my situation this semester, due to a turn of event last semester with "friends". Since returning in March, I have felt increasingly **sad, anxious, and lonely**. My family and I are concerned about my mental health. After thoughtful deliberation, I have decided to complete the semester remotely. My mother will be coming Friday afternoon/evening to pick me up." – Student case
- " [Student] reported to me and another professor that they were having trouble with mental health... At the end of the semester, [Student] was **unable to turn in the final paper or to submit an incomplete** (we just needed their signature, but never got it, and told us it was mental health related). They expressed that they would be taking some time to **work on mental health** before returning to college. [The adviser], also forwarded an email from Shaylyn H: discussed mental health, **gender identity because had been misgendered** by at least some faculty members, but very much appreciated [Adviser] as supportive faculty members." – Faculty Adviser account

Clark Data Sources: Wellness-related questions in Clark's survey collection efforts

- **Wake Forest Wellbeing Assessment (2019)**
 - In Spring 2019, Clark was one of 28 institutions that participated in the Wake Forest University Well-being Assessment, a national survey that measures well-being at various colleges and universities. The survey instrument assesses undergraduate students' wellness in several dimensions, including social well-being, happiness, anxiety, depression, loneliness, optimism, coping, and social anxiety. It also addresses areas such as academics and activity engagement. A total of 287 Clark undergraduate students responded.
- **HERI Freshmen Survey (annual)**
 - Ongoing survey administered each summer to first years. Response rate has ranged from 67% to 89% over the past four years. -- This dataset provides insights on our entering class's high school behaviors (mental health, alcohol) and plans for the upcoming year.
- **Senior Survey (annual)**
 - Graduating seniors complete the summative assessment looking at ratings of satisfaction and student suggestions for improvements. Typically response rate has ranged between 64%-95%.

While survey data are not perfect sources of information, they can provide valuable insights about Clark's student views, experiences, and characteristics relative to peers.

National Context: Increasing Depression, Anxiety, and Suicidal Ideation among College Students



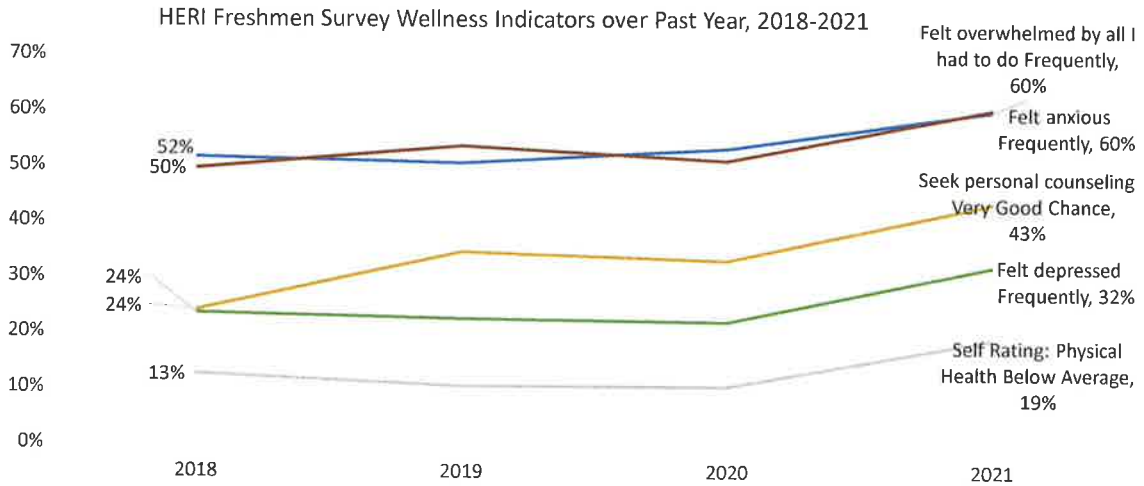
According to data from the Healthy Minds Network, more students are receiving counseling in 2021 (40% of students) than 2020 (29%), despite a dip from 2019 to 2020.

Research links depression with lower academic outcomes.*

Source: American Public Media representation of Healthy Minds Network data

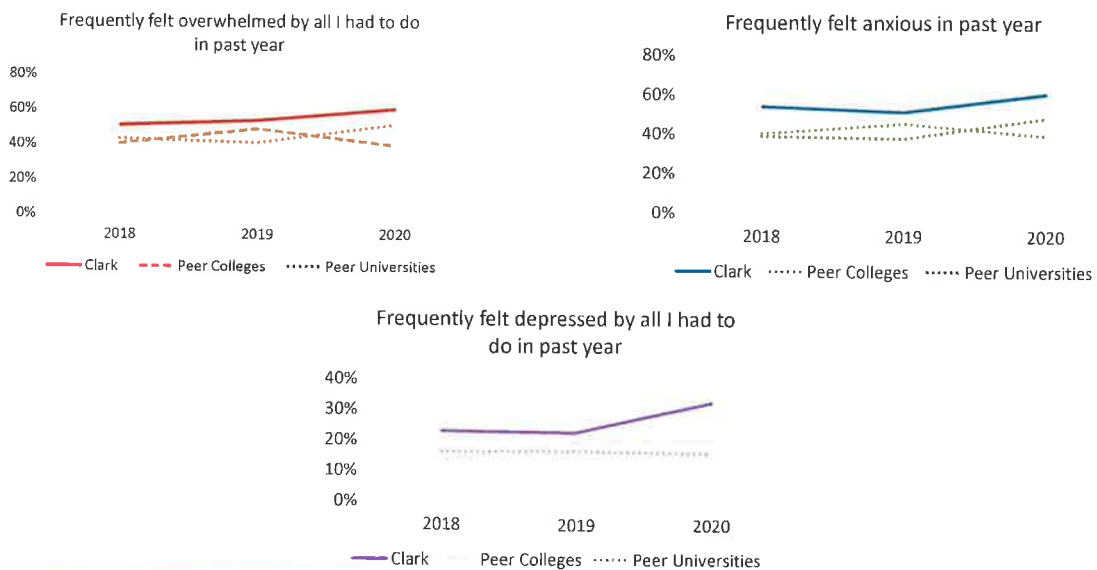
*Eisenberg, D., Golberstein, E., Hunt, J.B. (2009) Mental Health and Academic Success in College. The B.E. Journal of Economic Analysis & Policy, 9(1), Article 40.

First years: More students are entering Clark with a prevalence of anxiety, depression with a marked increase from 2020 to 2021



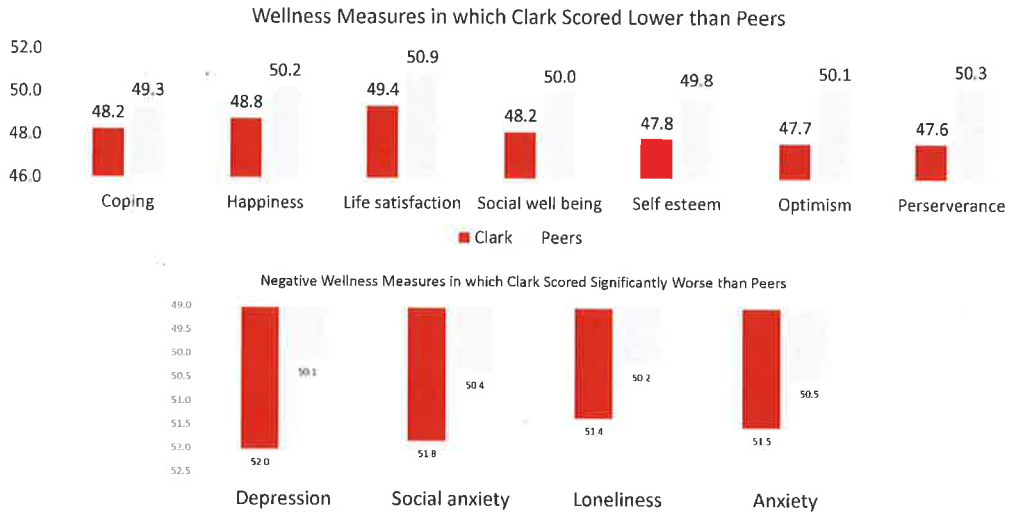
Source: HERI Freshmen Survey, 2018-2021

Peer Context: Elevated Rates of Anxiety, Depression among Entering Students



Source: HERI Freshmen Survey, 2018-2020

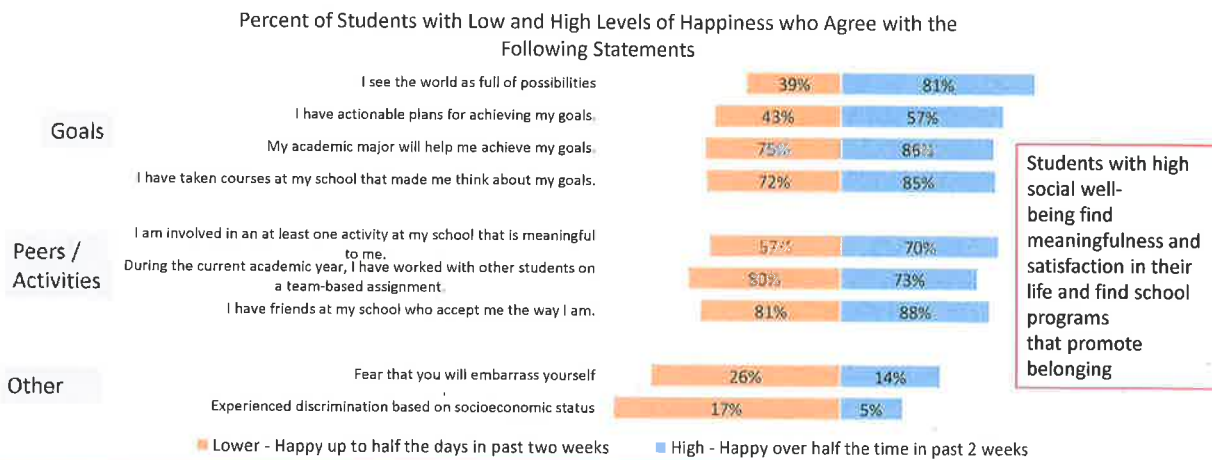
Wellbeing Assessment: Our students demonstrate similar levels of academic engagement and belongingness compared to peers – but score lower on nearly all other wellbeing measures



Source: Wake Forest University Wellness Study, 2019

Drivers of Happiness: Happier students feel that they have goals and plans for their aspirations, meaningful activities at school, and supportive friends

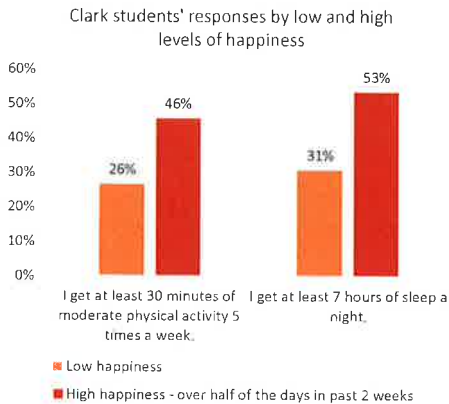
Our multivariate analyses identified the following factors as the strongest drivers of happiness among Clark students. These involve feeling like one has a plan for the future – including in one’s major and courses – and feeling connected with their peers.



Source: Wake Forest University Wellness Study, 2019

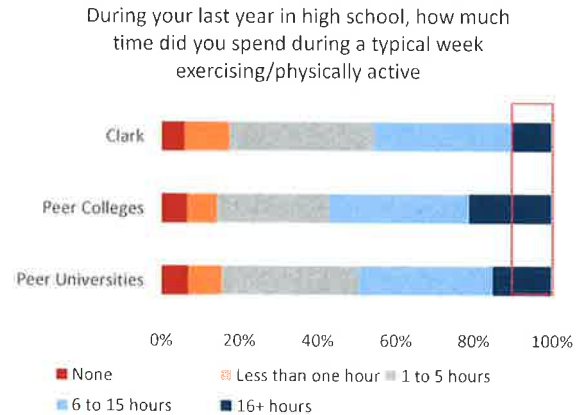
Students who report regular physical exercise report being happy at much higher rates as opposed to students who are less physically active

Students who get regular exercise are more likely to already be interested in physical exercise. They also feel they are in better physical health.



Source: Wake Forest University Wellness Study, 2019

Compared to Peer Colleges, fewer Clark students reported spending 16+ hours exercising



Source: HERI Freshmen Survey, 2020

Differences in day-to-day experiences of students with self-reported psychological disabilities

- Similar rates of students fear that they will embarrass themselves (49%) half of the days or more (vs. 26%). They rate lower agreement to liking themselves (27% agree vs. 51% no disorder to "I really like myself").
- In general, students with psychological disorders report ruminating about stressful events at higher rates ("I tend to take a long time to get over stressful events in my life." – 54% of students with disorders agree vs. 33% agree) and having lower tolerance of negative events (49% vs. 21% of students with no disorders agreed that: "It is hard for me to tolerate it when something bad happens.").
- One in four students with psychological disorders report not being able to control their worrying nearly every day at higher rates compared to students who don't have any psychological disorders (25% vs. 7% no psychological disorder).
- One third of students with such disorders report feeling depressed nearly everyday over the past two weeks at higher rates, and similarly feel like they have let their friends, family or self down at much higher rates (31% vs. 10%).
- Students with psychological disorders report feeling as if no one understands them nearly every day at higher rates (21%) compared to students without psychological disorders (5%), and reported feeling left out half or more days of the past two weeks (43%) compared to other students (20%).
- One-fifth (21%) of students with psychological disorders agreed to the statement "I would have to change myself in order to feel like I fit in at my school." (vs. 12% no disorder).

Source: Wake Forest University Wellness Study, 2019

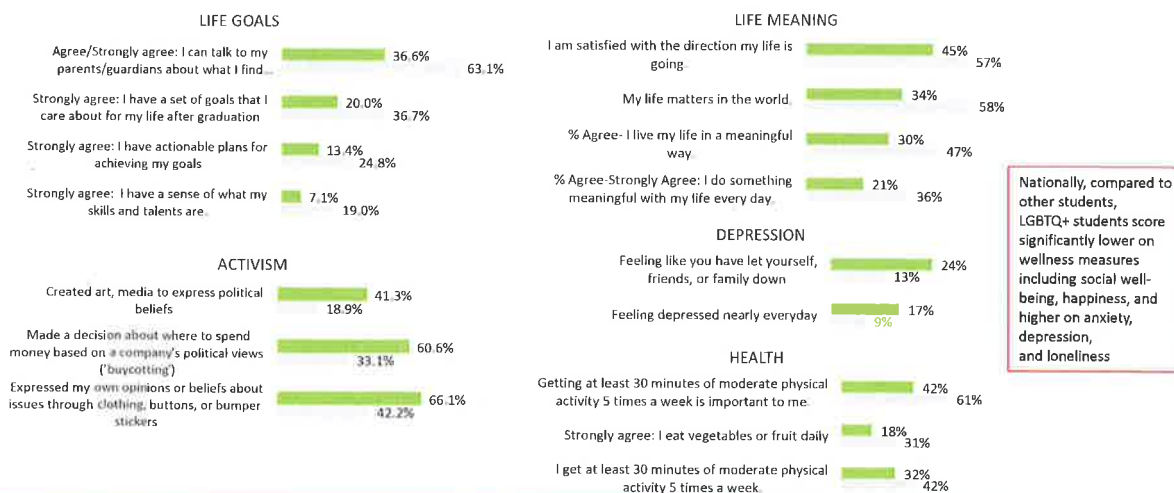
Students with no psychological disorder: Self-reported experience

- Students without psychological disorders report a **more positive outlook on life and optimism**. Students without psychological disorders rated agreement to statements that they:
 - Expect **more good things to happen than bad** at higher rates (45% no disorder vs. 20% disorders);
 - Agreed that “when things are uncertain in life, I **expect the best**” at higher rates (22% no disorder vs. 2% disorder); and
 - **Feel positive about the future** (54% no disorder vs. 22% disorder).
- Half (50%) of students with no disorder agreed or strongly agreed to the statement, “On the whole, I am satisfied with myself.” This compares to 20% of students without a disorder.
- Additionally, students without psychological disorders report that they **finish their tasks they begin even if they feel like quitting** at higher rates (53% no disorders vs. 29% with disorders). When they encounter a problem, students without psychological disorders *agreed* that they **take action to resolve the problem** at higher rates than students with disorders (56% no disorders vs. 39% with disorders).
- Students without psychological disorders agree that they are **living their life in a meaningful way** (48% no disorders vs. 25% with disorders) and agree that “**my life matters in the world**” (58% vs. 32%).
- Students without psychological disorders report participating in **intercollegiate** (15% vs. 5% disorder) and **club/intramural sports** at higher rates (26% vs. 16%), **recreation activities** (29% vs. 23%), and **cultural/ethnic organizations** (19% vs. 12%) at slightly higher rates.

Source: Wake Forest University Wellness Study, 2019

LGBTQ+ students at Clark: More politically active, lower reported sense of life direction, and physical activity than other Clark students

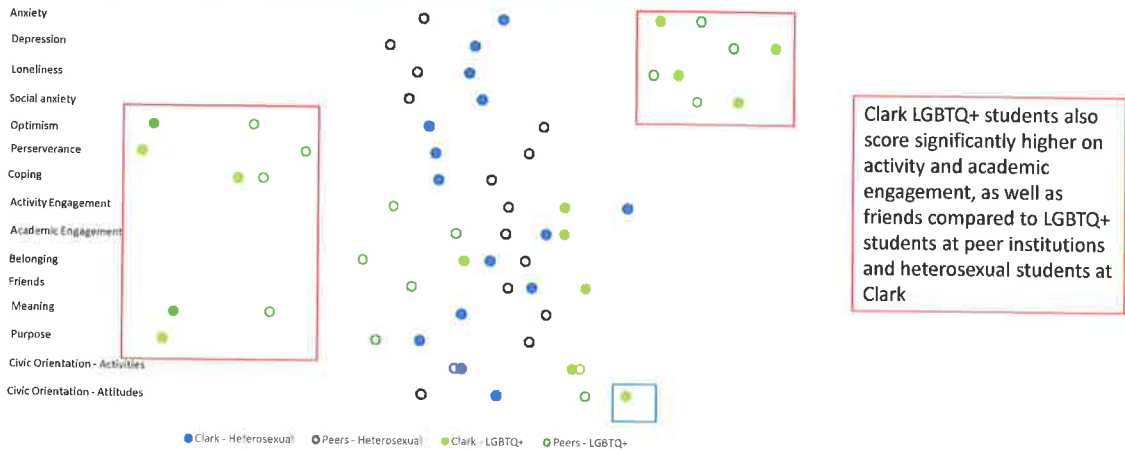
The following are areas in which LGBTQ+ Clark students respond with the most differences compared to heterosexual students.



Source: Wake Forest University Wellness Study, 2019

Clark LGBTQ+ students have higher anxiety and depression, and lower optimism, perseverance, meaning, and purpose scores compared to peer LGBTQ+ students and non-LGBTQ+ Clark students

Comparison of Mean Factor Scores by Sexual Orientation for Clark vs. Peers

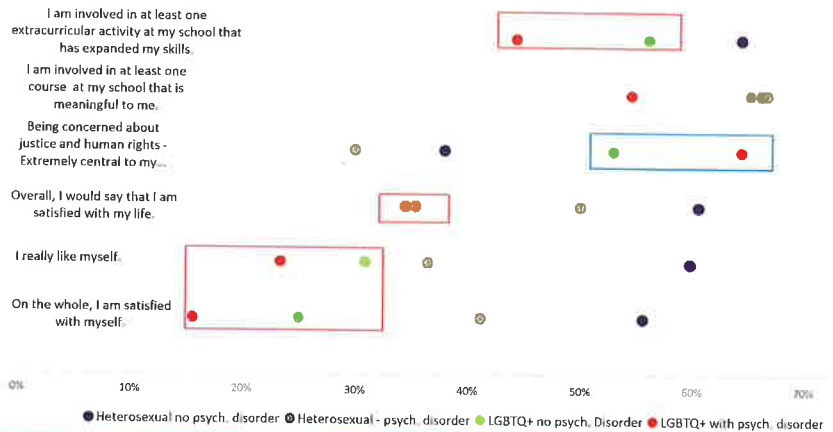


Source: Wake Forest University Wellness Study, 2019

Half of the LGBTQ+ community at Clark self-reported having psychological disorders; they had the lowest levels of self-esteem

Students with psychological disorders reported being satisfied with their life and liking themselves at lower rates than students with no psychological disorders. This effect is much more significant when factoring in sexual orientation, with members of the LGBTQ+ community agreeing at the overall lowest rates.

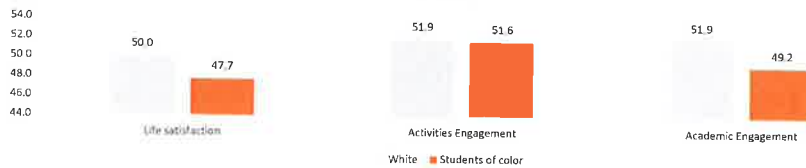
Comparison of Agreement to Statements by Sexual Orientation and Psychological Disorder for Clark vs. Peers



Source: Wake Forest University Wellness Study, 2019

When reviewing responses by students of color, three areas emerged: Students of color report lower life satisfaction factor scores, and lower academic and activity engagement

Significant differences in factor scores between students of color at Clark and all other students



“Something that would have greatly improved my undergraduate experience would be having more funding for MFGSS because they put on amazing events that help MFGSS students feel like we belong and can thrive... MFGSS and professors of color support students of color the way that white faculty cannot support us. We need more an openly identifying Latinx, Asian, Native-American, and South East Asian counselors at CPG because students of color deserve to feel represented and understood when seeking mental health resources... as a student of color along with my peers of color we have felt many times that our marginalized identities have been used against us or tokenized in the classroom by white professors and counterparts.”

Percent of Clark respondents agreeing with following statements

| Area | Statement | White | Students of Color |
|--------------|------------------------------------------------------------------------------------------------|-------|-------------------|
| Academics | During the current academic year, my classes have been generally interesting and engaging. | 71.4% | 57.6% |
| | During the current academic year, I have been able to find courses that are interesting to me. | 76.7% | 66.7% |
| Achievements | So far I have gotten the important things I want in life. | 50.9% | 32.4% |
| Health | I get at least 7 hours of sleep a night. | 46.5% | 24.5% |
| | I eat vegetables or fruit daily. | 53.8% | 37.6% |
| | I am satisfied with my physical health. | 29.6% | 20.2% |

Compared to White students, Asian, Black, and Latinx groups all had lower average academic engagement factor scores

Source: Wake Forest University Wellness Study, Senior Survey 2019

Senior Survey: When asked about areas for improvement, wellness-related suggestions focused on supportive relationships and campus culture

Integrate academic advising with mental health

“It would have been helpful to have more outreach on mental health related issues... it was difficult for me to keep up with my recovery while balancing everything else. While I'm not sure this is a fix, it would have been helpful to check-in with an office other than Health Services for matters outside of mental health. In other words, it would be helpful to have some sort of **liaison between health and academic matters** for the explicit purpose of balancing the two.”

“I wished that Clark could have reached out sooner regarding my **declining grades and check in with me mental health wise** or would have made clearer options available... looking at student patterns in grades I feel could have possibly raised a red flag to future destructive patterns, stress, cognitive dissonance and suicidal thoughts and could have given me the tools faster to turn it around late and get the absolute most out of Clark.”

Embed community support early

“I wish that there had been a **greater support system** in terms of **finding your niche** and thus finding friends and people to feel safe and comfortable around, and in terms of feeling supported and part of Clark before major declaration. I found I never knew who to turn to before I declared my major because no one seemed to care or make an effort.”

“There was no mental health check in throughout my entire time at Clark. I had a very hard time and didn't trust counseling services initially, but also had no community in the beginning of my time here to check in on me... there are only two kinds of first-years at Clark: those who have a **community to help maintain their mental health**, and those who don't.”

“A **second non-academic advisor** for mental-health and other stresses. Mandatory meetings with someone to talk to about this would have been really good for me at times.”

Academic culture of wellness

“Mental health needs to be taken more seriously. And not just in the provision of services to students. But the **college atmosphere**, the insane pressure to achieve a 4.0 is debilitating to students.”

“Integrated dealing with mental health problems into the core of the school's **academic culture**. Sincere efforts to counteract a culture of anxiety and burnout.”

Source: Senior Survey, 2017-2021

Senior Survey: Additional wellness-related suggestions focused on sexual violence, BIPOC, Athletics, and the health center

Support for victims of sexual and domestic violence

"Better support for sexual violence victims would have been immensely helpful. My advisor was great, but she was the only support I had... It is imperative that a counselor who specifically specializes in working with trauma victims is a part of counseling services at Clark."

"I was sexually assaulted my Freshman year. The next year a professor made a series of inappropriate remarks and actions. I felt **confused and alone**, that it was my fault, and like I was wasting my time."

"Clark's procedures for domestic violence protection were not clear. I did not know my options."

Support for BIPOC and international students

"The ISSO office is so understaffed to deal with so many international students, and all they have time to help with is visa things...not the **socio-cultural and racial climate** that exists in the United States... Please in international student orientation include some relevant conversations on how our identity changes to the external perceivers in America in ways we are not comfortable with."

"I wish Clark was as diverse as Clark claims to be. I understand that some things are hard to do, but the tokenizing nature is extremely disheartening."

"Raise awareness of mental health for students, specifically first-generation POC students. Encourage students that their health should be a bigger priority than school work."

Athletic Facilities Hours and Culture

"I would have gone to the gym more if there was a **larger space/more equipment** for lifting weights... this would have helped keep me healthier physically and mentally."

"Athletic centers are shut down too much. Increase the **availability of these spaces** to students who aren't on an athletic team."

"I find the atmosphere of athletics to be **isolating and hostile** for any members of minority groups such as the LGBTQ members of my team... I have witnessed coaches make excuses for students who display homophobic remarks and racist attitudes"

"I have been a proud member of the field hockey team for four years... I have found it extremely difficult to have pride in my affiliation with the Clark Athletic Department because of its alarming ability to overlook **patterns of racism, homophobia, violence** (including sexual), and sexism among athletes and even the coaching staff."

Health Services' role and policies

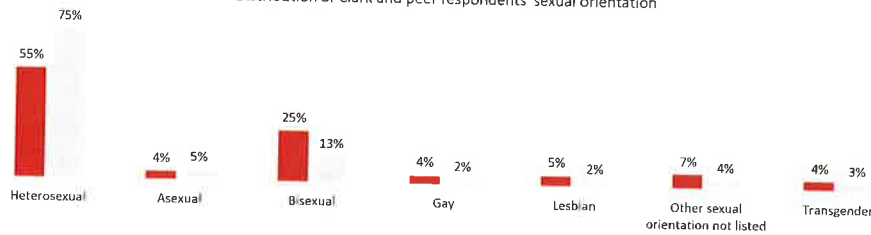
"Improve the health center and EMS, too often are **ambulances called for people who can't afford them** when a cab or a friend could just as easily be called, especially for non-emergencies... I've been [to the health center] several times and each time i was either told there's nothing that can be done to help, or was referred to a hospital."

"I guess if the Medical staff at the Health Center did their jobs so that I didn't end up having to go to the **hospital twice last semester**."

Source: Senior Survey, 2017-2021

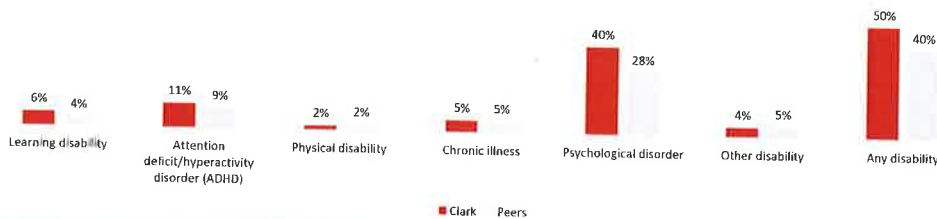
Clark has very high rates of students reporting a disability and/or psychological disorder; half of respondents self-disclose a disorder or disability, compared to 40% of peers

Distribution of Clark and peer respondents' sexual orientation



In total, 45% of Clark respondents identified as a member of the LGBTQ+ community. This is higher than what other Clark surveys have found (22-29%). The proportion of LGBTQ+ respondents at peer schools is closer to 28%.

Prevalence of disabilities at Clark and peers



Source: Wake Forest University Wellness Study, 2019

Key Areas for Additional Discussion and Consideration



Recommendations and Questions for Consideration

- How should Clark collect wellness statistics, both in real-time and on a regular cycle?
Should Clark join consortia, like JED?
 - ACHA-NCHA College Health Assessment – health habits, behaviors, and perceptions
 - Healthy Minds
 - Wake Forest Wellbeing
- How can we harness existing wellness-related data to better inform strategy / policy?

From our assessment, what strengths did we hear?



An understanding that health and wellness requires a holistic and collaborative effort across campus.

There are a lot of resources available in many different areas.

Many areas are already working together on various projects

Strong focus on response (within capacity)

Very hard working staff

Active student involvement / leadership in developing and supporting wellness programs

students are accessing resources

Many staff in depts focused on these efforts are student-facing and so in touch with the day to day needs, and also can be a growth edge in terms of higher level admin work/positions to be strategic.

Many of our students are self-aware and understand their own needs

Data (quantitative and qualitative) is available.



From our assessment, what gaps did we hear?



INFRASTRUCTURE & CULTURE

More capacity/resources for education and preventative work

Infrastructure serving the whole population

Need to ensure we are providing equity-minded supports/access to underrepresented communities

Developing an institutional culture of wellness - our approaches/pedagogies don't center this outside of specific areas

People were unaware of things that were already happening in other areas, so there is a lot of duplication of efforts.

onboarding

PREVENTION & EDUCATION

Sexual wellness programming/supports

Nutrition/healthy eating

Alcohol and other drug and sexual health education and prevention

More physical wellness for non-sports options. Classes, etc.

Gym/facilities hours and program staffing

Wellness in the curriculum

STAFFING NEEDS

Limited human resources

supports overly-rely on "scrappy" staff

staff burnout

Frequent turnover in staff leading to inconsistencies the support available to students

OUTSIDE RESOURCES

Collaboration with outside resources/other universities

Parent/family engagement

Having to prioritize/eliminate certain wellness areas due to lack

ASSESSMENT

data consolidation

Trends moving forward, data analysis of these trends.

Ongoing assessment of health and wellness

DIRECT SERVICES

treatment for students w/ disordered eating concerns

Lack of places to refer out when needs are more acute

with mental health, demand always outpaces the resources

Mental health as leading reason for students' departure from Clark





Appendix B: Subcommittee notes

Culture and Infrastructure Subcommittee Notes

American University
Babson College
Bentley University
Boston University
Brandeis University
Clark University
Macalester College
Northeastern University
Pepperdine University
Skidmore College
Wesleyan University
Wheaton College (MA)
Worcester Polytechnic Institute

WPI is doing all of this and are in the process of building a new Wellbeing Center

Wellesley has wellness trails throughout campus

(Wellesley's food is also superb/healthy and has great portion control)

March 1 – come back to do recommendations

Questions to explore:

What aspects of culture are most interesting/compelling to explore?

How does infrastructure impact culture

How do they use physical space to support their goals?

Cultural elements:

- Expectations – how do those support a culture of wellness?
- Traditions – how do they help/hinder?
- What concrete things can we put in place to start to shift culture?
- How are values communicated?
- What processes are in place to promote communication across units?
- New building – sensory room/partnerships with media/design/sounds
- ADA compliance doesn't mean welcoming (Compliance vs. Wellness)
- Living environments
- Spaces conducive to gathering, studying

Themes:

- Physical spaces to promote wellness; guidance to navigate spaces and resources
- Counseling, health services, wellness – integrated unit
- Website & information infrastructure (INFOstructure); logical trail – physical spaces for information (like info desk)

- Principles that guide the culture – what are we striving for? How is that clear to faculty, staff and students? (considering wellness more broadly)
- Where are things physically based; how is it to navigate (accessibility and inclusion)
- How to help students connect to resources/how to use – how accessible and inclusive are they?
- Some schools integrate wellness into graduation requirements
 - How might this help retain students who struggle with mental health while providing an added layer of support?
- For staff group: cross training to help students get what they need; support for staff/faculty
- How to give tools during the first year to promote wellness practices/habits?
- Moving beyond transaction to transformation (focus on preventative & quality of life, reflection, joy)
- Integrating wellness into courses

HH Research

- **General search for best wellness**
- Harvey Mudd – **6 week course on mental wellness** each semester (could this be something to keep students enrolled at Clark but allow them to take time off?)
- UCSB Happiness Challenges – participate in wellness opportunities and earn points to redeem for prizes
- UPitt **Stress Free Zone** (space to practice mindfulness/stress reduction)
 - Massage chair, day light therapy, audio zones, meditation space, recorded meditations (can listen online)
- & Center for Creativity – employees and students to create together
- 2015 CSU Northridge opened the 16,000-square-foot **Oasis Wellness Center**, which offers indoor and outdoor lounge spaces, acupuncture, meditation, yoga, massage therapy, stress relief, health and wellness workshops, and power-napping sleep pods for students. The pods position users in optimal, reclined sleeping positions while relaxing music is played, offering students an opportunity to counteract feelings associated with sleep deprivation and work toward building healthier habits. In its first semester of operation, 3,800 naps were taken at Oasis, and user feedback was overwhelmingly positive. Most important, reports of sleep and stress problems decreased among CSU Northridge students within a year.
- UMD– Wellness Hut – a booth on campus where students can **get wellness questions answered**
 - Farmer’s market on campus weekly
- Student **Resolution Center**– conflict management - CSU
- (Virginia Tech), five departments form the health and wellness unit: Recreational Sports, Cook Counseling Center, the Schiffert Health Center, Services for Students with Disabilities, and Hokie Wellness. These departments have been reporting to one assistant vice president since 2006,
- WahooWell, which encourages any student to take a survey and then have an appointment with a facilitator, who will help the student find connections between their wellness issues and ways

to resolve them. The program is clear that it is not therapy, which makes it more accessible to those who are unwilling to commit to long term counseling.

- URichmond, Wellness Graduation Requirement – attending workshop/institute (non-graded)
- EduMed top 25 colleges
 - Fitness studios in res halls (Michigan), personal trainer/group training & assessments (Miami), campus massage therapy/acupuncture (UMD), Ithaca has a Wellness coaching program, (UPitt) Stress reduction space, UMASS Amherst DEI policies, (Wheaton) Peace and Justice Collaborative – research with faculty/students; (Utah) Farmer’s markets on campus, health minded food options like juice bar (Appalachian State), Nutri-Fest (Illinois State) & Teaching Kitchen (Northwestern)
 - Through its Dining Sustainability Initiatives program, UMass additionally maintains five campus permaculture gardens, and sources over 100 local vendors and farmers to provide organic produce and other fresh and healthy food products for its dining facilities.
- **Wellesley College***
 - Wellesley College is a private women's liberal arts college in Wellesley, Massachusetts,
 - **Graduation rate 89%**
 - Notes:
 - Spin room, climbing wall, jump pit, squash courts, boathouse, golf course
 - Outdoor adventure trips (cancelled COVID)
 - **Wellness trails**
 - Occupational, Intellectual and environmental etc. wellness pages
 - Students need physical education credits to graduate
 - Featuring a video with nature and positive text on main webpage
 - Office of student wellness: Director, outreach nurse, nutritionist, and student wellness ambassador
 - Peer health educators
 - **Self-reflection tool**
 - Wellness Policies on campus: accessibility, alc/drug, title ix, honor code
 - Wllness Outreach Collaborative with reps from: Health serv, SLP, Wellness, Religious, Sustainability, Ecology of Place, Rec/Gym, RLH, CPG, academic, SAS, Title IX
 - Paulson Ecology of Place Initiative will transform Wellesley’s campus into a “living laboratory.” – nature mindfulness practices; redefining classroom in nature; food collaborative, pop-up performances, field trips; internships
<https://drive.google.com/file/d/1pDmMJtegoMWS2Rgy6E2H99Wc335shsM/view>
- **Wheaton College**
 - Wheaton College is a private liberal arts college in Norton, Massachusetts. Wheaton was founded in 1834 as a female seminary.
 - **77% acceptance and graduation rate**
 - [Counseling Center](#)
 - [Student Health Services at Norton Medical Center](#)

Health & Wellness site was accessible:

Start here:

- What do I do if I get [sick](#)?
- I feel stressed, where can I find someone with whom to [talk](#)?
- How do I make an appointment at the [Norton Medical Center, Wheaton's designated student health center](#)?
- Where can I go to [exercise](#)?
- Where can I find healthy [food](#) choices on campus?

- Notes:
 - 2 dining halls; 2 cafes
 - sustainability efforts, which include such things as buying local produce, using fair-trade coffee, and sending leftover scraps to a local pig farm
 - Dietitian – on campus office
 - Wellness week
 - Gyn care; STI clinic; flu shot clinic
 - Athletic Facilities seem similar to Clark but potentially with extra stadium
 - They did have group exercise classes (last semester, not sure due to covid)
 - Center for Social Justice & Community Impact is housed near Center for Religious and Spiritual life
 - Offer both “Dissent devotionals” and meditations weekly

Subcommittee Convo Notes:

- Some schools have clear core values (Babson)
- Wellness as offshoot from health services – separate distinct building
- One school had dog park
- Macalester – map with best places to nap on campus; sunny spots map
- Going above and beyond with ADA – dining hall all one level and main entrance in every building has just incline (no steps)
- Promoting sustainability as a separate entity; using and advertising green space**
- Transaction vs. transformation (focus on preventative)
- Wesleyan – WesWell initiative (safe sex supplies; library of resources; recovery lounge/peer support group); funds for wellness related programming for student groups; paid opportunities for ug/grads, WesBam – fitness position for students; “the resource center” – intersectional resources, kitchen/pantry/social and study spaces
- Brandeis – body positive peer-led program (impact of privilege/oppression on body image/self care); online courses available (independently)

Prevention & Education Subcommittee Notes

- **Overall Wellness Prevention & Education Initiatives**

- <https://www.collegeraptor.com/find-colleges/articles/student-life/11-colleges-putting-health-wellness-first/>
- Wellness/Health Coaching Programs – either run by staff or trained peer educators. All students meet once to go through a wellness assessment, are provided results, and have individualized discussion regarding goals for upcoming semester.
- Pre-matriculation programs are offered in the summer. Formats and length of programs vary. Topics covered include:
 - Campus orientation
 - Time management
 - Stress management
 - Academic skills (Library orientation, Test-taking Strategies, Study skills)
 - Social activities
 - Coping skills and wellness practices
 - Peer-to-peer mentoring
- Campuses are integrating their versions of the wellness wheel into programming and education across different departments for a unified approach to holistic well-being
- Academic Wellness degrees/certificates (Yoga Studies, etc.)
- Residential Fitness Facilities

- **Mental Health Education**

- JED Foundation
- Erica notes from call on 2/3:
 - 4 year program
 - \$42,000 fee for four-year institutions - often funded through donors or grants
 - Once you pay for it you are an alumni of the program and that doesn't require any payment and retain access to their learning communities and some of the vendor discounts.
 - Schools have used Project Connect as an outside vendor but no others
 - Pros: brings some visibility and worthwhile momentum, can support the work that has already been in progress, Healthy Minds is part of being a JED program (run it twice: year 1 and last year), gives a color-coded status about meeting standards or not and that can help with leverage and accountability, JED experts have been helpful in crisis, basically an environmental scan tool that is internal-focused and policy-focused, does bring in campus partners and open some eyes
 - Cons: it is a lot of work, shareholder's start up paperwork is intensive, unsure if it is worth the money, and requires a point person (typically counseling center person) and committee, response rate for JED survey was low and not incredibly helpful (doesn't assess AOD, sleep, or eating disorders fully), turnover in JED staff, resources are vendor driven and not individualized to campuses and not necessarily showing impact or evidence, many schools haven't utilized those vendors because they are expensive, not student-facing, need to add responsible dept and person to actually have accountability

- The College of Saint Rose JED Campus Program: <https://www.strose.edu/student-development/health-counseling-wellness/counseling-services/jed-campus-program/>
- Seize the Awkward- resources to guide students in recognizing the signs and having conversations with friends about their mental health
- [The Steve Fund](#) - support mental health and well-being for students of color
- KORU mindfulness program (Jess Bane Robert already certified and teaching this spring)
- Kognito: Suite of tools designed through interactive, virtual tools to teach staff/faculty/students about varying topics. Below is research about mental health.
 - STAFF/FACULTY MODULE: The study included 10,246 faculty and staff members at 163 institutions across 33 states. Key findings include: **1. Mental Health Skills** The study found a statistically significant increase ($p < 0.05$) in Total Mental Health Skills from pre-simulation to 3-month follow-up. Total Mental Health Skills included ability to: (1) identify when a student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a student, (3) motivate a student to seek help, and (4) discuss a referral to mental health support services. **2. Behavior Change** Three months after completing the simulation, participants reported an increase of 47% in the number of students they approached to discuss concerns with and 42% in the number of students they discussed a referral to support services with ($p < 0.05$). **3. Speaking with Colleagues about At-Risk Students** Three months after completing the simulation, 60% of participants in the study reported an increase in the number of conversations they had with other faculty, staff, and administrators about students they were concerned about. **4. Satisfaction with Learning Experience** Ninety-seven percent rated the simulation as good, very good, or excellent. Ninety-eight percent said they would recommend it to their colleagues.
 - STUDENT MODULE: The study included 41,510 students at 149 institutions of higher education across 46 states. Key findings include: **1. Mental Health Skills** The study found a statistically significant increase ($p < 0.05$) in Total Mental Health Skills from presimulation to 3-month follow-up. Total Mental Health Skills included ability to: (1) identify when a fellow student's behavior or appearance is a sign of psychological distress, (2) discuss concern with a fellow student, (3) motivate a fellow student to seek help, and (4) make a referral to mental health support services. **2. Behavior Change** Three months after completing the simulation, participants reported an increase of 70% in the number of students they approached to discuss concerns with and 53% in the number of students they discussed a referral to support services with ($p < 0.05$). **3. Self-Referral** Three months after completing the simulation, participants reported a statistically significant increase ($p < 0.05$) in terms of the likelihood that they would seek help when experiencing psychological distress. **4. Satisfaction with Learning Experience** Ninety-eight percent rated the simulation as good, very good, or excellent. Ninety-two percent said they would recommend it to their fellow students.

- **Sex Education**

- What we do:
 - Consenting Communities First Year
- Healthy Relationships
- One Love: <https://www.joinonelove.org/about-yearley/>
- Sexual Violence Prevention & Education
- It's On Us: <https://www.itsonus.org/>
- Not Anymore: an interactive online education program that will provides information about sexual misconduct on college campuses and how to be an active bystander, as well as opportunities for personal reflection.
- Kognito: Sexual misconduct prevention module: 75 minutes; checking for consent, bystander intervention, and referring peers.

- **AOD Education**

- Resources we have (both used for first time offenders, students must pay for course):
 - AlcoholEdu
 - MarijuanaEdu
- Kognito: AOD prevention module: 55 minutes; refusal skills, bystander intervention, helping peers, limit and goal setting
- <http://www.echeckuptogo.com/>
- Utilize College AIM: useful website for higher ed personnel to guide evidence-based decisions about what strategies/programs/policies to implement for targeted individual needs or environmental strategies for general population
 - <https://www.collegedrinkingprevention.gov/Default.aspx>

- **Physical Wellness Education**

- Exercise classes/courses built into orientation or as course requirements
- Recreation Center/Healthy Living Classes (nutrition, massage therapy, wellness relief, sleep)
- **Nutrition Education**
 - The Body Project: group-based intervention that provides a forum for women and girls to confront unrealistic beauty ideals and engages them in the development of healthy body image through verbal, written, and behavioral exercises.
 - <https://www.nationaleatingdisorders.org/body-project-college>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5520649/>
 - Late link shares article that explains efficacy of the body project in reducing ED and improving health outcomes
- On campus Farmer's Markets (at Clark, previously had one campus?, partner with REC?)
- Cooking Courses – in dining hall or in rec center
- On-Campus Dietitian drop in hours and appts

Direct Services Subcommittee Notes

Counseling Services

| | Services Offered | # staff | # interns |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|
| Clark University | individual therapy, crisis, groups (10), ProtoCall, psychiatry, consultation, Student Support Network (both student and faculty/staff), Student Advisory Board, Peer Educators, Peer Support Workers, MH Toolbox, WCCC, multicultural support, substance abuse counseling, community education | 7.5 clinical, 1 administrative asst, psychiatry (8 hr/wk) | 7 interns |
| American University | individual therapy (6-8 sessions per year), group therapy (7), ProtoCall, psychiatry (\$ out of pocket), consultation, workshops/presentations, MySSP for referrals, multicultural support | 12.5 clinical, 2 administrative asst | 1 post-doc, 4 interns |
| Babson College | consultation, assessment, short-term counseling, outreach, crisis | ? | 2 interns |
| Bentley University | short-term counseling, crisis, ProtoCall, Stress Management Workshop, faculty/staff trainings | ? | 3 interns |
| Boston University | 3 clinics (Behavioral Medicine Clinic, The Danielson Institute, Center for Anxiety & Related Disorders): Beh Med Clinic: assessment & diagnosis, brief treatment, psychiatry, groups (12), workshops, neuropsychological testing for ADHD, Patient Connect for referrals, consultation, outreach and prevention programming. Danielson: short-term individual therapy, couples & family therapy, groups (3), testing and assessment, clergy services, psychiatry, CARD: combination research/clinical program - extensive evaluations, individual, groups, intensive services, psychiatry, neuropsychological assessment | ? | ? |
| Brandeis University | multi-lingual (Hebrew, Mandarin, Spanish), assessment, groups (20), individual therapy, embedded therapy, Thriving Campus for referrals, Well Connection for referrals, crisis, JED school, multicultural support | 18 therapists, Director, Asso Dir (2), admin asst, psychiatrist, case manager | 1 post-doc, 1 intern, social work fellow (2) |
| Macalester College | short-term counseling, wellness groups (5), multicultural support, referrals, ProtoCall, drop-in appointments, Let's Talk, psychiatry | ? | ? |
| Northeastern University | find@Northeastern provides immediate support with tx'pist, connection to resources, individual therapy, walk-in hours, crisis, groups (7), MH app (SilverCloud), psychiatry, | ? | ? |
| Pepperdine University | individual counseling, group counseling, relational counseling premarital counseling, psychiatry, consultation, prevention and outreach, substance abuse counseling, | 8 clinical, 2 administrative asst | 0 interns |
| Skidmore College | individual (up to 8 sessions), NO psychiatry, groups, ProtoCall, workshops | 4 clinical, 1 asso dean, 1 admin asst | training program (? about #) |

| | | | |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Wesleyan University | individual counseling (short-term), crisis, groups (12), guided meditation, workshops, psychiatry, QPR, multicultural/gender affirming | 7.5 clinical, 1 case manager, 1 admin asst, 1 nurse practitioner | 1 post-doc, 6 interns |
| Wheaton College | short-term counseling, crisis, case management, AOD consultation, outreach, consultation, referrals | 2 clinical | 2 interns |
| WPI | individual therapy, groups, ProtoCall, crisis, Student Support Network, Thriving Campus for referrals, | 9+ clinical, 1 psychiatrist, 1 admin asst | 4 interns |
| Amherst College | individual therapy, ProtoCall, crisis, single session treatment, groups (4), discussion groups (3), partnership with McLean Hospital College MH Program (3 groups), SSN, community education, stress management workshop, grit and resiliency training, MySSP for 24/7 telephonic support (multilingual support), multicultural support | 10 clinical, 1 office manager, 1 wellness, 1 case manager, 2 medical assistants, 1 psychiatrist, 1 nurse practitioner, | 0 interns |
| Hamilton College | individual therapy, initial consultations, group therapy (3 groups - one is Wilderness Adventure Quest), Peer Counseling, Acupuncture, Sound Healing, Wellness Room, Art Therapy Space, biofeedback, ProtoCall, psychiatry, dietician, crisis appointments | 4 FT clinical, 1 psychiatrist, 1 PT nurse practitioner, registered dietitian, 8 PT clinical, 1 acupuncturist | training program (? about #) |
| Tufts University | individual therapy, Kognito, crisis, ProtoCall, multicultural and trans support, Triving Campus for referrals, psychiatry, groups, workshops | 18 clinical, 2 nurse practitioners, 1 wellness, 1 office manager | 3 post-doc |

Health Services

| University | Staff Number | Services Offered |
|---------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| American University | 17 full time 1 part time | <ul style="list-style-type: none"> - office visits -adhd medications -PrEP (HIV prevention) -PAP smears/breast exams -Telemedicine appointments - transgender hormone initiation and maitinence - perscription refills - Lab testing |
| Babson College | 7 total very vague descriptions of care | <ul style="list-style-type: none"> - COVID testing - lab testing - "female and male reproductive exams" - birth control counseling - pregnancy tests - PrEP/STI testing and treatment -"Gender affirming hormone support" - emergency contracapetion - gynelological care |
| Bently | 9 very little information | <ul style="list-style-type: none"> - perscription delivery - telemedicine |
| Boston University | | <ul style="list-style-type: none"> -lgbt page on the site outlining queer healthcare for students - hormone initiation/matinence - referral for gender affirming surgeries - Genitourinary care - lab testing - general office procedures - Referrals for specialists - PEP for HIV prevention |
| Brandeis | 7 | <ul style="list-style-type: none"> - immunizations - contraceptive evaluations - STI and pregnancy testing - nutrition counseling - lab testing - free male condoms - annual physicals - pharmacy pick up services |
| Macalester | | <ul style="list-style-type: none"> - STI and pregnancy testing - PrEP - free male and female condoms |

| | | |
|---------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | <ul style="list-style-type: none"> - physicals - pharmacy pick up services - care for acute illness and injury - minor procedures - immunizations - lab testing - medication initiation/maintenance |
| Northeastern | 17 | <ul style="list-style-type: none"> - STI exams/pregnancy testing - routine gynecological exams - PreP (HIV prevention) - safe sharps disposal - primary care - allergy care |
| Pepperdine | | <ul style="list-style-type: none"> - treatment of minor illness/injury - chronic condition and skin prob - massage therapy - PreP services - nutrition counseling - pregnancy tests/pap exams - STI testing and treatment - routine vaccinations |
| Skidmore | 14 | <ul style="list-style-type: none"> - treatment of minor illness/injury - immunizations - sexual assault info - smoking cessation info - birth control initiation/maintenance - STI testing/pap exams |
| | AFFORDABLE --> | |
| Weslyan | 14 | <ul style="list-style-type: none"> - medical chaperones - dispensary and prescription delivery - gynecological services - immunizations - lab services - routine check ups - PreP - tobacco cessation - nutrition services |
| Wheaton | | <ul style="list-style-type: none"> - allergy testing - immunizations - lab testing - in house pharmacy - physical examinations - simple surgical procedures |

| | | |
|-----------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WPI | 9 | <ul style="list-style-type: none"> - "women's health issues" - diagnosis and treatment of illnesses - eval and treatment of injury - immunization clinics - referral services - sports medicine |
| Amherst College | | <ul style="list-style-type: none"> -acne consult and treatment - acute illness/injury care - ADHD management - allergy shots - chronic illness care - eating disorder treatment - eye health services - immunizations - lab testing - prescription services - <u>transgender care</u> - sexual health care |
| Hamilton | | <ul style="list-style-type: none"> - dispensary services - lab testing - women's and men's sexual healthcare - travel counseling |
| Tufts | no other university mentions the healthcare that comes with a s/a case including Clark --> | <ul style="list-style-type: none"> - trans healthcare - hormone initiation & maintenance - referral for gender affirming surgery - PreP and STI testing - birth control - vaccines - routine check ups - eating disorder treatment - smoking cessation - SEXUAL ASSAULT CARE AND RESOURCES - chiropractor - acupuncture |

Title IX

| Services offered | Outsourced (Y/N) | No. Staff |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------|
| <p>American</p> <p>reporting; request for pregnant/parenting accommodations; office of equity and Title IX; training; investigating Full-time Title IX Coordinator (civil rights attorney); reporting (in person, online, anonymous); confidential resource provider (Director of Health Education); bystander training; title ix training for responsible employees Title IX Coordinator; reporting and support; Confidential resource Title IX Coordinator is Director of student conduct and 3 deputies; education and investigation; reporting and anonymous reporting;</p> | n | 6 full-time staff; 1 coordinator, 1 case manager/office administrator/ 3 investigators; 1 training manager |
| <p>Amherst College</p> <p>1 full-time; 5 Deputys (other staff); 1 confidential resource</p> | N | |
| <p>Babson</p> <p>Confidential resource Title IX Coordinator is Director of student conduct and 3 deputies; education and investigation; reporting and anonymous reporting;</p> | N | 1 |
| <p>Bentley</p> <p>Sexual assault and prevention center: crisis line; medical/legal/academic advocays, counseling; EOO Office - reporting, behavioral intervention team, training, title IX listening sessions, training, investigating, confidential resources, climate surveys office of equal opportunity; reporting ; training and education; provide information; investigations; office provides support for ADA and Title IX</p> | n | 0 full-time |
| <p>Boston Univ</p> <p>Title IX office; review of policies, reporting and investigation, coordination with counseling services for sexual assault prevention and counseling</p> | n | 5: Director EOO, Title IX Coordinator; 1 deputy, 1 data manager, 1 civil rights investigator |
| <p>Brandeis</p> <p>Title IX office; review of policies, reporting and investigation, coordination with counseling services for sexual assault prevention and counseling</p> | n | 3 full-time staff: Director and 2 OEO/Title IX investigators |
| <p>Macalester</p> <p>1 full time, deputies are other staff throughout university</p> | n | |

| | | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Northeastern | office for university equity and compliance (Title IX, EOO, etc); reporting and investigating; training; separate sexual violence resource center | 4 full-time (director, title ix coordinator, investigators) |
| Pepperdine | Title IX is VP of Student Affairs; It's On Us Campaign, reporting and investigating; sponsors training | no full-time dedicated staff just for Title IX outsources training |
| Skidmore Wesleyan | victim advocacy through health promotion services; reporting/investigating; education, prevention, training; campus climate survey | 2 plus HR Director |
| Wheaton | Office for Equity and Inclusion Office, reports and reporting, investigating, referral to resources, assistance with accommodations, policy compliance | 1 VP for Equity and Inclusion / Title IX Coordinator 1 plus deputies from throughout the campus |
| WPI | reporting, investigating, referral to resources, assistance with accommodations | 1 title ix coordinator works with Dean of Students office 3: Director/Title IX Coordinator; Asst Director (programming); Investigator/Compliance officer |
| Hamilton | Community Standards Office; reporting, education/prevention; investigating; policy compliance oversight | 6 staff and 1 support person; 3 of the staff focus on title ix - others on title vii, ADA, and Affirmative Action |
| Tufts | Office of Equal Opportunity, reporting and investigating, training, campus climate survey | |

Dietitian

Services offered

Outsource/ No. Staff

| | | | |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|
| American | registered dietitian through dining services; | | mostly no; 10 in dining services (1 dietitian) |
| Amherst College | Nutrition evaluation and counseling through health services; nutrition assessment, weight management; food allergy mangement; nutrition counseling for eating disoders; Eating Disorders Assessment and Treatment Team with Counseling, Health Services, nutritionist, psychiatrist, and Director of Sports Medicine; ACNutrition website/portal; looks like dining services is not outsourced | N | many across multiple departments |
| Babson | registered dietitian through health services; myfitness pal app; 2 registered dieticians through healht services; trainings on food allergy awareness | n | 3 (1 health services, 2 dining services) |
| Bentley | none found for dietician, nutrition or eating disorder services | y Sodexo | |
| Boston Univ | Sargent Choice Nutrition Center - 7 RDNs see community and BU students/staff; weight loss, blood pressure, diabetes, eating disorders, celiac disease, food allergies, etc. | n | 7 full time RDN |
| Brandeis | dining services dietician; Health and Wellness promotion Body Positive Coordinator - student run group | y Sodexo | |
| Macalester | none described | ? | none described |
| Northeastern | cooperative medical, nutritionist, mental health and sports performance staff; 1 RDN; | n | 1 RDN |
| Pepperdine | 1 RDN through health services in-person and telehealth; eating disorders team with health services, counseling, and RDN; \$50 initial nutrition consultation telehealth; \$25 follow-up nutrition consultation telehealth | n | 1 |
| Skidmore | health promotion nutrition coaching; no specific dietician at dining services or health services; mostly list of contact information to community agencies | n | 0 |
| Wesleyan | nutritional counseling through health services. \$25 fee assessed to no-shows | n | RDN available by appointment only on Friday afternoons |
| Wheaton | telehealth nutition services; general nutrition information, counseoing around medical conditions, disordered eating | y | health services outsourced to Sturdy Memorial Associates |

| | | | |
|----------|----------------------------------------------------------------------------------|---|-------------------------------------------------------------------|
| WPI | dietician through dining services, nutritional counseling - not eating disorders | ? | Health services provide general nutrition information, but no RDN |
| Hamilton | 1 RDN through counseling services; nutrition and eating disorders; | n | 1 RDN |
| Tufts | health services work on eating disorders but unclear if dietician is on site | ? | ? |

Staffing Needs Subcommittee Notes

Health and Wellness Committee

Staff Support-Onboarding

- **NORTHEASTERN: Onboarding link:** <https://assets.hrm.northeastern.edu/pdfs/resources/employment/NU-Toronto-Employee-Onboarding-Guide.pdf>

- **PEPPERDINE: Onboarding link:** <https://community.pepperdine.edu/hr/new-employees/>

- **SKIDMORE: Onboarding link:** <https://www.skidmore.edu/hr/documents/NewEmployeeOnboardingChecklist.pdf>

- **McCalister: Onboarding link:** <https://www.macalester.edu/employmentservices/managerstoolkit/onboardingemployees/>

*** Number of individuals in support departments is dependent on number of students frequenting these supports and overall number of students on campus.**

*** Most departments range between 2-5 staff members.**

*** Northeastern utilizes their undergrad and grad students as resources to heavy trafficked departments as additional resources. Win/win for students and institution. This also helps take the burden off of staff members so they can focus on the most important aspects of their job and allowing them to utilize breaks/lunch time.**

*** Skidmore utilizes as many students as possible on campus to allow them access to employment and engagement while already on campus. (Both entities are prone to hiring their students for part-time positions vs outside candidates).**

Health and Wellness
Staff Onboarding/Support

Pepperdine: Thrive Wellness Plan

- Health Resources
- On-Campus Resources
- On-Line Resources
- At Home Resources
- Webinars and Community Emails

Skidmore:

- Good, New Employee Onboarding Checklist for Supervisors to follow
- Could not locate a wellness program for their employees

Macalester:

- New Employee Checklist for Supervisors
- **WHAM** (Wellness and Health at Macalester)
 - Includes classes and programs
 - Wellness Coaching
 - Wellness Benefits and Incentives
 - Links and Resources
 - **Wellness Coaching for Employee's (Kelly Fang)**
 - **Reward Cards \$150.00 for employees who complete 2 activities for program.**

Northeastern:

- **Excellent checklist for first 90 days for Supervisor's**
- Not Clear about Wellness Plan

***All links for these four schools/programs can be found on previous document.**

Organized Employee Onboarding Process

- NYU - <https://www.nyu.edu/employees/hr-at-your-service/employee-onboarding.html>.

Centralized Wellness Operations

- Variety of Wellness functions reports to one person within student affairs to promote easier collaboration
- Areas included depending upon school are CARE team, Health Services, Counseling Services, Prevention Services (can include education about sexual assault response and sexual health, alcohol and other drugs, mental health best practices), accessibility services and spiritual life
- Examples
 - Babson - <https://www.babson.edu/student-life/health-and-wellness/meet-the-staff/ryan-travia/>
 - DePauw - <https://www.depauw.edu/campus-life/wellness/> and https://depauwtigers.com/information/directory/bios/baker-watson_stevie?view=bio

Preventive Services

- Staff focused on student education of all kinds. Not one area doing Title IX, another doing alcohol and drugs, sleep and other facets of wellness.
- Large number of peer educators to assist with this work
- Examples:
 - Bentley - <https://www.bentley.edu/university-life/student-health/wellness-prevention>
 - Ithaca - <https://www.ithaca.edu/thrive-ic>

Graduate student affairs staff - Staff in student affairs dedicated to helping graduate students navigate the University. Some examples:

Babson

- 2 staff members – Director and Assistant Director of Graduate Student Life and Leadership
- Seems to more focused on cocurricular and student life but reports to student affairs so there is a connection to the greater wellness of the college

Brandeis

- 2 Graduate student affairs staff - Assistant Dean and Program Coordinator
- Office of Graduate Affairs description “Whether you are new to Brandeis or a returning graduate student, the staff at Graduate Student Affairs are committed to helping you navigate your time in graduate school. Life as a graduate student is busy and stressful — we are here to support you in doing your best academically while also taking care of yourself.”

Regis

- <https://www.regiscollege.edu/regis-life/graduate-affairs>
- Hard to tell staffing on this one but the website make it look like there are resources

Dedicated Physical Wellness (recreational) staffing

- Typically paired with area that manages fitness facilities and gym since those areas overlap so heavily.
- School (Staff number): WPI (3), Babson (3), Wheaton (1), Wesleyan (1), Brandeis (4-5)

Assessment Subcommittee Notes

Meeting on 1/25/2022 & February 8, 2022

Draft Recommendations:

- Create a logic model to guide assessment and planning
- Administer Healthy Minds Survey with committee/cross-team to support implementation, results debrief, and programming execution
- Funding for CCAP in CPG
- Technology to track CPG service utilization and demographics of clients to demonstrate need.
 - Reaching out
 - Time to secure appointment
 - Number of appointments made, seen, repeat
 - Retention rate
- Technology to track / report on gym facilities and programming
- Ongoing student satisfaction and feedback on programming and services (e.g., CPG).
 - PCOMS; Feedback Informed Treatment (FIT) Measures:
 - Outcome Rating Scale (ORS) - measures the client’s perspective of change or improvement (or lack thereof) in relation to where they started
 - Session Rating Scale (SRS) - 4-item measure of therapeutic alliance that includes gathering information about how the client feels about the relationship, the goals and topics, the approach to treatment, and an overall rating
 - Program participants
 - Currently using a patient-reported outcome measures, e.g., OQ-45?
- Focus groups

Sample National Surveys / Assessments

See a breakdown of survey foci here: <https://wellbeingcollaborative.wfu.edu/access-resources-2/measure-mapping/>

| Assessment Acronym | Number of domains covered | Academic | Activities and Functioning | Emotional/behavioral | Endemic/psychological | Mental/clinical | Personal/circumstances | Physical | Social | Spiritual | Subjective |
|--------------------|---------------------------|----------|----------------------------|----------------------|-----------------------|-----------------|------------------------|----------|--------|-----------|------------|
| WBA | 10 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| NSSI | 4 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| NCHA-II | 9 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| NCHA-III | 9 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| TQ | 6 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HMS | 8 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HERETS | 9 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HERETYU | 9 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| HEREUS | 9 | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |

Note: Larger symbol means a higher percentage (● 0 items, ● 0-9%, ● 10-19%, ● 20-29%, ● 30-39%, ● 40-49%, ● ≥50%). Each row adds up to 100%.

NCHA

https://www.acha.org/NCHA/NCHA_Home

- **Embedded scales**--Alcohol, Smoking and Substance Involvement, Connor-Davison Resilience Scale, Diener Flourishing Scale, Food Security, Kessler screening for serious mental illness, UCLA loneliness scale, Suicidal Behaviors Questionnaire
- Really like the breakdown of how students are spending their time
- Relationship violence, SA, overall safety
- Didn't see a lot about eating disorders which seem to be rampant
- Would love to know how participating schools use this data

Healthy Minds (JED Foundation)

<https://healthymindsnetwork.org/>

<https://healthymindsnetwork.org/participatinginstitutions/>

- This is the instrument that Megan Kersting is most interested in
- There are elective modules but schools generally only choose one to keep the survey short, so it looks like this survey's focus is on mental health status and service utilization — that means we're not getting dimensions like food insecurity, general health and wellness, substance abuse, etc that we get in the NCHA survey
- Emphasis on gender/sexual identity and campus climate/discriminatory behavior—seems these questions are only asked of 1st year undergraduate students?
- Uses Diener Scale as well in second section
- There is a small section on eating and body image if that isn't selected as an elective
- **This is much more concise than the NCHA survey and actually has a more inclusive bent in the framing of the questions—like that institutions can customize based on what elective they're most interested in.**

Wake Forest Wellness Survey

<https://wellbeingcollaborative.wfu.edu/the-wellbeing-assessment/>

Topics

Apps with student-level dashboard about depression, anxiety, sleep, etc. -- as voluntary screener that allows results to be shared to counselor at Clark or outside community.

- Embedded in FYI courses.

Survey or assessment schedule—onetime and ongoing

How other universities are using the results to inform their work

- Showcasing models and continuous improvement model.
- Assessment professional development workshops for division / committee

Specific metrics dashboard:

- Services are culturally competent

- Services are responsive
- Program evaluation
- Psychotherapy metrics (Scott Miller) in Counseling Center

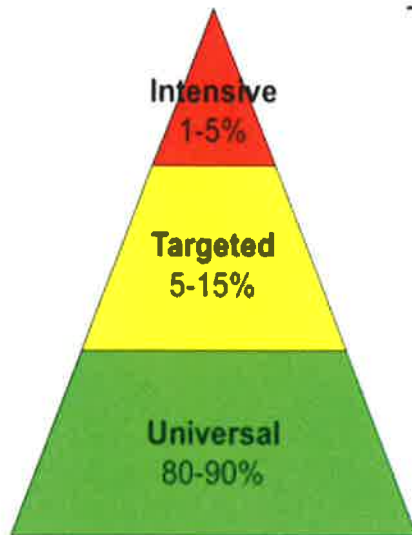
Creating a logic model

- We have a commitment to remediate / address issues
- Who else should be at the logic model generation meeting/process -- is this a whole committee vs. Subset
- [Basic Logic Model Template in Google Doc](#)

[SHAPE: School Health Assessment and Performance Evaluation System](#) (K-12, but adaptable)

- A free, interactive tool designed to improve accountability, excellence, and sustainability in school mental health
- [School-based Mental Health Quality Assessment: Overview of Domains and Indicators](#)
 - Teaming
 - Needs Assessment/Resource Mapping
 - Mental Health Promotion Services & Supports
 - Early Intervention and Treatment Services & Supports
 - Screening
 - Documenting Impact
 - Funding & Sustainability
- [School Mental Health Quality Assessment](#) (paper version; electronic version available)
 - Designed for school teams to 1) assess the comprehensiveness of their school mental health system and 2) identify priority areas for improvement.
- [Strategic Planning Guide](#)

Data Across Tiers



Tier I - Universal

- Aggregated psychosocial data
- Community/staff/student needs assessments
- School climate surveys / YRBS
- EWIS data
- VOCAL survey
- Screening

Tier II - Targeted/Selected/Group Supports and Interventions

- Group progress monitoring data
- Show-rate data for group sessions
- Student/parent/guardian feedback

Tier III - Intensive/Individualized Supports and Interventions

- Treatment plan data
- Progress monitoring data

Fidelity data

- Are we collecting data as planned?
- Are we using data as planned?
- Are we implementing our services with fidelity? (TFI/SHAPE System)

Examples of Systems-level Data

- Referrals to program/services
- Needs assessment/resource mapping
- Critical incidents
- Fidelity data
 - Carroll, C., Patterson, M., Wood, S., et al. (2007). *A conceptual framework for implementation fidelity*. *Implementation Science*, 2(40). DOI:10.1186/1748-5908-2-40

Progress monitoring of students receiving services

- CARE
- CPG

Questions:

- What assessment is happening:
 - Tier I: For all students
 - Tier II: What else is needed
 - Tier III: Of students receiving services, what does assessment look like? Client satisfaction
 - How are offices like CPG (Sarah), Athletics (Elissa), Wellness, DOS assessing services/supports (Elissa)?
 - Capturing metrics of satisfaction, usage, progress
 - Frequency of reporting out

- From outreach to Megan--CPG utilizes something called the CCAPS (Counseling Center Assessment for Psychological Symptoms) prior to each session. This is a scale out of the Center for Collegiate Mental Health (CCMH) that is a 34-item measure that looks at Depression, Generalized Anxiety, Social Anxiety, Academic Distress, Eating Concerns, Anger/Frustration, Alcohol Use, General Distress, and Suicidality/Homicidality. Utilizing the CCAPS allows the counseling center to compare their students' level of psychological symptoms with the nation's college counseling centers. They had to forfeit their subscription to CCMH last year due to budgetary issues, so we are not able to do that currently. But we can use the assessment for each individual student we see as a way to gauge how they are presenting for the session as well as monitoring the progress of their treatment over time.
-
- Should we hold focus groups to identify issues, needs among current students with regard to this committee?
- Has CPG moved forward with **Mantra**? What assessment is available to us?
 - Monthly symptom progress tracking with EB-scales (PHQ-9, GAD-7)
 - Comprehensive initial assessment
 - Utilization reporting through dashboards
 - Protocols can be customized
- 3 Tiers of Comprehensive School Mental Health System
 - How does Clark assess at each tier?
 - Is there a map of services available at each tier? Does Clark provide a full array of tiered mental health services?
 - What data is available documenting impact of services and programs on mental health and educational outcomes?
- Does Clark conduct universal mental health screening? Is Clark open to it?
 - Using a tool or process employed with an entire population to identify student strengths and needs. Screening is often used to identify students at risk for a mental health or substance use concern.
- What are the evidence-based intervention, programs, the therapeutic modalities employed by the mental health staff? What ongoing professional development is available?
 - Assessing staff readiness to provide evidence-based services and supports is a critical step

Aaron's Meeting with Dr. Heidi Zetzer, University of California, Santa Barbara 02/01/2022

Hosford Clinic at UCSB decided to drop nearly all of the routine outcome monitoring measures, which included the OQ-45 and PCOMS.

CAPS is using the C-CAPS, which is an automated outcome measure; it is used nationally and has been part of large studies on outcomes for college students. CCAPS. See this article on a large national study by Youn et al., 2015

There are excellent automated measures now. Heidi recommends investing in electronic ease if Clark is willing. It is important to consider how well the system interfaces with our EHR and don't forget to ask the provider about maintenance costs.

Next steps:

- Reach out to Dr. Turi Honegger at UCSB CAPS

Dr. Turi Honegger at UCSB

Arranged to meet with Dr. Honegger this week to discuss UCSB CAPS' use of C-CAPS; however, this may not be necessary as Clark CPG is already using/familiar with it – although may need to renew subscription.

Elissa's email with Athletics – One-time survey

Focus Group Resource

https://uhs.umich.edu/files/uhs/Talk_About_Wellness.pdf

<https://sites.usc.edu/studentwellbeing/students-2/focus-groups/>

Sample Introductory Script (from Clark Caregivers focus groups)

Hello everyone,

Thank you all for participating in today's focus group. I'm facilitator name from department name. Other individuals coordinating the focus group today are facilitator name from department name and note taker name from department name.

We're part of a working group here at Clark on _____. We are hoping to better understand the needs and concerns of faculty, staff and students about _____.

Today's focus group is one of a small number of focus groups we are conducting to work toward finding solutions that can better support _____ at Clark.

Because this is a focus group that involves an interactive (Zoom) discussion, we can't ensure the anonymity of your participation or responses. To protect everyone's confidentiality, we will be focusing on program-related offerings and student/faculty/staff needs. We do ask that you refrain from talking about ***highly private/sensitive in nature*** personal situations in the focus group. Even if something doesn't seem sensitive to you, please bear in mind that it may be so for others. We also ask that you refrain from speaking about today's experience with anyone else once the focus group is over. Please don't share any details about who participated in today's discussion or how someone answered a particular question.

As the research team, we also want to assure you that we will not reveal your identity to anyone outside of our working group, nor will we use your responses in a way that could identify you to others. Any notes that we keep from today's meeting will be stored on a password protected computer and all data will be de-identified so that a number rather than your name will be associated with your answers. This helps ensure the confidentiality of your participation and responses, and hopefully helps create a safe space where we can all share our ideas and experiences.

Please keep in mind that your participation is entirely voluntary. This means you can skip any question that you don't wish to answer and leave the focus group at any point if you feel uncomfortable. We also understand if you need to leave early or momentarily to attend to caregiving responsibilities.

Does anyone have any questions before we begin?

Does everyone wish to proceed? Facilitator name and I will be facilitating the discussion. Note taker name will simply be taking notes. We will start by asking about your experiences and then get your ideas for solutions towards the end of the discussion.

Sample Types of Questions

We realize that wellness has many facets, including physical, social, emotional, financial, sexual wellness among other types. Today's conversation is to help us hone in on specific recommendations for Clark on areas for improvement.

What factors (programs, offerings, groups) have helped your health and well-being since coming to Clark?

What challenges have you faced with caring for your well-being since coming to college?

How do you see wellness promoted at Clark? a) In the classroom b) Out of the classroom c) As a workplace if applicable

Physical wellness

Social wellness

Emotional wellness

One of our goals is to improve or create programs, services and resources that will support the well-being of Clark students.

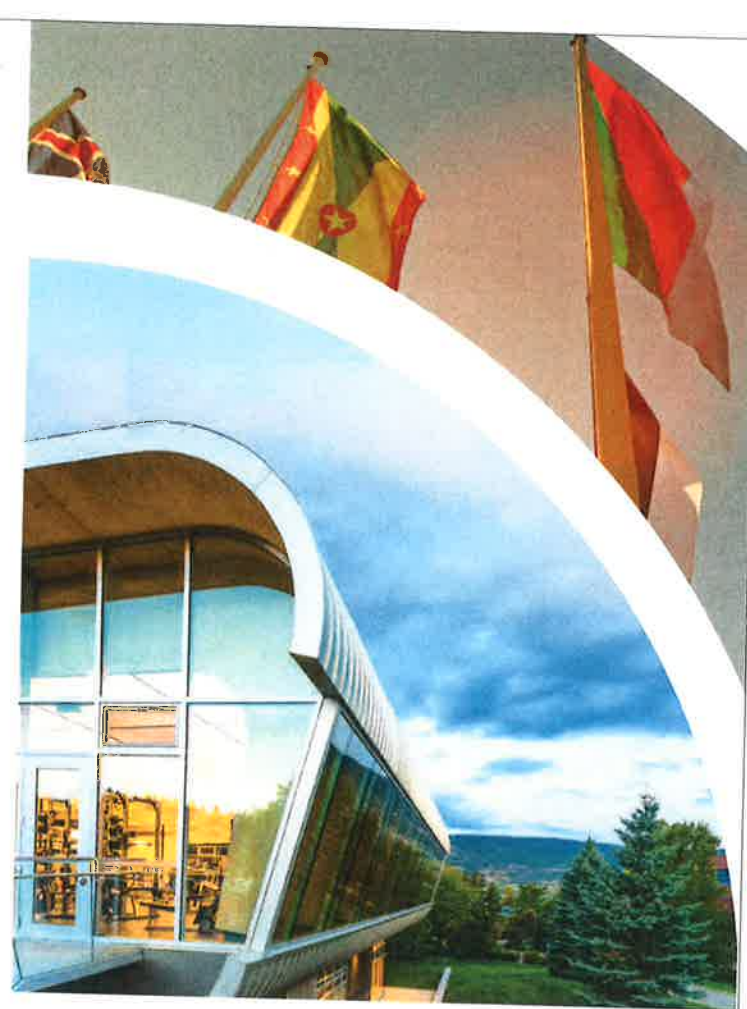
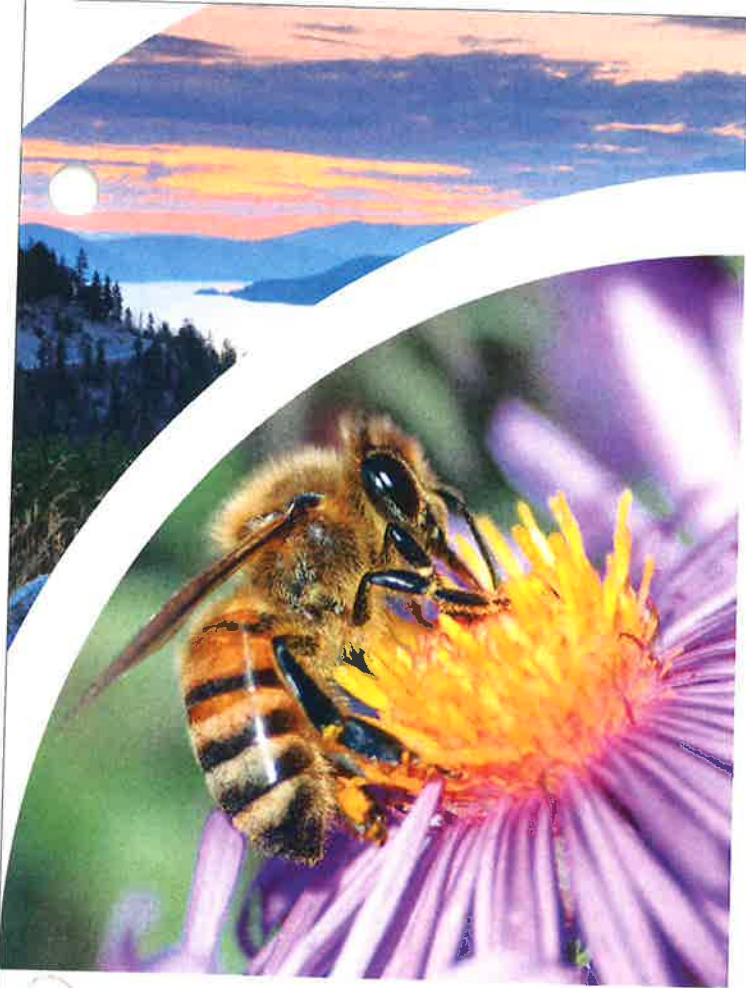
a. What types of wellness-related programming and resources do you think students/staff/faculty respond well to?

b. What barriers or factors, if any, have prevented you from using existing campus programs, services and resources?

What is one change you'd like to see at Clark to promote health/well-being?



Appendix C: Okanagan Charter



OKANAGAN CHARTER
AN INTERNATIONAL CHARTER
FOR HEALTH PROMOTING
UNIVERSITIES & COLLEGES

An outcome of the 2015 International Conference on Health Promoting Universities and Colleges / VII International Congress

Kelowna, British Columbia, Canada



ACKNOWLEDGEMENT

We acknowledge this Charter was developed on the territory of the Okanagan Nation.

This land doesn't belong to us. This land belongs to seven generations down the road. I pray that the water that we drink, the water that we swim in, will be there for our great great great grandchildren. As well as all over the world. I pray that the land that we walk on, the trees that we enjoy, will be there for our generations to come. These things, they all come together with health. Health of humans. Health of the animals. And health of the Mother Earth.

- Closing Prayer by Okanagan Nation Elder, Grouse Barnes, at the 2015 International Conference on Health Promoting Universities and Colleges

This Charter should be cited as:
Okanagan Charter: An International Charter for Health Promoting Universities and Colleges (2015).

Photos in this document represent the Charter values about people, places and planet (mentally and physically active people, "green" buildings, biodiversity), and also, the university and valley where the conference was hosted.



A TRANSFORMATIVE VISION FOR HEALTH PROMOTING UNIVERSITIES & COLLEGES

Health promoting universities and colleges¹ transform the health and sustainability of our current and future societies, strengthen communities and contribute to the well-being of people, places and the planet.

SHARED ASPIRATIONS

Health promoting universities and colleges infuse health into everyday operations, business practices and academic mandates. By doing so, health promoting universities and colleges enhance the success of our institutions; create campus cultures of compassion, well-being, equity and social justice; improve the health of the people who live, learn, work, play and love on our campuses; and strengthen the ecological, social and economic sustainability of our communities and wider society.

-
1. This Charter includes universities, colleges, institutes and so forth, that is, all organizations that comprise the higher education or post-secondary sector. It is important to note that terminology for health promotion in higher education varies depending on regional context. In South America and Europe, Health Promoting Universities is the common phrase; in the United Kingdom and Spain, Healthy Universities; and in North America, Healthy Campuses or Healthy Campus Communities.



PURPOSE OF THE OKANAGAN CHARTER

The purpose of the Charter is threefold:

1. Guide and inspire action by providing a framework that reflects the latest concepts, processes and principles relevant to the Health Promoting Universities and Colleges movement, building upon advances since the 2005 Edmonton Charter.²
2. Generate dialogue and research that expands local, regional, national and international networks³ and accelerates action on, off and between campuses.
3. Mobilize international, cross-sector action for the integration of health in all policies and practices, thus advancing the continued development of health promoting universities and colleges.

TWO CALLS TO ACTION

The Charter has two Calls to Action for higher education institutions:

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

2. Edmonton Charter for Health Promoting Universities and Institutions of Higher Education.
3. We acknowledge that the terms local, regional, national, international and global are used differently in different contexts around the world. For brevity, the terms local and global will be used throughout this document, but understood to include regions and nations.



CPHMs in the Okanagan Valley. Photo Credit: www.vgbc.org

HEALTH PROMOTION

Health promotion action builds upon the Ottawa Charter for Health Promotion, which emphasizes the interconnectedness between individuals and their environments, and recognizes that "health is created and lived by people within the settings of their everyday life: where they learn, work, play and love."⁴ Health is viewed holistically, reflecting "physical, mental and social well-being and not merely the absence of disease or infirmity."⁵

Health promotion requires a positive, proactive approach, moving "beyond a focus on individual behaviour towards a wide range of social and environmental interventions"⁶ that create and enhance health in settings, organizations and systems, and address health determinants. As such, health promotion is not just the responsibility of the health sector, but must engage all sectors to take an explicit stance in favour of health, equity, social justice and sustainability for all, while recognizing that the well-being of people, places and the planet are interdependent.

Health is understood as an expanding concept defined through an emergent conversation around health, well-being and wellness.

Health promotion is understood as "the process of enabling people to increase control over their health and its determinants, and thereby improve their health."⁷

Health of people depends on the life supporting ecosystems of the planet "made possible by biodiversity and the products and services derived" such as oxygen, clean water, food, habitable climate, aesthetic and spiritual experience, livelihoods and recreation.⁸

4. World Health Organization (WHO), 1986 Ottawa Charter for Health Promotion
5. WHO, 1946 One health definition example is the understanding of health (salud) as living life with autonomy, solidarity and pleasure.
6. WHO, 2015 http://www.who.int/topics/health_promotion/en/
7. WHO, 2005 Bangkok Charter for Health Promotion in a Globalized World
8. 2012 Our Planet, Our Health, Our Future | Human health and the Rio Conventions: biological diversity, climate change and desertification http://www.who.int/globalchange/publications/reports/health_rioconventions.pdf and Canadian Public Health Association 2015 report: Ecological Determinants of Health <http://www.cpha.ca/uploads/policy/edh-brief.pdf>



Four Presidents from the graduate of Brazil Columbia signed the Charter signing (The University of Brazil Columbia, Greenwood State University, Macquarie College and UBCS Student Union) followed by Conference delegates from around the world

THE UNIQUE ROLE FOR HIGHER EDUCATION

Higher education plays a central role in all aspects of the development of individuals, communities, societies and cultures - locally and globally.

Higher education has a unique opportunity and responsibility to provide transformative education, engage the student voice, develop new knowledge and understanding, lead by example and advocate to decision-makers for the benefit of society. In the emergent knowledge society, higher education institutions are positioned to generate, share and implement knowledge and research findings to enhance health of citizens and communities both now and in the future.

A University or College is, by its very nature, an essential part of any systemic health promotion strategy, working collaboratively in trans-disciplinary and cross-sector ways. This Charter calls upon higher education institutions to incorporate health promotion values and principles into their mission, vision and strategic plans, and model and test approaches for the wider community and society.



University of North Carolina Charlotte

The following opportunities exist on campuses:

- Advance the core mandate of higher education by improving human and environmental health and well-being, which are determinants of learning, productivity and engagement.
- Lead and influence by embedding health in knowledge production, student development, institutional policies and campus cultures, thus benefiting competencies of campus communities and setting an example for health promoting settings more broadly.
- Align with global agendas such as World Health Organization's Cross Sector Action and Health in All Policies and United Nations' Post-2015 Development Agenda, thus addressing social, environmental and economic determinants of health and improving equity, mental and physical well-being, social justice, respect for diversity, sustainability and food security.
- Provide transformational teaching and learning environments that enable and inspire students, faculty and staff⁹ to become healthy and engaged citizens and leaders locally and globally.

9. Members of campus communities are described in various ways around the world (e.g., the term staff may or may not include faculty and administrators). In this document, the term campus community is inclusive of everyone on campus. However, occasionally students, faculty, staff, administrators and others will be emphasized for clarity.



Centre for Interactive Research in Sustainability at the University of British Columbia Vancouver

AN ACTION FRAMEWORK FOR HIGHER EDUCATION

The following framework provides two Calls to Action with key action areas and overall principles that together guide the development of Health Promoting Universities and Colleges.

Call to Action 1: Embed health into all aspects of campus culture, across the administration, operations and academic mandates

- 1.1 **Embed health in all campus policies.** Review, create and coordinate campus policies and practices with attention to health, well-being and sustainability, so that all planning and decision-making takes account of and supports the flourishing of people, campuses, communities and our planet.
- 1.2 **Create supportive campus environments.** Enhance the campus environment as a living laboratory, identifying opportunities to study and support health and well-being, as well as sustainability and resilience in the built, natural, social, economic, cultural, academic, organizational and learning environments.
- 1.3 **Generate thriving communities and a culture of well-being.** Be proactive and intentional in creating empowered, connected and resilient campus communities that foster an ethic of care, compassion, collaboration and community action.
- 1.4 **Support personal development.** Develop and create opportunities to build student, staff and faculty resilience, competence, personal capacity and life enhancing skills - and so support them to thrive and achieve their full potential and become engaged local and global citizens while respecting the environment.
- 1.5 **Create or re-orient campus services.** Coordinate and design campus services to support equitable access, enhance health and well-being, optimize human and ecosystem potential and promote a supportive organizational culture.



© 2008 University of Utah. All rights reserved. Photo credit: The Oregon State University.

Call to Action 2: Lead health promotion action and collaboration locally and globally

- 2.1 Integrate health, well-being and sustainability in multiple disciplines to develop change agents.** Use cross-cutting approaches to embed an understanding and commitment to health, well-being and sustainability across all disciplines and curricula, thus ensuring the development of future citizens with the capacity to act as agents for health promoting change beyond campuses.
- 2.2 Advance research, teaching and training for health promotion knowledge and action.** Contribute to health promoting knowledge production, application, standard setting and evaluation that advance multi-disciplinary and trans-disciplinary research agendas relevant to real world outcomes, and also, ensure training, learning, teaching and knowledge exchange that will benefit the future well-being of our communities, societies and planet.
- 2.3 Lead and partner towards local and global action for health promotion.** Build and support inspiring and effective relationships and collaborations on and off campus to develop, harness and mobilize knowledge and action for health promotion locally and globally.



KEY PRINCIPLES FOR ACTION

The following are guiding principles for *how* to mobilize systemic and whole campus action.¹⁰

- **Use settings and whole system approaches**
Use holistic settings and systems as the foci for inquiry and intervention, effectively drawing attention to the opportunities to create conditions for health in higher education. Set an example for health promotion action in other settings.
- **Ensure comprehensive and campus-wide approaches**
Develop and implement multiple interconnected strategies that focus on everyone in the campus community.
- **Use participatory approaches and engage the voice of students and others**
Set ambitious goals and allow for solutions and strategies to emerge through use of participatory approaches to engage broad, meaningful involvement from all stakeholders, including students, staff, faculty, administrators and other decision makers. Set priorities and build multilevel commitments to action.
- **Develop trans-disciplinary collaborations and cross-sector partnerships**
Develop collaborations and partnerships across disciplines and sectors, both within the campus community and with local and global partners, to support the development of whole campus action for health and the creation of knowledge and action for health promotion in communities more broadly.

10. Higher education settings and contexts differ greatly around the world. These principles can and should be tailored accordingly.



The Okanagan Valley

- **Promote research, innovation and evidence-informed action**
Ensure that research and innovation contribute evidence to guide the formulation of health enhancing policies and practices, thereby strengthening health and sustainability in campus communities and wider society. Based on evidence, revise action over time.
- **Build on strengths**
Use an asset-based and salutogenic approach to recognize strengths, understand problems, celebrate successes and share lessons learned, creating opportunities for the continual enhancement of health and well-being on campus.
- **Value local and indigenous communities' contexts and priorities**
Advance health promotion through engagement and an informed understanding of local and indigenous communities' contexts and priorities, and consideration of vulnerable and transitioning¹¹ populations' perspectives and experiences.
- **Act on an existing universal responsibility**
Act on the "right to health" enshrined in the Universal Declaration of Human Rights to ensure health promotion action embodies principles of social justice, equity dignity and respect for diversity while recognizing the interconnectedness between people's health and health determinants, including social and economic systems and global ecological change.

The words local and indigenous are used with intention to recognize social and cultural diversity, inclusive of history, traditions, values and knowledge.

11. Transitioning populations refers to the local and global movement of people, including immigrants and refugees of war, political oppression, environmental changes and disasters.



Okanagan Charter Theory | 25

ABOUT THE DEVELOPMENT OF THE OKANAGAN CHARTER

This international Charter was an outcome of the 2015 International Conference on Health Promoting Universities and Colleges¹² held on the University of British Columbia's Okanagan campus in Kelowna, Canada on June 22-25. The Charter development process engaged researchers, practitioners, administrators, students and policy makers from 45 countries.¹³ The first draft of the Charter was based on input from 225 people through a pre-conference survey and expert interviews as well as a review of existing Charters and Declarations.

At the Conference, with the support of a writing team, 380 delegates critiqued and refined the Charter in a design lab and development sessions. Delegates were invited to bring forward into the Charter development, ideas from the multiple plenaries and concurrent sessions that comprised the scientific program.¹⁴ On the final Conference day, higher education leaders and delegates, including network and organization representatives, signed a Pledge to bring the Charter back to their settings to inspire and catalyze further action towards the creation of health promoting universities and colleges. Representatives from the World Health Organization, Pan American Health Organization and the United Nations Educational, Scientific and Cultural Organization joined in the Pledge.

Through dissemination and use of the Charter in higher education, network building and future conferences, our hope is that health promotion will be advanced internationally.

12. The idea for the conference originated with colleagues from the University of British Columbia, Simon Fraser University, the University of Victoria and the Canadian Mental Health Association (a national non-governmental organization)
13. Andorra, Argentina, Australia, Austria, Barbados, Bolivia, Brazil, Canada, Central African Republic, Chile, China, Columbia, Costa Rica, Cuba, Denmark, Ecuador, Finland, France, Germany, Hungary, Italy, Lebanon, Lithuania, Malta, Mexico, New Zealand, Nicaragua, Nigeria, Norway, Panama, Peru, Philippines, Portugal, Puerto Rico, Qatar, Republic of Ireland, Spain, Switzerland, Thailand, The Netherlands, United Kingdom (England, Scotland), United States, Uruguay, Venezuela
14. Documents and videos about the Okanagan Charter development and Conference, including videos of plenaries, are available at: <https://open.library.ubc.ca/cIRcle/collections/53926>