

AN EXAMINATION OF SERVICE UTILIZATION REGARDING
INTEGRATIVE WELLNESS SERVICES ON CAMPUS

A Capstone

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APPROVAL OF THE CAPSTONE PROJECT

This capstone project, An Examination of Service Utilization Regarding Integrative Wellness Services on Campus, has been approved by the Graduate Faculty of the Curry School of Education and Human Development in partial fulfillment of the requirements for the degree of Doctor of Education.

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Executive Summary

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Mental and physical health concerns are a tremendous barrier for college student success, both academically and in their personal development (Anderson, 2015). Traditionally, campuses have provided resources and programming to address these issues across a variety of offices such as Student Health, Counseling Centers and Health Promotion (Benson-Tilsen & Cheskis-Goldhigher, 2017). However, with increased depression and suicide rates over the past decade, institutions have explored creative ways to bring these services together, physically in the same facility with a focus on integrated programming (National Institutes of Mental Health, 2018; Fullerton, 2011). The goal of these new wellness centers is to drive utilization and reduce the stigma associated with seeking help as the model shifts towards preventative and holistic care (Benson-Tilsen & Cheskis-Goldhigher, 2017).

A four-year, medium-sized, highly residential, public university on the east coast of the United States commissioned an integrative center in 2018 that would centralize health and wellness services on campus. Both the architectural firm and the university were interested in evaluating the process of co-location integration for students and staff. Using a service utilization framework, this project addresses the following question: How are student and staff perceptions of wellness influenced by a combination of wellness locations and services on a college campus? The supporting subset of items include: 1) What do students identify as reasons for utilizing or not utilizing the center? 2) Are students more proactive or preventative in addressing their health-related needs than they were previously? 3) Do students consider their wellness more holistically than before the center's existence? 4) How are wellness staff members approaching

their work in the new integrative wellness center space? 5) Are staff more collaborative across units now that they are co-located?

To explore these questions, I conducted surveys before and after the new facility opened with over 7,000 students and 90 staff members. I also conducted four focus groups, with 14 students and two focus groups with seven staff members. I used key process evaluation indicators to collect and analyze the data, producing themes to describe student and staff utilization and perceptions of wellness services on the campus.

From the mixed methods data analysis process, I categorized findings in two critical areas for both the pre and post-survey phases: student engagement and staff collaboration. Additionally, I explored self-assessments from student and staff members about their wellness status in the pre-survey phase. A third finding regarding the effects of design and co-location on utilization and a fourth finding of challenging perceptions affecting utilization emerged from the post-survey and focus groups in phase two. Several considerations for discussion amongst administrators and practitioners also emerged as essential lessons as colleges and universities innovate and expand their wellness services to provide for the needs of current and future students. This work informs the design of future spaces as the shift toward promoting health and wellness integration continues within higher education environments.

Dedication

I dedicated this capstone project to my son Malcolm. May you always stay healthy in mind, body, and spirit. I hope we have made significant progress by the time you consider higher education opportunities so that you can learn, grow and flourish while fully understanding how your multidimensional wellness effects your health and happiness.

“Hold onto hope if you got it
Don't let it go for nobody
And they say that dreaming is free
But I wouldn't care what it cost me”

~ Hayley Nicole Williams & Taylor York

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CHAPTER 1

INTRODUCTION & PROBLEM STATEMENT

A recent report regarding upward trends in mental health service utilization on U.S. campuses found rates of treatment had risen from 19% in 2007 to 34% in 2017 (Lipson, Lattie & Eisenberg, 2018). Many other studies over the past decade have confirmed an increase in the percentage of college students who reported experiencing psychological distress, depression, and anxiety (Burris, Brechting, Salsman & Carlson, 2009; Eisenberg, Hunt & Speer, 2013; Roberts & Danoff-Burg, 2010). Twice a year, the American College Health Association (ACHA) compiles comprehensive data on students' issues concerning health and stated in a recent report that stress, anxiety and sleep difficulties plagued college students as the top three factors affecting academic success (American College Health Association, 2015). Almost 25% of students felt sad or lonely, and over half of students reported feeling overwhelmed with tasks and reported traumatic difficulties surrounding academics, finances, and personal relationships (American College Health Association, 2015). Some college students also regularly engage in unhealthy behaviors such as poor diet and low rates of condom usage, placing them at risk for developing severe health problems later in life (Heller and Sarmiento, 2016; Hopper and Moninger, 2017; Tran, Zimmerman, Kupzyk, Shurmur, Pullen & Yates, 2017). Alongside programmatic implementation, colleges and universities have transformed health and wellness spaces and services within the last decade with the intent to improve student outcomes related to their physical and mental health.

The literature demonstrates several connections between wellness and student performance within the higher education setting. Researchers built on studies performed in

exercise science and kinesiology that demonstrated the physical and psychological benefits of exercise to make connections between exercise and college students' increased grade point average (GPA) (Sanderson, DeRousie & Guistwite, 2018; Danbert, Pivarnik, McNeil & Washington, 2014; Purdue, 2013). In addition, campus climates may have an impact on students' mental and emotional health. For example, campus climates that promote the importance of contributing to the community were the strong predictors of students' mental health scores (Mitchell, Reason, Hemer & Finley, 2016). Guided by these findings, many institutions across the country have begun to identify ways to better facilitate the role of wellness in the lives of their students.

A Shift to Holistic and Integrated Services

Approaching wellness holistically requires a paradigm shift towards prevention rather than intervention to promote proactive knowledge and behaviors in a variety of wellness dimensions (Anderson, 2015). The hope is that as students assess their health, they consider the interconnectivity of physical, mental, and emotional wellbeing and engage in behaviors that positively influence their wellness before a problem arises. This preventative strategy can create a culture on campus that is more aware of and less manipulated by stigma (Anderson). As universities strategize ways to provide programs and services to help struggling students, they hope to cultivate an atmosphere that encourages a better overall quality of life (Benson-Tilsen & Cheskis-Goldhigher, 2017). Institutions are shifting away from health centers considered only as infirmaries to new or renovated centers for wellness and wellbeing. For example, Missouri Southern State University embedded computerized fitness assessment technologies along with lifestyle management software within their recreation and health programming spaces to deliver comprehensive healthcare with complementary health behavior support (Fullerton, 2011).

Student health centers have taken many forms throughout recent decades. The earliest student health centers in the 1990's focused solely on physical health and featured doctor's offices, clinics, and classrooms for weight control, nutrition, and smoking cessation (Benson-Tilsen & Cheskis-Goldhigher, 2017). Additionally, universities established recreation centers focused on physical fitness in the 1980s (Benson-Tilsen & Cheskis-Goldhigher). Eventually, student health centers incorporated mental health services, but users often view these spaces primarily for intervention services, rather than health promotion or prevention. Increasingly, there are trends of co-locating all health-related resources in one place branded as a "wellness center" to foster a more holistic notion of healthy living (Benson-Tilsen & Cheskis-Goldhigher).

As the number of dedicated wellness centers has increased, the services have expanded beyond student health and counseling (Strand, Egeberg, and Mozumdar, 2010; Benson-Tilsen and Cheskis-Goldhigher, 2017). Campuses have also begun to integrate and co-locate previously disconnected services that promote student wellness to increase awareness of available services, improve the efficiency of service delivery, and reduce associated costs (Benson-Tilsen and Cheskis-Goldhigher, 2017). For example, Wake Forest University recently renovated its gym to include a convenient, central location for the Office of Wellbeing and Student Health Service, including a portable kitchen for cooking demonstrations and nutrition workshops, classrooms for training and programming, massage therapy and wellbeing coaching (Wake Forest, 2018). Additionally, South Dakota State University's wellness center offers an on-site pharmacy and the Student Recreation and Wellness Center at the University of Nevada, Las Vegas focuses on prevention and assessment (Fullerton, 2011). Such facilities can offer a variety of appropriate and accessible services for students in a more convenient and potentially more efficient way.

The newly branded wellness centers often offer dedicated space and staff to provide

support mechanisms beyond medical care aimed to help students with wellness issues so they can better navigate their student experience while attending college. Wellness centers host a variety of services, from fitness and recreation facilities to counseling programs, health promotion programming, and clinical appointments. The integration of these services creates opportunities to collect multiple data points to adequately determine and meet student wellness needs on their campuses (Benson-Tilsen & Cheskis-Goldhigher, 2017). For example, do students feel their health or awareness of factors affecting their health improve as a result of utilizing wellness center services? Data collected on both individual student health outcomes, as well as the process of service delivery and utilization, can aid continuous improvement to the overall student experience. Finally, staff employed at wellness centers are a tremendous resource both as student needs are outlined and addressed and with respect to how the integrative nature of newer wellness centers influence collaborative behavior and caregiver effectiveness. In many cases, their health and wellness can be positively affected by these spaces, contributing to that influence.

Housing separate departments that have complementary aims of student wellness in one physical location makes logical sense; however, few studies evaluate the expansion and integration of wellness services to ensure campuses are adequately able to meet student needs. Organizations and initiatives at the national and institutional levels, such as the American College Health Association and the Healthy Minds Network, are paving ways for assessment and improvement by providing necessary tools, frameworks, funding, and benchmarking to capture and analyze necessary data.

Problem Statement

In addition to students' academic success and career development, higher education institutions are now also focusing on efforts to cultivate healthy and happy individuals. However, there is an epidemic emerging across college campuses regarding student health and wellness. College students' physical and mental wellbeing can have a tremendous impact on their ability to develop academically and professionally (Anderson, 2015). One in four students with mental health problems is dissatisfied with their academic experience, leading to poor grades and lower retention (Lipson & Eisenberg, 2017). Suicide is the second leading cause of death in the U.S. college student population (National Institutes of Mental Health, 2018). Despite institutions having a variety of resources to intervene, students still may not feel comfortable pursuing help. According to the National Alliance on Mental Illness (2012), the primary reason students do not seek assistance is the stigma still surrounding mental health issues. With increased concerns related to students' stress, anxiety, and the stigma related to seeking help, campuses across the country are developing facilities and programming that more holistically promote wellness so that students can develop healthier habits and flourish while earning their degree and beyond. These spaces and initiatives are bringing health services together in creative ways to shift mindsets from intervention and the idea of getting well to prevention and a mindset of being well. However, we need more data to understand how these shifts influence college student utilization of wellness services.

Purpose of the Current Study

With the rise of student health concerns, many acting as direct barriers to student success, institutions have turned their attention to a more holistic approach through co-located and integrated health and wellness services (Benson-Tilsen & Cheskis-Goldhigher, 2017). The

university selected for this study (Southeast Historic Research University or SHRU) opened a wellness center at the start of the 2018 fall semester to enrich student learning and development by physically bringing together the departments that promote student wellness on campus. The wellness center is the new home for the Office of Health Promotion, the Counseling Center, the Student Health Center, Campus Recreation's wellness programming, and SHRU's Mindfulness Center. The goal of bringing these resources together in a new building located in the center of campus is to shift the campus culture to encourage students to focus on healthy living and approach health from a holistic standpoint. Additionally, under one roof, staff teams in different departments could proactively collaborate; implementing programming that holistically addresses growing concerns related to mental and emotional stressors. With this newly designed Wellness Center, the university aims to reconceive the image of the current health center as the place where students can focus on being well and flourishing instead of the place to go when they are sick.

Research Questions

This study will investigate student and staff perspectives regarding the integration of wellness services. Both students who have visited and not visited the center will be sampled. Staff will include those who work within wellness areas housed in the integrative center. The specific research questions that guide this study are:

With the introduction of a new integrative Wellness Center on campus:

- 1) What do students identify as reasons for utilizing or not utilizing the center?
 - a. Are they more proactive or preventative in addressing their health-related needs?
 - b. Do they consider their wellness more holistically than before the Center's existence?

- 2) How are wellness staff members approaching their work in the new integrative wellness center space?
 - a. Are they more collaborative across units after co-location?
 - b. What differences, if any, do staff see in their interactions with students?

Research Approach and Assumptions

In order to understand student and staff mindsets and behaviors regarding wellness more fully, this study used a mixed-methods design divided into two phases. The first phase included a pre-survey with a random sample of undergraduate and graduate students and all wellness staff members to explore assessments of self-health, as well as utilization behaviors and experiences with wellness offices (Office of Health Promotion, Counseling Center, Campus Recreation and Student Health) before the co-location and implementation of integrated programming. The results of the pre-survey provided a broad foundation to inform instrument development for the post-survey and focus groups in the following phase. The second phase employed a service utilization process evaluation framework to determine how and why students and staff members are engaging with the new integrative center.

While the study is built on foundational literature surrounding the link between wellness and academic performance, current wellness center trends, and assessment tools to analyze health and wellbeing developments within higher education, I also made several assumptions as I conducted this research. First, I assumed that students and staff agree that health and wellness is an essential aspect of student success and the university community overall. Next, I assumed that students and staff members would self-report their perspectives and behaviors to the best of their ability to yield accurate results. Finally, I assumed that conversations with students and staff

members would supplement quantitative survey data to provide depth for interrelated concepts and themes.

Key Terms

The following terms are crucial to this study, and I want to ensure a consistent understanding as they are revisited throughout this write-up. The framework used by the university site in this study informs each concept definition.

- **Wellness** –used interchangeably with the term “well-being,” wellness refers to the state of being happy and healthy. The university defines the term as a series of eight dimensions: physical, emotional/mental, financial, environmental, intellectual, social, occupational and spiritual.
- **Holistic** –refers to a multidimensional approach that considers how the mind and body find a personal harmony that is inclusive and authentic.
- **Integrated** –refers to a balanced approach in one’s mental, emotional, and physical health, encouraging linkage of various aspects at one time.
- **Proactive and Reactive Approaches** – Reactive approaches tend to focus passively on how to get well when something is amiss, rather than being or staying well. A proactive approach requires active awareness, acceptance, and commitment to wellness.

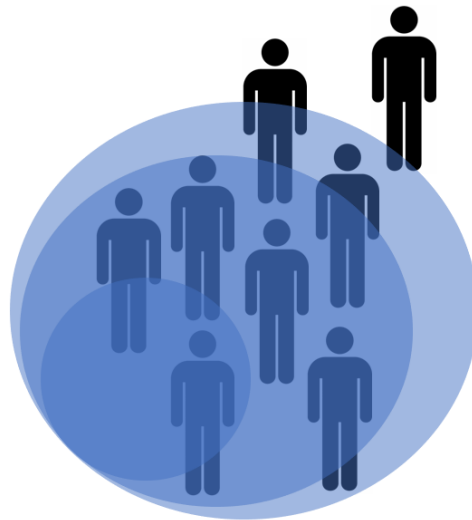
Conceptual Framework for the Study

There are many ways to evaluate health promotion activities and services. Researchers who are interested in program implementation frequently use elements of process evaluation. Process evaluation is applied to ascertain how well the program is operating (Rossi, Lipsey & Freeman, 2004). In this case, process evaluation could effectively help me answer questions related to utilization, engagement, and interactions of students and staff regarding the new

wellness center. There are many formats for process evaluation, and this study proposes the implementation of service utilization monitoring. Through service utilization, researchers examine each aspect of delivering a program or service, focusing specifically on documenting the reach and capacity of the actions and services. Reach is the number of key stakeholders, settings or members of the community affected by the health promotion program (Rossi, Lipsey & Freeman, 2004). Capacity process indicators help ascertain whether the implementation meets the intended standards and output. When tracking and reporting reach performance indicators, I can determine ways to improve health promotion interventions and capacity building strategies.

Through service utilization, researchers seek to determine the extent to which the target population is receiving program services (Rossi, Lipsey & Freeman, 2004). Figure 1.1 illustrates the target population accessing a service.

Figure 1.1
Service Utilization Process Evaluation Illustration



The saturated blue circles represent the extent to which some individuals access the service and introduce questions regarding coverage and bias (Rossi, Lipsey & Freeman, 2004).

In this study, I focused data collection surrounding utilization knowledge and behaviors of students and staff to understand the motivations of the target population to seek out health and wellness services. Additionally, a service utilization framework allowed me to understand better the degree to which some subgroups participate in greater proportions than others, and how that participation has shaped their attitudes regarding holistic wellness and preventative health promotion.

Significance of the Study

Within the field of higher education, there is a trend shifting from physical health to holistic wellness to improve academic success and produce healthier, happier students. A longitudinal study examining positive wellbeing and health outcomes reported that positive wellbeing during adolescence predicted fewer risky health behaviors in young adulthood (Hoyt, Chase-Lansdale, McDade & Adam, 2012). These findings indicate higher education institutions' ability to generate productive, capable, and healthy members of society. In order to do so, the assessment and promotion of wellness within the undergraduate student population are imperatives. In conjunction with building improved innovative wellness facilities, data-driven decision-making remains vital to the process to ensure institutions are meeting intended wellness outcomes for students. As colleges and universities innovate and expand their wellness services to provide for the needs of current and future students, it is crucial to stay aware of current trends and learn lessons from other institutions through peer benchmarking. Schools should regularly assess the needs of students, faculty, and staff who use their wellness facilities through surveys and interviews and evaluate whether there are unmet needs.

Upon completion of this study, I gained insight regarding student and staff utilization habits within an integrated space focused on wellness within higher education. This knowledge

offers two important considerations: 1) implications for SHRU's Wellness Center and 2) implications for other colleges who seek to integrate their wellness efforts. Specifically, insights regarding the co-location of services, proactive versus reactive behaviors and staff collaboration inform these implications. Furthermore, it provides anecdotal evidence regarding the shift to a holistic wellness model to help institutions decide whether to invest time and money in this manner to address student health issues. The findings also inform the architectural firm regarding the design of future spaces to promote integration further and enhance students' abilities to navigate resources or staff ability to provide better care. Finally, it helps develop a common language to support these conversations about establishing similar spaces throughout the country as wellness centers expand facilities and services.

CHAPTER 2

LITERATURE REVIEW

To investigate the research surrounding student and staff perceptions of wellness services and programming on campus, I will examine three major areas of the literature. The first section of this review discusses the links between health and academic success and evidence-based practices for addressing student wellness needs. The second section is a summary of current wellness center trends on college campuses in the United States. The third section focuses on organizations and research initiatives used to assess wellness within the higher education setting. Considering these three areas will furnish an appropriate context for the proposed study by indicating the need to understand how wellness services are meeting the needs of students and staff members as universities continue to build new centers and offer innovative programming.

Health and Wellness as a Critical Component of Academic Success

Research experts providing data analysis to colleges and universities regarding campus planning have found that serving the needs of the whole student is crucial to student and institutional success, and therefore, how institutions provide such services is more thoroughly scrutinized (Benson-Tilsen & Cheskis-Goldhigher, 2017). Evidence suggests that when students spend time addressing their physical, mental and emotional wellness, many of them are more successful academically (Sanderson, DeRousie & Guistwite, 2018; Danbert, Pivarnik, McNeil & Washington, 2014; Slavin, Schindler, & Chibnall, 2014). Additionally, improving aspects of campus climates could have a direct impact on students' wellbeing (Mitchell, Reason, Hemer & Finley, 2016). For example, a program addressing racial microaggressions could increase awareness of and appreciation for diverse student and staff populations contributing to improved

mental health for marginalized groups (Finley, 2016). Many initiatives at campuses across the country build on these findings and demonstrate how intentional programming can provide connections between wellness outcomes, institutional goals, and academic and student affairs (Finley, 2016). Examining the relationships of wellness and environment to academic success, along with implementation examples throughout the higher education space, will offer a foundational understanding of the shift to holistic student wellness promotion.

Wellness and Academic Success. Some data suggest a strong link between physical health and academic achievement (Astin, 1975; Tinto, 1975; Astin 1999). Sanderson, DeRousie, and Guistwite found that each hour students exercised increased their GPA and chances to graduate (2018). This study used logistic and multiple regressions to explore the relationship between total recreation contact hours and grade point average, course credit completion, and graduation rates (Sanderson, DeRousie & Guistwite, 2018). Results from over 20,000 students indicated a positive and significant relationship between contact hours and all outcome variables, even when controlling for demographic and pre-college characteristics (Sanderson, DeRousie & Guistwite, 2018).

Physical health. This work built on previous data collection at Purdue and Michigan State that showed similar results related to recreational facilities attendance and increased GPAs and retention. At Purdue University, staff tracked facility usage based on students' identification cards and generated a report based on GPA. They analyzed correlational data that suggested students who visited the recreation facilities had a higher GPA than those who do not (Purdue, 2013). In addition, staff members in student development at the time of the data collection reported that students motivated by wellness also tended to have better time management skills (Purdue, 2013). An observational study of almost 5,000 students at Michigan State University

revealed that students who were members of the recreational sports and fitness centers on campus not only had higher GPAs than those who were not members, but they also had more cumulative credits completed after four consecutive semesters, indicating increased retention (Danbert, Pivarnik, McNeil & Washington, 2014). This is not surprising given that researchers in related fields such as exercise science and kinesiology have demonstrated that regular physical activity alleviates stress, reduces feelings of depression and anxiety, improves quality of sleep, and promotes psychological wellbeing (Kohl & Cook, 2013). With a population that has seen significant increases in stress and anxiety, universities can implement critical tools for stress reduction through physical activity.

Mental health. There have also been efforts to improve mental health beyond physical activity. Keyes's (2009) definition of mental health expands beyond the absence of mental illness to include positive assessments of emotional, social, and psychological dimensions. When mental health is broadly conceptualized as optimal functioning, meaning the maximization of potential and the presence of resilience, the associations to learning and development become clearer (Keyes & Waterman, 2003).

Researchers are beginning to measure students' mental health in relation to their perceptions of personal struggle, their campus community, and student support resources provided to navigate intersections of those variables. The Healthy Minds Study, focused specifically on depression, anxiety, disordered eating, suicidal ideation, and self-injury, allows participating colleges and universities to examine how mental health symptoms predict academic outcomes such as GPA and retention (Healthy Minds Network, 2018). Additionally, findings from research using a standardized flourishing scale illuminated the role of campus climate in increasing students' sense of flourishing (Mitchell, Reason, Hemer & Finley, 2016).

Specifically, students' perceptions of environments that support the development of moral reasoning and contributing to a broader community were most associated with higher levels of mental health and flourishing among student respondents (Mitchell, Reason, Hemer & Finley, 2016).

Due to elevated concerns related to the physical and mental health of college students across the country, universities are developing ways to augment services and support. As part of a national focus on collegiate wellness, one of the overarching goals of the Healthy Campus 2020 initiative is to promote quality of life, healthy development, and positive health behaviors on college campuses (US Department of Health and Human Services, 2012). Studies demonstrating that wellness promotion within academia reduces disease frequency and enhances both mental and physical health fueled a significant shift (Slavin, Schindler & Chibnall, 2014). Fortunately, one learns wellness behaviors. As an individual internalizes these behaviors, issues related to somatization, psychoticism, and interpersonal sensitivity can be affected in positive ways (Chandler, Bodenhamer-Davis, Holden, Evenson & Bratton, 2001). As environments ripe with teaching and learning opportunities, colleges and universities have a significant opportunity to ensure students learn how to better their quality of life and in turn, improve their overall experience.

The Role of Stigma. The stigma surrounding mental illness creates a significant barrier for students who may be considering whether to seek help on or off-campus. Despite the availability of evidence-based treatments, the majority of adults with mental disorders do not seek services (Wang, Lane, Olfson, Pincus, Wells & Kessler, 2005). This is true of college students as well, and reducing barriers has particular significance for this population when considering the adverse effects mental health problems pose for health, academic, and

occupational outcomes (Breslau, Lane, Sampson, & Kessler, 2008).

It is essential to realize that subgroups of college students perceive stigma differently, representing a variety of backgrounds and characteristics. For example, when analyzing a random sample of 5,555 college students from a diverse set of 13 universities, researchers found the following characteristics to be associated with increased personal stigma: male, younger, Asian, international, more religious, or from a poor family (Eisenberg, Downs, Golberstein & Zivin, 2009). Additionally, stigma is a significant hindrance to mental health service utilization among African American college students due to cultural values supporting an inverse relationship between self-concealment and help-seeking attitudes (Masuda, Anderson & Edmonds, 2012). In other words, African American students may not seek help when needed because they do not want others associating negative perceptions along racial lines. These findings suggest that practitioners consider ways to promote general information and awareness about location, availability, and accessibility of services, as well as culturally tailored opportunities to increase utilization.

Current Strategies and Best Practices. Higher education institutions have a responsibility to help students meet academic and career goals. Increasingly wellness goals are recognized as a critical programmatic element that needs to be fully integrated into campus services (Benson-Tilsen & Cheskis-Goldhigher, 2017). This recognition allows the focus to move beyond academic outcomes for students to include holistic individual development. Higher education institutions are now incorporating health promotion values and principles into their mission, vision, and strategic plans (Okanagan Charter, 2015). Guided by national benchmarks, the American College Health Association provides Standards of Practice to encourage colleges to promote student success by creating physically and socially health-supporting environments

(2012). To sustain efforts on campuses that promote wellbeing, researchers suggest that higher education leadership consider the following strategies: (1) Find the right language – administrators can use strategic planning documents and anecdotal conversations with faculty and students to craft a shared vocabulary when promoting health and wellbeing for all on their campuses; (2) Connect the work with the core purpose of the institution – leaders can link overarching goals or guiding principles to the pursuit of wellness on campuses; (3) Build in flexibility – allow constituents to engage with programming and wellness spaces in ways that reinforce comfort and genuine connection; and (4) Recognize that students are not a homogenous group – not all students have the same resources and administrators should consider equity and student success for all when planning (Finley, 2016).

Wellness Programs. There are multiple examples of higher education institutions that have implemented successful programs aimed at building holistic wellness for their students. Georgetown University's Engelhard Project integrated well-being focused modules into academic curricula. While students are engaged in an educational concept such as mathematics, they are applying what they learn to real-world wellness examples such as calculating blood alcohol levels. A collaborative reflection follows these lessons in the form of a discussion with health professionals from the student health center (Finley, 2016). Sixty-five percent of Georgetown students have participated in at least one Engelhard course and report a greater sense of awareness of wellness issues on campus and for themselves (Finley, 2016). Additionally, Simon Fraser University develops web-based materials to help make the connection between wellness and learning more evident for students, faculty, and staff (Finley, 2016). The University of Nebraska-Lincoln implements structured dialogues among campus constituents to combat racial micro-aggressions and develop an increased sense of awareness

regarding differences and community building to enhance academic learning and performance (Finley, 2016).

These programs are critical next steps in advancing understanding about how universities are flexing to meet student needs beyond the curricular and co-curricular to address overall personal development. Not only have institutions expanded spaces and services in recent years, they asked questions about how faculty and staff can work more collaboratively across campuses to improve the student experience.

Wellness for Faculty and Staff. Beyond student wellness, universities consider how entire campus communities thrive. The Council for the Advancement of Standards in Higher Education states that health promotion activity supports the academic mission by engaging all constituents in an environment that embraces health to build capacity for learning and working (Council for the Advancement of Standards in Higher Education, 2015). There is a variety of opportunities, from orientation sessions to programmatic workshops, in which students, faculty, and staff could be cross-trained to understand the impacts of healthy behavior on academic performance, health and wellness services available, and how to recognize when others may need help or support (Wagner, 2010). A collaborative community benefits from constituent groups helping others to flourish.

According to social cognitive and learning theories, faculty and staff can serve as models for students when it comes to positive health and wellness behaviors (Wagner, 2010). Healthy and happy faculty and staff could also mean that institutions are better positioned to achieve their organizational goals. The Center for Disease Control's Workplace Health Research Network has conducted extensive research supporting wellness in the workplace as an avenue for decreased absenteeism, reduced healthcare costs, and increased happiness and productivity (Center for

Disease Control, 2018). Additionally, many campuses have successful programs aimed at improving faculty and staff wellness. Illinois State University, the University of Alabama, and Carnegie Mellon University are just a few institutions that have established campus-wide initiatives or committees to understand and respond to wellness concerns with strategic planning and funding efforts (Wagner, 2010). Health screenings, health coaching, fitness classes, and educational programming are popular elements of these successful programs at institutions across the country.

Wellness Center Trends in the U.S.

Wellness centers on college campuses are complex spaces housing medical care, fitness and recreation equipment, programming, and wellness-focused services ranging from massage to nutrition workshops, group counseling, and meditation sessions (Fullerton, 2011). Wellness centers serve a diverse group of constituents on campus. Undergraduate student needs tend to be the primary focus, but graduate and professional students, faculty, and staff access wellness center services as well. These centers host many different classes, discussion groups, and events throughout the year on a variety of wellness-related topics. When examining how wellness centers have changed in the U.S. from their inception to today, two themes emerge – expansion of services and integration.

Growth and Expansion. Before Oklahoma State University (2018) opened the first university-affiliated wellness center in 1991, wellness resource centers existed within communities and grew at a rapid rate in the 1980s. Often affiliated with hospitals or corporations, these centers included clinics, classrooms for health education, sports facilities and retail shops for fitness-related supplies (Benson-Tilsen and Cheskis-Goldhigher, 2017). As the number of students attending college increased, questions about access to similar services within

the university community arose to aid matriculation, provide medical assistance and psychological support for students (Benson-Tilsen and Cheskis-Goldhigher, 2017). In some cases, colleges expanded or restructured health and wellness services in response to crises such as natural disasters, sexual assaults or hate crimes to include preventative components (Benson-Tilsen and Cheskis-Goldhigher, 2017).

To capture data regarding the rapid expansion of wellness centers and programming, researchers created a web-based survey in 2010 to distribute to wellness representatives at 241 colleges and universities. Those individuals reported that 64.7 percent of two-year institutions and 78.9 percent of four-year institutions had a wellness program (Strand, Egeberg, and Mozumdar, 2010). In addition, 68.6 percent of two-year and 84.0 percent of four-year institutions reported having a dedicated wellness center (Strand, Egeberg, and Mozumdar, 2010). Strand et al. (2010) also recognized a growing trend to build new wellness centers as 16.7% of two-year institutions and 22.2% of four-year institutions reported in 2010 that they have plans for new wellness centers within the next five years. Not only is the quantity of dedicated centers increasing; additionally, wellness centers are now offering a wider variety of programming and services.

The rise in demand for the number of wellness centers is coupled with the pressure to anticipate students' needs and proactively address concerns on campus. To tackle the breadth and depth of concerns, colleges and universities are expanding their health care services to include wellness and health promotion and prevention strategies. These strategies include providing a full scope of counseling services such as stress reduction, mental health screening, suicide, and sexual assault prevention, as well as educating students about nutrition, sleep deprivation and exercise. To ensure this type of holistic programming, many institutions are

implementing wellness dimension frameworks adapted from Hettler’s (1976) model, including physical, emotional, intellectual, spiritual, occupational and social wellness.

More recently, researchers Benson-Tilsen and Cheskis-Goldhigher (2017) comprehensively reviewed multiple wellness centers across the country in 2017 to identify current trends as universities continue building state-of-the-art facilities to meet students’ needs. They found that most college and university wellness centers referred to in this article offer mental health services, medical health services, or both (Table 2.1).

Table 2.1
Wellness Center Services at 12 Institutions. (Reprinted from Mind and Body: Wellness Center Trends in US Higher Education” by G. Benson-Tilsen & R. Cheskis-Gold, 2017, Planning for Higher Education, 45(4), 137-156.)

	Fitness & Recreation	Medical Care	Mental Health
Auburn University	√		
Bridgewater State University		√	√
Carleton College		√	√
Lincoln University	√	√	√
Oklahoma State University	√		
Stanford University		√	√
University of Iowa	√		
University of Southern California			
University of Wisconsin-Stevens Point	√		
Vanderbilt University	√	√	
Winona State University	√		
Yale University		√	√

The spaces also included any combination of fitness and recreation facilities, academic classes,

dining options, spa services, and more. Additionally, the scope of their services reaches beyond the student population and their physical buildings (Benson-Tilsen and Cheskis-Goldhigher, 2017). In many cases, wellness center staff implemented programming across other parts of campus to broaden their reach and increase awareness of services provided in their buildings. This type of outreach beyond the physical center was embraced to increase effectiveness and avoid redundancy in programming and services and stemmed from strategic conversations regarding integration (Benson-Tilsen and Cheskis-Goldhigher, 2017).

Integration. Centers that prioritize collaboration and integrate resources and services may have increased the advantages of sustainability and effectiveness. Student recreation centers have typically been viewed as a recruitment and retention tool, and student health centers have primarily dealt with the treatment of illness and injuries (Fullerton, 2011). However, cooperative programming and shared space can enhance service offerings and generate continuous prevention and intervention feedback loops indicating areas for improvement (Fullerton, 2011). Integration also allows exposure to additional service offerings, such as the opportunity to get a flu shot while coming to take part in an exercise class. Integration also provides anonymity for students seeking services that are often guarded by stigma by offering a variety of services in an open and nonthreatening way (Fullerton, 2011). These benefits provide a rationale for institutions to continue and strengthen conversations surrounding integration.

The study by Strand et al. (2010) revealed that collaboration existed in 62.9% of two-year institutions and 54.2% of four-year institutions. Institutions challenge the boundaries of these traditionally separated campus services by moving towards a more unified approach to recreation, health, and wellbeing. A one-stop shopping approach with multiple services sharing one roof can provide opportunities for collaborative programming and increased cooperation

among student services, reach a broader student base, and provide a more comprehensive array of specialized services (Fullerton, 2011). Literature reveals multiple examples of health and wellness integration to analyze.

The University of Colorado Denver Anschutz Health and Wellness Center is designed to foster a culture of sustainable behavior that drives measurably improved health and quality of life (University of Colorado, 2018). The facility is a combination of a recreation center, a health clinic, research labs including an educational grocery lab, a green roof with vegetable and herb gardens, a healthy bistro, and meeting and classroom space (University of Colorado, 2018). Northern Arizona University's Health and Learning Center consolidated previously dispersed facilities into one cohesive student-learning environment that blends health, counseling, disability services, campus recreation, and intercollegiate athletics (Northern Arizona University, 2018). As Wake Forest made plans to renovate their gym, they decided to prioritize and integrate social space for students that resulted in a living room outside of the Office of Wellbeing for conversations and community building with the goal to enhance campus life and social interactions related to wellness promotion (Wake Forest University, 2018). In addition to these themes of expansion and integration, research at the intersection of design and health suggests that there are considerations when planning the physical building of a wellness center that can have tremendous impacts on student and staff wellness and productivity.

Building features and amenities such as lighting and noise levels can play a role in health and productivity for students and staff members (DeAngelis, 2017). Projects at the Syracuse Center of Excellence, the Well Living Lab in Rochester, NY and the Washington University campus in St. Louis provided evidence that variables related to the building structure, air quality, lighting, noise levels, and sustainable practices affect people's health and behavior (DeAngelis,

2017). These environmental factors within a building can play a significant role in how good, or bad inhabitants feel and think, influencing attitude and productivity. Planning conversations now include elements such as air quality, lighting, and noise level as stakeholders conceive of and build new spaces.

Wellness spaces and services in higher education have changed drastically since the 1980s with increases in facilities, service offerings, collaborative programming, and health-focused designs. How can researchers determine what has been most effective for constituents on campuses? Organizations such as the American College Health Association (ACHA) have traditionally been the leader in assessing student outcomes related to health and wellness, and more recently has implemented research on staff outcomes as well.

Assessing Wellness in Higher Education

The most well-known national organization related to health and wellness at the collegiate level is the American College Health Association. The ACHA provides standards for implementing wellness services on campus and resources for assessing wellness outcomes. Other sub-centers have emerged on specific campuses to research wellness efforts, including the Center for Health and Happiness at Harvard University's public health school. Finally, interdisciplinary projects have formed to promote wellbeing within the higher education space. For over a decade, the Bringing Theory to Practice project has supported the idea that well-being is an essential outcome of college students' learning and civic engagement (Finley, 2016). International conferences focused on collegiate health promotion have led to conversations and research to develop frameworks for action to advance wellbeing for our students (Okanagan Charter, 2015). These organizations and initiatives provide many tools and suggestions for

practitioners and researchers to plan, implement and assess wellness spaces and programming on college campuses, while also encouraging potential areas of future research.

American College Health Association. In 1920, The American College Health Association began to identify and address the health needs of students at colleges and universities (ACHA, 2018). Its mission is to advance the health of college students and campus communities through advocacy, education, and research (ACHA, 2018). Today, ACHA serves over 1,000 institutions of higher education, responding to the joint health and wellness needs of millions of college students (ACHA, 2018). Many different institution types are represented in the ACHA community, supporting nearly 3,000 individual college health and wellness professionals and leaders of all disciplines, acting as a trusted voice of expertise in matters of college health (ACHA, 2018).

In 2012, ACHA launched a framework for improving the overall health status on campuses nationwide. The Healthy Campus 2020 campaign has now evolved to include national health objectives for students, faculty, and staff. Using an ecological approach from public health, the initiative promotes an action model and toolkit for implementation based on the MAP-IT (Mobilize, Assess, Plan, Implement and Track) framework (ACHA, 2018). These tools and resources help institutions of higher education determine relevant and achievable objectives as they prioritize strategic plans for student success on their campuses.

Perhaps more influential than Healthy Campus 2020, ACHA provides survey tools and national data on student health outcomes in the form of the National College Health Assessment (ACHA, 2018). Since the spring of 2000, the biannual survey has collected data from over 1.4 million students at more than 740 colleges and universities across the country on a wide range of topics including alcohol, tobacco, and other drug use, sexual health, weight, nutrition, and

exercise, mental health, personal safety and violence (ACHA, 2018). Every semester this data informs benchmarking across institutions as it offers a reliable and valid snapshot of overall wellness successes and epidemics across the higher education landscape. Supporting campus professionals on a national scale, established programs create networks and resources on topics within student learning, most recently those tangentially related to health and wellness.

Healthy Minds Network. The Healthy Minds Network is a research-driven initiative aimed to study mental health among undergraduate and graduate students across the United States. The network brings together hundreds of institutions to collect data, disseminate research, and influence practice. In addition to colleges and universities, the network has established partnerships with several key organizations focused on student wellness research such as the Center for Collegiate Mental Health, the American College Health Association, and EverFi, a technology company that has partnered with higher education institutions to deliver wellness and prevention programming.

The primary project is the Healthy Minds Survey implementation that has yielded over 200,000 survey respondents since its launch in 2007 (Healthy Minds Network, 2018). The annual web-based survey measures the prevalence of mental health-related issues, service utilization, and knowledge, attitudes, and behaviors of a representative sample of both undergraduate and graduate students at participating colleges and universities (Healthy Minds Network, 2018). The aggregate data can inform prevention and intervention services, raise awareness of mental health resources on campus and allow for benchmarking among peer institutions (Healthy Minds Network, 2018). This data enables researchers and practitioners to focus on understanding help-seeking behavior, including stigma and the role of gatekeepers in

the process (Healthy Minds Network, 2018). The connection from research to practice is crucial to identifying student needs and assessing service utilization.

Bringing Theory to Practice Project. Beginning in 2003, the Bringing Theory to Practice was a project established partnership with the Association of American Colleges and Universities to fund campus programs and practices connecting students' learning and civic efforts—such as residential learning communities, first-year seminars, and service-learning courses—to outcomes related to their personal growth and well-being (Bringing Theory to Practice, 2018). After assessing those partnerships, researchers found that across a diverse range of campus projects and programs aimed at aligning well-being, learning, and civic engagement, approximately 57 percent of campuses concluded that the program or intervention resulted only in positive outcomes related to students' well-being (Finley, 2016). These outcomes included an increase in students' trust in themselves, self-efficacy, sense of flourishing, an increased sense of purpose, and self-acceptance (Finley, 2016). To deepen what is known about campus programs aimed at connecting learning and wellbeing, Bringing Theory to Practice launched its more specific Wellbeing Initiative in 2013. The initiative provided more than \$700,000 of funding over two years to almost 30 campuses, including campus matching (Bringing Theory to Practice, 2018). Proposals from selected institutions outlined implementation and assessment plans to examine the effects of targeted interventions on factors of student wellbeing (Finley, 2016). The results of this study provide a promising outlook on the role of wellness programs and inventions in supporting student wellbeing.

The Wellbeing Initiative also created a research partnership with Iowa State University to employ the Personal and Social Responsibility Inventory (PSRI). The PSRI is a survey of students, faculty, and staff to measure the campus climate for fostering dimensions of personal

and social responsibility (Iowa State University, 2018). The instrument focuses on efforts such as striving for excellence, contributing to a larger community, and perspective-taking (Iowa State University, 2018). Through this partnership, a standardized flourishing scale was added to the PSRI instrument. Mitchell, Reason, Hemer, and Finley (2016) analyzed data from the PSRI and additional flourishing scale and found that the role of campus climate is significant to the individual student experiences and sense of flourishing. Furthermore, their findings indicated students' perceptions of climates that support the development of moral reasoning and contributing to a broader community were most associated with higher levels of flourishing among student respondents (Mitchell, Reason, Hemer & Finley, 2016).

The research supported by both ACHA and Bringing Theory to Practice suggests the need for campuses to make systemic commitments to student learning that go beyond one-time opportunities and flow through multiple areas of the curriculum and co-curriculum. To accomplish that goal, these organizations suggest that schools and units establish collaborative partnerships across the country with scholars focused on physical, social and emotional wellness-related activities. Much can be learned beyond the student experience from research sub-centers within higher education institutions who are studying health and wellbeing more broadly for the global community.

The Center for Health and Happiness. In 2016, Harvard's T.H. Chan School of Public Health established the Lee Kum Sheung Center for Health and Happiness. The goal of the center is to build a rigorous, interdisciplinary science to understand the connection between psychological wellbeing and physical health to benefit both individuals and the global community (Harvard University, 2018). Efforts at both the school level and the center level have produced instructive research for practitioners in higher education concerned with student

wellness and academic success. Researchers have conducted a review of the scales used in scientific research to determine whether psychological wellbeing is associated with future physical health outcomes, including health behaviors (Harvard University, 2018). Items from these scales examine workplace initiatives, and universities began considering their use to collect empirical data to investigate the effectiveness of innovative wellness programming.

The Okanagan Charter. The Okanagan Charter was an outcome of the International Conference on Health Promoting Universities and Colleges held in Canada in 2015 (Okanagan Charter, 2015). The Charter development process engaged researchers, practitioners, administrators, students, and policymakers from 45 countries with the hope that campuses would adopt the framework to inform their health promotion efforts (Okanagan Charter, 2015). Endorsed by the World Health Organization and UNESCO, the Okanagan Charter provides institutions with a common language, principles, and framework to become a campus that promotes health and wellbeing. It outlines two Calls to Action: (1) To embed health into all aspects of campus culture, across the administration, operations, and educational mandates; and (2) To lead health promotion action and collaboration locally and globally (Okanagan Charter, 2015). To answer these calls to action, the document outlines critical principles as a guideline to generate dialogue and research that expands local, regional, national and international networks (Okanagan Charter, 2015). The goal is for the work established within these networks will mobilize health integration in policy and advance the continued development of health promotion on campuses (Okanagan Charter, 2015). Organizations from the ACHA to tools like the Okanagan Charter provide instructive frameworks for researchers and practitioners to assess wellness work with students and staff. Since much of the work is happening in a public health context across campuses, process evaluation can be a helpful context to apply when determining

whether services are meeting the wellness needs identified.

Conclusion

Health, when viewed holistically, is more than simply the absence of disease or infirmity and can have tremendous effects on academic success (Anderson, 2015). Multiple universities and organizations support a shift to a more holistic view. For example, an overarching goal of the Healthy Campus 2020 initiative is to promote quality of life, healthy development, and positive health behaviors on campus (US Department of Health and Human Services, 2012). Progress towards this goal is possible if the teaching strategies within the higher education environment coach healthy behavior right alongside math, science, and literature. Many institutions are striving to do so by dedicating space and programming for learning related to wellness. In addition, student affairs professionals should value wellbeing as a set of outcomes that are not parallel to learning, but rather are part of the journey (Finley, 2016). As institutions create, expand and improve upon health services, researchers and practitioners can proactively consider wellness across student experiences within the environment, curriculum and co-curriculum (Finley, 2016). This study aims to supply evidence surrounding student and staff experiences with a holistic wellness model by examining utilization behaviors.

CHAPTER 3

METHODOLOGY

As previously stated, the purpose of this study is to gain a deeper understanding of student and staff perceptions of wellness programming and services provided at a mid-sized public research university in the southeast with the opening of a new integrative facility on campus. Further insight regarding the rationale for wellness engagement could enhance how students and staff think about their health, utilize wellness-focused resources and begin to shift the paradigm on campuses towards a holistic approach that is more preventative in nature. To consider these elements, this study engages the following questions:

With the introduction of a new integrative Wellness Center:

- 1) What do students identify as reasons for utilizing or not utilizing the center?
 - a. Are they more proactive or preventative in addressing their health-related needs?
 - b. Do they consider their wellness more holistically than before the center's existence?
- 2) How are wellness staff members approaching their work in the new integrative wellness center space?
 - a. Are they more collaborative across units now that they are co-located?
 - b. What differences, if any, do staff see in their interactions with students?

Rationale for Mixed Methods

Mixed methods research is most useful when addressing complex, multifaceted issues such as health services intervention (Raven, Doran, Kostrowski, Gillespie & Elbel, 2011). To understand student and staff mindsets and behaviors regarding student wellness more

comprehensively, this study used a mixed-methods design divided into two phases. The first phase consisted of a pre-survey with students and wellness staff members before relocation to the new integrative wellness center to explore self-assessments of health, as well as utilization behaviors and experiences with the separate wellness office spaces. The results of the pre-survey provided a broad foundation that informed instrument development for the post-survey and focus groups in the following phase. The second phase employed a service utilization process evaluation framework to determine how and why students and staff members are engaging with the new integrative wellness facility.

I collected quantitative and qualitative data in this study to leverage complementarity in development to enhance the credibility of findings. First, the results from phase one informed the creation and implementation of phase two surveys and the semi-structured focus group questions. For example, findings from the student pre-survey data demonstrated that 16-22% of students indicated that they plan to use the Health, Counseling, and Health Promotion facilities more often when the new building opens. The post-survey allowed additional tracking related to the rate of utilization for the new space, while focus groups provided supplemental anecdotal data regarding the experiences associated with the increased, decreased or steady utilization. Furthermore, data from the pre-surveys further illustrated themes found in the post-surveys. Both quantitative and qualitative methods and data had equal weighting as I analyzed the findings of the service utilization process evaluation.

Research Design: Process Evaluation Using Service Utilization Indicators

Regarding the project, both the university and architectural firm communities were concerned with students' motivation to visit the new center and engage with its service offerings,

as well as staff collaboration related to the integration. Process evaluation provided a framework for capturing and analyzing both student and staff engagement with the new center.

Process evaluation is about monitoring every step of program implementation. Service utilization is a specific form of process evaluation that explores service engagement and satisfaction (Rossi, Lipsey & Freeman, 2004). Service utilization is the extent to which intended targets of a program or service are engaging with that program or service (Rossi, Lipsey & Freeman, 2004). Monitoring of service utilization is critical for interventions when participation is voluntary, or participants are working to change habits or learn something new, as in the case of this university's transition to an integrated service offering (Rossi, Lipsey & Freeman, 2004). Stakeholders for this project are invested in motivating potential target populations to seek out and utilize services. As mentioned previously in the introduction, reach and capacity indicators help identify the number of key stakeholders affected by a health promotion program and ascertain whether the implementation meets the associated output goals. Coverage and bias are also vital elements when assessing program service utilization. Coverage refers to the extent of participation by the target population, while bias identifies subsets of that group that may not be accessing program services (Rossi, Lipsey & Freeman, 2003). The decision to move forward with service utilization process evaluation confirmed the need for both quantitative and qualitative data to accurately describe concepts of reach, capacity, coverage and bias.

I operationalized the service utilization framework by performing the following tasks:

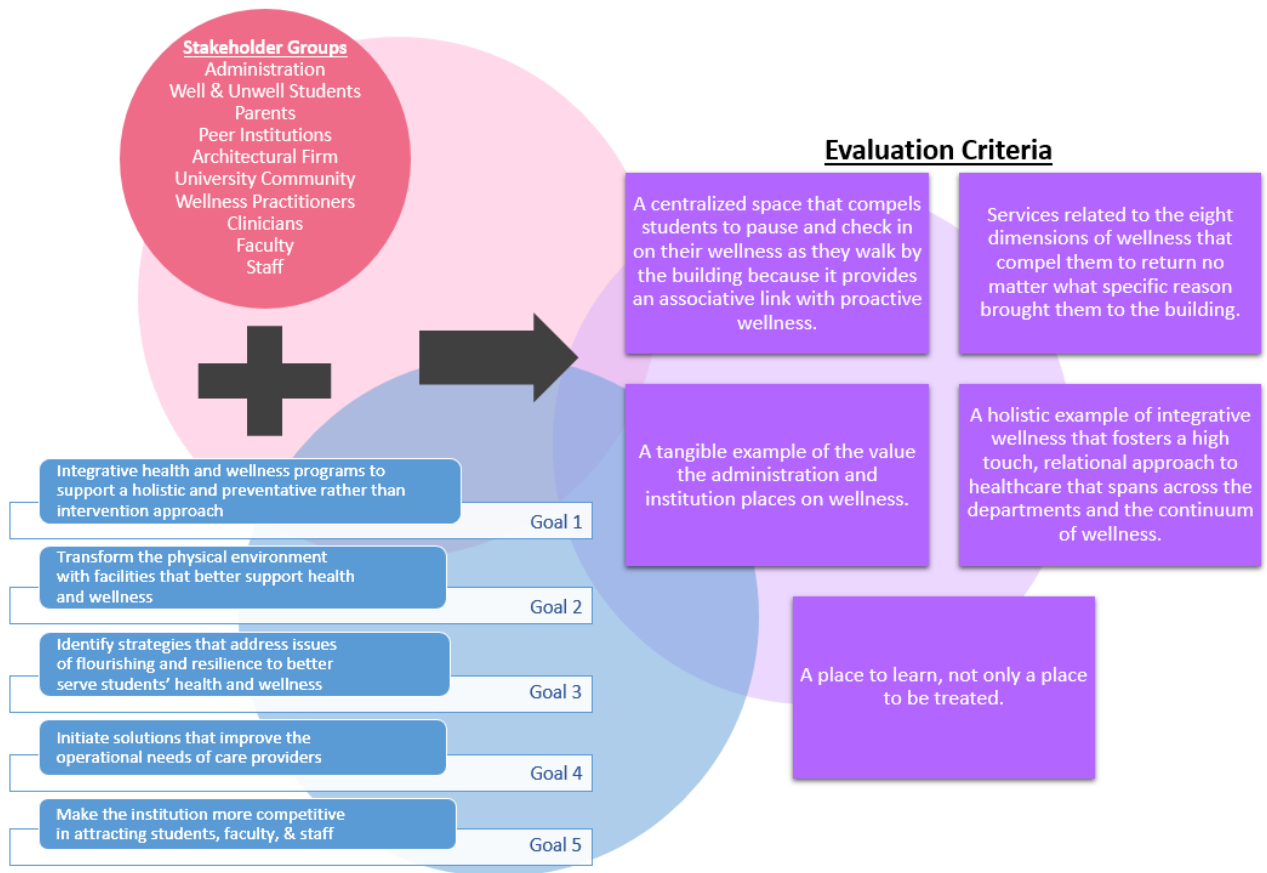
- Determine goals and objectives for key partners and stakeholders engaged with the new facility and related programming
- Explore whether or not the facility and programming are reaching all specified target interest groups

- Ask participants about their satisfaction with space and programs related to goals and objectives identified

Analyzing data regarding these elements provided a foundational understanding of how constituents are experiencing the new facility and related programming, moving us closer to understanding how behaviors might be influenced as a result of the service utilization.

Additionally, the tasks provided a way to organize goals, target populations, and indicators concerning instrumentation and data collection. A visual representation (Figure 3.1) emerged from the first two outlined tasks above.

Figure 3.1
Relationship between Goals, Stakeholders and Evaluation Criteria



The goals of the project (in blue) were identified considering all stakeholder groups (in red circle). To measure the goals in relation to the target groups, I developed a set of evaluation criteria of what the center hoped to embody (purple boxes) to inform the instrument development. When implementing the third task, I mapped survey and focus group elements onto process evaluation indicators relevant to service utilization. Table 3.1 below shows an excerpt from the student survey mapping exercise.

Table 3.1
Process Evaluation Indicators Addressed in Data Collection Instruments

Process Evaluation Indicator	Survey Elements	Focus Group Elements
Reach: who is utilizing services?	Visitation behavior	User descriptions of center; User descriptions of other student users and their needs
Capacity: gaps in utilization vs. services available	Visitation rationale; Nature of appointments; Amenity utilization; Potential utilization drivers	Perceptions of health services pre and post new center; Utilization of new facility services different from previous availability; Recommendations for the new center
Coverage: # of targeted population accessing services	Academic class standing; Rationale for not visiting; Description of personal health status; Demographics (sex, gender, race, ethnicity)	Utilization of features, amenities before and after the new center; Rationale for visiting or not visiting
Bias: target population not accessing services		

Determining reach, capacity, coverage, and bias indicators serve as a measurement for how the implementation process of transitioning to the new center is going at a particular point in time. In this case, the university can explore appropriate measurements before and after the integration to make adjustments and improvements to programmatic, marketing, and facility plans to engage the target population better. Additionally, it can use the evaluation criteria, survey items, and

focus group questions to continue assessing the university's utilization goals for the new center as well as beyond the process and eventually develop an outcomes evaluation.

University Study Site

This study took place at a public university located in the southeast United States, referred to throughout this project as Southeast Historic Research University (SHRU). The campus is set on 1,200-acres of scenic woods and water and adjoins the town's historic district. SHRU is ranked among the top public universities in the nation. At SHRU, there is a student body of over 6,000 undergraduate students, with approximately 65% in-state enrollment and 35% out-of-state enrollment. Over eighty percent of the incoming class were in the top 10% in their respective high schools. The university has a relatively high number of suicides for a small undergraduate population and campus administrators have worked diligently to increase access to resources related to mental health and wellness.

The study examines student wellness spaces before and after a new facility opened to integrate wellness resources for students at the center of campus. The four ovals in Figure 3.2 indicate the health and wellness spaces prior to August of 2018 when the new center, represented by the star, opened to integrate these offices and services. It is important to note that while the Campus Recreation Center will provide satellite services and staff in the new facility, it is the only wellness-related service that will primarily remain in their current location, creating two facilities after the integration compared to the four prior to integration.

Figure 3.2*Campus Map Identifying Current and New Wellness Facilities*

Context Regarding Student Wellness at Study Site. The Student Affairs Division at SHRU is categorized into five thematic areas: campus living, career development, health and wellness, student engagement and leadership, and student success. The health and wellness area covers all of the programs and initiatives implemented by the four offices involved in this study: Student Health, the Counseling Center, Office of Health Promotion and the Campus Recreation Center. As I explored student and staff perceptions of and interactions with these offices and the services they offer, it was essential to understand the campus climate surrounding issues of health and wellness.

Three major topics should be considered as added layers of complexity for assessing student utilization of the new facility. First, the original timeline included the building being completed a month before the start of classes for the fall 2018 semester. In reality, the staff had a little over a week to settle in before classes began, and there were several contractors still completing punch list items those first few weeks of the semester. This adjustment created a

delay regarding the implementation of integrated programming the staff intended to fully execute in the fall of 2018. Instead, much of this programming was launched in the spring of 2019 when the post-surveys and focus groups were being conducted. Additionally, there was a student exposé in the student newspaper that criticized the inaccessibility of the counseling center, published in early October 2018, the semester between pre and post-assessments. The staff argued that the data represented in the article was not entirely accurate. For example, the article mentions that students with emergencies had to wait multiple weeks, but patient logs show that those students are seen the same day. However, the article does highlight the growing need for services and the student perception of a gap in services for students who are in need but may not be in a state of emergency. Lastly, the Campus Recreation Center services existing in two places created some confusion among students and staff members about the office's role in integrative wellness. SHRU ultimately plans to build at least one more wellness-focused space and will need to be mindful of how to market the services to support their mission of integrated wellness.

Sampling Framework

I drew two types of samples from this study site – students (including graduate and undergraduate) and student affairs staff members who work in areas of wellness. All of the staff in the health and wellness area were surveyed, which included the four offices that were merged into the integrative wellness center. The pre and post-survey data could not be linked, but the groups were demographically similar. I had to supplement the post-survey sample to account for students who graduated or transferred and for staff who no longer worked in the targeted wellness areas.

Students. The pre-survey sample included students who were also sampled for the National College Health Assessment (NCHA) survey conducted on campus a few weeks prior in

the spring of 2018 (n=2,271). This was intentional to reduce survey fatigue among students who were also sampled for 2-3 additional surveys that same semester. To increase the sample, 800 more students were selected from the student population using a random number generator and added to the original NCHA sample of 2,271, totaling n=3,071. In the spring of 2019, all 4,000 students were selected using a random number generator.

Staff. The second sample included a subset of student affairs staff members at the university. There were 57 individuals identified who met the criteria for student affairs staff members working within the wellness thematic unit on campus in the spring of 2018 and 52 individuals who met the criteria in the spring of 2019. Due to the small nature of this group, the entire population was selected for the survey for both phase one and phase two.

The health and wellness services provided by the university are community-wide and, therefore, surveying these samples can provide an overall assessment of whether the services are being utilized in the intended ways within the community.

Instrumentation

In phase one (spring 2018), electronic pre-surveys for both students and staff were divided into three parts to capture data regarding demographics, personal health self-assessments, and individual experiences with health and wellness services on campus.

Student Pre-Survey. The survey instrument items used with the student sample were derived from a combination of questions from both the National College Health Assessment (NCHA) along with additional measures I developed in conjunction with higher education research experts. The NCHA collects data on the following topics to gain a comprehensive understanding of student wellness on a campus: smoking habits, contraception use, mental health issues, relationship difficulties, sexual behaviors, exercise habits, preventive health practices, and

perceptions of drug and alcohol use. Specifically, the pre-survey for this study (Appendix A) used items concerning exercise, sleep, and physical and mental health moods gauged over the previous week or month. The student instrument also asked about using wellness spaces on campus (both current and future), as well as perceptions of their own health and wellness.

As noted in the literature review, the NCHA question scales are well-established instruments with strong validity and thus were selected as a beginning framework for instrument development in the first phase. The NCHA-ACHA Advisory Committee most recently conducted reliability and validity analyses on two data collection periods in spring 2009 and spring 2010. The analyses demonstrate strong results in the evaluation of grouped or scaled items and repeated reliability analyses demonstrated consistency ($\alpha > 0.8$) over the two survey periods (American College Health Association, 2011). Furthermore, the construct validity analyses also show consistency over two survey periods with different colleges and universities.

Staff Pre-Survey. Less work has been done to gather information from higher education staff regarding health and wellness. The Lee Kum Sheung Center for Health and Happiness at Harvard conducted a review of the scales that have been used in scientific research to determine whether psychological well-being is associated with future physical health outcomes. Elements from these scales appear in the Harvard Wellbeing Index (HWI) that has recently been used to measure a company's impact on employee wellbeing. The staff pre-survey survey (Appendix B) focused on meeting students' wellness needs and how their workplace impacts the staff's own health and wellness. Specifically, staff members were asked to consider the elements they value most in the current spaces and improvements they are looking forward to in the new space to increase their overall effectiveness with students and personal wellbeing.

Data Collection

Upon gaining Institutional Review Board approval at the university to conduct the study, the pre-survey instruments were administered online to students in April 2018 and staff in May 2018. The post-surveys instruments were administered to students and staff in April of 2019. All online surveys were conducted using Qualtrics web-based software.

Student participants. During each phase, students were sent an initial email invitation to participate in the survey, and non-respondents were sent three consecutive follow-up emails. Of the 3,071 undergraduate students surveyed during phase one, there were 985 respondents (32.1% response rate). This obtained sample meets a 97% confidence interval and a 3% margin of error. Of the 4,000 undergraduate students surveyed in phase two, there were 1,117 respondents (27.9% response rate), and this obtained sample also meets a 97% confidence interval and a 3% margin of error.

Table 3.2 further describes the student samples for each phase. Though the samples for the post-survey implementation could not be linked with the pre-survey spring 2018 sample, the two groups for both students and staff members are demographically similar. Both samples have fewer students of color (25-28%) than the university overall (33%). Additionally, the samples are over representative of women (65-68%) compared with the university overall (57%). First through fourth-year students completed the survey at similar rates in both samples.

Table 3.2
Survey Participants: Student Demographics

<i>Gender identity</i>	Pre-Survey		Post-Survey	
	<i>Raw Data</i>	<i>%</i>	<i>Raw Data</i>	<i>%</i>
Woman	598	68.5%	573	65.3%
Man	255	29.2%	285	32.4%
Trans woman	0	0.0%	0	0.0%

Trans man	1	0.1%	2	0.2%
Gender queer	12	1.4%	11	1.3%
Another identity*	7	0.8%	7	0.8%
TOTALS	873	100%	878	100%
	Pre-Survey		Post-Survey	
<i><u>Racial/ethnic identity</u></i>	<i><u>Raw Data</u></i>	<i><u>%</u></i>	<i><u>Raw Data</u></i>	<i><u>%</u></i>
White/Caucasian	711	74.6%	688	71.3%
Black/African American	50	5.3%	55	5.7%
Hispanic/Latinx	65	6.8%	68	7.1%
Asian or Pacific Islander	117	12.3%	114	11.8%
American Indian, Native American, Native Hawaiian	10	1.0%	9	0.9%
Biracial	0	0.0%	31	3.2%
TOTALS	953	100%	965	100%
	Pre-Survey		Post-Survey	
<i><u>Academic class standing</u></i>	<i><u>Raw Data</u></i>	<i><u>%</u></i>	<i><u>Raw Data</u></i>	<i><u>%</u></i>
1st year	239	27.5%	227	25.9%
2nd year	203	23.3%	221	25.2%
3rd year	249	28.6%	237	27.0%
4th year	173	19.9%	183	20.8%
5th year	6	0.7%	10	1.1%
TOTALS	870	100%	878	100%

* Nonbinary femme, agender, questioning, nonbinary

Chi-square Test for Independence. To determine whether or not the pre and post data were statistically similar, I tested demographic characteristics using the Chi-square test for independence. A chi-square test is a non-parametric test structured to explore the relationship between two categorical variables with two or more categories. A nonparametric test was needed in this case because I could not assume the population was normally distributed and my data was measured on nominal scales (Pallant, 2016). For variables with only two categories of response,

such as sex, I relied on the continuity correction, which compensates for the overestimate of the chi-square value when used with a 2x2 table (Pallant, 2016). For variables with three or more categories of response, the Pearson Chi-Square value was analyzed. The results are explored in Table 3.3.

Table 3.3
Chi-Square Testing to Compare Pre and Post Samples

Variable	Description	Significance	Result
Sex	Male Female	p= 0.225*	p> 0.05; Reject null hypothesis, samples are demographically similar
Gender	Man Woman Trans Man Trans Woman Genderqueer	p= 0.774	p> 0.05; Reject null hypothesis, samples are demographically similar
Race	White/Caucasian Black/African American Hispanic or Latino/a Asian or Pacific Islander American Indian, Alaskan Native, or Native Hawaiian	p= 0.978	p> 0.05; Reject null hypothesis, samples are demographically similar
Academic Standing	1 st year 2 nd year 3 rd year 4 th year 5 th year Graduate/Professional	p= 0.055	p> 0.05; Reject null hypothesis, samples are demographically similar

*Continuity Correction value used instead of Pearson Chi-Square value

As the results from Table 3.3 show, none of the chi-square tests were statistically significant at the p<.05 level, and thus the pre and post samples are demographically similar.

Staff participants. Staff members were also sent an initial email invitation to participate, and non-respondents again received up to three follow-up reminders during each phase. Of the 57 wellness staff surveyed during phase one, there were 44 respondents, for a 77.2% response

rate. A majority of the staff participants were identified as professional staff, but it is important to note that the group also included a few student staff members. Most participants came from either Student Health or the Counseling Center and over half of the group had been in their current position for four years or less. Of the 52 SHRU Wellness staff surveyed in spring 2019, there were 40 respondents, for a 76.9% response rate. This obtained sample meets a 93% confidence interval and a 7% margin of error. Table 3.3 further describes the staff participants for each phase.

Table 3.4
Survey Participants: Staff Demographics

<i>Job function</i>	Pre-Survey		Post-Survey	
	<i>Raw Data</i>	<i>%</i>	<i>Raw Data</i>	<i>%</i>
Professional staff	28	65.1%	28	75.7%
Operational/classified staff	8	18.6%	7	18.9%
Student employee (undergrad or grad)	7	16.3%	2	5.4%
TOTALS	43	100%	37	100%

<i>Work area</i>	Pre-Survey		Post-Survey	
	<i>Raw Data</i>	<i>%</i>	<i>Raw Data</i>	<i>%</i>
Student Health Center	14	32.6%	12	33.3%
Counseling Center	12	27.9%	11	30.5%
Health Promotion Office	3	7.0%	2	5.6%
Campus Recreation Center	11	25.5%	9	25.0%
Other	3	7.0%	2	5.6%
TOTALS	43	100%	36	100%

<i>Number of years in current position</i>	Pre-Survey		Post-Survey	
	<i>Raw Data</i>	<i>%</i>	<i>Raw Data</i>	<i>%</i>
Less than 1 year	8	18.6%	5	14.3%
1-4 years	14	32.6%	14	39.9%
5-9 years	3	7.0%	3	8.6%
10-14 years	8	18.6%	3	8.6%
15-19 years	4	9.3%	5	14.3%
20 or more years	6	13.9%	5	14.3%
TOTALS	43	100%	35	100%

<i>Sex at birth</i>	<u>Raw Data</u>	<u>%</u>	<u>Raw Data</u>	<u>%</u>
Female	28	70.0%	25	71.4%
Male	12	30.0%	10	28.6%
TOTALS	40	100%	35	100%

Post-survey Adaptation. While developing the post-survey instruments, I continued to incorporate ACHA and HWI frameworks; however, there was also an opportunity to shape the items further based on information gleaned from pre-survey analyses that were important to both the architectural firm and the university. I was also able to incorporate specific items to assess service utilization indicators. Though program records such as the number of student visitors to the new building can be a helpful resource when assessing coverage, a survey can better capture the rationale behind those visit numbers and provide researchers with additional data to evaluate bias (Rossi, Lipsey & Freeman, 2003). Question items for the student post-survey focused on identifying reasons for use and engagement with the new center, along with a follow-up self-assessment of their wellness approach (see Appendix C). The staff survey items inquired about strategies for approaching their work with students in terms of integration and collaboration in the new space (see Appendix D). To understand how data regarding specific indicators were measured, refer back to Table 3.1.

Focus Groups. Semi-structured focus groups were conducted with each willing participant in student and staff groups of up to eight persons in April 2019. Discussions lasted for approximately 90 minutes in a conference room in the Student Center on campus. The post-survey included a question to identify interested participants. I emailed groups of participants that opted-in to the focus groups (Appendix E) to have them sign up for a session (Appendix F). I compiled a data file for each focus group session. To do so, I de-identified the individual names and group details in the raw data. I kept a digital key, which links pseudonyms for students and

staff members, their names, demographic data, and contact information. This key resides in an Excel file, password-protected on my computer. I then assigned participants a pseudonym, using a random name generator. Upon study completion, I intend to destroy all audio files and critical data files to ensure that participant names are not linked to their records. Table 3.4 further describes the focus group samples.

Table 3.5
Focus Group Participants of Phase Two

Student Group 1 (6 participants)	Staff Group 1 (4 participants)
2 nd year female, Mary	Campus Recreation male staff, Ryan
3 rd year female, Jennifer	Campus Recreation male staff, Mike
2 nd year female, Iris	Health Promotion female staff, Theresa
3 rd year female, Courtney	Counseling Center female staff, Jessica
3 rd year female, Olivia	Staff group 2 (3 participants)
3 rd year male, Jack	Health Promotion female staff, Donna
Student group 2 (8 participants)	Health Promotion female staff, Joann
5 th year female, Haley	Campus Recreation female staff, Karen
1 st year male, Michael	
1 st year female, Eleanor	Demographic Totals
4 th year male, Richard	2 male staff; 5 female staff
1 st year male, Steven	4 male students; 10 female students
Graduate student female, Michelle	12 undergraduates; 2 graduate/professional
Graduate student female, Jane	<i>Note: Student Health not represented</i>
1 st year female, Molly	

Generally, the focus group discussion explored themes identified from the pre-survey data, as well as topics addressed in the post-survey to provide supplemental anecdotal data. Before beginning, each participant signed a consent form (Appendix H). I used two different instruments to collect data: a pre-group writing exercise (Appendix I) and developed a protocol with guidance from my committee to inform the focus group structure (Appendix J). The purpose of the writing exercise was to allow space for participants to share thoughts and experiences that they may feel uncomfortable sharing in the larger group. The architectural firm

and SHRU stakeholders then approved the writing exercise and protocol. Focus group sessions were audio-recorded and transcribed using GMR transcription service.

Capturing the Non-User Perspective. My original intent was to capture both user and non-user perspectives with both the post-survey and the focus group. While non-users were responsive to the survey (approximately 1/3 of survey participants), recruiting non-users to participate in focus groups was challenging. After repeated attempts to establish a non-user session (Appendix G), I offered individual interviews instead. Three individuals agreed to participate. I spoke with each non-user via phone, recorded the call for transcription, and combined those files with notes from their calls. While this subset is not large enough to generalize to the whole non-user group, it was important for me to capture qualitative data to supplement the survey data to represent this perspective. These three non-user interviews served as disconfirming cases for the focus group sample. The Robert Wood Johnson Foundation describes a disconfirming case in their qualitative guidelines as “examples that do not fit emergent patterns and allow the research team to evaluate rival explanations” (Cohen & Crabtree, 2006). These types of rival explanations enhance both the understanding of the phenomenon as well as the research credibility (Cohen & Crabtree). Both survey responses and interviews with non-users were vital to shape themes surrounding capacity and bias from a service utilization framework.

Data Analysis

This project required both quantitative and qualitative data analysis procedures. Before beginning my analysis, I organized my data files and web-based analytic tools. I exported quantitative survey data from Qualtrics into SPSS and qualitative open-ended survey responses into Dedoose. I loaded transcripts from focus group sessions into Dedoose, carefully labeling

staff and student sessions accordingly. I typed the written responses from the focus group writing exercises and loaded those into Dedoose. Lastly, I organized my analytic memos from site visits and each focus group session. These memos included notes taken during the meetings with administrators and focus group sessions. Specifically, they address voice tone, body language, rich thick description, follow-up questions, and next steps to add to the data set for analysis. The form I used to collect these notes is located in Appendix K, and a sample of one of these memos can be found in Appendix L.

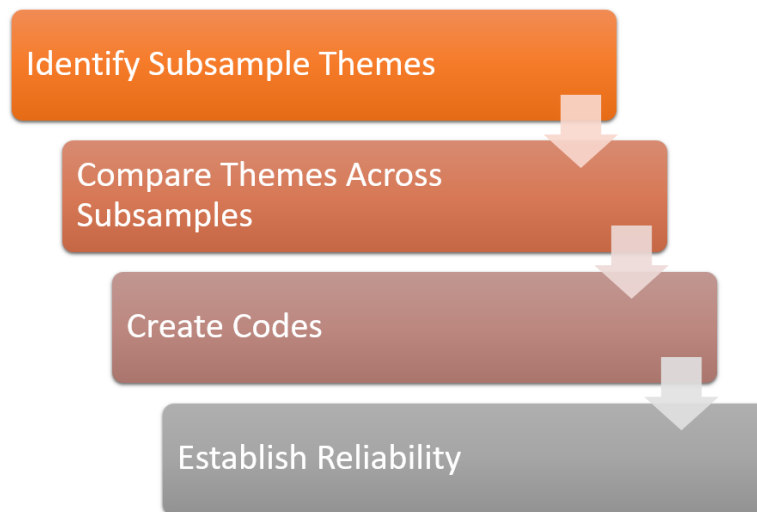
The responses to the pre and post-surveys were categorized by data type and analyzed using SPSS statistics software. For static variables, Likert scale items were analyzed and reported using percentages and lists were analyzed and reported using frequencies. Continuous variables were analyzed using measures of central tendency (means and standard deviations) and ranked items were analyzed using modal strategies.

The focus groups provided data about student and staff perceptions to supplement the quantitative data from surveys, as well as a more in-depth understanding of how the new center design and co-location may have influenced behavior. To analyze the data, I implemented an iterative process to find evidence, supportive of or in contradiction of previous literature (Marshall & Rossman, 2010). In qualitative research, coding can facilitate meaning-making by using words and phrases to characteristically assign attributes to language-based data (Saldaña, 2009). I used coding to identify themes and patterns from the data that described the ways in which students and staff members utilized the new facilities and programming, along with rationale to support their perceptions. To ensure meaningful labels, codes are assigned to chunks of data, usually phrases, sentences, or paragraphs that are connected to a specific context or setting (Miles and Huberman 1994).

I chose to use a data-driven coding process in which codes emerge from the raw data and necessitate the repeated examination of that raw data in an iterative manner shown in Figure 3.3 (DeCuir-Gunby, Marshall & McCulloch, 2011). The first step in developing data-driven codes is to determine how to reduce raw information into smaller categories or themes (DeCuir-Gunby, Marshall & McCulloch, 2011). I decided to focus on the level of meaning when approaching the data, enabling a code to be made up of a line, sentence, or paragraph, as long as the essence is the same, rather than coding line by line or sentence by sentence.

Figure 3.3

Data-Driven Coding Process. (Adapted from DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. Field methods, 23(2), 136-155.)



The process I followed in developing data-driven codes involved identifying themes within subsamples. This meant identifying categories from various focus group sessions and interviews. As I read several data excerpts, I looked at the major themes that emerged per session. Then, I began to compare themes across the sessions and take note of examples that represented each

theme. This process led to a coding table that tracked categories and themes with relevant data examples for reference. As new codes and descriptions emerged, I adjusted categories and determined where ideas aligned. Initially, I created 43 codes that became 27 codes across six categories after three coding iterations. Table 3.5 is an excerpt from the coding tracking table.

Table 3.6
Excerpt from Data-Driven Coding Tracking Table

Category	Code	Description	Example
Rationale supporting utilization	atmosphere / environment	feelings associated with new center; before and after comparisons of wellness spaces on campus	"For me, I go a lot to get refills of my medication. And I've always just really enjoyed kind of the atmosphere and the lighting and the décor of the place. I really enjoy going there. It's not a chore to go there and go through the facility. It's very warm and kind of just nice to be there."
References to eight dimensions of wellness	physical wellness	how students and staff described programming and services related to physical wellness; additionally, how physical wellness was described in relation to other dimensions	"I never thought of financial or spiritual or even social. It's just when I think of, "How would you gauge your health or wellness?" My body's doing A-OK, so."
Integration / Co-location	collaborative behaviors	descriptions and examples of staff working together in the new space, including references to other departments	"I know that our doctors have literally walked people down to take a class"

Member Checking. As part of the analytic process, I utilized member checking to ensure accuracy, credibility, and validity of published statements and excerpts. After completing data analysis, I compiled my themes and initial findings and sent them to focus group participants for feedback (Appendix M). A final executive report of the project was presented to and approved by the architectural firm and SHRU.

Researcher as Instrument. I conducted this study as someone who values holistic wellness and has seen the benefits of integrative spaces and programming firsthand. I have also worked in two different university health and wellness offices. It is important to note these biases over the course of the project. I have worked diligently to apply objectivity and reflexivity at each stage of the process, and especially when interacting with student and staff participants.

CHAPTER 4

FINDINGS

There was much anticipation and excitement that the new center would provide space and corresponding programming to help students identify wellness dimensions beyond just the physical at SHRU. Additionally, wellness staff members hoped that the center, especially with its location in the center of campus, would create more proactive utilization behavior from students and foster collaboration among wellness services to offer a more holistic experience for users. This study employed a service utilization process evaluation framework to better understand the ways in which students and staff members perceived and engaged with wellness services before and after the new integrative center opened. The goal of the study was to identify characteristics of users and non-users to determine gaps in coverage for the target population and to gain insight regarding student and staff utilization behaviors. The new facility opened at the beginning of the fall 2019 semester. A pre-survey was conducted the spring before the new facility opened and a post-survey and focus groups were conducted the spring after the facility had been available for use for approximately seven months.

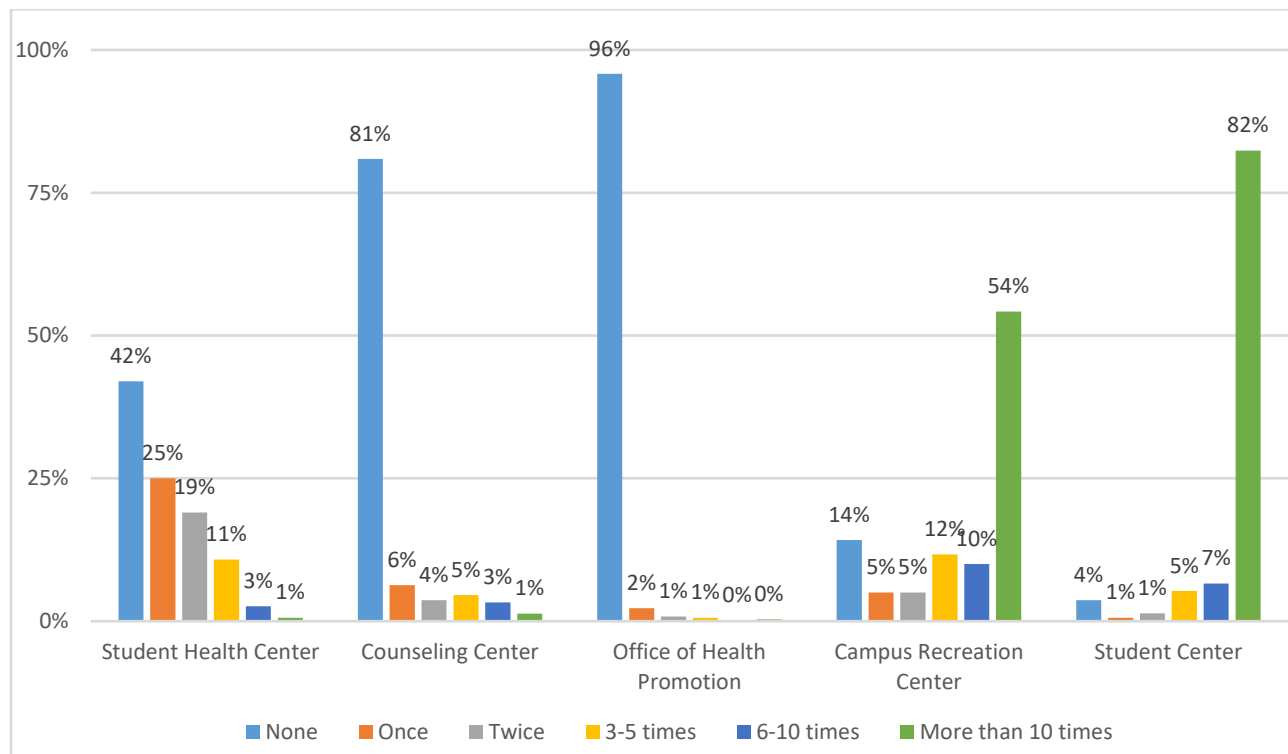
Pre-Survey Results

The results of the pre-survey provided a foundational understanding of how students and staff members interacted in the separate spaces (before co-location and integration) and how each group perceived their wellness within the context of health-related programming on campus. Three key themes emerged from the pre-survey data analysis: utilization, wellness beyond the physical dimension and staff collaboration.

Utilization

Students at the university had both a higher awareness of and need for resources that focus on physical wellness. This is clearly demonstrated by the utilization of the spaces on campus before the integrative wellness center. In Figure 4.1 below, students visited Student Health, Campus Recreation, and the Student Center at much higher rates than the Counseling Center or the Office of Health Promotion.

Figure 4.1
Student Visitations by Building in fall 2017 (prior to the opening of the new Wellness Center)



Although the Student Center is not part of the new Wellness Center, it is located immediately adjacent to the new center. As the data shows, the Student Center was frequently used by university undergraduates. This information was helpful in phase two when determining if usage

patterns for the new and adjacent Wellness Center benefitted from a similar central location on campus.

Additionally, students viewed the Student Health Center as a place solely for intervention services. The top reasons for visitation included feeling ill (58%), filling a prescription (30%), or needing medical attention (19%). Very few students reported visiting Student Health for proactive or preventative needs, such as a regular wellness check or education session. Students also reported better outcomes from interactions with Campus Recreation services and facilities. Students associated more positive health and wellness feelings with the Campus Recreation Center than the Student Health Center. When asked if students felt that their health or wellbeing was improved as a result of their visit, less than a fourth were satisfied from the Student Health Center, while over half were satisfied from the Campus Recreation Center. A majority of student respondents did not visit the Counseling Center or the Office of Health Promotion. Students reported not needing (32%) or knowing about (78%) these wellness-related services among the top reasons for not visiting.

When asked about the separate facilities in 2018, students reported more satisfaction with Campus Recreation, with the exception of air quality. As noted in Figure 4.2, none of the current spaces seemed to threaten physical or psychological safety severely, but many of the students agreed that the Counseling Center and Student Health Center, in particular, needed many architectural and design changes to improve the spaces.

Figure 4.2
Student Impressions of Current Buildings (2017)

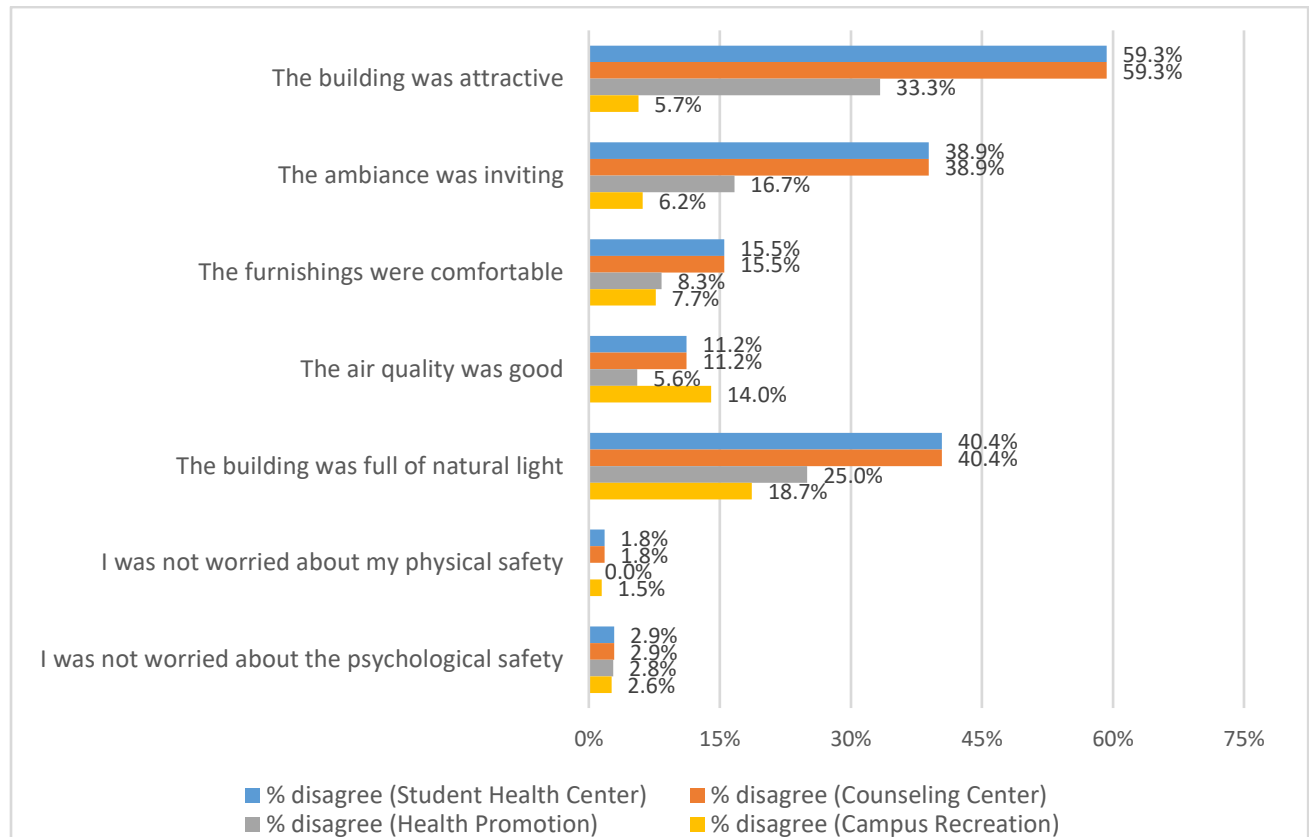
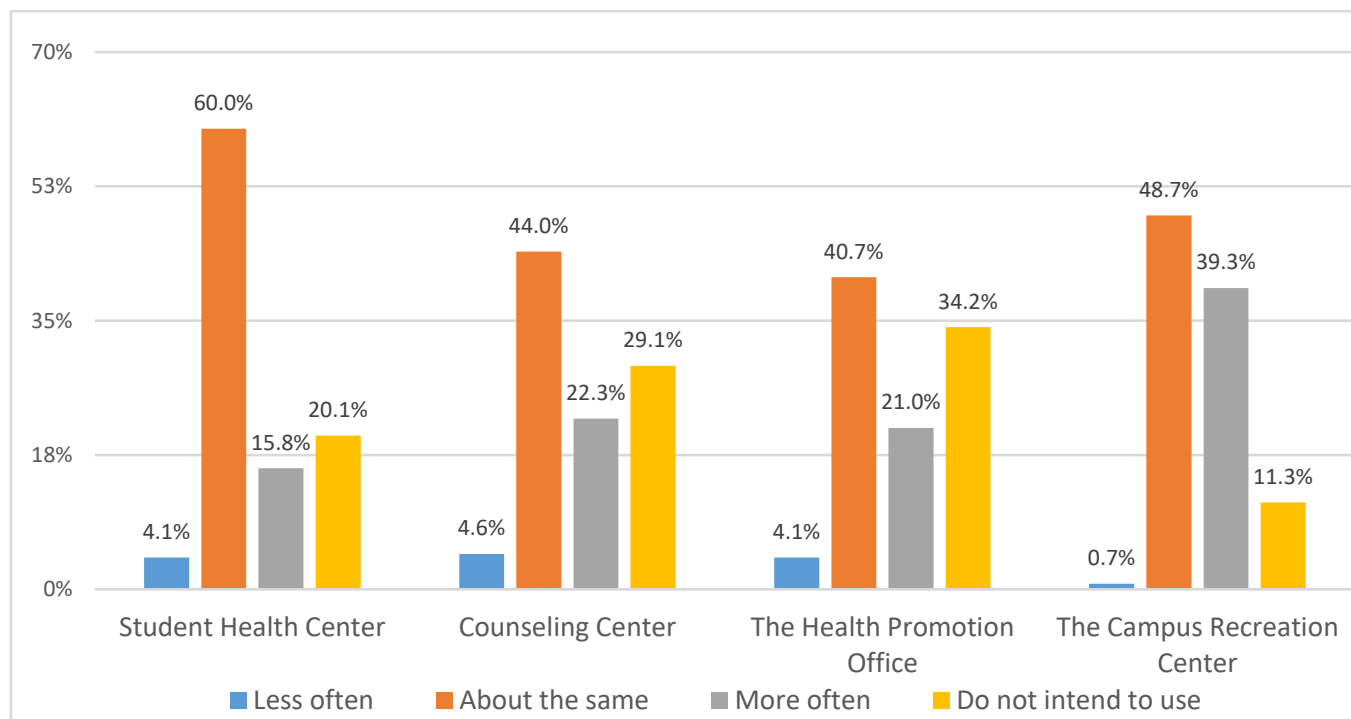


Figure 4.3 also highlights student preference for the Campus Recreation Center facility. When asked what spaces students planned to use after the new center opens, students still preferred the Campus Recreation Center.

Figure 4.3
Intentions to Use Spaces After New Center Opens



Between 16-22% of students indicated that they plan to use the Student Health, Counseling, and Health Promotion facilities more often when the new building opens. Though the Campus Recreation Center did not physically move to the new facility, considerations about how that programming is integrated into the new center are important as students continue to seek out resources they associate with physical wellness. This issue is particularly highlighted by the almost 40% of students who planned to use the Campus Recreation Center more often once the new facility was completed.

When asked about types of programs attended, students reported taking advantage of options beyond the physical wellness dimension. Two of the top three most popular programs were focused on mindfulness and flourishing, areas that are central to the new center. This notion indicates that students might be open to a perception shift on campus that promotes

wellness as proactive and preventative, rather than reactive and diagnostic. However, students may not be considering dimensions beyond physical wellness when thinking about their own health status and wellness journey.

Recognizing Other Wellness Dimensions

Though students utilized and favored spaces for physical wellness, they identified other dimensions as being important. When asked to rank the eight dimensions of wellness that correspond with campus programming and wellness promotion efforts, students ranked “Emotional/Mental” and “Social” both higher than physical.

After examining opinion statements, a pattern developed in which students were in support of pursuing healthier lifestyles and also validated feelings about that those who did so. Explicitly, beyond the physical wellness dimension, many students (74%) agreed that they would like to work on reducing stress and anxiety, with a majority (85%) indicating a desire to lead healthier lives. Moreover, most students (79%) disagreed that other students who spend time working on their wellness do so at their own peril, suggesting that they think positively about others who focus on their health and wellbeing. It is unclear, however, why these students think positively about wellness when it relates to others, but not themselves.

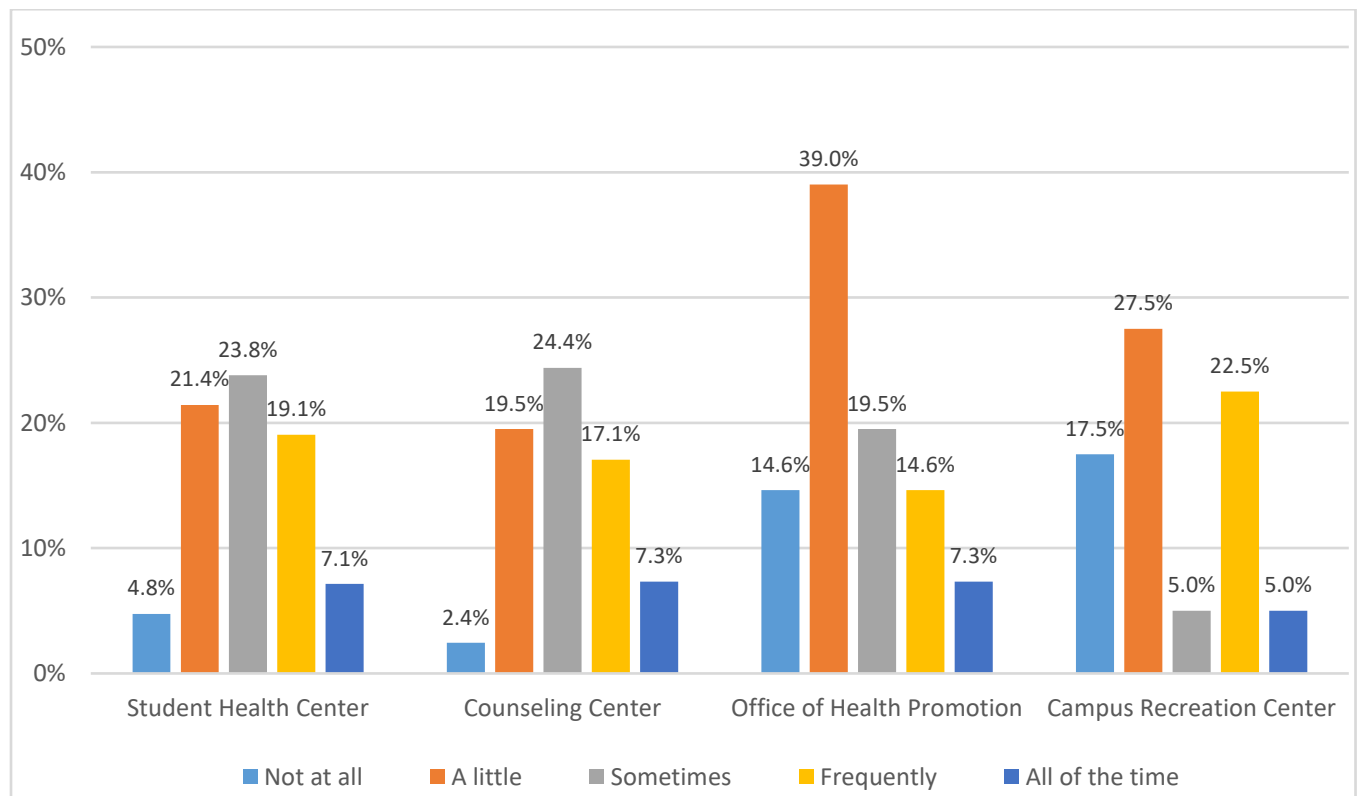
Almost 80% of the students reported that their health was good, very good, or excellent. However, it seems that they may only be considering only their physical wellness when evaluating their health status. When students reported the number of days in the previous month in which their health was not good, the mental health assessments were the most concerning. It is problematic that most students felt that their health was thriving while they also reported that they felt worried, tense or anxious 10.9 out of 30 days (or 1/3 of the month). Therefore, while students did report issues related to their emotional/mental and social dimensions when making

self-assessments of their overall health, they do not seem to be factoring in their emotional/mental health in their perceptions. This idea may highlight a need for spaces and programming that allow students to explore emotional/mental and social dimensions to better understand the role that these dimensions play in their overall wellbeing.

Potential to Increase Collaboration

Before the new facility opened, wellness staff at the university collaborated some with their peers across campus, as shown in Figure 4.4.

Figure 4.4
Wellness Staff Collaboration (Pre-Integration)



As staff considered what they enjoyed about the current wellness spaces in which they worked, along with features they were looking forward to in a new space, they emphasized collaborative opportunities and ways to continue improving their physical wellness. An overwhelming

majority of staff members appreciated places where they are able to meet with others (93%) and that remains the top feature desired in the new space (81%). When asked what features they hoped would improve in the new space, the two options identified most often also included increased collaboration: increased efficiency with continuity of care (16%) and more opportunities to collaborate (15%). The increased potential for collaboration is exciting when coupled with the fact that staff members already have a handle on student-identified needs.

When asked from a staff perspective about student needs and behaviors, wellness staff members identified many of the same health needs and reasons for visitation that students identified for themselves. Staff recognized students' lack of time and potential misconception of services. However, this misperception may also be related to the lack of awareness of services students reported from their survey.

In order for staff members to flourish in the new space, collaboration is important, but so are the health and wellness needs of the individual employees themselves. When asked about their health and wellness, approximately 83% of staff members responded. "good," "very good" or "excellent." Similar to the students, the staff indicated that they did not feel mentally or emotionally well at a higher rate than physically well. Staff respondents indicated that they felt worried, tense, or anxious 7.5 out of 30 days. This stress may align with the stress related to the financial and occupational dimensions that staff identified when ranking their top areas for needed support.

Based on the pre-survey, it is clear that students and staff value health and wellbeing. Students tend to focus more on the physical wellness dimension when evaluating how they feel and tend to struggle with the emotional/mental dimension, both in recognition of its effect on overall wellness and ways to improve their emotional/mental pressure and stress. They tend to

use wellness facilities and services to improve physical health more often than services aligned with other dimensions, feeling that they either do not need the services or do not prioritize access to the services. Wellness staff at the university identified many of these same issues when asked about student service utilization and wellness support needs. To better address students' needs, staff are looking forward to integrative collaboration with one another and working in a space that also caters to their wellness needs.

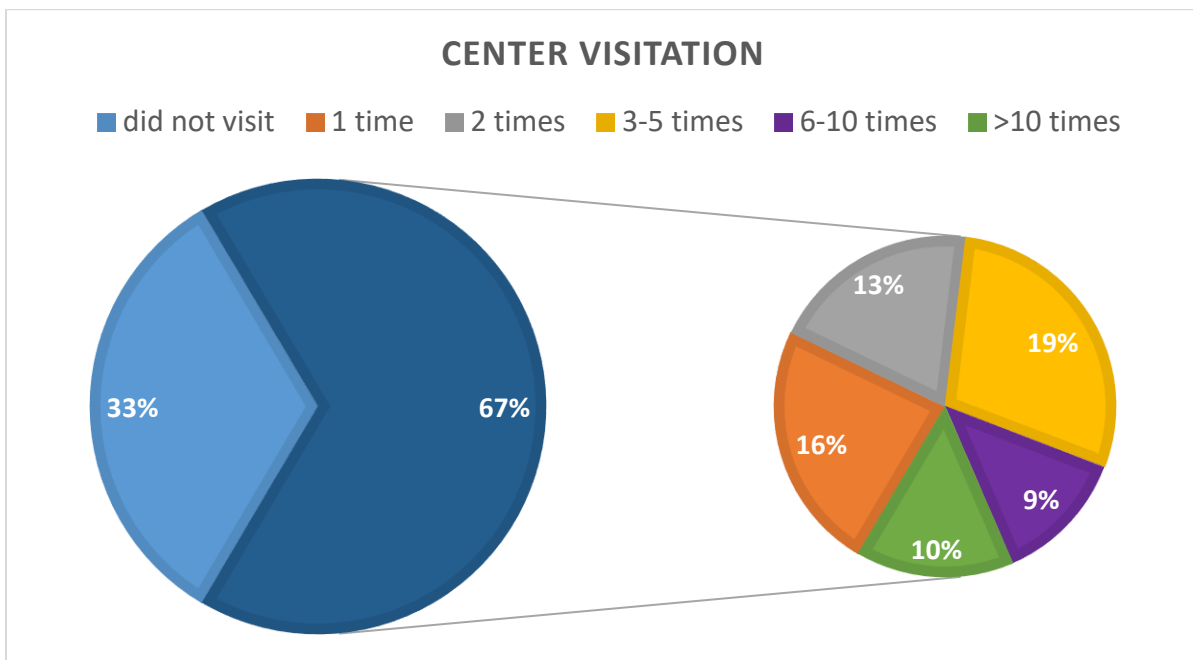
Post-Survey Results

The results of the post-survey and focus groups produced four primary findings related to student engagement, the effects of design and co-location on utilization, staff collaboration and challenging perceptions potentially affecting utilization. The service utilization indicators cut across each of these findings as questions aimed at gauging reach, capacity, coverage, and bias provided answers about who was utilizing services when and why. Close-ended survey responses captured the perceptions of over 1,000 students and 40 staff members. These data provide an in-depth look at perceptions across campus regarding health and wellness services. Additionally, open-ended survey responses and focus groups sessions produced qualitative context supporting overall themes from the pre and post surveys for the project. It is important to note that the next few sections reference many quotations from survey and focus group participants. If the excerpt was pulled from a survey item, the demographic information associated with that participant is presented if shared. If the excerpt was pulled from a focus group session, a pseudonym along with demographic information associated with that participant is presented if shared. Due to the small number of staff member participation in the focus groups, just the office is referred to along with a pseudonym if applicable to protect participant privacy.

Student Engagement with the New Center

Many of the students on campus are utilizing the SHRU Wellness Center, primarily for physical and mental health needs. Overall, they report generally positive interactions and would recommend the center services to a friend. Non-users identify increased awareness-raising as the most influential factor for visitation. Of the students surveyed (Figure 4.5), a majority (67%) were users of the new Integrative Wellness Center, and over half of students had visited more than once since the opening in fall 2018.

Figure 4.5
Center Visitation since fall 2018 Opening



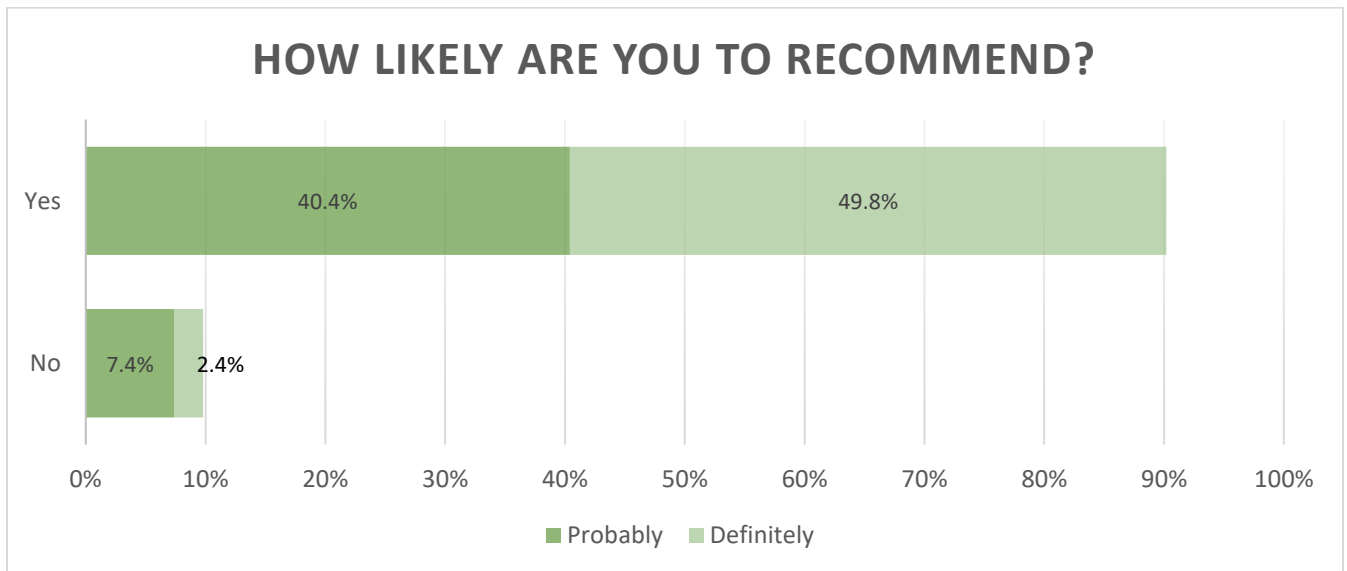
Students are engaging the new center both for physical and mental health needs. The top five reasons students reported for visiting the center included getting a flu shot (10.3%); not feeling well (9.2%); needing medical attention (8.5%); needing medication, new or prescription refill (7.6%); or experiencing stress or anxiety (6.6%).

Within the open-ended survey questions and focus group discussions, students described their interactions with the new center and provided context to their reasons for visiting. These comments also focused primarily on physical wellness (being sick, needing vaccinations or blood work, attending exercise classes), and secondarily on mental wellness (counseling appointments, stress, anxiety). Karen, a staff member in Campus Recreation, identified the behaviors students describe as a common perception on campus:

“But I still think the primary perception and use is that – I’m sick, I need to talk to a doctor or counselor. I hope that shift starts to continue as more people understand all the different types of offerings”.

Those who visit generally have positive experiences and report that they would recommend the center to a friend (Figure 4.6).

Figure 4.6
Likelihood to Recommend the Integrative Wellness Center



Qualitative data points suggest that students are most impressed with the attractiveness of the facility, the resources available to students, the calming environment and the helpfulness of the

staff. Three undergraduate students illustrated these concepts as they described why they would recommend the center to a friend:

“It's a very attractive facility, set up for SHRU students - much easier than trying to make an appointment with a local doctor” (*Female graduate/professional student*)

“I believe that the people at the Wellness Center genuinely care about the people that walk into the building, as well as those who do not. If one of my friends required one of their services, I would feel comfortable referring them to the Wellness Center.” (*Female 1st year undergraduate student*)

“I think it is a great place for people to relax, do work, and have a peaceful space for themselves or to share with others.” (*1st year undergraduate student*)

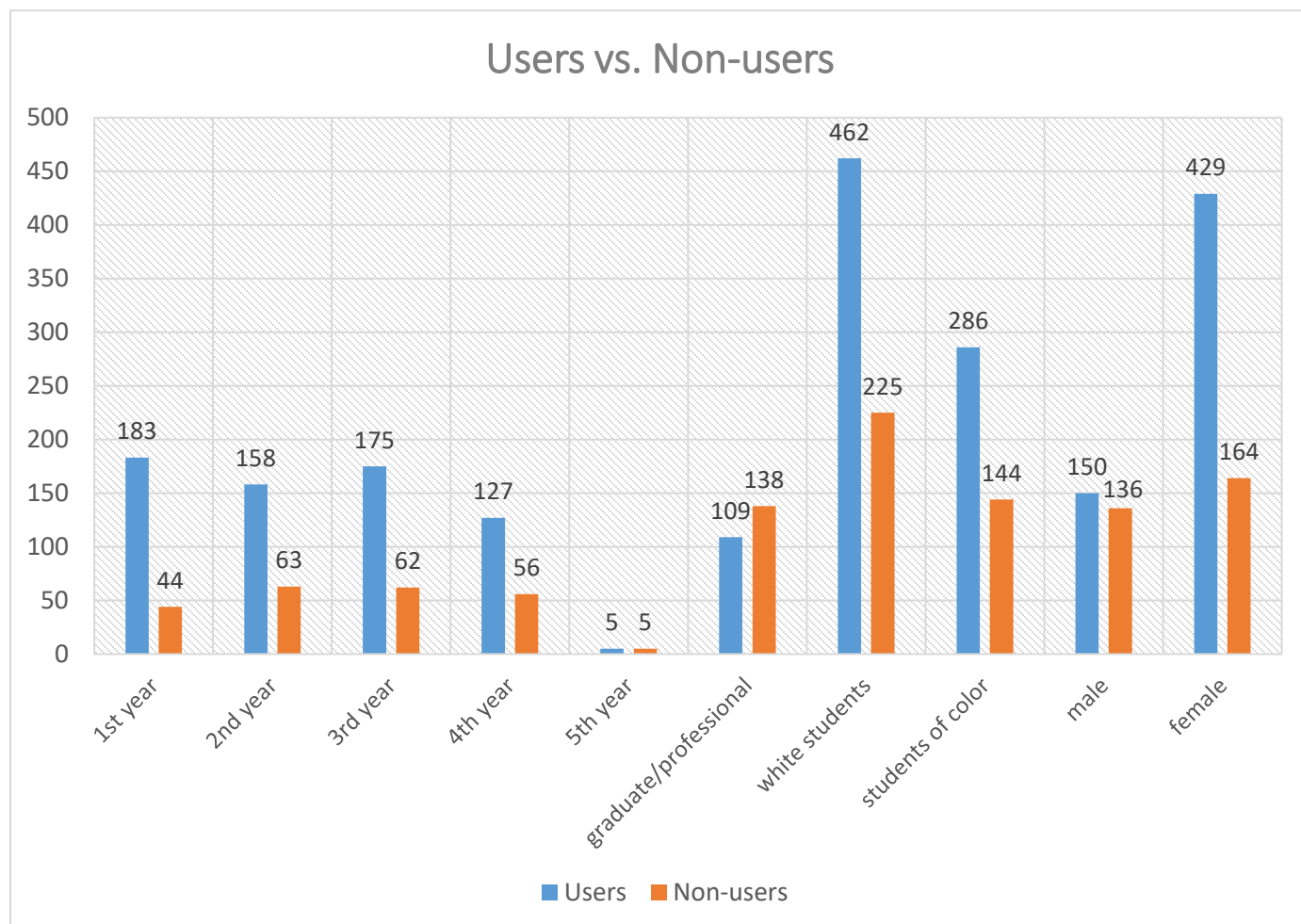
Students also reported that the organization of the facility made a difference in their experiences:

“I like the ambiance and the interior design. The space is calming and welcoming. And most importantly, everything is organized, compared to the student center which feels really unorganized.” (*Female graduate/professional student*)

“I love that the building is easily accessible, well organized and scheduling appointments and classes is really simple. All of those things make the space easy to use often.” (*Jack, Male 3rd year undergraduate student*)

It was equally important to hear from students who have not engaged with the center or its services since the new facility opened. This information is helpful for SHRU as they improve marketing and awareness campaigns to better reach their target group. Understanding more about the current non-user group, such as their demographic makeup, can also provide insight about gaps in service. Students who identified as non-users made up about a third of the survey participants. Demographic data of the non-user population is described in Figure 4.7.

Figure 4.7
Users and Non-Users Demographics



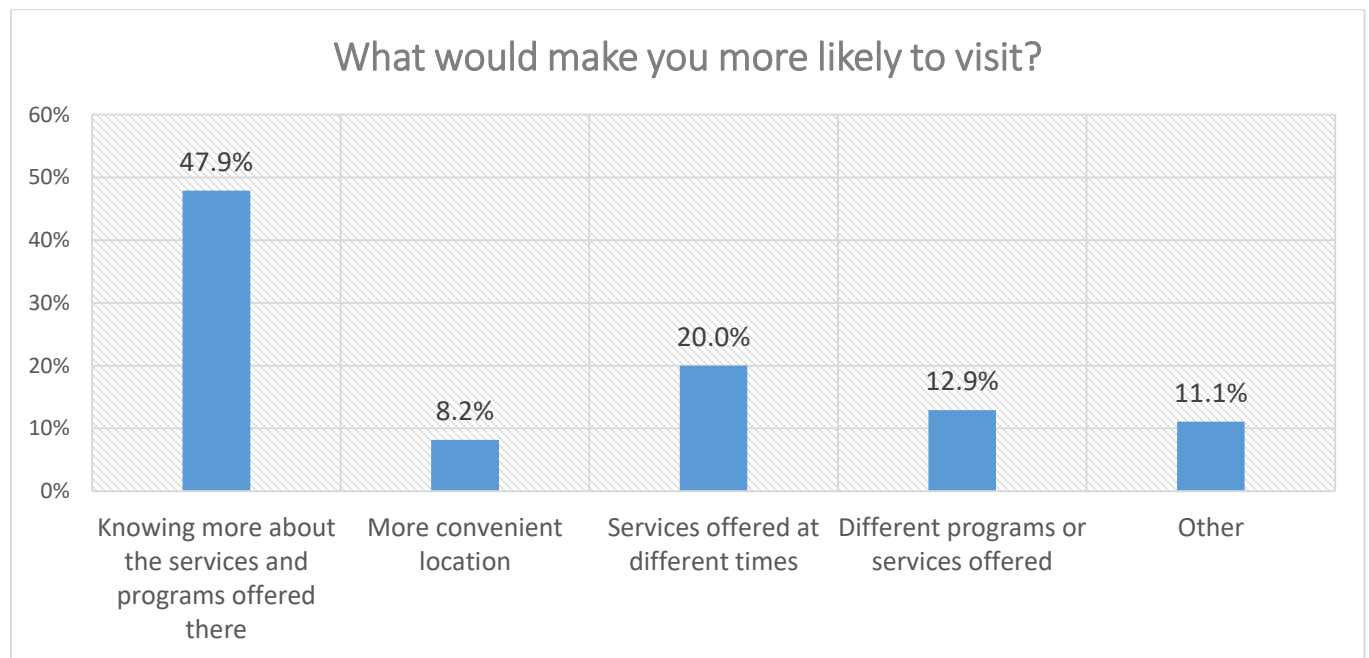
Users and non-users are spread evenly throughout the class years. Graduate and professional students are more likely to be non-users. Accounting for the slight over-representation of women in the sample (8%), a significant proportion of users on campus at this time still seems to be women-identified students. Whether students identify as white or as students of color, about half of them are non-users.

Students reported not visiting the center for the following reasons: “don’t need the services” (24.5%), “unaware of the services that exist” (16.8%), and “it is too difficult to fit into my

schedule” (16.6%). When asked why they thought other students were not visiting, they reported that students are: unaware of the services that exist (17.1%); feel uncomfortable seeking assistance (14.3%); it is too difficult to fit into their schedule (13.3%); and that they do not need the services (13.2%). Regarding student visitation, staff reported that they believe students do not visit the new center for the following reasons: unaware of services (20%); students do not believe they need the services (16%); they have difficulty fitting offerings into their schedule (13%); and they are uncomfortable seeking help or have negative stereotypes about the services (12%).

According to open-ended survey responses, non-users cite not living in SHRU’s city and being abroad as two additional reasons for not visiting the center in the fall of 2018. Almost half of non-users would consider utilizing the space and services if they had an increased awareness of what was available (Figure 4.8).

Figure 4.8
Non-user Utilization Factors



These students offer more context in their pre-survey answers about their reasons for not using the center and how increased awareness might help their motivation:

“I don't know anything about it. Some students assume it's only for student-athletes.”

(Female 2nd year undergraduate student)

“I would visit if I knew what to do if I were to enter.” *(Male 1st year undergraduate student)*

“Simply can't get time on my day. I'm a commuter and father of two young children, I could use plenty of help, but the reality is I don't have time to seek it. There is no time out from life.” *(Male graduate/professional student)*

“As a part-time doc student and alum, I would like to know more about the services available to me.” *(Female graduate/professional student)*

“I feel like I don't know how to sign up for wellness classes there and I don't know much about what kind of rooms the building has.” *(Female 2nd year undergraduate student)*

“I have a good opinion of the wellness center; I just don't really know how to sign up for things in it. For example, how would I sign up for yoga classes or get a massage?”

(Female 1st year undergraduate student)

“I have considered taking some of the student rec meditation classes there and I would like to know more about the amenities that were listed in this survey.” *(Female 1st year undergraduate student)*

A recent user also illustrated the concept of increased awareness driving utilization, “I started using the wellness center more in the spring semester when I became more aware and comfortable with the services it offers.” This concept was further illustrated by survey

participants who wished the wellness center offered services that they currently have, such as online appointment scheduling or free yoga classes and students are simply unaware they exist.

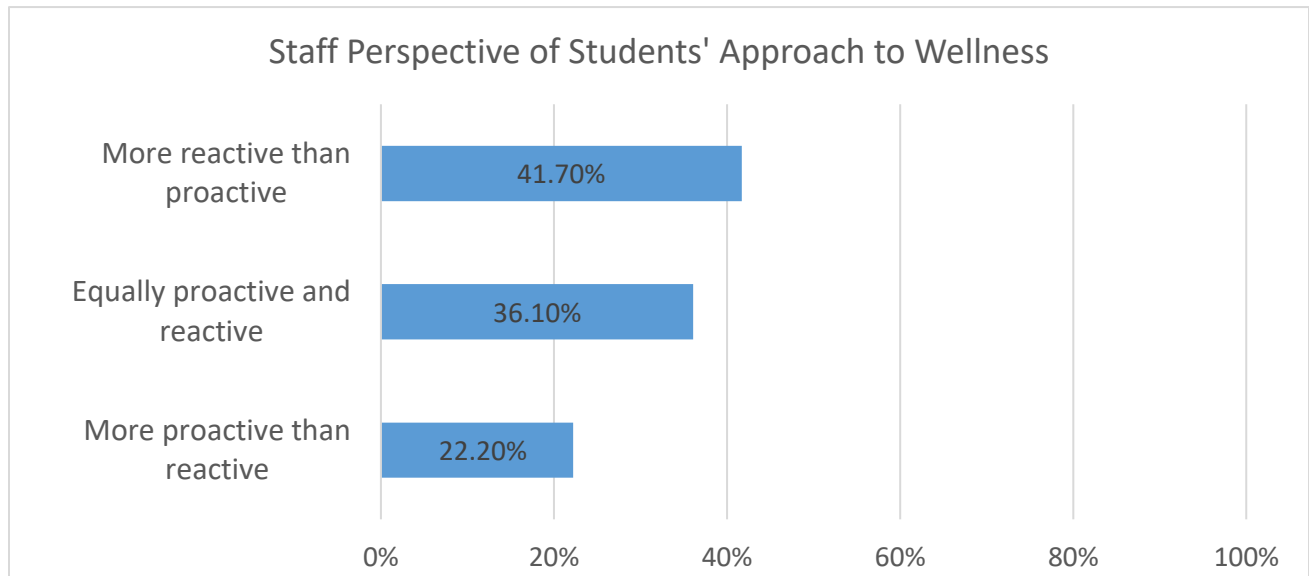
Overall, students who are engaging with the center report satisfaction and would recommend the services to a friend. With the exception of graduate and professional students, the target population seems to participate across class year categories. More could be done to target male users in addition to graduate and professional students. Non-users might be best engaged with awareness campaigns promoting the services available in the new center, how they personally could benefit, and logistic information such as parking instructions for those who live off-campus. Another suggestion could be to enhance the usability of web services and marketing so that students can easily navigate to the information they need or book appointments online within seconds of visiting the site.

Design and Co-location are Driving Utilization

The second finding emerged from data regarding facility design and integration, specifically connected to student utilization. Students initially visited with the intention of accessing intervention services related to physical and mental wellness, but factors such as the design of the new center and co-location of services are facilitating other types of engagement and encouraging increased utilization.

Many staff members have the opinion that students are still operating from a framework of intervention with a more reactive than proactive nature when it comes to addressing their wellness (Figure 4.9). When asked about student behaviors and conversations with students, staff reported that students are seeking services when something is wrong more often than they are seeking services to stay well.

Figure 4.9
Seeking to Be Well vs. Seeking to Get Well



Though the paradigm shift to integrated wellness that is holistic and preventative in nature seems not to have happened at this point on campus, the physical improvements and strategic design are making a difference when it comes to utilization. Students and staff members described the ways in which the design and physical environment were bringing students into the center for reasons beyond seeing a doctor or counselor:

“When the counseling center was over there and the clinic was over there we’re sort of out of the way and students aren’t stopping by unless they have an appointment. Here students are stopping by because it’s so beautiful, maybe I just wanna come work here for a little while, sit by the water falling and look out at the beautiful nature scene. So, I think students are around more, they sit here and do their work, and maybe they are hearing about more things.” (*Haley, Female 5th year undergraduate student*)

“I had an event last night and we had higher attendance at it than we normally do for this group of students. And one of the things they said was it’s just cool to be in the Wellness

Center. So, I like that— there’s a sense of I want to be in this space.” (*Theresa, Health Promotion staff member*)

“I really like the chair on the second floor that looks out towards the student center and has a calming sound machine and fidget toys! It's a good place to decompress for a few minutes after therapy.” (*Female graduate/professional student*)

“I am using these facilities more often, perhaps not inherently due to the new Wellness Center, but the design inspires me, particularly the rock garden, to go out more and see that life is exciting as even an institutional building can hold great beauty. I love architecture, and so it fills me with passion to see this new addition to the college. I think, also, the location and presence of the wellness center in such a central part of campus reminds me that I have to take care of myself more often and do things I enjoy. As a result, I have started "rock climbing" and jogging more in the gym and outside.” (*Male 4th year undergraduate student*)

“I also notice, as [the] year progresses, that there are more students in the lobby area and near the waterfall that it seems to me, just passing through, that they are spending more time in the building and seeing it as accessible building to just be in.” (*Joann, Health Promotion staff member*)

“It just makes you excited to go to a class there because you know that, regardless of the workshop, you’re going to be in a beautiful space that’s going to be calming” (*Male 1st year undergraduate student*)

“Even if a friend is unsure of their reasoning for going to the center, I think even just the act of going to the center can remind them about the importance of self-care and wellbeing.” (*Female 3rd year undergraduate student*)

“The essence of the building itself greatly impacts my mood and makes me feel safe, welcome, and relaxed.” (*Female 4th year undergraduate student*)

“The building itself feels calming and feels like a safe place for me to discuss my health and wellbeing. Whether I'm with a doctor, getting a massage, or meditating/doing yoga/relaxing on a couch and enjoying the natural light and nature views.” (*Female graduate/professional student*)

The quotes above are indicative that the new building seems to have an effect on overall wellness. For example, many staff and students describe how student behavior has changed just from interacting with the facility’s services, staff, and amenities. Indirectly, this may suggest that student users of the center are becoming more mindful of their holistic health and ways to address and improve it. When asked about the areas students utilize most often, both students and staff identified the wellness patio, front lobby and nature views in their top three ranked lists (Table 4.1).

Table 4.1
Student and Staff Rankings for Student Utilization of Facility Amenities

Top 3 utilized facility amenities according to students:	Top 3 locations staff reported seeing students utilize:
1. Views to nature	1. Wellness patio
2. Front lobby with water wall	2. Front Lobby / Views to Nature / Maker’s space (student org collaboration)
3. Wellness Patio	3. Conference room

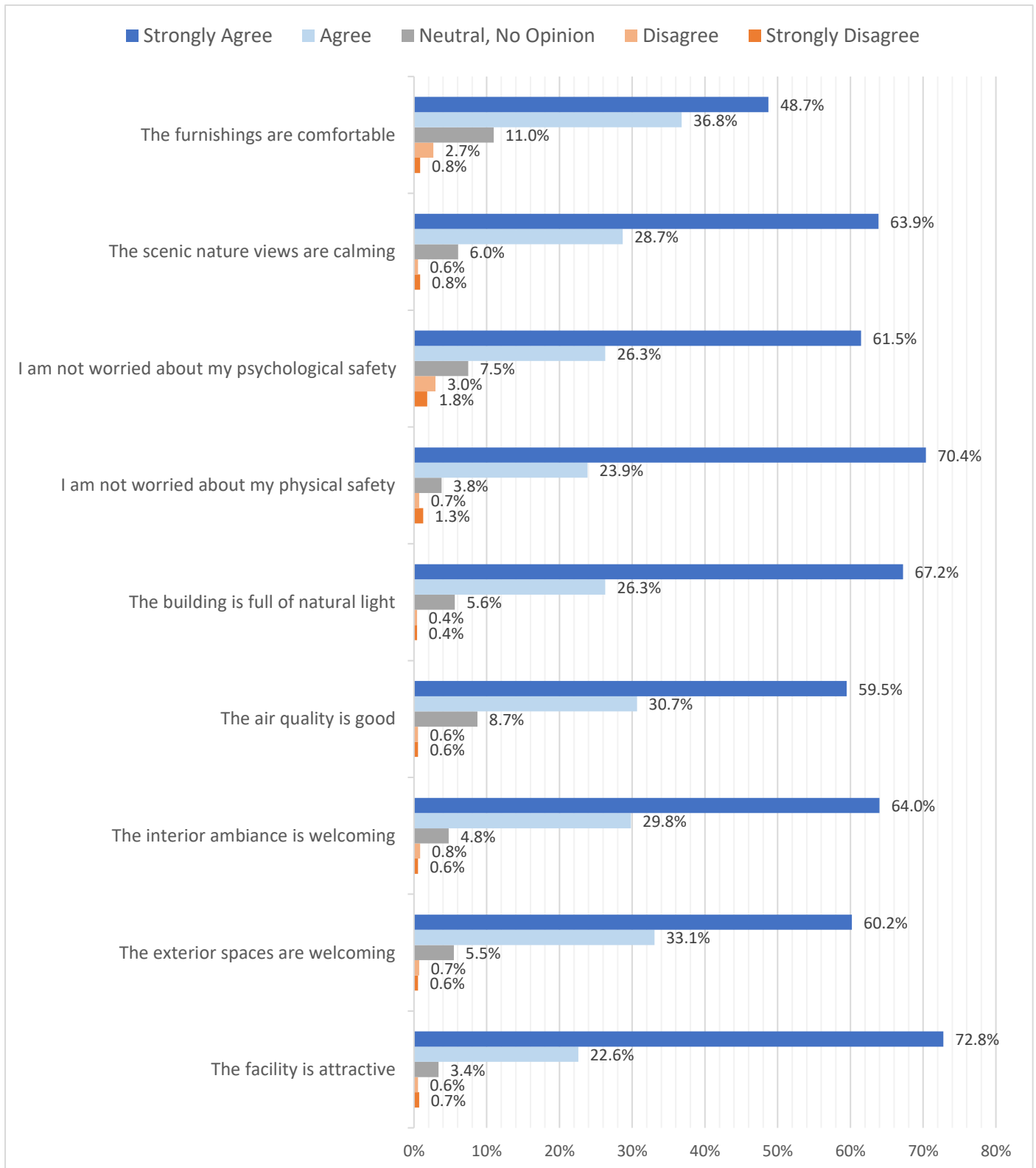
The location also seems to influence utilization. As these two 3rd year undergraduate students describe:

“Going to a wellness class no longer takes a very long walk to rec, so it increased my frequency of doing yoga”.

“It is easier for me to go to one place for health stuff than two or three.”

When asked about individual features and atmosphere in the building, the responses from students were overwhelmingly positive (Figure 4.10). A majority of students agreed or strongly agreed that elements of the environment such as natural light, comfortable furnishings, and air quality exceeded expectations. Additionally, over 80% of students agreed that they felt physically and psychologically safe in the space.

Figure 4.10
Perceptions of Facility Environment



The following quotes capture the comparison made by students and staff of the previous health spaces to the new wellness center:

"You walk into [the previous] health center and you see mold on the ceiling, you're not gonna get excited about being there. Or you see leaks. You go, okay, our health center sucks. They're horrible, we don't ever want to go there, we'd rather go anywhere else."
(Richard, Male 4th year undergraduate student)

"Yeah, I remember falling sick last year but not feeling inclined to go to the old health center. Whereas this year, I've been more than once."
(Iris, Female 2nd year undergraduate student)

"Rather than being in a sterile, stark room, you have this beautiful, natural space that I really believe helps the healing process."
(Haley, Female 5th year undergraduate student)

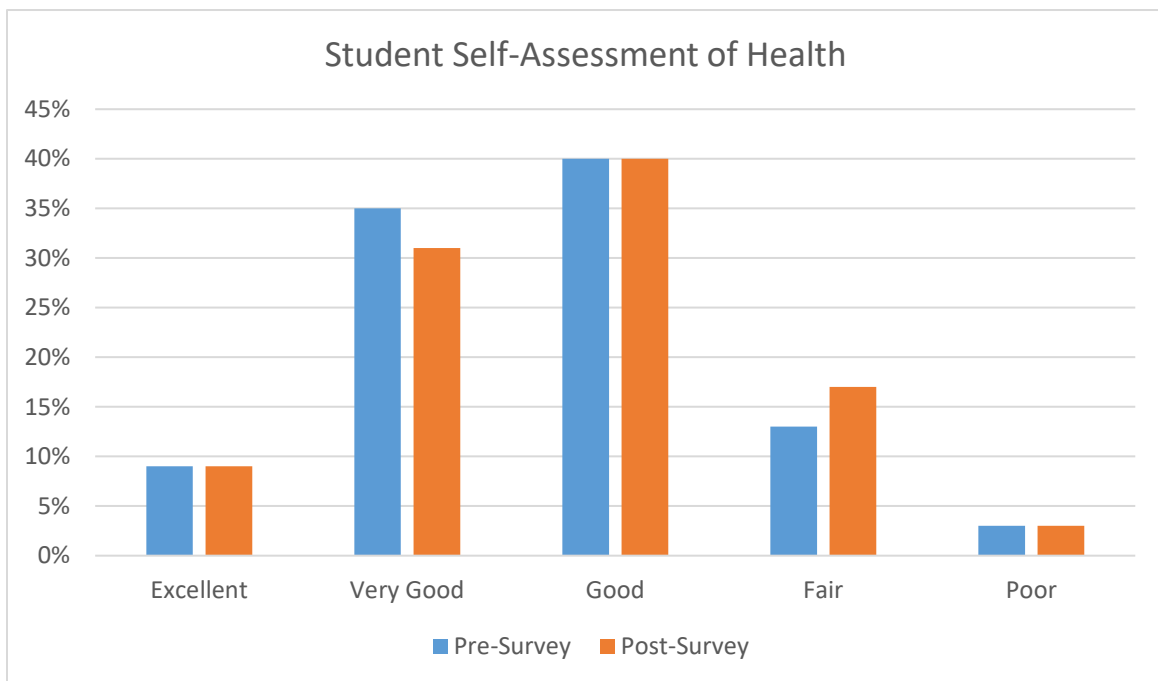
"And prior to the new Wellness Center, it was kind of a lot to keep track of where all the different facilities were located on campus. So, the other members of the group would have to remember the counseling center is in [previous space], the student health center is in that other weird building. It felt very disjointed and so now it's really nice to have everything in one place. We can just say, "Go to the Wellness Center." There's not only medical care there, but there's also just other mindfulness and other wellness-related activities you can partake in this one central space."
(Olivia, Female 3rd year undergraduate student)

Thus, students cite as their primary reasons for using the new Wellness Center the ease of having all of the facilities in one place, and the pleasant aesthetics of the building.

Finally, students self-report their health status similarly before and after the new facility opened (Figure 4.11). Additionally, they continued reporting feeling worried, tense or anxious

9.3 out of 30 days (about 1/3 of the month). Though students’ assessments of their health have not significantly changed, it is important to recognize that limited time has passed and perhaps longer-term effects have not yet taken effect. However, students are making more proactive health statements than before, which is a positive indicator for potential stress reduction from service utilization.

Figure 4.11
Student Self-Perceptions of their Overall Health

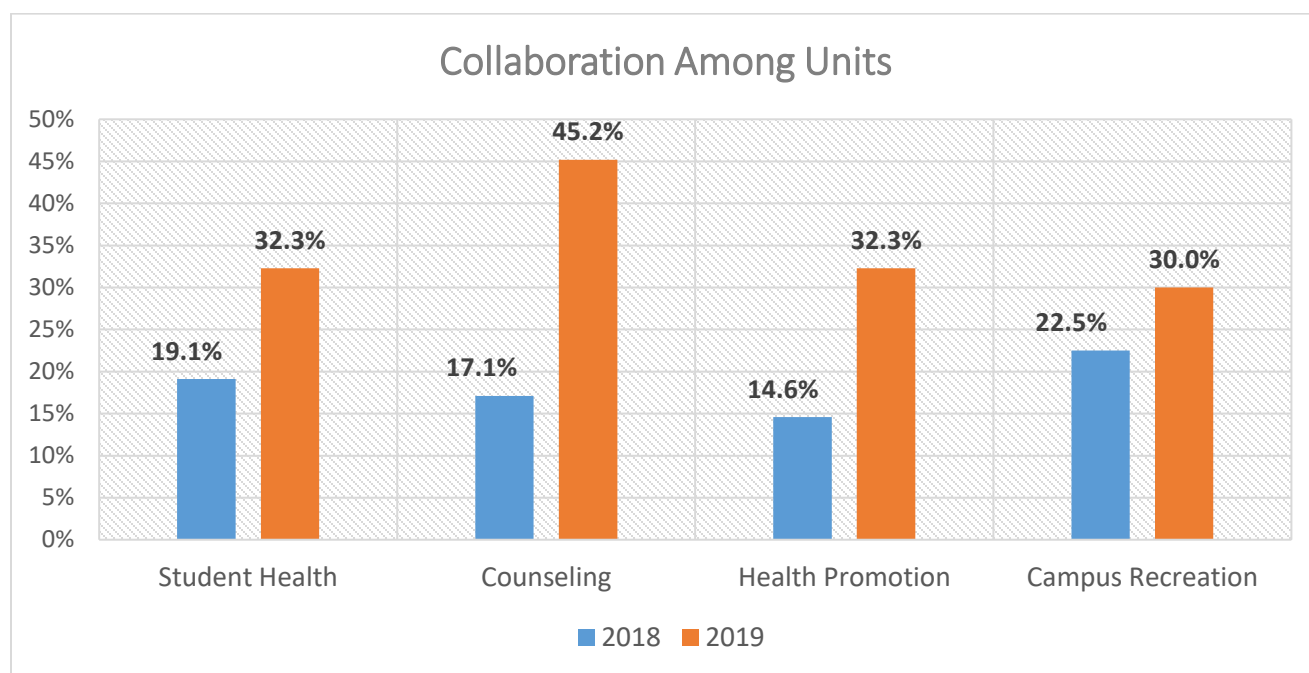


Though students are utilizing the new facility primarily for physical health needs, design and integration of services changing the ways in which students interact with the services available. Students agree that the new facility is a beautiful and relaxing place to spend their time. After an initial visit, they tend to come back, oftentimes to take advantage of the views and calming environment while they study. This increased utilization seems to be increasing awareness of other services, as well as how services might be related and beneficial to incorporate in their personal wellness goals.

Co-location and Integration Encourages Collaboration and Productivity

The third finding discusses the influence of co-location on staff utilization. Staff reported increased collaborative behaviors post-integration and were overwhelmingly satisfied with the facility design and amenities. When asked how often collaboration (e.g., make referrals, conduct joint programs, make others aware of your services) with other wellness offices occurred, staff reported increases in each unit between 7-28% (Figure 4.12).

Figure 4.12
Collaboration Before and After New Facility



Staff members provided multiple examples of this opportunity for increased collaboration:

“I know my colleague [in] health promotion is working on a campaign around Gardasil, the HPV vaccine, with folks in student health. They’re actually setting aside one of the modality spaces to distribute the vaccine later this week and doing some educational campaign work altogether, which I think would have been a lot more challenging to do before we had this building and this space” (*Joann, Health Promotion staff member*)

“I think it really also just helps us not schedule against each other, sharing that space and understanding better that here are the offerings the counseling center has... We support each other’s programs, which I found to be really wonderful about this space” (*Donna, Health Promotion staff member*)

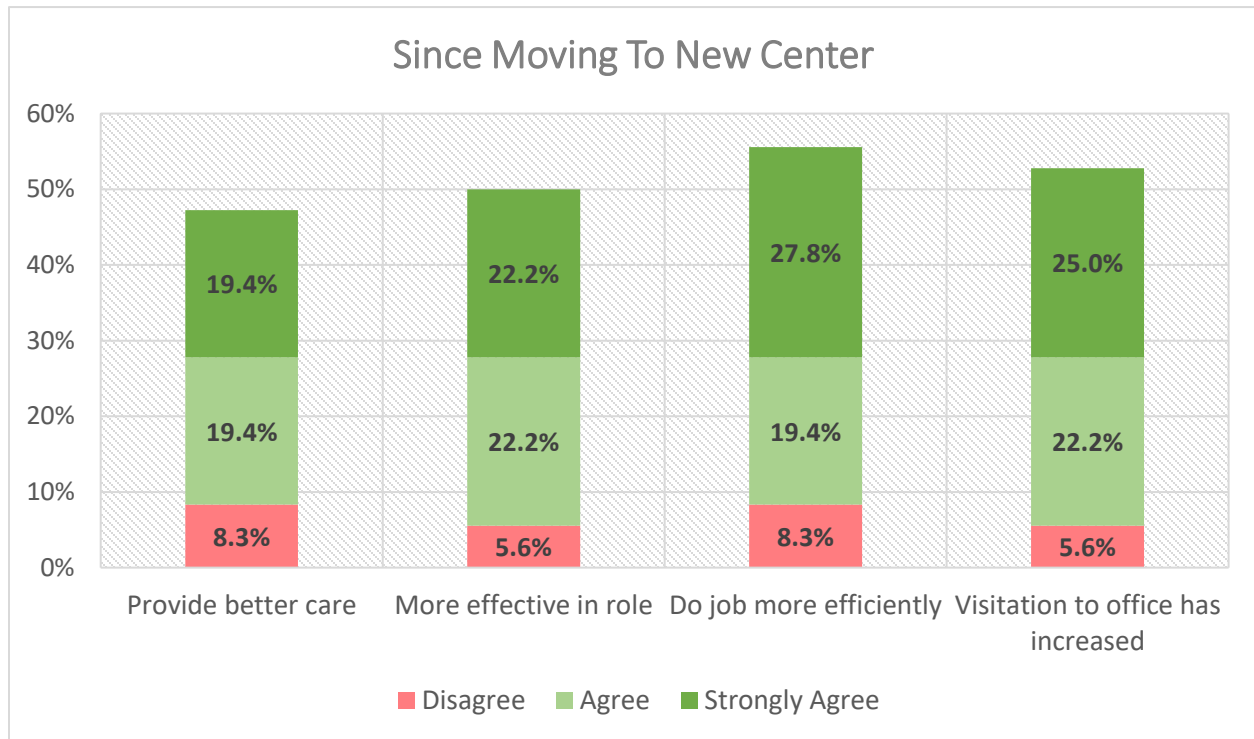
“I know that our doctors have literally walked people down to take a class” (*Karen, Campus Recreation staff member*)

“I think we were more separate units in the past and now that we’re in one building, it’s sort of emphasizes the fact that we all are concerned with wellness.” (*Jessica, Counseling Center staff member*)

“I had lunch today in the lunchroom and there’s someone there from the health center, I wouldn’t have normally seen her so we had a chance to chat.” (*Theresa, Health Promotion staff member*)

In addition to increased collaboration, a majority of staff members reported that they are now able to do their jobs more effectively (Figure 4.13).

Figure 4.13
Perceptions of Roles Post-Integration



*Note: Neutral, no opinion are not shown (majority from Campus Recreation staff who did not move to the new building)

These staff members describe how their roles have changed as a result of moving to the new facility:

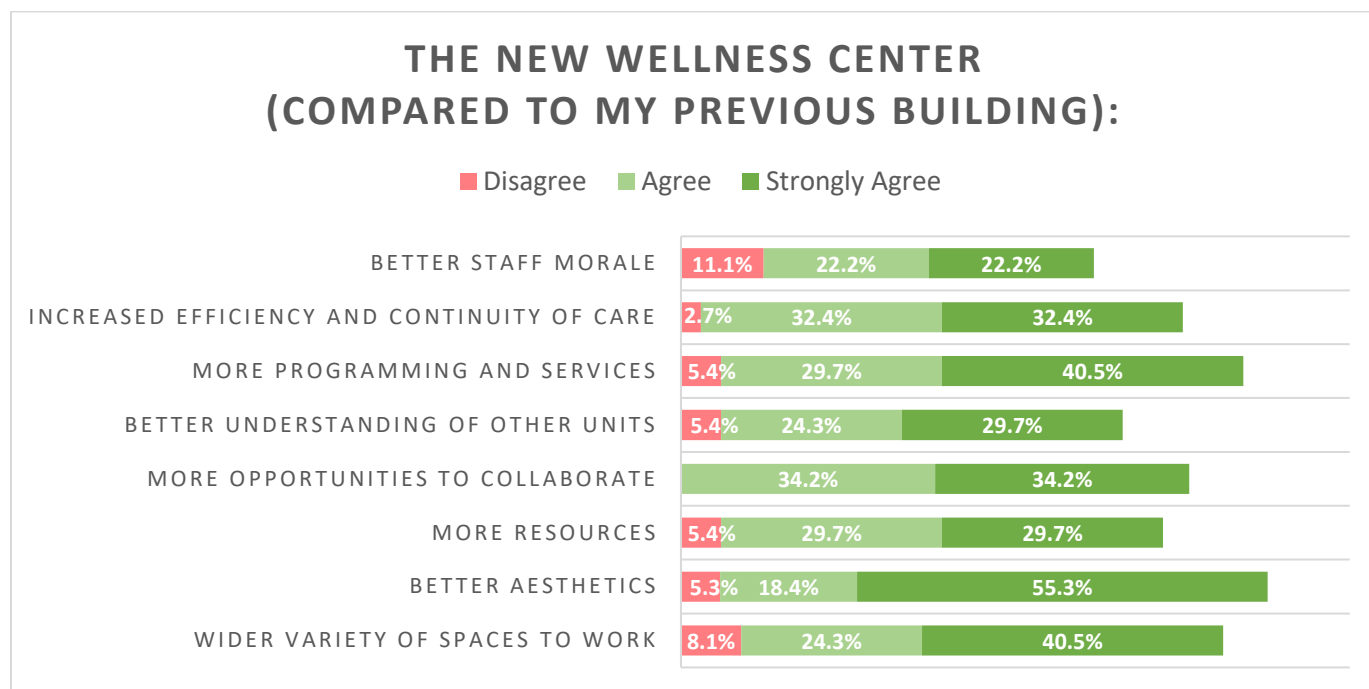
“Just having more up to date equipment allows us to do our job more effectively and efficiently. Having a facility that actually looks and feels like a doctor’s office I believe has been satisfying to the students and encourages them to come in.” (*Student Health staff member*)

“I feel that I am giving more emphasis to overall wellness rather than focusing on a more purely medical model. Also, I have been working more closely with the health promoters and utilizing their expertise for some of my more complex patients.” (*Student Health staff member*)

“[My] role has expanded - connecting more students to available resources and helping coordinate student-initiated wellness programs” (*Campus Recreation staff member*)

When asked to compare the spaces, experiences were again overwhelmingly positive regarding amenities, resources and the ability to perform their job responsibilities (Figure 4.14).

Figure 4.14
Comparisons of Wellness Spaces (2018) and the New Center (2019)



*Note: Neutral, no opinion are not shown (majority from Campus Recreation staff who did not move to the new building)

Students are recognizing the connection between an enhanced facility and the quality of care as well. A female 3rd year undergraduate provided this feedback regarding her experience, “I received great medical care and attention upon visiting for a sinus infection and subsequently for another related illness. The staff was warm and welcoming and clearly seemed to thrive in and appreciate their new workspace which was reflected in the care I received.”

Lastly, almost two-thirds of staff members agreed that the design of the new facility empowers them to be more productive and many mentioned using the services themselves. Here

are a few examples that describe the changes in productivity and engaging in wellness-promoting behaviors:

“Collaboration feels more authentic and organic. Staff are also modeling healthy wellness behavior.” (*Health Promotion Staff member*)

“It has been nice to have furniture to support proper posture and encourage physical and professional productivity.” (*Counseling Center staff member*)

“There is a new enthusiasm in our office and input is encouraged for change. I am fully embracing the MINDBODY app programs as a staff member, regularly participating in yoga and have done other programs also.” (*Health Promotion staff member*)

“It is a joy to work in such an amazing environment which supports wellness and self-care.” (*Student Health staff member*)

Overall, the co-location of services in the new facility seems to be a positive experience for staff members who work in those offices. Staff report increased collaboration in an improved work environment. Staff members also seem to enjoy the facility amenities themselves and many report that they are able to perform their role more effectively in their new space.

Challenges with Counseling Center Perceptions

The last finding explores student perceptions that present challenges to service utilization, both before and after the new facility opened. This does not directly address my research questions and serves as additional analysis. While there was not as much supporting data for this finding as the previous three, it should still be an important consideration as the concepts were pervasive enough throughout the post-survey to produce multiple codes and thematic connections. Specifically, there seems to be a strong contrast when it comes to counseling services on campus. Many students praise the efforts being made and describe overall positive

interactions with the office in the new center. However, there is a perception among students that counseling services are inadequate, whether they have experienced it personally or through friends' experiences. As mentioned in Chapter 3 regarding the wellness context at SHRU, students have openly criticized the counseling center in the student newspaper. Many of these experiences focus on lack of availability for scheduling sessions and trouble finding specialty care:

“If my friends need help I would tell them to go somewhere they are wanted. Somewhere they can go without a 3-month wait.” (*1st year undergraduate student*)

“There's not enough counselors and people I know have had bad experiences. Also, they move people off campus and try and switch you to group therapy.” (*Female 1st year undergraduate student*)

“I think it also would be neat to bring back some support groups. I know a few years ago, there used to be a bipolar support group but it just kind of fizzled out. And we have Active Minds group on campus. I think they're still around. But it can be very, very isolating to have something like schizophrenia or bipolar or PTSD or something along those lines and then not really know other people going through similar things.” (*Haley, Female 5th year undergraduate student*)

“I know there aren't a lot of good providers in the area related to transgender mental health services. Having specialists in those areas might be a good way to help [improve] the services.” (*3rd year undergraduate student*)

There were also students who were concerned about the cost of the facility and its amenities, indicating that they thought SHRU should spend the funding to increase counseling resources instead:

“I really don’t see the point of the fancy new building. Next time please just hire more/better counselors for the counseling center.” (*Male 4th year undergraduate student*)

“It’s a pretty facility, but the priorities are in the wrong place. I’d rather a building that is actually beneficial to my mental health over one that is aesthetically pleasing and has a zen garden.” (*Female 2nd year undergraduate student*)

“Please hire more therapists instead of spending the money on a pretty building. I think the new health center and this survey is focused more on the aesthetics and optics of the health center instead of the quality of care. My real feedback would be focus on student care instead of how the building looks to donors.” (*Female 3rd year undergraduate student*)

“I think the new building is a statement that we would like to prioritize wellness on our campus, however, I think the money for the building could have been used to go to sources that students would use more often. We need more counselors at our counseling center. I think more counselors should be a priority over a zen garden that is in the back of a building where no one ever goes.” (*Female 4th year undergraduate student*)

For every negative comment about the counseling center services in the surveys and focus groups, there existed positive experiences such as these:

“I think the Wellness Center is a great space. In particular, I would definitely refer someone to the counseling center if they were struggling with stress, anxiety, depression or any issues that talking to someone may help with.” (*Female 2nd year undergraduate student*)

“I had a good experience with their counseling services and the general ambiance, so I would probably recommend it.” (*Female 1st year undergraduate student*)

“I really appreciate having all resources for wellness in one centralized location. Having the counseling center in [previous space] was a location that made me feel like I didn't want anyone to see me go in. Now, being able to attend counseling sessions in [current space] makes me feel more comfortable.” (*Female 4th year undergraduate student*)

The dichotomy is well represented by personal experiences, as well as those reported by friends of the participants. Whether these student perceptions are based on facts, personal experiences, student newspaper critiques or conversations with other students on campus, they are a reality that the wellness staff must face. This student describes how the perceptions have influenced his ideas about utilizing the center, “I've heard too many negative stories about personal experiences with the counseling center, and don't know enough about the services offered to ever really consider the wellness center as a place where I can go for help with my mental illnesses”.

There was a similar dichotomy for the student health center as well but on a smaller scale. Students seem split when asked if they have personally had positive experiences with student health, and whether or not they would recommend it to a friend. The most common types of negative experiences included misdiagnoses, inability to deal with serious medical concerns and inaccessibility of certain prescription medications. Strategies for increased awareness marketing and efforts to drive service utilization have to acknowledge these perceptions and determine the best way to address them related to both the counseling center and student health.

Findings Through Service Utilization Framework

As mentioned previously, service utilization indicators were used to create evaluation criteria and instrumentation for this project. The service utilization framework is a form of process evaluation designed to capture data regarding reach, capacity, coverage, and bias for a

specific program. Reach tells the story of which key constituents are affected by a program, and in this case, it is demonstrated clearly by the 2/3 of student users identified in the survey responses. With synthesized information regarding visitation behavior and user descriptions of their time in the center, project stakeholders can easily visualize who is currently utilizing which aspects of the center and services and what adjustments may be needed. Reach data, in this case, helps to provide support for elements of the new center that are driving utilization such as the nature-inspired design and the convenient location.

Capacity looks at how the implementation aligns with the intended goals, highlighting gaps in utilization. Data representing visitation rationale, the nature of appointments, amenity utilization, potential utilization drivers, and even recommendations for the new center before it was built demonstrate capacity. For example, it is clear for SHRU that amenities such as the biophilic designed lobby and the wellness patio were key investments that link student utilization to the project's original goals.

Coverage and bias refer to the numbers of targeted individuals accessing a program and inversely those who are not. Survey and focus group items focused on the rationale for not visiting, description of personal health status, demographics (sex, gender, race, ethnicity), and academic class standing to provide a detailed description of how the target population is or is not utilizing services. For instance, graduate and professional students are more likely to be non-users of the integrative wellness center based on utilization data collected in the post-survey. SHRU can specifically work to engage that group with targeted awareness and outreach moving forward.

Conclusion

Based on the post-survey and focus group discussions, it is clear that students and staff members value the new integrative facility. However, culture shifts on campuses take time, and it can be difficult to fully understand the effects of a new space after such a short time. There is evidence that the design of the center and co-location of services are creating new opportunities for utilization that will start to be more inclusive of other wellness dimensions. As more students and staff members utilize the center's services and programs, I recommend collecting more data to determine how perceptions and behaviors regarding holistic and preventative wellness change on campus.

CHAPTER 5

DISCUSSION & IMPLICATIONS

In this study, I explored through the use of surveys and focus groups student and staff perceptions and behaviors before and after wellness services on campus were combined into a new facility. Both the university community and the architectural firm contracted to build the space were interested in how and why students engaged the services available and how staff collaboration was influenced by the new facility. I used process evaluation tools, specifically those related to service utilization, to ask the following questions:

- 1) What do students identify as reasons for utilizing or not utilizing the center?
 - a. Are they more proactive or preventative in addressing their health-related needs?
 - b. Do they consider their wellness more holistically than before the Center's existence?
- 2) How are wellness staff members approaching their work in the new integrative wellness center space?
 - a. Are they more collaborative across units now that they are co-located?
 - b. What differences, if any, do staff see in their interactions with students?

The first phase consisted of a pre-survey aimed at understanding how students and staff interacted with services prior to the new building. The second phase employed a post-survey and focus group discussions that illuminated who was engaging with which services and why during the first semester the new facility had been opened.

This research contributes to available literature on student wellness services in three ways: 1) To help us understand how student and staff utilization is influenced by integration and

co-location of services; 2) To provide a common language and anecdotal evidence describing current wellness trends within higher education; 3) To inform the design and implementation of future spaces to meet student wellness needs.

Restatement of Findings

The results of the post-survey and focus groups produced four primary findings. First, about two-thirds of participants were utilizing the facility and related services to address physical and mental health needs. Overall, users reported satisfaction and non-users cited increased awareness of services available as the most influential factor in their consideration to visit the new center. Next, the design of the space and co-location of services seem to be driving utilization. Students and staff reported multiple instances where students were taking advantage of a variety of services in the building once exposed to the environment and other offerings. Additionally, staff reported higher levels of collaboration and a majority felt they were better able to do their job in the new facility. Lastly, there was a subset of negative perceptions related to counseling services and medical care. These perceptions and experiences align with previous student critiques on campus regarding these services and seem to have an influence on utilization rates across the target population.

As these findings emerged, so did many considerations about how to share the data and what it meant for those involved in the study. In the following subsections, I will explore how I worked with key stakeholders to discuss the findings and relevant considerations and determined the next steps moving forward.

Stakeholder Engagement

As mentioned in the methodology chapter, before confirming the findings, I shared the initial themes that emerged with student and staff participants. Though I did not receive any

responses or concerns, the opportunity to incorporate participant feedback was extremely important to ensure participants felt their views were accurately represented. When coding the data, there were also a few participants' comments that I felt may require follow-up from SHRU administrators. I shared the de-identified comments with SHRU leadership in a separate appendix from the Executive Summary Report produced for the architectural firm. Additionally, I reached out to the participants who shared concerns and offered resources should they want to pursue their issue further. I did note that their concerns were shared with SHRU officials anonymously and that it was their decision whether they wanted to reach out individually and break confidentiality.

I was also invited to present my findings to the architectural firm team in Washington, DC. Employees were particularly interested in how the building's presence on campus influenced perceptions and behaviors, specifically the design elements. They were most interested in the elements that seem to be driving increased utilization, as well as those which made programming and caregiving easier for staff members. It was evident that the architects enjoyed having a project in which they could directly relate to, as many of them described personal experiences of navigating student health services at their alma maters as college students. They were eager to hear anecdotes describing the results their hard work was having on the lives of students. Lastly, the leadership was particularly interested in hearing more about client satisfaction and brainstorming ways we could market our experience with other universities as potential clients for the firm.

Through discussions with relevant stakeholders, I examined two sets of considerations in more depth – (1) Those for SHRU and (2) Those for the architectural firm and their potential future clients.

Implications for SHRU

A majority of considerations and implications derived from the research project were targeted for SHRU regarding timing, space utilization, programming suggestions, and marketing.

Culture Change Takes Time

In addition to creating spaces on campus focused on student flourishing, it is critical to promote wellness beyond centers and services to the larger environment to establish wellness as part of the campus culture. Assessing initial student and staff perceptions of the new facility in this study was an important first step, but it will be equally important to examine elements of proactive wellness within SHRU's culture. Administrators, faculty, staff, and students can do this by investigating how proactive wellness elements exist on campus, including how they are implemented, sustained and measured (Anderson, 2015). Unfortunately, this does not happen overnight and can take years or even decades to capture and assess the benefits of culture change on a college campus (Anderson, 2015). Students expressed that it will take time to see the student body exhibit a similar passion for the integrative wellness center that the faculty currently seem to espouse. Additionally, many survey participants still viewed the new facility as a place to visit when one is sick or in need of prescription medication, demonstrating a lack of awareness about the wide array of preventative services, classes, and workshops. Finally, student populations are constantly changing. In just a few short years, every student on SHRU's campus will be accustomed to the integrated services from the start of their college career, making it difficult to determine the relative impact.

However, this study reflected hope shared by the staff and student populations that is important to consider when evaluating elements of proactive wellness activities at SHRU.

Though the physical dimension currently dominates the focus and there are entrenched negative

perceptions about the counseling center, some are encouraged by students who have come in with a focus on holistic wellness established by the new center. Many anecdotes from students included their efforts at championing their newfound knowledge and behaviors with friends and residents. Students are noticing the increase in the utilization of meditation rooms, outdoor spaces and the conference room. The Health Outreach Peer Educators shifted their curriculum and structure to better support the eight dimensions of wellness on campus. These qualitative data points demonstrate early efforts to begin shifting the culture at SHRU towards holistic and proactive wellness.

Understanding the variety and complexity of wellness dimensions within the culture at SHRU can support culture change efforts by helping students make the connections between all aspects of their health. Staff described the ways in which other dimensions of wellness affect one another at SHRU and why it is vital to consider holistic wellness approaches to meet students where they are. For example, a student may be experiencing financial stressors, physical health issues, career issues, or questioning their faith and this is a period where students may not fully understand how those concerns could interrelate or cause complex physical, mental and emotional feelings. The staff feels strongly that their work is to address how the dimensions correlate and affect the whole student beyond one or two dimensions. Financial stressors seem to come up often for multiple students, so the more that staff can promote financial wellness and its relation to physical and mental health through both the facility and the programming, the more it could drive integrated utilization for all dimensions.

I would recommend that similar surveys and focus groups be conducted in 1-2 years to capture more insight regarding student and staff perceptions and behavior. Allowing more time to pass will create space for integrated programming across wellness dimensions and for users to

share their experiences with other constituents on campus. An outcomes-focused evaluation with similar goals to this project would help determine if and how the culture surrounding student wellness at SHRU is changing.

Combination of Space and Programming

Space for programming and workshops seems to be as important as space for passing time and just being. Students and staff reported that the new facility design created both spaces and an environment conducive to relaxation, studying and connecting with others. The combination of dedicated wellness space, along with coordinated programming provides many different ways to utilize the facility and engage with service offerings. However, there was some confusion from both staff and students about how the new building fit into the overall wellness picture with existing options on campus, specifically Campus Recreation.

Many of the experiences shared by Campus Recreation staff members differed from those integrated into the new facility. While they thoroughly enjoy their work environment at the Campus Recreation Center, they did report feeling less incorporated into the wellness efforts overall on campus due to alternate programming and differing facility needs. They also reported that they have not had a chance to spend much time in the new center and were not sure of all the services available for students and staff. As the wellness efforts grow at SHRU, it will be increasingly important to link buildings, spaces and programming to ensure Campus Recreation is a part of the pro-wellness culture because physical wellness is still a dimension students focus on so heavily. In many ways, Campus Recreation can bring students into the fold who may only be focused on physical wellness and leverage those interests to connect them to other services they may need or find helpful. Staff members described the ease of which they could talk about elements of physical wellness because of the connections with Campus Recreation. They are

trying to develop creative ways to connect the physical services with the other dimensions to better fit into the integration narrative and support the shift to holistic and proactive wellness on campus.

In survey responses, students echoed the confusion in a few ways. Students reported that they thought Campus Recreation services would be available in the new facility and were disappointed to learn that they were not. However, some students reported using the physical wellness classes offered in the new facility more than when they had to travel to Campus Recreation to participate. The more that SHRU can promote the buildings as aligned and supportive on one another, the more students they can potentially reach by offering different atmospheres focused on all eight wellness dimensions. For example, cross-promotion in both spaces related to integrative wellness and collaborative programming could help with branding and awareness. Furthermore, units could plan pop-up events at the alternate location to provide students who typically visit one site with the opportunity to experience services related to the other. Lastly, staff members need to be more involved with planning and joint meetings in the spaces to feel a part of the united effort towards holistic wellness.

Effects of Awareness-Raising on Utilization and Stigma

Fortunately, students who utilize the center and services reported an increased awareness of what options are available, driving future utilization and information sharing with their peers. Many of the 1st and 2nd year student users are actively sharing their experiences in ways that could unintentionally address the lack of awareness and negative perceptions that currently exist on campus. Fortunately, younger students also reported that their perceptions of stigma seem to be decreasing as mental wellness has become a normalized part of college life. They described

relationships with therapists and mental health appointments as a normal and accepted part of life.

However, an area that does seem to need targeted education for students at SHRU is surrounding the severity of health complications that the wellness center can handle. Students reported a few instances of situations that the wellness center was not equipped to address from serious injuries or situations needing immediate assistance. Other students seem to be unsure of what services the wellness center could handle versus which situations may need specialists in the community. The vague nature of these responses did not shed light on conditions students experienced in which the wellness center could not help or referred them elsewhere. Whether or not the students personally experienced a gap in care or they are misinformed about the level of care that is available, SHRU should consider a campaign about the breadth and depth of health services they provide and information for students to access when their issue may be more severe than ones typically treated at the student health center.

Considerations with Client-Based Project

This study builds on previous survey work done in phase one with the architectural firm contracted in 2016 to design and construct the new wellness center. The firm is a worldwide provider of comprehensive building design, research, and consulting services that span five sectors – higher education, government, healthcare, science & technology, and energy. I began work with the architects to conduct an assessment of the wellness spaces and services (prior to integration) that would ultimately move to the new building. The goal was to identify existing usage patterns within the spaces and how students and staff perceived their personal wellness in conjunction with resources that existed on campus. The university agreed that bringing in a third-party researcher was crucial to eliminate bias when assessing their services pre and post-

integration. Throughout the project, I was responsible for meeting both the firm and the university's goals.

Working on a client-driven project has many benefits such as increased resources, access to expertise in the client's field and an opportunity to influence practitioner implementation. However, there are a few limitations to consider as well. The architectural firm initially wanted to focus more on assessing design elements of the new facility while the university was mainly interested in student and staff perceptions. As a third-party researcher working to accomplish the firm and university's goals, I had many conversations with each entity that resulted in negotiating terms and reaching compromises. The timeline was also challenging as the firm wanted to move quickly and the university felt rushed to settle into the new facility and implement programmatic goals. Finally, there were elements of the research project that both the firm and university officials were interested in participating in that ultimately I had to limit due to potential influence on participants. For example, I advocated that firm staff not participate in focus groups so that participants would feel open to sharing their feelings about the facility without pressure from the firm commissioned to construct the space.

Implications for Firm and Future Clients

Traditional health building design focused on the function and delivery of healthcare with an emphasis on lab spaces and room for the number of patients who needed treatment (Benson-Tilsen and Cheskis-Goldhigher, 2017). With healthcare spaces in higher education moving from traditional clinics to light-filled, airy, calming places to spend time, design firms and future clients should focus on the intersections of design and health to increase patient satisfaction and improve health outcomes. Specifically, high stress can be a major obstacle for healing since it affects both psychological and physiological functioning and can suppress immune system

responses (Baum, Herberman, & Cohen, 1995). Architects hope to influence human behavior within the spaces they design and are turning to ideas that limit or reduce stress. For example, a biophilic design used in this study connects humans with nature by incorporating natural materials and views of the natural world into the modern built environment. The atmosphere produced with elements of biophilic design can restore attention and focus while also encouraging creativity and innovation (Heerwagen, 2009). Being mindful of design effects on health can benefit both firms and future clients as they plan projects together to best meet needs on their campuses.

Additionally, it is important to consider how design might address service flow or operational challenges when integrating multiple health and wellness units. Despite the benefits, combining diverse offices and services together is not without difficulties such as privacy concerns, separate funding and structural models, and physical space needs (Fullerton, 2011). Wellness centers can generate exciting opportunities for designers to create dynamic new spaces to address these challenges. Merging departments under one roof allows firms to rethink how the interior spaces affect the flow, interaction, and collaboration. These efforts have produced unique facilities that blend traditional components such as gyms and counseling offices with teaching kitchens and meditation labyrinths. Firms and future clients should get creative when it comes to integrating services students need to promote holistic and proactive wellness among the student body.

Limitations

Several limitations are associated with the study including the sample, timeline and research method. The samples for both the survey implementations and the focus group sessions were over representative of white women. Specifically, the deficiencies in the qualitative

sampling such as the inability to recruit student non-users or student health staff members, led to a lack of saturation in data analysis, narrowing the scope of qualitative findings. Much more data is needed to accurately explore these crucial perspectives. Next, I assessed utilization of the new facility after only one full semester. Arguably, more time could have provided increased awareness of services and chances for utilization. Finally, I could not link data between pre and post surveys to demonstrate the before and after experiences for a particular individual as a result of the intervention of the integrative wellness center. All of these limitations highlight the need for more assessment to be done within collegiate wellness centers to capture broader perspectives and track results over time.

Considerations for Future Research

More work needs to be done longitudinally to determine outcomes associated with integrative wellness center trends. Researchers who presented to ACHA at a meeting in Philadelphia in 2010 studied the integration of health and counseling centers and called for more research on these types of integrations, especially as it related to student outcomes, operations issues, and advantages and disadvantages of similar mergers (De Maria, Readdean & Vincent, 2010). Examining utilization provided important information regarding potential improvements to the facility and marketing and awareness campaigns, along with strategies to better engage target populations. However, further studies should assess how the center influences campus culture and student and staff behaviors towards desired health outcomes. The ultimate goal should be the development of standards for providing the highest quality of care because we know the direct consequences health and wellness have on our students' academic and professional goals.

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APPENDICES

Appendix A: Pre-Survey for Student Sample, Including Informed Consent

SHRU Spring 2018 STUDENT Survey (PRE)

Start of Block: Introduction and Consent

Q35

Thank you for participating in the SHRU Integrative Wellness Center Study!

You have been selected to participate in a health and wellness study assessing your thoughts and feelings related to services provided at SHRU. The survey is designed to assess student health behaviors in order to provide better services and support for SHRU students.

There are no known risks to participating in this study. However, you may benefit by knowing that you have assisted in helping SHRU's Health and Wellness resources continue to improve upon their work.

The survey is completed online via the Internet. We encourage you to complete the survey in one sitting, which typically takes about 10 minutes to complete.

Your participation is completely voluntary and confidential. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study carries no penalty.

You may contact XXXX at XXX-XXXX if you have questions or concerns about the survey.

Data transmission is encrypted and firewall securities are in place. After you submit the survey to the secure server, a message thanking you for taking the survey will be displayed in your browser window.

Students may report dissatisfactions with any aspect of this evaluation to the Chair of the Protection of Human Subjects Committee. Students wishing to receive survey results may contact XXXX at XXX-XXXX.

Thank you for your cooperation!

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY SHRU'S PROTECTION OF HUMAN SUBJECTS COMMITTEE ON APRIL 9, 2018 AND EXPIRES ON APRIL 9, 2019.

I affirm that I am 18 years of age or older, and I wish to participate in this survey.

Yes (1)

No (2)

Skip To: End of Survey If Thank you for participating in the SHRU Integrative Wellness Center Study! You h... = No

Page Break

End of Block: Introduction and Consent

Start of Block: PART 1: Student Experiences with SHRU Health & Wellness Services

Q55 PART 1: Student Experiences with SHRU Health & Wellness Services

Q1 At SHRU, I have the opportunity to:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
Be physically active (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a healthy diet (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live tobacco free (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn how to deal with challenges (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study and learn in a safe environment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get the support I need to improve my well-being (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 During the Fall 2017 semester, about how many times did you visit:

	None (1)	Once (2)	Twice (3)	3-5 times (4)	6-10 times (5)	More than 10 times (6)
Student Health Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Center (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of Health Promotion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus Recreation Center (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student Center (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: PART 1: Student Experiences with SHRU Health & Wellness Services

Start of Block: Used Student Health Center Block

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Student Health Center [None]

Q5 In general, what reason(s) did you have for visiting the Student Health Center? (Check all that apply.)

- I was not feeling well (1)
- I had an injury (2)
- I needed medical attention (3)
- I needed medication (either a new prescription or a refill) (4)
- I felt tired (5)
- I felt depressed (6)
- I felt anxious (7)
- I wanted to obtain some information (8)
- I wanted to get a check-up (9)
- Other: (10) _____

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Student Health Center [None]

Q9 What was your impression of the Student Health Center building?

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
The building was attractive (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ambiance was inviting (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furnishings were comfortable (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality was good (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building was full of natural light (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about my physical safety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about the psychological safety (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
If During the Fall 2017 semester, about how many times did you visit: != Student Health Center [None]

Q10 Generally, did you go to the Student Health Center with or without an appointment?

- With an appointment to see someone in particular (1)
 - Without an appointment (2)
 - A mix of both (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Student Health Center [None]

Q11 When you had an appointment in the Student Health Center, did you?

- Arrive early or stay afterwards to use other facilities in the building (1)
 - Come strictly for your appointment and leave immediately afterwards (2)
 - (if you generally use walk-in appointments) Use other facilities in the building while waiting for your walk-in appointment (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Student Health Center [None]

Q12 Do you feel that your health or well being improved as a result of using the Student Health Center?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Completely (5)
- Don't know (6)

End of Block: Used Student Health Center Block

Start of Block: Used Counseling Center Block

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: != Counseling Center [None]*

Q6 In general, what reason(s) did you have for visiting the Counseling Center? (Check all that apply.)

- I was experiencing stress or anxiety (1)
- I felt depressed (2)
- I was going through relationship issues (3)
- I needed medication (either a new prescription or a refill) (4)
- I was at risk of hurting/injuring myself (5)
- I was seeing a counselor before I started college and I wanted to continue counseling (6)
- I was addressing an alcohol or substance abuse issue (7)
- I have a learning disability (8)
- I am managing an eating disorder (9)
- I was the victim of sexual violence (10)
- I wanted to obtain some information (11)
- I was concerned about another student or friend (12)
- Other: (13) _____

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: != Counseling Center [None]*

Q43 What was your impression of the Counseling Center building?

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
The building was attractive (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ambiance was inviting (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furnishings were comfortable (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality was good (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building was full of natural light (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about my physical safety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about the psychological safety (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
If During the Fall 2017 semester, about how many times did you visit: != Counseling Center [None]

Q46 Generally, did you go to the Counseling Center with or without an appointment?

- With an appointment to see someone in particular (1)
 - Without an appointment (2)
 - A mix of both (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Counseling Center [None]

Q49 When you had an appointment in the Counseling Center, did you?

- Arrive early or stay afterwards to use other facilities in the building (1)
 - Come strictly for your appointment and leave immediately afterwards (2)
 - (if you generally use walk-in appointments) Use other facilities in the building while waiting for your walk-in appointment (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Counseling Center [None]

Q52 Do you feel that your health or well being improved as a result of using the Counseling Center?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Completely (5)
- Don't know (6)

End of Block: Used Counseling Center Block

Start of Block: Used Health Promotion Block

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: != Office of Health Promotion [None]*

Q7 In general, what reason(s) did you have for visiting the Office of Health Promotion? (Check all that apply.)

- I was seeking a referral for services relating to wellness, disease prevention, or another health-related issue (1)
- I participated in one of their initiatives, such as the Alcohol and Substance Abuse Task Force (2)
- I had a one-on-one consultation related to a personal health issue (3)
- I had a one-on-one consultation related to a friend's health issue (4)
- I participated in sleep awareness event (5)
- I participated in an alcohol awareness event (6)
- I participated in a body image/healthy eating awareness event (7)
- I participated in sexual health awareness event (8)
- I participated in a mental health awareness event (9)
- I participated in a general health promotion event (10)
- Other: (11) _____

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: != Office of Health Promotion [None]*

Q44 What was your impression of the Office of Health Promotion building?

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
The building was attractive (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ambiance was inviting (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furnishings were comfortable (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality was good (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building was full of natural light (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about my physical safety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about the psychological safety (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
If During the Fall 2017 semester, about how many times did you visit: != Office of Health Promotion [None]

Q47 Generally, did you go to the Office of Health Promotion with or without an appointment?

- With an appointment to see someone in particular (1)
 - Without an appointment (2)
 - A mix of both (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Office of Health Promotion [None]

Q50 When you had an appointment in the Office of Health Promotion, did you?

- Arrive early or stay afterwards to use other facilities in the building (1)
 - Come strictly for your appointment and leave immediately afterwards (2)
 - (if you generally use walk-in appointments) Use other facilities in the building while waiting for your walk-in appointment (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Office of Health Promotion [None]

Q53 Do you feel that your health or well being improved as a result of using the Office of Health Promotion?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Completely (5)
- Don't know (6)

End of Block: Used Health Promotion Block

Start of Block: Used Campus Recreation Block

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Campus Recreation Center [None]

Q8 In general, what reason(s) did you have for visiting the Campus Recreation Center? (Check all that apply.)

- I swam in the pool (1)
- I rented recreational equipment (2)
- I worked out using the Campus Rec fitness equipment (3)
- I played on an intramural sports team (4)
- I played a pickup game using the Campus Rec facilities (e.g., basketball, tennis) (5)
- I received massage therapy (6)
- I took a yoga class (7)
- I took a fitness class (8)
- I am a member of a sports club (9)
- Other: (10) _____

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Campus Recreation Center [None]

Q45 What was your impression of the Campus Recreation Center building?

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
The building was attractive (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ambiance was inviting (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furnishings were comfortable (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality was good (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building was full of natural light (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about my physical safety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not worried about the psychological safety (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
If During the Fall 2017 semester, about how many times did you visit: != Campus Recreation Center [None]

Q48 Generally, did you go to the Campus Recreation Center with or without an appointment?

- With an appointment to see someone in particular (1)
 - Without an appointment (2)
 - A mix of both (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Campus Recreation Center [None]

Q51 When you had an appointment in the Campus Recreation Center, did you?

- Arrive early or stay afterwards to use other facilities in the building (1)
 - Come strictly for your appointment and leave immediately afterwards (2)
 - (if you generally use walk-in appointments) Use other facilities in the building while waiting for your walk-in appointment (3)
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: != Campus Recreation Center [None]

Q54 Do you feel that your health or well being improved as a result of using the Campus Recreation Center?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Completely (5)
- Don't know (6)

End of Block: Used Campus Recreation Block

Start of Block: Did NOT use Student Health Center Block

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: = Student Health Center [None]*

Q3 Why didn't you use the Student Health Center? (Check all that apply.)

- I was unaware of the services that exist (1)
- It is too far away (2)
- It is too difficult to fit into my schedule (3)
- I feel uncomfortable visiting it (4)
- The atmosphere is not warm or friendly (5)
- There are negative stereotypes about the services (6)
- I am dissatisfied with a previous experience (7)
- There are misperceptions about the services (8)
- Other: (9) _____

*Display This Question:**If During the Fall 2017 semester, about how many times did you visit: = Student Health Center [None]*

Q4 What would make it more likely that you will visit the Student Health Center? (Check all that apply.)

- Knowing more about the services provided there (1)
- More conveniently located (2)
- Closer to other health and wellness services (3)
- Closer to classes (4)
- Other: (5) _____

End of Block: Did NOT use Student Health Center Block

Start of Block: Did NOT use Counseling Center Block

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Counseling Center [None]

Q37 Why didn't you use the Counseling Center? (Check all that apply.)

- I am unaware of the services that exist (1)
 - It is too far away (2)
 - It is too difficult to fit into my schedule (3)
 - I feel uncomfortable visiting it (4)
 - The atmosphere is not warm or friendly (5)
 - There are negative stereotypes about the services (6)
 - I am dissatisfied with a previous experience (7)
 - There are misperceptions about the services (8)
 - Other: (9) _____
-

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Counseling Center [None]

Q40 What would make it more likely that you will visit the Counseling Center? (Check all that apply.)

- Knowing more about the services provided there (1)
- More conveniently located (2)
- Closer to other health and wellness services (3)
- Closer to classes (4)
- Other: (5) _____

End of Block: Did NOT use Counseling Center Block

Start of Block: Did NOT use Health Promotion Block

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Office of Health Promotion [None]

Q38 Why didn't you use the Office of Health Promotion? (Check all that apply.)

- I am unaware of the services that exist (1)
- It is too far away (2)
- It is too difficult to fit into my schedule (3)
- I feel uncomfortable visiting it (4)
- The atmosphere is not warm or friendly (5)
- There are negative stereotypes about the services (6)
- I am dissatisfied with a previous experience (7)
- There are misperceptions about the services (8)
- Other: (9) _____

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Office of Health Promotion [None]

Q41 What would make it more likely that you will visit the Office of Health Promotion? (Check all that apply.)

- Knowing more about the services provided there (1)
- More conveniently located (2)
- Closer to other health and wellness services (3)
- Closer to classes (4)
- Other: (5) _____

End of Block: Did NOT use Health Promotion Block

Start of Block: Did NOT use Campus Recreation Block

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Campus Recreation Center [None]

Q39 Why didn't you use the Campus Recreation Center? (Check all that apply.)

- I was unaware of the services that exist (1)
- It is too far away (2)
- It is too difficult to fit into my schedule (3)
- I feel uncomfortable visiting it (4)
- The atmosphere is not warm or friendly (5)
- There are negative stereotypes about the services (6)
- I am dissatisfied with a previous experience (7)
- There are misperceptions about the services (8)
- Other: (9) _____

Display This Question:

If During the Fall 2017 semester, about how many times did you visit: = Campus Recreation Center [None]

Q42 What would make it more likely that you will visit the Campus Recreation Center? (Check all that apply.)

- Knowing more about the services provided there (1)
- More conveniently located (2)
- Closer to other health and wellness services (3)
- Closer to classes (4)
- Other: (5) _____

End of Block: Did NOT use Campus Recreation Block

Start of Block: End PART 1 Block

Q13 Which of the following programs or activities have you attended in the past year? (Check all that apply.)

- Mindfulness program (1)
- Relaxation program (2)
- Stress management program (3)
- Flourishing and resilience program (Authentic Excellence Initiative) (4)
- Wellness Passport (5)
- Exercise is Medicine (6)
- Healthy Campus 2020 event (7)
- HOPE event (health peer educators) (8)
- None of the above (9)

Display This Question:

If Which of the following programs or activities have you attended in the past year? (Check all that... = None of the above

Q14 Why didn't you attend any of the programs or activities in the previous question? (Check all that apply).

- No time (1)
 - No interest (2)
 - Commitments to off-campus activities (e.g., working off campus) (3)
 - Inconvenience of returning to campus (4)
 - Location not convenient (5)
 - Interferes with academic obligations (e.g., studying, group work) (6)
 - Interferes with social commitments (e.g., going out, hanging with friends) (7)
 - Times/days of activities are not convenient (8)
 - Family commitments (9)
 - Unsure of how to get involved (10)
 - Work obligations on campus (11)
 - None of my friends were participating (12)
 - I was fearful of looking "bad" in public (13)
 - Didn't know about the event (marketing) (14)
 - Other: (15) _____
-

Q15 In your experience, what areas of the 8 dimensions of wellness do students at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Q16 Please indicate your level of agreement or disagreement with the following statements.

Students who spend a significant amount of time focused on their own health and well being:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
Are probably suffering from health and/or psychological problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Should probably spend more time focused on their studies (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have more time on their hands than other students (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are likely to be happier than students who do not (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead a more balanced life (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are likely to be more resilient than students who do not (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q17 Please indicate your level of agreement or disagreement with the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
I wish to learn strategies to be more calm and less stressed (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to learn more about wellness issues (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to be less socially anxious (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not concerned about my future (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to lead a healthier lifestyle (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of failure (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time thinking about why I do the things I do (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can avoid the things I am fearful of (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am my own harshest critic (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q18 After the new Wellness Center is completed and opens in Fall 2018, will you use the following more often, less often or about the same?

	Less often (1)	About the same (2)	More often (3)	I do not intend to use this in the future (4)
Student Health Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Center (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Health Promotion Office (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Campus Recreation Center (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q19 Do you feel that gender neutral facilities are available to you?

- Strongly Disagree (1)
- Disagree (2)
- Neutral, no opinion (3)
- Agree (4)
- Strongly agree (5)

End of Block: End PART 1 Block

Start of Block: PART 2: Demographic Information

Q58 PART 2: Demographic Information

Q20 What sex were you assigned at birth, such as on an original birth certificate?

- Female (1)
- Male (2)
-

Q21 Do you identify as transgender?

- No (1)
- Yes (2)
-

Q22 Which term do you use to describe your gender identity?

- Woman (1)
- Man (2)
- Trans woman (3)
- Trans man (4)
- Genderqueer (5)
- Another identity (please specify): (6) _____
-

Q23 How do you usually describe yourself? (Check all that apply.)

- White/Caucasian (1)
- Black/African American (2)
- Hispanic or Latino/a (3)
- Asian or Pacific Islander (4)
- American Indian, Alaskan Native, or Native Hawaiian (5)
-

Q24 What is your academic class standing?

- 1st year undergraduate (1)
- 2nd year undergraduate (2)
- 3rd year undergraduate (3)
- 4th year undergraduate (4)
- 5th year undergraduate (5)
- Graduate or professional (6)
- Not seeking a degree (7)
- Other: (8) _____

End of Block: PART 2: Demographic Information

Start of Block: PART 3: Overall Health and Wellness

Q59 PART 3: Overall Health and Wellness

Q25 How would you describe your general health?

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know (6)
-

Q60 Thinking about your physical health, please answer the following question:

For how many days during the past 30 days was your physical health (including physical illness and injury) not good? (1)

▼0 (1) ... 30 (31)

Q62 Thinking about your mental health, please answer the following question:

For how many days during the past 30 days was your mental health (including stress, depression, handling emotions) not good? (1)

▼0 (1) ... 30 (31)

Q61 During the past 30 days:

How many days were you absent from class because your physical or mental health was not good? (1)

▼0 (1) ... 30 (31)

Q63 During the past 30 days:

How many days did you feel SAD, BLUE, or DEPRESSED? (1)

▼0 (1) ... 30 (31)

Q64 During the past 30 days:

How many days have you felt WORRIED, TENSE, or ANXIOUS? (1)

▼0 (1) ... 30 (31)

Q32 On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up in the morning?

0 days (1)

1 day (2)

2 days (3)

3 days (4)

4 days (5)

5 days (6)

6 days (7)

7 days (8)

Q33 People sometimes feel sleepy during the daytime. In the past 7 days, how much of a problem have you had with sleepiness (feeling sleepy, struggling to stay awake) during your daytime activities?

- No problem at all (1)
 - A little problem (2)
 - More than a little problem (3)
 - A big problem (4)
 - A very big problem (5)
-

Q34 On how many of the past 7 days did you:
(Please mark the appropriate column for each row.)

Do 8-10 strength training exercises (such as resistance weight machines) for 8-12 repetitions each? (3)



End of Block: PART 3: Overall Health and Wellness

Appendix B: Pre-Survey for Wellness Staff Sample, Including Informed Consent**SHRU Spring 2018 STAFF Survey (PRE)**

Start of Block: Introduction & Consent

Q1

Thank you for participating in the SHRU Integrative Wellness Center Study!

As a member of the SHRU Health & Wellness staff, you have been selected to participate in a survey designed to assess SHRU's Health and Wellness resources and your perspectives on your roles within the university.

There are no known risks to participating in this study. However, you may benefit by knowing that you have assisted in helping SHRU's Health and Wellness resources continue to improve upon their work.

The survey is completed online via the Internet. We encourage you to complete the survey in one sitting, which typically takes about 10 minutes to complete.

Your participation is completely voluntary and confidential. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study carries no penalty.

You may contact Professor Karen Inkelas at karen.inkelas@virginia.edu or 434-243-1943 if you have questions or concerns about the survey.

Data transmission is encrypted and firewall securities are in place. After you submit the survey to the secure server, a message thanking you for taking the survey will be displayed in your browser window.

You may report dissatisfactions with any aspect of this evaluation to the Chair of the Protection of Human Subjects Committee, Jennifer A. Stevens, 757-221-3862 or jastev@wm.edu. If you wish to receive the survey results, please contact Karen Inkelas at karen.inkelas@virginia.edu.

Thank you for your cooperation!

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY SHRU'S PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON APRIL 9, 2018 AND EXPIRES ON APRIL 9, 2019.

I affirm that I am 18 years of age or older, and I wish to participate in this survey.

Yes (1)

No (2)

Skip To: End of Survey If Thank you for participating in the SHRU Integrative Wellness Center Study! As a m... = No

Page Break

End of Block: Introduction & Consent

Start of Block: Main Survey

Q2 What are the most common reasons students visit your location? (Check all that apply.)

- Students went to website and found your services (1)
 - Students were referred to you by another student (2)
 - Students were referred to you by other health staff on campus (3)
 - Students were referred to you by other non-health staff on campus (4)
 - Students were referred to you by a faculty member (5)
 - Other: (6) _____
-

Q3 What are the most common reasons you believe students do NOT take advantage of your services or programming? (Check all that apply.)

- No time (1)
- No interest (2)
- Commitments to off-campus activities (e.g., working off campus) (3)
- Inconvenience of returning to campus (4)
- Location not convenient (5)
- Interferes with academic obligations (e.g., studying, group work) (6)
- Interferes with social commitments (e.g., going out, hanging with friends) (7)
- Times/days of activities are not convenient (8)
- Family commitments (9)
- Unsure of how to get involved (10)
- Work obligations on campus (11)
- None of my friends were participating (12)
- I was fearful of looking "bad" in public (13)
- Atmosphere was not warm or friendly (14)
- Negative stereotypes about services/programming (15)
- Dissatisfied with previous experiences (16)
- Misperceptions of services (17)
- Didn't know about the event (18)
- Other: (19) _____

Q29 In your experience, what areas of the 8 dimensions of wellness do STUDENTS at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Q30 In your experience, what areas of the 8 dimensions of wellness do YOU at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Page Break

Q6 How often do you collaborate (e.g., make referrals, conduct joint programs, make others aware of your services) with staff in the following roles at SHRU?

	Not at all (1)	A little (2)	Sometimes (3)	Frequently (4)	All of the time (5)	This is my unit (6)
Student Health Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Center (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of Health Promotion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus Recreation Center (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 What do you hope will improve once the new Wellness Center opens in Fall 2018? (Check all that apply.)

- More spaces for your work (1)
 - Better aesthetics (e.g., nicer workplace, better appeal) (2)
 - More resources (3)
 - More opportunities to collaborate (4)
 - Better understanding of the roles and responsibilities of the other units in the Wellness Center (5)
 - More programming and services (6)
 - Increased efficiency of continuity of care (7)
 - Better staff morale (8)
 - Other: (9) _____
-

Q8 To what extent do you agree with the statements below?

	Strongly disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly agree (5)
The culture in my work group is authentic (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a vibrant atmosphere in my workplace (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an innovative atmosphere within my work group (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within my workplace, I have the feeling I am part of the university (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The design of my workplace empowers me to be productive (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q9 How do the following statements apply to your CURRENT workplace?

	Yes (1)	No (3)	Don't Know (4)	Not Applicable (5)
While at my primary desk, I am within 15 feet of an exterior window (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace has places where I can meet with others (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace has stairs I can easily access (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to rest or lie down if I'm tired or not feeling well (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places for nursing mothers to go if they are nursing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to meditate or pray (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to nap (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treadmill desks are available to me at work (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My desk height is adjustable, I can work standing up or sitting down (9)

I have the ability to work outdoors (10)

I am aware of healthy amenities available in my building (11)

I regularly use the stairs in my building (12)

The building where I work has a place to work out (13)

The building where I work has a bicycle storage (14)

The building where I work has showers (15)

The building where I work has healthy food options nearby (16)

The building where I work has healthy food options in vending machines (17)



Q10 How important are the following options in your FUTURE workplace?

	Not important at all (1)	Somewhat important (2)	Important (3)	Very important (4)
While at my primary desk, I am within 15 feet of an exterior window (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace has places where I can meet with others (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace has stairs I can easily access (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to rest or lie down if I'm tired or not feeling well (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places for nursing mothers to go if they are nursing (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to meditate or pray (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workplace provides places to nap (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treadmill desks are available to me at work (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My desk height is adjustable, I can work standing up or sitting down (9)

I have the ability to work outdoors (10)

I am aware of healthy amenities available in my building (11)

I regularly use the stairs in my building (12)

The building where I work has a place to work out (13)

The building where I work has a bicycle storage (14)

The building where I work has showers (15)

The building where I work has healthy food options nearby (16)

The building where I work has healthy food options in vending machines (17)



Q11 Do you feel that gender neutral facilities are available to you?

- Strongly disagree (1)
 - Disagree (2)
 - Neutral, no opinion (3)
 - Agree (4)
 - Strongly agree (5)
-

Q12 What is your job function?

- Professional staff (1)
 - Operational / Classified staff (2)
 - Graduate Assistants, Graduate Interns / Practicum, Undergraduate Student Employees (3)
-

Q13 In which of the following areas do you currently work?

- Student Health Center (1)
 - Counseling Center (2)
 - The Health Promotion Office (3)
 - The Campus Recreation Center (4)
 - Other: (5) _____
-

Q14 How long have you served in your current position?

- Less than 1 year (1)
- 1-4 years (2)
- 5-9 years (3)
- 10-14 years (4)
- 15-19 years (5)
- 20 or more years (6)

Page Break

Q15 What sex were you assigned at birth, such as on an original birth certificate?

Female (1)

Male (2)

Q16 Do you identify as transgender?

No (1)

Yes (2)

Q17 Which term do you use to describe your gender identity?

Woman (1)

Man (2)

Trans woman (3)

Trans man (4)

Genderqueer (5)

Another identity (please specify): (6) _____

Page Break

Q18 How would you describe your general overall health?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know (6)
-

Q20 Thinking about your physical health, which includes physical illness and injury, please answer the following question:

For how many days during the past 30 days was your physical health NOT good? (select number between 0 and 30) (1)

▼0 (1) ... 30 (31)

Q22 Thinking about your mental health, which includes stress, depression, and problems with emotions, please answer the following question:

For how many days during the past 30 days was your mental health NOT good? (select number between 0 and 30) (1)

▼0 (1) ... 30 (31)

Page Break

Q24 During the past 30 days:

How many days were you absent from work because your physical or mental health was NOT good? (select number between 0 and 30) (1)

▼0 (1) ... 30 (31)

Q26 During the past 30 days:

How many days did you feel SAD, BLUE, or DEPRESSED? (select number between 0 and 30) (1)

▼0 (1) ... 30 (31)

Q28 During the past 30 days:

How many days have you felt WORRIED, TENSE, or ANXIOUS? (select number between 0 and 30) (1)

▼0 (1) ... 30 (31)

Page Break

Q30 On how many of the past 7 days did you get enough sleep so that you felt rested when you woke up?

- 0 days (1)
- 1 day (2)
- 2 days (3)
- 3 days (4)
- 4 days (5)
- 5 days (6)
- 6 days (7)
- 7 days (8)



Q31 During the past 7 days, on average, how many hours of sleep did you get during a 24-hour period?

Q32 How many hours/minutes IN TOTAL over those 7 days have you engaged in moderate to vigorous exercise that temporarily increased your heart rate (i.e., brisk walk, running, biking, etc.)?

- no vigorous exercise (1)
- 1-15 minutes (2)
- 16-30 minutes (3)
- 31-45 minutes (4)
- 46-60 minutes (5)
- 61-90 minutes (up to 1.5 hours) (6)
- 91-120 minutes (up to 2 hours) (7)
- more than 2 hours (8)

Page Break



Q30 The next two questions ask about physical activity. The levels of intensity can be characterized in terms of breathing difficulty. A person doing moderate physical activity can typically talk, but not sing while doing the activity. A person doing vigorous physical activity typically cannot say more than a few words without pausing for a breath while doing the activity.

In the past 7 days, how many total minutes did you spend doing MODERATE physical activity? Examples: walking briskly, water aerobics, biking slower than 10 MPH, doubles tennis. (Only include activities done for 10 minutes or more at a time.)



Q31

In the past 7 days, how many total minutes did you spend doing VIGOROUS physical activity? Examples: jogging or running, swimming laps, biking more than 10 MPH, aerobic dance, singles tennis. (Only include activities done for 10 minutes or more at a time.)

Page Break



Q32 In the last 7 days, how many days did you spend doing exercises to strengthen or tone your muscles? Examples: push ups, sit ups, weightlifting/training.

End of Block: Main Survey

Appendix C: Post-Survey for Student Sample, Including Informed Consent**SHRU Spring 2019 STUDENT Survey (POST)**

Start of Block: Introduction & Consent

Q1

Thank you for participating in the SHRU Integrative Wellness Center Study!

You have been selected to participate in a health and wellness study assessing your thoughts and feelings related to services provided at SHRU. The survey is designed to assess student health behaviors in order to provide better services and support for SHRU students.

There are no known risks to participating in this study. However, you may benefit by knowing that you have assisted in helping SHRU's Health and Wellness resources continue to improve upon their work.

The survey is completed online via the Internet. We encourage you to complete the survey in one sitting, which typically takes about 12 minutes to complete.

Your participation is completely voluntary and confidential. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study carries no penalty.

You may contact XXXX at XXX-XXXX if you have questions or concerns about the survey.

Data transmission is encrypted and firewall securities are in place. After you submit the survey to the secure server, a message thanking you for taking the survey will be displayed in your browser window.

Students may report dissatisfactions with any aspect of this evaluation to the Chair of the

Protection of Human Subjects Committee. Students wishing to receive survey results may contact XXXX at XXX-XXXX.

Thank you for your cooperation!

THIS PROJECT WAS APPROVED BY THE COLLEGE OF SHRU'S PROTECTION OF HUMAN SUBJECTS COMMITTEE ON 3/17/2019 AND EXPIRES ON 3/17/2020.

I affirm that I am 18 years of age or older, and I wish to participate in this survey.

Yes (1)

No (2)

Skip To: End of Survey If Thank you for participating in the SHRU Integrative Wellness Center Study! You h... = No

End of Block: Introduction & Consent

Start of Block: Class Standing

Q2 What is your academic class standing?

1st year undergraduate (1)

2nd year undergraduate (2)

3rd year undergraduate (3)

4th year undergraduate (4)

5th year undergraduate (5)

Graduate or professional (6)

Not seeking a degree (7)

Other: (8) _____

Page Break

End of Block: Class Standing

Start of Block: Part 1: Utilization of Health and Wellness Services

Q3 During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center?

- 1 time (7)
- 2 times (2)
- 3-5 times (3)
- 6-10 times (4)
- more than 10 times (5)
- I did not visit the Integrative Wellness Center. (6)

End of Block: Part 1: Utilization of Health and Wellness Services

Start of Block: DID visit center

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.



Q4 In general, what reason(s) did you have for visiting the Integrative Wellness Center? (Check all that apply.)

- I was not feeling well (1)
- I needed medical attention (2)
- I felt depressed (3)
- I needed medication (new prescription or refill) (4)
- I wanted to obtain some information (5)
- I have a learning disability (6)
- I wanted to get a check up (7)
- I was concerned about another student or friend (8)
- I was experiencing stress or anxiety (9)
- I am managing an eating disorder (10)
- I was the victim of sexual violence (11)
- I was at risk of hurting/injuring myself (12)
- I was going through relationship issues (13)
- I was addressing an alcohol or substance abuse issue (14)
- I wanted to relax (15)
- I went to meet friends (16)
- I wanted to study (17)

- I was passing time between activities (18)
- I participated in a wellness event or program (19)
- I was seeking a referral for services related to my health and wellness (20)
- I participated in a campus recreation class (yoga, meditation, tai chi, etc.) (21)
- I received massage therapy (22)
- I wanted to get a flu shot (23)
- I came to enjoy the nature views (24)
- I took a wellness application course (25)
- I accompanied a friend while they utilized services (26)
- I worked on a project with a group of students (27)
- I attended a meeting (28)
- Other: (29) _____

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q5 Please indicate your level of agreement with the following statements regarding the Integrative Wellness Center:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
The facility is attractive (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The exterior spaces are welcoming (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The interior ambiance is welcoming (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The air quality is good (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The building is full of natural light (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not worried about my physical safety (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not worried about the psychological safety (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The scenic nature views are calming (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The furnishings are comfortable (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q6 In general, did you go to the Wellness Center with or without an appointment?

- With an appointment to see someone in particular (1)
- Without an appointment (2)
- A mix of both (3)

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q7 When you had an appointment in the Wellness Center, did you?

- Arrive early or stay afterwards to use other facilities in the building (1)
- Come strictly for your appointment and leave immediately afterwards (2)
- (if you generally use walk-in appointments) Use other facilities in the building while waiting for your walk-in appointment (3)

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q8 Do you feel that your health or well being improved as a result of using the Integrative Wellness Center?

- Not at all (1)
- A little (2)
- Some (3)
- A lot (4)
- Completely (5)
- Don't know (6)

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q9 You selected \${Q8/ChoiceGroup/SelectedChoices}. Please explain why.

Page Break

Display This Question:
 If What is your academic class standing? != 1st year undergraduate
 And During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q10 Since the Integrative Wellness Center opened in Fall 2018, are you using the following more often, less often or about the same?

	Less often (1)	About the same (2)	More often (3)	Not Applicable (4)
Student Health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Center (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Office of Health Promotion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus Recreation Facilities (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If Since the Integrative Wellness Center opened in Fall 2018, are you using the following more ofte... = More often

Q11 You selected that you are using $\{Q10/ChoiceGroup/SelectedChoicesForAnswer/3\}$ more often. Why are you using these services more often?

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q12 Which of the following amenities have you utilized in the new Integrative Wellness Center?
(Check all that apply.)

	Yes (1)	No (2)	I am not familiar with this amenity (3)
Front lobby with water wall (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Views to nature (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage rooms (modality treatment) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation spaces (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student organization collaboration space (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking meditation labyrinth (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion Garden (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zen Garden (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Patio (next to Daily Grind) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Ed Maker Space (student collaboration space including recharge wall) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Room (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Carry Forward All Choices - Displayed & Hidden from "Which of the following amenities have you utilized in the new Integrative Wellness Center? (Check all that apply.)"

X→

Q13 How often do you see **OTHER STUDENTS** using the following:

	Often (1)	Some (2)	Hardly (3)	Never (4)
Front lobby with water wall (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Views to nature (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage rooms (modality treatment) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation spaces (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student organization collaboration space (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking meditation labyrinth (x6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion Garden (x7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zen Garden (x8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Patio (next to Daily Grind) (x9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Ed Maker Space (student collaboration space including recharge wall) (x10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Room (x11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: (x12)

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q14 How likely are you to recommend the Integrative Wellness Center to friend?

- yes, definitely would (1)
- yes, probably would (2)
- no, probably won't (3)
- no, definitely won't (4)

Page Break

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q15 You selected a rating of $\{Q14/ChoiceGroup/SelectedChoices\}$. Please explain your likelihood to recommend the Integrative Wellness Center.

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? != I did not visit the Integrative Wellness Center.

Q16 Would you like to share any additional thoughts about your experience with the Integrative Wellness Center?

Page Break

End of Block: DID visit center

Start of Block: DID NOT visit center

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? = I did not visit the Integrative Wellness Center.

Q17 When considering student utilization of the Integrative Wellness Center...

	Why didn't you visit?	Why do you think other students don't visit?
	(Check all that apply.) (1)	(Check all that apply.) (1)

Unaware of the services that exist (1)

It is too far away (2)

It is too difficult to fit into my schedule (3)

Feel uncomfortable seeking assistance (4)

The atmosphere is not warm or friendly (5)

There are negative stereotypes about the services (6)

Dissatisfaction with a previous experience (7)

Don't need the services (8)

Friends aren't participating (9)

Times/days of activities are inconvenient (10)

Other: (11)

Display This Question:

If During the Fall 2018 semester, how many times did you visit the Integrative Wellness Center? = I did not visit the Integrative Wellness Center.

Q18 What would make it more likely that you will visit the Integrative Wellness Center? (Check all that apply.)

- Knowing more about the services provided there (1)
- More conveniently located (2)
- Services offered at different times (3)
- Different programs or services offered (4)
- Other: (5) _____

Page Break

End of Block: DID NOT visit center

Start of Block: Remainder of Block 1

Page Break



Q19 Since Fall 2018, which of the following programs or activities have you attended? (Check all that apply.)

- Mindfulness program (1)
- Relaxation program (2)
- Stress management program (3)
- Flourishing and resilience program (Authentic Excellence Initiative) (4)
- Wellness Passport (5)
- Exercise is Medicine (6)
- Healthy Campus 2020 event (7)
- HOPE event (health peer educators) (8)
- Fitness program (10)
- Nutrition program (11)
- None of the above (9)

Page Break

Display This Question:

If Since Fall 2018, which of the following programs or activities have you attended? (Check all that... = None of the above



Q20 Why didn't you attend any of the **PROGRAMS** or **ACTIVITIES** in the previous question? (Check all that apply).

- No time (1)
- No interest (2)
- Commitments to off-campus activities (e.g., working off campus) (3)
- Inconvenience of returning to campus (4)
- Location not convenient (5)
- Interferes with academic obligations (e.g., studying, group work) (6)
- Interferes with social commitments (e.g., going out, hanging with friends) (7)
- Times/days of activities are not convenient (8)
- Family commitments (9)
- Unsure of how to get involved (10)
- Work obligations on campus (11)
- None of my friends were participating (12)
- I was fearful of looking "bad" in public (13)
- Didn't know about the event (marketing) (14)
- Didn't enjoy a previous program or event (15)

Had a negative experience with a previous program or event (16)

Other: (17) _____

Page Break

End of Block: Remainder of Block 1

Start of Block: Part 2: Student Experience

Q21 At SHRU, I have the opportunity to:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
Be physically active (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat a healthy diet (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live tobacco free (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn how to deal with challenges (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Study and learn in a safe environment (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Get the support I need to improve my well-being (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q22 Please indicate your level of agreement with the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
I consider multiple dimensions of wellness when assessing my health. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The staff at the Integrative Wellness Center encourage a holistic view of wellness. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe wellness includes intervention for those who may be sick, but also proactive health promotion and prevention services. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The wellness center is only for students who are sick or mentally ill. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is more to wellness than being physically healthy. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q23 In your experience, what areas of the 8 dimensions of wellness do students at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Q24 Which of the 8 dimensions do you find are most important to your overall wellness? (Check all that apply.)

Emotional / Mental (1)

Environmental (2)

Financial (3)

Intellectual (4)

Occupational (5)

Physical (6)

Social (7)

Spiritual (8)

Page Break

Q25 You selected $\{Q24/ChoiceGroup/SelectedChoices\}$. Please describe how these dimensions have an impact on your life.

Page Break

Q26 Please indicate your level of agreement or disagreement with the following statements.

Students who spend a significant amount of time focused on their own health and well being:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
Are probably suffering from health and/or psychological problems (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Should probably spend more time focused on their studies (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have more time on their hands than other students (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are likely to be happier than students who do not (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead a more balanced life (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are likely to be more resilient than students who do not (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q27 Please indicate your level of agreement or disagreement with the following statements:

	Strongly Disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
I would like to learn strategies to be more calm and less stressed (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to learn more about wellness issues (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to be less socially anxious (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not concerned about my future (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to lead a healthier lifestyle (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of failure (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend a lot of time thinking about why I do the things I do (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can avoid the things of which I am fearful (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am my own harshest critic (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Q28 Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement:

	Strongly Disagree	Disagree	Slightly Disagree	Neither agree nor disagree	Slightly Agree	Agree	Strongly Agree
	1	2	3	4	5	6	7
I lead a purposeful and meaningful life ()							
My social relationships are supportive and rewarding ()							
I am engaged and interested in my daily activities ()							
I actively contribute to the happiness and well being of others ()							
I am competent and capable in the activities that are important to me ()							
I am a good person and live a good life ()							
I am optimistic about my future ()							
People respect me ()							

Page Break

End of Block: Part 2: Student Experience

Start of Block: Part 3: Personal Wellness & Demographics

Q29 How would you describe your general health?

- Poor (1)
- Fair (2)
- Good (3)
- Very Good (4)
- Excellent (5)
- Don't know (6)



Q30 Thinking about the past 30 days, please answer the following questions:

For how many days during the past 30 days was your physical health (including physical illness and injury) not good? (1)	▼ 0 (1) ... 30 (31)
How many days were you absent from class because your physical or mental health was not good? (2)	▼ 0 (1) ... 30 (31)
How many days did you feel SAD, BLUE, or DEPRESSED? (3)	▼ 0 (1) ... 30 (31)
How many days have you felt WORRIED, TENSE, or ANXIOUS? (4)	▼ 0 (1) ... 30 (31)

Page Break

Q31 What sex were you assigned at birth, such as on an original birth certificate?

Female (1)

Male (2)

Q32 Do you identify as transgender?

No (1)

Yes (2)

Q33 Which term do you use to describe your gender identity?

Woman (1)

Man (2)

Trans woman (3)

Trans man (4)

Genderqueer (5)

Another identity (please specify): (6) _____

Page Break _____

Q34 How do you usually describe yourself? (Check all that apply.)

White/Caucasian (1)

Black/African American (2)

Hispanic or Latino/a (3)

Asian or Pacific Islander (4)

American Indian, Alaskan Native, or Native Hawaiian (5)

Biracial (6)

Identity not listed (7)

Q35 Would you be willing to participate in a focus group about the Integrative Wellness Center?

Yes (1)

No (2)

End of Block: Part 3: Personal Wellness & Demographics

Appendix D: Post-Survey for Wellness Staff Sample, Including Informed Consent**SHRU Spring 2019 STAFF Survey (POST)**

Start of Block: Introduction & Consent

Q1

Thank you for participating in the SHRU Integrative Wellness Center Study!

As a member of the SHRU Health & Wellness staff, you have been selected to participate in a survey designed to assess SHRU's Health and Wellness resources and your perspectives on your roles within the university.

There are no known risks to participating in this study. However, you may benefit by knowing that you have assisted in helping SHRU's Health and Wellness resources continue to improve upon their work.

The survey is completed online via the Internet. We encourage you to complete the survey in one sitting, which typically takes about 10 minutes to complete.

Your participation is completely voluntary and confidential. You may answer only some questions, or you may choose not to participate in the survey at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By taking this survey, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study carries no penalty.

You may contact Professor Karen Inkelas at karen.inkelas@virginia.edu or 434-243-1943 if you have questions or concerns about the survey.

Data transmission is encrypted and firewall securities are in place. After you submit the survey to the secure server, a message thanking you for taking the survey will be displayed in your browser window.

You may report dissatisfactions with any aspect of this evaluation to the Chair of the Protection

of Human Subjects Committee, Jennifer A. Stevens, 757-221-3862 or jastev@wm.edu. If you wish to receive the survey results, please contact Karen Inkelas at karen.inkelas@virginia.edu.

Thank you for your cooperation!

THIS PROJECT WAS APPROVED BY SHRU's PROTECTION OF HUMAN SUBJECTS COMMITTEE (Phone 757-221-3966) ON **3/17/2019** AND EXPIRES ON **3/17/2020**.

I affirm that I am 18 years of age or older, and I wish to participate in this survey.

Yes (1)

No (2)

Skip To: End of Survey If Thank you for participating in the SHRU's Integrative Wellness Center Study! As a m... = No

Page Break

End of Block: Introduction & Consent

Start of Block: Health & Wellness Services Utilization

Q2 What are the most common reasons students visit your location? (Check all that apply.)

- Students went to website and found your services (1)
- Students were referred to you by another student (2)
- Students were referred to you by other health staff on campus (3)
- Students were referred to you by other non-health staff on campus (4)
- Students were referred to you by a faculty member (5)
- Students entered the building for another reason and found their way to your unit (7)
- Other: (8) _____



Q3

What are the most common reasons you believe students do NOT take advantage of your services or programming? (Check all that apply.)

- Unaware of the services that exist (1)
- It is too far away (2)
- It is too difficult to fit into their schedule (3)
- Feel uncomfortable visiting it (4)
- The atmosphere is not warm or friendly (5)
- There are negative stereotypes about the services (6)
- Dissatisfaction with a previous experience (7)
- Don't need the services (8)
- Friends aren't participating (9)
- The facility is not welcoming (12)
- Times/days of activities are inconvenient (10)
- They are uncomfortable seeking assistance (11)

Q4 Do you see students using/interacting with the following amenities in the Integrative Wellness Center?

	Yes (1)	No (2)	I am not familiar with this amenity (3)
Front lobby with water wall (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Views to nature (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Massage rooms (modality treatment) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meditation spaces (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student organization collaboration space (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking meditation labyrinth (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Compassion Garden (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zen Garden (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellness Patio (next to Daily Grind) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Ed Maker Space (student collaboration space including recharge wall) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Room (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break



Q5 In your experience, what areas of the 8 dimensions of wellness do STUDENTS at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Q6 When considering how students approach and evaluate their personal wellness, do you feel that students are more proactive (seeking to be well) or reactive (seeking to get well) about their health and wellness since the Integrative Wellness Center opened in Fall 2018?

- students are more proactive (4)
 - students are equally proactive and reactive (5)
 - students are more reactive than proactive (6)
-

Page Break

Q7 You selected $\{Q6/ChoiceGroup/SelectedChoices\}$. Please provide an example.

Page Break

Q8 Does your role require collaboration with other units in the Integrative Wellness Center?

Yes (1)

No (2)

Page Break

Display This Question:
If Does your role require collaboration with other units in the Integrative Wellness Center? = Yes

Q9 How often do you collaborate (e.g., make referrals, conduct joint programs, make others aware of your services) with staff in the following roles at SHRU? (Check all that apply.)

	Not at all (1)	A little (2)	Sometimes (3)	Frequently (4)	This is my unit (5)
Student Health Center (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling Center (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office of Health Promotion (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus Recreation (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:
If Does your role require collaboration with other units in the Integrative Wellness Center? = Yes

Q10 Please briefly describe the collaboration between your unit and the other health and wellness units.

Page Break _____

Q11 To what extent do you agree with the statements below?

Since moving into the new center:

	Strongly disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
I am able to give my students better care. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more effective in my role. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do my job more efficiently. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visitation to our office has increased in the new building. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Please describe how your role as a caregiver has or has not changed since the Integrative Wellness Center opened.

Page Break

End of Block: Health & Wellness Services Utilization

Start of Block: Staff Experience



Q13 In your experience, what areas of the 8 dimensions of wellness do YOU at SHRU need the most support? (Rank your top 3 choices, with "1" being your top choice, by dragging the respective items from the left into the box on the right.)

Ranking of Wellness Dimensions

_____ Emotional / Mental (1)

_____ Environmental (2)

_____ Financial (3)

_____ Intellectual (4)

_____ Occupational (5)

_____ Physical (6)

_____ Social (7)

_____ Spiritual (8)

Page Break

Q14 To what extent do you agree with the statements below?

The new wellness center (as compared to my office building before) provides:

	Strongly disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly Agree (5)
A wider variety of spaces to work (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better aesthetics (e.g., nicer workplace, better appeal) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More resources (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More opportunities to collaborate (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better understanding of the roles and responsibilities of the other units in the Wellness Center (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More programming and services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased efficiency and continuity of care to students (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better staff morale (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: (9)

Page Break

Q15 To what extent do you agree with the statements below?

	Strongly disagree (1)	Disagree (2)	Neutral, no opinion (3)	Agree (4)	Strongly agree (5)
The culture in my work group is authentic (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a vibrant atmosphere in my workplace (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is an innovative atmosphere within my work group (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Within my workplace, I have the feeling I am part of the university (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The design of my workplace empowers me to be productive (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Please share any additional thoughts about your experience with the new Integrative Wellness Center.

End of Block: Staff Experience

Start of Block: Personal Wellness & Demographics

Q17 How would you describe your general overall health?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know (6)



Q18 Thinking about the past 30 days, please answer the following questions:

For how many days during the past 30 days was your physical health (including physical illness and injury) not good? (1)	▼ 0 (1) ... 30 (31)
How many days were you absent from work because your physical or mental health was not good? (2)	▼ 0 (1) ... 30 (31)
How many days did you feel SAD, BLUE, or DEPRESSED? (3)	▼ 0 (1) ... 30 (31)
How many days have you felt WORRIED, TENSE, or ANXIOUS? (4)	▼ 0 (1) ... 30 (31)

Page Break

Q19 What sex were you assigned at birth, such as on an original birth certificate?

Female (1)

Male (2)

Q20 Do you identify as transgender?

No (1)

Yes (2)

Q21 Which term do you use to describe your gender identity?

Woman (1)

Man (2)

Trans woman (3)

Trans man (4)

Genderqueer (5)

Another identity (please specify): (6) _____

Q22 What is your job function?

- Professional staff (1)
 - Operational / Classified staff (2)
 - Graduate Assistants, Graduate Interns / Practicum, Undergraduate Student Employees (3)
-

Q23 In which of the following areas do you currently work?

- Student Health Center (1)
 - Counseling Center (2)
 - The Health Promotion Office (3)
 - Campus Recreation (4)
 - Other: (5) _____
-

Q24 How long have you served in your current position?

- Less than 1 year (1)
 - 1-4 years (2)
 - 5-9 years (3)
 - 10-14 years (4)
 - 15-19 years (5)
 - 20 or more years (6)
-

Q25 Would you be willing to participate in a focus group about the Integrative Wellness Center?

- Yes (1)
- No (2)

End of Block: Personal Wellness & Demographics

Appendix E: Focus Group Recruitment Email

Good morning!

I hope this email finds you well. My name is Nicole Thomas and I am the third-party researcher conducting the pre-post survey regarding the new integrative wellness center on campus at SHRU. I will be hosting focus groups next Wednesday and I hope you will consider joining us! Sessions will last for 1 hour and there will be snacks provided. You will receive a reminder email the day before the session. All sessions will take place on Wednesday, April 24th at the Student Center.

I've really enjoyed working on this project and I am looking forward to hearing from you in person about your experience with the facility!

Please complete this form to sign-up for a session: [link provided]

If you have any questions, don't hesitate to reach out!

Sincerely,
Nicole

NICOLE A. THOMAS | **Ed.D. CANDIDATE**
HIGHER EDUCATION ADMINISTRATION | CURRY SCHOOL OF EDUCATION
CELL (706) 414-7446 | OFFICE (434) 924-6275 | nicole.thomas@virginia.edu

Appendix F: Focus Group Recruitment Sign-up Example

Focus Group Sign-up

You have indicated that you are willing to participate in focus group sessions as a follow up to the health and wellness survey currently being conducted on campus. If you are still willing and available to chat with us, please complete the form below and select a session.

If you have any questions, please contact nicole.thomas@virginia.edu.

Name (please include first and last) *

Short answer text

Preferred Email *

Short answer text

Academic Class Standing *

- 1st year undergraduate
- 2nd year undergraduate
- 3rd year undergraduate
- 4th year undergraduate
- 5th year undergraduate
- Graduate or Professional
- Not seeking a degree

Have you used the new wellness center? *

- Yes
- No

Session Selection

Please choose one session below. Sessions will last for 1 hour and there will be snacks provided. You will receive a reminder email the day before the session. All sessions will take place on Wednesday, April 24th in the Student Center.

If you have any questions, please contact nicole.thomas@virginia.edu.

Wednesday, April 24th - Student Center *

- 11am - 12pm
- 4:30pm - 5:30pm
- Unfortunately, I am not available for either of these sessions on April 24th.

Appendix G: Non-User Focused Outreach Email

Good evening!

My name is Nicole Thomas and I am the third-party researcher working on the SHRU Wellness Center study. So far, we have been able to recruit and chat with many students who have used the center. However, it has been difficult to identify those who haven't used the center and who may be interested in talking with us to share your perspective. Our research team doesn't want to move forward with data analysis until we are able to represent the thoughts and experiences of non-users as well.

If you are willing to help us, please respond to this note and I can either chat via phone, or if there is enough interest, I can make the trip back to SHRU to hold another focus group.

Thank you for your consideration!

Sincerely,

Nicole

Nicole Thomas, MEd

Doctoral Candidate

Curry School of Education

University of Virginia

E nicole.thomas@virginia.edu

P 434.924.6275

M 706.414.7446

Appendix H: Focus Group Consent Form

You have been selected to participate in a health and wellness study assessing your thoughts and feelings related to services provided at SHRU. The focus group session is designed to assess student health behaviors in order to provide better services and support for SHRU students.

There are no known risks to participating in this study. However, you may benefit by knowing that you have assisted in helping SHRU's Health and Wellness resources continue to improve upon their work.

Your participation is completely voluntary and confidential. You may answer only some questions, or you may choose not to participate at all. Any reports or publications based on this research will use only group data and will not identify you or any individual as being affiliated with this project.

By participating in this group session, you consent to participate in the study and agree that the purpose of this study has been satisfactorily explained to you. You understand you are free to discontinue participation at any time if you so choose and that the researcher will gladly answer any questions that may arise during the course of the research. Refusing or withdrawing from this study carries no penalty.

You may contact XXXX at XXX-XXXX if you have questions or concerns about the survey. You may report dissatisfactions with any aspect of this evaluation to the Chair of the Protection of Human Subjects Committee.

If you wish to receive survey results, you may contact XXXX at XXX-XXXX.

Thank you for your cooperation!

"I affirm that I am 18 years of age or older, and I wish to participate in this focus group. I understand that the session will be recorded and that my de-identified responses may appear in publication."

Print Name:

Sign Name:

THIS PROJECT WAS FOUND TO COMPLY WITH APPROPRIATE ETHICAL STANDARDS AND WAS EXEMPTED FROM THE NEED FOR FORMAL REVIEW BY SHRU'S PROTECTION OF HUMAN SUBJECTS COMMITTEE ON 2019-03-17 AND EXPIRES ON 2020-03-17.

Appendix J: Focus Group Semi-Structured Guide

Overview of the hour:

- Sign consent
- Writing activity
- Intros
- Begin questions

Student Structure:

1. What are some of your initial thoughts about the new Wellness Center?
2. Could you talk about thoughts about health and wellness services on campus prior to this year?

What were you satisfied with? Why is that?

Are there things you were dissatisfied with, that you hope will change as services are being integrated in the new facility?

3. How has your behavior changed since the new center opened?

What programs, services or building features (if any) have you utilized?

How did you learn about programs and services available in the facility?

(If applicable) Describe how you feel when you visit the building.

(If applicable) Why haven't you visited the building?

4. How are you using the new facility in ways that may be different than in previous years?
5. Some people have said that students at this university seem incredibly stressed or anxious. Do you agree with this? How do you feel about that?

Do you feel that students at this university are healthy and well?

How is the new facility a resource for students pursuing wellness?

6. (hand out dimensions visual) Do the eight dimensions of wellness play a role in your assessment of your health? How?

How many of you have seen this?
Wellness wheel from SHRU

7. Are there other recommendations that you have, or suggestions you would like to make regarding the new center?
8. Are there other things you would like to say before we conclude?

Staff Structure:

1. What are some of your initial thoughts about the new Wellness Center?
2. Could you talk about thoughts about health and wellness services on campus prior to this year?

What were you satisfied with? Why is that?

Are there things you were dissatisfied with, that you hope will change with the integration of services in the new building?

3. How has student behavior changed since the new center opened?

What programs, services or building features (if any) have you seen students utilize?

In what ways are you promoting the new center and relevant programming?

Are students more proactive (seeking to be well) or reactive (seeking to get well) about their health and wellness since the new facility opened?

4. How would you describe working in the new building?

Describe how you feel when you are in the building.

What features have you utilized personally?

Describe your work style with other wellness colleagues before and after the new building opened.

Do you feel that you are able to work more efficiently or effectively?

Has your role as a caregiver changed in the new space? If so, how?

5. Describe how students are using new space compared to years prior.
6. (hand out dimensions visual) How are staff members encouraging students to explore the interconnection of the eight dimensions of wellness when utilizing services and/or programming?
7. Are there other recommendations that you have, or suggestions you would like to make regarding the new center?
8. Are there other things you would like to say before we conclude?

Probes/Follow up to gain more insight about a particular question:

How about this particular aspect (of the topic)? What do you think about that?

Can you say more about that?

Can you give an example?

Participant says X. How about others of you. What do you think?

Does anyone else have some thoughts on that?

Appendix K: Focus Group Note-Taking Template

This worksheet is adapted/reproduced from source: https://datainnovationproject.org/wp-content/uploads/2017/04/6_Focus-Group-Notes-Template_Editable-2-1.pdf

FOCUS GROUP NOTE-TAKING SUMMARY

Date of Focus Group	
Location of Focus Group	
Number of Participants	
Category of Group	
Moderator Name	

Q1.

Brief Summary/Key Points	Notable Quotes	Observations

Q2.

Brief Summary/Key Points	Notable Quotes	Observations

Appendix L: Memo Sample

February 19, 2018

Creating Stakeholder Goals – Mapping to Evaluation Criteria
Site Visit at SHRU

GOAL 2: Transform the physical environment with facilities that better support health and wellness

Task: *Description of the current situation of wellness facilities and services with that proposed with the new center? (perceptions of physical and emotional safety, awareness of features/amenities)*

Current perceptions are that the Student Health Center and Counseling Center are “clinics” to only go to when something is wrong. Because these agencies are physically separated, students struggle with our attempts to be collaborative and integrative their healthcare because they do not always follow-through with the recommendations.

Similarly, Health Promotion is in its own corner of the campus, which makes it difficult for students to make the connection of the seamless continuum between health promotion, prevention, education, advocacy and intervention. Office is sometimes seen as more siloed and separate. Campus Rec is often seen as “exercise and play,” instead on an incredible leader of our wellness efforts and our first “wellness center.”

In addition, because of the run down nature of the Student Health Center, students associate low quality resources with low quality care. Current facility does not come close to mirroring the extraordinary talent that our clinicians provide. SHRU has worked hard on those perceptions so that by the time the new Wellness Center opens, they have a better sense of integrative wellness and how the agencies intersect with that vision.

Current facilities require students to be very active in their seeking and engaging in services. The hope is that the new Center will be much easier to access and explore without announcing to the community their reasons for entering the building. Currently, the only dept that has the appearance and feel of “wellness” is Campus Rec. In the new facility, all depts. will have that associative link.

Stakeholder brainstorming: Administration, Well & Unwell Students, University Community, Wellness Practitioners, Clinicians, Faculty, Staff

Related evaluation criteria: A holistic example of integrative wellness that fosters a high touch, relational approach to healthcare that spans across the departments and the continuum of wellness.

Appendix M: Member Checking Materials (Focus Group version)

Dear Participant,

I hope this email finds you well and that you are enjoying your summer. I wanted to reach out to you to share the initial themes of my capstone study, which has begun to take shape because of your focus group participation earlier this year. The tentative, working title of this study is "An Examination of Service Utilization Regarding Integrative Wellness on Campus".

The attached document does not contain the results and discussion in full, but rather, includes a bulleted summation of many themes that will inform my writing.

First, I share these themes with you so that you may offer your feedback as contributor and essential part of this research. If you have substantive feedback, I ask that you send it to me **by next Friday, August 23rd.**

The attached includes general themes and specific quotes from a number of students and staff, and they are not specific to your focus group or survey. Your group may not have touched on all of the topics in this study, and that's ok - I only ask that you consider offering your feedback on those topics that came up in your group conversation. If you feel that you do not have substantive feedback, not to worry!

Lastly, I share the attached as a thank you for your participation. This would not have been possible without your willingness to work with me to comprise a focus group. Thank you again for your help moving this project forward.

Sincerely,
Nicole

Nicole Thomas, MEd

*Ed.D. Candidate, Higher Education
Curry School of Education*

E nicole.thomas@virginia.edu

P 434.924.6275

M 706.414.7446



Themes Outline for Participant Review – August 2019

Theme #1 – Student Engagement with the New Center – *Many of the students on campus are utilizing the SHRU Wellness Center, primarily for physical and mental health needs. Overall, they report generally positive interactions and would recommend the center services to a friend.*

Non-users identify increased awareness as the most influential factor for future visitation.

- Students described their interactions with the new center and provided context to their reasons for visiting. These comments also focused primarily on physical wellness (being sick, needing vaccinations or blood work, attending exercise classes) and secondarily on mental wellness (counseling appointments, stress, anxiety).
- Students are most impressed with the attractiveness of the facility, the resources available to students, the calming environment and the helpfulness of staff. These students illustrate these concepts as they describe why they would recommend the center to a friend:
 - o “It’s a very attractive facility, set up for SHRU students - much easier than trying to make an appointment with a local doctor”
 - o “I believe that the people at the Wellness Center genuinely care about the people that walk into the building, as well as those who do not. If one of my friends required one of their services, I would feel comfortable referring them to the Wellness Center.”
 - o “I think it is a great place for people to relax, do work, and have a peaceful space for themselves or to share with others.”
- About 1/3 of students on campus have not used the center.
 - o Non-users cite not living in the SHRU area and being abroad as two additional reasons for not visiting the center in fall of 2018 (in addition to survey responses).
 - o Students offer more context about reasons for not using the center and how increased awareness might help:
 - “I don’t know anything about it. Some students assume it’s only for student athletes.”
 - “I would visit if I knew what to do if I were to enter.”
 - “Simply can’t get time on my day. I’m a commuter and father of two young children, I could use plenty of help, but the reality is I don’t have time to seek it. There is no time out from life.”
 - “As a part time doc student and alum, I would like to know more about the services available to me.”

Theme #2 – Design and Co-location are Driving Utilization – *Students initially visit with the intention of accessing intervention services related to physical and mental wellness, but factors such as the design of the new center and co-location of services are facilitating other types of engagement and encouraging increased utilization.*

- When asked about student behaviors and conversations with students, staff reported similar results found in the previous item. Students are seeking services when something is wrong more often than they are seeking services to stay well.
- Though the paradigm shift to integrated wellness that is holistic and preventative in nature seems not to have happened at this point on campus, the physical improvements and strategic design are making a difference when it comes to utilization. Students and staff members described the ways in which the design and physical environment were bringing students into the center for reasons beyond seeing a doctor or counselor:
 - o “When the counseling center was over there and the clinic was over there we’re sort of out of the way and students aren’t stopping by unless they have an appointment. Here students are stopping by because it’s so beautiful, maybe I just wanna come work here for a little while, sit by the water falling and look out at the beautiful nature scene. So, I think students are around more, they sit here and do their work, and maybe they are hearing about more things.”
 - o “I had an event last night and we had higher attendance at it than we normally do for this group of students. And one of the things they said was it’s just cool to be in the Wellness Center. So, I like that that’s – there’s a sense of I want to be in this space.”
 - o “I also notice, as [the] year progresses, that there are more students in the lobby area and near the waterfall that it seems to me, just passing through, that they are spending more time in the building and seeing it as accessible building to just be in.”
 - o “It just makes you excited to go to a class there because you know that, regardless of the workshop, you’re going to be in a beautiful space that’s going to be calming”
- Students and staff made many comparisons of the previous health spaces to the new wellness center:
 - o "You walk into [the previous] health center and you see mold on the ceiling, you’re not gonna get excited about being there. Or you see leaks. You go, okay, our health center sucks. They’re horrible, we don’t ever want to go there, we’d rather go anywhere else.”
 - o “Yeah, I remember falling sick last year but not feeling inclined to go to the old health center. Whereas this year, I’ve been more than once.”
 - o “Rather than being in a sterile, stark room, you have this beautiful, natural space that I really believe helps the healing process.”
 - o “And prior to the new Wellness Center, it was kind of a lot to keep track of where all the different facilities were located on campus. So, the other members of the group would have to remember the counseling center is in [previous hall], the student health center is in that other weird building. It felt very disjointed and so now it’s really nice to have everything in one place. We can just say, “Go to the Wellness Center.” There’s not only medical care there, but there’s also

just other mindfulness and other wellness-related activities you can partake in in this one central space.”

Theme #3 – Co-location and Integration Encourages Collaboration and Productivity – Staff report increased collaborative behaviors post integration and are overwhelmingly satisfied with the facility design and amenities.

- Staff members who work in the new center provided multiple examples of this opportunity for increased collaboration:
 - “I know my colleague and health promotion is working on a campaign around Gardasil, the HPV vaccine, with student health. They’re actually setting aside one of the modality spaces to distribute the vaccine later this week and doing some educational campaign work all together, which I think would have been a lot more challenging to do before we had this building and this space”
 - “I think it really also just helps us not schedule against each other, sharing that space and understanding better that here are the offerings the counseling center has...We support each other’s programs, which I found to be really wonderful about this space”
 - “I know that our doctors have literally walked people down to take a class”
 - “I think we were more separate units in the past and now that we’re in one building, it’s sort of emphasizes the fact that we all are concerned with wellness.”
 - “I had lunch today in the lunch room and there’s someone there from the health center, I wouldn’t have normally seen her so we had a chance to chat.”
- Staff members who work in the new center described how their roles have changed as a result of moving to the new facility:
 - “Just having more up to date equipment allows us to do our job more effectively and efficiently. Having a facility that actually looks and feels like a doctor’s office I believe has been satisfying to the students and encourages them to come in.”
 - “I feel that I am giving more emphasis to overall wellness rather than focusing on a more purely medical model. Also, I have been working more closely with the health promoters and utilizing their expertise for some of my more complex patients.”
 - “[My] role has expanded - connecting more students to available resources and helping coordinate student initiated wellness programs”

Additional consideration: Challenges with Counseling Center Perceptions– There seems to be a strong contrast when it comes to counseling services on campus. Many students praise the efforts being made and describe overall positive interactions with the office in the new center. However, there is a perception among students that counseling services are inadequate whether they have experienced it personally or through friends’ experiences. Many of these

experiences focus on lack of availability for scheduling sessions and trouble finding specialty care. NOTE: There was not enough coded data to support a fourth theme from the focus groups alone, but I plan to explore this more holistically with the survey data.