UCR Healthy Campus Inventory
REVIEWER REPORT FALL 2024

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EXECUTIVE SUMMARY

RECOMMENDATIONS

Based on the detailed evaluation provided in this report, here are seven top high-priority recommendations for future program planning, each supported by a rationale:

1. Enhance Facilities to Promote Well-Being

- **Action**: Prioritize upgrading campus facilities to align with the mission of supporting health and well-being, incorporating elements of the built and natural environment.
- **Rationale**: With an average score of 2.9, facilities are currently inadequate for efficient service delivery and lack integration of well-being-focused design. Improvements will enhance access to services, create inclusive spaces, and reinforce well-being across the campus.

2. Develop After-Hours Care Services

- **Action**: Establish a comprehensive after-hours care and emergency services program that includes mental health triage and follow-up care mechanisms.
- **Rationale**: Access to after-hours care scored low (2.6), indicating a significant gap. Such services will ensure continuity of care and support for students in crises, enhancing health outcomes and trust in campus health systems.

3. Invest in Data Collection and Evidence-Informed Practices

- **Action**: Implement systematic data collection and analysis to monitor health outcomes, aligning campus initiatives with evidence-informed tools and strategies.
- **Rationale**: Scoring only 2.3 in data monitoring, the initiative needs consistent and longitudinal data to assess progress, inform decisions, and benchmark against national standards.

4. Strengthen Mental Health Services

- **Action**: Expand the range of mental health services, including specialized support for diverse student populations and outreach programs.
- **Rationale**: While mental health services scored relatively high (3.9), the rising demand for mental health care necessitates further strengthening to address specific challenges such as trauma, substance abuse, and diversity-related issues.

5. Formalize and Scale Well-Being Policies

- **Action**: Develop and institutionalize comprehensive well-being policies that address physical, mental, and social health needs across the student, faculty, and staff populations.
- **Rationale**: With a score of 2.4 for well-being policies, the lack of systemic policy support limits the initiative's impact. Clear policies can institutionalize health priorities and ensure sustainability despite leadership changes.

6. Foster Cultural Humility and Inclusion

- **Action**: Make cultural humility training mandatory and integrate equity, diversity, and inclusion principles across all levels of the Healthy Campus Initiative.
- **Rationale**: The score of 3.4 reflects a moderate effort in this area, but structural changes and ongoing education are necessary to create a truly inclusive environment that respects the diverse needs of the campus community.

7. Expand Academic Engagement

- **Action**: Embed well-being practices into the academic curriculum, including syllabus statements, resource toolkits, and course content on health and wellness.
- **Rationale**: Academic engagement scored 2.8, suggesting room for improvement. Aligning well-being with the academic mission will promote a culture of health literacy and reinforce wellness as a shared responsibility.

Table 1. *UCR Healthy Campus Inventory Report: Average Scores and Performance Metrics by Strategy Area. (Number of respondents = 9)*

	Average Score n/5.0	Total Score *N* (%)
Infrastructure Strategy		
Leadership	3.1	28 (62)
Funding	3.4	31 (69)
Qualified workforce	3.7	33 (73)
Cultural humility	3.4	31 (69)
Advocacy	3.2	29 (64
Marketing	3.2	29 (64)
Engagement	3.1	28 (62)
Facilities	2.9	26 (58)
Student health insurance coverage	4.2	38 (84)

Practice Management and Health Information Technology	2.6/3.0	23 (85)
Accreditation	4.2	38 (84)
Assessment of student health and well-being	4.0	36 (80)
Assessment of faculty/staff health and well-being	3.2	29 (64)
Cornerstone Strategy		
Team-based collaborative care	3.3/4.0	30 (83)
Medical services	3.4	31 (69)
Mental health services	3.9	35 (78)
Health promotion	3.6	32 (71)
Ancillary services	3.6	32 (71)
Access to after-hours care and emergency services	2.6	23 (51)
Public health and safety	3.3	30 (67)
Basic food and shelter needs	4.2	38 (84)
Specialty services	3.3	30 (67)
Health screening	4.0	36 (80)
Confidentiality	4.1	37 (82)
Community Strategy		
Public guiding documents	2.9	26 (58)
ACHA guiding documents	3.1	28 (62)
Core structure	3.2	29 (64)
Membership	3.9	35 (78)
Champions	3.2	29 (64)
Evidence-informed tools	3.4	31 (69)
Student well-being	2.9	25 (56)
Faculty/staff well-being	3.1	28 (62)
Partnerships	3.1	28 (62)
Assets	2.9	26 (58)
Data	2.9	26 (58)
Priorities	3.2	29 (64)
Communication to the campus community	3.2	29 (64)
Resources	3.0	27 (60)
Culture strategy		
Measuring campus perception of well-being	3.0	27 (60)
Core structure	2.8	25 (56)
Institutionalizing the shared agenda	2.9	26 (58)
Length of Healthy Campus Initiative	1.4	13 (29)
Institutional commitment	3.1	28 (62)
Breadth and scope	3.2	29 (64)
Evidence	2.3	21 (47)

Academic engagement and infusion into the curriculum	2.8	25 (56)
Community collaboration	3.6	32 (71)
Well-being policies	2.4	22 (49)
Built and natural environment	2.4	22 (49)
Sustainability	2.6	23 (51)
Commitment to justice, equity, diversity, and inclusion	3.0	27 (60)

Infrastructure Strategy

Leadership

Requires astute leaders to navigate the disparate worlds of health care, campus well-being, and higher education.
Average = 3.1/5.0

0. Leadership is unaware of the needs of college health programs and/or is unable to navigate legal, risk and funding issues that arise.
1. Leadership lacks significant depth of knowledge on either health care or higher education administration.
2. Leadership has limited knowledge of the specific landscape of college student health and how to mitigate risk and anticipate challenges.
3. *Health and well-being professionals have access to leadership to advocate for resources and educate leadership on key well-being issues.*
4. Directors report to senior leadership and work collaboratively toward well-being goals.
5. Senior leadership is dedicated to holistic health and well-being and secures institutional support and resources for a comprehensive college health program and the Healthy Campus Initiative

Funding

Articulate a sustainable funding model that fully supports the mission of the college health program and the Healthy Campus Initiative.

Average = 3.4/5.0

0. Insufficient funding model to support a comprehensive college health program.
1. Funding model minimally supports clinical health care operations.
2. Funding model minimally supports either a comprehensive college health program (medical, mental health, and health education) or the Healthy Campus Initiative.
3. *Funding model moderately supports either a comprehensive college health program (medical, mental health, and health education) or the Healthy Campus Initiative.*
4. Funding model fully supports either a comprehensive c)ollege health program (medical, mental health, and health education) or the Healthy Campus Initiative (but not both).
5. Funding model sufficiently supports a comprehensive college health program and the Healthy Campus Initiative.

Qualified Workforce

Qualified health and well-being professionals, clinical and non-clinical, must also maintain appropriate certifications, demonstrate competency to perform job responsibilities, and provide evidence of ongoing training and development.

Average = 3.7/5.0

0. Professionals are not appropriately licensed or credentialed.
1. Professionals are not licensed or credentialed but do provide evidence of ongoing training and education.
2. Licensure requirements are restricted to only those required by state law; other professionalism is rarely credentialed.
3. *Most health and well-being professional staff are appropriately trained and credentialed.*
4. All health and well-being professional staff are appropriately trained and credentialed.
5. All health and well-being professional staff are appropriately trained, credentialed, and are engaged in on-going professional development (training and education)

Cultural Humility

Building a Healthy Campus Initiative steeped in cultural humility requires attention to inequities and disparities on a systemic level.

Average = 3.4/5.0

0. Cultural humility is not considered.
1. Cultural humility is assumed without training or structural support
2. Cultural humility training is a requirement for employees and evidence of cultural competence is a consideration in hiring processes.
3. *Campus community members inform the Healthy Campus Initiative and the comprehensive college health program at all levels about generating meaningful access and culturally informed definitions of well-being for diverse campus communities.*
4. Access and inclusion are included in mission statements and strategic plans of the institution, the well-being initiative, and associated departments.
5. Evidence of a structural commitment to ongoing education and service delivery improvement to improve cultural competence.
6. Evidence that the comprehensive college health program and the Healthy Campus Initiative are engaged with advancing the institutional agenda regarding equity, diversity, and inclusion.

Advocacy

Serve as the primary advocates for access to equitable, high quality, affordable health and mental health care, policy, and resources for the entire campus community.

Average = 3.2/5.30

0. No advocacy present for students' access to health care.
1. Awareness of some populations' needs but not in a comprehensive view.
2. Comprehensive awareness of students' access or affordability issues based on needs assessment, but advocacy is lacking.
3. *There is some advocacy for students' needs for access and affordability of care.*
4. Evidence of a campus advocacy agenda and active work toward achieving its aims.
5. Evidence of active work toward the campus advocacy agenda plus engagement with ACHA's national advocacy agenda.

Marketing

The Healthy Campus Initiative should utilize health communication and traditional marketing strategies.

Average = 3.2

0. No marketing and communication are used for college health programs.
1. Use of marketing and health communication techniques are evident but with limited strategic planning and/or evaluation.
2. Written strategic plan for marketing services and health communication strategies.
3. *Evidence of program and service awareness or utilization as a result of effective marketing and health communication plan.*
4. Marketing is focused on raising both awareness of and access to services, and effective health communication strategies are aimed at reaching diverse campus populations.
5. Communication and marketing efforts show evidence of moving campus community members' health attitudes and behaviors and correcting misperceptions about educational topics and services offered.

Engagement

Seek input and collaboration from campus community members when making decisions that impact their health and well-being.

Average = 3.1/5.0

0. No student involvement in decisions or strategic plans.

1. No or limited number of students are engaged, such as only asking peer educators' opinion.
2. Minimal participation from students in some work groups or areas of the initiatives or program.
3. *Students are meaningfully involved in work groups and delivery of well-being initiatives.*
4. There are several meaningful experiences for students to be involved in the comprehensive college health program or Healthy Campus Initiative.
5. Students are engaged across all levels of the college health program and the Healthy Campus Initiative, including advisory boards and service delivery as appropriate, and administrators actively engage with student leadership on key issues.

Facilities

Prioritize a built environment that is intentionally designed to support campus community members' well-being.

Average = 2.9

0. No acknowledgement of facilities' role in efficient care or service delivery
1. Spaces for the college health program and the Healthy Campus Initiative are insufficient for effective service delivery.
2. *Space insufficiency is acknowledged with plans for future remediation.*
3. The college health program and the Healthy Campus Initiative are housed in adequate facilities to achieve the mission. Facilities are only defined as adequate space for the college health program or the Healthy Campus Initiative, with no broader focus on the impact of the campus built environment on health.
4. Campus community members are examining the impact of the built environment on well-being; some intentional choices are being made to advance health and well-being at many levels.
5. Evidence that well-being is central to the master plan for the campus.

Student Health Insurance Coverage

ACHA encourages institutions to require students to provide evidence of health insurance and to establish an appropriate, credible, and comprehensive student health insurance program.

Average = 4.2/5.0

0. University does not provide or require access to health insurance plans.

1. Reliance on the health care marketplace to meet students' needs.
2. Minimal plans are available for purchase and not required.
3. A high-quality plan is available of purchase but not required.
4. *All students are required to have health insurance, but accessible plans are limited in benefits or cost prohibitive.*
5. All students are required to have health insurance and have access to an affordable high quality health insurance plan.

Practice Management and Health Information Technology

An appropriate practice management system (PMS) is essential to support the college health program's administrative functions such as scheduling, billing, payment tracking, and reporting.

Average = 2.6/3.0

0. No practice management system.
1. Minimal or limited evidence of practice management system.
2. *Practice management system is not comprehensive, and covers only some of the necessary functions*
3. An appropriate practice management system (PMS) is in place to support the college health program's administrative functions such as scheduling, billing, payment tracking, and reporting.

Accreditation

College health programs opting to participate in the accreditation process must evaluate their own programs against a set of predetermined criteria that reflect current industry standards.

Average = 4.2/5.0

0. Campus does not consider accreditation in the services or standards.
1. Campus considers some aspects of accreditation standards, but not comprehensively.
2. Campus considers accreditation standards in its policies, procedures, and best practices.
3. Campus is actively committed to moving toward accreditation.
4. *Campus is actively committed to accreditation with limited institutional buy-in/support.*
5. Active accreditation is present and is valued by top level administrators of the Institution.

Assessment of Student Health and Well-Being

The process of evaluating health status, programs, services, and systems of well-being is crucial in higher education.

Average = 4.0/5.0

0. No assessment of college health programs exists on your campus.
1. Limited assessment of the college health program or the Healthy Campus Initiative.
2. Assessment of services related to the college health program or the Healthy Campus Initiative but not both.
3. Assessment of college health program and the Healthy Campus Initiative of some campus populations or some services only.
4. *Assessment practices are in place but with limited sharing or evidence of the data being used.*
5. Campus is engaged with consistent assessment of the college health program performance and assessment of the Healthy Campus Initiative. Outcomes and findings are shared regularly with campus and community stakeholders. Data is actively informing program/service delivery and informs overall progress of health promoting campus goals.

Assessment of Faculty-Staff Health and Well-Being

The process of evaluating health status, programs, services, and systems of well-being is crucial in higher education.

Average = 3.2/5.0

0. No assessment of faculty/staff health and well-being programs and services exist on your campus.
1. Limited assessment of faculty/staff health and well-being programs and services or the Healthy Campus Initiative.
2. Assessment of programs and services related to faculty/staff health and well-being or the Healthy Campus Initiative but not both.
3. *Assessment of faculty/staff health and well-being programs and services and the Healthy Campus Initiative but only some campus populations and some services are included.*
4. Assessment practices are in place with limited sharing or evidence of the data being used.
5. Campus is engaged with consistent assessment of faculty/staff health and well-being performance and assessment of the Healthy Campus Initiative. Outcomes and findings are shared regularly with campus and community stakeholders. Data

is actively informing program/service delivery and informs overall progress of health promoting campus goal.

CORNERSTONE STRATEGY

TEAM-BASED COLLABORATIVE CARE

Team-based collaborative care is essential for delivering high quality, accessible, coordinated care. Team-based collaborative care fosters a health care partnership that should facilitate access, continuity of care, communication, and adherence and ultimately optimize health outcomes for the student.

Average = 3.3/4.0

0. Coordinated team-based care is currently not in place
1. Basic coordinated team-based care is in place
2. Interdisciplinary care in place that facilitates access and includes effective communication.
3. *Care is student centered, holistic, and includes preventive support.*
4. Team based collaborative care positively impacts student health outcomes.

MEDICAL SERVICES

Medical services must align with the institutional mission and must meet the unique needs of the campus demographics.. Offer primary care services for all students which includes:

- *basic first aid*
- *evaluation and treatment of acute and chronic illness and injuries*
- *triage capability to determine the appropriate level of care with the ability to refer for specialty consultation or to a higher level of care*
- *disease prevention, health maintenance, and patient education*
- *reproductive health care*
- *basic life support (BLS) capability, including the use of an automated external defibrillator*

Average = 3.4/5.0

0. Do not currently provide medical services or hold a contract with an external agency.
1. At least one primary care service is provided or contracted with an external agency.
2. Two primary care services provided or contracted with an external agency.
3. *Three to four primary care services provided or contracted with an external agency.*

4. Five or more primary care services provided or contracted with an external agency.
5. Provides all basic primary care services listed above, are aligned with institutional mission, and meet unique needs of students.

Mental Health Services

Access to core mental health services is critical. Core mental health care services include:

- *assessment, diagnosis, and treatment of problems common to the collegiate population, such as stress, anxiety, depression, trauma and post-traumatic reactions, sleep disruption, highrisk alcohol use, abuse of substances, and interpersonal violence.*
- *a triage/urgent care system for quick assessment of students who present at time of crisis*
- *capability to assess, manage, and follow up on after-hours mental health emergencies*

Average = 3.9/5.0

0. Do not currently provide or hold a contract with an external agency for mental health services.
1. Provides at least one core service or contracts with an external agency.
2. Provides at least one core service or contracts with an external agency; adequately communicates scope and referral network of community mental health care providers and hospitals.
3. *Provides at least two core service or contracts with an external agency, with particular areas of expertise (sexual assault trauma, alcohol and other drug use, eating disorders).*
4. Provides at least three core service or contracts with an external agency and provides prevention, promotion, screenings, and post-ventions.
5. Provides comprehensive mental health services and demonstrates the impact on student mental health outcomes.

Health Promotion

The process of health promotion is vital and must be prioritized equal to the process of medical and mental health care. Beyond medical and mental health care, the process of health promotion is viewed as an indicator of campus community well-being.

Average = 3.6/5.0

0. Health promotion does not exist on campus.
1. Health promotion practice exists on campus, but current health promotion standards of practice are not being applied.

2. Health promotion department is adequately staffed with credentialed professionals and has received appropriate space and resources.
3. *Health promotion work is prioritized equally with clinical and operational areas; assesses priority health issues and monitors campus trends in heath and health behavior over time.*
4. Health promotion work is prioritized equally with clinical and operational areas; ensures that programs, systems, and processes are in place to support behaviors known to improve academic performance and thriving.
5. Health promotion work is prioritized equally with clinical and operational areas; staff is consistently assessing, monitoring, and demonstrating impact on behavior change for student success and employee well-being.

Ancillary Services

Essential ancillary services include diagnostic services, such as lab and radiology, psychiatry, complementary and alternative medicine, and therapeutic services, such as physical therapy and pharmacy.

Average = 3.6/5.0

0. Do not currently provide ancillary services.
1. Diagnostic (i.e., lab and radiology) OR therapeutic (i.e., pharmacy) services are provided or contracted with external provider.
2. Diagnostic (i.e., lab and radiology) AND therapeutic (i.e., pharmacy) services are provided or contracted with external provider.
3. *Provides a continuum of care of services and consistent communication so that students do not have to navigate ancillary services alone.*
4. Additional ancillary service provision to support a holistic student care approach (i.e., fitness testing, sleep centers, massage therapy, mindfulness stress reduction).
5. Ability to demonstrate ancillary service impact on student health outcomes.

Access to After-Hours Care and Emergency Services

Provide guidance for access to after-hours care. A reliable mechanism of after-hours triage advice can be provided through:

- *on-call university physicians, advanced practice providers, counselors, and/or nurses.*
- *contracted after-hours medical and/or mental health advice services.*

Average = 2.6/5.0

0. No after-hours care and emergency services provided.

1. Basic after-hours care and emergency services are provided.
2. *Comprehensive after-hours care and emergency services are provided.*
3. After-hours care and emergency services are provided and information on services are accessible through multiple sources.
4. After-hours care and emergency services are provided, service information is provided and actively communicated.
5. After-hours care and emergency services are provided, service information is provided and actively communicated, and continuation of care is provided for follow-up care.

Public Health and Safety

Equal to medical and mental health services, public health and safety professionals also serve as leaders for public health monitoring and intervention strategies for the campus.

Average = 3.3/5.0

0. Public health professionals are not involved in identifying the health and safety needs of campus.
1. Public health professionals are consulted but not involved in identifying the health and safety needs of the campus.
2. Public health professionals actively involved in identifying the health and safety needs of campus but do not lead efforts.
3. *Public health professionals lead and advocate for the health and safety needs of the campus.*
4. Public health professionals lead health and safety needs of the campus while also partnering with organizations and campus entities.
5. Public health professionals champion health and safety needs while also demonstrating impact on student success.

Basic Food and Shelter Needs

Beyond basic mental and physical health needs, the campus is aware of and addressing food and housing insecurity for its student population, and in many cases its employee population.

Average = 4.2/5.0

0. There is no awareness of or resources for housing or food needs for the student population.
1. There is some awareness of food and housing needs of the population.
2. Either food OR housing resources exist but are not formalized.

3. There are case by case basis resources for students in need of housing or food if brought to a specific person.
4. *Food pantry and/or housing resources exist for students but are not well advertised or utilized.*
5. Food and housing resources are advertised, and students know how and where to access resources to obtain housing or food needs.

Specialty Services

The scope of specialty medical offerings in college health are as varied as the programs themselves and include dental, dermatology, sports medicine, travel medicine, physical therapy, vision care, nutrition services, employee and occupational health, and others. Like primary medical services, specialty offerings should be consistent with the mission and the needs of the campus.

Average = 3.3/5.0

0. Do not currently provide specialty services.
1. Have conducted analysis of availability and students' needs of specialty services.
2. Some needed specialty services are provided or contracted out.
3. *Provides continuum of care and effective communication so that students can navigate specialty service's needs.*
4. Campus provides additional specialty service to support a holistic student care approach (i.e. dental, dermatology, travel medicine, physical therapy, vision, nutrition services)
5. Ability to demonstrate specialty service impact on student health outcomes

Health Screening

Health screenings are an important tool to identify health issues that can impact personal and academic success.

Average = 4.0/5.0

0. No preventive health screenings are provided.
1. Preventive health screenings are solely included in clinical services.
2. Preventive health screenings are provided across departments and offices.
3. Preventive health screenings are provided, and students are referred to services.
4. *Preventive health screenings are provided, students are referred to services, and services work collaboratively to provide holistic support.*
5. Preventive health screenings are embedded within multiple aspects of campus health and demonstrate impact on student health outcomes.

Confidentiality

Confidentiality is foundational in the provision of college health and mental health care. College health employees, including staff, volunteers, and student learners, must preserve and protect the health information entrusted to them. Otherwise, students will lose confidence in the program and be less likely to openly discuss concerns or even to seek care.

Average = 4.1/5.0

0. Confidentiality is assumed but not actively and regularly discussed.
1. Confidentiality is foundationally applied in college health.
2. Confidentiality is foundationally applied in college health and documentation is readily available containing HIPAA, FERPA, and applicable state standards
3. Confidentiality is applied with documentation available containing HIPAA, FERPA, and state standards, as well as information regarding internal or external use of data.
4. *Confidentiality is applied with documentation containing HIPAA, FERPA, state standards, and information regarding internal or external use of data. Regular professional development is provided to college health professionals and student staff.*
5. Confidentiality with documentation is applied; regular professional development is provided for all staff and audits on processes; and documentation, trainings, and reach are regularly conducted.

Community Strategy

Public Guiding Documents

The Healthy Campus Initiative should be guided by public health seminal documents from national and international organizations and their strategies used by your institution.

Average = 2.9/5.0

0. We are currently not utilizing any such strategies
1. One to two strategies
2. *Three to four strategies*
3. Five to six strategies
4. Seven to eight strategies
5. Nine or more strategies

American College Health Association Guiding Documents

Take an inventory of the ACHA guiding documents and tools (statements, position papers, tool kits) your institution has used to guide practices or policies.

Average = 3.1/5.0

0. We are currently not utilizing any such strategies
1. One to two strategies
2. Three to four strategies
3. *Five to six strategies*
4. Seven to eight strategies
5. Nine or more strategies

Core Structure

A core structure of staff is identified and dedicated to support the work of the Healthy Campus Initiative.

Average = 3.2/5.0

0. Not at this time.
1. No, but one or more individuals have "permission" to spend time on the Healthy Campus Initiative
2. One or more professionals have less than 50% percent effort of their position descriptions dedicated to the Healthy Campus Initiative.
3. *One or more professionals have at least 50% of percent effort of their position descriptions dedicated to the Healthy Campus Initiative.*
4. One or more professionals are 100% dedicated to the Healthy Campus Initiative.
5. One or more professionals are dedicated to the Healthy Campus Initiative in an identified Core Structure organization.

Membership

There is meaningful cross-campus engagement and collaborative leadership by members of the Healthy Campus Initiative.

Average =3.9/5.0

0. There is not an established committee for the Healthy Campus Initiative.
1. Only one person working toward the Healthy Campus Initiative.
2. Only one departments' staff is involved.
3. *Multiple departments are represented, only staff involved.*
4. Staff and student membership with no faculty membership OR staff and faculty membership with no student membership.

5. Diverse groups of faculty, staff, and students (positionally, demographically) are represented in the Healthy Campus Initiative.

Champions

Champions are identified to publicly communicate with the intent to engage leadership of the institution and the wider community to advance the agenda of the Healthy Campus Initiative. Champions are integral to embedding well-being at all levels of the institution.

Average = 3.2/5.0

0. There are no champions.
1. No, but there is a grassroots effort seeking to identify health and well-being leaders/champions.
2. One or more individuals of influence are interested.
3. *Champions are passionately engaged with the Healthy Campus Initiative.*
4. Champions are positioned appropriately high in the organizational structure and are sharing the work of the Healthy Campus Initiative with fellow leaders.
5. Champions are engaged with fellow senior institutional leadership and actively garner resources and support.

Evidence-Informed Tools

The campus uses specific evidence-informed tools to guide the Healthy Campus Initiative at the systems or campus community level, and programs and services at the individual level.

Average = 3.4/5.0

0. No guiding evidence-informed tools used.
1. In the process of identifying potential evidence-informed tools.
2. Examining several potential evidence-informed tools.
3. *Using pieces or elements of specific evidence-informed tools.*
4. Committed to adoption of specific evidence-informed tools.
5. Following specific evidence-informed tools with attention to fidelity.

Student Well-Being

The Healthy Campus Initiative seeks to prioritize student well-being with particular emphasis on sub-populations.

Average = 2.9/5.0

0. No student well-being focus.

1. Initiative is assumed to work for "all students."
2. *Needs assessment has been completed to understand the needs of specific student sub-populations.*
3. Initiatives that address the identified needs of student sub-populations have been implemented.
4. Based on resources, initiatives that address the identified needs of student subpopulations have been implemented.
5. Evaluate of initiatives that address the identified needs of student sub-populations has been in place for a minimum of two years.

Faculty/Staff Well-Being

The well-being of the entire campus community as a whole is central to this work. The Healthy Campus Initiative addresses faculty/staff health and well-being equitably.

Average = 3.1/5.0

0. No faculty/staff focus.
1. Needs assessment has been completed to understand the needs of faculty/staff.
2. Some initiatives that address the identified needs of faculty/staff have been implemented.
3. *Established and sustained faculty/staff well-being programs and initiatives are in place with appropriate staff, space, and resources.*
4. Initiatives to address faculty/staff well-being are equitably valued at the Institution.
5. Faculty/staff well-being initiatives are adequately evaluated, and show demonstrated impact on identified outcomes.

Partnerships

A list of potential partners has been developed to address the goals identified by the Healthy Campus Initiative.

Average = 3.1/5.0

0. No one is actively working on the identified issues.
1. Only health and well-being professionals are engaged.
2. A limited group of engaged professionals are identified.
3. *A list of potential and current partners is developed.*
4. Systemically identified list of campus and community partners and the Core Structure is actively cultivating partnerships.
5. A diverse group of partners are engaged, and members are empowered to cultivate and engage new partners.

Assets

Campus and community assets have been identified.

Average = 2.9/5.0

0. No asset mapping has been completed.
1. Assets are being assumed/implied based on committee members' experiences
2. *Have identified campus-based assets only.*
3. Have identified both campus- and community-based assets.
4. Have completed a systemic collection of available assets within the campus and community.
5. Assets are assessed along the socio-ecological model, including policies, environment, and systems-level.

Data

Available data related to campus community well-being has been identified, gathered, and examined.

Average = 2.9/5.0

0. We have not gathered campus-specific data.
1. We are examining the campus-specific data at this time.
2. *We have gathered available data but found it limited/insufficient.*
3. We have gathered campus-specific data but lack comparative data.
4. We have nationally normed data but have not set objectives.
5. We have nationally normed data and have set objectives.

Priorities

Health and well-being priorities have been identified by the Healthy Campus Initiative based on available data (local, regional, and national).

Average = 3.2/5.0

0. No priorities/targets identified at this time
1. Priorities are identified or assumed based on community members' experiences.
2. Have completed a needs assessment to identify priority issues
3. *Needs assessment has been utilized to set priority topics.*
4. Specific data-derived objectives are established around a specific topic.
5. Specific data-derived priorities have been clearly identified for a set of priority wellbeing issues.

Communication to the Campus Community

The Healthy Campus Initiative shares information and progress towards goals with all campus partners and stakeholders.

Average = 3.2

0. A Healthy Campus Initiative has not been formed.
1. The Healthy Campus Initiative meets infrequently (less than 4 times per year) without a clearly defined agenda.
2. The Healthy Campus Initiative acts as an advisory committee.
3. *The Healthy Campus Initiative meets regularly, and numerous members are committed to acting outside of meetings to achieve goals.*
4. The membership of the Healthy Campus Initiative is active in subcommittees/work groups or making other clear contributions.
5. Members of the Healthy Campus Initiative are effectively collaborating to mobilize and strategically deploy resources to the achievement of goals.

Resources

Sustainable and sufficient resources are in place to support the work of the Healthy Campus Initiative. This includes budget, space, and full-time staff.

Average = 3.0/5.0

0. No funds, space, or personnel are dedicated to/available for the project.
1. Departments each need to dedicate resources toward the Healthy Campus Initiative.
2. Campus must gather external funds (grants, gifts) or utilize community resources to advance the Healthy Campus Initiative.
3. *Well-being projects are campus-funded on a project-by-project or as-needed basis.*
4. A proposal has been developed for the resources needed to fund the Healthy Campus Initiative.
5. Personnel are dedicated to the initiative, with a continuous, well-funded budget.

Culture Strategy

Measuring Campus Perception of Well-Being

Measure the campus community (students and faculty/staff) perception of well-being on a consistent cycle.

Average = 3.0/5.0

0. There is no measurement of campus perception of well-being.
1. The Healthy Campus Initiative relies on the active partners' informal perception of well-being culture.
2. Students' perception of well-being culture is captured through the ACHA-NCHA or another measurement.
3. *Students and faculty/staff perception of well-being culture is captured through quantitative measurement.*
4. Students and faculty/staff perception of well-being culture is captured through a combination of qualitative and quantitative measurement efforts.
5. There is evidence of both behavior change and positive changes in campus perception of well-being by campus community members.

Core Structure

The Core Structure of the Healthy Campus Initiative is embedded in the campus both structurally and culturally for a minimum of two years.

Average = 2.8/5.0

0. There is no identified Core Structure, or in place less than 2 years.
1. Identified Core Structure is articulating the shared agenda on your campus.
2. *Core Structure is supported by leadership.*
3. Core Structure is resourced with time, talent, and funding.
4. The campus community knows about and talks about the Core Structure.
5. Your Core Structure is recognized off campus and may be benchmarked or upheld as a Healthy Campus by others.

Institutionalizing the Shared Agenda

There is documented evidence of the Healthy Campus Initiative Shared Agenda that is being utilized, referred to, and shared across campus.

Average = 2.9/5.0

0. A Shared Agenda is not established or in process.
1. Working to establish a Shared Agenda
2. *One to two objectives from the Shared Agenda are discussed or shared by members of the Core Structure.*
3. Three to five objectives from the Shared Agenda are discussed or shared by members of the Core Structure organization; ownership of the Shared Agenda belongs to multiple departments.

4. Clear and known Shared Agenda with presidential and cabinet/senior staff endorsement.
5. Senior leadership actively talking about one or more objectives from the Shared Agenda. (e.g., state of the university address, regular campus updates to the board, and regular updates given to campus/community groups).

Length of Healthy Campus Initiative

The institution has been engaged in systems-level work and actively promoting population-level well-being initiatives for a length of time.

Average = 1.4/5.0

0. Under a year
1. *One to three years*
2. Four to six years
3. Seven to nine years
4. Ten to twelve years
5. Thirteen or more years

Institutional Commitment

Despite leadership changes (example: president, VP, AVP), the Healthy Campus Initiative remains strong.

Average = 3.1/5.0

0. Your campus does not house a Healthy Campus Initiative.
1. The Healthy Campus Initiative is based on volunteer effort without formalized support systems.
2. The Healthy Campus Initiative is based on volunteer effort with formalized support in one or two areas (budget support within a department, staffing is supported but not written in job descriptions).
3. *The Healthy Campus Initiative has at least a portion of time outlined in a job description OR a dedicated line of funding.*
4. The Healthy Campus Initiative has many integrated pieces into the campus system (dedicated staff time, budget lines, institutional commitment, etc.).
5. Significant action would have to be taken to dismantle the Healthy Campus Initiative regardless of leadership changes (president, champion, dedicated staff member, etc.).

Breadth and Scope

Evidence of successes/wins by addressing objectives/targets/key performance indicators from the shared agenda and assessment initiatives on your campus.

Average = 3.2/5.0

0. None of the objectives are being addressed yet.
1. At least one objective is addressed using individual- and interpersonal-level interventions.
2. At least one objective is addressed using individual-, interpersonal-, and organizational-level interventions.
3. *At least one objective is addressed using individual-, interpersonal-, organizational-, and community-level interventions.*
4. Two or more objectives are addressed using individual-, interpersonal-, organizational-, community-, and policy-level interventions.
5. more objectives are addressed using individual-, interpersonal-, organizational-, community-, and policy-level interventions.

Evidence

The Healthy Campus Initiative monitors data over the course of time.

Average = 2.3/5.0

0. No data has been collected
1. In the process of collecting data
2. *One to two years of data (e.g., campus health, well-being, student success, retention of students, employee success/thriving, etc.)*
3. Three to four years of data (e.g., campus health, well-being, student success, retention of students, employee success/thriving, etc.)
4. Five to six years of data (e.g., campus health, well-being, student success, retention of students, employee success/thriving, etc.)
5. Seven or more years of data (e.g., campus health, well-being, student success, retention of students, employee success/thriving, etc.)

Academic Engagement and Infusion into the Curriculum

Well-being policies and practices are embedded within the academic mission of the institution.

Average = 2.8/5.0

0. There are no resources for faculty to understand or infuse well-being into classes.
1. A well-being statement is available for faculty to use in syllabi.

2. *A well-being statement as well as resource list is available for faculty to use in syllabi.*
3. A well-being statement and resource list is available. There are also other resources available to include well-being information as lessons in courses.
4. Faculty are aware of and have access to a variety of well-being resources (syllabus statements, campus resource list, or a toolkit) but not required, or only required for one or two courses across campus.
5. Faculty are engaged and utilizing resources for infusing well-being in many courses across campus.

Community Collaboration

The community surrounding your campus collaborates with the Healthy Campus Initiative on health and well-being priorities.

Average = 3.6/5.0

0. There is no involvement with the wider community.
1. Awareness of but no involvement with community organizations.
2. Members from a community organization are involved in a campus committee (for example, an alcohol and other drug abuse prevention coalition).
3. *Campus community members are involved in a community organization (for example, a sexual assault response team).*
4. Community and campus community members work together on a mutually beneficial project to address at least one well-being topic area.
5. Community and campus community members work together on mutually beneficial projects to address more than one well-being topic area.

Well-Being Policies

The institution has published policies that support health and well-being of the campus community broadly.

Average = 2.4/5.0

0. There are no such policies in place
1. One to two policies
2. *Three to five policies*
3. Six to eight policies
4. Nine to eleven policies
5. Twelve or more policies

Built and Natural Environment

The built environment of the campus includes elements that support and promote well-being of the students, staff, and faculty of the institution. The natural environment is brought into the planning of indoor spaces.

Average = 2.4/5.0

0. None of these elements are present
1. One to two elements
2. *Three to five elements*
3. Six to eight elements
4. Nine to eleven elements
5. Twelve or more elements

Sustainability

The institution elevates initiatives supporting environmental sustainability.

Average = 2.6/5.0

0. Campus does not support any such initiatives.
1. One to three initiatives
2. *Four to six initiatives*
3. Seven to nine initiatives
4. Ten to twelve initiatives
5. Thirteen or more initiatives

Commitment to Justice, Equity, Diversity, and Inclusion

Justice, equity, diversity, and inclusion are foundational to the Healthy Campus Initiative and are considered in all efforts advancing well-being.

Average = 3.0/5.0

0. The Healthy Campus Initiative and the justice, equity, diversity, and inclusion work are happening in silos.
1. Information sharing is unidirectional. One group shares information to the other but it's not reciprocated.
2. Reports are intentionally shared with each group on a consistent basis (e.g., annually).
3. *Situational alignment between initiatives (example: collaboration on a specific project) are occurring.*

4. Efforts are aligned due to professional relationships between group members, yet there may not be sustained collaboration systemically embedded.
5. Integration of efforts is institutionalized, and there is shared membership across efforts.