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# Student Well-being Leadership Summit

*The evolution of holistic well-being within higher education:  
Harnessing data to enhance student well-being.*

October 4, 2023

UNIVERSITY  
OF  
CALIFORNIA

Graduate, Undergraduate  
and Equity Affairs

# Student Well-being Leadership Summit 2023 Schedule



## WEDNESDAY, OCTOBER 4

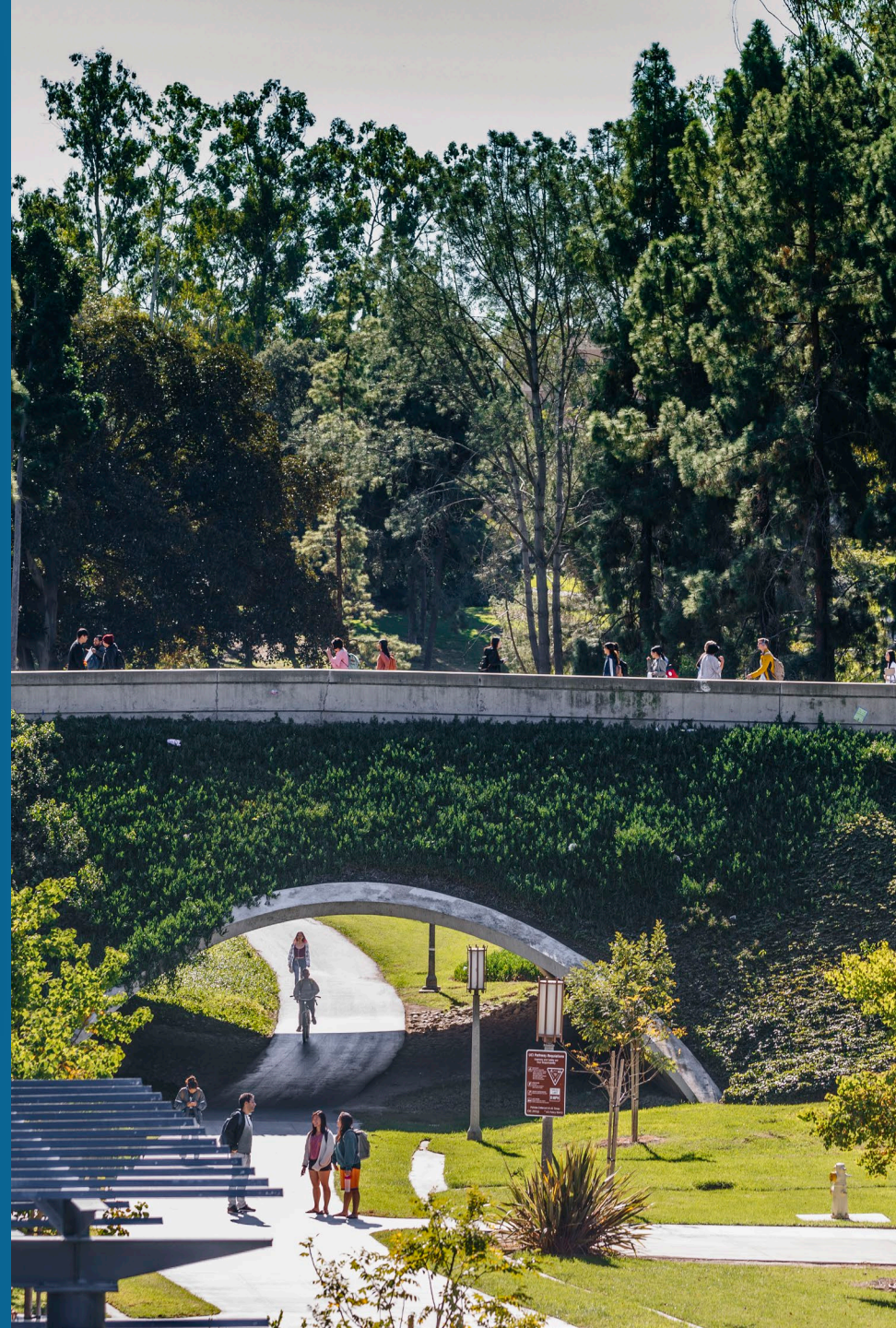
- 9–9:30 a.m. **Guests arrive** *light breakfast*
- 9:30–10 a.m. **Welcome**
- 10–10:30 a.m. **Framing of whole systems**
- 10:30–11 a.m. **Wellness activity**
- 11:10 a.m.–12:30 p.m. **Discussion and breakout #1:** Health and well-being concepts
- 12:30–1:30 p.m. **Lunch** *outdoor patio*
- 1:30–3:40 p.m. **Discussion and breakout #2:** Current data needs
- 3:40–4 p.m. **Wellness break**
- 4–4:45 p.m. **Discussion and breakout #3:** Current data needs continued
- 4:45–5 p.m. **Wrap-up**

## THURSDAY, OCTOBER 5

- 9–9:30 a.m. **Guests arrive** *light breakfast*
- 9:30–10 a.m. **Welcome**
- 10 a.m.–noon **Discussion and breakout #4:** Current data efforts
- noon–1 p.m. **Lunch** *outdoor patio*
- 1–3 p.m. **Discussion and breakout #5:** Exploring data opportunities
- 3–3:15 p.m. **Wellness break**
- 3:15–4:15 p.m. **Discussion and breakout #6:** Building a path forward
- 4:15–5 p.m. **Expressing gratitude and wrap-up**



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# Welcome

**Cory Vu**

Associate Vice Chancellor  
Health, Wellness, and Divisional Resources  
UC Davis

**Yvette Gullatt**

Vice President for Graduate and Undergraduate Affairs  
Vice Provost for Equity and Inclusion  
UCOP

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# Framing of Whole Systems & Networks

*Genie Kim*

*Director Student Mental Health & Well-being*

October 4, 2023



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# Framing of Whole Systems

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## Historic Timeline

- 2008 — Student Mental Health Oversight Committee Established
- 2014 — Global Food Initiative Launched
- 2010 — Hunger Free Campus Initiative
- 2011 — 2014 – \$7.7 million in one-time funds for prevention MHSA (Prop. 63)
- 2014 — UC Regents approved LTSPTFA\* 5 percent increase in the SSF (2014-2019)
- 2018 — UC Regents deferred the SSF increase for fiscal year 2018 –19
- 2019 — State Funding Basic Needs, Mental Health & Rapid Rehousing
- 2021 — State Funding ↑ Mental Health
- 2022 — SSF is approved, half of net revenue from increase to be used for student mental health and well-being.
- 2023 — State Funding ↑ Basic Needs, Mental Health, & Rapid Rehousing

# Framing of Whole Systems

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## UC 2030 Goals

1. Produce over 200,000 additional degrees, on top of the projected one million undergraduate and graduate degrees.
2. Achieve a 90 percent overall graduation rate and eliminate gaps for timely graduation and graduate degree attainment for Pell, first-generation, and underrepresented groups.
3. Invest in the next generation of faculty and research by adding 1,100 ladder-rank faculty over the next four years.



# Framing of Whole Systems

## PRESIDENTS PRIORITIES PLAN

1. Expanding opportunity and excellence
2. Leading on climate change
3. Strengthening an inclusive, respectful, and safe community
4. Promoting health across California, including its most vulnerable communities.





# System and Statewide Strategies

## UC Basic Needs Initiative

\$18.5 million state investment in ongoing student basic needs services and supports (e.g., food, housing, and rapid rehousing).

## UC Equity in Mental Health Initiative

\$21.3 million state investment in student mental health and well-being (e.g., prevention, early intervention, treatment, and recovery supports).

## California Children Youth Behavioral Health Initiative

\$4 billion state investment in one-time funding for K – Higher education.





## Primary Focus Areas

- Holistic Well-being Framework
- Systemwide Opportunities
- Data Analytics
- Funding
- Policy

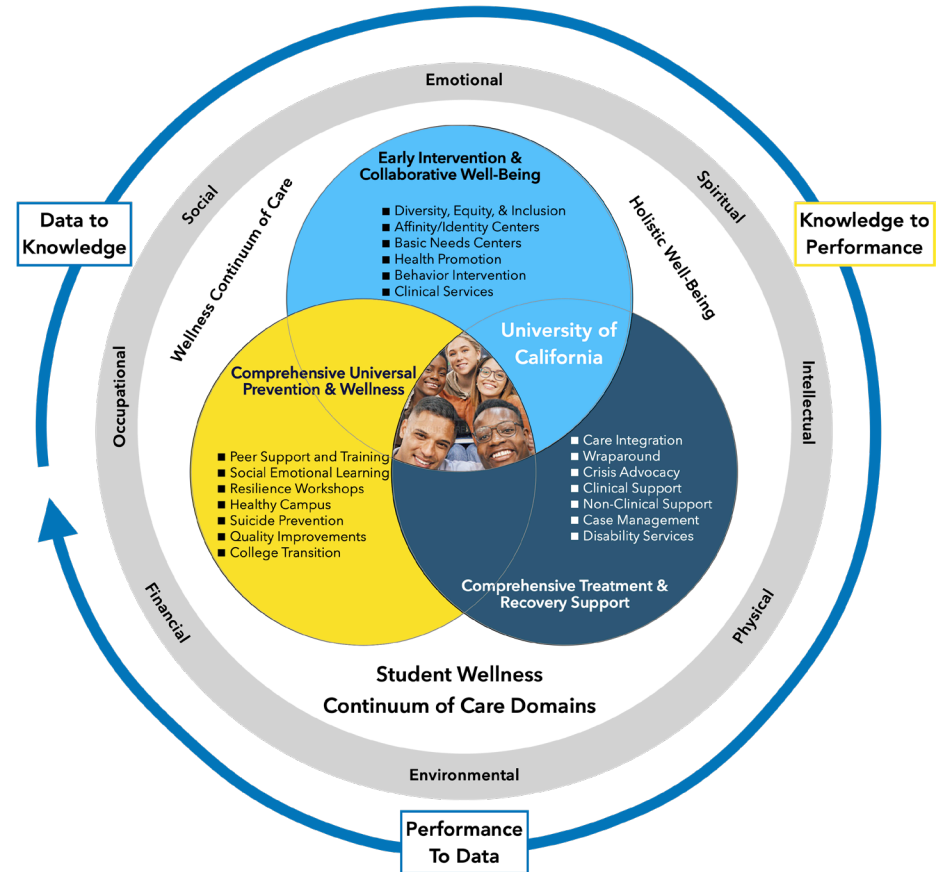


# Framing of Whole Systems

## Tiers



## Domains





## Activity #1

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Independently – write down your thoughts and reflections on where you see your services within the holistic model.

- Comprehensive Universal Prevention & Wellness
- Early Intervention & Collaborative Well-being
- Comprehensive Treatment & Recovery Support



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# Wellness Break

“Nurturing yourself is not selfish – it’s essential to your survival and well-being.”

-Renée Peterson Trudeau



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# Health & Well-being Concepts

*Christian Jacobs*

*Behavioral Health Coordinator*

October 4, 2023



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# Health & Well-being Concepts

## FORCED CHOICE EXERCISE

**Cake**

**Well-being**

**Mental Health**

**Basic Need**

**Disease**

**Prevention**

**Equity**

**Vulnerable Populations**

**Pie**

**Wellness**

**Behavioral Health**

**Human Right**

**Illness**

**Promotion**

**Equality**

**Underserved Populations**

# Whole-Campus, Whole-Student

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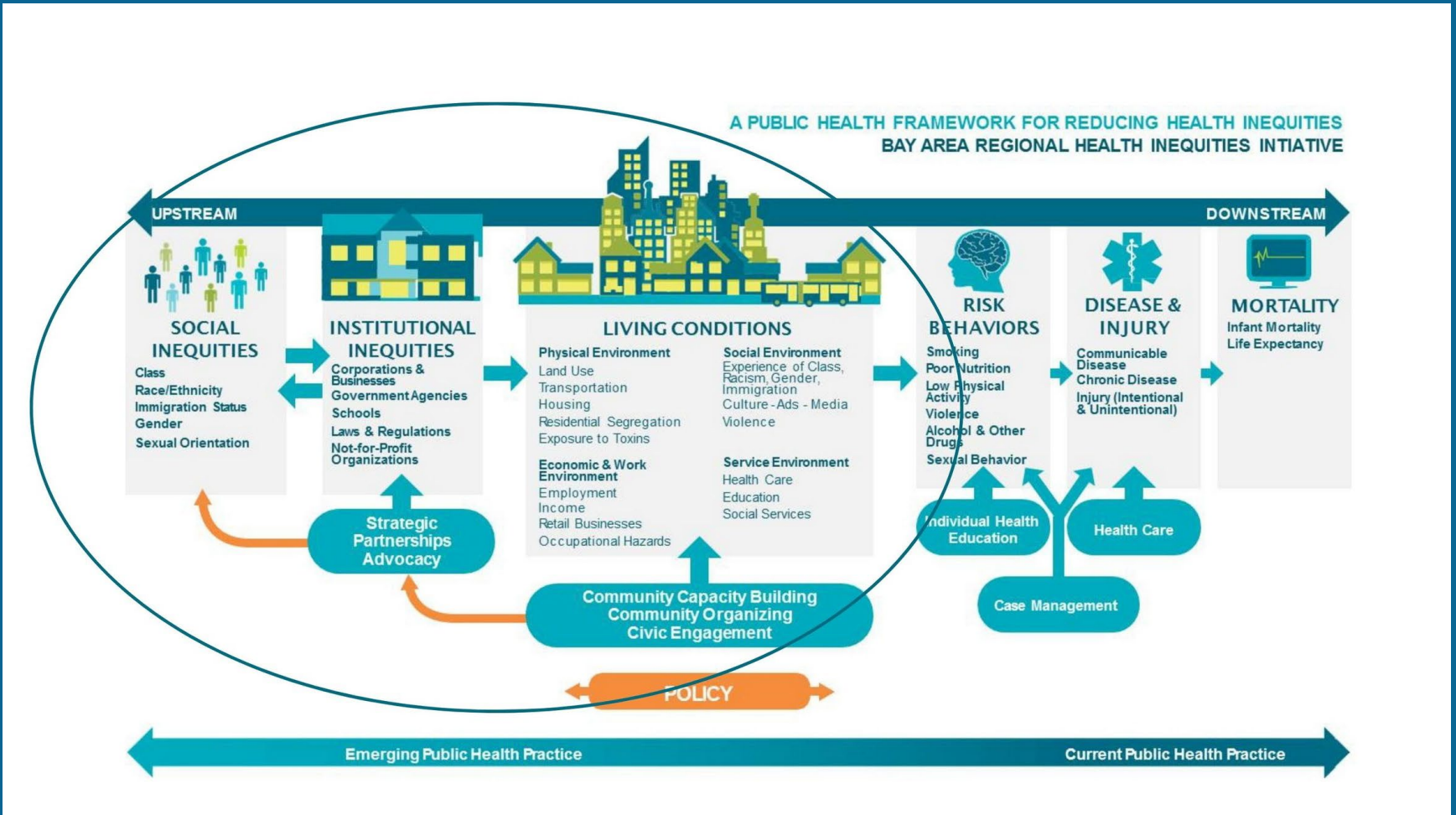
## Health Equity

The ability for everyone to have a fair and just opportunity to thrive and be well by removing systemic barriers as described by the social determinants of health.

## Social Determinants of health

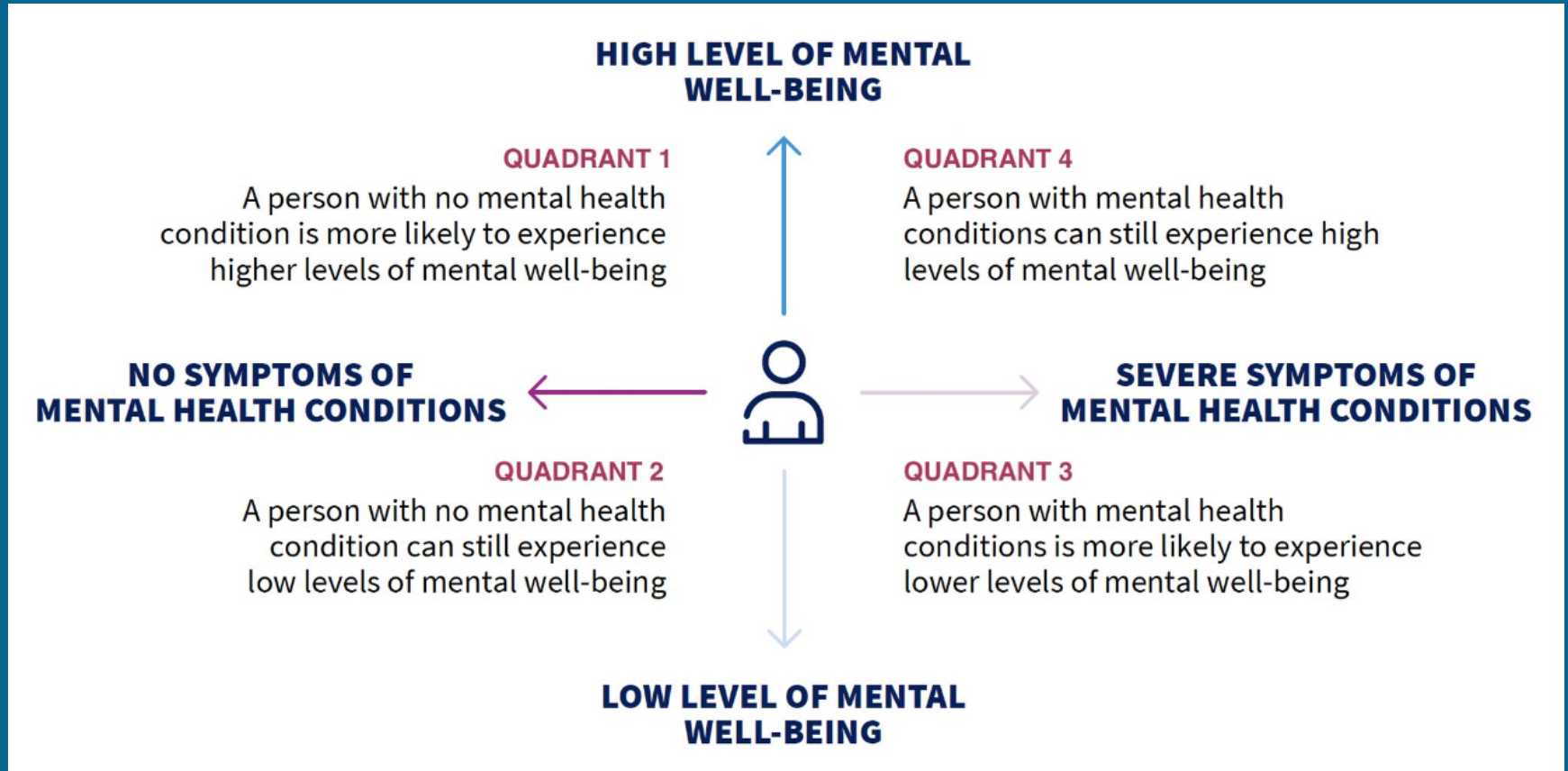
- Poverty
- Discrimination
- Access to quality education
- Safe supportive housing
- Safe environments
- Access to health and behavioral health care

# Public Health Framework for Reducing Disparities





# High vs. Low Level of Mental Well-being



# Health & Well-being Concepts

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## Underserved

Those most impacted by systemic barriers, as described by the social determinants of health, are disparate conditions in which people are born, grow, work, live, and age that influence health inequities.

This includes poverty, discrimination, access to quality education, safe and supportive housing, safe learning environments, and health care.

This also includes disparate groups such as the disabled, African American, Asian-Pacific American, Latino, Native American, and LGBTQI groups.

## Key Terms

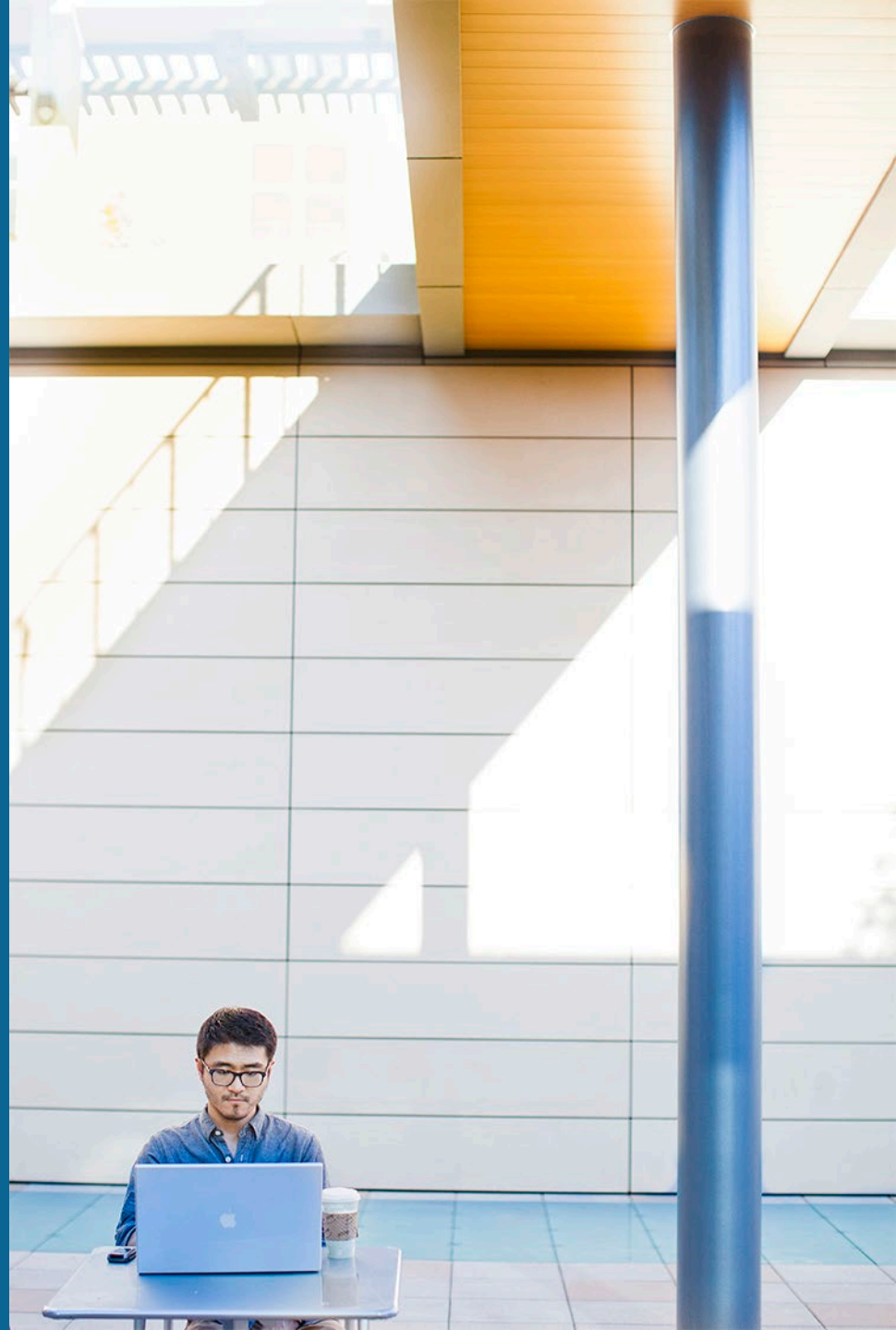
- Equity
- Behavioral Health
- Well-being
- Wellness
- Holistic Well-being Model (Service Domains)

## Activity #2

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**Breakout by UC Campus –Take 40 minutes to discuss these equity & inclusion concepts and report out.**

- **How do you define equity on your campus?**
- **How consistent is this definition across various services?**
- **How do you identify underserved students?**



## Share Out

### **Breakout Rooms by UC Campus**

Room 1: Berkeley & Davis

Room 2: Irvine & Los Angeles

Room 3: Merced & Riverside

Room 4: San Diego & San Francisco

Room 5: Santa Barbara & Santa Cruz





## Share Out

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One representative from each group please share 1 – 2 highlights from your conversation

Berkeley

Davis

Irvine

Los Angeles

Merced

Riverside

San Diego

San Francisco

Santa Barbara

Santa Cruz

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# Lunch & Connection

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# Campus concepts in action – defining well-being

*Mike Furlong & Erin Dowdy*

*UC Santa Barbara*

October 4, 2023



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Travia, R. T., James, R. T., Larcus, G., Andes, T., & Gomes, P.G. (2022) Framing well being in a college campus setting, *Journal of American College Health*, 70(3): 758 772.

- How do Institutions of Higher Education (IHEs) Define & Measure Well-being
- Key Stakeholder Interviews and Focus Groups From 10 Participating IHEs
- Most Campuses Have Moved to the Term “Well-being”
- No Universally Accepted Definition is Yet Adopted
- Having Standard Definition, Starting Point, Would Be Helpful



## Well-Being Landscape

- **Guiding Principles & Processes**
- **Pathways to “well,” “successful”  
students**
- **Defining Student “Well-Being”**

**Mental Health**

**Wellness**

**Frameworks and**

**Core Constructs**

# *Equity In Mental Health Evaluation*

*Overview of Mental Health and Wellness*

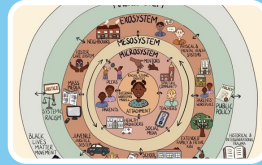
*Frameworks and Core Constructs*

**University of California**



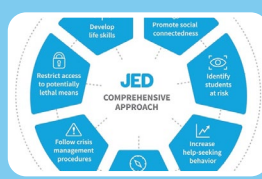
An essential component of providing data-informed/data-enhanced behavioral health services is grounding these data upon an organized set of measurable social, emotional, and behavioral constructs that describe a shared vision of a healthy, successful UC student. This document describes frameworks and constructs related to students' behavioral and emotional health, well-being, and academic persistence and progress.

# Emphasis: Systemwide Orienting Purposes, Principles, & Processes



## JED 1: Equity and Mental Health Framework

Transactional, bioecological development, micro (peers, parents, campus), exo (care system, higher ed system, mass media), macro (economy, politics, culture)



## JED 2: Strategic Planning

Identify at risk, increase help-seeking, Provide services, Crises management, Restrict lethal access, Life skills, Social connectedness

| Call to Action | Embed health in all aspects of campus policy across the administration, operations and academic management | Lead health promotion, action and performance through equity and social justice               |
|----------------|--|---|
| Action 1       | 1.1 Embed health in campus policies  | 1.2 Embed health in budget and sustainability to ensure that policies do not undermine health |
| Action 2       | 2.1 Create supportive campus environments  | 2.2 Address research, teaching and learning for health promotion through action               |
| Action 3       | 3.1 Generate thriving communities and culture through learning   | 3.2 Lead and partner towards lead and global goals for health promotion                       |
| Action 4       | 4.1 Support personal development   |   |

## Okanagan Charter 1: Calls to Action

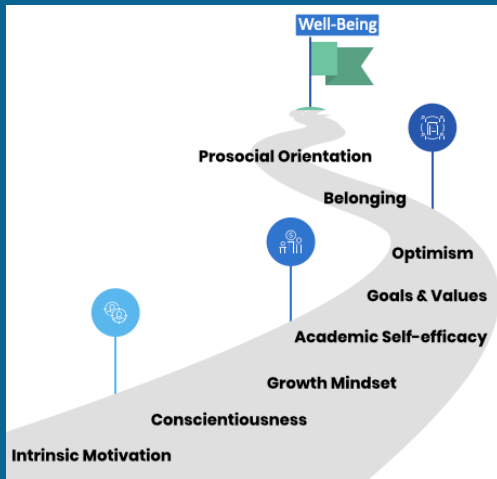
Health in policies, Supportive campus, Well-Being culture, Personal development, Reorient campus services

| Okanagan Charter Key Principles for Action |  |  |
|--|--|--|
| Principles 1 & 2                           | 1. Use settings and whole system approaches                                    | 2. Ensure comprehensive and/or integrated approaches             |
| Principles 3 & 4                           | 3. Use participatory approaches and ensure the inclusion of students and staff | 4. Develop a clear strategy and action plan for health promotion |
| Principles 5 & 6                           | 5. Promote research, innovation and evidence-informed action                   | 6. Build on strengths  |
| Principles 7 & 8                           | 7. Value local and Indigenous communities' contexts and priorities             | 8. Act on existing evidence                                      |

## Okanagan Charter 2: Key Principles

Whole system, Participation student voice, Research-Innovation, Evidence-Informed action. Value local/indigenous contexts/priorities

# Emphasis: Pathways to “well,” “successful” students



OECD (17 assets, skills based on the Big 5 Model)

Task Performance, Emotion Regulation, Collaboration, Open-Mindedness, Engaging, Compound skills



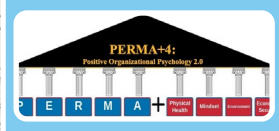
NASEM: Successful Degree Persistence and Progress

Interpersonal, Intrapersonal, Cognitive competencies: Conscientiousness, Belonging, Self-Efficacy, Growth Mindset, Intrinsic Motivation, Goals, Prosocial, Optimism

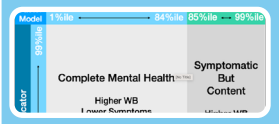
# Emphasis: Defining Student “Well-Being”



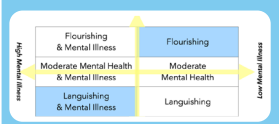
Self-Determination Theory  
Autonomy, Relatedness, and Competence



PERMA+H  
Positive Emotions, Engagement, Relationships, Meaning, Accomplishment, Health



Dual-Factor Model of Mental Health  
Wellness (Life Satisfaction) & Symptoms (Distress)



Bidimensional Continuum Complete Mental Health  
Emotional, Social, Psychological Well-Being



# Example: Well-being Indicators



## Wellbeing Index for South Australia

This Wellbeing Index was developed by Wellbeing SA in 2022 to monitor the wellbeing of South Australians over time.

### PHYSICAL WELLBEING

Overall health

Physical activity

Nutrition

Healthy weight

Alcohol, tobacco and illicit drug use

Cancer screening

Chronic conditions

Road trauma

Preventable hospitalisation

### MENTAL WELLBEING

Overall wellbeing

Personal agency

Psychological distress

Mental health conditions

Receiving treatment for mental health conditions

Suicidal ideation

Suicide

### SOCIAL/COMMUNITY WELLBEING

Social connection

Social and civic participation

Digital inclusion

Volunteering

Perceptions of neighbourhood safety

Carers

Family and domestic violence

Child safety

Trust in government

Discrimination

### ABORIGINAL CULTURAL WELLBEING

Connection to Country

Indigenous beliefs and knowledge

Indigenous language

Family, kinship and community

Cultural expression and continuity

Self determination and leadership

Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2019, Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and Their Links to Health and Wellbeing, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra (The Lowitja Institute)

### DETERMINANTS OF WELLBEING

#### Financial

Socioeconomic status  
Housing stress  
Food security  
Financial resilience

#### Education

Early childhood education  
Early childhood development  
Completing school  
Non-school qualifications

#### Employment

Employment  
Employment security  
Work stress

#### Housing

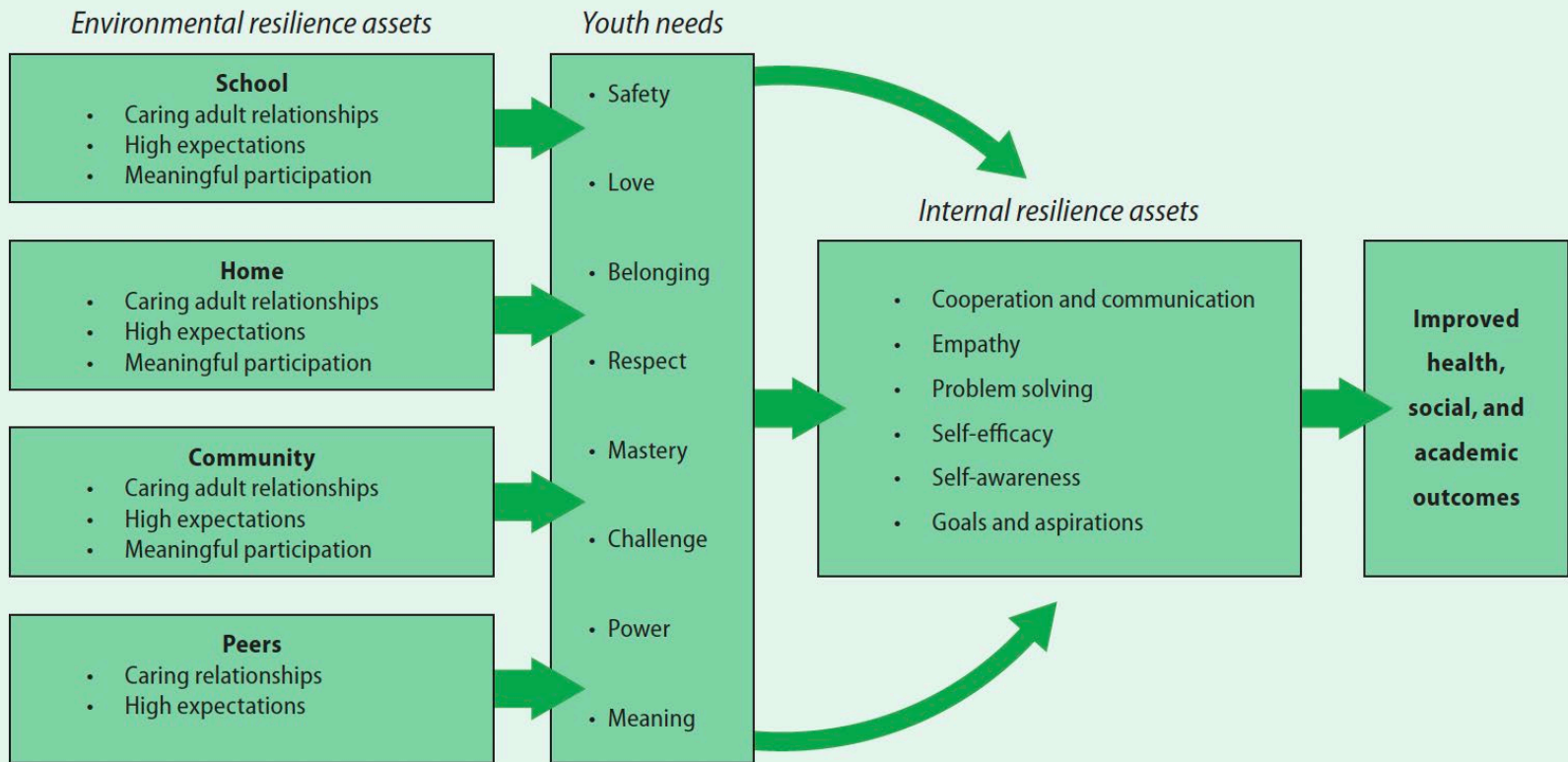
Homelessness  
Rental housing quality

#### Environmental

Urban tree canopy  
Access to public open green spaces

# California Youth Development Model

## Conceptual model for the resilience and youth development module



## Activity #3

### Breakout Rooms by UC Campus –Take 40 minutes to discuss these well-being concepts and report out

- How do you define student well-being?
- How do you define student success?
- What are the pathways to enhance student well-being?
- What are the constructs/indicators that are important to measure to assess well-being?





## Activity #3

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Breakout Rooms by UC Campus

Room 1: Berkeley & Davis

Room 2: Irvine & Los Angeles

Room 3: Merced & Riverside

Room 4: San Diego & San Francisco

Room 5: Santa Barbara & Santa Cruz



## Share out

One representative from each group  
please share 1 – 2 highlights from  
your conversation

Berkeley

Davis

Irvine

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San Francisco

Santa Barbara

Santa Cruz

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# Wellness Break

“You take the I out of illness and add we, and you have wellness”

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# Data Needs

*Mark Savill & Regina Gemignani*

*UC Davis*

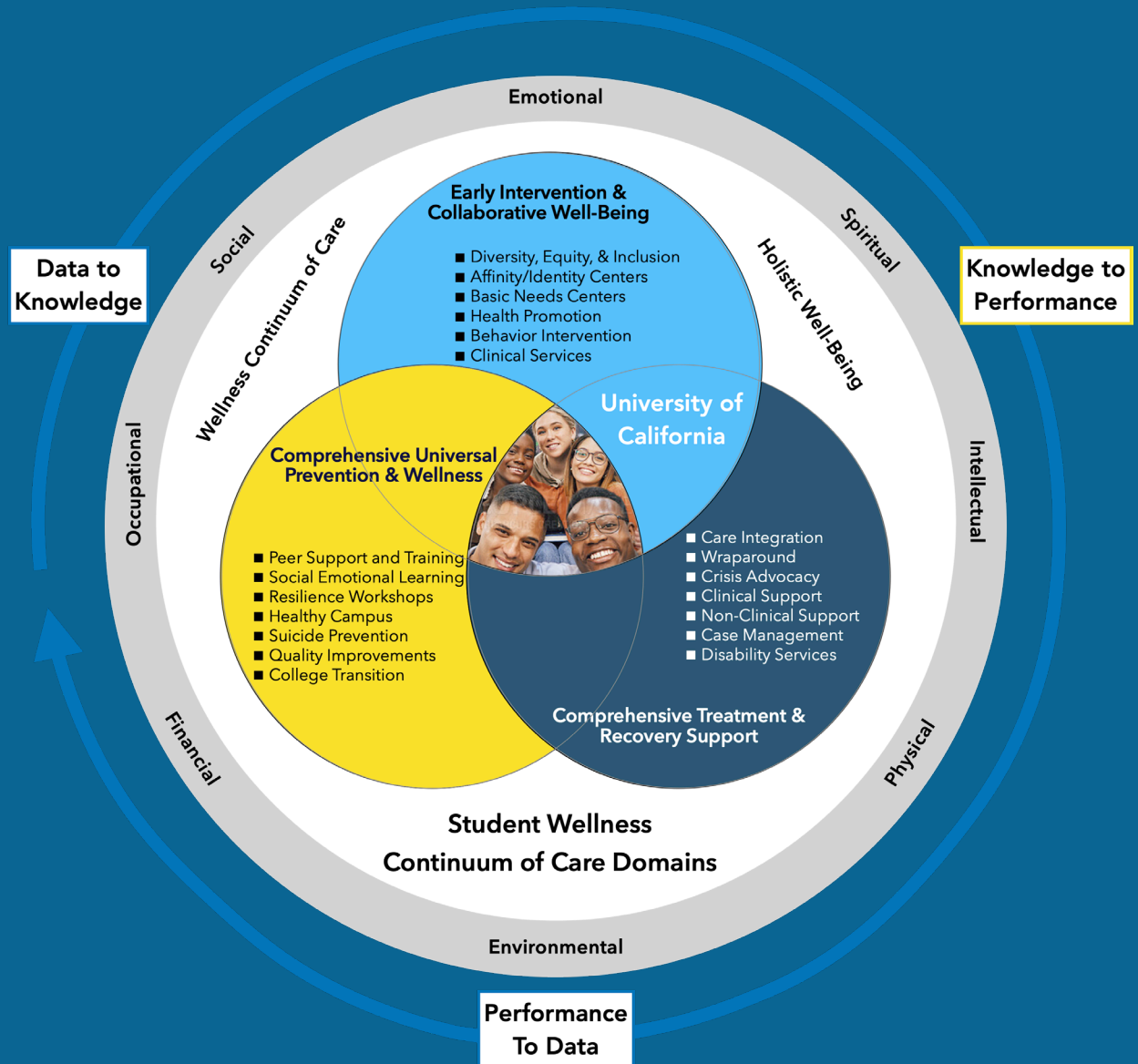
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# Framing of Whole Systems

## Holistic Model



# Opportunities for Measurement Based Care



## How Data can be Used to Support Service Delivery

| Data Type                    | Importance of Data  |
|------------------------------|---|
| Service Utilization Data     | Measures what services are delivered, to whom. Key component for service billing, determining service sustainability, and evaluation.   |
| Screening                    | Data that identifies those in need and supports access to appropriate services.   |
| Outcomes Evaluation          | Data that measures what the outcome of a service is. Supports focus on delivering evidence-based practices  |
| Data to inform care          | Data to determine program eligibility, inform care planning, and/or be actively used in care  |
| Population based assessments | Data to measure campus climate. Can assess campus wide needs and strengths, inform policy decisions and senior decision making, and assess population-level outcomes over time. |
| Other?                       |   |



## How Data Availability Can Moderate its Impact

- Data available to the provider
- Data available to the service user
- Data available within a specific service team
- Data shared between specific services
- Data shared across the UC Campus
- Data shared across the entire UC system

## What are the Data Wants and Needs of Your Service?

By your service group:

- 1) What are the main data-related needs and wants of your service?
- 2) Are the additional data related needs to support equity?

Service Groups:

- Basic Needs
- CAPS
- CARE
- Health
- Case Management
- Health Promotion
- Collegiate Recovery
- Recreation
- Students



# Wants and Needs Exercise – Worked Example

## Basic Needs Services

|  |   |
|--|---|
| Types of Data                            | Data needs and wants (both met and unmet) specific to your service area   |
| UC Population-level Surveys              | <i>% people report housing/food insecurity at population level during enrollment, demographic info so we can look at this across important subgroups</i>  |
| Screening Efforts                        | <i>Brief universal screening survey completed during PCP appointments and CAPS intake assessments asking students if they are food/housing insecure. If yes, information about the Basic Needs office provided, and/or Basic Needs office notified with consent so they reach out directly and offer support.</i> |
| Service Utilization data                 | <i>Number of students helped, what provided, over what period, info at point of disengagement from service</i>  |
| Data incorporated into service provision | <i>Data regarding students available resources, major incoming and outgoing</i>   |
| Outcomes Assessment                      | <i>Reported needs at start and end of service provision. Satisfaction survey at end. Linked follow up data on college retention rates, GPA scores.</i>  |
| Other?                                   | <i>Can't think of anything.</i>   |



## Activity #4

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### Breakout by services area –

Room 1: Basic Needs & CAPS

Room 2: CARE & Health

Room 3: Case Management & Health  
Promotion

Room 4: Collegiate Recovery &  
Recreation

Room 5: Students & UCOP





## Share out

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One representative from each group  
please share 1 – 2 highlights from your  
conversation

Basic Needs

CAPS

CARE

Health

Case Management

Health Promotion

Collegiate Recovery

Recreation

Students

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# THANK YOU!

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