# Cultivate Well-Being Action & Transformation Roadmap

Georgia Tech

**Focus on Students 2022 - 2030**

## Table of Contents

# Introduction, Background & Overview

Prior to the COVID-19 pandemic, institutions of higher learning across the US were already beginning to grapple with challenges associated with serving and supporting the needs of college students who exhibit increasing signs of anxiety, depression and stress, and self-reporting higher levels of distress and trauma. The UCLA Higher Education Research Institute administers the longest-standing longitudinal survey of incoming first-time college students through the Cooperative Institutional Research Program (or CIRP); from 1985 to the present, incoming students' self-reported physical and emotional health have steadily declined.[1] Based on extensive interviews, Fischman and Gardner (2022) found that college students report mental health challenges, have anxieties about whether they belong, and experience a high degree of alienation.[2]  The pandemic has exacerbated many of these needs, as well as brought greater visibility to the importance of advancing public health and wellness promotion as an essential aspect of facilitating student learning and success. In fact, an expanding body of research documents how campuses that regard student safety, well-being, and inclusion as opportunities for investment, rather than areas of obligation or cost, demonstrate improved academic success for students, better results in enrollment and retention, and graduate students better prepared for their chosen careers.[3]

In addition, institutions of higher learning must recognize that health, wellness, and well-being no longer remain the sole or primary domain of health services professionals or health-related academic departments on campus. Says Anderson:

> "A key question…revolves around the proactive nature of the campus services and resources overall. For example, a counseling or mental health services will see students by appointment, and on an as needed basis. Similarly, [medical] clinics see students who access their services. It is actually other personnel on

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[1] Eagan, M. K., Stolzenberg, E. B., Ramirez, J. J., Aragon, M. C., Suchard, M. R., & Rios-Aguilar, C. (2016). The American freshman: Fifty-Year trends, 1966–2015. Los Angeles: Higher Education Research Institute, UCLA.

[2] Fischman, W. & Gardner, H. (2022). The Real World of College: What Higher Education Is and What It Can Be. Cambridge: The MIT Press.

[3] Selingo, J. (2022). *The New Landscape for Student Well-Being: How Prioritizing Safety, Health, and Inclusion Improves Student Success*. Tampa, FL: Campus Prevention Network, Vector Solutions. This report can be downloaded by visiting https://www.vectorsolutions.com/resources/whitepapers-guides/the-new-landscape-for-student-well-being/.

campus, such as the faculty, student affairs staff, advisors and others (e.g., coaches and trainers for student-athletes, and residence hall directors and resident advisors for residential students), who see students on a more regular basis, often day-to-day. These individuals are likely the ones who see students at their best as well as at their lowest or more challenging points. The focus, then, is one of enhancing the preparedness of these individuals for promoting health and wellness choices by students, as well as identifying areas of concern and making referrals as appropriate (Anderson, 2016, pp. 7-8)."[4]

The Georgia Institute of Technology has just completed the first year of implementation of _Cultivate Well-Being_ – one of the six strategic focus areas for the 2020-2030 Institute Strategic Plan. During this time, the new division of Student Engagement and Well-being was established (combining the former divisions of Campus Services and of Student Life) and an inaugural Vice President was appointed August 1, 2021; both actions helped to solidify Georgia Tech's commitment to promoting student health and cultivating well-being. The initial plan sought to advance four core objectives, each supported by a number of actions:

1. We will promote an environment and culture of well-being that supports many dimensions;
2. We will integrate a "total person" approach to well-being into the curriculum, research, and advising;
3. We will expand innovative well-being programs and services; and
4. We will create opportunities for well-being skill-building.

As it enters the second year of implementation, Georgia Tech intends to pivot regarding its intended strategies to better respond to what has been learned from student data and from student feedback. Student data is described in detail in the section "Review of Student Data & Health-Related Outcomes" starting on page 15; lessons learned as well as relevant insights and observations are summarized in the section "Needs and Priorities: Themes Identified During AY 2021-22" starting on page 30.

The _Cultivate Well-Being Action & Transformation Roadmap_ identifies four priority goals, supported by 26 action strategies in total. Note that **this document will focus on efforts to create conditions that promote and enhance well-being among students, with an emphasis on reducing health and wellness disparities.** A companion document that focuses on cultivating well-being for administrators, faculty and staff will follow later. The four organizing "umbrella" goals are:

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[4] Anderson, D.S. (2016). Wellness Issues for Higher Education: A Guide for Student Affairs and Higher Education Professionals. New York: Routledge.

- Goal 1 – Cultural Change: Catalyze cultural, transformational change at Georgia Tech so that the places, practices, policies, protocols, people, and philosophies that have a demonstrated positive contribution to well-being for all students are adopted, advanced, expanded and/or strengthened, while those aspects of Institute culture that impede health and wellness are minimized. (*Supported by nine action strategies*)
- Goal 2 – Capacity and Creativity: Continue to improve the quality of and ease of access to equity-literate clinical care and intervention for students who need such services while also improving programs and services that focus on the primary prevention of health-related symptoms, diseases, and disorders; the promotion of wellness in a holistic manner; and the creation of conditions which cultivate and sustain well-being for all students, inclusive of all identities and backgrounds. (*Supported by 11 action strategies*)
- Goal 3 – Community and Connection: Increase, expand and generate broader awareness of and access to student engagement experiences across Georgia Tech that contribute to and facilitate the factors that comprise well-being, including sense of belonging and connection, happiness, resilience, self-awareness, and self-efficacy, as well as support living and leading in a manner that is consistent with one's personal values. (*Supported by six action strategies*)
- Goal 4 – Commitment and Continuity: Appoint an ad hoc study group comprised of a diverse range of Institute-wide constituents and representative of all Georgia Tech community stakeholders – including but not limited to students, faculty, staff, administrators, and alumni – to review the feasibility of formally adopting (or adapting) the action framework for higher education that is outlined in the [*Okanagan Charter: An International Charter for Health Promoting Universities & Colleges*](#) and subsequently incorporating the framework into Georgia Tech's ongoing administration, culture and operations for the foreseeable future, beginning no later than 2030 when the prevailing Institute Strategic Plan period is slated to end; make a recommendation to the President accordingly.

Together, **these goals strive to (1) continue strengthening clinical care services while expanding primary prevention efforts; (2) focus on expanding and enhancing those institutional attributes and factors that the evidence shows promote health, wellness, and well-being; and (3) mitigate those systemic and cultural elements that have a documented negative impact on well-being.**

It is important to keep in mind that the desired outcomes identified in this plan are intended to span the remaining eight years of the Institute's strategic planning period ending in 2030, and initiation of the various strategies is staggered across multiple years (AY 2022-23, AY 2023-24 and AY 2024-25) in order to ensure the sustainability and viability of implementation efforts. As such, not all returns on investment will emerge immediately: some will necessarily coalesce more incrementally. Gal Beckerman recently spoke to this essential feature of authentic

transformative social change, which generally requires substantial "incubation" and "unseen work" that are not quick:

> "If our movements today can devalue that slow, unseen incubation, the stories we tell about how social or political change unfolded in the past tend to leave out this part as well. Many of those narratives, whether about women's suffrage or the civil-rights movement, feel foreshortened, cutting out the years of struggle, or the need for debate and patience, for trial and error. Instead we zero in on the charismatic leaders' big speeches. We fixate on the moments: policemen on horseback chasing down protesters, or a man standing up to a tank. This leaves out so much."[5]

This work will require concerted, collaborative, and committed investments of time, energy, and resources, sustained over multiple years to bring about measurable – and more importantly, lasting - outcomes in the desired areas of change. If Georgia Tech remains focused on implementation even when it becomes challenging, then our students will ultimately experience positive gains in terms of improved health and wellness, increased likelihood to report experiencing well-being, and greater health parity and educational equity.

For this document, we use the term "roadmap" instead of plan. While we recognize that plans are always subject to constantly shifting realities and evolving contexts, the term "roadmap" may be a better metaphor for the endeavor on which we are to embark. A roadmap provides a general set of directions and a planned pathway for reaching one's destination; but sometimes traffic conditions, weather, construction, road closures, or other unforeseen and unanticipated factors will force us to pivot and select a different route. We are also sharing the road with many other vehicles – some of whom are headed to the same destination, others with whom we will drive alongside for just a few miles before our journeys diverge. Our ability to arrive at our destination safely is in part reliant on the good will and good driving of others. For example, a fellow driver in a fit of road rage could run us off the road. Lastly, we simply don't know everything about the highway we will be taking until we travel on it; while there is irrefutably increasing mobilization nationwide to focus on student well-being, the reality is that many of us are driving on the road while it is being paved.  We have not achieved measurable positive movement on some health outcomes (for example, in reducing the incidence of sexual violence), and in some cases, we have reversed positive trends (as with rising levels of self-reported stress among students). To remain on the road, we must be willing to be lifelong learners ourselves – open to acknowledging what we do not know, willing to dispense with status quo measures that simply have not had the desired impact, and courageous enough to

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[5] Beckerman, G. (2022, April 19). *How To Make Change, Slowly*. In the <u>The Atlantic</u>. https://www.theatlantic.com/books/archive/2022/04/social-change-books-lynn-hunt/629587/. Accessed 1 July 2022.

embrace innovative and creative initiatives that may require us to take some measured risks – risks we take by simply getting on the road.

Finally, it is important to note that it is nearly impossible to effectively impact health and wellness without also actively engaging on issues related to justice, diversity, equity, and inclusion. The impacts of the widening wealth gap, the persistence of discrimination, systemic marginalization, and the legacy of slavery in the US have all played a significant role in shaping the health and health-related outcomes for individuals, families, and communities. Across all goals and strategies, it will be essential that Georgia Tech – particularly those who occupy roles of administrative leadership and organizational responsibility – incorporate the five principles for equitable policy- and decision-making advanced by the Institute for Higher Education Policy in their January 2022 report, *Opening the Promise*, and summarized below.[6] In other words, as cabinet officers, their deputies and designees, deans and directors go about making policy and advancing practices and protocols, it is essential to consider whether any given decision will have a positive impact on student health, wellness, and well-being – for students of all backgrounds and identities – or whether it will create additional barriers or reinforce existing ones?

| PRINCIPLE | ACTION ITEMS |
|---|---|
| An issue's **framing** shapes the creation of relevant policy. | • Frame an issue by including the specific "why" of the work and "what of the problem." <br>• Apply an equity lens to outcomes, even for seemingly race-neutral problems. <br>• Reach hearts AND minds. |
| **Investments** signal priorities. | • Plan for long-term, sustainable, systemic change. <br>• Invest in long-term, sustainable, systemic change. |
| Who **participates** in policymaking decisions shapes the outcome | • Ensure the representation and voices of impacted communities hold influence. |
| **Data** and empirical evidence are essential to effective policy. | • Disaggregate, disaggregate, disaggregate. <br>• Ensure the evidence base is informed by researchers of color and reflects racially diverse populations. |
| **Language** must be precise, inclusive, people-first, and respectful. | • Take an asset-based approach. <br>• Be specific and respectful. <br>• Be people-first and inclusive. |

While the Institute for Higher Education Policy focused their report on highlighting strategies to combat the impacts of racism in the US, these principles are relevant when considering efforts to address equity across all student populations, whether on the basis of gender, gender identity, sexual orientation, ability, socioeconomic status, or other identities.

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[6] The full report can be accessed at https://www.ihep.org/wp-content/uploads/2022/01/IHEP_equitable_policy_principles_brief_final_web2.pdf

In order to effectively implement this *Roadmap*'s goals and deliver on key action strategies, the Georgia Tech community needs to have a shared, common understanding regarding the core concepts that shape the work of promoting health, wellness and well-being. This section will review the most essential definitions and ideas that inform this plan.

**Social Determinants of Health**

Education Access and Quality

Health Care Access and Quality

Economic Stability

Neighborhood and Built Environment

Social and Community Context

Social Determinants of Health
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Healthy People 2030

**Health** is defined by the World Health Organization (WHO) as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[7] The definition was refined in 1984 by WHO to include "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment."[8]

Health cannot be fully understood without also considering the **social determinants of health**, which are defined by the Office of Disease Prevention and Health Promotion (ODPHP) in the US Department of Health and Human Services (DHHS) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[9] These determinants can be grouped as follows: (1) economic stability; (2) educational access and quality; (3) health care access and quality; (4) the

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[7] World Health Organization. (1946, July 22). *Constitution of the World Health Organization*. Retrieved June 17, 2022, from https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1. Accessed 1 July 2022.
[8] Refer to World Health Organization (WHO) Definition of Health. Retrieved June 17, 2022, from https://www.publichealth.com.ng/world-health-organizationwho-definition-of-health/.
[9] Refer to the Office of Disease Prevention & Health Promotion, US Department of Health & Human Services webpage on Healthy People 2030 at https://health.gov/healthypeople/priority-areas/social-determinants-health.

neighborhood and built environment; and (5) social and community context.  These can often be used to explain health disparities across communities.

The Global Wellness Institute (GWI) defines **wellness** as "the active pursuit of activities, choices and lifestyles that lead to a state of holistic health."[10] The GWI also notes that while wellness is an individual endeavor - wherein each person has personal responsibility for their respective choices, behaviors, and lifestyles - it can also be notably influenced by social determinants.

Further, individuals often confuse or use the words health, wellness, well-being, and happiness interchangeably. The GWI observes, "While there are common elements among them, wellness is distinguished by not referring to a static state of being (i.e., being happy, in good health, or a state of wellbeing). Rather, wellness is associated with an active process of being aware and making choices that lead toward an outcome of optimal holistic health and wellbeing."[11]

Further, wellness is more than just about physical or mental health;[12] it can incorporate anywhere from 6-12 interrelated and interdependent dimensions. In our work here at Georgia Tech, because it better reflects the holistic nature and complexity of our students' lives, we will incorporate the eight-dimension model advanced by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the DHHS, which includes emotional, environmental, financial, intellectual, occupational (or career), physical, social, and spiritual.[13]

While there are varying ways to describe each dimension, below are brief definitions adapted from work conducted by the GWI, SAMHSA and the University of Maryland at College Park:
- Emotional – Coping effectively with life stressors, having self-esteem, and expressing optimism, as well as being aware of our feelings, accepting the full range of feelings, expressing our feelings appropriately, and understanding the feelings of others;

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[10] Refer to the Global Wellness Institute webpage at https://globalwellnessinstitute.org/what-is-wellness/.
[11] Ibid.
[12] The American Psychological Association defines "mental health" as "A state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life." Refer to https://dictionary.apa.org/mental-health.
[13] This framework of wellness was adapted by the Substance Abuse and Mental Health Services Administration (SAMHSA) from the work of Swarbrick, M. (2006). *A Wellness Approach.* Psychiatric Rehabilitation Journal, 29(4), 311–314. Additional information is available at SAMHSA's webpage at https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf and at https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4955.pdf.

- Environmental – Honoring the interdependent, dynamic relationship we have with our environment - whether social, natural, built or digital – and our responsibility for sustaining it; occupying pleasant, nurturing, safe and stimulating environments;
- Financial – Having basic needs met and a positive relationship with money, applying resource management skills to live within one's means, making informed financial decisions, setting realistic financial goals, and preparing for short- and long-term needs or emergencies;
- Intellectual – Finding ways to engage in lifelong learning, expand knowledge and skills, and interact with the world through problem-solving, experimentation and curiosity, as well as the ability to think critically, reason objectively and explore new ideas;
- Occupational (or career) – Getting personal satisfaction and enrichment from work, hobbies and volunteer efforts, that are consistent with one's values, goals and lifestyle, as well as taking a thoughtful and proactive approach to career planning and growth;
- Physical – Replenishing the body through physical activity, exercise, sleep, and nutrition; engaging in low-risk alcohol, tobacco and other drug use; conducting routine health exams/screenings; and adopting preventive measures such as vaccines and condom use;
- Social – Connecting and engaging with others and our communities in meaningful ways, having a well-developed support system, being interculturally competent, and feeling a sense of belonging; and
- Spiritual – Includes searching for and/or having a sense of purposeful existence and meaning in life, as well as seeking harmony with the universe, extending compassion towards others, practicing

gratitude, and engaging in self-reflection.[14, 15, 16, 17]

Lastly, in defining **well-being**, the Centers for Disease Control & Prevention (CDC) states:

> "There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.[18, 19, 20, 21] In simple terms, well-being can be described

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[14] Ibid.

[15] Refer to the "8 Dimensions of Wellness" developed by the University of Maryland at College Park, University Health Center at https://health.umd.edu/hpws/dimensions.

[16] Refer to the Global Wellness Institute webpage at https://globalwellnessinstitute.org/what-is-wellness/.

[17] The "8 Dimensions of Wellness" graphic is adapted from the University of Wisconsin-Madison; their graphic can be found at https://fonddulac.extension.wisc.edu/implementing-the-8-dimensions-of-wellness/.

[18] Frey, B.S. & Stutzer, A. (2002). Happiness and Economics. Princeton, NJ: Princeton University Press, as cited by the CDC.

[19] Andrews F.M. & Withey, S.B. (1976). Social Indicators of Well-Being. New York: Plenum Press, pp. 63–106, as cited by the CDC.

[20] Diener, E. (2000). *Subjective wellbeing: the science of happiness and a proposal for a national index*. American Psychologist, 55(1): 34–43, as cited by the CDC.

[21] Ryff, C.D. & Keyes, C.L.M. (1995). *The structure of psychological well-being revisited*. Journal of Personality and Social Psychology, 69(4): 719–727, as cited by the CDC.

as judging life positively and feeling good.[22, 23] For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being."[24]

Similarly, the GWI asserts that well-being refers to the perception of a state that is associated with feelings of happiness, satisfaction, and sense of fulfilment; further, while it does have a physical dimension, mental/emotional dimensions feature more prominently in well-being.[25] Similar to wellness, researchers and practitioners have multiple dimensions of well-being, all of which may be interrelated and interdependent. And, as with health and wellness, well-being can be impacted by a variety of sociocultural determinants.[26] There is yet another concept that is commonly used: **psychological safety**, which is defined by the Center for Creative Leadership as "the belief that you won't be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes."[27]

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[22] Diener, E., Suh, E. & Oishi, S. (1997). *Recent findings on subjective well-being.* Indian Journal of Clinical Psychology, 24: 25–41, as cited by the CDC.

[23] Veenhoven, R. (2008). *Sociological theories of subjective well-being*. In Eid, M. & Larsen, R.J. (Eds)., The Science of Subjective Well-Being. New York: Guilford Press, pp. 44–61, as cited by the CDC.

[24] The Centers for Disease Control & Prevention definition of well-being, along with a fuller discussion of the concept, can be found at https://www.cdc.gov/hrqol/wellbeing.htm.

[25] Refer to the Global Wellness Institute webpage at https://globalwellnessinstitute.org/what-is-wellness/.

[26] For more information about the various dimensions of well-being, refer to https://www.berkeleywellbeing.com/what-is-well-being.html.

[27] Refer to the Center for Creative Leadership webpage at https://www.ccl.org/articles/leading-effectively-articles/what-is-psychological-safety-at-work/.

Lastly, another contributing factor to well-being should be considered: belonging. Belonging has been found to enhance engagement and improve success in college.[28] **Belonging** is defined as a general sense that a person has about their connection with others, that they matter or are considered important by another individual; conversely, students who do not have a sense of belonging may report feelings of alienation, isolation, loneliness, marginalization, and rejection – which can lead to reduced self-esteem, depression and substance abuse.[29] Belonging can boost mental health and improve the likelihood of help-seeking behaviors; however, research also shows that historically marginalized students such as BIPOC and first-generations students report lower levels of belonging and experience more uncertainty about their belonging.[30]

It is important to note that because well-being is subjective in nature, it is usually measured with instruments that rely on self-reports,[31] rather than the objective measures that may be used to assess or measure health and wellness outcomes. This leads to an important observation – **like graduation, well-being cannot be directly impacted by any person, policy, or program**.  Rather, institutions of higher education can strive to impact and influence the context, climates, and correlates that are known to be associated with higher levels of well-being, but ultimately, the unique and complex array and interplay of conditions that contribute to well-being varies from student to student- and can also vary for any one individual throughout the course of their life. This aspect of well-being differs from health and wellness, where activities, interventions, policies, programs, and services designed purposefully – using available data and evidence - to shape individual- and community-level outcomes are more likely to result in a direct impact.

Another way to think about the interrelationship and interdependence between health, wellness, and well-being is to consider the wellness continuum. The GWI has identified a **wellness continuum**[32] that is captured graphically below. On this continuum, poor health is on the left end, while an optimal state of well-being is on the right end. To advance on the

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[28] National Academies of Sciences, Engineering, and Medicine. (2017). *Supporting students' college success: The role of assessment of intrapersonal and interpersonal competencies.* National Academies Press.  Accessed July 22, 2022, at https://nap.nationalacademies.org/download/24697.

[29] Strayhorn, T.L. (2019). College Students' Sense of Belonging: A Key to Educational Success For All Students (2nd edition). New York: Taylor & Francis.

[30] Gopalan, M. & Brady S.T. (2019). *College Students' Sense of Belonging: A National Perspective*.  Educational Researcher, 49 (2): 134–137, https://doi.org/10.3102/0013189X19897622.

[31] Larsen, R.J., Eid, M. & Diener, E. (2008). *The science of subjective well-being*. In Larsen, R.J. & Eid, M. (Eds.) The Science of Subjective Well-Being. New York: Guildford Press, pp. 1–12, as cited by the CDC.

[32] The wellness continuum concept was adapted by the GWI from Dr. John Travis' (1972) Illness-Wellness Continuum; Travis is one of the pioneers of the modern wellness movement in the late 1970s.

continuum from left to right, individuals, families and organizations may rely on the **medical paradigm** to help people feel better, cure illness, treat diseases and disorders, or take other corrective action to address or remedy health problems. In large part due to scientific, pharmaceutical and technology advances, medical (and mental health) interventions can save lives and extend years of life. However, the medical paradigm tends to be more reactive, intermittent, and compartmentalized in nature; primary responsibility for action lies with the health care provider or clinician.

Conversely, the **wellness paradigm** focuses on helping human beings to thrive, prevent physical or mental health-related symptoms and diagnoses from occurring in the first place, and maintain or even improve health. The wellness paradigm tends to be more proactive and holistic in nature – integrated into one's life and sustained as an essential aspect of daily activities; primary responsibility for action lies with the individual, although consultation and collaboration with health care providers, wellness professionals, or community supports may be involved.[33]

## Wellness Continuum

| | Poor Health | Neutral | Optimal State of Well-being |
|---|---|---|---|
| | **Medical Paradigm** | | **Wellness Paradigm** |

| Reactive | | Proactive |
|---|---|---|
| | Feel better | Thrive |
| | Treat & cure illness | Maintain & improve health |
| | Corrective | Preventive |
| | Episodic | Holistic |
| | Clinical responsibility | Individual responsibility |
| | Compartmentalized | Integrated into life |
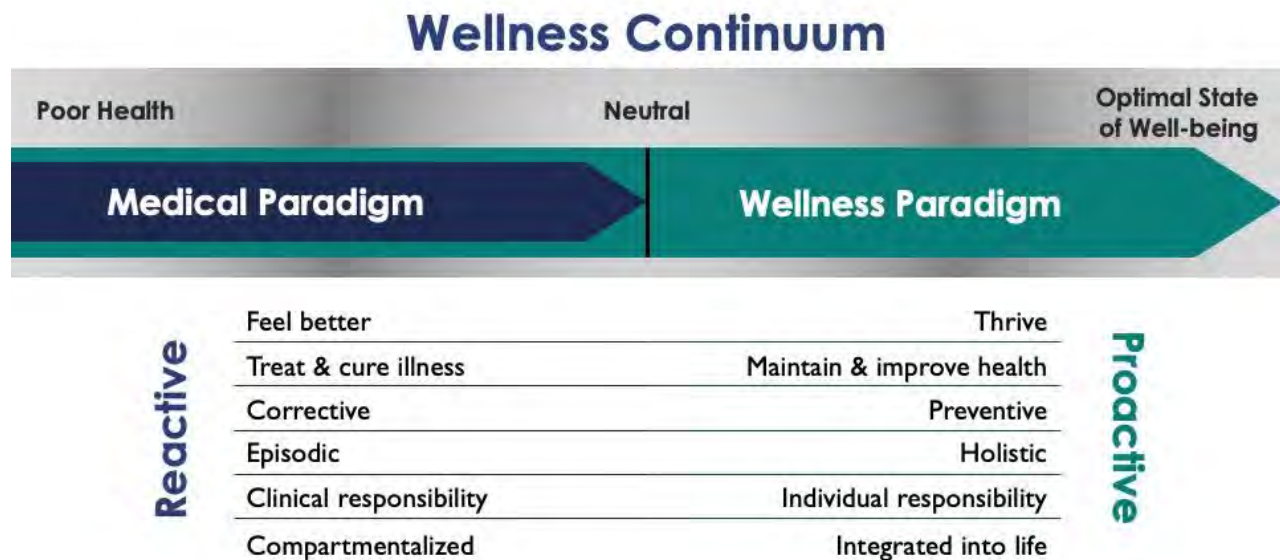
Source: Global Wellness Institute

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[33] Refer to the Global Wellness Institute webpage at https://globalwellnessinstitute.org/what-is-wellness/.

## Review of Student Data & Health-Related Outcomes

Georgia Tech has the distinct advantage of having collected an extensive amount of data on student health and health-related outcomes, utilizing a variety of survey tools and assessments. In some cases, GT is able to compare our students with those of a benchmark or reference group or analyze longitudinal trends over time. Available data sets have been curated to summarize salient information that is actionable; far more student data exists than has been reviewed in this section.

It is essential to acknowledge that significant health equity gaps based on race/ethnicity, sexual orientation, socioeconomic status, disability, and other identities that have historically been the target of marginalization are well-documented. Throughout the pandemic, already existing disparities in both health status and access to quality, safe health services were exacerbated.

Disaggregation of data is essential to accurately identifying disparities in wellness and well-being outcomes so that targeted action and efforts can be implemented to redress them. In this section, much of the data from the *Healthy Minds Study* is reported in the aggregate; the *American College Health Association's National College Health Assessment* does provide data reports that disaggregate on the basis of gender, but on the gender binary rather than the gender continuum. We want to recognize upfront that these are weaknesses in the presentation of data and constitute further areas for future investment and attention.

### Healthy Minds Study

The Healthy Minds Network annual web-based survey study is coordinated by the University of Michigan; it examines mental health, service utilization, and related issues among undergraduate and graduate students. Since its national launch in 2007, the Health Minds Study (HMS) has been fielded at about 400 colleges and universities, with over 550,000 survey respondents. Georgia Tech participated in both the Spring 2018 (N = 1,961; 26% response rate)[34] and Spring 2020 administrations (N = 1,555; 13% response rate);[35] both undergraduate and graduate students were included in our sampling frame.

From *Table A: Mental Health Impacts Compared to National Sample; Spring 2018 and Spring 2020*, we can see that Georgia Tech students reported similar scores to that of their national peers on the Flourishing Scale – one measure of well-being – and that there was minimal

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[34] The Healthy Minds Study. (2018). *Georgia Institute of Technology, 2017-2018 Data Report.* Ann Arbor: Health Sciences and Behavioral Sciences, University of Michigan.

[35] The Healthy Minds Study. (2020). *Georgia Institute of Technology, 2019-2020 Data Report.* Ann Arbor: Health Sciences and Behavioral Sciences, University of Michigan.

change in this score from Spring 2018 to Spring 2020. Regarding depression, Georgia Tech students scored the same as students at other campuses in Spring 2018 but scored lower on this scale than their peers in Spring 2020 – a statistically significant difference. Self-reported rates of depression/anxiety and of disordered eating and body image among GT students were significantly lower than that of the national sample in both Spring 2018 and Spring 2020. When reporting the degree of academic impairment due to their mental health, GT students were statistically more likely to report impairment for 1-2 days in Spring 2020, but less likely to report academic impairment for 3-5 or 6+ days in both survey administrations.

**Table A: Mental Health Impacts Compared to National Sample; Spring 2018 and Spring 2020**

| Measure | 2019-2020 | | 2017-2018 | |
|---|---|---|---|---|
| *Significantly Different from National Sample | GT | National Sample | GT | National Sample |
| **Positive Mental Health** <br> *Flourishing Scale (8-56)* | 43.5 | 43.5 | 44.3* | 43.7 |
| **Depression** – *Overall Score (0-27)* | 6.4* | 8.4 | 1.1 | 1.1 |
| **Depression/Anxiety** | 28%* | 44% | 32%* | 35% |
| **Disordered Eating and Body Image** <br> *Need to be very thin to feel good about self* | 21%* | 25% | 16%* | 25% |
| **Academic Impairment from Mental Health** <br> *1-2 days* <br> *3-5 days* <br> *6+ days* | <br> 35%* <br> 19%* <br> 12%* | <br> 31% <br> 24% <br> 22% | <br> 31% <br> 20%* <br> 18% | <br> 33% <br> 24% <br> 19% |

In reviewing *Table B: Suicide – Attitudes, Beliefs & Ideation Compared to National Sample; Spring 2018 and Spring 2020*, we see that 8-9% of Georgia Tech students reported seriously contemplating suicide during the previous year, which is concerning; however, in both years, our students were significantly less likely to think about attempting suicide relative to their peers (13-14%) – with both cohorts seeing a 1% increase from Spring 2018 to Spring 2020. When asked about a perceived social norm – whether peers would negatively judge another student who has sought mental health treatment – both GT students and their national peers greatly misperceived this norm. In Spring 2020, while only 7% of respondents in both cohorts reported they would judge another student negatively for getting care, 51% of the national sample thought "most people" would, and 42% of GT students thought so (down from 56% in Spring 2018) – a significant difference. Finally, Georgia Tech students (about 80% in both surveys) were significantly more likely than national peers to indicate knowing where to go for professional mental health services in Springs 2018 and 2020, which is a promising result.

We can see some potential and real barriers to mental health care access in *Table C: Satisfaction with Therapy and Barriers to Help-Seeking Compared to National Sample; Spring 2018 and Spring 2020.* When asked about satisfaction with their campus mental health

providers, Georgia Tech students were significantly less likely to report being "very satisfied" than their national peers (23% versus 30% in Spring 2020; 30% versus 34% in Spring 2018). Compared to their peers, Georgia Tech students in Spring 2020 were more likely to report not needing services (49%), preferring to deal with issues on their own or with family/friends (29%), and not being sure where to go (14%) as reasons for accessing less mental health care. GT students in Spring 2020 were as likely to cite not having enough time (23%) or financial reasons (16%) as barriers to mental health care access. Note that in Spring 2020, only 9% of respondents cited that difficulty finding an appointment was a barrier to accessing care – the same as students across the country.

**Table B: Suicide – Attitudes, Beliefs & Ideation Compared to National Sample; Spring 2018 and Spring 2020**

| Measure | 2019-2020 | | 2017-2018 | |
|---|---|---|---|---|
| *Significantly Different from National Sample | GT | National Sample | GT | National Sample |
| **Suicidality** <br> *Seriously thought about attempting suicide, past year* | 9%* | 14% | 8%* | 13% |
| **...think less of someone who has received mental health treatment.** <br> *I* <br> *Most people* | <br><br> 7% <br> 42%* | <br><br> 7% <br> 51% | <br><br> 10% <br> 56% | <br><br> 6% <br> 47% |
| **Know where to go for professional help for mental health** <br> *"Strongly Agree" / "Agree"* | <br><br> 79%* | <br><br> 72% | <br><br> 81%* | <br><br> 76% |

**Table C: Satisfaction with Therapy and Barriers to Help-Seeking Compared to National Sample; Spring 2018 and Spring 2020**

| Measure | 2019-2020 | | 2017-2018 | |
|---|---|---|---|---|
| *Significantly Different from National Sample | GT | National Sample | GT | National Sample |
| **Quality of Therapists - Campus Providers** | | | | |
| *Very satisfied* | 23%* | 30% | 30% | 34% |
| *Satisfied* | 35% | 35% | 34% | 32% |
| *Somewhat satisfied* | 23% | 17% | 18% | 17% |
| **Reasons for receiving no or fewer services for mental health** | | | | |
| *No need for services* | 49%* | 42% | 55%* | 42% |
| *Financial reasons* | 16% | 17% | 12%* | 17% |
| *Not enough time* | 23% | 22% | 22%* | 27% |
| *Not sure where to go* | 14%* | 12% | 8% | 12% |
| *Difficulty finding an appointment* | 9% | 9% | 9% | 9% |

| | | | |
|---|---|---|---|
| *Prefer to deal with issues on my own or with support from family/friends* | 29%* | 25% | 27% | 27% |

Lastly, in *Table D: Lifetime Diagnoses of Mental Health Disorders Compared to National Sample; Spring 2020*, we can see the relative prevalence of various mental health disorders between Georgia Tech students and their national peers.  Among GT students, anxiety (15%) is the most prevalent mental health disorder, followed by depression and other mood disorders (12%); the lifetime incidence of each of the other mental health disorders is less than 5%.  Overall, the prevalence of mental health disorders among GT students is significantly lower compared to the national sample.  For example, while 12% of Georgia Tech students have been diagnosed with depression or other mood disorders, 24% of students in the national sample have been.

**Table D: Lifetime Diagnoses of Mental Health Disorders Compared to National Sample; Spring 2020**

| Lifetime Diagnoses of Mental Health Disorders, 2019-2020 | | |
|---|---|---|
| **GT** | **National Sample** | **Mental Health Disorder** |
| 22%* | 35% | **Any of these** |
| 15%* | 27% | Anxiety (generalized anxiety disorder, phobias, etc.) |
| 12%* | 24% | Depression or other mood disorders |
| 4%* | 5% | Neurodevelopmental disorder or intellectual disability (ADD, ADHD, autism spectrum disorder, etc.) |
| 2% | 3% | Eating disorder (anorexia nervosa, bulimia nervosa) |
| 2%* | 6% | Trauma and stressor-related disorders (e.g., PTSD, etc.) |
| 1%* | 3% | Bipolar (bipolar I or II, cyclothymia) |
| 2%* | 4% | Obsessive-compulsive or related disorder (e.g., body dysmorphia) |
| 0% | 1% | Psychosis (schizophrenia, schizo-affective disorder, etc.) |
| 0% | 1% | Personality disorder (antisocial, paranoid, schizoid, etc.) |
| 0% | 1% | Substance use disorder (alcohol abuse, abuse of other drugs) |
| 78%* | 65% | **None of these** |
| *Significantly Different from National Sample | | |

**American College Health Association, National College Health Assessment**

The [American College Health Association, National College Health Assessment](#) (ACHA-NCHA) is one of the longest running college health surveys in the US.  Based on the CDC's Youth Risk Behavior Surveillance System (YRBSS), ACHA-NCHA is a nationally recognized research survey that collects precise data about students' health habits, behaviors, and perceptions.  Participating campuses have the advantage of being able to obtain reference group reports to benchmark their institution's student health outcomes against a national peer cohort. Georgia

Tech participated in the ACHA-NCHA Fall 2019 administration (N = 464);[36] the national undergraduate student reference group comprised 39,602 students enrolled at 75 different participating campuses.[37]

The ACHA-NCHA yields a rich data set, as it asks questions related to a broad range of topics, including but not limited to:

- Alcohol, tobacco, and other drug use
- Sexual health
- Weight, nutrition, and exercise
- Mental health
- Personal safety and violence
- Utilization of health care services
- Preventive health practices
- Social norms perceptions

Below are some highlights of findings that invite action and intervention. First, 55.4% of all students at Georgia Tech described their health as "very good or excellent" – with men (64%) more likely to do so than women (49%); these levels of self-reporting are similar to their national peers, although Georgia Tech women were less likely to report "very good or excellent" health compared to the reference group (49% versus 52%).

When queried about the degree to which their academic performance was affected by various health issues, Georgia Tech students generally report lower likelihood of negative impact across an entire spectrum of illnesses, disorders, or health concerns, as shown in *Table E: Negative Impacts on Academic Performance in Last Year; Fall 2019*. In addition, for Georgia Tech students, the health concerns that were most disruptive to academic performance were: stress (36.3%), anxiety (27.3%), sleep difficulties (20.7%), and depression (20.1%) – the same top disruptors as in the reference group, although the reference group members reported higher incidence levels than GT students did across all four items.

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[36] American College Health Association. (2020). *American College Health Association-National College Health Assessment III: Georgia Institute of Technology Executive Summary Spring 2020*. Silver Spring, MD: American College Health Association.

[37] American College Health Association. (2020). *American College Health Association-National College Health Assessment III: Reference Group Data Report Spring 2020*. Silver Spring, MD: American College Health Association.

**Table E: Negative Impacts on Academic Performance in Last Year; Fall 2019**

| Within the last 12 months, have any of the following affected your academic performance? (*Negatively impacted performance in a class/Delayed progress towards degree*) | Reference Group | GT |
|---|---|---|
| Assault (Physical) | 0.7% | 0.2% |
| Assault (Sexual) | 2.3% | 2.0% |
| Allergies | 3.3% | 3.3% |
| Anxiety | 32.0% | 27.3% |
| Attention-Deficit Hyperactivity Disorder (ADHD) or Attention-Deficit Disorder (ADD) | 8.0% | 6.1% |
| Concussion or Traumatic Brain Injury (TBI) | 2.2% | 1.1% |
| Depression | 25.5% | 20.1% |
| Eating Disorder/Problem | 3.1% | 1.7% |
| Headaches/Migraines | 11.6% | 8.3% |
| Influenza or Influenza Like Illness | 7.2% | 4.1% |
| Injury (e.g., burn, sprain, broken bone) | 2.7% | 2.9% |
| Premenstrual Syndrome (PMS) | 9.2% | 5.5% |
| Post-Traumatic Stress Disorder (PTSD) | 3.4% | 2.0% |
| Short-Term Illness | 6.9% | 5.1% |
| Upper Respiratory Illness | 11.3% | 8.3% |
| Sleep Difficulties | 24.8% | 20.7% |
| Stress | 42.0% | 36.3% |
| Other Issue Not Previously Reported | 1.1% | 1.5% |

From *Table F: Received Psychological or Mental Health Services Within Last 12 Months; Fall 2019*, we can see that Georgia Tech students were less likely than the reference group to have received counseling or mental health care in the prior year (24.3% versus 30.2%), with female students at GT and in the reference group more likely to have received psychological services than male students. When GT students did receive care, they were less likely to have utilized their campus health or counseling center compared to their national peers (46.7% versus 55.3%), and more likely to visit a mental health provider in the community near campus (43.0% versus 28.4%). This is likely due to the number of referrals that our campus mental health professionals make accordingly for students who are considered "out of scope" (e.g., require long-term therapy) or cannot be served within available capacity; further inquiry is warranted.

**Table F: Received Psychological or Mental Health Services Within Last 12 Months; Fall 2019**

| | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| No | 81% | 66% | 69.8% | 84% | 69% | 75.7% |
| Yes | 19% | 34% | 30.2% | 16% | 31% | 24.3% |
| **Psychological or mental health services provided by:** | | | | | | |
| My campus health and/or counseling center | 53% | 56% | 55.3% | 47% | 47% | 46.7% |
| A mental health provider in community near campus | 27% | 28% | 28.4% | 42% | 42% | 43.0% |
| A mental health provider in my hometown | 42% | 45% | 44.6% | 29% | 43% | 37.7% |

The ACHA-NCHA administers a number of scales and inventories as part of its survey items. One of them is the *Kessler Psychological Distress Scale* (K6+), which is a six-item self-report measure of psychological distress intended to be used as a quick tool to assess risk for serious mental illness in the general population. Participants indicate how often they have had six different feelings or experiences during the past 30 days using a five-point Likert scale: 4 (All of the time), 3 (Most of the time), 2 (Some of the time), 1 (A little of the time), and 0 (None of the time). The feelings and experiences for this first item are the following: "nervous," "hopeless,", "restless or fidgety," "so depressed that nothing could cheer you up," "that everything was an effort," and "worthless."

*Table G: Kessler 6 Non-Specific Psychological Distress Scores Compared to Reference Group; Fall 2019* demonstrates that Georgia Tech students – although it varies notably by gender - are less likely to report no or low psychological distress (35.8% versus 58.8%), more likely to report moderate psychological distress (51.6% versus 22.2%), but less likely to report serious psychological distress (12.6% versus 19.0%) as compared to their national peers. However, women at Georgia Tech were more likely than their male peers to report moderate (56% versus 45%) and serious psychological distress (14% versus 11%).

**Table G: Kessler 6 Non-Specific Psychological Distress Scores Compared to Reference Group; Fall 2019**

| | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| No or low psychological distress (0-4) | 67% | 57% | 58.8% | 44% | 30% | 35.8% |
| Moderate psychological distress (5-12) | 19% | 23% | 22.2% | 45% | 56% | 51.6% |
| Serious psychological distress (13-24) | 14% | 20% | 19.0% | 11% | 14% | 12.6% |

Another scale embedded in the ACHA-NCHA is the two-item version of the *Connor-Davidson Resilience Scale* (CD-RISC 2), which was developed as a measure of "bounce-back" and

adaptability by the original authors.[38] The two items are: (1) I am able to adapt when changes occur; and (2) I tend to bounce back after illness, injury, or other hardships. Each is scored on a range from 0-8; in a general population survey of US adults, the mean CD-RISC 2 score is 6.91, while lower scores have been observed in psychiatric groups with depression (5.12), Generalized Anxiety Disorder (4.96) and PTSD (4.70) (Vaishnavi, et al., 2007) and in survivors of the Southeast Asian Tsunami of 2004 (4.67).[39] In *Table H: Connor-Davidson Resilience Scale-2 Scores Compared to Reference Group; Fall 2019*, Georgia Tech students' resilience is comparable to that of the national reference group. The higher minimum score for women at Georgia Tech bears further inquiry.

**Table H: Connor-Davidson Resilience Scale-2 Scores Compared to Reference Group; Fall 2019**

|  |  | **Mean** | **Median** | **Std Dev** | **Min** | **Max** |
|---|---|---|---|---|---|---|
| **Reference Group** | Male | 6.21 | 6 | 1.48 | 0 | 8 |
|  | Female | 5.95 | 6 | 1.47 | 0 | 8 |
|  | Total | 6.00 | 6 | 1.49 | 0 | 8 |
| **GT** | Male | 6.13 | 6 | 1.62 | 0 | 8 |
|  | Female | 5.93 | 6 | 1.51 | 2 | 8 |
|  | Total | 6.02 | 6 | 1.58 | 0 | 8 |

Historically, high-risk drinking has been a concern for the majority of college campuses. In examining alcohol consumption patterns at Georgia Tech – refer to *Table I: Alcohol Consumption Compared to Reference Group; Fall 2019* – our students drink at slightly higher rates compared to their national counterparts (65% versus 63% drank alcohol in the last month), and our female students drink at somewhat higher rates than their peers (69% versus 65%). When asked, "Last time you drank alcohol did you **intend to get drunk**" Georgia Tech male students were much *more* likely to respond "yes" than their peers (59% versus 49%), while female students at GT were much *less* likely to respond "yes" to this question (31% versus 44%).

The number of drinks consumed in one sitting is an important measure of risk; specifically, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines **binge drinking** as "a

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[38] Vaishnavi, S., et al. (2007, August 30). *An abbreviated version of the Connor-Davidson Resilience Scale (CD-RISC), the CD-RISC2: Psychometric properties and applications in psychopharmacological trials*. Psychiatry Res., 152(2-3): 293–297. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2041449/pdf/nihms29561.pdf. Accessed 1 July 2022.
[39] Irmansyah, I., et al. (2010, April 27). Determinants of psychological morbidity in survivors of the earthquake and tsunami in Aceh and Nias. International Journal of Mental Health Systems, 4(8). https://ijmhs.biomedcentral.com/articles/10.1186/1752-4458-4-8. Accessed 1 July 2022.

pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent - or 0.08 grams of alcohol per deciliter - or higher. For a typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours."[40] Georgia Tech students were less likely to consume three or more drinks in a sitting than the reference group (48.8% versus 56.3%).

**Table I: Alcohol Consumption Compared to Reference Group; Fall 2019**

| | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| Drank alcohol in the last 30 days | 62% | 65% | 62.9% | 60% | 69% | 65.0% |
| Last time you drank alcohol did you **get drunk?** Yes | 47% | 43% | 44.5% | 56% | 31% | 33.0% |
| Last time you drank alcohol did you **intend to get drunk?** Yes | 49% | 44% | 45.4% | 59% | 31% | 33.9% |
| Last time you drank alcohol in a social setting **how many drinks?** 3 or more | 64% | 54% | 56.3% | 58% | 41% | 48.8% |
| Last time you drank alcohol in a social setting, **over how many hours did you drink?** | | | | | | |
| 1-2 hours | 38% | 40% | 39.7% | 36% | 45% | 40.4% |
| 3-4 hours | 40% | 39% | 39.2% | 43% | 35% | 38.7% |
| 5-6 hours | 16% | 16% | 15.8% | 17% | 16% | 16.9% |

Issues of campus safety and interpersonal violence, including physical assaults, sexual and intimate partner violence, and stalking are also important public health concerns on the college campus. As shown in *Table J: Experience With Interpersonal Violence (Excluding Intimate Relationships) Compared to Reference Group; Fall 2019*, a lower proportion of students at Georgia Tech reported experiences with fights or physical assaults, verbal threats, nonconsensual sexual contact, or stalking compared to their national peers. However, Georgia Tech students reported experiencing non-consensual sexual penetration at the same rate as the reference group – with women at Georgia Tech twice as likely to report this compared to their male counterparts (2% versus 1%); male students at Georgia Tech were more likely than GT women to report being verbally threatened (9% versus 7%).

When considering students' perceptions of personal safety while attending classes or socializing on and around campus, Georgia Tech men and women were more likely than their counterparts nationally to report feeling "very safe on campus" during the day (88.3% versus 81.4%). However, this flipped when considering the campus at night and the surrounding community –

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[40] Refer to the National Institute on Alcohol Abuse and Alcoholism webpage at https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking.

whether daytime or nighttime: Georgia Tech students felt less safe than their peers – which is understandable given Georgia Tech's location in the middle of a highly densified urban area.  In all contexts, female students at Georgia Tech felt significantly less safe than their male peers.  These data are presented in *Table K: Perceptions of Personal Safety Compared to Reference Group; Fall 2019*.

**Table J: Experience With Interpersonal Violence (Excluding Intimate Relationships) Compared to Reference Group; Fall 2019**

| I was in…I was…I experienced… | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| A Physical Fight | 5% | 2% | 2.6% | 2% | 0% | 1.1% |
| Physically Assaulted | 2% | 2% | 1.8% | 1% | 1% | 1.1% |
| Verbally Threatened | 13% | 9% | 10.3% | 9% | 7% | 8.0% |
| Sexually Touched Without Consent | 3% | 9% | 7.2% | 3% | 7% | 5.6% |
| Sexual Penetration Without My Consent | 1% | 3% | 1.9% | 1% | 2% | 1.9% |
| Sexually Penetrated or Made to Penetrate Someone Without My Consent | 1% | 2% | 1.9% | 1% | 1% | 0.9% |
| Victim of Stalking | 2% | 5% | 4.2% | 1% | 3% | 2.2% |

**Table K: Perceptions of Personal Safety Compared to Reference Group; Fall 2019**

| College students reported feeling "Very safe" | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| On their campus (daytime) | 86% | 80% | 81.4% | 92% | 85% | 88.3% |
| On their campus (nighttime) | 53% | 22% | 30.8% | 41% | 20% | 30.0% |
| In the community surrounding their campus (daytime) | 56% | 43% | 46.8% | 41% | 25% | 33.5% |
| In the community surrounding their campus (nighttime) | 29% | 11% | 16.0% | 9% | 4% | 6.7% |

The CDC estimates that approximately one in five individuals has a sexually transmitted infection (STI) on any given day; nearly half of the 26 million new STI cases annually occur in young adults aged 15-24 – which includes a good proportion of traditionally-aged college students. The most common STI are chlamydia, trichomoniasis, genital herpes, and HPV, which

together account for roughly 93% of all new STI infections.[41] Having an STI is a risk factor for also contracting HIV (human immunodeficiency virus), with gay/bisexual men and Blacks/African Americans and Hispanics/Latinos at disproportionately greater risk. Approximately 1.2 million people are living with HIV in the US today. During 2019 alone, nearly 37,000 were diagnosed with HIV in the US; of these, 53% were in the South and the number of new HIV diagnoses was highest among individuals aged 25-34.[42]

In light of these statistics, let's review the HIV/STI risk reduction practices adopted by Georgia Tech students. In *Table L: Reducing HIV and Sexually Transmitted Infection (STI) Risk Compared to Reference Group; Fall 2019*, Georgia Tech students and the reference group are about equally like to utilize a protective barrier such as a condom or glove during oral sex or vaginal intercourse, but notably less likely to do so during anal intercourse (25% versus 45%). During vaginal intercourse, GT men were less likely than their national peers to report using a barrier method (40% versus 47%), while GT women were more likely than their national peers to do so (46% versus 42%).

**Table L: Reducing HIV and Sexually Transmitted Infection (STI) Risk Compared to Reference Group; Fall 2019**

| Within the last 30 days**, how often (most of the time or always) did you or your partner(s) use a condom or other protective barrier (for example: male condom, female condom, dam, or glove) during: | | | | | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding **Only includes students that have had oral, vaginal and/or anal sex within the last 30 days | **Reference Group** | | | **GT** | | |
| | Male* | Female* | Total | Male* | Female* | Total |
| Oral sex (oral/genital contact)? | 6% | 4% | 4.7% | 7% | 3% | 4.8% |
| Vaginal intercourse (penis in vagina)? | 47% | 42% | 43.1% | 40% | 46% | 43.2% |
| Anal intercourse (penis in anus)? | 57% | 35% | 44.7% | 25% | 33% | 25.0% |

Lastly, physical activity and exercise, good nutrition, and adequate sleep are the foundational blocks for physical health and wellness. Georgia Tech is known for its outdoor recreation programs and sports clubs, and this seems to bear out in the data: our students are more likely than their national peers to participate in physical activity of some sort 1-5 hours per week and 6-10 hours per week; they are less likely to not exercise at all or to spend 11-15 hours per week.

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[41] Go to the Centers for Disease Control & Prevention (CDC), https://www.cdc.gov/std/statistics/prevalence-2020-at-a-glance.htm, for more information.
[42] Go to the US Department of Health & Human Services HIV.gov site at https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics for more information.

While the specific details of the nature of activity taking place are unknown, these data do at first glance seem in alignment with the DHHS recommendations on physical activity for adults: "For substantial health benefits, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity."[43]

**Table M: Hours Spent Exercising in a Typical 7-Day Week Compared to Reference Group; Fall 2019**

| Participating in physical exercise, team sports, recreational sports, or physical activity hobbies? | Reference Group | | | GT | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Male* | Female* | Total | Male* | Female* | Total |
| 0 hours | 17% | 24% | 22.7% | 18% | 21% | 19.2% |
| 1-5 hours | 42% | 50% | 47.3% | 44% | 57% | 51.9% |
| 6-10 hours | 26% | 17% | 19.6% | 28% | 18% | 22.4% |
| 11-15 hours | 8% | 5% | 5.6% | 7% | 2% | 4.3% |

According to the most recent administration of the #RealCollege Survey conducted in Fall 2020 by the Hope Center, nearly three in five students reported experiencing basic needs insecurity at some point. Students' **basic needs** include "access to nutritious and sufficient food; safe, secure, and adequate housing—to sleep, to study, to cook, and to shower; healthcare to promote sustained mental and physical well-being; affordable technology and transportation; resources for personal hygiene; and childcare and related needs."[44] **Basic needs insecurity** (BNI) is "a structural characteristic affecting students, not an individual characteristic. It means that

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[43] US Department of Health & Human Services. (2018). Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: DHHS.  Available at https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf. Accessed 1 July 2022.

[44] The Hope Center's definition of students' basic needs was modified from one used by the University of California. For their definition, see: Regents of the University of California Special Committee on Basic Needs. (2020, November). *The University of California's next phase of improving student basic needs*.

there is not an ecosystem in place to ensure that students' basic needs are met."[45] Specifically, 29% of college students attending four-year institutions reported experiencing food insecurity – "the limited or uncertain availability of nutritionally adequate and safe food, or the ability to acquire such food in a socially acceptable manner."[46] Therefore, food insecurity would be a major deterrent to good nutrition.

Georgia Tech students appear to experience less food insecurity than their national peers; for example, in response to the statement, "I couldn't afford to eat balanced meals," 71.7% of Georgia Tech students indicated this was "Never true" for them, compared to 56.2% for the reference group. There was a gender difference among GT students: men were more likely to report food security than women (75% versus 69%).

**Table N: Nutrition – Access to a Balanced Meal Compared to Reference Group; Fall 2019**

| Please say whether the statement was often true, sometimes true, or never true for you in the last 30 days. I couldn't afford to eat balanced meals. | | | | | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Reference Group | | | GT | | |
| | Male* | Female* | Total | Male* | Female* | Total |
| Never True | 62% | 54% | 56.2% | 75% | 69% | 71.7% |
| Sometimes True | 27% | 32% | 30.6% | 18% | 26% | 21.9% |
| Often True | 11% | 14% | 13.3% | 8% | 6% | 6.4% |

Finally, the CDC generally recommends that adults ages 18-60 get seven or more hours per night of sleep; this is important to overall health and well-being.[47] In fact, driving while fatigued or sleepy can incur comparable risks to driving while intoxicated.[48] Most of us can intuitively understand the role that being well-rested plays in the ability to be an active, engaged learner and its impact on academic performance.

As shown in *Table O: Self-Reports of Feeling Tired or Sleepy During the Day Compared to Reference Group; Fall 2019*, students across the country reported never feeling tired or sleepy

[45] The Hope Center for College, Community, and Justice. (2021). *#RealCollege 2021: Basic Needs Insecurity During the Ongoing Pandemic*. Philadelphia, PA. Accessed at https://hope4college.com/wp-content/uploads/2021/03/RCReport2021.pdf. Accessed 1 July 2022.
[46] US Department of Agriculture, Economic Research Service. (2020). *Food security in the U.S.: Measurement*, as cited by The Hope Center. Accessed 1 July 2022.
[47] See the CDC webpage at https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html. Accessed 1 July 2022.
[48] See the CDC webpage at https://www.cdc.gov/sleep/about_sleep/drowsy_driving.html. Accessed 1 July 2022.

during the day at relatively low rates. However, Georgia Tech students were more likely than their national peers to report feeling tired or sleepy during the day on 1-2 days of the week (32% versus 21%), with GT men reporting this more so than GT women (41% versus 24%). GT students and the reference group reported nearly similar levels of feeling tired or sleepy during the day 3-5 days (41% versus 43%). Further, GT students were less likely to report daytime fatigue on 6-7 days of the week (24% versus 31%); however, GT women were twice as likely to report daytime fatigue on 6-7 days of the week than GT men (31% versus 15%). These data seem to indicate that Georgia Tech students could benefit from more sleep.

**Table O: Self-Reports of Feeling Tired or Sleepy During the Day Compared to Reference Group; Fall 2019**

| Felt tired or sleepy during the day | | | | | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Reference Group | | | GT | | |
| Students reported on how many of the last 7 days: | Male* | Female* | Total | Male* | Female* | Total |
| 0 days | 6% | 3% | 4% | 3% | 4% | 4% |
| 1-2 days | 30% | 19% | 21% | 41% | 24% | 32% |
| 3-5 days | 43% | 44% | 43% | 41% | 42% | 41% |
| 6-7 days | 22% | 35% | 31% | 15% | 31% | 24% |

So now let us examine how many hours of sleep Georgia Tech students are actually getting, on average, in particular on <u>weeknights</u> when most classes and other curricular activities are taking place. Over the last two weeks, 62% of Georgia Tech students reported getting 7-9 hours of sleep on average each weeknight, compared to 56% of their national peers. Students at other campuses were more likely to report getting less than 7 hours of sleep each night than GT students: 43% versus 38%, with women across the board more likely to report insufficient sleep than their male peers; refer to *Table P: Average Amount of Sleep (Excluding Naps) on Weeknights, Compared to Reference Group; Fall 2019*.

**Table P: Average Amount of Sleep (Excluding Naps) on Weeknights, Compared to Reference Group; Fall 2019**

| Over the last 2 weeks, students reported the following average amount of sleep (excluding naps) – *on weeknights* | | | | | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding | Reference Group | | | GT | | |
| | Male* | Female* | Total | Male* | Female* | Total |
| Less than 7 hours | 31% | 43% | 43% | 37% | 39% | 38% |
| 7 to 9 hours | 57% | 57% | 56% | 63% | 61% | 62% |
| 10 or more hours | 1% | 1% | 1% | 0% | 0% | 0% |

As reflected in *Table Q: Average Amount of Sleep (Excluding Naps) on Weekend Nights, Compared to Reference Group; Fall 2019*, it appears that Georgia Tech students "make up" for any lost sleep during the week on the weekends: only 9% of GT students reported getting less than 7 hours of sleep on average versus 19% of their peers reporting so. Similarly, 81% of GT students reported getting an average of 7-9 hours of sleep on weekend nights, compared to only 73% of national peers doing so.

**Table Q: Average Amount of Sleep (Excluding Naps) on Weekend Nights, Compared to Reference Group; Fall 2019**

| Over the last 2 weeks, students reported the following average amount of sleep (excluding naps) – *on weekend nights* | | | | | | |
|---|---|---|---|---|---|---|
| *Data percentages reflects decimal rounding* | **Reference Group** | | | **GT** | | |
| | **Male*** | **Female*** | **Total** | **Male*** | **Female*** | **Total** |
| Less than 7 hours | 18% | 20% | 19% | 9% | 9% | 9% |
| 7 to 9 hours | 74% | 73% | 73% | 83% | 80% | 81% |
| 10 or more hours | 14% | 14% | 14.0% | 8% | 11% | 10% |

### Summary of the Student Data

Overall, the data from the *Healthy Minds Study* and the *ACHA-NCHA* suggest that Georgia Tech students for the most part struggle and cope with health in ways that are similar to their national peers. There are instances where "red flags" are raised with regard to particular vulnerabilities or risks on the part of Georgia Tech, and there are also notable gender differences that need to be addressed. As highlighted at the start of this section, it should be anticipated that disaggregation of the data on the basis of other identities, for example by race/ethnicity, will reveal health disparities and health equity gaps that require mindful, concerted attention. Lastly, it should be noted that Georgia Tech administers several other surveys that include data related to students' health, wellness and well-being. Those data should be reviewed and considered on an ongoing basis going forward to help refine implementation efforts on behalf of the *Cultivate Well-Being Action & Transformation Roadmap*. In addition, the campus is slated to administer the *ACHA-NCHA* again in Fall 2022 and the *Healthy Minds Study* in Spring 2023; this section of the document will be updated to incorporate the new data.

The creation of the **Division of Student Engagement & Well-being** and the appointment and arrival of the inaugural Vice President responsible to lead this new division beginning in August 2021 afforded Georgia Tech the opportunity to engage in a self-study and environmental scan to inform the development of this iteration of the *Cultivate Well-Being* strategic plan. Through a series of numerous listening sessions with students, staff, and faculty throughout academic year 2021-22, meetings with student groups and student organizations, and discussions with the leadership of both the undergraduate and graduate Student Government Association, along with ongoing participant-observation of the Institute's administrative, programmatic and operational practices, and prevailing organizational/cultural norms, an informative picture of students' needs and priorities emerged. The dominant themes are identified and described below.

Theme 1: Broad Institute-wide awareness of the importance of cultivating well-being and clear commitment to this work, beginning at the very top. That cultivating well-being is visibly highlighted as one of six focus areas in Georgia Tech's 10-year strategic plan sends a strong message about the importance of this work to the Institute's administration, faculty, and staff. Student leadership is also very energized and engaged on issues related to well-being. Numerous committees and work groups have emerged throughout various cabinet areas, colleges, divisions, and departments to examine issues of well-being and identify interventions. The President routinely references the centrality of well-being when speaking publicly with a wide range of constituents and stakeholders. The reorganization effort that resulted in a new division called Student Engagement & Well-Being further reinforces the campus' dedication to health, wellness, and well-being for students. The existence of this commitment is certainly a necessary condition for successful change efforts – although not sufficient in and of itself. Coalescing this commitment into a coordinated set of purposeful activities has been more challenging; in addition, there is not a clear consensus on what exactly is needed in order to demonstrably move the needle when it comes to enhancing well-being.

Theme 2: Prevailing misperception that Georgia Tech students have a greater incidence/prevalence of depression, suicide and mental health disorders compared to their peers at other institutions of higher learning. Research on the role of **social norms** in influencing and shaping health-related behavior (such as high-risk drinking, sexual assault, and bystander intervention in suicide) has been well-documented. Accurate perception of prevailing social norms is important for students to make informed choices about their health and wellness, especially since most individuals tend to select behaviors that conform to what they

believe is the norm.[49] Yet a significant proportion of students, faculty, staff, alumni, and parents hold the misperception that Georgia Tech students have a greater incidence/prevalence of depression, suicide and mental health disorders compared to their peers at other institutions of higher learning - even though Georgia Tech's own student data does not support this assertion. While it is true that mental health remains a critically important concern, the incidence and prevalence of mental health symptoms and disorders among GT students is comparable to the broader college student population across the US, as evidenced by the student data documented in the previous section.

Theme 3: Unsupported belief that Georgia Tech has an insufficient number of mental health providers. A large proportion of students, faculty and staff at Georgia Tech believe that the perceived mental health challenges at Georgia Tech could be alleviated by hiring more counselors; even some of the staff in the Counseling Center believe this. This is likely due to an increasingly growing perception and lived experience that wait times to receive an appointment with the GT Counseling Center or Stamps Psychiatry have gotten longer in recent years. In further examining this perception, it's important to recognize that most counseling centers temporarily experience longer wait lists for appointments during times of the semester when there is understandably increased demand for mental health care, e.g., mid-term and final exams.  These fluctuations in wait times are normal, usual, and to be expected.

The International Accreditation of Counseling Services (or IACS) offers a commonly cited benchmark that is among their standards for accreditation: "Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students, depending on services offered and other campus mental health agencies."[50] At Georgia Tech, there are approximately 47-50 FTE established mental health professional positions combined in the Center for Assessment,

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[49] To learn more about social norms theory and health behavior change, refer to the following web resources. For a quick overview of the theory visit http://socialnorms.org/faqs/, https://www.chronicle.com/article/6-universities-say-social-norms-approach-helps-them-combat-high-risk-drinking/?cid2=gen_login_refresh&cid=gen_sign_in or https://president.umn.edu/sites/president.umn.edu/files/2019-06/alan_berkowitz_umn_social_norms-r_march_2018.pdf. For a full range of relevant articles, visit http://www.alanberkowitz.com/papers.php, http://alanberkowitz.com/articles/social_norms.pdf, and http://vawnet.org/sites/default/files/assets/files/2016-09/SocialNorms.pdf.
[50] Go to https://iacsinc.org/staff-to-student-ratios/ for this benchmark. Accessed 1 July 2022.  It should be noted that IACS generally only considers permanent professional staff FTE in the campus' IACS-accredited unit for purposes of calculating ratios. For Georgia Tech's purpose, we are considering an integrated approach to mental health care delivery; as such, we are considering all staff when analyzing capacity to serve students.

Referral & Education (CARE), the Counseling Center, and Stamps Psychiatry - albeit not all positions are currently filled. In Fall 2021, according to the [Georgia Tech Fact Book](#) for Fall 2021, published by the Office of Institutional Research & Planning, the Institute enrolled 43,844 students (17,447 undergraduate students; 26,397 graduate students), inclusive of students who primary academic home is on the main campus (about 26,000), as well as at the Institute's two global centers, Georgia Tech-Lorraine in France and Georgia Tech-Shenzhen in China. Even accounting for vacant positions (assume that roughly 80% of the positions are filled at any given time), then the counselor-to-student ratio is roughly 1:1,096 – on the lower end of the benchmark range. However, a significant proportion of GT students are fully online (roughly 13,000) and thus much less likely to utilize services, which means the true ratio is well below the benchmark, potentially as low as 1:775.

While Georgia Tech data are unclear on how wait times have shifted over recent years, students report perceiving an increase in wait times to get an appointment; this is more likely due to an increase in demand, as well as structural reasons such as how services are accessed, students are triaged, and appointments are reserved and scheduled on provider calendars. At the present time, all students seeking mental health services must first go to CARE for assessment and referral – including students seeking care at one of the college-based satellites of the Counseling Center. Funneling every student to first be assessed by a small number of providers will naturally create a bottleneck. This is further exacerbated by the current approach to appointment scheduling; once a student is assigned to a provider, depending on the presenting issue or stated reason, multiple appointment slots may be blocked off in advance – even though the student eventually may not need all those appointments to resolve the presenting concern. Unneeded appointment slots are not released until the provider has met with the student and determined the appropriate number of visits; this means until that determination has been reached, access for other students is restricted.

Theme 4: Competent, caring, compassionate and committed health care providers across CARE, Counseling Center, Health Initiatives, and Stamps Health Services are underappreciated and not effectively leveraged. Student satisfaction with on-campus mental health providers and health promotion professionals generally seems quite positive, based on anecdotal reports and evaluations. Georgia Tech, consistent with common practices across college and university counseling centers, refer students who require long-term therapy or are otherwise considered "out of scope" for on-campus services to off-campus providers. Yet, many students indicate a desire to sustain client-counselor relationships well beyond the number of visits offered consistent with brief or short-term therapy models. Students, faculty, and staff generally recognize that mental health professionals carried extra burdens throughout the last two years as emotional distress rose and psychological well-being declined in response to the COVID-19 pandemic; these mental health staff continued to provide competent, compassionate care to students through both virtual and in-person modalities. Ultimately, a reexamination and reconfiguration of the process for getting students into and out of the Georgia Tech mental health care system will help identify areas for improved efficiency. Finally, it should be noted

that some students from historically marginalized communities, e.g., BIPOC, LGBTQIA+ express perceptions that the mental health providers at Georgia Tech do not consistently provide culturally competent care.

Theme 5: Disconnect between Institute messaging about advancing well-being and the lived experiences of students in both the curricular and co-curricular setting. A recurring observation from students, both undergraduate and graduate, shared time after time was the seeming dissonance in messages that they received from the Institute.  On the one hand, students repeatedly receive communications about and encouragement to engage in self-care and tend to their personal health and wellness. But then students had difficulty reconciling this message with their experiences in some of their academic courses, in the research lab, and other curricular settings. This cognitive dissonance also showed up in various administrative practices that resulted in "bureaucratic runaround" or excessive "hoop jumping" for students. The level of academic pressure experienced, along with the apparent lack of appropriate flexibility in many academic policies and an inconsistent level of care and compassion across faculty was repeatedly reported and seemed in direct conflict with messages about well-being. On a related note, students often reported also feeling helpless to change or impact their own situation when it came to the academic experience – reluctant to advocate on their own behalf for fear of potential impacts on their course grade, refusal by faculty to provide letters of reference or providing critical letters of reference, or other negative consequences. Finally, students also expressed concern that "administration" wasn't always thinking about students' best interests when creating policies or procedures that impacted how they navigated the Institute.

Theme 6: High incidence of self-reported experiences and feelings of loneliness. Root causes vary, but both undergraduate and graduate students report difficulty with finding connection and community – of concern since loneliness is a major barrier to well-being. Atlanta is a large urban community, and it is easy to get lost – especially for students who are from out-of-state or another country, or who may have grown up in rural settings. Given insufficient on-campus housing, graduate students in particular are more dispersed across the Atlanta metropolitan area, making it more difficult to experience a sense of community or meet other students for meaningful social connection. Loneliness is also a risk factor for emotional and psychological wellness, since the ability to lean on social networks is a protective and preventive factor. On the ACHA-NCHA just under half (48.5%) of both male and female students at Georgia Tech in Fall 2019 had scores on the UCLA Loneliness Scale (ULS3) that indicated notable feelings of loneliness; note that this is similar to loneliness levels reported by the national cohort. However, this is pre-pandemic data and feelings of loneliness have likely been exacerbated since Fall 2019.

Theme 7: Celebration of human doing-ness to the detriment of human being-ness. During a walkthrough of the Georgia Tech Library during the week of Spring Break, it was noted with pride by an academic administrator that the Library was "filled with students" still studying at this time. While disciplined dedication to academic pursuits is important to meeting the

academic rigors of the Georgia Tech curriculum, weekends and scheduled breaks during the semester are meant to be a period of respite from academic work – so that the mind, body, and spirit can rejuvenate and therefore sustain. Another common observation made by students, staff and faculty is that Georgia Tech is weighed down by an over-proliferation of initiatives – creating tremendous stress on the most precious resource the Institute has: the people. Because of the large volume of initiatives occurring simultaneously, individuals repeatedly report feeling as though they are just "checking things off a check list" – rather than making authentic, real impact – in order to "survive" and "get through" these initiatives. This feeling is exacerbated by the "Great Resignation" as well as a challenge to timely recruit and fill vacancies, experienced by every cabinet area.

A panel of recent Georgia Tech alumni shared their experiences with members of the GT Parent Board in Spring 2022; despite their diverse identities and experiences, they all reported that they wished they had taken more time to have fun, as well as put less pressure on themselves to accomplish so many things. When asked what was important to them but that GT rated lower compared to other campuses, students admitted to Georgia cited the quality of social life one of them.[51] One of the most endearing aspects of the Georgia Tech culture is our fierce pride that any challenge can be met (codified in social media via #WeCanDoThat) if one invests enough effort into it. However, when this attitude is taken to its extreme, it can result in an imbalanced life – one that celebrates achievement and accomplishment to the detriment of health, wellness, and well-being.

Theme 8: Conflation of crisis of any kind with the automatic need for clinical care, rather than greater discernment in self-assessment. In September 2017 while in the midst of a mental health crisis, a Georgia Tech student was shot by an officer in the GT Police Department outside of a residence hall.[52] This traumatic, well-publicized incident, along with other Georgia Tech student suicides around that time period, generated an increased commitment – and strengthened existing commitment – on the part of the Institute in addressing mental health issues.

The Institute invested in and launched several training and outreach initiatives, and established CARE in Fall 2019 in order to serve as the triage, assessment, and case management arm of mental health services as Georgia Tech. In the current model of delivery, CARE initially meets with students who are either self- or other-referred to mental health services to assess whether they fall "within scope" to receive GT care. If so, CARE then triages access to on-campus services (including other student services not related to mental health) based on availability, and then refers students off-campus providers accordingly. This model appeared to be effective

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[51] This comes from Georgia Institute of Technology admitted students on the *College Board's Admitted Student Questionnaire* administered May - June 2021.
[52] See https://www.nytimes.com/2017/09/18/us/georgia-tech-killing-student.html. Accessed 5 July 2022.

in its initial years of implementation, but with increased demand and limited staffing support within CARE, bottlenecks for students have emerged at pivotal points in the academic calendar when demand tends to be higher – generating a high degree of student dissatisfaction and frustration.

With the establishment of CARE, the Institute made a concerted effort to inform students about the availability of CARE and repeatedly urged students who were in crisis to contact CARE for mental health support. The outreach efforts appeared to have saturated the campus community, as by Fall 2021, a large proportion of students, staff and faculty seemed familiar with CARE as the epicenter for crisis intervention and response at Georgia Tech. However, it also became clear that not all crises are the same, and CARE in part became inundated with self-referrals and referrals from faculty/staff – who were well-intentioned in adhering to the GT call to send students to CARE. Upon assessment, many students were not deemed to be "in crisis" as defined by mental health professionals and thus were not triaged for immediate appointments; additionally, some students, due to their need for longer-term therapies, fell "out of scope" for GT-based services and had to be referred to off-campus providers.

It has become clear that not all students who feel as though they are in crisis need to go to CARE, but rather should be encouraged to utilize available resources for self-care, as well as reach out to their social networks for connection and validation – leaving GT mental health resources to respond to those students who need clinical care to resolve their emotional/psychological challenges. Educational efforts going forward should focus on helping members of the GT community discern between different types of crisis situations and self- or other-refer accordingly. It would also be beneficial to socialize college students – as well as faculty and staff - to a less pathologizing, more accurate language for conversations about "mental health" which often shape their core proxy communications about stress management struggles.

Theme 9: Overemphasis on clinical interventions to respond to the student well-being challenge; under-reliance on prevention and health-/wellness-promotion frameworks and initiatives. It makes intuitive sense that a campus like Georgia Tech, which is dominated by its Colleges of Computing, Engineering and Science (and has a relatively small but mighty Ivan Allen College of Liberal Arts), would have an intuitive preference towards clinical approaches to public health. Georgia Tech's scientific prowess was demonstrated throughout the pandemic in its impressive capacity to develop and utilize scientific technologies to mitigate the risk of and track COVID-19 transmissions on campus – solutions that were shared beyond the Institute. In the initial year of the *Cultivate Well-Being* plan, health promotion and prevention practitioners were not as visible or actively engaged in conceptualizing, leading, and advancing strategies in the plan as one might expect. The original iteration of the plan (summarized in *Table R: The 2021-22 Georgia Tech Cultivate Well-Being Plan* below) identifies very few strategies that focus on prevention, and while references are made generally to the need for cultural change, the supporting strategies lack specificity and do not align with a cultural change framework. The

work of primary prevention and cultural change generally require an organic, iterative process of implementation – not the linear one that institutions of higher education tend to prefer.

Further, because of this preference for clinical approaches, there is a lack of differentiation between training activities, educational interventions, health/wellness promotion activities, primary prevention efforts, and cultural change initiatives; while these all have some commonalities, they each advance different (albeit interrelated) intended outcomes and utilize distinctive frameworks, pedagogies, etc. **Training** activities are generally designed to increase knowledge or awareness, for example regarding campus policies or practices. However, training on such things as unconscious bias has been found to be relatively ineffective in changing behaviors and outcomes when such an initiative occurs in isolation.[53] **Education** strives to provide information to inform individual decision-making and may also be designed to shift attitudes and beliefs; effective teaching draws on the literature on adult learning and on studies about engaged learning.

According to WHO, **health promotion** is "the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions."[54] Similarly, the University of Georgia School of Public Health notes:

> "Health promotion is a behavioral social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behavior change activities.
>
> Health promotion is the development of individual, group, institutional, community and systemic strategies to improve health knowledge, attitudes, skills and behavior.
>
> The purpose of health promotion is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health."[55]

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[53] Gino, F. & Coffman, K. (2021, September -October). Unconscious Bias Training That Works. Harvard Business Review. Access at https://hbr.org/2021/09/unconscious-bias-training-that-works. Accessed 5 July 2022.
[54] Refer to the World Health Organization's webpage on *Health promotion in the Western Pacific* at https://www.who.int/westernpacific/health-topics/health-promotion. Accessed 5 July 2022.
[55] Refer to the University of Georgia's College of Public health webpage at https://publichealth.uga.edu/departments/health-promotion-behavior/what-is-health-promotion/. Accessed 5 July 2022.

**Primary prevention** efforts seek to ameliorate negative health conditions before they occur in the first place – generally for families and communities (not just individuals) and may rely on training and education strategies but also necessarily includes policy change at local, state and federal levels (across a number of social determinants), as well as surveillance and research.[56]

Lastly, cultural change relies on all of the above strategies and then goes well beyond. The Cambridge Dictionary defines **culture** as "the way of life, especially the general customs and beliefs, of a particular group of people at a particular time; the attitudes, behavior, opinions, etc. of a particular group of people within society."[57] Merriam-Webster offers a simple yet intriguing definition for **cultural change**: "modification of a society through innovation, invention, discovery, or contact with other societies."[58] As David Knotts (2008) notes, "…culture change is not about seeking short term results, but rather investing in securing big change, secured over the long term."[59] Practitioners in higher education also recognize that authentic, lasting cultural change will necessarily require action and advocacy in both on- and off campus contexts.[60]

Theme 10: Cultivate well-being strategic planning efforts need strengthening. Strategic plans generally catalyze a period of activity in which departments, offices, and units attempt to align their primary functions and core mission activities with the priorities identified in the strategic

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[56] See the CDC's *Prevention* section in the Picture of America: Our Health And Environment Prevention Report (2017) at https://www.cdc.gov/pictureofamerica/pdfs/picture_of_america_prevention.pdf. Accessed 5 July 2022.
[57] "Culture." Cambridge.org Dictionary, Cambridge Dictionary, https://dictionary.cambridge.org/dictionary/english/culture. Accessed 5 July 2022.
[58] "Cultural change." Merriam-Webster.com Dictionary, Merriam-Webster, https://www.merriam-webster.com/dictionary/cultural%20change. Accessed 5 July 2022.
[59] David K., et al., (2008, January). Achieving Culture Change: A Policy Framework. London: Prime Minister's Strategy Unit, Cabinet Office. Accessed 5 July 2022. [Note that this report offers very helpful insights into governmental efforts to promote culture change and is a helpful resource for those who wish to learn more about this approach to change: https://webarchive.nationalarchives.gov.uk/ukgwa/20100125070726/http://cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/achieving_culture_change.pdf.]
[60] The Iowa and Minnesota Campus Compact, which focuses on efforts to foster social justice and help campuses achieve their core purpose, offers a useful resource (the Social Change Wheel 2.0 Toolkit) on how to advance social change in the higher education setting, , which can be found at https://mncampuscompact.org/resource-posts/social-change-wheel-2-0-toolkit/.

plan; if resource allocation is linked with the strategic plan, then entities will also jockey to secure a "piece of the pie" to augment existing resources. As a result, there appears to be a proliferation of initiatives that are not grounded in the theory and research on effective behavioral or cultural change; initiatives are loosely described as advancing health or wellness or fostering well-being without supporting justifications. Similarly, there is a seeming interchangeable use of the terms health, wellness, and well-being without a clear articulation of both their shared and divergent meanings and applications. This is like what happens with diversity, equity, and inclusion work – where efforts and initiatives are advanced to improve DEI outcomes but fail to distinguish among and between those three related but distinct concepts/constructs. The result is most often a lack of measurable impact.

Without documentation of available student data to inform the planning process, many identified goals and strategies do not appear to arise from available institutional data, student data, or stories of student experiences – and in some cases, obvious areas for intervention that arise from the data are not addressed in the plan. In addition, a fragmentation of efforts has occurred that results in an uncoordinated, disjointed, duplicative, and disconnected approach. For example, the first *Cultivate Well-Being Plan* was originally comprised of five areas for focused action:

1. Embed a total person approach into every academic program with a focus on the holistic development and physical and psychological well-being of every student.
2. Strengthen access to well-being services and resources for all members of the Georgia Tech community.
3. Strengthen a culture of well-being and psychological safety among students, faculty, and staff.
4. Further integrate intercollegiate athletics into our campus life and local community, in the promotion of a culture of well-being.
5. Strengthen the visual and performing arts on our campus and facilitate access for all members of our community.

The first three items were siphoned off to comprise one sub-plan (which eventually resulted in four items as outlined in Table R), while the integration of intercollegiate athletics and the strengthening of visual and performing arts each constituted the second and third sub-plans respectively.  Each sub-plan developed its own governance structure, and further divided into work groups and sub-work groups – each with their own additional goals and objectives. To date, these three sub-plans have not been integrated.

None of this accounts for the fact that numerous other initiatives that are related to health, wellness, or well-being were also already in place at the time the Cultivate Well-being Plan was instituted – each with its own complex governance structure and defined set of goals and objectives. These include but are not limited to the University System of Georgia's *Mental Health Initiative*, the *JED Initiative*, the *Culture of Respect* initiative, and the *Sexual Assault*

*Prevention Alliance*. To maximize impact, Georgia Tech would benefit from a more integrated planning, implementation, tracking and assessment process.

Finally, while the *Cultivate Well-being Plan* Work Group members repeatedly reiterate the commitment to and connection with issues of DEI inherent in the cultivate well-being work, this was not explicitly reflected in the original version of the plan. For accountability purposes, there is a need for more clearly articulated linkages between the work of promoting health, wellness, and well-being and that of advancing justice, diversity, equity, and inclusion, as well as a more consistently mindful and deliberate operationalization of this interdependence.

| Table R: The 2021-22 Georgia Tech Cultivate Well-Being Plan |
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**Strategy 1: We will promote an environment and culture of wellbeing that supports many dimensions.**

- Monitor the campus well-being culture on a yearly basis and take responsive actions to address opportunities for improvement while strengthening, expanding, or scaling what is working well.
- Sustain regular meetings of the Well-Being Council to support and advance the Well-Being Plan and disseminate education through Council stakeholders.
- Develop programming that addresses the tension between an environment that celebrates high achievement and the accompanying stigma around help-seeking.

**Strategy 2: We will integrate a "total person" approach to well-being into the curriculum, research, and advising.**

- Require faculty to participate in at least one major initiative on a semesterly basis for improving the learning/workspace environment by end of the academic year (Fall 2021 – Spring 2022).
- Develop and implement well-being advising training for academic advisors to provide them with tools and resources to support undergraduate and graduate students by 2022.
- Coordinate collaborative, multi-dimensional co-curricular well-being initiatives building on successful programs.
- Increase the visibility of academic courses incorporating elements of wellbeing in their learning outcomes and coursework.

**Strategy 3: We will expand innovative well-being programs and services.**

- Increase awareness of campus resources for faculty, staff, and students so that 100 percent of these stakeholders are aware of campus resources by the end of 2022.
- Expand access to support services and programs reporting up to the Vice President for Student Engagement and Well-Being.
- Provide access to healthy food and vending options on campus.
- Expand a diverse array of physical activity solutions that support well-being.
- Expand resources for individuals in need of food, housing, transportation, and financial education.
- Increase staff recognition and award programs, including incentivizing health and well-being best practices.

**Strategy 4: We will create opportunities for well-being skill-building.**

- Mobilize opportunities for workshops and trainings and incentivize formalized well-being training so that 100 percent of faculty, staff, and students engage in at least two annual trainings related to well-being yearly, through 2030.
- Create a Well-Being Certificate program through Georgia Tech Professional Education for individuals who want to develop and foster holistic well-being in their personal and professional lives by 2022.
- Increase opportunities for mental health gatekeeper training for all students, staff, and faculty by 2022.
- Create communities of interests surrounding well-being where people can feel safe, learn from one another, and encourage healthy behaviors by 2022.

## Goals and Action Strategies

Supported by 26 action strategies, these four overarching goals in the *Cultivate Well-Being Action & Transformation Roadmap* build on those that were earlier identified and implemented in Academic Year 2021-22. This plan also attempts to begin the process of integrating the three sub-plans that comprise Georgia Tech's *Cultivate Well-Being* strategic focus, so that there is a more coordinated, collaborative, complementary, and cogent approach to promoting health, enhancing wellness, and facilitating well-being. These redefined and expanded goals can be summarized as:

- Goal 1 – Cultural Change
- Goal 2 – Capacity and Creativity
- Goal 3 – Community and Connection
- Goal 4 – Commitment and Continuity

As noted earlier, initiation of the various strategies will be staggered across multiple academic years (AY) to ensure the sustainability and viability of implementation efforts. Given this, supporting action strategies are organized in a tiered manner across starting years: AY 2022-23, AY 2023-24, and AY 2024-25.  And because lasting cultural and transformational change generally requires at least 5-7 years of sustained, concerted effort, academic years 2025-26 through 2029-30 are intended to support assessment efforts, ongoing improvements, scale up of promising practices and interventions, and institutionalization of successful efforts for the longer term. A one-page summary of the plan is included at the end of this document.

Goal 1 – Cultural Change: Catalyze cultural, transformational change at Georgia Tech so that the places, practices, policies, protocols, people, and philosophies that have a demonstrated positive contribution to well-being for all students are adopted, advanced, expanded and/or strengthened, while those aspects of Institute culture that impede health and wellness are minimized. *(Supported by nine action strategies)*

*Implementation beginning in AY 2022-23:*

- Strategy 1A: In collaboration with alumni, students, faculty, staff, and other key stakeholders, develop a health and wellness co-curricular syllabus that identifies essential learning outcomes for each academic cohort of students, beginning with first-time, first-year students through graduating seniors, including masters and doctoral graduate students, which will guide planning, implementation and assessment efforts in support of health, wellness and well-being outcomes; disseminate this syllabus broadly to guide program planning, implementation, assessment and improvement. Develop the capacity of administrators, faculty, and staff to facilitate these learning outcomes.

- Strategy 1B: Facilitate the following divisions working collaboratively with Academic Senate, the Undergraduate Student Government Association, and the Graduate Student Government Association, to review and revise academic and course policies and practices with the purposes of removing impediments to personal health, promoting student wellness, and fostering sense of belonging, while supporting faculty autonomy and well-being and maintaining academic excellence: Office of the Senior Provost for Education and Learning; Institute Diversity, Equity and Inclusion; Office of Human Resources; and Student Engagement and Well-being.[61]

- Strategy 1C: Recommit to the National Association of Student Personnel Administrators (NASPA) *Culture of Respect* initiative; augment and expand efforts to advance the six pillars[62] for institutional action in order to mitigate rape culture and reduce the incidence and prevalence of bullying, stalking, sexual harassment, dating/domestic violence, sexual assault, rape, and other forms of gender-based violence, as well as ameliorating toxic masculinity and high-risk drinking; and engage a broad range of target student communities - in particular those that have historically experienced higher rates of interpersonal, sexual, and intimate partner violence on campus: social fraternities and sororities, student-athletes, students who identify as BIPOC and/or LGBTQIA, students with disabilities, and international students.

- Strategy 1D: In partnership with student leaders and stakeholders, launch and sustain a vigorous social media and new media campaign designed to focus on changing health behavior, promoting wellness, shifting cultural norms, and correcting misperceived social norms, using targeted messaging for and engagement with various student communities; specific messages will distinguish between and focus on the importance of sleep, rest, relaxation, resilience, happiness, and mindfulness, as well as engage behaviors which

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[61] The recently launched Student Experience Project "is a collaborative of university leaders, faculty, researchers and national education and improvement organizations committed to innovative, evidence-based practices that increase degree attainment by transforming the college student experience and creating equitable learning environments. The SEP's mission is to find strategies to transform the college student experience so that every student feels a sense of belonging and receives the support and resources necessary to persist and succeed." This initiative could serve as a launching pad for innovation and thought partnership. More information is available at https://studentexperienceproject.org/

[62] These six pillars are: (1) Survivor support with options on reporting; (2) Clear policies on misconduct, investigations, adjudications and sanctions; (3) Multitiered education for the entire campus; (4) Public disclosure of statistics; (5) Schoolwide mobilization with student groups and leaders; and (6) Ongoing self-assessment. See https://cultureofrespect.org/ for additional information about this national initiative.

advance all eight aspects of wellness. Messaging will also educate students, faculty, and staff about changes to GT policy and practice intended to promote health/wellness and available resources for support. Lastly, messaging will strive to pivot GT culture from an emphasis on productivity, "busyness," and celebration of human-doingness to an emphasis on resilience, passion, and honoring of human-beingness.

*Implementation beginning in AY 2023-24:*

- Strategy 1E: Reinvigorate efforts to engage in socio-ecological, evidence-based approaches to the prevention and reduction of high-risk drinking, with a particular focus on combatting a "drinking to get drunk" mentality and on mitigating harmful/detrimental outcomes associated with the consumption of alcohol and/or other drugs; strengthen support to and engagement with students who are recovering alcoholics/addicts as a form of tertiary prevention.[63]
- Strategy 1F: In close collaboration with Office of Human Resources and the Office of Faculty Affairs, infuse an unwavering commitment to advancing and supporting student wellness and well-being by incorporating relevant expectations in all position descriptions, evaluating employees on their contributions in this regard, and providing ongoing training and development opportunities to build the capacities of administrators, faculty, and staff (including undergraduate and graduate student staff), whose roles are not in the primary purview of health and wellness but who interact with students on a regular basis to serve as positive agents of change via their respective roles and responsibilities in a health-promoting campus context.
- Strategy 1G: Continually review and refine media and communications policies and practices at the Institute-, cabinet-, departmental-, and college-levels to minimize suicide contagion, reduce messaging strategies that unnecessarily retraumatize students, and actively promulgate student data on health wellness and propagate more authentic narrative on students' wellness-related choices and experiences across all eight dimensions– including an emphasis on an ethic of self-care, spirituality, and meaningful social connections.

*Implementation beginning in AY 2024-25:*

- Strategy 1H: Partner with Office of Human Resources, Campus Recreation Center, John Lewis Student Center & Stamps Commons, Parking & Transportation, Capital Planning & Space Management and other relevant Institute partners to create, update, and sustain physical environments and accessible facilities that promote a physically active lifestyle, increase healthful and natural environments (e.g., ample green space), cater to diverse preferences and approaches to exercise and movement, and facilitate choices that support

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[63] An excellent resource to inform our efforts is available from NIAAA, the *College AIM Alcohol Intervention Matrix* at https://www.collegedrinkingprevention.gov/CollegeAIM/Resources/NIAAA_College_Matrix_Booklet.pdf.

cardiovascular health, emotional/psychological wellness, and spiritual wellness for students, staff and faculty.

- Strategy 1I: Collaborate with faculty and Georgia Tech Research Institute (GTRI) to increase availability of grant funding for collaborative research projects that examine health conditions among students and employees, as well as seek viable interventions that improve the health of our campus community (e.g., Georgia Tech/Emory University Predictive Health Institute's Center for Health Discovery and Well-being).

Goal 2 – Capacity and Creativity: Continue to improve the quality of and ease of access to equity-literate clinical care and intervention for students who need such services while also improving programs and services that focus on the primary prevention of health-related symptoms, diseases, and disorders; the promotion of wellness in a holistic manner; and the creation of conditions which cultivate and sustain well-being for all students, inclusive of all identities and backgrounds. *(Supported by 11 action strategies)*

*Implementation beginning in AY 2022-23:*

- Strategy 2A: Conduct an environmental scan of all programs, projects, initiatives, and efforts to promote student health, wellness, and well-being; identify areas of overlap, duplication, and inconsistency; determine gaps and areas that need additional attention; and generate a more coordinated, cogent, and collaborative approach to the delivery of programs and services in support of health, wellness and well-being that is resource efficient and operationally effective.
- Strategy 2B: Through the creation of a new Center for Mental Health Care & Resources, continue to develop and sustain a coordinated, cohesive mental health care delivery system across CARE, Counseling Center, Stamps Psychiatry and the VOICE Advocates, for the purposes of facilitating timely access to culturally competent care; reducing/eliminating bottlenecks in crisis response; advancing an integrated model of triage, assessment, referral and service delivery; minimizing wait times; offering more options for self-service; responding to students' varying needs for clinical services with regard to location, time, duration, type of engagement, and modality; and implementing mental health promotion/outreach activities to promote self-agency, self-care, and self-awareness as key factors in the "well-being toolkit."
- Strategy 2C: Revise the mission and rename the department "Health Initiatives" to the "Wellness Empowerment Center" (or WE Center) so as to embrace a clearer and more distinctive mission that includes (1) primary prevention, health/wellness promotion, and community development programs intended to advance all eight aspects of wellness for students - whereby students serve as central and essential partners in designing and delivering programs and services; (2) expansion of educational outreach efforts via venues both in and out of the classroom; (3) increase in student engagement, involvement and leadership opportunities in public health and socio-ecological interventions for applied

learning;[64] and (4) developing/delivering targeted outreach programs to address unique needs of various student identities.

- Strategy 2D: Via collaborative efforts between the Georgia Tech Police Department Community Council, Student Diversity Programs, the GT Counseling Center and other relevant stakeholders, reiterate and strengthen the role of campus law enforcement in ensuring community safety while also creating and utilizing more caring, compassionate team-based approaches to responding when students are experiencing significant distress, trauma, or mental-health related crises – with a particular focus on students with one or more marginalized identities who have experienced disproportionately greater rates of disparate treatment by law enforcement, e.g., BIPOC, LGBTQIA.
- Strategy 2E: In support of the DEI Blueprint strategic initiative, disaggregate and analyze student data on health, wellness, and well-being to identify health disparities and institute evidence-based interventions that close health equity gaps.

*Implementation beginning in AY 2023-24:*

- Strategy 2F: Engage with Auxiliary Services, Tech Dining and 3rd party food vendors/caterers across the campus to ensure that meal and beverage options, service delivery, meal plan options, and other aspects of dining services at Georgia Tech facilitate choices that support good nutrition, physical wellness, and effective management of chronic illnesses for students, staff and faculty, as well as reflect a diverse array of cultural cuisines reflective of our student communities.
- Strategy 2G: Because the classroom and curricular settings are where students have the greatest quantity and quality of engagement, incentivize faculty efforts to infuse health and wellness content into a broad range of academic courses and curriculum at the undergraduate and graduate levels, as well as incorporate teaching practices that foster belonging and well-being; facilitate improved access to academic courses that improve knowledge, attitudes and behaviors consistent with health, wellness and well-being within the first year of a student matriculating to Georgia Tech – undergraduate or graduate.
- Strategy 2H: Engage in further analysis and inquiry regarding students' basic needs and determine gaps in programs, resources, and services (inclusive of food, housing, and learning technology); identify and implement viable solutions to increase capacity, expand access, and promote educational equity.
- Strategy 2I: Given their documented therapeutic effects, expand accessible opportunities for students to participate in artistic and creative activities outside of the classroom across

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[64] The American College Health Association's white paper on wellness coaching offers some guidance for consideration:
https://www.acha.org/documents/resources/guidelines/ACHA_Wellness_Coaching_White_Paper_Feb2020.pdf

the full geography of Georgia Tech's campus; continue to cultivate inclusive artistic experiences and organizations that draw from many cultural traditions.

*Implementation beginning in AY 2024-25:*

- Strategy 2J: In partnership with Office of Human Resources and the Office of Faculty Affairs, inventory all orientation and onboarding programs and initiatives across the Georgia Tech campus and consider infusion of content that improves knowledge, influences attitudes, shifts behaviors, and positively impacts decision-making as they relate to health and wellness for students and faculty/staff in the living-learning-working environment.
- Strategy 2K: Partner with Office of Development to identify gifts, donations, extramural funding, and other financial resources to establish a 24/7/365 crisis intervention center – staffed by trained student, faculty, staff and community volunteers - that normalizes the experience of crisis as an expected and recurring aspect of the human experience and can respond to members of the Georgia Tech community (and beyond) who are in distress at any time of the day or night by helping them identify and utilize available internal and external resources to resolve a crisis, as well as refer them to appropriate services when clinical intervention is warranted.

Goal 3 – Community and Connection: Increase, expand and generate broader awareness of and access to student engagement experiences across Georgia Tech that contribute to and facilitate the factors that comprise well-being, including sense of belonging and connection, happiness, resilience, self-awareness, and self-efficacy, as well as support living and leading in a manner that is consistent with one's personal values. *(Supported by six action strategies)*

*Implementation beginning in AY 2022-23:*

- Strategy 3A: Launch a collaborative effort between University Housing & Residential Life, the Center for Mental Health Care & Resources, the Wellness Empowerment Center, the Campus Recreation Center, Stamps Health Services, Tech Dining, the Dean of Students Office, and other interested campus and community partners to launch, sustain and continually improve student health and well-being, by embedding comprehensive wellness initiatives throughout the entire continuum of the undergraduate residential experience and with those graduate student cohorts who reside on campus; assess efforts and adopt quality improvement on an ongoing basis.
- Strategy 3B: In collaboration with Office of the Arts, Campus Recreation Center, the John Lewis Student Center & Stamps Commons, and other relevant on- and off-campus partners, leverage increased opportunities for students to engage in visual art, dance, music, theater, media arts, and other creative activities to connect with others; collaborate with faculty, administrators, and alumni to encourage the integration of a diverse range of arts, media, and creative practice for students in programs of study at all levels.
- Strategy 3C: In support of the DEI Blueprint strategic initiative, sustain and enhance the capacity of existing identity-based centers (the Women's Resource Center, Veterans

Resource Center, and the LGBTQIA Resource Center) to create spaces for psychological safety, authentic communities, and increased sense of belonging; establish and sustain additional identity-based centers to help close gaps in health outcomes and educational equity, as well as improve Georgia Tech's capacity to promote inclusion; relatedly, provide additional financial and facility support to cultural organizations so that they can provide peer-based connection and support in more efficacious ways that minimizes "cultural taxation."[65]

*Implementation beginning in AY 2023-24:*

- Strategy 3D: Expand options for students to participate in intercollegiate athletic events, outdoor adventure/recreation activities, and other Georgia Tech traditions, by offering access in ways that recognize the pressures of academic rigor at Georgia Tech and account for the distinctive and differentiated aspects of the student experience in undergraduate, master's degree, and doctoral programs of study.
- Strategy 3E: In support of the GT L.O.V.E. strategic initiative and in collaboration with the newly established *John R. Lewis Student Leadership Initiative* in the Center for Student Engagement, the Office of Leadership Education & Development (LEAD), and the college- and school-based leadership development programs, implement and increase opportunities for students to identify their core values and then incorporate those values mindfully into their everyday actions, choices, and communications.

*Implementation beginning in AY 2024-25:*

- Strategy 3F: Increase the readiness and willingness of faculty, staff, and administrators – as well as student leaders – to incorporate more humor and laughter in day-to-day interactions as appropriate, as well as integrate more opportunities for students to spontaneously experience joy and simply have fun throughout each day and week of the academic semester.

Goal 4 – Commitment and Continuity:  Appoint an ad hoc study group comprised of a diverse range of Institute-wide constituents and representative of all Georgia Tech community stakeholders – including but not limited to students, faculty, staff, administrators, and alumni – to review the feasibility of formally adopting (or adapting) the action framework for higher education that is outlined in the *Okanagan Charter: An International Charter for Health Promoting Universities & Colleges*[66] and subsequently incorporating the framework into Georgia Tech's ongoing administration, culture and operations for the foreseeable future,

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[65] Padilla, A. M. (1994). *Ethnic Minority Scholars, Research, and Mentoring: Current and Future Issues*. Educational Researcher, 23(4), 24–27. https://doi.org/10.2307/1176259.  Accessed 1 July 2022.
[66] The full text of the Okanagan Charter can be accessed at this link: https://www.acha.org/documents/general/Okanagan_Charter_Oct_6_2015.pdf

beginning no later than 2030 when the prevailing Institute Strategic Plan period is slated to end; make a recommendation to the President accordingly.

Implementation would begin in academic year 2025-26. The action framework is summarized below:

| Okanagan Charter: An International Charter for Health Promoting Universities & Colleges Action Framework (2015) | |
|---|---|
| **Call to Action 1: Embed health into all aspects of campus culture, across the administration, operations and academic mandates.** | 1.1 Embed health in all campus policies. |
| | 1.2 Create supportive campus environments. |
| | 1.3 Generate thriving communities and a culture of well-being. |
| | 1.4 Support personal development. |
| | 1.5 Create or re-orient campus services. |
| **Call to Action 2: Lead health promotion action and collaboration locally and globally.** | 2.1 Integrate health, well-being and sustainability in multiple disciplines to develop change agents. |
| | 2.2 Advance research, teaching and training for health promotion knowledge and action. |
| | 2.3 Lead and partner towards local and global action for health promotion. |

## Closing Reflections & Next Steps

The goals and action strategies outlined above in the *Georgia Tech Cultivate Well-Being Action & Transformation Roadmap* are based on a philosophical assumption that health, wellness, and well-being are the results of a complex, complicated and sometimes unpredictable interplay between numerous conditions and factors at the individual, community, organizational and societal levels.  While clinical experts and professionals trained/credentialed in medical, mental health, and health promotion fields offer vitally important content expertise and capacities, the work of shifting health, wellness, and well-being outcomes necessarily requires a **socio-ecological model** of prevention, which considers individual, relationship, community, and societal factors both to understand enabling conditions for health and wellness and the barriers. This model has been advanced by the CDC to address a wide range of community health challenges, such as violence[67] and suicide.[68] As a result, this *Roadmap* advances and reflects a cultural change model of change - one which necessarily requires the interest, investment, involvement, and innovation of all cabinet areas, colleges, divisions and departments - or collective impact.

**Collective impact** refers to "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem." It recognizes that

> "…large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but [available] examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn't happen often, not because it is impossible, but because it is so rarely attempted."[69]

The five conditions for collective success include (1) a **common agenda** and common understanding of the problem and the proposed solutions; (2) **shared measurement systems** and agreement on how success will be measured and reported; (3) **mutually reinforcing**

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[67] Refer to the CDC's webpage at https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html
[68] Cramer, RJ & Kapusta, ND. (2017, October 9). *A Socio-Ecological Framework of Theory, Assessment and Prevention of Suicide*. Frontiers in Psychology, 8. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5640776/pdf/fpsyg-08-01756.pdf. Accessed 1 July 2022.
[69] Kania, J., & Kramer, M. (2011, Winter). *Collective Impact*. Stanford Social Innovation Review, 9(1), 36–41. https://doi.org/10.48558/5900-KN19.  Accessed 1 July 2022.

**activities**, where each partner undertake specific initiatives in which they have expertise or strengths, and coordinates them with other partners; (4) **continuous communication** so as to build and sustain trust as well as enable accountability; and (5) a **backbone support organization** with dedicated staff separate from the participating divisions and departments who can coordinate structured decision-making processes, as well as plan, manage and support the initiatives through ongoing facilitation, logical and administrative support, and technical assistance.[70, 71]

To better support this collective impact approach to cultivating well-being at Georgia Tech, a decision has been made at this time to not establish a sub-division of health and wellness, led by an Associate/Assistant Vice President with the relevant experience and expertise; such an organizational structure will emphasize **isolated impact**, whether intentionally or unintentionally.  Based on a diagnosis of the root, or foundational, causes of Georgia Tech's unique leadership challenge in advancing health, wellness, and well-being, a collective impact approach is more appropriate and viable.

With this in mind, the Office of the Vice President for Student Engagement & Well-being, with support from the Institute via the strategic planning process, has committed to providing the backbone support organization for this *Roadmap*.  Once the inaugural *Director for Cultivate Well-Being Action and Transformation* has been appointed and onboarded, along with an *Assistant Director for Health & Wellness Outreach*, then Georgia Tech will move forward with aggressive implementation of the roadmap outlined above. For each action strategy, we will identify:

- A **lead partner** or point of coordination;
- A detailed **outline for implementation**, including milestones and a projected timeline (subject to revision as needed);
- **Metrics for measuring success**, including both quantitative and qualitative measures, as well as incorporating more <u>impact</u> measurements (not just <u>input</u> measurements) as part of assessment; and
- **Contingency measures** for either pivoting or disinvesting in the event a particular action strategy is not yielding desired impacts.

This *Roadmap* would not be complete without emphatically reiterating that the work of public health and social justice must necessarily be integrated, interdependent, and intersectional. Health and wellness cannot be advanced in the absence of justice, and essential indicators of justice are associated with well-being. As such, our work should be guided by the Robert Wood

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[70] Ibid.

[71] Refer also to the Collective Impact Forum (a project of the Aspen Institute) webpage at https://collectiveimpactforum.org/what-is-collective-impact/.

1. Making health a shared value;
2. Fostering cross-sector collaboration to improve well-being;
3. Creating healthier, more equitable communities; and
4. Strengthening integration of health services and systems. [72]
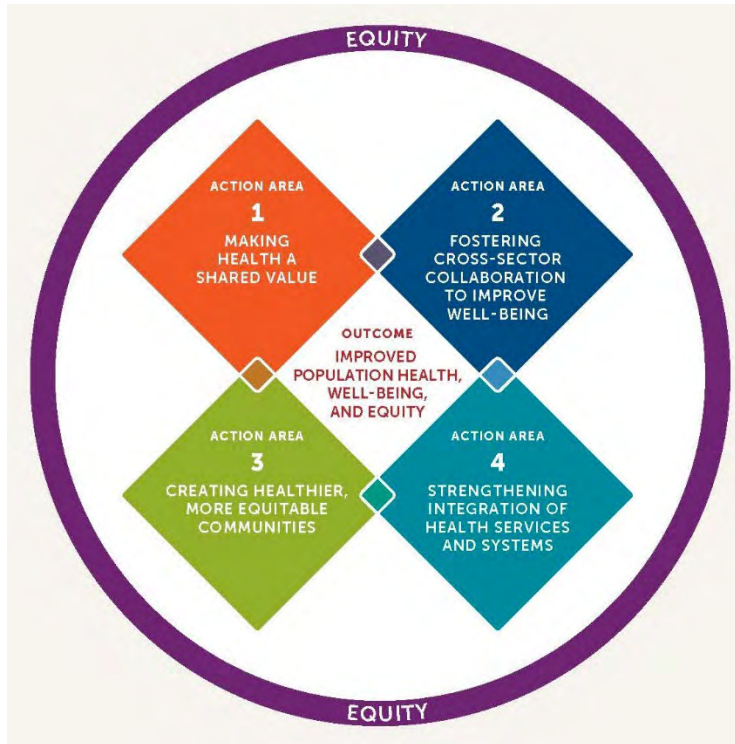


Georgia Tech has the opportunity to become a national and global higher education leader in improving health, promoting wellness, and enhancing well-being for students. We employ some of the most talented scholars, researchers, and practitioners in the world; we enroll a student body that is deeply committed to activism and advocacy to improve quality of life for themselves, the surrounding metropolitan Atlanta area, and the global community; and we have a legacy of unquenchable optimism, tenacity and can-do attitude that paves the way for success.

Finalized August 15, 2022

This *Roadmap* was drafted and prepared by Luoluo Hong, PhD, MPH, Vice President for Student Engagement & Well-Being.

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[72] Robert Wood Johnson Foundation. (2018). *Moving Forward Together: An Update on Building and Measuring a Culture of Health*. https://www.rwjf.org/en/library/research/2018/05/moving-foward-together--an-update-on-building-and-measuring-a-culture-of-health.html. Accessed 1 July 2022.

## Cultivate Well-Being Action & Transformation Roadmap Summary Chart

| GOAL | Start AY 2022-2023 | Start AY 2023-2024 | Start AY 2024-2025 |
|---|---|---|---|
| **Goal 1: Cultural Change (9 action strategies)** | • Strategy 1A: Develop a cocurricular syllabus for health/wellness learning outcomes.<br>• Strategy 1B: Review/revise academic and course policies to promote health/wellness and belonging, as well as remove barriers to well-being.<br>• Strategy 1C: Revitalize efforts in support of the *Culture of Respect* initiative to reduce sexual violence.<br>• Strategy 1D: Launch a vigorous outreach campaign to shift health/wellness cultural norms and perceptions and educate about relevant GT policies and resources. | • Strategy 1E: Strengthen efforts to reduce high-risk drinking and drugging behaviors.<br>• Strategy 1F: Improve faculty/staff capacity to foster wellness and be agents of change; review/revise position descriptions accordingly.<br>• Strategy 1G: Review media policies and adopt practices that are more trauma informed. | • Strategy 1H: Create, update, and sustain physical spaces across campus that support physical, emotional, and spiritual wellness.<br>• Strategy 1I: Increase availability of grant funding to support collaborative research that improves health/wellness. |
| **Goal 2: Capacity and Creativity (11 action strategies)** | • Strategy 2A: Conduct an environmental scan of health/wellness efforts and enhance efficiency.<br>• Strategy 2B: Establish a new Center for Mental Health Care & Resources to improve quality and timeliness of clinical care and foster greater self-efficacy.<br>• Strategy 2C: Revitalize and expand outreach, education, and prevention efforts by the Wellness Empowerment Center (formerly Health Initiatives).<br>• Strategy 2D: Examine and improve the role of the GT Police Department in providing emergency response to students.<br>• Strategy 2E: Disaggregate and analyze student data on health, wellness, and well-being to identify equity gaps for targeted intervention. | • Strategy 2F: Increase the availability of food and beverage options on campus that facilitate health and wellness.<br>• Strategy 2G: Incentivize faculty to infuse health/wellness content into academic courses and reconsider teaching practices.<br>• Strategy 2H: Further study students' basic needs and fill gaps that are identified.<br>• Strategy 2I: Given their therapeutic effects, expand accessible opportunities for students to participate in artistic and creative activities. | • Strategy 2J: Inventory all orientation and onboarding programs and infuse relevant content to build leadership capacity for health/wellness.<br>• Strategy 2K: Establish a 24/7 crisis intervention center staffed by Georgia Tech volunteers to assist and empower individuals who are in distress. |
| **Goal 3: Community and Connection (6 action strategies)** | • Strategy 3A: Launch and sustain a comprehensive, cohort-based approach to health and wellness in the residential community for undergraduate students.<br>• Strategy 3B: Leverage visual art, dance, music, theater, media arts, and other creative activities as a way for students to connect with others.<br>• Strategy 3C: Sustain and expand the capacity of identity-based centers and student organizations to create spaces for psychological safety, authentic communities, and increased sense of belonging. | • Strategy 3D: Expand options for students to participate in intercollegiate athletic events, outdoor adventure/recreation activities, and other Georgia Tech traditions.<br>• Strategy 3E: Implement and increase opportunities for students to identify their core values and then "live" those values mindfully. | • Strategy 3F: Increase the integration of more humor, joy, and laughter in day-to-day interactions. |
| **Goal 4: Commitment and Continuity** | Review the feasibility of adopting (or adapting) the action framework for higher education that is outlined in the *Okanagan Charter: An International Charter for Health Promoting Universities & Colleges* to incorporate into Georgia Tech's ongoing cultivate well-being efforts. | | |