Faculty's Role in Campus Health:

A Report to UCR Healthy Campus

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Table of Contents

	Page
INTRODUCTION	3
METHODS	4
Design	4
Recruitment and sample	5
Data collection	6
Analysis	7
RESULTS	7
Health issues on campus	7
Health issues affecting the entire campus community	7
Health issues specific to students	10
Health issues specific to faculty	13
Health issues specific to staff	17
Health resources on campus	18
Faculty's role in campus health	22
Barriers to greater faculty engagement in promoting health on campus	27
Proposed solutions	35
DISCUSSION	38
REFERENCES	42

INTRODUCTION

Research on the prevention of such social problems as bullying and sexual assault has identified the important role of bystanders (Katz & Moore, 2013; Polanin, Espelage, & Pigott, 2012). We have recognized that people standing by have the power to act in ways to help reduce threats to health. Faculty are powerful actors in the university community, interacting with other faculty, staff, and students. As such, they have the potential to positively influence health in the community. However, faculty may not recognize their potential, view health promotion as their responsibility, or have the necessary information and awareness about the needs and available resources. This study aimed to assess whether faculty stand by, doing nothing or whether they are standing by, ready to help.

There is growing awareness that communities, and not just individuals, shape health (Weil, 2014). College and university communities are no exception. They can shape the health of their members in various ways in the course of doing business. The bulk of research on health in higher education has focused on student health. For example, prior research has examined how a campus party culture (Lindo, Siminski, & Swensen, 2018), drinking culture (Wells, 2010), or sports culture (Conroy, 2016) may shape student health. Recent research on students has focused on the rising rates of mental health conditions among students (Center for Collegiate Mental Health, 2016) and the broader concepts of wellness and well-being among students (Anderson, 2016; Stanton et al., 2013). Some research has focused on how faculty through their teaching can impact on student health (e.g., El-Ansari & Stock, 2010; Harward, 2016).

Compared to student health, little research has focused on faculty health. Much of this research concentrates on faculty in health fields (e.g., Cole, Goodrich, & Gritz, 2009). Research that examines faculty in fields other than health nonetheless still focuses on subgroups of faculty,

such as Zambrana's (2018) important study on stress among underrepresented minority faculty. This limited research documents how poor care of faculty health undermines health of the people (students, patients, etc.) they serve. It also shows how academic cultures can negatively contribute to faculty health.

There is growing interest in campus health. As part of a broader movement focused on promoting health through institutions and communities, rather than through individuals (Quelch & Boudreau, 2016), the Healthy Campus movement aims to improve health in college and university communities by focusing on the way that higher education institutions execute their missions. It aims to promote a culture of health and create conditions under which health is protected and promoted (Slusser, Malan, Watson, & Goldstein, 2018; Eifert, Hall, Gropper, & Kondor, 2017; Seifer, 2018). Efforts focus, for example, on how food options on campus shape the food choices campus community members (students, staff, and faculty) make. Thus, to enhance the often already existing individual-focused efforts to promote healthy food choices, an institution can ensure that its food options are healthy, heightening the chance that the choice an individual makes will be a healthy one. The present study contributes to this emerging body of research by examining faculty's perceptions of the health needs and resources on campus, faculty's role in promoting health in the campus community, and barriers to greater faculty engagement in health promotion on campus. It examines faculty across disciplines, rank, and demographic categories.

METHODS

Design

The study was approved by the university's Institutional Review Board and involved focus groups with University of California at Riverside faculty conducted in Fall 2018. The

focus group method allowed participants to share their own personal views as well as their understandings of peers' views. As such, it produced meaningful results with a small sample. For nonprobability samples, 80% of themes can be identified within two to three focus groups and 90% within three to six focus groups (Guest, Namey, & McKenna, 2017).

Recruitment and Sample

To capture diversity across university units and academic disciplines while honoring limits on sample size due to budget, we recruited faculty from the following units: business, engineering (BCOE), natural and agricultural sciences (CNAS), and humanities and social sciences (CHASS). We chose CHASS, CNAS, and BCOE because they are the largest in terms of number of faculty. We chose Business because it is much smaller and thus, provides a contrast to the larger units. We excluded the Graduate School of Education because, though it is relatively small like Business, we hypothesized that education faculty may be more other-oriented, since educators are student-focused and we are hoping to learn more about barriers to faculty engagement in promoting other people's health within the campus community. We excluded School of Medicine faculty because a) they are not all Senate faculty and thus, do not all have access to Senate resources and norms, b) they are already health-inclined due to their discipline, and c) some research already addresses medical faculty's role in university health.

University deans emailed the recruitment announcement to faculty and encouraged participation in the study. The recruitment targeted ladder-rank faculty, since they are part of the email system (listservs) to which recruitment announcements were sent. However, we did not exclude non-ladder rank faculty if they contacted us and expressed interest in participating in the study. Participants had to be English speaking and 18 years or more of age. They received lunch at the focus group and a $50 gift card at the end of the focus group and were encouraged to count

participation as a form of university service given that the aggregate results would be shared with the university administration to inform health-related programming.

Although 32 faculty were scheduled to participate, one cancelled at the last minute. Thus, 31 faculty members participated, 18 men and 13 women. The racial-ethnic breakdown was as follows: 15 Asian, Asian American, or Pacific Islander, 9 non-Latinx white or European American, 2 Latinx, and 5 mixed race-ethnicity. The breakdown by discipline was as follows: 3 business, 9 engineering, 2 humanities, 10 natural and agricultural sciences, and 7 social sciences. Eight were full professors, 5 were associate professors, 14 were assistant professors, and 4 were non-ladder-rank faculty. The number of years at the university ranged from <1 to 18 years, with a mean of 6 years. The number of years since receiving their degree ranged from <1 year to 24 years, with a mean of 9.7 years.

Data collection

The author, a university professor like the participants, conducted four focus groups, each with 7-9 participants. Each participant participated in one focus group. The groups were conducted on the university campus and lasted 1.5 hours each. At the start of the focus group, participants signed consent forms and completed a one-page, paper-and-pencil demographic survey. The focus groups covered the following topics: faculty's role in campus health, knowledge of campus health needs and resources, and perceived barriers to greater engagement in campus health promotion. The groups were digitally audiorecorded. The research team also took written notes during the focus group to capture any relevant details that might be missed by the audiorecording.

Analysis

Two undergraduate research assistants, who were present at the focus groups, transcribed the audiorecordings. The author coded the transcripts and field notes. First, each focus group was coded for preliminary themes. Then, results were compared across focus groups to determine final themes. Following Saunders and colleagues' (2018) recommendation to operationalize data saturation in relation to the primary research questions and theoretical and analytic framework, we asked whether the data provided sufficient information to meet the aims of the research. We reached data saturation, meaning new data were redundant and participant responses were similar within four focus groups (Guest, Bunce, & Johnson, 2006) for our research questions. Some details in the quotes included in the results were changed to conceal the identities of the speakers. The analysis did not reveal differences by faculty rank or university unit. Thus, the results are presented for the sample as a whole. Participants had an opportunity to review a draft of this report; their feedback was incorporated in the final report.

RESULTS

Health issues on campus

In this section we enumerate faculty's perceptions of health issues on campus. Participants identified health issues that affect all members of the campus community as well as issues that affect specific subgroups: students, faculty, and staff. We begin with issues affecting the entire community.

Health issues among the entire campus community

Environment. Some faculty expressed concern about the air quality of the Inland Empire in which the university is located and the proximity of the university to the freeway. They acknowledged the limitations on what the university can do about these issues.

Built environment. Participants expressed concerns about campus buildings' interior air and water quality and lack of regular cleaning in buildings, including in faculty offices. Participants described seeing excessive dirt, bugs, dead animals, and leaves. Some faculty expressed concerns about access to drinking water, indicating dissatisfaction with existing water fountains (Are they clean? Are the filters regularly changed? The water tastes bad) and a desire for water bottle fill stations. They reported, "people are saying the water tastes awful." Other identified concerns included allergens associated with campus landscaping, lack of kitchen facilities (preventing faculty from consuming home-cooked meals, perceived to be healthier than purchased meals), and a need for more ergonomic desk/office furniture given the perceived insufficiency of existing resources to meet the demand. Participants expressed dissatisfaction with the current system requiring that work orders be submitted to have these issues addressed. They said that the process is time consuming, and problem resolution, once a work order is submitted, takes a long time. Although faculty acknowledged the work of the Environment Health and Safety Office, some expressed concern that it was understaffed, experienced high staff turnover, and, therefore, was not as effective as it needed to be.

Participants highlighted some positive campus facilities efforts: the installation of solar panels and the strategic placement of building air intake vents away from loading docks to prevent air contamination.

Transportation. Participants spoke favorably of the university's sustainability initiative, indicating their support for the promotion of carpooling, public transportation, and pedestrian walkways. However, they expressed a need for the campus and surrounding community to be more bike friendly. Although there appeared to be a consensus on the need to address the issue of how to get around campus safely and efficiently, there was diversity in their recommendations

on how to meet that need. Some faculty recommended the implementation of exclusive wheel ways (for bikes, scooters, skateboards, etc.), such as the kind at UC Santa Barbara. Others expressed concern that such methods promote competition between pedestrians and people using wheeled transport. Some faculty expressed a desire for more pedestrian walkways.

Safety. Faculty expressed concern about access to campus and campus buildings. There was a perception that access should be more restricted to increase safety. For example, one concern involved the presence on campus afterhours of skateboarders who may or may not be part of the university community and who use the campus as a skate park. Regarding access to buildings, some buildings are not secured by identification card access but should be, participants said. Others have a card access system, but the system, they believe, can easily be overridden, undermining safety. One participant experienced the safety issues as a "daily psychological threat," saying, "I work in the office every day very late; so then I'm just scared when I see that the entrance is not locked. Everyone can get in." Another concern involved exterior lighting; the perception was that the campus is too dark. Regarding safety matters, faculty expressed a feeling that they need to fend for themselves. They know that someone is in charge of these matters, but they feel that little is done to address them.

Other issues. Some participants questioned the logic of offering evening classes in light of a perceived need for greater work-life balance. Participants discussed the food options on campus, with some perceiving them to be expensive and not always healthy. In addition, they described the local area in which the university is situated as a food desert. Participants expressed appreciation for the campus smoking ban but perceived there to be inadequate enforcement of it.

Health issues specific to students

Participants cited mental health, especially depression and anxiety, as a significant health issue for students. Although the problem affects both graduate and undergraduate students, participants perceived that the problem among graduate students was less recognized and addressed. They described two sources of mental health issues: 1) the usual challenges of going to college and the associated stress and 2) preexisting or underlying mental health conditions which can be exacerbated in the context of the usual college challenges. Although participants reported feeling greater confidence in addressing the former rather than the latter, they generally felt poorly prepared to respond to students' mental health issues. Said one faculty member, "Sometimes it's very awkward for me. I'm sitting in a chair and a student is crying and I don't know what to do. And it is not about academics. It's just they are stressed; they need to express it to someone." Participants also described how students' mental health issues can translate to physical health issues. For example, one participant described a student who became temporarily blind due to test anxiety.

Some participants perceived there to be a need for better social connection among students, particularly within graduate programs. They said that greater connection, perhaps cultivated through department-specific social events rather than the more diffuse Graduate Division events, might mitigate some of the stress of graduate school and foster greater success.

Faculty also cited lack of sleep, food insecurity, and insufficient resources to meet basic needs as problems for students.

A fourth concern was mistreatment or exploitation of students, especially graduate students, by faculty members. Participants described concerns about faculty setting unreasonable work expectations (typically outside the classroom, in research) and failing to financially

compensate students for work completed or to fulfill employment commitments. They described how this treatment negatively affects student health. They indicated a need for training of faculty in how to manage students (and postdocs) as employees, since their academic training does not generally provide skill development in this area. Said one participant, "We're just thrown into this profession essentially after our PhD and (told), 'Here, now teach and deal with all these issues'."

Participants also cited an inherent tension between the goals of educating students and producing research, arguing that the current structure in research universities, which relies heavily on faculty grant-funded student research assistantships for the execution of research, privileges faculty over students and research over education to the apparent detriment of student health. One participant described the issue this way:

> "…most of the stress comes from the research advisor. The research advisor can be really demanding, right? It's like we need to publish this paper by the end of this month, and we need these results by this day and we need a draft by this, and, you know, not taking into account the students' other obligations, right? Their coursework, their underlying health issues. I think that could be something that is significant. And a lot of students would comply, right, and try to do that. They basically just don't eat, don't sleep, and that's the issue."

Participants indicated that faculty don't typically want students' health to suffer as a result of a professor's research demands, but that faculty feel immense pressure to get their work done. Said one participant, "When my students get sick, they can't work for a long period of time. That affects my productivity, and I get very upset."

A fifth concern involved the financial challenges experienced by students, especially graduate students, when they face acute or major chronic health issues that make them unable to fulfill grant-funded employment responsibilities to professors. Participants expressed concern about the lack of institutional support to financially cover students when they are unable to work due to serious illness or injury. They also perceived the student health benefits to be insufficient to address serious health conditions. They described instances in which their students experienced long waits for specialist appointments, and in the case of some international students, the situation was so untenable that the students returned to their home country for treatment. Participants described how the perceived limitations in the existing support lead to disruptions in not only the students' education but also the research of faculty for whom they work.

Finally, participants cited the anti-immigrant climate in society as negatively affecting the health of both documented and undocumented students on campus.

Participants expressed concern that some faculty may not be able to understand and, in turn, respond helpfully to students having issues of the kind described above because they themselves, coming from more privileged backgrounds, never encountered such challenges when they were students. As one faculty put it, "There are a lot of elitist faculty that just don't understand…." Another said, "They don't know how good they have it." Participants cited a need for faculty to be educated about the student demographics at UCR and their health implications. In addition, they recommended that there be greater diversity among faculty and required faculty training on disabilities and mental health, like the kind currently required for sexual harassment.

One perceived bright spot in student health was faculty's perception that UCR is less of a party school that other schools, and as a result, student substance use and abuse was less of a concern on campus.

Health issues specific to faculty

Work-health imbalance. Participants described faculty as being overwhelmed with work and having little time for health. They described their work as busy, stressful, and competing with health as a priority. First, time was a salient issue. As one participant put it, "A lot of the problem on campus is that there's not enough time in the day." Faculty have a lot of work and are "extremely busy." Said one participant, **"**Generally faculty are busy, especially at a research-intensive university. We have a lot of demands, you know, research, teaching, service. So all the faculty are extremely busy, all of them overworked, overloaded."

Participants described faculty work as stressful. One reason given was that faculty have multiple diverse responsibilities.

> **"**It is three jobs in one. And it is three very different jobs that have very little overlap…. Everything is kind of orthogonal, and so switching between one and the other, if you're not careful with time management or if you're kind of getting distracted, it's really difficult to balance. And that's where a lot of the stress comes from… not knowing how to juggle all these balls in the air.**"**

Another reason that faculty work is stressful was the pressure to get tenure and promotion. Said one person, "The promotion process… there's no end to this shit. You just keep going up the scale, and you've constantly got this almost gun to your head that you have to advance at a certain rate." Another person said, referring to faculty's understanding of tenure, "We're like, 'I have to kill myself now; there's just no other way'."

Finally, faculty described their work as competing with their health as a priority. One said that it is hard to focus on health when, "We've got a thousand other things to do…." Another said, "I feel I'm so overwhelmed, so busy, and I don't have time actually to consciously schedule time to do, to manage my own health, to do exercise, for example, to eat healthier."

Discrimination and lack of collegiality. Participants expressed concerns about discrimination and a lack of collegiality among faculty within departments. Faculty of color described experiencing racial/ethnic discrimination. As a participant stated, "There are types of micro- and macro-aggressions that one can experience and (that) can be stressful on a psychological, mental level." This finding is consistent with Zambrana's (2018) recent research on underrepresented minority faculty documenting the negative health effects of experiencing regular discrimination on the job.

Female faculty described experiencing gender discrimination. Said one female faculty member, "something that affects health is being a female in this environment." Another said, "I've had a lot of experience of toxic work environment as well, where there's a lot of primarily gender discrimination and gender-based aggression." Some faculty reporting gender discrimination attributed it to academia generally: "I never felt that I experienced much sexism until I was in my career role." One faculty member described UCR as a particularly difficult environment: "I've never experienced more sexism from students than I have at this campus, and I've taught at three campuses now, internationally. It was really shocking to me."

While some participants described their department colleagues as very supportive, others described their departments as lacking collegiality and perceived this lack as contributing negatively to faculty health. Said one participant, "The level of collegiality can be low, is low. There's not much transparency from senior leadership, and there are a lot of political issues

among faculty members. I think it affects junior people more, but it does make it a very unfriendly, very stressful environment to work (in)." The perception is that where there is discordance among faculty, faculty members may be vulnerable: "In my department the biggest stress is the merit promotion process because it's oftentimes used as a club against people that are not in favor of the group." Participants described this vulnerability as contributiong to stress among faculty.

Participants experiencing mistreatment described feeling very angry as a result, but, they said, they cannot express their anger due to potential repercussions. As one participant described it, "People are like, 'why are you angry?' Don't ever complain about anything, even if there's 100% truth. Don't ever say anything because you'll never outlive it." Relatedly, participants described a need for greater openness among faculty about their health experiences. For example, one participant said that in contrast to physical health, faculty "have trouble speaking up about" mental health, and it would be good "if we could change the climate around that."

Insufficient administrative support. Participants described the staff on campus as "extremely important" and associated their performance with health. As one participant put it, "When the staff are competent, able to do their work, I feel much less stressed." However, participants perceived there to be poor administrative support due to understaffing, insufficient skills, and/or high turnover. They believe these factors to lead to poor service, which in turn, threatens faculty performance and causes significant stress. Said one participant, describing administrative staff on campus, "Although we have maybe the top quality faculty, the overall service on the campus, I would say, I would give 2 out of 5 on the scale because at least they did something, but they usually give a lot of delay or no response."

While participants were happy that the university recently hired many new faculty, they perceived that this hiring was not matched by sufficient hiring of staff to support the faculty. They expressed concern about a perceived lack of expertise among some staff, exacerbated by staff turnover. For example, some participants described the Office of Sponsored Projects as being understaffed and, in some cases, underskilled, and therefore, unable to fully meet faculty needs, causing significant stress among faculty, especially given the importance of research grants to faculty career success in a research university. One participant described his experience:

> "I've never come closer to having heart attacks than when dealing with those people, alright, because they're understaffed and we don't get the support that we need. And the support that's there is not competent in many cases to execute what we need them to do. We work long hours. We work away from our families to produce grant proposals. That takes a tremendous amount of our energy, mental, physical, and they don't care. It feels like they don't care. And everybody I talk to in my department, this is their number one source of stress. When they're submitting a grant, whether it's going to get in, and once they've got a grant, whether the relevant paperwork is gonna be filled out so that they actually get the money. And if I could not experience that, I think I would be a far happier person on this campus."

Several faculty in the same focus group as the above-quoted person expressed agreement, saying, "It is crazy" and "It's insane living through that right now." One even said she won't apply for large grants due to the perceived lack of administrative support: "The level of stress is such that, is it worth it? You know, this is gonna shorten my life by how much? I'd rather not do it."

Turnover was one reason given for the insufficiency of administrative support. Participants perceived that staff were underpaid given their demanding jobs and in turn, often changed jobs as a way to get raises. Faculty associated staff turnover with threats to health. One participant described the Office of Environmental Health and Safety: "Management-level staff are coming and going. You never know who the next person's gonna be. You don't know who to contact with a problem. That, to me, is one of the biggest, most profound health issues on this campus. I don't know how to fix it, but it's not my job to fix it."

Participants described how the perceived insufficient administrative support affected not just research but also teaching and not just the faculty but also students: "It affects our interactions with students. We have to spend a lot of time dealing with this. It takes away from teaching. It takes away from tending to our graduate students, our classes. We can't teach as well because we have this in the back of our minds. So it's not fair to the whole community."

Health issues specific to staff

Participants revealed a perception that staff, especially department staff, are overworked, underpaid, and sometimes mistreated by faculty. They described structural conditions that contribute to negative work conditions and, in turn, unhappiness among staff. For example, they described a need for staff to regularly apply for other jobs to get pay raises, a situation which is perceived to contribute to staff turnover. They perceived there to be inequity among staff because some are unionized and others are not. Finally, they perceived there to be "internal competition" for staff within the university, leading to staff frequently changing jobs within the university. Participants expressed concerns about how staff's work conditions may affect staff health and how it impacts on faculty's work, which in turn, makes staff vulnerable to mistreatment by faculty when they are stressed out about getting their work done. A participant

said, “people are really rude to the staff.” Participants described how the university’s prioritization of research can pit faculty against staff. One participant said about faculty, “I don’t think we care about staff, and we don’t need to.”

Participants generally felt that staff, relative to faculty, are able to take more advantage of health resources on campus.

Health resources on campus

In this section we enumerate the existing campus resources and the desired resources that participants mentioned in the focus groups. These mentions indicate participants’ awareness of the existence of the resource.

Existing campus resources. Below we list in alphabetical order the resources that participants perceived to benefit health. Where applicable, we also present participants’ critiques of the resources.

- Academic Resource Center
- Affordable Course Materials Initiative
- Campus case manager

  Some participants expressed a desire for greater follow up from the case manager after faculty have referred as student in crisis. They perceived there to be a lack of follow up with the faculty who referred the student and with the referred student. They acknowledged that confidentiality may be the reason for not following up with the facultyperson who made the referral, but they described feeling concerned, given their lack of information about the outcome, about whether they had responded correctly or sufficiently. This uncertainty made them hesitant about how to deal with future cases.
- Child Development Center

Participants reported a need for more spots, particularly in infant care, and expressed concern about the price of services.

- Counseling and Psychological Services Center

  While participants were broadly aware of the center, they generally perceived the center to need more resources. Participants reported that students find it hard to access the services because the center is not open enough hours, has limits on the number of visits, or lacks counselors with specific cultural competencies.

- Employee health education programs
- Employee Wellness Program

  Participants perceived that staff participate in these programs more than faculty do. They described barriers to faculty's participation in this resource (see Barriers section below) – mainly that they have no time – and believed that additional outreach to faculty might increase their participation.

- Ergonomics Program and University Ergonomic Specialist
- Faculty Success Program, run by the Vice Provost for Academic Personnel
- Free flu shots
- Healthy Campus
- Human Resources Wellness Programs
- Incentives for individual healthy behavior – e.g., given through the walking program
- Mindfulness Meditations
- MobilFit
- Nursing rooms

Participants expressed a need for more such rooms as they get busy.

- Paternity leave
- Pickable citrus on campus
- Purdue Impact Program: 10-week training on teaching for science teachers
- (Pre)Diabetes program for employees
- Recreation Center

  Participants perceived the membership rates to be too high and suggested that membership should be either free or more discounted.

- R'Garden
- R'Pantry
- SEARCH Center Autism Education presentation to campus community
- Seeds of Change
- Student Disability Resource Center

  A participant, who generally spoke favorably of the center, suggested that the procedures for exam administration could be more streamlined and the center should more carefully monitor students when taking exams in the center. This person described an incident in which the center failed to properly monitor a student while taking an exam and the student was able to gain access to the exam answer key

- Student Health Center
- Tai Chi classes
- Tobacco-free UC: Clearing the Air
- Training on responding to students in distress

Participants expressed concern that this is an optional, rather than required, training. They fully understood the limits on faculty and staff's time; however, they perceived this training to be important enough, particularly given the high number of students in need, to require it.

- Walk with Leadership program
- The Well
- Women's Faculty Association
- Yoga classes

Desired campus resources. Below is a list of resources that participants mentioned as being desirable but not currently available on campus.

- Department-specific support groups for students through the Counseling Center
- Training for faculty on collegiality, to address intimidation and bullying. Said a male participant, "We know it exists, but it's not spoken about. There needs to be more upfront conversation and training about that."
- Showers that don't require a Recreation Center membership so that people can bike to work or exercise during the work day and then shower before starting or returning to work.
- A required course on health for students
- A freshman orientation module on health
- Incentivize healthy choices or health investments by students (e.g., point system with a reward)
- A health app specific to UCR

- Training for faculty on managing postdoctoral fellows.
- Training for faculty on disability rights. Said a participant, “So many professors aren’t aware of what their responsibilities (to students) are.” Another participant perceived that faculty without disabilities may not understand what it is like to have a disability. They’ll refuse accommodations for students with a disability, saying, “I made it through. What's your problem? I broke my leg once. I made it through. I didn’t have any help.”

Several participants requested resources that, in fact, already exist:

- Free flu shots (Available through Wellness fairs and employee health benefits)
- Training for faculty on how to respond to student mental health issues (Available through Case Management)
- Annual physical check-up including blood work (Available through employee health benefits)
- An app indicating where free food is available on campus (Available through the Food Recovery Program and R’Pantry)

Faculty’s role in campus health

Participants acknowledged that they have a role in campus health but perceived that not all faculty feel the same way about it. They described ways that their work affects their own health, staff health, and student health.

Research. Faculty indicated that research doesn’t just affect a faculty person’s career outcomes; it also affects their health. Participants described how the conduct of research can threaten health in ways that are not mitigated by the standard procedures and resources for protecting faculty health, such as lab safety protocols or employee health benefits. For example,

a faculty member described the limits of her university health benefits when having an asthma attack while conducting field research in a remote area outside the country. Another faculty member said he felt that the university paid little attention to the health threats associated with his international travel for research.

> "In my six years, I don't think there is any person in this university who cared for the faculty who may travel in countries with hazardous – political, social, or health – issues. For example, I went to (a country) right after a big earthquake, and that was a hazardous condition in many aspects. But that, that's my research, and I would go, definitely. I did a few things to protect myself, healthwise and otherwise, but it's my personal proactiveness. There is no one in the university who ever asked, 'Okay, you are going there. So what are you doing to tackle this type of situation?'"

Another participant described the psychological impact research can have on faculty. If scholars have a personal connection to the topics or communities they study, bearing witness to the struggles of a community may take a unique psychological toll. She said she thinks a lot about the relation between her academic work and her health: "I go out in the community and I talk to people, and I am also part of that community. I study issues of racism, issues related to being undocumented, issues related to mental health. When you are part of that community and you also study those topics, it's hard to separate."

Faculty also described how research affects not only the faculty person, but also affects the careers and health of other faculty, staff, and students. For example, several faculty described the research funding structure as producing health risks. One participant described how failure to get a grant could prevent her from failing to achieving her research goals, which would be highly

stressful in terms of impacts on her career. In addition, it might require her to let go of her student research assistants who are relying on her for employment to be able to pay tuition, rent, etc.– a situation that would not only add to the faculty person's stress but also threaten the health and wellbeing of the students. She said, **"**I think it's two ways: for our health as well as anyone who's employed by us. We are directly affected, and we're the ones bringing money to pay everyone else in our group, right? And so, if we don't make it.… I almost had to let go of people because I almost couldn't make it to get the next grant." She and others described how the institution has little in place to address the funding quagmire and its potential health effects in these kinds of situations. This lack of support undermines health by heightening the stakes of research and creating stress.

Teaching. Faculty also described how teaching can affect health. For example, student mental and other health can take a toll on faculty, as a form of vicarious stress. Said one participant, "Yeah, you're paid to be not only a professor but a therapist here. I've counseled people about abortions, suicides, yada yada. It's gone on for 18 years now and I'm not trained for any of this. But students confide in us. So the mental health burden on us as the point of contact for students is overwhelming at times."

As with research, teaching can affect people other than faculty. While participants acknowledged that students experiencing some degree of stress in college is normal and may foster resilience, they understood that faculty influence the degree of stress that students experience. As one participant stated, "We as faculty are somewhat responsible because we are the ones assigning homework and all that stuff.…" Many participants enumerated various teaching strategies they employ to prevent negative health effects on students, in particular to reduce the stress associated with academic performance. They

gave examples such as ordering the course content to put easier material first to enable students to build a sense of mastery, breaking down assignments into manageable small steps, incorporating peer review, and teaching study strategies. Participants described their role as models for students, especially graduate students. As one participant put it, students "learn from their advisor." As a result, if faculty themselves engage in unhealthy academic work patterns, such as overwork, students may adopt them and carry them into their academic careers. Participants noted that candidates in faculty searches at research universities are vetted for their research, not the work habits and effects on students. This condition allows for the reproduction of work habits that negatively affect health.

Although the participants saw themselves as having a role in campus health, they perceived that not all faculty view themselves as such. One participant commented, "I've heard from colleagues that that's just not a faculty role; so I've seen quite a bit of variation among faculty." Another participant described some faculty, especially those who are "research prominent," as having a "look-down-the-nose attitude" and not wanting to "get their hands dirty with students and such." He said, "I think that's something we need to move past." Participants described how the existence of variation in faculty perceptions of their role in campus health may exacerbate inequity. One faculty member described the consequences of being a good listener to students: once students learn which faculty care about their health, they stop going to the faculty who don't care about their health, essentially freeing them from a role in campus health and increasing the burden on and health-cost to the health-oriented faculty.

Service. In terms of the relation of academic service to health, one senior faculty member described service work as "rejuvenating." In contrast, several faculty complained about an

unequal distribution of service work across faculty, especially given the low valuation of the work itself, and the unequal compensation for different types of service. For example, a senior female, white faculty member said:

> **"**Service is just not evenly distributed across the faculty. Not all my colleagues are doing their fair share. I think institutions don't think carefully about service burdens. They need to do things like putting more value on the work that people are actually doing and what they're asked to do, if they're not going to shift those burdens around so they're more equal."

The inequality is experienced as a form of injustice which negatively affects faculty health. A female, faculty of color, stated there are, "people who do invisible labor that is not counted. It may be even viewed negatively against your file. The blame is put on faculty" rather than the institution. The devaluation of the valuable work is perceived to involve a cost to faculty health in the form of stress about their personnel evaluation.

With regard to effects of service work on health, one faculty member reported that he turned down a department chairship to protect his research as well as to preserve time for his family which included a young child. His colleagues had expressed strong support for his candidacy and asked him several times to serve. Yet, he felt he had to choose between not only research and service but also his own needs and his department community's needs. He stated, **"**I feel like while I do want to create a better environment and a more inclusive space and all of that, I have to take care of myself too and protect myself." He expressed with sadness an awareness of the negative impact of his decision not only on his department colleagues as a group, since they were deprived of a qualified and beloved administrator, but also on the colleague who took the chairship in his place.

Barriers to greater faculty engagement in campus health promotion

Values and norms that translate to a lack of time and incentives for health. Participants described the existence of faculty values and norms that they perceive to undermine health. They described how in academia, research is valued above all other faculty work, and the other work (mainly teaching and administrative service), though also required, is either less valued, not valued at all, or even devalued.

Participants described the existence of the mandate to "publish or perish" in academia and perceived there to be widespread endorsement of it, particularly in a research university. As one person stated, "You know, we have the mentality of publish or perish." The notion is that faculty must publish their research to avoid career failure (perishing). Underlying this notion is the idea that research matters more than faculty's other work. While participants understood and did not dispute the importance of research, or even its primacy, they did not fully endorse the mandate themselves. They expressed uncertainty that publishing (research) was always associated with not perishing (successful career). They described ways in which publishing can negatively affect faculty health and ultimately undermine faculty careers. Furthermore, they described ways in which efforts to preserve health may undermine their research and, in turn, their careers. Participants' perception was that if the valuation of faculty work were different, "many things would change." At present, however, *"*still the university has the criteria of evaluating the research first and the teaching second and service third.**"**

Participants spoke in zero sum terms about teaching and service: they are not research. By definition, then, they are not valued in academia and will not prevent faculty from perishing. Their narratives indicated a perception that time spent on teaching and service often comes at a cost to research. For example, a senior faculty person said his research would be "down the

drain" if he were chair of his department; so he doesn't do it. As another faculty person put it, service "takes away from my research."

Faculty described various ways in which they try to address health (their own and others) in their teaching (including mentoring) and service, but they found that these efforts were not valued relative to other types of teaching or service and to research. For example, they described teaching practices that can positively impact on students' health, service opportunities designed to promote health in the campus community, and training opportunities on campus aimed at improving health. Though participants viewed these activities as positively affecting the health of the campus community, they said that the activities were not valued, even less valued than non-health-related teaching and service. Said one person, "It's just a line in my vita." Therefore, participants' sense was that faculty are not likely to pursue them as much as they would were they rewarded.

With regard to teaching, participants indicated that teaching with health in mind takes time, but neither the extra time nor the health benefits are recognized in personnel reviews. Therefore, faculty have little incentive to pursue that form of teaching. As with teaching, service activities that focus primarily on health promotion are perceived not to be valued. For example, one participant, as a form of service, takes students on diving trips. He felt that this service was not valued because though it served students and the broader community by promoting healthy activity, it did not serve the university administration in a more immediate way. Describing his service, he said, "It's one of those things where it's like, 'Yeah, it counts as something, but we don't care' (laughs). Like they'd much rather me sit at a department meeting than teach diving all weekend, right? So something like that. I mean, it counts, but it doesn't really count."

One explanation proposed for the failure to value health-related teaching and service was that people don't know how to value it. Faculty are used to valuing things in terms of their promotion of knowledge. They have less experience formally valuing health promotion in a personnel review. Said one participant, "It's just like, 'Okay you did that thing and you can put it on (your personnel file), but, you know, it's not gonna count as much as you sitting on a committee and doing something that I think often provides far less value.' The administration doesn't know how to value that as much as they know how to value the fact that you're on the undergraduate affairs committee.**"**

In addition to a set of values that differentiates between types of faculty work, participants described norms about the amount of work faculty are expected to perform. They described the existence of an academic norm of overwork that they perceive to undermine faculty health. Their narratives suggest that in order to comply with the mandate of publish or perish, overwork is necessary. Participants described a faculty "lifestyle" that involves a 24-hour/7-day work schedule. They pointed to the existence of lunchtime meetings, evening classes, and weekend work as indicators that faculty do not get a break from their work. The lifestyle is viewed as necessary for career success. One junior faculty member, for example, described the importance of overwork for achieving tenure: "I haven't heard any faculty say, 'I just work eight hours a day' that would make it" (i.e., achieve tenure).

The lifestyle leaves little time for healthy behavior. A junior faculty member said, striving for "work-life balance is actually the opposite of what you should be doing if you are trying to be successful" in your academic career. Another person said, "Eight-hour sleeps are unheard of" among faculty. As with the zero-sum thinking associated with the choice between research and teaching or service, faculty feel they must choose between career success and

health. Describing her perception of faculty's lower rates of engagement in healthy living, one faculty member said: "That's why we don't do it. Because we don't actually believe that those people who do all the yoga, or they quit caffeine, we think, 'Oh, well, they also don't get tenure.**"**

Although participants identified some health resources to be lacking on campus, they named many health resources that do exist. While some said they were able to advantage of those resources, many said that they simply didn't have time for them. Referring to health trainings on campus, one person said, **"**It would be nice to have at least an opportunity to do training." Lacking the time, however, the existence of the campus health resources does little to support the faculty member. Despite faculty's substantial interest in health-related programming provided by the university, they find it hard to act on that interest without having to pay, as one person put it, "the professional price" for it. As one senior faculty member said regarding a health-related service opportunity, "This is just one more thing and in terms of assessment, how important is it to spend that one hour of my life that I will never get it back?**"**

Even if faculty had more time, there is little formal reward for engaging in health promotion. In our discussion of why few faculty partake in the various health-related trainings on campus, a participant said, if they **"**counted more for university service and people were like, 'Yeah, this is something that we really value having in your service packet,' then I think more people would go to it." Furthermore, some faculty expressed concern that their colleagues would negatively view their health promotion efforts in a way that might even undermine how their research is viewed. Said one junior faculty member, "I am worried that I feel, and that other faculty might feel, that it's a weakness to think of having this (work-life) balance, or to think of going to yoga and things like that. You know, let's just get all the papers out." Sacrificing one's

health for research may be valorized, as suggested by this person's comment: "We just expect to feel like shit all the time, not get enough sleep, like the heroic assistant professor (who) drinks too much coffee, jokes about it, drinks too much alcohol, jokes about it, doesn't get enough sleep, is barely able to function at home."

Despite the absence of time and reward, numerous participants indicated that they do not subscribe to the norm of overwork; they act in various ways to promote health. However, they indicated an understanding that by violating the norm, they were knowingly and willfully subjecting themselves to perishing. Said one faculty member who does not work on weekends, "When I show up to university meetings, sometimes everyone's almost kind of bragging about how much work they're going to do over the weekend, and I think, well, this is why I'm not getting ahead in academia."

Participants perceived the demands on faculty to be increasing. They described the situation for faculty as worsening due to changing career milestone expectations – that is, faculty have to do more now than in the past to get hired, tenured, and promoted. In other words, it is harder now to publish and not perish. A faculty member described, for example, the rising standards for graduating physicians: "I think that every step of the way is becoming more difficult. The scores need to be even higher if they want to be placed. It's even harder." Another faculty member described how standards for academic jobs have shifted over time: "I do feel like, at least in political science, it is different now for our students than when I was in graduate school. I mean I remember being very stressed in graduate school certainly, but I could still get a job without publications. Well, you can still get into a PhD program without publications, but it's really challenging to get a job without publications."

Participants gave examples of faculty whose careers were cut short by health issues or whose health was negatively impacted by their work. One stated, “I (have) also noticed quite a few outstanding scientists, senior colleagues which I know passed away at a young age.” This person attributed the early deaths to overwork and the lack of attention to health. These were cases in which the scholars fulfilled the publish or perish mandate, and while they had career success, they died, effectively ending their careers. Another described the health effects of an academic career this way: “If you’re physically able, for the most part, and you’re mentally able to the point where you can pump out your work…. Oh, but what that means is by the time you hit your mid-thirties or forties, your hair is falling out, you have back problems, you have heart problems, you have all kinds of issues that we accept as normal….” An associate professor said, “I think a lot people just get by or their bodies and minds suffer for it later.”

In sum, participants perceived the values and norms associated with the publish or perish mandate to threaten health in the campus community. They saw it as a publish *and* perish mandate because it fails to account for the ways that pursuing research affects health as well as career success and affects the broader university community of faculty, staff, and students not just the researcher.

Lack of an institutional culture of health. Participants viewed health and career success as linked. Said one participant, “Being healthy means you can do more work.” Said another, health and work performance are “directly proportional.” However, they strongly perceived this connection not to be understood or acknowledged in academia. Said one person, “You try to get as much work (done) as possible, but you’re not promoted based on how healthy you are. You are promoted on how much work you get done.” One participant had a particularly strong view of the matter: “I’m a mental slave here, ultimately. The university is basically sucking my

intelligence out and using it for publication. They don't give a shit about how healthy I am, honestly. I don't get any value out of being a healthy person. It's just they're gonna take my ideas and patent them. They're gonna reward me for publications. They're gonna use my intelligence for teaching. They don't care at all whether I'm healthy, have heart disease, or whatever." Thus, faculty perceived the academy as narrowly interested in faculty's career success, even if comes at the cost of faculty health.

Participants expressed a perception that institutionally, health is treated as a private matter, one to be dealt with by members of the university community individually. While the institution provides health resources, such has health education, "it's up to you to show up." As discussed above, the university provides faculty with neither time nor reward for investments in health. Said one participant, "For the most part health is something that is taken care of at home, just like reproduction, just like anything else that has to do with the sphere of the family, or your physical body, or your mental well-being… that's not really the responsibility of the campus, you know? That's how we feel. That's how I think my colleagues feel." One explanation given for universities' treatment of health a private matter was that there are "a lot of assumptions about if you are in this role: someone at home is cooking dinner, someone at home is doing all the picking up the kids from soccer, someone else is doing that. The job is designed for a male breadwinner with a stay-at-home, full-time wife, who by the way also does all the emotional labor." The implication here is that at the institutional level it is assumed that a faculty person "only" has to worry about their job, and therefore, the job is not considered to be harmful to health.

Participants also described a need to think structurally about promoting health in the campus community. One participant said:

> "We have the Academic Resource Center, but at the same time I feel like it's important to create a space or create a university that makes them (students) feel welcome and makes them feel like they belong here. So, if they are already dealing with all those (health or academic) issues, it doesn't just fall on the students. It also falls on the faculty and the administration for us too to create this space for them to thrive in the university. With faculty I think it's the same thing. So I'm an assistant professor on the tenure clock, and I have all the pressures of getting tenure and all that. So how do we create…. A lot of the focus on the self-care and health-related programs focus on individual behavior, right? I think that we need to create change at the structural or more administrative level."

The faculty highlighted ways in which some of the perceived threats to their own health were not in their control as individuals. For example, if the "illness" is lack of administrative support or unequal service burden, an institutional, rather than individual, response, is the necessary treatment.

Lack of familiarity with campus health resources. Participants perceived there to be some, but insufficient, familiarity with campus health resources among faculty. Faculty might be aware of some resources but not others. They might be aware of the existence of resources but not how to use or access them and not what their rights and obligations as faculty are. Describing his response to cases in which a student needs a referral, one participant said, "It's hard for me to get a good catalog or list of what they (resources on campus) are and what's the appropriate referral."

Participants attributed faculty's lack of familiarity with the resources to the fact that they typically learn about the existence of resources idiosyncratically rather than systematically through standard and/or regular training. One participant said, "I've been here probably long

enough; so I know those resources are there," suggesting that faculty learn about resources gradually across time rather than upon arrival on campus. Thus, they may not have the information they need at the time a situation demands it. As indicated earlier, while participants perceived that faculty would be interested in and benefit from training, they felt that without time and incentives, faculty participation in training and thus, their familiarity would remain low. That said, in the absence of training, faculty feel as if they are on their own, not institutionally supported to invest the time and energy necessary to respond to whatever the health issue is, be it their own or someone else's. As one participant put it, "resources may exist, but you have to find them on your own." Due to their lack of familiarity with campus resources, participants reported that they may underutilize available resources and thus, under-respond to needs. They also expressed concern about whether their current use of health-related services and resources, particularly for students, was appropriate, accurate, or effective. Regarding whether faculty should engage more in health promotion, one participant asked, "Should faculty be engaged if they're not trained in these situations, right? Could the faculty members give wrong advice or bad advice?" Participants reported that faculty's concerns about whether they have the relevant authority and expertise influence their resource utilization.

Proposed solutions

Despite participants' descriptions of faculty's desperate efforts to meet the demands placed on them and address health in the process, they expressed optimism that change is possible. Said one person, "A conversation of this kind is probably a good starting point just because half of it is just putting things out there and getting support from other people and listening to other people's concerns and normalizing our own experience."

Make health a shared value and a community responsibility. Participants expressed a belief that an alternative model, with values and norms that account for health, is possible. This model should **"**promote awareness of faculty health…because that essentially prolongs the lifetime and quality of service of faculty." In other words, it should promote a culture of health, one in which health is a shared value.

Participants identified examples of existing alternative models. One faculty member, who had previously been employed at a Canadian institution, contrasted the evaluation of faculty in that country with the evaluation of faculty in the U.S., illustrating how the former accounts for health. She said, "I've seen that other countries totally take (health) seriously. I have a female colleague who sent me her grant that was reviewed. She's from Canada, and she hasn't published much because she's had two children and she took six months' maternity leave each time. And it was so funny to hear the reviewer say, 'So this person hasn't been productive but totally understandable…she decided to take care of her children. So I'm gonna evaluate her grant according to what she's planning to do, not according to the lack of productivity.' That I've never seen in my experience" in universities in the United States. This participant highlighted the importance of accounting for faculty health when evaluating research productivity.

Another professor encouraged us to look to medical schools where: "We have so many things in place for (students), you know, in terms of anti-stressors, in terms of making sure that they go to the gym, and things like that. It's accepted that we're gonna make sure that we have a good milieu (for them) to develop in, but there's nothing like that for faculty." In this example with students, the participant highlights how it is possible for universities to make health an explicit institutional, programmatic priority and view health as a community/public, rather than individual/private, matter.

To realize an alternative, several changes are needed, according to participants. First, leadership is needed. Said one participant, "if we can just create change from the top, then it may make it easier for us." Higher education leaders need to communicate the importance of health and validate efforts to address it.

Second, institutions need to reward efforts that promote health. As participants said repeatedly in different ways, "it has to count for something" because when it does, faculty will be more inclined to do it. Faculty success needs to be redefined so that it no longer means "at all costs" and instead, accounts for the costs to faculty and others' health associated with academic work.

Participants described various ways of giving credit. One example is to count health promotion efforts (e.g., attending trainings) as a form of faculty service. Another example is to require research proposals to describe how they will address health -- much the way federal grants (e.g., National Science Foundation) require grantees to describe broader impacts on society. A third example is to reward faculty in their personnel reviews for work that advances health -- much the way some universities reward work that advances diversity (e.g., in the case of UC, APM 210).

Create a central portal for campus health resources. To address faculty's lack of familiarity with campus health resources, participants expressed an interest in having a single point of contact for information, such as one office that conducts triage for all referrals and inquiries, particularly for those involving students. They also recommended improved coordination across units, acknowledging that even with a single point of entry, the system would still require a division of labor across units. As indicated earlier, participants also

recommended various forms of training for faculty. However, the availability of training needs to be accompanied by substantial incentives to participate in it.

DISCUSSION

This study examined faculty's perceptions of campus health needs and resources, faculty's role in campus health, and barriers to greater faculty engagement in campus health promotion. It found that participants perceived faculty's academic work (research, teaching, and service) to affect the health of students, faculty, and staff in myriad ways. However, they also perceived the health effects to be unacknowledged in academia and health to be treated as an individual, private matter. As a result, institutional factors affecting health are overlooked and unchecked, undermining the health of campus community members who must, in turn, fend for themselves. In addition, although the participants viewed themselves has having a role in health, they perceived faculty at large to lack consensus on this role. Finally, they perceived that even when faculty want to help, their ability to respond to health matters is substantially constrained.

These results suggest several areas for institutional intervention to address campus health. First and foremost, the institution needs to acknowledge the role of institutional factors (values, norms, and work conditions) in campus health and adopt strategies to address them. At present, the university's approach to health is through individual-focused resources, such as employee assistance programs, health benefits, and health education. As the findings indicated, faculty view these resources as valuable but insufficient to fully address all of their health issues, particularly those stemming from their work. Furthermore, due to structural limitations on their utilization by faculty, these individual-focused resources may have limited returns. Eliminating these structural limitations may improve the returns on investment. Even then, however, the university needs to also invest in community-focused health resources to fully address the

campus health needs. UCR's participation in the UC-wide Healthy Campus is an important start. However, it is worth noting that UCR faculty engagement has been low, relative to that of staff and students, in terms of participation not only in the working committees but also the data collection activities designed to inform program development. Thus, going forward, it will be important to find ways to better engage faculty in that initiative.

As part of addressing institutional factors, the university needs to examine how the present ways of doing academic work pit faculty against each other (e.g., discrimination and lack of collegiality), staff (e.g., mistreatment by faculty in the presence of insufficient administrative support), and students (e.g., exploitation of student employees for research). The study results suggest that the privileging of research and, therefore, faculty in a research university comes at a cost to the health of other members of the community. Furthermore, while, in many respects, faculty constitute privileged members of the university community, this study shows that they, like staff and students, may pay a health penalty for their contributions to the university's mission. In a context in which research is of the highest priority, the institution appears to win at the expense of the health of all of its members. In effect, the current institutional approach to health pits the institution against its members (student, faculty, and staff) and research against health. A better approach would acknowledge that the institution's health is tied to the health of its members and health enables research. It would equitably recognize all members' contributions to the university's mission and foster mutual support among members.

Second, the university, including the Committee on Academic Personnel, needs to examine the standards for faculty personnel evaluations and consider ways in which faculty's health-promoting activity in research, teaching, and service can be better recognized and rewarded. Third, the university can promote a culture of health, communicating to the campus

community first, that it values health and second, that it recognizes that health is not merely a private matter and institutional factors, which individuals do not control, affect health. This messaging should communicate that though research is important, it should not come at any and all costs and that health-promoting activity in research, teaching, and service is valued by the institution. University administrators need to exhibit strong leadership in promoting a culture of health and conveying related messages to the university community. Fourth, the university can back up this messaging with real, tangible incentives for faculty engagement in campus health promotion, such as course buyouts, service stipends, awards, etc. Furthermore, the university can think creatively about faculty time usage and explore ways to increase efficiency and, in turn, free up time for health promotion. Faculty need first to be made responsible for health in the community and then to be supported by being granted time and incentives to fulfill that responsibility.

Fifth, the university can examine the structure of research funding and its relation to student employment and, in turn, student health. It can consider how to handle situations in which students' health crises interfere with their research employment and, in turn, faculty research, and conversely, how faculty's research funding, when lapsed, threatens student-employees' financial stability and, in turn, their health. Perhaps it can negotiate student health and disability benefits that better address these circumstances or develop a fund to financially cover students in the temporary absence of grant funding.

Sixth, the university can examine the adequacy of administrative support. It can consider how staff work conditions contribute to disruptions not only in staff's employment trajectories but also in faculty's research and, in turn, threaten both staff and faculty health. If research is

going to remain the top priority at a research university, the institution needs to better acknowledge and address the role of health in it.

This study examined faculty perceptions. Future research should examine the perceptions of students and staff, including administrators.

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