

MICHIGAN STATE UNIVERSITY

UNIVERSITY HEALTH AND WELLBEING PLAN



2024



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At Michigan State University, we are driven by a bold vision - to achieve national recognition as the premier health promoting university by 2030.

Michigan State University has long recognized that supporting the health and wellbeing of Spartans is foundational for academic, professional, and life success. However, we recognize that there is more work to be done to ensure that students, faculty, and staff across MSU have access to the support they need to not just succeed, but to truly flourish and thrive.

Achieving this vision requires a collective effort from campus partners. We must come together as one cohesive team, united by a shared commitment to the wellbeing of our students, faculty, and staff.

Central to our approach is the principle of amplifying community voices, with a with a strong emphasis on ensuring all perspectives are heard and valued. We are grateful for the engagement from over 5,000 students, faculty, and staff, along with the contributions from the Advisory and Steering Committees. Their insights and experiences were instrumental in shaping this plan.

At the inception of this process, we collaboratively developed a purpose statement, articulating our overarching goal. It has served as our guiding light throughout the project, ensuring that our strategic planning efforts remained focused and aligned with this essential purpose.

The priorities and objectives outlined in this plan will serve as the north star for developing strategies and actions over the next five years. We understand that adaptability is key, and we are committed to evolving our objectives and strategies to meet the changing needs of students, faculty, and staff.

Together, we can create a culture of care where Spartans can reach their full potential!

Go Green!



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Executive Summary

To respond to the needs of students, faculty, and staff, Michigan State University (MSU) brought together 11 units to create the University Health and Wellbeing (UHW) Division in 2022. UHW believes in the collective responsibility to advocate for the wellbeing of the campus community. In an effort to cultivate a culture of care that supports the health and wellbeing of students, faculty, and staff, UHW partnered with Michigan Public Health Institute (MPHI) to complete an equitable strategic assessment and planning process using the [Mobilizing for Action through Planning and Partnerships \(MAPP\) 2.0](#) and [Okanagan Charter](#) frameworks, [MSU 2030 Strategic Plan](#), and Eight Dimensions of Wellness Model. The concepts and processes outlined in these respective documents would inform the development of an actionable and data-informed campus-wide Health and Wellbeing Plan that will guide efforts over the next five years. This plan outlines a collective effort for UHW and campus partners supporting health and wellbeing.

At the inception of the assessment and planning process, a purpose statement was developed through a collaborative process that engaged the Health and Wellbeing Core Team, Steering Committee, and Advisory Committee. This purpose statement encompassed the overall goal for UHW and a campus-wide Health and Wellbeing Plan, serving as the guiding light of the project to ensure that strategic planning efforts remained aligned with that goal.

The assessment and planning process was facilitated by MPHI in partnership with the Health and Wellbeing Core Team, Steering and Advisory Committees, and UHW Expert Panel. The process included several data collection methods to identify assets and needs across campus. Assessment activities began with an environmental scan of existing MSU plans, data reports, and a Strengths, Weaknesses, Opportunities, Challenges (SWOC) analysis to identify assets and needs across the MSU community. Primary data were also collected through this process. UHW distributed a campus-wide survey to understand and address the unique health and wellbeing needs of students, faculty, and staff; foster academic and professional success; and contribute to a healthier, more supportive, resilient, and health promoting environment. To gather additional contextual information supporting the assessment, qualitative data related to health and wellbeing experiences were gathered from students, faculty, and staff across the University through the facilitation of twelve focus groups, nine key informant interviews, and a community input session.



The Health and Wellbeing assessment data were combined with other existing data sources and analyzed by MPHI project staff to identify ten primary themes related to health and wellbeing. Using participatory-based approaches that engaged campus in review and feedback, prioritization of work, and alignment with existing efforts and resources, these themes were refined into four main priorities:

- Supports for Mental Health, Physical Health, and Basic Needs
- Health-Promoting Work and Learning Culture
- Service Access and Accessibility
- Belonging and Connection

To support equitable health and wellbeing for students, faculty, and staff, the Steering and Advisory Committees agreed to center health for all, lived experience, and cultivating an sense of belonging into each priority area. These finalized priorities served as the base for action planning activities with the Steering and Advisory Committees. This included consensus building facilitation techniques to develop goals, objectives, and strategies that will address these priorities over the next five years of the campus-wide Health and Wellbeing Plan.



Introduction

Michigan State University has a longstanding history of supporting the health of Spartans. This history begins in 1893 when on-campus health services were established for students to aid in the detection of disease, becoming one of the first campuses in the nation to do so. Spanning the historical timeline of health services at MSU, efforts to expand continued with the formation of Olin Health Center in 1939 and the establishment of the Employee Assistance Program and Resource Center for Disabilities in 1970. The development of trailblazing services continued with the Sexual Assault Program in 1980, Student Food Bank in 1993, and Safe Place in 1994. In 2017, MSU Student Health and Wellness was created and included Counseling and Psychiatric Services (CAPS), Health Services, Health Promotion, Center for Survivors, and Safe Place to better meet the health needs of students.

To respond to the needs of students, faculty, and staff, 11 units supporting health and wellbeing were reorganized to create University Health and Wellbeing (UHW) in 2022. UHW believes in a collective responsibility to advocate for the wellbeing of both students and employees and aims to create an environment where Spartans can flourish and thrive in all aspects of their lives.

UHW works to support all elements of physical, mental, and social health and wellbeing for students, faculty, and staff. The division provides access to resources to increase safety and stability, and prevent disease, injury, and mental health crises through collaboration with internal and external multi-disciplinary partners to address the needs of the whole person. UHW brought together eleven units across Michigan State University (MSU) campuses and is now structured into four pillars that offer vital resources, programs, and services to support the health and wellbeing of students, faculty, and staff. These UHW pillars include:

- Campus Health Services
- Health Promotion, Engagement, Accessibility and Accommodations
- Mental Health and Trauma Support Services
- UHW Central Administration



UHW is led by core values centered on inclusion, curiosity, collaboration, integrity, and compassion.



As an institution of higher learning, Michigan State University is committed to the highest ethical and academic standards. As a public institution, MSU is committed to transparent decision making and accountable governance. As a community, MSU is committed to living these values.

Within UHW, the core values support the purpose and articulate how staff interact with each other and those served by UHW. These core values act as inspiration on the journey to becoming the premier health promoting university by 2030.

HEALTH AND WELLBEING ASSESSMENT AND PLANNING STRUCTURE AND PROCESS

In efforts to create an MSU community that is supportive of the health and wellbeing of students, faculty, and staff, UHW partnered with Michigan Public Health Institute (MPHI) to facilitate an inclusive and participatory assessment and planning process. MPHI is a Michigan-based and nationally engaged 501(c)(3) nonprofit that has been supporting the public's health since 1990. MPHI was intentionally designed as a governmental academic partnership. The Michigan Legislature gave the Michigan Department of Health and Human Services the authority to establish MPHI as a nonprofit trusted partner and MSU was one of the vital voices at that design table. MSU holds two seats on the MPHI Board of Directors. MPHI's Chief Executive Officer, Dr. Renée Canady, is an MSU alumna, a former MSU faculty member and now adjunct professor. Throughout this process, MPHI and MSU worked closely together to develop a process that ensured quality, excellence, and innovation for students, faculty, and staff at MSU.

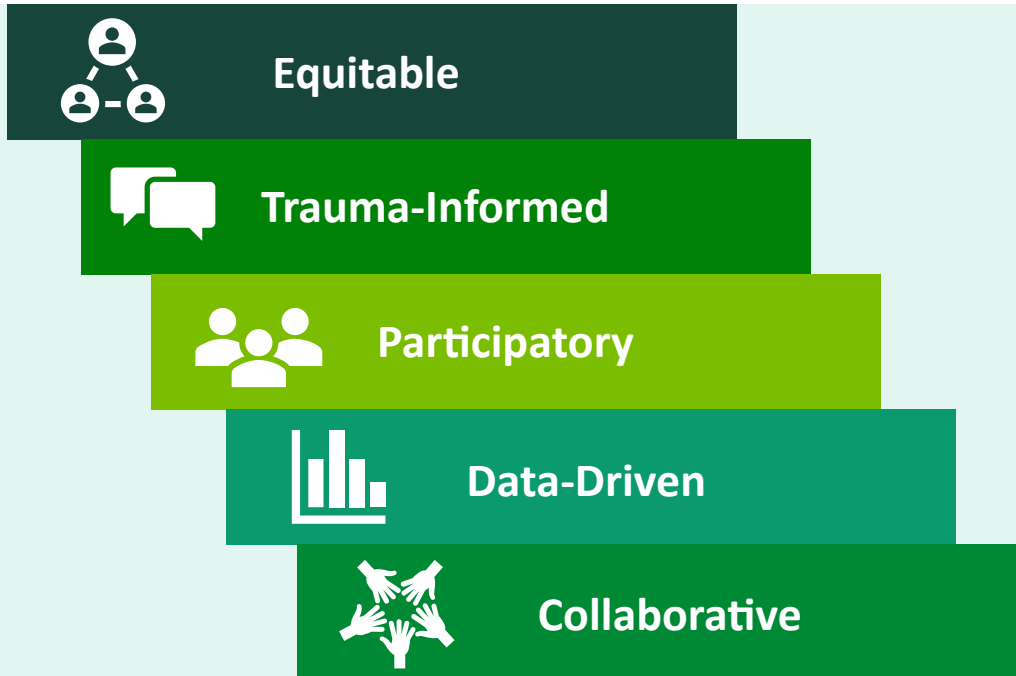
At the outset of the assessment process, a Core Team of UHW and MSU staff convened leaders across the University who would embark on an assessment and planning process through their participation on a Health and Wellbeing Steering or Advisory Committee. These committees had separate roles and responsibilities and informed the development of a strategic plan with guidance from MPHI facilitators. The Core Team engaged these committees in establishing a shared vision to guide assessment and planning work, analyze existing assets and unmet needs across the University, and facilitate the development of an actionable and data-driven strategic plan that will guide MSU's Health and Wellbeing efforts over the next five years. The Core Team engaged these committees and a UHW Expert Panel to develop a purpose statement in the beginning stage of the assessment and planning process. The purpose statement below encompassed the overall goal of the UHW Division and the campus-wide Health and Wellbeing Plan, serving as the guiding light of the project to ensure that strategic planning efforts remained aligned with their shared goal:



MSU University Health and Wellbeing (UHW) supports a university community with health and wellbeing equitably woven throughout all aspects of Spartan life, enhancing accessibility and safety through a culturally sensitive and holistic lens.

GUIDING VALUES AND FRAMEWORKS

The foundation of the UHW Assessment and Planning process was built upon guiding values of being:



To support equitable health and wellbeing for students, faculty, and staff, the Steering and Advisory Committees agreed to center health for all, lived experience, and cultivating an sense of belonging into each priority area.

To add structure to this foundation, the team designed activities in alignment with the Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 and Okanagan Charter frameworks, the [MSU 2030 Plan](#), and the Eight Dimensions of Wellness Model. Used as guidance throughout, these consistently informed the project throughout the planning and design phases and will be used to support strategies in the implementation phase.

The framework of MAPP 2.0, developed by the National Association of City and County Health Officials (NACCHO), encourages equitable approaches to assessment processes and is grounded in principles of community engagement and collaborative decision-making. UHW has prioritized MSU community engagement in both assessment and planning efforts to ensure the resulting plan and actions are inclusive of all students, faculty, and staff.

The Okanagan Charter is an action framework for higher education with key principles for becoming a health and wellbeing promoting campus. The Charter outlines two Calls to Action that were applied to UHW assessment and planning efforts:

1. *Embedding health into all aspects of campus culture, across the administration, operations and academic mandates.*
2. *Leading health promotion action and collaboration locally and globally.*

The Eight Dimensions of Wellness Model outlines a framework for understanding and addressing different aspects of wellbeing, typically categorized into dimensions. Dimensions are interdependent and focusing on all areas can lead to improved overall health and wellbeing. The eight dimensions of wellness include emotional, physical, occupational, social, spiritual, intellectual, environmental, and financial.

Respectively, these frameworks proved to be key resources for developing a campus-wide Health and Wellbeing Plan that was reflective of and responsive to the needs of higher education by centering equity and community engagement throughout the process and working toward further weaving health and wellbeing into the University's infrastructure, policies, plans, and practices.



Definitions

The following definitions were used to guide collective understanding throughout the assessment and planning process.

Health: Health is the dynamic balance of physical, mental, social, and existential wellbeing in adapting to conditions of life and the environment. Health is dynamic, continuous, multidimensional, distinct from function, and determined by balance and adaptation.¹

Wellbeing: An optimal and dynamic state that allows people to achieve their full potential.²

Health Equity: Health equity can be viewed as both a process – removing economic and social obstacles to health such as poverty and discrimination – and an outcome – everyone has a fair and just opportunity to be healthy³

Health Inequity: Differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.⁴

Universal Design: Design and composition of an environment so that it can be accessed, understood, and used to the greatest extent possible by all people regardless of their age, size, ability or disability.⁵

Basic Needs: Food, clothing, housing, transportation, and other essential resources that affect health and wellbeing.

Health in All Policies: A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.⁶

¹ Krahn, G. L., Robinson, A., Murray, A. J., & Haverkamp, S. M. (2021) *It's time to reconsider how we define health: Perspective from disability and chronic condition*. Disability and Health Journal 14(4). <https://doi.org/10.1016/j.dhjo.2021.101129>

² NIRSA: Leaders in Collegiate Recreation, NASPA - Student Affairs Administrators in Higher Education & ACHA - American College Health Association (November 2020). *Inter-association definition of well-being*. Retrieved from www.nirsa.org/hands-in

³ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017

⁴ Margaret Whitehead, *The Concepts and Principles of Equity in Health*. Health Promotion International 6(3): 217- 28. 1992.

⁵ *About universal design*. Centre for Excellence in Universal Design. (n.d.).

<https://universaldesign.ie/about-universal-design>.

⁶ Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *Health in All Policies: A Guide for State and Local Governments*. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

Mental Health: A state of wellbeing in which an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.⁷

Physical Health: Physical health is how well your organs and body systems function. Each person's version of physical health is different. Someone can achieve their own definition of physical health, despite a disease, a disability, or their age.⁸

Social Health: The aspect of overall wellbeing that stems from connection and community – having close bonds with family and friends, enjoying a sense of belonging to groups, and feeling supported, valued, and loved.⁹

MSU Community/University: Includes all students, faculty, staff, and in some cases, retirees.



⁷ World Health Organization. (n.d.). *Health and well-being*. World Health Organization. <https://www.who.int/data/gho/data/major-themes/health-and-well-being>

⁸ Marshall-Seslar, A. (2022, January 4). *Body Health Basics: What is Physical Health?* McMillen Health. <https://www.mcmillenhealth.org/tamtalks/physical-health>

⁹ *What Is Social Health?* | Psychology Today. (n.d.). www.psychologytoday.com. <https://www.psychologytoday.com/us/blog/social-health/202302/what-is-social-health>

UHW Assessment and Planning Process



To initiate the assessment, MPHl conducted an environmental scan of existing MSU plans. Following the environmental scan, a Strengths, Weaknesses, Opportunities, Challenges (SWOC) analysis was completed to identify assets across the MSU community that may be important considerations when building out the campus-wide Health and Wellbeing Plan. Results of this process are included in Appendix B.

In addition to an analysis of existing MSU data relevant to the project, the Core Team worked in partnership with the Health and Wellbeing Steering and Advisory Committees to deploy methods for collecting primary data to inform the process. Primary data collection activities were approved by MSU's IRB (Study ID 00009943). The UHW team also convened an assessment team comprising campus partners to inform development of data collection tools. Primary data collection activities included the development and distribution of an MSU Health and Wellbeing survey for all students, faculty, and staff focusing on experiences related to health and wellbeing at MSU. Over 4,600 participants completed the survey which provided key insights into their health-related experiences, perceptions of MSU, accessibility and helpfulness of UHW services, and communication preferences.

Qualitative data were collected from students, faculty, staff, and academic specialists through twelve focus groups facilitated by Core Team members. Approximately 150 participants engaged in conversations about health and wellbeing as a Spartan. The information gathered from these focus groups provided meaningful context to the quantitative data gathered from the MSU Health and Wellbeing Survey.

As it was important to also hear from leaders across the University on their vision of an MSU community that supports health and wellbeing, MPHl team members facilitated nine key informant interviews with ten MSU leaders. These interviews served to inform leaders of the UHW planning process and learn about their vision for a healthier MSU community.

The Health and Wellbeing assessment data collected from the UHW survey, focus groups, and key informant interviews was combined and analyzed by MPHl project staff to identify initial themes related to health and wellbeing. A condensed data presentation was then developed and presented to the broader MSU community at a Community Feedback Session to measure their level of agreement with the findings and gather feedback on their perceptions of the health and wellbeing culture at MSU. This feedback was included in the full Health and Wellbeing Assessment data presentation which highlighted main themes and was shared to the UHW Core Team, Steering, and Advisory Committees for review and feedback. Using participatory-based techniques and activities to achieve group consensus, MPHl facilitators engaged these groups in refining the list of themes into four main priorities for the campus-wide Health and Wellbeing Plan.



PARTICIPATION AND ROLES



The UHW Core Team formed in May 2023 to lead development of an equitable, collaborative, and data-driven approach to conduct the UHW assessment and planning process. The Core Team included team members from UHW and MPHI, and was responsible for coordinating project tasks, defining roles, communicating expectations and updates, and organizing committees for strategic planning.

The Steering Committee was established early in the process to inform the design of the assessment and planning process, communicate about UHW assessment and planning work with the broader MSU community, and provide guidance to implementation efforts. This committee worked closely with the Advisory Committee to contribute meaningful feedback and insight on strategic planning activities and will continue to provide guidance during implementation of this plan.

The Advisory Committee was responsible for data review, identification of priorities, and participation in action plan development with support from MPHI facilitators. This Committee provided recommendations to the Steering Committee throughout the assessment and planning process and sought feedback to help refine ideas and complete tasks using a collaborative approach.

To capture historical context and provide subject matter expertise, the UHW Expert Panel was engaged in the assessment and planning process. This panel is comprised of leaders and program staff within UHW whose role was to provide key considerations to the UHW Core Team, Steering Committee, and Advisory Committees.

A complete listing of committee and panel members is included in Appendix A.





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UHW Assessment Findings

To identify the most pressing health needs for the University, the UHW Core Team and facilitators compiled and reviewed assessment findings to identify themes that were repeated across the different data sources. These data sources included, but were not limited to, the MSU 2024 UHW Survey, the 2024 NCHA III Survey, the 2024 MSU UCelebrate Survey, and other existing plans and data sources across MSU. Together, these data informed the development of priorities for the Health and Wellbeing Plan. The information provided in this section of the report includes only the primary data collected through assessment activities. Additional data that informed the Health and Wellbeing Assessment are included in Appendix B.

Both the Advisory Committee and Steering Committee reviewed the data findings in full, and the Advisory Committee developed recommended priorities to address through the campus-wide Health and Wellbeing Plan based on the most prevalent themes. The Steering Committee reviewed the recommendations and selected four priorities to improve and support the physical, mental, and social health of students, faculty, and staff:

- Supports for Mental Health, Physical Health, and Basic Needs
- Health-Promoting Work and Learning Culture
- Service Access and Accessibility
- Belonging and Connection

Following this, the Steering and Advisory Committees engaged in workshops to develop goals, objectives, and strategies to address each identified priority. Assessment findings by priority area follow.

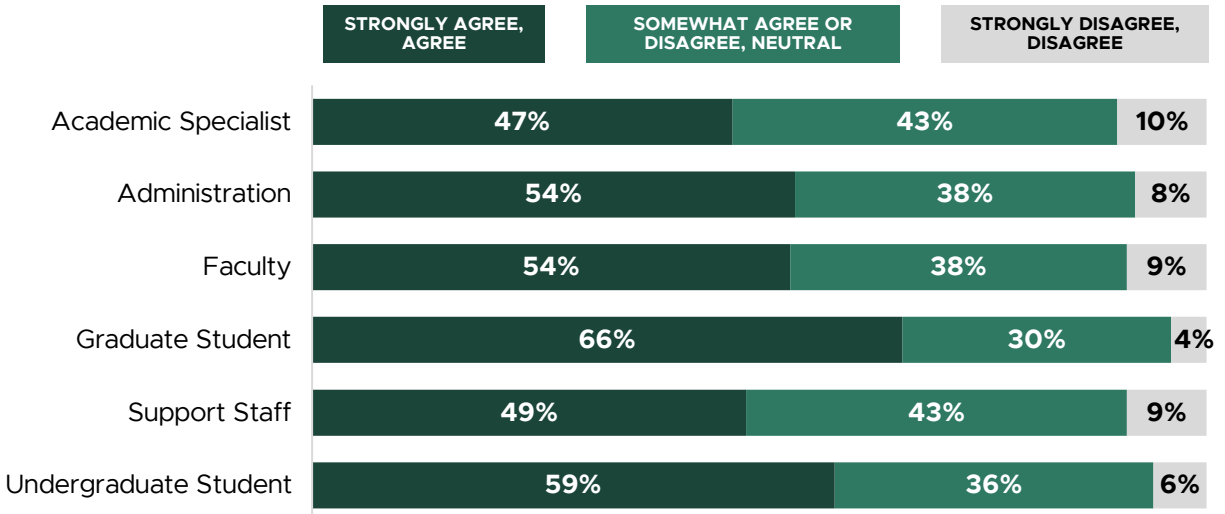
PRIORITY 1: SUPPORTS FOR MENTAL HEALTH, PHYSICAL HEALTH, AND BASIC NEEDS

Several needs related to mental health, physical health, and basic needs, as well as needed supports, emerged across assessment data. Major themes related to this priority included the following.

Stress

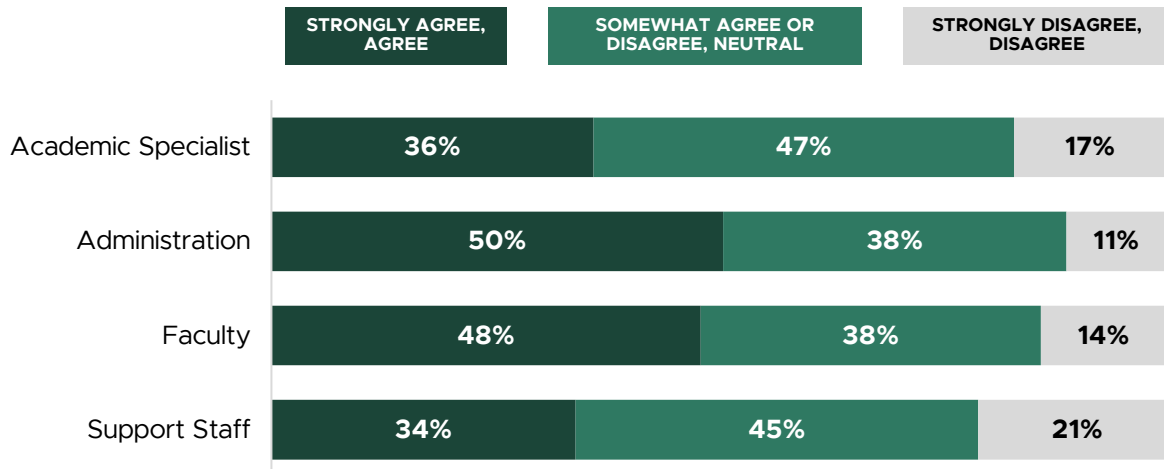
Feelings of stress can impact health, leading to negative outcomes for individuals' mental and physical health. Concerns about stress from various sources was a strong theme across different assessment activities. The Health and Wellbeing Survey found that stress impacting health was a concern for all roles at MSU.

“I am concerned about how my stress level impacts my health” (n = 4696)



Between one-third and one-half of employee groups also expressed they were concerned about their stress levels at work.

“I am concerned about my stress level at work” (n = 4696)

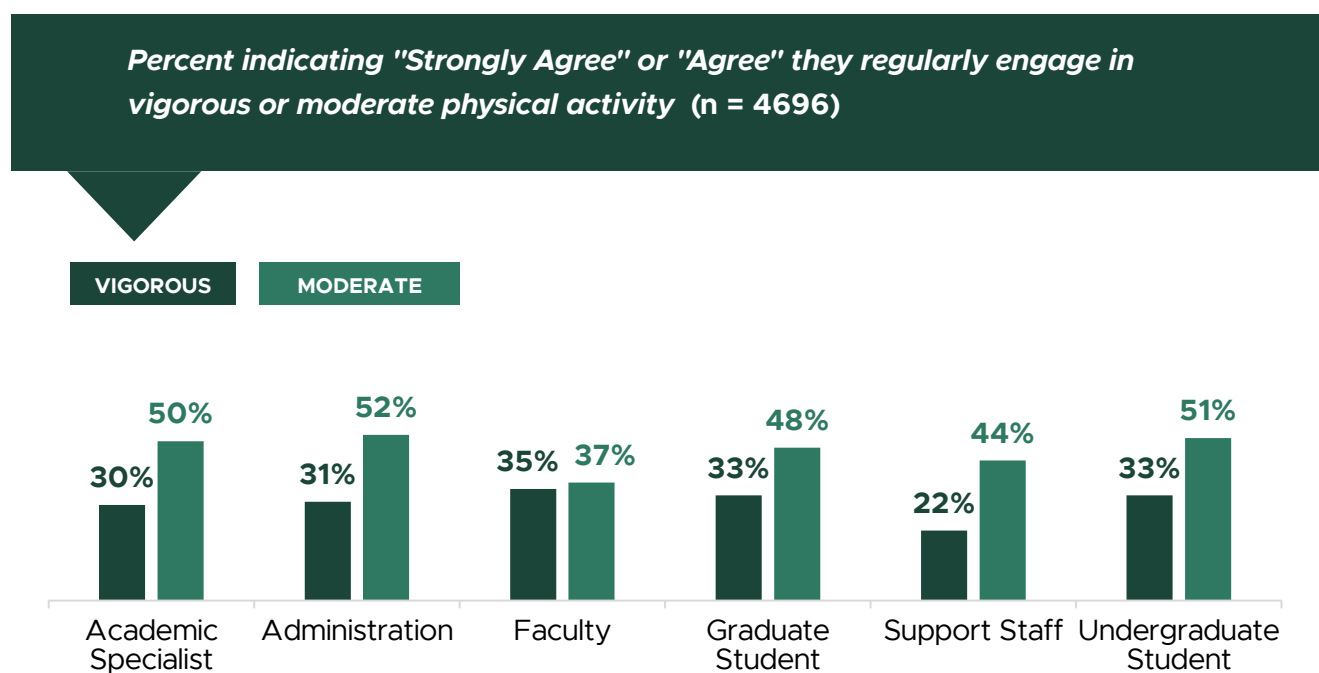


Focus group participants also noted high levels of stress and anxiety due to academic pressures, financial concerns, or traumatic events. They also linked hypertension and anxiety to university events and expectations.

Physical Activity

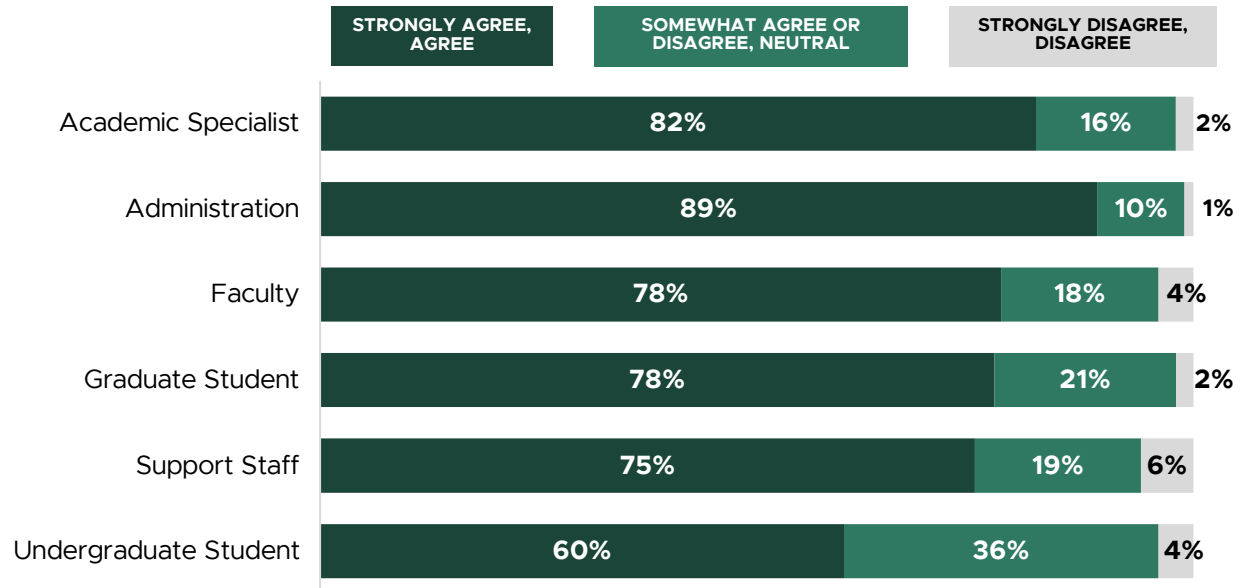
Physical activity can lead to better health, both mental and physical. While many individuals who shared they regularly engage in physical activity, there were also prevalent concerns about getting enough physical activity.

At least two-thirds of survey respondents, regardless of role at MSU, reported they regularly engaged in vigorous or moderate physical activity.



Most individuals, regardless of role at MSU, reported on the Health and Wellbeing Survey they agreed or strongly agreed that their day required them to sit for long periods of time, with at least 75% of each group, except undergraduates, indicating this was the case.

“My day requires me to sit for long periods of time” (n = 4696)



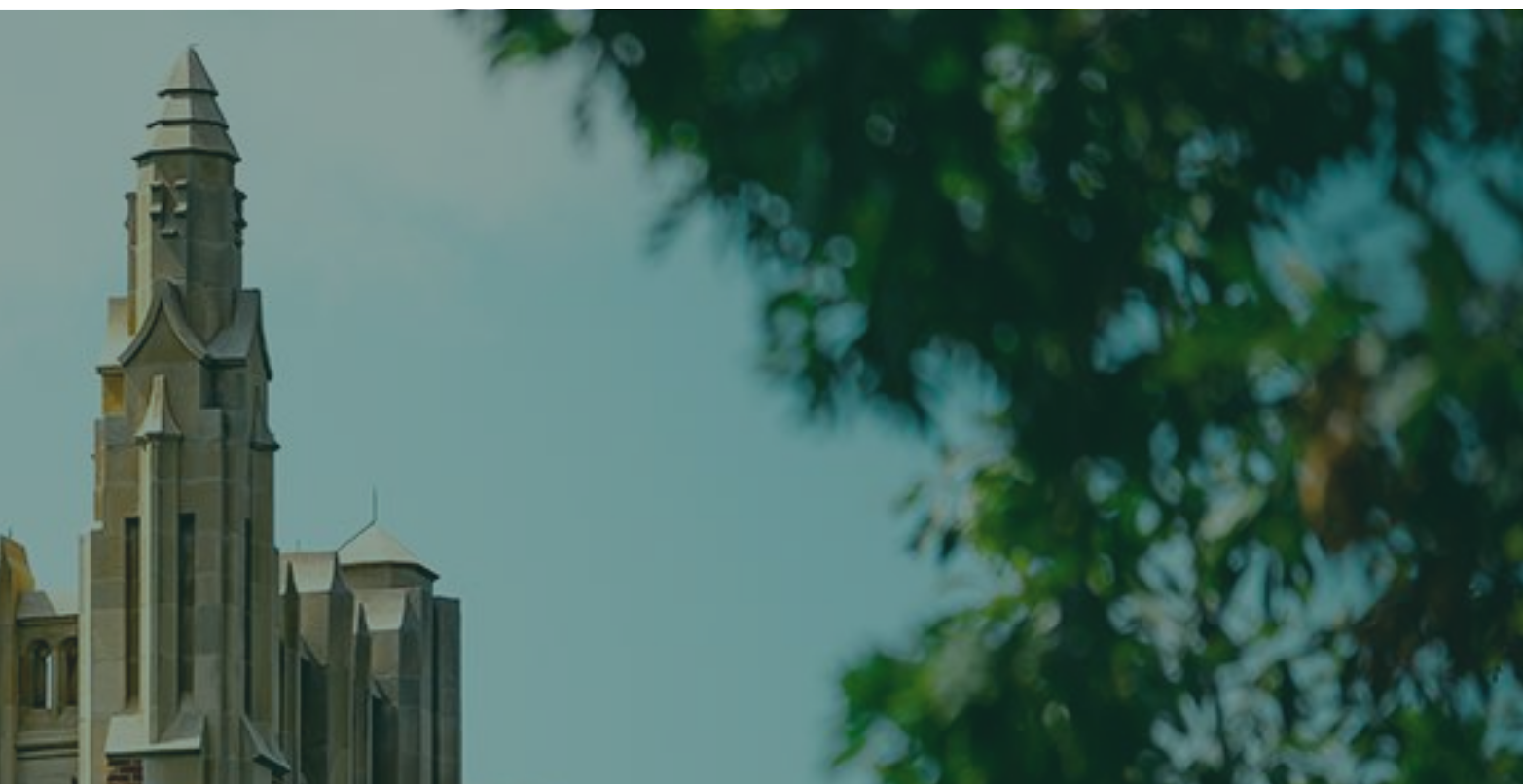
Focus group participants shared they experienced a lack of physical activity due to desk jobs and that high workload and academic demands limit opportunities for engaging in physical activity. Participants also noted a lack of access to recreational facilities or other supports for physical activity, often noting time and cost as barriers to engaging in physical activity.



Sleep

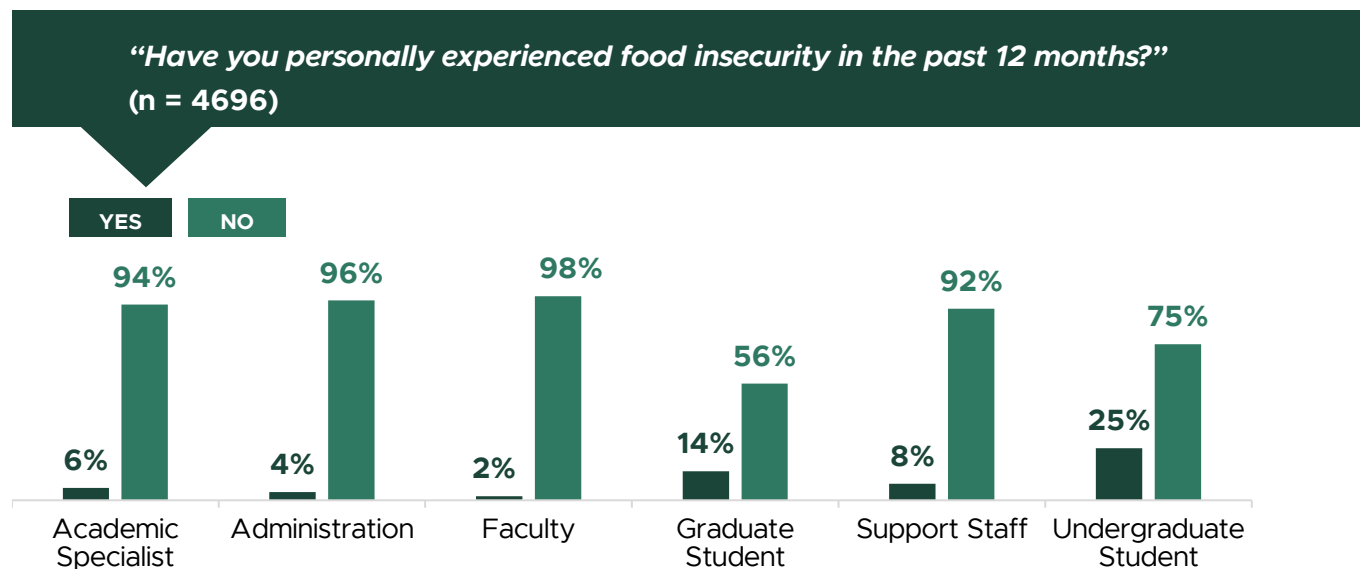
Getting enough sleep is important to help maintain good physical and mental health, as well as to support healthy brain functioning. While a majority of survey respondents reported getting enough sleep, about one-fifth to one-quarter shared they were not getting adequate sleep.

"I get enough sleep every night" (n = 4696)



Food and Nutrition

Proper food and nutrition can lead to better academic achievement, in addition to supporting physical health. Food insecurity can lead to high levels of stress and is also a contributor to increased risk of experiencing chronic health conditions. For the purposes of the UHW survey, food insecurity was defined as limited food availability with reduced quality, variety, or desirability of diet, resulting in disrupted eating patterns and reduced food intake. Graduate and undergraduate respondents were more likely than MSU employees to report experiencing food insecurity in the past 12 months.



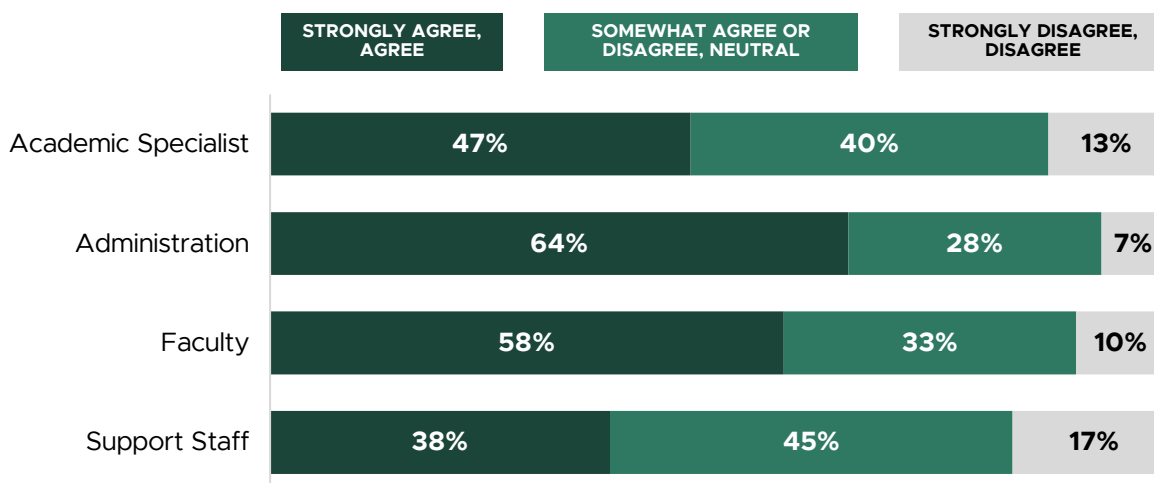
Results for student respondents were similar regardless of housing situation (except for living with family). The highest percentages of student respondents who experienced food insecurity were undergraduates who self-identified as African American or Black (53%), Multiracial (41%), Middle Eastern/North African (39%), and Latine (37%). However, low sample sizes for these groups show the need for further investigation.

Financial Health

Good financial health allows people to access the resources they need to live their healthiest life, while financial stress can have negative impacts on mental and physical health. Themes related to financial health were prevalent throughout focus groups and interviews, and surveys provided additional related data.

Responses to the Health and Wellbeing survey showed that administrators and faculty were most comfortable with their current financial situation, while support staff were least comfortable.

“I am comfortable with my current household financial situation” (n = 4696)



Focus group participants across all University roles also discussed financial health, noting they had experienced financial stress due to high tuition, student loans, insufficient wages, and high cost of living.

Sexual Health

Sexual health is an important component of general health. Leaders participating in key informant interviews noted that students are in an age group where sexual health is particularly important as they are away from home for the first time and may have not received sufficient sexual education. Focus group participants also noted a need for sexual education for students.

PRIORITY 2: HEALTH PROMOTING WORK AND LEARNING CULTURE

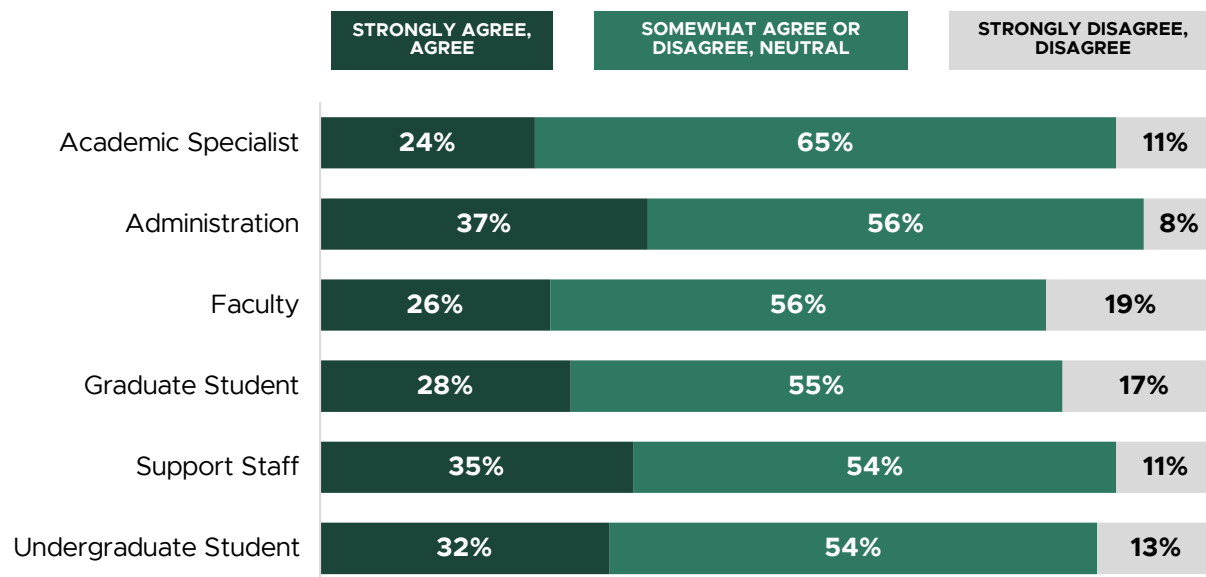
The environments in which individuals live, work, learn, and socialize have an impact on their health and wellbeing. Assessment themes related to organizational culture and needs to support health emerged across data sources, highlighting to build toward MSU fostering an organizational culture that promotes health and wellbeing throughout working and learning environments.

MSU Support for Health and Wellbeing

To further improve the health of the University, assessment results emphasized the desire for explicit support for health and wellbeing through word and action.

Approximately a third of survey respondents reported they agreed that health and wellbeing is a priority of the university. Faculty, followed by graduate students, were the most likely to disagree.

“I feel that health and wellbeing is a priority of the university” (n = 4696)



Several themes related to MSU’s support of health and wellbeing emerged from focus group analysis. Focus group respondents noted a need for affordable and healthy food options, as well as spaces or resources (e.g. fitness apps or classes) to support physical activity. Focus group and interview participants also noted inequitable access to health and

wellbeing supports for those who are located outside of the East Lansing campus. Finally, leave policies were also a topic of focus group discussion, with participants calling for ability to use leave or workday flexibility to engage in physical activity, mental health leave, and adequate sick time for employees living with chronic conditions.

Work Culture and Occupational Health

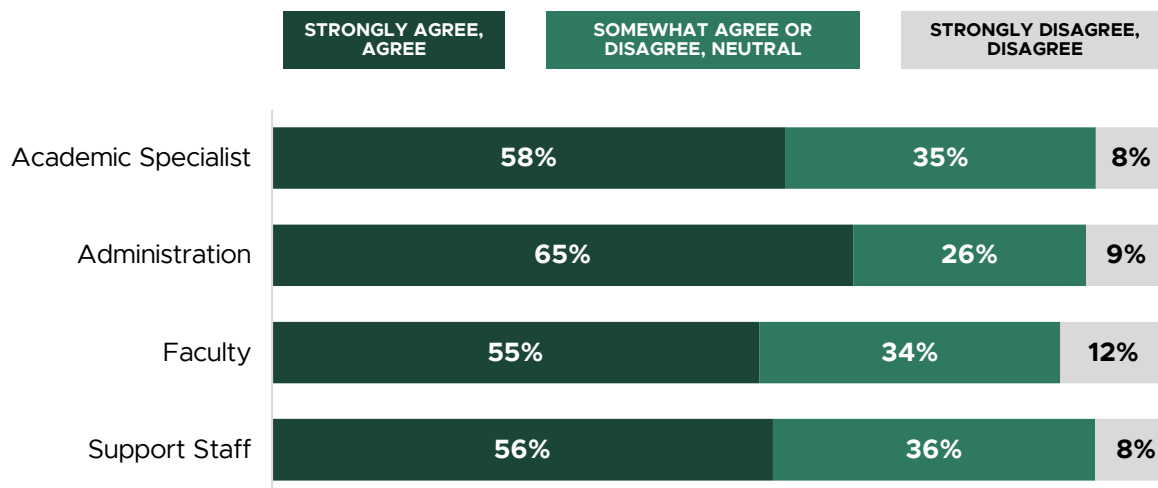
Focus group respondents noted the heavy workloads and feelings of overwork, chronic understaffing, and the need for a better work-life balance. Participants also shared perceptions that support staff and specialists are under-valued and tenured faculty are prioritized.

Further, focus group participants noted concerns related to occupational health, including:

- Stress, burnout, and health issues related to high expectations, understaffing, and lack of supervisory support.
- Concerns about job security and stability due to impact of administrative changes.
- Perceived bias in hiring practices related to level of education, differences between departments.

When asked about job satisfaction, between 58% and 65% of faculty/staff respondents to the Health and Wellbeing survey reported they were satisfied with their current employment at MSU.

“I am satisfied with my current employment at MSU” (n = 4696)



Creating Spaces Where Everyone Belongs

Creating environments where individuals feel seen and valued can lead to a deeper sense of belonging, which can lead to higher levels of engagement, feelings of satisfaction, and enhanced health and wellbeing for the university community. Focus group participants noted the need for broader representation in university leadership and staff, along with genuine actions to advance as sense of inclusion and belonging - particularly in light of disparities of lived experience among different groups on campus.

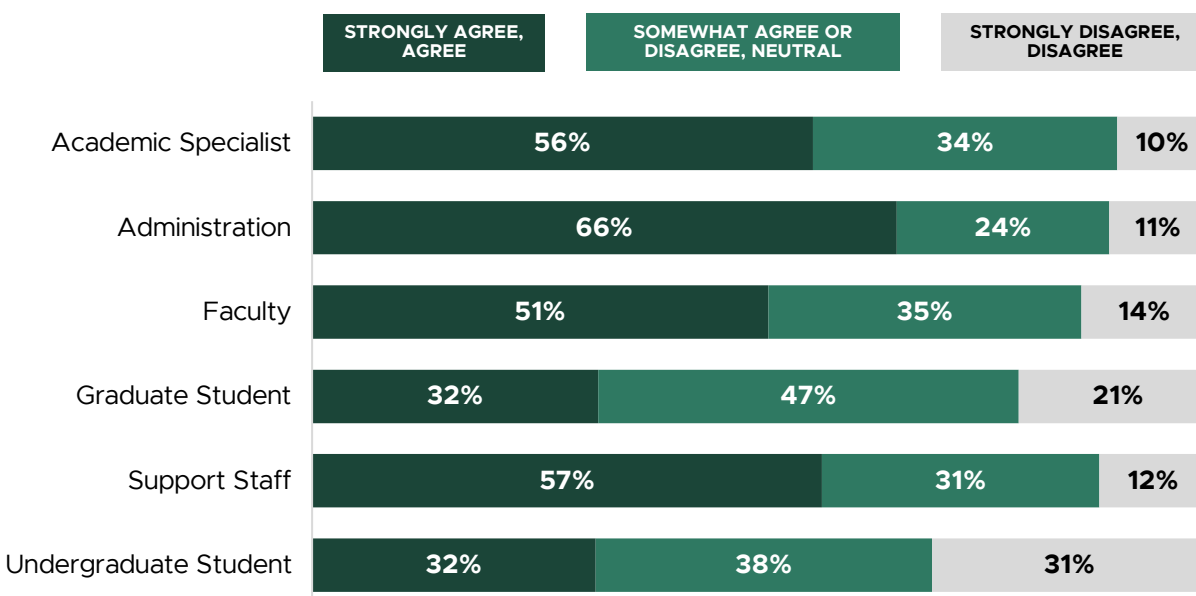


Psychological Safety

Individuals who feel psychologically safe will also feel higher satisfaction, less stress, and will increase engagement in work and learning environments. This leads to a culture that is inclusive and where individuals feel a sense of belonging. Discrimination, harassment, and lack of trust can damage psychological safety of individuals on campus.

Focus group respondents called for a cultural reset, including addressing long-standing psychological safety issues and rebuilding trust. While over 50% of employees responding to the Health and Wellbeing Survey noted they knew where to go if feeling discriminated against, harassed, or unsafe, only 32% of both graduate and undergraduate respondents indicated knowing where to go.

“I know where to go if I am feeling discriminated against, harassed, or unsafe”
(n = 4696)



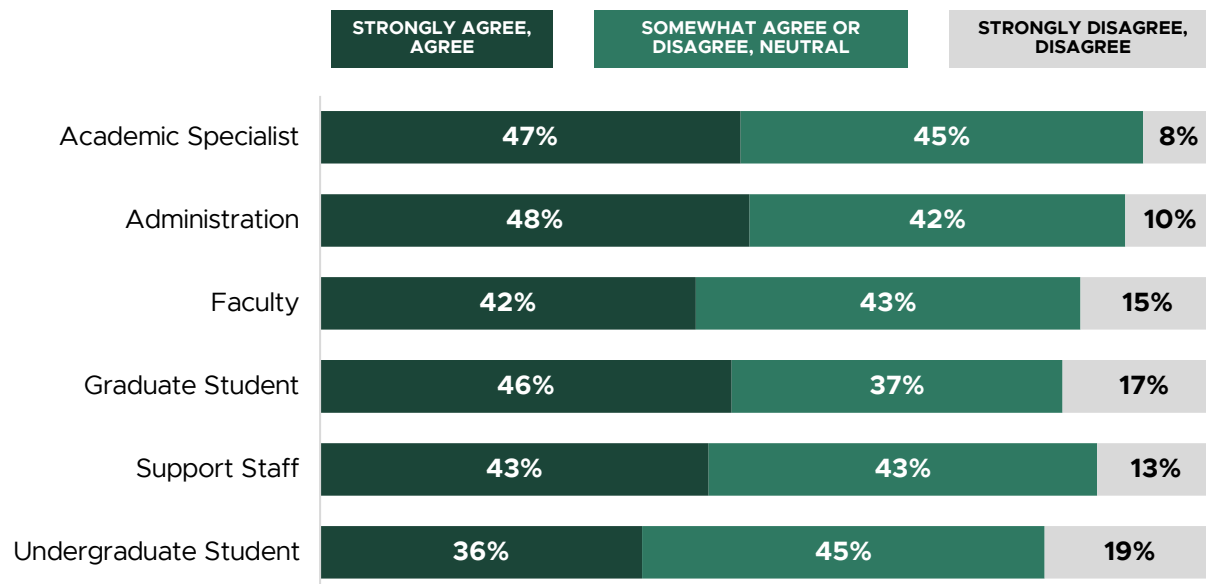
PRIORITY 3: SERVICE ACCESS AND ACCESSIBILITY

To further improve health and wellbeing for students, faculty, and staff, assessment data resulted in several themes that emphasized the need for increasing access to needed services and enhancing accessibility so individuals can receive the supports they need.

Service Access

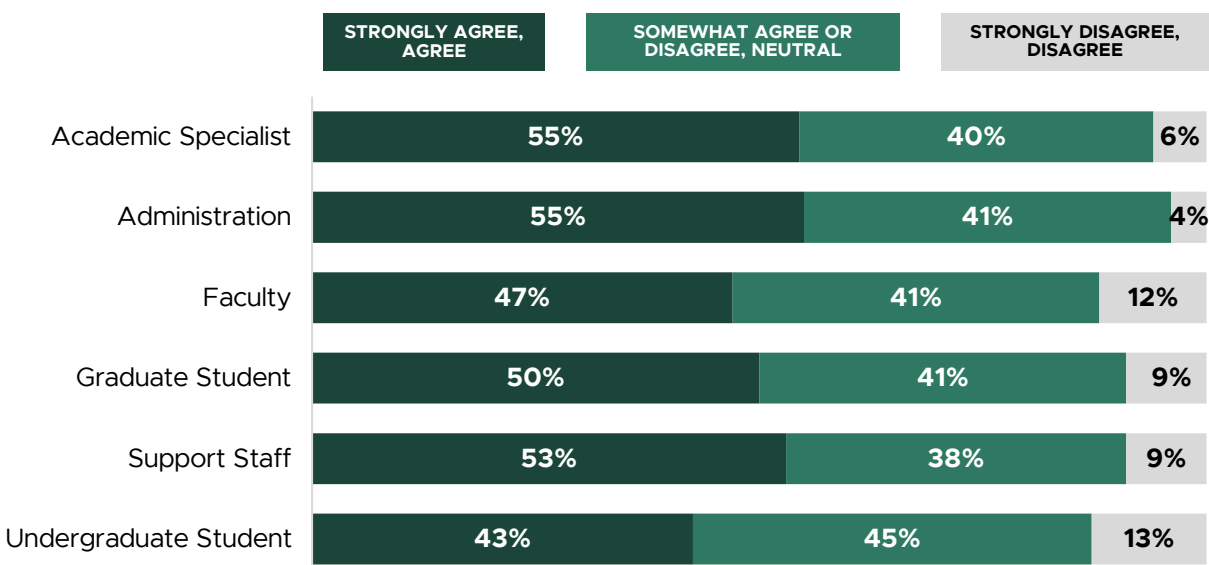
MSU provides many services that can support individuals' health and wellbeing. However, there may be knowledge and systemic barriers to accessing needed services. While nearly half of staff and faculty groups reported agreement with knowing where to go if they are concerned about their physical health, undergraduate (19%), graduate (17%), and faculty (15%) respondents indicated disagreement with this statement more often than other groups.

"I know where to go if I'm concerned about my physical health" (n = 4696)



When asked about whether they knew where to go if concerned about their mental health, undergraduate students (13%) and faculty (12%) were more likely to indicate disagreement.

“I know where to go if I’m concerned about my mental health” (n = 4696)



According to individuals participating in focus groups, access to mental health and health care services can feel limited, with long wait times to access services, and barriers to accessing services for different populations.

The Health and Wellbeing survey results also showed that some services were not as easy to access for specific roles at MSU. For example:

- Center for Survivors – only 13% of faculty respondents selected easy or very easy to access.
- Counseling and Psychiatric Services - only 36% of undergraduate respondents selected easy or very easy to access.
- Occupational Health – only 36% of Administration selected easy or very easy to access
- MSU Safe Place – only 38% of faculty respondents selected easy or very easy to access
- Student Food Bank – only 41% of undergraduate respondents selected easy or very easy to access.

Barriers to Accessing Needed Services

Focus group participants shared information about what may prevent individuals within the University Community from accessing needed services. Participants shared that awareness of services and how to access them may be limited by where you sit within the University system and is inconsistent across the organization. Some focus group participants noted that while they know about services, some are overbooked, understaffed, or require long wait times to access.

When sharing specific actions that may address barriers, focus group participants noted that expanded hours of services outside of normal work hours may be supportive of increasing access to needed services. Additionally, many focus group participants noted the need for broader representation in service providers to ensure services are provided in a culturally resonant manner.

Enhanced Accessibility

Individuals participating in UHW focus groups (2024), noted there is opportunity to increase understanding of accessibility standards and resources and consistent application across the University. Additionally, some focus group participants noted difficulty getting accommodations from MSU's Resource Center for Persons with Disabilities (RCPD), as well as noting inconsistent application of accommodations by faculty.



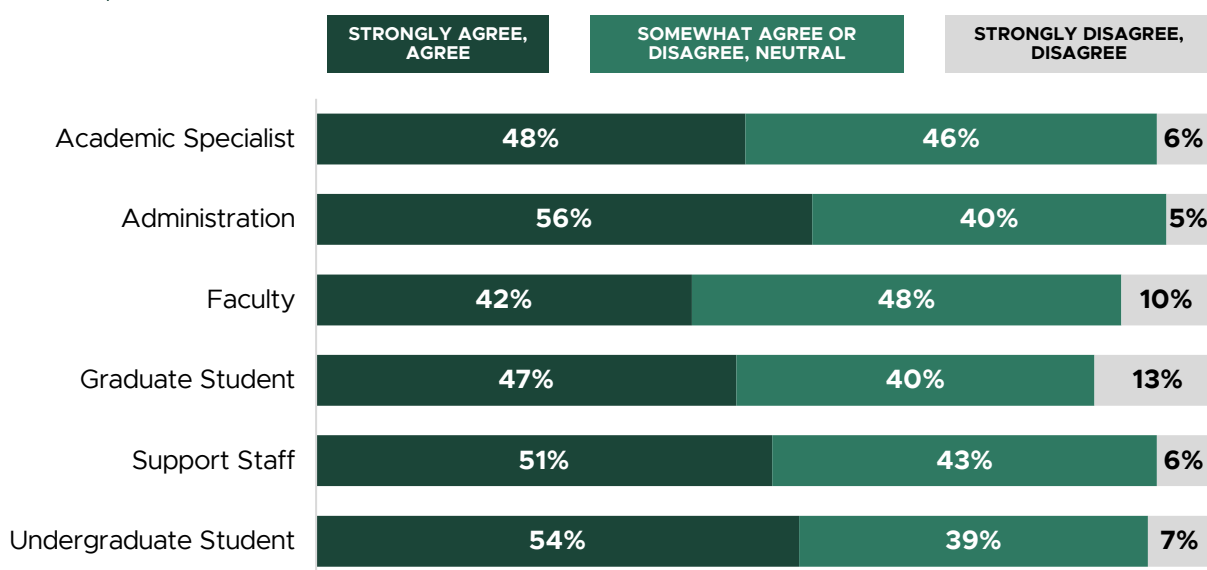
PRIORITY 4: BELONGING AND CONNECTION

When individuals are experiencing good social wellness, they have relationships to others within their family and communities that support their wellbeing. UHW assessment results highlighted several needs that can improve feelings of belonging and connection across campus.

Social Health

When asked whether they agreed with the statement, “I feel that I belong at MSU,” approximately 50% of respondents to the Health and Wellbeing survey, regardless of MSU role, felt they belonged at MSU, and a relatively close percentage were uncertain.

“I feel that I belong at MSU” (n = 4696)



Connection

Individuals participating in the UHW Focus Groups discussed social isolation, noting this is caused by difficulties in forming social connections, especially post-pandemic, leading to feelings of loneliness and disconnectedness. They highlighted a need for community building to foster a sense of belonging and community among students, faculty, and staff. Additionally, many focus group participants noted the need for broader representation in service providers to ensure services are provided in a culturally resonant manner.

Inclusion and Belonging

Themes regarding inclusion and belonging were prevalent across UHW Focus Groups. Some focus group participants named feeling a lack of religious tolerance, sharing experiences such as discrimination and insensitivity towards different religious practices, mocking of religious practices, lack of support for religious events. Many focus group participants expressed a desire for dedicated, safe spaces for students of different backgrounds to feel comfortable and supported. Additionally, many focus group participants noted the need for broader representation in service providers to ensure services are provided in a culturally resonant manner.



MSU Health and Wellbeing Plan

This plan builds on findings from the Health and Wellbeing Assessment, guided by the Steering Committee with input from the Advisory Committee and UHW leadership and staff. The plan articulates a University-wide approach to improving physical, mental, and social health through primary prevention, services, and programs and building University supports for health and wellbeing. Using health assessment frameworks that are centered in equity, the development of the plan was informed by principles that will support students, faculty, and staff, including health equity, lived experience, and cultivating an sense of belonging into each priority area. The four identified priorities look at health and wellbeing holistically, and implementation of this plan will help UHW achieve its stated purpose. The campus-wide health and wellbeing plan will also help MSU achieve recognition as a health promoting university by 2030.

A collective approach is required to implement this plan across the University, and leaders within the MSU community will contribute to this progress through participation in the Spartan Wellbeing Collective Steering Committee, Advisory Committee, Wellbeing Networks, and work teams.



This plan sets the basis for the Spartan Wellbeing Collective to improve health and wellbeing moving forward. Recommended strategies and measures of success will be adapted and updated as work teams are engaged, implementation progresses, partners learn along the way, and actions are refined to achieve the stated goals. Each priority area will have a dedicated work group comprised of stakeholders from across MSU and led by co-chairs. Work groups will determine the final strategies building on recommendations included for each priority. Please note the following priorities are numbered for ease of reference and are not intended to reflect an order of importance. The goals and objectives in this plan are aligned with other MSU plans and priorities.

PRIORITY 1: SUPPORTS FOR MENTAL HEALTH, PHYSICAL HEALTH, AND BASIC NEEDS

Goal: Expand mental and physical health and wellbeing supports to address the needs of the University.

Objective 1: Increase the knowledge and skills of students, faculty, and staff of prevention and management of common health issues, such as stress, anxiety, depression, substance use, and chronic health conditions.

Recommended Strategies:

- Create opportunities for all to learn about health and wellbeing topics.
- Utilize networks and people to share health and wellbeing information.
- Make the healthy choice easy and fun through events and challenges.
- Develop inclusive health and wellbeing communication/campaign materials.
- Advocate for social workers to support MAUs.

Recommended Measures of Success:

- Number of people completing health and wellbeing educational modules
- Number of health and wellbeing educational opportunities offered
- Participation in events/challenges
- Decreased reports of poor mental health, high stress levels, substance use, chronic health conditions, and other related metrics.

Objective 2: Ensure that students, faculty, and staff have access to programs and information addressing basic needs related to food, clothing, housing, transportation, and other essential resources that affect their health and wellbeing.

Recommended Strategies:

- Implement programs and information in a manner that reduces stigma.
- Engage the community to support the health and wellbeing needs of others.
- Expand support and advocacy for free menstrual products across campus.
- Advocate for pay equity, including among graduate students.

Recommended Measures of Success:

- Number of calls/connections
- Number of referrals to services
- Number of posters/QR code scans to access information about available supports/services
- Number of clients
- Pounds of food collected through food drives
- Amount of funds generated through can drives
- Decreased reports of food insecurity
- Decreased reports of financial stress

PRIORITY 2: HEALTH PROMOTING WORK AND LEARNING CULTURE

Goal: Establish a culture of caring that supports health and wellbeing and promotes equitable and inclusive working and learning environments.

Objective 1: Adopt a health in all policies approach to revising and developing University policies.

Recommended Strategies:

- Utilize existing expertise to increase capacity for University policymakers at all levels of the organization to adopt a health in all policies approach.
- Ensure UHW or other health and wellbeing partners are present when policy decisions are being made.

Recommended Measures of Success:

- Number of individuals trained
- Number of policies developed/revised utilizing a health in all policies approach (engagement of UHW or other partners)
- Increased agreement that MSU is supportive of health and wellbeing
- Increased agreement that MSU cares about health and wellbeing

Objective 2: Implement a messaging campaign to communicate University support and encouragement for improving health and wellbeing.

Recommended Strategies:

- Engage colleges in academic health collaboration to design health messaging.
- Integrate health and wellbeing information throughout academic, work, and living environments.
- Provide consistent messaging from institutional leadership to front line employees communicating MSU's commitment to supporting Spartans' health and wellbeing.

Recommended Measures of Success:

- Number of impressions
- Number of courses integrating health and wellbeing information (self-report/survey)
- Percent of messages from key leadership supportive of health and wellbeing.
- Increased agreement that MSU is supportive of health and wellbeing
- Increased agreement that MSU cares about health and wellbeing

Objective 3: Develop a robust set of wellbeing supports available to students, faculty, and staff.

Recommended Strategies:

- Utilize findings from UHW assessment to develop responsive, inclusive programming that meets the needs of the University community.

Recommended Measures of Success:

- Number of new services/supports implemented in response to identified needs
- Number of individuals accessing new services/supports
- Future survey results – satisfaction with and access to services addressing identified needs

Objective 4: Increase support from leaders at all levels for wellness supports built into work and learning environments.

Recommended Strategies:

- Design and implement health and wellbeing training for supervisors and faculty to increase capacity for supporting employee wellness.
- Embed wellbeing into expectations for performance across the University.
- Advocate with human resources regarding release time for employees to utilize mental and/or physical health services.

Recommended Measures of Success:

- Number of individuals completing trainings
- Percent of position descriptions including responsibilities related to wellbeing
- Percent of performance reviews assessing wellbeing actions

Objective 5: Increase opportunities for physical activity for MSU's students, faculty, and staff.

Recommended Strategies:

- Develop inclusive health and wellbeing programming to increase opportunities for physical activity.
- Implement policies and practices that promote equitable opportunities for physical activity.
- Partner with internal programs and external organizations to increase access to facilities and programs that support physical activity.
- Identify opportunities for faculty and staff to access fitness facilities at lower cost or no cost.
- Provide for-credit physical activity options for students.

Recommended Measures of Success:

- Number of health and wellbeing programs implemented
- Number of unique participants in health and wellbeing programming
- Policies and practice language promoting equitable opportunities for physical activity shared – number of MAUs receiving this
- New partners engaged to support access to physical activity
- Increased percentage of individuals reporting regularly engaging in vigorous and moderate physical activity
- Increased percentage of individuals reporting excellent/very good physical health

Objective 6: Increase opportunities for students, faculty, and staff to engage in spiritual and holistic opportunities.

Recommended Strategies:

- Create and promote spaces around MSU that allow students, faculty, and staff to engage in spiritual and holistic practices.
- Develop organizational support for spiritual wellbeing.
- Explore release time, such as time off work or during the workday, to tend to spiritual wellbeing.

Recommended Measures of Success:

- Increased percentage of individuals reporting excellent/very good wellbeing
- Decrease in reported feelings of high stress
- Number of new spaces/practices implemented to support spiritual and holistic wellbeing
- Number of messages promoting utilization of spaces for spiritual and holistic practices
- Increased percentage of individuals reporting excellent/very good wellbeing

PRIORITY 3: SERVICE ACCESS & ACCESSIBILITY

Goal: Enhance service access and consistent integration of accessibility standards.

Objective 1: Enhance awareness, outreach, and access for health and wellbeing services offered by MSU and partners for students, faculty, and staff.

Recommended Strategies:

- Get information about health and wellbeing services and supports out to the University in easy-to-access formats.
- Increase awareness of existing supports that address needs identified through UHW assessment.
- Implement a no-wrong-door approach to connect people to needed services.
- Embed support for health and wellbeing within each college or organizational unit.
- Increase promotion of available mental health resources including CAPS and the EAP.

Recommended Measures of Success:

- Number of referrals
- Number of impressions for QR codes/other resource information
- Increased health metrics under awareness, participation, and resources
- Increased number of individuals agreeing they know where to go if they are concerned about their mental health
- Increased number of individuals agreeing they know where to go if they are feeling discriminated against, harassed, or unsafe

Objective 2: Address barriers that prevent individuals from utilizing available health and wellbeing services.

Recommended Strategies:

- Diversify options for accessing health and wellbeing services.
- Increase access to needed health and wellbeing services through expanding staff and service times.
- Implement policies and practices that support individuals' ability to access needed health and wellbeing services.
- Explore alternatives that take services to individuals who need them.
- Advocate with human resources to ensure insurance coverage includes access to local mental health care providers, particularly those who serve marginalized groups.

Recommended Measures of Success:

- Increased usage of telehealth services
- Increased satisfaction with CAPS (measured through survey)
- Increased participation by more Major Academic Units
- Increased utilization of health and wellbeing services
- Decreased reports of encountering barriers to accessing needed services

- Number of individuals utilizing services during expanded service hours
- Number of individuals utilizing services provided at alternate locations
- Reduced reports of individuals encountering barriers to accessing needed services

Objective 3: Increase understanding of and infrastructure support for universal design.

Recommended Strategies:

- Provide education and information on universal design to increase understanding for all University employees.
- Develop policies and practices to support application of universal design principles across MSU.

Recommended Measures of Success:

- Number of individuals/MAUs participating in universal design education opportunities
- Policies and practices supporting universal design implemented
- Reported projects/instances of universal design principles implemented

Objective 4: Ensure services are trauma-informed and culturally sensitive.

Recommended Strategies:

- Provide training to service providers, students, faculty, and staff to support understanding of trauma-informed and culturally sensitive approaches to care.
- Develop tools to support implementing trauma-informed and culturally sensitive services.
- Require mental health training for trauma-facing positions, such as officers, detectives, and Title IX employees.

Recommended Measures of Success:

- Number of individuals participating in training
- Tools implemented to support implementation of trauma-informed and culturally sensitive services
- Increased satisfaction with services
- Decreased reports of cultural barriers to accessing services
- Increased percent of individuals indicating agreement that MSU cares about their health and wellbeing

PRIORITY 4: BELONGING AND CONNECTION

Goal: Create environments that foster connectedness and belonging to strengthen social health and wellbeing of students, faculty, and staff.

Objective 1: Increase opportunities for connection for students, faculty, and staff.

Recommended Strategies:

- Develop spaces and places that encourage social interaction.
- Develop and implement inclusive events and programs designed to support connection for the whole university, as well as for communities within MSU.

Recommended Measures of Success:

- Volume of traffic in spaces, educational resources, and services
- Survey results regarding why people are gathering at various spaces
- Utilization efforts for staff
- Track/monitor engagement areas on campus
- Foundational basis of why folks gather
- Track engagement points/vendors at events
- Increased reported feelings of belonging
- Increased percentage of individuals agreeing that MSU is a university where we look out for each other

Objective 2: Advance collaborative learning and working environments.

Recommended Strategies:

- Develop a mentoring/coaching program for students, faculty, and staff.
- Create spaces and other infrastructure that encourage collaborative approaches to learning and working.

Recommended Measures of Success:

- Number of individuals participating in a mentoring/coaching relationship
- Number of spaces/infrastructure changes to encourage collaboration
- Utilization of spaces/infrastructure for collaboration
- Increased reported feelings of belonging
- Increased percentage of individuals agreeing that MSU is a university where we look out for each other

MSU Health and Wellbeing Collective (Future Work)

University Health and Wellbeing will continue to serve as convener for the implementation of the UHW Plan. The existing Steering and Advisory committees will continue to meet as part of a university-wide collective, which will have work groups aligning with the four priority areas of the plan. In addition, the Data and Evaluation Work Group, the Student Wellbeing Activator Network (SWAN), the Faculty and Staff Wellbeing Network, and the Mental Health Committee will also be part of the new collaborative group which will be called the Spartan Wellbeing Collective (SWC). The SWC will be made up of students, faculty, and staff supporting health and wellbeing across MSU. Each work group will meet regularly and report on progress on implementation of strategies and provide updates on metrics supporting each objective.



APPENDICES

Appendix A – Participation

Below you will find a list of each committee and/or team who played a key role in informing the assessment and planning process to develop a campus-wide Health and Wellbeing Plan. Participants of these committees are included in recognition of their important contributions to this work.

MSU Health and Wellbeing Assessment and Plan Co-Chairs

- Alexis Travis, Assistant Provost/Executive Director, University Health and Wellbeing
- Norman Hubbard, Senior Vice President, Health Sciences
- Norm Beauchamp, Former Executive Vice President, Health Sciences

Core Team

- Paul Goldblatt - MSU
- Jamie Kasicky - MSU
- Patty Oehmke - MSU
- Courtney Placinta - MSU
- Nicolas Ryan - MSU
- Kristin Traskie - MSU
- Alexis Travis - MSU
- Jessie Jones - MPH
- Laura Luther - MPH
- Oluwakemi Nnaji - MPH
- Angela Precht - MPH
- Fayana Richards - MPH

Steering Committee

- Jabbar Bennett
- Christina Brogdon
- Michael Brown
- Bethan Cantwell
- Pero Dagbovie
- Emily Guerrant
- Jeffrey Kovan
- Laura Kuczajda
- Mark Largent
- Henry Mochida
- Andrea Munford
- Genyne Royal

UHW Expert Panel

- Tana Fedewa
- Shelby Gombosi
- Swapna Hingwe
- Jaimie Hutchison
- Elizabeth King
- Shannon Nobles
- Jon Novello
- Tim Spedoske
- Kristin Traskie

MSU Assessment Partners

- Bethan Cantwell
- Laleah Fernandez
- Paul Goldblatt
- Megumi Moore
- Adam Mason
- Jonathon Novello
- Patty Oehmke (Co – PI)
- Renata Opoczynski
- Kristin Traskie
- Alexis Travis (Co – PI)

Advisory Committee

- | | | | |
|----------------------|----------------------|----------------------------|------------------------|
| • Farha Abbasi | • Sara Glees | • Clare Luz | • Morgan Shipley |
| • Laura Anderson | • Joel Greenberg | • James Madaski | • Susan Sheth |
| • Dan Barney | • Kathryn Harding | • Jed Magen | • Kim Steed-Page |
| • Christine Bastian | • Ashton Henderson | • Melissa Maye | • Lisa Randolph-Stukey |
| • Shannon Brecheisen | • Deborah Johnson | • Terri Miller | • Patty Tatham |
| • Julee Burgess | • Nicole Jones | • Meg Moore | • Laurie Thorp |
| • Lou Candiotti | • Meaghan Kozar | • Piotr Pasek | • Ashley Vance |
| • Anjam Chaudhary | • Barb Kranz | • Linda Racioppi | • Su Webster |
| • Angela Chen | • Shirdonna Lawrence | • Victor Rodriguez-Pereira | • Michael Weiner |
| • Alison Dobbins | • Connor Le | • Kelly Schweda | • Grace Wojcik |
| • Joe Garza | • Stratton Lee | • Rebecca Selesky | |
| • Sara Glees | • Janet Lillie | • Lance Sharp | |
| • Joel Greenberg | • Gisella Lorenzo | • Allyn Shaw | |

Appendix B – MSU Health and Wellbeing Survey and Focus Groups

Methodology

MSU Health and Wellbeing Survey

The UHW Health and Wellbeing Survey was open for one month in the winter of 2024 (January 9, 2024 to February 9, 2024). The survey was sent to all currently enrolled students and all MSU faculty and staff. There were 4,696 respondents, including 601 partial responses. The survey asked about respondents' health, their perceptions of MSU, service knowledge, service use, service accessibility and helpfulness, communication preferences, and health coverage.

Focus Groups

Staff from MPHI and MSU conducted focus groups with different populations across MSU. Focus groups were conducted in-person or virtually. A total of approximately 150 individuals participated in focus groups. These included the following:

- UHW staff – 1 focus group
- MSU staff – 3 focus groups
- Academic Specialists – 2 focus groups
- Faculty – 2 focus groups
- Undergraduate students – 1 focus group
- Graduate students – 1 focus group
- Specific demographics of students – 2 focus groups

Additionally, MPHI team members conducted key informant interviews with 10 organizational leaders.

Focus groups and interviews were audio recorded, and a note-taker was present for each. Following the focus group or interview, note-takers reviewed the audio recording to ensure notes were complete and captured the main ideas and quotes of interest. Team members analyzed completed notes using NVivo qualitative analysis software to identify emerging themes and ideas across sources. Two researchers analyzed each document and met to complete consensus coding to ensure consistent interpretation of data. Team members used content analysis to construct a description of factors contributing to or presenting barriers to health and wellbeing.

Results

UHW survey respondents' role and demographics included the following:

- MSU Primary Role

	Academic specialist/ staff	Admin	Faculty	Graduate student	Support staff	Undergraduate student	Totals
Completed Surveys	356	149	512	524	1,452	1,097	4,095
Partial Responses	42	12	35	89	121	296	601
Total	398	161	547	613	1,573	1,393	4,696
	11%	7%	6%	15%	8%	21%	13%

- Race/Ethnicity

	Total	Academic Specialist	Administration	Faculty	Support staff	Graduate student	Undergraduate student
Total Count (Answering)	4,042	352	147	504	1,432	521	1,086
African American or Black	5%	7%	7%	3%	4%	7%	5%
Asian	6%	6%	2%	5%	2%	13%	10%
Hawaiian/Pacific islander	0%	0%	1%	0%	0%	0%	0%
Latino/Latina/Latinx/Hispanic	5%	4%	5%	4%	3%	6%	6%
Middle Eastern/North African	1%	2%	0%	2%	0%	3%	2%
Multiracial	2%	3%	3%	2%	1%	4%	3%
Native American/American Indian/Indigenous Peoples	1%	1%	3%	1%	1%	2%	1%
White	82%	82%	83%	82%	86%	72%	83%
Prefer not to answer	4%	4%	2%	5%	5%	4%	1%
Other	1%	2%	1%	2%	1%	2%	1%

- Gender Identity

	Total	Academic Specialist	Administration	Faculty	Support staff	Graduate student	Undergraduate student
Total Count (Answering)	4,018	349	148	497	1,427	518	1,079
Agender	0%	0%	0%	0%	0%	1%	1%
Cisgender	29%	31%	26%	28%	22%	39%	33%
Gender non conforming	2%	1%	0%	1%	1%	2%	3%
Genderqueer	2%	1%	0%	1%	1%	3%	4%
Man	22%	17%	30%	28%	19%	24%	21%
Non binary	3%	2%	0%	2%	2%	3%	5%
Transgender	2%	1%	0%	0%	1%	2%	4%
Two spirit	0%	0%	0%	0%	0%	0%	0%
Woman	59%	64%	52%	51%	65%	51%	59%
Prefer not to specify	4%	7%	2%	6%	5%	3%	2%
Another identity	1%	0%	2%	1%	1%	1%	1%

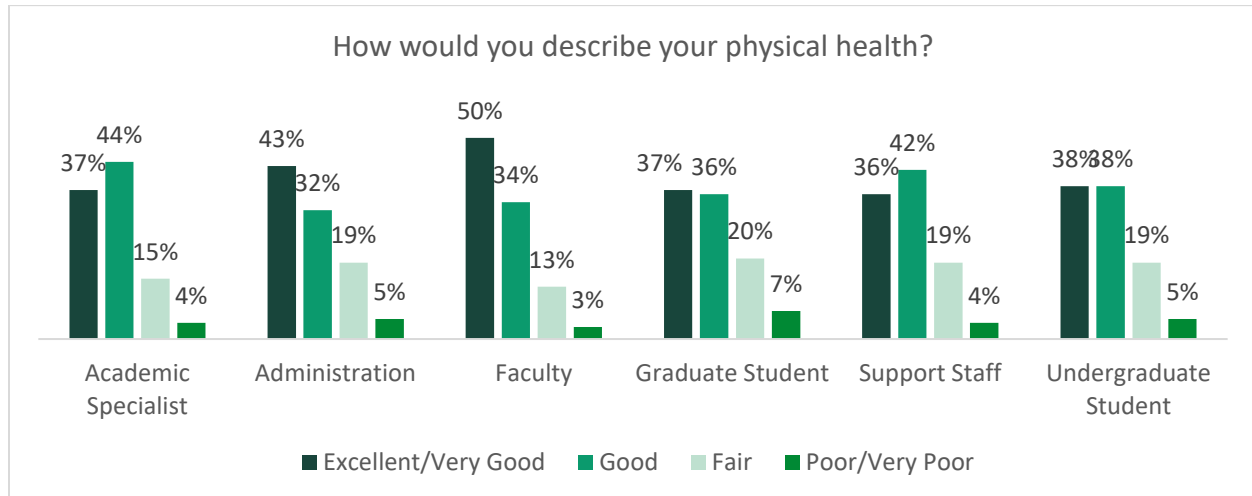
- Sexual Identity

	Total	Academic Specialist	Administration	Faculty	Support staff	Graduate student	Undergraduate student
Total Count (Answering)	4,011	347	148	499	1,421	517	1,079
Asexual	3%	3%	1%	2%	2%	5%	5%
Bisexual	10%	10%	2%	6%	5%	15%	17%
Demisexual	2%	1%	1%	1%	1%	3%	3%
Gay	2%	3%	1%	2%	2%	5%	3%
Lesbian	3%	4%	1%	2%	2%	2%	4%
Pansexual	3%	2%	1%	2%	2%	5%	5%
Queer	6%	5%	2%	5%	4%	10%	9%
Questioning or unsure	2%	2%	0%	1%	1%	2%	4%
Same gender Loving	0%	0%	0%	0%	0%	1%	1%
Straight	72%	74%	90%	77%	79%	63%	62%
Prefer not to specify	6%	7%	2%	9%	7%	6%	3%
Another identity	1%	0%	2%	2%	1%	1%	1%

Physical Health Indicators

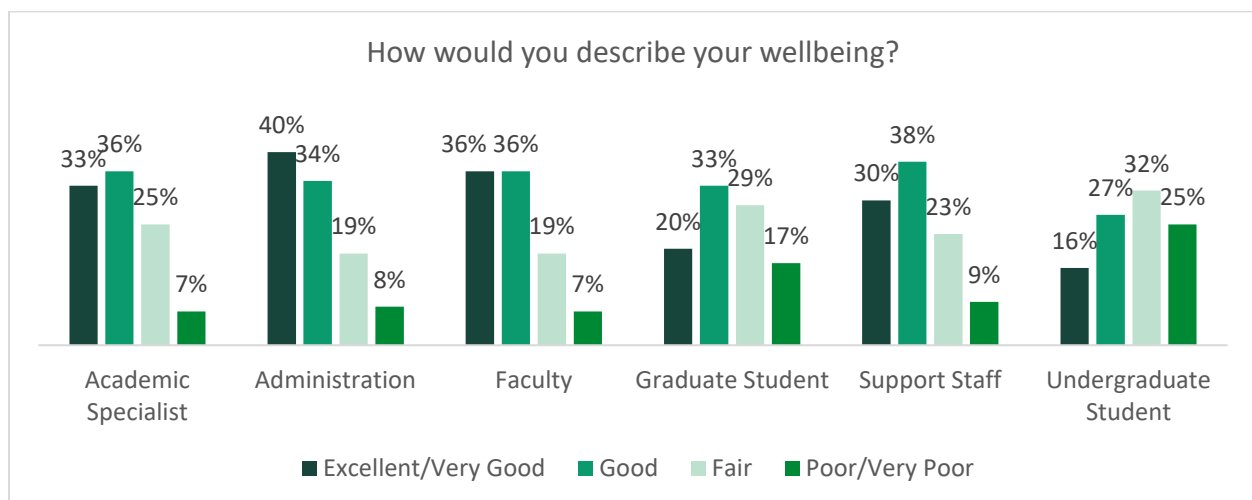
UHW Survey – 2024 Indicators

- Perceived health status by University role



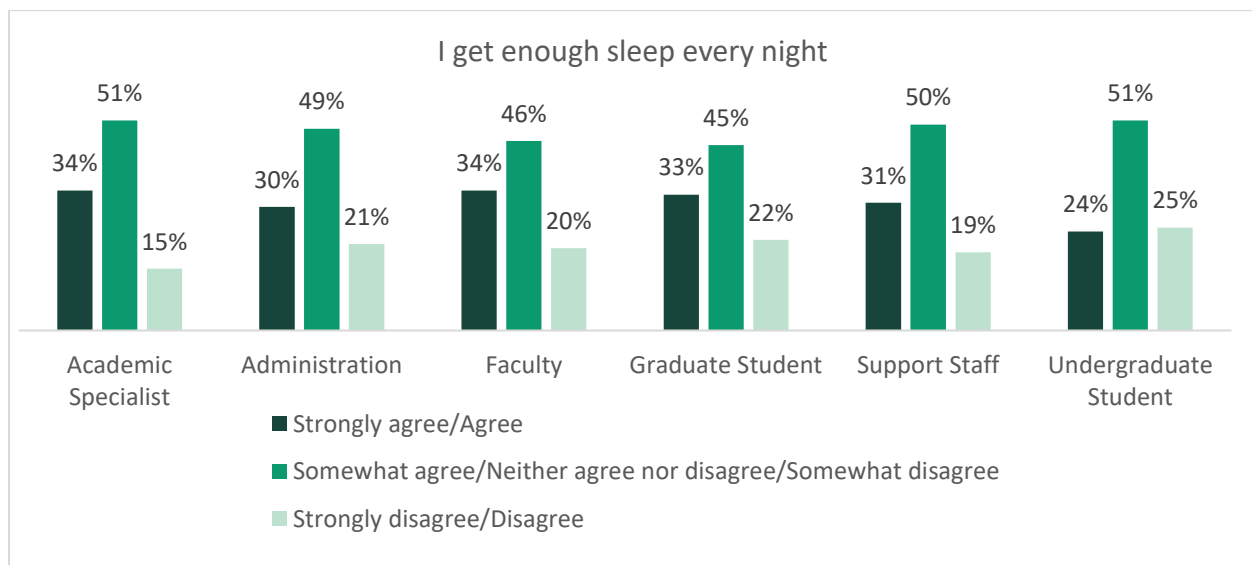
Most respondents in all roles were positive about their physical health, with between 70% and 80% describing it as excellent/very good/good.

- Perceived wellbeing by University role

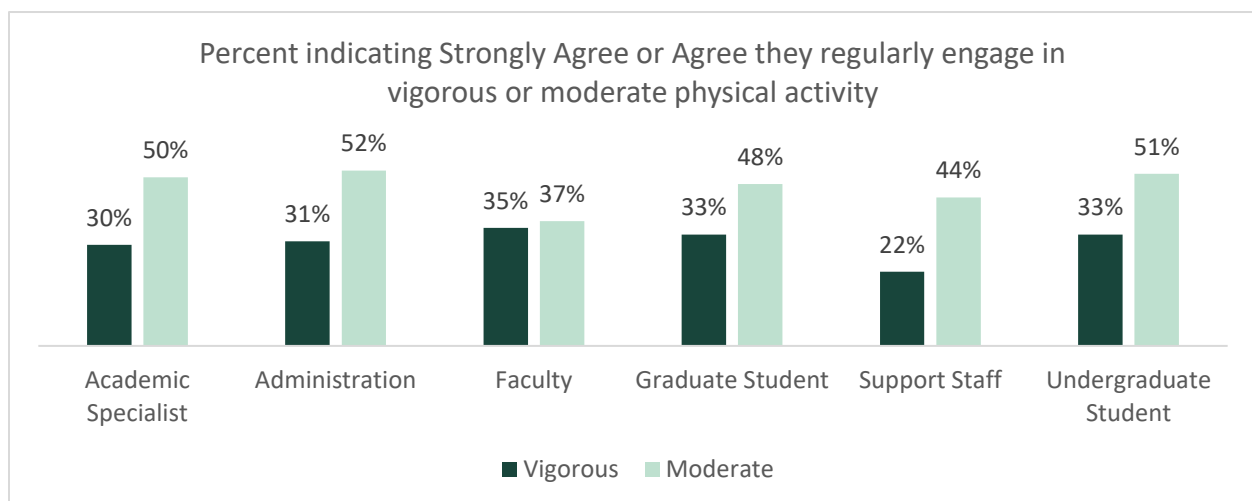


Respondents described their wellbeing less positively, with a quarter of undergraduate students rating their wellbeing as poor/very poor and 19%-32% of all groups rating their wellbeing as fair.

- Adequate sleep by University role

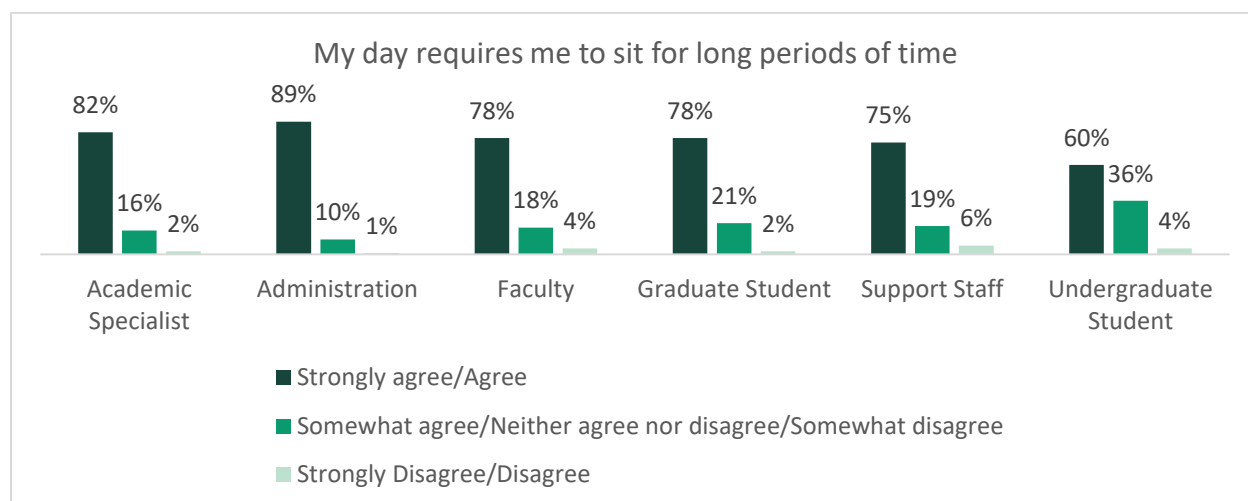


- Physical activity by University role



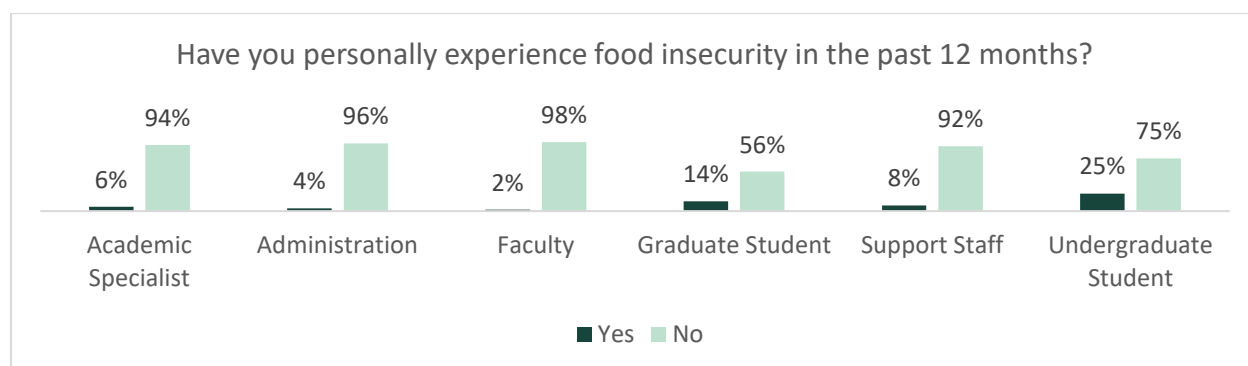
At least a third of Faculty, Graduate Students, and Undergraduate Students agreed or strongly agreed they participate in vigorous physical activity most often, while Support Staff reported regularly engaging in vigorous physical activity least often.

- Physical inactivity by University role



Most individuals, regardless of role at MSU, reported agreeing or strongly agreeing that their day requires them to sit for long periods of time, with at least 75% of each group except undergraduates, indicating this was the case.

- Food insecurity by University role



Definition Provided: Food insecurity refers to limited food availability with reduced quality, variety, or desirability of diet resulting in disrupted eating patterns and reduced food intake.

Graduate (14%) and undergraduate (25%) respondents were more likely than MSU employees (2% – 8%) to have experienced food insecurity in the past 12 months. Results for student respondents were similar regardless of housing situation (except for living with family). The highest percentages of student respondents who experienced food insecurity were undergraduates who self-identified as African American or Black (53%), Multiracial (41%), Middle Eastern/North African (39%), and Latine (37%). However, the respondent counts for these four groups were fairly low and further research is needed.

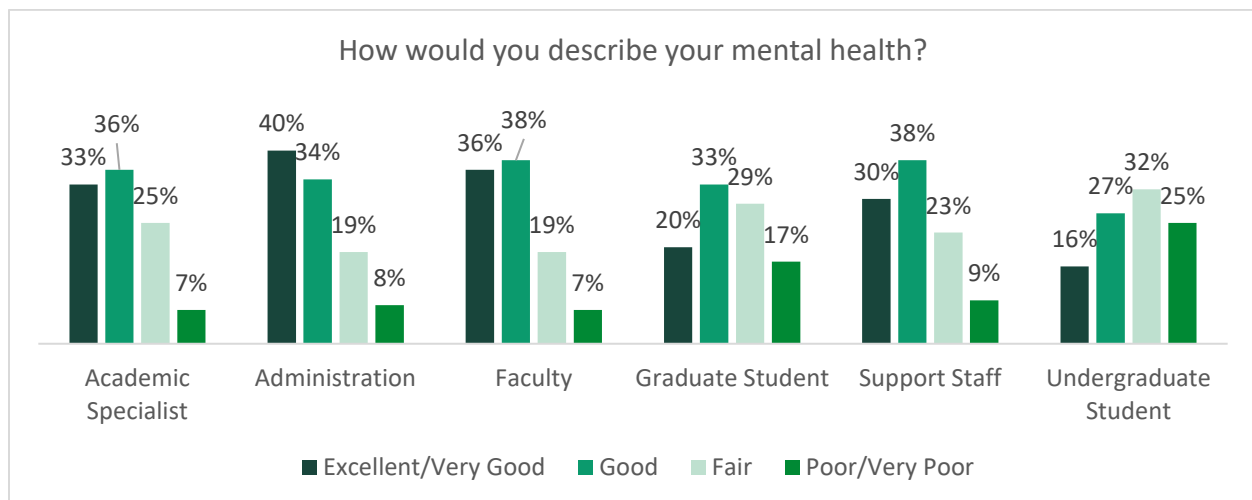
Focus Group and Interview Themes

- Lack of physical activity due to desk jobs
- High workload/academic demands limit opportunities for engaging in physical activity
- Need for increased understanding/structures to support how health changes with age
- Lack of support for chronic health conditions
- Including adequate sick/leave time and coverage for tasks during medical leave
- Limited resources to support physical activity
- Suggestions to build wellness time into the workday
- Active violence on campus threatens physical safety

Mental Health Indicators

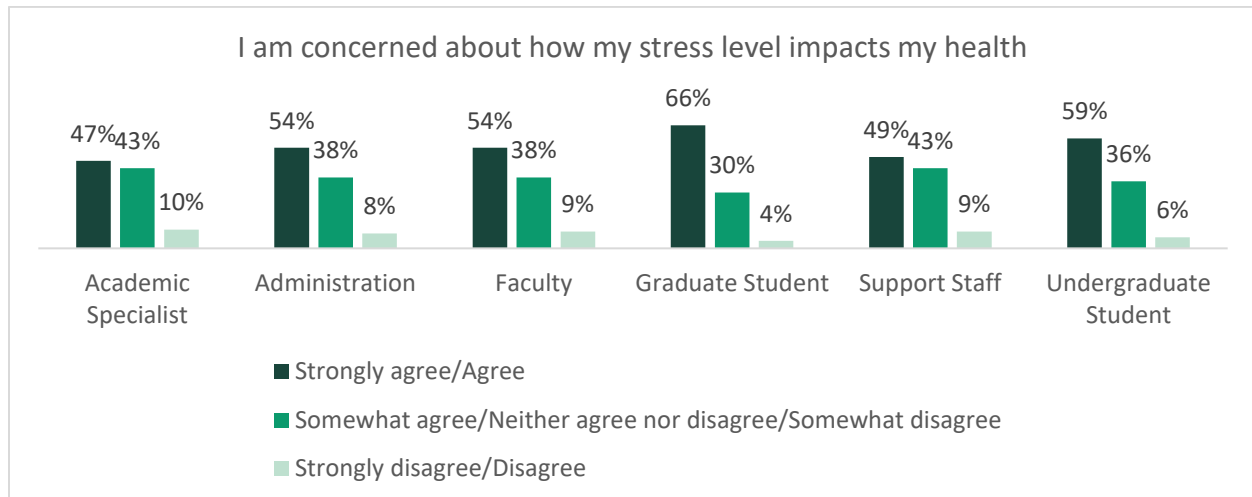
UHW Survey – 2024

- Perceived mental health status by University role



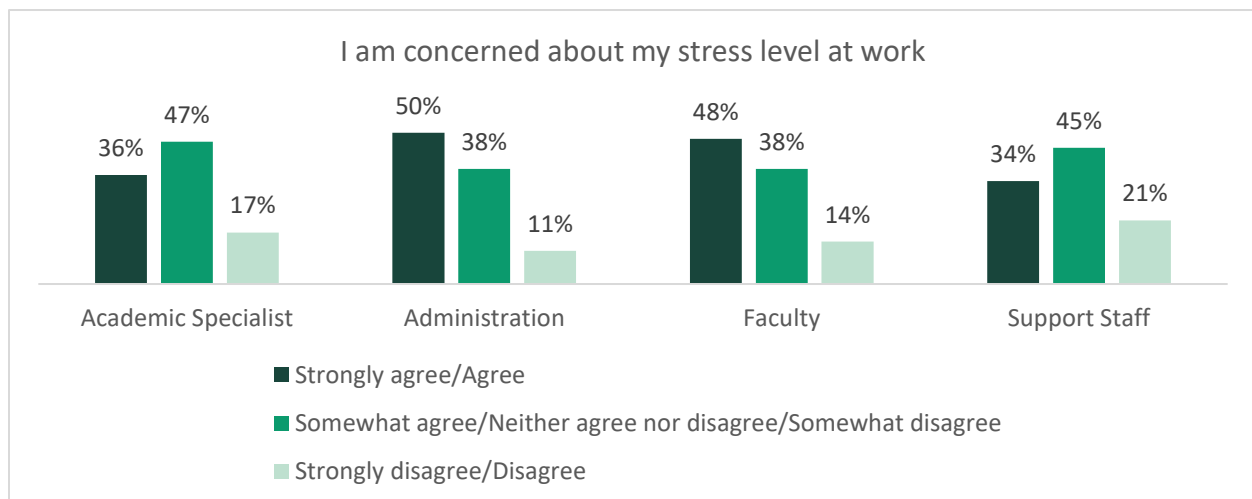
Respondents were less positive about their mental health as compared to physical health, especially students, with 17% of graduate and 25% of undergraduate respondents indicating it was poor or very poor.

- Concerns about stress by University role



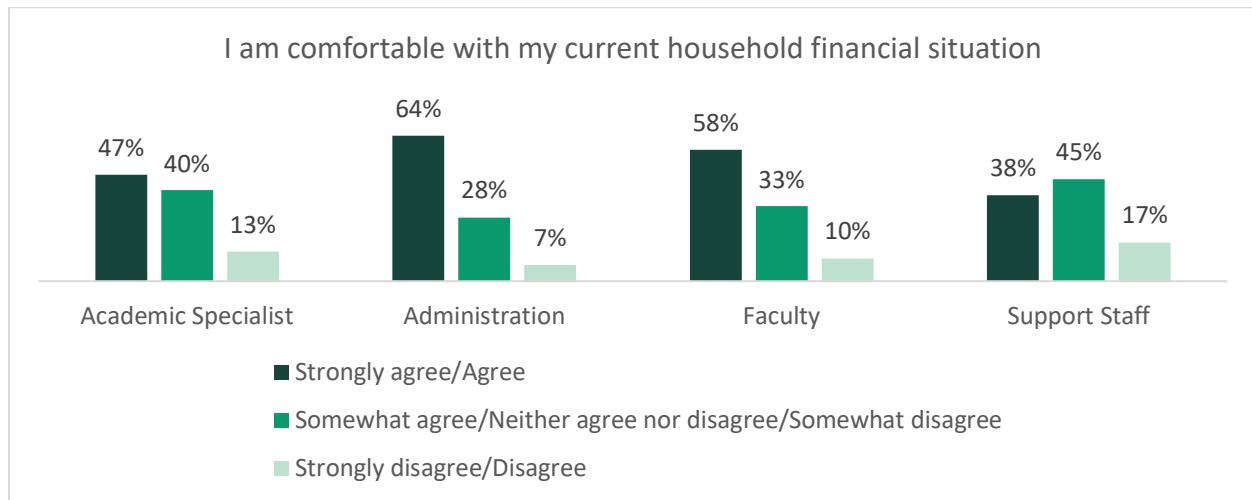
Stress impacting respondents' health was a concern for all roles at MSU, ranging from a high of 66% (grads) to a low of 47% (Academic Specialists).

- Concerns about stress at work by University role (staff and faculty)



Between one-third and half of employee groups were concerned about their stress level at work.

- Financial stress by University role (staff and faculty)



Administrator (64%) and faculty (58%) respondents were most comfortable with their current financial situation, while support staff (38%) were least comfortable.

Focus Group and Interview Themes

Focus group and interview themes and key ideas related to connection and belonging included the following:

- Repeated negative events/crises worsen mental health across MSU
- High levels of stress and anxiety due to academic pressures, financial concerns, or traumatic events
- Issues such as hypertension and anxiety linked to university events and expectations
- Perception that more effort has been placed on physical safety than psychological safety
- Need to implement capacity to serve surge in need following traumatic incidents
- Need to address discrimination and creating a more inclusive environment
- Lack of perceived care and concern for mental, emotional, and physical wellbeing
- Limited access to mental health services
- Long wait times
- Insufficient supply to meet demand for mental health care/crisis response
- Lack of awareness and communication about available resources, inconsistent awareness across university groups
- Need for mental health leave benefits
- Financial stress due to high tuition, student loans, insufficient wages, and cost of living
- Need to create a culture where students, staff, and faculty are aware of and feel comfortable utilizing resources without stigma

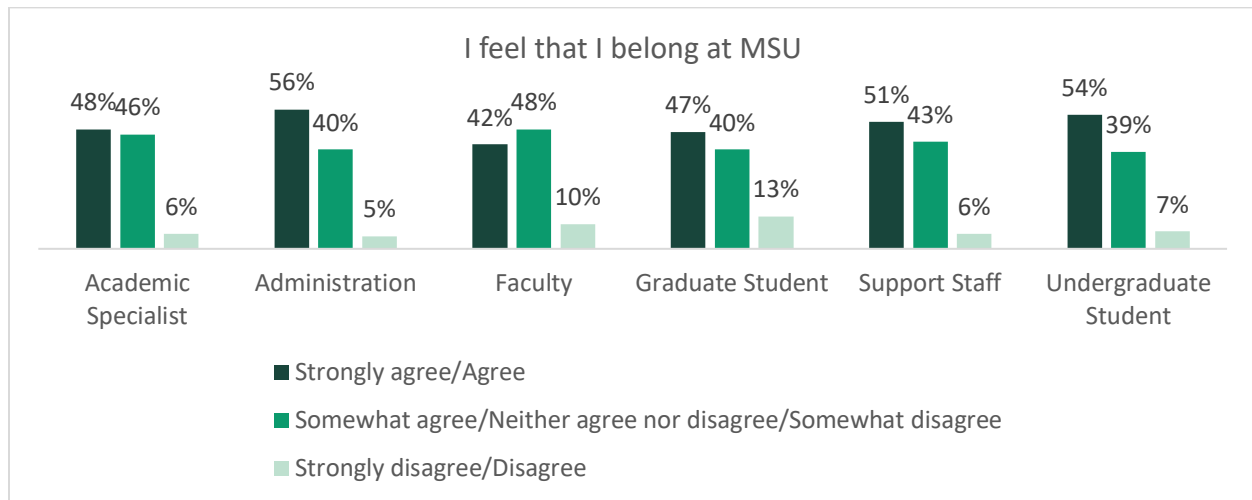
Focus group participants also noted ideas related to their experience with safety at MSU. Ideas shared are grouped by type of safety.

- Physical/Infrastructure Safety: maintenance and functionality issues, poor lighting, unreliable safe ride options and safety features like green buttons and emergency phones, campus police interactions with students, lack of follow up from MSU PDDS, insufficient security measures for stadium, need for more training on safety, violence, conflict resolution
- Psychological Safety: need for better mental health support and trauma-informed practices, mental health services overburdened, need for inclusive environment and addressing bullying and power dynamics, need for work-life balance and utility of resources without stigma
- Environmental Safety: poor living conditions in dorms, unsanitary conditions, perceptions of unsafe drinking water, pest concerns, need for facility upgrades, need for policies on communicable diseases

Social Health Indicators

UHW Survey – 2024

- Perceptions of belonging by University role



While approximately 50% of respondents, regardless of MSU role, felt they belonged at MSU, a relatively close percentage were uncertain.

Focus Group and Interview Themes

- Social isolation caused by difficulties in forming social connections, especially post-pandemic, leading to feelings of loneliness and disconnectedness.
- Need for community building to foster a sense of belonging and community among students, faculty, and staff.
- Desire for dedicated, safe spaces for students of different backgrounds to feel comfortable and supported
- Lack of cultural and spiritual health considerations
- Experiences of personal spiritual crises.
- Stress, burnout, and health issues related to high expectations, understaffing, and lack of supervisory support.
- Concerns about job security and stability due to impact of administrative changes.
- Perceived bias in hiring practices related to level of education, differences between departments.

Focus group results highlighted that various groups on campus face unique experiences and barriers at MSU. These included:

- Black, Indigenous, and People of Color
- Refugees
- 2SLGBTQ+
- People with Disabilities
- International Students
- Parents and Caregivers
- Remote Employees/Non-local Students
- Women

Causes of disparities shared by focus group participants included:

- Discrimination
- Bias in hiring processes, inadequate support for faculty and staff of color, lack of representation, systemic discrimination, fear of disclosing disabilities.
- Financial strain, social determinants of health, difficulty in financial aid support, lack of clarity on insurance policies.
- Barriers in accessing health resources, lack of accommodation and inclusive facilities, lack of psychological safety measures, support for marginalized groups.
- Discrimination and insensitivity towards different religious practices, mocking of religious practices, lack of support for religious events.

MSU Plan Review: Strengths, Weaknesses, Opportunities, Challenges (SWOC) Analysis

Plans and Assessments Reviewed

MSU Strategic Plan
MSU Know More Survey
UHW Wellbeing and Care for the
Caregiver UHW Student Support
Workgroup
UHW Faculty and Staff Wellbeing
Sparrow Community Health Assessment
National Collegiate Health Assessment
Collegiate Centers on Mental Health

Strengths

- History of world-class education, research, and outreach
- Increase in student numbers and improvement in graduation rates
- Significant investment and growth in research
- Providing resources for personal and professional growth and development
- Strong partnerships in communities
- Generous support from alumni and donors

Weaknesses.

- Gaps in communication
- Lack of clarity in roles and structures
- Inconsistent policies
- Concerns about the voices of support staff not being heard
- Disparities in graduation rates
- Fragmented supports and inadequate staffing related to caregiver, substance use, and mental health programs
- Safety concerns and prevalence of harassment and victimization
- Campus drinking culture
- Negative perception of administrative leadership in handling issues
- Lack of systematic technology management
- Minimal synergy due to work silos
- Unrealistic expectations with limited resources from leadership
- Resistance or distrust in new MSU health initiatives or policies
- Hesitancy towards remote working and learning environments
- Limited funding and resources for UHW programs or infrastructure change

Opportunities

- Strengthen relationships with underrepresented communities
- Engage with cross-sector partners
- Okanagan Charter
- Strategies embedded in other MSU plans
- University infrastructure (UHW) has been created that is supportive of health and wellbeing
- Growing support and understanding that health and wellbeing are vital to student success
- Support from university partners
- Strong philanthropic support
- Expectations from students and families that we provide health and wellbeing support

Challenges

- New trends in substance use
- Complex issues faced by students
- Shift in Michigan age demographics impacts recruitment
- External factors influencing student success
- Evolving health challenges
- Resistance from organizations and/or individuals to change existing inequities within health systems
- Competition with other institutions for student enrollment

Common Themes Across All Plans

- Interest and hesitancy in expanding remote-friendly environments (working and learning)
- Dedicated efforts to build inclusion and belonging into curricula and professional development
- Increased support of individual employee wellness and career development needs
- Greater investment and growth in health research that is responsive to current and emerging trends
- Activities and spaces that support mental and physical health
- More adequate staffing and resources for caregiver, mental health, and substance use services
- Health resources and information that are easily accessible for students, faculty, and staff
- Improved student success through support systems and mentorship

- Stronger relationships with populations that are disproportionately impacted through learning and partnership building.
- Deeper connections with MSU community, alumni, and donors to enhance engagement

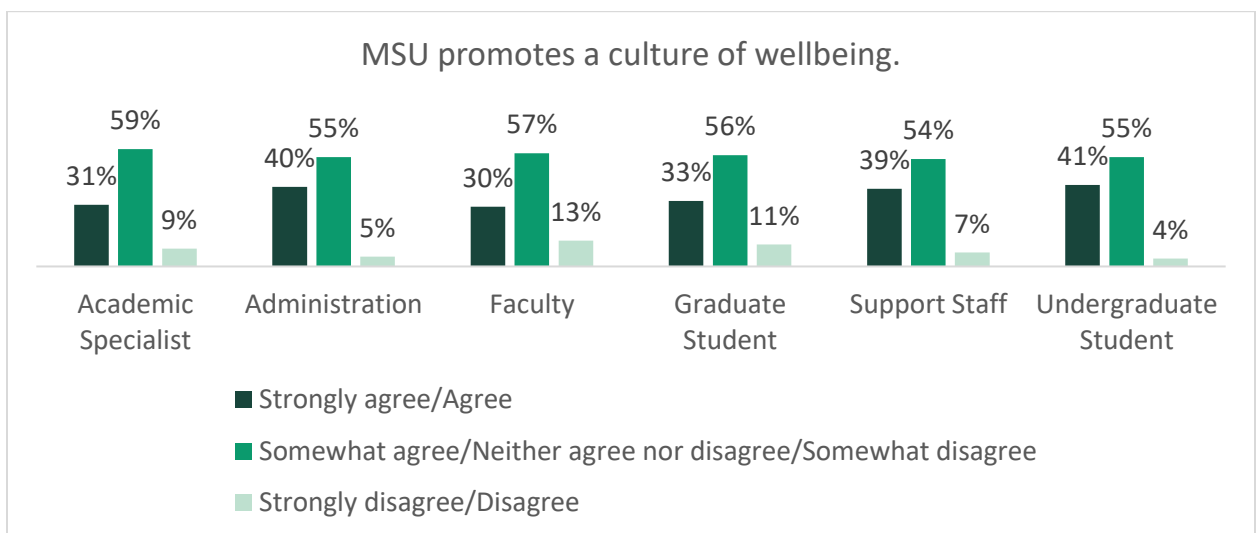
Common Challenges Within Themes

- Campus safety concerns and prevalence of harassment and victimization
- Negative perceptions of administration
- Gaps in communication across the university
- Lack of synergy due to work silos and limited cross-collaboration between divisions or units

Perceptions of MSU

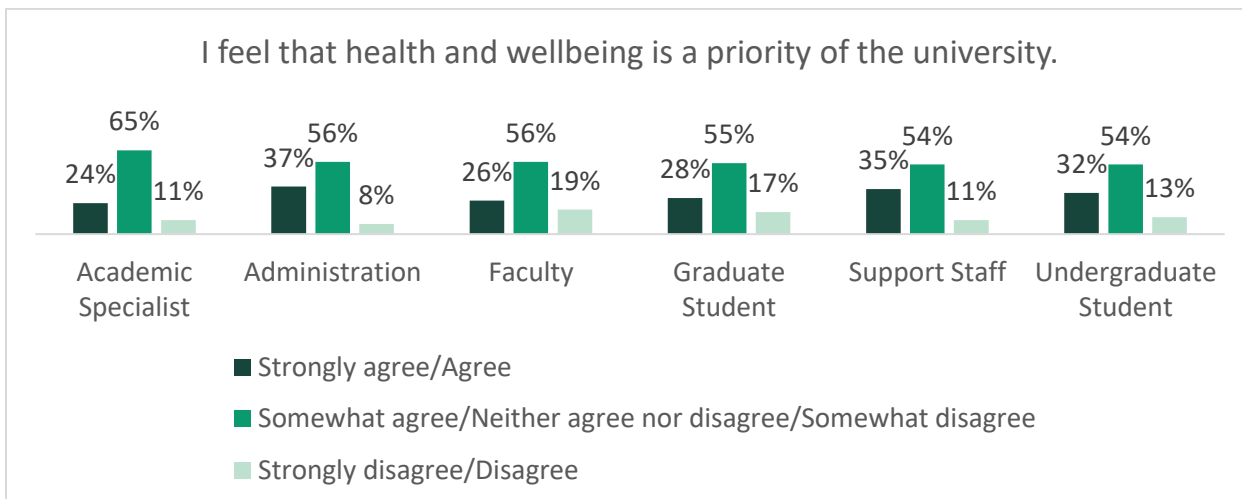
UHW Survey – 2024

- Perceptions of health and wellbeing support by University role



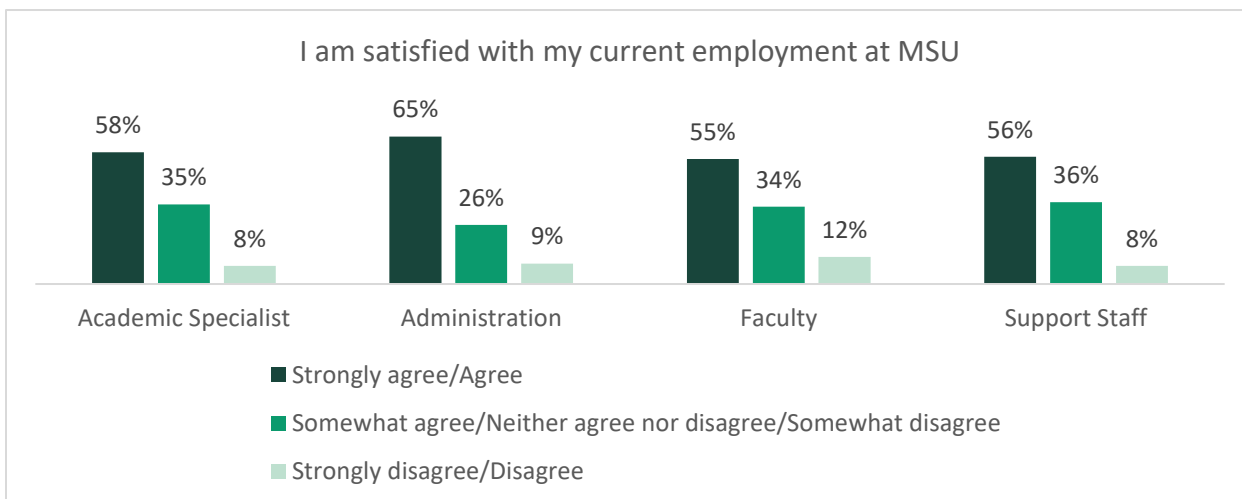
Only 30% – 41% of respondents in all roles strongly agreed or agreed that MSU promotes a culture of wellbeing.

- MSU health and wellbeing prioritization and support by University



Respondents who strongly agreed or agreed that health and wellbeing were a priority at MSU was between 24% and 35%.

- Job satisfaction by University role (staff and faculty)

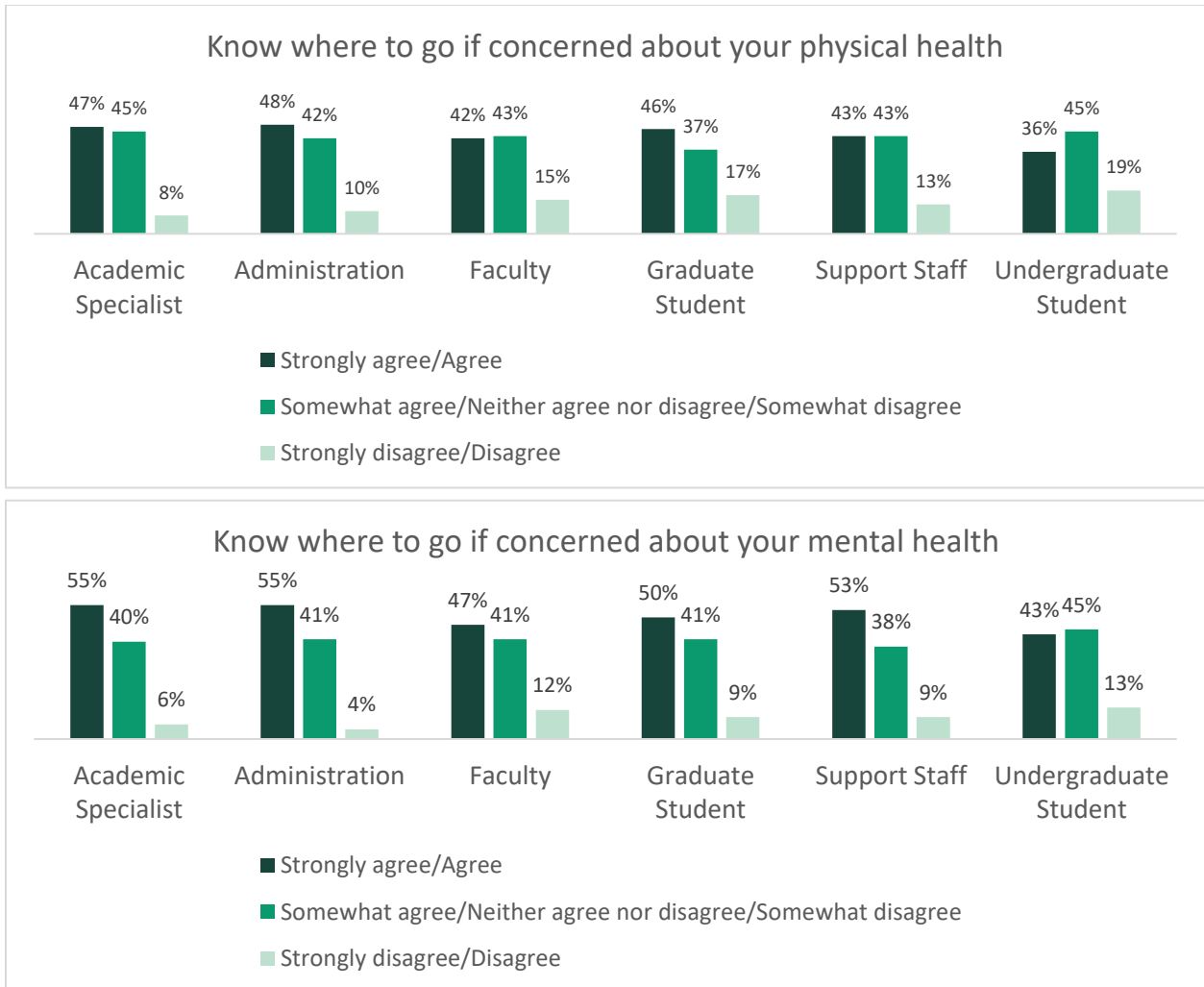


A majority of employee respondents were satisfied with their MSU employment.

Service Environment

UHW Survey – 2024

- Service Environment Strengths
 - Programs like CAPS, EAP, GSCC, and Work Life Office, Olin Health Center, RCPD, Health4U-MSU, MRS, Student Services, Teledoc, Center for Survivors
 - Math Learning Center supporting students
 - African American Studies Department making students feel welcome
 - Positive perceptions of the helpfulness of services accessed
 - MSU employees generally reported the services they accessed were helpful
- Service Environment Needs
 - Overbooked and understaffed services
 - Long wait times for CAPS, EAP, and OLIN
 - Need for 24-hour staffing
 - Difficulty getting accommodations from RCPD
 - Hiring of more diverse staff who reflect population served
 - Providing culturally resonant care
- UHW Services Accessed
 - Most services were not accessed by respondents, even if awareness of a service was high.
 - Services most accessed:
 - Counseling and Psychiatric Services (30%)
 - Employee Assistance Program (19%)
 - Campus Health Services (17%)
 - Health4U (16%)
 - Resource Center for Persons with Disabilities (13%)
 - Students (both graduate and undergraduate) and Academic Specialists tended to have lower awareness of services than other groups.
 - Services with the overall highest lack of awareness:
 - Health Promotion (31%)
 - Health4U and Travel Clinic (29%)
 - Occupational Health (24%)
 - Student Food Bank (19%)
 - MSU Safe Place (14%)
- Knowing where to access needed supports by University role



- **Service Awareness and Helpfulness**

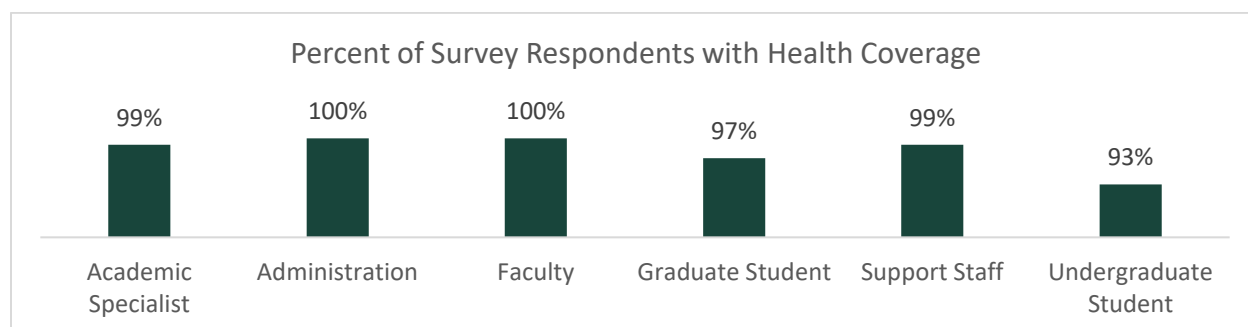
- Undergraduate (19%), graduate (17%), and faculty (15%) respondents were less likely to know where to go if concerned about their physical health than other groups.
- Undergraduate (13%) and faculty (12%) were less likely to know where to go if concerned about their mental health.
- Access to mental health and health care services can feel limited, with long wait times to access services, and barriers to accessing services for different populations
- While over 50% of employees know where to go if feeling discriminated, harassed, or unsafe, only 32% of both graduate and undergraduate respondents indicated knowing where to go.
- Overall respondents were very positive about the helpfulness of the services they accessed. Undergraduate respondents tended to be less positive about the helpfulness of the services they accessed than other roles. MSU employee respondents generally felt the services they accessed were helpful.

- Ease of Accessing Services

Persons who indicated they accessed a service (or services) would see the follow-up ease of access question for that service (or services). Generally, most respondents found it easy to access the services though some results ended to vary greatly. Very few services were deemed to be difficult or very difficult to access, with only 3 services reaching double figures in that category. Some services were not as easy to access for specific roles at MSU. For example:

- Center for Survivors – 13% of faculty respondents selected easy or very easy.
- Counseling and Psychiatric Services - 36% of undergraduate respondents selecting easy or very easy.
- Occupational Health – Administration (36%)
- MSU Safe Place – 38% of faculty respondents.
- Student Food Bank – 41% of undergraduate respondents.

- Health insurance coverage by University role



Organizational Culture

Health and Wellbeing Community Listening Session – 2024

When asked about their ideal picture of a healthy MSU Community, participants noted they envision a healthy MSU as:

- Collaborative, Connected, and Engaged
- Transparent, Trustworthy, and Accountable
- Respectful, Caring, and Empathetic
- Supportive and Flexible
- Inclusive
- Accessible and Safe

Focus Group and Interview Themes

Focus group and interview themes and key ideas related to organizational culture included the following:

- MSU culture and employee support
 - Heavy workload, feelings of being overworked
 - Feelings of being chronically understaffed
 - Need for better work-life balance
 - High expectations for staff and faculty
 - Feeling a lack of support and needing understanding/supportive supervision
 - Leadership turbulence and turnover
 - Fear of job loss
 - Salary discrepancies and inequities
 - Inequities in treatment based on positions – support staff and specialist undervalued; tenured employees prioritized
- MSU organizational support
 - Need for diverse leadership/staff
 - Genuine DEI actions
 - Examine institutional biases in hiring
 - Need for transparent and authentic conversations
 - Perception of actions without tangible results causing skepticism about future improvements
 - Address long standing psychological safety issues and take accountability
 - Need for culture change and addressing corruption “starting at the top”
 - Need to rebuild trust
 - Fear of retaliation among staff
- Communication strengths
 - Strong CAPS advertising
 - Health Promotion Department's effective advertising efforts
 - Neighborhood Engagement Center's awareness efforts
 - Strong partnership between UHW and Ingham County Health Department
 - Early involvement in conversations with partners
- Communication needs
 - Escort safety/transportation services not widely known
 - Need for unified promotion for events available to faculty/staff
 - Need for electronic handbook or central hub of available resources
 - Need for clear and consistent communication
 - Need for accountability, transparency, and authentic feedback channels
 - Use of jargon or language used within higher education not familiar to those outside of university setting

- Inclusive language and targeted communication needed for different levels of literacy and language
- Gaps in communication for incoming students

Living Conditions and Infrastructure

Focus Group and Interview Themes

Focus group and interview themes and key ideas related to organizational culture included the following:

- Living conditions and infrastructure strengths
 - Sense of community and belonging
 - Student-led organizations and social groups like Asian Association and Black Student Community
 - Support from student community and friends
 - Dining halls accommodating diverse dietary needs
 - Fresh market vending machines
 - Availability of gyms included in tuition
 - Free workout classes
 - Outdoor activities
- Living conditions and infrastructure needs
 - More safe and affordable housing options availability needed
 - Need for improvements of classrooms and recreational spaces
 - Chemicals in Kresge Art Center
 - Outdated buildings
 - Need for separate faculty/staff fitness facilities
 - More bike paths
 - More gathering spaces like bowling alley or Sparticipation for connection opportunities
 - Cost reduction for parking
 - Need for affordable and healthy food options
 - High food costs
 - Inconsistent healthy options
 - Need for gender-neutral bathrooms
 - Access to lactation spaces
 - Accessible accommodation in restroom for people with disabilities
 - Access to childcare

Appendix C – NCHA III

Methodology

In the Spring of 2024, Michigan State University (MSU) participated again in the National College Health Assessment Survey (NCHA) through MSU University Health and Wellbeing membership in the American College Health Association (ACHA). The survey is designed to gauge the health and health behaviors of college students, especially as they impact their academic performance. The purpose is to enable university administrators to plan efforts that might help students thrive, to evaluate efforts to-date, and to inform students. The questionnaire covered a diverse set of topics including perceived health status, sexual behaviors and beliefs, alcohol-tobacco-drug behavior and beliefs, injury prevention, disease prevention and screening, victimization, exercise and rest, emotional and mental health, incidents of disease or injury, incidents of stressors, sources and credibility of health information, and background questions.

The data represented in this report focuses on the NCHA III results for Spring, 2024. A stratified random sample of 5,000 MSU students was sent a pre-notification email informing them that they would be receiving an e-mail invitation from ACHA to participate in the MSU National College Health Assessment. Following, the same sample was sent an e-mail invitation from ACHA containing a web-link to the survey. Three email reminders were sent to non-responders. The final data file contained useable responses from 931 students. The overall response rate was 18.6%.

Note: Demographic categories for race/ethnicity and gender identity were not available with further disaggregation by group at the time of this report.

NCHA III Respondents included the following demographic groups.

- Gender Identity

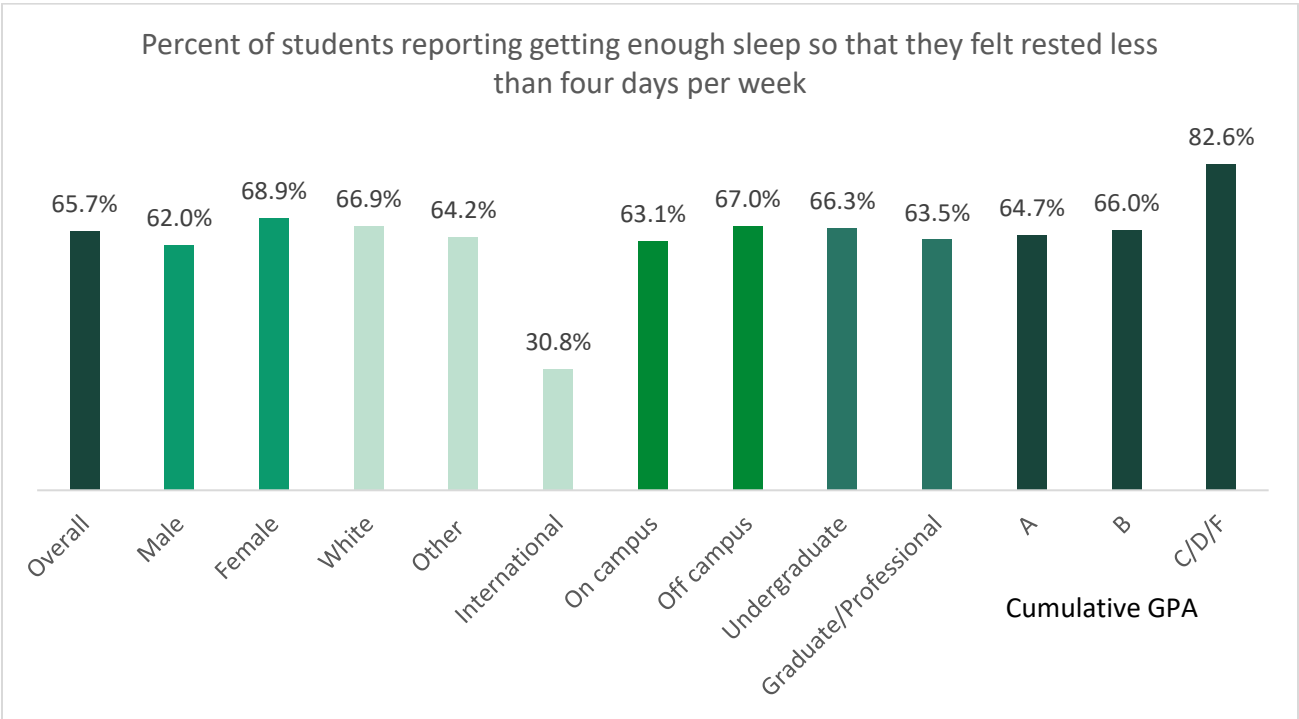
Demographic Characteristic	Demographic detail	% Response
Gender (n = 798)	Female	57.5%
	Male	31.8%
	Trans Woman	0.1%
	Trans Man	0.6%
	Gender Queer	0.3%
	Not Listed	0.3%
	Agender	0.4%
	Genderfluid	0.9%
	Non-binary	8.1%

- Race/Ethnicity

Demographic Characteristic	Demographic detail	% Response
Race (n = 798)	American Indian or Native Alaskan	1.3%
	Asian or Asian American	17.5%
	Black or African American	5.6%
	Hispanic or Latino/a	5.3%
	Arab/Middle Eastern/ North African	3.4%
	Native Hawaiian or Other Pacific Islander	0.4%
	White	62.9%
	Biracial or Multiracial	2.3%
	Another Identity	1.4%

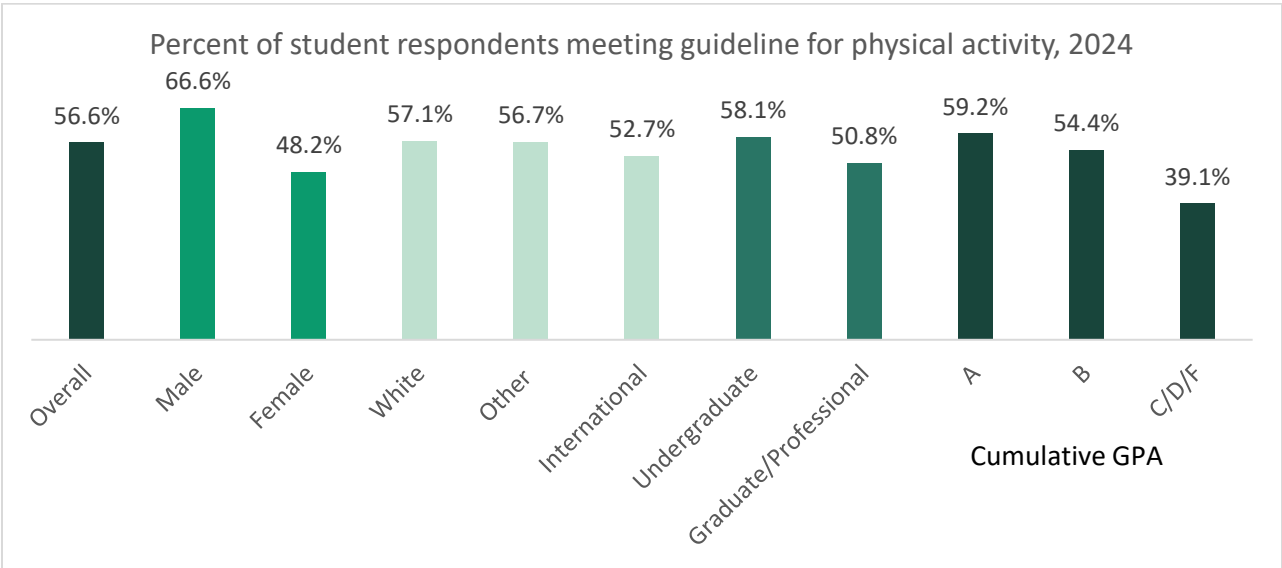
NCHA III Data – 2024

- Adequate sleep by student demographic



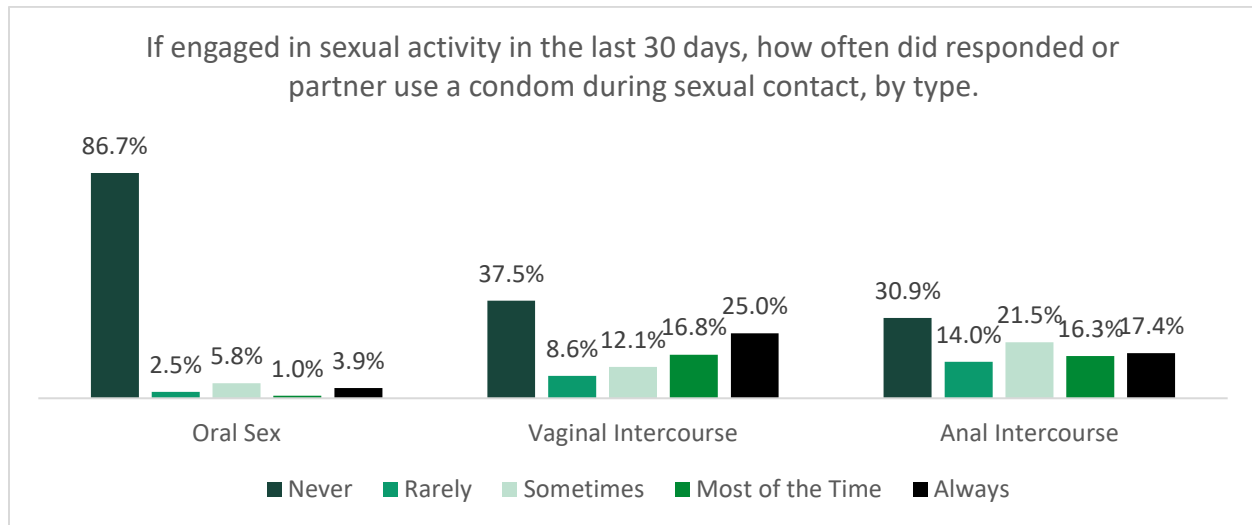
Differences by gender and housing were statistically significant.

- Physical activity by student demographic.

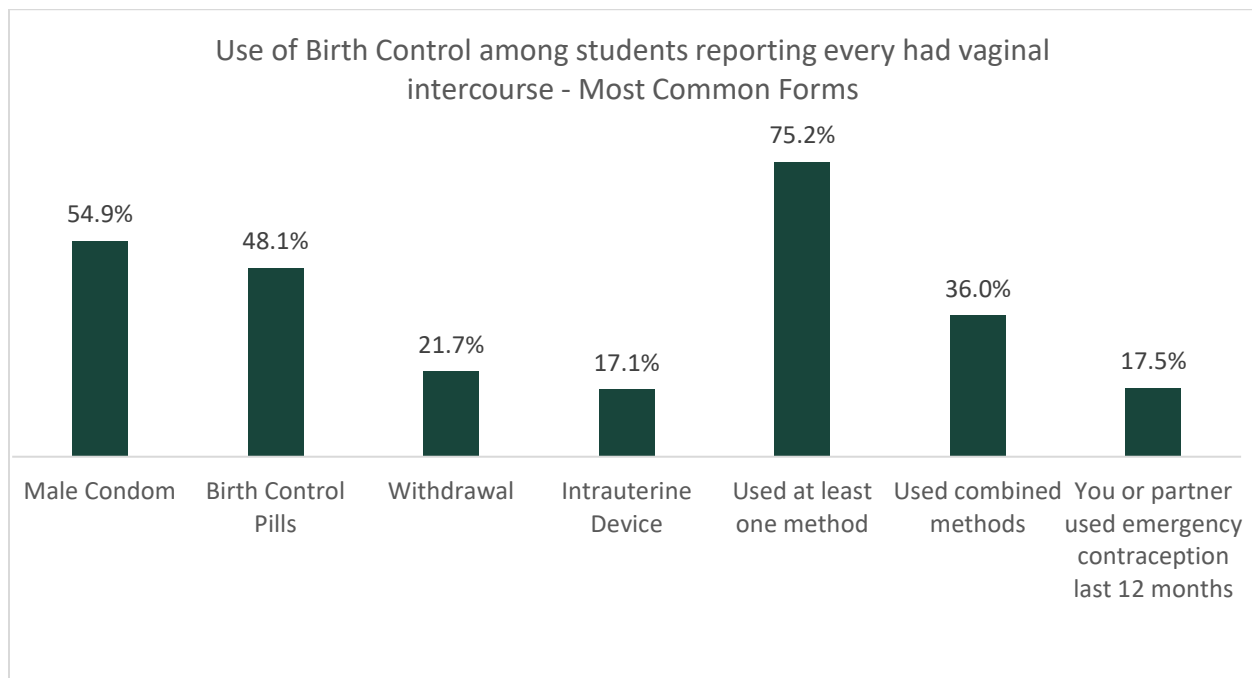


Differences by gender and undergraduate/graduate & professional were statistically significant.

- Students' condom usage by types of intercourse



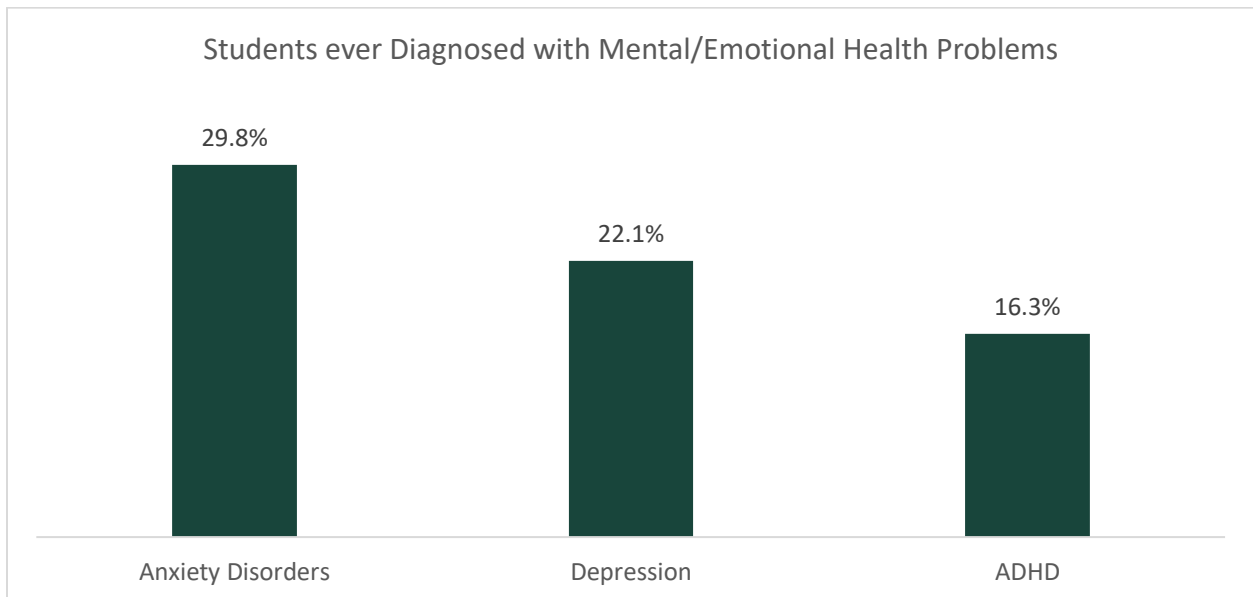
- Students' birth control usage



Students who reported they were a member of a fraternity or sorority were less likely to report using at least one method of contraception than other students (49.7% versus 77.0%).

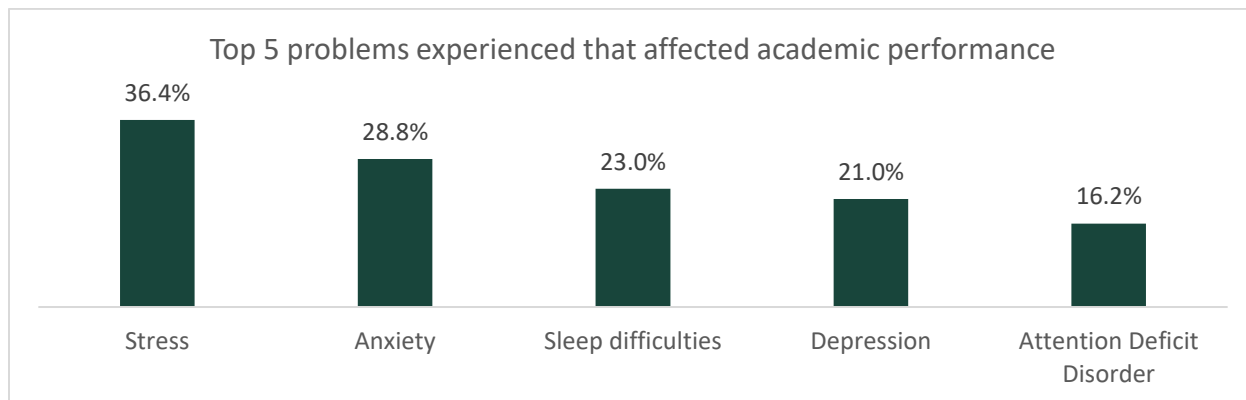
NCHA III Data – 2024

- Mental health diagnoses (students)



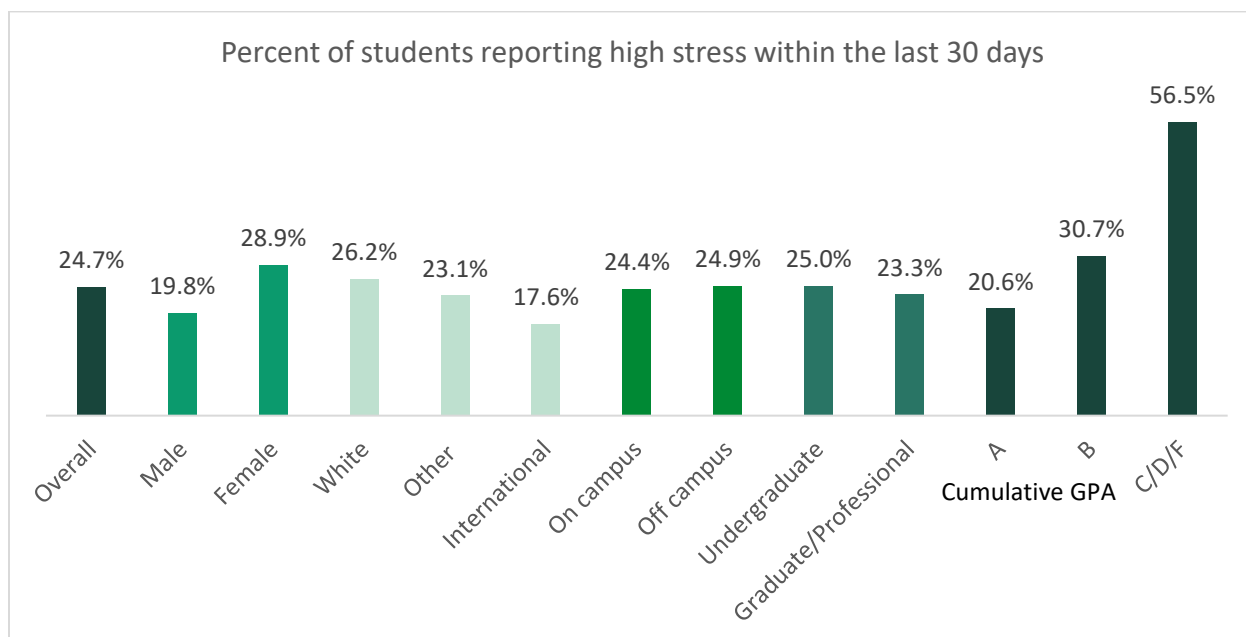
The 2024 data show a continued increase in mental/emotional health problems over time, including in the three most commonly diagnosed mental/emotional health problems – Anxiety, Depression, and ADHD.

- Problems affecting academic performance (students)

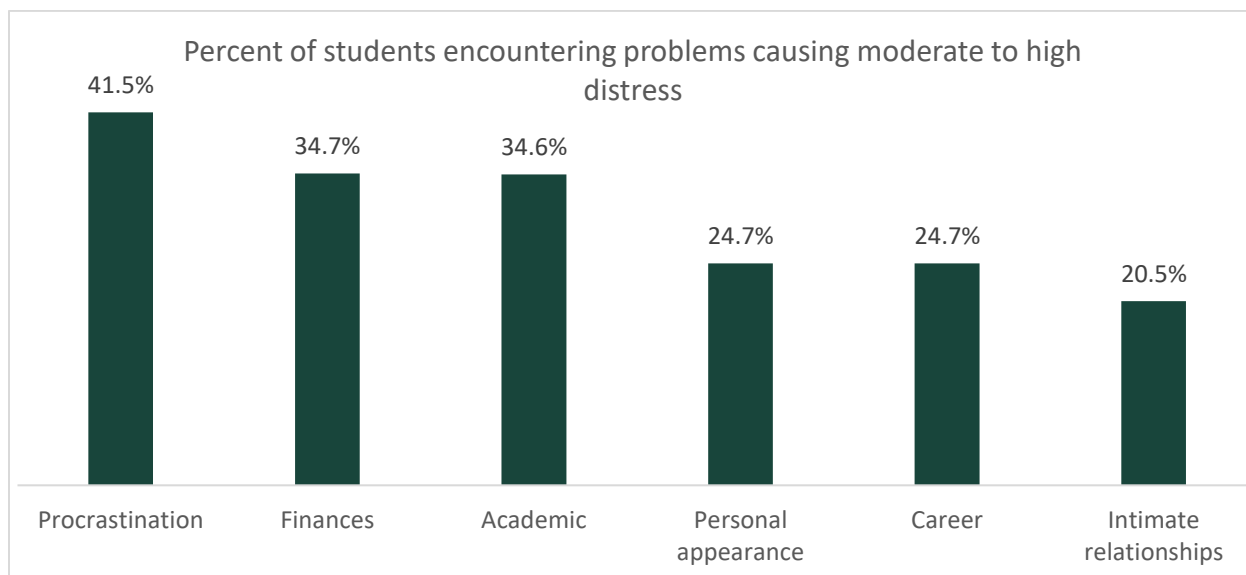


- More female students than male students reported anxiety (32.7% female, 24.1% male), and stress (39.3% female, 33.0% male) affected their academic performance
- Students who live on campus reported that stress affected their academic performance at a higher percentage than students living off campus (41.6% on campus, 33.7% off campus)
- More undergraduate than graduate students reported an effect on academic performance from stress (38.6% undergrad, 27.7% grad), depression (22.5% undergrad, 15.2% grad), and attention deficit disorder (17.4% undergrad, 10.9% grad)
- Students with lower cumulative GPAs reported all of the above listed mental/emotional health problems affecting their academic performance more than students with higher cumulative GPAs.

- Experiences of high stress (students by demographic)



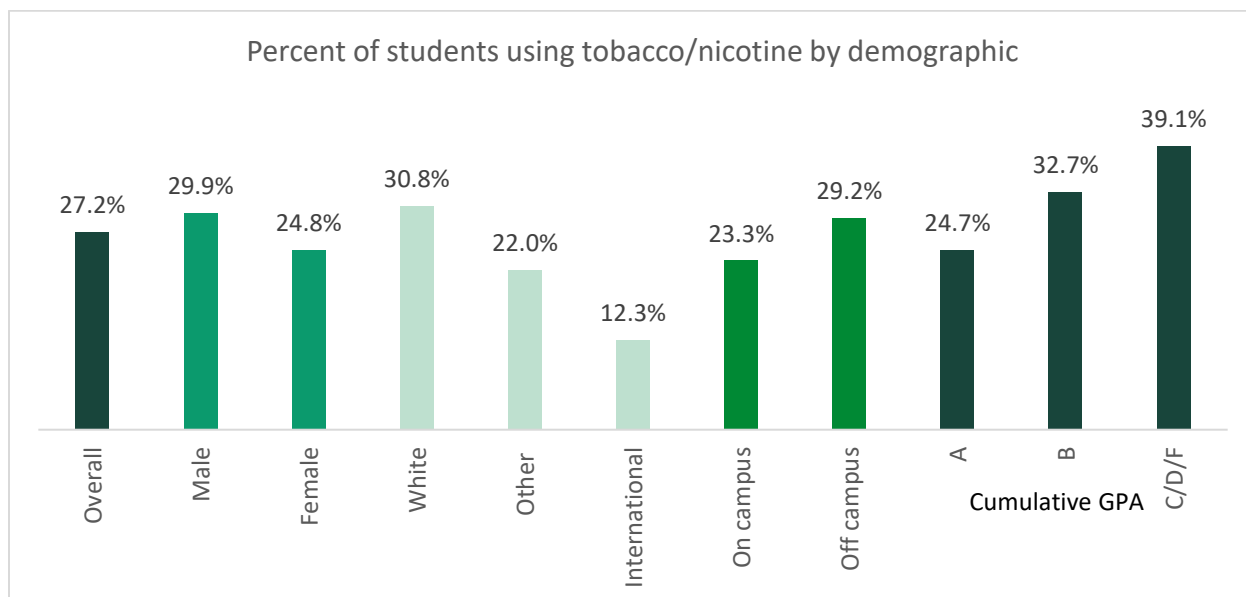
- Sources of moderate and high distress (students)



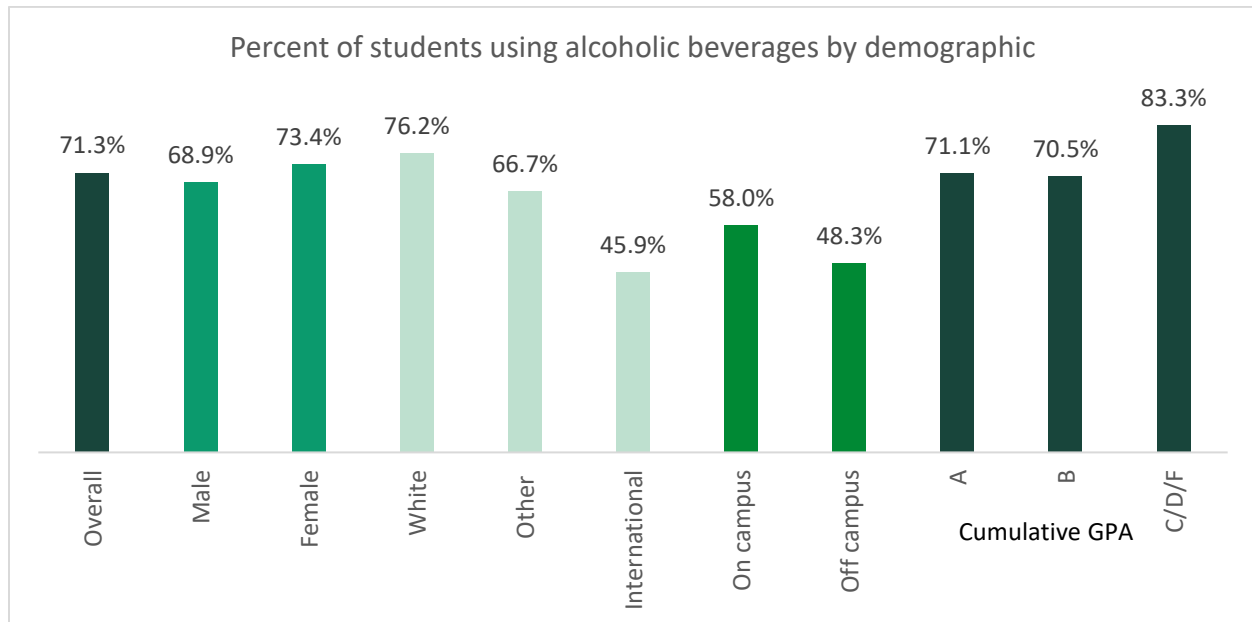
Undergraduates, students living on campus, and those with lower GPAs more often reported problems with procrastination that caused distress.

Several groups of students, including female students, those living off campus, and those with lower GPAs more often reported those living off campus, and those with lower GPAs more often reported problems with finances that caused distress.

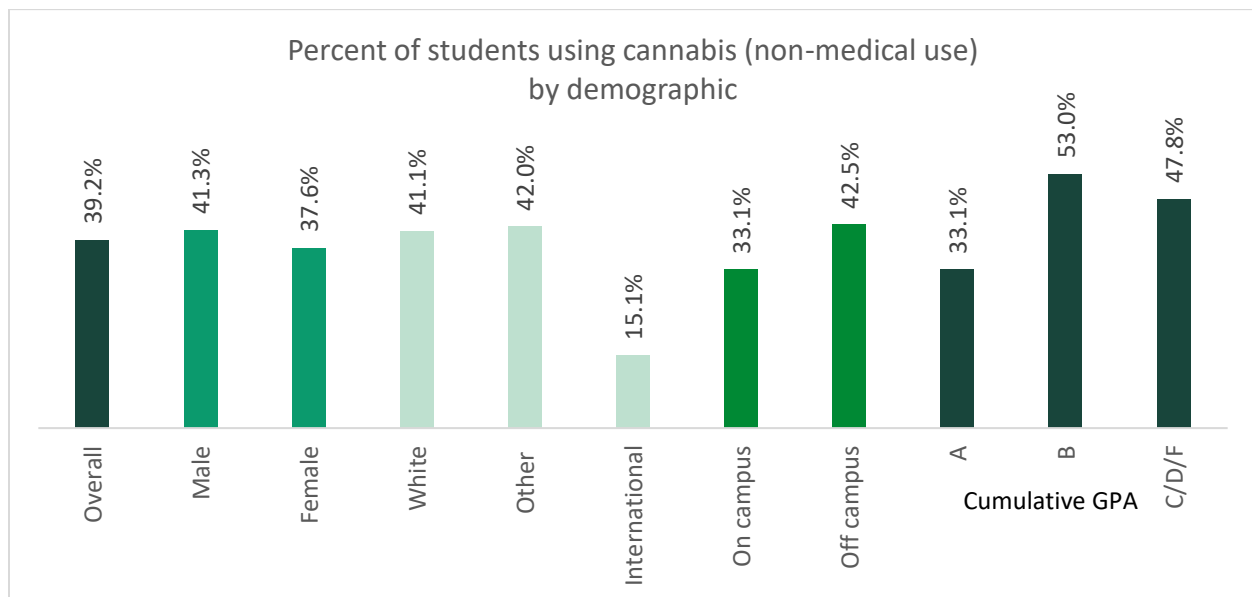
- Percent using tobacco in last three months (students by demographic)



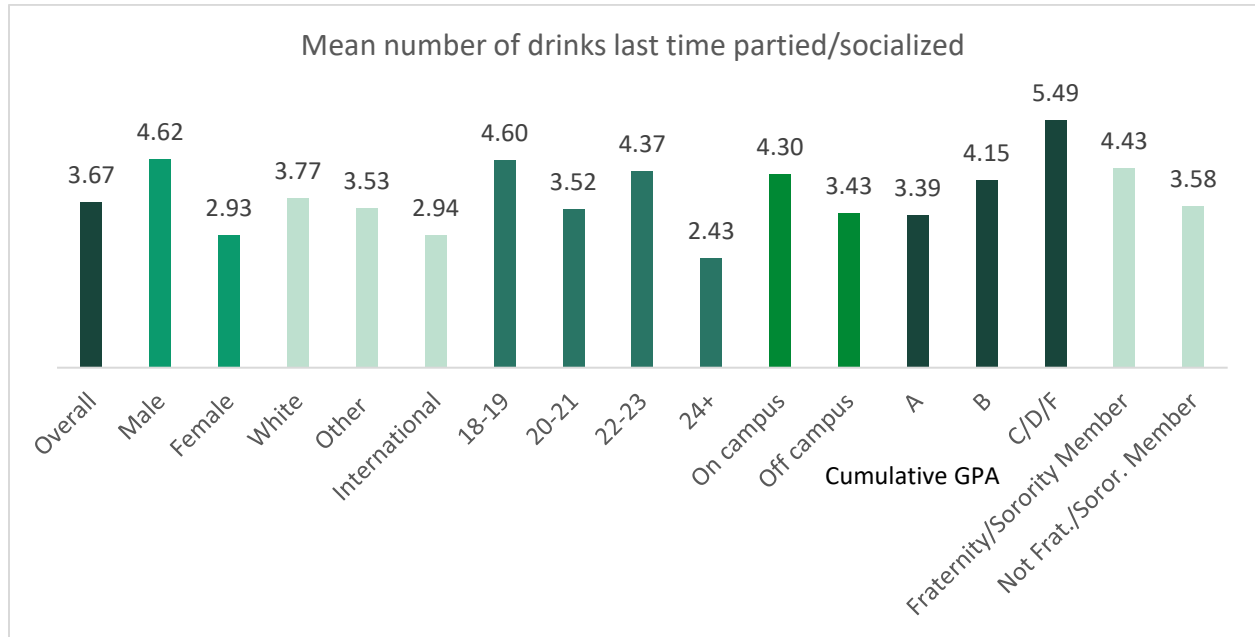
- Percent using alcohol in last three months (students by demographic)



- Percent using cannabis (non-medical use) in last three months (students by demographic)

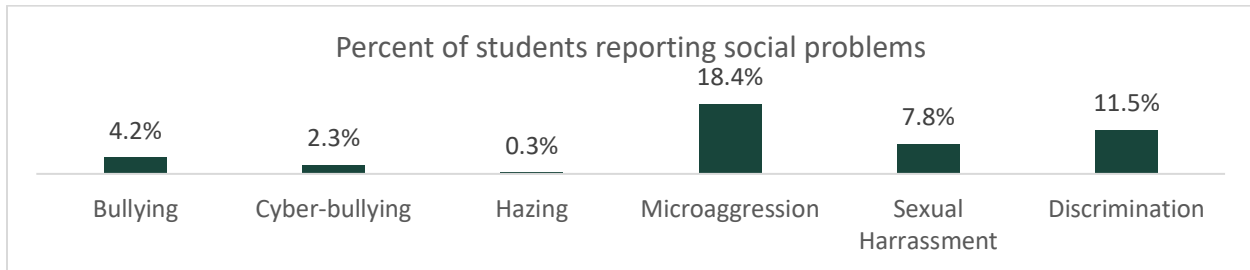


- Drinking behavior (students by demographic)



NCHA III - 2024

- Bullying, discrimination, and harassment (students)



- Female students reported sexual harassment more than male students. (10.6% female, 7.9% male)
- Non-white students report experiencing microaggression more often than white students. (Microaggression: 34.1% Other Domestic, 17.6% International, 12.8% White Domestic)
- Graduate students reported experiencing microaggression more often than undergraduate students. (27.7% Grad/Prof, 15.9% Undergrad)
- Non-white students report experiencing discrimination more than other groups. (16.1% Other Domestic, 9.5% International, 10.1% White Domestic)
- Students with higher cumulative GPAs reported more sexual harassment than those with lower GPAs. (9.5% A, 2.8% B, 8.7% C/D/F)

Appendix D – 2024 MSU U Celebrate Survey

Methodology

In April 2024, MSU implemented the National Social Norms Center's (NSNC) U Celebrate Survey as it has annually since 2017, excluding 2020 and 2021 when the COVID-19 pandemic prevented survey distribution and limited its utility. The questionnaire contains alcohol-related questions that are meant to assess and monitor behaviors, attitudes, and beliefs around alcohol use among the MSU undergraduate student population. The data collection instrument includes questions designed to measure students' perceptions of their

peer's drinking on their campus (related to key descriptive and injunctive norms) and the students' own drinking, students use of protective behaviors, and student's engagement in harmful behaviors related to alcohol use. Students were also asked to report consumption of alcohol in the past 30 days as well as during key celebratory drinking events. Additional questions regarding perceptions of campus life and attitudes around related topics, as well as questions assessing messaging efforts in the community are also included. These data are used to inform, design, and assess an ongoing social norms campaign targeting high-risk alcohol consumption at MSU.

The data referenced in this plan is from the MSU U Celebrate survey results for Spring 2024. A stratified random sample of 4,500 MSU undergraduate students were invited to participate in the survey. The data was collected beginning March 28, 2024 and concluded May 1, 2024. During this time, five reminder emails were sent. The final dataset used for analysis was weighted using MSU institutional data to correct for over/underrepresentation by legal sex, IPEDS race/ethnicity, and class level, and contained responses from 786 students. The overall response rate was 17.5%. These data are included in this plan with express permission from the NSNC and may not be reproduced, used, or published elsewhere without the express written consent of the NSNC.

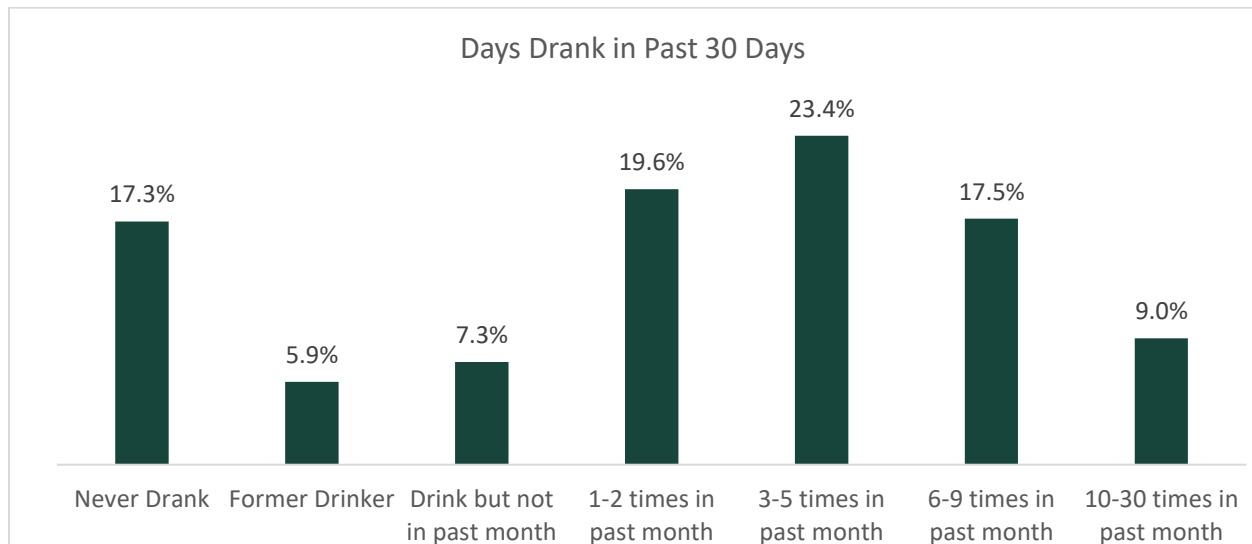
MSU UCelebrate Respondents (n=786) included the following demographic groups.

Demographic Characteristic	Demographic detail	Weighted % Response
Sex	Male	47.5%
	Female	51.4%
	Other	1.1%
Class	Freshman/Sophomore	45.4%
	Junior/Senior	54.6%
Age Group	Under 21	57.9%
	21+	42.2%
Race/Ethnicity	White, non-Hispanic	68.9%
	African American, non-Hispanic	5.5%
	Hispanic	3.3%
	Asian, Pacific Islander, non-Hispanic	7.9%
	Native American, non-Hispanic	0.0%
	Multi-racial	7.1%
	International	5.1%
Residence	On Campus	39.7%
	Off Campus	60.3%
Membership	Member Social Fraternity or Sorority	12.9%
Grade Point Average	GPA 0 = 1.49	0.8%
	GPA 1.5-2.49	2.7%
	GPA 2.5-3.49	26.5%
	GPA 3.5-4.0	70.1%
Drinker Status ¹⁰	Heavy Drinker	19.3%
	Moderate Drinker	39.1%
	Light Drinker	11.2%
	Rare Drinker	7.3%
	Non-Drinker	23.3%

¹⁰ Drinker status is an indicator based on how often a respondent drinks, how much they drink, and how often they drink substantially. "Heavy Drinker" = drank 6 or more days in the past month AND drank 5 or more drinks three or more times in the past two weeks OR drank 5 (males) or 4 (females) or more drinks the last time they partied. "Rare Drinker" = has drunk alcohol before but not at all in the past month. "Light Drinker" = drinks 1-5 days per month, and typically less than 3 drinks, and did not drink 5 or more drinks in the past two weeks. "Moderate Drinker" = Drinks more often or greater quantity than Light Drinker or drank 5 or more drinks 1 or 2 times in the past two weeks.

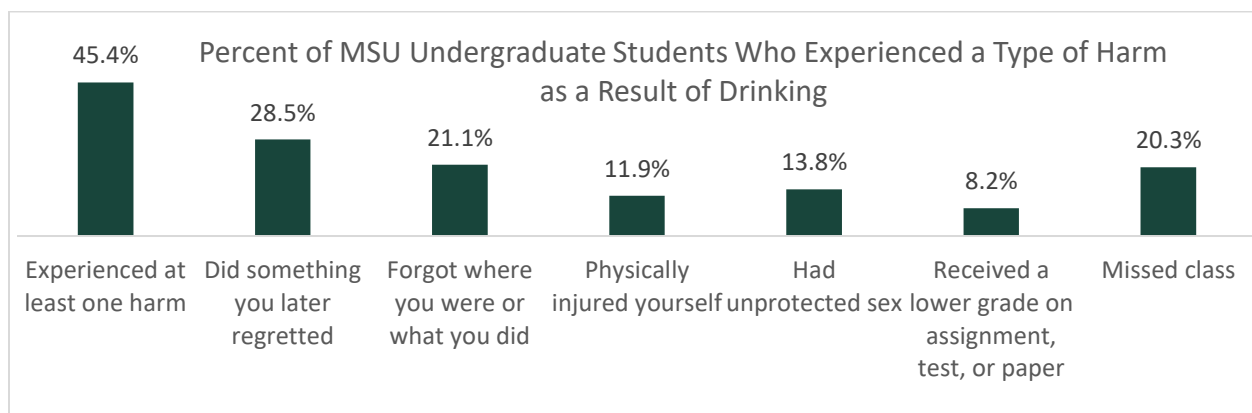
2024 MSU UCelebrate Survey (n=786)

- Alcohol use over past month (students)



- More male students than female students reported they “never drank.” (19.3% male, 15.1% female)¹¹
- Fraternity/Sorority members reported they “never drank” much less than students without Greek affiliation. (9.9% Greek, 18.4% Non-Greek)¹¹

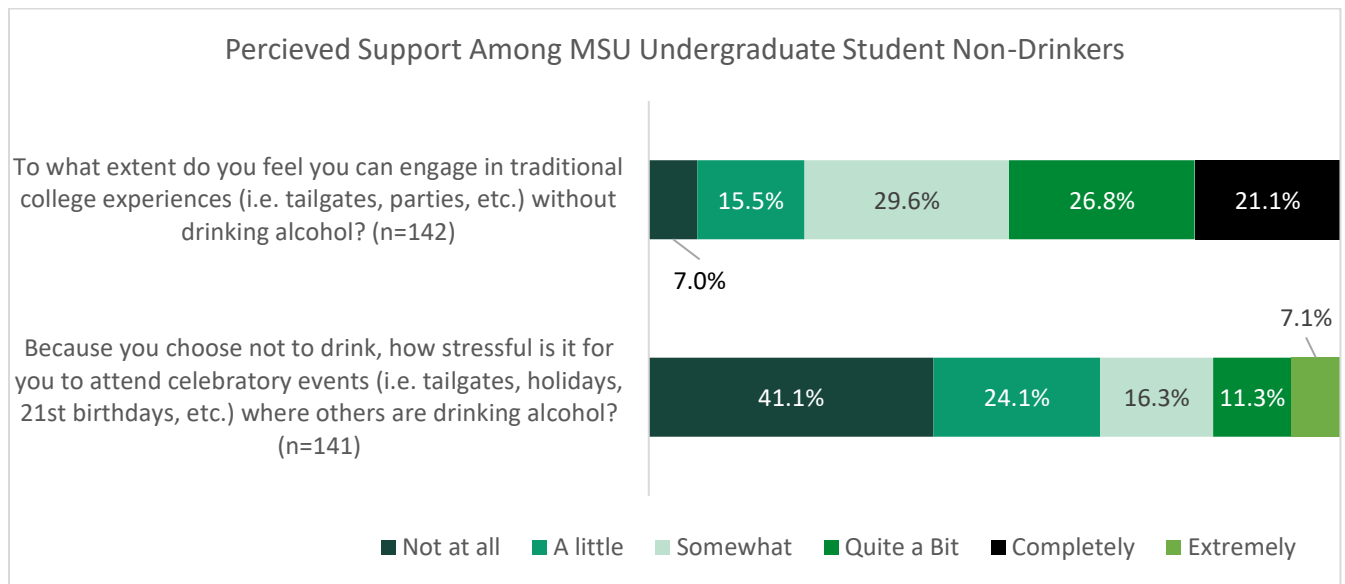
- Harmful outcomes resulting from alcohol use (students)



- Among MSU undergraduate students who chose to drink, males were more likely than females to report getting involved in a fight (8.7% to 2.0%) or getting into legal trouble (2.6% to 0%) as a result of drinking alcohol.¹¹

¹¹ Data significance of $p(\text{Chi-square}) < .05$

- Among undergraduate students who chose to drink, students under the age of 21 were more likely to report experiencing at least one harm than students over 21. (63.2% under 21, 56.6% 21+)
- Among undergraduate students who chose to drink, students in the Greek system were more likely to report at least one harm. (69.3% Greek, 58.4% non-Greek)
- Non-drinkers and perceived support for not drinking (students)



Overall, 17.3% of students reported they never drank and 5.9% reported they no longer drink/quit drinking. According to the data, 77.5% of MSU undergraduate non-drinkers indicated that they felt that they could either somewhat, quite a bit, or completely engage in traditional college experiences without drinking alcohol.

Most requested supports for students who choose not to drink alcohol included:

- Incentives (free soda, juice, coffee, etc.) for students who do not drink (43.3%)
- Change campus culture regarding drinking (31%)
- More education/awareness on risks and consequences of drinking (31%)
- Provide more university sponsored alcohol-free spaces (28.9%)
- Enforce current laws and university policies regarding alcohol (24.1%)

2024 MSU UCelebrate Survey (n=786)

- Sense of belonging at University (students)

