EVALUATION REPORT FOR UNIVERSITY OF WATERLOO WELLNESS COLLABORATIVE

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Prepared for •
WC Advisory Committee

Prepared by •
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A Note on the Evaluation

It has been an honor to be involved with the Wellness Collaborative and contribute to the development of health promotion and the culture of wellbeing at the University of Waterloo. Implementation of the Okanagan Charter and Health Promoting Universities start us all on a transformation that encourages us to take care of ourselves, each other and our planet.

Since inception of the Wellness Collaborative in June 2019, an extensive multiservice collaborative network has been developed. While collaboration remains centralized, the findings of this evaluation support specific redistribution to improve efficiency and effectiveness. Those individuals that are overly burdened can be supported in redirecting wellness work. Individuals that are well positioned in the network can be leveraged to facilitate new connections. The expertise and experience of all members can be utilized. Evidence based recommendations are made to increase student involvement and decrease hierarchy and competition.

I hope these findings and recommendations help you to continue the amazing work you are doing.

Sincerely,

Susan Hegge, BA, MD, MHE

Table of Contents

Background

Health Promoting Universities (HPU)

The importance of health and wellbeing was established by the World Health Organization (WHO) 1978 Declaration of Alma Ata which states "health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right." This shifted healthcare from a narrow problem based or disease-specific vertical approach to a more holistic and prevention based horizontal approach. The 1986 Ottawa Charter for Health Promotion ascertained the relevance of settings in supporting health promotion. It states, "Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love." Universities are ideal settings for health promotion. This concept, first embraced by Lancaster University and the University of Central Lancashire in England, has gained worldwide adoption. An initial framework for implementation came out of the First International Conference on Health Promoting Universities with WHO support (Tsouros et al, 1998). The framework evolved during the seventh International Conference on Health Promoting Universities and Colleges, hosted by University of British Columbia in June 2015, with the Okanagan Charter. The charter has two calls to action: "to embed health into all aspects of campus culture" and "to lead health promotion action and collaboration locally and globally."

Evidence of best practices for the implementation of the Okanagan Charter remain limited. Key requirements focus on effective leadership and inclusion of all members of the university community as both architects and recipients of health promotion efforts. Characteristics of effective senior leadership include an authentic understanding of the necessity of promoting wellbeing, alignment with the core business model and acceptance of a non-hierarchical control of health promoting initiatives (Dooris, et al., 2016; Dooris, Farrier & Powell, 2018). This has been described as a "top-down approach aligned with bottom-up engagement" (Dooris, Farrier, Powell & Holt, 2019; Newton, Dooris & Wills, 2016). Widespread involvement in the form of multiservice collaboration and interconnected interventions has been stressed in building a positive, supportive organizational culture (Suárez Reyes, Serrano & Van den Broucke, 2018; Suarez-Reyes & Van den Brouke, 2016; Dooris, Wills, & Newton, 2014). Supporting collaboration is facilitated through provision of tools, knowledge, and coaching.

University of Waterloo Wellness Collaborative

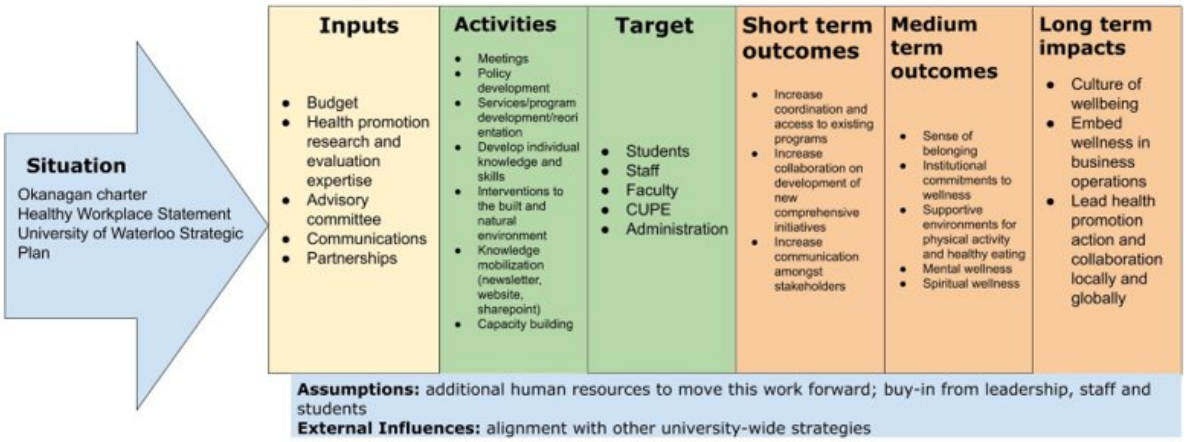
At University of Waterloo, the Okanagan Charter was implemented through creation of a collaborative network, the Wellness Collaborative, in June 2019. There are three levels of engagement or spheres (Figure 1) within the Wellness Collaborative. The Wellness Collaborative as a whole, consisting of all University of Waterloo community members, are kept informed about wellness initiatives. The Advisory Committee influences the work of the Wellness Collaborative by identifying wellness priorities specific to Waterloo and leading coordination, communication, and collaboration. The Community of Practice (CoP) involves interested students and employees across disciplines, departments, affiliated colleges, and campuses to collaborate on strengthening wellbeing and supporting Waterloo's commitments to the Okanagan Charter. The CoP meets approximately 4 times per year. Each meeting focuses on a different aspect of holistic wellness in the context of post-secondary education, such as health equity, social determinants of health, spiritual wellness, mental health, and sense of belonging. The format of these sessions aims to support networking, professional development and capacity building, consultation, and collaboration. Since the inception of the Wellness Collaborative in June 2019, the membership has grown from 27 to 115 members. On average, 50 individuals attend each session, as membership is intended to be fluid and members are encouraged to participate in sessions that have greatest relevance. Looking to the future, the next stage of development for the CoP is to shift focus on improving the effectiveness of the network.

FIGURE 1: SPHERES OF INVOLVEMENT

The aim of the Wellness Collaborative is to create a culture of wellbeing throughout the university community. This complex and multifaceted goal will evolve over an extended period of time. Currently, the university measures the wellbeing of its students every three years through the National College Health Assessment. There are no comparable measures for staff and faculty. While this information is helpful to assess population health outcomes and monitor progress over the long term, it does not provide insight on the specific impacts in terms of short-term progress, process and/or impact.

To inform an evaluation of the Wellness Collaborative that would provide meaningful insight, a logic model was developed (Figure 2). The logic model identifies the intended short-term and intermediate goals of the Wellness Collaborative. Short-term outcomes include increased coordination and access to existing programs, increased collaboration on development of new comprehensive initiatives, and increased communication among stakeholders. The aim of this present study is to assess collaboration. Collaborative networks are not ideally suited to conventional means of measuring short and intermediate success through quantifiable, objective performance measures. Thus, an alternative means of evaluation was developed.

FIGURE 2: WELLNESS COLLABORATIVE LOGIC MODEL



Implementation of The Okanagan Charter with Collaborative Networks and Communities of Practice

A community of practice (CoP) is a collaborative network that focuses on learning through connection of diverse experience and skills (Braithwaite, 2009). CoPs are characterized by common values and goals; participatory problem solving and decision making; and reciprocal trust (Herranz, 2010). Collaborative networks are non-hierarchical organizational structures, and thus, uphold key requirements for HPU implementation. They are well suited to systems change and to integrating fragmented systems (Herranz, 2010). In implementing the Okanagan Charter, the University of Waterloo Wellness Collaborative leads a university-wide cultural shift within a traditionally hierarchical organization. In this complex context, a collaborative network has the advantage of promoting innovative solutions and encouraging collaborative leadership. Other benefits include adaptability, increased member enthusiasm and decreased time and cost. To achieve these outcomes, communications are particularly important, clarifying responsibilities and the decision-making process; and creating awareness of the expertise of various network members (Hamilton, n.d.).

Other evidence supporting use of collaborative networks for implementation of the Okanagan Charter comes from social capital theory which emphasizes the importance of building relationships. Achievement of common goals results from the connections between individuals that build trust and reciprocity (Walumbwa & Christensen, 2013; Wenger & Snyder, 2000). In this way, social capital may be more important than human, physical or financial capital. Social capital is beneficial on both an organizational level and an individual level. For the organization, network connections combine and coordinate resources and expertise leading to enhanced outcomes. For example, a study in the public school system showed increased social capital, mediated by teaching quality, correlated with student achievement in mathematics and reading (Leana & Pil, 2006). For the individual, network relationships provide support, opportunities and job satisfaction; and have been linked to improved individual performance (Cross et al., 2006). In promoting health and implementing the Okanagan charter, connection through a CoP can more effectively achieve whole system initiatives with fewer resources in less time, improving wellbeing for the university community as well as CoP members themselves. However, collaboration in a CoP may be hindered by competition for resources or hierarchical power.

Measuring Performance in Collaborative Networks

System performance is conventionally measured using performance indicators. However, performance indicators encourage focus on achieving specific quantifiable outcomes and can lead to hierarchical management and competition, impeding collaboration (Koppenjan, 2008). Striving to optimize performance numbers may discourage innovation due to fear of failure and its implications. In collaborative networks, performance indicators are useful as a guide to learning but should be used with caution in evaluation.

Collaborative networks can be assessed by measuring related characteristics- trust, reciprocity, collaborative decision making, innovation, competition, time savings and member enthusiasm. These measures indicate whether collaboration is or is not occurring. However, they do not indicate how the network can be developed to improve these factors. Network analysis of communities of practice allow targeted network development through mapping and analysis of connections (Cross et al., 2006; Cunningham et al., 2012; Herranz, 2010; Ranmuthugala 2011). Development can target network distribution and diversity of participation. Facilitation can be aimed at redistribution of connections to create efficient and effective performance and knowledge dissemination.

Guiding Evaluation Questions

In consultation with the Advisory Committee, priorities for evaluation of the Wellness Collaborative were identified. The present study seeks to assess the following evaluation questions:

1. Where has inter-departmental collaboration been supported?
2. Where can further support be directed?

Additionally, information is obtained surrounding how the Wellness Collaborative has been leveraged to address COVID-related impacts. The evaluation questions are:

1. What lessons about promoting wellbeing can be learned from the impact of COVID?
2. Was innovation and adaptability, characteristics of collaborative networks, seen in the response of the Wellness Collaborative to COVID?

The results of this study provide insight on how collaboration has been facilitated thus far and possible areas for future development. Information pertinent to the question, "What barriers to promoting wellbeing have been experienced?" was also collected and will be examined in a future report.

Methods

A mixed methods approach was used. Collaboration was assessed using a network development lens (distribution and diversity) and measures of characteristic strengths and risks (reciprocity, competition, innovation, member enthusiasm). Leveraging of the Wellness Collaborative during the impacts of COVID was assessed for evidence of innovation and adaptability.

Community of Practice Survey: Primary data was collected by an online survey developed specifically for this evaluation (see Appendix 1). Survey questions were based on literature discussed above and pertained to characteristics of collaborative networks and planned network analysis. The survey was launched at the CoP meeting in March 2021 and through email distribution to the CoP membership. One of the survey questions asked respondents to identify up to five individuals within the University of Waterloo community they reach out to for information, expertise or for support in promoting wellbeing or addressing issues related to wellbeing. Using a snowball sampling technique, individuals who were identified in this question were also invited to complete the survey. Data collection continued for one month. The survey was administered and analyzed using the Qualtrics online platform (Qualtrics, n.d.).

For this purpose of network analysis, identifying data was required. Informed consent was obtained. Pseudonyms were then assigned to each respondent and each individual named in the survey using a random string generator (https://www.random.org/strings/). Survey responses were removed if individual names were not identifiable, or did not represent a single individual (e.g., department, etc.). Individuals named in the survey were contacted for passive consent for inclusion in the network analysis. Any data containing personal identifiers was stored on a secure password protected electronic file on the University of Waterloo server and could only be accessed by the evaluation team. Institutional analysis and planning office approval was not required but guidance was sought.

Network analysis: (Cross et al., 2006; Cunningham et al., 2012; Herranz, 2010; Ranmuthugala 2011) Network analysis focused on connections between individuals in the network based on reaching out for information or expertise on promoting wellbeing. Data was exported and analyzed using Gephi network visualization software (Gephi, n.d.). Network visualization was performed to assess member diversity, multiservice collaboration, network distribution, subgroups and reciprocity.

Results

Network Visualization

A total of 197 individuals were eligible to complete the Community of Practice survey by means of their membership in the CoP or because they were named in the survey as someone who is reached out to by CoP members. The response rate was 54%. 107 respondents completed the survey and 106 were suitable for network analysis (one was excluded due to missing identification). The network visualization is presented in Figure 3. Each circle or node corresponds with an individual invited to complete the survey and involved in promoting wellbeing at the University of Waterloo. There were 350 connections mapped between these individuals.

Multiservice collaboration: Departments or faculties are designated on the network visualization by unique colors. Multiservice collaboration is evident by the wide range of faculties and departments involved. Survey respondents also reported connections to a large range of diverse university committees including those pertaining to equity, sustainability, anti-racism, indigenous issues, accessibility, mental health, workplace safety, sexual violence, spirituality, and nutrition (Appendix 2).

Network distribution: The degree of connection to each individual is represented by the size of the node in Figure 3. The larger the node, the more highly connected is the individual. Many individuals occupy a peripheral position with only one connection. Two small clusters were disconnected from the rest of the network. Some individuals have no connections.

FIGURE 3: WELLNESS COLLABORATIVE COMMUNITY OF PRACTICE NETWORK- CONNECTIONS FOR INFORMATION, COLLABORATION, OR SUPPORT

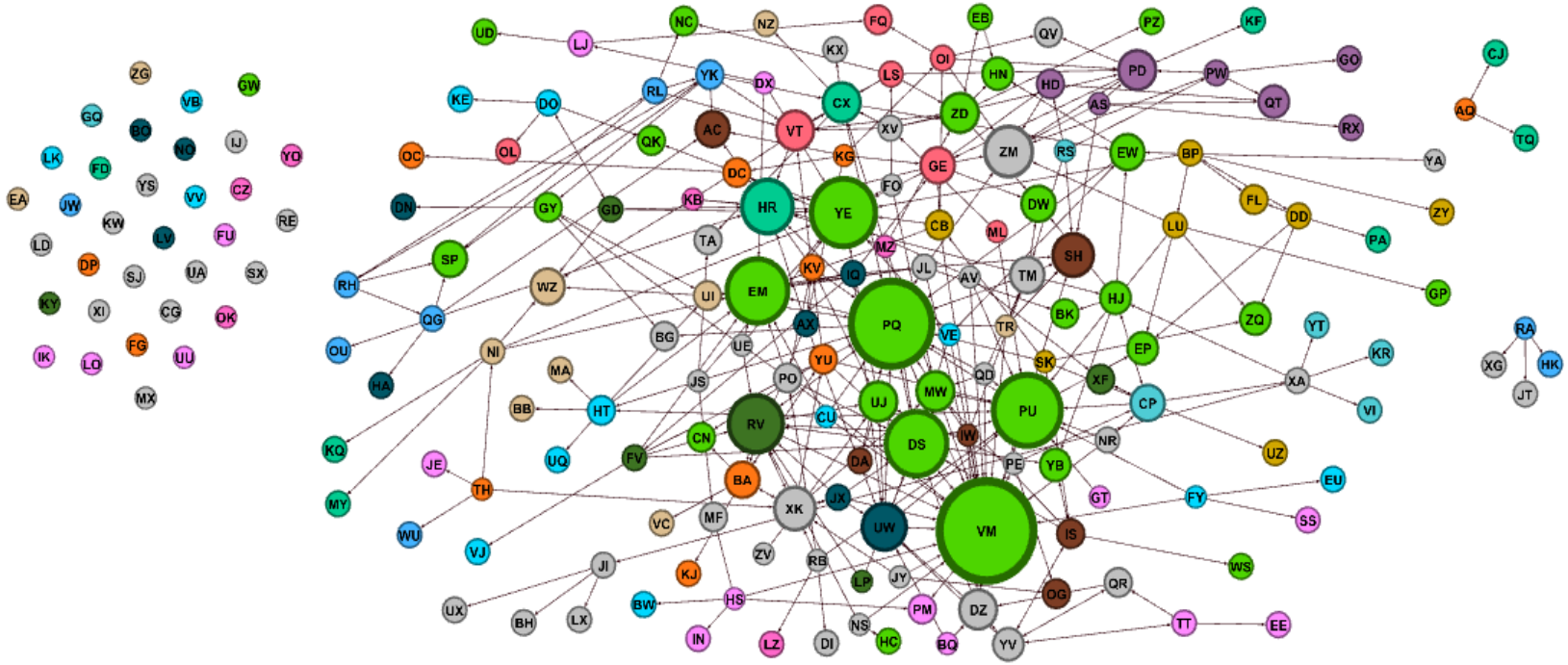
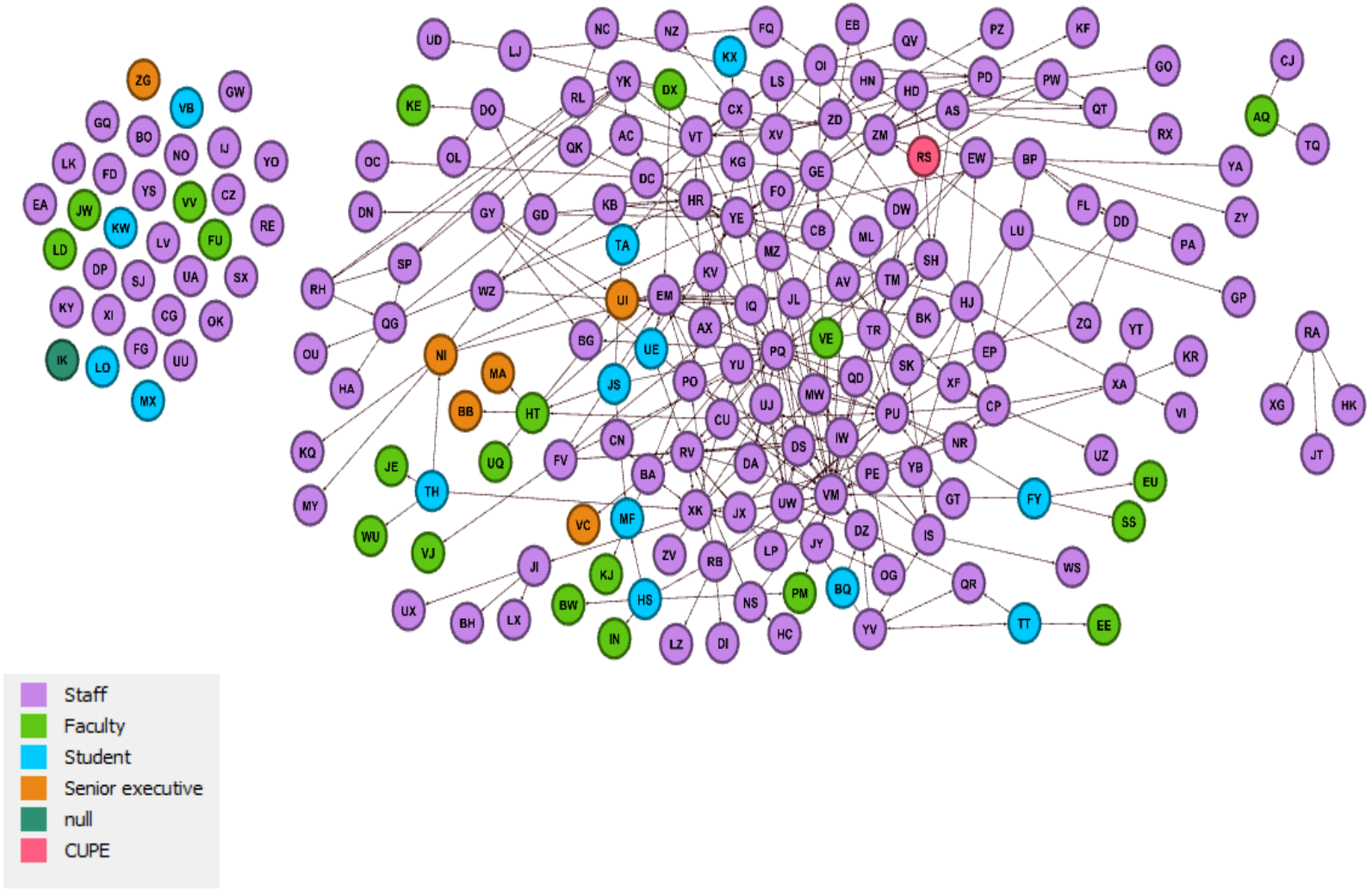


FIGURE 4: UNIVERSITY ROLE OF RESPONDENTS



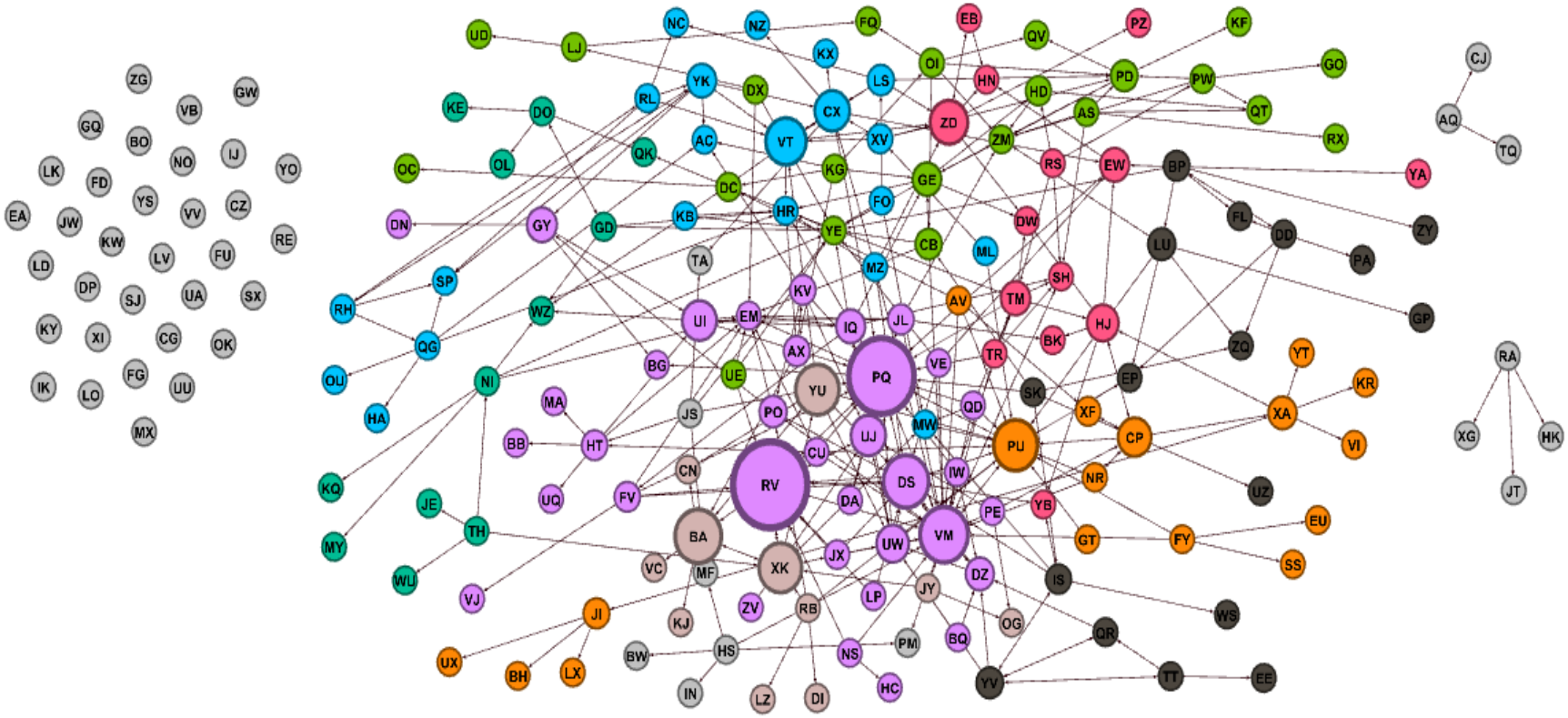
Inclusion of all members of the university community/ CoP member diversity: Figure 4 illustrates the diversity of the network by the role that everyone in the network fills at University of Waterloo. The most prevalent role was staff 82%, followed by students 8%, faculty 7%, senior executives (2%) and CUPE 1% (Figure 4). We see that most of the involvement in the CoP is by individuals in a staff role at the university. University data and statistics (2012) is used for comparison, with around 40,000 students, 1,350 Faculty and 2,596 Staff. Student voices are underrepresented in the CoP.

Highly connected individuals, the largest nodes, are reached out to for wellness information, expertise, or support by many others in the network and occupy a central role in the network. Half of the connections involved just twenty individuals. The top six most highly connected individuals work in Campus Wellness (colored green) and account for 26% of all connections. Other departments represented by the remaining 14 highly connected individuals include Athletics and Recreation, Human Rights Equity and Inclusion, Occupational Health, Student Success Office, Faculty of Mathematics, Organizational and Human Development, Human Resources, Centre for Extended Learning, Accessibility Services and Faculty of Engineering. Connections by department (Table 1), reveals 43% of connections in Campus Wellness, followed by 4-6% of connections in each of HREI, AccessAbility Services, Organizational and Human Development, Athletics and Recreation. The network is highly centralized within Campus Wellness.

TABLE 1: DEPARTMENTAL CONNECTIVITY

Department	Connectivity
Campus Wellness	42.57%
HREI	5.71%
AccessAbility Services	4.29%
Organizational & Human Development	4.29%
Athletics and Recreation	4.00%
Human Resources	3.71%
Occupational Health	3.43%
Student Success Office	3.43%
Faculty of Engineering	3.14%
Leadership and Governance	3.14%
Co-operative Education	2.57%
Faculty of Arts	2.29%
Faculty of Health	2.29%
Faculty of Science	2.29%
Plant Operations	2.00%
Faculty of Mathematics	1.71%
CEL	1.43%
Centre for Teaching Excellence	1.43%
GSA	1.14%
Safety Office	1.14%
UW Chaplains	0.86%
Campus Housing	0.57%
GSPA	0.57%
Registrar's Office	0.57%
Sustainability Office	0.57%
Affiliated Colleges/ Satellite Campus	0.29%
University Communications	0.29%
WUSA	0.29%
Faculty of Environment	0.00%
Library	0.00%
Office of Research	0.00%

FIGURE 5: NETWORK SUBGROUPS



Network subgroups: Figure 5 illustrates subgroups, which are clusters of individuals who are more likely to collaborate amongst themselves than with other members of the network. Each subgroup is represented by a unique color. Node size in Figure 5 represents betweenness centrality or bridging, the frequency with which an individual occupies a position in the shortest path between any other two network members. For example, if Chioma knows Yan and Yan knows Alyce, then Yan is considered a bridging member between Chioma and Yan. Bridging members play an integral role in the network, for their ability to connect individual members and subgroups. Among the fifteen individuals with highest betweenness centrality (Table 2), four are members of the advisory committee, nine are CoP members and two are not members of either. Six of these bridging members work in Campus Wellness. Five bridging members are also highly connected: four of these five works in Campus Wellness

TABLE 2: NETWORK BRIDGING MEMBERS

Pseudonym	Department	Pseudonym	Department
RV	Athletics and Recreation	CX	HREI
PQ	Campus Wellness	UJ	Campus Wellness
VM	Campus Wellness	UI	Leadership and Governance
BA	Faculty of Engineering	CP	Plant Operations
DS	Campus Wellness	UW	Student Success Office
PU	Campus Wellness	HJ	Campus Wellness
YU	Faculty of Engineering	GY	Campus Wellness
XK	Faculty of Mathematics	TM	Occupational Health
VT	AccessAbility Services	IQ	Student Success Office
ZD	Campus Wellness	EW	Campus Wellness

Reciprocity: Reciprocity is measured by the portion of connections that are bi-directional. This means that individual A names individual B as a resource person, and individual B names individual A. High reciprocity is an indicator of mutual trust and balance of power among members, as opposed to hierarchical power where one individual is the 'expert.' Of all the connections identified in the survey, 10.9% (number of bi-directional connections divided by total connections) were bi-directional.

Evidence of Characteristics and Risks of Collaborative Networks

Competition: 57% of respondents perceived other departments to have greater resources than their department.

Member enthusiasm: 22% of respondents said the CoP increased their enthusiasm for promoting wellbeing.

Innovation/ adaptability: The CoP was leveraged to address the situational crisis resulting from the impact of COVID. Respondents were asked “How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing?” 34% said ‘none,’ 14% said ‘once’ and 52% said ‘a few times’ or ‘often.’

Time/ cost savings: 1% of survey respondents said involvement in the CoP decreased the time required to solve wellbeing issues.

Improved performance: Members of the CoP were asked how involvement impacted their work promoting wellbeing. About a quarter of respondents noted increased awareness of others to collaborate with and expanded knowledge regarding wellbeing. Only 12% said it improved their ability to solve wellbeing issues.

Other Findings from the Community of Practice Survey

a. 85% of respondents reached out to at least one other member of the network to collaborate on issues related to wellbeing. Among those who did not reach out to others, the most common reason was lack of need for information or support (10%) and not knowing who to contact (3%).
b. The most common topic of collaboration was mental wellness (34%) followed by sense of belonging (21%) and 'other' (16%). Among the 'other' topics specified by respondents, sexual violence, accessibility, academic support related to wellness and pandemic related wellness issues were mentioned most frequently.
c. In response to the question, "How often in the past year have you gone to this person for wellness related information, advice or expertise?" 84% of respondents answered, 'a few times' or 'often.' In response to the question, "How often in the past year have you gone to this person to partner on a wellness-related initiative, program, service or evaluation? 71% of respondents answered, 'a few times' or 'often.' In response to the question, "In the future in regard to promoting wellbeing or solving a wellness related problem, how often are you likely to reach out to this person?" 90% of respondents answered, 'a few times' or 'often' and 6% answered 'none.'
d. The majority of respondents perceived resources for promoting wellbeing 'extremely adequate' in regard to access to information, support from colleagues and support from leadership, and 'adequate' for availability of time. The perception of financial resources though was mixed with 38% finding them 'adequate' or 'extremely adequate'; 31% 'inadequate' or 'extremely inadequate'; and 31% 'neither adequate nor inadequate.'

Summary of Findings and Recommendations

Evaluation of the University of Waterloo Wellness Collaborative demonstrated a pan-university network with extensive multiservice collaboration consistent with one of the key requirements of health promoting universities. The network, however, remains fairly centralized with members in Campus Wellness being the predominant collaborators. This is consistent with evidence of persistent hierarchy with members reaching out to the centralized 'experts' and few connections being reciprocated. Members are not yet seeing the benefit in terms of improving their ability to solve issues related to wellbeing; this is likely due to the centralized distribution. Some CoP members though, are seeing an improvement in enthusiasm for promoting wellbeing which is likely to increase in the future, translating to reduced member burnout and retention.

Given this network is new and exists within a large hierarchical organization these findings are not surprising. Re-distribution of the network connections can help support further collaboration in its efficiency and effectiveness. By decentralizing the network from one where Campus Wellness and the Health Promotion team is heavily relied upon, this will free up those members to develop new knowledge, further enhancing the skills and expertise in the overall network. This will also minimize the threat to the network if those people leave or burnout. Decentralization will encourage other departments to play a greater role and free up Campus Wellness to facilitate intra-university collaboration, advocate for resources, keep informed of evidence and connect with other health promoting universities. This can be done by supporting these individuals in redirecting some requests for help to others whose expertise is not being well leveraged.

A collaborative network is based on connection of diverse experience and skills. Since bridging members already occupy a strategic position in the network, these individuals are suited to point others to where expertise can be found. Awareness of these areas of expertise may not be practical for all members of the network. However, developing a knowledge of members' expertise amongst highly connected members and bridging members can facilitate collaboration throughout the network. For the bridging members that are not already highly connected, their areas of expertise in addressing wellbeing may also be promoted amongst the network. Effective facilitation of network collaboration may require this role to be part of the job description of bridging members with time dedicated to increase their knowledge of members' expertise. The top ten or fifteen bridging members, identified previously, can work together to develop an inventory of expertise within the network. They can also reach out to those in peripheral positions and increasing their connection in the network, improving information flow and problem-solving efficiency.

Other network development should address diversity. We have seen potential to increase diversity by role with involvement of more students. A collaborative network is based on connection of diverse experience. The goal of the Wellness Collaborative is to build a culture of wellbeing. None of us can know everything there is to know about the community we live or work in. To get a complete picture of the university culture, we need to include input from all members of the university community. This is supported in the key requirements for health promoting universities- inclusion of all members of the university community. Other evidence for inclusion comes from health services literature which shows inclusion of service users in program development improves quality of services and outcomes, and empowers and engages patients (Tait & Lester, 2005). Other areas to consider for future assessment of diversity include specific skills or areas of expertise of members, or network involvement by those with lower measures of wellbeing based on National College Health Assessment data. Measures of wellbeing including but not limited to race based, gender and sexual orientation based, persons with disabilities and international students are also needed to ensure those needs are identified and represented in the network.

Success of the Wellness Collaborative is jeopardized by persistent hierarchy and perceived competition. These issues are recognized but addressing them are beyond the scope of this evaluation. These are areas for development as part of the health promoting university requirement of effective leadership.

Limitations and Future Evaluation

The Wellness Collaborative Community of Practice is a large network. To prevent a cumbersome number of connections for network analysis, we limited the number of individuals identified for collaboration to five per survey respondent. Thus, the true extent of network connections may be underestimated. Disconnected or few connections may be a limitation due to survey non-response. Recommendations for targeted development of the network have been made. Areas for discussion by the Advisory Committee and leadership include:

- How can the diversity of membership be developed? How do we get more student involvement?
- How can we compete less and share resources more? What does that look like?
- How can the expertise or skills of individual members be made known and utilized?

Future evaluations may include:

- Environmental scan of network members skills and experiences related to wellbeing
- Inventory of university members that have health promotion or wellness in their job descriptions
- Wellbeing data based on race, gender, sexual orientation, disabilities, and international status
- Repeat network mapping to evaluate continued development of network distribution and diversity

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APPENDIX 1

Community of Practice survey

Q1 This survey is being conducted by the health promotion team at University of Waterloo to support the work of the Wellness Collaborative. The purpose of this survey is to identify individuals at UWaterloo that support wellbeing in its broadest sense in our university community. Specifically, it is valuable to know how these individuals connect and share expertise. This will provide us with information needed to strengthen the role of the Community of Practice and Wellness Collaborative in supporting members of our university community.

This survey is not anonymous. In order for these data to be effective, it requires respondents to identify individual names and relationships. This survey is voluntary and you can stop the survey at any point. This survey has been reviewed by the Institutional Analysis and Planning department. If you have any questions about this survey, please contact Susan Hegge, Masters of Health Evaluation Student at **shegge@uwaterloo.ca**.

If you think of additional names and information about connections, you are able to return and edit this information at the end of the survey. You may also return to the survey at a later date if you are unable to complete it all at once.

Thank you for your help in building a complete picture of UWaterloo's network of wellbeing.

Q2 Please tell us your name.

Q3 What best describes your role in the University of Waterloo community? Check all that apply.

- ☐ Faculty (1)
- ☐ Staff (2)
- ☐ CUPE (3)
- ☐ Senior executive (4)
- ☐ Graduate student (5)
- ☐ Undergraduate student (6)

Q4 In which faculty/ department / unit of the university do you work?

Q5 Have you reached out for information, expertise or support from others within the University of Waterloo community in promoting wellbeing or addressing issues related to wellbeing?

- ○ Yes (21)
- ○ No (22)

Q36 You have answered above that you have not reached out for out for information, expertise or support from others. Please select all the reasons that apply.

- ☐ Don't know who to contact (1)
- ☐ Don't have time to reach out (2)
- ☐ Have reached out previously and did not get the necessary information or help required (3)
- ☐ Don't need information, expertise or support (5)

Q15 If applicable, please identify individuals (up to 5) within the University of Waterloo community who you reach out to for information, expertise or for support in promoting wellbeing or addressing issues related to wellbeing.

Note: these individuals can be faculty, staff, CUPE, administration, and/or students.

- ○ Name Individual #1 (1) _____
- ○ Name Individual #2 (2) _____
- ○ Name Individual #3 (3) _____
- ○ Name Individual #4 (4) _____
- ○ Name Individual #5 (5) _____

Q16 In connecting with ${Q15/ChoiceTextEntryValue/1} regarding wellbeing

	Often (3)	A few times (2)	Once (1)	Never (0)
How often in the past year have you gone to this person for **wellness related information, advice or expertise**? (Q16_1)	○	○	○	○
How often in the past year you have gone to this person to **partner on a wellness-related initiative, program, service or evaluation**? (Q16_2)	○	○	○	○
Moving forward, how often are you	○	○	○	○

likely to reach out to this person regarding wellness? (Q16_3) How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing? (Q16_4)	○	○	○	○

Q41 What wellness-related topics were you looking for? Please check all that apply:

- ▢ Mental wellness (20)
- ▢ Spiritual wellness (21)
- ▢ Sense of belonging (22)
- ▢ Active living (23)
- ▢ Healthy eating (24)
- ▢ Okanagan Charter (25)
- ▢ Other. Please specify (26) _____

Q17 Which best describes your connection with ${Q15/ChoiceTextEntryValue/1} ?

- ○ We worked together on wellbeing prior to involvement with the Community of Practice/ Advisory Committee (1)
- ○ We worked together previously but more now as a result of our involvement with the Community of Practice/ Advisory Committee (2)
- ○ We have connected and collaborated solely as a result of our involvement with the Community of Practice/ Advisory Committee (3)
- ○ N/A (I am not a member of Community of Practice or Advisory Committee) (4)

Q19 In connecting with ${Q15/ChoiceTextEntryValue/2} regarding wellbeing

	Often (3)	A few times (2)	Once (1)	None at all (0)
How often in the past year have you gone to this person for **wellness related information,**	○	○	○	○

advice or expertise? (1)				
How often in the past year you have gone to this person to **partner on a wellness-related initiative, program, service or evaluation**? (2)	○	○	○	○
In the future in regards to promoting wellbeing or solving a wellness related problem, how often are you likely to reach out to this person? (3)	○	○	○	○
How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing? (4)	○	○	○	○

Q44 What wellness-related topics were you looking for? Please check all that apply:

- ▢ Mental wellness (20)
- ▢ Spiritual wellness (21)
- ▢ Sense of belonging (22)
- ▢ Active living (23)
- ▢ Healthy eating (24)
- ▢ Okanagan Charter (25)
- ▢ Other. Please specify (26) _____

Q20 Which best describes your connection with ${Q15/ChoiceTextEntryValue/2} ?

- ○ We worked together on wellbeing prior to involvement with the Community of Practice/ Advisory Committee (1)
- ○ We worked together previously but more now as a result of our involvement with the Community of Practice/Advisory Committee (2)
- ○ We have connected and collaborated solely as a result of our involvement with the Community of Practice/ Advisory Committee (3)

- N/A (I am not a member of Community of Practice or Advisory Committee) (4)

Q21 In connecting with ${Q15/ChoiceTextEntryValue/3} regarding wellbeing

	Often (3)	A few times (2)	Once (1)	None at all (0)
How often in the past year have you gone to this person for **wellness related information, advice or expertise**? (1)	○	○	○	○
How often in the past year you have gone to this person to **partner on a wellness-related initiative, program, service or evaluation**? (2)	○	○	○	○
In the future in regards to promoting wellbeing or solving a wellness related problem, how often are you likely to reach out to this person? (3)	○	○	○	○
How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing? (4)	○	○	○	○

Q43 What wellness-related topics were you looking for? Please check all that apply:

- ☐ Mental wellness (20)
- ☐ Spiritual wellness (21)
- ☐ Sense of belonging (22)
- ☐ Active living (23)
- ☐ Healthy eating (24)
- ☐ Okanagan Charter (25)
- ☐ Other. Please specify (26) _____

Q22 Which best describes your connection with ${Q15/ChoiceTextEntryValue/3} ?

- ○ We worked together on wellbeing prior to involvement with the Community of Practice/ Advisory Committee (1)
- ○ We worked together previously but more now as a result of our involvement with the Community of Practice/ Advisory Committee (2)
- ○ We have connected and collaborated solely as a result of our involvement with the Community of Practice/ Advisory Committee (3)
- ○ N/A (I am not a member of Community of Practice or Advisory Committee) (4)

Q23 In connecting with ${Q15/ChoiceTextEntryValue/4} regarding wellbeing

	Often (3)	A few times (2)	Once (1)	None at all (0)
How often in the past year have you gone to this person for **wellness related information, advice or expertise**? (1)	○	○	○	○
How often in the past year you have gone to this person to **partner on a wellness-related initiative, program, service or evaluation**? (2)	○	○	○	○
In the future in regards to promoting wellbeing	○	○	○	○

or solving a wellness related problem, how often are you likely to reach out to this person? (3) How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing? (4)	○	○	○	○

Q42 What wellness-related topics were you looking for? Please check all that apply:

- ▢ Mental wellness (20)
- ▢ Spiritual wellness (21)
- ▢ Sense of belonging (22)
- ▢ Active living (23)
- ▢ Healthy eating (24)
- ▢ Okanagan Charter (25)
- ▢ Other. Please specify (26) _____

Q24 Which best describes your connection with ${Q15/ChoiceTextEntryValue/4} ?

- ○ We worked together on wellbeing prior to involvement with the Community of Practice/ Advisory Committee (1)
- ○ We worked together previously but more now as a result of our involvement with the Community of Practice/ Advisory Committee (2)
- ○ We have connected and collaborated solely as a result of our involvement with the Community of Practice/ Advisory Committee (3)
- ○ N/A (I am not a member of Community of Practice or Advisory Committee) (4)

Q25 In connecting with ${Q15/ChoiceTextEntryValue/5} regarding wellbeing

	Often (3)	A few times (2)	Once (1)	None at all (0)
How often in the past year have you gone to this person for **wellness related**	○	○	○	○

information, advice or expertise? (1)				
How often in the past year you have gone to this person to **partner on a wellness-related initiative, program, service or evaluation**? (2)	○	○	○	○
In the future in regards to promoting wellbeing or solving a wellness related problem, how often are you likely to reach out to this person? (3)	○	○	○	○
How often, if at all, have you reached out to this person regarding the impacts of COVID on promoting wellbeing? (4)	○	○	○	○

Q28 What wellness-related topics were you looking for? Please check all that apply:

- ▢ Mental wellness (20)
- ▢ Spiritual wellness (21)
- ▢ Sense of belonging (22)
- ▢ Active living (23)
- ▢ Healthy eating (24)
- ▢ Okanagan Charter (25)
- ▢ Other. Please specify (26) _____

Q26 Which best describes your connection with ${Q15/ChoiceTextEntryValue/5} ?

- ○ We worked together on wellbeing prior to involvement with the Community of Practice/ Advisory Committee (1)

- We worked together previously but more now as a result of our involvement with the Community of Practice/ Advisory Committee (2)
- We have connected and collaborated solely as a result of our involvement with the Community of Practice/ Advisory Committee (3)
- N/A (I am not a member of Community of Practice or Advisory Committee) (4)

Q5 We are interested in assessing the connection of the Community of Practice and Advisory Committee to other groups concerned with student or staff wellbeing. Are you involved with any of the following groups?
Please select all that apply.

- ☐ Provost's Advisory Committee on Equity (1)
- ☐ Racial Advocacy for Inclusion, Solidarity and Equity (RAISE) (2)
- ☐ President's Anti-Racism Taskforce (PART) (3)
- ☐ Chaplains' group (4)
- ☐ Indigenization Strategy Advisory Committee (5)
- ☐ Indigenous Advisory Circle (7)
- ☐ Sexual Violence Taskforce (8)
- ☐ Glow Centre for Sexual and Gender Diversity (9)
- ☐ W3+ (10)
- ☐ Accessibility Committee (11)
- ☐ Healthy Workplace Committee (13)
- ☐ Employee Assistance Program (EAP) Committee (14)
- ☐ University of Waterloo Sustainability Initiative (15)
- ☐ President's Advisory Committee on Environmental Sustainability (PACES) (16)
- ☐ Interdisciplinary Centre on Climate Change (IC3) (17)
- ☐ MATES (Mentor Assistance Through Education and Support) (18)
- ☐ Student Wellbeing Committe (19)
- ☐ Faculty/department wellbeing committee (21)
- ☐ Faculty/department equity committee (22)
- ☐ Committee on student mental health (Co-SMH) (23)

Q33 Are you connected to any other groups concerned with wellbeing that we should be aware of?

_____

Q7 Thinking about the work you do to support wellbeing at the University of Waterloo, how would you assess the following supports?

	Extremely adequate (1)	Somewhat adequate (2)	Neither adequate nor inadequate (3)	Somewhat inadequate (4)	Extremely inadequate (5)

Access to the necessary knowledge and information (1)	○	○	○	○	○
Support from leadership (2)	○	○	○	○	○
Support from colleagues (3)	○	○	○	○	○
Financial resources (4)	○	○	○	○	○
Availability of time (5)	○	○	○	○	○

Q8 Do you feel that wellbeing resources are greater in other faculty /department /units?

- ○ Definitely yes (1)
- ○ Probably yes (2)
- ○ Probably not (3)
- ○ Definitely not (4)

Q27 Please describe any other political, organizational, or situational barriers you have encountered when trying to support wellbeing work at University of Waterloo.

_____

_____

_____

_____

_____

Q39 Are you a member of the Community of Practice?

- Yes (1)
- No (2)
- I would like to be in the future (3)

Q34 How many Community of Practice meetings have you attended?

- None (1)
- 1 (2)
- 2 or 3 (3)
- 4 or more (4)
- N/A I am a member of the Advisory Committee (5)

Q38 Please describe how your participation in the Community of Practice or Advisory Committee has impacted the work you were previously doing to promote wellbeing? Please select all that apply.

- ☐ Decreased the time required of you to address wellbeing issues (3)
- ☐ Improved your ability to solve problems related to wellbeing (4)
- ☐ Increased your awareness of others with whom you may share this workload (5)
- ☐ Given you a platform to share your ideas (7)
- ☐ Expanded your knowledge regarding wellbeing (10)
- ☐ Increased your enthusiasm for promoting wellbeing (8)

Q40 Would you like to review, edit or add to your list of 5 individuals above? (names of who you reach out to for information, expertise or for support in promoting wellbeing or addressing issues related to wellbeing)

- Yes (26)
- No (27)

APPENDIX 2

COMMITTEES TO WHICH SURVEY RESPONDENTS ARE CONNECTED

- Faculty/department wellbeing committee
- Committee on student mental health (Co-SMH)
- President's Anti-Racism Taskforce (PART)
- Healthy Workplace Committee
- Faculty/department equity committee
- Accessibility Committee
- MATES (Mentor Assistance Through Education and Support)
- Student Wellbeing Committee
- W3+
- Sexual Violence Taskforce
- Employee Assistance Program (EAP) Committee
- University of Waterloo Sustainability Initiative
- Chaplains' group
- Racial Advocacy for Inclusion, Solidarity and Equity (RAISE)
- Indigenous Advisory Circle
- President's Advisory Committee on Environmental Sustainability (PACES)
- Provost's Advisory Committee on Equity
- Glow Centre for Sexual and Gender Diversity
- Academic Advising Community of Practice
- FAUW Indigenization Working Group
- Food Systems Collaborative
- Alliance within Dept of Athletics & Recreation