Building Cultures and Environments of Wellness in Universities across the U.S.:
Key Strategies for Success

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Objectives

- Describe the state of health and wellness offerings in Universities across the United States, and a new instrument to measure perceived wellness culture and environment.

- Discuss a grass roots strategy for enhancing the health and wellness of faculty and staff in academic institutions across the United States.

- Discuss implications for clinical practice and future research.
Considering all Causes of Morbidity and Mortality, Behaviors are the #1 Killer of Americans
Many People Are Highly Stressed and Depressed Today

- One out of 4 individuals have a mental health problem
- Depression and stress are poor predictors of health and wellness outcomes
IS SITTING THE NEW SMOKING?

BEWARE OF THE CHAIR
Sitting Hurts

- **2X Greater Risk Of Diabetes**
- **90% Greater Risk Of Cardiovascular Disease**
- **49% Greater Risk Of All-Cause Mortality**

Sources:
Katmarzyk BMJ Open, 2012
Wilmot, Diabetologia, 2012
Contributors to Premature Death

- Behavioral Patterns: 40%
- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Health Care: 10%
- Environmental Exposure: 5%
- Health Care: 10%

The Ohio State University
Risk Factors and Their Relationships with Medical Conditions. Darker Lines Indicate a Stronger Relationship

Every day, we make behavioral choices that influence our health and wellness outcomes.
Based on Evidence
What Do We Know?

People who have the following behaviors have 66% less diabetes, 45% less heart disease; 45% less back pain, 93% less depression, and 74% less stress

- **Physical activity** - 30 minutes 5 days per week
- **Healthy eating** - 5 fruits and vegetables per day
- **No smoking**
- **Alcohol in moderation** - 1 drink per day for women, 2 drinks per day for men
Why Build a Wellness Culture?
Research has Supported the Relationship between Wellness and Productivity
Why Are Organizations Investing in Wellness?

• For every dollar invested in worksite wellness, there is a return of more than $4.00 in reduced healthcare costs, higher engagement, improved productivity and lower absenteeism

Disease Management Addresses Immediate Health Problems, Whereas Lifestyle Management Mitigates Longer-term Health Risks

What Works Based on the Best Evidence

- Comprehensive well designed health promotion programs that are built on a **culture and environment of health and wellness** that support individual efforts at changing lifelong health habits by putting in place policies, programs, benefits, management, and environmental practices that intentionally motivate and sustain health improvement.

- Leader and middle manager role modeling and support.

- Grass roots wellness initiatives that build a culture of wellness (e.g., wellness ambassadors/innovators).

- Visual triggers at decision points.

- Cultures that make healthy choices the default choices.

- Incentives can stimulate short-term positive outcomes, but not long-term behavior change.
The State of Wellness in Universities across the United States: Implications for Practice and Research

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University Chief Wellness Officer
Dean and Professor, College of Nursing
Professor of Pediatrics and Psychiatry, College of Medicine
The Ohio State University
Editor, Worldviews on Evidence-based Nursing
Purpose of and Methods for the Study

Purpose: to determine the state of wellness and programs offered to facilitate health and wellness in University faculty and staff across the country.

Methods: a descriptive survey was conducted with health promotion professionals from Universities across the United States attending the second National Summit on Building Healthy Academic Communities for the
The Second National Summit on Building Healthy Academic Communities
April 23-24, 2015
University of California at Irvine

The Third National BHAC Summit
April 6-7, 2017
University of Florida

www.healthyacademics.org
2015 BHAC Summit Wellness Survey

**Sample Demographics**

Number of respondents = 66
74% were from large 4 year institutions (over 10,000 students)
17% Faculty; 33% Staff
14% Administrators
35% Health Promotion Professionals

34% reported an on-campus employee health center
### Wellness Culture & Support of Health & Wellness

#### Individual Items

<table>
<thead>
<tr>
<th>Question</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you believe your institution has a vested interest in your health and personal wellness?</td>
<td>1</td>
<td>5</td>
<td>3.63</td>
</tr>
<tr>
<td>Do you believe your institution has a culture and environment that promotes health and wellness for its faculty, staff, and students?</td>
<td>1</td>
<td>5</td>
<td>3.42</td>
</tr>
<tr>
<td>Do you believe the leaders at your institution are actively engaged in promoting and role-modeling health and wellness?</td>
<td>1</td>
<td>5</td>
<td>2.98</td>
</tr>
<tr>
<td>Do you think health and wellness programs are readily available to you at your institution?</td>
<td>1</td>
<td>5</td>
<td>3.47</td>
</tr>
<tr>
<td>Do you think that the communications you receive about wellness programs, activities, and services are clear?</td>
<td>1</td>
<td>5</td>
<td>3.43</td>
</tr>
<tr>
<td>Do you think that it is important for your institution to promote health and wellness for faculty, staff, and students?</td>
<td>1</td>
<td>5</td>
<td>4.86</td>
</tr>
</tbody>
</table>
### Wellness Culture & Support of Health & Wellness

<table>
<thead>
<tr>
<th>Individual Items</th>
<th>Min</th>
<th>Max</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you found it easy to engage in health and wellness programs and activities at your institution?</td>
<td>1</td>
<td>5</td>
<td>3.37</td>
</tr>
<tr>
<td>How satisfied are you with the current wellness programs and services offered at your institution?</td>
<td>1</td>
<td>5</td>
<td>3.24</td>
</tr>
<tr>
<td>To what degree does your unit/college support your participation in health and wellness activities and events?</td>
<td>1</td>
<td>5</td>
<td>3.69</td>
</tr>
<tr>
<td>To what extent do you believe your institution cares about your health and personal wellness?</td>
<td>1</td>
<td>5</td>
<td>3.39</td>
</tr>
<tr>
<td>To what extent do you agree with the statement, &quot;I have a substantially higher overall well-being because of my institution&quot;?</td>
<td>1</td>
<td>5</td>
<td>2.73</td>
</tr>
</tbody>
</table>
Healthy Lifestyle Beliefs and Behaviors

<table>
<thead>
<tr>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>67.64</td>
<td>12.39</td>
</tr>
</tbody>
</table>

The highest reported healthy lifestyle behaviors were

- Choosing water instead of a sugared beverage
- Regularly eating broiled or baked foods instead of fried foods

The lowest reported healthy lifestyle behaviors reported were

- Exercising with my friends or family members
- Not adding salt to my foods
The Data on PHAs and Tracking of Outcomes/Scorecards

- Only 58% of respondents said that their institutions offer a personalized health assessment.

- Only 25% of respondents reported that their institutions have a wellness scorecard.

- Only 35.5% of respondents reported that their institution tracks faculty/staff health status or health outcome metrics.
Presence of Institutional Policies that Support Health and Wellness

- No smoking/tobacco – 68%
- Seat belt use in company vehicles – 44%
- Lactation – 59%
- Work leave/flex time – 61%
- Drug free workplace – 73%
Health Screenings Offered to Employees at Institution

- Vision screening - 12%
- Hearing screening – 15%
- **Blood pressure screening** – 47%
- Cholesterol screening – 41%
- Prostate test (PSA) – 9%
- Pap smear – 6%
- Mammography – 15%
- Colorectal cancer screening – 11%
- Blood sugar/diabetes test – 32%
Research and Practice Implications

- Multi-component/multi-sector interventions, including policies, are necessary to increase healthy behaviors in all settings.
- It is critical for leaders and managers to support and role model wellness.
- Mental health promotion must be integrated into interventions.
- Incentives can stimulate short-term behavior change, but other evidence-based strategies are necessary for long-term change.
- Cultures and environments must be built and sustained that make healthy choices the easy choices in all settings, including grass roots initiatives.
- More high quality research, including longitudinal intervention studies and outcomes evaluations, is necessary in academic settings to inform policy and practice, including demonstrations of ROI.
- We must make it easy and fun for people to engage in wellness activities across the institution and diffuse wellness into the units.
- The research-practice translation gap must be shortened by rapid translation of evidence-based practices into the OSU community.
Ohio State’s Wellness Vision and Mission: It All Starts with a Dream!

**Vision:** To be the healthiest university and community on the globe

**Mission:** We exist to facilitate the highest levels of wellness for faculty, staff and students across the university and community
The Ohio State University
The Social-Ecological Framework and Life-Course Perspective Guide, Evidence-based Interventions to Achieve the Vision of Ohio State as the Healthiest University on the Globe

The Individual
Innate traits (e.g., age, sex, biological factors) Healthy Lifestyle Beliefs and Behaviors

Across the Life Course

Workplace Ecosystem and Culture
- Broad Social, Economic, Cultural, Health and Environmental Conditions as well as policies at the global, national, state and local levels

Family and Social Networks
- The Individual
- Intrinsic traits (e.g., age, sex, biological factors)
- Healthy Lifestyle Beliefs and Behaviors

Individual Interventions
- PHA
- Biometric screening
- Health coaching
- Integrative Therapies
- Wellness on-boarding
- Health Athlete

Family & Social Network Interventions
- Family programs
- Group classes / programs
- Wellness Challenges
  - Spring Training
  - Hit the Road with the Buckeyes

Workplace Interventions
- Buckeye wellness
- Wellness innovators
- Leaders Program
- STAR Program
- Ergonomics assessments
- Wellness frameworks
- Wellness Wednesdays
- Policies (e.g. tobacco free)
- PR/Communications
- YouTube Evidence-based Health
- Massage

Community & State-wide Interventions
- Community-based Interventions
  - Education
  - Healthy lifestyle programs
- State-wide health & wellness policies
- Television/media
- Million Hearts faith-based initiatives

Outcomes

Individual Outcomes
- Health & Wellness Outcomes
  - BMI, PHA completion, BP, Lipids, HbaA1c, stress, depression, injuries, missed work days, healthy lifestyle beliefs & behaviors resilience, chronic disease
- Quality of life

Family Outcomes
- PHA Completion, BMI, BP, Lipids, % engaged in wellness programs

Workplace Outcomes
- Healthcare utilization
- Healthcare costs
- Perceived Culture & Ecosystem, # of programs offered with % engagement

Broad Outcomes
- # of community and state-wide programs with engagement
- # of policies
- State health outcomes

Adapted from:  Model to Achieve Healthy People 2020 overarching goals
Source: Secretary’s Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020 (2008, p. 7)
Heart Disease

- Cardiovascular disease is the leading cause of death in the U.S.
- Every 34 seconds, someone in the United States (U.S.) has a heart attack.
- Heart disease kills one woman every minute.
- Every four minutes, someone dies of a stroke.
Million Hearts® Goals

• Prevent 1 million heart attacks and strokes by 2017

• Empower and educate Americans to make healthy choices

• Target care by focusing on the “ABCS”
Know your ABCSS

- Appropriate Aspirin Therapy
- Blood Pressure Control
- Cholesterol Management
- Smoking Cessation
- Stress Reduction**

** Ohio State’s additional “S”
Join the National Interprofessional Education and Practice Initiative to Advance Million Hearts® and become a Million Hearts® Fellow

The Goal: To Educate and Screen 100,000 People by 2017

See information and access the free educational modules at https://millionhearts.osu.edu

Please take the Million Hearts Nurses’ Survey at https://osu.az1.qualtrics.com/jfe/form/SV_07cTxoEd0R8Tw0Z
“... because we’ve always done it that way.”
Today, *Make Just 1 Change* for Your and Your Family’s Wellness

- Decide to take the stairs instead of the elevator
- Hold 50 minute meetings instead of 60 minutes, and use the 10 minutes for a recovery break
- Read 5 to 10 minutes in a positive book every morning
- Take 5 slow deep breaths when stressed
- Drink water instead of a sugared beverage
- Laugh more
- Sit less, stand more
Contact Information

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