A Comprehensive Approach to Health & Wellness in Academic Communities with *Hot Off the Press* Findings

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Where in the World is Matt video will go here

Wellness

- The optimal state of living well, regardless of an individual's spectrum of health
- Encompasses physical, intellectual, mental, emotional, social, occupational, financial, environmental and spiritual well-being

What Does The Evidence Tell Us?

Faculty, Staff and Students are Stressed & Depressed!

One out of 4 Americans, including children and college students have a mental health disorder. Depression and stress are poor predictors of health, wellness and academic outcomes.

Current State of Health in the U.S.

- **Behaviors are the number 1 killer of Americans,** due to smoking, overeating, lack of physical activity, alcohol and drug use, non-adherence to medications and suicidal gestures

- Overweight/obesity will soon surpass tobacco as the number one cause of preventable death and disease in the United States; 42% of Americans will be obese by 2030 (CDC, 2012); 1 out of 3 Americans will have diabetes by 2050

- One out of 2 Americans have a chronic disease

  - One out of 4 Americans have multiple chronic diseases


BUILDING HEALTHY
H
ACADEMIC COMMUNITIES

BUILDING HEALTHY ACADEMIC COMMUNITIES

BUILDING HEALTHY ACADEMIC COMMUNITIES

Research has Supported the Relationship between Wellness and Productivity

2012 Ohio State Wellness Survey

Sample Demographics

Number of respondents = 3959

72% were females; 18% were faculty

80% were white

79% completed college

59% were married

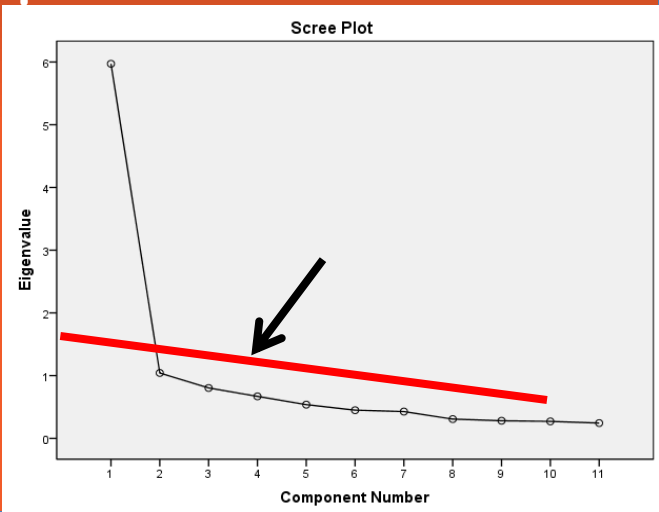
Special thanks to Dr. Laura Szalacha for Rapid Data Analysis!

Ohio State's Wellness Culture & Support of Health & Wellness

A new measure with a 5 point Likert-type response

- Sample items:
  - Do you believe the leaders at Ohio State are actively engaged in promoting and role-modeling health and wellness?
  - To what extent do you agree with the statement, "I have a substantially higher overall well-being because of Ohio State."?

Factor Analyses supported a single Dimension (Eigenvalue = 5.97, 64% variance, items loaded at .66 or higher); Cronbach's α = .91



Ohio State's Wellness Culture & Support of Health & Wellness

Individual Items	Min	Max	Mean
Do you believe Ohio State has a vested interest in your health and personal wellness?	1	5	**4.09**
Do you believe Ohio State has a culture and environment that promotes health and wellness for its faculty, staff, and students?	1	5	**3.68**
Do you believe the leaders at Ohio State are actively engaged in promoting and role-modeling health and wellness?	1	5	**3.53**
Do you think health and wellness programs are readily available to you at Ohio State?	1	5	**3.67**
Do you think that the communications you receive about wellness programs, activities, and services are clear?	1	5	**3.76**
Do you think that it is important for Ohio State to promote health and wellness for faculty, staff, and students?	1	5	**4.66**

Ohio State's Wellness Culture & Support of Health & Wellness

Individual Items	Min	Max	Mean
Have you found it easy to engage in health and wellness programs and activities at Ohio State?	1	5	**3.11**
How satisfied are you with the current wellness programs and services offered at Ohio State?	1	5	**3.34**
To what degree does your unit/college support your participation in health and wellness activities and events?	1	5	**3.04**
To what extent do you believe Ohio State cares about your health and personal wellness?	1	5	3.67
To what extent do you agree with the statement, "I have a substantially higher overall well-being because of Ohio State"?	1	5	**2.87**

Perception of Wellness Culture by Faculty and Staff

		N	Mean	Std. Deviation
Wellness Culture	Staff	2783	39.51	8.24
	Faculty	728	38.89	8.82

There was no significant difference in the reported perceptions of OSU's Wellness Culture (Range 10 – 55) and its support of health and wellness between faculty and staff

Healthy Lifestyle Beliefs & Behaviors

		N	Mean	Std. Deviation
Healthy Lifestyle Beliefs	**Staff**	**2784**	**63.38**	**8.16**
	Faculty	**728**	**64.27**	**8.40**

Faculty reported significantly higher healthy lifestyle beliefs than did staff (t = 2.69, p=<.01). Possible range on the scale is 16 to 80.

		N	Mean	Std. Deviation
Healthy Lifestyle Behaviors	**Staff**	2777	**59.01**	9.32
	Faculty	726	**61.37**	9.59

Faculty reported significantly higher healthy lifestyle behaviors than did staff (t = 6.50, p<.01). Possible range on the scale is 16 to 80.

Relationships among Wellness Culture, Healthy Lifestyle Beliefs, and Healthy Behaviors

	Healthy Behaviors	Healthy Lifestyle Beliefs
Healthy Lifestyle Beliefs	.680 p<.001	
Wellness Culture	.207 p<.001	.326 p<.001

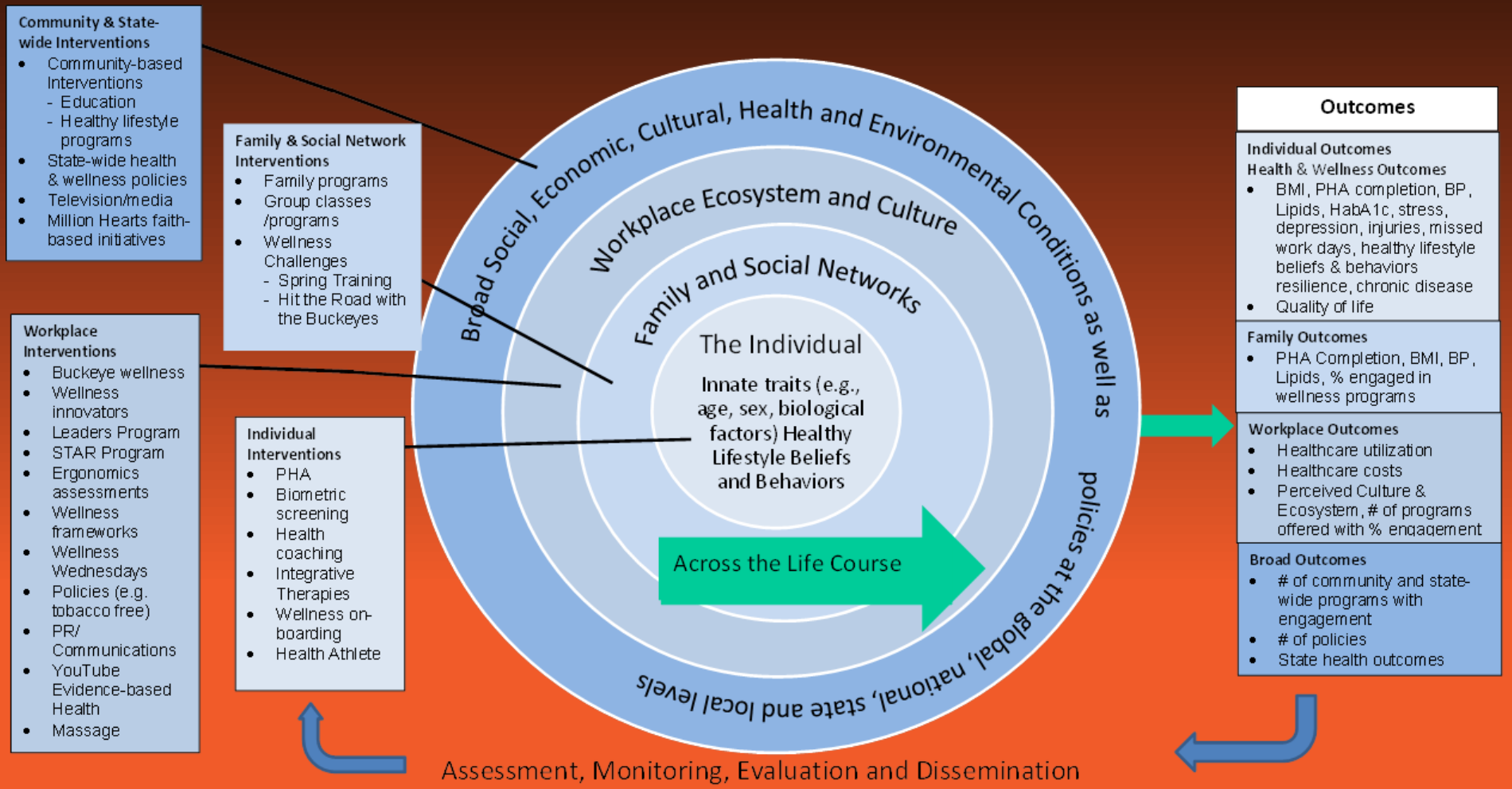
Most Used Wellness Programs

Your Plan for Health Web Portal	62%
Flu Shots	55%
Free Biometric Screenings	48%
Fitness/physical activity programs	35%
Rally for Wellness Health Fair	22%
Educational Webinars	18%
Massage Therapy	14%
On-site health clinic	13%

Most Important Wellness Programs

Fitness/physical activity programs	66%
Your Plan for Health Web Portal	31%
Flu shots	30%
Free biometric screenings	24%
Massage therapy	14%
On-site health clinic	12%
Nutrition counseling	10%
Weight management programs	10%
Employee assistance programs	10%

The Social-Ecological Framework and Life-Course Perspective Guide Evidence-based Interventions to Achieve Positive Outcomes at The Ohio State University



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)

One University Health & Wellness Council

ECOSYSTEM AND CULTURE OF WELLNESS

* Denotes Advisory Position

YP4H Personal Health Assessment Data

Category	2010 Findings	2011 Findings	2012 Findings
BMI Indicating Obesity	27.1%	27%	27.3%
BMI 25 – 30	31.6%	31%	31.1%
Derived Emotional Health Risk	16%	15%	14.7%
Total Cholesterol > 200	24.4%	25%	21.2%
Low HDL (good cholesterol) Cholesterol levels			
Males <40	49.6%	48.2%	42.5%
Females <50	42.8%	41.9%	37.8%
Triglyceride Levels of ≥150	22%	21%	18%

2013 BHAC Summit Wellness Survey

Sample Demographics

Number of respondents = 126

67% were from large 4 year institutions

23% Faculty; 30% Staff

30% Administrators

17% Health Promotion Professionals

40% reported an on-campus employee health center

Wellness Culture & Support of Health & Wellness

Individual Items	Min	Max	Mean
Do you believe your institution has a vested interest in your health and personal wellness?	1	5	**3.88**
Do you believe your institution has a culture and environment that promotes health and wellness for its faculty, staff, and students?	1	5	**3.48**
Do you believe the leaders at your institution are actively engaged in promoting and role-modeling health and wellness?	1	5	**3.32**
Do you think health and wellness programs are readily available to you at Ohio State?	1	5	**3.65**
Do you think that the communications you receive about wellness programs, activities, and services are clear?	1	5	**3.69**
Do you think that it is important for your institution to promote health and wellness for faculty, staff, and students?	1	5	**4.81**

Wellness Culture & Support of Health & Wellness

Individual Items	Min	Max	Mean
Have you found it easy to engage in health and wellness programs and activities at your institution?	1	5	**3.45**
How satisfied are you with the current wellness programs and services offered at your institution?	1	5	**3.36**
To what degree does your unit/college support your participation in health and wellness activities and events?	1	5	**3.79**
To what extent do you believe your institution cares about your health and personal wellness?	1	5	**3.69**
To what extent do you agree with the statement, "I have a substantially higher overall well-being because of my institution"?	1	5	**2.87**

Healthy Lifestyle Beliefs and Behaviors

	Mean	Std. Deviation
Healthy Lifestyle Beliefs	65.42	9.62
Healthy Lifestyle Behaviors	63.33	8.89

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
- Eating at least 5 servings of fresh fruits and vegetables every day

Relationships among Wellness Culture, Healthy Lifestyle Beliefs and Healthy Lifestyle Behaviors

	Healthy Lifestyle Behaviors	Healthy Lifestyle Beliefs
Healthy Lifestyle Beliefs	.648 p<.01	
Wellness Culture	.281 p<.01	.131 p=NS

There were no significant differences on perceived wellness culture, healthy lifestyle beliefs and healthy lifestyle behaviors based on:

-Age

-Institutional role

-Size of institution

62% of respondents said that their institutions offer a personalized health assessment

Only 17.6 % of respondents reported that their institutions have a wellness scorecard

Presence of Institutional Policies that Support Health and Wellness

- No smoking/tobacco – 71.4%
- Seat belt use in company vehicles – 40%
- Lactation – 52%
- Work leave/flex time – 63.5%
- Drug free workplace – 81%

64% of respondents reported that their institution tracks faculty/staff health status or health outcome metrics

Health Screenings Offered to Employees at Institution

- Vision screening – 17%
- Hearing screening – 19%
- Blood pressure screening – 64%
- Cholesterol screening – 60%
- Prostate test (PSA) – 17%
- Pap smear – 14.3%
- Mammography – 23%
- Colorectal cancer screening – 10%
- Blood sugar/diabetes test – 46%

Greatest Barrier that Prevents Participation in Health and Wellness Activities at Your Institution

- Lack of time
- Inadequate communication about available activities
- Organizational culture/lack of support
- Limited access to facilities and inconvenient times to engage in activities
- Heavy Workload

The One Thing that Would Help You the Most to Participate in Health and Wellness Activities at Your Institution

- Flex time or policy
- Convenience of wellness activities
- More offerings/variety/menu of options
- Decreased work load, work hours
- Incentives
- Better communication about activities/events
- Leadership buy-in

Top Reasons for Attending the Summit

- Wellness education - 76%
- Sharing of best practices - 63%
- Wellness innovation - 60%
- Networking – 52%

83% of respondents reported interest in participating in the Building Healthy Academic Communities National Consortium

Activities of Most Interest in Being Provided by the National Consortium

- Evidence-based practices & benchmarking data - 76.2%
- Networking & collaborating with academic leaders - 71.4%
- Access to data sets generated by the consortium - 64.3%
- Setting national standards for academic wellness - 60%

- **The good news: we have good opportunity for improvement!**
- Our efforts must be evidence-based and outcomes must be closely monitored with rapid quality improvement strategies
- It is critical for leaders to role model and support wellness for their faculty and/or staff
- Building a supportive culture and ecosystem of wellness is critical for sustainability in addition to working with individuals on behavior change
- We need to make it easy and fun for people to engage in wellness activities across the institution and diffuse wellness into the units
- We must persist through the “character-builders” for the vision to come to fruition

In God We Trust,

Everyone Else Must

Bring Data!

Today, let's all commit to

Making Just 1 Healthy Lifestyle Change

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

Skeptics say “That will happen when pigs fly”
Our BHAC Consortium will say “Pigs can fly!”
What can we do together in the next 3-5 years to improve population health if we know we can not fail?

Nothing happens unless first a dream; and executing with persistence through the character-builders will bring the dream to fruition

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