The Current State of Faculty and Staff Health and Wellness Programs: Results from an ACHA Survey

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Learning Objectives

1. Describe the ACHA Faculty and Staff Health and Wellness Coalition and why it is important.

2. Describe the results of the ACHA survey of ACHA member institutions regarding faculty and staff health and wellness services.

3. Describe the linkages between the survey results and the Healthy Campus 2020 Objectives regarding faculty and staff and the need for further research.

4. Explain how to use the survey results and the Healthy Campus 2020 Objectives for faculty and staff on your campus as leverage for future programming.
The ACHA Faculty and Staff Health and Wellness Coalition

- Recognizes that faculty and staff are a major component of the students’ environment.
- Encourages the inclusion of the campus community as a whole in college health efforts in order to build healthy environments that optimize learning.
- Provide a mechanism for the exchange of information and resources, advocacy, and research–based best practices to address the health of faculty and staff on our campuses.
The Survey

- Self-selected sample of ACHA member institutions
- Email request for participation
- Request to participate sent to 1,202 institutions
- N = 182 separate institutions
- Response rate = 15.14%
- Only one response per institution
- Limitations
Roles in College Health

- Health Educator/Promotion
- Nurse Director
- Administrator
- Nurse
- Advanced Practice Clinician
- Worksite Wellness Coordinator
- Student Affairs Administrator
- Physician
- Other

Other includes: Dietician, Social Worker, Psychologist, ATOD coordinator, Rec. Sports, etc.
Where Departments Housed

Student/University Health: 59.7%
Health Promotion/Wellness/Fitness: 19.9%
Counseling Center/Services: 6.1%
Human Resources: 5.0%
Campus Recreation: 3.3%
Institutions with Special Attributes

- Faith-based: 23.6%
- Community College: 6.6%
- Hispanic Serving: 3.8%
- HBCU: 0.5%
- Alaska/Native: 0.5%
Student Enrollment

Undergraduate Enrollment

- under 1,000: 6.6%
- 1,000–4,999: 40.4%
- 5,000–9,999: 18.8%
- 10,000–14,999: 11.6%
- 15,000–19,999: 9.4%
- 20,000+: 13.3%

Graduate Enrollment

- under 1,000: 40.9%
- 1,000–4,999: 37.0%
- 5,000–9,999: 17.7%
- 10,000+: 4.5%
Full/Part-time Employees

- under 1,000: 49.4%
- 1,000–1,999: 12.1%
- 2,000–4,999: 22.4%
- 5,000–9,999: 8.6%
- 10,000–14,999: 2.9%
- 15,000+: 4.5%
## Campus Policies

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Expected</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illicit drugs</td>
<td>91.2%</td>
<td></td>
<td>1.1%</td>
</tr>
<tr>
<td>Alcohol (worksite)</td>
<td>90.1%</td>
<td></td>
<td>2.2%</td>
</tr>
<tr>
<td>Nutrition (cafeteria)</td>
<td>39.6%</td>
<td>2.7%</td>
<td>40.1%</td>
</tr>
<tr>
<td>Smoke–free</td>
<td>39.0%</td>
<td>10.5%</td>
<td>48.3%</td>
</tr>
<tr>
<td>Lactation</td>
<td>31.7%</td>
<td>2.8%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>23.8%</td>
<td>2.2%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Nutrition (vending)</td>
<td>23.6%</td>
<td>4.9%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Tobacco–free</td>
<td>23.0%</td>
<td>12.7%</td>
<td>58.2%</td>
</tr>
<tr>
<td>Nutrition (meetings)</td>
<td>20.3%</td>
<td>2.7%</td>
<td>58.8%</td>
</tr>
</tbody>
</table>
Health Center Services

- 61.5% campus health centers provide services to faculty & staff (3.3% new expected next year)

<table>
<thead>
<tr>
<th>How Long?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 10 years</td>
<td>60.7%</td>
</tr>
<tr>
<td>6 – 9 years</td>
<td>6.3%</td>
</tr>
<tr>
<td>3 – 5 years</td>
<td>9.8%</td>
</tr>
<tr>
<td>1 – 2 years</td>
<td>6.3%</td>
</tr>
<tr>
<td>Under 1 year</td>
<td>0.9%</td>
</tr>
<tr>
<td>Expected in next 12 months</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

- 43.9% campuses have an Interdisciplinary Health & Wellness Coalition
### Services Provided to Faculty & Staff at Campus Health Centers

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
<th>Other Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>47.8%</td>
<td>Primary Care</td>
<td>12.1%</td>
</tr>
<tr>
<td>Health Education/Promotion</td>
<td>33.5%</td>
<td>Pharmacy</td>
<td>12.1%</td>
</tr>
<tr>
<td>Prevention/Wellness</td>
<td>30.8%</td>
<td>Other</td>
<td>9.9%</td>
</tr>
<tr>
<td>First Aid only</td>
<td>28.6%</td>
<td>Counseling/Psychological</td>
<td>8.8%</td>
</tr>
<tr>
<td>Travel Medicine</td>
<td>17.0%</td>
<td>Massage Therapy</td>
<td>8.2%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>15.4%</td>
<td>Physical Therapy</td>
<td>7.1%</td>
</tr>
<tr>
<td>Ancillary (labs, xrays)</td>
<td>14.3%</td>
<td>Medical Surveillance</td>
<td>3.3%</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>13.2%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Campus Sites for Health/Wellness Services

<table>
<thead>
<tr>
<th>Campus Site</th>
<th>Percentage</th>
<th>Other Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campus Rec/Fitness Center</td>
<td>94.0%</td>
<td>Human Resources</td>
<td>87.5%</td>
</tr>
<tr>
<td>Dining Services</td>
<td>63.5%</td>
<td>Intercollegiate Athletics</td>
<td>54.3%</td>
</tr>
<tr>
<td>Environmental Health &amp; Safety</td>
<td>58.9%</td>
<td>LGBTQ Services</td>
<td>48.3%</td>
</tr>
<tr>
<td>Health &amp; Wellness Coalition</td>
<td>55.2%</td>
<td>Medical Center</td>
<td>68.5%</td>
</tr>
<tr>
<td>Health Promotion/Wellness</td>
<td>68.2%</td>
<td>Women's Services</td>
<td>60.1%</td>
</tr>
</tbody>
</table>
## Faculty & Staff Needs Assessments

How often does your campus assess the health and wellness behaviors/status of faculty & staff?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every year (or more often)</td>
<td>15.9%</td>
</tr>
<tr>
<td>Every 2 years</td>
<td>6.0%</td>
</tr>
<tr>
<td>Less often than every 2</td>
<td>20.3%</td>
</tr>
<tr>
<td>years</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>46.7%</td>
</tr>
</tbody>
</table>

If ACHA were to make a faculty/staff wellness survey instrument available, would your campus be interested?

<table>
<thead>
<tr>
<th>Interest</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54.4%</td>
</tr>
<tr>
<td>Not sure</td>
<td>36.3%</td>
</tr>
<tr>
<td>No</td>
<td>9.3%</td>
</tr>
</tbody>
</table>
Faculty and Staff Health Screening and Program Availability

Response options:

- Yes, ongoing
- Yes, periodically
- No
- Don’t know
Screenings

- Diabetes Screening
  - Yes, ongoing: 27.1%
  - Yes, periodically: 35.9%
  - No: 29.3%
  - Don't know: 22.7%

- Hypertension Screening
  - Yes, ongoing: 5.0%
  - Yes, periodically: 18.9%
  - No: 41.1%
  - Don't know: 35.0%

- Cholesterol Screening
  - Yes, ongoing: 4.9%
  - Yes, periodically: 32.4%
  - No: 33.0%
  - Don't know: 29.7%
Screenings

<table>
<thead>
<tr>
<th></th>
<th>Yes, ongoing</th>
<th>Yes, periodically</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Screenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Weight Screenings: Yes, ongoing 4.5, Yes, periodically 38.5, No 28.5, Don't know 28.5
Cancer Screening: No 10.6, Don't know 60.9, No 15.1, Don't know 13.4
Screenings

- **Depression Screening**
  - Yes, ongoing: 11.6
  - Yes, periodically: 11.6
  - No: 61.9
  - Don't know: 14.9

- **Substance Abuse Screening**
  - Yes, ongoing: 11.0
  - Yes, periodically: 7.8
  - No: 70.2
  - Don't know: 11.0
Availability of Health Education Information

Suicide Facts

Myths

- Myths: Talking about suicide will put the idea in someone’s head.
- Myth: By asking someone if they feel suicidal, you are providing them with a safe opportunity to express their feelings and to have an open conversation.
- Myth: People who are in continuous distress and those who talk about it won’t kill themselves.
- Myth: 75% of people who die by suicide express their desire to be in pain.
- Myth: Once someone makes up their mind to kill themselves, there is nothing you can do.
- Myth: Although suicidal thoughts are common, they are temporary and the cause (depression) can be treated.

Statistics

- Over 10,600 people in the United States die by suicide every year.
- Suicide is the third leading cause of death among 15-24 year olds.
- At least 20% of people who die by suicide have at least one psychiatric illness, most often depression and/or alcohol/substance abuse.

Risk Factors

Any of the following risk factors mean the person is more vulnerable to suicide than the average person. In general, the presence of many risk factors means a greater likelihood of a suicide attempt.

- Personal or family history
- Family or friends have had a suicide attempt
- Mental illness
- Alcohol or drug abuse
- Feeling sad or hopeless.
- Recent stressful event
- Sudden loss of a friend, family member, or loved one
- Loss of income
- History of depression
- History of violent behavior

Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illness. In Crisis?

CALL 1-800-273-TALK

Available in US only.
Health and Wellness Programming on Campus

- Yes
- No
- Don't Know
Heart Health Programming

Heart Health: 66.0
Hypertension: 62.0
Cholesterol Reduction: 58.0
Nutrition and Exercise Programming

- Diabetes
- Nutrition
- Fitness/Exercise
Stress–Related Topics

- Sleep
- Stress Prevention
- Massage Therapy
- Smoking Tobacco Cessation Program
Cancer Awareness
Mental Health
HIV/AIDS
Emergency Prep.
Mother and Infant Care

- Prenatal Care
- Maternal Care
- Infant Health
Functional – Work Related

- Back Injury Prev.
- Ergonomic Evals
- Disabilities
- Work Life Balance

The bar chart shows the following data:
- Back Injury Prev.: 35
- Ergonomic Evals: 45
- Disabilities: 35
- Work Life Balance: 50
Health Risk Assessments

Health Risk Assess with Coaching

Health Risk Assess without Coaching
Primary Prevention Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Labeling</td>
<td>45</td>
</tr>
<tr>
<td>Healthy Vending</td>
<td>40</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>25</td>
</tr>
<tr>
<td>Asthma</td>
<td>10</td>
</tr>
</tbody>
</table>
Employee Support Services

Employee Assistance
Nurse Advice Line
Return to work
Seasonal Flu vaccine
Exercise Programming

- Fitness Programs
- Walking Program
- Showers post exercise
- Stair Signage
Subsidized Fitness Programs

On-Campus  
Off-Campus
Delivery Methods

1. Mass emails        (n=167, 91.8%)
2. Wellness/health fairs        (n=128, 70.3%)
3. Flyers (in Restrooms, mailboxes)    (n=106, 58.2%)
4. Lunch–and–Learn            (n=94, 51.6%)
5. Newsletters (online or paper)          (n=79, 43.4%)
Delivery Methods

Interesting notes:

- Presence of accepted worksite health promotion information practices (mass emails; flyers)

- Hyped Web 2.0 (social media) and texting/instant messaging
  - Social media (n=39, 21.4%)
  - Text messaging/instant messaging (n=4, 2.2%)
Incentives

The three most reported incentives were:

1. Gifts/discounts for services \((n=44, 24.2\%)\)

2. Premium differences \((n=14, 7.7\%)\)

3. Cash/money in flexible spending account \((n=12, 6.6\%)\)
Approximately ¼ of institutions do not use nor plan to use any incentives in the next 12 months (n=48, 26.4%)

7.1% (n=13) of institutions do not use incentives but plan to in the next 12 months

Almost ¼ of respondents “don’t know” which incentives are used to encourage program participation (n=34, 24.2%)
Top Barriers/Challenges

1. Cost of offering the program
   (n=121, 66.5%)
2. Lack of staff resources
   (n=102, 56.0%)
3. Lack of employee’s time
   (n=99, 54.4%)
4. Effective marketing
   (n=62, 34.1%)
5. Lack of employee interest
   (n=48, 26.4%)

- Additional Barriers/Challenges
The Role of Employee Assistance Programs (EAP)

Current Programs
- Health Assessments
- Health behavior questionnaires
- Popular programs

Beneficial Collaborations
Measuring Program Success

Thinking across all management programs your institution offers to faculty and staff, which of the following are used to measure program success?

- Employee feedback: 69.8%
- Program participation rates: 64.5%
- Health care claims cost: 39%
- Behavior change: 38.9%
- Health status: 33.3%
- Time lost / absenteeism: 27%
- Cost–benefit analysis / ROI: 23.9%
- Workers' compensation claims cost: 23.5%
- Productivity: 14.8%
Measuring Program Success

- Information from “Other” Category
  - Human Resources Department keeps this data or could do a better job compiling; this department may be better equipped to compile the data

  - A variety of institutions mentioned that they were new programs and that they had not yet started thinking about this component

  - For some institutions, this was a wake up call that they need to start focusing on data collection

  - Many wish they have more time to collect data
Approximately how many full-time equivalent staff does your institution dedicate to work regarding the health and wellness behaviors and/or status of faculty and staff?
“Much is changing, so many of these answers will change.”

“I am hoping that in several years the answers to many of the items will be very different for us. I think that we are beginning to move in the right direction. Some of this will just take time as the university begins to rebuild capacity after these challenging fiscal times.”

“Difficult to answer -- "institution provides" -- directly or indirectly?? -- our health insurance company has surveyed staff/faculty and offered incentives through the insurance plan.”
Linkages with Healthy Campus 2020

Topic Area: Stress Management
- Increase the proportion of faculty/staff who have access to workplace programs that prevent or reduce employee stress.

Topic Area: Miscellaneous
- Increase the proportion of institutions that offer an employee health promotion program to their employees.
- Increase the proportion of employees who participate in employer-sponsored health promotion activities.
Linkages with Healthy Campus 2020

Topic Area: Nutrition and Weight Status
- 10 objectives
- 39% reported institutional nutrition policies
- 65.4% weight management programs

Topic Area: Physical Activity/Fitness
- 3 objectives
- 23.8% flexible work arrangements
- 59.6% subsidize on-campus fitness facility access

Topic Area: Tobacco Use
- 3 objectives
- 55.6% reported smoking/tobacco cessation programs for Faculty and Staff.
Use for Leverage

- Identify power brokers and allies on your campus (faculty senate, HR, provost, etc.)
- Help disseminate survey results
- Further needs assessments on your campus
- Prepare solutions/implementation suggestions including programming and ROI information
- Advocate for the need for change
Further Research

- More complex data analysis
  - Differences by institutional type
  - Differences by geography

- Revise current survey

- Faculty/Staff NCHA-like instrument
To Join the Coalition

Send an email to the new Chair,

Faith Yingling, M.Ed., Ph.D.
Bowling Green State University

faithy@bgsu.edu