

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

Ann Katherine Wagner, MPH, CHES

Faith Yingling, MSEd, PhD, CHES

Lynn Nelson Russom, MSN, CRNP, ANP-BC

Mindy Menn, MS, CHES

Dana M. Umscheid, PhD, MCHES

ACHA 2012, Chicago IL

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.

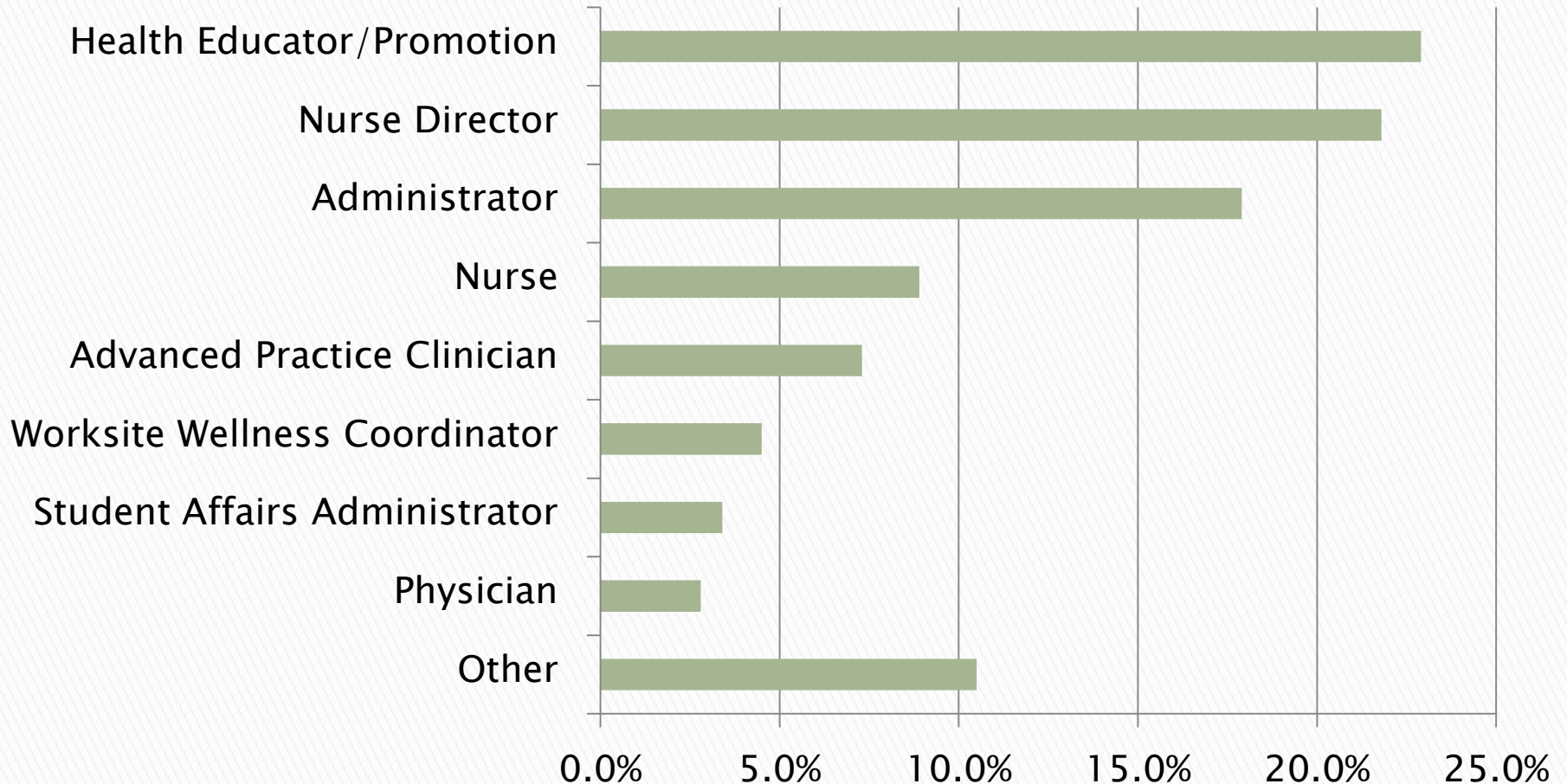
The ACHA Faculty and Staff Health and Wellness Coalition

- ▶ 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

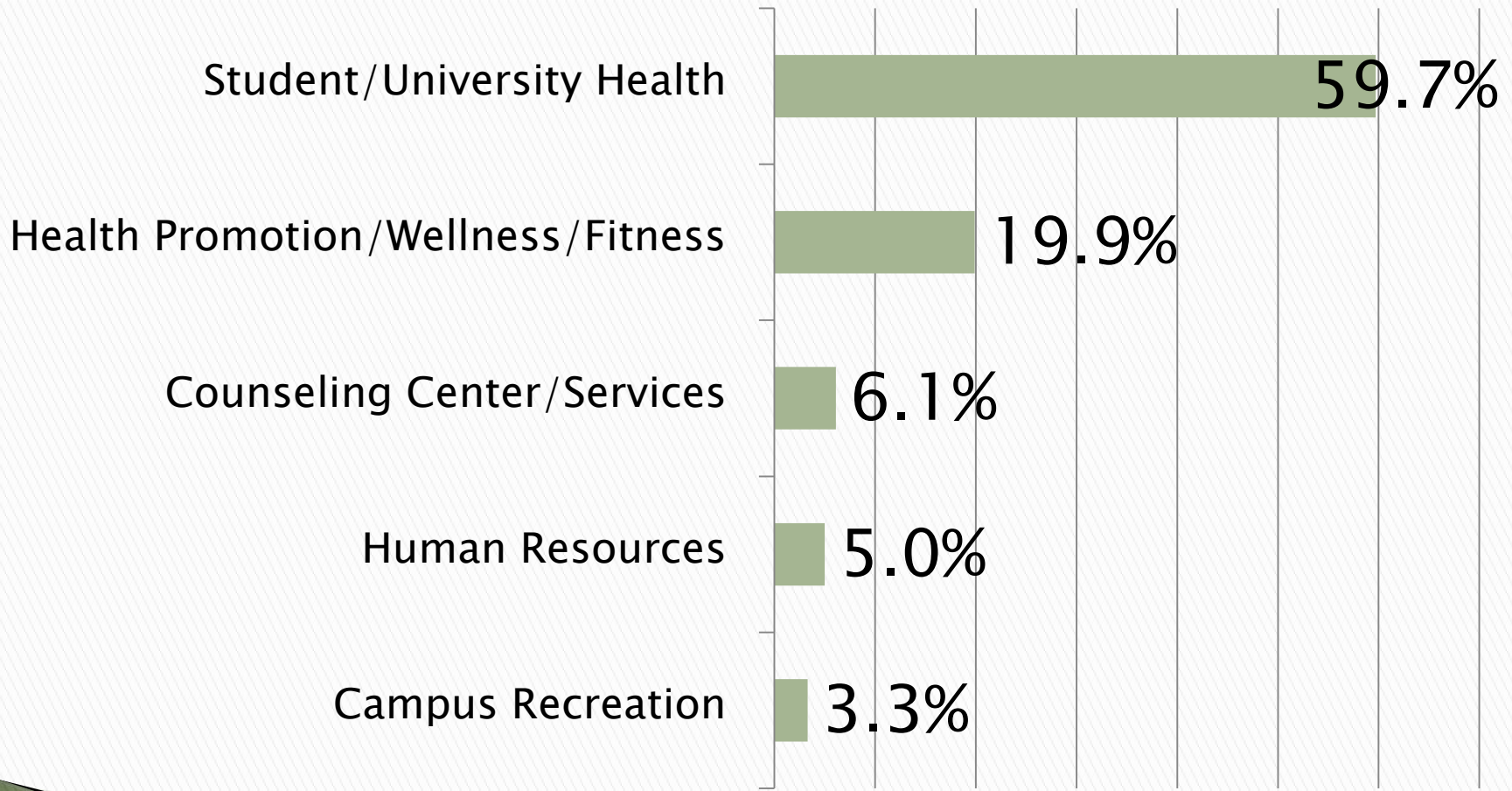
- ▶ Self-selected sample of ACHA member institutions
- ▶ Email request for participation
- ▶ Request to participate sent to 1,202 institutions
- ▶ $N = 182$ separate institutions
- ▶ Response rate = 15.14%
- ▶ Only one response per institution
- ▶ Limitations

Roles in College Health

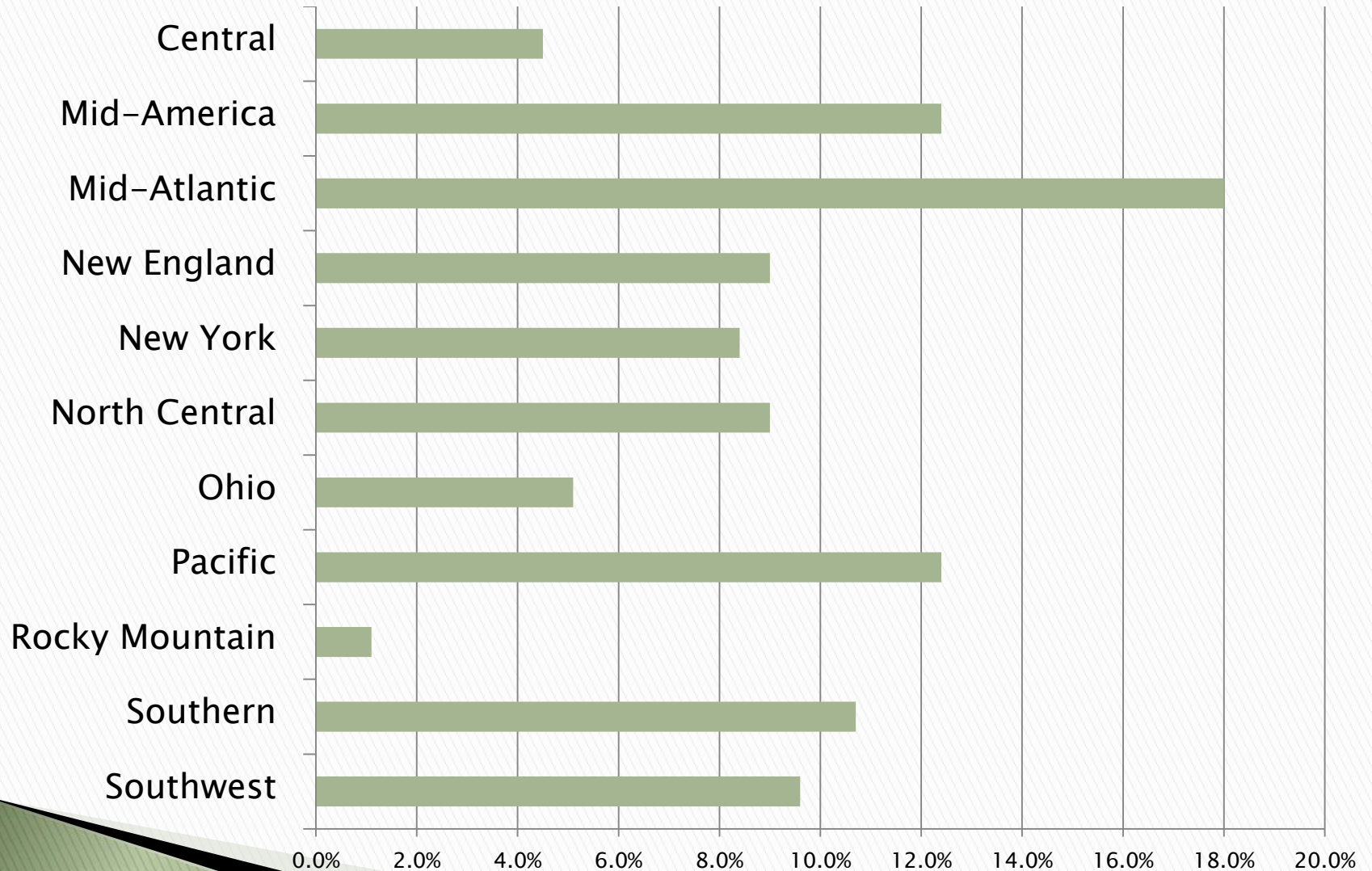


Other includes: Dietician, Social Worker, Psychologist, ATOD coordinator, Rec. Sports, etc.

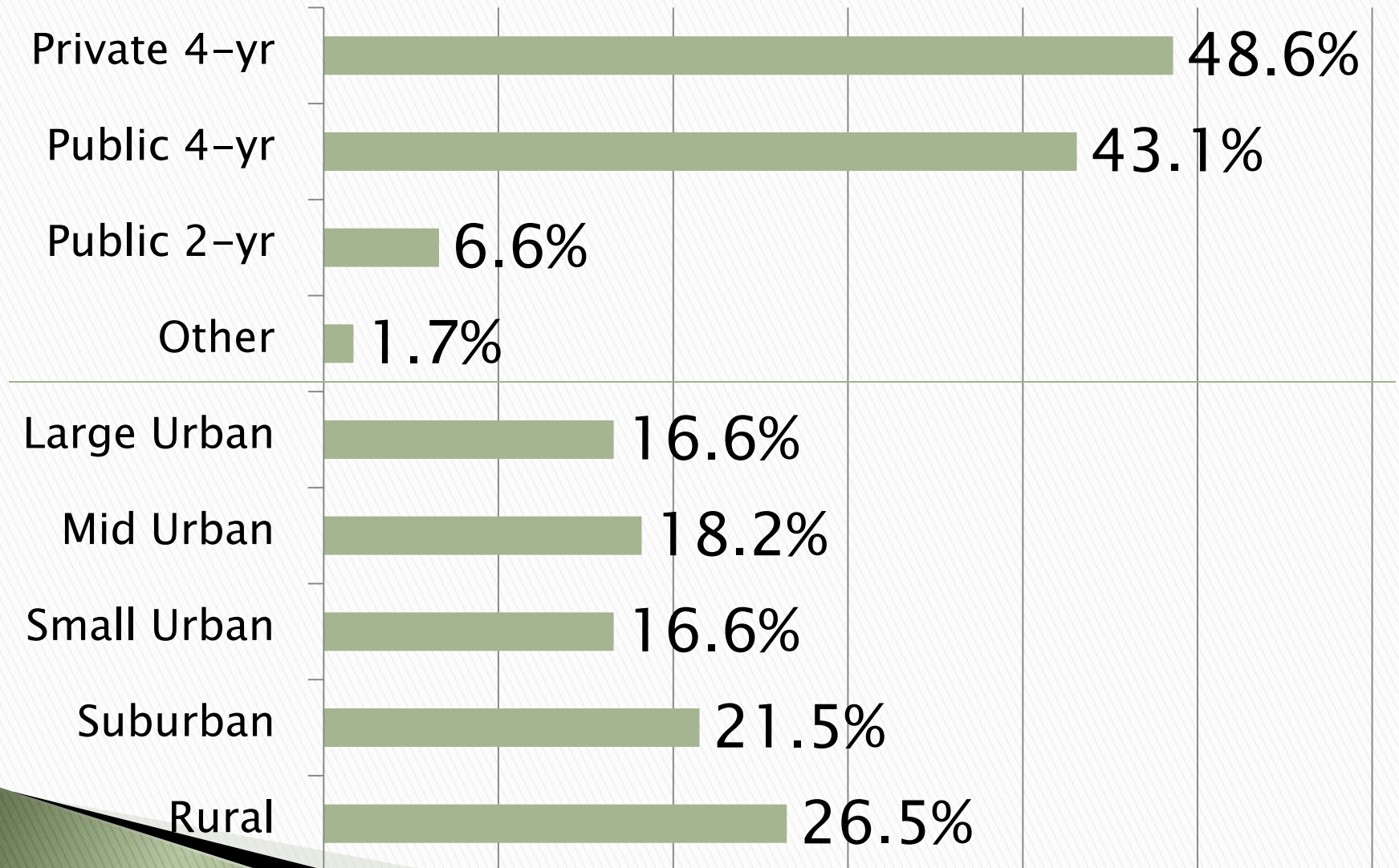
Where Departments Housed



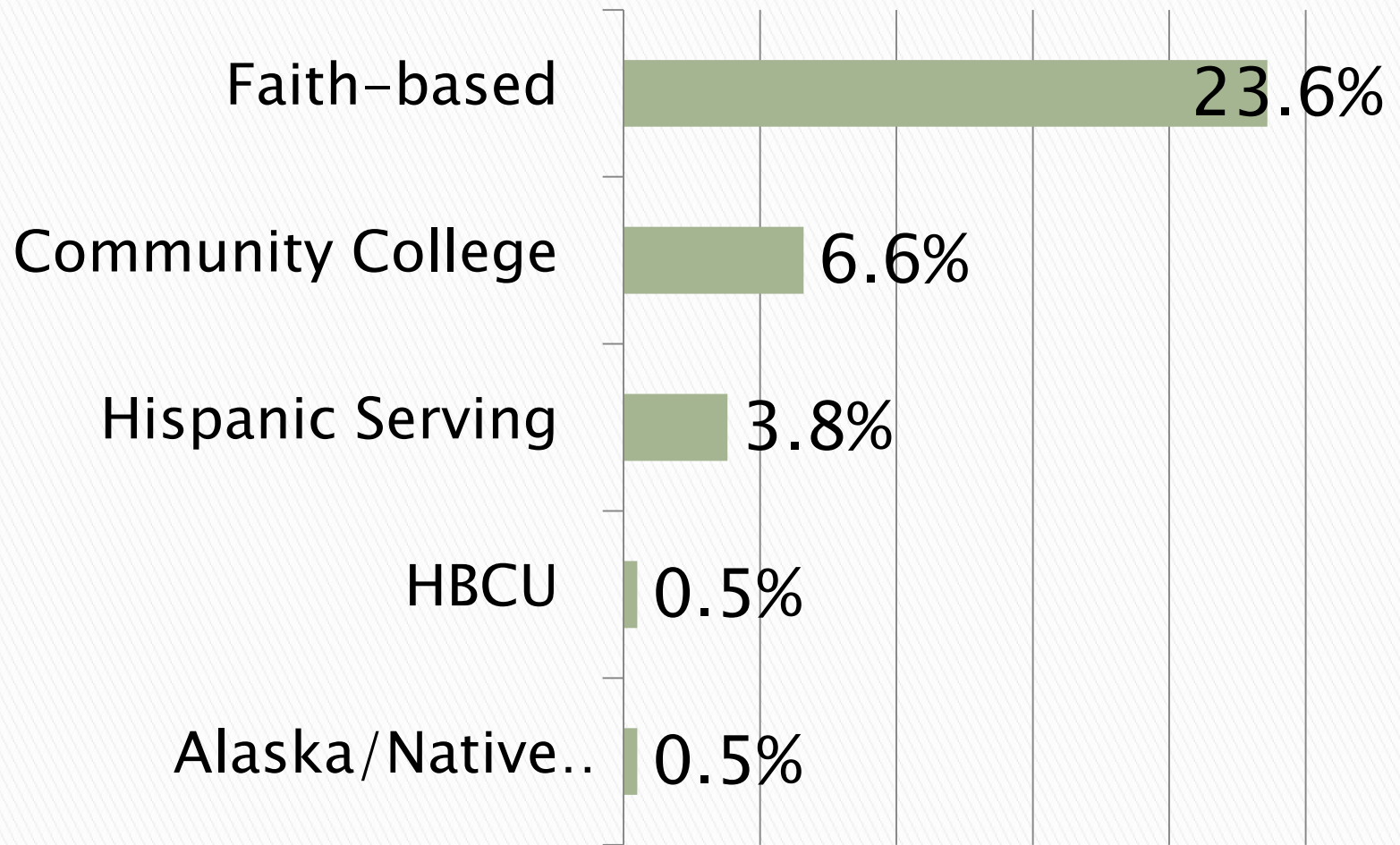
Affiliate Representation



Institutional Types

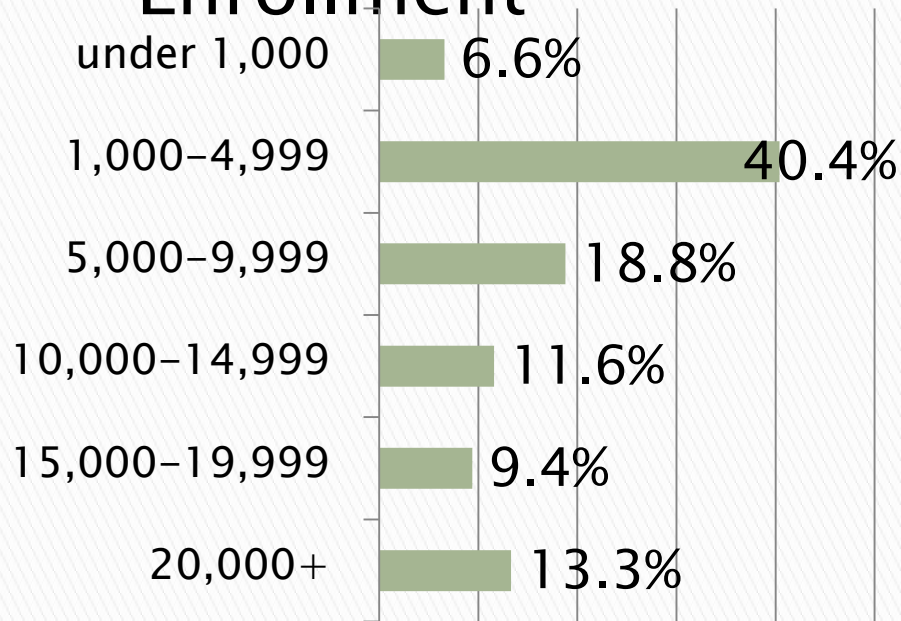


Institutions with Special Attributes

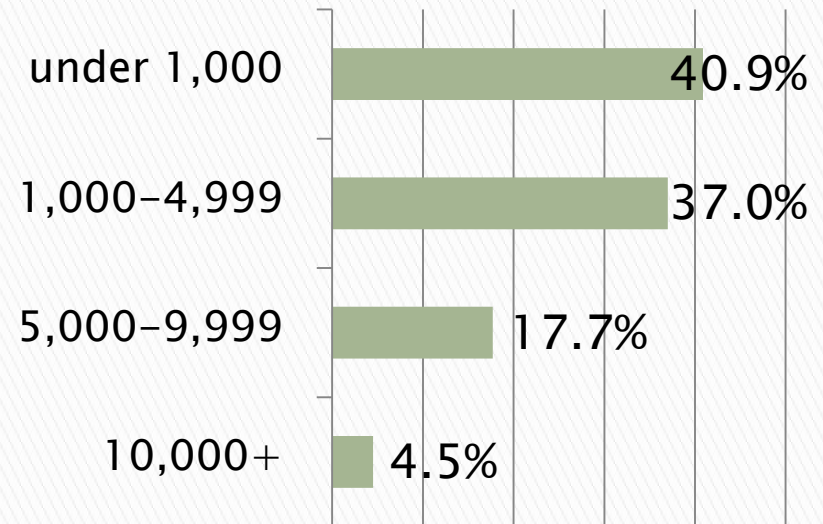


Student Enrollment

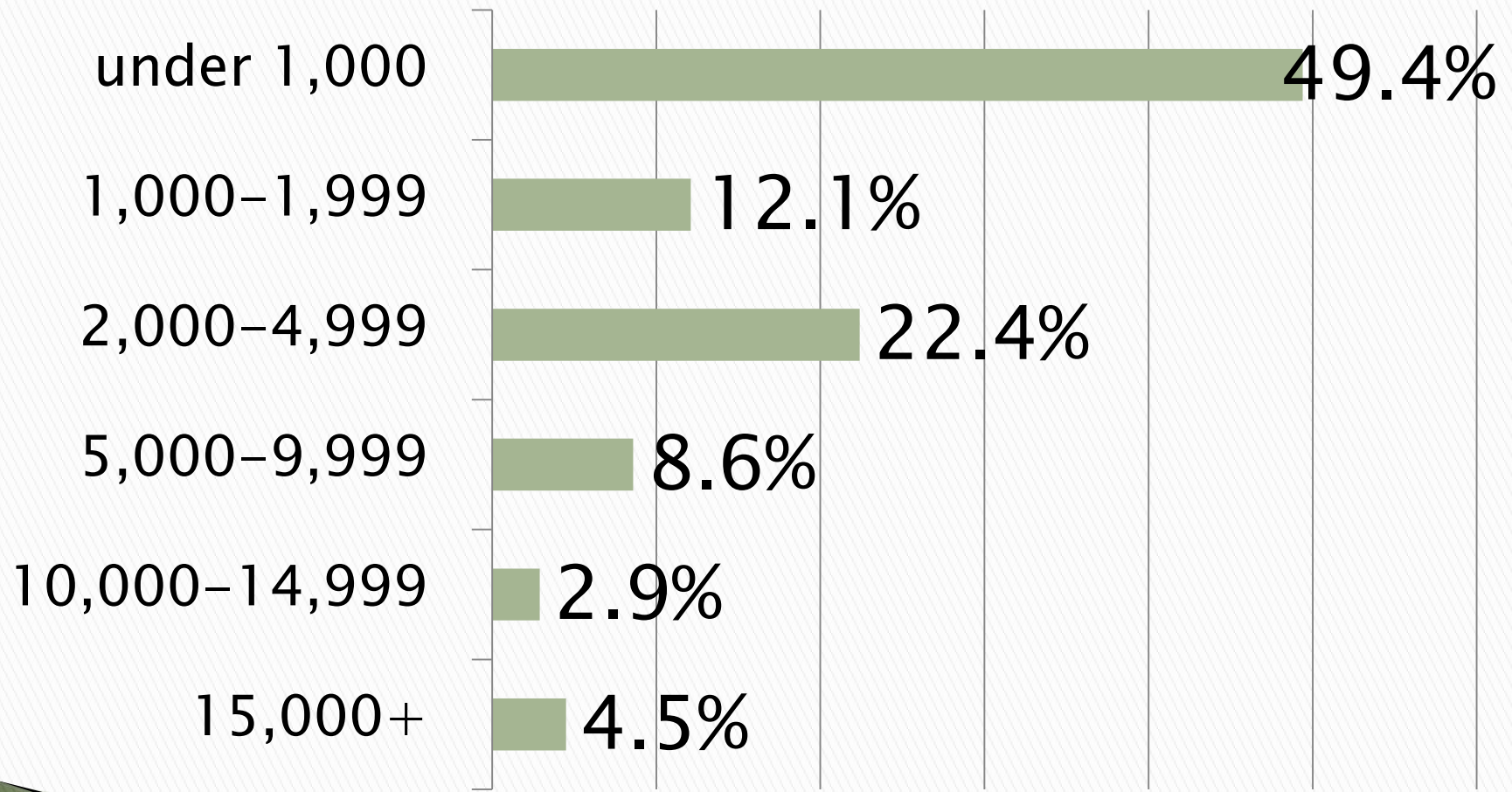
Undergraduate Enrollment



Graduate Enrollment



Full/Part-time Employees



Campus Policies

	Yes	Expected	No
Illicit drugs	91.2%		1.1%
Alcohol (worksite)	90.1%		2.2%
Nutrition (cafeteria)	39.6%	2.7%	40.1%
Smoke-free	39.0%	10.5%	48.3%
Lactation	31.7%	2.8%	37.8%
Physical Activity	23.8%	2.2%	61.3%
Nutrition (vending)	23.6%	4.9%	50.5%
Tobacco-free	23.0%	12.7%	58.2%
Nutrition (meetings)	20.3%	2.7%	58.8%

Health Center Services

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

How Long?	
More than 10 years	60.7%
6 – 9 years	6.3%
3 – 5 years	9.8%
1 – 2 years	6.3%
Under 1 year	0.9%
Expected in next 12 months	3.3%

- ▶ 43.9% campuses have an Interdisciplinary Health & Wellness Coalition

Services Provided to Faculty & Staff at Campus Health Centers

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

Other Campus Sites for Health/Wellness Services

Campus Rec/Fitness Center	94.0%	Human Resources	87.5%
Dining Services	63.5%	Intercollegiate Athletics	54.3%
Environmental Health & Safety	58.9%	LGBTQ Services	48.3%
Health & Wellness Coalition	55.2%	Medical Center	68.5%
Health Promotion/Wellness	68.2%	Women's Services	60.1%

Faculty & Staff Needs Assessments

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

Every year (or more often)	15.9%
Every 2 years	6.0%
Less often than every 2 years	20.3%
Never	46.7%

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

Yes	54.4%
Not sure	36.3%
No	9.3%

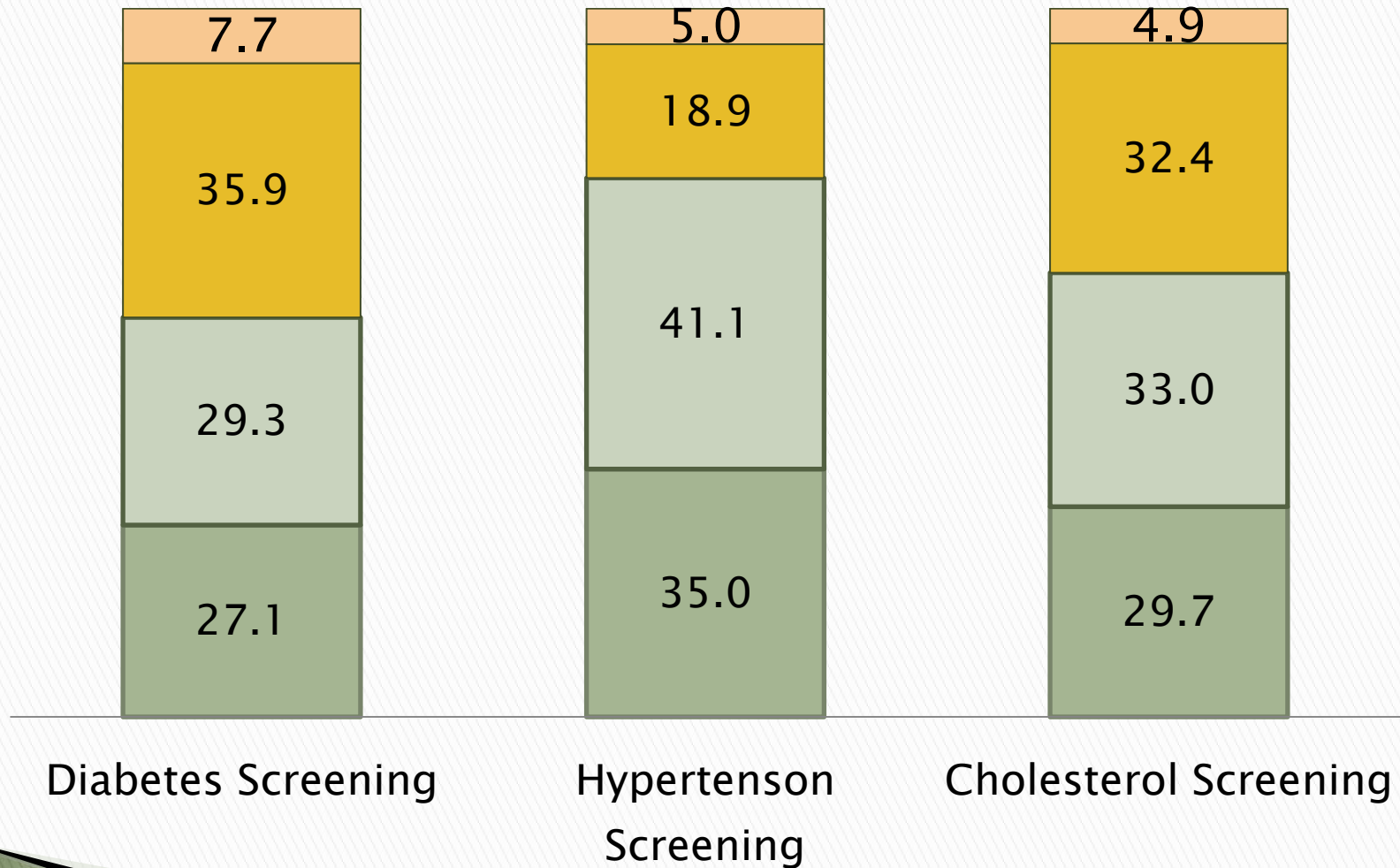
Faculty and Staff Health Screening and Program Availability

Response options:

- Yes, ongoing
- Yes, periodically
- No
- Don't know

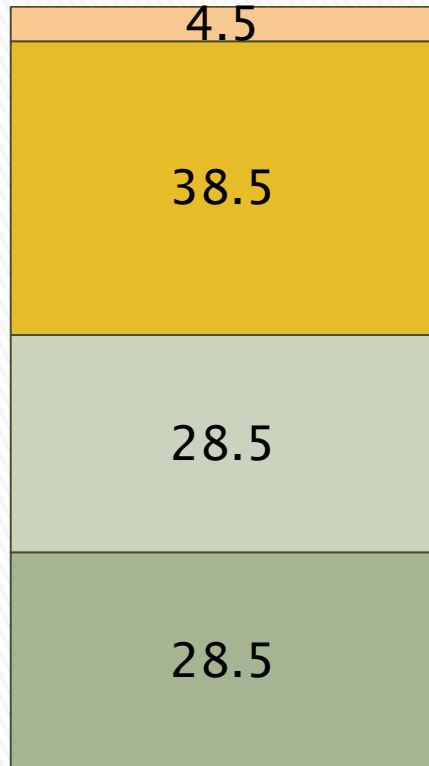
Screenings

■ Yes, ongoing ■ Yes, periodically ■ No ■ Don't know

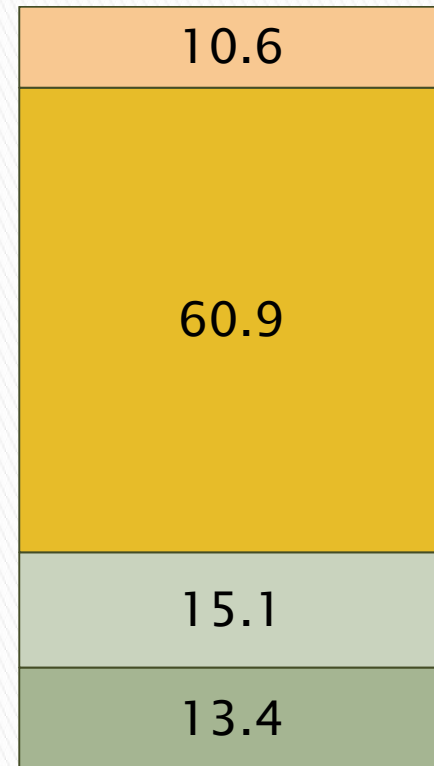


Screenings

■ Yes, ongoing ■ Yes, periodically ■ No ■ Don't know



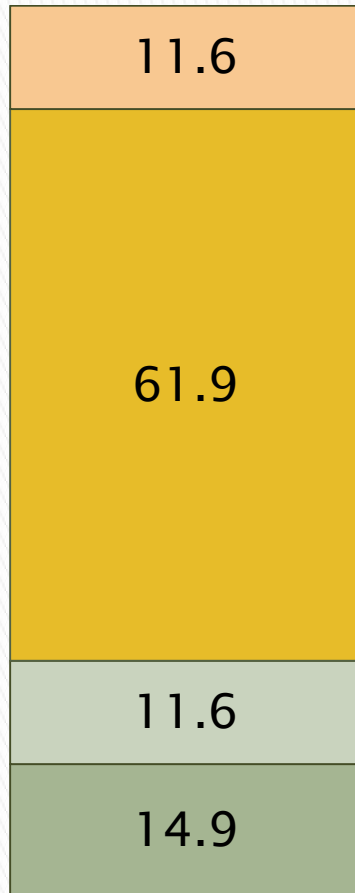
Weight Screenings



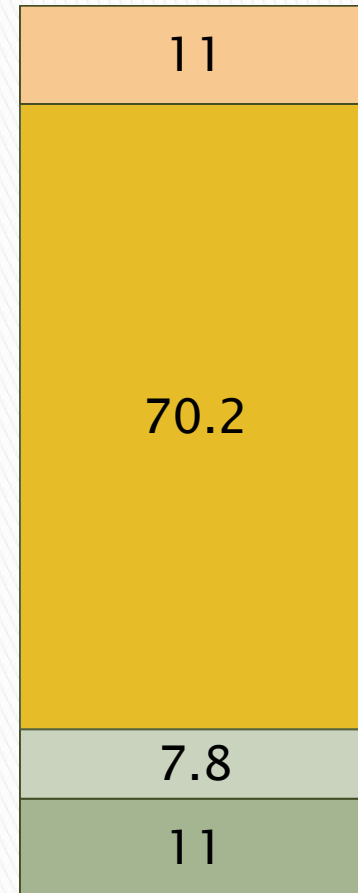
Cancer Screening

Screenings

■ Yes, ongoing ■ Yes, periodically ■ No ■ Don't know



Depression Screening



Substance Abuse Screening



Availability of Health Education Information

Suicide Facts

Myths

- MYTH: Talking about suicide will put the idea in someone's head.
TRUTH: By asking someone if they feel suicidal, you are providing them with a safe opportunity to express their feelings and to have an ally in seeking help.
- MYTH: Suicide is spontaneous and those who talk about it won't kill themselves.
TRUTH: 70% of people who die by suicide express the desire to a loved one or show warning signs.
- MYTH: Once someone makes up their mind to kill themselves, there is nothing you can do.
TRUTH: Although suicidal thoughts are powerful, they are temporary and the usual cause (depression) can be treated.

Statistics

- Over 30,000 people in the United States die by suicide every year.
- Each year, there are almost twice as many suicides as homicides.
- Suicide is the third leading cause of death among 15-24 year olds.
- More than 90 percent 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 means the person is more vulnerable to suicide than the average person. In general, the presence of more risk factors means higher risk.

Psychiatric and Medical Illnesses:

- Depression, bipolar disorder, alcohol/drug abuse, schizophrenia, seizure disorders, multiple sclerosis, any serious illness

History of:

- Previous suicide attempt(s)
- Trauma or abuse
- Family suicide

Recent Stress:

- Suicide of a friend, acquaintance or someone in the community
- Loss of a relationship
- Failure or humiliation

Access to Method:

- Especially guns, but also drugs, high buildings, etc.

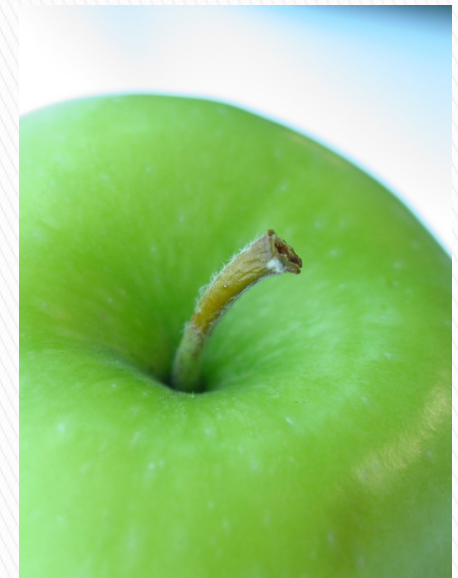
Studies indicate that the best way to prevent suicide is through the early recognition and treatment of depression and other psychiatric illnesses.

In Crisis?
Call: 800.273.TALK
available in US only

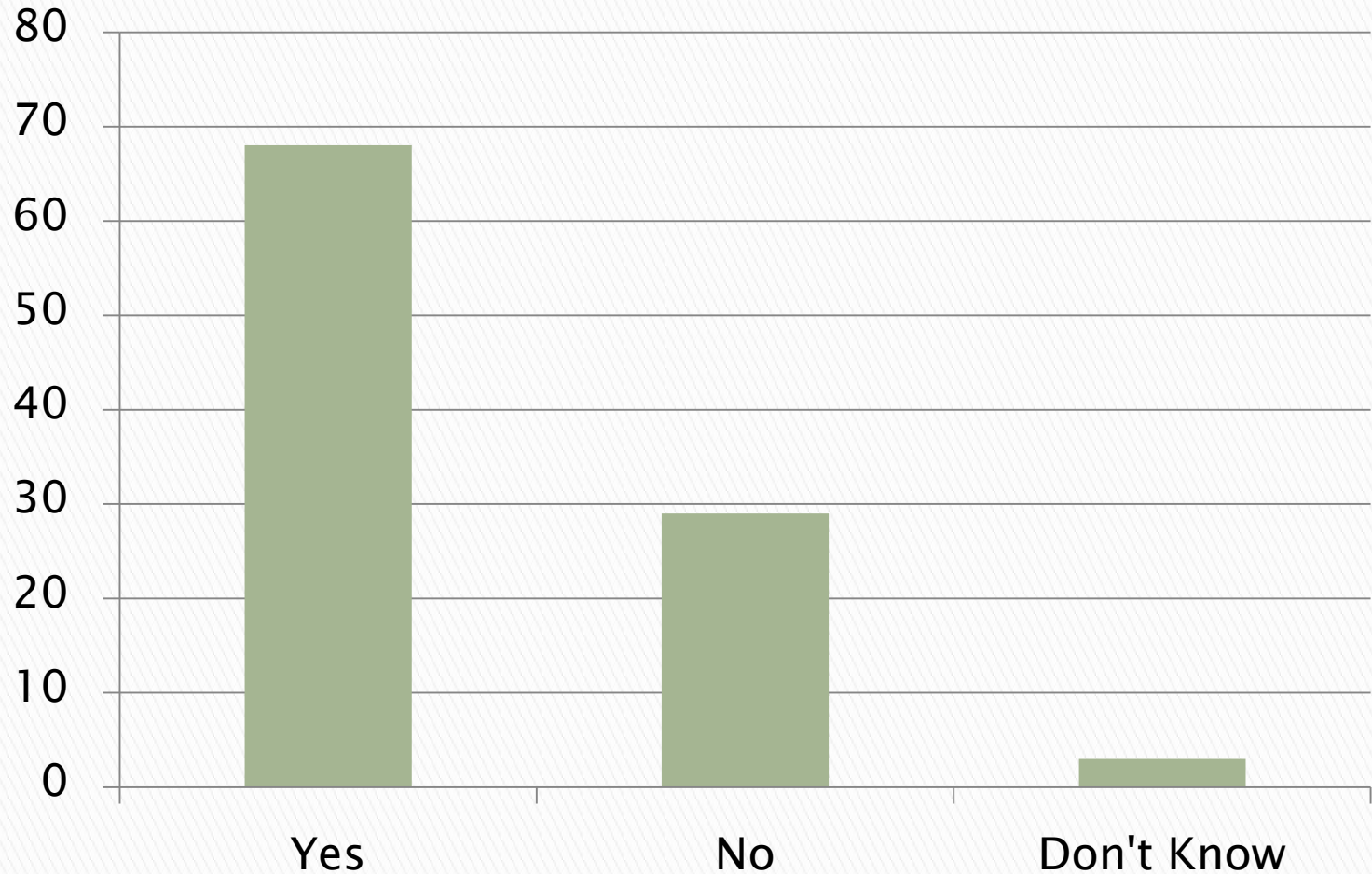
MEN'S HEALTH MONTH

Awareness. Prevention.
Education. Family.

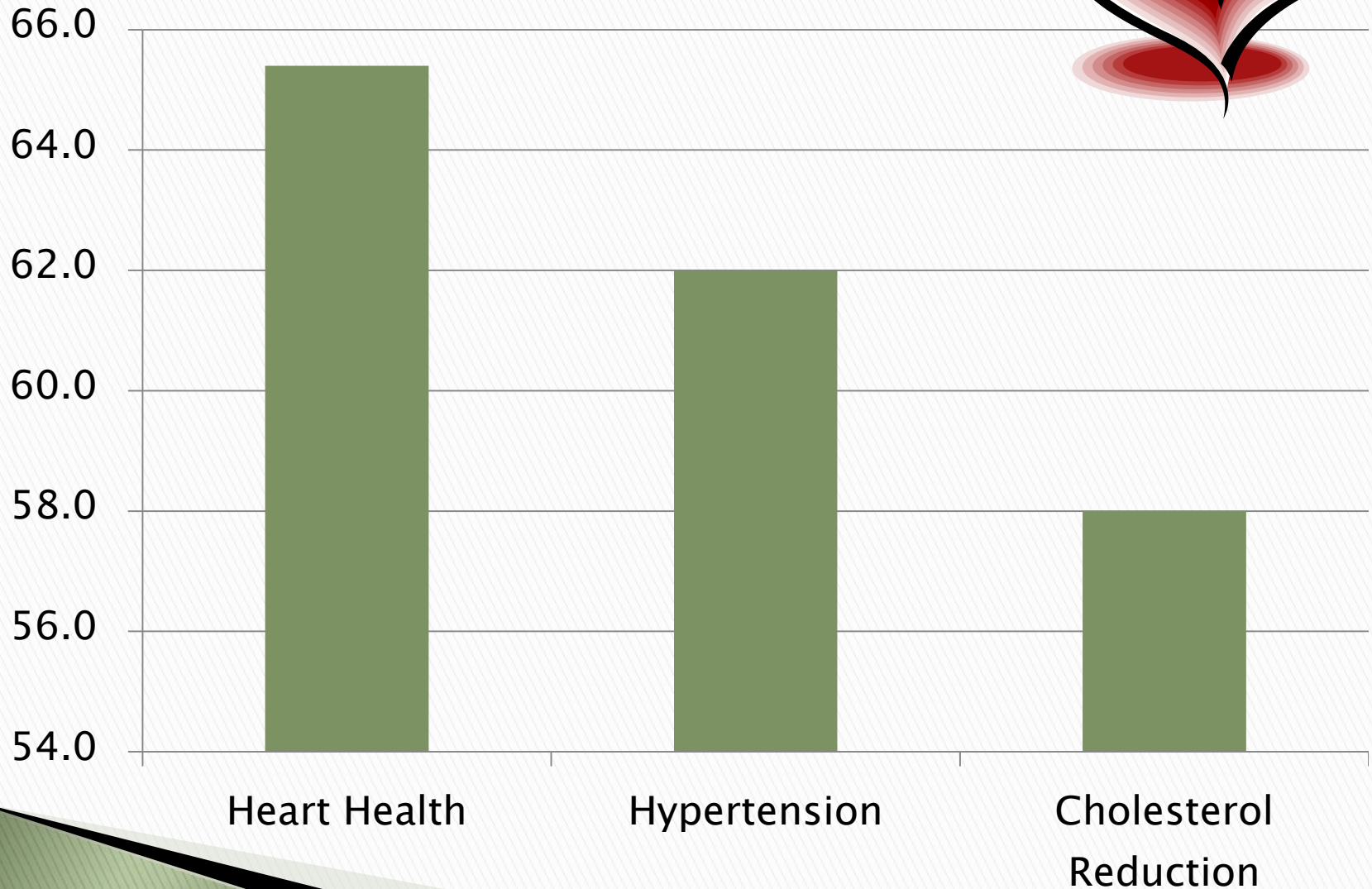
www.menshealthmonth.org



Health and Wellness Programming on Campus

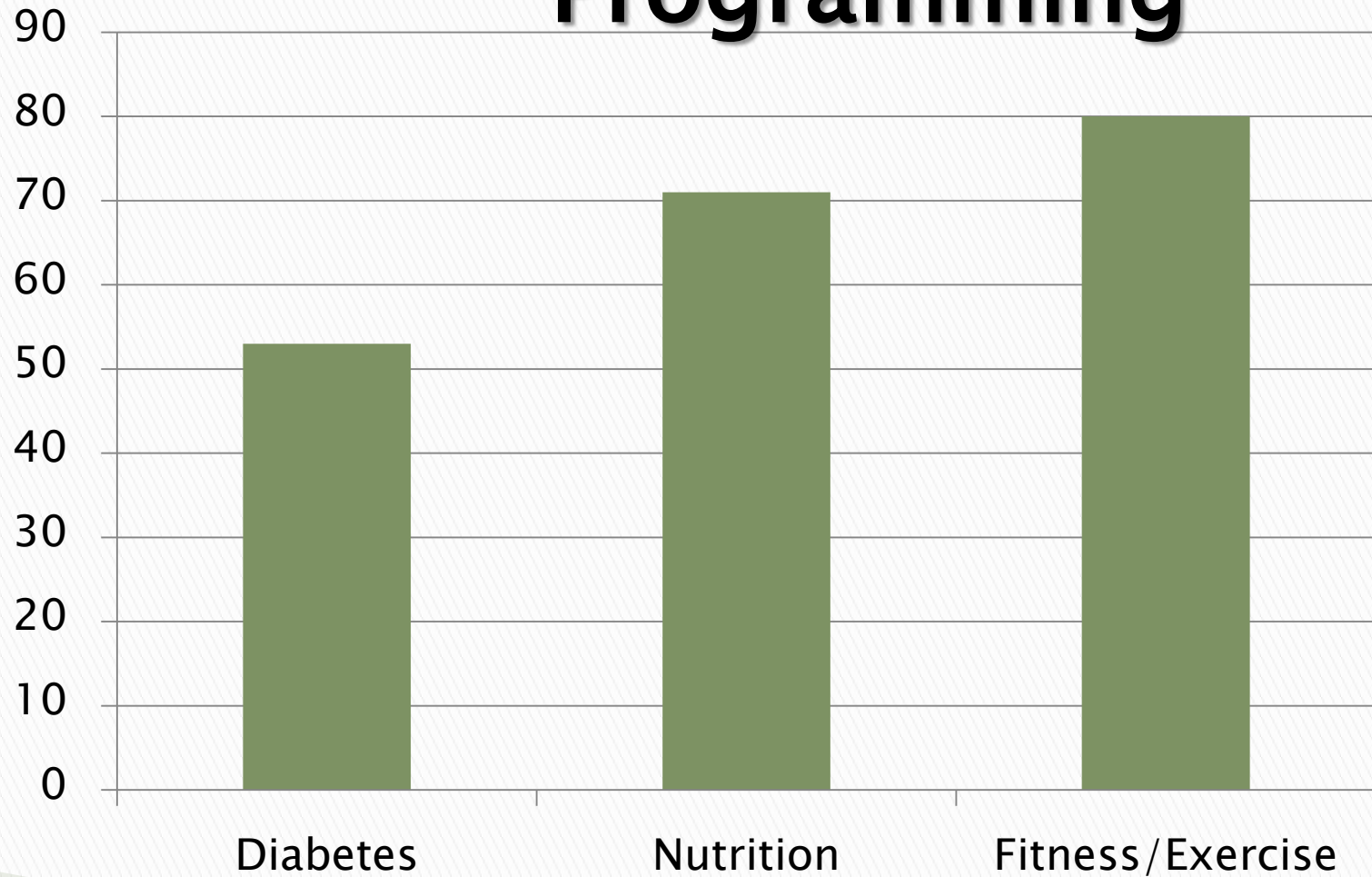


Heart Health Programming



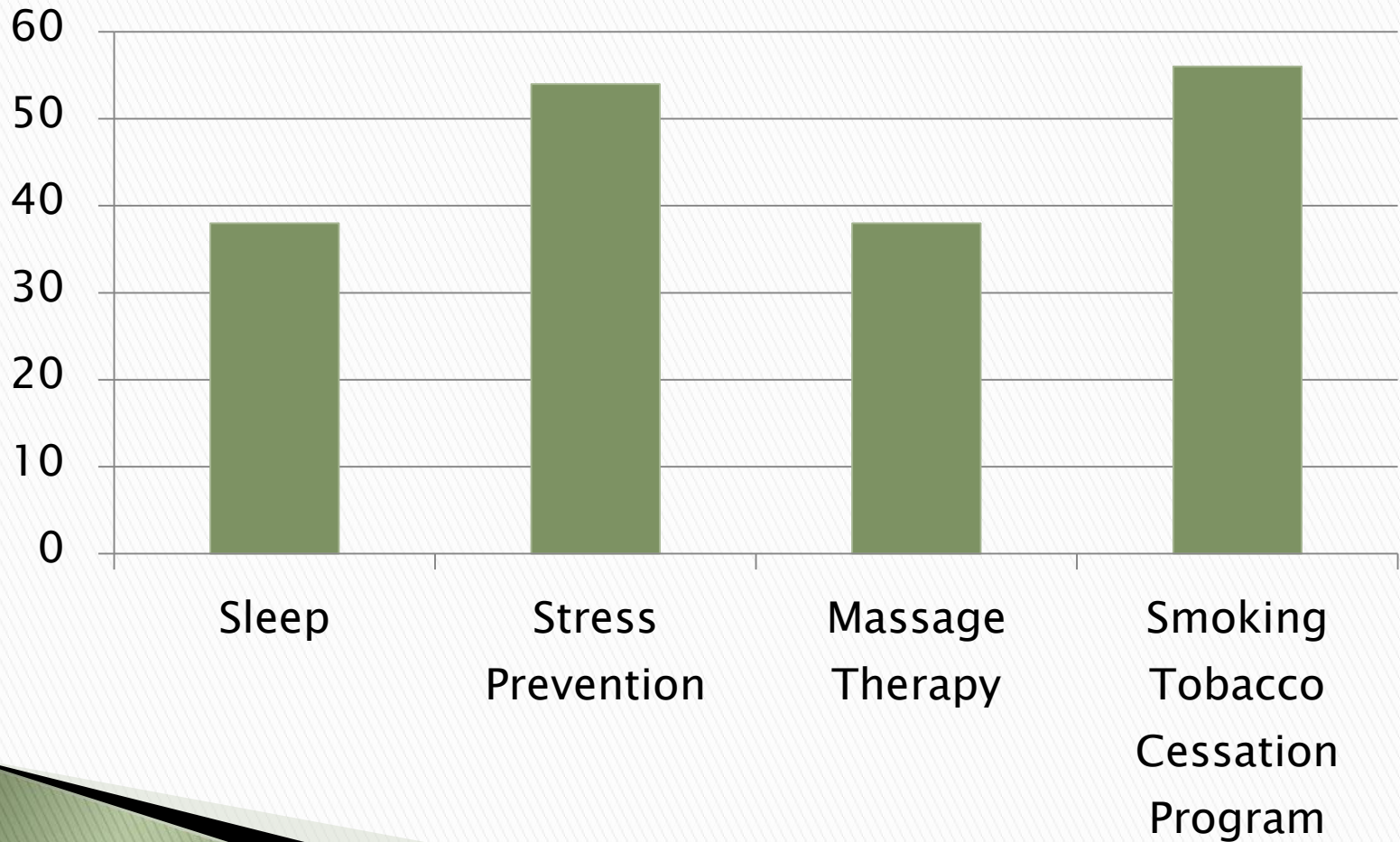
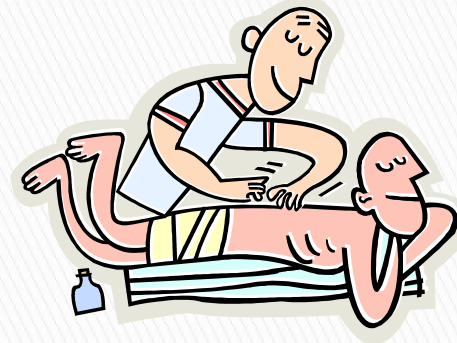


Nutrition and Exercise Programming



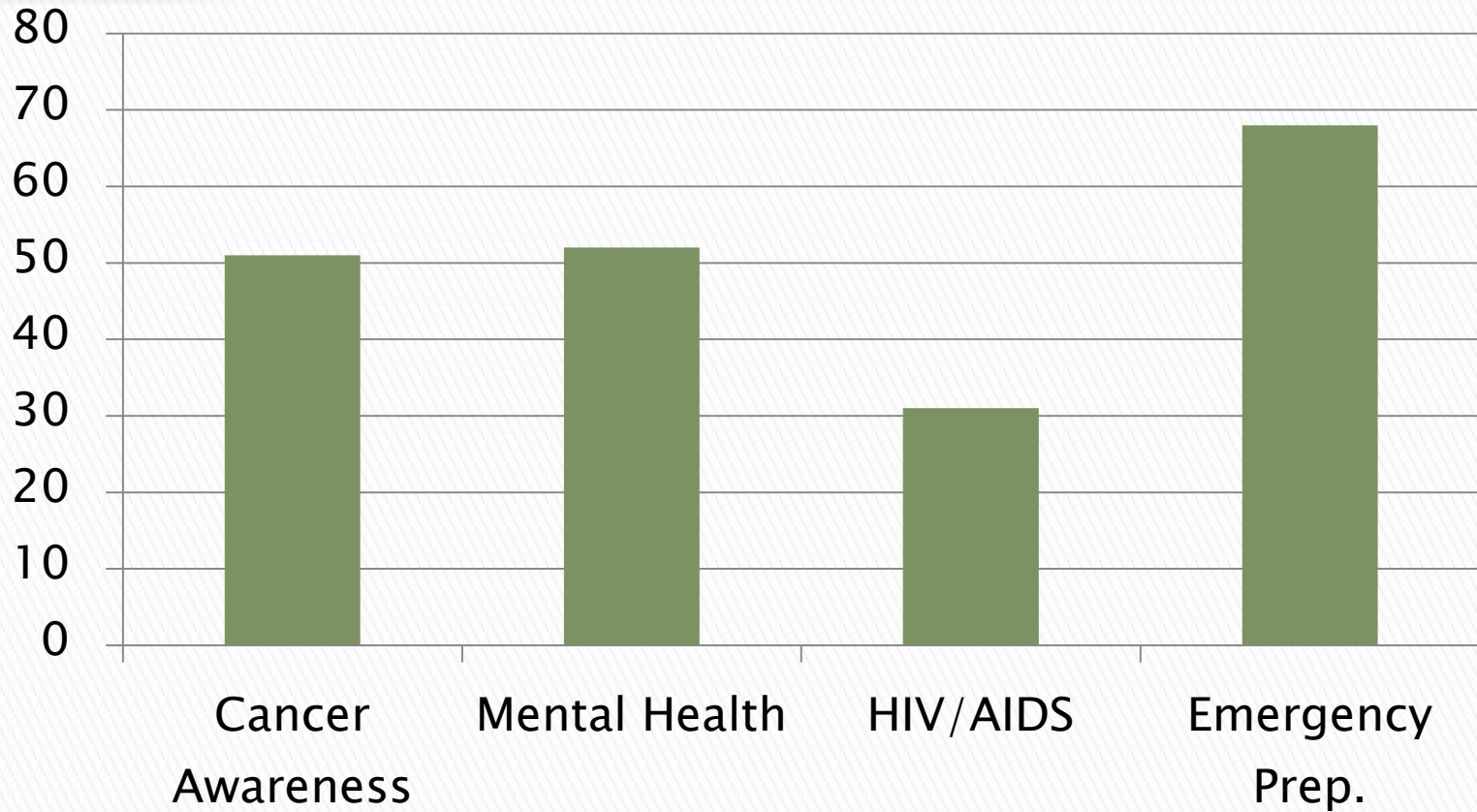


Stress-Related Topics

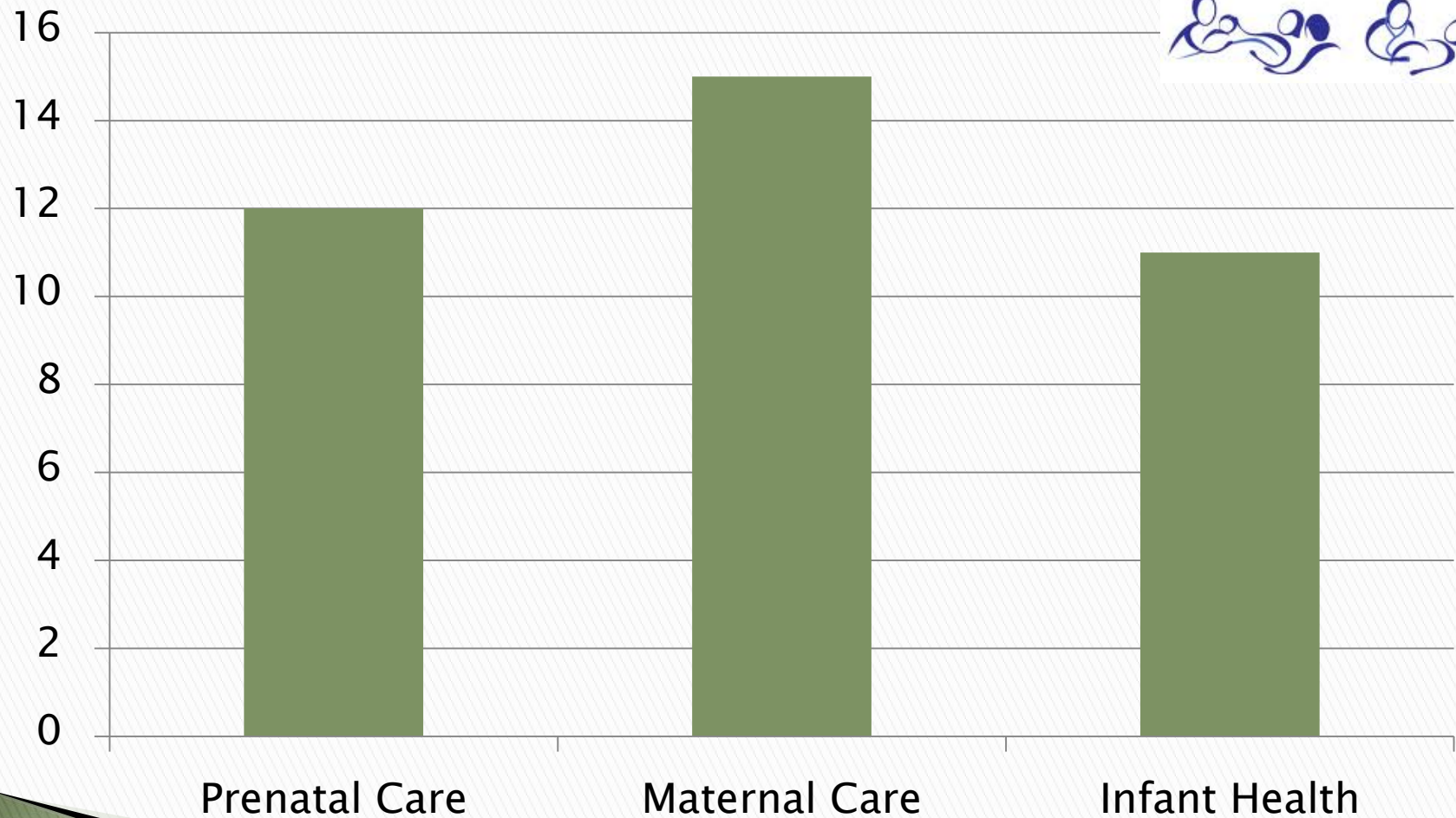




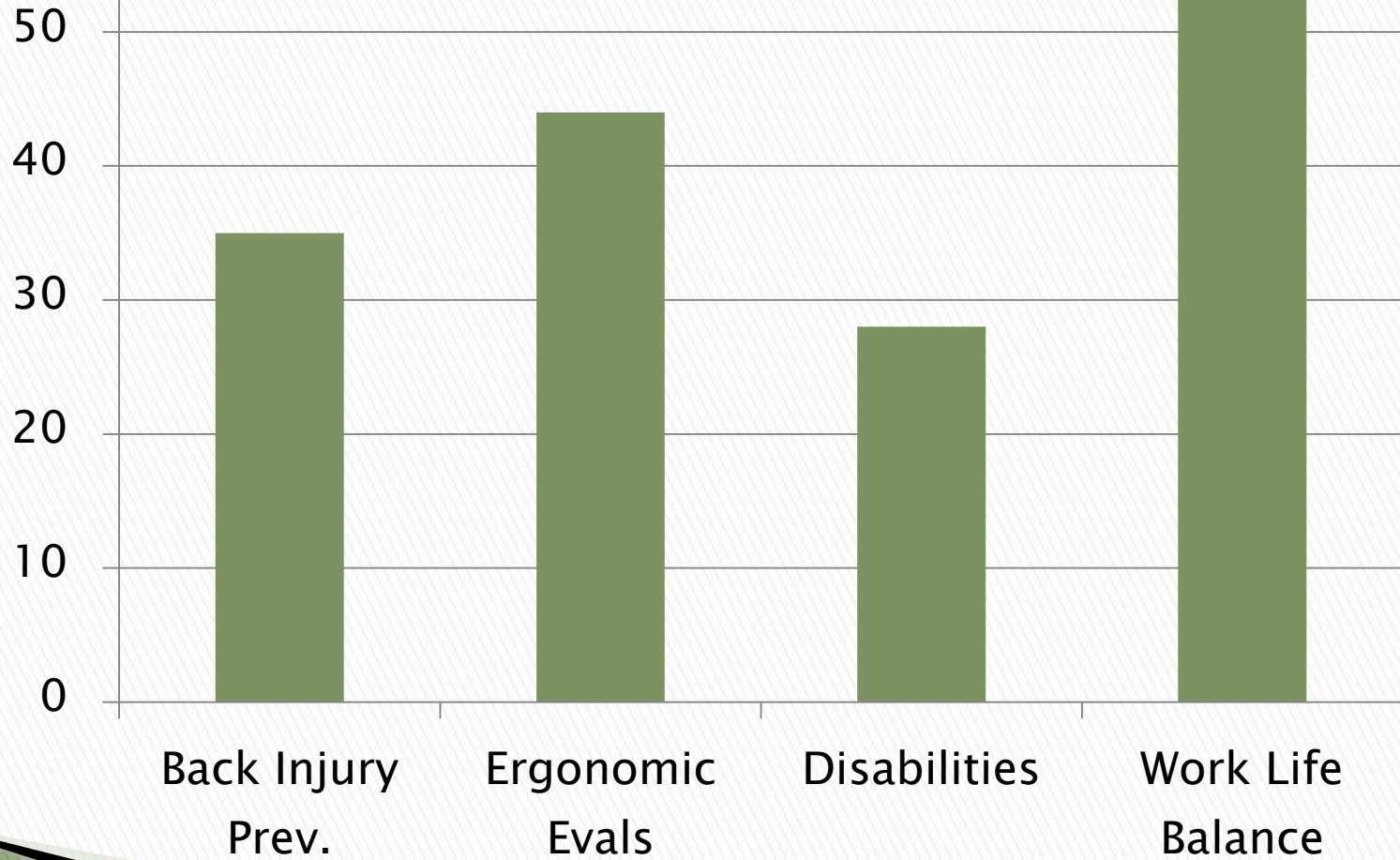
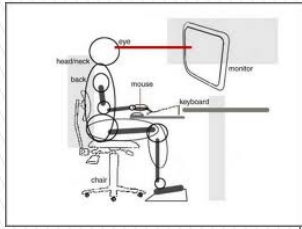
Miscellaneous Programming



Mother and Infant Care

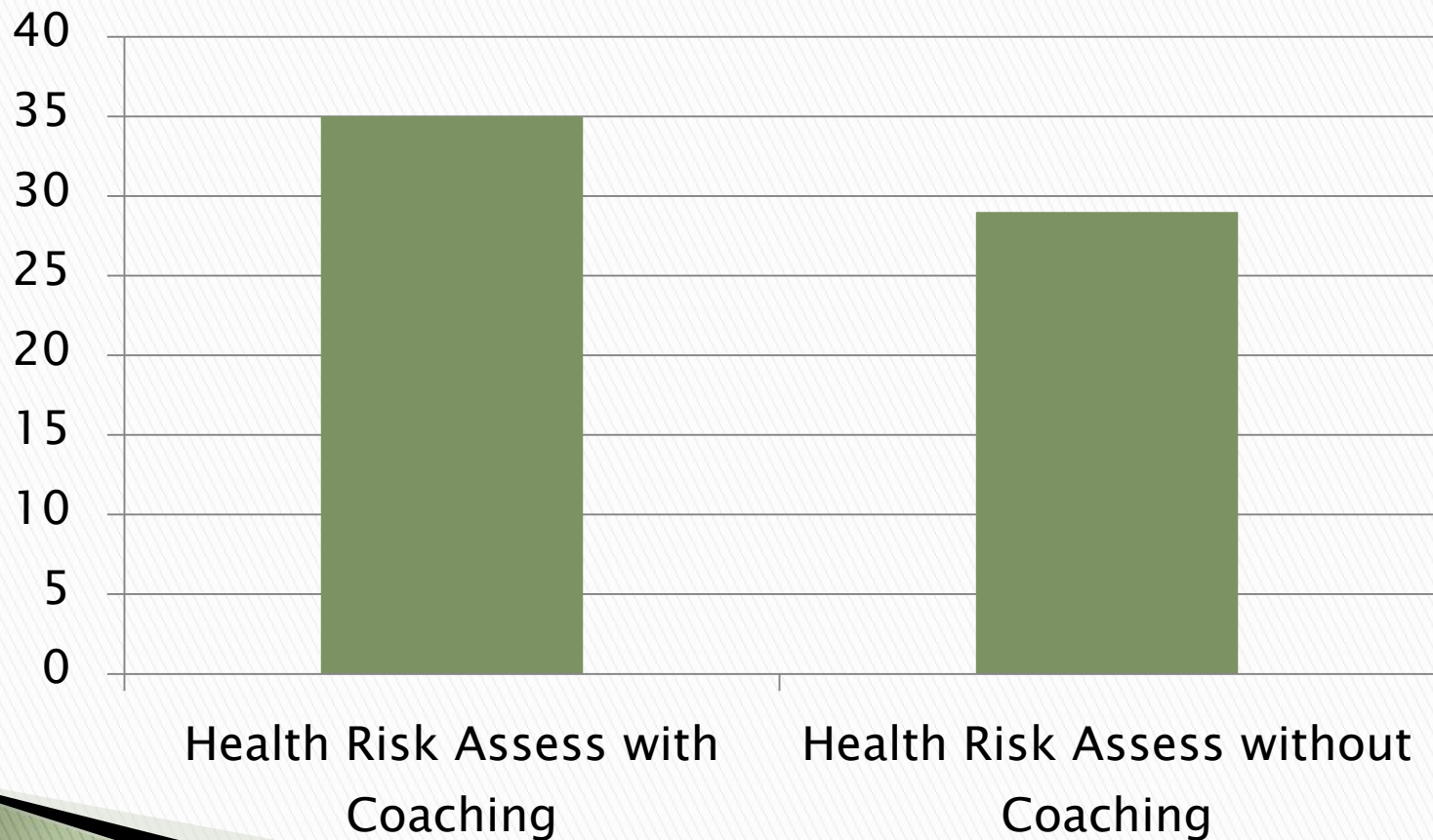


Functional – Work Related

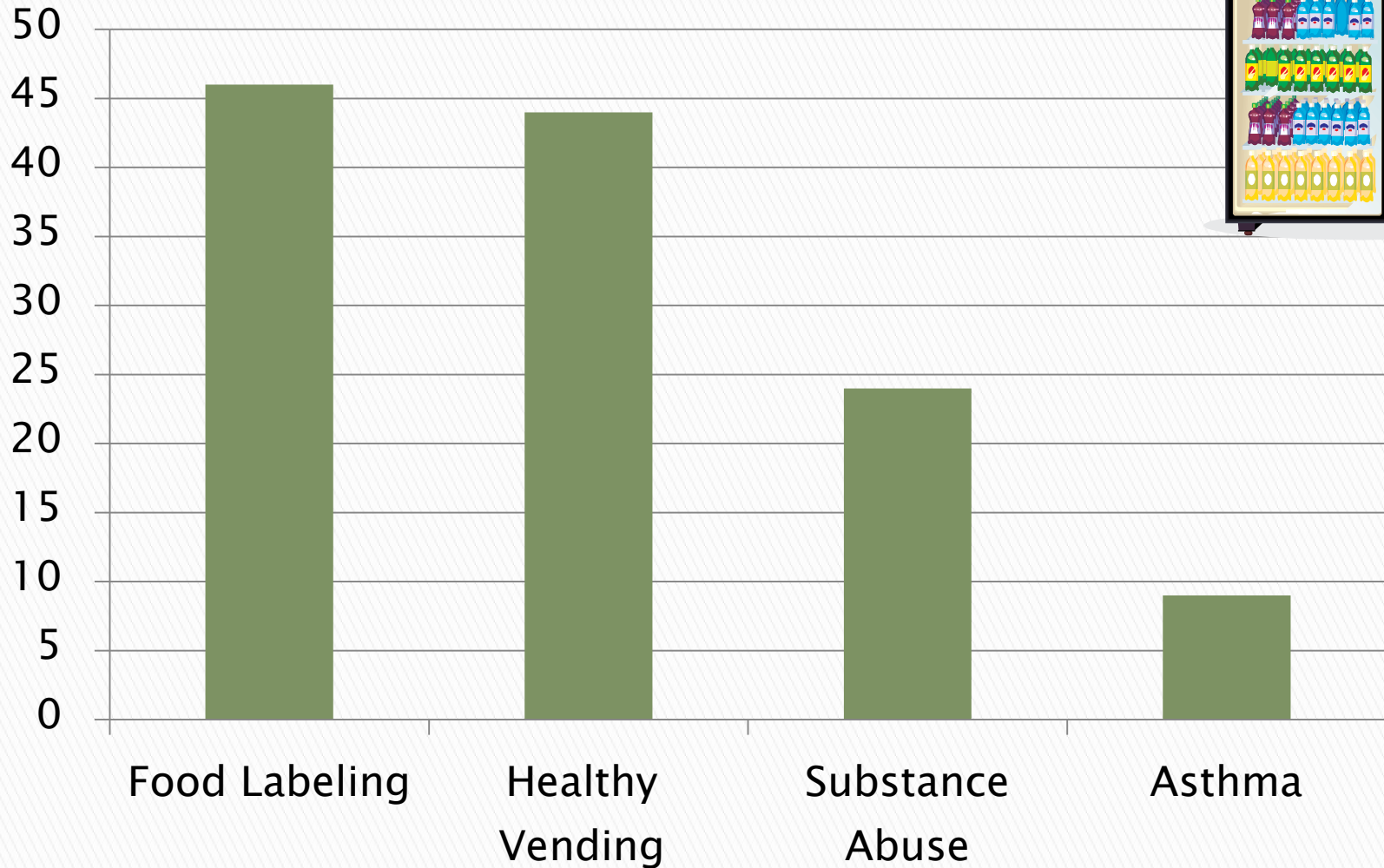




Health Risk Assessments

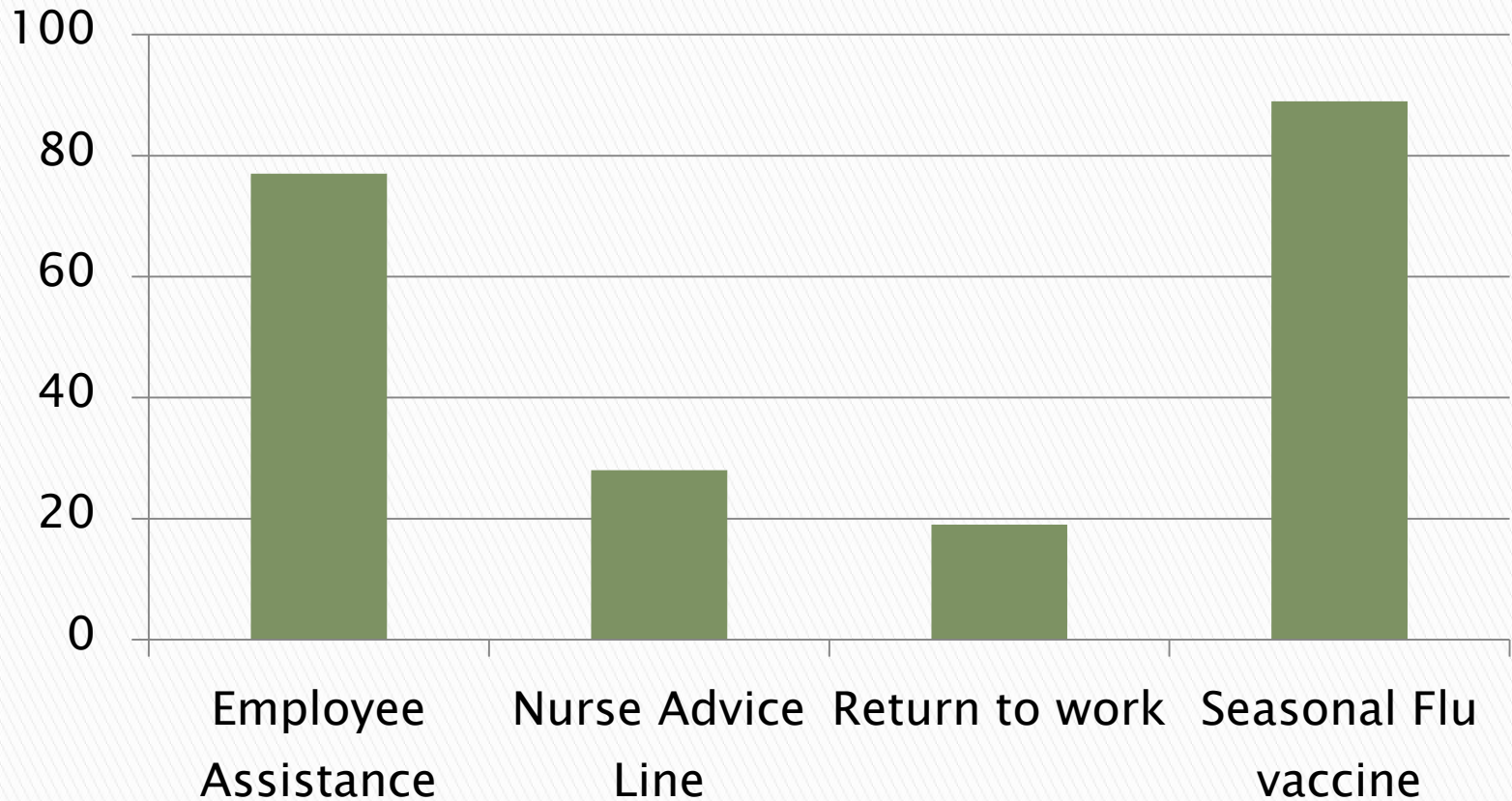


Primary Prevention Programs

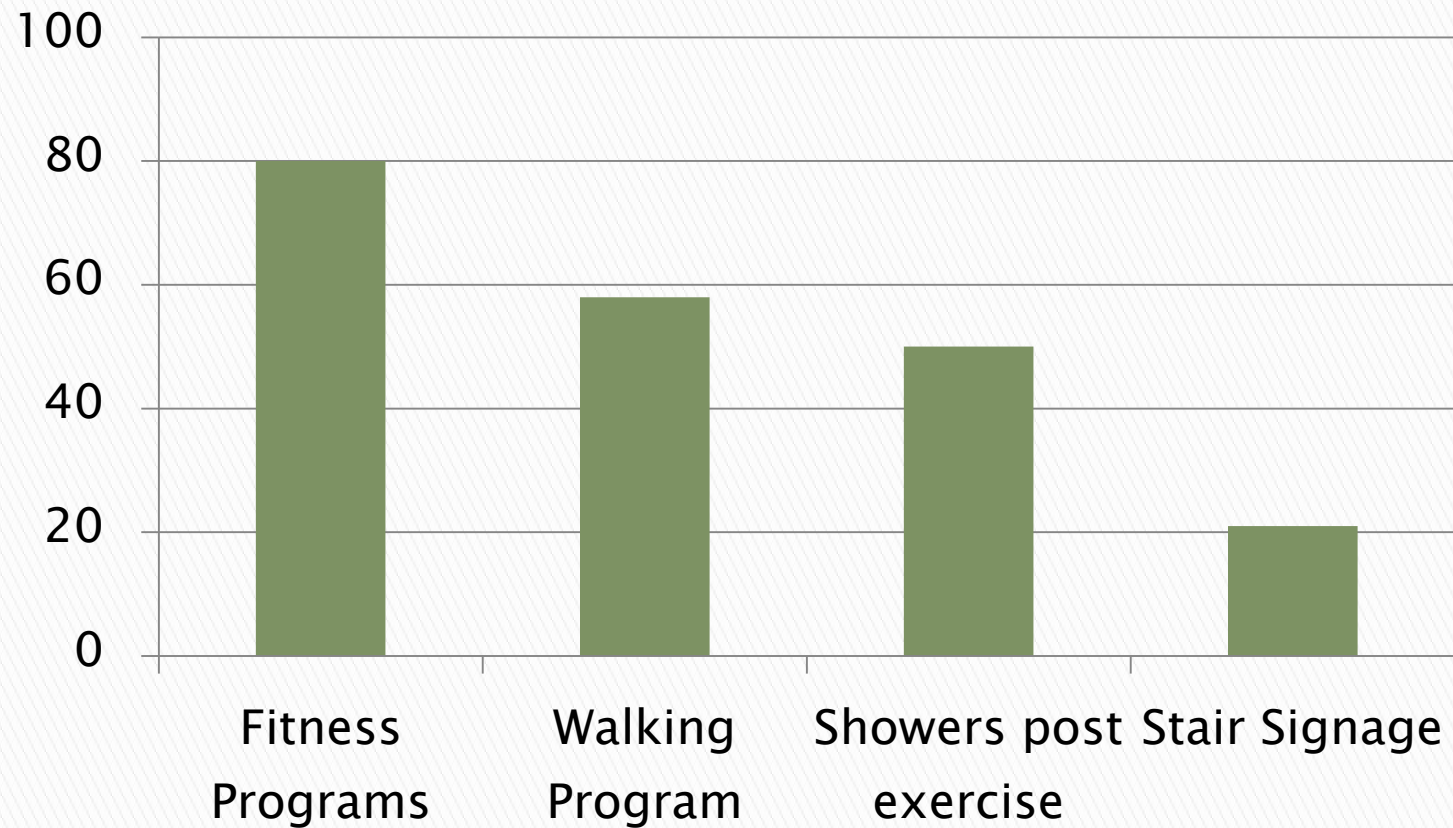




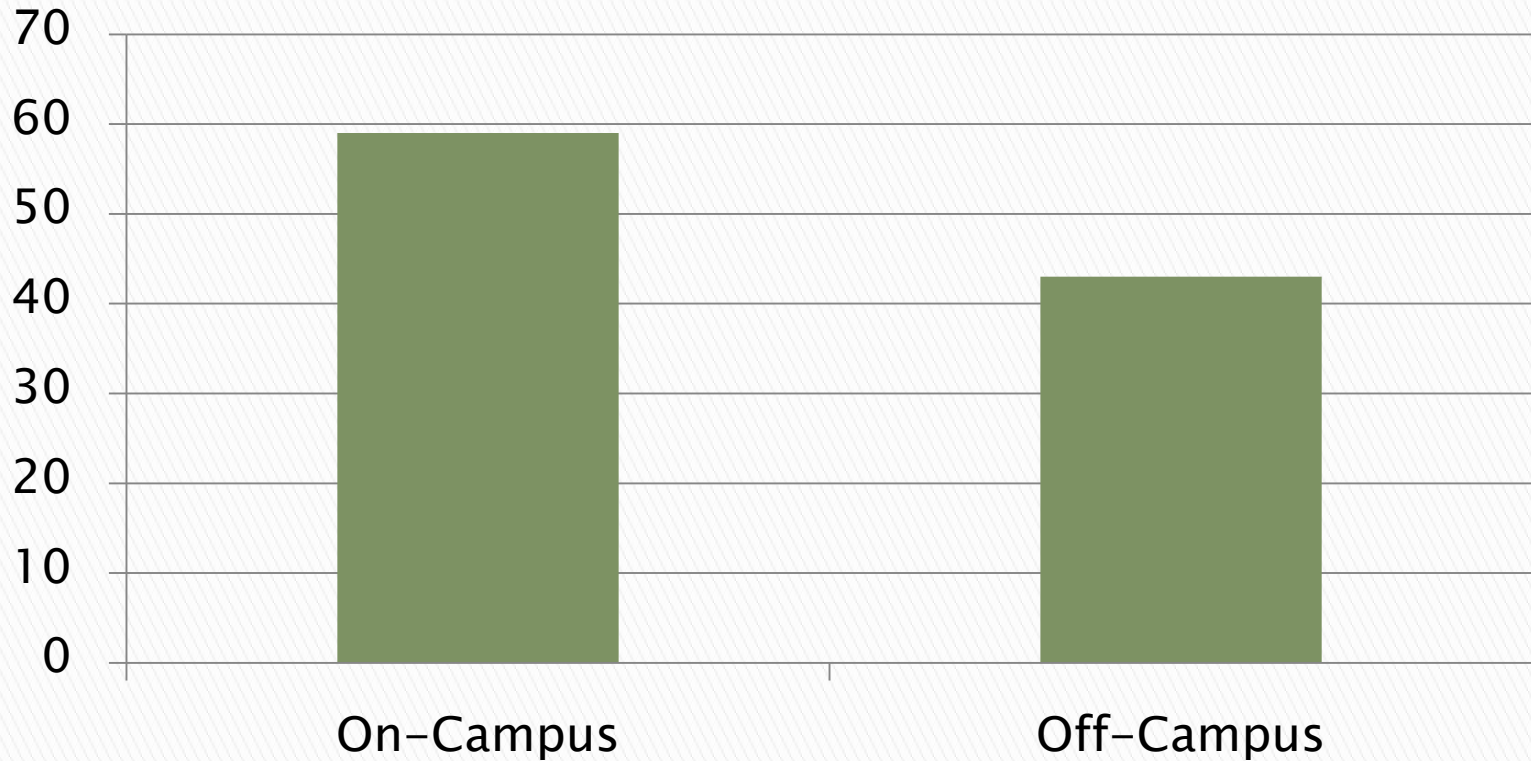
Employee Support Services




Exercise Programming



Subsidized Fitness Programs



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%)

Incentives

- ▶ Approximately $\frac{1}{4}$ 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 $\frac{1}{4}$ 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%)

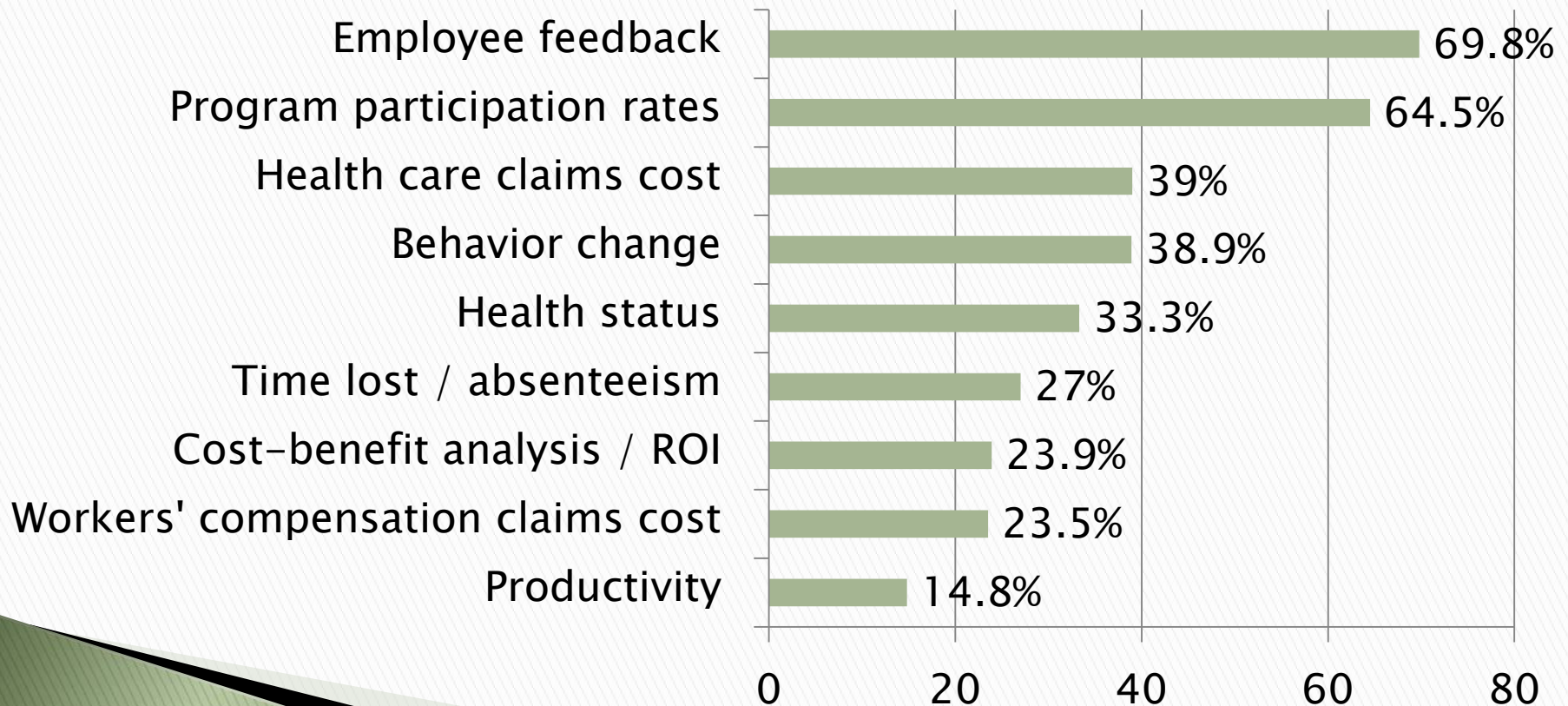
► **Additional Barriers/Challenges**

Literature Connections

- ▶ 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?



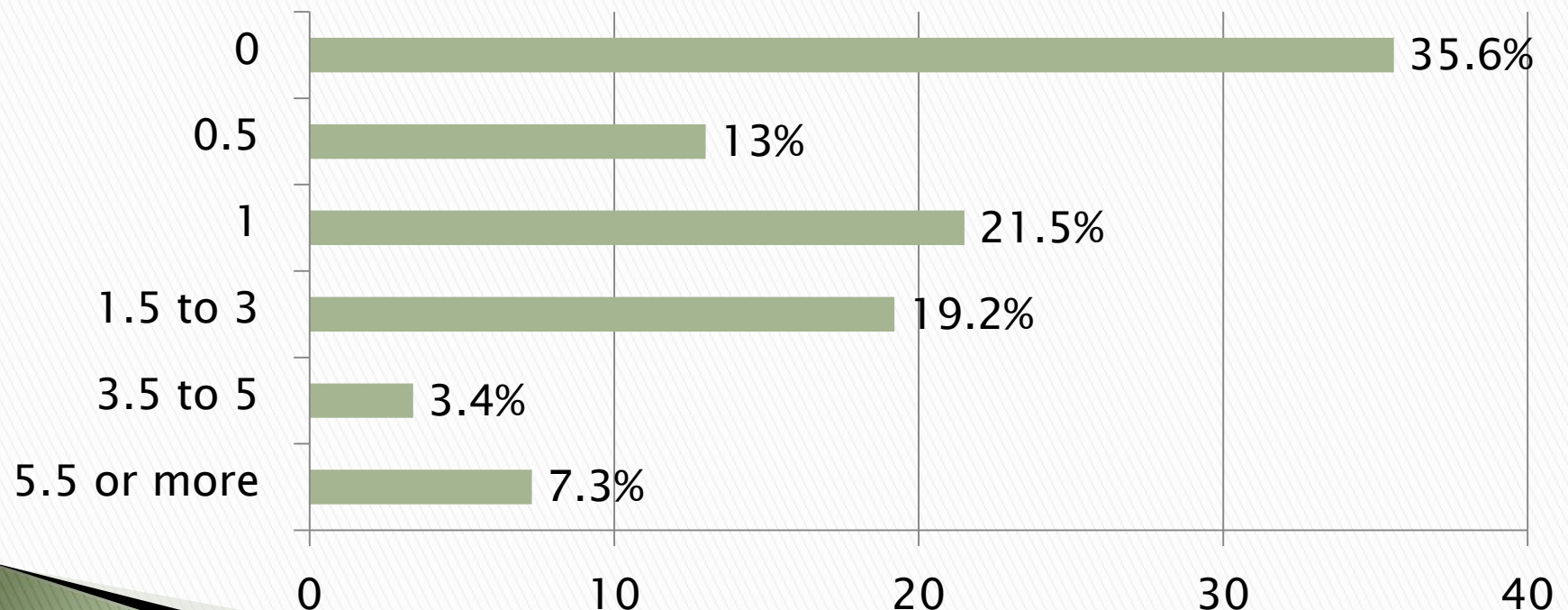
Measuring Program Success

► 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

Full-Time Equivalent Staff

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?



Comments

- ▶ “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