

Wellness Champions: A Critical Strategy for Universities to Enhance Population Health and Wellbeing during the COVID-19 Pandemic

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The world has been significantly impacted by the COVID-19 pandemic. The 2020-2021 academic year is likely to be very different from anything we have ever experienced. Most colleges and universities offer an array of online orientations and programs, many faculty and staff continue to work remotely, and students are participating in their coursework virtually. Because of the rapid pace of change, many students, faculty, healthcare clinicians, and staff experienced sharp increases in stress and anxiety due to multiple challenging issues, and those concerns are not over. There continues to be fear and uncertainty about transmission of the virus, people adhering to safety and physical distancing protocols, how to balance work and child care, and caring for older adults who are still socially and physically isolated. Additional concerns exist for alleviating the mental health impact of COVID-19 on children, adolescents, and adults.

To compound the issues, the health of American adults has been declining. Six in 10 adults in the United States have a chronic condition; four in ten have two or more (Centers for Disease Control and Prevention [CDC], 2019a). Obesity has surpassed tobacco as the number one cause of preventable death and disease in the United States (Cleveland Clinic, 2017). Up to half of all premature deaths in the U.S. are due to modifiable behavioral factors, including unhealthy eating, inactivity, and tobacco use (Institute of Medicine and National Research Council, 2015). Ninety percent of the nation's \$3.5 trillion annual healthcare expenditures are for people with a chronic condition (e.g., cancer, diabetes, hypertension, stroke, heart disease) and mental health disorders (CDC, 2019b). Fortunately, the majority of chronic diseases can be prevented through healthy lifestyle behaviors (O'Donnell, 2016).

Mental health conditions have become a public health epidemic and are soaring further as a result of the pandemic. Chronic stress has been shown in multiple studies to negatively impact both physical and mental health (Office of Disease Prevention and Health Promotion, 2020). The burden of mental illness in the U.S. is among the highest of all diseases, and mental disorders are among the most common cause of disability. Burnout is another mental health condition that has been in the headlines recently, especially in relation to the pandemic. Burnout is comprised of emotional exhaustion, depersonalization, and reduced personal accomplishment (Fred & Scheid, 2018). Those suffering from burnout tend to experience headaches, insomnia, tension, anger, fatigue, impaired memory, decreased attention, thoughts of quitting work, drug and alcohol use, and suicide. Recent systematic reviews and studies support that cognitive behavioral therapy and skills building, mindfulness-based stress reduction programs, and other strategies, such as deep breathing, journaling, and expressing gratitude significantly impact positive mental health and



reduce burnout, while promoting improvement in one's physical health (Botha, Gwin, & Purpora, 2015; Farholm & Sørensen, 2016; Melnyk et al., 2020; Sharma & Rush, 2014).

During times of crisis, such as the COVID-19 pandemic, it is especially important to focus on good self-care. Findings from research have supported that creating and sustaining wellness cultures are key elements in enhancing population healthy lifestyle beliefs and behaviors in academic institutions (Melnyk, Amaya, Szalacha & Hoying, 2016). Because of the pandemic, maintaining overall health and well-being is imperative for people to help manage the stress, anxiety, and depression they are experiencing. Promoting movement and physical activity during the day (e.g., walking outdoors or virtual activity sessions), sleeping seven to nine hours per night, eating healthy, and engaging in stress reduction strategies on a daily basis are important healthy lifestyle behaviors to address during the pandemic. These healthy behaviors can prevent the occurrence or worsening of mental health conditions and ensure that the immune system is at its strongest to prevent or combat infection. Increasing access to mental health resources is also critical during this time, as is promoting psychological safety, such as trust, comfort, and inclusivity (Harvard Business Review, 2017).

Many organizations today, including institutions of higher education, are striving to improve the health and wellness of their employees. Worksite health promotion (WHP) programs are used within organizations as a tool to promote or maintain good health among employees, which can lead to improved health outcomes, reduced health care costs and increased productivity (Kent, Goetzel, Roemer, Prasad, & Freundlich, 2016). Establishing a sustainable and comprehensive WHP program has a substantial advantage over other health encouraging communities or healthcare settings because of the extensive amount of time individuals spend at the workplace.

One of the goals of WHP is to design a workplace environment in which individuals are connected to a larger group through which they find support and continue to be energized to lead healthier lifestyles (Spoonheim & Pronk, 2016). Participation in workplace wellness programs varies greatly due to several factors, including social influences, which can impact the effectiveness of wellness efforts (Safeer & Allen, 2019). One strategy that bodes well for WHP efforts is the use of wellness champions. Wellness champions are a "grassroots" tactic used to improve employee participation in WHP programs, promote a culture of wellness, and positively impact healthy lifestyle behaviors and health outcomes. Wellness champions are employees who have a vested interest in improving the health and well-being of their colleagues, offering support for living a healthy lifestyle through extending the reach of their organization's WHP.

Wellness champions can be potential agents of change, as many are invested in their own wellness, and are interested in educating and supporting their colleagues (Weineke et al., 2016). Linnan, Fisher, and Hood (2013) emphasize that a wellness champion should provide support and facilitate social norms by enacting key functions: social and emotional support to encourage disease management behaviors and coping with negative emotions; linkage to clinical care and resources; and support designed to sustain health behavior change. Although there is no agreed upon industry standard of wellness champion responsibilities, organization specific examples have been described over time (Bloom, 2008; Kuehl, Mabry, Elliot, & Favorite, 2013; Weineke et al., 2016; Amaya, Melnyk, Buffington, & Battista, 2017). Many wellness champions communicate health and wellness resources and activities and motivate colleagues to participate in wellness opportunities. In addition, some organizations encourage their wellness champions to plan and implement departmental wellness activities.

Wellness champions are a low-cost strategy, as they often self-select themselves into the program and volunteer their time and energy to the role. Wellness champions can provide the critical peer support needed to improve healthy

behaviors among coworkers (Weineke et al., 2016). Numerous studies have reported the use and benefits of peer support in helping people adopt healthy behaviors in various settings, including the workplace, with proper training, support, and ongoing guidance and evaluation (Umberson & Monetz, 2010; Edmunds & Clow, 2015; Linnan et al., 2013; Leahey & Wing, 2013; Aoun, Sainsbury, Mullan, & Shahid, 2017). A wellness champion program is common in many WHP programs. They are considered integral to a comprehensive WHP initiative.

With the sharp rise in mental health concerns, increases in unhealthy lifestyle behaviors, and the burnout resulting from the pandemic, the purpose of this paper is to emphasize the importance of wellness champion teams during the COVID-19 pandemic. In times of crisis, wellness champions can continue to promote health and wellness with colleagues, as well as advance the mission and vision of the initiative. The results of a needs assessment and program evaluation will also be discussed in this paper to guide health promotion practitioners' efforts in the era of COVID.

A CASE STUDY: THE OHIO STATE UNIVERSITY'S USE OF WELLNESS CHAMPIONS DURING COVID-19

A description of The Ohio State University's wellness champion team, who are part of the Office of the Chief Wellness Officer, the Buckeye Wellness Innovators (BWIs), has been published previously (Amaya et al., 2017). The BWIs have been a fundamental strategy to the WHP initiative from their inception. Particularly during the COVID-19 pandemic, program facilitators recognized the important role that the BWIs could continue to play even amidst the turmoil and transition. Even during uncertain times, wellness champions can continue to promote health and wellness with colleagues in a myriad of ways. For example, they can continue to sustain the culture of wellness in virtual environments or their on-campus location, and they can continue to provide important wellness resources and support to their colleagues, especially mental and emotional well-being services.

Shortly after the university went into a virtual environment in mid-March, the program facilitators implemented a weekly BWI COVID-19 e-newsletter. The e-newsletter shared vital wellness resources and services for them to share with colleagues. Many mental and emotional well-being resources were referenced, as well as a link to the University Chief Wellness Officer's COVID-19 wellness website, assembled as a resource with information on how to leverage the nine dimensions of wellness during quarantine and the pandemic. In the summer of 2020, several activities were held to engage the BWIs: a virtual luncheon, a webinar, and a short "pulse" survey, which gathered information and feedback on their wellness promoting efforts. The survey questions, outlined in Table 1, were developed by program facilitators to assess five inquiries: 1) how helpful the BWIs manager or supervisor had been during the pandemic; 2) how supportive the BWIs manager or supervisor had been during the pandemic; 3) accessibility to wellness-related information; 4) clarity of communication from wellness partners across campus; and 5) helpfulness of communication to the BWIs in understanding their role as wellness champions. The survey items were not tested for validity and reliability, as it was viewed as a needs assessment and not conducted as a research study. Additionally, the program facilitators held numerous one-on-one and small group virtual conversations with BWIs to determine how to better help them promote wellness and meet the needs of their colleagues.

RESULTS & EXAMPLE BWI PROGRAMMING

The survey was conducted in conjunction with the July virtual luncheon. At the time of the program needs assessment and evaluation survey, the BWIs attending the lunch totaled approximately 192. They were asked questions to provide

feedback to program facilitators. BWIs self-selected to respond to the survey. Total responses to the questions ranged from 113-115, resulting in a response rate of 58-60%. Of the total BWI population of approximately 500, the response rate was 20-22%. However, BWIs who did not attend the virtual lunch were not asked to complete the survey because the program facilitators wanted to analyze the results quickly to meet the needs of the group in a more immediate fashion.

Unsurprisingly, of the BWIs who responded, a majority were working remotely from home due to the pandemic (74.7%). Most agreed their manager or supervisor had been supportive of wellness (56.6%) and work-life balance (83.2%). Ninety-four percent agreed or strongly agreed they have access to wellness-related information and resources, that communication has been clear (75.43%), and that the wellness partners at Ohio State have been helpful to them in their BWI role (72.6%). A breakdown of the survey results is found in Table 1.

Table 1: BWI COVID-19 Needs Assessment and Evaluation Survey Results

Survey Question	Response Options	Total responses	Number	Percent
At this moment, which do you best identify with?	I used to split my time between home and my worksite, but now I'm only working remotely	115	6	5.2%
	I normally work at my worksite but I'm now working remotely		42	36.5%
	I am still working on-site at a work location		16	13.9%
	I am splitting my work time between home and my worksite		13	11.3%
	Prior to the pandemic and currently, the majority of my work is done remotely		38	33%
	How helpful has your immediate supervisor/manager been at getting you the support (e.g., connecting you with wellness resources, adjusting arrangements, providing flexibility) you need to achieve a high level of well-being?		Not helpful at all	113
Slightly helpful	12	10.6%		
Somewhat helpful	28	24.8%		
Very helpful	45	39.8%		
Extremely helpful	19	16.8%		

My immediate supervisor/manager supports my efforts to balance my work and personal life during the COVID-19 situation.	Strongly disagree	114	2	1.7%
	Disagree		3	2.6%
	Neither		14	12.2%
	Agree		46	40.3%
	Strongly agree		59	42.9%
I have access to the information I need for relevant health and wellness resources and opportunities at this time.	Strongly disagree	114	2	1.7%
	Disagree		0	0
	Neither		5	4.4%
	Agree		61	53.5%
	Strongly agree		46	40.3%
How clear have communications from wellness partners at Ohio State been in helping you understand what resources are available to you in terms of health and wellness?	Not clear at all	115	0	0
	Slightly clear		1	.87%
	Somewhat clear		27	23.4%
	Very clear		58	50.43%
	Extremely clear		29	25%
Communication from Ohio State's wellness partners has been helpful to me in understanding what I need to do as a Buckeye Wellness Innovator in response to COVID-19.	Strongly disagree	113	0	0
	Disagree		9	8%
	Neither		22	19.4%
	Agree		54	47.8%
	Strongly agree		28	24.8%

The program facilitators also gathered specific examples of how BWIs supported department wellness efforts via an opened-ended question included in the survey. Table 2 presents examples of the BWI response.

Table 2: BWI COVID-19 Example Virtual Wellness Activities

Hosting a virtual “mental health/relaxation” webinar series with the employee assistance program and with the health plan health coaches
Communication of wellness resources and opportunities via email
Online yoga sessions and Friday morning meditation sessions
Virtual indoor gardening demo
Promoting a walking challenge through online wellness web portal
Using a newsletter that includes a wellness section, including items of healthy recipes and links to resources for staff and updates about wellness opportunities.
Team stretches via zoom twice a week and a weekly, informal touch base meeting to stay in contact with each other.
Virtual coffee chats for emotional support; a Mindful Monday announcement used to share wellness resources
Virtual hours and happy hours with trivia games
Promoting a virtual “walk the local parks” challenge with my team
Meeting for happy/social hour virtually once a week
Hosting a resiliency challenge for department through online wellness web portal
Promoting virtual educational sessions and fitness programming
Eating lunch twice a month on zoom as a team

Throughout the pandemic, many BWIs continued to practice and promote wellness on-site at the university because they work in a division requiring an on-campus presence, such as the academic medical center, facilities operations, student dining, housing, or other departments that require a physical presence. Some of the on-site activities included circulating a comfort cart with wellness items for staff, BWI-led stretch breaks in break rooms, sharing wellness resources from the e-newsletter, taking short campus walks in small groups with physical distancing, and hosting a healthy weight challenge.

The survey also asked BWIs to share feedback on what they needed and how the facilitators could better serve them in their roles. The overwhelming response indicated BWIs wanted and needed 1) more ideas and advice on how to get people involved and participating in wellness activities; 2) more examples of what other BWIs were doing; and 3) continued communication from the university wellness partners. The program facilitators immediately started adding this content to the web-based BWI resource center, including more BWI examples and stories in virtual strategy sessions. Ideas and examples were also highlighted at the on-boarding orientation for new BWIs this past fall.

DISCUSSION AND CONCLUSIONS

Although the survey captured only a quarter of the total BWI participants, the responses and data have helped and will continue to help the program facilitators better plan for the future, and to meet the needs of the BWIs so that they remain engaged in the role and continue to promote the importance of self-care with colleagues during this uncertain time.

Based on the needs assessment, BWIs want and need examples of what other BWIs are doing in their respective departments, i.e., what is working, what is well-received, and where there may be areas of opportunity. Overall, BWIs were comfortable with the amount of communication they received from the program facilitators, and generally felt supported by their manager or supervisor. BWIs were implementing some novel and unique activities, being more creative and thinking “outside of the box” on how to promote wellness with colleagues. The program facilitators will continue to seek input from them and share their experiences and ideas with other BWIs across campus.

As worksite health promotion practitioners, supporting wellness champion teams is of utmost importance if they are to remain engaged in their role. Strategic and frequent communication is needed, so wellness champion teams feel connected to the wellness program, the program facilitators, and are able to provide wellness resources and opportunities for their colleagues, as well as themselves, to participate in. Wellness champions must also feel a sense of freedom and flexibility to implement what they feel is best for their units, as they know their colleagues, environment and culture best. Providing them with guidance, encouragement, examples, and new ideas is important to further the wellness initiative.

As program facilitators during the pandemic, “pulse” surveys can be conducted with wellness champions to gather information on how to best meet their and their colleagues needs. Collecting feedback on the perceived level of support they are receiving, how engaged their colleagues are with wellness-related activities, and the tools and resources they need from program facilitators to better perform their role can keep wellness champions engaged, energized and connected to the program’s mission. Additionally, identifying wellness activities that others have implemented in their respective departments is very helpful to wellness champions who are looking for ideas. It gives them strategies to consider. Whether working on-campus or in a virtual environment, providing wellness opportunities as they were prior to March 2020 is no longer suitable, and practitioners and wellness champions alike need to be more creative in their outreach and engagement approaches.

Because the response rate was 58%-60% for the survey items, we surmise the BWIs who did not respond were 1) not interested in providing feedback or 2) not able to access the survey. The program facilitators plan to re-assess the BWIs during the 2021 calendar year to gather information from the entire BWI sample (not just those who attend the luncheon), better shape programming, and better meet BWIs’ needs.

Wellness champions are an important, foundational strategy for creating a culture of wellness in any organization. Through a pandemic, wellness champions can be of great assistance for continued promotion of wellness opportunities and resources and continued building of wellness cultures in their respective departments and units.

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