

The Buckeye Wellness Innovator Program: A Quality Improvement Evaluation

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ABSTRACT

Background: Wellness champion networks are a best practice strategy to promote and sustain a culture of well-being in organizations and institutions of higher education.

Aim: The purpose of this quality improvement evaluation was to determine program effectiveness and areas of opportunity for a university wellness champion program.

Methods: An anonymous survey was sent to 700 wellness champions, the Buckeye Wellness Innovators (BWIs), to assess program components, identify areas of opportunity, and gather participant feedback.

Results: A total of 202 BWIs (28.8%) responded to the survey. Seventy-five percent reported at least moderate engagement in the role. There was a strong desire among respondents to contribute to the university's wellness initiative. Areas of opportunity include further colleague engagement in wellness services and programs, enhanced communication from program facilitators, and continued and increased support for the wellness champion role.

Conclusions: Feedback on the program was positive overall. Several areas of opportunity for program improvement were identified. Wellness champions are an effective evidence-based strategy to support a culture of wellness in institutions of higher education and their feedback is important for program quality improvement.

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BACKGROUND

The U.S. Department of Labor Statistics (2022) indicates that employed adults spend over half their waking hours on work-related activities. Recognizing this substantial time commitment highlights the importance of integrating health promotion into workplace culture. The workplace yields a significant influence on individual health in various dimensions. Prolonged periods of sedentary behavior in certain jobs contribute to an increased risk for a variety of health problems, while exposure to physical hazards or harmful substances poses additional risks to physical well-being. Job-related stress arising from factors, such as workload and interpersonal conflicts, can impact mental health, whereas a positive work environment and job satisfaction contribute positively (Sonnetag et al., 2023). A university setting presents a unique set of workplace challenges, including high workloads, burnout, emotional exhaustion, and work-life imbalance (Corpuz, 2023). Work-life balance plays a crucial role in employee health, with long working hours and inflexibility, which negatively affects overall well-being (Sonnetag et al., 2023).

Workplace wellness programs contribute to better health outcomes (Jones et al., 2019, Marin-Farrona et al., 2023). According to Yuen et al. (2020), in a study assessing the prevalence and characteristics of university-sponsored wellness programs in U.S. accredited college and university campuses, only 36% of 3,039 institutions offered an employee wellness program. A larger percentage of 4-year public colleges/universities provided employee wellness programs than 4-year private colleges/universities and community colleges. When limiting the institutions/campuses to 4-year colleges and universities with at least 500 employees, the percentage of these institutions/campuses offering EWPs increased to 57.7%.

Published research on the subject (Amaya et al., 2018; Buch et al., 2021; Jenkins & Sherman, 2020; Jones et al., 2019; Song & Baicker, 2019) have touted wellness programs as ways to enhance morale, boost productivity, reduce turnover, lower healthcare costs, and improve overall population health. Based on industry research, wellness programs have a return on investment (ROI) of \$2.00–\$4.00 for every dollar invested (Goetzel et al., 2014, Mattke et al., 2014; Melnyk, 2023; Thonan et al., 2023; Unsal et al., 2021). Ultimately, a holistic approach to workplace well-being, encompassing physical, mental, and social dimensions, is essential for fostering a healthy and productive workforce (Melnyk, 2019). Assessing the ROI and value of investment (VOI) in worksite health and wellness programs is key to garnering needed resources (Melnyk, 2023; Thonon et al., 2023). A financial return is one of the critical components used to judge the success of worksite health and wellness programs, with studies showing reductions in health care costs, workers' compensation, and disability management claims (Thonon et al., 2023). VOI is a broad measure of all the benefits of a well-being program, such as participation, improved job and academic retention, improved morale, and increased productivity.

Along with ROI and VOI, strong senior leadership support, a visible healthy worksite culture and environment, program flexibility to adapt to changing needs of employees, utilization of technology, and support from community health programs have all been proven to be essential pillars contributing to the success of worksite health and wellness initiatives (Koinig & Diehl, 2021; Thonon et al., 2023).

Recognizing the diverse subcultures within the university, with variations in size, location, resources, and employee characteristics, the Buckeye Wellness Innovator (BWI) program at Ohio State University was developed to address the unique wellness needs of these subgroups. Subgroups are formed around age, race, ethnicity, income, religious beliefs, department, and job responsibilities necessitate a tailored approach to wellness initiatives (Amaya et al., 2017; Amaya et al., 2018). The BWI program, as a vital component of the comprehensive wellness approach used at The University,

highlights its commitment to empowering leaders and managers, fostering a wellness culture, and embracing evidence-based interventions through the use of wellness champions (WC). In the context of dispersed employees, wellness champions play a crucial role, acting as peer volunteers to promote and implement health and wellbeing initiatives across the grass roots of the organization across campus (Amaya et al., 2020; Ellis et al., 2020; Santos et al., 2022).

Wellness champions, an evidence-based strategy, are a group of employees committed to support and encouraging colleagues to adopt healthier lifestyle behaviors (Santos et al., 2022). Wellness champions have the capacity to tailor institutional wellness programs to meet the needs and characteristics of their colleagues, departments, workgroups, and clinical experiences. Experts agree that WCs should appear at every level of the organization (Mitchell et al., 2020). Desired qualities of wellness champions include a commitment and enthusiasm for the organizational health promotion program and active participation, health-conscious individuals who are intrinsically motivated to adopt healthy lifestyle behaviors and acting as a motivator for colleague or peer participation in the wellness program. A WC represents others' voices by gathering the concerns, insights, suggestions, and wellness needs of others, sharing input with wellness program staff and leadership in a way that protects their colleagues and peers and honors their feedback, and advocating for making healthy choices more accessible throughout the organization.

The BWI program encompasses approximately 700 faculty and staff members across various departments, campuses, and satellite locations. BWIs play a crucial role in communicating health and wellness information, motivating colleagues, and planning and implementing wellness activities. Previous information about the BWI program has been published (Amaya et al., 2018). Ongoing evaluation and support from the university's wellness departments, coupled with funding to support department-specific wellness efforts, further enhance the BWI program's effectiveness. This strategic initiative recognizes and addresses the diverse subcultures within The University, ensuring that wellness programs are flexible, adaptive, and responsive to the evolving needs and interests of its academic community.

The purpose of this program evaluation was to determine program effectiveness and areas of opportunity for a WC program, as well as analyze the resources available to program participants.

METHODS

An anonymous program evaluation survey was sent out to 700 BWIs during the fall of 2023, over a two-week period. The Institutional Review Board verified that approval was not needed due to the quality improvement nature of the project. Before commencing data collection, a meeting was held with program managers to identify specific areas of interest for the evaluation. Program leaders expressed a desire to evaluate current program workflows, assess program outcomes, identify areas of opportunity, and gather feedback from the WCs. A descriptive survey approach was adopted to comprehensively assess the program, incorporating quantitative and open-ended qualitative items.

A survey was designed and distributed using Qualtrics to gather data on participant experiences, perceptions, and satisfaction. Some items used Likert-type responses while others required respondents to choose from a variety of options. Survey questions included "How satisfied are you with the level of support and guidance you have received from the program staff?," "How effective have you been in communicating health and wellness activities to your colleagues within your department or unit?," "How engaged are you in motivating and encouraging your department/colleagues to participate in wellness programs, activities, and event?," "Please rate your experience in facilitating wellness events and activities within your department or unit," and "What is your biggest barrier to

facilitating wellness in your department?” Responses used Likert scales of 1 (*never or not at all*) to 5 (*always or extremely*).

The survey underwent a one-week trial period where five BWIs tested the survey to ensure its effectiveness and suggest revisions. The survey encompassed four sections: demographics, program evaluation, BWI resources, and additional comments. Concurrently, a qualitative analysis was conducted by a review of the Carmen Canvas learning management system, which is the online resource center for BWIs. Focused exclusively on materials and resources accessible to BWIs, the review analyzed the resources available to program participants.

Data Analysis

Data was analyzed with Qualtrics Stats iQ, Text iQ the Qualtrics Report Option. Text iQ was used in coding and analyzing the textual responses gathered during the survey. The feature allowed for text response categorization based on certain key words found in each response. This feature facilitated the categorization of text responses based on specific keywords, ensuring a systematic organization of data. After auto-categorization, a careful review was conducted to validate the placement of each response in its respective category. The tool also aided in determining the percent breakdown of responses within each category.

Stats iQ was used to calculate statistical relationships within the survey responses, supplying quantitative insights. This feature allowed for the users to compare different survey question responses to each other, drawing different relationships and conclusions. Additionally, the Report function was utilized to generate data tables and graphs. This feature allows users to select the specific type of data visualization for each survey response contributing to a comprehensive and visually informative presentation of the data. Chi-square was used to compare categorical items.

RESULTS

A total of 227 (32%) BWIs responded. Out of the 227 responses, 202 (28.8%) were used for analysis as respondents completed all survey items. Eighty-seven percent ($n = 177$) identified as female, 11.39% ($n = 23$) as male, 0.5% as non-binary, and 0.5% preferred not to disclose. The age range of BWIs spanned from 25 to 65+, with the majority (62%) falling within the 35–54 age group. Fifty-three percent were from the university side of campus, 38.22% were from the medical center, and 7.85% had roles in both areas. Forty percent of BWIs identified their position as administrative staff. A considerable proportion (52.33%) of BWIs had been part of the program for over 2 years, while 22.8% had served for 1–2 years, 11% for 6-12 months, and 13.89% for less than 6 months at the time of the survey. Several themes emerged based on the questions in the survey.

Engagement and Challenges

Seventy-five percent of BWIs reported being moderately to extremely engaged in their role. Of the 75%, 36.3% of those were moderately engaged, 29.9% very engaged, and 8.8% extremely engaged. Only 25% were slightly engaged or not engaged at all.

When assessing the challenges faced in facilitating wellness events and activities in their respective departments and units, 12.3% found it very challenging, 31.4% somewhat challenging, 30.4% were neutral, 21.6% described it as somewhat easy, and 4.4% found it very easy.

To explore correlations among variables, an investigation into the relationship between BWI work location (medical center, university campus, or both) and BWI engagement levels was conducted using a chi squared test. The analysis resulted in a p-value of 0.293, which revealed no statistically significant correlation.

Identified Barriers

When BWIs were asked about their biggest barrier in facilitating wellness initiatives, 31% cited increased workload or job demands and 33% named a lack of interest and participation from colleagues as a significant barrier. In the “other” category, comprising 16.5% of responses, text analysis revealed that 51.61% of participants mentioned the location of colleagues as a barrier.

Regarding factors influencing BWIs’ decision to remain engaged, the majority selected the desire to contribute to the overall health of university (27.05%), enthusiasm for workplace wellness (23.57%), and interest in encouraging colleagues to participate in the wellness initiative (22.33%). When asked about overall satisfaction with the BWI staff, 45.4% were extremely satisfied, 34.1% were somewhat satisfied, 15.1% were neither satisfied nor dissatisfied, 3.1% were somewhat dissatisfied, and 1.5% were extremely dissatisfied.

Evaluation of Resources

Respondents rated how valuable they find the online champion corner (Canvas) page for accessing and sharing resources related to their roles as BWIs. Seventy-six percent of BWIs found the corner to be at least somewhat valuable, while 24% found it not very valuable or valuable at all. Additionally, 85.5% of BWIs found the monthly newsletters to be at least somewhat effective in keeping them informed about health and wellness activities and resources. Regarding the bi-monthly webinars, when rating the usefulness on a scale of 1 (*not useful at all*) to 5 (*extremely useful*), many (42.12%) indicated it was very useful.

Wellness Activity Fund

Only 31.44% have applied for wellness funding available through the activity fund. Of the 68.56% who indicated that they have not applied, 21.65% mentioned not planning to apply in the future. When assessing the reasons why they were not planning to apply, 21.43% selected not having the opportunity or need to plan wellness activities in their role, insufficient time to complete the application, or the application seeming too complicated.

Participant Feedback

In addition to quantitative data, survey responses were categorized into 11 categories to glean insights into areas where BWIs felt the program could be improved. Opportunities for improvement included (1) support (from program staff or department management), (2) ideas (examples from other BWIs), (3) collaboration (more collaboration among BWIs), (4) funding (financial support or improvement of the grant process), (5) communication (increased communication between staff and BWIs), (6) location (awareness of teams not located on main campus), (7) mentorship (a need for mentors to guide new WCs), (8) program data (advocating for the availability of program data

for BWIs), (9) incentives (possible payment for work and recognition), (10) time (raising concerns about time spent on wellness activities), and (11) training (on resources and responsibilities).

DISCUSSION

The evaluation of the BWI program reveals a blend of commendable strengths and areas poised for improvement. Successful engagement of the group highlights the program's broad impact across various departments and roles. WC programs are best implemented if they are built with sound structure (Amaya et al., 2017), included as a goal in a university wellness strategic plan, have identified metrics and data points of interest to stakeholders, conduct quality improvement and program evaluations on an annual basis, and have clear and defined expectations of roles and responsibilities for the WC.

While the program has made strides in inclusivity through representation across different employment locations and positions, ongoing efforts are essential to ensure sustained and more extensive participation. In the present project, a majority of WC participants were female and between the ages of 35–50 years. A well-balanced and diverse WC program should represent organizational demographics. Additional work is needed to recruit WCs that differ in gender, age, and race, to better embody The University workforce.

Although most WCs reported moderate to high engagement in motivating colleagues, a subset showed lower involvement levels. Strategies like specified training or recognition programs could serve to elevate overall engagement, responding to the needs of those showing diminished interest. BWIs also expressed interest in further training as a BWI. Wellness champion program facilitators are continually challenged with engaging WCs long-term. It is a volunteer role, and professional responsibilities take priority over the WC role, even in the most supportive environments. Including managers and supervisors in on-boarding and department-level strategy, as well as continuous communication is imperative to keep the WC engaged in the role (Mitchell et al., 2020).

Colleague participation in WC opportunities varies over time and in the type of wellness activity. In instances when participation is high, it can be very motivating to a WC. When participation wanes, it can be deflating. These barriers bring attention to systemic workplace issues, such as short staffing and work overload that can be a challenge for participation in wellness programming. While program facilitators are not able to directly impact workload, attention to the matter can be brought to university leadership, and manager/supervisors can be equipped with strategies to support WC-related work during work hours.

Worksite modality (remote versus in-person) highlights the necessity of tailoring support mechanisms for those on dispersed teams. The champion corner does have a section dedicated to supporting remote and hybrid coworkers. It offers valuable insights to promote health and suggested strategies to encourage healthier living among remote teams. An area of opportunity is to provide clear examples of virtual programming ideas that WCs can use to better engage their colleagues. Spotlighting WCs to share experiences with engaging remote and virtual colleagues can be beneficial to other WCs.

Resources and support mechanisms should be tailored to address the specific needs and challenges faced by WCs. The program's success in reaching participants of different demographics and roles provides an opportunity to create a more inclusive and supportive environment. Looking ahead, maintaining ongoing feedback mechanisms, implementing interventions, and emphasizing inclusivity will be essential for the program's evolution.

Lastly, low participation in the WC funding opportunity signals potential barriers or lack of awareness. Increasing

outreach, simplifying the application process, and providing support for planning wellness activities are strategies to encourage greater utilization.

Limitations

The current evaluation is a quality improvement project; therefore, the results are not generalizable to wellness champion teams outside of Ohio State. However, wellness program staff (managers/coordinators) from other organizations and institutions can glean valuable insight to further enhance their wellness champion team within their respective organization as noted in the discussion above. Important considerations include participant diversity, manager/supervisor support, tailoring to the type of work environment, and providing WCs with resources to fulfill the role.

Responses are self-reported, which are subjective in nature. They are perceptions of the BWI program participants and should be interpreted as such. The responses are a single point in time. The number of respondents, results and feedback may have been different if the survey had been disseminated at another point in time during the academic year.

CONCLUSIONS

The evaluation of the Buckeye Wellness Innovator program yielded valuable understanding into strengths, challenges, and growth opportunities. As a foundational element of Ohio State's commitment to the well-being of faculty and staff, the BWI program has effectively engaged a large cohort of participants, cultivating a culture of wellness across the university. WC programs are high impact, low-cost. The evaluation revealed commendable engagement levels among WCs, barriers and areas of opportunity, and the need for targeted strategies to support WCs in overcoming challenges.

The commitment of over 700 BWIs reflects a shared dedication to the University's health and wellness goals as well as creating a sustainable culture of well-being. Through fostering a culture of continuous quality improvement, the program can continue to empower, educate, and inspire the campus community toward reaching the goal as the healthiest university.

REFERENCES

- Amaya, M., Melnyk, B. M., Buffington, B., & Battista, L. (2017). Workplace wellness champions: Lessons learned and implications for future programming. *Building Healthy Academic Communities Journal*, 1(1), 59–67. <https://doi.org/10.18061/bhac.v1i1.5744>
- Amaya, M., Battista, L., & Melnyk, B. (2018). The Ohio State University's strategic approach to improving total population health. *American Journal of Health Promotion*, 32(8), 1823–1826. <https://doi.org/10.1177/0890117118804149e>
- Amaya, M., Battista, L., Melnyk, B. M., Winn, J., Johnson, N., & Buffington, B. (2020). Wellness champions: A critical strategy for universities to enhance population health and wellbeing during the COVID-19 pandemic. *Building Healthy Academic Communities Journal*, 4(2), 7–16. <https://doi.org/10.18061/bhac.v4i2.7836>

- Buch, K. A., Daye, D., Wood, M. J., Alvarez, C., del Carmen, M. G., Mehta, D. H., & Bredella, M. A. (2021). Wellness program implementation in an academic radiology department: Determination of need, organizational buy-in, and outcomes. *Journal of American College of Radiology*, 18, 663-668. <https://doi.org/10.1016/j.jacr.2020.12.006>
- Corpuz, J. C. (2023). Enhancing well-being in the university workplace: The context of Higher Educational Institution. *Journal of Primary Care and Community Health*, 14. <https://doi.org/10.1177/21501319231181488>
- Ellis, R., Saringer, C., Davis, A., Biber, D., & Ferrer, D. A. (2020). Examining the impact of wellness champions on the effectiveness of a workplace health and well-being program. *American Journal of Health Promotion*, 35(1), 121–126. <https://doi.org/10.1177/0890117120929131>
- Goetzel, R., Henke, R., Tabrizi, M., Pelletier, K., Poeppke, R., Ballard, D., & Metz, R. (2014). Do workplace health promotion (wellness) programs work? *Journal of Occupational Environmental Medicine*, 56(9), 927-934. <https://doi.org/10.1097/JOM.0000000000000276>
- Jenkins, K. R., & Sherman, B. W. (2020). Wellness program nonparticipation and its association with employee turnover. *American Journal of Health Promotion*, 34(5), 559-562. <https://doi.org/10.1177/0890117120907867>
- Jones, D., Molitor, D., & Reif, J. (2019). What do workplace wellness programs do? evidence from the Illinois workplace wellness study. *The Quarterly Journal of Economics*, 134(4), 1747–1791. <https://doi.org/10.1093/qje/qjz023>
- Koinig, I., & Diehl, S. (2021). Healthy leadership and workplace health promotion as a pre-requisite for Organizational Health. *International Journal of Environmental Research and Public Health*, 18(17), 9260. <https://doi.org/10.3390/ijerph18179260>
- Marin-Farrona, M., Wipfli, B., Thosar, S. S., Colino, E., Garcia-Unanue, J., Gallardo, L., Felipe, J. L., & López-Fernández, J. (2023). Effectiveness of worksite wellness programs based on physical activity to improve workers' health and productivity: A systematic review. *Systematic Reviews*, 12(1). <https://doi.org/10.1186/s13643-023-02258-6>
- Mattke, S., Hangsheng L., Caloyeras, J., Huang, C. Y., Van Busum, K. R., Khodyakov, D., & Broderick, M. (2014). *Do Workplace Wellness Programs Save Employers Money?* RAND Corporation. <https://doi.org/10.7249/RB9744>
- Melnyk, B. (2019). *2019-2024 wellness strategic plan*. The Ohio State University. <https://wellness.osu.edu/chief-wellness-officer/wellness-strategic-plan>
- Melnyk, B. M. (2023). Improving population health and well-being in academic institutions and health care systems with the Chief Wellness Officer: A vital yet untapped nursing leadership role. *Nursing Outlook*, 71(6). <https://doi.org/10.1016/j.outlook.2023.102058>
- Mitchell, L., Amaya, M., Battista, L., Melnyk, B., Andridge, R., & Kaye, G. (2020). Manager support for wellness champions: A case study for consideration and practice implications. *Workplace Health and Safety*, 69(3), 100–108. <https://doi.org/10.1177/2165079920952759>

- Santos, W. J., Graham, I. D., Lalonde, M., Demery Varin, M., & Squires, J. E. (2022). The effectiveness of champions in implementing innovations in Health Care: A Systematic Review. *Implementation Science Communications*, 3(1), 80. <https://doi.org/10.1186/s43058-022-00315-0>
- Song, Z., & Baicker K. (2019). Effect of a workplace wellness program on employee health and economic outcomes: A randomized clinical trial. *Journal of American Medical Association*, 321(15), 1491–1501. <https://doi.org/10.1001/jama.2019.3307>
- Sonnentag, S., Tay, L., & Neshor Shoshan, H. (2023). A review on health and well-being at work: More than stressors and strains. *Personnel Psychology*, 76(2), 473–510. <https://doi.org/10.1111/peps.12572>
- Thonon, F., Godon-Rensonnet, A.-S., Perozziello, A., Garsi, J.-P., Dab, W., & Emsalem, P. (2023). Return on investment of workplace-based prevention interventions: A systematic review. *European Journal of Public Health*, 33(4), 612– 618. <https://doi.org/10.1093/eurpub/ckad092>
- Unsal, N., Weaver, G., Bray, J.W., Bibeau, D., & Saake, G. (2021). Return on investment of workplace wellness: Evidence from a long-term care company. *Workplace Health & Safety*, 69(2), 81–90. <https://doi.org/10.1177/2165079920953052>
- U.S Bureau of Labor Statistics. (2022). *Average hours per day spent in selected activities on days worked by employment status and sex*. U.S. Bureau of Labor Statistics. <https://www.bls.gov/charts/american-time-use/activity-by-work.htm>
- Yuen H. K., Becker S. W., Ellis M. T., & Moses J. (2021). Prevalence and characteristics of campus-based employee wellness programs among United States accredited colleges and universities. *Work*, 68(4), 1049-1057. <https://doi.org/10.3233/WOR-213435>

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