

The Undermined Determinant of a College's Success: Health & Wellness of a College Employee

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Abstract

Our society has taken college employees' health and wellbeing for granted and has not recognized that many of the economic, intellectual and artistic accomplishments in American life are in large part due to the invaluable contributions of college employees. The health and wellbeing of college employees is an underappreciated area of intervention for worksite health promotion. In comparison to the corporate world, service industries and the manufacturing industries, the wellness of college employees is often at the bottom of the priority list for the health and wellness of the workforce in the United States. This commentary calls for an increased involvement of health educators in college employee health and wellness promotion programs, wellness initiatives, policy changes and research.

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In 2007, I earned my first graduate degree in health education and health promotion. Subsequently, my first goal was to find a local community health problem that I could use as a training ground. However, my most frequent encounters were with college employees exclusively as I lived in a University town. I assumed that a college employee would typically belong to a higher socio-economic group, and thus would be healthy, (although, I had seen some college employees smoking and a visibly overweight instructor teaching health promotion). My unrealistic assumptions were that people working in academic settings would be well educated and would regularly practice healthy behaviors. Therefore, the health of college employees was one of the last issues on my priority list.

Three years later as I write from my new viewpoint, I still believe that the health of college employees is near the bottom of the priority list for the health and wellness of the workforce in the United States. Our society has taken college employees' health and wellbeing

for granted and has not recognized that many of the economic, intellectual and artistic accomplishments in American life are in large part due to college employees. While the leaders and thinkers of society complain that the once unchallenged preeminence of the United States in commerce, industry, science, and technological innovation is being overtaken by competitors throughout the world, the focus on the wellness and health of college employees of the United States is missing.

One of my first significant assignments after graduating with a Masters in Public Health degree was to study health promotion in the 'worksites', where most working US adults typically spend half or more of their waking hours. The fact that American employees spend so much time at work makes it prudent for employers to offer worksite health promotion programs (BLS, 2007). There is a strong agreement among health experts that the worksite environment has powerful impact on employees' health (Pelletier, 2005; Goetzel & Ozminkowski, 2008).

During my personal quest for knowledge in the area of worksite health promotion, I found very little research dealing with the health and wellness of college employees. However, I did discover an interesting history of worksite health promotion in America. Worksite health promotion programs originated from employees requesting disease prevention programs, healthy diet, health education, and various types of screenings. American employers also wanted the potential cost savings associated with positive health behavior (Chenoweth, 2007). According to a US Department of Health and Human Services report, worksite health promotion programs have been shown to improve employee health, increase productivity, and yield a significant return on investment for the employer, a return that ranges from \$1.49 to \$4.91 (median of \$3.14) in benefits for every dollar spent on the program (USDHHS, 2003). Worksite health promotion programs help to ameliorate the problems of excess weight and physical inactivity which have affected health care in the United States at a direct cost of more than \$90 billion a year (Finkelstein, Fiebelkorn, & Wang, 2003).

As my academic journey into the field of work site wellness in the US continued, I discovered another interesting fact. Preventing and reducing tobacco use among employees is another programmatic component that yields significant return on investment. As with other chronic conditions, employers are significantly affected by the indirect costs of the health problems that result from tobacco use. An extensive review of the literature published in 2001 by the Centers of Disease Control and Prevention suggested that, 6 to 14 percent of personal health care expenditures can be attributed to smoking, and that smokers had greater medical costs over the course of their lifetimes. The review also found a large number of studies that demonstrated that smokers are more costly to their employers than employees who do not smoke. The economic costs of smoking are estimated to be about \$3,391 per smoker per year. The cost savings that result from positive health behavior changes are usually associated with a reduced number of primary care patient visits and with increased employee productivity, as measured by a

decrease in work absenteeism owing to illness (Stein, Shakour, & Zuidema, 2000). Illness and injury associated with an unhealthy lifestyle or modifiable risk factors is reported to account for a minimum of 25% of employee health care expenditures (Anderson et al, 2000) . . . certainly a finding that American colleges and universities would be interested in.

My quest for knowledge regarding the health and wellness of college employees helped me discover that the United States federal government became involved in this issue. Due to the significant impact of worksite and employer policies on the health of adult Americans, the U.S. Government took its initiative in the form of Healthy People 2010, which includes two major worksite-specific objectives. The first is for most employers (75%), regardless of size, to offer a comprehensive employee health promotion program. The second, and related, objective is to have most employees (75%) participate in employer-sponsored health promotion activities (CDC, 2008).

To evaluate the status of college and university employees' health in relation to the aforementioned objectives, I conducted another thorough review of the scientific literature. What I found was disconcerting. While there have been some achievements in the field of worksite health promotion, the achievements are nowhere close to the target goal of 75%, established by Healthy People 2010. In government reports, phrases such as "data not collected (DNC)" and "data not available (DNA)" were omnipresent. When it came to reporting progress on the worksite health promotion objectives for each year from 2000 to 2007, "DNC" and "DNA" were the most prominent features of these reports. The official mid-course review states that the aforementioned objectives have no continued data source (CDC, 2008). As an international student from India, I was surprised that America did not have a better system of monitoring and reporting progress on such important national health objectives.

While the corporate world has made modest progress in terms of providing health promotion

programs to their employees, there is a meager amount of data available for worksite wellness programs for college employees in United States. The majority of the best practices and strategies for planning and implementing worksite health promotion programs come from research in industrial settings, not the campus environment. Searching for studies with the keywords ‘employee’, ‘college’, ‘faculty’, ‘staff’, ‘health’, ‘education’ and ‘wellness’, etc. has now become an everyday ritual for me. It was very disconcerting to me that a search of the popular journals in the field of health

studies/college health resulted in less than 5 published studies in the past two decades that pertain to the health of college employees (Table 1). This scarcity of published research with college employees has left me with two probable conclusions: 1) the health of college employees in the United States is not a highly valued area of research or, 2) the health of college employees in the United States is an overlooked domain of research. In either case it is unclear how college and university employees are doing in relation to meeting the national target objectives for worksite health promotion.

Table 1. Journal articles about college employee health and wellness.

<u>Article</u>	<u>Journal</u>	<u>Year</u>
A preliminary survey of university employees perceptions of stress: Association with diet and physical activity on campus	American Journal of Health Studies	2009
A pilot intervention to promote walking and wellness and to improve the health of college faculty and staff	Journal of American College Health	2007
Health risk factors and absenteeism among university employees.	American Journal of Health Studies	2004
The challenges experienced by pretenured faculty members in counselor education: A wellness perspective	Counselor Education & Supervision [¥]	2004
Implementing university-based wellness: A participatory planning approach	Health Promotion Practice	2002
Effect of job related stress on faculty intention to leave academia	Research in Higher Education [¥]	1998
¥ = Not considered to be traditional health education journals.		
From 1998 to 2009, four articles about college employee health were published in the traditional health education journals (Journal of School health, Health Promotion Practice, American Journal of Health Education, Health Education and Behavior, American Journal of Health Behavior, American Journal of Health promotion and American Journal of Health Studies.)		

Tired of my desperate attempts to find out how American universities were progressing towards achievement of the two major worksite specific objectives of Healthy People 2010, I asked one of my professors, “Why am I unable to find a decent number of studies about health promotion for college employees or worksite health promotion programs in the campus setting? What is the reason?” He smiled and responded, “What do you think?” The ball was back in my court and my search continued! The dearth of studies in academic settings led me to temporarily take clues from research from industrial and corporate settings. Despite my

limited abilities, I could see that the key issues in promoting worksite wellness in the academic setting can be inferred from trends, practices and results from the conventional industry-based worksite wellness programs.

Worksite Health Promotion among College & University Employees

It became clear that if was going to learn anything about worksite health promotion among college and university employees, I would have to make inferences from what we know of corporate wellness programs. That

meant starting with clear definitions some history. To understand the achievements and deficiencies in the field of college worksite health promotion, I first had to explore how we define 'worksite health promotion.' Parkinson et al provided one of the earliest thought provoking definitions: which noted that, "Workplace health promotion is a combination of educational, organizational and environmental activities designed to support behavior conducive to the health of employees and their families" (Conrad, 1987). Another popular definition of worksite health promotion given by the Joint Committee on Health Education Terminology is "the aggregate of all purposeful activities designed to improve personal and public health through a combination of strategies, including the competent implementation of behavioral change strategies, health education, health protection measures, risk factor detection, health enhancement and health maintenance" (Joint Committee on Health Education & Promotion, 2002).

The popular ways of defining worksite health promotion programs open an array of problems which could hinder the establishment of a worksite health promotion program in academic settings. These common definitions raise challenging issues such as the costs involved, programmatic content, evaluation strategies, access, and participation in college based worksite health promotion programs.

Content, Components and Evaluation Challenges

The aforementioned definitions of worksite health promotion can be perceived differently by various academic institutions. The common perception is that worksite health promotion programs consist of health education, screenings, and interventions designed to prevent disease and promote health among employees. Admittedly, even though worksite health promotion programs usually have the common goals of raising awareness and helping participants develop skills for behavior change, wellness program components vary from program to program and place to place. This variation of content causes a problem of identity

disorder in college based worksite health promotion programs. It would be more helpful to know the most common programmatic components of college based worksite health promotion programs.

Early worksite health promotion programs were designed to increase physical activity of employees (Chenoweth, 2007). Later on, employee wellness programs gradually started addressing a variety of other health problems. At some universities, initiatives like screening employees for hypertension and hyperlipidemia are considered employee wellness programs. At other universities the mere existence of an annual health risk appraisal administered by a worker with little or no training is considered the 'college employee wellness program.'

Wellness and health promotion programs that incorporate best practices are generally patterned around theoretical paradigms. If the components of the program are not well defined in practice or theory, it remains debatable how we can achieve maximum output by implementing or evaluating a worksite health promotion program in college settings. There is an urgent need to specify with clarity the content and methods of efficient, successful, and comprehensive worksite health promotion programs for college employees. However, one can make an equally strong argument that such programs should be customized to the specific target population, thereby making it difficult to standardize programs across universities in the United States.

One way to establish a solid starting point for all college based programs is to refer to the recommended components prescribed by the Healthy People 2010 document. This document suggests that optimally a comprehensive worksite health promotion program should have the following elements: (1) health education that focuses on skill development and lifestyle behavior change in addition to information dissemination and awareness building, preferably tailored to employees' interests and needs, (2) supportive social and physical work environments, including established norms for healthy behavior and policies that promote

health and reduce the risk of disease, such as worksite smoking policies, healthy nutrition alternatives in the cafeteria and vending services, and opportunities for obtaining regular physical activity, (3) integration of the worksite program into the organization's administrative structure, (4) related programs, such as employee assistance programs, and (5) screening programs, preferably linked to medical care service delivery to ensure follow-up and appropriate treatment as necessary and to encourage adherence (USDHHS, 2005).

Access to Wellness Programs

Healthy People 2010 was developed with an ambitious target in the form of objective number 7.5 ("Increase the proportion of worksites that offer a comprehensive employee health promotion program to their employees") and objective number 7.6 ("Increase the proportion of employees who participate in employer sponsored health promotion activities".) The official midcourse review implied that there has been practically no significant achievement in this area. A variety of factors have been cited for the failure in achieving the aforementioned objectives: lack of comprehensive design of programs, insufficient duration of the programs, differences in employee socio-economic status, diversity in the nature of work, disparities related to access of college employee wellness programs, extent of health insurance coverage, and exclusion of workers with no insurance.(CDC, 2008)

With such scant data, I am left wondering how many university and college employees have access to employee wellness programs. According to the 2005-2006 Integrated Postsecondary Education Data System (IPEDS) of National Center for Education Statistics (U.S. Department of Education), there were 2582 institutions in the United States that provided a minimum of 4 years of postsecondary education. These included private and public organizations (NCES, 2006). It would be anybody's guess how many of these institutions have a worksite wellness program. Another report from the Department of Labor informs that there were 1.7 million teachers in postsecondary education

alone for the fiscal year 2006. One can only imagine the number of individuals employed as faculty or staff in these institutions and how many have access to worksite health promotion programs.

Costs Involved and Participation in Employee Wellness Programs

Because of my inquisitive nature, I discovered that cost is a potential barrier to enrollment and participation in employee wellness programs. I was surprised when one of my female faculty members discussed how she went to a private gymnasium and had a trivial injury while exercising. While conversing with her, I asked, "Why do you have to go to a private gymnasium? I think our college has a fantastic recreation center which is free of charge." Back came the reply, "FREE???" She continued, "What is free for a college employee? I pay a premium for the insurance coverage I get from the college, I pay for the college employee assistance program, and if I want to use the college recreation center, I have to pay another fee."

It remains a conundrum; who should pay for college based wellness programs and the wellness services offered to college employees? What should be the incentives for participation? In many places, college employees are required to pay a nominal fee as a part of their enrollment in the wellness program, while some post secondary schools offer discounts in insurance premiums for employees participating in employee wellness programs. Many universities are concerned about the cost of paying for their employees' postretirement health care; while some struggle to provide pre-retirement health care, Ironic! Unfortunately, these unresolved issues of affordability and participation have led to risk segmentation and disparities in the context of who is receiving what? Added to the affordability issues are such factors as the extent to which people value their health, the types of health risks of different individuals and the awareness of available choices. These factors are crucial in determining the participation of employees in college based worksite health promotion programs.

The glory and success of the United States is, in part, due to employees of our colleges and universities who continue to form the backbone of our system of higher education. The diverse educational experiences provided by these employees help to educate millions of students nationally and internationally making higher education a significant investment for the United States. However, when it comes to promoting the health of university/college employees, almost all forms of conventional industry do better and invest more than universities. As an international student with fresh eyes and a fresh perspective on American society, I am compelled to wonder if Americans truly value the health of college employees. I would like to advocate for employee wellness programs at post secondary institutions with the words of John F. Kennedy: "There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction."

Conclusions

After completing my quest for knowledge regarding college based worksite health promotion, I have concluded that the health of college employees is a neglected and underappreciated component of worksite health promotion in the United States. Admittedly, there are few remedies for promoting college employee wellness, based on the successful

employee health promotion strategies in an industrial setting (See Appendix Figure 1). Some potential recommendations would include the following: establishing policy that would require universities to provide comprehensive employee wellness programs, development of best practices for implementing and evaluating college based employee wellness programs, increasing the quality and the rigor of program evaluation research of college based employee wellness programs, making wellness programs affordable in a manner wherein the faculty/staff and administrators do not end up investing a lot of financial resources for insignificant outcomes, and continued education in the field of college based worksite health promotion (Table 2).

As a future Health Education professional in academia, I plan to play a significant role in helping my employer implement the recommendations above. Health educators can play an important role in promoting the health and wellness of college employees as they are uniquely trained to conduct needs assessments, conceptualize and design programs, implement programs, and evaluate programs (See Appendix Figure 2). All of these skills are needed on college campuses as we work together to improve, protect, and maintain the health of one of America's greatest assets – the college employee.

Table 2. Practice ideas for health educators employed to promote college employee health and wellness
<ul style="list-style-type: none"> * Develop a policy outlining the requirements and functions of a comprehensive college employee wellness program. * Incorporate a wellness plan in place that addresses the purpose, nature, duration, resources necessary, and expected results of a college employee wellness program. * Advise staff members about the college employee wellness program and give them copies of policies pertaining to health and wellness. * Promote and encourage staff member's participation in the physical activity/fitness and nutrition education/weight management programs. * Offer health education information to staff members. * Establish a college employee wellness program committee that meets at least once a month to oversee the college employee wellness program. * Provide regular health education presentations on various physical activity, nutrition, and wellness-related topics. * Invite voluntary health associations, health care providers, and/or public health agencies to offer worksite education classes. * Host a health fair as a kick-off event or as a celebration for completion of a wellness campaign. * Designate specific areas on campus to support staff members such as diabetics and nursing mothers. * Conduct preventive health and wellness screenings for blood pressure, body composition, blood cholesterol, and diabetes and maintaining periodic confidential health risk assessments (HRAs). * Offer worksite weight management/maintenance initiatives for staff members. * Provide weight management/maintenance, nutrition, and physical activity counseling as a member benefit in medical insurance contracts.

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Appendix

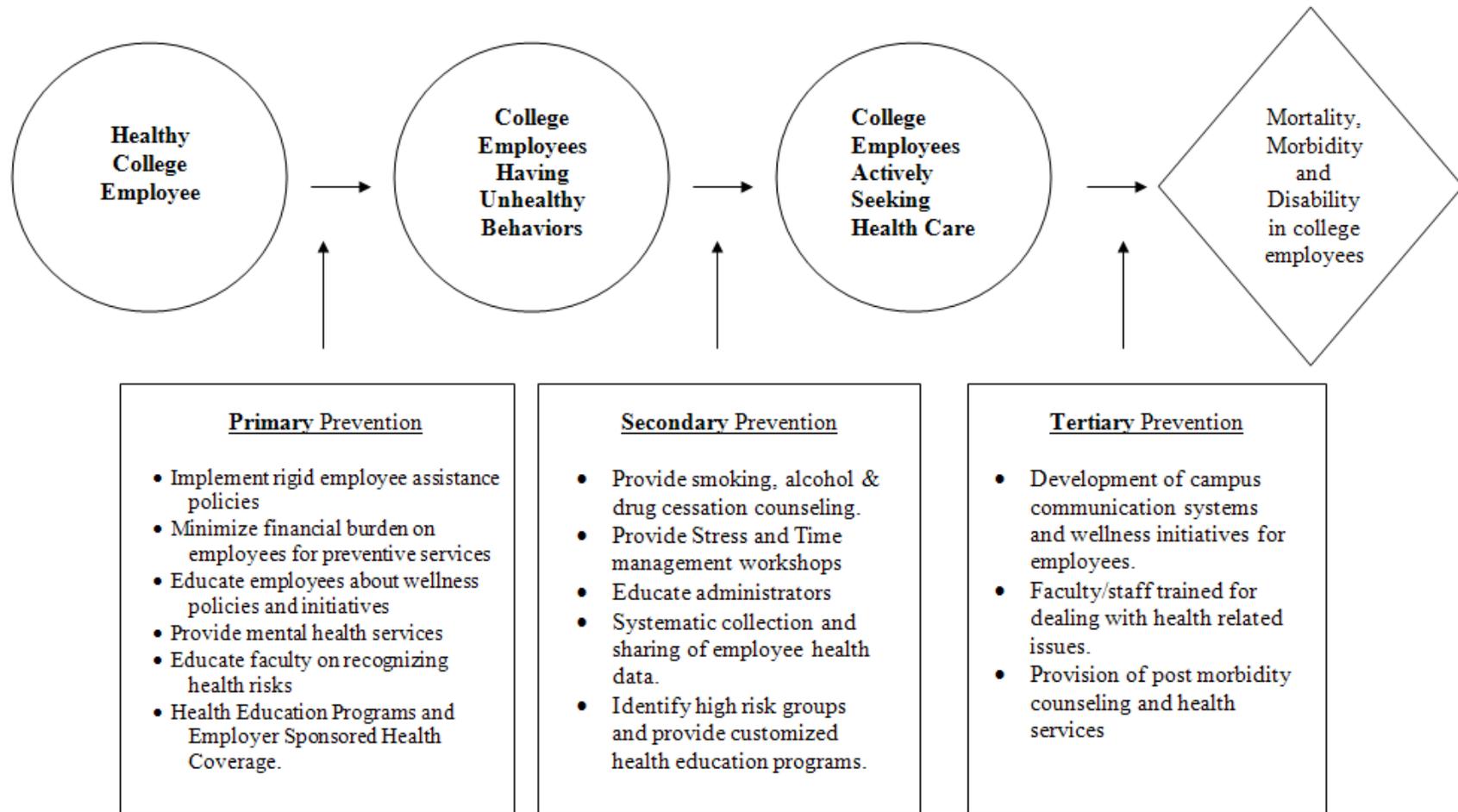


Figure 1. Levels of Prevention of Morbidity in College Employees: Areas of Intervention for Health Educators

Appendix



Figure 2. Role of health educators in promoting health and wellness of college employees.