Health and Wellness
at the
OSU Wexner Medical Center:
Opportunities for You, Your Family and Your Patients

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Medical Director
Health and Wellness
OSU Wexner Medical Center

Improving People's Lives
through innovations in personalized health care
Learning Objectives:
At the conclusion of this presentation you should know:

- What constitutes a wellness program
- The purpose of the National Prevention Strategy
- The 7 National Prevention Strategic Priorities
- The benefits of engaging in healthy behaviors
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- Summary
What Constitutes a Wellness Program

- Risk identification tools: health risk assessments, biometric screening
- Behavior modification programs: health coaching, tobacco cessation, weight management, nutrition and diet, exercise and workplace competitions
- Educational programs: health fairs and seminars and online health resources
- Changes to the work environment: altering buildings and grounds to encourage walking, healthier foods in cafeterias and vending machines

NIHCR: National Institute for Health Care Reform (NIHCR)
Wexner Medical Center H&W Community

Steve and Pat Gabbe
Leadership in Motion

One University Health and Wellness Council

Center for Personalized Health Care
Larry Lewellen Rider for Life

Center for Wellness and Prevention

The James Cancer Screening and Prevention

Center for Women's Health

Center for Integrative Medicine

University Health Connection

STAR Program

Health Plan

Wexner Medical Center
OSU Wexner Medical Center
Health and Wellness Initiative Mission

To improve peoples' lives…

• We want to improve employees lives as members of our own University family, so we can be at our absolute best state of health and well-being, as we impact the lives of patients, students and members of the community.
• We would like Health and wellness to become part of our total care continuum; and across all elements of our total care continuum, we intend to be the best!
• We strive to get everyone involved- we intend to make it clear how to be involved, to make the improvement of health worthwhile and interesting, and to improve the environment to make improved health possible and accessible.

Each of us can serve as role models in this initiative in adopting health habits and improving peoples' lives. We are just getting started and will need your ideas and your participation!
The Wexner Medical Center Health & Wellness Council’s charge is to provide counsel to the Health & Wellness Initiative leadership regarding the development of programs to enhance the Health & Wellness of the Wexner Medical Center employees.

- Programs should be **preventive and educational** (based on P4 Medicine principles) and enhance **physical and psychological** health and well-being.
- The programs will employ predictive knowledge, emphasize the opportunities for prevention, involve employee participation and help educate and guide our employees so that they can attain the best health possible.

*The Wexner Medical Center Health and Wellness Council will coordinate planning and activities with the Ohio State University Health and Wellness Council.*
OSUWMC H&W Initiative
Subgroup of One University H&W Council

Nutrition
Fitness
Coping
Cancer Prevention
Health and Wellness

All About the Prevention

- Prevention model focused on forestalling the development of disease before symptoms or life-threatening events occur, is best solution

- A prevention model, focused on forestalling the development of disease before symptoms or life-threatening events occur, is the best solution for current crisis

- Focus on prevention does not imply that disease can be eliminated but instead embraces Fries’ model of “morbidity compression.”


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Recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods

The strategy was developed by the National Prevention Council, which is composed of 17 federal agencies who consulted with outside experts and stakeholders.

Called for under Affordable Care Act
National Prevention Strategy
4 Strategic Directions

Building Healthy and Safe Community Environments: Prevention of disease starts in our communities and at home; not just in the doctor’s office.

Expanding Quality Preventive Services in Both Clinical and Community Settings: When people receive preventive care, such as immunizations and cancer screenings, they have better health and lower health care costs.

Empowering People to Make Healthy Choices: When people have access to actionable and easy-to-understand information and resources, they are empowered to make healthier choices.

Eliminating Health Disparities: By eliminating disparities in achieving and maintaining health, we can help improve quality of life for all Americans.
National Prevention Strategic Priorities
Provide Evidenced-based recommendations that have the greatest potential to reduce the leading causes of preventable death and illness

- Tobacco Free Living*
- Preventing Drug Abuse and Excessive Alcohol Use*
- Healthy eating*
- Active living*
- Injury and violence free living
- Reproductive and sexual health
- Mental and emotional well-being
The Message….
People who engaged in all 4 healthy behaviors were:

1. 66 percent less likely to die early from cancer
2. 65 percent less likely to die early from cardiovascular disease
3. 57 percent less likely to die early from other causes compared to people who did not engage in any of the healthy behaviors
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*The CDC Worksite Health ScoreCard, includes questions on many of the key evidence-based and best practice strategies and interventions that are part of a comprehensive worksite health approach that address the leading health conditions driving health care and productivity costs.*

# Age Related Death Rate Per 100,000 Populations

Ranked According To Male/Female Ratios.

<table>
<thead>
<tr>
<th>All Persons</th>
<th>Men</th>
<th>Women</th>
<th>Ratio m/w</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td>900.6</td>
<td>643.4</td>
<td>1.40</td>
</tr>
<tr>
<td>Suicide</td>
<td>18.9</td>
<td>4.8</td>
<td>3.94</td>
</tr>
<tr>
<td>Unintentional Motor Vehicle Related Injuries</td>
<td>18.8</td>
<td>7.3</td>
<td>2.58</td>
</tr>
<tr>
<td>HIV</td>
<td>4.8</td>
<td>1.9</td>
<td>2.53</td>
</tr>
<tr>
<td>Chronic Liver Disease (cirrhosis)</td>
<td>12.7</td>
<td>6.0</td>
<td>2.12</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>161.2</td>
<td>93</td>
<td>1.73</td>
</tr>
<tr>
<td>Cancer of trachea, bronchus or lung</td>
<td>63.6</td>
<td>39.0</td>
<td>1.63</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.6</td>
<td>18.8</td>
<td>1.36</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>19.9</td>
<td>15.0</td>
<td>1.33</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>51.4</td>
<td>39.1</td>
<td>1.31</td>
</tr>
</tbody>
</table>

The Heavy Toll of Diet-Related Chronic Diseases

- Cardiovascular Disease-37% of population
- Hypertension-34% of U.S. adults
- Diabetes-almost 11% of population ages 20 years and older. Pre-diabetes- 35% of U.S. adult population ages 20 or older.
- Cancer-41% of population will be diagnosed with cancer during their lifetime
- Osteoporosis-one out of every two women and one in four men ages 50 years and older will have an osteoporosis-related fracture in their lifetime
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Winnable battles

- Each area is a leading cause of illness, injury, disability, or death, and/or represents enormous societal costs
- Evidence-based, scalable interventions already exist and can be broadly implemented
- Our effort can make a difference
- We can get results within 1 to 4 years—but it won’t be easy

The term "Winnable Battles" describes public health priorities with large-scale impact on health and with known, effective strategies to intervene. The charge under Winnable Battles is to identify optimal strategies and to rally resources and partnerships to accelerate a measurable impact on health.
Key Winnable Public Health Battles
United States (2015 Targets)

- Nutrition, Physical Activity, Obesity and Food Safety
- Motor Vehicle Injuries
- HIV
- Healthcare-Associated Infections
- Teen Pregnancy
- Tobacco
Tobacco

45.3M
45.3 million adults smoke in the U.S.

54%
More than half of all children (aged 3–11 years) are exposed to secondhand smoke

440,000
Tobacco kills 440,000 people in the U.S. each year

$96B
The medical expenses of tobacco-related illnesses are $96 billion per year
Progress in tobacco control

Smoking at its lowest, getting lower in places that implement effective policies

- More comprehensive smoke-free laws in several states
- CDC’s graphic anti-smoking campaign: *Tips from former smokers* depicts the devastating consequences of smoking and exposure to secondhand smoke
- Campaign projected to help 50,000 smokers quit

Nutrition, Physical Activity, Obesity, and Food Safety

2/3 of adults and 1/3 of children are overweight or obese

$1,400

A person who is obese incurs an added $1,400 a year in medical costs

1 in 6

1 in 6 people (or 48 million) gets sick each year from contaminated food and 3,000 people die

$7M

Preventing a single fatal case of E. coli O157 infection saves an estimated $7 million
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Wexner Medical Center
Health and Wellness Update

- Created mission statement
- Developed administrative architecture
- Created Wexner Medical Center Health and Wellness Council and subcommittees
- Identified senior leadership advisory group
- Established targeted priorities (evidenced based) which drive programmatic development
- Hired program manager and admin

- Created Planning and Logistics Group
- Created Web Portal on OneSource
- Created lunch and learn events, Wellness Walks, Cooking Lessons
- Drafted 3-year plan, budget
- Created monthly Lunch and Learn events
- Planning H&W portal on OneSource
- Yoga with Beth Steinberg
- Frameworks
Yoga
One University
Overarching Themes/Framework Groups
2014-2016

- 2014-2015: Healthy Eating/Active Living
- 2015-2016: Mental and Emotional Well Being/Preventing Drug Abuse and Excessive Alcohol Use
Good Nutrition Summary:

Due to the lapse in federal government funding, this website is not available.

After funding has been restored, please allow some time for this website to become available again.

For information about available government services, visit usa.gov
To view U.S. Department of Agriculture Agency Contingency plans, visit:
http://www.whitehouse.gov/omb/contingency-plans
Injury Prevention

April 19, 2013

Wexner Medical Center

BACK INJURY PREVENTION PROPOSAL
EMPLOYEE SAFETY AND INJURY PREVENTION WORKGROUP

Prepared by: [Name], [Title]
# Wendy’s Medium Fries

## Nutritional Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Cals</th>
<th>Calories from Fat</th>
<th>Sat Fat (g)</th>
<th>Trans Fat (g)</th>
<th>Cholesterol (mg)</th>
<th>Sodium (mg)</th>
<th>Fiber (g)</th>
<th>Carbs (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medium Fries</td>
<td>410</td>
<td>180 (44% of calories)</td>
<td>3.5</td>
<td>0</td>
<td>0</td>
<td>440</td>
<td>5</td>
<td>52</td>
</tr>
<tr>
<td>Ketchup (1 pkg)</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>70</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Apple</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>25</td>
</tr>
</tbody>
</table>

## Daily Dietary Guidelines Recommendations

<table>
<thead>
<tr>
<th>Gender</th>
<th>Cals</th>
<th>Total Fat (% of cals)</th>
<th>Sat Fat (% of cals)</th>
<th>Trans Fat</th>
<th>Cholesterol (mg)</th>
<th>Sodium (mg)</th>
<th>Fiber (g)</th>
<th>Carbs (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>2,000-3,200¹</td>
<td>20-35</td>
<td>&lt; 10</td>
<td>0</td>
<td>&lt; 300</td>
<td>1,500²</td>
<td>38</td>
<td>130</td>
</tr>
<tr>
<td>Women</td>
<td>1,600-2,400¹</td>
<td>20-35</td>
<td>&lt; 10</td>
<td>0</td>
<td>&lt; 300</td>
<td>1,500²</td>
<td>25</td>
<td>130</td>
</tr>
</tbody>
</table>

1) Daily adequate intake of calories depends on physical activity level and age
2) Recommendation applies to about half of the U.S. population including African Americans, individuals with hypertension, diabetes, or chronic kidney disease and individuals ages 51 and older

Source: Dietary Guidelines for Americans 2010, USDA and USDHHS; www.dietaryguidelines.gov
Thanks to Pam Farber, Wendy Thomas and Their Team
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Prevention of Depression in At-Risk Adolescents

**Importance** Adolescent offspring of depressed parents are at high risk for experiencing depressive disorders themselves.

**Objective** To determine whether the positive effects of a group cognitive-behavioral prevention (CBP) program extended to longer-term (multiyear) follow-up.

**Design** A 4-site randomized clinical trial with 33 months of follow-up was conducted. Recruitment of participants was from August 2003 through February 2006.

**Setting** The study settings included a health maintenance organization, university medical centers, and a community mental health center.

**Participants** Three hundred sixteen adolescent (aged 13-17 years) offspring of parents with current and/or prior depressive disorders; adolescents had histories of depression, current elevated depressive symptoms, or both but did not currently meet criteria for a depressive disorder.
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William R. Beardslee, MD; David A. Brent, MD; V. Robin Weersing, PhD, et al.
Prevention of Depression in At-Risk Adolescents (2)

**Interventions** The CBP program consisted of 8 weekly 90-minute group sessions followed by 6 monthly continuation sessions. Adolescents were randomly assigned to either the CBP program or usual care (UC).

**Main Outcomes and Measures** The primary outcome was a probable or definite episode of depression (Depression Symptom Rating score ≥4) for at least 2 weeks through the month 33 follow-up evaluation.

**Conclusions and Relevance** The CBP program showed significant sustained effects compared with UC in preventing the onset of depressive episodes in at-risk youth over a nearly 3-year period.

*JAMA Psychiatry.* Published online September 04, 2013. doi:10.1001/jamapsychiatry.2013.295
William R. Beardslee, MD1,2; David A. Brent, MD3; V. Robin Weersing, PhD, et al.
Gestational Influenza and Bipolar Disorder in Adult Offspring

Importance  Gestational influenza has been associated previously with schizophrenia in offspring, but the relationship between this exposure and bipolar disorder (BD) is unclear. The identification of gestational influenza as a risk factor for BD may have potential for preventive approaches.

Objective  To test the hypothesis that maternal influenza during pregnancy is related to BD among offspring.

Design  Nested case-control study of a population-based birth cohort from the Child Health and Development Study (CHDS). From January 1, 1959, through December 31, 1966, the CHDS recruited nearly all pregnant women receiving obstetric care from the Kaiser Permanente Medical Care Plan, Northern California Region (KPNC). Data on treated maternal influenza from the CHDS were used. Potential cases with BD from the cohort were identified by database linkages of identifiers among the CHDS, Kaiser Permanente database, and a large county health care database; by a mailed questionnaire to the CHDS cohort with subsequent interviews; and from an earlier psychiatric follow-up study on this birth cohort.

Setting  The CHDS, Kaiser Permanente, and county health care databases.
Gestational Influenza and Bipolar Disorder in Adult Offspring(2)

Participants Cases of BD (n = 92) confirmed by structured research interviews and consensus diagnosis among the 214 subjects (48% of those ascertained) who participated and control subjects (n = 722) matched on date of birth, sex, and membership in KPNC or residence in Alameda County.

Exposures Influenza.

Main Outcome and Measures Bipolar I or II disorder, BD not otherwise specified, or BD with psychotic features.

Results We found a significant, nearly 4-fold increase in the risk of BD (odds ratio, 3.82 [95% CI, 1.58-9.24; \(P = .003\)]) after exposure to maternal influenza at any time during pregnancy. The findings were not confounded by maternal age, race, educational level, gestational age at birth, and maternal psychiatric disorders.

Conclusions and Relevance Maternal influenza may be a risk factor for BD. Although replication is required, the findings suggest that prevention of maternal influenza during pregnancy may reduce the risk of BD.

Raveen Parboosing, MBChB, MMed, FCPath(SA)(Viro), MS1; Yuanyuan Bao, MS2; Ling Shen, PhD4; Catherine A. Schaefer, PhD4; Alan S. Brown, MD, MPH2,3

Buckeye Innovators
Thank you all for a great beginning and a healthier tomorrow…
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Nutrition: Did You Know?

• Fewer than 15% of adults and 10% of adolescents eat recommended amounts of fruit and vegetables each day.

• 63% of adults and 84% of adolescents consume at least one sugar-sweetened beverage (e.g., soda, sport drinks, fruit drinks and punches, low-calorie drinks, sweetened tea) each day.

• Most American adults consume more than twice the recommended average daily sodium intake level.

• Nearly 80% of sodium consumed comes from packaged, processed, and restaurant foods.

• Over 2/3s of the adult population is overweight or obese—approximately one in five children are overweight or obese by the time they reach their sixth birthday and over half of obese children become overweight at or before age two.
How Much Physical Activity is Needed?

- Adults should do at least 2 hours and 30 minutes each week of aerobic physical activity at a moderate level OR 1 hour and 15 minutes each week of aerobic physical activity at a vigorous level.
- Being active 5 or more hours each week can provide even more health benefits.
- Spreading aerobic activity out over at least 3 days a week is best.
- Each activity should be done for at least 10 minutes at a time.
- Adults should also do strengthening activities, like push-ups, sit-ups and lifting weights, at least 2 days a week.
Choose MyPlate
National Prevention Strategic Priorities
Provide Evidenced-based recommendations that have the greatest potential to reduce the leading causes of preventable death and illness

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“…he lives as if he/she is never going to die, then dies having never really lived.”

The Dalai Lama, when asked what surprised him most about humanity, answered "Man. Because he sacrifices his health in order to make money. Then he sacrifices money to recuperate his health. And then he is so anxious about the future that he does not enjoy the present; the result being that he does not live in the present or the future; he lives as if he is never going to die, and then dies having never really lived."
Babe Ruth " The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don't play together, the club won't be worth a dime. "

Benjamin Franklin " When you're finished changing, you're finished. "

Mark Twain " It's not the size of the dog in the fight, it's the size of the fight in the dog. "

Improving People's Lives through innovations in personalized health care

Health & Wellness Initiative

Wexner Medical Center