

Feel the **BERNNNNNN**

Academia's first chief wellness officer wants us to recognize that the biggest threat to our health is lurking in the mirror

Jeffrey G. Harris, MBA & Richard A. Skinner, PhD

After completing a thorough, decades-long examination of illness in America, Dr. Bernadette Melnyk has arrived at an unsettling diagnosis.

In Melnyk's view, many of us are making ourselves sick — or, at the very least, *not* keeping ourselves *well*.

The problem, as she sees it, is threefold: First, too often, we don't focus on health unless or until we or a loved one gets sick. Second, when we *do* think about health, we view it as a series of isolated afflictions — one-offs, if you will — each with a distinct treatment that may do little or nothing to promote long-term wellbeing. Third, we tend to minimize ailments that can't be readily seen in a scan or quantified by a blood test — e.g., depression, anxiety, and other mental disorders.

Fortunately, the *prognosis* that Melnyk offers isn't nearly so bleak.

"Eighty percent of chronic disease is preventable — and that includes mental health disorders," Melnyk says in a just-released installment of *Innovators*, a podcast produced by the global higher education executive search firm Harris Search Associates. "Eighty percent is preventable with just a few healthy lifestyle behaviors: physical activity — 30 minutes, five days a week; five fruits and vegetables a day; don't smoke; and if you drink alcohol, limit it to one drink a day."

Melnyk — she refers to herself as "Bern" — knows a thing or two (and then some) about health and wellness. She's a highly regarded, widely

published authority on evidence-based healthcare, intervention research, and child and adolescent mental health.

She holds a bachelor's degree and a master's degree in nursing and a doctorate in clinical research. She's a registered nurse, a certified psychiatric-mental health nurse practitioner, and a certified pediatric nurse practitioner. She's a fellow of the National Academy of Medicine (NAM), the American Academy of Nursing (AAN), the National Academies of Practice (NAP), and the American Association of Nurse Practitioners (AANP). She's the author of more than 430 publications and the co-editor of seven widely used textbooks.

Of course, Melnyk also has a day job — or, more precisely, *four* of them — at The Ohio State University: dean of the College of Nursing, vice president for health promotion, executive director of the Helene Fuld Health Trust National Institute for Evidence-based Practice in Nursing and Healthcare, and chief wellness officer.

That last role is particularly significant, inasmuch as Melnyk was the first administrator in American higher education to wield the title *chief wellness officer* (CWO).

The CWO, Ohio State says on its website, "works to build and sustain a wellness culture that supports healthy behaviors and improved population health outcomes using an evidence-based quality improvement model that targets the grass roots of the organization through top leadership."



LISTEN IN



Bernadette M. Melnyk, PhD, chief wellness officer at The Ohio State University, analyzes the U.S. healthcare system's response to the COVID-19 pandemic in the latest installment of *Innovators*. The podcast, presented by Harris Search Associates, is available on the web at [HarrisSearch.com](https://www.harrissearch.com) and on leading podcast platforms, including Libsyn, Apple Podcasts, Google Podcasts, Overcast, Stitcher, Spotify, and PlayerFM.

Ohio State's first and only

The creation of the C-level post at Ohio State was a condition of Melnyk's 2011 move from Arizona State University, where she was dean of the College of Nursing and Health Innovation.

"I actually pitched the dream of being the first chief wellness officer of any university in the country when Ohio State was calling me to convince me to throw my hat in the ring for the dean of nursing position," she recalled. "I said, 'I'm humbled that you thought of me, but I don't want to make a lateral move. *However*, if there were an opportunity to combine the dean's job with a university-wide leadership role — as the chief wellness officer — I might talk to you all."

"The next thing you know, Gordon Gee, who was president of Ohio State at the time, calls me: 'Bern Melnyk, what's this hype about a chief wellness officer that you're taking about? What would you do for us if you came into that role?' So I came to Ohio State, and I met with Gordon and the leadership, and I provided evidence — evidence on why universities need to invest more in the wellness of their faculty, staff, and students."

"That's how I got to Ohio State."

When she returned to campus to assume her new role, Melnyk found a number of wellness-related initiatives in place. What was missing, however, was a "comprehensive team vision" — a plan for the coordinated delivery of health and wellness programs across the entire university.

Melnyk's answer: the groundbreaking One University Health and Wellness Council, which brought together leaders from every Ohio State department involved in the health and wellbeing of students, faculty, or staff.

As CWO, Melnyk chairs the group, which features five sub-councils: Student Wellness; University Faculty and Staff Wellness; Research and Outcomes; Medical Center; and Wellness Alignment.

"If you look at how most universities structure efforts around health and wellness, you'll see that HR oversees faculty and staff wellness and that they incentivize wellness monetarily with personalized health assessments and things like that," Melnyk said in a 2013 interview with James E. Mattson, editor of *Reflections on Nursing Leadership*, a publication of the Honor Society of Nursing, Sigma Theta Tau International. "Further, 'Student Life' typically oversees student wellness, but the two usually do not collaborate. What is so different about what we're doing at Ohio State is that we have created a comprehensive, integrated approach to wellness for faculty, staff, and students."

According to its 2019-2024 strategic plan, the One University Health and Wellness Council wants to boost

student, faculty, and staff participation in existing campus health programs; introduce additional evidence-based initiatives to reduce the prevalence of chronic illnesses; instill a "wellness culture" across the university; and position Ohio State as a national and international leader in health and wellness promotion.

"People believe in the need to be healthy, but their implementation is often not as strong as their beliefs," Melnyk told Mattson. "The good news is, if we can influence people's beliefs about the value of engaging in healthy lifestyle behaviors, they'll implement them more."

The council's overarching objective is especially ambitious: to create "the healthiest university and community on the globe."

Not surprisingly, given such a lofty goal, Melnyk has gone out of her way, throughout her tenure at Ohio State, to be visible and accessible both on and off campus. She has authored peer-reviewed studies on topics such as the metabolic impact of stress, the causes of hospital errors, and the cardiac risks associated with "social smoking." She has convened national conferences, organized fitness classes, sponsored family health expos, and hosted farmer's markets. She also has cranked out user-friendly guides, checklists, and tip sheets on any number of topics. (Having trouble getting a full night's sleep, or staying away from junk food, or keeping New Year's resolutions? Melnyk has you covered.)

Enter COVID-19

Lately, like most of her academic and healthcare colleagues — not to mention pretty much *everyone else* on the planet — Melnyk has been paying close attention to the COVID-19 pandemic. And she doesn't like what she has seen.

The outbreak was destined to be a global crisis, Melnyk said. However, in her estimation, it was made far worse by our less-than-ideal response to it.

Melnyk blames, among other things, a lack of coordination and cooperation by health officials at the federal, state, and local levels. The result, she said, was a frenzied, haphazard approach that has left the general public drowning in a flood of information, often contradictory and sometimes just plain wrong.

"I believe in transparency and clear coordination of communication," Melnyk told *Innovators*. "Right now, people are hearing different messages — different evidence — from a variety of people, so they're saying, 'I don't know for sure *what* to believe.' This (lack of) coordination in communication is a big problem that I think our leaders need to fix."

Melnyk points to the debate over the anti-malarial medication hydroxychloroquine. Advocates of the drug maintain that it can lessen the severity of COVID-19 in some patients, especially if administered early in the course of the illness. Other researchers argue that COVID patients should stay away from hydroxychloroquine because of the drug's propensity to cause deadly heart arrhythmias.

"The public often doesn't know how to critically appraise evidence, and that's why we've got to make sure that our top public health officials are communicating that evidence to people very clearly — in ways that they can understand. Data is empowering for people, and people need (the) best evidence so they can advocate for themselves and their family members."

The bug stops ... where?

A just-released study questions the relative scarcity of C-level health officials with the knowledge, visibility, and clout needed to safeguard their campuses

Bernadette Melnyk may have become higher education's inaugural chief wellness officer, or CWO, when she joined Ohio State University in 2011, but she was not academia's first C-level administrator dedicated to a university's overall health and wellbeing.

That distinction, at least in the modern era, goes to the late Robert Winfield, MD, who was named the University of Michigan's first-ever chief health officer, or CHO, in 2006.

Mary Sue Coleman, PhD, then Michigan's president, created the role.

"My primary motivation," she said in a recent interview, "was the straightforward notion that a university ought to be educating and supporting students, staff, and faculty to live healthy lives."

Following Winfield's death in 2016, Preeti N. Malani, MD, a professor in Michigan's Medical School and a nationally known expert in the fields of epidemiology and gerontology, assumed the CHO role.

Despite the slight variation in title — i.e., wellness vs. health — Melnyk and Malani play similar roles at their respective institutions. Both advise senior administrators on matters of health and wellness; both coordinate disease management and preparedness across their campuses; both act as liaisons to outside health agencies and related stakeholders; and both serve as internal and external advocates for healthy lifestyle choices.

What's more, both Melnyk and Malani have assumed particularly high profiles during the COVID-19 pandemic, dispensing information and advice via social media, organizing webinars and other virtual events, and participating in interviews with a wide range of

scholarly publications and nonacademic media outlets. In doing so, they have secured hundreds of thousands, if not millions, of dollars' worth of so-called "earned media" for their institutions.

Even so, Melnyk and Malani remain, inexplicably, something of a rarity.

A study by the global higher education executive search firm Harris Search Associates reveals that only a handful of the nation's 4,000-plus colleges and universities employ a cabinet-level chief health officer or the equivalent — a clinician or public-health expert with the credibility, visibility, and hierarchical heft necessary to identify, articulate, and mitigate threats to the health and wellbeing of his or her institution. (Think *surgeon general* — only in academic regalia rather than the uniform of the U.S. Public Health Service.)

Other institutions with executive-level health officers — again, specific titles, responsibilities, and reporting lines vary — include Michigan State University, the University of Minnesota, the University of Pennsylvania, the University of Southern California, and the University of Wisconsin. The University of Arizona created a version of the post in May, and Bowling Green State University in Ohio followed suit in July.

"Our research turned up a number of universities that *purport* to have such a post,"



Preeti N. Malani

said the study's lead author, Richard A. Skinner, PhD, a former two-time university president who now serves as a senior consultant with Harris Search Associates. "However, a close inspection of the pertinent org charts revealed that the vast majority of those positions' occupants lack the cross-departmental authority — the clout, if you will — necessary to be effective in an era of frequent and fast-developing health threats."

Some of the administrators in question oversee student clinics, some manage portfolios of lifestyle-improvement programs, and some, especially those employed by academic health centers, deal exclusively with employee burnout.

Harris Search Associates' report — the culmination of a months-long fact-finding exercise involving university administrators, governing-board members, and public health leaders across the United States — calls for a national conversation on the subject.

"A generation ago, the C-suite of American higher education was pretty much limited to chief executive officers, chief academic officers, and chief financial officers," Skinner said. "Over the past decade or so, institutions have added chief information officers, chief marketing officers, chief legal officers, chief diversity officers, chief communication officers, chief strategy officers, chief innovation officers, chief compliance officers, chief data-security officers — chiefs of just about anything and everything one could imagine."

"The COVID-19 pandemic has revealed what some might consider a gaping hole in the leadership structure on many campuses. Simply put: Where is the chief health officer?"

Melnyk is determined to do her part. In the face of the pandemic, she has filled social media with thoroughly vetted advice and encouragement. She has preached safety in interviews with a wide assortment of media outlets — from niche content providers such as *HealthDay*, *WebMD*, and *Safety+Health* magazine to local newspapers and television stations across the country. She also has developed webinars addressing various aspects of the crisis. One of the latest: *Staying Calm and Well in the Midst of the COVID-19 Storm*, a six-part program targeting adolescents.

By equipping young people with effective coping skills, Melnyk is seeking to plug what she views as an incomprehensible — and *inexcusable* — shortcoming in our nation’s response to the pandemic: Simply put, she said, the healthcare community isn’t paying nearly enough attention to the virus’s mental health effects — even though the emotional damage wrought by the disease will almost certainly outlast the physical carnage.

“We had a mental health/public health epidemic *prior* to COVID-19, and now the mental health effects in America, with COVID-19, are just soaring,” she said. “We are going to see rates of depression, anxiety, suicide, and post-traumatic stress unlike anything we’ve ever seen before.”

To bolster the point, Melnyk reels off recent studies on the subject:

- In spring 2019, a survey of college students by the American College Health Association found that nearly 56 percent had felt hopeless at some point during the preceding 12 months.
- The Kaiser Family Foundation reported in August that 53 percent of U.S. adults thought their mental health had been harmed by COVID-19 — up from 32 percent in March, when the World Health Organization declared the virus a global pandemic.
- The Centers for Disease Control and Prevention found that, as of late June, four in 10 adults were struggling with mental health issues or substance abuse. Thirty-one percent reported symptoms of anxiety and depression, and 11 percent said they had “seriously considered suicide” in the previous 30 days. Among respondents aged 18 to 24, the suicide-contemplation figure was even higher — almost 26 percent.

Melnyk has long known that college students are a high-risk segment of the population.

“They had issues, believe it or not, with loneliness *prior* to COVID-19,” she said. “If you walked a



‘IN THIS TOGETHER’

Bernadette Melnyk and her pug Honey Doo (lower right) offer encouragement to Ohio State University’s “Buckeye Nation” — with the help of members of the university’s Buckeye Wellness Team. Melnyk’s accompanying tweet: “We are committed to bringing you the best and latest evidence-based tactics to help you stay calm and well through the pandemic storm!” Melnyk, the university’s chief wellness officer, worries that loneliness — exacerbated by quarantines and social-distancing requirements — will leave many young people with deep-seated depression and anxiety, creating mental health woes that linger long after the pandemic itself has subsided.

college campus prior to COVID-19, what did you see? It was students walking on campus with earbuds and their iPhones, texting as they walked and sitting down to have meals together — on their iPhones. Now, put quarantines and isolation from physical distancing on top of that.

“The loneliness is contributing to a lot of depression.”

It’s personal

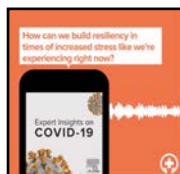
For Melnyk, mental health isn’t simply an academic or clinical interest: She knows firsthand just how debilitating depression and post-traumatic stress can be.

When she was 15, Melnyk saw her mother die of a stroke. Shortly thereafter, she lost a cousin in a car crash. Then, her only remaining grandparent died, and her father suffered a heart attack.



HIGH ENERGY

Bernadette Melnyk might not be as recognizable as Ohio State's celebrated mascot, Brutus Buckeye, but she has become a prominent figure on the school's campus, thanks to her seeming ubiquity. Melnyk has convened national conferences, organized fitness classes, sponsored family health expos, and hosted farmer's markets. Her reach and high visibility extend well beyond campus, though. Since the start of the COVID-19 pandemic, she has filled social media with advice and encouragement; she has offered webinars addressing various aspects of the crisis; and she has participated in interviews with scores of media outlets across the country, including (below) KTNV-TV, the ABC affiliate in Las Vegas.



Not surprisingly, those events took a toll on Melnyk and her mental health. For several years, the teenager suffered with clinical anxiety and intermittent depression, finding relief only when she was diagnosed with, and treated for, post-traumatic stress disorder (PTSD). At that time, PTSD was little known and seldom discussed, especially in Pennsylvania's rural coal region, where Melnyk grew up.

Melnyk's background may help explain why she's so frustrated by the apparent reluctance of the U.S. healthcare community to embrace mental health strategies that have proved to be effective.

"The people who are going to fare better through this whole pandemic are the ones who have built resiliency and coping skills," she said. "We, as a system, as a country, have been focused on crisis intervention for mental health disorders vs. 'Let's make sure our children, our teenagers, and our college students get evidence-based, cognitive behavioral skills-building and mindfulness training.' That's a protective buffer against stress, anxiety, and depression. We have programs that we know work, so we should be blitzing the country right now with those programs.

"We would never send a construction worker into a worksite without a hardhat. How can we send our children and young people into life without giving them these skills that we know are protective against depression and anxiety?"

Unfortunately, the tendency to careen from one crisis to the next isn't limited to the mental health arena, Melnyk said. As far as she's concerned, the problem cuts across all health disciplines and medical specialties. That's why, now more than ever, with COVID-19 still raging and other health challenges stacking up, clinicians and the institutions that train them have to recognize the value of evidence-based care, she said.

"I think we have to look at our current U.S. healthcare system very differently. We need solutions for what is occurring right now. We spend more money on healthcare than any other Western country, but we rank 37th in health outcomes. We *must* change our paradigm from 'sick care' to 'well care.'"

Call to action

Because of Melnyk's high-profile position(s) at Ohio State, government policymakers periodically seek her input on health-related issues. One question, she said, almost always comes up: How do we fix a broken healthcare system?

"One legislator said to me not too long ago, 'Bern, don't tell me we need more money devoted to this. We're not going to have more money. So what do you propose? What's your solution?' I said, 'I'll give you a solution: Let's

stop funding — let's deimplement — nonevidence-based programs and more quickly translate things that we know work into real-world settings. *That's what we have to do.*”

It doesn't help, Melnyk said, that a large percentage of the public is under the misconception that providers *already* deliver evidence-based care.

“Many do not,” she said. “There are a lot of things that continue to be funded and implemented because, well, that's the way we've always done it — or, this is a pet program of a certain legislator, so they don't want to see it defunded.

“If we could get every clinician, every hospital, every healthcare system, throughout the United States, to deliver — consistently — evidence-based healthcare, our outcomes would be so much better.”

Given the decentralization of that system — never mind its sheer enormity and complexity — the wholesale reform that Melnyk is seeking doesn't seem imminent.

Then again, don't assume that the prognosis is hopeless — certainly not if Melnyk has anything to say about it.

“I'm a big dreamer, but I'm an *executor*, too,” she said. “I throw a lot of crazy ideas out there — many of which have come true. I dream big. When people tell me, ‘It'll never happen,’ I just smile and think to myself, ‘We'll see. In time, it will.’

“I always say that success is going from one failure to the next with enthusiasm, so get excited when somebody tells you no — and keep going.” ■

About Harris Search Associates

Harris Search Associates is a leading global executive search firm. Established in 1997 by Jeffrey G. Harris, the firm focuses on the recruitment of senior leaders to support the growth of universities, research parks, institutes, national laboratories, hospitals, and academic healthcare enterprises. Based in Dublin, Ohio, a suburb of Columbus, Harris Search Associates maintains regional offices in Dallas and San Francisco. The firm is a shareholder member of IIC Partners, one of the world's largest executive search organizations, with 44 offices in 33 countries.

About the *Innovators* podcast

The *Innovators* podcast features timely conversations with global thought leaders in higher education, research, engineering, technology, and the health sciences. The audio segments, which allow listeners to learn from those at the forefront of change, innovation, and discovery, are available on the web at HarrisSearch.com and on leading podcast platforms, including Apple Podcasts, Libsyn, Google Podcasts, Overcast, Stitcher, Spotify, and PlayerFM.



About Jeffrey G. Harris, MBA

Jeffrey G. Harris is founder and managing partner of Harris Search Associates. He is an active member of CUPA-HR, the American Council on Education (ACE), the American College of Healthcare Executives (ACHE), and the Executive Search Roundtable, a group dedicated to the development of best practices in higher education talent recruitment. Mr. Harris holds a bachelor's degree from Ithaca College and an MBA from the University of Dayton.



About Richard A. Skinner, PhD

Richard A. Skinner is a senior consultant at Harris Search Associates. He formerly served as president of Clayton State University in Atlanta and as president and vice chancellor of Royal Roads University in Victoria, British Columbia. Dr. Skinner also was senior vice president for programs at the Association of Governing Boards of Universities and Colleges. He holds a PhD and a master's degree in government and international studies, both from the University of South Carolina.

