

The Emergence of the Chief Wellness Officer in U.S. Higher Education

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As institutions of higher education in the United States manage pressing health and well-being issues on campus, some are designating a new executive to lead institutional strategy-the university chief wellness officer (CWO). Increasingly, colleges and universities are purposefully shaping an organizational culture of well-being to positively influence health and wellness outcomes for students, staff, and faculty.

This dissertation in practice uses case study data about the emergence of the CWO in U.S. higher education to situate how such a leader acts as a system-wide change agent to improve population level health across multiple campus constituencies. Although a prominent fixture in the corporate sector in recent decades, the CWO role first emerged in higher education as an innovation in practice at The Ohio State University in 2011. Since that time other universities have followed suit, adopting various CWO models to address wellness issues on campus. At present, little empirical work has focused on the role itself and how these CWOs advance institutional cultures of well-being.

Using case study methodology, cabinet-level executives and other senior leaders representing key campus constituencies participated in semi-structured interviews and those data were then triangulated through document review and analyses. Themes were identified and mapped across an integrated change model (Bolman & Deal, 2017). Findings related to four frames: structural, human resource, political, and symbolic; and eight changes stages provide insight into how a designated CWO functions in the role and creates change in a complex

university system. Drawing on the data collected about the experiences of the pioneering university as it introduced the CWO role, novel insights result pertaining to 1) university CWO position responsibilities, and 2) the CWO role in aligning vision, goals, and strategies to influence a culture of well-being. A profile emerges of effective CWO leadership attributes, preferred professional credentials, and supportive institutional conditions to provide valuable direction for executives who may be considering replicating such roles on campuses in the future.

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Dedication

This work is dedicated to my parents.

Barbara Elizabeth Fox & William Alexander Fox III

Thank you for calling me smart as I grew up. I needed that to get here. I love my family.

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1.0 Introduction to the Problem of Practice

American higher education confronts a myriad of leadership and management challenges today and needs skilled leaders to apply innovative strategy and tactics that address a range of issues impacting the student experience on campus. Improving the state of health and well-being for students, faculty, and staff is a pressing challenge that leaders are grappling with at colleges and universities across the United States. Campus leaders face a complex problem of maintaining a healthy and safe work environment and learning community on campus. There is no shortage of news coverage about critical incidents involving campus safety and well-being. For instance, gun violence and mass shootings, sexual assault, hazing, and suicide are just a few examples of crimes and tragic incidents that draw attention to matters of campus well-being. On any given day, campuses are struggling to respond to persistent problems ranging from alcohol and drug abuse to anxiety and depression. Educators seek not only to help students achieve well-being during college by teaching good coping skills, fostering resilience, and inspiring lifelong health habits, but also to sustain an institutional culture of well-being (Click, 2017). That seems like an honorable intention in higher education settings, but perhaps challenging to operationalize.

Given increasing attention within extant literature on the connection between student well-being and success, university administrators now consider student well-being a priority issue and are allocating resources to create campus conditions that will improve student health and well-being. At the same time, campus leaders contemplate the university's role and responsibility to address this complex and costly issue for students and employees. After all, most higher education institutions do not have a hospital or behavioral health facility on campus, and given rising costs of health care, providing comprehensive clinical care may not be feasible or within the scope of

the institutional mission. Colleges and universities have to reconcile where promoting well-being lands on a long list of institutional priorities, whether it is a core value, and how it fits with the mission. How is higher education organizing to respond to wellness challenges? Who is in charge of such work in academe?

1.1 Health, Wellness, Well-being, and Health Promotion Defined

This dissertation study mirrors the national literature in using health, wellness, and well-being interchangeably, but its overall focus is on the concept of well-being and how institutional leaders understand that term and operationalize a plan to promote it within the culture and system. At the outset, it is important to briefly define these terms while noting that there is no standard conceptualization, but instead variations on a theme.

1.1.1 Health

For the purpose of this study, the World Health Organization (WHO) definition of health will be used. *Health* is defined as “a state of complete mental, physical, and social well-being, not merely the absence of disease or infirmity” (Larson, 1999, p. 126). In 1986, WHO added that health is the capacity of individuals and communities to reach their potential. Health therefore is not simply the absence of disease, but a positive and more holistic concept integrating social, personal, and physical capacities (ACHA, 2012; WHO, 1986).

1.1.2 Wellness

The concept of wellness is an application of the positive definition of health as articulated by WHO (Ardell, n.d.; Stara & Charvat, 2015). WHO published an update to its glossary of health promotion terms in 2006. In that publication, wellness is conceptualized as the optimal state of health of individuals and groups. Two focal points in this new definition include: (a) the realization of the fullest potential of an individual physically, psychologically, socially, spiritually, and economically; and (b) the fulfilment of one's role expectations in the family, community, place of worship, workplace, and other settings (Smith, Tang & Nutbeam, 2006). Historically, society has defined wellness holistically as a balance of human body, mind, and spirit. Multiple dimensions of wellness may be considered within institutions of higher education (IHE) (e.g., physical, emotional, spiritual, financial, community, and academic). Harrington (2016) defines wellness as more than what we do (i.e., our behaviors and decisions) as it is more of a reflection on who we are (i.e., our values and attitudes).

1.1.3 Well-Being

The Centers for Disease Control and Prevention (CDC) offers an authoritative summary of well-being concepts. Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy. Well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning (CDC, 2020). Although the concept is subjective, it can be measured with numerous instruments that have been developed by researchers in a variety of disciplines (Dyrbye, 2011; Topp, 2015).

1.1.4 Health Promotion

These three concepts of health, wellness, and well-being inform the practice of health promotion. Health promotion is the process of enabling people to increase control over, and to improve their health (CDC, 2020).

1.2 The State of Health and Well-Being on Campus

This dissertation addresses a societal issue; the state of college health is in decline much like the state of health in the U.S. Rightfully so, well-being receives significant attention in the press and in empirical studies because national metrics are a source of concern not only on college campuses, but within communities across the country. According to the Gallup Organization's Gallup-Sharecare Well-Being Index (Gallup, 2018), findings from the most recent 2017 publication show significant declines in well-being across the United States and paint a bleak picture of the well-being of Americans. No state in the nation improved on well-being by a statistically significant measure, marking a first in the nearly 10-year history of the Gallup-Sharecare Well-Being Index (Gallup, 2018).

There is an abundance of health-related data available from national organizations and a high level of interest from government, corporate, foundation, and non-profit partners eager to support campus efforts to improve well-being metrics and outcomes. Universities can measure progress on a number of key metrics using a combination of institutional and national instruments. A range of organizations sponsor research studies that provide institutions with needed benchmarks and metrics on the state of college student well-being. Primary sources of longitudinal

data include the American College Health Association's (ACHA) National College Health Assessment (NCHA) and the UCLA Higher Education Research Institute's (HERI) Cooperative Institutional Research Program (CIRP) that produces *The American Freshman* analysis.

1.2.1 College Student Health

Today's students on American college campuses present more numerous, varied, and serious health diagnoses that impact academic performance and student safety than college-goers did in recent decades (ACHA, 2017; Anderson, 2015; Auerbach et al., 2016; Eagan et al., 2013; Gallagher, 2015). Depressive symptoms and other conditions affecting their emotional well-being have spiked since 2012, leaving a significant proportion of college students at the brink of a mental health crisis. Twenge (2017) studied generational differences for the past three decades and paid recent attention to the current generation of college-goers that she referred to as *iGen*. According to Twenge, this spike is due in part to the psychological toll of social media more readily accessible on smartphones since the rise of the iPhone in American households since 2007. In 2017, *Psychology Today* published a series titled *The College Student Mental Health Crisis* that summarized troublesome statistics from multiple studies about the growing crisis on U.S. college campuses, noting that almost half of college students had a diagnosed psychiatric disorder in the past year (Blanco et al., 2008; Schlozman & Abdu-Glass, 2017). Associations such as Student Affairs Administrators in Higher Education (NASPA) host college health symposia, strategy conferences, and other professional meetings of leading voices in higher education, public health, public policy, and campus mental health to address this crisis on campus. It seems there is no end in sight to this crisis and the issues may further compound in forthcoming decades given sobering data on teen health trends in the United States (SAMHSA, 2017).

National trends clearly show that the self-rated emotional health for matriculating college students has continued to decline in recent decades, hitting all-time lows (Hunt & Eisenberg, 2010; Mojtabai et al., 2016; Pryor et al., 2010; Twenge, 2017). Stress, anxiety, and sleep difficulties routinely appear as top academic performance risk factors (ACHA, 2017). College students come to U.S. campuses with more numerous health diagnoses, elevated risk factors, and health disparities which pose obstacles to success than just a decade ago. Particularly worrisome is that students report more instances of chronic illness, stress, anxiety, depression, social connectedness, or loneliness concerns (ACHA, 2017). It is common for students to express being overwhelmed and exhausted (Eagan et al., 2013; Kadison & DiGeronimo, 2004).

LeViness et al. (2020) reported key findings from the implementation of the Association for University and College Counseling Center Directors annual survey:

- 87.3% of directors reported experiencing an increased demand for counseling services in the past year. Directors reported that, on average, 12.2% more clients were served in 2019 than in 2018.
- Anxiety continues to be the most frequent concern (60.7%) among college counseling center clients, followed by depression (48.6%), and stress (47%).
- IHEs continue to invest in counseling services: for at least the past seven years, counseling centers have gained an average of 0.5 staff positions per center per year

Annual trends indicate greater numbers of students with severe psychological problems on campus and increases in the number of students arriving on campus on psychiatric medication for prior diagnoses (Gallagher, 2015; LeViness et al., 2020). Counseling center directors have taken different administrative actions in response, such as introducing stepped care, expanding referral

networks, or hiring additional counseling staff to handle the growing demand for services and the increased complexity of student health problems (Gallagher, 2015; LeViness, 2020; Misner, 2014).

1.2.2 Faculty and Staff Health

Although students are primary stakeholders related to how their universities are managing an apparent well-being crisis, faculty and staff who work in an increasingly stressful environment are also key stakeholders and were treated as such in this study. College educators are well positioned to teach and demonstrate healthy habits and effective coping techniques so that students can learn to utilize these techniques over the course of their lifetime (Katirai et al., 2018). The literature is rich with studies on well-being initiatives designed to improve the health and overall working experience of university staff, reduce health care costs, and sustain healthy working environments (Chandler, 1985; Click, 2017; Dooris, 2002; Reger et al., 2002). Universities address faculty and staff well-being through their benefits programs and well-being initiatives. The College and University Professional Association for Human Resources (CUPA-HR) surveys higher education institutions annually to report trends. The 2019 survey reported that the percentage of institutions with well-being programs did not change in the past two years, and resources for well-being programs in the form of budget lines and dedicated staff have declined (Bichsel et al., 2019). Health care costs are skyrocketing, adding significant strain to many institutional budgets. In the U.S. from 1960-2012, the average annual growth rate of health care spending of 9.1% outpaced the gross domestic product (GDP) by 2.5% (Thornton & Beilfuss, 2016). In 2010, the Affordable Care Act expanded health care insurance coverage to more Americans thereby increasing access to and use of services. Kirch (2011) observed that as the cost of providing health benefits increased, universities followed national employer trends of shifting costs to their employees. Institutional

leadership must grapple with issues related to well-being service delivery and consider the return or value on investment in stakeholder well-being programs and policies (Hunnicutt and Leffelman, 2006; Kirch, 2011).

The rising costs to operationalize support for an institutional culture of well-being becomes a significant issue and is relevant to how leaders will innovate in this problem area in the future. In addition to the significant attention and resources needed to create conditions for student well-being and success, universities as employers are applying strategies to foster healthier work environments while keeping an eye on impacts on the bottom line and return on investment.

1.3 Institutional Response

1.3.1 University Leadership Role in Response

Citing prior research on improved outcomes in organizations with supportive leadership, Melnyk et al. (2016) claimed that leaders at universities, including presidents and cabinet members, are key in facilitating a strong well-being culture. Research shows that leadership styles and approaches can have a direct impact on stakeholder health, as well as an indirect impact by influencing the climate in the organization (Eriksson et al., 2017). Alfred (2006) discussed the role of leadership in framing and articulating strategy, building a plan of implementation, and evaluating for impact. Although this dissertation study does not evaluate impact, it does advance practical knowledge in the field about how leadership is applied on this issue.

As campus leaders make decisions about their response to health and well-being issues on campus, some leaders and scholars argue that by promoting individual wellness and campus well-

being the institution is directly supporting the academic mission and purpose of contemporary higher education (Anderson, 2015). I assume the position that taking a proactive response by fostering well-being in ways that help improve lives can be tied to most institutional mission statements. The following section details types of institutional responses to organizing leadership to advance a well-being agenda.

1.3.2 Situating Well-Being as a Student Success Strategy

Campuses dedicate resources to help students achieve a state of well-being across multiple dimensions of wellness to bolster academic performance and retention. Some focus more on preventing risk while others focus more on enhancing resilience factors (Hartley, 2011). Regardless of approach, promoting individual student health and community well-being has been an emphasis on campuses for decades, rightfully so given what the national data indicates about the health trends of traditional aged college-goers.

Health issues can pose significant barriers to the success of college students so it is important that universities continually evaluate the well-being of their students and design interventions to meet the growing need for support services (Beiter et al., 2015). Michael et al. (2015) reviewed literature showing positive correlation between student health behaviors and academic performance, with physical activity as most significant in improving outcomes. Students who are well generally do well in college. Chronic physical or mental health conditions have the potential to interfere with college student persistence (Astin, 1993; Choi et al., 2010; Lee et al., 2009; Schwitzer et al., 2018). The literature suggest that poor social and emotional well-being may be correlated with lower academic performance (Choi et al., 2010; Hartley, 2011; Pryor et al., 2010). Samuel et al. (2013) conceptualized a person's well-being as a resource that produces

positive effects on educational and occupational success. Bandura (1989) found that cognitive elements of well-being enhance an individual's resiliency and capacity to overcome challenges in educational and occupational settings.

Student well-being has been a factor in student success literature and has been a contributing factor to student attrition and variables that relate to the concept of persistence in college (Gansemer-Topf et al., 2014; Reason, 2009). Given enrollment management priorities, institutions are recognizing their responsibility for student thriving and increasingly use data to predict factors that may result in student retention or attrition, and then respond with appropriate interventions (Burke et al., 2017; Rorison & Voight, 2016).

1.3.3 Evidence-Based Practice

The literature shows that higher education does not lack for metrics and other evidence related to well-being on which to base institutional practices and strategic decisions. The CDC, the WHO, the ACHA national and institutional data reports from NCHA surveys, internal university health assessments, human resources benefits summaries, climate surveys, and engagement or absenteeism data provide institutions with significant evidence on which to form strategy in response to prevailing problems. CWOs and others who have published on the importance of assessing progress against well-being metrics often reference the adoption of evidence-based practice (EBP). EBP intends to produce positive outcomes related to goal achievement. To build a culture of EBP that flourishes and sustains, EBP must be embedded in the daily efforts of practitioners and throughout the organization and its culture (Melnik, 2016).

1.4 Health Promotion Frameworks for Engaging the Campus Community

Work in support of health and well-being is becoming increasingly more of an integrated initiative in organizations (Neilson et al., 2004). This is a critical pivot from past practice in which responsibility for matters of health and well-being were often delivered in silos within higher education, corporate, and health care organizations. Institutions of higher education often delegated health promotion to a singular unit, often in a division of student affairs. Doing so leads to the risk of creating silos in organizational structures (Melnik, 2018). Improving population health requires a system view and individuals working in teams across organizational boundaries to better coordinate health promotion and health care (Huerta et al., 2014). Such a shift in the way higher education approaches health promotion may benefit a variety of stakeholders on a campus (Harward, 2016; Neilsen et al., 2004). Professional associations, researchers, and practitioners have increasingly used descriptors such as collaborative, boundary-crossing, cross-functional, integrated, and interdisciplinary to acknowledge how this work is evolving.

To illustrate this point further, the Council for the Advancement of Standards in Higher Education (CAS) recently added a new Cross-Functional Framework for Advancing Health and Well-Being to its publications (CAS, 2018). This signaled a recognition that health and well-being is an emerging issue in higher education and that solely applying a traditional functional area framework to this work is insufficient. Instead, CAS is providing guidance to deal with the issue as one that spans multiple functional areas. The new framing can be applied to campus teams comprised of people from different disciplines, fields, or functional areas as teams approach an issue of shared concern (Abrams & Andes, 2019). CAS set forth the following elements of a cross-functional design: (a) charge and operating principles; (b) team organization and leadership; (c) strategy, approach, and processes; (d) practices and initiatives; (e) internal and external

communications; and (f) assessment. As shown in Figure 1, the CAS Cross-Functional Framework for Advancing Health and Well-Being includes components that have the potential to shift the traditional paradigm and innovate campus approaches to this particular problem of practice.

Component 1	Framework aim is to create environments that foster health and well-being, so that students can flourish
Component 2	Framework is not prescriptive, rather it outlines processes to build capacity within the institution for sustainable action
Component 3	Framework emphasizes the need to identify the facilitating and inhibiting factors specific to the institution that influence health and well-being at all levels of the Social Ecological Model
Component 4	Framework calls for a shift from a deficit-based approach to an asset-based approach
Component 5	Framework differentiates a cross functional “response” team from a cross-functional team guided by processes to advance health and well-being
Component 6	Framework acknowledges that changing campus culture requires the collaboration of multiple stakeholders
Component 7	Framework recommends strategically assembling functional areas and facilitating institutional efforts based on universal, selective, and indicated levels of prevention
Component 8	Framework recognizes the importance of being intentional about community readiness to engage in this work

Figure 1 Components of the CAS Cross-Functional Framework for Advancing Health and Well-Being (CAS, 2018)

As higher education leaders consider new ways to approach health promotion on campus and how to apply cross-functional standards rather than singular functional area standards, there may be implications related to the exercise of leadership within the organization. Within the elements of this new CAS standard, recommendations for the role of a leader do emerge: (a) a clearly appointed leader shall convene a cross-functional team, (b) leaders act as systems-level agents of change, and (c) leaders use participatory approaches to engage stakeholders (Abrams &

Andes, 2019). Given this new framework, how the organization chooses to designate leadership authority and design infrastructure may matter to effectively advancing well-being on college campuses across the U.S.

1.4.1 The Health Promoting University

Descriptors of a health promoting university are found in recent literature. This is yet another signal of the field evolving related to a commitment to health. Ferreira et al. (2018) characterized the interventions of health promotion programs implemented in health promoting universities (HPUs). HPUs offer spaces for the creation of a health promoting context in the educational community by improving health through education, research, and dissemination of knowledge. This in turn contributes to the well-being and sustainability of the community. University websites brand health promoting initiatives and organizational well-being accolades in part to position themselves in a competitive marketplace.

1.4.2 Healthy Campus 2020

The ACHA developed Healthy Campus 2020 objectives to guide colleges and universities in their efforts to employ data-driven decision making to improve the overall health and well-being of the students they serve (ACHA, 2012). These objectives address health education, screening, and primary prevention in priority areas, which include health issues impacting academic performance, substance abuse prevention, injury and violence prevention, access to mental health services, infectious disease prevention, and reproductive health (Rogers & Harpin, 2016).

1.4.3 The Social-Ecological Model for Health Promotion

The social-ecological model (SEM) has been used in numerous contexts and disciplines. The health education field uses the model to focus on both population-level and individual-level determinants of health and corresponding interventions. It purposefully goes beyond individual factors by also considering community-based or system issues (ACHA, 2018; Brofenbrenner, 1979; McLeroy, Steckler, et al., 1988; Neilson et al., 2004). The approach shows how health is determined by influences at multiple levels (e.g., public policy, community, institutional, interpersonal, and intrapersonal factors) (ACHA, 2018; McLeroy, Bibeau et al., 1988). Many health promotion leaders at IHEs adopt this approach in constructing wellness strategic plans. Participants in this current study adopted this approach for shaping a culture of well-being.

1.4.4 Life Course Research and Health Equity

Braveman and Barclay (2009) presented a review of literature about the life course perspective which focuses on understanding how early-life experiences can shape health across an entire lifetime and potentially across generations. This type of longitudinal research systematically considers the role of context, including social and physical context along with biological factors. This approach is particularly relevant to understanding and addressing health disparities and issues of healthy equity, because social and physical contextual factors underlie socioeconomic, racial, and ethnic disparities in health (Braveman & Barclay, 2009). The primary case site for this current study included life course research and evidence-based practices in its strategic wellness plan. That campus acknowledges that the strong life-course influences on adult health could provide a

powerful rationale to combat health disparities by instituting policies at all levels—federal, state, and local.

Scholars are using a social justice lens to consider issues of health equity. This is important given the changing college student demography. The public health field acknowledges that there are systematic disparities in health between social groups with different levels of underlying social advantage or disadvantage (Pastor et al., 2018; Phelan et al., 2010). Knowing this fact is important as it contributes to wellness policy, program, and strategy decisions leaders make in service to a more diverse campus community. As campuses diversify, different student bodies necessitate different health care delivery methods and conceptualizations of well-being (Anderson, 2015). Racism is a social determinant of health and anti-racism plans are increasingly calling for action within health care systems and academe (South et al., 2020; Olayiwola et al., 2020).

1.4.5 Collective Impact and Community Coalition Action Theory

There are other models beyond SEM and life course perspective which are used at the site for this study. Flood et al. (2015) reviewed the similarities between a highly regarded model in the field of public health-Community Coalition Action Theory (CCAT) and a newer model-Collective Impact (CI) that has been adopted by higher education and other organizations, but still needs additional attention within the scholarly literature. Community Impact is considered to be an emerging model for creating large-scale social change (Hanleybrown et al., 2012; Kania & Kramer, 2011). Similar to CCAT, the CI model is action oriented and engages organizations and individuals affected by the issue of concern (i.e., well-being), as well as those influencing that issue (Flood et al., 2015). The model, originally developed in the business sector, includes several pre-requisites to its three phases: (a) initiating action, (b) organizing for impact, and (c) sustaining

action and impact (Hanleybrown et al., 2012). Additionally, CI has five core tenets—a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone organization. The CI model’s phases are similar to those of CCAT, with the latter providing more detail on ways to build, improve, or sustain the backbone organization while also emphasizing advocacy. The use of CI attempts to eliminate duplication of efforts while enhancing impact by attacking an issue from multiple angles with coordination and sharing of lessons learned (Kania & Kramer, 2011).

1.5 Professional Standards in the Field of Health Promotion

In 1996, the ACHA appointed a task force on health promotion in higher education to study the scope of practice of health promotion in a higher education setting and develop professional standards of practice (Zimmer et al., 2003). Five principles informed the scope of practice. First, health is the capacity of individuals and communities to reach their potential. Second, the purpose of health promotion in higher education is to support student success. Third, universities are communities with specific populations to be targeted. Fourth, health promotion professionals in higher education practice prevention and the creation of supportive campus environments for health. Fifth, health promoting work in this context is considered facilitating, rigorous, and inclusive. As listed in Figure 2, ACHA then went on to articulate seven standards of practice for health promotion in higher education (SPHPHE) that guide leaders of IHEs.

Standard 1	Alignment with the missions of higher education
Standard 2	Socioecological-based practice
Standard 3	Collaborative practice
Standard 4	Cultural competency
Standard 5	Theory-based practice
Standard 6	Evidence-informed practice
Standard 7	Continuing professional development and service

Figure 2 Standards of Practice for Health Promotion in Higher Education (ACHA, 2012)

Furthermore, the *Okanagan Charter: An International Charter for Health Promoting Universities and Colleges* was released in 2015 and guides the practices of health promotion leaders at colleges and universities. This charter elevates the role that higher education plays in the holistic development of individuals, communities, societies, and cultures. It states that IHEs have a unique opportunity and responsibility to provide transformative education, and that they are an essential part of any systemic health promotion strategy, working collaboratively in trans-disciplinary and cross-sector ways. This charter boldly calls upon IHEs to incorporate health promotion values and principles into their mission, vision, and strategic plans; and to model and test approaches for the wider community and society (Okanagan Charter, 2015, p.5).

1.6 The Emergence of the Chief Wellness Officer Model

It seems plausible that an effective way to manage a change to how higher education has traditionally tackled issues of well-being is to reconsider who directs this work and what leadership qualities and institutional characteristics are needed to foster improvement. The designation of a CWO position is one example of how organizations are responding to challenges and opportunities related to well-being. CWOs have previously emerged in corporate, health care, government, and

non-profit systems, and the case is being made for similar appointments in higher education organizations. Ripp and Shanafelt (2020) described the positioning of the health care CWO and its unique charge. These authors posited that a CWO should focus less on individual interventions and more on high-level strategy to reduce clinician occupational distress and burnout through improving organization culture and workplace environment. These authors further differentiated the health care CWO from senior wellness officer roles established in other settings.

The recent emergence of the CWO position in higher education may be a response to a number of factors encountered in contemporary practice. College leaders are responding to the varied health needs of today's college-goers, market demand and stakeholder expectations for campus resources to support students with chronic health conditions, increasing prevalence of acute mental health crises faced by traditional aged college students, and demographic changes bringing a more diverse student body to colleges and universities (Anderson, 2015; Francis & Horn, 2017; Misner, 2014; Neilsen et al., 2004).

Wellness officers are health educator personnel who promote healthy lifestyles, including those targeting stakeholder (i.e., employee or student) well-being. Wells (2011) stated that while wellness officers have various titles and responsibilities, they are typically described as management-level individuals who lead an organization's well-being initiatives, define the well-being mission in an organization, work to improve health and well-being metrics within the organization, and integrate initiatives with benefits plans. The *chief* wellness officer designation implies an executive-level role within an organization. In an article making the case for the role of CWO in America's health systems, authors described the CWO as a leader who has the authority, budget, staff, and mandate to implement an ambitious agenda, and resides within the executive team of an organization; the CWO is situated to be a senior advocate who prioritizes, protects, and

promotes well-being with the authority and ability to significantly influence culture (Kishore et al, 2018).

There is no current registry for individuals holding CWO positions within U.S. higher education, but some emergent professional associations have begun to ask members to self-identify if they serve as their institution's senior wellness officer. Although some individuals have CWO included in their title, most individuals with such a senior wellness officer designation hold a different working title (i.e. associate vice president, dean, executive director, and director).

The role of CWO seems to be a structural innovation emerging within complex organizations seeking to prioritize well-being as a value within organizational cultures. As Kishore et al. (2018) stated, establishing and resourcing such an executive role elevates well-being as a value, promotes programming, sustains focus, increases resource allocation, and ensures a coordinated organizational approach to well-being culture. It is timely in this early stage of emergence, to document how this role has been conceptualized in higher education and to offer insight as the role further develops in complex university systems across the U.S.

The CWO role in higher education is so new that the field lacks empirical studies that provide deep insight into the impact of its emergence and its function related to improving the state of well-being on campus. However, it is possible to examine and apply literature and theoretical frameworks used in understanding complexity theory and the emergence of other niche chief executive roles that tackle complex issues facing higher education. Numerous other studies have been published on roles such as chief diversity officer, chief information officer, chief academic affairs officer/provost, chief student affairs officer, and chief executive officer/president.

Particularly instructive for this current study is the significant scholarly attention to how the role of chief diversity officer emerged within the corporate sector and higher education in

recent decades (Arnold & Kowalski-Braun, 2012; Williams & Wade-Golden, 2007; Wilson, 2013). Parallels can be drawn between the CDO and CWO role. For example, both roles emerged due to new needs and ideas related to improving practices, policies, and outcomes. Such groundbreaking roles likely require substantial adaptive leadership capacity and a commitment to innovation and transformative change (Heifetz et al., 2009; Lucas & Rogers, 2016; Shi et al., 2018). Managing important initiatives in organizations requires conceptualizing, framing and articulating strategy, planning for implementation, and evaluating for impact (Alfred, 2006). Strategy, tactics, infrastructure, data, and enterprise planning are necessary to do wellness work effectively on the nation's campuses. While applying similar organizational, leadership, and change theories examined in studies of CDO emergence as guiding frameworks, this study contributed new knowledge about CWO responsibilities and their charge to organize anew around matters of individual wellness and campus well-being.

1.7 Overview of Study

Promoting individual wellness and fostering a campus culture that prioritizes well-being as a value represents a call to action for higher education leaders. Who takes the reins to organize this work and assess impact is an open question; many models exist across higher education. Some larger institutions with complex organizational structures on par with small cities such as the Ohio State University (2011), University of Michigan (2012), Oklahoma State University (2013) and the University of Pennsylvania (2018) have already chosen to confront this problem area by creating formal senior administrative health and well-being positions to act as leaders for

transformational change. Leading executive search firms more frequently initiate searches for CWOs across various sectors, including higher education.

This study examined the emergence of the role of a CWO in a university setting. It recognized the potential of the leadership role to act as a systems-level agent of change. Further, it explored how a CWO in higher education was positioned in the organization and what resources were available to them to respond to the complex well-being issues on campus. These emergent roles are often responsible for developing wellness strategic plans, leading campus wide wellness councils, and creating innovative organizational structures, policies, practices, and programs to improve the university ecosystem and transform its culture related to well-being (Lucas & Rogers, 2016). This is likely no easy task given the complexity of university systems and what is known about forces that promote and hinder change in complex environments.

To date, there is no published study that provides deep insight into this niche executive leadership role at an institution of higher education. Cappelucci et al. (2019) published a recent case study that provided an overview about how the wellness program led by CWO at the Ohio State University affects clinician well-being, but it did not explore questions related to CWO role emergence in depth. Given the role emergence over the past decade since its documented inception in 2011 at Ohio State and accelerated appointments across different institutional types in subsequent years, it is timely to conduct research that can document the early stages of establishing the role, reactions within campus systems to its emergence, and CWO approach to leading change through population health improvement strategies.

This study illuminated trends related to CWO position responsibilities, placement in the organization's structure, and emergent priorities, and purpose. Further, findings from this study lead to concrete recommendations about self-study, planning, and implementation stages for

university presidents and others who may consider replicating the CWO role on their campuses in the years ahead. Presidents and other leaders who institute CWO roles on their campuses may be doing so as an intervention intended to improve how universities address complex health issues. However, simply creating the role of CWO is likely not sufficient to impact this problem area. To date, the literature about CWOs in the higher education space is at a nascent stage, although some CWOs themselves are contributing scholarship on campus programmatic efforts.

1.8 Research Questions

I pursued the following research questions to examine the emergence of the CWO role in higher education:

- 1) What systemic wellness problems, campus conditions, and other related data created the impetus for the emergence of a chief wellness officer (CWO) in the organization?
- 2) What qualifications and qualities do institutions seek when recruiting and employing the CWO?
- 3) What does an IHE identify as strategic priorities for CWO positions, goals for well-being initiatives, elements of the CWO portfolio, scope of decision-making authority, and key cross-functional relationships associated with such a role in the organization?
- 4) How does a CWO describe the institutional reaction to their role and charge? What are areas of resistance or major challenges/obstacles to achieving CWO goals and responsibilities? What do stakeholders perceive as benefits, priorities, and challenges associated with a CWO role on their campus?

- 5) As the position emerges in the system, what becomes the focus of the day to day work of the CWO? Specifically, how does a CWO currently organize priorities, personnel, policies, programs, strategy, and resources to support a culture of well-being on campus? How does a CWO lead change efforts across the institution?
- 6) What framework(s) does the CWO adopt to guide health promotion initiatives and their leadership approach on campus? What evidence exists of a cross-functional approach?
- 7) How does university leadership prepare the campus in planning for the emergence of the CWO role and how can the university support CWO success through the implementation phase?

1.9 Research Site

1.9.1 The Ohio State University, Columbus, Ohio

The site for this research project is The Ohio State University, a public Carnegie classification Research I university in the Midwest region of the U.S. According to NCES (2020) statistics, data reported on the university website and information collected from the Office of the CWO, Ohio State's total enrollment is nearly 62,000 students on the main campus, of which 46,000 are undergraduates. Inclusive of regional campus enrollment, there is a total enrollment of 68,000 students. More than 7,300 full-time and part-time faculty and over 27,000 administrative staff are employed at Ohio State. There are 18 colleges and schools on the main campus, including 7 in the health sciences. There are five hospitals and a major academic medical center within the university

structure. The university has extension programs in all 88 counties in Ohio. First-year retention rate for full-time students is recorded at 94%. The six-year graduation rate is 86%.

1.9.2 The Ohio State University Chief Wellness Officer

The president and provost of this institution announced Bernadette Melnyk, PhD, APRN-CNP as the inaugural university chief wellness officer in 2011 and decided to have the role report through the provost as the dean of the College of Nursing/CWO/vice president for health promotion. Over these past nine years, the role was instrumental in creating the wellness strategic plan currently in existence.

1.9.3 The Ohio State University- ONE University Health and Wellness Council

Ohio State leadership developed a sophisticated infrastructure and accountability system to ensure successful implementation of its plan across one of the largest university systems in the world. The responsibility for strategic leadership for health and wellness is situated with the office of the chief wellness officer and the ONE university health and wellness council. This council consists of responsible employees for health promotion within their units along with representation from faculty, staff, and students. Ohio State's CWO co-chairs the council with the senior vice president for talent, culture and human resources and senior vice president for student life; giving recognition to the important work human resources and student life contribute to well-being outcomes for employees and students. The council's five sub-councils are detailed within the plan. Ohio State focuses on the concept of alignment in its strategic process by including an alignment

sub-council intended to ensure alignment of strategic initiatives across the university and OSU Health System (OSU, 2016).

1.9.4 The Ohio State University Wellness Strategic Plan (2016-2019)

The former Ohio State wellness strategic plan was in effect from 2016 to 2019. The newest iteration of the strategic plan was published in fall 2019 for 2019-2024 implementation. Information about the wellness plan goals overseen by the CWO is described in Figure 3.

- Goal 1 Enrich the wellness component of culture and environment that supports the nine dimensions of wellness for faculty, staff, and students.
- Goal 2 Engage in evidence-based practices and continuous quality improvement to facilitate sustained healthy lifestyle behaviors to ultimately reduce the burden of chronic conditions while providing measurable outcomes and demonstrating value.
- Goal 3 Communicate simply, moving towards a goal of having an effective voice for faculty, staff, and student wellness.
- Goal 4 Promote local, statewide, and national/international wellness through the sharing of best practices to impact change and population health outcomes.

Figure 3 The Ohio State University Wellness Strategic Plan (2016-2019)

Under the direction of the office of the university chief wellness officer, the university plan is guided by the social-ecological framework and life course perspective and uses evidence-based interventions to achieve its vision for wellness. The plan is implemented with the leadership of the cross-functional ONE university health and wellness council that works to enhance the culture and environment of wellness. Ohio State stated a clear vision, mission, rationale, and outcomes statement within the introduction of its plan. Ohio State is on a quest to create the healthiest university and global community. The university defines *wellness* as “the optimal state of living

well, regardless of an individual's spectrum of health and encompasses physical, intellectual, mental, emotional, social, occupational, financial, environmental, and spiritual well-being" (OSU, 2016, p. 3). These nine dimensions of wellness appear in university publications across multiple divisions and units.

1.9.5 Data-Driven and Evidence-Based Practice at the Ohio State University

Ohio State leveraged available data to make the case to stakeholders for a coherent wellness strategy. In doing so, leaders pointed to evidence in the research indicating that employees and students who enjoy optimal well-being are more engaged, productive, and satisfied; perform at higher levels at work and in the classroom; have reduced absenteeism; and are at lower risk for chronic disease which results in lower health care spending (OSU, 2016). Ohio State cited its own internal data from a 2015 personalized health assessment (PHA) distributed to faculty and staff. Those data suggested problematic health indicators in areas of obesity, (pre)hypertension, cholesterol, exercise routine, anxiety, and smoking. Specifically, 14% of employees fell into the healthy category, 51% were stable, 28% were at risk, 6% were struggling, and 1% were in crisis (OSU, 2016). In terms of stakeholder buy-in, Ohio State claims that 88% percent of faculty and staff thought it was important for the institution to assume responsibility for community wide health promotion. A benchmark available to leaders as they began the initiative was that 67% of faculty/staff believed their employer has a culture and environment that promotes health and well-being. It appears that Ohio State was in a very strong position to work with stakeholders to sustain a positive well-being change initiative.

In terms of outcomes and return on investment, Ohio State collected important statistics as they began this strategic work. For example, the report boasted that Ohio State invests

approximately \$5.1 million in wellness every year, which includes the health plan, Your Plan for Health program, the office of the chief wellness officer, and student life programs. Based on research in the field, the ROI for every \$1 invested in wellness is approximately \$4 and included fewer health care claims (Hunnicuttt & Leffelman, 2006).

Figure 4 details the significant impact of well-being initiatives on the financial health of the institution. Ohio State provided a transparent rationale to its university community and backed up its position with data.

Program/Outcome	ROI Calculation
Cumulative medical savings, with program	\$12,733,971
Cumulative productivity savings, with program	\$15,424,829
Return on Investment (ROI), medical care	\$1.65
ROI, workplace productivity	\$2.00
ROI, medical care + workplace productivity	\$3.65

Note: Source: The Ohio State University, Wellness Strategic Plan (2016-2019)

Figure 4 The Ohio State University Wellness Programs Return on Investment Calculations

The Ohio State plan reported data and measured outcomes in three areas: (a) culture and environment of health and wellness, (b) population health, and (c) fiscal health. Ohio State environment ratings were gathered through the implementation of internal culture surveys, the Limeade well-being assessment, the CDC Worksite Score Card and other data from health organizations. Six different instruments collected population health data. Those data included health incidences, self-reported behavior, rate of change, and program engagement. Finally, fiscal health data examined the costs of programs and the cost impact of health incidences. Ohio State established a conservative goal of maintaining or improving the previously mentioned health indicators by 1% per year through intervention and other tactics attached to the four strategic wellness goals detailed in the twenty-six-page strategic plan.

1.9.6 The Ohio State University Wellness Strategic Plan (2019-2024)

Ohio State announced a renewed commitment to well-being with updated goals, rationale, and infrastructure to support execution of the strategic priorities in the 2019-2024 plan (OSU, 2019). An evidence-based strategy seems to be driving this version of the plan. As the plan launched, Ohio State leaders communicated that a multicomponent intervention strategy was necessary for optimal outcomes. Its approach to wellness initiatives was not only focused on assisting individuals with healthy lifestyle behavior change through wellness programming and benefit design, but also included building a wellness culture and environment that make healthy choices the easy choices for individuals at Ohio State to make. The plan also addressed studies indicating that support and role modeling from leaders along with grassroots involvement of faculty and staff are critical in facilitating a well-being culture. University policies and practices are also recognized as key for promoting healthy lifestyle behaviors. The goals for the new plan are listed in Figure 5.

- | | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Goal 1 | Improve participation in evidence-based programming and interventions so that faculty, staff, and students consistently engage in healthy behaviors and attain their highest level of well-being. |
| Goal 2 | Implement evidence-based practices and continuous quality improvement in order to decrease the prevalence of chronic diseases, reduce population health risks, and demonstrate value of investment. |
| Goal 3 | Strengthen the wellness culture and environment at Ohio State by empowering leaders and managers with wellness resources, strategies, and evidence to act upon so that Ohio State is recognized as a great place to work and learn. |
| Goal 4 | Position Ohio State as a national/international leader in university wellness through innovating and sharing best practices. |

Figure 5 The Ohio State University Wellness Strategic Plan (2019-2024)

1.10 Significance of the Study

This dissertation study filled a gap in the literature and provided needed insight into the emergence of the university CWO role; the purpose of the role as understood by the incumbent, their closest colleagues, and campus stakeholders; necessary professional competencies and leadership characteristics; organizational conditions to support role function; and the intended scope of authority of this niche executive role in promoting well-being within a higher education system. Although university CWOs have not been a focus in the literature yet, other executive or cabinet level roles have received attention by scholars. As mentioned, the chief diversity officer was studied as it emerged as a response by higher education organizations to achieve diversity outcomes and transform institutions (Arnold & Kowalski-Braun, 2012; Williams & Wade-Golden, 2007; Wilson, 2013). Much of this literature serves as a guidepost in this study. Similar to how CDOs and other emergent leadership roles have impacted the higher education space, CWOs have the potential to serve as disruptive forces in the academy by creating culture change and spurring innovation in the area of campus well-being.

The evolution of the university's embrace of well-being has been rapid in the past few decades. This growth coincides with the increased reliance on data to drive decisions and strategy within all aspects of the academy, especially in response to complex problems of practice. This study created new knowledge related to the emergence of a CWO role and ways a pioneering university organized to better manage evolving problems related to well-being on campus. Given what is known about an arguably crisis-level state of well-being on college campuses, the stakes are high to do this work well and to do it in innovative ways that respond to national trends related to population health and campus well-being issues. A study that addresses the role of leadership and change management in improving this problem in higher education is timely.

This study can provide university presidents and other senior leaders with valuable and valid information to consider when establishing a CWO on campus. The findings may appeal to campus stakeholders who have an interest in innovating in the area of campus well-being. Senior student affairs officers and other professionals who have traditionally assumed the bulk of work related to student well-being have a stake in this work as organizational structures are reconsidered. Finally, stakeholders such as students, staff, and faculty whose health metrics, attitudes, behaviors, and habits are the primary targets of campus well-being interventions may derive the biggest benefits from this study and its implications for future practice.

2.0 Literature Review

This chapter reviews the literature that informed this study, its research questions, and chosen methods. Given that this study has a secondary purpose in exploring how leadership is practiced in a health promotion context within a university context, this chapter presents literature about how leadership emerges within organizations to manage complex problems. Key principles of complexity theory such as emergence and dynamic capabilities add further insight about the CWO as a phenomenon within U.S. higher education organizations disrupting complex social systems. Select theoretical and conceptual frameworks related to leadership for organizational change are discussed. Then an adapted integrated change model is presented as the chosen conceptual framework to be employed throughout the research process. Although some of these concepts have been introduced in studies described here, scholars have not yet explicitly connected them together. In this way, this study further contributes to the literature as it maps role emergence and role performance within a complex system.

2.1 The Emergence of Niche Executive Positions

2.1.1 Studies on Chief Diversity Officer Emergence

Seminal and subsequent scholarly contributions add to our understanding of the emergence of similarly situated leadership roles within academe. Williams and Wade-Golden's (2007) study of CDOs is considered foundational work in understanding the role of the CDO as an executive-

level administrator who manages campus diversity efforts. The authors considered the CDO to be an emerging phenomenon and discussed role emergence as stemming from many conditions present within the current higher education landscape, such as increasing presence of diverse students and faculty on campus, a call to attend to differences by creating supportive environments that lead to success, and a view that the CDO role was constructed to build diversity capabilities in the organizational system. The current study examines conditions necessitating the CWO role. Dexter (2005) observed that CDO emergence in the corporate world was both a response to the growing importance of diversity in the workplace and a strategic decision to leverage diversity as an opportunity. Organizations since have used strategic niche leadership roles to get ahead of issues such as diversity, technology, and wellness instead of falling behind or maintaining a status quo approach. The extent to which CWOs are hired with a similar charge is to be determined.

When developing CDO capability, Williams and Wade-Golden (2007) recommended a CDO planning committee to structure the role in the local context, consider optimal placement within the organization, ensure a successful onboarding and implementation process, and enable CDO capability over time. Then by centralizing responsibility for diversity interventions, institutions might be more effective in moving the needle on diversity and inclusion goals and the CDO would be viewed as a change agent. These planning stages and decisions related to vertical structure within the organization are of similar importance in understanding the emergence of the CWO role at the participating site. Building upon Mintzberg's (1979) conceptualization of organization structural archetypes and vertical dynamics, the Williams and Wade-Golden (2007) study observed three archetypes for vertical structure of the CDO role: (a) collaborative officer model, (b) unit-based model, and (c) portfolio divisional model. The portfolio divisional model is the most complex of the three. In this model the CDO is most connected to power systems and

retains formal influence over many units and the diversity workers spread through a large and complex organization. The Williams and Wade-Golden (2007) study remains the authoritative study on CDO vertical configuration and I posit that is transferrable to understanding the context in which other executive roles may operate.

Williams and Wade-Golden's mixed methods approach centered on 110 interviews with more than 70 individuals (CDOs and other key leaders), numerous site visits, analyses of 1000 documents and survey data collected from 110 out of 700 CDOs across the United States at the time. Their findings led to recommendations for university presidents considering the CDO role. The Williams and Wade-Golden's seminal work on CDO emergence informed some of the research questions for this current study on CWO emergence. Specifically, that study pursued inquiry questions related to qualifications and characteristics sought in a successful candidate for the position. CDO professional attributes and capabilities such as charisma, integrative thinking, capacity to build lateral relationships, and operate in a boundary-spanning way emerged as important to participants in the Williams and Wade-Golden study. Williams and Wade-Golden (2007) focused on perceived limitations of the role in their collection and examination of data. For instance, they stated that campus stakeholders and CDOs themselves note that effectiveness is hindered by poor role definition and lack of connection to the vertical structure of the CDO role (e.g., configuration in the system, reporting lines, formal authority, and resource allocation). Since the seminal study was published, multiple studies emerged to further explore the role of the CDO on college campuses in recent decades (Davalos, 2014; Figueroa, 2012; Leon, 2010; Takami, 2017). The design of such studies can inform interview protocols and analysis of other emergent chief executive roles within higher education, including the CWO. The discussion that follows

features a summary of studies that directly inform the research questions and design of this current study.

Leon (2010, 2014) extends Williams and Wade-Golden's work by contributing additional perspective on the emergence of the CDO role. Leon (2010) conducted a qualitative examination of three CDOs representing each of the three organizational models advanced by Williams and Wade-Golden (2007). Leon (2010) pursued two research questions focused on: (a) CDO strategies to develop, manage, and maximize diversity resources, and (b) CDO configurations that are facilitating or limiting in conducting diversity work on campus. Leon's study contributed a deeper analysis of the structural framing of the CDO positions in the three different model configurations: collaborative officer CDO, unit based CDO, and portfolio divisional CDO. Leon acknowledged that some pioneering institutions continue to embrace its CDO model while others were just beginning to prepare for the appointment of their first CDO after careful consideration and pre-planning activities. Leon's choice of a multi-site case study was replicated in further research by scholars as most studies since included qualitative methodology employing case study to get a rich account of the emergence of the role in particular settings. Key findings that influenced this study included Leon's discussion of collaboration efforts and the acts of bringing people together in diversity activity to challenge institutional habits. This behavior broke down silos and promoted cross-functional work. Additionally, Leon (2010) pointed to the need to hire the right individual to lead as this role emerged in the campus system, but also to arm them with an entirely new infrastructure to enhance organizational diversity capabilities that align with institutional mission.

Of critical importance to how this current study has been conceptualized, Leon (2010) begins to apply useful conceptual frameworks and theory to understanding CDO emergence and impact on planned change and institutional transformation. Leon incorporated the Bolman and

Deal (2003) four-frame model and integrated those frames with eight change stages (Kotter, 1995). I return to this choice of model later in this chapter as I describe how I further adapted that same conceptual framework for the purpose of this study. Leon's findings suggested that CDOs embedded in unit-based and portfolio divisional models tend to be farther along in diversity goal achievement than counterparts in collaborative officer models. Considering data mapped across this integrated change model, his recommendations enumerated many implications for practice including the need to define diversity within the local context, create a vision and share it, develop realistic goals, create a strategic plan, manage resistance and opposition, select the right leader, build an appropriate infrastructure and role configuration, establish a collaborative guiding coalition, re-organize related resources, develop metrics, find a balance of top-down and bottom-up leadership, and celebrate diversity in the culture (Leon, 2010).

Leon (2010) connected his findings to their chosen conceptual framework more explicitly than scholars that followed. However, in subsequent studies, scholars in this area did expand our understanding of CDO role emergence in other unique ways. For example, Figueroa (2012) expanded understanding of CDO emergence by including much more direct CDO and other key campus leader voices in the analysis of data collected at two private universities known for their diversity related accomplishments. The study presented strategies, challenges, and organizational features that help or hinder role function. Through multiple interviews with each CDO, an approach replicated in this current study, Figueroa was able to consider and revisit themes that emerged in other discussions with campus participants. Figueroa dedicated additional chapters to dive more deeply into the most prominent themes that emerged such as the complexity of the diversity landscape, CDO as policy adviser, and the role of formal or informal authority and influence. Figueroa (2012) critiqued prior scholarship in excluding a discussion of data and EBP

in decision making as a key component of CDO credibility and influence in the system. Evidence-based practice was given added attention in this study due to the nature of health promotion work.

More recent scholars attempted to move beyond earlier studies focusing on CDO role emergence to studies that evaluated impact. Davalos (2014) explored how CDOs work to institutionalize diversity and inclusion in the culture of the institution, how they track metrics and measure outcomes, and what strategies contribute to CDO success in these efforts. A purpose of the study was to help CDOs gain acceptance within institutional norms and legitimacy in the profession. Valuable to this current study, Davalos provided a robust description of organizational change theories and constructs (e.g. presence of sub-cultures, complexity, adaptation, ambiguity, loose-coupling, feedback loops, and cybernetic systems) (Baldrige, 1980b; Bess & Dee, 2008; Birnbaum, 1988; Cohen et al., 1974; Weick, 1979). Such discussion sets the context for understanding the unique complexities involved in trying to move a culture on a college campus. Davalos was one of the first scholars to apply transformational change phases of mobilization, implementation, and institutionalization (Curry, 1992; Kezar, 2001).

The literature has begun to reflect how the CDO role emerged in different institutional settings other than four-year institutions. For instance, Pennamon (2017) called the emergence of the CDO a phenomenon across U.S. higher education and provided acknowledgment of institutional responsibility to serve a shifting demographic of students now present in more numbers on campuses across the country. Pennamon (2017) interviewed CDOs in different settings and noted a shared preference for horizontally oriented designs as opposed to vertical silos for diversity work in traditional academic affairs, student affairs, advancement, or community engagement structures. CDOs who report through the president's office have an advantage in that their plans also likely reflect the president's plan. For one interview participant, access to the

president enabled the CDO to create a presidential advisory committee on equity and inclusion to recommend a master plan to work more seamlessly across divisions of the university on various projects that emphasize diversity, equity, and inclusion goals. As CWO roles are implemented across a variety of institutional types, CWO preference for how the role is situated within the organization, including reporting lines, may be an important part of understanding role emergence.

2.1.1.1 Summary of Applicability to CWO Emergence

Indeed, the literature on the emergence of the CDO seems rich and thick covering topics from root causes for the creation of the role on a campus, background of the CDO, strategies employed to institutionalize a plan or commitment to diversity, and configuration within the organizational structure (Arnold & Kowalski-Braun, 2011; Leon 2010 & 2014; Stanley et al., 2019; Williams & Wade-Golden, 2007; Wilson, 2013). However, scholars now seek well designed empirical research on impact moving beyond the initial documentation of CDO role emergence in U.S. higher education. Stevenson (2014) stated that our understanding of chief executive roles and our confidence in chosen evidence-based practices will be improved as we are able to integrate differences across demography, institutional cultures and types, and individual values and behaviors. New research is needed on the emergence of niche leadership roles and how they improve practice related to a problem area such as diversity or well-being. This current study served as foundational contribution to document CWO emergence in anticipation of future empirical studies that may measure outcomes and further examine impact.

Following a thorough review of these studies on CDO emergence, there seem to be parallels when considering the rise of CWOs on campuses. For instance, Davalos (2014), Figueroa (2012), and Leon (2010) collectively enhance our appreciation for the presenting conditions that supported CDO emergence with the higher education landscape, such as the increasing diversity

present on campus and the call to leverage that opportunity to enhance learning, to create more inclusive spaces and systems, and to respond to institutional challenges related to diversity.

When considering the rise of CWOs we should consider the presenting conditions at Ohio State and nationally around 2011 when the role first emerged in an IHE setting. For example, the Affordable Care Act was a pressing topic given concerns about rising costs of health care and how IHEs could organize and consider cost-savings in the years following the 2009 recession. Mass shootings and campus violence continued in this period. Around this time colleges and universities began to experience the press of student mental health crises as an outgrowth of new technologies and social media platforms (Twenge, 2017). Gallup (2018) reported declines in overall health metrics in the U.S. CWOs are similar to CDOs as they also work on strategies and initiatives that span boundaries within complex organizations, break down silos, and do cross-functional work that is essential to success. Leon (2014) explained that one of the most important benefits of the portfolio divisional model often present in very large university systems like the campus at the center of this current study, is that structural decisions can help the executive strengthen alliances and networks across the institution, transforming large and decentralized institutions. Leon's (2010, 2014) descriptions of case sites and how participants reacted to institutional decisions about CDO reporting structure and CDO access to vertical authority structures was transferrable to my analysis of decisions institutions are making about CWO positioning. Leon's analysis of CDO utilization of entrepreneurial approaches in creating incentives to engage this work and in showing return on investment was applicable to some of the documented tactics employed at Ohio State during the emergence of the CWO role and implementation of new initiatives.

2.1.2 The Emergence of The Chief Wellness Officer

2.1.2.1 CWOs in Corporate and Health Care Settings

To date, the literature about CWOs working in higher education contexts is limited beyond the Cappelucci et al. (2019) study that examined the influence of the CWO model and the wellness strategy at Ohio State on clinician burnout and well-being. Higher education leaders could apply research findings from corporate, health care, or university medical center contexts which seem to be on the cutting-edge of enhancing well-being cultures within their organizations. Abraham and White (2017) discussed trends in the corporate wellness industry including redefined business models to promote a culture of health; shifting emphasis away from wellness program return on investment to value on investment; and industry expansion, diversification and competitiveness in the marketplace. Data analytic capabilities that leverage connections across wellness-related data sets are helping leaders differentiate their wellness programs from others.

Wellness initiatives within for-profit and non-profit settings aim to improve the health and overall working experience of personnel, reduce health care costs, and sustain healthy working environments (Chandler, 1985; Click, 2017; Dooris, 2002; Reger et al., 2002). Leaders who are operationalizing an innovative plan to enhance a culture of well-being know such an effort can be costly, but increased engagement with wellness initiatives can yield benefits and are worthwhile investments (Hunnicuttt & Leffelman, 2006; Kirch, 2011).

The Chronicle of Higher Education, *The Journal of American Medical Association*, *The American Journal of Accountable Care* and the *American Journal of Managed Care* have published recent case studies and commentary about the role of wellness officers in coordinating strategy and measuring return on investment of funds within organizations that make wellness programs a priority. Since 2015, existing CWOs are joining forces by participating in the

collaborative for healing and renewal in medicine (CHARM) to take collective action on the charter on physician well-being as published in the *Journal of the American Medical Association* (Piper, 2019). Physician well-being has been a rallying cry of sorts for CWOs in academic medical center contexts. Research has been conducted on clinician burnout and the effectiveness of interventions to combat that persistent challenge in health care systems. Yet, very little has been published about the emergence of the CWO position and associated duties.

2.1.2.2 CWOs in Educational Settings

Cappelucci et al. (2019) published a case study as part of the National Academy of Medicine series on clinician well-being and how Ohio State employed a comprehensive approach to health and well-being under the direction of a CWO. Such a comprehensive design is purported to reduce clinician burnout and improve well-being among its faculty, staff, and students (Cappelucci et al., 2019). That case study presented findings of significant senior leader buy-in to the comprehensive approach led by the CWO. The president of Ohio State was quoted in the study as stating that well-being is among the university's highest priorities and a "core organizational strategy". The case study described how the CWO practices strategic leadership while co-chairing the interdisciplinary One University Health and Wellness Council. This publication formed a basis for this dissertation's further inquiry into the emergence of the chief wellness officer position at Ohio State, the campus that pioneered the niche role in a higher education setting.

Other than the Cappelucci et al. (2019) study, very few examples exist of scholars studying the emergence of wellness specific leadership roles in educational contexts. Westrich et al. (2015) published a study that examined the role of a school district-wide wellness officers and the ways in which such a role contributes to intentional coordination of wellness programs in a K-12 school setting. The researchers conducted semi-structured interviews and focus groups with those officers

and stakeholders about the outcomes of such purposeful coordination. Heinze et al. (2016) published a study that investigated the processes by which organizations implement innovative approaches to promote wellness. The researchers employed random sampling to identify possible participants and chief executives were interviewed to seek their perceptions on leadership.

2.1.2.3 An Emerging Profession: Standards and Networks of Practice

In terms of professional standards for individuals serving in an emergent and evolving CDO role, the National Association of Diversity Officers in Higher Education (NADOHE) published a 2014 guide for CDOs that included twelve standards for effective institutional leadership (Worthington et al., 2014). These standards emphasized legal, social, historical, and institutional commitments of the CDO's duties as they act as an organizational change agent for equity, diversity, and inclusion within a larger team of administrators and faculty who share similar goals (Pennamon, 2017, p 18).

There is no current registry for individuals holding CWO positions within U.S. higher education, but some professional associations are actively seeking to support senior wellness officer professional development (e.g. ACHA, Building Health Academic Communities (BHAC), NASPA). A few of these organizations have begun to ask members to self-identify if they serve as their institution's senior wellness officer as networks and special interest groups are established.

The NASPA health, safety, and well-being initiatives support and develop student affairs professionals working towards cultivating well-being at their institutions. Encompassing the areas of substance abuse prevention, violence prevention, sexual violence prevention, mental health, and wellness and health promotion leadership, NASPA's work in the health, safety and well-being area advances practitioner knowledge and innovative practices on all aspects of student health. NASPA offers a strategies conference for professionals engaged in student health and campus well-being

initiatives, but currently does not offer a professional standard guide for health promotion leaders in university settings.

In 1996, ACHA studied the scope of practice of health promotion in a higher education setting and developed professional standards of practice (Zimmer, et al., 2003). Five principles inform the scope of practice and ACHA articulated seven standards of practice for health promotion in higher education (SPHPHE).

Competency development in public health leadership is extremely important as the challenges facing the public health workforce increases as they practice within complex systems (Wright et al., 2000). Umble et al. (2011) offer an evaluation of the National Public Health Leadership Development Network (NLN), a consortium of institutes providing a system for leadership development and a leadership competency framework for core curriculum design and development of performance standards for public health practice. These core competency categories include: (a) transformation, (b) legislation and politics, (c) trans organization work, and (d) group dynamics.

2.1.2.4 Leading CWO Campuses

Many models for leading wellness programs exist across higher education institutions. Early adopters of a CWO model have articulated wellness vision statements, published data-driven strategic plans, invested resources, and measured outcomes. Mostly major public universities have followed Ohio State's lead in designating a CWO. However, the University of Pennsylvania became the first Ivy League university to create the CWO role in 2018.

2.2 Key Principles of Complexity Theory

2.2.1 Emergence

Emergence is a construct appearing in the literature across many types of disciplines. Emergence refers to the arising of novel and coherent structures, patterns, and properties during the process of self-organization in complex systems (Goldstein, 1999). This current study focused on the novel role of CWO as an emergent phenomenon within U.S. higher education organizations representing a complex social system. Chief wellness officers did not previously exist in the U.S. higher education, but since Ohio State pioneered this structural adaptation in its system in 2011, early adopters in other settings with complex administrative bureaucracies followed suit. This was implemented against a backdrop of a social movement in the U.S. to better organize to address a health crisis and promote well-being in communities. When discussing emergence related to niche roles or the adoption of best practices, scholars have taken note that higher education exhibits isomorphic tendencies in often mimicking successful strategies found at other universities (Williams & Wade-Golden, 2007). Rogers' (2003) seminal work, *Diffusion of Innovations*, coined the concept of early adopters and the concept of spread can be applied to this parallel analysis of isomorphic tendencies within higher education. This research contributed evidence about the experience of Ohio State as the pioneering institution in implementing the CWO role as an innovative intervention on the problem of campus well-being. Findings will be useful to thought leaders in the field who are considering joining other early adopters in implementing such a model to organize campus work. The spread of the CWO model and its adoption as a best practice is still ongoing.

Literature on complexity theory, complex adaptive systems, and emergent innovations are instructive when approaching this study. In complex adaptive systems, emergence is considered as the bottom-up interaction of system elements that facilitates order. In the past two decades, scholars have begun to pursue the study of leadership in complex adaptive systems and to employ appropriate research methodologies (Lichtenstein et al., 2006). Ilgen and Hulin (2000) refer to the resulting methodological movement as the “third discipline,” appropriate for social science fields using naturalistic approaches such as case studies (Arrow et al., 2000; Hunt & Ropo, 2003).

Emergence is one of three primary principles in complexity theory. It measures the change that occurs in a system over time as a result of the actions of interdependent individuals within it (Dooley, 1997). This would include the CWO in a positional leadership role, but also other actors whose leadership emerges in the system. Including the voices of other actors beyond the CWO was imperative in the research design to better understand their role with institutional interventions and their relationship with the CWO. This study acknowledged a tension given that its focus is on a positional leadership role with the capacity to mandate change by edict within a complex bureaucratic hierarchy. Yet at the same time, this study relies upon complexity theory to study the emergence of the role as an innovation across systems and more importantly how the person in that position acts as an influencer within complex systems of inter-related units and colleagues to collectively advance well-being within and affect organizational culture change over time.

Using complexity theory as a lens, complex adaptive systems do reflect an ability to adapt through the emergent characteristic of self-organization, which stems from the relationships of agents in interdependent sub-systems within the organization as a whole (Kauffman, 1993; Schneider & Somers, 2006; Wheatley & Kellner-Rogers, 1996). Goldstein (1999) discussed emergence and organizational dynamics, particularly how informal leadership and emergent

networks are prominent in systems characterized by self-organization. Knowles (2001) considered leadership as crucial to the processes of self-organization in that leaders serve as context setters and designers of experiences within the system. Wheatley (1996) stated that self-organization succeeds when the system supports the independent activity of its members by giving them a strong frame of reference (p. 95). This study pursued how the CWO role functioned as a leader in a complex system and how they provided a frame of reference to members about well-being as core to identity and organizational culture.

2.2.2 Dynamic Capabilities

Discussion of organizational and individual capacities and capabilities is common in the scholarly examination of niche executive leadership roles. For the purpose of this study, I incorporated the concept of dynamic capabilities, which also emerges from complexity theory. Dynamic capabilities are developed and influenced by emergence (Kay et al., 2018). The conceptualization of dynamic capabilities is rooted in organizational economics (Teece & Pisano, 1998; Teece et al., 1997; Teece, 2007), but also appears in scholarship on strategic management (Helfat et al., 2009) and entrepreneurship (Zahra et al., 2006). Teece et al. (1997) defined dynamic capabilities as an organization's ability to integrate, build, and reconfigure internal and external competencies to address rapidly changing environments (p. 516). These dynamic capabilities can also be viewed as "best practice" across similarly situated organizations. I saw potential application to how higher education is organizing to address a rapidly changing environment surrounding campus well-being and other critical issues, all the while paying attention to what others are doing and striving for a competitive advantage. Scholars in this area have linked dynamic capabilities to entrepreneurial management and thus the pursuit of a competitive

advantage. If one considers the university or its chief executives as entrepreneurs or innovators in a particular area (e.g., health and well-being), then one might imagine them tapping into dynamic capabilities to maintain a competitive advantage. Kay et al. (2018) discuss three main entrepreneurial foundations of dynamic capabilities: (a) sensing opportunities, (b) seizing opportunities, and (c) transforming assets and organization.

Kay et al. (2018) thought of emergence as advancing or moving through a process of qualitative step changes to reach new levels. Teece (2007) used the term “orchestration” and the metaphor of a leader as a conductor who creatively coordinates the assembly of orchestra elements such as instruments, players, and sections resulting in a symphony to emerge, rather than a cacophony. I was interested in how a CWO might discuss their role in orchestrating change and moving an organization toward a well-being orientation. CWOs may act similarly to entrepreneurs in sensing and seizing opportunities to achieve goals, even in bureaucratic higher education organizations. This principle provided an additional lens by which to better understand how leadership emerged in a system and how the leader acting in cross-functional ways contributed to system improvements.

2.3 Conceptual Framework

2.3.1 Leadership for Organizational Change

Pertinent to this study on the emergence of the CWO role was literature that provided insight on organizational leadership, culture, and change. The literature on organizational and leadership theory, including innovation and change management in higher education is expansive

(Alfred, 2006; Baldrige & Deal, 1975; Bolman & Deal, 2003; Christensen & Eyring, 2011; Kezar & Eckel, 2002; Rogers, 2003). Given that this study examined how institutions organize around a growing well-being challenge and use strategy to lead culture change in support of desired well-being outcomes, it was imperative to use organizational and leadership theories as guiding frameworks. Outcomes are achieved more effectively when culture and goals align and when university leaders promulgate goals and marshal stakeholder support that build a culture that matches stated goals (Bess & Dee, 2008, p. 373). Organizational change and culture shaping are processes that can extend for a long period of time. Curry (1992) cautioned that if an innovation is not institutionalized, it is likely to be terminated. The role of an executive leader such as a CWO in successfully mobilizing, implementing, and institutionalizing initiatives and goals becomes even more pressing in achieving success (Curry, 1992; Kezar, 2007; Kezar & Eckel 2002).

After reviewing the literature on leadership for organizational change and prior studies on CDO role emergence, I considered an integrated change model (Bolman & Deal, 2017) to be the most fitting theoretical framework on which to advance this study.

2.3.2 The Integrated Change Model

2.3.2.1 Four Frames

In their book, *Reframing Organizations: Artistry, Choice and Leadership*, Bolman and Deal (2003) discussed a four-frame model used to understand organizations and how management and leadership are expressed within them. Their work is well known and often cited by scholars of organizational change. It is instructive to practitioners because it helps reframe situations experienced in organizations in four different ways: structural, human resources, political and

symbolic. Recognizing its limitation in fully accounting for processes of change that take place in complex systems, Bolman and Deal overlaid their model with Kotter's (1995) eight change stages.

Structural Frame. Bolman and Deal (2003) described structure as a design blueprint or a skeleton or a building's framework. This frame is really about the architecture of the organization and how change occurs in it. The authors employed the metaphor of a *factory* or *machine* when describing the structural frame in their book. They noted that the chosen structural form has the potential to both enhance and constrain what an organization can achieve. Structures can be rigid and hierarchical, or quite flexible and egalitarian. Issues of authority, rules and policies, planning, and control arise here. How the organization chooses to organize itself matters a great deal. Leaders must focus on designing a pattern of roles and relationships that will achieve established goals and design structures that fit the context and organizational circumstances. This frame considers issues of vertical and horizontal methods of integrating the roles, functions, and units of the organization. The concept of matrix structures and networks that include cross-functional teamwork that spans boundaries and blends strategies is an element of the structural frame. There is a degree of coordination and control needed within the structural frame to help individuals and groups organize in ways that advance the organization's agenda. The right structure depends on an organization's unique set of goals, strategies, technology, division of labor, and environment (Bolman & Deal, 2003).

Human Resource Frame. The Human Resource Frame focuses on the human element of organizations and employs *family* as a metaphor for organizational life. In discussing the role people play in an organization, Bolman and Deal (2003) highlighted human inputs and outputs. Here relationships matter, not necessarily based on how these are structured, but rather how the characteristics of those relationships shape the organization and impact change initiatives. The

emphasis on understanding people and their relationships results in attending to people's needs, personalities, feelings, and concerns. Additionally, this frame naturally explores organizational capacity building. It elevates the leader's role in advancing people's capabilities to achieve their individual and collective goals by investing in their development. The concept of "fit" between an individual and an organization is a central theme within this frame. For example, hiring the right person for a role is valued here.

Political Frame. The Political Frame employs the metaphor of a *jungle* or *arena* in which organizations and their people engage in a competition over access to resources and power (Bolman and Deal, 2003). This framing acknowledges that there are multiple competing interests in organizations at any given time. Conflict naturally emerges as an organizational dynamic because of the existence of resource limits, power struggles, and enduring differences (e.g., beliefs, values, interests, behaviors, skills) held by people and various stakeholder groups. This often results in a need to negotiate on decisions and goals as people try to get what they want or need. When an impasse occurs, the role of a leader in a position of authority is to resolve it. The presence of conflict can be framed negatively or it can be seen as a positive force that challenges the status quo and promotes innovation and change.

Symbolic Frame. The Symbolic Frame uses the metaphors of *carnival*, *temple*, or *theater* to describe organizational life as it focuses on the vital role symbolic elements such as stories, ceremonies, rituals, and myths play day to day (Bolman and Deal, 2003). These elements present in the culture of organizations help people make meaning and can lead to more of a shared identity and purpose. Acts of leadership that inspire people, create a sense of connection or belonging, generate feelings such as pride and excitement that result in commitment are valued within this framing.

2.3.2.2 Eight Change Stages

Kotter's book *Leading Change* (2012) presented lessons learned from organizations pursuing planned change initiatives and articulated these eight stages: create a sense of urgency; form guiding coalition; create vision; communicate vision; empower others through broad-based action; generate short-term wins; build momentum by consolidating gains and producing more change; and create a new culture by embedding new approaches in the culture. Bolman and Deal (2017) integrated these eight change stages with their four frames, introducing additional complexity to their original model. Leaders and managers across a wide variety of organizations have found these steps instructive in understanding how transformational change can be achieved. This model allowed for ease in plotting how the CWO role emerged as a leader within the organization across four dimensions that describe institutional life. The model also helped identify corresponding actions that aligned with the various change stages.

Kotter (2012) distinguished between management and leadership, noting that managers make organizations function while leaders build new systems and transform old ways of organizational functioning. Successful change of any type or magnitude goes through all eight stages, normally in the model's established sequence (Kotter, 2012, p. 25), but not necessarily. More often the leader may have to go out of sequence or revisit past stages (Bolman & Deal, 2017).

Establishing a Sense of Urgency. This first stage requires that the organization is paying attention to the external environment that shapes its work. Like corporate peers, institutions of higher education are attuned to market forces and competitive advantage and consider how these impacts their position in the market and what strategic innovation may be needed to thrive. Oftentimes organizations engage in SWOT analysis or other self-assessment process to determine a direction for change initiatives. Opportunities, threats, or crises provide a chance for members

of an organization to identify areas that may prompt more urgent attention. Leaders help move an organization from a state of complacency or satisfaction with the status quo to generating a sense of collective urgency, a commitment to a change process, and a new vision for the future. Absent the creation of a sense of urgency, the organization will not be able to institute sustainable change (Kotter, 2012).

Creating the Guiding Coalition. This second stage is about creating a strong team or coalition to work with the leader to make progress. This is incredibly important to sustaining change. This stage acknowledges the complexity of implementing major change and that for success to occur, it must involve more than one central leader. Kotter (2012) advised that such a group has the right composition (e.g., individuals with power, expertise, credibility across various levels of the organization, and leadership talent), a level of trust, and a shared objective.

Developing a Vision and Strategy. Creating a vision and a strategy to enact it is a crucial stage of change. Kotter (2012) defined vision as a picture of the future with a rationale for why others should care about that future and be part of the effort to co-create it. A vision is an idea articulated to members of the organization and leaders need to be prepared to manage resistance and break through barriers to implementing that idea. According to Kotter (2012), an effective vision is characterized as imaginable, desirable, feasible, focused, flexible, and communicable. The vision is backed by a set of strategies and tactics to achieve it that are known within the organization so that members can help advance it.

Communicating the Change Vision. A vision can be most powerful when widely known by many members of an organization, not by just a few. Leaders of an organization that communicate in ways that solicit understanding and commitment to the vision and strategic direction can generate transformational change. Kotter (2012) suggested that when communicating

a vision, leaders ought to strive for simplicity in content, use metaphors or stories illustrating examples, identify multiple forums for spreading the word about what is happening and why, repeat the messaging, lead by example (i.e., walk the talk), address inconsistencies, and engage feedback by opening up two-way communication streams.

Empowering Others Through Broad-Based Action. People working toward change need to feel that they have power to make a difference. The role of a leader is to build capabilities within the organization so that individuals are empowered to contribute. Leaders also need to remove barriers to empowerment and the transformation process. Common barriers in this frame include resistance from managers, formal structures or systems that make it difficult to act, and a lack of necessary skills that undermines the initiative (Kotter, 2012).

Generate Short-term Wins. Short-term or small wins generate momentum for larger victories and in turn help to reinforce culture changes. The impact of skeptics, naysayers, and resistors can be mitigated by visible short-term wins.

Build Momentum by Consolidating Gains and Producing More Change. Kotter (2012) discussed the complexity of making change in organizations with highly interdependent systems. System impacts occur when change to one part of an organization directly affects other interdependent parts of the whole. Although change may be desired, few things budge easily because one part of the organization is likely connected to many other parts. Kotter acknowledged that in this context changing anything often means changing nearly everything (Kotter, 2012).

Create a New Culture by Anchoring New Approaches in the Culture. Culture refers to norms of behavior and shared values among a group of people (Kotter, 2012, p. 156). Collectively these norms and values shape group behavior and culture. New ways of doing things need to be embedded so that they last in the culture.

2.3.3 Cross-functional Leadership

As introduced in the first chapter, the Council for the Advancement of Standards in Higher Education (CAS) added a new cross-functional framework for advancing health and well-being to its publications in 2018. CAS provided guidance to deal with the issue of well-being on campuses as one that spans multiple functional areas and not one to be approached in a siloed fashion. Within the elements of this new CAS standard, recommendations for the role of a leader emerged: (a) a clearly appointed leader shall convene a cross-functional team, (b) leaders act as systems-level agents of change, and (c) leaders use participatory approaches to engage stakeholders (Abrams & Andes, 2019). These elements of cross-functional leadership have been included in this study's adapted model.

2.3.4 Adapted Model

I chose to adapt the integrated change model by overlaying key attributes the cross-functional framework (CAS, 2018) and meta-leadership. I chose this adapted integrated model as the primary theoretical framework to guide data collection and analysis for this study. The adapted model is illustrated in Figure 6.

Change Stages (Kotter, 2012)	Four-Frames Model (Bolman and Deal, 2003)			
	Structural	Human Resource	Political	Symbolic
Create Sense of Urgency				
Form Guiding Coalition				
Create Vision				

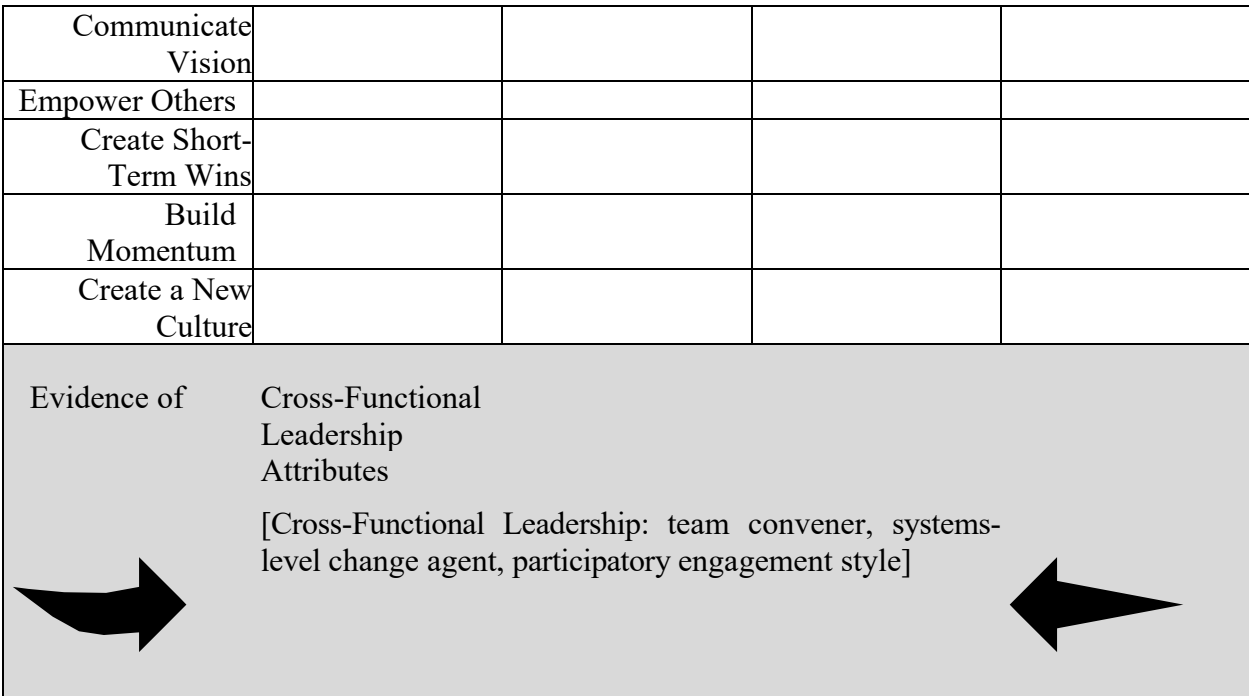


Figure 6 Bolman and Deal's Integrated Change Model, Adapted by Fox (2020)

The adapted model informed interview protocols for CWOs and campus stakeholders and it served as a tool to map responses. More information is provided in the next chapter about how this model is applied to the study methodology.

2.4 Summary

The literature reviewed in this chapter explored what we know about the emergence of select executive leadership roles within higher education. In the first section of the chapter, an overview of studies that explored role emergence in other contexts was presented so that transferable lines of inquiry could be applied to this study's focus on CWO emergence. This was important given that very few studies have examined the role of CWOs in U.S. higher education. The second section introduced key principles of complexity theory and conceptual frameworks on

leadership for organizational change that informed the study. Select concepts and theories associated with the change model guided the research design and data analysis described in the next chapter.

3.0 Methodology

3.1 Purpose of Study

This study of the emergence of the role of chief wellness officer recognized the potential of such a leader to act as a systems-level change agent on a college campus. Since scholars have yet to examine how CWOs have emerged in higher education, and senior wellness officer roles continue to be replicated in various forms at universities, understanding how these CWO positions came into existence is important. This study explored the intent behind such appointments and how they are situated within a university system to exercise authority to enact a well-being agenda. This study provides higher education leaders who may be considering implementing a CWO role on campus insights into the experience of the initial adopter of a university CWO model.

In this chapter, I describe why a qualitative research strategy was chosen and how case study method best addressed the research questions centering on the emergence of this unique executive officer position. I did not seek to quantify the effectiveness of the role toward particular goals. Rather, I intended to explain with complexity how a campus CWO is organizing wellness work across an organization to address local problems and priorities.

3.1.1 Research Questions

I pursued the following research questions to examine the emergence of the CWO role in a higher education context:

- 1) What systemic wellness problems, campus conditions, and other related data created the impetus for the emergence of a CWO in the organization?
- 2) What qualifications and qualities do institutions seek when recruiting and employing a CWO?
- 3) What does an IHE identify as strategic priorities for CWO positions, goals for wellness initiatives, elements of the CWO portfolio, scope of decision-making authority, and key cross-functional relationships associated with such a role in their organization?
- 4) How does a CWO describe the institutional reaction to their role and charge? What are areas of resistance or major challenges/obstacles to achieving CWO goals and responsibilities? What do stakeholders perceive as benefits, priorities, and challenges associated with a CWO role on their campus?
- 5) As the position emerges in the system, what becomes the focus of the day to day work of the CWO? Specifically, how do CWOs currently organize priorities, personnel, policies, programs, strategy, and resources to support a culture of well-being on campus? How do they lead change efforts across the institution?
- 6) What framework(s) does the CWO adopt to guide health promotion initiatives and their leadership approach on campus? What evidence exists of a cross-functional approach?
- 7) How does university leadership prepare the campus in planning for the emergence of the CWO role and how can the university support CWO success through the implementation phase?

3.2 Analytic Approach

3.2.1 Rationale for Qualitative Research

Qualitative research is ideal when trying to learn more about a phenomenon (e.g., the emergence of the role of CWO and how it functions to influence campus well-being) in the context of its setting (e.g., a college or university). Lincoln and Guba (1985) conveyed that these two elements, the phenomenon and the setting, are united. The choice to pursue a qualitative design and to supplement interviews by incorporating document review was vital to the understanding of why and how the CWO role emerged. Research that is focused on the exploration of how and why questions is best accomplished using qualitative methods (Merriam, 2009).

I conducted interviews with the CWO and the supervisors and colleagues closest to her work. These interactions yielded data on how these individuals understood the CWO role, its functions, and its emergence in their organization as a strategic wellness intervention. Further, I reviewed and analyzed institutional documents to gain an understanding of CWO role emergence and role attributes. Data provided insight into how the CWO was situated in the vertical structure of the organization, how the CWO set priorities related to a well-being agenda and organized the work, and how the CWO influenced a culture that values well-being. Spending significant time examining the role of one CWO in depth in one context helped to document how participants made meaning of this role's presence in that system.

3.2.2 Case Study

Very little is known about the role of CWOs in higher education settings and how the leadership role influences the coordination of resources and interventions aimed to improve population level health and address systemic wellness problems facing college campuses. Employing case study method yielded an understanding of the emergence of the role itself and some insight into the subsequent strategies and tactics employed by the CWO to support individual wellness and campus well-being. Yin (2014) described a case study as a means to investigate a phenomenon in depth within its real-world context noting that the boundaries between phenomenon and context may not always be clear (p. 16). The exploration of how the CWO role came to be, the purpose it served, and the perceptions of the role's influence in a university system added value to the literature and prompts additional lines of inquiry for future studies. Interviewing the individuals responsible for creating the CWO role, occupying the role, and interacting with the role provided for a holistic understanding of the phenomenon of the CWO position. Document review and analysis was beneficial to the case study in making sense of the context in which the CWO worked.

Case studies focus on a complex context and try to understand a particular object or case, in a bounded system (Merriam, 2002; Mertens & Wilson, 2012; Smith, 1978). I considered the CWO role at one university to be the unit of analysis. This study used a single intrinsic case study design to pursue the stated purpose of the study and its research questions. An intrinsic case study features a single case (e.g., a person, role, organization, or event) that is viewed as important in its own right. I elected to pursue an intrinsic case study of the CWO role at Ohio State because in all its particularity and ordinariness (Stake, 1994, p. 237), this pioneering case itself was of interest to me. I believed the case would likely be of great interest to the field as a whole given it was ground

zero for the emergence of the recent phenomenon of universities drawing from models in corporate and other sectors to implement CWO roles on campus for the first time.

3.3 Methods

3.3.1 Site Recruitment and Access

This specific site was purposefully chosen as the primary case given these factors: (a) Ohio State's unique position as the pioneering site, (b) an institutional record spanning nearly a decade of successfully sustaining the role from initiation through implementation, (c) the senior-level positioning of this CWO role, (d) the CWO's known professional development activities and scholarly contributions to the field, and (e) the network established by the CWO with other colleagues in similarly situated positions such that she would be familiar with the role as it has emerged in other contexts.

After I wrote a letter to the CWO, I then scheduled a personal meeting on August 27, 2019 to discuss the study and her participation in a series of meetings. She agreed to permit access to necessary documents and facilitate access to additional participants. I received permission not to anonymize her participation or that of the institution. At the time of my meeting, the CWO stated that Ohio State had just participated in a non-masked case study that highlighted the role of the office of the chief wellness officer and the wellness program in systematically addressing clinician well-being (Cappelucci et al., 2019).

3.3.2 Data Collection Procedures and Participant Sample

I collected data through interviews and document review. Fifteen document types were requested for researcher review and analysis. Six of these sources were provided by staff members within the office of the chief wellness officer by email or in person at the office, five sources were publicly available online, one source was discussed verbally during an interview and three documents did not exist or were not available. The CWO agreed to two interviews, 90-minutes in length. I intentionally structured two interviews with the CWO during data collection. Consistent with Figuero (2012), multiple interviews with the principal participant (CWO) provided the opportunity to get a fuller account of their perspective on role emergence and to revisit themes emerging from interviews with other participants.

The CWO verbally mentioned the project to key stakeholders and on occasion sent follow up messages to the introductory message inviting participants to interview. Individuals serving in roles of president, provost, assistant vice president for student life and senior human resources officer were identified as having a defined role in supporting the work of the CWO through direct or indirect supervision, close collaboration through the wellness council, or implementation of the wellness strategic plan. I employed a snowballing technique with the CWO and those participants to select the additional participants to interview. I then sent an invitation email to the list of potential participants, described the study, and mentioned my work with the CWO at Ohio State. The prospective participants were asked to respond if they were interested in participating in the study. I sent follow up emails to those who contacted me, provided more details about the study, and coordinated interview appointments.

The call for participants included two criteria for study participation: (a) close association with the CWO on campus such that there was significant familiarity with the work of the CWO;

and (b) significant responsibilities for supporting wellness initiatives at the institution as part of their job duties, in their role on a wellness committee, or through other informal or formal means. Employing snowball sampling allowed me to start with key informants that were knowledgeable about the phenomenon and the site under study and solicit other knowledgeable informants that may have useful information (Mertens, 2015).

I offered to conduct interviews at Ohio State in the participant's office or another campus location. Phone or web-conferencing meetings were also offered as an alternative for participants upon request or due to the disruption to normal business operations posed by Coronavirus (COVID-19), a global pandemic occurring at the time of this study. Provided interviews are competently implemented, prior research reported evidence of only small differences between face-to-face and other modes of interviewing (Groves et al., 2009; Singleton & Straits, 2012). Each participant received an electronic memo confirming the interview and providing details about the voluntary nature of participation in this IRB approved exempt study. All participants consented to proceed with the interviews; no participant withdrew after agreeing to the interview. One potential participant did not reply to a request for an interview, and one declined due to unanticipated demands related to COVID-19 response.

A total of 13 individuals participated in this study; six by phone, five in person in their university office, and two by virtual conferencing. The interviews were scheduled for up to one hour. The interviews were recorded using a portable digital recorder. Using a professional transcription service, the recordings were transcribed verbatim from the audio recordings. All of the interviews began with an opening introductory statement, included a consent and confidentiality statement, and provided context for the scope of the research (Rabionet, 2011).

Participant information is represented in Figure 7. Two participants held executive roles, six were cabinet-level administrators, two were senior leaders, and three were director level staff members.

Position Title	Role Type	Interview Format
Chief Wellness Officer	In person	Senior management council-level
President	In person	Executive
Senior Vice President, Culture & Human Resources	In person	Cabinet-level
Senior Vice President/Chief Financial Officer	In person	Cabinet-level
Former President	Telephone	Executive
Assistant Vice President for Student Life	In person	Senior divisional leader
Director of Health Promotion/Wellness	Virtual conference meeting	Director/mid-level
Executive Vice President and Chancellor for Health Affairs & CEO, Wexner Medical Center	Telephone	Cabinet-level
Executive Director, Recreational Sports	Telephone	Director/mid-level
Director, Student Wellness Center	Virtual conference meeting	Director/mid-level
Former Chief Human Resources Officer	Telephone	Cabinet-level
Former Medical Center Chief Executive Officer	Telephone	Cabinet-level
Former Provost/Executive Vice President; Distinguished Professor, Emeritus; Past Interim President	Telephone	Cabinet-level

Figure 7 Participant Information

Interviews. A semi-structured interview was used with all participants. The semi-structured format provided for flexibility during the interview process by allowing me to adapt to the conversation occurring at the time while collecting data from the respondents (Merriam, 1998;

Morse, 2012). The interviews followed an interview protocol outlined in *Appendix A- Semi-structured Interview Protocol for CWO Study Participants*. This protocol consisted of main questions, probing questions, and follow up questions (Merriam, 1998). Interview protocols are used to provide structure and direction to the conversation (Frey & Fontana, 1991). The interview protocol began with questions that were informal in nature to build rapport and comfort (Creswell & Plano Clark, 2011), and to establish context in terms of participant relation to the institution and the work of the CWO. Most questions were structured to be open ended.

The interview opening statement provided the purpose of interviewing the participants. The stated purpose was to examine the emergence of the role of CWOs on university campuses. Specifically, I collected information to address the research questions, namely about how the role emerged on the campus, preferred qualifications and qualities, the scope of authority, the role's placement within the organizational structure, day-to-day responsibilities of the CWO, the key relationships with collaborators on the campus, the perceived challenges and opportunities facing the CWO, and frameworks that guide the campus approach to promoting health and campus well-being. I explored the conditions that created the need for the CWO role and the resources that were needed to help achieve its purpose.

The first interview at the site was scheduled with the CWO, and this interview yielded important background and technical responses. The second interview with the CWO began with additional rapport building, a review of data collected from the first interview, and a brief summary of themes emerging from both document review and interviews with four other participants with direct knowledge of CWO role performance. The second meeting with the CWO incorporated reflexive interviewing techniques (Pessoa et al., 2019). The conversational format of this semi-structured interview produced more opportunity for the CWO to elaborate on prior statements and

to offer additional context and meaning about themes emerging from other sources of data. This interview seemed more descriptive, retrospective, and reflective in nature, yielding richer data about role emergence and the experience of leading change.

Interviewing provided access to the content of people's behavior and thereby provided a way for me to understand the meaning of that behavior; it allowed me to put behavior in context and furthered my understanding about individual and system actions (Seidman, 1998, p. 4). Conducting an in-depth case study and posing questions to those directly involved in improving the state of well-being for campus stakeholders was a powerful experience. The interviews offered additional reflection opportunity to engage campus leaders in a discussion not only about the day-to-day work of the CWO, but the rationale for the role and what guided or influenced performance in the role. While analyzing the data, I was able to synthesize multiple interpretations of the story of CWO role emergence, including the rationale for the role and the function of the role in this local context. The interviews and document review captured a comprehensive view of the actions leaders took to intervene and respond to wellness opportunities and challenges. I collected examples of how the CWO served to disrupt obstacles and address complex problems that get in the way of progress on wellness initiatives and metrics. Executives shared personal observations about the CWO role as an organizational change agent within the system to advance the strategic goals of improving population health and building a culture of well-being at Ohio State.

Document Review. I requested official documents and other artifacts for this study. Creswell and Poth Clark (2018) define such documents as organizationally produced websites, handbooks, and reports. The proper arrangements to retrieve the documents were coordinated through email with the owner of the documents. Given that the case site was a public institution, much of the documentation was already publicly available on university websites and in other

publications or was provided upon request to the office of the chief wellness officer. Requests for aggregate data on health and well-being metrics and sensitive information were treated with great care and directed to the CWO or appropriate office.

The documents collected for review followed a document review protocol as described in *Appendix B- Document Review Protocol for CWO Study*. The protocol presents the type of data sought from the documents, the list of documents that contained this information, the corresponding contact or source providing the information, and the alignment of the data to the research questions (Bowen, 2009). The wellness strategic plan, organizational charts, position profiles and announcements, the CWO's curriculum vitae, presidential statements about the CWO role or the strategic wellness plan or wellness council, and any reports identified by the CWO or participants as critical to understanding the emergence of the role at OSU were requested for review. Resumes and position profiles provided data relevant to research questions pertaining to the CWO background, qualifications, and professional qualities. Organizational charts, position profiles, and public announcements addressed the research question about scope of role, vertical structure, key relationships across functions, and infrastructure to support the role. Strategic planning documents provided data on institutional commitments and priorities. Reports summarizing data addressed presenting problems in the local context or information about progress toward well-being targets.

The documents collected in this study contributed to the exploration of the research questions and provided additional verification of information gained during interviews. Document review helped me to develop inferences to further pursue during the interviews with participants (Yin, 1989). Some interview probes and follow-up questions emerged from review of the documents. For example, participants were asked to react to data presented in documents that were

attributed to them or to statements about work within the scope of their authority. Triangulation is a verification procedure I used to build corroborating evidence from various sources in understanding the case (Creswell, 1997; Lincoln & Guba, 1985; Merriam, 1998; Miles & Huberman, 1994). Yin (1989) stated that the most important use of documents in case study research is to augment evidence from other sources.

The Impacts of COVID-19. Due to the global pandemic spreading through the U.S. in the winter of 2020, Ohio State shifted to remote learning on March 9, 2020 and then on March 16, 2020 required all employees to work remotely and closed campus buildings. Campuses across the U.S. made similar decisions to shift to a remote or virtual learning environment following mandates from governments and guidance from agencies such as the CDC. Similarly, in March of 2020, the University of Pittsburgh made the decision to shift to remote instruction for the remainder of the semester and throughout the summer of 2020. This resulted in directives to doctoral students and other researchers about parameters for continuing non-essential data collection. In March of 2020, in consultation with my dissertation committee chair, I decided to alter my data collection to adhere to a virtual and remote research format as prescribed by the University of Pittsburgh.

My original intent was to interview all participants in person during the months of February through April, 2020 and only use phone or web-conferencing when the participant insisted on that format for their convenience. Seven of the 14 interviews occurred after Ohio State closed and universities began shifting to a remote environment. In compliance with the State of Ohio stay-at-home order, I conducted web-conferencing or phone interviews from March 16-April 16, 2020.

No changes were made to the interview protocol or document review procedures, keeping the overall structure to the research design intact. However, participants and I engaged slightly differently than we would have face to face. I did not sense any difference of investment in the

project and noted participant enthusiasm for the topic throughout all 14 interviews during data collection. This was positive to experience given that the participants had to balance distractions such as family or other work obligations. All participants were interviewed as COVID-19 was receiving significant media attention. After March 9, the senior-level staff members I interviewed vocalized the tremendous impact of COVID-19 on their work in support of campus safety and well-being. Participants still engaged fully and provided the data that was intended. Only one cabinet-level staff member who previously accepted an invitation to participate later declined due to scheduling conflicts and pressing matters due to COVID-19. Only one phone interview had connection issues that made transcribing some passages difficult and affected the data collected from one participant in a director level role. Those brief sections of the transcript were noted in the log and excluded from analysis.

3.4 Data Analysis

Data collection occurred over a four-month period. The timeline was condensed to fit within dissertation study limitations, but it provided for enough time to engage the data and report findings following a period of saturation in data analysis. My initial steps were to review and analyze the requested artifacts as they were received. These data served as valuable background information as I prepared to engage participants in discussion about the site and their responses to the interview prompts. After my review of the artifacts for the purpose of context setting, I began to code the data gleaned from those documents and categorize those data into themes that connected back to the research questions. This approach is represented in Figure 8. Related to research question six, I looked closely for evidence of cross-functional leadership according to the

attributes described in the framework provided by CAS (2018), and in related changes stages (Kotter, 2012).

Cross-Functional Leadership Attributes (CAS, 2018)	Change Stages (Kotter, 2012)
Team convener *	Urgency
Systems-level change agent *	Form Coalitions *
Participatory approach *	Create Vision
	Communicate Vision
	Empower others *
	Wins
	Momentum
	Changing Culture

Note: (*) Indicates inclusion in cross-functional leadership coding category

Figure 8 Evidence of Cross-Functional Leadership - Coding Table

Following guidance from Merriam (2009), my approach to this study considered data collection and analysis as a simultaneous and iterative process. I collected, analyzed, and reported data according to the stated research questions at each stage of the inquiry process. Based on my review of the documents prior to my interviews, I wrote prompts appropriate to ask certain participants to explore content in more detail. At times I used my knowledge of the content from the documents to probe and extend conversation on related points expressed by the participant during the interview. Statements made by other participants in earlier interviews also helped

inform additional probes during remaining interviews. I made notes in the journal and in the margins of interview transcripts to indicate where I noticed significant enthusiasm. I did so as well when I observed hesitancy or reluctance by participants as expressed through behaviors such as whispering a response that was critical in nature or a counter narrative to perceived prevailing opinion. I took note of when questions or prompts resulted in a participant shifting their body language such as leaning in or sitting back in the chair. I recorded my interpretations of these behaviors and responses in the journal as additional data useful in understanding how participants were engaging in sense-making. When there was a long pause or reluctance to talk about sensitive topics such as institutional politics or anything other than positive accounts of system reaction to role emergence or wellness strategy, I revisited participant protection protocols, encouraged openness in sharing perspectives, and used different probes to elicit more balanced information. Taking into consideration participant reluctance to talk openly about difficult moments, conflict, or system tensions, I used these additional data points to refine questions that probed other participants on themes such as perceptions of change initiatives, institutional politics, and interpersonal dynamics.

Yin (2014) recommended that a chain of evidence be clearly laid out to the reader of the study in such a way that the original data source is traced to study findings. Each interview was transcribed by a professional transcriptionist verbatim from the digital file taken from the audio-recorder used by the researcher. Then, I employed memo writing and added notes in margins of the transcribed interviews as a tactic throughout the process of data collection and analysis (Corbin & Strauss, 2008; Saldaña, 2012,). Descriptors of prominent parent codes were documented to interpret meaning.

Data was analyzed through grouping, theme identification, and coding with the aim of interpreting results of the study. Thematic analysis techniques for code and theme identification informed the analysis of interview and document data (Boyatzis, 1998; Saldaña, 2012). Because I was using an existing change model as a theoretical frame for the study, I started with deductive coding that focused on themes present in the four frames and change stages. At the same time, I integrated inductive coding by identifying new themes emerging from my interpretation of the data. First and second cycle open coding was used to synthesize the data collected from the participants (Saldaña, 2012). Second cycle coding contributed to the refinement of patterns in the data. Focused coding searched for the most frequent and salient codes. These processes were aided by the use of Dedoose software for generating and grouping parent and child codes.

Codes reflected themes discussed in the relevant literature on leadership for organizational change, specifically elements of the adapted integrated change model (Bolman & Deal, 2017). In addition to codes informed by relevant literature, some codes reflected new terms used by participants. These first cycle codes were then consolidated and mapped across the change model. I authored three memos to my committee chair describing emergent themes and observations related to code frequency and co-occurrences. The first memo described codes that were associated directly with the four frames (structural, human resource, political and symbolic); the second memo described codes aligned with the eight change stages; and the third memo described major themes informing findings. Code frequency, code co-occurrences, and code presence across participants and document sources served as general criteria for identifying themes and coding categories.

Based on the research questions about the emergence of the role and its capacity to enact change, analysis centered on the change model as a way of describing CWO behaviors and

organizational dynamics during this period of emergence at Ohio State. The four frames provided many deductive codes. Examples of deductive codes included:

- *Structural*: reporting lines, roles, relationships, strategic planning, metrics, systems
- *Human Resource*: competencies, needs, feelings, attributes, fit, engagement
- *Political*: power, resources, conflict, coalitions, effective management, persistence, allies
- *Symbolic*: story, culture, head and heart, tradition, symbols, meaning

There were salient inductive codes present as well, including presidential and senior leader influence, acknowledging resistance, achieving alignment, credibility across stakeholders, unity (behaving as one), and impact on student services.

Additionally, given the frequency of participant observations about the impact of COVID-19 on student and employee well-being I used a COVID-19 code to easily identify participant responses about these unusual circumstances. Given the emergence of COVID-19 as a campus health problem, additional opportunity to explore how the role of the CWO contributed to institutional response in times of crisis was made possible. This added rich description about benefits of the CWO model within the organization.

3.4.1 Protection of Participants

An exemption was requested during IRB review. Ohio State participated without the need to anonymize responses and participants were informed of such. That said, reasonable steps were taken to protect participants. If sensitive information was accidentally disclosed during data collection, I chose not to attribute it to an individual when reporting findings. No sensitive health information was disclosed. Although not sensitive in nature, occasional reflections on

interpersonal dynamics, resistance, and institutional politics were provided by a few participants with a degree of hesitation during the interviews. Minimal changes and clarifications were submitted after review of transcripts during member checking processes. These comments informed how I chose to attribute quotes when reporting findings. All interview data was kept in a locked file cabinet in my office and in a password protected file on my computer.

3.4.2 Credibility and Trustworthiness

A critique of qualitative methodology relates to the numerous risks posed to internal and external validity. Lincoln and Guba (1985) and Stake (1995) address standards of quality and verification in qualitative research. Given that qualitative research is known to incorporate socially constructed findings (Merriam, 2009), I utilized a number of verification procedures, techniques, and strategies to increase the credibility of the findings and to address issues of trustworthiness (Glesne, 2011).

Drawing from Lincoln and Guba (1985), I met trustworthiness criteria by implementing procedural techniques and activities that lead to credible findings. First, I began a process that facilitated prolonged engagement with my research topic and selected case site. Qualitative researchers spend extensive time with participants in the field, in close relationship, pursuing a detailed thick description of the case (Creswell, 1998, p. 201). I was able to deepen my engagement with the case through engagement with the literature, learning the culture of the organization, and building rapport and trust with the CWO in the development of this project. Doing so allowed me to be more conscious of distortions and misconstructions from participants during the course of data collection. Second, I incorporated triangulation procedures including use of multiple sources at the site and different methods of data collection such as interviews and document review. As I

was analyzing the data, I routinely implemented verification procedures by comparing data gained from interviews to that gained from document review (Lincoln & Guba, 1985; Merriam, 1988). Third, I conducted member checking by sharing the final transcripts with each participant after data collection concluded. I provided participants the opportunity to review, correct, or clarify the interview data. Five of 13 participants responded to my outreach about the member checking process. Generally, feedback received affirmed the content of the correspondence and the transcript. A few revisions for quote clarity, attribution of credit, and spelling were provided by the former provost and former CEO of the medical center. The applicability of the integrated change model to emergent themes was shared with the participants in a section of the memo that was sent with the transcript copy as part of the member checking process. I also tested my interpretations of the data with the CWO as I began the second interview. As mentioned previously, the first interview with the CWO covered background information and moved through the protocol as established. The second interview with the CWO occurred one month later following document review and four other participant interviews. The focus of that interview was to revisit themes that emerged from the first interview with the CWO, seek reaction to themes emerging from interviews with other participants, and offer additional reflection time to the CWO about the protocol questions. The CWO seemed to anticipate the early emerging themes. Consistent with Stake (1995), the CWO's comments were considered to verify or challenge my overall interpretation of the data given that this individual's role is the primary focus of this study. Throughout the implementation of this study, I committed to ensuring that findings were consistent with the data collected during interviews and document review (Merriam, 2009).

I maintained a reflexive journal that served a dual purpose. First it served as a diary of my own reactions to the interactions with participants during data collection that helped me step back

in the moment and separate myself from the data. Second, it recorded over 160 journal memos to log code descriptions, researcher observations, and other methodological decisions made and the rationale for those. I referred to these observations and decisions as I conferred with my dissertation committee chair who oversaw the data collection and analysis, providing feedback throughout the research process.

3.4.3 Reflexivity

Following Merriam's (2002) guidance on the importance of researchers making explicit their position relative to the subject matter and selection of the case, I report my own orientation toward this problem of practice and line of inquiry. I currently hold a senior leadership position (dean of students) at a university in the United States, different than the case study site. The position responsibilities connect directly with matters of student safety and well-being. Student health and well-being influence student success outcomes, including retention and persistence in college. Often, the work on well-being issues seems reactive rather than proactive. Year after year, the problem of student and campus well-being seems to compound and grow more complex as the health issues and needs of the student body expand. In recent years, I have made a commitment to improving my own health and well-being as a student affairs professional working in a stressful college environment. I feel a tremendous sense of commitment to creating campus conditions that promote well-being and believe universities today have a responsibility to consider this work as a core value and mission fit. I know from experience, that for a student or employee to thrive at an institution of higher education, one's well-being matters.

3.4.4 Researcher Role

I engaged in this research to learn more about the emergence of a role that affects campus change through strategic leadership of well-being initiatives. I wanted to know more about how the introduction of the role of CWO might prove to be a positive intervention in a university system in responding to the growing need to enhance cultures of well-being. Observations of data from my own institution suggest that to effectively address the problem of student attrition in the future, wellness initiatives must be a central component of persistence strategies. As a higher education leader, I felt a sense of urgency to make a difference through the implementation of effective strategies and tactics.

My campus served to inform my thinking about this problem. However, other higher education institutions with larger and more complex organizational systems were chosen as a focus of the study because of the potential to look at the opportunities within large complex systems to integrate wellness work. Specifically, institutions that have implemented a wellness strategy under the direction of a CWO were of most interest to me. Institutions with evidence of strong leadership, comprehensive strategic plans, appropriate infrastructure, and community embrace of wellness initiatives are highly regarded in the field of health promotion. I believe that our academic institutions ought to make well-being a core value, educational purpose, and institutional priority in the coming years. Lessons learned from both successful and failed implementations of other chief executive officer roles such as CDOs ought to inform the emergence, proliferation, and sustainability of CWO models. Such information was useful for the study as I explored the emergence of a leadership and management role that has authority to make decisions about institutional interventions that can improve the campus condition related to well-being.

3.4.5 Reciprocity and Demonstration of Scholarly Practice

This project was shared with the CWO at Ohio State through the publication of the dissertation. To satisfy the requisite Ed.D. demonstration of scholarly practice, I submitted a manuscript which was later accepted for publication in an upcoming health and well-being special edition of the *Journal of Student Affairs Research and Practice* (Fox, in press). I also presented a research poster session at the 2020 NASPA Strategies Conferences in New Orleans, Louisiana (Fox, 2020).

3.4.6 Researcher's Epistemology

I chose to approach this research from a constructivist paradigm, based on the description of the constructivist paradigm and constructivism methodology offered by Denzin and Lincoln (1994) and Guba and Lincoln (1989). The constructivist paradigm assumes a relativist ontology, a subjective epistemology, and a naturalistic set of methodological procedures (Denzin & Lincoln, 2008, p 32). Denzin and Lincoln (1994) described constructions as attempts to make sense of or to interpret experience; they assumed that what is real is a construction in the minds of others and that truth is a matter of the best-informed construction on which there seems to be consensus at a given time (pp.128-129). While pursuing a methodology based in constructivism, I anticipated that knowledge was to be created as a result of the interaction I had with objects of my inquiry.

Although there are certainly quantitative elements of the post-positivist approach that oriented this study given that the health promotion field relies heavily on evidence-based practice and data-driven decision making to address problems, the primary focus of this inquiry was to examine how individuals made sense of an emergent role and its purpose in addressing a social

issue. This reality coupled with my own personal epistemological and ontological orientations led me to pursue qualitative methods based in constructivism (Denzin & Lincoln, 2008).

3.4.7 Limitations

Readers are reminded that one case study at one institution does not seek to be generalizable to other like institutions, nor to all higher education organizations. The findings related to the role of the CWO are not generalizable to all CWO positions.

This study has several limitations:

- 1) This study does not evaluate for impact, but rather highlights how the CWO performs the role as an influencer and change agent. This approach was consistent with the stated purpose of this study.
- 2) Although all participants agreed to the interviews, there was some hesitancy observed in discussing interpersonal dynamics, resistance, and institutional politics that may be attributed to a non-masked study. As discussed earlier, I made reasonable attempts to incorporate interview techniques that established rapport and built trust to mitigate this and to collect data that addressed the research questions. As we discussed such dynamics as a natural part of change initiatives, participants began to feel more comfortable sharing specific examples and their reactions.
- 3) As Coronavirus disease (COVID-19) emerged as a global crisis during this project, how the university was responding to COVID-19 influenced the format by which data was ultimately collected and may have informed some of the responses midway through data collection. Though the impact of this crisis on campus rapidly

unfolded during the data collection period, few discernable differences were noticed related to participant availability and willingness to fully engage with me as this study moved forward at Ohio State. Additionally, the interview script helped appropriately balance participant perspectives on past, present, and future focused aspects of CWO emergence at the site.

4.0 Findings

4.1 Introduction

The emergence phase of the chief wellness officer at Ohio State really spanned close to five years, beginning with the declaration by the president of this idea, cabinet-level ideation about role adoption in the system, its initial introduction to the university, and through the early stages of implementation leading up to the creation of the first published wellness strategic plan in 2016. Currently the CWO position still exists at Ohio State and continues to develop within the evolving organizational culture.

Findings from this study about CWO role emergence are organized in three sections. First, a description of the campus conditions that established the context for change prompting the emergence of the CWO role at Ohio State in 2011 is provided. Then an explanation of the experiences of officials creating a new leadership structure and organizational model for leading university well-being strategy is presented along with a description of the CWO role and the charge and scope of authority. The chapter then concludes with an exploration of perspectives provided by the CWO and university leaders detailing how the emergence of the CWO role at Ohio State was defined by a set of challenges, successes, and institutional outcomes. Lessons learned in leading university-wide change initiatives to improve health and well-being outcomes are presented and provide additional insight into how the participants made meaning of this transformational period during which this new executive role emerged on the campus.

To understand the emergence of the CWO role means exploring findings related to perceptions of the emergent role, the position profile, and the qualifications and qualities necessary

for a successful fit between individual and institution. A key factor in considering subsequent adoption of the model at other institutions of higher education is understanding how this university made sense of the CWO model as truly a structural innovation. How did the CWO at Ohio State align wellness initiatives under a unified framework within the organization? Participants such as the chief financial officer (CFO) and the former chief executive officer (CEO) of the medical center frequently described the site as a highly matrixed organization in which the CWO led a cross-functional team of specialists from across the institution in improving the state of well-being at Ohio State. Understanding how the university and the CWO managed issues of vertical structure, authority and accountability in such a matrix organization becomes important in studying emergence (Bolman & Deal, 2017; Egelhoff, 2020; Ford & Randolph, 1992; Leon, 2014).

Study participants were present at different times during the period of the role emergence. Mindful of the need to assist the reader in tracking participant narratives across that timeline, the terms “former” or “serving in the role at the time” are used for clarification when referring to someone in the role during emergence. When such terms are absent or when “current” is used, it is intended to identify someone who served in the role at the time of data collection. For example, I interviewed two vice presidents for human resources (former and current), two CEOs of the medical center (former and current), and two Ohio State presidents (former and current). There was a presidential transition that occurred after data was collected, but prior to the defense of the dissertation. The president serving at the time of data collection is referred to as “current” while the president serving at the time of CWO appointment is referred to as “former.”

4.2 Campus Context for Change

4.2.1 Drivers for Improving the Wellness Program

Data collected from artifact review and participant narratives shed light not only on campus conditions, but also on the national higher education landscape and health care environment that were influencing a new way of organizing wellness initiatives at Ohio State. These data suggest that there was a groundswell of interested parties spread across various segments of the university who were paying attention to issues of health and well-being. Historically, responsibility for university wellness programs at Ohio State, as was true at other universities, was delegated to singular entities such as human resources, benefits, and multiple offices within student life such as counseling, wellness, and recreation. According to participants like the former president, good wellness initiatives were happening at Ohio State in years leading up to the appointment of a CWO, but those were often incomplete and uncoordinated. Participants recalled that a group of high-ranking senior officials including the president, provost, CEO of the medical center, vice president of human resources, and chair of the search committee for the dean position of the College of Nursing collaborated to envision a new system-wide senior wellness officer role when a candidate for the dean role shared a vision for a university-wide effort to improve population health. Ultimately it was the president at that time who expressed enthusiasm and curiosity about such an opportunity to innovate and mirror what was happening in corporate wellness. The president championed the establishment of the CWO position within the university structure and placed it on the senior management council to provide routine access to university leadership as the position launched at Ohio State. The former president stated the following about the purpose of the new senior wellness officer role:

I think that the real purpose in my mind was to have someone who can contextualize and pull together all the various strings of wellness activities we have and create an omnibus approach. And so, the purpose of a chief wellness officer is really to be the czar for wellness on the campus. Because there are a lot of different efforts that take place individually and collectively among colleges, schools, individuals, others...the purpose really was to pull together...all these efforts and try to give them some context for success.

Other key leaders shared this positive view of the role's conceptualization by the president and expressed a belief that a new executive leader could improve the disparate programs and unify the campus approach to well-being. The former CEO of the medical center remarked, "I thought that was a great idea... creative, forward-thinking, proactive... my hope is that not only will this integrate well with the programs we already have at the medical center, but it'll give us an opportunity to expand them."

Study participants were in agreement that presidential vision and senior staff support, external corporate wellness success stories, and pressing health challenges in the community combined in ways that primed the organization for real change and the acceptance of a new leader empowered to build a more robust approach to achieving well-being outcomes.

The changing health care environment was definitely on the mind for university executives at the time. The position description for the vice president for health promotion/university chief wellness officer is included in *Appendix C- CWO Profile*. The profile describes the need to respond to a changing health care environment through strategic partnerships with external organizations interested in health promotion and wellness. At Ohio State, prior to the appointment of the CWO, the university was already administering its own health benefits plan to employees and not paying into a plan sponsored by an external vendor. While the CWO posited that costs were not a primary driver for the creation of the role, the former president did acknowledge it was a factor as they

considered the potential benefits of having a leader spearhead strategies that might yield a return on investment in a robust wellness program. The former president said:

I've always been concerned about universities from the point of view of the fact that we have a lot of costs in health care that we provide for faculty, staff, and students, and if we can bend the cost curve by having an expansive wellness program that we could really do two things with one stone, so to speak. One is to improve the quality of life for those who work at or are at university, and second of all that we could also bend the cost curve. So, all of those things came together in my mind.

A finding from participant interviews is that there remains no consensus on the primary impetus for the CWO role, with senior leaders stating different objectives from their perspectives and recollections. The reality is that multiple drivers for the creation of this role were documented from the data collected; some more than others were known to the broader community. Such drivers included: (a) the desire to innovate, (b) the prevention or mitigation of chronic disease through healthy lifestyle behaviors, (c) the need to address the reality of rising health care costs, and (d) the promotion of staff engagement and student success. Those closest to the decision consistently made the connection between promoting well-being as a core institutional strategy and fit with the university mission and purpose of Ohio State as a learning organization. The former provost who supervised the CWO in the first years in the role appeared to be in alignment with the former president's commitment to improving the quality of life for members of the university community when they remarked:

The main objective was to create a healthier environment for all of our employees and our students on campus so that this was a healthy environment in which we were caring for not just their intellectual development but also for their physical and psychological development.

4.2.2 Institutional Leadership

Institutional leadership in the form of an engaged president working alongside multiple cabinet-level executives who embraced and championed the new CWO model was crucial in establishing the position and determining its scope of authority over the wellness program at Ohio State. The former president shared that it was important at the time to be creating new wellness initiatives and elevating programs already in existence so that they were better known by all campus stakeholders. According to the provost at the time, the president sought to shake up the status quo approach to health and well-being and find a leader who could take on an improvement mindset and innovate. The former president and provost embraced a vision for change and the potential of the role in leveraging and uniting wellness work occurring across the system, albeit in disparate and disconnected ways at that time. The former president remarked about the role's charge to connect and catalyze programs and personnel,

I think that it's an important role, and it's one that I think needs to unify the campus under one umbrella of wellness. I think that we have too many people doing too many things that no one knows about. And so, there are many wellness programs that may not be well known or contributing to the whole the way that they should, and this is a way to do that. The other thing of course, is that it's critical when you start something like this that you make it very clear that this is not a plebiscite. So, this is what you're going to do, and it's important to get everyone involved.

Nine years later, the current president has firmly supported the CWO role in the organization's structure and considers university well-being among his top presidential priorities too, defining the role in this way:

The role is one which looks at the campus community and seeks to maximize the health, promoting, health protecting and health seeking behaviors of the campus community. That will be faculty, students and staff. And to use the information gained from that effort, to learn how to do a better job of suggesting and modeling behaviors that are healthy, beyond the confines of the campus.

The chief wellness officer designation implies an executive-level leadership role within an organization. Like other niche executive roles, this person serves as a content expert and policy adviser to colleagues and senior leaders. Institutional leadership at Ohio State made it possible for the CWO to become a highly visible and accessible “face of wellness” for members of the campus community.

4.3 The Emergence of the University Chief Wellness Officer at Ohio State

4.3.1 A Charge to Spearhead Population Level Health Improvement on Campus

The Ohio State CWO recognized an opportunity for U.S. higher education to be a societal leader in promoting health and well-being. The CWO stated, “Thirty-three million people exist, work, live, and study in institutions of higher education across the country. We need a massive national effort to improve population health, in these universities.” The CWO shared about her work on behalf of students, staff, and faculty, “I’m a leader who spearheads the improvement of population health and well-being across campus.” Participants often described the CWO role at Ohio State as one that “spearheads” the entire campus approach to wellness, affirming how the CWO perceived her charge.

Ohio State made the bold decision at the outset to charge the CWO with responsibility for improving individual health and campus well-being across multiple communities (e.g., faculty, staff, students, Ohio citizens). This choice was emphasized throughout data collection in part because this CWO model does differ from models emerging elsewhere across higher education and other sectors. As explained by the CWO and colleagues in the Ohio State medical center who

pay attention to trends in the profession, CWO roles that have emerged solely in university medical centers may have oversight of wellness programs for clinicians, but may not reach students; if those CWOs do coordinate programs for faculty, staff, and students they may be bound to the medical center and not the university as a whole.

The CWO remarked that Ohio State is part of a national collaborative of senior wellness officers. To date, the CWO reported that this peer group is fewer than 25 members as senior wellness officer roles continue to slowly emerge and institutions make different decisions about how to organize and contextualize strategic leadership. The CWO at Ohio State stated,

I don't think everybody would get it. That's why we don't have a CWO in every single university in the country. The role is absolutely evolving...I mentioned that network of CWOs, it's about 22 of us across the country right now. But I will tell you a lot of the roles are narrowly focused, on a medical center, on a hospital, and there are few of us that are truly doing this work across the entire university.

Ohio State uses a health and well-being scorecard that includes population health outcomes as one of its three categories of metrics. The current Ohio State wellness strategic plan (2019-2024) described these measurable outcomes: (a) illness prevalence data within the population, (b) incidence data, (c) self-reported health behavior data, (d) mental health data, (e) biometric data, (f) self-reported general health status, and (g) engagement in wellness programs. These are the population level health metrics agreed upon by the organization and by which the CWO spearheads the measurement of success.

4.3.1.1 The Right Leader at the Right Time in the Right Place

Two executives summarized the nexus of campus conditions, emergent position expectations, and CWO attributes as “a perfect storm” in which this specific CWO emerged as the right person to lead a well-being initiative in this period of role emergence at Ohio State and in

U.S. higher education. The former president who hired the CWO thought that “In terms of the concept of health and leadership, she really brought those to the work very nicely; and in many ways, it was the perfect storm because she’s just that way.” The vice president of human resources at the time shared a commitment to helping the CWO inspire a community movement around executive and employee health. The former vice president stated,

It was kind of this perfect storm of things that were happening and we were looking at [the CWO] to be somebody who could come in and be like this real emotional leader at Ohio State to inspire everybody...to bring it to a top level strategy as opposed to...websites and benefit programs and traditional challenges that were there.

The individuals who initiated this new role at Ohio State considered themselves to be innovators who possessed an entrepreneurial outlook. These leaders recruited someone known to be an innovative leader on national health care issues, citing her record of research, accomplishments as a dean of nursing at a major university, and her presidency of a prominent national organization. The former president remarked about the fit that was achieved when they recruited this inaugural CWO who similarly valued innovation and knew how important it would be to engage the campus and invite others to join her in this work,

I think [the CWO position] was an evolving role. I don't think a lot of people really understood it. I mean, I'm one of those kinds of screwy [presidents] always coming up with new ideas and then certain people said, “Well here they go again. They got something else going on.” So not a lot of people would probably initially take it seriously, but I knew that in this CWO I had someone who could really carry the mantle and get people engaged and involved.

The senior human resources executive on the cabinet at the time became a valuable partner to the CWO as the role was introduced to the campus community. Soon after the announcement of the appointment was made, this former vice president joined the CWO for a series of introductory campus presentations about wellness at Ohio State. The former vice president

commented, “[The CWO] went to all the colleges and divisions and put [these presentations] on for the leaders, faculty, and staff. It was extremely well received. She is a very inspiring speaker...and had people very excited about this.” The former president reflected that he would often take the CWO “on the road” internally and externally to introduce her and make clear his full support of the work to be done.

In those early years of implementation, the CWO secured resources necessary to build a small team, including the hiring of a director level staff member who has been instrumental in advancing the work of the office of the chief wellness officer. A budget was established and the CWO advocated for sufficient resources to deliver programs to impact strategic priorities.

The CWO took initiative to not only introduce herself and the nature of her work, but to meaningfully engage colleagues across the campus. She did so by sharing aggregate health data collected from PHAs or surveys, sought reaction, and inspired action based on evidence presented to specific populations of faculty, staff, or students. Her creation of the program named *Buckeye Wellness Innovators* was broadly recognized as a strategic engagement tactic as well as an intentional strategy to embed health and wellness within individual units of the university and to spread the vision for campus well-being through grassroots involvement. The documents highlight that more than 700 faculty and staff members are trained by the office of the CWO to serve as ambassadors and therefore help engage their closest colleagues and prepare local environments to promote healthy lifestyle behaviors and strengthen cultures of well-being.

4.3.1.2 Appointing the First CWO in U.S. Higher Education

The CWO appointment at Ohio State actually came about as part of a national search for a dean of the College of Nursing. The CWO shared that as a finalist for that dean position, she told the search chair and president that she was not interested in a lateral move from her deanship at

another university. She made it known that she sought a university-wide leadership role, commenting to the president at that time that good work was occurring in the area of corporate wellness, a movement about which she had studied extensively. According to the former president, this candidate articulated a vision for applying corporate wellness frameworks within university settings. The former president having served on a number of corporate boards also had observed the same, had a personal commitment to well-being, and saw the benefit of having a leader energize work currently being done at Ohio State while being strategic so that work could be elevated and innovative. Top of mind for the former president and senior leadership at this land grant institution was also the university's role in addressing health and wellness issues for the state's population, not just the campus community. The former president reflected:

I've always felt the role of a university is to not only educate, but also to develop a community sense about good ideas, good work, good ethics, and obviously wellness because our students and our faculty and staff really set the standard for those outside the community. If wellness doesn't start with the university, particularly one with a massive academic medical center, where else is it going to start?

The former president seized the opportunity to recruit a proven administrator and national leader on health and well-being to leave a current deanship and come to Ohio State to serve as both the dean of nursing and the university chief wellness officer. With the approval of the CWO appointment by the board of trustees, the provost at that time stated in the campus newspaper that the appointment of the first CWO at Ohio State was "the first of its kind at any university." Study participants remarked that there was some excitement and motivation to be the first in the country to create the CWO role. There was a buzz on campus. The former CEO of the medical center claimed that Ohio State had good things in place regarding wellness at both the main campus and medical center campus, but there was so much opportunity to take that to a next level. The former

provost shared an observation of the former president that was widely held by other participants when stating,

One of [the president's] incredible strengths was this constant effort to be best at whatever we did and I think [the CWO] did a good job talking to [the president] about how this is an important issue for us and for corporate America. It was a growing issue universities had to address and if we're going to do it, we ought to do it well. And so, I think that fit with [the president's] sense that if we engage in this activity, if we really believe it's important, let's really get it focused and do it extremely well.

4.4 Creating a New Model for Leading University Wellness Strategy

4.4.1 Defining the CWO Position

In creating the CDO role, Williams and Wade-Golden (2007) recommended institutions task a planning committee to define and structure the position in the local context, consider optimal placement within the vertical structure of the organization, ensure a successful onboarding and implementation process, and enable officer capability over time. These planning decisions may be of similar importance in examining the launch of CWO roles. As was the case at Ohio State, decisions about role definition and structure evolved over time; the pre-planning period was very brief.

Interviews with the CWO and review of documents led to a richer understanding of position responsibilities and priorities. Issues in leading or managing initiatives across functional areas that do and do not report directly to the CWO surfaced in these data. Stakeholders associated various benefits as well as challenges to sustaining such an executive role in an organizational structure. In doing so, participants openly discussed their perceptions of the role's complexity. Such comments acknowledged the fact that the CWO holds multiple titles, including faculty

member, dean of nursing, and vice president for health promotion and is accountable to multiple stakeholders and executives within the organization. The CWO views these as blended roles and does not necessarily put on or take off those “hats” or titles when performing in the role of CWO. According to the CWO, she has integrated these roles in the day to day work. The multiple titles emerged from the dean search at this campus and works well in this local context.

In terms of defined reporting lines, since inception the CWO reports directly to the executive vice president/provost who serves as the chief academic officer of the university and is considered by the president to be the chief operating officer in performing the provost functions. A newer additional reporting relationship is now with the vice chancellor for health sciences who has the deans of the seven health sciences colleges in the portfolio. Sitting on the senior management council for the university, the CWO has routine access to senior leaders and executives, including the president but does not actually report to the president of Ohio State.

As a bridge builder to external stakeholders and potential partners, the CWO is tasked with developing relationships with others interested in health promotion and wellness “to address the changing health care environment.” The position description describes the role as one that spearheads educational activities including publication materials, articles, reports, and research proposals. A critical aspect of the role is to contribute as a thought leader who pays attention to national and local trends, and leverages evidence-based practices or data to inform senior management planning and strategy development. In this way the CWO serves as an adviser to the university president, cabinet, and senior management council at Ohio State.

The CWO functions as a leader who co-creates and communicates wellness vision and strategy for the university while relying on a competent office team of six other professionals at this time, four of whom are 100% FTE. One is 50% FTE, and one assistant provides dedicated

support of the CWO role function at 20% FTE. A visualization of the staffing structure is displayed in *Appendix D- Organizational Chart for CWO Office*. A director of health promotion serves as a strong presence in the CWO Office and directly supervises the four staff members who serve as program managers or assistants. The organizational chart shows that the student interns, student office staff, and hundreds of volunteer Buckeye Wellness Innovators receive direct support from a program manager. These professionals working alongside the CWO manage the tactics associated with the overall strategy and vision. In addition to this office team for which the CWO provides direction, the CWO also chairs the institutional cross-functional team known as the ONE university health and wellness council. The CWO instituted a plan for this council structure within the first six months in the position. The CWO and the council adopted the social-ecological model as its guiding framework for health promotion at Ohio State.

4.4.1.1 CWO Attributes

Participants were asked to name characteristics that are important for the CWO to possess in fulfilling the responsibilities described in the position profile. Themes emerged from their responses and provided insight into preferred qualifications, professional competencies, and personal attributes necessary for success. These often matched with the data in the official CWO position description and also provided richer meaning to the brief statements in that document.

Qualifications. The CWO position description detailed in *Appendix C* states that the CWO must have a Ph.D., M.D. or other equivalent terminal degree. Required background includes more than ten years of experience in health and wellness; fiscal management; in depth knowledge of employee health and wellness administration, population health promotion, program management including planning and evaluation; leadership track record; and research, publications and grant

writing success. Participants echoed these in their descriptions. When describing key qualifications, the CWO also emphasized the dual certification as a registered nurse (R.N.) stating,

My seasoning and role as a nurse practitioner, because I was always into improvement of population health and well-being in those roles...and the fact that I'm dually certified. So, I also have the mental health piece. I have always closely integrated mental with physical well-being. And that, I think, is really important given the public health epidemics we have today with depression, anxiety, and suicide.

Cabinet level officials familiar with the budgeting process at the university emphasized the need for a CWO to be a strong fiscal manager, advocate for budgetary resources, data-driven decision maker, and systems thinker. The CFO shared that a CWO, “must have a good business sense...especially because you're dealing with money or fiscal outcomes and you have to have some sense of data and the different ways of analyzing the data that you're being presented with.” Other participants acknowledged a deep track record of research and publications in the field of public health that positioned the CWO as a respected national voice on matters of well-being and credible local expert. A student life professional commented that a CWO in a university setting ought to carry the terminal degree credential enumerated in the position description while also bringing a commitment to the unique developmental needs of a college student population, including a familiarity with student development theory. In an interview with the CWO, she shared that her significant past experiences as an R.N. trained to work directly with adolescents and young adults grounded her in supporting college student health and well-being.

Competencies. Participant interviews provided much needed insight into not just the supervision, management, and leadership competencies expected from a CWO, but also the personal attributes that complement those professional competencies making this CWO particularly effective in driving strategic change within this organization. Some participants were careful to separate the person in the role now to make general statements related to CWO

capabilities regardless of who holds the position. In the interviews with the CWO, she reflected on a set of competencies and attributes that help her fulfill the duties of the role. Throughout her career this CWO often was the first to hold certain leadership positions within organizations so taking on the first CWO role in U.S. higher education was not a stretch for her. The CWO had a track record of national leadership and research publications that led to credibility across faculty and staff ranks. The CWO frequently pointed to prior experiences leading cross-functional teams, creating strategic plans, setting the vision, and empowering others to contribute to not only the day to day work but also the overall vision and mission of the organization. She was perceived by participants to have professional presence, which they described as being poised, confident, curious, passionate, and inspiring.

Participants often described the CWO as visionary and decisive. The CWO also took pride in these leadership traits commenting, “I’m a big vision person and I’m a very quick mover...I don’t do anything slow.” A student life leader bolstered that claim stating,

[The CWO] doesn’t let grass grow under her feet... she’s always marching down this path of trying to get stuff done and I find it inspiring. And it’s fun to be a part of it because you feel she believes in something so much, so you want to jump on the bandwagon and just believe with her.

Personal Attributes. Although the purpose of this study was not evaluative in nature related to the effectiveness of the CWO at Ohio State, participants did offer consistent observations of personal characteristics that lead to success in the role and suggested that these qualities may be important for leaders elsewhere to consider when recruiting CWOs in other contexts. These personal attributes included being smart, charismatic, passionate, energetic, engaging, inclusive, caring, practical, persuasive, dedicated, and focused on the goal. Participants also went on to describe behaviors of the leader that helped the organization move ahead such as team building, networking with a wide constituency of contacts in the field locally and nationally, committing to

evidence-based approaches, walking the talk, telling the truth and saying the difficult thing when needed; moving through ambiguity with comfort, and embracing resistance and conflict as a natural part of change processes.

4.4.2 The CWO as a Structural Innovation in Higher Education

Select participants considered the CWO model to truly be a structural innovation in higher education that served to align wellness initiatives under one unified framework at Ohio State. A major theme from data analysis was participant discussion of CWO role performance within the structure of the organization. The CWO was heralded for being a system-wide change agent as she displayed a persistent commitment to leading connectivity and aligning disparate wellness offerings at the university.

Over time the CWO led the university in creating two iterations of wellness strategic plans expressing a collective vision to work “to be the healthiest university and community on the globe” (OSU, 2019). The CWO and the ONE university health and wellness council were charged with implementing the plan and updating the president and cabinet about progress. The council itself is an example of an innovative structural design. This multi-disciplinary council continues to be a maturing network of champions explained the CWO, creating a sophisticated infrastructure and accountability system that facilitates the implementation of strategic plans and alignment of various initiatives. The university focuses on the concept of alignment in its strategic process by even including an alignment sub-council with a defined purpose to ensure tactics align with strategy across the University (OSU, 2019, p.1). A cabinet-level executive cognizant about the importance of alignment, shared:

The whole time I've been here and part of this organization, [the CWO] does constantly preach alignment of the organization and making sure that health and wellness is always going to be a big part of our strategic plan. It's one of the five pillars of our overall university strategic plan. Making sure that the work aligns with any college level or unit level strategic plan I think is really important. Then making sure it's top of mind for all cabinet members and members of senior management council and all the deans...if you have those groups working in alignment, you've got pretty much all the senior leadership of the university...I think that's been a focus of hers and I think it's pretty effective.

Participants talked about structure in a variety of ways as they considered organizational attributes such as personnel, policies, processes, and programs. How the architecture of the system facilitated or inhibited CWO impact during this period of emergence was a salient theme. Much of the focus was on organizational chart matters such as division of labor for wellness work at the university; roles and responsibilities within the office of the CWO; traditional campus hierarchies; and disruptions to those in ways that spurred boundary spanning coordination and collaboration instead of competition over resources. Present in these structural-related data were concepts such as agency, authority, and alignment. The CWO had to contend with structural deficiencies that got in the way of success. The CWO embraced the opportunity to give agency and authority to create new ways of getting wellness work done.

The former provost considered the CWO model as it emerged at Ohio State as a structural innovation worth celebrating. They observed,

I think one of the issues for universities is that we understandably celebrate a lot about the intellectual achievements of our students and our faculty. We don't often celebrate the sort of structural successes that occur within institutions. A wellness focus is one example of a kind of structural initiative that's had a huge impact and it's good to see it being recognized.

Elaborating on the complexity of the CWO charge to build a culture of well-being at the university, the former provost went on to acknowledge,

The structural issues were complex...we need somebody in place who would have the leadership skills to identify the issues, articulate solutions, develop the political support then to move forward...Regardless of how much support you may have asked from the president or upper level administrators, it ultimately came down to other lower levels of the organization agreeing to move in the directions that were being set from a policy perspective.

4.4.2.1 Vertical Authority

To whom the CWO reports seems to have been an important question related to how the role emerged at Ohio State and is established elsewhere. Given that the CWO position at Ohio State blended with the dean of the College of Nursing role, the former provost provided direct supervision to the CWO as the role was introduced to the campus in 2011. Most participants who were familiar with the way the role came about agreed that this reporting line made sense in the current context given the provost role acted as chief operating officer for the university. That vertical positioning within the organization made it more likely for efficient access to resources and support from that executive vice president. The CWO commented positively about the reporting line and how it has been sustained through multiple leadership changes at the president and provost levels.

Knowing that no current CWO in the country has a direct reporting relationship to a university president, the CWO focused on the ways that she benefits from the relationship with the provost, her access to cabinet level officers and other leaders through her membership on the senior management council, and her ease of access to the president when necessary. Participants, including the CWO, remarked that CWOs who report through the president's office may have an advantage in that their plans have buy-in from the top and likely reflect the president's vision thereby reducing resistance. When resistance occurred in the system, the president and other

cabinet-level officials at Ohio State were prepared to assist the CWO in addressing root causes, eliminating obstacles, and unifying the team.

When prompted, participants did consider when it would be appropriate for the CWO as an executive leader to report directly to the president. The current president remarked,

I think this (wellness strategy) is a university effort that needs to be developed and thrust out of the university, out of the university president's office....I have always liked it better when overarching behavioral change initiatives are the responsibility of the president, just to make sure that they happen.

The former president at the time of appointment reflected on the question about a reporting line to a president as these roles emerge in the U.S. stating, “I think if you have a president who really is devoted to this, I think it should be reporting to the president.”

Regardless of the reporting line, the vertical authority and structures that came about under the CWO evolved at Ohio State with support of former and current provosts and presidents. Although there was good reason at the time of initial appointment in 2011 to connect the expertise of the dean of nursing with the expectations for a CWO, now the former provost reflects, “The next head of wellness for the university doesn't have to come out of the College of Nursing. It's just who can get the job done.” A participant who works closely with the CWO acknowledged the dual roles of CWO and dean as “a nontraditional setting for wellness, especially employee wellness because most employee wellness runs through the Office of Human Resources in an organization.” The current vice president of human resources and the CWO both pondered the structural dynamics of where responsibility for employee wellness benefits programs are placed at the university. The CWO remarked about potentially overseeing an aspect of the employee wellness program tied to the university benefit system,

If I had my druthers, would I structure [*Your Plan for Health*] under the CWO? Yes, I would. That would make sense. But our health plan is separate. It's a separate entity.

Even though it is a separate entity, we work really closely together, I don't think that's the place for the CWO to put that structure under the CWO. I think it would be total overflow. I really do. I think that *Your Plan for Health* would be the one thing I'd put structurally under the CWO.

This one aspect of wellness program oversight (i.e., one of the components of the OSU health plan) was an area that raised a structural tension point.

At the time of its creation, the CWO recalled that individuals had questions about how the introduction of the CWO role would bring about structural changes. The CWO said,

I think there was some fear, from some people about old territory, I'm already doing this, and what's she going to do? And, how's the structure going to change? But I think as people got to know me as a person, they saw that I was a connector, that I was a collaborator, and that we're in this together, and together we can accomplish so much more than in silos.

When the CWO created the ONE university health and wellness council, she added a new structure to solicit community engagement. This was mostly well received, but there was also evidence of resistance and concern about this council as a new unknown bureaucratic structure. There was evidence that Ohio State leaders anticipated organizational issues in creating the council. The former vice president of human resources stated,

[Adding] anything new like that [council], people feel like that might impact their domain or create some structure where instead of having freedom to act suddenly they'll have to go to a council to get permission. I was able to help her think through that...to challenge the members thinking about how it could not turn it into a bureaucracy, but how it could make things work better and more coordinated and [gain more financial efficiencies].

Another area of structural tension early on were the unknowns related to how the CWO might change the student experience of wellness offerings. Traditionally, the division of student life was a major player in wellness delivery for the campus community. A current AVP of student life remarked,

From a student life perspective, we had an office named “wellness”, so where did that come into play if all of a sudden this picks up and goes somewhere else? From a rec center perspective, from a counseling perspective, there's a lot of things that are housed in student life that have to do with well-being. I think the question was all of this getting picked up and reporting somewhere or was it still going to stay in student life in general? I mean there's just a lot of processing there.

Some study participants remarked that a former executive leader reacted at the time by arraying health and wellness units as their direct reports. A participant speculated that was a way to maintain positioning of student life leadership over student-facing wellness initiatives due to the unique well-being and developmental needs of that constituency on a university campus. Related to this theme about structural concerns, some in student life questioned how leadership might be exercised by the CWO within the student domain of the organization. One student life director commented that the senior wellness officer needs to determine “where can you ignite, where do you advocate, where do you influence, and where do you direct?” The organization wrestled with who ought to be the institutional voice or face of wellness to the student body. That same director raised, “Who is the voice to students, the chief wellness officer? Is it the vice president of student life? Can it be both? Where...and when? How things...ought to be co-opted or co-delivered.” The data do not suggest that this question was fully resolved, but there is evidence of more joint statements to student audiences from both executives- the vice president for student life and the chief wellness officer.

The CWO is indeed someone who leads connectivity and relies on formal and informal structural conditions at Ohio State to do so. The CWO shared,

What was key was for a leader who's able to come in and create a structure that was collaborative around well-being that others could buy into. The creation of the vision together to be the healthiest university on the planet, to create a whole strategic plan and structure around this that would be connected into the university's overall strategic plan.

The role of the staff reporting to the CWO as described by the director of health promotion is to implement that vision set by the CWO. The director stated,

As a team we take her vision and ideas and attempt to operationalize them and create those opportunities for constituents, basically bringing to life her ideas as to how to create that culture of wellness and provide those opportunities. In addition, we also create ideas on our end, bring them to her and hopefully she supports them, which she generally does, and then we implement them. It's a back and forth thing. There are certainly a lot of partners at the university that we work with but those aren't officially a part of her office... We try to be accountable to each other informally, but there's no official straight line.

4.4.2.2 Cross-Functional Leadership

There is evidence that the CWO routinely engages in cross-functional leadership, specifically while devising strategies or initiatives that span boundaries across the structure of this complex organization. The CWO is charged with breaking down silos and encouraging cross-functional work by wellness workers spread throughout the university. A study finding was that having others with special expertise within different functional areas of the university join in that cross-functional approach as a unified team was perceived as essential to success, especially because the CWO does not have formal authority over disparate units responsible for delivering wellness services and must instead rely on informal authority and communication across this matrixed organization. In interviews with the CWO and a senior member of her staff, they talked about the challenges and opportunities associated with strengthening alliances and networks across the institution to transform the well-being culture within a decentralized institution in which wellness programs do not all directly report through the CWO.

The former president who appointed the CWO was transparent during the interview that their intention was to empower the CWO to enact institutional change and improve the status of

health and well-being for multiple populations. When asked about how the CWO acts as a system-wide change agent who routinely engages in cross-functional work, the former president remarked,

It should be precisely that...as I said before, it takes a while to really get people to understand, A, what you're doing, and B, to get them to believe it is in their best that we have such a role, and change is never easy in a university. Very difficult. Very ponderous. And so, you have to work through the cycle of threat and response until you get to where you need to. You have to finally build up enough credibility to make things happen.

Participants understood that managing changes to how wellness offerings were delivered and how ultimately the culture of the university would be shaped needed to be approached intentionally with the different segments of the campus population. The former president elaborated,

So, a [wellness] program that looks at things that worked for all of them, has to take each of them as they present. And so, the student part, you have to work with student life very actively. The faculty part you'd work with deans, and then faculty are their own. Each faculty member is his or her own independent entity.

The current president added,

And then staff. We have the staff association. We have unions. We have a variety of entities that support and guide or limit opportunities for staff. And so, all of those things together mean...when you're going to interface with a particular group, you have to know what will work for them to move forward. And they're not always the same thing, so it's a big challenge to do that.

The former president recollected that as they traveled all 88 counties in the state through the extension programs, the growing epidemic of obesity and other health problems were on their minds as they created this CWO role. At Ohio State, there remains a true desire to live up to the land-grant university tradition of impacting society at large though university actions targeting the reduction of chronic disease in the state of Ohio. Both the former and current president shared a compelling narrative that by leveraging its leadership talent and resources the university can serve as a change agent on pressing health and well-being challenges on campus and beyond.

There is evidence that the CWO partners effectively with human resources colleagues and understands that a healthy university culture is good for staff recruitment and retention. This bolsters findings that the CWO role is charged with driving strategies that shape institutional culture. The current vice president of human resources made that connection when stating,

And this is stuff I'm interested in as we're thinking about the talent. We're working on a pretty robust talent and culture strategic plan right now. And of course, I've invited her to be part of that because the health and well-being of our employees, there's a direct correlation between that and a strong culture that can attract and retain talented people. So, I do think that's going to be an important body of work that's happening this year that I think is going to help drive a lot of this.

A finding of this study is that the CWO works closely with other vice presidents on policies and procedures that impact the university's leadership talent and that in the future there is more opportunity for the CWO to advocate for even more policy change that will further shape the overall cultural orientation toward well-being at Ohio State. The vice president for human resources commented,

[The CWO] often talks to me about...our leave policies, so vacation/sick... she would love to move away from or at least partially move away from...sick days and have wellness days. This would be a pretty novel thing...It really wouldn't cost the university anything but instead of giving people 15 sick days, they get 13 sick days and two wellness days. So instead of a person having to call off sick just because they need to take a mental health break, which you know is what they do, we make that very transparent and okay thing to do. So, things like that where I think she would like to help push the envelope a bit for the betterment of the culture, I think is the next wave of the work.

4.5 CWO Challenges and Successes in Leading System-Wide Change

This study provided an opportunity for participants to reflect on how the faculty, staff, and students at Ohio State reacted to the introduction of the CWO model. Several participants agreed that anytime a change is introduced into a system, there is a reaction. Some champions embraced

the new way and bought into the innovations immediately, and resisters also emerged holding on to the status quo.

Being first in the country to initiate this type of senior wellness officer position came with a set of unique challenges as the new leadership role and programmatic changes were implemented. The experience of CWO role emergence at Ohio State included a quick launch of the role into the system without much warning or advance work to prepare the campus community. There was no planning committee to stage implementation as some subsequent adopters of CWO models had the luxury of organizing. Rather, a small group of senior leaders jointly crafted the position description, agreed on the charge, committed resources necessary for a successful start, empowered the CWO, and got out of the way to allow for the leader to innovate. Attention to the work came quickly from campus constituents and external observers. Some participants commented on the initial years prior to the official adoption of a university-wide strategic plan for wellness as a period of “figuring it out” together as the CWO built relationships with key partners, established the ONE university health wellness council, and created other new structures and programs that increased campus engagement with wellness initiatives. While participants reported that this process of figuring it out certainly created opportunity for creativity and innovation, they relayed that it did result in some early setbacks and resistance points as the team worked together in new ways.

The way the CWO exhibited leadership in managing wellness change initiatives emerged as a major theme from data collection. Simply put, the learning curve for a new CWO can be steep, and leadership makes a difference. The research process provided plentiful opportunity for the CWO and Ohio State leaders to reflect on lessons leaders learned. These insights, particularly from

the vantage point of the CWO, provide readers with a rich and nuanced description of this case study site's leadership journey. The former president stated,

You can have all the titles in the world, but unless you have the leadership, the energetic leadership that you need to have, then there's going to be false positives. And certainly, I think in [our CWO] we successfully crossed the Rubicon.

The former vice president for human resources was adamant in stating that leadership presence moves a culture, "She's moved the culture by her leadership presence. I mean, she is a deeply inspiring, high-energy person. So, she is moving people's cheese wherever she goes. Her greatest tool is her own leadership presence." The medical center CEO at the time of the appointment shared that CWO leadership is important, along with a leadership group at the university who creates the conditions for success and "not only talks the talk but walks the walk" themselves.

The visionary president who inaugurated the role was followed by a president with a medical degree and commitment to the potential of a CWO to lead positive change. The current president emphasized the importance of a vision supported from the top of the organization, while also speaking about the value of practical application of that vision. The president stated,

I think a background grounded in merit-based evidence or evidence-based practice, so that the person comes with things that are going to work. Being a practical leader, somebody is going to suggest things that you know will work and that are doable. I think this has to be a doable thing.

This president went on to elaborate on attributes of the person leading as CWO stating,

Someone who's persistent because...there is going to be resistance at the beginning. You have to be persistent with that. And I would say someone who loves his or her fellow person. The energy for doing this is that you care about people and want them to thrive and to optimize their human potential. And I think that has to be a burning desire within you. It has to be something that would be the why to do this. It's to give more people a chance to optimize their human potential and that has to be something that's compelling.

4.5.1 Overcoming Resistance in the System

A major challenge during the emergence phase was a palpable resistance to change experienced by the newly appointed CWO. In retelling stories from the past nine years in the role, the CWO and the former provost both invoked the imagery of the “change monster” (Duck, 2001) when describing difficult moments that come with change efforts. Many comments were made about the interpersonal dynamics and emotions of people within the organization as they reacted to the emergence of the CWO model and what it meant for them when that change was introduced. The former provost stated,

Because as you try to start making change, people get jiggy. Productivity can sometimes drop, because people get scared of change. And as the CWO moved through the process, and you start to see the change happening, there's this change monster that begins to peek his head up, trying to undermine that particular effort. You can't let that happen. But if you don't know what to expect [as change occurs]...a lot of leaders give up. They don't realize productivity may drop as you're making positive change, then that's an okay thing. It'll pick up once it becomes a little bit easier. I'm a big change agent, in a lot of ways. And again, that can be tough because the resistors come out in full force, when you try to do change especially quickly. But when you realize most resistance underneath that is fear and you can address that things start to move.

This study unearthed root causes for resistance to a CWO model including matters of turf traditionally managed by wellness workers spread across units in the system from student life to the medical center, organizational chart or structural questions related to potential new reporting lines, fear of change, confusion about the unknown terrain of being first and not having a clear sense of the CWO role and scope of authority, resource allocation concerns, and skepticism about the role of the university in interceding on well-being topics considered to be personal in nature.

During the final interview with the CWO, she opened up about her experience with personal dynamics of resistance and how she experienced that as a leader. The CWO shared about persistent resistors in one segment of the community and the effort it took to break through. She

also made it clear that she decided to put her energies toward her charge to make progress versus risking stagnation due to resistance. She reflected:

This is where the impact of leadership really makes a difference. It was a struggle...it was tough. There was territorialism there that was very difficult to navigate. I certainly tried my best...Now, it's easy. It's really become just like, "Oh, this is wonderful." We are building a very strong partnership now and that's really cool...I had no issue with having a transparent conversation with people saying, I see you're really resisting this change. What are you afraid of? Or what concerns you? It's the first time in my career, that I really felt kind of stuck. I don't think I've ever encountered that, to that level. And then you say to yourself, "Am I going to focus on that, because is it going to take my energy? Or am I going to put my energy in other directions that are ready to move?" And that's what I decided.

The current president acknowledged the challenges the CWO faced during this period of role emergence, stating "Where there's a change, there's a reaction...in our organization, when there's an effort toward change the first reaction really is resistance. I mean it doesn't want to move. It likes where it is...it doesn't want to move." Using a metaphor for the messy work of change management in higher education, the president continued:

Here, it's hard to do anything to get the university to actually move. It's as though you had a lake and you wanted to take your hands and lift up the lake. It's hard to grab it and lift it. I mean it's wet. It's going to leak. It's muddy. It's hard to grab something like that...a lake doesn't have a handle on it. You're going to...lift it up and now you've got a lake in your hand. It's just, it's too big, it's wet. So [the CWO] is able to go in and bit by bit, corral the entire enterprise and try to get people to help her move it.

4.5.2 Celebrating Turnkey Moments in the Culture

Throughout the two interviews with the CWO, she mentioned multiple "turnkey moments" that she and others noticed in the system that provided evidence of positive change related to impact of a new approach toward well-being, individual embrace of wellness messaging, engagement with initiatives, or a shift in the culture of the organization. The CWO stated,

We already had some good things going on here. But the critical piece was truly bringing a whole team together. Aligning on vision, aligning on the work, developing a

scorecard with the outcomes, getting a framework that we're going to operate from. And I think that alignment in team was the turnkey to the culture here.

The CWO described the importance of finding champions as she approached her work in this organization. In particular, it was useful to have support from the top from day one given that the president made the decision on this appointment. Participants routinely recalled the symbolism of having the president speak frequently about the CWO and the vision for well-being at Ohio State during campus forums, public presentations, signature university events, and extension activities.

Building a system of grassroots support was also critical as the CWO role emerged at Ohio State. A turnkey moment was the campus embrace of the concept of wellness champions. These champions can now be found throughout the enterprise, in addition to the faculty and staff members who are formally named Buckeye Wellness Innovators through participation in the wellness champions program overseen by the office of the chief wellness officer. The CWO shared praise for these volunteer champions of the work, “They've done some remarkable things with the grants that we provide them. We can't be everywhere all the time, but these people are. They're in the grassroots.” These innovators were credited by the CWO and others for numerous successful grant applications and other “small wins” within the sub-cultures at the university and for the momentum they created for advancing the well-being agenda and mitigating resistance. An example is the engineering faculty seeking to revolutionize engineering education through wellness invited the CWO to partner on a National Science Foundation grant to bolster that goal.

The strategic plan also addressed the role of champions in sustaining momentum. The 2019-2024 strategic wellness plan documents refer to studies indicating that support and role modeling from leaders along with grassroots involvement faculty and staff are critical in facilitating a well-being culture. Considering this, participants frequently shared their perceptions

that the CWO and cabinet-level leaders “walk the talk” and named numerous examples of ways the community experiences this from the provost standing or sitting up for better posture while leading meetings to supervisors holding one-on-ones while walking the campus to the president participating in community wellness events. All of these examples serve as identifiable markers of success for the CWO.

Additionally, the CWO and select participants from the student life staff commented on turnkey moments experienced as the relationship between the CWO and that division evolved during the stages of role emergence at Ohio State. There is evidence of increased student life membership presence on the ONE university health and wellness council and new collaborations that benefit student and student life staff well-being. The CWO and several participants referred to a recent summit sponsored by student life, supported by the ACHA and the office of the CWO as a pivotal moment for staff in attendance. For them, this turnkey moment signified progress through resistance, a marker of cultural change, and progress toward alignment. A student life director remarked:

[Following the summit] our VP and CWO sent a joint campus message talking about the importance of a comprehensive approach to well-being and letting everyone know that there was this summit on campus and that well-being is a focus of ours moving forward and we want to be sure that we're identifying synergies between all the different health and wellness units across campus.

The CWO and the director of recreational sports within the division of student life have developed a new strong collaborative relationship. When reflecting on their work with the CWO and how recreational sports can uniquely contribute to a well-being culture at the university through meeting the needs of all populations served, the director commented, “[The CWO] gets the big picture, she gets the systemic...We are finding new opportunities for our students and our faculty and staff...” The division of student life also sustains a long-standing internal “community

of practice” on wellness that further embeds innovative wellness messaging and programs into the work of student life leadership. A student life leader commented, “the CWO helped us think through how we can tie all these pieces together to look at that comprehensive approach to well-being on campus.”

4.5.3 Outcomes

The emergence of the CWO model at Ohio State delivered on a set of intended outcomes, but also resulted in some unintended outcomes that added value within the organization’s culture. For example, the affinity some employees report feeling about their place of employment due to its focus on their wellness was not necessarily planned by senior leaders. Multiple participants expressed appreciation that their employer cares so deeply about employee well-being that it thought to create the CWO role in the first place. The conversations about well-being seem to have been elevated and the coordination of wellness initiatives has become more sophisticated and collaborative in nature. To some participants, the CWO role goes well beyond a symbolic appointment to one that is respected for taking evidence-based action with demonstrated results on improving population health metrics.

Participants consider their employer to be an institution that relies on data to drive decision making and relies on evidence-based practices to shape strategy, especially related to its wellness program. The CWO presents frequently about data and outcomes during the *State of Wellness at Ohio State* events. The CWO has published studies on the calculation of wellness program return on investment (ROI) and on value (ROV). Ohio State’s gains in ROI and other key metrics over the past decade is indicative of change prompted in part by more coordinated wellness strategy and initiatives. The documents provided by the office of the chief wellness officer evidence of a

negative health care cost trend and increases in ROI. The strategic plans for wellness have incorporated these data as key performance indicators. The CWO presented ROI and other outcomes to the board of trustees as she shared updates related to Ohio State wellness strategy. Ohio State has been successful in achieving reductions in health care costs since the inception of the CWO model. Participants frequently commented on this achievement and pointed to this hard data when suggesting that a case could be made for a university CWO role and coordinated institutional wellness strategy at other institutions of higher education.

Return on value data were also discussed by participants when reflecting on drivers for positive change related to health and wellness on the campus. A director within the office of the CWO discussed gains in employee engagement, presenteeism, satisfaction, productivity, and retention as well as student academic performance and other student success indicators. Some participants relayed their knowledge that building positive social environments that lead to employee connectivity and a sense of belonging and inclusion were drivers for instituting a CWO model on the campus. Not surprisingly, executives in human resource functions discussed the effects of stress in a university community and the sense that reducing stress and burnout was a driver. Medical center staff cited good work being done to address clinician burnout. The CWO herself clearly articulated that a goal for the position at the time was to improve population health by reducing or mitigating the impact of chronic disease through the adoption of healthy lifestyle behaviors, habits, and decisions. Participants from student life were aware that the CWO cared deeply about chronic disease in the population and that there were programs to address cardiovascular health, obesity, and cancer. The documents also addressed initiatives to combat chronic disease and risk factors. There is no shortage of data available to the CWO in “taking their

wellness” to departments as she presented scorecard metrics to faculty and staff employees and engaged them in solutions.

As described in chapter three, COVID-19 emerged as a global pandemic during the latter part of data collection. The university found itself responding to this unanticipated crisis. While living and working through the multiple layers of the public health crisis and its threat to university operations, a few of the five participants currently employed at OSU and interviewed after the university transitioned to remote learning reflected on this period and what it meant for themselves and for the university. Findings from the analysis of just those statements provided additional insight into the value those participants attribute to having a CWO role in the system.

Participant comments focused on two major opportunities, suggesting Ohio State operates from a position of strength when responding to the staggering challenges presented by COVID-19. First, the CWO and ONE university health and wellness council are pre-established vehicles for addressing various university and stakeholder interests relative to population health concerns and that this forum is a valuable structure to leverage at this time. A student life leader commented about the benefit the council structure has in crisis moments such as this,

[the CWO] has helped set the stage for meaningful conversations about a shared path...Let’s bring our skill sets to the table...when something of this magnitude is going to happen... We are [already] trying to write a new playbook and speak with one another in key moments...this whole new pandemic is going to test our scope.

Second, the *osu.wellness.edu* website is an evolving centralized communication hub for students, faculty, staff, and external audiences where education and credible information from the CWO about university response to COVID-19 was readily available and consumable by multiple publics. A known landing-page such as this centralized campus messaging hub created an effective communication model in a new virtual environment. A student life leader stated about the need to get information out to the community,

[the CWO] is identifying ways that we can house all these [COVID-19] resources under one roof that would be a place for individuals to go for virtual resources around well-being during these times...she is developing...and packaging... new content targeted to faculty and staff...and student well-being in this new climate.

The former provost imagined that the CWO would be helping the university address faculty questions about how the pandemic impacts teaching and learning from a distance. Reflecting on earlier comments about the CWO role in impacting quality of life issues the former provost stated,

How does [COVID] affect faculty, staff, and students? With the question of emotional difficulties that it created, resulting pressure parents are under... how is the university going to be addressing that? We do have a vehicle for doing that with our wellness focus. It could just be seen as a personnel problem, a human resource problem, but it is a lot more than that, and I'm hopeful that as a university we will respond much more effectively because of our institutional focus on wellness.

A major theme related to leadership during the period of CWO model emergence was a focus on creating and communicating a vision that connects across stakeholders, catalyzes activities and actions around that vision, inspires and sustains momentum for continuous improvement, and from a practical standpoint is generally perceived as achievable. The CWO articulated the vision in the wellness strategic plan adopted by the president and Trustees; milestones were identified and accountable parties were named. Chapter five will discuss in greater detail how the CWO role responsibilities and leadership behaviors map across the integrated change model which serves as the conceptual framework for this study.

5.0 Conclusion and Implications

The emergence of the chief wellness officer position at Ohio State introduced a system-wide change agent into an existing university structure to transform the campus culture under a unified well-being framework. The CWO appointment at Ohio State was a bold innovation by a visionary and entrepreneurial university president who intended to translate successful corporate wellness models into the higher education setting. Case study was used to explore questions regarding the impetus for the role, the position qualifications, portfolio responsibilities, system reaction, organizing the work, leading change across multiple populations and functional areas, guiding frameworks used to promote well-being, and the roles of others in facilitating a successful implementation within the existing organization.

Using an integrated change model (Bolman & Deal, 2017; Kotter, 2012) to analyze the data generated from reviewing historical documents and interviews with the CWO and university colleagues, results of this research should serve as a decision-making opportunity for other higher education leaders intending to innovate and improve well-being practice on their campuses by introducing a CWO model. Additionally, information from this study may also meaningfully contribute to practitioner knowledge about the function of the CWO position by identifying some of the specific actions this leader took as the role emerged at Ohio State.

5.1 Synthesis of Findings

Wells (2011) described wellness officers as managers who drive an organization's wellness program. The senior officer leading such work in higher education organizations may be known by various titles and acronyms, but this study focused on the chief wellness officer at Ohio State University. An organization's CWO is often a C-suite or executive-level post that has a mandate or charge to promote well-being and the authority and infrastructure to implement a strategic vision and plan that can influence individual behaviors and in time shape the overall culture (Kishore et al., 2018).

5.1.1 Campus Conditions Setting the Context for Emergence

The creation of a new senior-level official serving as a centralized resource for university health and wellness initiatives was necessary to elevate the work happening in disparate units by wellness officers spread across Ohio State to make it more visible to tens of thousands of stakeholders in this large university system. The president was motivated to introduce this structural innovation because the changing external health care landscape in communities and on campuses across the U.S. had a significant impact locally. Rising health care costs affecting the university benefits systems, the impact of chronic diseases on the population, and the growing safety and wellness crises associated with student health issues all presented challenges. There was the concurrent opportunity to leverage new technologies, expand external partnerships, employ emerging evidence-based practices for health promotion, and build a program that could establish the university as an exemplar campus investing in a culture of well-being. As a land-grant institution, Ohio State and its leadership also embraced the responsibility to leverage the expertise

and talents of faculty and staff to make a societal impact by influencing public health beyond the confines of the campus. Cardiovascular disease, cancers, obesity, mental health, and opioid addiction were examples of targeted state health issues noted by various study participants.

No comparator within higher education existed to serve as a point of reference; instead this period of emergence signified building something new from the ground up. The process by which this change was managed in the bureaucracy of a major university became a prominent theme central to understanding emergence. The CWO role was announced in 2011 and immediately launched as the first of its kind in higher education; thus, this site did not have the benefit that subsequent adopters may have enjoyed in preparing the campus for the change. Other campuses since, such as Oklahoma State (2012) and the University of Pennsylvania (2018), were noticing what Ohio State created and have engaged in campus planning processes to create their own versions of a designated senior wellness officer position for their campus contexts.

5.1.2 Chief Wellness Officers: A New Strategic Leadership Model for Improving Campus

Well-Being

The study found that the CWO serves as a content expert and policy adviser to colleagues and senior leaders. The role becomes a highly visible “face of wellness” for members of the campus community. The CWO spends significant time developing systems and processes, hiring and training personnel, building relationships and developing capacities across divisions, creating strategic plans, and advocating for budgetary and other resources to support the wellness program.

The CWO relied heavily on multiple senior colleagues in learning the culture and identifying key collaborators within the system. Melnyk et al. (2016) claimed that leaders at universities, including presidents and cabinet members, are key in facilitating a strong wellness

culture and this CWO managed these relationships with that expectation in mind. This resulted in management staff capacity building efforts and a cadre of senior leaders who helped inform, support, and embed messaging from the CWO into the various student, staff, and faculty segments of the community.

Study participants credited the CWO with moving the institution through perceived planned change phases, identified in the literature on organizational development as teleological change (Kezar & Eckel, 2016). The findings highlight the role of the CWO in building a new structure called the ONE university health and wellness council that served as a forum for experts across the university to come together to contribute to the vision and strategy for the wellness program. The CWO utilized numerous venues to update the university about the state of wellness at Ohio State, including an annual event that reports out progress on the wellness strategic plan, key initiatives, aggregates data, and recognizes accomplishments by individuals in the community.

Colleagues of the CWO continually noted that the university benefitted by appointing the right person at the right time in the right place to assume the CWO role. A set of personal attributes and professional qualifications allowed the CWO to build rapport and credibility across different stakeholders, and to positively impact the different sub-cultures of faculty, staff, and students.

5.1.3 Campus Perceptions, Reactions, and Outcomes

Case study data collected produced rich insight into how some in the organization served as champions and some as resistors to this change initiative. In addition to having symbolic support from senior leadership, the CWO's persistence through resistance in pockets of the community, keen focus on the strategic vision, commitment to evidence-based practices, and participatory engagement style were some of the reasons why the model was sustained through stages of its

implementation. Resistance was viewed as a natural part of a change process. The study unearthed root causes of that resistance related to territorial issues, fear of change, uncertainty about the rationale for the innovation, and disagreement about the commitment of resources to the new approach and executive leader model. The conflicts produced opportunities for the CWO and others to pause and expand their thinking about how to move a change initiative forward together.

Study participants considered the CWO model to be a structural innovation that helped align wellness initiatives and that nearly a decade into this work at Ohio State there is evidence of transformational change. The CWO as a campus-wide change agent has received national attention as a best-in-class model. Evidence that departments and groups have evolved due to the grassroots movements facilitated by the CWO is now clear. The creation of the Buckeye Wellness Innovators and their micro-grants have spurred environmental changes. Ohio State widely publicizes return on investment and return on value associated with its commitment to improving population health for students, staff and faculty; calculations reflect a return on investment inclusive of medical care and workplace productivity to be \$3.65 for every dollar spent.

5.2 Significance of the Change Model in Understanding CWO Emergence at Ohio State

5.2.1 Four Frames

As noted in chapter three, Bolman and Deal (2003) identified a four-frame model to understand organizations and how management and leadership are expressed within them: structural, human resource, political, and symbolic frames.

5.2.1.1 Structural Frame

Although all four frames and associated codes were present in the collected data, most codes were linked to the structural frame. This illuminates how the CWO designed systems to improve the coordination of the diverse array of wellness initiatives into a more unified approach as “one university.” Strategic planning, vertical authority, alignment, collection of metrics, resource allocations, and cross-functional collaboration were all evident in the work of the CWO.

The CWO contended with structural deficiencies as the role emerged within a university of multiple divisions (Mintzberg, 1979), where wellness work was done in quasi-autonomous units (Bolman & Deal, 2003), accountable to different vice presidents. The pre-existing bias towards de-centralization, siloed activity, and uncoordinated initiatives presented a structural barrier for the CWO to overcome. Although the CWO did not have direct supervision of all health and wellness related units and personnel, she did have the authority to convene them in new ways and leverage the structure of the ONE university health and wellness council and the strategic planning committees. An implication of this was that the role of the CWO and the council’s charge became clearer to those involved in this collaborative group over time. As members transitioned on and off these planning groups, the CWO helped individuals see how their contributions added to the overall vision for wellness at Ohio State.

Evidence revealed that the CWO routinely engaged in silo-busting and cross-functional leadership as a change agent, specifically devising strategies or initiatives that spanned boundaries within this complex organization. The CWO had to continue to invest in a team approach and rely on powers of persuasion and negotiation to align vision, metrics, and strategies rather than formal authority over personnel responsible for providing direct services to stakeholders. Recent literature emphasizes that persuasion and influence through the exercise of power is more likely

to affect change than mandates from formal authority figures in contemporary organizations (Birnbaum, 1988; Kezar 2001; Kezar, 2008).

A strategic planning process was leveraged to achieve alignment of a wellness strategy with the university mission, with the vision for a new culture of well-being goals, and with the resources for plan implementation. Hinton (2012) advised that such strategic planning processes and documents help ensure organization members pull in the same direction as they work to implement the plan. Having a person who is the “face” of planning on campus is equally critical to successful implementation (Hinton, 2012, p. 21). The CWO served as a central figure representing the plans and stewarded its various components by mobilizing cross-divisional support of its development and implementation within the entire university system.

5.2.1.2 Human Resource Frame

The human resource frame had the second highest code occurrences suggesting that people were at the center of this change initiative and the CWO had to spend significant time attending to the various needs and interests of a broad stakeholder community during this period of role emergence. Furthermore, the CWO had to be the right person for this role to enact change. Evidence in the data related to this frame included desirable CWO personal and professional attributes, leadership and management skills such as team-builder, connector, and ability to understand the root causes of supportive or conflictual interpersonal dynamics.

Participants commented that it is hard to separate the attributes the person brings to the CWO role and duties of the role itself when describing the contributions of the CWO model to wellness innovation on campus. The strengths of the professional holding this inaugural role made a difference. The many professional and personal attributes illuminated in the study’s findings combined with extensive professional accomplishments as a researcher, clinician, and national

leader on issues of health and wellness assisted the CWO in establishing personal rapport and credibility across stakeholders, leading a team in strategic planning efforts, and achieving the meta-leadership concept of connectivity.

The human resource frame helps one appreciate the role of champions and that of resistors in relation to the CWO model at Ohio State. It took at least five years for the CWO role to be widely accepted within the culture of the organization. An implication was that the CWO spent a tremendous amount of time and energy in developing relationships, sharing her passion for the work, explaining her charge, building a network of support at all levels of the university community and beyond, and addressing root causes of resistance for those who did not embrace the new model as it emerged at Ohio State.

The CWO expressed care to respond to the lived experiences of individuals in the organization and to understand aggregate data she collected from individual conversations, departmental meetings, and university-wide surveys and assessments about the state of health for each population served. Through sharing the data with diverse communities and effective storytelling, including personal disclosure of why she is so invested and passionate in improving lives relative to health and well-being, this CWO was able to link the head and the heart when speaking about what informs her approach to well-being.

5.2.1.3 Political Frame

The political frame emerged as this study's third highest frame for code occurrence. Data analysis focused on codes related to effective management of conflict, resistance, coalition-building, solution-identification, innovation, and leadership skills that reflect a degree of political acumen. Institutional politics was ever present during the period of role emergence and shaped how the CWO navigated this work with colleagues across the organization. When asked to

comment after hearing a brief description of the four frames during the final interview, the CWO commented,

When relationships are stronger, the political frame diminishes. The political frame was heavier early on than it is now. I feel like that's freed me up, to be more active across the university. If you don't have those politics to worry about as much or to think about as much, you're much freer to do the action that you need to be doing.

An implication is that despite having support from the top of the organization and therefore political cover to lead in new and transformative ways, others in the system also reacted in ways that elevated the issues inherent in the political frame- conflict over resources, power struggles over responsibilities for wellness initiatives, and differing practitioner approaches to overall strategy and tactics. As an experienced leader in higher education, the CWO accepted the political nature of the work on a large and complex campus and successfully pursued her position's charge, using her power to enact changes to the status quo and establish an institutional well-being agenda. With a few exceptions, the CWO was able to navigate political landmines and make headway in the first few years of role emergence, and then thrive under two iterations of a strategic wellness plan adopted by the president and the board of trustees.

5.2.1.4 Symbolic Frame

Although the symbolic frame represented the lowest code occurrences of the four frames participants provided some of the richest descriptions as they shared perspectives about CWO emergence at Ohio State. The culture at Ohio State is rich with tradition, rituals, and imagery. Having the CWO on the football field alongside the president and Buckeye Wellness Innovators while a wellness promotional video played on the stadium screens for over 100,000 fans in attendance at the game was definitely a major symbolic moment. The CWO wisely leveraged the

competitive culture of Ohio State and “Buckeye Nation” known for celebrating victories and striving for excellence to also strive to be the healthiest university and community on the globe.

The CWO appointment was seen as a new expression of Ohio State’s institutional commitment to improving health outcomes for all members of the community and cultivating a culture of well-being. The CWO became a visible and enthusiastic face of well-being at Ohio State, accessible to multiple departments and groups through her routine outreach and engagement initiatives. She was known to start meetings with a holistic wellness practice (i.e. stretching, meditation, etc.) and role modelled standing during meetings to mitigate negative health impacts associated with constant sitting behind desks in the workplace.

A critique in the literature about chief diversity officer roles is that the role can too often be seen as just a symbolic appointment to appease a constituency in the short-term. Without real investment and commitment of resources, an implication could be that such niche executive roles are relegated to the margins in an organization and not able to effectuate strategies that lead to transformative change. The literature cautioned presidents about this potential outcome and provided strategies to situate the CDO as systems-level change agent (Williams et al., 2013). Similarly, the former president of Ohio State stated that this CWO role was not to be a plebiscite or passing fad and set out to ensure that the campus saw it as more than a symbolic appointment, capable of managing transformative change that would position Ohio State as a national leader in this space.

5.2.2 Change Stage Conclusions

Kotter’s (2005, 2012) framing of an eight-step process for managing changes in organizations complements the Ohio State campus conditions during the period of CWO

emergence. Evidence of how the CWO led change can be linked to each of the eight change stages; but the journey through those stage changes was not sequential. Based on participant recollections and other data, at times the CWO appeared to be leading and managing in multiple stages simultaneously.

5.2.2.1 Establishing a Sense of Urgency

In truth, there was no urgent crisis facing Ohio State at the time the CWO role emerged in 2011. The urgency was created when the Ohio State president sought to seize an opportunity to recruit a well-respected national health care leader who had studied corporate wellness and found an ally in the president when discussing a potential university-wide role leading a wellness program. Once appointed, the CWO began to develop a sense of urgency relative to her charge and developed a quick cadence of wellness work across the university. She was quickly on the schedules of established and newly hired senior leaders in order to seek their partnership and immediate commitment to facilitating a culture of well-being within their units. The CWO regularly raised the urgency level within the broader organization. Distributing aggregated data about health metrics gleaned from personal health assessments highlighting significant markers of concern, and then charging groups to develop improvement strategies to move the needle were efforts to establish this sense of urgency. In speaking to large groups, she was introducing data along with a story to raise an emotional reaction, believing that people are more likely to change (e.g., commit to healthy behavior change) if something is experienced as a crisis or urgent issue that may directly impact them. As COVID-19 emerged in 2020 as a pandemic and campus crisis, the CWO managed a rapid response to build content of the wellness.osu.edu website to help the community cope with COVID. The implication for practice at Ohio State was that because a solid foundation had already been built by the CWO, when an urgent crisis hit, the university was far

better prepared to respond. Participants interviewed following the onset of the crisis were beginning to make additional meaning of the value of having a CWO on a campus who routinely convened members of the community to organize around wellness objectives.

5.2.2.2 Creating the Guiding Coalition

As the CWO position emerged at Ohio State, the CWO immediately chose not to go it alone. Instead, she was very thoughtful about establishing a team within the new CSO office and a new cross-disciplinary team that would help make change “stick” (Kotter & Cohen, 2002) across the university community. The ONE council had five sub-councils and many members also participated in “communities of practice” or “departmental wellness teams” within divisions. Such groups served as advisory groups to executive leaders throughout the organization on topics related to well-being within sub-cultures. In creating guiding coalitions, the CWO routinely identified ways to bring more people on board to contribute to wellness initiatives at Ohio State, continually expanded the ONE council and the strategic planning groups and eventually emerged as the primary leader. Structurally, the ONE council provided opportunity to convene a cross-functional team of experts. An implication for practice at Ohio State was that this collaborative matrixed structure prompted fuller engagement by the entire organization and made it possible for the CWO to be viewed by many as a systems-level change agent, employing participatory approaches to engage stakeholders.

5.2.2.3 Developing a Vision and Strategy

The former provost noted that the role of a leader like a CWO is “to work with a group and do whatever is necessary to have that group of people achieve what they want and...to go beyond what they might think is possible.” Ohio State developed a vision statement that was clear and

widely known: to be the healthiest university and community on the globe. This vision was then operationalized in two strategic plans. The vision for the CWO position and how it should function as a newly created executive position was articulated in the position description. The position description provided the CWO with authority to “provide strategic vision and planning direction” as part of role duties and implied that the CWO was someone who needed to “pull together a unified vision.” Because of confusion and ambiguity within the organization in the early years about the CWO role, the CWO experienced both setbacks and advances as the organization made meaning of the changes. An implication of this was that the CWO seemed to spend much of the early years in earlier stages of the change model before advancing.

5.2.2.4 Communicating the Change Vision

Once there was support for the vision and strategy by senior leadership, the CWO began communicating the vision to the campus. Study participants observed the CWO to be a visionary advocate for well-being and a skilled communicator across multiple stakeholders. A cabinet-level official stated that if not for the CWO at Ohio State, “we certainly would not be aspiring to be one of the, if not the healthiest university on the globe.” Despite individual strengths, the CWO still faced barriers when parts of the system resisted the initial vision for the CWO model as introduced by the former president. As has been noted, some who were used to the old system of decentralization and culture of siloed wellness work truly seemed to struggle with accepting the new vision for organizing the work. An implication of this was mounting issues of territorialism, turf, and threat that had resistors self-reflecting on what the change meant for themselves versus looking outward and offering support for the change initiative for the good of the organization. The CWO kept repeating the vision and wellness strategy so that those listening would be more likely to remember and articulate the message to others. The CWO was known to use many

different forums to communicate the vision: one-on-one meetings, departmental meetings, public forums, wellness events, award ceremonies, publications, and presentations.

5.2.2.5 Removing Obstacles and Empowering Broad-Based Action

Some campus conditions presented barriers to change as the CWO role emerged at Ohio State requiring broad-based actions by the CWO. As a result, the CWO provided needed training on promoting healthy lifestyle behaviors and influencing healthy cultures in the workplace. This effort included providing training to more than 700 faculty, staff, and students as part of the Buckeye Wellness Innovators program, and sponsoring workshops for executives, mid-level managers, and others to embed champions within all of the divisions of the university. Some participants shared that these engagements were transformative for themselves or other close colleagues in that those individuals made real changes for themselves and their unit environments. The CWO was mindful about creating participatory engagement opportunities and two-way communication loops when going “on the road” to discuss well-being strategy at meetings and events. The CWO was often seen role modeling healthy lifestyle behaviors on the campus and making it possible for staff at all levels to have access to well-being programs in the workplace. An implication for practice at Ohio State was that consistently walking the talk and leading by example was the means by which the CWO effectively communicated the vision and strategy.

Examples of the CWO embracing the change stage of empowering broad-based action have been evident throughout this chapter. The CWO went to work on creating a new structure in the ONE council that disrupted the silo status quo by bringing together a cross-functional team that shaped the implementation of the wellness strategic plan. The decision to form the group empowered individuals to contribute in new ways.

5.2.2.6 Generating Early and Short-Term Wins

Those working closely on a change initiative (e.g., ONE council members) can gain confidence and be buoyed by these wins and successes as they can be highly motivating. Ohio State and the CWO developed a set of metrics that would assess progress. The CWO shared the aggregate data with the full community, including ROI and VOI relative to its commitment to improving population level health. The CWO noticed engagement wins with increased attendance at student programs, the formation of new and unexpected staff partnerships, and faculty collaboration on grant proposals or research projects. Generating early and short-term wins and building a collective sense of accomplishment were important stages in the change process. Several participants took note of the small wins related to a stronger collaborative relationship between the CWO and the student life division. The CWO cultivated individual relationships with staff responsible for oversight of student wellness initiatives, inviting them to join council meetings, present data, co-plan campus programs, and co-design health campaign messaging. These turnkey moments followed an earlier period where there seemed to be real barriers to full collaboration.

5.2.2.7 Building Momentum: Consolidating Gains and Producing More Change

The Ohio State CWO is a leader with a vision that is based on the long view of major systemic improvements affecting the health of all students, faculty, and staff affiliated with Ohio State over the course of their lifetime. She celebrated short-term wins, but she did not make a common management mistake by claiming victory prematurely and slowing progress. While the first strategic plan emphasized that best practices in the field would be integrated at Ohio State, the second plan firmly stated a goal to position the wellness program at Ohio State as a national model considered by peers to advance highly regarded evidence-based practices.

During this period of emergence, multiple leadership changes occurred. The new provosts and presidents that came into their roles after the CWO position initially emerged could have chosen a different focus and lost interest in the change initiative entirely. Instead, the current president amplified the work and worked closely with the CWO to embed the wellness strategic plan within the core institutional strategies. This momentum bolstered support from senior management council members and the president's cabinet, keeping interest up and maintaining a sense of urgency at an appropriately high level. Student life practitioners also commented on how their evolving relationship with the CWO opened up new opportunities for professional growth (e.g. the community of practice examining staff burnout) and enhancements to student programming by leveraging institutional data about student health metrics and evidence-based practices researched by the CWO and her colleagues.

5.2.2.8 Anchoring New Approaches in the Culture

The study examined the role of the CWO in shaping a new well-being culture through interventions that cultivated healthier habits and values across the thousands of faculty, staff, and students of Ohio State. The CWO has been credited with achieving results that have improved individual and community well-being. Given this positive reputation for the approach and the work itself, old norms have been giving way to new methods. The study had ample evidence of positive change occurring within the subcultures based on the data analyzed from document review and interviews. The CWO could name behaviors and attitudes that have shifted over time. All three subcultures (e.g., faculty, staff, and students) expressed different behaviors, attitudes, norms, values, sensitivities, and health needs which complicated anchoring new approaches in the culture.

Findings suggest that the interventions directed at staff worked because participation was often incentivized so that employees received something in return as they initiated a behavior

change (e.g., discount on university benefits). The changes also addressed basic human needs (e.g., improving multiple dimensions of well-being, promoting social connection, and offering recognition). The impact of the CWO model on students was less clear, in part due to institutional politics and a conflictual relationship with some student life division leadership that may have produced more stops than starts as the role emerged. When some participants were asked about CWO reach into the general student population, they could not sufficiently address whether students really connected with the work of the CWO, and if new initiatives and health-related campaigns were compatible with that student culture.

According to some participants, select faculty voiced criticisms about the university's place in tackling personal health behaviors as an infringement on privacy rights and also about resource allocation to wellness initiatives instead of academic programs. Including key faculty representatives on the ONE council and expanding academic leadership on strategic planning teams were steps forward to integrate the needs and interests of faculty.

Creating a new culture is Kotter's final change stage. Curry (1992) uses the term institutionalization to signify a final phase of a transformational change process. The literature suggests transformational change occurs about every ten years. The CWO was completing her ninth year in the role; thus, this study provided an opportunity to reflect on the culture that existed initially and the new one that she helped establish. Over the past nine years, a number of university leaders have gone and new ones have arrived. Some of these leadership transitions have eliminated barriers to change. This reflects the reality that personnel changes can impact organizational change (Martin & Samels, 2004). The study had ample evidence of positive change occurring within the sub-cultures based on the data analyzed from document review and interviews. The CWO could name behaviors and attitudes that have shifted over time.

The resulting new culture at Ohio State provides people the benefit of more access to wellness services and programs. There also seems to be a new sense of pride and community identity related to “Buckeye Wellness” and the shared aspiration of being the healthiest campus on the globe. An implication of reaching this stage where culture is now shifted to reflect the ideal, permits the CWO to keep advancing the work, with many previous barriers no longer impeding progress. The institution is in a perpetual state of readiness to further support the vision and strategy communicated by the CWO and accept the organizational benefits of sustained change. Reaching this current change stage took intentional and systematic effort by the CWO and the leadership at Ohio State. Evidence of success includes the existence of a comprehensive strategic plan that guides the community’s work toward achieving the vision; systems of accountability embedded in relationships, and in the planning documents; agreed upon metrics and a sophisticated research structure; a commitment to building human resource capabilities through ongoing training and development; and effective communication and marketing tactics to build awareness about the wellness program.

As previously noted, most codes were linked to the structural frame illuminating how the CWO designed systems to improve the coordination of the diverse array of wellness initiatives in a more unified way as “one university.” Additionally, the role of the CWO in creating and communicating the vision for the wellness program was the most salient stage theme, followed by attention given by the CWO role in shaping a new culture of well-being at the institution. Figure 9 provides a visualization of how Bolman and Deal’s (2003) four frames can be overlaid with Kotter’s (2012) eight change stages as displayed in an integrated change model (Bolman & Deal, 2017).

CWO Leadership Behaviors Mapped Across an Integrated Change Model (Bolman & Deal, 2017)				
Stage of Change (Kotter, 2012)	Structural Frame	Human Resource Frame	Political Frame	Symbolic Frame
1.Sense of urgency	Secured public medical expertise on advisory teams about critical health epidemics	Immediately networked with new leaders	Professional networks leveraged in responding to critical health data	Shared compelling personal life story
2.Guiding team	Chaired ONE University Council	CWO Office retreats at local incubator	Communities of practice in units inform strategic work	Involved president in aligning wellness plan with university strategic plan
3.Uplifting vision and strategy	Operationalized aspirational vision	Encouraged learning from colleagues transformed by significant wellness program participation	Partnered with human resources in resolving conflict with resisters	Shared success stories widely
4.Communicate vision and strategy through words, deeds, and symbols	Authored joint messages to stakeholders with fellow VPs	Facilitated divisional meetings about aggregate wellness data	Invited new alliances with mid-level staff supporting student wellness	High-profile celebratory events for wellness innovators
5.Remove obstacles and empower people to move forward	Created wellness council structures to move ideas into action	Provided mentorship to emerging faculty thought leaders	Supported medical center in refreshing a stalled wellness program	Personally cleared path for a good idea from grassroots supporters
6.Early wins	Superiors helped CWO see early small wins as major progress	Grant writing partnerships with academic departments	Created microgrants for Wellness Innovators to improve culture in units	Celebrated ROI metrics in research publications

7.Keep going when going gets tough	Strengthened structural support of incentive-based benefits programs despite pushback	Candid conversations with resisters to understand root causes	Sought guidance from supervisor when figuring out how to address conflicts	Was a vocal leader during challenging times (locally and nationally)
8.New culture to support new ways	Created an alignment sub-committee to sustain a new wellness culture	Supported initiatives that matter to people in the organization	Developed new champions at all levels of the organization	Embraced leadership transitions and new perspectives

Figure 9 CWO Leadership Behaviors Mapped Across an Integrated Change Model (Bolman & Deal, 2017)

5.2.3 Cross-Functional Leadership

As discussed in earlier chapters, elements of cross-functional and meta-leadership concepts were present in the data collected and resulted in findings that illuminate how the CWO interacted with others in the organization. Given that CAS introduced a cross-functional framework for advancing health and well-being (2018) on campuses, it was important to examine if and how the CWO created organizational structures spanning multiple functional areas and what implications that had on CWO role function at Ohio State. Abrams and Andes (2019) encouraged coordinated initiatives across disciplines and deep engagement by specialists across the university who share an interest in improving well-being outcomes.

The CWO set in motion a cross-functional structure in the years prior to the CAS publication in 2018. Data suggest that the five elements of a cross-functional framework described by CAS appear to be reflected in the design of the ONE council and the strategic planning teams:

(1) the CWO co-chaired the ONE Council with two other senior leaders who collectively provided clarity of charge and built the team through invitation to employees who were responsible for wellness program delivery; (2) routine meetings provided opportunity to discuss strategy, approach, and coordination of university processes; (3) practices and initiatives were aligned to support the overall strategy; (4) internal and external communications were executed, sometimes with the assistance of marketing and communication professionals; and (5) the team advised on assessment plans.

5.3 Implications for Practice in Higher Education

5.3.1 Conceptualizations of the University Chief Wellness Officer Role

The implications generated by this study advance a conceptualization of the CWO role in a major university context. Particularly, the leadership role of the CWO in terms of spearheading population-level health improvement across one or more university stakeholder groups necessitates an executive-level placement within higher education organizational structures. Different institutions can adopt various structures for a CWO model that reflects institutional conditions, making decisions about what the role is and what it is not.

Primary CWO position responsibilities include:

- 1) Strategic direction of a comprehensive wellness program designed to improve well-being outcomes for the university community.

- 2) Advising the president and cabinet on innovative methods for building a culture of well-being and coordinating integration of wellness initiatives across the units overseen by that executive team.
- 3) Implementation of evidence-based public health practices in the design of interventions.
 1. Community education, including training and development related to chosen public health guiding frameworks.
 2. Oversight of a robust outcome assessment program.
 3. Management of staff and volunteers serving in the CWO office or on university-wide wellness councils.
 4. Stewardship of the university's vision for well-being to internal and external publics through effective communication and marketing.

Secondary responsibilities may include budget management, institutional advancement, research and grant writing, external partnership development, or even direct wellness program delivery.

The CWO role at Ohio State was integrated with several other high-profile academic administrative titles and faculty appointments resulting in a vast portfolio that fits the incumbent's interests but may not sustain through leadership transitions. Institutions appointing university CWOs will need to determine if its CWO is a new stand-alone 100% FTE appointment or if the role is combined with already existing lines. Ripp and Shanafelt (2020) cautioned that role definition and scope of authority are critical considerations when crafting health care CWO profiles. These authors recommended a tailored position description to ensure that the CWO is able to focus on strategic elements of the portfolio. In some ways the design of the University

CWO position at Ohio State is in conflict with that guidance. Ripp and Shanafelt (2020) contend that a CWO with an already broad scope of responsibilities should not be burdened by added duties that could be placed elsewhere. Creating a vast array of secondary responsibilities may limit progress on the primary strategic focus.

Similar to Pennamon's (2017) findings related to chief diversity officer preferences for horizontal as opposed to vertical accountability structures, this CWO study also elevated a preference for institutional cross-functional work within a horizontally oriented wellness program. It is likely that will be the norm in higher education as very few major university CWOs will have formal supervision of wellness staff dispersed across different divisions of the organization unless a significant restructuring plan is implemented on campuses to facilitate that level of access and accountability directly under the CWO.

5.3.2 Alignment Leads to Culture Change

There are a number of implications for the management of wellness strategy and culture change in universities derived from the findings of this study. Findings suggest that university commitment to aligning on vision, goals, strategies, and metrics is critical to creating a new culture focused on well-being. Such findings reflect extant literature on the role of alignment and organizational change. Bess and Dee (2008) discussed the value of alignment through stakeholder support, leadership actions, institutional goals, outcomes, and culture. Kezar and Eckel (2002) discussed core alignment strategies (e.g., leader support, collaboration, robust design, staff capacity development, and visible actions). The CWO model as a structural innovation can re-align personnel, programs, policies, and processes to better achieve wellness goals. The CWO as

a leader can work toward alignment by building relationships, convening teams, and communicating a vision for well-being that excites multiple audiences and gets them engaged.

This is where leadership matters. As described in chapter four many CWO leadership traits were similar to the CDO attributes detailed by Williams and Wade-Golden (2007). Supplemented by academic credentials and professional qualifications, leadership characteristics such as relational, passionate, persistent, driven, decisive, and visionary helped this CWO lead through change stages and overcome barriers to alignment. Similar to Leon's (2010) findings about the role of the leader in enhancing diversity capabilities within organizations, it seems imperative to hire the right executive leader when seeking to enhance a culture of well-being within organizations. A CWO cannot move the needle on alignment effectively without drafting the expertise of colleagues across the campus to lead on councils that implement strategic plans to improve population health outcomes.

5.4 Implications for Practice

As University leaders seek to develop a comprehensive wellness program for their campuses, the following recommendations from the case study of the emergence of the CWO role at Ohio State are offered for consideration.

- 1) Educate the community about the institutional commitment to well-being and desired change. Consistent with Kezar and Eckel (2002) and Eckel et al. (1999) campus leadership ought to develop an effective and persuasive communication strategy that fosters a broad understanding of the change initiative. Communicate the vision for the new role, structure, and the vision for the desired new culture of well-being on campus, providing clarity regarding the benefits such new

direction will yield. Multiple drivers for organizing this work anew include the desire to innovate, the prevention or mitigation of chronic disease through healthy lifestyles, the need to address the reality of rising health care costs, and the promotion of staff engagement and student success. As discussed in chapter four, leaders are well served to bring together constituencies and leverage campus expertise in the design and implementation of the role and the other campus structures intended to address such drivers.

2) Appropriately situating the CWO role within the organization is an important part of understanding and supporting role emergence, as it was in literature about other emergent executive positions (Leon, 2014; Williams & Wad-Golden, 2007; Wilson, 2013). Positioning the CWO at the most senior level of the organization to secure the advantage of buy-in from the top and reducing resistance also facilitates accessibility to the chief executive officer or chief operating officer to secure necessary resources for improving population health. As suggested in data collected from the current Ohio State president, a direct reporting line to the president is recommended if the institution is seeking to inspire behavioral changes within its culture and is articulating a new vision for well-being as a core value and long-term strategic priority. High-level strategic changes that affect culture and working with community members to make sense of the rationale for change is a function of the university presidency (Gioia & Chittipeddi, 1991). Select a CWO who is the right fit for the president's vision for the role and the institutional context, will be the face of well-being, and is credible across stakeholders when communicating about the work.

3) Establish and empower a cross functional team that works collaboratively and gains broad buy-in from the campus community, inclusive of students, staff, faculty, and external partners or stakeholders. CAS (2018) provided similar guidance to practitioners crafting such a team. Wellness champions or ambassadors (Linnan, Fisher & Hood, 2013) are needed at both the

grassroots and most senior levels to be supportive of the CWO's agenda and role. Future adopters of a CWO model should consider bringing such a group together prior to the appointment so that they can be on board to help with early mobilization efforts. A planning group could conduct a SWOT analysis to inform priorities for the CWO model.

4) Anticipate resistance and be prepared to remove barriers to success as the CWO role is implemented. Consistent with Kezar (2001) institutional politics pose a threat to change. Political strategies enumerated by Bolman and Deal (2003) can assist an astute leader manage conflict, resistance, and differing values or goals. Attending to the needs, concerns, fears, and capacities of people who have a stake in wellness work reflects the human element of culture change work. Acknowledge that many different segments of the university community previously managed wellness initiatives and will need direction about their future contributions. For example, student affairs professionals working in wellness spaces have significant expertise to contribute to wellness strategic planning, service delivery, and collaborative work alongside an appointed CWO. Presidents granting a CWO broad authority over student, faculty, and staff well-being should engage the senior student affairs officer and academic administrators as the role is developed. Representation of student affairs leaders on university-wide planning councils should be purposeful and result in further alignment of student wellness initiatives and metrics within the broader goals of the university wellness program.

5) Do not underestimate the power of symbolism: celebrate turnkey moments and elevate successes so all know what is happening. Signs of incremental changes are worthy of noting as markers of success. Transformational change takes time and such change is only sustained in the university's culture following stages of mobilization, implementation, and institutionalization (Kezar, 2007). Presidents can support a CWO in this way by messaging in presidential speeches,

showing up at major wellness events with the CWO, presenting awards, encouraging senior leader participation in signature programs, supporting research and scholarship, and leveraging external partnership opportunities. This case study documented evidence that the president was a willing leader who understood the power of symbolic support from their office and the cabinet.

6) Data drives change and improvement; use public health evidence-based practices in designing interventions (Melnik & Raderstorf, 2021). The CWO will need institutional support to build a robust assessment and evaluation program focused on an agreed upon set of metrics. The president with support from the cabinet and possibly even the board of trustees should identify key metrics of interest and support the CWO in efforts to create a well-being scorecard or dashboard. Metrics related to the overall health and well-being of students, faculty, and staff should be accessible to leadership. How these aggregate data are curated and distributed ought to be discussed with stakeholders and ultimately approved by the CWO in consultation with the executive.

5.5 Recommendations for Future Research

The Ohio State University CWO case study makes a foundational contribution to document CWO emergence in anticipation of future empirical studies about its impact across a range of metrics. Beyond this singular case study, future research is needed about the senior wellness officer role on multiple campuses with different organizational structures.

Study participants were chosen due to their deep knowledge of the CWO role at Ohio State, primarily through supervisory roles or participation on one of the cross-functional teams. Future studies could further examine the experience of campus partners serving on cross-functional teams

and their perceptions of CWO leadership using the CAS (2018) cross-functional framework. Future research could also examine the effectiveness of such teams across multiple contexts where a senior wellness officer is leading such a team and where there is no such designated leader.

The data at Ohio State indicated a negative health care trend during the period of CWO role emergence. As a financial case is made for more coordinated health and well-being strategy on campus, an opportunity exists to expand empirical studies that calculate return on investment or return on value of university wellness programs in models with or without a designated CWO.

Additional attention to this topic in the literature could lead to more concrete recommendations about self-study, planning, and implementation stages; training needed to enhance wellness capabilities of staff working across the organization; and structural positioning of the CWO role relative to the president and other cabinet-level staff. As these roles continue to be replicated on other campuses, associations that work to support these professionals could further develop a database of chief wellness officers. Such a resource of contacts could yield additional opportunities for future mixed methods research, benchmarking, and professional development.

5.6 Conclusion

This study addressed a gap in the literature and provided needed insight into the CWO role. Specifically, the study illuminated CWO model attributes and benefits, system reaction to change, and CWO leadership behaviors that promote alignment. Although not by design, this project also provided opportunity for the site to reflect on lessons learned and progress during the stages of emergence. While CWOs have not received significant attention in extant literature, other executive roles have received attention by scholars. Lessons from both successful and failed

implementations of executive roles could be considered in planning for the emergence, proliferation, and sustainability of CWO models. Simply creating the role of CWO as a symbolic gesture is not enough to impact wellness-related problems facing higher education. Significant structural capacity must be provided to have the role function as it should.

This study can serve presidents as they consider empowering a CWO to improve the state of well-being on campus. I initiated this study from a position that U.S. higher education faces a societal crisis related to a declining state of well-being and that fostering well-being in ways that help improve lives can be tied to most institutional mission statements. Ultimately, the emergence of the CWO role positions well-being outcomes alongside academic, career, and other core purposes of contemporary higher education. What if every president framed problems related to campus well-being as an opportunity to lead versus a persistent challenge to manage? As the CWO at Ohio State proclaimed, “33 million Americans work and learn on campuses across the country. Massive change could occur if well-being is considered a core institutional strategy and learning outcome.”

Appendix A Semi-Structured Interview Protocol for CWO Study Participants

Appendix A.1 Interview Protocol for CWO

Introductory/Background:

- As we start the interview, I am going to gather some context information from you and record it.
- What is your name and position? How long have you been in your current role? Did you have a similar role previously at another institution?
- Can you take a few minutes to tell me about your professional and educational background, specifically how that prepared you for the role in which you now serve? What qualities was the institution looking for when they advertised this position/recruited you?
- How does that background influence your thinking and approach to matters of wellness or well-being?
- In a few sentences (i.e. an elevator speech) how do you describe the role of chief wellness officer to colleagues?

Thank you, now I am going to be asking you a series of questions about the CWO role, day to day responsibilities and your thoughts about wellness and leadership on campus. We will explore your own experience and perceptions. Please feel free to speak openly, to take your time, and know there is no “right” answer. I look forward to your insights. Each main question may have a few follow up questions. As we conclude, I will offer you time to revisit a prior response or add additional information you think is important for me to know. Let’s begin.

Question One (maps to RQ1)

Can you tell me the story about how the role of CWO came to be on campus?

Prompts:

- What systemic wellness problems or other campus conditions created the need for a chief wellness officer (CWO)?
- What data, if any, was referenced as the role was proposed and approved?
- Who was influential in crafting this role?
- How is the CWO role uniquely different from other roles elsewhere? How is it similar?
- In terms of reporting line (to president/provost/VP or otherwise), what efficiencies or benefits are gained by that structure? Are there any downsides to that structure?

Question Two (maps to RQ3, RQ5 and RQ7)

- I am curious about the day to day work of the CWO. Can you give me a sense of what a day in the life looks like for you in the role? How do you spend a typical week?
- What responsibilities (or buckets of such) are included in your portfolio? What is not, but you would want it to be?
- How would you describe the decision-making authority you enjoy in the role? Can you give me an example of how you tend to make important decisions that impact various stakeholders (such as students or faculty/staff?)
- Who are your closest collaborators or thought leaders? What are some of the key relationships you have cultivated on the job?

Question Three (maps to RQ3 and RQ6)

- Is there a strategic plan for wellness or well-being? What does it aim to do?
- What is the role of the CWO in implementing the plan?
- What frameworks guide this plan or your approach in general to wellness initiatives?

Question Four (maps to RQ 4)

- What are some of the major challenges or obstacles you face when trying to fulfill your job responsibilities?
- What aspects of the culture here support your goals for wellness initiatives and what aspects pose the biggest threat to achieving those goals?
- What feedback do you hear from those around you about their own perceptions of the CWO role?

Prompts:

- Specifically, what do you think others perceive to be top priorities, challenges, opportunities related to leadership on topics of wellness.
- What do you hear that affirms your work (i.e. praise/appreciation/benefit to the role) and conversely, what do you hear in terms of myths or critiques that you'd like to address with stakeholders?

Question Five (maps to RQ5 and RQ7)

- How do you currently organize personnel, policies, programs, strategy and resources to advance the culture around well-being? Can you tell me a success story in terms of how you went about organizing something (like a policy or practice) to make a positive impact on campus?

Prompts:

- Can you give me an example of something you haven't yet done but are thinking about changing or innovating and why?
- How do you lead change efforts across the institution (prompt: 4 frames)
- How can university leadership allocate resources to ensure the success of your role and charge on campus?
- What commitments from others do you need to help your wellness initiatives succeed?

Conclusion

- Do you wish to revisit a prior response or elaborate further on any of the things we have discussed?
- Is there anything else you want me to know about this topic?

Thank you, these responses will help contribute to our understanding of CWO roles on college campuses.

Appendix A.2 Interview Protocol for Campus Stakeholders at Site

Introductory/Background:

As we start the interview, I am going to gather some context information from you and record it.

- What is your name and position? How long have you been in your current role?
- In a few sentences (i.e. an elevator speech) how do you describe your role to colleagues?
- How would you describe the ways in which you work with the chief wellness officer on campus?

Thank you, now I am going to be asking you a series of questions about the CWO role, day to day responsibilities and your thoughts about wellness and leadership on campus. We will explore your own experience and perceptions. Please feel free to speak openly, to take your time, and know there is no “right” answer. I look forward to your insights. Each main question may have a few follow up questions. As we conclude, I will offer you time to revisit a prior response or add additional information you think is important for me to know. Let’s begin.

Question One (maps to RQ1 and RQ2)

- Can you tell me what you know about the story about how the role of CWO came to be on campus?

Prompts:

- What systemic wellness problems or other campus conditions created the need for a chief wellness officer (CWO)?
- What data, if any, was referenced as the role was proposed and approved?
- Who was influential in crafting this role?
- How is the CWO role uniquely different from other roles elsewhere? How is it similar?
- What qualifications or qualities in a candidate were important at the time?
- In terms of reporting line (to president/provost/VP or otherwise), what efficiencies or benefits are gained by that structure? Are there any downsides to that structure?

Question Two (maps to RQ3 and RQ4)

- How would you describe the role of the CWO on this campus?
- Do you consider yourself to be a collaborator or thought leader alongside the CWO?
- How has that relationship evolved over time?

Question Three (maps to RQ3 and RQ6)

- Is there a strategic plan for wellness or well-being? What does it aim to do?
- What is the role of the CWO in implementing the plan?
- Do you know what frameworks guide this work?

Question Four (maps to RQ 4 and RQ7)

- What are some of the major challenges or obstacles related to wellness on your campus?
- What aspects of the culture here support wellness?
- What poses the biggest threat to achieving wellness initiative goals?
- What is your own perception of the CWO role? What do you hear others say about the role?

Prompts:

- Specifically, what do you perceive to be top priorities, challenges, opportunities related to leadership on topics of wellness.
- What is the CWO known for doing really well? What is an area for improvement?

Question Five (maps to RQ3, RQ5 and RQ7)

- When we think of thoughtfully organizing personnel, policies, programs, strategy and resources that advance a well-being culture at the university, what are some success stories?

Prompts:

- Can you give me an example of an innovation or change initiative that you noticed related to the work of the CWO?
- How can university leadership allocate resources to ensure the success of the CWO in advancing wellness initiatives on campus?
- How do you think you can help the CWO be successful?

Conclusion

- Do you wish to revisit a prior response or elaborate further on any of the things we have discussed?
- Is there anything else you want me to know about this topic?

Thank you, these responses will help contribute to our understanding of CWO roles on college campuses

Appendix B Document Review Protocol for CWO Study

Date of Request __/__/

Date Received __/__/

Title:

Department:

Document Type(s):

Document Review Protocol				
Type of Data Sought	List of Documents	Corresponding Professional	Alignment with Research Questions	Status/Notes
Chief wellness officer's (CWO) background for their selection into the role.	Chief wellness officer CVs/Resumes & CWO position postings profile/public announcements	CWO Supervisor of CWO or Human Resource Professional or Search Firm representative	Background/demographic information. RQ 2: What are elements of the CWO portfolio?	Obtained CWO resume/CV and public announcements from online sources and sought updated versions from CWO and site.

Operating Budgets under CWO And any financial data that indicates ROI of wellness initiatives	Total Budget under CWO management. Total dollar investment in wellness program. Estimated ROI and explanation	CWO or CWO budget manager. CFO or auditor who calculates ROI for dollar for dollar expenditure/savings for wellness initiatives.	RQ 7: How can university leadership prepare for role and support resource allocation?	Obtained verbal operating budget summaries from CWO, citing public documents indicating ROI. Collected ROI listed on Strategic Plans and State of Wellness Presentations.
Wellness Strategic Plans and Reports-Goals	Published or in print versions of current and future wellness strategic documents such as mission statements, strategic plans, public statements.	Public website	RQ3, 4 and 5: What are the CWO strategic priorities and goals for wellness initiatives. What is the day to day work?	Obtained strategic plan from public-website.
Metrics & Outcomes	reports of wellness outcomes- Board of Trustee reports, State of Wellness Presentations	CWO	RQ1,3,4 Benefits, success, drivers	Obtained from CWO and website

Student/faculty staff wellness indicators/metrics in aggregate. Indicators of the health of individual groups and indicators of the campus climate related to well-being.	Available reports used to measure current status of campus health and well-being. Data sources cited when the CWO position was initiated through a position request process.	CWO	RQ1: What systemic wellness problems or other campus conditions created the need for a chief wellness officer (CWO)? RQ3, RQ4 Benefits Drivers Relationships	Obtained select documents with aggregate data for employees wellness metrics from CWO.
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Appendix C CWO Profile

Vice President for Health Promotion and University Chief Wellness Officer, The Ohio State University

Detailed Job description

The Vice president for Health Promotion and University Chief Wellness Officer provides strategic vision and planning direction to the development, implementation and evaluation initiatives to improve population health and wellness outcomes at Ohio State and surrounding communities; oversees successful design of multiple initiatives and business plan development for implementation and delivery of programs and services; directs the implementation of innovative wellness offerings to a range of university constituents such as students, staff, faculty, alumni and neighboring communities, ensuring that respective constituents' needs are met; evaluates programs for cost effectiveness and optimal health and wellness outcomes for individuals and groups as well as healthier communities; works collaboratively with other leaders of the university, including the senior vice president for human resources, senior vice president for student life, and director of the OSU health plan; consults with constituents to deliver health services that provide lasting value; and supervises and spearheads related grant and contract proposals, reports, articles and educational materials for publication.

Essential Job Duties

40% Provides visionary leadership and strategic direction for population health and wellness at Ohio State, and leads a team to accomplish the vision and strategic plan. Stays current with health and wellness trends and forges relationships with other partners in the health promotion and wellness arenas across the university; acts as liaison to the surrounding community; builds strong consultative relationships with the Offices of Human Resources and Student Life at OSU as well as with other key constituent groups within the university. Conducts research to improve health and wellness outcomes at the university and publishes in peer-reviewed journals.

30% Provides health related content expertise for health promotion and wellness initiatives; leads and supports project development and diversification (new products and markets) in recommending and/or considering new initiatives to enhance health and wellness; promotes new initiatives.

30% Identifies key strategic partnerships with external organizations interested in health promotion and wellness to address the changing health care environment; and contributes to senior management planning and strategy development.

Supervision Supervises supporting staff and graduate student employees

Education PhD, MD, or Equivalent degree

Experience Required 10+ years of experience in health and wellness, health management, health promotion or related fields; in-depth knowledge of the principles and practices of employee health and wellness administration, population health promotion and management; working knowledge of program management, including program planning and evaluation, fiscal management and budget; leadership track record, demonstrated success in research and grant writing as well as publication required.

Appendix D Organizational Chart for CWO Office

Adapted Visualization

Chief Wellness Officer

- Executive Assistant (20%)
- Director of Health Promotion and Wellness
 - Program Assistant (100%)
 - Program Manager (50%)
 - Program Manager (100%)
 - Program Manager (100%)
 - Buckeye Wellness Innovators
 - Student Interns & Student Assistants

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