

GUIDELINES FOR WELLNESS

PROGRAMS IN SCHOOL

CORPORATIONS

BY

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CHAPTER I.

INTRODUCTION

The concept of employee wellness is becoming more salient in the American education system. Fitness experts agree that health education is the ultimate means by which this nation's people can effectively address increasingly complex health-related issues. Only through education can society instill in the minds of youth the preventive measures that will prohibit behavioral patterns which lead to less than adequate fitness levels. By the same token, only through education can society effect positive lifestyle change in persons already at risk, which is essential in overcoming the nation's downward trend in fitness levels and accompanying upward trend in health care expenditures.

Pangrazi and Slaughter (1984) reported about the National Youth Fitness Conference held in Washington, D.C. in June 1984. In an opening speech, President Ronald Reagan referred to the President's Council on Physical Fitness and Sports as having been established in 1956 to address poor fitness levels of American youth. The President further stated, "Today, twenty-eight years later and despite a phenomena that has heightened the physical fitness awareness of millions of Americans, we are

again faced with the youth fitness profile that is dismally low" (p. 44). U.S. Senator Richard G. Lugar of Indiana, addressed the same audience and emphasized that "industry is concerned about fitness since it effectively curtails health care costs, and Americans should be convinced about youth fitness since the vitality and energy of a country is directly related to the fitness of its people" (ibid). Guy Reiff, professor at the University of Michigan, told conference attendants that physical performance of children is drastically low and that cardiovascular disease is the number one killer of males and number two killer of females above the age of 30 (ibid.).

Public awareness has been recently heightened about the lack of effective physical education programs in the schools. However, as emphasized by Pangrazi and Slaughter (1984), "A Nation at Risk" did not even mention physical education as a top concern (p. 44). An anomaly does indeed exist. That is, we are experiencing a national fitness boom while physical education programs in the schools are under attack. Pangrazi and Slaughter discussed the fact that many programs lack systematic organization, educational objectives, and academically justifiable grading systems. Further, accountability for program processes and outcomes is difficult to identify. Restated, the matter of health care cost permeates our society. Expenditures have

risen rapidly in recent years; the U.S. total for 1965 was \$42 billion and the total for 1975 was \$132 billion (Kondrasuk, 1984). These costs directly affect the overall cost of doing business. For instance, heart disease of employees has been estimated to cost U.S. industry \$30 billion a year. Kondrasuk asserted that employee health problems ultimately burden companies with tremendous medical expenditures from health insurance premiums, time lost from work, and costs to replace injured or sick employees. Corporations have encouraged employees and management to participate in wellness programs because they are convinced that a healthier, more fit, and happier work force increases productivity and reduces absenteeism.

Business-Related Wellness Programs

The wellness movement developed from the interest in exercise and fitness. Experts cautioned that exercise alone was not enough to prevent coronary disease and that a more comprehensive intervention plan was needed. Nutrition and weight control, smoking cessation, stress and hypertension reduction, low back pain prevention and rehabilitation were added to the traditional physical fitness program. These components are integral to the wellness movement.

Large corporations have employed experts to design and implement on-site fitness and wellness programs. Such programs in business and industry date back to the 1950s. Ford, IBM, Goodyear, Weyerhaeuser, and Xerox have had active

programs for several years. However, only in the past decade has there been a dramatic increase in the number and sophistication of such programs. Questions can be generated about employee interest level and the various types of employee fitness/wellness programs that exist today. Precise answers are not available to these questions because there is no general agreement about what constitutes an employee fitness or wellness program. For example, one program may emphasize exercise and prevention, while another may be known to emphasize tennis or jogging. Currently, no organization exists which assumes responsibility for monitoring the number of worksite programs (Iverson, 1985, p. 215).

However, survey data from worksite programs do exist which offer pertinent information. Iverson et al. (1985) were careful to stress that while methodological differences in these surveys limit aggregation of data or comparison of results, some general observations are consistent. When exercise/fitness programs were available, they tended to be offered on-site, on a continuing basis, and were available to all employees. Nearly half of the exercise/fitness program activities were conducted by in-house staff and outside consultants. "In general, it can be said that the larger the company, the greater the number of program activities offered to employees" (p. 215).

Iverson and colleagues (1985) did not stress the importance of the worksite program development rate but rather, emphasized the more interesting concept of understanding the nature of these programs and the factors that differentiate successful from unsuccessful programs. In their study of 23 worksite physical fitness programs, these researchers classified the programs on the basis of one or more of four characteristics: (a) facility availability, (b) staffing, (c) scope, and (d) focus.

As Table 1 shows, there is little variance among the programs. All but one of the programs are comprehensive; most employ an in-house staff and operate within on-site facilities. Iverson et al. (1985) explained that "while it is possible to describe and classify these programs on the basis of select characteristics, it is not possible to identify the combination of program characteristics that results in maximum positive effects" (p. 216). The authors offered three reasons for this dilemma: (a) in most evaluations of worksite physical fitness programs, direct comparisons of program characteristics or strategies are not made; (b) programs often have differing desired outcomes which makes the specification of common evaluation reports difficult or impossible; and (c) a majority of companies that offer the programs do not want to embark on extensive evaluation endeavors (p. 216)

Iverson et al. (1985) asserted that it is fair to say that

Table 1. Characteristics of Worksite Wellness Programs

Worksite	Facility	Onsite Staff	Comprehensive Program
Adolf Coors	Yes	Yes	Yes
Bonne Bell	Yes	Yes	--
Campbell Soup	Yes	Yes	Yes
Canada Life	Yes	Yes	Yes
Control Data	—	Yes	Yes
Ford Motor	Yes	No	Yes
General Dynamics	Yes	Yes	No
IBM	Some	No	Yes
Internorth	Yes	Yes	Yes
Johnson & Johnson	Yes	Yes	Yes
Kimberly-Clark	--	--	--
Mattel	No	No	Yes
Metro Life	No	Yes	Yes
NASA	Yes	Yes	Yes
New York Telephone	No	Yes	Yes
Sentry Life	Yes	Yes	Yes
Swedish Wellness Center	Yes	Yes	Yes
Tenneco	Yes	No	Yes
Tosco	No	No	Yes
U.S. Air Force Program	No	Yes	Yes
Weyerhaeuser	Yes	Yes	Yes
Xerox	Yes	Yes	Yes

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current literature offers a plethora of corporate wellness program descriptions and "seemingly no credible way to make valid and reliable judgments about which program characteristics or program strategies are most important. However, there do exist the collective experiences of many developers, implementers, and evaluators" (p. 216).

A number of researchers and authors have developed what they believe to be the most important components of successful worksite wellness programs. These descriptions are based primarily on program experiences rather than on empirical findings, yet several of these component lists have similarities. Iverson and colleagues (1985) compiled the following list of elements of successful programs that appeared in two or more of the component lists developed by Fielding, Pate and Blair, and Collis (1982): (a) strong leadership, (b) ongoing program promotion and recruitment efforts, (c) access to facilities, (d) long-term commitment to the program, (e) ongoing fitness assessment of participants, (f) variety of program options from which to select, (g) system of employee recognition, and (h) involvement of spouses and other family members.

School-Related Wellness Programs

Programs that provide support for the health and well-being of school employees are rare. Such programs have the potential to reduce absenteeism and turnover, increase job satisfaction, generate greater productivity, and improve

employee morale. However, as stated by Faick and Kilcoyne (1984), "In the majority of school settings, the health of employees has been disproportionately ignored. Although the issues of stress and burnout have generated a great deal of controversy and attention in the U.S. during the past decade, programs developed to address the mental and physical well-being of school personnel continue to remain scarce" (p. 239).

Kaldy (1985) discussed a few school employee wellness programs. The following main points were reported: (a) the director of communications with the Topeka (Kansas) Public Schools said that the district saved \$423,508 with help from a wellness program, (b) the Topeka Schools' wellness coordinator stated that fewer sick days were being used due to the wellness program, (c) the director of communications at St. Louis Park (Minnesota) stated that over 90% of the employees had participated at some time, and (d) the Algona (Iowa) district reported nearly 100% employee participation in its wellness program, (p.13)

Kaldy (1985) emphasized that while employee wellness programs are still in their early stages in many districts, there are enough positive results to suggest that the concept of wellness is becoming an increasing concern. Although there is much research to be done, enough is known to warrant an emphasis on school employee health promotion

and wellness.

While the current research information concerning school employee wellness programs is useful, a twofold problem still exists. Similar to business-related wellness programs, few school programs are documented and most of the reports do not include base-line evaluative information.

Though study of the literature revealed a paucity of evaluative information for existing wellness programs, collective experiences of wellness program developers, implementers, and evaluators are similar. Across studies of business and industry, research supports the notion that appropriately designed and implemented fitness and wellness programs for employees will increase productivity and simultaneously reduce expenditures. The literature, although sparse, encourages thinking in the same manner for school employees.

Logical Structure

The Stufflebeam CIPP Model of Evaluation was used in this study to explain the interrelationships of specific variables. This model was formulated by Daniel Stufflebeam (1983) to show how evaluation could aid in the decision making process in program development. CIPP is an acronym for four types of educational evaluation included in the model: context evaluation, input evaluation, process evaluation, and product evaluation. Each type of evaluation

is related to a specific set of decisions that must be made in the planning and operation of a program.

CONTEXT refers to the environment in which change is to occur. Included are the general demographics with emphasis on the population and its needs and goals. INPUT relates to the resources utilized to attain program goals. This includes program strategies, procedural designs for implementing the strategies, budgets, and schedules. PROCESS refers to the implementation of the program. This means the daily activities and events that evolve. Key aspects involve interpersonal relationships among staff and administrators; communication channels; logistics; understandings of and agreement with the intent of the program by persons involved in and affected by it; and adequacy of the resources, physical facilities, staff, and time schedule. PRODUCT refers to the actual outcomes of the program. The focus is on goal attainment.

The following variables of concern in this study fit the CIPP model.

1. Context: This includes demographics of the organization, needs assessment of the potential program participants, and the goals held for the program participants.

2. Input: This includes the facilities available for use in the program; the selection and assignment of staff to administer the program; the scope of the program which

denotes the overall plan including budgets/ schedules and alternatives;
and the focus of the program which refers to resources utilized for
goal attainment.

3. Process: This includes dissemination of materials for the
purpose of informing potential participants about the program and
support activities and services to help program participants achieve
plans (fitness programs, smoking cessation classes, weight-loss
programs).

4. Product: This includes outcome information about cost savings;
participant satisfaction with the program; and change in participant
self-perception, morale, rate of absenteeism, rate of turnover, and
health status of participants.

Objectives

The purpose of this study was to describe, assess, and evaluate
existing fitness and wellness programs for (a) employees in business
and industry and (b) administrators, teachers, and other staff members
in educational organizations. Subsequently, a set of guidelines was
devised to assist school personnel of medium-sized school districts in
designing employee wellness programs.

To further detail the outcomes of the study, the researcher
addressed specific objectives: (a) to relate context, input, and
process variables to product measures in corporate wellness programs
reviewed in the literature;

(b) to relate context, input, and process to product measures across three outstanding school district programs; (c) to compare the findings between corporate and school wellness programs relating to context, input, process and product; and (d) to formulate guidelines for program designs in medium-sized school districts.

Questions

The yield from this model allowed the following questions to be answered:

1. What needs were addressed, how pervasive and important were they, and to what extent were the objectives of the project reflective of assessed needs (addressed by context information)?
2. What procedural and budgeting plan was adopted to address the needs and to what extent was the plan appropriate (addressed by input information)?
3. To what extent was the project plan for dissemination implemented, support activities and services to help program participants achieve plans (addressed by process information)?
4. What results were observed regarding cost savings; participant satisfaction with the program; and change in participant self-perception, morale, rate of absenteeism, rate of turnover, and health status of the participants (addressed by product information)?

While the CIPP model makes no special provision for

formulating and testing hypotheses. Stufflebeam (1983) emphasized that it does, "through its provision for context, input, and process information, provide a rich array of background data against which to interpret and understand outcomes" (p. 124). For this study, the CIPP model proved useful in analyzing the data. Especially interesting (to the researcher) was the extent to which the model helped identify conflictual program interests/characteristics and seeming strengths and weaknesses across the school case study programs.

Secondary Source Survey of Wellness Programs in Business and Industry

Wellness programs are scarce in educational organizations; therefore, little information is available about the operation of such programs. Information about existing effective corporate wellness programs was used as a secondary source for this study to augment the researcher's knowledge base for use in final guideline preparation.

Population and Sample

In this descriptive study of employee wellness programs, corporate designs were reviewed and described. The sample of 10 programs selected met specific criteria:

- (a) they have been recently described/evaluated (1980-1985),
- (b) the reports contained evaluative information, and
- (c) the corporations were medium-sized (400-2500 employees)

Three documented accounts (by corporate program experts) of information about existing wellness program constituents

were also reviewed: (a) the first author's account was based on study of program rationale, (b) data relating to program components and management were discussed by the second author, and (c) program cost-benefit analysis was the emphasis of the third presentation. The information was useful in the attempt to generate corporate program guidelines.

Data-Gathering Techniques

To obtain program information for selecting the sample, the following sources were used.

1. ERIC (Educational Resources Information Center):

Computer searches of journal articles (1980-1985) were conducted using descriptors, such as physical fitness, well being, life satisfaction, nutrition, exercise, stress management, program design, employee fitness program, and employer and employee relationship.

2. AFB (Association for Fitness in Business): This is an

international educational organization which supports and assists in the development of fitness and health promotion programs in business. Two main objectives of the organization are to conduct research regarding the effects of programs, and to compile and disseminate information regarding worksite fitness and health programs.

3. The Health Insurance Institute: This is a national

organization that supplies information regarding cost effectiveness of employee wellness programs.

(4) National Center for Health Education: This is a center that

offers general information related to educational practices for health

promotion (i.e., nutrition, cardiovascular fitness, smoking cessation).

Analysis

The content analysis of corporate program descriptions was based on the CIPP model. A summary section depicts program information relating to context, input, process, and product. The researcher sought instances of relationships between context, input and process ultimately considering how they affected the product. Following this procedure allowed a basis for construction of program guidelines.

Case Studies of School District Wellness Programs

A few wellness programs exist in educational organizations. For this research project, the primary source of data resulted from case studies of three such programs.

Selection of Case Study Sites

Three outstanding school employee wellness programs were selected for case study. Characteristics of the programs chosen adhered to the following guidelines:

(a) the demographics were of medium-sized school districts (400-2500 employees); (b) the programs were selected based

on follow-up of key information obtained from a panel of five wellness program experts; and (c) any special characteristics of the community were avoided, such as programs centered in locations with Olympic or professional athletic training centers.

The director of the AFB (Association for Fitness in Business) was contacted to acquire names and appropriate information regarding program experts based on the following criteria: (a) The individual's name bore the title of Ph.D., Ed.D., or M.D.; (b) the individual's involvement in wellness program design included evaluative research as well as program implementation; and (c) the current position of the nominee emphasized interest in employee wellness programs (writes in the field, visits program sites, member of AFB).

The researcher telephoned the nominated experts, seeking five who would consent to panel membership. A letter of explanation followed. The members, individually interviewed by way of telephone, served two functions:

(a) They offered expert opinions in response to ten open-ended questions about program variables that may influence development of program guidelines (origin of program interest, scope, focus, facilities, dissemination), and

(b) they supplied information leading to selection of outstanding employee wellness programs in medium-sized school districts. (See Appendix A for interview questions.)

Conduct of Case Studies

The district superintendent, a wellness coordinator, or communications director of each selected case study site was telephoned and he/she agreed to participate in this study. An explanatory letter followed which outlined details of the project: (a) overview of the project with background information; (b) purpose of the case study including guideline formulation for school program designs; (c) thanks for permission to use the site for one week as an external evaluator employing direct observation, interviews with participants and nonparticipants, analysis of documents such as written programs/proposals and insurance plans; and (d) thanks for any printed program materials that were sent to the researcher for review (outline, description, evaluative information).

Due to time constraints and scheduling difficulties of the selected school systems, conduct of the three case studies necessarily occurred during consecutive weeks; therefore, time and program materials were not available for detailed preparation of field activities prior to arrival at the site. On-site, the author worked with the coordinator or program official in preparing an outline of activities for the week. The outline included interviewee schedules detailed with names, times, and procedures; appointment times for review of budgets and insurance plans; and suggestions for on-site visitation of workout centers and general observation of the site.

Interviews

Originally, the writer planned to contact the central office records clerk to obtain a comprehensive list of teachers. The list was to also indicate which teachers were program participants. Fourteen interviewees were to be selected through stratified random sampling which would yield specific categories of program participants: (a) three teachers with more than ten years of experience, (b) three teachers with less than ten years of experience, (c) three teachers who were active prior to implementation of the district wellness program, (d) three teachers who were inactive before the implementation of the district program, and (e) two teachers who assumed program personnel duties.

Differences in central administrative practices across the three districts necessitated varying methods of interviewee selection. The initial plan sufficed for the first site; however, due to managerial constraints at the other two sites, the researcher was not able to continue with the original procedure. At the second site, the sample (selected by central office staff) was not stratified and also included non-certified staff members. In the third system, administrative officials preselected interviewees from each building. Interview information obtained at the second site, from the unstratified sample, added input from

program participants who were not teachers or certified staff members. This allowed the total data to present a greater cross section of attitudes and concerns about wellness at the worksite. Information obtained at the third site was from a sample that was not randomized or stratified but was mainly representative of individuals who had been instrumental in management and implementation of the program. Perhaps this particular sample was arranged due to the absence of a full-time, fitness trained coordinator to assist the researcher. Whatever the reason for the method of sample selection, the data does not reflect a randomized, system-wide cross section of participant input about the on-site wellness program.

After selection of interviewees, each person was telephoned and asked to participate in the study. The participants were asked to respond to open-ended questions relating to their participation in the program (i.e., "Why did you become active in the program? "How (is) (is not) the program meeting your expectations? What input did you have regarding the program planning? What do you see as (strengths) (weaknesses) of the program? If you were one of the key decision makers, what would you do differently?" Appendix B). Immediately following each session, the interviewer used a tape machine to record recollections of the interview. Later, the researcher utilized a word processor to transcribe the tape recordings. This procedure created a

computerized journal for reference.

Each person was interviewed one time for a minimum of 20 minutes which included completion of a district-tailored questionnaire (Appendix C, D, E).

The program design of the first site allowed random selection of four nonparticipants for interviewing. From an alphabetized list, names were chosen by using a table of random numbers. The persons were contacted by telephone and asked to participate.

The procedure of open-ended questioning was used (e.g., "Why are you not interested in the program?"). Each person was interviewed one time for approximately 15 minutes.

Restrictions imposed by administration at the second and third sites prevented the researcher from selecting nonparticipant interviewees in the formal manner as described for the first site. However, informal conversations with nonparticipants did occur at the second and third sites. Recollections were later recorded by the researcher. Though the information was not randomly obtained as originally planned, it was incorporated into the formal data because the researcher felt that first hand information about why some people do not participate in wellness programs could be valuable to administrators who are attempting the design and implementation of such a plan.

In addition to the teachers and other staff members who were interviewed at each case study site, administrators that were asked to participate included (a) the superintendent, (b) the financial advisor, (c) the wellness program director, and (d) two teachers with program personnel duties.

These persons were asked questions related to the administrative aspects of the program such as: "What are the general demographics of the district? What generated interest for a wellness program? What did the results of the needs assessment reveal? What were some of the key decisions regarding implementation?" Other questions were fashioned on review of the district program materials supplied to the researcher prior to interviews. One 45-minute session was requested with each person according to the interviewees' schedules. Tape-recorded recollections immediately followed each conversation.

Direct Observation

The investigator visited each site for a period of one week. The observations were focused on facilities and record-keeping of individuals' activities and progress. Organized wellness program activities had concluded for the academic year.

Data-Gathering Process

Program participants were asked to complete a questionnaire designed to provide information on self-perception, program perception, and morale (see Appendix C, D, E).

Study of Budgets and Insurance Plans

In all three cases, the researcher was provided with direct information (from the financial advisor, wellness coordinator, or superintendent) regarding the district's budget and the insurance plan. The role of the wellness program was thoroughly discussed. In this manner, information relating to cost savings was obtained. Immediately following each session, the researcher recorded recollections of the interview.

Analysis

Case study data were organized according to a descriptive framework. The following variables were utilized to structure the collected information.

1. Context: This includes demographics of the organization, needs assessment of the potential program participants, and the goals held for the program participants.
2. Input: This includes the facilities available for use in the program; the selection and assignment of staff to administer the program; the scope of the program which denotes the overall plan including budgets, schedules and alternatives; and the focus of the program which refers to resources utilized for goal attainment.

3. Process: This includes dissemination of materials for the purpose of informing potential participants about the program, and support activities and services to help program participants achieve plans (fitness programs, smoking cessation classes, weight loss programs).

4. Product: This includes outcome information about cost savings; participant satisfaction with the program; and change in participant self-perception, morale, rate of absenteeism, rate of turnover, and health status of participants.

The researcher used the information obtained from interviews in the following manner: (a) looked for points of agreement and/or disagreement, and (b) compared across interviews. This treatment gave credibility to the data and supplemented information acquired through the additional data sources (direct observation, questionnaire results, and the study of budgets and insurance plans).

Data gathered through direct observation were utilized to (a) assess and describe the types and availability of facilities, (b) summarize recorded accounts of program activities and procedures, and (c) report individuals' progress across the programs.

Questionnaire results were examined to categorize responses relative to (a) self-perception, (b) program perception, and (c) morale. This procedure enabled the researcher to formulate program generalizations based on

direct information from the individual participant who is the focus of the wellness concept.

Data acquired from study of budgets and insurance plans were analyzed to (a) determine program need for and availability of financial resources, (b) assess information regarding cost savings, and (c) establish the wellness program's role in the district insurance plan.

Table 2 shows the data-gathering techniques for this study. A description of the technique used to obtain information is given for each variable. The bulk of the information gathered resulted from interview sessions and observation of records.

Development of Guidelines for School Districts

A set of guidelines was formulated based on elements which proved necessary according to the three outstanding programs treated as case studies and the analysis of business and industrial programs. The researcher prepared the recommendations based on two considerations: (a) the generalizability of application to medium-sized school districts nationwide and (b) the lack of existing base-line evaluative data relating to wellness programs for comparison

Table 2. Data-Gathering Techniques for School District Wellness Program Case Studies

<u>Variable</u>	<u>Technique</u>
CONTEXT	
(a) demographics	interview with superintendent
(b) needs assessment of potential participants	interview with program official such as director or financial advisor
(c) goals held for program participants	interviews with different program officials such as director, financial advisor, and assistant superintendent
INPUT	
(a) facilities available for use in the program	on-site observation
(b) selection and assignment of staff to administer the program	interviews with superintendent and program director
(c) scope of the program which denotes the overall plan including budgets, schedules, and alternatives	interviews with program officials including superintendent, director, financial advisor, assistant superintendent; on-site observation of records
(d) focus of the program which refers to resources utilized for goal attainment	interviews with program director? on-site observation of records
PROCESS	
(a) dissemination for the purpose of informing potential participants about the program	interviews with program director, participants; on-site observation of records
(b) support activities and services to help program participants achieve goals	interviews with program director, participants; on-site observation of records; participant questionnaire results

(continued on following page)

Table 2. (continued) Data-Gathering Techniques for School District Wellness Program Case Studies

Variable	Technique
PRODUCT	
(a) cost savings	interviews with program director or financial advisor; on-site observation of records; review of additional materials supplied by one director for personal files
(b) changes in participant self-perception	interviews with program participants; questionnaire results
(c) participant satisfaction with the program	interviews with program participants; questionnaire results; observation of records
(d) change in morale	interviews with program participants; questionnaire results; on-site observation of records
e) change in rate of absenteeism	interviews with program director or financial advisor
(f) change in rate of turnover	interviews with program director or financial advisor
(g) change in health status of participants	interviews with program participants; questionnaire results

CHAPTER II.

THE BUSINESS EXPERIENCE IN WELLNESS PROGRAMS

This chapter deals with information about the secondary source for this study, corporate wellness programs. The material is presented in four sections: (a) Review of Ten Effective Corporate Wellness Programs, (b) Review of Three Documented Accounts of Corporate Wellness Program Constituents, (c) Summary of Interview Information from the Expert Panel, and (d) Guidelines for Wellness Programs in Business. Tables supplement the narrative form in an attempt to summarize and clarify information for the reader.

Review of Ten Effective Corporate Wellness Programs

Ten effective corporate wellness programs were selected from the literature for review to ultimately aid in formulating guidelines to assist in program design for school employees. Criteria for selection were: (a) They have been recently described/evaluated (1980-1985), (b) the reports contained evaluative information, and (c) the corporations were medium-sized.

Importance of Program Size

For this study, the term medium-size refers to the wide range of 400 to 2500 employees housed at one site. General

review of the literature and analysis of information obtained from wellness expert panel members who participated in this study provided the researcher with the notion that program designs for said range of employees differ minimally. The size restriction was imposed on this study by the researcher because of personal and increasing national interest in the operation of wellness programs in school districts with approximately 400 to 1500 employees. The selection of effective corporate programs from the literature for review as a secondary source was severely limited by the size restriction. The researcher found that most reports of programs with much pertinent information, especially evaluative data, were those for companies which greatly exceeded the employee number of 2500. Therefore, the selected programs were reviewed and described by the researcher based on the following considerations:

- (a) There is a scarcity of evaluative reports in the literature of existing wellness programs in medium-sized companies;
- (b) despite differences across the selected programs, they have certain characteristics in common; and (c) the sample contains some key programs that supply invaluable information regarding guideline design.

In this section, the amount of information presented per program is directly proportional to the amount of information supplied by the reviewed source.

The order of program presentation is based on the level of importance the material proved to be for this study. Descriptions range from key studies (those that offer ample information regarding a framework of characteristics) to marginal studies (those that offer minimal information regarding the same framework of characteristics). For example, the exemplary program of the Campbell Soup Company is described in much detail due to the extensive amount of noteworthy material that was made available to the researcher, particularly the in-depth empirical study evaluation report which was completed in the spring of 1987.

Review of the five key programs (Campbell Soup Company, Westlake Community Hospital, The Canadian Fitness and Lifestyle Program, Prudential's Program in the Southwestern Home Office, and Blue Cross/Blue Shield of Indiana) facilitated construction of a framework in which to describe all ten programs (even though the second five are considered as marginal programs) on a comparable basis. The framework consists of the following program characteristics considered by experts to be common among most model programs;

- (a) program rationale,
- (b) program preplanning phase,
- (c) program promotional phase,
- (d) program testing/screening phase,
- (e) program facility availability,

- (f) program staffing,
- (g) program financial structure,
- (h) program elements,
- (i) program incentives,
- (j) program evaluation.

Each program description is presented directly following the program title and citation of the source from which the program was reviewed.

Campbell Soup Company's

Turnaround Health and Fitness Program

Metcaife, L. L. (1982). Campbell Soup Company's Turnaround health and fitness program. Master's thesis. [Metcaife is director of Program Development at Campbell's Institute for Health and Fitness, Camden, NJ.]

Rudman, W. J. (1987). Campbell's kids are shaping up: fitness in corporate America (Unpublished Research Report). Oxford, OH: Miami University, Department of Health, Physical Education and Recreation.

Campbell Soup Company's corporate office is located in Camden, New Jersey. The office is operated by approximately 1500 employees who are responsible for management, marketing, and research development for more than 80 plants which employ more than 44,000 people. The Camden location has in operation a wellness program entitled the "Turnaround Health and Fitness Program."

Program Rationale

Metcaife (1982) listed the following factors that prompted the design and implementation of Campbell's wellness program

1. Quality of Life: Major importance was attached to life at the workplace and making it conducive to the needs of the decade.

2. Enhancement of Health and Fitness Levels: The company was also concerned with individual physical improvement and developing a method to reduce degenerative disease risk factors (smoking, obesity, high blood pressure, and substance abuse).

3. Financial Considerations: The company became increasingly concerned with rising costs associated with health care claims, workmen's compensation, hospitalization, and worker absenteeism and duration of illness.

Program Preplanning Phase

A preplanning stage was in process for approximately one year. A questionnaire was administered to determine employee attitudes regarding the program. The data obtained proved useful in deciding such things as the fee structure for classes, the lifestyle programs that would be offered, and the projected times of program utilization.

Also during the preplanning stage, a leadership committee comprised of representatives from all employee groups was formed in an attempt to establish worker ownership into the program. Responsibilities assigned to the members included coordination of the promotional phase.

Program Promotional Phase

A promotional phase was conducted to make certain that employees fully understood the program being offered. Extensive media communication throughout the organization occurred. Departmental meetings were held to teach concepts and answer questions. The final step was to invite employees and their families to an open house.

Program Testing/Screening Phase

Testing/screening procedures are ongoing at Campbell. Participants are tested initially, then at three months, and again at six months. Individual programs are reassessed on a continual basis. Steps include the following.

1. Medical Screening: A medical evaluation is performed by the medical department.
2. Fitness Evaluation: This includes a risk factor questionnaire, lifestyle assessment, percentage of body fat, flexibility, muscular strength, and a physical work capacity test for cardiovascular efficiency. High risk individuals are referred to outside medical resources for additional testing and counseling.
3. Classroom Orientation: Small group counseling is conducted on the basis of the computerized test results of the individual. Exercise prescriptions are discussed informing participants of the frequency, intensity, and duration of their workouts and any special concerns about exercising.

4. Fitness Orientation: Each individual is scheduled for an appointment in the facility to go through a workout. This covers correct warm-up, proper use of exercise equipment, explanation of aerobic strength, and explanation of how to monitor the exercise heart rate and cool-down procedure.

Program Facility Availability

The Turnaround program boasts a 10,000-square-foot facility including a reception room, office space shower/locker area, towel service, indoor track, and exercise room. Available equipment includes motorized treadmills, stationary cycles. Nautilus and Universal weight training machines, and Olympic bar and free weight area. A multipurpose room is used for exercise class instruction, special seminars, and other events.

Program Staffing

The program at Campbell employs an extensive staff.

The following members are included.

1. Health and Fitness Manager: This position requires a master's degree in a health/fitness related field. Responsibilities include overall supervision and management on a daily basis.
2. Fitness Technicians: These positions require a bachelor's degree in a health/fitness related field. Responsibilities include testing; education and orientation of screening phases; coordination and development of special

projects, programs, monthly themes; and floor supervision of facility.

3. Secretary: The responsibilities for this position include maintaining files, making initial and follow-up appointments with participants, and handling correspondence of the Turnaround staff. Additionally, the secretary types newsletters, manuscripts and program materials, compiles monthly reports, and answers the phone.

4. Interns: Interns are selected for undergraduate and graduate programs from nearby colleges and universities. These persons, specializing in fields related to wellness training, gain experience in 12-week intervals. They assist in the screening and education components and daily administrative procedures as well as floor supervision.

5. Consultants: A variety of outside specialists are used. Registered dietitians, nutritionists, stress management experts, smoking cessation and prepartum and postpartum specialists/therapists maintain exceptional quality and professionalism within the various classes.

6. Maintenance: These personnel distribute locker keys, maintain hygienic supplies, distribute towels, and clean the facility.

Program Financial Structure

The financial structure of the wellness program at Campbell emphasizes the sharing of equal responsibility by

employees and management regarding the development and maintenance of the program. The notion is that financial support from participants maintains a sense of ownership in the program and makes it less likely for participants to develop a "take it for granted" attitude. The fee structure is \$100 per year. The company pays \$50 and the employee pays \$50. This amount is payroll deductible. Upon renewal of membership, if the participant has remained active (2.5 times a week or more), the fee for the second year is \$25. If the participant remains active the third year of involvement, there is no fee. The fee for spouses is \$100 per year, and retirees are charged \$50 per year. Fees for behavior enhancement programs generally run \$20 to \$25 for nonmembers and \$10 to \$15 for members in the Turnaround program. Rudman (1987) reported that the total operating budget of the Institute for 1986 was \$470,871. Included were operating expenditures of the fitness center, educational programs, and research projects.

Program Elements

In addition to the testing/screening components of the Turnaround program, various other elements exist in the daily operation of the plan. They include (a) individualized fitness programs, (b) group fitness classes, (c) prepartum and postpartum exercise classes, and (d) behavior enhancement programs such as nutrition classes, weight management sessions, smoking cessation classes, stress

management classes, and self-defense programs.

The Campbell Turnaround staff also utilizes a monthly newsletter to all participants to highlight the many goings on of the program. Information is compiled about such things as upcoming events, results of tests for individuals who have been retested, and goal accomplishment of participants.

Program Incentives

Motivational activities include (a) personal growth evaluation and feedback; (b) monthly award luncheons to recognize individuals who have improved their health and fitness levels; (c) recognition of individual and group goal accomplishments in the monthly newsletter; (d) special travel programs for employees who frequently have to travel on the job; (e) a follow-up plan to regain interest of employees who have been absent from participation for three months; (f) T-shirts, play money rewards spendable for fitness-related equipment; (g) team competitions; (h) departmental competitions; and (i) coed ball teams.

Program Evaluation

The Turnaround program at the Campbell Soup company was being formally evaluated by an external researcher at the time this study was undertaken (May 1986). Following is a summary of the extensive report which was completed in the spring of 1987.

The purpose of the socio-psychological study was to assess

- (a) employee perceptions of the fitness center,
- (b) employee perceptions of the company as a workplace,
- (c) employee attitudes about the on-site fitness center's effect on both participants and nonparticipants in improving work conditions and productivity, and (d) the cost effectiveness of the fitness center.

Survey data were collected from a stratified random sample of 1000 employees at the Camden location. The respondents represented four categories: (a) 150 plant employees who were fitness program participants, (b) 150 plant employees who were fitness program nonparticipants, (c) 350 general office employees who were fitness program participants, and (d) 350 general office employees who were fitness program nonparticipants. Of the 1000 questionnaires distributed, 465 were completed and used in a regression analysis.

General survey information included the following:

- (a) Fifty-four percent were program participants and 49.6% were program nonparticipants, (b) the age range was 20 to 67 years, (c) Whites accounted for 86.2% of the respondents and Blacks accounted for 10.5 % of the respondents, (d) 61.1% were males and 39.9% were females, and (e) more than half of the respondents (52%) had completed at least a four-year college degree. The educational level of the sample was representative of the large number of general office

employees who were primarily white-collar/middle-management-level workers. The following information describes specific findings of the empirical study.

Employee perceptions of the fitness center.

Over 90% of the respondents reported their belief that the center was open to all employees and not only to upper level management. Approximately 80% of the respondents felt that the center had reasonable operating hours and was easily accessible for their participation. Over 65% of the persons surveyed indicated satisfaction with the current program elements. Less than 10% noted that they were dissatisfied with the current program elements. Overall, the data reflected that the fitness center addressed the needs of the majority of the Camden employee participants, not merely the needs of the white collar executives.

Expectedly, the membership factor was the most important variable in determining employee perceptions of the fitness center. Although differences existed in perceptions of the center, the differences were between having very positive and positive perceptions, not between positive and negative perceptions of the center: (a) Approximately 90% of the participants and 75% of the nonparticipants stated that the center had reasonable hours and was easily accessible for their participation, (b) just over 90% of the participants and slightly under 50% of the

nonparticipants felt that the center was open to all employees and not only to upper level management, and (c) over 65% of the nonparticipants reported that they believed the presence of the on-site fitness center was an indication that the company cared about employee personal health and welfare.

Employee perceptions of the company as a worksite.

Over 70% of the respondents reported that having an on-site fitness center indicated the company's concern for employee personal health and welfare. Also, approximately 65% of those surveyed reported that the presence of an on-site fitness program/center would impact positively on their decision to work or stay with a specific workplace. Nearly 80% of the respondents said they would be willing to pay for on-site fitness center services.

Employee attitudes about on-site fitness center's effect on both participants and nonparticipants in improving work conditions and productivity.

Data relative to productivity and work satisfaction were collected from measures of (a) employee satisfaction with job and worksite and the carry-over of job tasks away from the company, (b) perceived employee control over work conditions, (c) employee beliefs about the effects of exercise on the completion of job assignments, and (d) employee absenteeism.

Overall, the Camden employees indicated that they

were satisfied with their current job responsibilities and work conditions. They also were committed to increasing productivity. Of those persons surveyed, 78% reported that their jobs were not boring. Over 85% indicated that they did not have to force themselves to go to work. Eighty percent of the respondents disagreed with the statement, "I often think about quitting." Over 93% of those persons surveyed felt that having a job was related to a positive self-concept. More than 98% of the respondents reported an increased sense of personal satisfaction after having performed well on the job; further, they took pride in exerting their best efforts. About 95% of the respondents indicated that they made personal commitments to create ways of increasing productivity.

Of the persons surveyed, the indication was that job identification was closely associated with social roles outside the workplace. Approximately 50% of the persons reported that the most important happenings in their lives were job related and that personal interests were directly related to job interests. Over 60% of the participants indicated that they preferred to keep busy with job related tasks most of the time.

Since part of the Turnaround program philosophy emphasizes employee responsibilities and ownership, one would expect that those surveyed would indicate that they

have at least some control over aspects of the worksite. Over 80% of the participants felt they had extensive control over work quality. Also, employees felt that they had at least some control of work type, amount, and pace. Areas of little control were pay/salary and choice of co-workers.

The majority of the respondents (over 80%) indicated their belief that regular physical exercise would improve employee productivity. Further, between 50% and 60% of the respondents felt that regular physical exercise would help them reduce tension and relax better, increase job task concentration, and enhance relationships with co-workers. Even though some fitness center nonparticipants indicated belief that exercise positively influences employee productivity, there were significant differences between participant and nonparticipant overall responses regarding these measures. Fifty percent of the participants and 35% of the nonparticipants indicated that regular exercise helped them concentrate better on the job. Of the persons surveyed, 66% of the participants and 47% of the nonparticipants reported that regular exercise helped them relax better at work. Seventy-four percent of the participants and 50% of the nonparticipants disagreed with the statement that regular exercise has no effect on how they perform work tasks. Sixty-six percent of the participants and 44% of the nonparticipants reported their

belief that regular exercise helped them increase their job productivity.

Rudman (1987) emphasized that the impact of the fitness center on the productivity levels of the Camden employees was both practical and symbolic. In a detailed discussion of the regression results, socioeconomic status indicators were cited as the most important factors differentiating Camden worker attitudes toward the company and work atmosphere. Income, occupation, and educational levels were the most important factors in the assessment of employee job satisfaction and employee productivity. Higher income levels and higher educational levels corresponded with greater job satisfaction and greater employee productivity. Income was the most important-job interest determinant. Occupational level made a difference on the measures of employee perceptions of working conditions; participants from the general office were significantly more satisfied with work conditions than participants from the plant. Although most of the company employees surveyed indicated awareness of the potential positive effects of regular physical exercise on worker productivity, those most likely to participate in the fitness center services were more knowledgeable about the benefits of regular exercise. Therefore, even though the presence of the fitness center had widespread influence on worker productivity, the

influence of the educational (awareness) component of the fitness center was inadvertently made most available to employees who were in direct contact with the center or the center staff.

Since absenteeism is directly related to worker productivity, data were collected from measures of days absent and the average length of each absence. Fitness center participants were absent significantly less (3.7 days) than the fitness center nonparticipants (4.27 days). Further, the average length of each absence for participants (1.81 days) was significantly less than the average for nonparticipants (2.20 days). The difference is about 1/2 (4.8) days per year in the number of days absent per employee. The statistically significant difference is substantially important to the Campbell company concerning cost savings. Each employee day of absence costs the company \$250 in lost wages, replacement costs, and productivity reduction. This calculation converts into an approximate savings of \$110,000 per year in reducing absenteeism alone.

In assessment of the center's impact on work atmosphere and work productivity, Rudman (1987) had at least one assumption: (a) Employees who would participate in a company on-site program would be more likely to possess a positive attitude toward the company generally and toward their jobs especially, and/or (b) actual program

participation would positively influence employee perception toward work. The regression analysis results, however, revealed no significant difference between fitness center participants and nonparticipants in attitudes toward work at the company. Since this finding was perplexing, Rudman conducted a set of about thirty personal interviews with plant and general office employees. The sample was not randomized and the findings were not meant to serve as representative opinions of the employee population as a whole. The interview analysis produced five noteworthy response patterns: (a) The employees were satisfied with their jobs and with the company as an employer, (b) the employees felt that the company cared about their personal welfare, (c) the employees felt that management was open to input from all workers, (d) the employees indicated that dramatic corporate structural changes had occurred at the site which positively influenced job atmosphere, and (e) the employees reported that the fitness center and child care center were the most visible signs of the company's new image and "turnaround" philosophy.

Cost effectiveness of the fitness center. Data regarding cost effectiveness of the fitness center, were collected on the basis of (a) perceived value of the available program components, (b) employee perceptions of the program, and (c) how positive changes in job atmosphere

can convert to company growth. Focus was on the fitness center's positive impact on job atmosphere and employee productivity. Rudman (1987) explained the following:

First, much of the discussion concerning the dollar worth of the health and fitness center for the employees is speculative. The original study was not designed to assess exact dollar figures concerning employee perceptions about the health and fitness center. Consequently, there is a heavy reliance on the few studies that have considered the perceived dollar worth of health and fitness programs and on current prices of membership in health and fitness programs. Data from these sources will be used in providing dollar figures about employee's perceptions about the dollar worth of the company program.

Second, there is not statistical procedure to partial out the exact contribution the health and fitness center has made on improving work atmosphere at the Camden plant, (chap. 6, p. 2)

To assess the employees' perception of whether or not the center was a viable fringe benefit, an attempt was made to determine (a) if employees believed the company was liable for providing wellness services at the worksite, and (b) the dollar figure the company would have to pay to replace the center and still obtain positive outcomes in terms of improving job atmosphere. Data showed that a majority of the employees (participants and nonparticipants) viewed the fitness center as an important fringe benefit. Data regarding dollar concerns were derived from a combination of information from prior related research and the Campbell company employee perceptions about the openness of the center. Calculations of the center's cost effectiveness were based on the institute's budget for the

calendar year 1986, which totaled \$470,871.00. Included were costs of the fitness center, educational programs, and sponsoring of research projects. The cost per employee varied depending on who the center affected; if only participants were counted, the cost per employee was around \$539.37. If only general office employees were affected, the cost per employee was \$314.58 per employee.

If both general office and plant employees were counted, the cost was \$156.95 per employee. In calculating the dollar value of the center, actual and intangible costs were used to determine an estimate of \$612 per employee for fitness program services. This figure would be the company cost (per employee) of replacing the center with another fringe benefit. The comparison of \$612 replacement cost and the actual cost of the center per employee yielded a savings of about \$1.13 if only participants were considered, \$1.94 if only general office employees were considered, and \$3.89 if all employees at the site were considered for every dollar spent.

An attempt was made to place dollar values on attitudes or attitudinal change. The discussion was prefaced with statements concerning impossibility of control over extraneous variables such as fluctuation in dollar worth and fluctuation in individual attitudes. Focus was on the relationship between the "happy productive worker" and company growth. Annual company reports (1981

through 1985) were reviewed; the following facts were noted:

(a) Corporate management changes occurred in 1982 at the Camden site, (b) when the management changes occurred, the "turnaround" philosophy gave employees "more say" and "control" over job conditions, thus encouraging employee responsibility for personal behavior and job behavior; (c) implementation of the fitness center and the child care center became visible signs of the company's new image that was built on a caring philosophy toward its employees; (d) outwardly, management attitudinal change was reflected in a comparison of the 1981 annual report with the 1983 annual report, the text of the 1981 report having no pictorials of the employees, just the company products, employee pictorials having been added in the 1983 report; and (e) by 1985, the reports showed pictorials of management and employees working together to emphasize not only high quality products, but also high quality employees of all levels.

Rudman (1987) attempted to arrive at dollar estimates in relation to the discussed corporate changes between 1981 and 1985. The intention was not to convey that the implementation of the fitness center was the sole reason for the company's recent growth. (A detailed discussion is included in the report, chap. 6, p. 9.) Presented was a brief description of how recent company growth might have been related to employee positive changes in perception

of the company following management restructuring procedures. The following was reported: (a) Net sales more than doubled between 1978 and 1985, from \$1.9 billion to \$3.9 billion? (b) the largest net sales increase occurred after 1983, when the increase was about 34? (c) net earnings increased 62 from 1978 to 1985; (d) between 1978 and 1981, the net earnings increase was only 7%; thus, the greater increase of 52% occurred between 1982 and 1985; (e) when holding the value of the dollar constant, net earnings increased over 61% between 1981 and 1985, (f) between 1981 and 1985, the company stock more than doubled in worth, when holding the dollar value constant, \$16.50 per share to \$36.73; and (g) the greatest increase in stock worth occurred after 1982; the incremental changes were, since 1981, \$18.69 to \$26.41 (1982-1983), \$26.41 to \$32.05 (1983-1984), and \$32.05 to \$36.72 (1984-1985).

Rudman (1987) contended that although the discussed cost effective data were speculative, there was support in the conclusion that the Campbell company's wellness program was cost effective. The following summary was cited: (a) In the attempt to obtain similar results of employee positive attitudes toward the company, the cost to the company would be triple on other programs or in cash reimbursement, and (b) there was evidence of a relationship between new

management actions (e.g., establishment of the fitness center) and company growth. Rudman further explained that while problems generally existed with comparing these data levels, productivity and positive worker attitudes seemed to be related.

Retiree program participation. Although assessment of the Campbell company's wellness program in relation to retirees was not listed by Rudman (1987) as one of the main intentions of the study, the final report addressed social and psychological variables that affected participation among a selected group of retired Campbell employees. Of ten company retirees in the area, three were fitness center participants. Based on the interviews conducted with seven of the retired persons, factors that seemed to be the most discouraging for retiree participation in the fitness program included (a) parking area problems, (b) lack of transportation, and (c) lack of educational/promotional campaign accessibility. Reasons for having joined the center related to (a) maintaining a sense of still belonging to the workplace, (b) socializing with former co-workers and management, and (c) improving and maintaining a reasonable level of fitness. Details for further study may be found in chapter 5 of the research report.

Ongoing program evaluation. In addition to the external evaluator's (Rudman, 1987) in-depth report, an account of the fitness center's internal ongoing evaluation

is important to this study. Metcaife (1982) explained that since the Turnaround program began, over 1,000 individuals have been screened into the program. Of this number, 873 maintain an active status with 75% of the 873 participating 2.5 times per week or more. Analysis of pretest and posttest scores report increases in fitness factors measured, such as skinfold, muscular strength/endurance, flexibility, resting heart rate, and blood pressure. In 71 participants who had completed the one-year retest, cardiovascular disease risk factors on the New York State Education Department risk analysis decreased from 29 (risk moderate) to 21 (risk generally average) (pp. 19, 20).

Metcaife (1982) also reported that subjective evaluations-of the Turnaround program are extremely supportive. Positive statements have been made in regard to personal pride, weight loss, self-discipline, stamina, personal needs, and goal attainment.

Table 3 depicts a summarization of the Campbell Soup Company Turnaround Health and Fitness Program. Information is presented to show the relationship between program characteristics and program outcomes that have been described in this case.

Table 3. Campbell Soup Company Turnaround Health and Fitness Program

<u>Characteristics</u>	<u>Description</u>
Rationale	emphasis on quality of life, fitness level enhancement, rising health care cost reduction
Preplanning phase	(a) length: one year (b) activities: survey of employee attitudes toward program; decisions made about program elements and fee structure; formulation of leadership committee
Promotional phase	(a) length: one year (b) activities: meetings among management and employees; extensive media communication throughout organization; openhouse for employees and their families
Testing/Screening phase	(a) time periods: initial/ three months, six months, on going with reassessments (b) components: medical screening, fitness evaluation, small group counseling, individual fitness orientation
Facility availability	(a) on-site: 10,000 sq. ft. facility with reception room; office space; shower/locker areas; towel service; indoor track; exercise room; testing room; multipurpose room; equipment such as treadmills, cycles, weights (b) off-site: no data

Table 3. (continued) Campbell Soup Company Turnaround Health

and Fitness Program

Characteristics

Description

Staffing

(a) on-site: fitness manager, fitness techs, secretary, fitness interns, maintenance workers
(b) outside: various consultants and specialists

Financial structure

employee cost-sharing plan

Elements

individualized & group fitness programs; prepartum & postpartum exercise classes; behavior enhancement classes in nutrition, weight management, smoking cessation, stress management, self-defense

Incentives

evaluation and feedback/-
monthly award luncheons;
newsletter recognition;
special travel programs;
individual follow-up plan for prolonged absence from participation; t-shirts; play money reward system;
team and departmental competitions; coed ball teams

Evaluation

(a) external (extensive 1987 report): indicated enhanced employee attitudes toward work and fitness; decreased absenteeism; greater productivity; program was cost effective
(b) internal (ongoing): objective data indicated risk factor reduction; subjective data indicated improved personal well being and goal attainment

West lake Community Hospital Health Promotion Design

Shireman, L. (1985, September). Integrating health promotion into benefit design. Wellness Management, JL (2).

Westlake Community Hospital (WCH) is a nonprofit institution located in Melrose Park, Illinois (about 15 miles west of Chicago). The facility is operated by approximately 1100 employees. There are three community hospitals within a five-mile proximity of WCH. The nonunion corporation is self-insured through Blue Cross/Blue Shield (BC/BS).

Program Rationale

Shireman (1985) explained that medical costs were cutting into profits significantly, and a remedy was needed. Claims were increasing at an average rate of 39% per year from 1980 to 1983. The goal became "good health management through prudent health care utilization and sound personal health management practices" (p. 1).

Program Preplanning Phase

At WCH, administrators relied on their history of marketing principles relating to patient and product promotion to devise a plan to alleviate their dilemma. In 1982, the WCH employee benefit package was redesigned with the aid of the Midwest Center for Health Promotion (MCHP), a nonprofit affiliate of WCH. Meetings were held to discuss various employee benefit plans. Employee attitudes were evaluated based on biannual surveys that were conducted by an outside agency; small focus groups were used to acquire

specific information about employee preferences and needs. Also, through the hospital wellness program. Aim Well, group health risk appraisals were constructed. The BC/BS claims report was reviewed to identify areas of high cost. Further, an internal randomized study was conducted to determine employee interests and opinions regarding health promotion practices at WCH. Results revealed that employees wanted more flexibility and choice in selecting their benefit package. They indicated satisfaction with their job environment and pay/salary, and indicated understanding of the corporation health cost dilemma. After review of the group risk appraisal information, officials decided that benefit changes would be phased in and would be accompanied by an education component at each step. Particular goals of the administration were to maintain insurance coverage, contain health care cost, and remain competitive.

Program Promotional Phase

Shireman (1985) explained that the promotional aspects of the health/fitness program at Westlake are governed through the Aim-Well plan, which provides selected wellness services based on employee needs and requests. Targeting campaigns and programs are focused on topics such as weight loss, nutrition, stress management, back care, cardiovascular fitness, and smoking cessation.

Other health promotional services are channeled through an Employee Assistance Program at WCH. Personal professional counseling is provided on a 24-hour hot line basis to deal confidentially with such matters as drug/ alcohol abuse and family battering. Also, office visitation plans may be arranged. The first three visits are paid by WCH (up to \$150 per employee/family member or \$400 per family per year).

Program Testing/Screening Phase

During the restructuring of the corporate employee benefit plan, health risk appraisals were designed. Extensive testing ensued, which included a cardiac profile and an SMA-12, triglycerides and HDL. Confidential results were sent to the employee's home, and personal consultations were available upon request. This procedure has continued as part of the Good Health Plan that was initiated in January 1985. This plan includes a Health Status Profile payment of \$50 for full-time and \$25 for part-time employees.

Program Facility Availability

Few details were presented concerning program facility availability. From the context of the available information, it was apparent that on-site facilities included space that allowed for special classes, exercise rooms for aerobics and strength training, and showering/changing areas for men and women. The use of off-site resources was not mentioned.

Program Staffing

Shireman (1985) did not elaborate on program personnel and their responsibilities. Based on review of contextual information given in the report, a reasonable conclusion is that various program staff members exist, including a full-time director who heads the operation of the program. Other positions include a secretary to oversee participant files and general office duties. The medical staff for the program consists mainly of health nurses and nutritionists who are guided by a physician/medical director. Outside consultants are used to assist in areas such as drug/alcohol abuse, smoking cessation, and stress management.

Program Financial Structure

Information regarding the program financial structure at WCH was not presented in the source reviewed. However, some information pertaining to employee payment of fees is included later in this case description in the Program Incentives section.

Program Elements

The program elements at WCH include the following.

1. Paid Earned Time Plan (PET): This plan includes letting employees schedule time off in advance. Time can be accrued each pay period and vested each payroll quarter. Once the time off is scheduled in advance, the employee may use the time at his or her discretion. The employee owns all vested

time and may receive reimbursement upon job termination. If maximum vesting (1 1/2 times the yearly allotment) is reached, employees may not vest again until they use some of their time. Once per year an employee may invest a maximum of six PET days into a sick bank. This investment is matched by WCH on a 1-for-1 basis.

2. Sick leave bank: This was created subsequent to the PET plan to give the employee 50% ownership of the accrued time to be used at his or her discretion. This amount becomes payable to the employee at the time of job termination.

3. Redesigned medical insurance plan: The redesigned plan was devised to (a) curtail excessive expenditures to WCH, (b) give employees a choice of two medical plans based on their medical needs and how much they want to contribute to the cost of their needs, and (c) create an insurance premium cost-sharing situation with employees.

4. Aim-Well plan: This plan provides selected wellness services based on employee assessed needs and requests. Assistance is offered on such topics as weight loss, nutrition, smoking cessation, back care, stress management, and cardiovascular fitness.

5. Employee Assistance Program (EAP): This program offers individual employee/family counseling on a confidential basis. Common topics of concern include substance/alcohol abuse and family member battering. A

24-hour hot line is available. Also, an office visitation plan may be arranged. The first three visits are paid by WCH (up to \$150 per individual or \$400 per family per year).

Program Incentives

Shireman (1985) described the Good Health Plan (implemented in 1985) as an incentive package which includes the following.

1. Health Status Profile payment: The cost is \$50 for full-time employees and \$25 for part-time employees. Monies go into the employee's paycheck and are taxed.
2. Good Health Factors payment: Monetary rewards are given in exchange for documentation of various factors such as normal blood pressure, normal weight, and annual dental exam.
3. Medical plan deductible reimbursement:
Reimbursements in paycheck include \$50 for normal blood pressure, normal weight, and self-declared nonsmoker.
4. Lifestyle Aim-Well program reimbursement:
Reimbursement includes 75% of program tuition upon completion of program.
5. Safety incentive: The reward is 100% of emergency care covered if involved in an accident while wearing a seat belt.
6. Flexible benefit account; This benefit was initiated in 1983 in accordance with IPS guidelines. The

account allows the employee to reduce salary to pay for noncovered medical expenses with tax-free monies. Money left in the account at the year's end goes back to the employer.

Program Evaluation

Shireman (1985) listed the following results from a 1984 evaluation of the health promotion experience at WCH.

1. Unscheduled absenteeism decreased 15%.
2. Medical claims rose 22%, which was less than what experts predicted before the insurance plan was redesigned.
3. Of all the employees, 89% completed the Health Status Profile and became eligible for the Good Health Plan.
4. Participation in health promotion programs increased. Such activities included blood pressure screening; classes in smoking cessation, weight management, and cardiovascular fitness; and seminars on various topics (e.g., stress management, gardening, hiking).

Table 4 summarizes the Westlake program characteristics. A brief description is given for each of the components.

The Canadian Employee Fitness and Lifestyle Program

Peepre, M. (1981). The Canadian employee fitness and lifestyle project. Health and fitness: the corporate view, special report on employee fitness in the 1980s. Athletic Purchasing and Facilities, Madison, WI. [Available from the following address: Employee Fitness Report, Box 741, Cedar Rapids, IA, 52406]

Because of increased interest in employee fitness during the early 1970s, a Canadian national fitness

Table 4. Westlake Community Hospital Health Promotion Design

Characteristics	Description
Rationale	Emphasis on rising health care cost reduction
Preplanning phase	(a) length: no data (b) activities: redesign of employee benefit plan; discussion of plan among management; review of external evaluation of employee attitudes; formulation of small focus groups to learn about employee needs and wants; design of group health risk appraisals; review of BC/BS claims report; internal study of employee interests and opinions about health promotion at WCH
Promotional phase	(a) length: on-going (b) activities: targeting campaigns by AIM WELL wellness program—focus on topics such as weight loss, nutrition, stress management, cardiovascular fitness, smoking cessation
Testing/Screening phase	(a) time periods: initial, ongoing (b) components: design of health risk appraisals which include cardiac profile, SMA-12, triglycerides and HDL
Facility availability	(a) on-site: space for special classes; exercise rooms; showering/changing areas (b) off-site: no data

(continued on following page)

Table 4. (continued)
Promotion Design

Westlake Community Hospital Health

Characteristics	Description
Staffing	(a) on-site: director, secretary, health nurses, nutritionists, physician/medical director (b) outside: various consultants and specialists
Financial structure	no data
Elements	PET plan which is an employee time off program; sick leave bank; redesigned medical insurance plan; AIM-WELL wellness program;
Incentives	Employee Assistance Program (EAP) Good Health Plan—an incentive package that includes health status profile payment, monetary rewards for health risk factor absence, medical plan deductible reimbursement, AIM-WELL program fee reimbursement; seat belt incentive; flexible benefit account
Evaluation	(a) external: No data (b) internal: No data 1984 evaluation results reported (evaluation type was not identified)--reduced absenteeism, less rise in medical claims, increase in employees' effort to improve their health, participation increase in health promotion activities

association hosted the First National Conference on Employee Fitness in 1974. Subsequently, the Federal Government was encouraged to "develop and fund research programs designed to evaluate existing employee fitness programs, and analyze the cost benefits of these programs to the employers" (Peepre 1981, p. 18).

In 1977, the Employee Fitness and Lifestyle Project was federally funded. The University of Toronto received a research grant of \$191,841.00 to "conduct a controlled study of the effects of a well-regulated employee fitness program in a large corporation." The Canada Life Assurance Company (a firm of 1200 employees) in Toronto was the experimental group and the North American Life Assurance Company was the control group. The two companies were selected because of their similarities, cooperation of management and the feasibility of -implementing the experimental design (i.e., the fitness and lifestyle program). A combination of employees from both companies totaled 1,125 persons who participated in at least one phase of the research. Canada Life was selected as the experimental group because of company interest in building a large fitness facility. North American Life offered to withhold fitness program planning to operate as the control group. Both companies gave total commitment to the project.

Program Rationale

Peepre (1981) explained that the project began in

September 1977 with two main objectives: (a) to design and implement a model fitness and lifestyle awareness program for employees in a large business setting, and (b) to evaluate the impact of the program by measuring such factors as fitness levels, productivity, staff morale, absenteeism, job satisfaction, and health care costs. To avoid contamination of research data, direction of the processes governed by the two objectives was not administered by the same persons. The project's subobjectives were (a) to design a comprehensive program that would integrate educational emphasis on physical fitness with educational emphasis of lifestyle awareness, (b) to design a model that other companies could use, and (c) to gain a maximum number of program participants by making available a variety of program options.

Program Preplanning Phase

No information was given for the amount of preplanning time needed for the project; however, three weeks before the onset of formal testing procedures, an information booth was opened at each company to interest employees in the research project. Company newspapers were used to circulate extensive details about the project and to encourage employee participation. Further, a written invitation to be part of the research project was mailed to each employee in both companies.

Program Promotional Phase

An initial promotional phase of about three months was conducted. Processes included (a) dissemination of educational material related to physical fitness and lifestyle awareness and (b) coordination of special classes and seminars related to physical fitness and lifestyle awareness. Activities included participation contests and ongoing campaigns featuring newsletters, workshops and films. (Similar procedures are currently used in the wellness program at Canada Life.)

Program Testing/Screening Phase

Peepre (1981) reported that fitness testing and counseling were an integral part of the project's process. University of Toronto staff and students conducted the testing/screening procedures during the entire project.

Physiological tests were administered to both groups (experimental and control) in September 1977, January 1978, and June 1978, using the Standard Test of Fitness. Also, pulmonary measures were taken. In September 1977 and January 1978, lifestyle profiles were completed and testing occurred to determine subjects' medical history and attitudes about physical activity.

The two companies made available information regarding employee absenteeism, employee turnover, and employee productivity "output" ratings; financial data about these factors were also included. The official fitness program

began at Canada Life in January 1978. In the control company, persons who completed all the testing sessions were included as part of the sample. The assumption was made that since all subjects in both companies were volunteers, the groups were similar in terms of interest about their health and fitness levels. The control group continued without organized fitness activities. Within the experimental company, research subjects organized themselves into the following subgroups.

1. Nonparticipants: persons involved in only research, not the fitness program.
2. Drop-outs: persons who dropped out of the fitness program within two months but stayed in the research segment.
3. Low Adherents: persons who attended fitness classes sporadically through the six months of the program, and participated in all testing sessions.
4. High Adherents: persons who attended two or more classes per week throughout the six months of the fitness program, and also participated in all three testing sessions.

Testing procedures included measures of body fat, maximal oxygen uptake, grip strength, flexibility, and pulmonary function. (The current program at Canada Life continues to use similar testing and retesting procedures.)

Program Facility Availability

A fitness program facility at Canada Life was created by converting a 2700-square-foot basement storage space into an exercise area. Features were added, such as paint, carpeting, restrooms, and showering/changing rooms. Equipment included a stereo sound system and individual exercise supplies.

Program Staffing

Initially, two full-time fitness coordinators and a secretary were hired to direct the comprehensive program in accordance with specifications set by Fitness Canada. Outside specialists were used to provide high quality instruction in the various classes and to train in-house volunteers to become fitness leaders in the program.

Program Financial Structure

The Canada Life program began as part of a research project and was funded by a grant (\$191,841.00) awarded to the University of Toronto from the Fitness and Amateur Sport Branch and Loto Canada. Further program financial detail was not available in the reviewed source.

Program Elements

The fitness program (research segment of the project) was implemented at the Canada Life company for the six-month period of January through June 1978.

Thirty-minute fitness classes were scheduled to include men's, women's, and coed classes, all meeting two or three

times per week. Music was used in all fitness classes. Equipment was varied, including jump ropes, wands, and balls. The classes were similarly patterned with an educational component, warm-up, aerobic workout, muscle-toning exercises, and cool-down.

Special elements were added during the final three months of the project: (a) weight-control classes, (b) over-45 class, (c) walking/jogging clubs, (d) healthy back program, (e) jazz dance classes, (f) disco classes, and (g) individualized programs for executives.

Program Incentives

Individual evaluation and feedback were an integral part of the research project. Also, individual and group counseling sessions were held to promote the employees' efforts in the fitness program. Further, newsletters, seminars, displays, participation contests (T-shirts for weekend sports and such), and company-wide campaigns served as incentive techniques.

Program Evaluation

Evaluative information was yielded by the research phase (the fitness program) of the project. Peepre (1981) listed the following objectives for the evaluation:

1. To define current fitness levels in a selected subpopulation of "healthy" adult office workers.
2. To determine by controlled trial whether current fitness levels of the adult worker

relate to job productivity, and whether productivity can be increased by a well-regulated employee fitness program.

3. To determine the relationship between fitness levels and health costs, and to test whether health costs can be reduced by participation in an employee fitness program.
4. To examine the possible contribution of an employee fitness program to job satisfaction and general well-being in the adult population, (p. 19)

The findings were discussed relative to physiological measures, absenteeism, turnover, productivity, job satisfaction and morale, attitudes toward activity and health, and employee questionnaires related to nurse/doctor visits.

Regarding physiological measures, data from the initial preprogram testing sessions revealed no significant differences in the fitness assessments of the five categories of subjects (controls, nonparticipants, dropouts, low adherents and high adherents). At the termination of the six-month fitness program, the experimental group of low adherents and high adherents showed significant positive results in several measures of physical fitness, including cardiorespiratory fitness, reduction of body fat, and increased flexibility. Peepre (1981) emphasized that the subjects in all five groups were volunteers and their levels of activity prior to project participation were not compared to the other employees in the two companies. Further, the "nonparticipant" group participated in all three sets of

tests and thus are not considered really representative of the employees not motivated enough to be tested. The number of control group subjects who were active outside the workplace was not known.

Regarding absenteeism, data were made available by both companies for the preintervention, during and post-intervention periods. Preintervention rates for October and December 1977 were compared to the postintervention rates in April and June 1978. There was a 20% absenteeism rate reduction in the control and experimental groups. The main reason given for the finding, however, was a Toronto flu epidemic in December 1977.

When the experimental subgroups were examined separately, the "high adherence" group indicated a 42% reduction in absenteeism over the same period. This represented a 22% reduction beyond the average for the remainder of the company employees.

Peepre (1981) suggested that if the absenteeism results were applied to the experimental company as a whole, a 42% reduction in the absenteeism rate would represent 2.5 days per year per employee. At Canada Life this would translate as a total of 3500 less days absent. Based on an average daily salary of \$50, the possible direct salary savings would be \$175,000.00. This economic gain could be significant when compared to the annual cost of an employee

wellness program.

Regarding employee turnover, a retrospective study was conducted in the experimental company. Over a period of ten months, the fitness program participants indicated a 1.5% turnover rate compared to a 15% turnover rate among other company employees in the same time period. If these data were converted into dollars, the financial potential would be noticeable. At Canada Life the estimated average cost of hiring and training a new clerical worker was \$4,000. The average cost for hiring and training a management level worker was about \$8,500. Thus, there would be an average cost of \$6,250 per new employee. A turnover rate reduction from 15% to 1.5%, would yield an annual savings of \$510,000.

Peepre (1981) contended that despite arguments such as "perhaps the type of individuals attracted to fitness programs are different from the typical transient worker," European and Japanese firms that offer employee wellness programs usually obtain a higher degree of employee loyalty and morale; ultimately, this usually reduces worker turnover rate.

Regarding productivity, data were obtained from two-year output ratings submitted by both companies, for the time period prior to and during the intervention phase of the study. The accuracy levels of measurements varied according to types of departments; the assessment in some cases was

based on subjective reports from supervisors, and in other cases the assessment was easier by objective methods.

Twenty-three departments at Canada Life supplied productivity measures; three of these departments had zero turnover. Analysis of each department to determine the percentage of employees involved with the fitness program revealed that the departments with zero turnover had a 20% average participation rate and an average increase of 31.3% in productivity. The other twenty departments had some turnover and an average participation rate of 24.9% (based on 0% to 50% participation). The average increase in the productivity rate was minimal at 3.4%.

The control company (North American Life) supplied complete productivity measures. The average increase was 4.3%, which meant that there was no significant difference between the two companies when comparing productivity data. Peepre (1981) stressed that productivity levels at Canada Life were initially very high and that regardless of the intervention type, there could not be much improvement. Peepre further noted the interesting point that even with close to 50% of all employees involved in the fitness program, Canada Life did not have any decrease in productivity. This fact would help negate the argument of senior management that wellness programs would interfere with work and concentration.

Regarding job satisfaction and morale, the Job Description Index was used to measure job satisfaction. This method obtained employee responses related to type of work, supervision, pay, opportunities for promotion, and co-workers. Generally, there were no significant differences caused by the intervention.

A questionnaire was administered to measure morale among fitness program participants only. Data revealed that 47% of the respondents reported being more alert, having improved rapport with co-workers and supervisors, and generally enjoying their work more since starting the program. Personal responses indicated that 63% of the fitness program members felt more relaxed, patient, and less tired during the day since their participation in the fitness classes. Of the program respondents, 32% expressed no change in personal feelings, and 5% of the program participants indicated that there were other changes but did not identify them.

Regarding attitudes toward activity and health, the subjects were asked to rate concepts of physical activity on a scale (high score = positive attitude): as a social experience, a means to health and fitness, the pursuit of vertigo, an aesthetic experience, catharsis, an ascetic experience; games of chance. Males rated physical activity high as a social experience and as a means to improve/maintain health and fitness. The "high adherents"

rated physical activity higher as an aesthetic experience, than did the "low adherents." Women highly valued the aesthetic and health aspects of physical activity more than the men. "High and low adherents" showed a more positive attitude toward activity as a means to health and fitness, compared to the other three subject subgroups. Women in the "dropout" group valued physical activity more as a game of chance, than did the other groups.

The assessment of life satisfaction covered five components: self-concept, mood, zest for life, congruence between desired and achieved goals, and resolution and fortitude. Results indicated that all subjects were generally satisfied with life. There was no evidence of an association between high scores and fitness program participation.

Regarding employee questionnaires, all research subgroups were requested to keep a record of visits to the health unit of their company over the study period. Nurse/doctor visits were tabulated separately to assist in the attempt to determine if exercise class participation and improved fitness levels had an effect on the occurrence of minor medical complaints. Both male and female "high adherents" totaled a smaller number of visits than the other groups. Over the study period (October 1977 to June 1978), "high adherence" program participants also totaled a smaller

number of visits to the company doctor than did the other groups.

Fitness program participants were also asked to explain their personal reasons for joining in the program. Of the respondents surveyed, 62% joined to improve or maintain fitness levels, 36% wished to improve their overall health, and 2% indicated social reasons as motivation. As emphasized earlier in this evaluation description, 47% of this same group reported positive spin-off effects in their job environment: more enjoyable, less routine work; enhanced feelings of alertness; and better rapport with co-workers and supervisors.

Table 5 summarizes the Canada Life fitness program. A brief description is given for each program characteristic.

Prudential's Physical Fitness Program in the Southwestern Home Office

Bowne, D.W., Russel, M.L., Morgan, J.L., Optenberg, S.A. & Clarke, A.E. (1984). Reduced disability and health care costs in an industrial fitness program. Journal of Occupational Medicine, 26, 809-816.

Prudential's Southwestern Home Office (SWHO) in Houston employs 1389 workers in sedentary desk jobs. Types of positions include clerical, secretarial, underwriting, claims, marketing, management, and executive positions in life and health insurance.

To produce useful research information Prudential executives sponsored a five-year study to examine the costs and benefits of a fitness program at the worksite. The

Table 5.

The Canadian Employee Fitness and Lifestyle

Characteristics	Description
Rationale	emphasis on: design and implementation of model program? evaluation of program impact on fitness levels, productivity, staff morale, absenteeism, job satisfaction, health care costs
Preplanning phase	(a) length: no data reported for project planning time; however, three weeks were set aside for on-site planning of implementation (b) activities: opening of information booths, distributing of details in company newspaper, sending of written invitations
Promotional phase	(a) length: three months/ongoing in present program (b) activities: dissemination of fitness-related materials; coordination of special fitness-related classes and seminars; organization of contests and ongoing campaigns featuring newsletters, workshops, films
Testing/Screening phase	(a) time periods: initial, four months, nine months (during project); ongoing with testing and retesting in Canada Life's current program (b) components: measures of body fat, oxygen uptake, grip strength, flexibility, and pulmonary function

(continued on following page)

Table 5. (continued) The Canadian Employee Fitness and Lifestyle Program

Characteristics	Description
Facility availability	(a) on-site: 2700 sq. ft. exercise area (renovated storage room), * restrooms, showering/changing areas; equipment including stereo, individual supplies
Staffing	(b) off-site: no data
Financial structure	(a) on-site: two full-time fitness coordinators, secretary, volunteers (b) outside: specialists
Elements	project funded by federal grant; no further data
Incentives	fitness program; classes for weight control, healthy back, over-45 group; individualized programs for executives
Evaluation	individual/group evaluation, feedback, and counseling; newsletters, seminars, displays, participation contests (T-shirts), company-wide campaigns
	(a) external: no data (b) internal: no data study
	results indicated no difference among all groups in pre-program testing of physiological measures; significant positive results in physical fitness measures in the experimental group at end of six-month fitness program; reduced absenteeism in control and experimental groups;

(continued on following page)

Table 5. (continued) The Canadian Employee Fitness and Lifestyle Program

Characteristics	Description
Evaluation (continued)	<p>lower turnover rate in experimental group compared to control group; no significant difference between control and experimental groups in comparison of productivity data; no decrease in productivity at experimental company though 50 percent of employees were involved in project; no significant difference among employees about job satisfaction and morale; survey among program participants indicated reports of increased alertness, improved rapport with co-workers and supervisors, increased sense of job enjoyment; generally positive attitudes toward activity and health; all subjects generally satisfied with life; fewer visits to the nurse/doctor in the experimental group compared to the control group; overall cost savings to the experimental company due to decreased absenteeism, turnover, health care claims</p>

observational study by Bowne, Russell, Morgan, Optenberg, and Clarke (1984) examined disability days and major medical costs of a cohort of participants in a six-year-old program in the SWHO. The reviewed information reported by Bowne et al. focused primarily on the study procedures and outcomes. (Thus, subsequent information presented in this case emphasizes the formal study, not the current SWHO program.)

Program Rationale

The wellness program at SWHO was originally implemented as an attempt to (a) improve employee morale, self-esteem, and general well-being, and (b) achieve cost benefits for the company. The five-year study at Prudential was prompted by the desire of the executives to provide objective data regarding bottom-line dollar benefits from the program.

Program Preplanning Phase

A program preplanning phase was not discussed by Bowne et al. for the six-year-old program.

Program Promotional Phase

Bowne et al. (1984) did not describe the promotional phase for the program study in the SWHO. All employees were invited to participate on their own time, independent of the work schedule. Also, there were no fees of any sort and no incentives for participation offered by the company.

Program Testing/Screening Phase

Requirements of the participants were (a) a willingness to be a part of the evaluation research program

and (b) a pledge to make an honest effort to exercise at least three times a week for a minimum period of 20 minutes at an intensity great enough to raise their heart rate to a level between 70% and 80% of the predicted maximum for their age.

Testing/screening procedures included (a) a comprehensive physical examination and laboratory profile at entry, repeated annually, and (b) screening rechecks every two months, lifestyle changes recorded.

Program Facility Availability

The SWHO had access to rooftop fitness facilities that included (a) a 440 yard running track, (b) exercise platforms, (d) a gymnasium, (e) a multi-stationed weight area, (f) a classroom, (g) a sauna/ (h) dressing rooms/showering areas, (i) bicycle ergometers, and (j) abdominal slant boards. The facilities were open weekdays from 6:00 a.m. to 6:00 p.m. Off-site advantages included running trails, adjacent parks and bayous, and the local YMCA with a swimming pool.

Program. Staffing

At the time of the observational study, the fitness program was staffed by health service employees with a full-time fitness coordinator and a half-time assistant, both trained in exercise physiology and physical education. Like the Campbell Soup Company Turnaround program, interns were

also available for certain periods of time. Four staff physicians and three nurses served to conduct examinations, counseling sessions, and rechecks.

Program Financial Structure

Prudential sponsored the five-year study. Participants paid no fees of any sort, and no incentives were offered by the company. No further details of the program financial structure were discussed in the reviewed source.

Program Elements

Aside from testing/screening procedures and counseling sessions, program elements included (a) continuing classes in aerobic dancing, calisthenics, and jogging and (b) seminars related to topics such as obesity, smoking, alcohol abuse, nutrition, and stress reduction.

Program Incentives

There were no incentives for program participation offered by the company.

Program Evaluation

Extensive evaluative data were obtained by Bowne et al. (1984). Information was reported on fitness level change, disability study results, and major medical cost. Following is a discussion of the findings.

Fitness level change. The cardiorespiratory fitness level improved from base-line measurements to the one-year follow-up. The proportion of participants in the combined high and good categories increased from 16.9%

to 39.1% while the proportion in the low and fair categories decreased from 56.2% to 33.7%. At entry, males demonstrated a higher level of cardiovascular fitness than the females and showed greater improvement in their fitness level during the one-year period.

Disability study results. Regarding disability days, program participants, after one year, had 54.1% fewer days than the home office population. The average (3.35) of disability days for the group after one year of program participation was a 20.1% reduction from their average for the year prior to program entry.

The participant's job level and the midpoint of the salary range for each respective level were used to determine dollar figures relating to the disability experience of the group. Nonproductive disability salary cost amounted to \$53,008.78 for the year prior to fitness program entry and \$36,220.15 for the year after program entry. The difference of \$16,787.83 (31.7%) resulted in an average savings of \$91.24 per participant.

Major medical cost. In regard to major medical expenses, an inverse relationship was found between the levels of cardiorespiratory fitness and major medical costs, The higher the fitness level, the lower the average major medical cost. Each fitness-level group showed a reduction in the average cost during the year of program entry.

Bowne et al. (1984) contended that the resultant benefits justified the investment in the Prudential fitness program. To summarize, the results were (a) an average combined savings of \$353.38 per participant and an average operational cost of \$120.60 per participant, (b) a group reduction in major medical costs in the postentry year "rather than the expected inflationary increase," and (c) a reduction of 20.1% in the average number of disability days and a 31.7% reduction in direct disability costs in the one-year period following program entry.

Table 6 summarizes the SWHO fitness program. A brief description is given for each characteristic.

Health Promotion at Blue Cross and Blue Shield of Indiana

Blue Cross and Blue Shield of Indiana. (1985). Health Promotion Service Evaluation and Impact Study: Final Report. Indianapolis: Wellness Resource Center. Reed, R. W., Mulvaney, D., Billingham, R., & Huber, K. C.

In 1978, Blue Cross/Blue Shield of Indiana (BCBSI) implemented a new wellness program based on a model called Health Promotion Service (HPS) developed by the American Health Foundation in New York. The program was oriented toward detecting and reducing health risk factors. Of the 2400 employees, 90% took part (their families were included) in the program.

Program Rationale

The rationale behind the new program was explained as a shift in the focus from illness treatment to health

Table 6. Prudential's Physical Fitness Program in the Southwestern Home Office

Characteristics	Description
Rationale	emphasis on: improved employee morale, self-esteem, general wellbeing; achievement of cost savings to company
Preplanning phase	(a) length: no data (b) activities: no data
Promotional phase	(a) length: no data (b) activities: no data
Testing/Screening phase	(a) time periods: initial, annual, every two months (b) components: comprehensive physical exam and lab profile at entry, repeated annually; screening rechecks every two months, lifestyle changes recorded
Facility availability	(a) on-site: rooftop facilities including track, exercise platforms, gymnasium with multi-stationed weight equipment, classroom, sauna, showering/changing areas, cycles, abdominal boards (b) off-site: running trails, adjacent parks and bayous, local YMCA with pool
Staffing	(a) on-site: health service employees, full-time coordinator with half-time assistant, interns, four staff physicians, three nurses (b) outside: no data
Financial structure	study funded by Prudential/no fees paid by participants (no further data)

(continued on following page)

Table 6. (continued) Prudential's Physical Fitness Program in the Southwestern Home Office

Characteristics	Description
Elements	continuing classes in aerobic dancing/calisthenics, jogging; seminars related to topics such as obesity, smoking, alcohol abuse, nutrition, stress reduction
Incentives	no incentives offered
Evaluation	(a) external: five-year study findings indicated improved cardio fitness levels, reduction in disability days; the higher the fitness level, the lower the average major medical cost; overall cost savings to the company achieved (b) internal; no data

education. The purposes of the formal evaluation were to (a) conduct a five-year retrospective study that would yield information regarding the physiological and health risk status changes between intervention program participants and intervention program nonparticipants, (b) conduct a one-year prospective study to determine the HPS effect on lifestyle/behavior changes and absenteeism rate of employee participants and nonparticipants, and (c) evaluate the HPS effect on health care costs and health care claim patterns over a five-year period. The research project was funded by a matching grant from the W. K. Kellogg Foundation through a contract with the Health Services Foundation.

Program Preplanning Phase

The goal of this phase was to achieve support from top level management. Discussion meetings were arranged with company officials, and details about the project's functions and goals were explained. Following commitment of support from management, planning began on a promotional phase to ultimately obtain a high level of employee participation.

Program Promotional Phase

An educational/promotional campaign was launched to inform the employees about the program and to encourage their interest in participation. The plan included meetings, slide presentations, brochures, large art displays, posters, and electronic media messages. Experts stressed to employees that many risk factors were reversible

through change in lifestyle. In conclusion of this phase, a health risk questionnaire was administered.

Program Testing/Screening Phase

The objective of this phase was to identify health risk factors and behavioral/attitudinal health care patterns among program participants. Upon return of a completed health risk questionnaire, each participant underwent a physical examination (miniexam) that measured height, weight, blood pressure, levels of cholesterol, carbon monoxide, blood sugar, and hemoglobin.

Individual exit interviews were conducted and physical examination results were discussed. Persons identified to be at risk were encouraged to become program participants or to take other measures to reduce their risk factors. Participants were given a personal "Health Passport" consisting of their testing/screening results. Subsequently, screening data were coded and stored on computer tape. Use of the screening data provided participants with informative letters that included screening and laboratory results, identification of risk factors, and suggestions for reducing the identified risks. High risk persons were advised to contact their physicians or the HPS staff for assistance in risk factor reduction. Persons with no apparent risks were encouraged to continue their healthful lifestyles.

Program Facility Availability

Minimal information about program facility availability was offered by the authors of the reviewed report. Space was offered on-site for counseling services and special classes dealing with the topics of smoking cessation, weight loss, and nutrition. (Details were not reported regarding other specific facilities and/or equipment.)

Program Staffing

Reed, Mulvaney, Billingham, and Huber (1985) offered little information regarding program staffing. The core of the program staff consisted of three registered nurses competent in health education, group dynamics, behavior modification, and preventive medicine. Outside consulting services were used to provide individual therapy at the worksite in alcohol/drug abuse cases.

Program Financial Structure

The study was conducted at no cost to the employees. A complete discussion of program costs is presented in the Program Evaluation section of this case description.

Program Elements

Aside from testing/screening procedures, program elements included three special "intervention programs" (classes) on the topics of nutrition, weight loss, and smoking cessation. The classes were designed for small group sessions that included education, behavior

modification, peer support, and self-monitoring. (Special on-site counseling therapy sessions were arranged for drug/alcohol abuse cases.)

Program Incentives

Individual evaluation and feedback procedures were used in the study period. Much reliance for employee motivation was on peer group socialization within the program. Further information regarding program incentives was not presented by Reed et al. (1985) in the report reviewed.

Program Evaluation

Participants who completed the intervention plans continued to be monitored by HPS staff. Purposes were to offer support for positive behavioral change and to collect data regarding participant behavior over time. Telephone sessions were conducted periodically to discuss individual progress. The former program participants were encouraged to continue meeting on their own, involve other employees in their efforts, and to use the BIBS telephone system of taped health messages. Prescreening was conducted at six-month and one-year intervals to monitor blood pressure, cholesterol, hemoglobin, carboxyhemoglobin, blood sugar, and weight.

Data were collected and stored on computer file for comparison, analysis, long-term follow-up, and ongoing program evaluation.

Survey instruments completed by

participants included self-evaluation and program evaluation items. The three primary objectives of the study were to (a) conduct a five-year retrospective study regarding physiological and health risk status changes between intervention program participants and intervention program nonparticipants, (b) conduct a one-year prospective study to determine the HPS effect on lifestyle/behavior changes and absenteeism rate of employee participants and nonparticipants, and (c) evaluate the HPS effect on health care costs and health care claim patterns over a five-year period. The data were derived from miniexam procedures that occurred from 1978 through 1982 and analyzed by intervention program attendance. The 20-minute exam included measurements of eight, weight, blood pressure, blood sugar, blood serum cholesterol, carbon monoxide, and hemoglobin. Following is discussion of specific findings.

Five-year retrospective study. The objective was to study physiological and health risk status changes between intervention program participants and intervention program participants. The 518 employees identified as being at risk with high levels of serum cholesterol indicated statistically significant reductions in serum cholesterol. The intervention program nonparticipants showed a mean reduction of 8.51, which was significant; the intervention program participants who attended at least four weeks showed

a mean reduction of 12.23, which was significant.

Of the persons tested, 278 were found to be at risk due to high blood pressure. The intervention program nonparticipants showed a mean blood pressure reduction of 4.16, which was significant? however, these persons also showed an increase of 4.81 mg/100mg in their cholesterol levels, a nearly significant finding. Reed et al. (1985) noted that this could have been indication that the persons acted on their own to reduce the risk factor identified in the miniexam; they may have acquired advice from their physicians. The intervention program participants showed a nonsignificant decrease in blood pressure; however, the decrease in serum cholesterol was a premeasure and postmeasure of 15.10 mg/100 ml, which was significant. The authors suggested that the persons who were program participants may have originally enrolled to decrease one risk and experienced a more generalized risk reduction.

The miniexam results identified 346 persons who were at risk due to their weight being over 120% of ideal for their height. Ninety-four persons participated in the weight-loss program: Twenty-six percent attended less than 14 sessions; 74% successfully completed the program (14 to 16 sessions). The completion group indicated a significant weight reduction of 4.58 pounds and a significant increase in serum cholesterol of 12.14 mg/100 ml.

The reduction in blood pressure of 2.47 mm Hg for this group approached significance. The blood pressure reduction for this group was a side benefit, since high blood pressure was not an identified risk. Reed et al. (1985) emphasized that the inverse relationship found between change in serum cholesterol and change in weight (as was the case, with one exception, when excess weight was the identified risk factor) was a complex issue that would need to be explained in terms of extraneous variables such as type of cholesterol changed or type of tissue involved in the weight change.

Twenty-three smoking cessation groups were conducted between February 1978 and March 1981. Changes in smoking behavior and physiological measures were mixed and were not found to be statistically significant; however, several persons indicated a reduction in the number of cigarettes smoked per day and many persons reported not smoking for at least six weeks.

Based on these data, the authors made two conclusions:

(a) Health screening and education were likely to influence employees to make positive lifestyle changes to reduce or modify health risks, and (b) on-site nutrition and weight-loss plans were effective in reducing employee health risks.

The one-year prospective study. A second objective of the researchers was to conduct a one-year prospective study to determine the HPS effect on lifestyle/behavior changes

and absenteeism rate of employee participants and nonparticipants. Data were obtained for the intervention program participants and an external control group for the period of April 1982 through April 1983. In April 1982, a health risk questionnaire was administered to 1811 (78%) of the BCBSI employees; 1134 (49%) participated in the health risk screening procedures. Forty percent (854) of the 2150 employees in the external control group completed the same health risk questionnaire. Following initial data collection, 260 BCBSI employees joined the intervention programs. In April 1983, data were collected again for the program participants and for the persons in the external control group. Also, the one-year impact of HPS physiological dependent variables was assessed. Further, the HPS impact on employee absenteeism since the program's inception was studied. Four concerns were (a) what the effect of a one-year intervention program might be in reducing physiological health risks, (b) what the result of HPS program participation would be concerning any lifestyle changes for employees, (c) what the effect of HPS program participation might be regarding change of employee attitudes toward their personal health care, and (d) what the effect of the one-year impact of HPS program participation might be on employee absenteeism. The employees were not randomly assigned to groups; rather, they

were placed according to availability of their data and place of employment.

Data reported for the first concern, reduction of physiological risks, indicated substantive intervention group changes in physiological measurements during the one-year study, although statistical significance was not attempted for the experimental group because of its small size.

Five of the study participants who were referred to the nutrition and weight-loss intervention programs due to obesity did not attend the classes and still reported an average loss of 27.61 pounds over the year. The nine persons who did attend the classes lost an average of 19.83 pounds over the year. Reed et al. (1985) speculated that the weight loss of the five who did not attend the intervention classes may have resulted from a "crash diet" on their own to lose the pounds. The authors added that this procedure was in contrast to the intervention program's emphasis on behavior change and weight loss through proper diet and exercise.

Of the ten persons who were referred to the nutrition program due to risk of high cholesterol levels, five attended the classes and five did not. The persons who participated in the classes indicated a reduction average of 21.42 mg/100 ml; those who did not participate in the classes indicated an average reduction of 8.3 mg/100ml.

The smoking cessation program had a total referral of ten people. Eight persons attended the intervention classes and two did not. The intervention program participants reduced their carbon monoxide (CO) levels by an average of 3.16 mg/100 ml.; the nonparticipants indicated an average reduction of 0.34 mg/100 ml.

Information collected to address the second concern, effect on lifestyle, was from a questionnaire used to measure lifestyle changes. The subjects for this part of the study were divided into three groups. Group one consisted of 504 BCBSI employees who completed the questionnaire and took part in the miniexam in both 1982 and 1983. Group two consisted of 216 BCBSI employees who completed the questionnaire in 1982 and 1983 but did not take part in the miniexam either of the two years. Group three consisted of 412 employees at the control site who completed the questionnaire in both 1982 and 1983. Portions of the Alameda County Health Survey were used to focus attention on behavioral changes that may have occurred during the one-year study period. The self-reported data from the prescores and postscores did not reflect any significant level of change in lifestyle behavior among all the persons surveyed. Reed et al. (1985) explained that intervention program participant data were not presented separately because the employee number was too small to make

a meaningful comparison; thus their data were grouped with the miniexam participant group.

To address the third concern, employee attitude change, the Health Locus of Control (HCL) Scale was administered. The subjects were 720 persons at BCBSI and 412 persons at the control site who completed the health risk questionnaire in both 1982 and 1983. The BCBSI group was divided into those who participated in the miniexam and those who did not. Analysis of the data did not reveal measurable changes in attitudes over the one-year study period. Reed et al. (1985) suggested that maybe attitude adjustment about personal health change occurs very slowly.

Information on the fourth concern, absenteeism, was obtained from examination of data over a number of years in the attempt to provide a more accurate evaluation of HPS impact. Originally, the study was to be for the 1982-1983 period; however, this was changed for two reasons: (a) First, the control site records were not computerized and other resources were not available to tabulate them manually, and (b) since there was not a control group, only in-house groups could have been compared. The final analysis of absenteeism was based on longitudinal data collected at BCBSI since 1978, the year of HPS program implementation.

Two methods were employed to analyze absenteeism. In the first method, three groups were formed to determine how miniexam participation timing and program participation

may have affected the absenteeism rate. The first group (present participants) consisted of persons who participated in the miniexam during specified periods. The second group (past participants) consisted of persons who had taken part in a miniexam some time during their employment at BCBSI but not at the same specified times as group one. The third group (never participated) consisted of persons who had never participated in a miniexam. The rate of absenteeism of these three groups was assessed for successive six-month periods between miniexams. Mean hours absent were calculated.

Data were available for seven time periods. The absences were ranked from least to most for the three groups. For all the seven study periods, the past participants (group two) were absent at least twice as often as the present participants (group one). Present participants had up to 71% fewer absences in April 1980. The "never participated" group had at least 44% more absences than the "present participant" group. The "present participant" group had up to 74% fewer absences than the "never participated" group during October 1981.

In the second method of analysis, an attempt was made to assess how intervention program participation may have affected the absenteeism rate. Present participants were

divided into two groups: (a) those who participated in the miniexam during a specified time and also participated in an intervention program, and (b) those who participated in the miniexam during the specified time period but did not participate in an intervention program.

The data of the second analysis indicated that persons who took the miniexam and participated in the intervention programs were absent more often in three time periods (January 1979, April 1980, October 1981) than were the persons who only participated in the miniexam. However, in four other periods (September 1979, April 1980, September 1980, April 1982), the persons who took only the miniexam indicated more absences. The differences between these groups were not statistically significant ($p. > .05$).

The data revealed that the rate of absenteeism was always less for the most active miniexam participants than for the persons who either did not participate in a particular miniexam or who had never participated. This was true whether or not the subjects joined the intervention programs.

Statistically significant absenteeism reduction rates were consistent in the "present participant" groups but not in the "past participant" group. Why the effect of the miniexam experience might have been limited to approximately six months was not explained

The researchers concluded that introduction of a

wellness program into a corporate setting could have a positive impact on absenteeism rates. This conclusion was based on two main reasons: (a) the fact that all employees were exposed to the same promotional procedures that were conducted to encourage HPS program participation, and (b) the finding that the "never participated" group consistently indicated the most absences.

The effect of health care costs and claim patterns. The third objective of the BCBSI impact study was to evaluate the HPS intervention effect on health care costs and health care claim patterns over a five-year period. This part of the study was divided into four parts: short-term impact, longer term impact, program costs, and comparison of program costs and utilization savings.

Data for the short-term impact included mean claims, charges, and payments per employee for specified months following a miniexam date and preceding the next miniexam date. Results indicated increased claims and utilization in the short run. Excluding September 1980, the result was a greater increase in the number of claims for participants than for nonparticipants; however, in the comparison of claims filers, the participants still incurred lower costs per person than the nonparticipants. This was evident in 38 of 56 possible comparisons of mean charges and payments.

Reed et al. (1985) noted that maybe benefit utilization savings from HPS intervention would have been more measurable over a period of several years than over six or twelve month periods. The longer term impact of HPS intervention was evaluated in two ways: an intervention analysis and a cohort analysis.

Data for the intervention analysis were collected from the review of charges and payments per claim for Blue Cross/Blue Shield and Major Medical from March 1975 through October 1982. A comparison was made between forecasted values and observed values. The researchers found that the Major Medical observed utilization was lower than the predicted utilization.

In the cohort analysis, the objective was to evaluate health care cost savings over a five-year period. Health care payments for two employee groups were compared. The participant group was composed of those persons who participated in the January 1978 miniexam and who were employed at BCBSI from July 1977 to October 1982. The total number was 667. The nonparticipant group was composed of those persons who never participated in a miniexam and who were employed at BCBSI from July 1977 to October 1982. The total number of this group was 892. The groups were similar in age and **sex** composition.

Data of the cohort analysis revealed that the groups were similar in their patterns of utilization before

the study began (July 1977). The participant group's utilization pattern significantly increased after the first miniexam (January 1978)? however, the pattern subsequently decreased. The ratio of participant to nonparticipant utilization decreased from 1.75 to 0.56. Participant utilization continued to be lower than that of nonparticipants until April 1982. At that time, the company launched a major effort to enlarge the health promotion data base. Reed et al. (1985) speculated that increased "corporate awareness" contributed to the promotion of HPS, and therefore some members of the participant group may have decided to update their health risk status. The assumption of the speculation was that some of these persons contacted their personal physicians, which thereby increased their utilization and the participant group figures.

Information about program costs was divided into three categories: (a) screening and risk analysis, (b) direct intervention, and (c) managerial prevention. Costs were allocated by levels of employee participation. In the final analysis, dollar figures were converted to 1982 dollars.

Expenditures for the screening and questionnaire included costs of printing, personnel salaries, equipment, supplies, and employee time given to screening. Direct intervention expenditures included costs of printed promotional materials, personnel salaries, and employee time given to

the educational classes. Managerial prevention expenditures were those related to costs of any activity that affected everyone in the corporation, such as testing/screening procedures and promotional campaigns to encourage employee participation in the HPS program or to adopt healthier lifestyles.

The total program costs for each year (1978 through 1982) were calculated for direct intervention, screening and questionnaire, and managerial prevention. The combined yearly totals of these three cost factors were (a) \$350,509.35 for 1978, (b) 168,254.05 for 1979, (c) 110,891.07 for 1980, (d) 114,746.90 for 1981, and (e) 122,470.25 for 1982. The grand five-year total was \$866,871.62.

To organize data regarding employee costs, employees were divided into three groups: (a) those who took part in screening and prevention, (b) those who took part in screening only, and (c) those who did not participate in anything. The five-year corresponding totals were (a) 764 who took part in both screening and prevention, (b) 3763 who took part in screening only, and (c) 7348 who did not participate in anything.

Detailed data were reported regarding information about the cost per person over time and according to each employee's level of program involvement. The annual totals of the combined program costs per person were (a) \$145.38

for 1978, (b) \$68.81 for 1979, (c) 44.84 for 1980, (d) 48.64 for 1981, and (e) \$56.00 for 1982. The five-year grand total (mean) of the combined program costs per person was \$73.00.

The indication was that intervention was significantly more expensive than screening. In all three groups, the cost per person decreased over the time period of the study.

The authors emphasized that certain expenses accelerated the initial cost of the promotional program:

- (a) New York trip for four persons to receive HPS special training;
- (b) screenings for the large number of persons in the first year of the program;
- (c) royalty fee per person, paid to the New York American Federation of Health;
- (d) total printing and graphic costs;
- (e) large intervention class enrollment;
- (f) renovation to accommodate needed classroom and clinical space for program activities; and
- (g) specific nonrecurring capital expenditures.

Specific information was included about utilization differences in benefit payments, based on the cohort analysis. Discounted figures were included. Program participants indicated \$519.09 less in discounted benefit utilization when compared to nonparticipants. For each BCBSI employee, over the five-year period, the total discounted health care cost savings was \$143.60. The resulting savings to cost ratio was 1.45.

Reed et al. (1985) emphasized that the 1978 expenses should not be considered as an indicator of typical costs for all cohorts who participated in the program. The researchers argued that a fairer comparison would be a ratio of the weighted average of each period's program costs to the savings observed for the test cohort.

The reported weighted average of program costs over the five years was \$137,985.07. The reported weighted average per 1978 employee was \$57.23. The savings to cost ratio of 2.51 was calculated when comparison was made to the per capita discounted savings for these same employees (\$143.60). Reed et al. (1985) concluded that despite the fact that it would have been "cleaner" to have randomly assigned subjects to the experimental and control groups, the findings supported two suggestions: (a) The HPS program reduced health care benefit utilization, and (b) the dollar savings more than offset the program's overall cost.

On the basis of the impact study results, and other related experience in the field. Reed et al. (1985) contended that worksite wellness programs were economical. The authors noted that future efforts to evaluate such programs should attempt to (a) use randomly assigned subjects, (b) develop incentives to increase and maintain groups of sufficient size so that statistically meaningful data may be obtained, and (c) organize and carefully monitor an external control group.

Table 7 summarizes the BCBSI wellness program study. A brief description is given for each characteristic.

An Incentive-Based Employee Fitness Program
at Davidson Louisiana/ Inc.

Brown, J. (1981). An incentive-based employee fitness program. Health Education, March/April. (ERIC Document Reproduction Service No. ED 080 141)

Davidson Louisiana is a building products distributor with offices located in eight Louisiana cities. The work force consists of several hundred employees. The fitness program participants are rewarded with credit toward expense-paid vacations around the world.

Program Rationale

In 1978, the fitness program was designed to be the fourth component of a preexisting incentive package wherein employees could earn the free vacations by reaching total sales quotas, attending sales meetings, and completing quotas in distribution of sales. A fitness program design was needed that would accommodate employees who had to travel excessively while on the job. Specifically, the company desired "an effective compromise between the highly sophisticated health management programs of the giant corporations and those companies which pay no attention to employee health and fitness" (Brown, 1981, p. 24). The ultimate objective behind development of the program was twofold: (a) to improve employees' personal welfare and

Table 7. Health Promotion at Blue Cross and Blue Shield of Indiana

Characteristics	Description
Rationale	emphasis on: health risk factor reduction; health education
Preplanning phase	(a) length: no data (b) activities: discussion meetings to gain top support; planning of promotional phase
Promotional phase	(a) length: no data (b) activities: campaign featuring slide presentations, brochures, art displays, posters, electronic media messages; administration of health risk questionnaire
Testing/Screening phase	(a) time periods: no data (b) components: mini physical exam with exit interview, health passport;
Facility Availability	follow-up letters containing risk factors, advice
Staffing	(a) on-site: space for counseling services, special classes (no further data) (b) off-site: no data
Financial Structure	(a) on-site: three nurses (no further data) (b) outside: consultants
Elements	study funded by grant; study participation, no cost to employees (no-further data.) intervention classes: nutrition, weight loss, smoking cessation (included behavior modification, peer support, self-monitoring) ; counseling

(continued on following page)

Table 7. (continued) Health Promotion at Blue Cross and Blue Shield of Indiana

Characteristics	Description
Incentives	individual evaluation and feedback; peer group socialization (no further data)
Evaluation	(a) external: no data (b) internal: five-year study indicated consistently higher risk factor reduction rates among intervention group participants compared to control group participants; no statistically significant changes in smoking behavior and physiological measures in comparison of groups; one-year study results indicated significant physiological measurement changes in intervention group, no significant self-report changes in lifestyle behavior, no measurable changes in employee attitudes toward personal health care; longitudinal study results indicated consistently lower absenteeism rates among program participants compared to those who never participated; five-year study of program impact on health care costs and claim patterns indicated short term increased claims and utilization, but increase was smaller for participants than nonparticipants; long term results indicated lower health care costs and claim utilization for participants; program was cost effective

(b) to lessen the likelihood of losing highly trained personnel due to poor health habits.

Program Preplanning Phase

The fitness program at Davidson runs for 35-week time periods. Each January, management and sales personnel meet to discuss details of the plan. Written materials containing the program outline are distributed to everyone in attendance. Interested persons follow up on their own after this meeting. Program Promotional Phase

Information regarding a program promotional phase was not reported by Brown in the information reviewed.

Program Testing/Screening Phase

The program is introduced each January and runs for 35 weeks. Within one month of the January meeting, each participant must obtain a physical examination. Based on the results, each person completes a form to yield physical information and recommendations.

Subsequently, a consultant plans individualized exercise programs for the employees. When exercise prescriptions are written, fitness goals are also established for each individual. At five-week intervals, participants report to their regional offices to take four tests.

First, a goal for a prescribed body weight (determined by program director) must be met. Second, the resting pulse rate is checked and must be within the physician's recommendation. Next, blood pressure is checked

to determine whether or not it is within the prescribed range. Finally, a two-minute run-in-place test is administered; blood pressure readings are checked immediately after the run and five minutes after the exercise has been completed. Upon completion of all the testing procedures at each testing session, credit is issued to each participant based on a predetermined point system. There are seven testing days during the period from February to October. The company-sponsored vacation is during November and the next year's program begins in February. Seventy points are possible: 35 for exercising regularly and 35 for passing the fitness tests each of the seven times. Seventy-five percent of the maximum has to be scored to meet the company's standards.

Program Facility Availability

At Davidson, there are no company-owned fitness facilities. This is intended because the employees spend a considerable amount of time traveling and would scarcely benefit from an on-site fitness facility.

Program Staffing

Brown (1981) reported that a health educator acts as program consultant, and a physician is employed to conduct physical examinations and to make individual recommendations related to risk factors. No further information regarding program staffing was reported.

Program Financial Structure

The company pays for the physical examinations and the design of individual program plans. The expense-free vacation is also offered at company expense. No other financial details of the program were presented in the source reviewed.

Program Elements

In addition to the testing/screening components, other program elements include a focus on fitness activities such as walking, jogging, swimming, exercises, tennis, racquetball, handball, basketball, golf, softball, cycling, skiing, and weightlifting. The following guidelines govern participation:

1. Each activity is subject to rules about distances, times, and repetitions.
2. Progressive increases in activity levels are also outlined.
3. Each participant must exercise at least three days a week on nonconsecutive days.
4. The participant receives a point for each week he or she exercises at least three times.
5. Recording of date and type of exercise is the responsibility of the individual participant.

Program Incentives

The entire program at Davidson is incentive-based. The company sponsors an all-expense-paid vacation for those

employees who score on the fitness tests to meet the company's standards and simultaneously satisfy two specified sales goals.

Program Evaluation

No formal evaluation data were reported. Reports of the program's success are based on results of individuals' tests, points awarded, and subjective observation. Brown (1981) offered that about 80% of Davidson's eligible employees choose to participate in the program. Of those, nearly 80% meet the goals and qualify for the vacation if two other sales goals are also reached.

Brown (1981) described the Davidson program as successful and added noteworthy information related to initial problems and remedies of the program: (a) The quality of examinations varied among the participants, (b) there was a decreased level of participant enthusiasm after initial program entry, and (c) monitoring of the testing procedures was especially difficult in local offices that used lay personnel.

Assistance from physicians was obtained to address the problem of inadequate physical examinations and routine testing procedures. To gain and maintain employee interest, greater attempts have been made to individualize the plan and give awards and recognition midway through the program. Also, spouses have been encouraged to participate, which

allows couples to exercise together and share program interest.

Fitness testing procedures have been made more efficient and have been assigned to appropriate personnel in each office for their administration.

Table 8 summarizes the Davidson-Louisiana fitness program. A brief description is given for each characteristic.

SAFECO'S Self-Help Program

Butz, R. (1982). SAFECO'S Self-Help program. Existing Health Promotion Programs in Industry. Los Angeles: University of California. [Butz is medical director at SAFECO Life Insurance Company.]

Patton, R. W., Corry, J. M. , Gettman, L. R., & Graf, J. S. (1986). Implementing Health/Fitness Programs. Champaign, IL: Human Kinetics.

SAFECO is a life insurance company which offers services at various locations. At one office complex, 650 employees were active in the company's wellness program, SELF-HELP (formerly known as SHAPE), and agreed to participate in a study designed to produce outcome data.

Program Rationale

Management's reason for establishing a wellness program was due to interest in effective measures that promote health and prolong life (since the company is one of life insurance). No additional information was reported about program rationale.

Program Preplanning Phase

No information was reported regarding a program

Table 8. An Incentive-Based Employee Fitness Program at Davidson Louisiana, Inc.

Characteristics	Description
Rationale	emphasis on: employee personal welfare and reduction in chance of losing highly trained personnel due to poor health habits
Preplanning phase	(a) length: approx. one month b) activities: discussion meetings comprised of management and personnel to review explanatory written program materials; follow-up is individually assumed
Promotional phase	(a) length: no data (b) activities: no data
Testing/Screening phase	(a) time periods: initial, five week intervals (b) components: initial physical exam and health profile; individualized exercise programs planned; fitness testing at five-week intervals; issue of credit on point system
Facility availability	(a) onsite: no company owned facilities (b) offsite: no data
Staffing	(a) on-site: health educator/consultant, physician (no further data)
Financial structure	(b) outside: no data company pays for physical exams, individualized plans, vacation (no further data)

(continued on following page)

Table 8. (continued) An Incentive-Based Employee Fitness Program at Davidson Louisiana, Inc.

Characteristics	Description
Elements	fitness activities (with guidelines for point system): walking, jogging, swimming, exercises, tennis, racquetball, handball, basketball, golf, softball, cycling, skiing, weight-lifting
Incentives	all-expense-paid vacation for employees who score in point system to meet company standards and simultaneously satisfy two specified sales goals
Evaluation	(a) external: no data (b) internal: no data success based on results of individuals' tests, points awarded; subjective observation; majority of employees participate and majority of participants meet the goals and qualify for the free vacation if two other sales goals are also reached preplanning phase.

Program Promotional Phase

No information regarding a program promotional phase was reported.

SELF-HELP program participants are instructed to make use of packaged materials on health promotion and education. Included is a copy of Kenneth Cooper's book on aerobic exercise. A calorie calculator is also included to allow the participant a ready technique for figuring total caloric value and fat content in food. Colorful charts, calendars, and other printed materials enable the participant to record progress achieved toward established goals. Program

Testing/Screening Phase

A voluntary questionnaire is administered to assess health habits, attitudes, and behavioral patterns. It includes specific questions on factors such as diet, height, weight, exercise habits, and resting pulse rate. A profile is then prepared based on questionnaire results. The individual is rated on a scale from 0 to 100. A notebook is issued to each participant; included is a written exercise that assists the individual in setting his or her health goals,

Program Facility Availability

The SAFECO program is a self-help package deal that relies on mail service and self-report; facility availability was not an addressed issue in the main source reviewed (Butz, 1982).

Program Staffing

Staff required for the study consisted simply of a program coordinator and clerical support. Other in-house resources of SAFECO that were utilized during the study provided benefits including marketing consultation, design expertise, printing, publication of manuals, accounting/legal work, administrative support, and the assistance of two medical directors. Further detail of program staffing was not presented in the source reviewed.

Program Financial Structure

The financial structure of the program was not discussed. The only mention of money was in reference to a charge of \$25 per participant which included a one-year subscription to the program's newsletter.

Program Elements

The SELF-HELP program consists of certain basic elements: (a) voluntary questionnaire for assessment of attitudes and behaviors; (b) preparation of health profile, based on questionnaire results; (c) packaged materials that include promotional literature, a self-planning goal kit, a calorie calculator, and calendars for charting of program progress; and (d) monthly newsletter to provide professional advice on topics such as smoking cessation, weight loss, nutrition, and exercise.

Program Incentives

No information about program incentives was reported in the reviewed source.

Program Evaluation

Minimal information was reported regarding the study of the 650 employee participants in the SAFECO program. Patton, Corry, Gettman, and Graf (1986) presented results of a survey that was conducted during this study designed to produce outcome data: (a) Fifty-three percent reported unchanged weight; (b) 35% reported weight loss? (c) 13% gained unwanted weight; (d) 63% reported that they were more aware of caloric and fat content and made eating decisions accordingly; (e) 7% of smokers abandoned the habit; and (f) 67% reported positive lifestyle change.

Table 9 summarizes the SAFECO program. A brief description is given for each characteristic.

Health Promotion at the National Aeronautics and Space Administration (NASA) Headquarters

National Aeronautics and Space Administration (NASA) Headquarters. (1981). Employee fitness in the 80s. Athletic Purchasing and Facilities. [Reprints available from: Employee Fitness Report, Health and Fitness: The Corporate View, Box 741, Cedar Rapids, IA 52406.]

Heinzelmann, F. and Durbeck, D. C. (1981). Personal benefits of a health evaluation and enhancement program. (From an overview of the current "state of the art" of health and fitness programs in business and industry, a special report). Camden, NJ: [compiled by officials of the Campbell Soup Company Institute of Fitness]

Table 9.

SAFECO'S Self-Help Program

Characteristics	Description
Rationale	emphasis on: effective measures that promote health and prolong life
Preplanning phase	(a) length: no data (b) activities: no data
Promotional phase	(a) length: no data (b) activities: use of self-help, packaged promotional reading materials
Testing/Screening phase	(a) time periods: no data (b) components: assessment of health habits, attitudes and behavioral patterns; preparation of health profile; establishment of goals
Facility availability	
Staffing	(a) on-site: no data (b) off-site: no data
Financial structure	(a) on-site: program coordinator, clerical support, marketing consultants, design experts, printers, publishers, accounting experts, legal experts, two medical directors (b) outside: no data
Elements	mention of \$25 fee for participation (no further data)
	assessment of attitudes and behaviors; preparation of health profile; packaged materials including promotional literature, goal kit, calorie calculator, charting calendar, newsletter

(continued on following page)

Table 9. (continued)

SAFECO'S Self-Help Program

Characteristics	Description
Incentives data	No data
Evaluation	(a) external: no data (b) internal: survey indicated mixed reports about weight; however, a greater percentage of participants lost rather than gained weight; reports of greater awareness of caloric and fat content; reports of smoking cessation; reports of positive lifestyle change

Parkinson, R. and Associates. (1982). Implementing health/fitness programs. Champaign, IL: Human Kinetics Publishers, Inc.

In operation since 1966, the NASA fitness program serves as a model for other governmental agencies and businesses. A landmark research project was conducted at NASA between 1968 and 1971 to measure the effects of exercise on heart rate, blood pressure and serum cholesterol levels, and on the psychological well-being of the participants. A simple, yet efficient program, the NASA model is useful to companies designing plans for several hundred employees.

Program Rationale

The NASA fitness program was originally implemented (1966) to reduce health risk factors among employees. The research project was organized by the U.S. Public Health Service's Heart Disease and Stroke Control Program to assess the effects of the exercise program on targeted risk factors and also on the psychological status of the participants.

Program Preplanning Phase

No information was available regarding a preplanning phase of the NASA program.

Program Promotional Phase

Information was not reported in the material reviewed regarding a program promotional phase.

Program Testing/Screening Phase

This phase includes hypertension screening, a stress electrocardiogram, and multiphasic health screening. Specific health risk factors are identified by computerized appraisal of test results, and individual health plans are prescribed accordingly. (Further detail was not discussed regarding this phase of the program.)

Program Facility Availability

In 1966, a basement storeroom was renovated according to specifications set forth by NASA's office of Occupational Medicine. The cost of renovation and equipping the site was \$24,000. The 4400-square-foot facility includes the following: (a) a 21-foot by 50-foot workout area complete with treadmills, exercycles, rowing machines, sit-up boards, speed bags, wall pulley, balance beams, barbells, and other equipment; (b) locker/shower areas; (c) saunas; and (d) offices.

Program Staffing

A physician is employed at NASA to conduct testing/counseling services. By comparing the employee's age and risk age as determined by the health risk appraisal, the advising physician may recommend various lifestyle changes and make referrals to the employee's personal physicians.

Special instructors and outside consultants are employed as determined by needs and requests of employee

program participants. These experts offer services related to topics such as nutrition, back care, weight management, stress reduction, smoking cessation, and cardiorespiratory fitness.

Program Financial Structure

The NASA program financial structure was not discussed in the reviewed sources.

Program Elements

In addition to the testing/screening procedures of the NASA program, other components include (a) employee assistance programs, (b) stress management classes, (c) weight and nutrition classes, (d) smoking cessation programs, (e) cardiorespiratory fitness plans, and (f) individual counseling based on computerized appraisals of specific health risk factors.

Program Incentives

Information was not reported in the material reviewed regarding use of incentives in the fitness program at NASA.

Program Evaluation

According to Heinzelman and Durbek (1981), the results of the 1968 study at NASA included the following:

1. About 50% of the participants who regularly attended the program reported improved work performance.
2. Of the tested participants, 49% noted an increased positive attitude toward their job.

3. Of the tested participants, 49% reported that they felt less stress and tension.

4. Tested participants also offered further reports regarding (a) desired weight loss, (b) decrease in food consumption, (c) increased physical activity outside the program, (d) more adequate amounts of sleep and rest, and (e) more positive influence on family members and work associates.

According to Parkinson and Associates (1982), NASA representatives have concluded that health hazard appraisal counseling (added in 1981) is an effective means of altering individual health practices.

The first annual retesting of a group of more than 100 examinees yielded a net risk reduction time period of 1.4 years, while a longer term follow-up showed a reduction of more than two years in a smaller group of patients.

Parkinson et al. (1982) also referred to a recent survey among program participants which revealed that 50% viewed their health risk appraisals as valuable tools in identifying factors to be addressed by lifestyle changes. These persons also wished to be retested annually. Eighty percent of the tested participants expressed their intentions to continue the necessary modifications to lessen the risk of death in the next ten years.

No further evaluative information was found in the material reviewed for this case.

Table 10 summarizes the NASA fitness program. A brief description is given for each characteristic.

**Employee Health Promotion at the Center for
Health Enhancement, Education and Research
University of California at Los Angeles**

Fielding, J. (1982). Existing health promotion programs in industry.
Los Angeles: University of California, Center for Health
Enhancement, Education and Research.

Established in 1978, the Center for Health Enhancement, Education and Research implemented a 24-day residential program in February 1979 to reduce health risk factors through lifestyle change. Operating with confidence from the proven residential program success, the center actively works with companies and/or organizations to develop effective on-site health promotion programs for their employees.

Program Rationale

The program operates on the premise that health habits are learned, that self-destructive habits can be reversed through lifestyle change, and, further, that intensive on-site health promotion programs can aid individuals in achieving goals related to reduction of health risk factors.

The program is designed for (a) persons who are in need of rehabilitation (e.g., those who have angina pectoris following recovery from a heart attack and are reluctant to proceed with recommended surgery, or those who have diabetes mellitus complicated by other health risk factors)

Table 10. Health Promotion at the National Aeronautics and Space Administration (NASA) Headquarters

Characteristics	Description
Rationale	program emphasis on: employee health risk factor reduction; study emphasis on: assessment of program effects on targeted risk factors and psychological status of participants
Preplanning phase	(a) length: no data (b) activities: no data
Promotional phase	(a) time periods: no data (b) activities: no data
Testing/Screening phase	(a) length: no data (b) components: hypertension screening, stress electrocardiogram, multiphasic screening, health risk appraisal preparation, individual health plan preparation
Facility availability	(a) on-site: renovated basement storeroom (4400 sq. ft.); workout area with treadmills, exercycles, rowing machines, sit-up boards, speed bags, wall pulley, balance beams, barbell Is; locker/shower areas; saunas; offices (b) off-site: no data
Staffing	(a) on-site: physician (no further data) (b) outside: special instructors and consultants

(continued on following page)

Table 10. (continued) Health Promotion at the National Aeronautics and Space Administration (NASA) Headquarters

Characteristics	Description
Financial structure	no data
Elements	employee assistance programs; classes in stress management, weight and nutrition, smoking cessation, cardio fitness; individual counseling
Incentives	no data
Elements	<p>(a) external: no data (b) internal: landmark research study results indicated improved participant work performance; increased positive attitude among participants toward job; participant reports of less stress and tension; reports of desired weight loss, decrease in food consumption, increased physical activity outside the program, more adequate amounts of sleep and rest, more positive influence on family members and work associates</p> <p>1982 study results indicated increase in time period lengths of net risk reduction; reports of continued commitment to positive lifestyle change among participants</p>

And (b) persons with identified health risk factors, such as elevated blood pressure, elevated cholesterol, smoking addiction, obesity, and lack of appropriate physical exercise, whether there is evidence of disease symptoms or not.

Program Preplanning Phase

Information was not available regarding a preplanning phase, in the source reviewed for this case.

Program Promotional Phase

Information was not available regarding a promotional phase, in the source reviewed for this case.

Program Testing/Screening Phase

Procedures during this phase include development of a complete health risk profile for each program participant. This involves extensive testing such as blood pressure screening, cholesterol screening, general physical examinations, and cardiorespiratory fitness assessment. Information is also obtained from the participant relating to self-report items, such as health behavioral attitudes and personal health habits.

Program Facility Availability

In-house provisions are available to accommodate the various program testing procedures and activities. These include classroom space, shower/locker areas, physical exercise areas, and rooms for individual counseling.

(Detailed information regarding facilities was not available in the reviewed source.)

Program Staffing

Twenty-five professional staff members operate the program. These persons represent the disciplines of medicine, nursing, psychology, sociology, exercise, physiology, and nutrition.

Program Financial Structure

No information regarding the program's financial structure was reported in the reviewed material for this case.

Program Elements

In addition to testing/screening procedures, other program elements include the following:

- (a) a nutrition program which emphasizes healthful meal preparation (low in saturated fats, cholesterol, refined sugar, and animal protein, and high in fiber, vegetable protein and fruits);
- (b) a weight management program that emphasizes nutrition and physical exercise as an alternative to periodic dieting;
- (c) a fitness program initiated with a treadmill test and followed by an individually prescribed plan of supervised endurance exercises to reduce cardiac risk;
- (d) a smoking cessation program using reputable behavioral modification techniques;
- (e) an extensive education program by UCLA faculty focusing on risk factors and on individual

participant's ability to reduce risk factors and related illness; and
(f) a five-year follow-up program which includes use of support
groups, monitoring of physical and psychological changes, and
counseling sessions.

Program Incentives

Discussion of program incentives was not reported in the
information reviewed for this case.

Program Evaluation

For the first 100 participants, the following changes were
observed from the beginning to the end of the residential program:

1. There was a significant drop in blood pressure among
hypertensives (despite a decrease in antihypertensive medication).
2. There was a significant drop in cholesterol values.
3. There was a dramatic increase in exercise endurance? many
participants who had limited physical capacity upon program entry
were able to lead a more functional life by the end of the program.
4. Of the smoking cessation class participants, 88% stopped smoking
by the end of the program; of those who had completed the program two
months previously, 72% were still nonsmokers.
5. Participants reported increased sense of well-being, increased
level of self-confidence, and a reduction in

Table 11 summarizes the center's fitness program. A brief period of

stress discussion is given for each characteristic.

Health Promotion at IBM

Parkinson, R. (1982). Managing health promotion in the workplace.
Palo Alto, CA : Mayfield.

Initial health promotion programs began at IBM locations throughout the country in the early 1950s. Multiphasic screening became part of the package in 1968. The corporation's extensive health education program, called "A Plan for Life," was implemented in 1981. Several hundred persons are employed at each of the various sites.

Program Rationale

Health promotion at IBM is a company campaign to assist employees in learning how to live healthy lifestyles. Emphasis is on early detection and prevention rather than treatment. The general notion is that employees can enjoy fitness/wellness features at the worksite that will aid their physical and mental well-being, improve their job performance, and produce cost effective benefits for the company.

Program Preplanning Phase

No information on a preplanning phase was reported in the source reviewed for this case.

Program Promotional Phase

A promotional phase was not described in the source

Table 11. Employee Health Promotion at the Center for Health Enhancement, Education and Research—University of California at Los Angeles

Characteristics	Description
Rationale	emphasis on: reversal of self-destructive habits through lifestyle change; intensive, on-site health promotion assistance for individual goal achievement
Preplanning phase	(a) length: no data (b) activities: no data
Promotional phase	(a) length: no data (b) activities: no data
Testing/Screening phase	(a) time periods: initial (no further data) (b) components: blood pressure and cholesterol level screenings, general physical examination, cardiorespiratory fitness assessment, self-report assessment, health risk profile design
Facility availability	(a) on-site: classroom space, shower/locker areas, exercise areas, counseling rooms (no further data) (b) off-site: no data
Staffing	(a) on-site: twenty-five members from the disciplines of medicine, nursing, psychology, sociology, exercise physiology, nutrition (b) outside: no data
Financial structure	no data

(continued on following page)

Table 11. (continued) Employee Health Promotion at the Center for Health Enhancement, Education and Research--
University of California at Los Angeles

Characteristics	Description
Elements	programs in nutrition, weight management, fitness, smoking cessation, health risk factor education; follow-up program with support group assistance, monitoring of physical and psychological changes, counseling sessions
Incentives	no data
Evaluation	(a) external: no data (b) internal: observation indicated significant blood pressure reduction among hypertensives; significant drop in cholesterol values; dramatic increase in exercise endurance; smoking cessation among majority of participants; participant reports of increased sense of well-being, increased level of self-confidence, reduction in periods of stress

reviewed for this case.

Program testing/Screening Phase

A multiphasic screening program was mentioned in the source reviewed; however, no description followed.

Program Facility Availability

At each branch location, the IBM wellness program relies heavily on community resources and facilities. Arrangements are made with such organizations as the YMCA, American Cancer Society, and American Heart Association.

Program Staffing

IBM employs 50 physicians and 150 nurses at a number of branches throughout the country. (Assignment of medical staff is according to the number of employees at each site.) The medical personnel administer physical examinations, construct individual employee risk profiles, and prescribe individual fitness plans. Outside consultants are hired relative to employee assessed needs and requests for expertise related to topics such as stress management, weight loss, nutrition, back care, and smoking cessation.

Program Financial Structure

Little information about the financial structure of IBM wellness programs was offered in the reviewed source. The reference was made that no fees are charged when the courses are taught by IBM staff, and tuition assistance is available when outside agencies conduct a program for IBM.

Program Elements

The IBM health promotion plan includes the following:

- (a) courses related to topics such as physical exercise, smoking cessation, stress management, weight loss, nutrition, back care, first aid, cardiopulmonary resuscitation, and risk factor management;
- (b) health education classes for employees' families and for retirees and their spouses;
- (c) community-oriented employee programs to encourage involvement at the local level;
- (d) development of measures for cost-effective benefits;
- (e) contribution to local health facilities and organizations and development of HMOs (Health Maintenance Organizations);
- (f) contributions to staff involvement in health research;
- and (g) participation in various health organizations on both the national and local level.

Program Incentives

No description of program incentives was reported in the reviewed source.

Program Evaluation

Very minimal information regarding this program's evaluation was reported in the reviewed source. Presented were results of a 1980 report which showed that the multiphasic screening program initiated in 1968 revealed the following results:

1. Twenty-six percent of the participating employees were found to be healthy.

2. Forty-one percent of the participants were made aware of previously unknown conditions that needed their attention.

3. Thirty-three percent of the participants had a condition that they knew about before the screening.

4. Participant responses to the implementation of "A Plan for Life" in the spring of 1981 were very positive; the level of participation was high.

No further information on evaluation was offered. Table 12 summarizes the IBM fitness program. A brief description is given for each characteristic.

**Analysis of Corporate Program Characteristics
in Ten Effective Corporate Wellness Programs**

Ten effective corporate wellness programs were described and subsequently summarized in tabular form. This section consists of a commentary which refers to summary tables that allow comparison of characteristic descriptions across the ten programs.

Table 13 shows descriptions of program rationale. Comparison across the ten programs reveals certain commonalities. Most often the rationale includes information about the concern for employees personally and also concern about cost savings to the company. Varying terms and phrases are used by the different companies to convey concern for employees, such as "quality of life," "general well-being," "personal welfare," "promote health

Table 12. Health Promotion at IBM

Characteristics	Description
Rationale	emphasis on: early detection and prevention rather than treatment; worksite fitness/wellness features that aid employee physical and mental well-being, improve employee job performance, and produce cost-effective benefits for the company
Preplanning phase	5. length: no data 6. activities: no data
Promotional phase	length: no data activities: no data
Testing/Screening phase	time periods: no data components: multiphasic screening program (no further data)
Facility availability	(a) on-site: no data (b) off-site: relies heavily on community resources such as YMCA, American Cancer Society, American Heart Association
Staffing	(a) on-site: medical personnel at each site (no further data) (b) outside: consultants
Financial structure	no participant fees when courses are taught by IBM staff; tuition assistance available when outside agencies conduct programs at IBM

(continued on following page)

Table 12. (continued) Health Promotion at IBM

Characteristics	Description
Elements	courses on topics such as physical exercise, smoking cessation, stress management, weight loss, nutrition, back care, first aid, cardiopulmonary resuscitation, risk factor management; health education classes for employees' families, retirees and their spouses; community-oriented programs; development of measures for cost-effective benefits; contributions for development of HMOs, health research; participation in national and local levels of health organization
Incentives	no data
Evaluation	(a) external: no data (b) internal: report about multiphasic screening program indicated healthy participants, increased participant awareness of health status, high participation level in Plan for Life wellness program implemented in 1981 (no further data)

Table 13. Description of Rationale in Ten Effective Corporate Wellness Programs

Program	Rationale
Campbell Soup Company Turnaround Health and Fitness Program	life, fitness level enhancement, rising health care cost reduction
Westlake Community Hospital Health Promotion Design	emphasis on: rising health care cost reduction
Canadian Employee Fitness and Lifestyle Program	research project emphasis on: design and implementation of model program; evaluation of program impact on fitness levels, productivity, staff morale, absenteeism, job satisfaction, health care costs
Prudential's Physical Fitness Program in the Southwestern Home Office	emphasis on: improved employee morale, self-esteem, general well-being; achievement of cost savings to company
Blue Cross Blue Shield of Indiana Health Promotion Program	emphasis on: health risk factor reduction; health education
Davidson-Louisiana Incentive-Based Fitness Program	emphasis on: employee personal welfare and reduction in chance of losing highly trained personnel due to poor health habits
SAFECO's Self-Help Program	emphasis on: effective measures that promote health and prolong life

(continued on following page)

Table 13. (continued) Description of Rationale in Ten Effective Corporate Wellness Programs

Program	Rationale
NASA's Health Promotion Program	program emphasis on: employee health risk factor reduction; study emphasis on: assessment of program effects on targeted risk factors and psychological status of participants
LA Center Health Promotion Program	emphasis on: reversal of self-destructive habits through lifestyle change; intensive, on-site health promotion assistance for individual goal achievement
IBM Health Promotion Program	emphasis on: early detection and prevention rather than treatment; worksite fitness/wellness features that will aid employee physical and mental well-being, improve job performance, and produce cost-effective benefits for the company

and prolong life," "employee physical and mental well-being," "reversal of self destructive habits through lifestyle change," "employee morale and self-esteem," "psychological status," "employee job satisfaction," and "emphasis on intensive on-site assistance for employee goal achievement." Concern about cost savings is most often stated directly. Mention of related factors includes job performance, productivity, absenteeism, health education, health risk factor reduction, fitness level enhancement, reduction in chance of losing highly trained personnel due to poor health habits, and early detection and prevention.

One rationale among the ten programs evolved from a research project. The experimental fitness program was implemented for two main reasons: (a) to develop a model program that could be used by other companies; and (b) to simultaneously evaluate the program impact on fitness levels, productivity, morale, absenteeism, job satisfaction, and health care costs.

Table 14 shows descriptions of the preplanning phase in the ten programs. In most of the cases, phase length is not reported. In one of the programs, this period lasted one year; in another, three weeks, in another, one month. Half of the programs show no information about preplanning activities. Most often indicated in the reported data is information about formulation of committees, discussion groups, or meetings

Table 14. Description of the Preplanning Phase in Ten Effective Corporate Wellness Programs

Program	Preplanning Phase
Campbell Soup Company Turnaround Health and Fitness Program	(a) length: one year (b) activities: survey of employee attitudes toward program, decisions made about program elements and fee structure, formulation of leadership committee
Westlake Community Hospital Health Promotion Design	(a) length: no data (b) activities: redesign of employee benefit plan, discussion of plan among management, review of external evaluation of employee attitudes, formulation of small focus groups to learn about employee needs and wants, design of group health risk appraisals, review of BC/BS claims report, internal evaluation of employee interests and opinions about health promotion at WCH
Canadian Employee Fitness and Lifestyle Program	(a) length: no data reported for project planning time; however, three weeks were set aside for on-site planning of implementation (b) activities: opening of information booths, distributing of details in company newspaper, sending of written invitations
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) length: no data (b) activities: no data

(continued on following page)

Table 14. (continued) Description of the Preplanning Phase in Ten Effective Corporate Wellness Programs

Program	Preplanning Phase
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) length: no data (b) activities: coordination of discussion meetings to gain administrative support; planning of promotional phase
Davidson-Louisiana Incentive-Based Fitness Program	(a) length: approx. one month (b) activities: coordination of discussion meetings comprised of management and personnel to review explanatory written program materials
SAFECO's Self-Help Program	(a) length: no data (b) activities: no data
NASA's Health Promotion Program	(a) length: no data (b) activities: no data
LA Center Health Promotion Program	(a) length: no data (b) activities: no data
IBM Health Promotion Program	(a) length: no data (b) activities: no data

with management. The next most mentioned activity is related to decision making about program fees and/or various program components. Two of the programs show an emphasis on survey of employee attitudes; one program additionally shows attention to health risk appraisals, study of insurance claims report, and redesign of an employee benefit plan.

One preplanning phase is totally different from the others in that it consists of a three-week period that was set aside for on-site planning of program implementation. The activities included opening of information booths, publishing of details in the company newspaper, and sending of written invitations.

Table 15 shows descriptions of the promotional phase in the ten programs. Most of the cases show no information about phase length. In one of the programs, this period lasted one year; in another, the phase was ongoing; and in another, the initial phase lasted three months and then became an ongoing process. Half of the cases indicate information about promotional activities. The most often mentioned activities are concerned with educational aspects of the wellness concept. Focus is on fitness related topics and risk factor reduction. Activities include organization of seminars, workshops, campaigns; use of media communication; coordination of discussion meetings; dissemination of promotional materials

Table 15. Description of the Promotional Phase; in Ten Effective Corporate Wellness Programs

Program	Promotional Phase
Campbell Soup Company Turnaround Health and Fitness Program	(a) length: one year (b) activities: coordination of discussion meetings among management and employees; extensive media communication throughout organization; organization of open-house for employees and their families
Westlake Community Hospital Health Promotion Design	(a) length: ongoing (b) activities: targeting of campaigns by AIM WELL wellness program—focus on topics such as weight loss, nutrition, stress management, cardiovascular fitness, smoking cessation
Canadian Employee Fitness and Lifestyle Program	(a) length: three months; ongoing in present program (b) activities: dissemination of fitness-related materials; coordination of special fitness-related classes and seminars; organization of participation contests and ongoing campaigns featuring newsletters, workshops, films
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) length: no data (b) activities: no data
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) length: no data (b) activities: conduct of campaign including meetings, slide presentations, brochures, art displays, posters, electronic media messages; administration of health risk questionnaire

(continued on following page)

Table 15. (continued) Description of the Promotional Phase
in Ten Effective Corporate Wellness Programs

Program	Promotional Phase
Davidson-Louisiana	(a) length: no data (b) activities: no data
SAFECO ¹ S Self-Help Program	(a) length: no data (b) activities: use of self-help, packaged promotional reading materials
NASA'S Health Promotion Program	(a) length: no data (b) activities: no data
LA Center Health Promotion Program	(a) length: no data (b) activities: no data
IBM Health Promotion Program	(a) length: no data (b) activities: no data

such as newsletters and brochures; and presentation of films and slides. One program includes the use of an open house for employees and their families. Another program features participation contests as part of ongoing promotional activities. Another program includes administration of a health risk questionnaire as an activity during this phase.

A unique description of one of the ten indicates use of self-help, packaged, promotional reading materials to encourage positive health-related behavior among participants.

Table 16 shows descriptions of the testing/screening phase in the ten programs. The time period for this phase was reported for just over half of the programs. Most often the information indicates initial testing/screening periods with subsequent follow-up procedures at varying intervals. For all of the programs some information was given about the components of the testing/screening phase. Most of the procedures include general physical examinations, blood pressure and cholesterol level screening, cardiac testing, fitness evaluation, and design of health risk appraisal/profiles. Some of the programs include use of individual or group counseling/ preparation of individual fitness plans, and advice or help with individual goal preparation. One of the programs includes recording of lifestyle changes; another one includes issue of credit on a point system.

Table 16. Description of the Testing/Screening Phase in Ten Effective Corporate Wellness Programs

Program	Testing/Screening Phase
Campbell Soup Company Turnaround Health and Fitness Program	(a) time periods: initial, three months, six months, ongoing with reassessments (b) components: medical screening, fitness evaluation, small group counseling, individual fitness orientation
Westlake Community Hospital Health Promotion Program	(a) time periods: initial, ongoing (b) components: design of health risk appraisals which include cardiac profile, SMA-12, triglycerides and HDL
Canadian Employee Fitness and Lifestyle Program	(a) time periods: initial, four months, nine months (during project); ongoing with testing and retesting in Canada Life's current program (b) components: measures of body fat, oxygen uptake, grip strength, flexibility, and pulmonary function
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) time periods: initial, annual, every two months (b) components: comprehensive physical exam and lab profile at entry, repeated annually; screening rechecks every two months; lifestyle changes recorded
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) time periods: no data (b) components: mini physical exam with exit interview, health passport; follow-up letters containing risk factors, advice

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Table 16. (continued) Description of the Testing/Screening Phase in Ten Effective Corporate Wellness Programs

Program	Testing/Screening Phase
Davidson-Louisiana Incentive-Based Fitness Program	(a) time periods: initial, five-week intervals (b) components: initial physical exam and health profile; individualized exercise programs planned; fitness testing at five-week intervals; issue of credit on point system
SAFECO's Self-Help Program	(a) time periods: no data (b) components: assessment of health habits, attitudes and behavioral patterns; preparation of health profile; establishment of goals
NASA's Health Promotion Program	(a) time periods: no data (b) components: hypertension screening, stress electrocardiogram, multiphasic screening, health risk appraisal preparation, individual health plan preparation
LA Center Health Promotion Program	(a) time periods: initial (no further detail) (b) components: blood pressure and cholesterol level screenings, general physical examination, cardiorespiratory fitness assessment, self-report assessment, health risk profile design
IBM Health Promotion Program	(a) time periods: no data (b) components: multiphasic screening program (no details)

Table 17 shows descriptions of facility availability in the ten programs. For most of the programs there are on-site facilities. Nearly all these facilities offer shower/locker areas, exercise room, classroom space, and individual exercise equipment. Additionally, for two of the programs there are saunas, tracks, and office space. One of the programs includes use of a towel service, and facilities included a reception room and multipurpose room in addition to the items previously mentioned. In one of the programs there are no company-owned facilities.

Most of the programs offer no information about off-site facilities; however, information on one program indicates use of off-site running trails, adjacent parks, and local organizations such as the YMCA, American Cancer Society, and the American Heart Association. Information on one other program also indicates use of the YMCA.

Table 18 shows descriptions of staffing in the ten programs. All the descriptions indicate use of on-site personnel. Nearly all the programs have a major program leader; various titles are used, such as manager, director, coordinator, or health educator. A majority of the programs also includes a physician or medical director, nurses or other health service employees, and clerical support. Two of the programs use fitness interns in addition to the previously mentioned staff members. The use of in-house volunteers is indicated in one of the program descriptions.

Table 17. Description of Facilities in Ten Effective Corporate Wellness Programs

Program	Facilities
Campbell Soup Company Turnaround Health and Fitness Program	(a) on-site: 10,000 sq. ft. facility with reception room; office space; shower/locker areas; towel service; indoor track; exercise room; testing room; multipurpose room; equipment such as treadmills, cycles, weights (b) off-site: no data
Westlake Community Hospital Health Promotional Design	(a) on-site: space for special classes; exercise rooms; showering/changing areas (b) off-site: no data
Canadian Employee Fitness and Lifestyle Program	(a) on-site: 2700 sq. ft. renovated basement storeroom for exercise area; restrooms, showering/changing areas; equipment includes stereo, individual supplies (b) off-site: no data
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) on-site: rooftop facilities including track, exercise platforms, gymnasium with multistationed weight equipment, classroom, sauna, showering/changing areas, cycles, abdominal boards (b) off-site: running trails, adjacent parks and bayous, local YMCA with pool
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) on-site: space for counseling services, special classes (no further data) (b) off-site: no data

(continued on following page)

Table 17. (continued) Description of Facilities in Ten Effective Corporate Wellness Programs

Program	Facilities
Davidson-Louisiana Incentive-Based Fitness Program	(a) on-site: no company-owned facilities (b) off-site; no data
SAFECO's Self-Help Program	(a) on-site: no data (b) off-site: no data
NASA's Health Promotion Program	(a) on-site: renovated basement storeroom (4400 sq. ft.)? workout area sixth treadmills, exercycles, rowing machines, sit-up boards, speed bags, wall pulley, balance beams, barbells; locker/shower areas; saunas; offices (b) off-site: no data
LA Center Health Promotion Program	(a) on-site: classroom space, shower/locker areas, exercise areas, counseling rooms (no further data) (b) off-site: no data
IBM Health Promotion Program	(a) on-site: no data (b) off-site: relies heavily on community resources such as YMCA, American Cancer Society, American Heart Association

Table 18. Description of Staffing in Ten Effective Corporate Wellness Programs

Program	Staffing
Campbell Soup Company Turnaround Health and Fitness Program	(a) on-site: fitness manager, fitness techs, secretary, fitness interns, maintenance workers (b) outside: various consultants and specialists
Westlake Community Hospital Health Promotion Design	(a) on-site: director, secretary, health nurses, nutritionists, physician/medical director (b) outside: various consultants and specialists
Canadian Employee Fitness and Lifestyle Program	(a) on-site: director, secretary, health nurses, nutritionists, physician/medical director (b) outside: specialists
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) on-site: health service employees, full-time assistant, interns, four staff physician, three nurses (b) outside: no data
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) on-site: three nurses (no further data) (b) outside: consultants
Davidson-Louisiana Incentive-Based Fitness Program	(a) on-site: health educator/consultant, physician (no further data) (b) outside: no data

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Table 18. (continued) Description of Staffing in Ten Effective Corporate Wellness Programs

Program	Staffing
SAFECO's Self-Help Program	(a) on-site: program coordinator, clerical support, marketing consultants, design experts, printers, publishers, accounting experts, legal experts, two medical directors (b) outside: no data
NASA'S Health Promotion Program	(a) on-site: physician (no further data) (b) outside: special instructors and consultants
LA Center Health Promotion Program	(a) on-site: 25 members from the disciplines of medicine, nursing, psychology, sociology, exercise physiology, nutrition (b) outside: no data
IBM Health Promotion	(a) on-site: medical personnel at each site (no further data) (b) outside: consultants

Another program includes use of in-house personnel such as marketing consultants, design experts, printers, publishers, accounting experts, and legal experts.

A majority of the programs also uses various outside specialists and consultants to assist with program needs. Four of the descriptions offer no data about outside staffing. Table 19 shows descriptions of the financial structure in the ten programs. The reports are sparse and mixed across the table. One description indicates use of a cost-sharing plan; three descriptions indicate funded studies, two of which were of no cost to the participants; one description indicates that the company pays all; one description indicates a specified participation fee; one description indicates payment or tuition assistance by the company; and three descriptions offer no data about the financial structure.

Table 20 shows descriptions of the elements in the ten effective programs. Most of the programs offer behavior enhancement classes on topics such as nutrition, weight management, smoking cessation, and stress management. Half of the descriptions mention use of fitness programs. A few of the descriptions indicate use of counseling and support groups. One program offers health education classes for retirees and their spouses, community oriented programs, contributions for development of HMOs and health research,

Table 19. Description of the Financial Structure in Ten Effective Corporate Wellness Programs

Program	Financial Structure
Campbell Soup Company Turnaround Health and Fitness Program	employee cost-sharing plan
Westlake Community Hospital Health Promotion Design	no data
Canadian Employee Fitness and Lifestyle Program	project funded by federal grant (no further data) study funded by Prudential;
Prudential's Physical Fitness Program in the Southwestern Home Office	no fees paid by participants (no further data)
Blue Cross/Blue Shield of Indiana Health Promotion Program	study funded by grant; study participation no cost to employees (no further data)
Davidson-Louisiana Incentive-Based Fitness Program	company pays for physical exams, individualized plans, vacation (no further data)
SAFECO's Self-Help Program	mention of \$25 fee for participation (no further data)
NASA's Health Promotion Program	no data
LA Center Health Promotion Program	no data
IBM Health Promotion Program	no participant fees when courses are taught by IBM staff; tuition assistance available when outside agencies conduct programs at IBM

Table 20. Description of the Elements in Ten Effective Corporate Programs

Program	Elements
Campbell Soup Company Turnaround Health and Fitness Program	individualized and group fitness programs; prepartum and postpartum exercise classes; behavior enhancement classes in nutrition, weight management, smoking cessation, stress management, self-defense
Westlake Community Hospital Health Promotion Design	PET plan which is an employee time-off program; sick-leave bank; redesigned medical insurance plan; AIM-WELL wellness program; Employee Assistance Program (EAP)
Canadian Employee Fitness and Lifestyle Program	fitness program; classes for weight control, healthy back, over-45 group; individualized programs for executives
Prudential's Physical Fitness Program in the Southwestern Home Office	continuing classes in aerobic dancing, calisthenics, jogging; seminars related to topics such as obesity, smoking cessation, alcohol abuse, nutrition, stress reduction
Blue Cross/Blue Shield of Indiana Health Promotion Program	intervention classes in nutrition, weight loss, smoking cessation (including behavior modification, peer support, self-monitoring) ; counseling

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Table 20. (continued) Description of the Elements in Ten Effective Corporate Programs

Program	Elements
Davidson-Louisiana Incentive-Based Fitness Program	fitness activities (with guidelines for point system): walking, jogging, swimming, exercises, tennis, racquetball, handball, basketball, golf, softball, cycling skiing, weight-lifting
SAFECO's Self-Help Program	assessment of attitudes and behaviors; preparation of health profile; packaged materials including promotional literature, goal kit, calorie calculator, charting calendar, newsletter
NASA's Health Promotion Program	employee assistance programs/-classes in stress management, weight and nutrition, smoking cessation, cardiovascular fitness; individual counseling
LA Center Health Promotion Program	programs in nutrition, weight management, fitness, smoking cessation, health risk factor education; follow-up program with support group assistance, monitoring of physical and psychological changes, counseling sessions

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Table 20. (continued) Description of the Elements in Ten Effective Corporate Programs

Program	Elements
IBM Health Promotion Program	courses on topics such as physical exercise, smoking cessation, stress management, weight loss, nutrition, back care, first aid, cardiopulmonary resuscitation, risk factor management; health education classes for employees' families, retirees and their spouses; community-oriented programs; development of measures for cost-effective benefits; contributions for development of HMOs, health research; participation in national and local levels of health organizations

and participation in national and local levels of health organizations. Various other elements mentioned once include prepartum and postpartum classes, self-defense classes, over-45 class, and individualized programs for executives. Two descriptions mention the use of employee assistance programs (EAPs).

Across the ten descriptions of program elements, three stand out. One program is unique among the ten due to its comprehensive offerings, such as an employee time-off plan, sick leave bank, redesigned medical insurance plan, complete wellness program, and an EAP. Another program is also quite different from the usual in that the entire program is incentive-based and focuses entirely on a fitness-oriented program framed within a point system. Still, another description indicates nearly all self-help, packaged materials for participant use.

Table 21 shows descriptions of incentives in the ten programs. Half of the program descriptions indicate use of incentives for participants. The most often cited incentive is individual evaluation and feedback. Mentioned more than once are use of newsletter recognition, competitions, and T-shirts. Other mentioned incentives vary and include use of monthly award luncheons, counseling, peer group socialization, special travel programs, individual follow-up plan for prolonged absence from participation, play money reward system, coed ball teams, seminars, campaigns, and

Table 21. Description of Incentives in Ten Effective Corporate Programs

Program	Incentives
Campbell Soup Company Turnaround Health and Fitness Program	individual evaluation and feedback, monthly award luncheons, newsletter recognition, special travel programs, individual follow-up plan for prolonged absence from participation, T-shirts, play money reward system, team and departmental competitions, coed ball teams
Westlake Community Hospital Health Promotion Design	Good Health Plan—incentive package including health status profile payment, monetary rewards for health risk factor absence, medical plan deductible reimbursement, AIM-WELL program fee reimbursement; seat belt incentive; flexible benefit account
Canadian Employee Fitness and Lifestyle Program	individual/group evaluation, feedback, and counseling; news letters, seminars, displays, participation contests (T- shirts), company-wide campaigns
Prudential's Physical Fitness Program in the Southwestern Home Office	no incentives offered
Blue Cross/Blue Shield of Indiana Health Promotion Program	individual evaluation and feedback; peer group socialization (no further data)

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Table 21. (continued) Description of Incentives in Ten Effective Corporate Programs

Program	Incentives
Davidson-Louisiana Incentive-Based Fitness Program	all-expense-paid vacation for employees who score in point system to meet company standards and simultaneously satisfy two specified sales goals
SAFECO's Self-Help Program	no data
NASA's Health Promotion Program	no data
LA Center Health Promotion	no data
IBM Health Promotion Program	no data

monetary rewards for health risk factor absence. One program incentive is an all-expense-paid vacation for employees who meet specified criteria. Four descriptions indicate no data. One description indicates no use of incentives in the program.

Table 22 shows descriptions of evaluation in the ten programs. Most of the information is from internal investigation reports. Two descriptions include information from external reports. The table includes data from major in-depth studies of varying lengths to data that offered minimal amounts of information. Across the table, commonalities are clear. The information consistently indicates the following: (a) evidence of decrease in absenteeism; (b) decrease in risk factors such as hypertension, smoking addiction, hypercholesterolemia; (c) lower medical claim rate; (d) increase in fitness levels; (e) improved work performance; (f) self-reports of increased sense of well-being, greater alertness, more positive attitude toward the job, improved rapport with family members and/or co-workers, increase in physical activity away from the workplace; and (g) long-term overall cost savings for the company.

One program evaluation description shows no data due to judgment of success being based on results of individuals' tests, points awarded, and subjective observation; however, information indicates that a majority

Table 22. Description of Evaluation in Ten Effective Corporate Wellness Programs

Program	Evaluation
Campbell soup Company Turnaround Health and Fitness Program	<p>(a) external: extensive 1987 report indicated enhanced employee attitudes toward work and fitness, decreased absenteeism, greater productivity, program was cost effective</p> <p>(b) internal: ongoing-objective data indicated risk factor reduction; subjective data indicated improved personal well-being and goal attainment</p>
Westlake Community Hospital Health Promotion Design	<p>(a) external: no data</p> <p>(b) internal: 1984 evaluation results reported decreased absenteeism, less rise in medical claims, increase in employees' effort to improve their health, participation increase in health promotion activities</p>
Canadian Employee Fitness and Lifestyle Program	<p>(a) external: no data</p> <p>(b) internal: evaluation from research project indicated difference among all groups in preprogram testing of physiological measures; significant positive results in physical fitness measures in the experimental group at end of six-month fitness program; reduced absenteeism in control and experimental groups; lower turnover rate in experimental group compared to control group; no significant difference between control and experimental groups in comparison of productivity</p>

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Table 22. (continued) Description of Evaluation in Ten Effective Corporate Wellness Programs

Program	Evaluation
Canadian Employee Fitness and Lifestyle Program (continued)	data; no decrease in productivity at experimental company though 50% of employees were involved in project? no significant difference among employees about job satisfaction and morale; survey among program participants indicated reports of increased alertness, improved rapport with co-workers and supervisors, increased sense of job enjoyment, generally positive attitudes toward activity and health; all subjects generally satisfied with life; fewer visits to the nurse/doctor in the experimental group compared to the control group; overall cost savings to the experimental company due to decreased absenteeism, turnover, health care claims
Prudential's Physical Fitness Program in the Southwestern Home Office	(a) external: five year study findings indicated improved cardio fitness levels; reduction in disability days; the higher the fitness level, the lower the average major medical cost; overall cost savings to the company achieved (b) internal: no data
Blue Cross/Blue Shield of Indiana Health Promotion Program	(a) external: no data (b) internal: five year study indicated consistently higher risk factor reduction rates among intervention group participants compared to control group participants;

(continued on following page)

Table 22. (continued) Description of Evaluation of Ten Effective Corporate Wellness Programs

Program	Evaluation
<p>Blue Cross/Blue Shield of Indiana Health Promotion Program</p>	<p>no statistically significant changes in smoking behavior and physiological measures in comparison of groups; one-year study results indicated significant physiological measurement changes in intervention group, no significant self-report changes in lifestyle behavior, no measurable changes in employee attitudes toward personal health care; longitudinal study results indicated consistently lower absenteeism rates among program participants compared to those who never participated; five-year study of program impact on health care costs and claim patterns indicated short term increased claims and utilization, but increase was smaller for participants than nonparticipants; long term results indicated lower health care costs and claim utilization for participants; program was cost-effective</p>
<p>Davidson-Louisiana Incentive-Based Fitness Program</p>	<p>(a) external: no data (b) internal: no data</p> <p>success based on results of individuals' tests, points awarded; subjective observation; majority of employees participate and majority of participants meet the goals and qualify for the free vacation if two other sales goals are also reached</p>

(continued on following page)

Table 22. (continued) Description of Evaluation in Ten Effective Corporate Wellness Programs

Program	Evaluation
SAFECO's Self-Help Program	(a) external: no data (b) internal: survey indicated mixed reports about weight; however, a greater percentage lost rather than gained weight; reports of greater awareness of caloric and fat content; reports of smoking cessation; reports of positive lifestyle change
NASA's Health Promotion Program	(a) external: no data (b) internal: landmark research study results indicated improved participant work performance; increased positive attitude among participants toward job; participant reports of less stress and tension; reports of desired weight loss, decrease in food consumption, increased physical activity outside the program, more adequate amounts of sleep and rest, more positive influence on family members and work associates; 1982 study results indicated increase in time period lengths of net risk reduction and reports of continued commitment to positive lifestyle change among participants
LA Center Health Promotion Program	(a) external: no data (b) internal: observation indicated significant blood pressure reduction among hypertensives; significant drop in cholesterol values;

(continued on following page)

Table 22. (continued) Description of Evaluation Ten Effective Corporate Wellness Programs

Program	Evaluation
LA Center Health Promotion Program (continued)	dramatic increase in exercise endurance; smoking cessation among majority of participants; participant reports of increased sense of well-being, increased level of self-confidence, reduction in periods of stress
IBM Health Promotion Program	(a) external: no data (b) internal: report about multiphasic screening program indicated healthy participants, increased participants' awareness of health status, high participation level in Plan for Life wellness program implemented in 1981 (no further data)

of the employees participates in the fitness program and meets their goals. Another description mentions a report about multiphasic screening procedures but offers no specific information due to unavailability of material in the original source reviewed. Another minimal evaluation description indicates self-report information only.

Review of Three Documented Accounts of Corporate Wellness Program Constituents

Three documented accounts about the composition of effective corporate wellness programs were studied to ultimately aid the researcher in designing corporate wellness program guidelines. Each account discussed one particular program constituent. The three constituents were: (a) program rationale, (b) program components and management, and (c) program cost benefit analysis. Each review begins, following citation of the source studied.

Summary of Information Obtained from Review of Documented Accounts

Program Rationale

Collins, G. H., Jr. (1982). Perspectives of industry regarding health promotion. Managing health promotion in the workplace. Palo Alto, CA: Mayfield, Parkinson and associates.

Over the past decade national increase in health problems has led to an alarmingly high increase in health care costs. In an effort to combat the situation, the federal government has funded programs such as medicare and medicaid. Collins (1982) contended that disenchantment with

these programs have resulted, and that the solution to our national health problem will not come from one superstructure at the federal level. He charged that physicians and hospitals will continue to provide care for episodic illness, but that inherent constraints would blunt any potential contribution to real health improvement for several years. Collins emphasized that the task of reducing health care expenditures must rest primarily on business. He noted that only recently have corporations realized their significant stakeholding position in the health of employees and their families. Further, Collins stressed that although corporate leaders are extremely interested in health programs that assist with cost containment, they are also becoming more aware of other resulting advantages such as less absenteeism, greater productivity, reduced coping problems among employees, and greater efficiency of the corporation as a whole.

Collins (1982) discussed why the work environment is so attractive for wellness program purposes. He noted that more people, especially women, are employed, which allows greater possibility for reaching a majority of the population. Also, the author pointed out that the majority of the work force is very stable, which provides the opportunity to apply long-term interventions for health improvement. Another reason cited was that research data could be obtained regularly which would facilitate study of

health and disease, as well as behavior change, and would facilitate establishment of evaluation of individual programs and complete health systems. Collins noted that generally workers are willing to participate in on-site wellness programs because of advantages such as convenience, little or no cost, and time off from work to join the activities.

Collins (1982) divided health promotion into two areas:

(a) disease prevention and (b) wellness improvement. He explained that, since medical professionals have a disease orientation, most of their concentration has been on disease prevention, and that only recently has effort begun toward seeking ways to improve wellness.

To illustrate his point, Collins (1982) used as an example the highly successful American safety movement. He pointed out that the movement made little progress when emphasis was on injuries, but, when the emphasis shifted to safety, real progress occurred. Collins suggested that perhaps little progress toward health improvement will occur until we replace disease orientation with positive health emphasis. He further suggested that the greatest improvement will probably result from integrated systems that include wellness improvement, disease prevention, and disease correction for each participating individual. Many existing corporate wellness programs operate on-site

wellness programs that may emphasize one particular fitness aspect such as hypertension control or obesity control. Collins charged that this fragmented approach creates impossibility for the individual to follow all the current health improvement recommendations, much less those forthcoming. The author's emphasis was targeted at the notion that often we try to do things just because they are theoretically possible. He warned that considerable experience has evidenced that generalized wellness programs applied indiscriminately are only partially successful in reaching goals, and that, since they are not usually cost effective, are then abandoned.

Collins (1982) explained that many different strategies will characterize future efforts to obtain health improvement. The implication is that wellness programs can be designed to be effective in all settings, for they can be unobtrusive to those without need of them and purposeful, but not burdensome, to those who do need them.

Program Components and Management

Davis, Mary F. (1984, December). Worksite health promotion: an overview of programs and practices.

Personnel Administrator, (12), pp. 47-50.

For nearly half a century successful health promotion programs have been in existence. Although operation of the earliest programs was usually limited to one general health area, the programs still served as models for later program development. Davis (1984) noted examples of these

earliest wellness programs, which included alcoholism programs at E. I. du Font de Nemours and Company (1942) and Kennecott Copper (1950s), a fitness program at the National and Space Administration (1962), a blood pressure screening and referral program conducted by the Chicago Heart Association (1960s), and the fitness and health program at the Xerox Corporation (1967).

Davis (1984) emphasized that in 1960 medical expenditures in this country totaled nearly \$27 billion, or 5.3% of the Gross National Product (GNP). By 1980, the total had risen to \$243 billion or 9.4% of the GNP. Businesses were paying over half this cost. The author pointed out that business leaders began exploring efforts to control the escalating costs. Interest developed further in health promotion and preventive measures. Davis (1984) noted that the federal government funded research projects in the 1960s and 1970s, which demonstrated that most occurrences of premature death and disability can be attributed to lifestyle. In the adult population this includes presence of health risk factors such as disease, stroke, cancer, alcoholism, and mental illness. Further evidence suggested that risks could be reduced through behavior change, and health benefits could be derived from proper nutrition, exercise, and stress management.

Davis (1984) explained that little is known about the

structure and management of health promotion programs. The author discussed data that were available from surveys of large companies, most of which are members of the Fortune 500:

1. Most programs are located within the human resources or medical departments.
2. The programs are frequently carried out by part-time in-house staff.
3. Community agencies are used to provide expertise in categorical programs such as CPR training and career screening.
4. Most programs offer activities in two or more areas.
5. Few companies construct elaborate physical facilities, but they tend to utilize existing recreational centers.
6. All employees are eligible in most programs. Needs assessments are obtained through a review of health insurance and workmen's compensation data to determine areas of overutilization.

Continued development and improvement of wellness program designs brought about the need for more complex strategies in assessing the needs of participants. Davis (1984) discussed the health risk appraisal instruments that were developed in the early 1980s. The instruments not only assessed lifestyle practices such as smoking and exercise

habits, but also assessed the individual's medical history, demographic information, and objective measures of height/weight, blood pressure, and blood chemistry. Davis emphasized that while the risk scores are only crude estimates, they are used widely to create general interest among employees and to provide aggregate data on the health status of the work force.

Davis (1984) explained that many different health promotion strategies have been tested over the years, and that six standard practices exist:

1. Fitness programs generally focus on aerobic exercise. Thirty minute sessions of vigorous exercise are usually held three times per week. Jogging, swimming, dancing, and cycling are examples. Also, there are related activities designed to increase flexibility, muscle tone, and strength.
2. Smoking cessation classes provide information on the hazards of smoking and discuss techniques that can help break the habit. The quit rate can be improved through support group and company policies that limit smoking at the worksite.
3. High blood pressure control includes screening, referral for treatment, and intensive long-term follow-up. Occupational settings have the potential for long-term contact and reinforcement of employee efforts to control

blood pressure.

4. Employee Assistance Programs (EAP) address depression, substance abuse, family relationships, and family problems. The programs identify and provide short-term counseling as well as a referral for long-term counseling and assistance.

5. Stress management programs have been developed that incorporate relaxation techniques, assertiveness and communication skill development, relaxation breaks, and reduction of environmental stress. Resistance has developed to programs that only train employees to adjust without taking steps to alter management practices that are sources of stress.

6. Weight-control programs with the greatest success are those which teach self-monitoring, stimulus control, and techniques such as slow eating and food substitution.

Davis (1984) further explained that the majority of worksite health promotion programs are designed to address the following goals: (a) reduce illness and improve health status of employees, (b) reduce costs associated with absenteeism and health benefit utilization, and (c) improve employee morale and productivity.

Davis (1984) concluded that the evidence which exists suggests that positive outcomes are dependent on the intensity of the program, the appropriateness of the strategies implemented, and the extent to which the work

environment reinforces behavioral change.

Positive program results have been reported in several areas. Davis (1984) noted the following:

1. Hypertension programs emphasizing referral and aggressive follow-up reduce an employee's risk of heart disease and stroke.
2. The bulk of evidence in EAPs (Employee Assistance Programs) suggests these are effective in improving job performance. Insurance company analyses reveal a return of \$5.00 for each \$1.00 invested in an EAP.
3. Smoking cessation programs have demonstrated health benefits. Cancer detection programs for high-risk employees lessen the need for surgery and the high cost of cancer treatment. Data on nutrition and weight control at the worksite have concentrated on intervention and thus are not generalizable.

Davis (1984) concluded that although little objective data exist, companies with health promotion programs generally perceive that the programs have contributed toward the reduction of absenteeism and toward the improvement of productivity and morale.

National health care cost continues to be a concern. Davis (1984) concluded that predicted increases in health care costs can be expected to intensify the search for alternatives which may include worksite health promotion and

prevention programs.

Davis (1984) predicted that as the trends of the 1970s continue, the greatest growth will occur in large industries that make a significant investment in human capital. The author charged that to improve the management of worksite health promotion programs, more systematic evaluation needs to be conducted of those programs which are currently in progress.

Program Cost Benefit Analysis

Patton, R.W., Corry, J.M., Gettman, L., and Graf, J.S. (1986). Possible outcomes of health/fitness programs: cost benefit analysis. Implementing health/fitness programs. Champaign, IL: Human Kinetics.

Although many wellness programs are regarded as having been successful for decades, few program evaluations have produced data concerning cost savings. Patton, Corry, Gettman, and Graf (1986) discussed such data. NASA in 1968 examined 259 men aged 35 to 55. After one year, these men underwent a second medical examination. Fifty percent reported a better attitude toward work and performance. Eighty-one percent reported improved stamina. Fifty percent paid more attention to their diets. Sixty percent lost weight. Forty percent reported sleeping better.

Patton et al. (1986) indicated that according to Building Better Health, produced by Blue Cross/Blue Shield, fitness groups have documented the economic benefits of exercise programs in Russia. They found that people who

exercise produce more, visit the doctor less frequently, and are far less prone to industrial accidents.

Patton et al. (1986) also reported that the SAFECO Insurance Company program called SELF-HELP showed the following for 650 of the employees who were surveyed: Thirty-five percent lost weight, 63% became dietary conscious, 7% of smokers quit, and 63% began exercising. Patton et al. (1986) described the Kimberly-Clark program as an extensive one which includes health-risk identification and reduction, physical fitness, health education, and counseling. The authors expressed that the company has had excellent results in identifying employees with dangerous risk factors and referring them to their employee-assistance programs. Findings reported over the last five years included: a 65% rehabilitation rate for employees in its alcohol and drug abuse program, a significant reduction in weight for employees enrolled in the obesity control program, and a reduction in blood pressure and triglyceride level for employees in its health promotion program. The authors indicated that other employee-assistance programs (often part of comprehensive health/fitness programs) report success. Bethlehem Steel reported a 60% rehabilitation for employees in its alcoholism program. Dow Chemical reported a 70% success rate for participants of a smoking

cessation program one full year after attendance. New York Telephone reported an 85% success rate in its alcoholic rehabilitation program. Kennecott Copper's mental health counseling program reduced absenteeism by 52%. General Motors' employee-assistance program enrolled 44,000 employees, and after one year they reported a 40% reduction in lost time and a 60% reduction in grievances.

Patton et al. (1986) warned that initiating health/fitness programs can be expensive. The Kimberly-Clark program—which has a \$2.5 million exercise facility, medical and fitness specialists, an employee assistance program, and diagnostic equipment—is a costly undertaking. The director of this program estimated it will take ten years to show a significant dollar savings. They have a staff-to-participant ratio of 1:62 and an annual cost of \$435.00 per employee.

Other organizations with wellness programs offer minimal services, put forth little money for program operation, and thus require little payment from the participant. Patton et al. (1986) contended that such program costs may total under \$50 per employee, but there is a questionable payback for imparting lasting effects on behavior.

According to Patton et al. (1986), New York Telephone calculated its annual savings from nine health promotion programs at \$5,540,000. The cost for the programs was

\$2,840 (a net gain of \$2,700,000 annually).

Development of wellness programs at the worksite is becoming increasingly widespread. Although some programs are tried and are abandoned, evidence indicates that effective programs can make a positive difference in our nation as a whole. Patton et al. (1986) stressed that health/fitness programs that help participants adopt health-enhancing behaviors have tremendous potential. The authors emphasized that such programs can (a) increase an individual's health while preventing disease; (b) improve the psychological atmosphere of organizations; (c) contribute to the primary and secondary goals of organizations, especially decreased absenteeism and raised productivity; (d) reduce medical costs; and (e) reduce an important source of inflationary pressure on the economy, rising medical costs. When combined with more global health promotion endeavors (planned economic, political, and organizational changes that also tend to protect and promote health), health/fitness programming improves the overall status of various organizations and people within the organizations.

Analysis of Information from Three Reviews of
Documented Accounts of Corporate Wellness Program
Constituents

Three reviews of accounts by wellness program experts were presented. Each author addressed one specific constituent. The program constituents were (a) rationale,

(b) components and management, and (c) cost benefit analysis.

Table 23 summarizes the information obtained from the three reviews. Evidence reported about program rationale indicates emphasis on health care costs, assistance for employees' coping problems, and overall efficiency of the workplace. Further, attention is being focused on disease prevention rather than disease treatment.

Information about program components indicates use of behavior enhancement programs to reduce risk factors such as heart disease and alcohol abuse. Little information is given on program management; however, certain patterns have emerged from surveys of large corporations. Most programs occur on-site within the medical or human resources department and use part-time in-house staff for management. Usually facilities are not elaborate, and the company uses outside resources for assistance with various program offerings. Special attention is usually paid to aerobic fitness programs. Positive outcomes are dependent on the program's intensity and the appropriateness of implemented strategies. Also, evidence emphasizes that positive outcomes are related to environmental reinforcement.

The information reported about cost benefit analysis indicates reports of long-term cost savings to the company. Implementation costs are directly related to the

Table 23. Summary of Information from Three Reviews of Documented Accounts of Corporate Wellness Program Constituents

Constituent	Information
Rationale	<p>emphasis on: escalating cost of health benefit plans; advantages such as less absenteeism, greater productivity, reduced coping problems among employees, and efficiency of the corporation as a whole; shift from disease treatment to disease prevention (risk factor reduction)</p>
Components and management	<p>components: lifestyle enhancement programs related to heart disease, stroke, cancer, alcoholism, and mental illness</p> <p>management: little known about structure and management; existing data from surveys of large companies indicate patterns—most programs located within human resources or medical departments of company; use of in-house part-time staff; use of community agencies for certain programs; activities offered in two or more areas; few elaborate facilities; all employees eligible; use of needs assessments; use of health risk appraisals and health profiles; fitness programs with focus on aerobic exercise;</p>

(continued on following page)

Table 23. (continued) Summary of Information from Three Reviews of Documented Accounts of Corporate Wellness Program Constituents

Constituent	Information
Components and management (continued)	positive outcomes dependent on intensity of program and appropriateness of strategies implemented and extent to which work environment reinforces behavioral change; more systematic evaluation needed in existing programs
Cost benefit analysis	multiple reports of long-term cost savings to the company; implementation costs relative to comprehensiveness of program; questionable payback of imparting lasting behavioral effects for programs that offer minimal services

comprehensiveness of the program. Programs that offer minimal services may not be as likely to impart such lasting behavioral effects as programs that offer more comprehensive services.

Summary of Interview Information from the
Expert Panel

A panel of five wellness program experts was selected through the assistance of the Association for Fitness in Business. Criteria for selection were: (a) The individual's name bore the title of Ph.D., Ed.D., or M.D.; (b) the individual's involvement in wellness program design included evaluative research as well as program implementation; and (c) the current position of the nominee emphasized interest in employee wellness programs (i.e., writes in the field, visits program sites, member of AFB). The members served two functions: (a) They offered expert opinions in response to ten open-ended questions formulated by the researcher, based on review of corporate studies which delineated variables that could influence development of program guidelines—origin of program interest, scope, focus, facilities, dissemination—and (b) they supplied information leading to selection of three effective school employee wellness programs in medium-sized districts.

The interviews were conducted by way of individual telephone conferences. Following is a list of the open-ended questions and the responses obtained:

1. "What are some of the commonalities across effective wellness programs?" The panel members were almost unanimous in listing on-site leadership as the most important commonality. Professional staff with medical personnel, occupational safety, and stress management programs were also mentioned.
2. "What usually generates interest for a system-wide wellness program?" The most common responses were "cost savings" or "escalating health care costs." Morale building and attitude change were other important reasons listed by the panel.
3. "What are the most requested activities reflected in needs assessments?" Weight control and smoking cessation classes were named as the most requested. Activities related to cardiovascular fitness, cancer detection, and stress management also were cited as common requests.
4. "What are some obvious pitfalls which should be avoided in designing programs?" Common pitfalls to avoid included poor scheduling, and, similarly, too few operating hours by facilities. Panel members also thought failure to involve the rank and file in needs assessment procedures was erroneous.
5. "How is the cost of the program usually handled?" Most members thought cost-sharing was the best way to fund programs. One person stated that employees should pay all the program costs.

6. "Cite the most commonly found errors in program implementation." The general response was that the most frequent error was in cost underestimation by management. The panel stressed that management frequently does not understand the price required for effective leadership and the time (i.e., money) necessary to change behavior. One panel member cautioned against "throwing up" a facility which may not be utilized.

7. "Describe the types of facilities most commonly used." In-house facilities were said to be the usual type, though community centers such as the YMCA were also mentioned as being appropriate sources for some companies. One member pointed out that some businesses contract to use school facilities after hours.

8. "Describe preferred processes of participant evaluation and feedback." The panel's varied responses included: (a) individual computerized logs, (b) close communication providing individual feedback and counseling, (c) "high touch" to complement the use of computers in the program, and (d) initial and intermittent testing with feedback and individual/group counseling. Several panel members emphasized that not enough time and effort are generally put into this vitally important part of the program.

9. "How is program evaluation usually conducted in

effective programs?" Answers from the panel were:

(a) "informally; a program is effective in terms of dollars saved by the company"; (b) "no formal evaluation; everyone knows when the program works"; and (c) "a program's ultimate success is judged by reduced insurance premiums". Most members agreed that outcome evaluations with base-line data will take years and that statistical evaluation will always be difficult to perform.

10. "How long are programs usually in effect before a reduction in insurance rates is reflected?" Responses to this question varied from "six to eight months" to "five to ten years." Other answers were: "can't say" and "doesn't really show."

Table 24 summarizes expert panel responses.

Guidelines for Wellness Programs in Business The final section of this chapter consists of a set of corporate guidelines designed to serve as a standard for ultimate preparation of wellness program guidelines for use in school districts. The corporate guidelines are based on (a) review, summarization, and comparative analysis of ten effective corporate wellness programs, (b) review and summarization of three documented accounts of corporate wellness program constituents, and (c) review and summarization of interview information from an expert panel. Across the data, patterns emerged which allowed a basis for

Table 24. Description of Information from Expert Panel about Current Wellness Programs

Question Item	Response
Commonalities across effective programs	on-site leadership; professional staff with medical personnel; programs in occupational safety and stress management
Rationale	emphasis on: cost savings; morale building and attitude change
Most requested activities reflected in needs assessments	classes in weight control/ smoking cessation, physical fitness/ cancer detection, and stress management
Obvious pitfalls to avoid in designing	poor scheduling; too few operating hours by facilities; failure to involve rank and file in needs assessment procedures
Management of program cost	cost-sharing plan most popular
Most common implementation	program cost underestimation by management
Most common facility types programs	in-house most common; next common type is community affiliated such as YMCA; use of school facilities by some companies
Preferred processes of participant evaluation and feedback	various methods such as use of individual computerized logs; close communication during individual feedback with counseling; testing with feedback and individual/group counseling

(continued on following page)

Table 24. (continued) Description of Information from Expert Panel about Current Wellness Programs
 Characteristic Evaluation Description

Characteristic Evaluation	Description
process	Informal judged in terms of cost savings to the company; ultimate success judged by reduced insurance premiums; baseline data still forthcoming; statistical evaluation difficult to perform
Length of time program is implemented before a reduction in insurance rates is reflected	varied responses: six to eight months; five to ten years; can't say; doesn't really show

constructing the following generalizations about characteristics of currently existing effective programs.

Program Rationale

The rationale in existing effective corporate wellness programs is generally twofold: (a) There is major emphasis on employee personal well-being, and (b) there is concern about health care cost reduction. Programs are designed to address these two concerns through focus on lifestyle change and subsequent improvement in factors such as morale, self-esteem, job satisfaction, job performance, productivity, and risk factor reduction.

Program Preplanning Phase

The amount of time needed for preplanning is not usually reported, but in some effective programs is variable according to factors such as comprehensiveness of the program and availability of resources. Some programs may use a year, some programs three months, or some programs less than three months. Activities usually include formulation of special committees; discussion meetings among management; decision making about program components and fees; and other activities such as survey of employee attitudes, needs, and requests. Some companies may use this time to review health care claim reports and to redesign insurance plans. Use of promotional activities, such as advertising program details in the company newspaper, may also be effective during this phase.

Program Promotional Phase

A specific length of time for a promotional phase is not usually indicated in descriptions of wellness programs. However, for some effective programs, this phase lasts as long as one year; for some, only three months; and for others it is ongoing. Most often, activities include organization of seminars, workshops, campaigns; use of media communication; coordination of discussion meetings; dissemination of promotional materials such as newsletters and brochures; and presentation of films and slides. Other ideas found to be effective include the use of an open house for employees and their families, coordination of participation contests, and administration of health risk questionnaires.

Program Testing/Screening Phase

Effective programs most often conduct initial testing and screening procedures with subsequent follow-up procedures at varying intervals. Components usually include a general physical examination, blood pressure and cholesterol level screening, cardiac testing, fitness evaluation, and design of health risk appraisal/profiles. Other activities found to be effective include use of individual/group counseling, preparation of individual fitness plans, and advice or help with individual goal preparation. Recording of information about lifestyle

changes during the testing/screening procedures is also effective; not only is individual progress monitored, but the information is useful when assigning values based on a reward system or when assessing overall program outcomes.

Program Facility Availability

Most effective programs operate within on-site facilities. Commonly, the facilities do not tend to be elaborate; sometimes they are constructed through renovation of basement storerooms. Minimally, the programs usually offer shower/locker areas, exercise rooms, classroom space, and exercise equipment. Very comprehensive programs may offer such other things as use of saunas, towel service, or an on-site track.

Information about off-site facilities is not usually presented in descriptions of wellness programs; however, some information suggests that effective programs sometimes use off-site resources such as running trails, parks, and local organizations including the YMCA, American Cancer Society, and the American Heart Association.

Program Staffing

Most effective programs use on-site staff to manage everyday processes. Nearly always, a major leader is employed to oversee the program. Other persons usually include a physician or medical director, nurses or other health service employees, and clerical support. Some companies also contract with fitness interns to assist in

program duties. The interns are university students who are training in a fitness-related field. The use of in-house volunteers can also be effective.

Most effective programs also use various outside consultants and specialists to meet needs and requests of employees. The professionals may be asked to teach classes or conduct workshops and seminars about various wellness-related topics such as smoking cessation, weight reduction, or stress management.

Program Financial Structure

Information about financial structure of wellness programs is sparse and mixed. Employee cost-sharing plans seem to be the most popular. In some cases, reimbursement of program fees is offered in exchange for risk factor absence or reduction. Among funded studies of effective programs, generally, no fees are paid by participants.

Program Elements

cost effective programs offer behavior enhancement classes on topics such as nutrition, weight management, smoking cessation, and stress management. Other elements found to be effective include use of fitness programs, health education classes for retirees and their spouses, community oriented programs, and employee assistance programs (EAPs). A very comprehensive program may include other effective elements in addition to a wellness plan,

such as an employee time off plan, sick leave bank, and an EAP.

Program Incentives

Many effective programs use incentives to motivate employees' participation. The most often used incentive is the use of individual evaluation and feedback. Additionally, various other effective incentives are used, such as newsletter recognition, competitions, T-shirts, monthly award luncheons, counseling, peer group socialization, special travel programs, and monetary reward systems.

Program Evaluation

Most effective program evaluation information is from internal investigation reports. Wellness program research that yields base-line data with statistical information is difficult to perform; therefore, there is a scarcity of such information. However, analysis of data across a few key studies consistently indicates the following: (a) decrease in absenteeism; (b) decrease in risk factors such as hypertension, smoking addiction, hypercholesterolemia; (c) lower medical claim rate; (d) increase in fitness levels; (e) improved work performance; (f) self-reports of increased sense of well-being, greater alertness, more positive attitude toward the job, increased physical activity away from the workplace; and (g) long-term overall cost savings for the company.

Many companies operate wellness programs that they consider to be effective based on internal ongoing subjective evaluation. Success is measured in terms of how many employees participate in the program and meet their goals or by other criteria such as self-report information alone.

CHAPTER III.

MASON CITY SCHOOL DISTRICT WELLNESS PROGRAM

This chapter contains information obtained from a case study of the wellness program in the Mason City School District. The site was chosen based on program characteristics that adhered to specific guidelines:

- (a) The demographics were of a medium-sized district,
- (b) the program was selected through follow-up of key information obtained from a panel of wellness program experts,
- and (c) any special characteristics of the community were avoided (i.e., programs centered in locations with Olympic or professional athletic training centers).

Subsequent information in this chapter is divided into three sections: (a) Methodology of Case Study,

- (b) Description of Mason City Wellness Program, and
- (c) Summary and Analysis of Mason City Wellness Program. Tables supplement the narrative form in an attempt to summarize and clarify information for the reader.

Methodology of Case Study

Two expert panel members described the Mason City program as exemplary, and a third panel member offered the

name of a wellness coordinator who spoke very positively about the program and supplied contact names and telephone numbers. During an initial telephone conversation, the Mason City wellness coordinator agreed to participate in this study. Following this contact, the researcher sent an explanatory letter which outlined details of the project:

- (a) overview of the project (i.e., background information);
- (b) purpose of the case study (i.e., guideline formulation for school program designs); (c) thanks for permission to use the site for one week as an external evaluator employing direct observation, interviews with participants and nonparticipants, and on-site observation of documents such as written programs/proposals and insurance plans? and
- (d) thanks for any printed program materials that were sent to the researcher for review (i.e., outline, description, evaluative information) .

Prior to arrival at the site, the researcher had engaged in multiple telephone conversations with the wellness coordinator and the program secretary. The secretary offered to acquire, from the central office records clerk, by date of case study, a comprehensive list of teachers needed for interviewee selection. The coordinator offered to contact the interviewees once they had been randomly chosen by the researcher, to schedule appointments for the researcher with administrative officials, and to make available any noteworthy documents

and materials related to the program. On-site, the author worked with the coordinator in preparing the outline of activities for the week which included (a) interview schedules, detailed with names, times, and procedures; (b) appointment times for review of budgets and insurance plans; and (c) plans for visitation of workout centers and general observation of the site.

Description of Mason City Wellness Program Case study information is presented according to a framework of characteristics judged to be most suitable for describing this wellness program. These characteristics are:

- (a) background,
- (b) rationale,
- (c) administrative objectives,
- (d) financial structure,
- (e) facility availability,
- (f) staffing,
- (g) implementation,
- (h) elements,
- (i) incentives,
- (j) evaluation.

The case study description begins with an introduction to familiarize the reader with specific contextual information.

Introduction

Mason City has a population of 30,000 and is located in northern Iowa. The school system employs 540 full-time staff members who are in charge of 4800 students. There are six elementary schools, two middle schools, and two high schools (one alternative, one senior high).

Background

Like most businesses and school districts across the country, the Mason City school system has experienced escalating employee health care costs in this decade. By the middle of 1982, circumstances surrounding this concern were so worrisome that the superintendent formed a special committee, comprised of representatives of all district employee groups, to study the situation. This committee became known as the insurance committee and was chaired by the Director of Business Services.

The insurance committee was faced with the task of creating a solution to the problem of a 62% insurance rate increase for the 1983-1984 school year. The rate increase for the 1982-1983 school year had been 40%. Committee members spent several months studying possible ways to combat the insurance problem. They consulted with various insurance experts in the attempt to discover possible options for the dilemma. Even the possibility of self-funding was discussed but then forgotten due to uncertainty

about conformity to Iowa state laws regarding the rights of school systems to self-fund. During some of these meetings over the months, the topic of wellness arose periodically. The chairman reported research summaries about the benefits of wellness programs in business and industry. In early spring of 1983, the insurance committee proposed a twofold recommendation: (a) a change from first dollar coverage to less coverage and (b) a preventive wellness program fringe benefit to augment the insurance plan change. The wellness program would be funded by money saved from abandoning the formerly used full-coverage plan with the 62% forthcoming increase and opting for a major medical plan with less coverage.

The district employees approved the twofold recommendation by a 2-to-1 vote. Approval of the school board was then granted; the wellness program became part of the master contract. The insurance committee then became known as the wellness committee and was chaired by a classroom teacher/fitness enthusiast. The district would now have a health package for employees that dealt with treatment (health insurance) and also prevention (wellness program).

The next task of the committee was to decide who should design, implement, and generally oversee the program. Following further research of effective corporate programs, a committee recommendation that a full-time salaried fitness

specialist be employed was approved by the superintendent and the board. In late spring 1983, the position of wellness coordinator was advertised and the wellness committee interviewed interested applicants. The chosen candidate held a bachelor's degree in business and accounting and a master's degree in recreation with emphasis in fitness program design. His purpose was to develop and administer programs which were designed to improve the overall health of district employees and their spouses. The new wellness coordinator was to begin employment in July; therefore, he had two months to put a program together, since the board and wellness committee emphasized that implementation of the program was to begin in September of the 1983-1984 school year.

Rationale

The original purpose of the wellness program was to achieve reduction in health care expenditures. The plan was to promote healthy lifestyles among district employees, which would in turn reduce health care costs.

Administrative Objectives

The coordinator and wellness committee members worked together to formulate objectives for program implementation:

- (a) to increase staff awareness of the wellness concept (e.g., workshops, dissemination of literature, newsletters, campaign festivals),
- (b) to acquire individual health

profile analyses for determining overall district needs and wants, (c) to provide educational classes and fitness programs as determined by analyses of needs assessments (e.g., stress management, weight and nutrition, smoking cessation, exercise), and (d) to establish evaluation procedures for the overall program as well as for individual participants.

Financial Structure

The evolution of the Mason City School District wellness program included instant initial funding by way of the money saved from the change in insurance plans. This amount, \$89,000, was redirected to launch the program. The wellness program became part of the employee master contract. During the first year, 1983-1984, the program was open free of charge only to full-time employees and spouses in the district. Since its inception, the program has expanded to include all employees and their spouses. However, for certain activities there is a charge to part-time employees (those working 25 hours a week or less) and their spouses.

The budget for the program is approximately \$75,000, renewable each year. It is part of the budget for the entire school district and includes the salary of the wellness coordinator and the program secretary. Consulting fees and other monies afforded wellness activities are managed within the program budget.

Facility Availability

At the inception of the program, availability of on-site resources included (a) two swimming pools (one in each middle school), (b) a gymnasium in each school, (c) empty classrooms in each school that could be used for educational classes and testing rooms, and (d) shower facilities at each school site where exercise classes would be held.

As the wellness program progressed it became apparent, through analyses of ongoing employee needs/wants assessments, that other resources were desired. Money was allocated to provide additional items: (a) stationary bicycles (two in each school), (b) a fitness trail (installed near the senior high school), and (c) a weight room (set up in the senior high school).

Periodically, wellness program services were arranged for participants to use outside management and facilities. Employees were also assisted financially via the program budget if they desired membership at the YMCA or one of the local health clubs.

Staffing

When the wellness coordinator's employment began in July 1983, he requested and was granted permission by the school board to select a person to assume clerical duties solely for wellness program activities. From a pool of applicants responding to the ad, interviews were conducted

by the coordinator, and a person ultimately was hired by the school board as the official program secretary. Duties included word processing, answering the telephone, making appointments, maintaining employee files, general typing of office correspondence such as news briefs and business letters, and assisting the wellness coordinator with any clerical aspects of various other program components.

Periodically, school nurses were asked to check employees' blood pressure, but the subsequent feedback sessions were arranged between the wellness coordinator and employees. Originally, the coordinator and wellness program committee agreed that outside consultants would be employed to conduct special classes and activities commensurate with employee needs/wants and committee approval. The coordinator assumed the responsibility of research duties needed to acquire contact names and phone numbers of such health/fitness experts. Since the onset of the program, these specialists have included the following:

(a) persons from Health Consultation Services (HCS), a local community organization that offers health promotion programs and testing procedures at a specified cost;

(b) local YMCA representatives;

(c) experts at Knollwood Fitness Center and Body-Workout, two local health clubs;

(d) a local psychologist/counselor;

- (e) instructors from the North Iowa Area Community College;
- (f) local aerobic dance teachers?

- (g) agents from the Area County Extension Office;
- (h) assistants from the local chapter of the American Cancer Society;
- (i) instructors from University of Wisconsin at LaCrosse.

Implementation

Program implementation is described with separate emphasis on each of the three years, from the program's beginning through the time of the case study (spring 1986). Information addresses program objectives and decision making procedures regarding the elements provided for participant needs and requests. The First Year of the Program (1983-1984)

During the first year, the program was operated by the wellness coordinator with input from the wellness committee. The goal was to promote a healthier lifestyle among staff employees. The objectives were (a) to increase staff awareness of the wellness concept, (b) to implement a procedure to obtain individual employee health profiles, (c) to implement educational classes and physical fitness programs, and (d) to establish an evaluation procedure.

The first objective. The first objective, to increase

staff awareness of the wellness concept, was addressed by a back-to-school in-service day program in which the coordinator conducted a one-hour meeting entitled "Introduction to Wellness." A slide presentation was given and a film on health and lifestyle was shown. Educational literature was distributed, including brochures about blood screening, information sheets about weight and nutrition, and a newsletter (specially designed by the coordinator) entitled The Wellness Bulletin.

The second objective. The second objective was to obtain individual employee health profiles. The coordinator gained approval of the committee to contract with Health Consultation Services (HCS) for expertise in conducting testing/screening procedures. HCS provided information about a system-wide blood draw and analysis and also administered a health audit questionnaire. A large number of people were interested in the blood draw and analysis procedure, so registration and testing and analysis activities were held in individual school buildings. Three weeks later, participants received a copy of their health audit which included an explanatory document. Additionally, the wellness coordinator, using assistance from the school nurse and another teacher, conducted fitness evaluations in the high school gymnasium consisting of basic tests such as the step-test and a test to determine the percentage of body fat. Data from the three sources (blood draw analysis,

health audit questionnaire, fitness evaluation) indicated that most employees needed/requested emphasis on stress management, physical exercise, nutrition, and weight loss.

The third objective. The third objective was to assist with implementation of needed/requested educational classes and physical fitness programs. The coordinator and wellness committee agreed to contact special consultants and instructors as deemed necessary. Research by the coordinator indicated that a local psychologist and family counselor would be suitable for the organization and administration of a series of stress management workshops. Following approval of the wellness committee, the coordinator hired the person to conduct eight classes (two and one half hours each), which approximately 50 employees attended. The topics selected were based on a summary of responses from the 213 employees who completed the health needs assessment instrument (health audit questionnaire) which was administered at the beginning of the school year.

Physical exercise classes focused on aerobics due to employee request. The coordinator, following approval of the committee, contacted and hired local aerobic dance teachers to instruct classes that were 50 to 60 minutes in duration and were usually held three times a week. Approximately 41 employees participated. The classes were held in three different school buildings.

Experts from the North Area Iowa Community College were hired by the coordinator, with approval of the wellness committee, to conduct one-hour classes in nutrition education. Approximately 60 employees participated.

The coordinator and committee agreed to hire specialists from the Iowa State County Extension Service to conduct classes in weight reduction. Eight weekly one-hour classes were held, in which approximately 40 persons participated.

Three other specially requested classes were conducted over the year. HCS was hired to organize and administer a class in back injury prevention and a class in blood pressure education. When contacted by the coordinator. The American Cancer Society agreed to offer a class in self-examination of the breast. Approximately 35 people participated in each of these three classes.

The fourth objective. The fourth objective was to establish an evaluation procedure for the first year of the wellness program. The coordinator conducted a survey of employee attitudes about the program at the end of the 1983-1984 school year. The results were to be used in program planning for the second year. The following sample of comments is quoted from a preliminary program report prepared by the wellness coordinator for ultimate review by a business consultant who was hired at a later date.

Negative Comments

1. This is the first time in 18 years that I needed the extra insurance coverage and it wasn't there. Running is an inexpensive way to keep physically fit.
2. When the blood draw and analysis is done through my annual check-up, I feel my physician is more accurate and I have more confidence in him. People who participate in the program would have done so on their own. Couples with small children find it hard to find time away from home.
3. It is a waste of money. People should get out and do this on their own.
4. Health Audit too incomplete to be worth much. Taxpayers should not pay for this kind of staff.
5. Vote again on the insurance. I want the 100% coverage back.
6. Activities should be held right after school—not at 4:00 or 7:00 p.m.
7. My blood analysis slip said for me to see my doctor, whom I did, and he felt that nothing was out of line as the health profile from HCS suggested.
8. If all true expenses for the Wellness Program could be accurately figured, it would be cheaper for the school district and its employees to have its old policy back.
9. The program should be discontinued. These programs are available through the YMCA to the few who have time to take part.
10. Have nurse read and discuss each person's blood results personally.
11. Improve lunch menus for staff and students. Too much fat and sugar.
12. For some of us who have after school activities the 4:30 meeting times are not appropriate.
13. Considering the loss in insurance coverage, I feel we lose more than we are gaining.

14. Health Audits not realistic. The nurse that took my blood pressure refused to let me rest before taking my blood pressure reading. I had just run up the stairs. My doctor said this was not very smart.

15. There is too much required of us and only so many hours in the day. I become stressed reading all I should do to become unstressed.

16. The tax dollars collected should be used for the education of the students, not the recreation and fitness of the employees. They can join the YMCA which is already supported by noneducational tax dollars.

17. I am not sure I agree with the cost for a spouse if he or she does not go through the blood draw.

18. The administration needs to be more aware of how much the morale could improve by allowing some time during work 8-4 for wellness such as many businesses allow. I feel it would help productivity also.

19. Get administration to let us use rooms from 3-4 p.m.; more would participate then.

20. Have a representative in each building sound like those buildings with someone on the Wellness Committee have better programs and better participation.

21. I find it difficult to think positive about wellness when I hear what was budgeted for the wellness program. I feel that amount should have been applied to our insurance program so we would have a decent policy--instead of one that can cost a family up to \$1,000 per year.

22. Most of the activities in the program are being done by people who would be doing them on their own any how [sic].

23. I resent the fact that taxpayers money is spent for bicycles, etc. I have my own at home that I use on my own time. I also walk in the evenings. It seems teachers are always complaining about not having enough planning or work time, but then are

riding the bikes, etc. during their planning time. The public is noticing.

24. I would like someone to do my work for me so I can participate in the wellness program.

25. My health is my business and tax money should not be spent for equipment.

26. Some teachers continually ask for more planning time, but then use it for health-exercise, etc. Some of these teachers are rarely in their classrooms.

27. Take the \$75,000 and use the money to improve our insurance coverage or reduce our premiums. Use the money to set up a fund to aid staff who are hit with a catastrophic illness.

28. School facilities should remain available to the staff as it was before the wellness program began.

29. I question the effectiveness of the program. Look into other less expensive ways to maintain wellness. This should be at the expense of the individual.

30. Single people are discriminated against in this program. Too much concern is spent on spouses.

Positive Comments

1. I really appreciated what was offered—especially the [psychologist's] stress classes.
2. I feel better than I have for years! I'm so thankful I had the opportunity to learn so much this year.
3. Everyone should take advantage of the program. Good program at low cost.
4. Good program—especially the blood draw. Health Audit and Wellness Bulletin.
5. Good informative Wellness Bulletin.
6. I thought it was super program. I think everyone enjoyed the classes. I think we are lucky to be able to take advantage of the classes. I was scared

to death of water, but have learned to swim and be confident of myself in the deep end.

7. I like the stress classes and the Health Audit.
8. I enjoyed all the parts of the program I could attend. Hope to attend some I missed last year.
9. Fantastic job in providing variety in programs and schedules.
10. I appreciate the information gained from blood draw and Health Audit. I have exercised more regularly than ever before, but mostly on my own (walking, hiking, some aerobics).
11. Continue the exercise, stress management, diet and blood analysis programs. Was impressed with the participation and the quality of the programs.
12. The program has served my needs in everyway [sic]. I've made suggestions to the Coordinator and in all instances he has taken care of my requests.
13. I think the Wellness Program has been a good thing. It has made many of the faculty aware of "wellness" and started them on diet and exercise programs of their own after reading their Health Audit.
14. I think the programs on nutrition (sugar reduced recipes), mental health/stress, stop smoking, and weight control should be continued.
15. Enjoyed the couples aerobic dance class. Always felt informed of all programs available and that they were very well organized.
16. I have found this year to be extremely informative and worthwhile. I have noticed a dramatic change in my blood values.
17. This is a fine program which I feel was needed. It was executed well for its first year.
18. I am thankful for this program as it has constantly made me more aware of my health needs.
19. I feel the program has appreciably raised the health concern level of employees and should by all means be continued.

20. I feel the wellness efforts were well done. I received what I wanted from the program.
21. I liked the Eating Trim Class; it was most interesting and helpful.

Suggestions to Improve Program

1. Information to reduce cholesterol levels—how important is this cholesterol thing?
2. Take a survey of teachers to see which months are better than others for classes.
3. Clarification on school time for wellness, such as walking, running, and leaving school at 3:30 p.m.
4. Would like a weight lifting class. Would like weight room open to teachers at 4:00 p.m.
5. Notice of running races around the North Iowa area.
6. Continue the programs in the summer months.
7. Have pools open at all schools during the summer. Have swim lessons after school.
8. Expanded blood analysis? aerobic classes in smaller schools; visits with Coordinator in small groups (2 to 4) in regard to the individual needs, problems, follow-up of blood work and suggestions for improving problems.
9. Discount on ice skating and hockey programs.
10. Have some organized programs in the morning.
11. I would like to see Coordinator more visible in the buildings.
12. Would like to use exercise equipment during planning period; better communication on what is available; have all buildings set some regulations and times to start programs.
13. Guidelines as to when and where we can use equipment.
14. Provide outline of activities to show progress on lifting, running, bicycling, etc.

15. Motivate administrators to involve more teachers in each building—those who need it most are not involved this year.
16. Diet meals at all schools for employees.
17. Provide fitness magazines in lounges to inspire people.
18. Incorporate school lunch program with more wellness foods.
19. Blood draw and the Health Audit created that perhaps not enough variables, i.e., heredity, were included. Also target figures are ideals? some felt as apprehension and fears upon learning results. I feel though they were in danger, when, in fact they were well within medically normal standards.
20. Would like to see the price for spouse participation less expensive.
21. Would like to have a class on diabetes management.
22. Post all wellness exercise classes with times and location on one piece of paper so people can more easily choose which best fits his/her schedule.
23. Would like to have jazzercise class offered.

The Second Year of the Program (1984-1985)

In the second year, the program continued to operate under the direction of the wellness coordinator with input from the wellness committee. The main goal, promotion of healthier lifestyle among employees, was the focus. First-year objectives were to be expanded: (a) to increase staff awareness of wellness, (b) to construct individual health profiles and implement educational classes and physical fitness programs, and (c) to attempt establishment of evaluation procedures. Changes in program implementation

occurred during the second year due to decisions based on (a) analysis of the previous year's employee attitude survey, (b) results from the new health audits and blood screening procedures, (c) knowledge gained by the wellness coordinator through cumulative research about effective corporate programs, and (d) increased willingness of the coordinator and committee to employ trial and error methods to achieve increased participation and individual goal attainment.

At the beginning of the 1984-1985 school year, a special volunteer committee was organized by the superintendent to develop a policy on employee participation and use of equipment in the wellness program. During the program's first year, the matter had been left to the discretion of individual building administrators. Need for the policy was evidenced from employee comments on the previous year's attitude survey and also from requests by various building administrators throughout the district. A set of guidelines was designed on an experimental basis. The intention of the policy was to allow employees opportunity at the school site to improve their health and well-being without jeopardizing quality of instruction and care for students. Each district employee received notice of the policy in the program newsletter. The Wellness Bulletin.

The first objective. The first objective was to

increase staff awareness of the wellness concept. Like the first year of the program, part of a back-to-school in-service day was planned to include activities related to the wellness program. The wellness coordinator offered a one-hour presentation entitled "Introduction to Wellness." The intention of the session was to increase awareness of the wellness concept among nonparticipants. Activities included a slide presentation, showing of a health and lifestyle film, and distribution of educational materials. At the end of the presentation, time was allocated for registration of new participants who were interested in the health profile that included blood draw and analysis procedures and completion of a health audit questionnaire.

The blood draw/analysis and health audit activities were described by the wellness coordinator as the core of the wellness program (preliminary report, 1985, p. 16). The results were used to develop health profiles, which influenced program processes. Another contract was negotiated with HCS to provide services for blood draw/analysis and health audit procedures. Approximately 329 persons participated in the blood draw/analysis and 40 persons participated in the health audit procedure. However, to improve operating efficiency for the program's second year as compared to the first year, the following procedural changes occurred regarding these activities:

1. Completion of the health audit questionnaire occurred at a separate time from the blood draw/analysis procedures. (The coordinator indicated that the previous year too much time was spent completing the health audit questionnaire and too little time was spent on the importance of the blood screening results.)
2. The registration procedure for blood draw/analysis and health audit activities was changed to allow greater scheduling flexibility. A general commitment time (fall, winter, spring) was chosen by the participant and kept on record in the district wellness office. The participant was contacted by the coordinator or secretary and given specific dates and details during the month the activity was to occur. (The coordinator indicated that during the previous year, registration meetings were held in each school building at the beginning of the year for the blood draw/analysis and health audit activities. The process proved to be unmanageable due to problems with employees having made commitments too far in advance, after-school activities, meetings with parents, and other unexpected conflicts.)
3. For persons having their blood drawn multiple times during the year, the analysis session was changed by making it shorter, more precise, and open for questions. (The coordinator explained that during the previous year, many employees wanted to have their blood values determined more

than once but did not want to sit through a presentation they had already heard.)

The second objective. The second objective was to design health profiles and to implement appropriate educational classes and physical fitness programs. Unlike the first year of the program, fitness evaluations were not used generally to assist in developing program content for the second year. The coordinator explained that the procedure had not been a motivating factor for participants, despite his efforts to make it a positive experience. He indicated that during the previous year, many people seemingly participated in the evaluation to see how they performed, not really to make improvements. Further, most of the people complained about a bad back, or bad knees; or, from his observation, they were so physically unfit that embarking on an exercise program was too formidable a task.

Analysis of the employee attitude survey conducted at the end of the program's first year assisted in determination of program content for the second year. A number of the participants expressed interest in acquiring more knowledge about how to combat stress. The same local psychologist/counselor who was hired to conduct such workshops was again hired to conduct stress management workshops. Approximately 40 persons participated. Topics of interest were selected from the first year's health audit

questionnaire results (these results were used again because this represented the largest sample of the employee population). Due to considerable interest in stress management-related topics, HCS was employed to conduct additional workshops. Approximately 123 persons participated.

Attitude survey and health audit data indicated that participants needed/wanted to learn more about nutrition. Instructors from the North Iowa Area Community College were hired to teach classes that focused on information about topics such as calories, safe dieting, and food preparation. Approximately 116 persons participated.

The nutrition classes spurred further employee interest in learning more about food preparation in regard to weight management. By employee special request, a six-week course called Culinary Hearts was taught one hour each week. Emphasis was on food preparation and cooking. Twelve persons participated in the course. Experts hired to teach the course were from the North Iowa Community College, the Area County Extension Agency, and HCS.

Employee attitude survey results and interest group requests indicated that exercise classes which focused on aerobics were still in demand. Instead of three locations, the second year program offered four locations. Again, the coordinator, following approval by the committee, hired local aerobic dance teachers to teach the classes.

Approximately 52 employees participated.

Health audit results and attitude survey data indicated continued employee interest in weight-loss classes. A specialist from the Area County Extension Agency was hired to instruct an eight-week (one hour each week) course called Eating Trim. Approximately 25 persons participated.

Other activities that were organized by the wellness coordinator in the second year of the wellness program, due to special request by employees, included (a) a one-session class about early detection of colorectal cancer, provided free of charge by the American Cancer Society (six persons participated); (b) a one-session workshop called Nutrition and Exercise for Weight Control, conducted by a hired exercise physiologist from the University of Wisconsin at LaCrosse (40 employees participated); (c) a one-session class about self-examination of the breast, provided free of charge by the American Cancer Society (five people participated); and (d) multiple sessions held by weight-loss support groups, provided by the wellness coordinator (13 persons participated at two locations).

The third objective. In an attempt to address the third objective, establishment of procedures for ultimately gaining evaluative data about the program, the coordinator prepared a summary based on first-year (1983-1984) results of the people (total of 213) who completed health audit

procedures. Further, the coordinator recorded his perceptions about the program including strengths, weaknesses, and areas of perplexity. The two sources of information were presented in a report for a business consultant who would be hired to assist with program operation. The following information, from the coordinator's specially prepared report, depicts an inside view of the program's evolution over the first two years, and discusses problematic issues that needed to be addressed before third year program implementation:

1. Several persons had participated in all the program activities, which included (a) stress management workshops, (b) multiple sessions of blood screening/analysis, and (c) a regular exercise program. The coordinator expressed concern about what activities further programming should include and what motivational techniques should be instituted to increase and maintain employee interest in the program.

2. Results from periodic blood pressure readings by the school nurse revealed that some employees had been identified as being at risk. The coordinator indicated that, for the most part, the employees at risk were repeatedly coming in to be checked but were not heeding the advice about consulting their physicians concerning the matter. The coordinator expressed concern about what structure could be imposed upon these people, through the wellness program, to improve their conditions.

3. Over the course of the two years, many employees had indicated that they could not participate in many of the program events and activities due to coaching responsibilities and other school-related functions; some employees also indicated that they worked at a second job. The coordinator expressed concern about how to involve these people in the program without causing them to compromise their time for other important things.

4. High interest and need concerning improvement of physical fitness was indicated in the first employee health audit summary report that involved 213 people the first year of the program. One of the steps taken to address this interest/need was the placement of two stationary bicycles in each school building. The coordinator and wellness committee decided to do this based on specific reasons:

(a) Generally, most people tend to reduce physical activity in the winter due to inclement weather, and (b) in this area of northern Iowa the winters are predictably harsh and inclement weather exists much of the year. The coordinator observed that the bikes had gone terribly underutilized. His concern was what incentive could be used to motivate people to use the bikes on a regular basis.

5. Over the two-year period, building principals and others had expressed concern (to the wellness coordinator) about the poor role models who were physical education

teachers in their schools. The coordinator was asked to try to do something through the wellness program to reach this particular group. The coordinator's concern was about what action would be appropriate.

6. Through the lifestyle assessment questionnaire that had been used both years of the program's implementation, statistical data had been recorded only on a group basis in the wellness office. The coordinator expressed concern about the probability that many people were getting back their health audit results and were ignoring the recommendations, and he was concerned about how to personalize programming to meet individual needs.

7. A well-equipped weight room at the high school was made available for wellness program use over the two years, two times per week in the evening (6:00 to 7:30) and on Saturday morning (10:00 to 11:30). Observation indicated that the weight room had not even been visited at these times during the second year. The coordinator expressed concern about how to stimulate interest about weightlifting benefits and utilization of the available equipment.

8. Observation of activity participation records indicated to the coordinator that many employees joined and regularly attended exercise classes that were conducted in scheduled group situations? however, if the class were totally cancelled for some reason, the group would fail to meet on its own, which almost certainly implied that the

individual persons missed exercising for whatever amount of time lapsed before the next scheduled class, whether it was a duration of weeks or months. The coordinator pondered whether it would make a difference in the participation level if use of facilities and equipment were to occur in a central location as opposed to occurring in scattered locations throughout the district.

9. Over the course of the program, participants had complained about the reluctance of spouses to try something new, such as more healthful eating habits or daily exercise. The coordinator expressed concern about how to increase the level of spousal participation so that couples could positively influence each other at home regarding behavioral change.

10. From his perceptions of the program thus far, the coordinator recognized the need for ongoing programs to generate immediate and measurable health benefits. He could see a need for continual classes in smoking cessation, blood pressure control, and weight reduction. The tasks were to determine which programs were the best for the district and what package deals were available for purchase.

11. School district officials had just begun to develop an employee assistance program. The coordinator expressed concern about what type of working relationship should exist between the district's wellness program and the new program.

12. In view of all the information available to him, the coordinator considered the following: (a) Would motivational speakers be worthwhile and, if so, how could the basically huge expense be made justifiable to the minds of most employees; (b) should a system of financial incentives be implemented for employees to reduce absenteeism, to quit smoking, and to lose weight; and (c) would an aerobic point system based on financial rewards, such as the Kenneth Cooper system, motivate employees to increase their aerobic fitness levels?

The wellness coordinator met with the wellness committee to discuss the aforementioned internal investigation of the program. Ultimately, the coordinator suggested that an outside consultant be hired to assist with program planning for the following school year (1985-1986). The committee agreed that this would be worthwhile. Through research information acquired by the coordinator, a private consultant from Mercy Midlands of Health Promotional Services in Omaha, Nebraska, was hired to (a) help in the development, improvement, and expansion of the wellness program; (b) help HCS and the school district to work together to achieve the goals of program development, improvement, and expansion; and (c) help HCS identify, develop, and implement effective programs to address district needs.

The Third Year of the Program (1985-1986)

During the third year of implementation the wellness program was guided by the wellness coordinator with input from the wellness committee and the private consultant who was hired in the spring of the 1984-1985 school year. The special consultant prepared an analysis of the Mason City wellness program based on site visitation and information available through the coordinator, employee health records, and the wellness committee. The coordinator explained to the researcher that he was obligated by the school district to protect the confidentiality of details in that report; however, the core of the final report was a set of recommendations for design of an official program operating plan for the (1985-1986) school year. The recommendations stemmed from identification of employee risk factor areas, employee interests, and assessed program strengths and weaknesses. The wellness coordinator, operating with input from the wellness committee, designed a formal plan on the basis of recommendations offered by the special consultant.

At the beginning of the 1985-1986 school year, during in-service, copies of a document describing the new operating plan were made available to all district employees. The coordinator conducted an open discussion meeting about the wellness program and the new plan. The document included (a) an introduction , (b) the program overview, (c) an explanation of the plan, (d) school district needs and

wants, (e) strengths and weaknesses of the program, (f) objectives of the 1985-1986 school year, (g) resources and personnel, (h) financial plan and budget, (i) time schedule of program activities, and (j) explanation of estimated cost savings and estimate of cost savings.

The introductory information. The introductory information in the operating plan emphasized research evidence about worksite wellness program effectiveness in reducing health care costs through lifestyle change. Further, the wellness program at Mason City was depicted as supportive of the district's mission to provide an educational environment that promotes the growth and development of each student.

The overview of the program. The overview of the program, as explained in the operating plan, emphasized supportive research evidence that effective wellness programs can ultimately increase employee productivity and morale. Also indicated in overview information was -t-hat the objectives for the year would concentrate on the three most important and tractable health risks: high blood pressure, high cholesterol levels, and smoking addiction. Further explained was the fact that these three are the major risk factors for heart disease and stroke, which account for nearly 50% of deaths that occur today. Understandably, these factors were emphasized as causes of the substantial

national rise in health care expenditures.

Explanation of the plan. In the section of the document which explained reasons for the formal plan, information basically indicated that the plan was an outline to address (a) district needs and employee interests, (b) the role of the wellness program in meeting assessed needs and interests, (c) strengths and weaknesses of the program, (d) program objectives for the 1985-1986 academic year, (e) a specific time frame for program activities to meet objectives, and (f) estimated outcomes from accomplishment of program objectives. The formal document was also emphasized as a communication tool for administrators who were not directly involved in wellness program planning. Stressed was the notion that, though some administrators did not help establish the goals, they were responsible for assisting in implementation processes that would achieve the goals-School district needs. School district needs for the 1985-1986 school year, regarding the wellness program, were described in the operating plan: (a) reduction of health care cost and (b) improvement of employee morale and productivity.

Employee interests. Employee interests were described in the operating plan, based on results of a health audit questionnaire (administered in October 1983 and February 1984) of 213 employees. The interests were described in

percentages: (a) Seventy-three percent of the questionnaire respondents were interested in exercise or fitness programs, (b) 45% were interested in nutrition counseling, (c) 54% were interested in weight control programs, (d) 61% were interested in stress management programs, (e) 23% were interested in blood pressure management programs, and (f) 9% were interested in smoking cessation programs.

Results of the same questionnaire were used to determine high need areas. The areas described in the operating plan were (a) regular exercise (61% of the persons surveyed indicated absence of regular strenuous exercise and 27% indicated total absence of any type of exercise) and (b) weight control and nutrition education (55% considered themselves overweight, 21% did not recognize high cholesterol food, 12% did not recognize food high in fiber, 57% did not understand saturated fats, and 27% indicated that they ate fried foods five or more times per week).

The operating plan outlined processes that would be employed during the 1985-1986 school year to meet employee needs and interests: (a) implementation of programs and classes organized at the school building; (b) use of incentives, discounts, and reimbursements to encourage participation in community programs; and (c) organization of special workshops.

Ways to implement the processes were also described in

the operating plan: (a) use of awareness techniques, such as newsletters, staff meetings conducted by building principals, and special bulletins to staff members from principals; (b) use of assessment techniques, such as lipid analyses performed by hospital personnel, health risk appraisals conducted by hospital personnel, and nutrition assessment procedures conducted by a dietician; (c) use of behavior modification through educational components, such as workshops on nutrition and exercise, and implementation of the Nutri-Fit program; and (d) use of ongoing classes for maintenance, such as Smoke Stoppers, Be Trim, YMCA exercise classes, and Park and Recreation Department exercise classes.

Program strengths and weaknesses. Program strengths and weaknesses were outlined in the formal operating plan. The strengths were (a) that a significant number of employees were actively supportive of the program (in 1984-1985, six schools had 50% or more employee participation in the blood draw and analysis program, four schools had 15% or more staff participation in nutrition classes, five schools had 15% or more staff participation in exercise classes, nine schools had 15% or more participation in stress management classes); (b) quick and easy communication through the newsletter; (c) access to gymnasiums, swimming pools, weight room; and (d) community resources available through the hospital, YMCA, Park and Recreation Department,

and North Iowa Area Community College.

Weaknesses of the program were listed as (a) an image problem due to change in insurance, and (b) the unavailability of ample community resources.

Program objectives. Program objectives for the 1985-1986 school year, outlined in the plan, were to (a) reduce the population of smokers in the school district by 10%, (b) help 15% of identified overweight people reach their weight loss goals, (c) assist at least 50% of the identified hypertensives in monitoring and controlling their blood pressure, and (d) encourage 20% of the staff to become involved in some type of cardiovascular exercise.

Strategies to accomplish the objectives were also outlined: (a) To reduce the number of smokers, the plan included promotion of smoking cessation programs in the newsletter, provision for on-site smoking cessation classes, and use of incentives and reimbursements to encourage employee smokers to join cessation programs; (b) to assist employees with weight-loss, the plan included nutrition and weight loss counseling through the Nutri-Fit program, dissemination of nutrition and exercise information through workshops, and promotion of weight loss competition through the incentive program; (c) to assist employees with high blood pressure control, the plan included on-site blood pressure screening to identify hypertensives, blood pressure

monitoring through the incentive program; and (d) to encourage more people to exercise, the plan included arrangement for exercise classes to be held in buildings where employees requested them, promotion of aerobic exercise through the incentive program, and provision for reimbursements on physical activity memberships in classes offered in the community. Procedures to measure the objectives were also outlined in the plan: (a) To measure the reduction of the number of smokers, data would be analyzed from record keeping on all employees that participated in the community smoking cessation programs, and from compilation of statistical reports on quarterly progress rates; (b) to determine progress of the persons with weight-loss goals, the plan would include the process of targeting persons at risk, based on participation in the Be Trim Program, Nutri-Fit Program, and individual weight-loss competitions, and would include use of success criteria, such as achievement gained toward weight-loss goals, body composition change, and participant survey responses; (c) to determine the progress of identified hypertensives, the plan would include an experimental procedure in which staff members at one school would have their blood pressure taken by a team of nurses from HCS during October; then HCS would provide a list of persons at risk who would be checked at regular intervals and subjected to an educational component and, if needed,

personal physicians would be notified; and (d) to measure the percentage of the staff who exercised regularly (aerobically), the plan would include calculation using information provided on the activity cards and exercise class attendance sheets.

Resources and personnel. Also provided in the operating plan, were descriptions of the 1985-1986 program personnel and resources:

1. For the Nutri-Fit Program, the provider was a nutrition expert from the University of Wisconsin at La Crosse. Building classroom space was to be used for class meetings.
2. For the blood draw and analysis program, the providers were an HCS expert and hospital personnel. Building classroom space was to be used for the procedures.
3. For aerobic exercise classes, the providers were three local aerobic dance instructors. Gymnasiums in the school buildings were to be used for the sessions.
4. For the building presentations on health and fitness, the providers were two experts from the University of Wisconsin at La Crosse. School auditoriums were to be used for these presentations.
5. For workshops on nutrition, exercise, weight control, and motivation, an expert from the University of Wisconsin at La Crosse was the provider. The district

auditorium was to be used for the workshops.

6. For weight-loss and physical activity competitions, the provider was the wellness coordinator. The coordinator planned to use the program newsletter as a communication tool involving these activities.

7. For the incentive program activities, the provider was the wellness coordinator.

8. For the reimbursement program activities, the provider was the wellness coordinator.

Financial plan and budget. Details of the financial plan and budget were also presented in the operating plan. Table 25 shows the cost of each 1985-1986 program component and operating - expenses. Total expenses amounted to a projected \$83,490 within a total budget of \$90,347.

Time frame. The time frame for program activities was outlined in a schedule that showed operation from September through part of April. The schedule reflected plans for action in all the buildings.

Estimated outcomes. An explanation of estimated cost savings was also outlined in the formal plan. The explanation was based on data collected by Control Data Corporation concerning studies of their employee population. the Corporation had examined cost factors such as absenteeism, productivity levels, and hospital stays of employees identified as being at risk compared to employees who had been identified as not being at risk. Based on

Table 25. Mason City Wellness Program Financial Plan and Budget for 1985-1986 Academic Year

Component	Cost
Nutri-Fit Program	\$ 5,300.00
Blood Draw and Analysis	6,750.00
Blood Pressure Program	1,393.00
Aerobic Exercise Classes	2,376.00
Building Presentations	5,600.00
Incentive Program	10,000.00
Membership Reimbursements	10,000.00
Total	\$ 41,419.00
Operating Expenses	
(a) salaries and benefits	\$ 29,971.00
(b) printing	1,400.00
(c) travel	3,000.00
(d) telephone	1,200.00
(e) postage	500.00
(f) supplies	6,000.00
Total	\$ 42,071.00
TOTAL EXPENSES	\$ 83,490.00
TOTAL BUDGET	\$ 90,347.00

numbers used by Contol Data, the wellness coordinator at Mason City projected cost savings for the district's wellness program over the next three or more years provided certain identified success rates were achieved. For example, if the program could help 11 people stop smoking cigarettes in Year One, it was projected that the district would save approximately \$7,150 in health care costs during the next three or more years because the cost of health care for smokers is higher than for nonsmokers if other factors remain the same; by helping 11 employees quit each year, the estimate of cost savings would increase to \$22,100 in Year Three. Information continued and included projected savings for increased regular exercise and blood pressure reduction among employees. The estimated cost savings for the three-year projection reflected a then present (1985) value of \$137,559. The participation rates used in calculation assumed a comprehensive health promotion program with an extensive promotional campaign, employee screening with a health risk profile component, lifestyle change courses, and maintenance activities.

Further investigation and recommendation. In addition to past and present attempts made to establish evaluation methods to monitor wellness program progress, the coordinator (with approval of the committee) contracted with the previously hired business consultant to conduct another investigation of the program in April 1986, this time, in

terms of estimated cost savings resulting from influence of the wellness program since its inception in the fall of 1983. In light of the fact that wellness program expansion through several program changes had occurred (largely due to influence from the addition of services by the consultant), the need to further assess program processes and evaluate growth was apparent. The coordinator was concerned about bottom-line information regarding the wellness program's role in obtaining health care cost reduction for the district. Such information was needed to assess the value of the program and to make significant improvements in future programming, not to mention the need for justification to the school board for continuation of the program. The consultant's ultimate purpose in this situation was to offer base-line estimates of cost savings incurred by the district as a direct result of wellness program implementation over the three years it had been in operation. Further, the business consultant was asked to develop a set of recommendations to advise Mason City district administrators about future wellness program planning.

By mid-May, the consultant offered a final report of cost savings estimates regarding the wellness program at Mason City. To arrive at a bottom-line figure, an estimate was made of the number of smokers, nonexercisers, and

employees with high blood pressure that a population the size of Mason City district contains. This estimate was based on data from Control Data Company's STAYWELL Program Cost Impact Model and a report about the results from health audit questionnaires administered to the Mason City staff in the school year 1983-1984. This particular estimate was compared to the actual number of employees in these risk areas based on the results of the employee Health Survey conducted by the business consultant in April, 1986. The consultant explained to the coordinator that the difference between the number of employees expected and the number that the school district actually contained in these three health risk areas was directly attributed to the activities of the wellness program. The difference resulted in a cost savings impact of \$154,117 for school year 1985-1986, which exceeded program cost of \$75,000 (per year). The indication from the business consultant and the coordinator to the school board and the district employees was that as long as employees remained at this level of health, the board would expectedly avoid paying this amount in medical costs each year.

The set of recommendations for future programming, offered by the business consultant, included specific advice: (a) Continued focus should be placed on Mason City District's most pervasive risks--nutrition, stress management, and seat belt usage; (more effort should be made to communicate to the employees the value of the

benefits offered through the wellness program; (c) programs should be offered to assist employees with the top chronic health problems—stress, anxiety, tension, back pain; (d) mental health concerns such as mental fatigue or burnout should be addressed through the district's employee assistance program; and (d) there should be increased visible support and participation by all levels of management. The consultant's overall view of the wellness program at Mason City was that the program was a major success and should serve as a model to other wellness programs in any industry or corporate setting. He explained that, while the program needed fine tuning, it had met the most important and strategic goals for any wellness oriented program, and that given the maintained current status, it should continue to do so.

Elements

Due to changes as the program evolved over the three years, the description of program elements is divided into three separate lists.

1. The first year of the program (1983–1984), the following elements were included;

(a) blood draw and analysis (lipid profile);

(b) health audit questionnaire;

(c) stress management workshops;

(d) exercise classes;

- (e) fitness evaluations;
- (f) nutrition education classes;
- (g) Eating Trim (weight-loss class);
- (h) back injury prevention class;
- (i) blood pressure education class;
- (j) self-examination of the breast class;
- (k) newsletter.

2. The second year of the program (1984-1985), the following elements were included:

- (a) blood draw and analysis (lipid profile);
- (b) health audit questionnaire;
- (c) increased number of stress management workshops;
- (d) nutrition classes;
- (e) Culinary Hearts Kitchen Course (food preparation and cooking class);
- (f) exercise classes (addition of another location);
- (g) Eating Trim (weight-loss class);
- (h) one-session class in early detection of colorectal cancer;
- (i) one-session workshop called Nutrition and Exercise for Weight Control;
- (j) one-session class in self-examination of the breast;
- (k) multiple sessions held for weight-loss support groups;
- (l) newsletter.

3. The third year of the program (1985-1986), the following elements were included:

- (a) employee personal copy of formal program operating plan;
- (b) blood draw and analysis program (lipid profile);
- (c) blood pressure screening;
- (d) Nutri-Fit Program (weight-loss program);
- (e) aerobic exercise classes;
- (f) building presentations by experts on health and fitness;
- (g) additional workshops on nutrition, exercise, weight control, and motivation;
- (h) weight loss and physical activity competitions;
- (i) incentive program;
- (j) reimbursement plan;
- (k) newsletter.

Incentives

An incentive plan was designed by the wellness coordinator and implemented in the third year (1985-1986) of the program. The purpose of the new plan was to facilitate employee participation in the program through provision of rewards for health/fitness goal accomplishment. The plan was designed on the basis of related research by the wellness coordinator and input from the business consultant who was hired the previous spring (1985).

The incentive plan was designed on a point system which allowed the employee to choose an item from a list that included such things as exercise clothing, exercise equipment, and health/fitness magazine subscriptions. Each item had a corresponding point value, such as 73 points for a sweat shirt or 300 points for a pair of aerobic shoes. The participants were not limited to items on the list; rather, they were allowed to select from stores and catalogs any item related to specified health/fitness areas. The point values were assigned relative to current retail prices; one point was worth \$.15.

Each participant was given an Incentive Program Handbook which contained all available details of the plan. Included in the handbook were the following: (a) a list of examples of incentive items with corresponding prices and point values; (b) a list of activities with corresponding point values; (c) an expert advice section regarding performance of physical activities; (d) detailed descriptions of educational activities offered in the wellness program; (e) explanation of incentive program rules regarding earning of points, policy on employee participation, recording of activities and earned points on special activity cards, deadline for turning in cards to the wellness office, recording of individual participation on personal record card, recording of point conversion on conversion card, information about how and where to obtain

the various program cards, point conversion rules, earning of wellness program T-shirt, and an announcement about competitions to occur during the year.

Evaluation

Information in this section is discussed according to material obtained from three sources. The data reflects information from (a) a sample of 1983-1984 employee attitude survey results as reported by the wellness coordinator, (b) recorded statements by the wellness coordinator about an internal investigation of the program in 1984-1985, and (c) on-site survey of program by researcher, conducted in April 1986. There were no actual base-line data to report concerning cost savings, turnover, absenteeism, productivity, and morale.

Results of Employee Attitude Survey (1983-1984)

At the end of the first year of the program (1983-1984), the wellness coordinator conducted a survey of district employee attitudes about the wellness program, including suggestions for improvement. The coordinator prepared a random sample of 51 survey responses from forms that were completed and returned to the wellness office. The information was obtained for use in this study from a preliminary report prepared by the wellness coordinator for a business consultant who was hired in the spring of 1985 to assist in future program efforts. The

researcher felt that this material should be included as evaluative information because it was a direct source of program planning for the following school year (1984-1985). Exact responses may be observed beginning on page 209 in this chapter; however, although the responses are subject to interpretation, an attempt is made in Table 26 through Table 28 to summarize information for the reader.

Table 26 shows a summary of employee comments that were listed on the coordinator's report as negative comments about the program. The greatest number of similar responses indicated belief that the program was thought to be a waste of money. The next highest number of similar responses indicated that health status was an individual responsibility independent of the school system. The next highest number of similar responses indicated regret about loss of insurance coverage. The next highest concern was about program activity scheduling. Next was concern about accuracy of screening results. Then the next group of responses indicated concern about use of tax dollars to support the wellness program, with an equal group of responses indicating concern about the program creating waste of planning time. Two responses indicated that the wellness program added to existing stress of the work load. The following concerns were indicated one time each: less than desirable content of school lunches, unfair fees for spouses, lack of representation in each building,

Table 26. Summary of Mason City District Employee
Comments about Wellness Program: 1983-1984 Survey Results

Negative Comment Focus	Number of similar responses (from sample of 51 respondents)
Regret about insurance coverage loss	6
Concern about accuracy of screening results	4
Program thought to be waste of money	8
Concern about activity scheduling problems	5
Concern about fat and sugar content of lunches	1 school
Feeling that wellness program adds to existing stress of workload	2
Concern about use of tax dollars to support wellness program	3 the
Unfair fees for spouses	1
Lack of district wellness committee representative from each building	1
Health status as individual responsibility independent of the school system	7
Concern about program being waste of planning time	3
Concern about availability of facilities being as free as before program)	1 (not
Concern about the time spent on spouses resulting in discrimination of single persons	1

availability of facilities not being the same as before wellness program implementation, and discrimination against single persons in the program.

Table 27 shows a summary of employee comments that were listed on the coordinator's report as positive comments about the program. The bulk of the responses indicated expression of general appreciation of the program. Similarly, the next largest group of responses indicated general enjoyment of all parts of the program. The next most common response indicated increased health awareness levels. The next five points were mentioned an equal number of times: special appreciation of stress classes, special appreciation of weight-loss programs, special appreciation of blood draw/analysis, special appreciation of health audit, and specific statements that the program should continue. Then the next most common response was that the first year effort was good. Two responses indicated special recognition of the Wellness Bulletin. Mentioned once were comments about: the program being a good one at low cost, a participant's having learned to swim, a variety offered in program options and schedules, the coordinator's effort to use employee input when offered, one participant's experience of simply feeling better, and appreciation of aerobics classes.

Table 28 shows a summary of employee suggestions for program improvement that were listed on the coordinator's

Positive Comment Focus	Number of similar responses (from sample of 51 respondents)
Expression of general appreciation of the program	10
Special appreciation of stress classes	4
Special appreciation of weight-loss programs	4
Perception of program as good at low cost	1
Special appreciation of blood draw/analysis	4
Special recognition of Wellness Bulletin	2
Special appreciation of health audit	4
Indication of learning to swim	1
General enjoyment of all parts of program	6
Recognition of effort to provide variety in program options and schedules	1
Indication of increased health awareness levels	5
Indication of coordinator's effort to use employee input when offered	1
Specific statement that program should continue	4
Specific statement about feeling better	1
Special appreciation of aerobics class	1
Specific statement that first year effort was good	3

Table 28. Summary of Mason City District Employee Suggestions to Improve Wellness Program: 1983-1984 Survey Results

Focus of Suggestion	Number of similar responses (from sample of 51 respondents)
Concern about cholesterol levels	1
Concern about program scheduling clarification or need for additional time blocks	8
Request for weightlifting class	1
Request for information about area running competitions (road races)	1
Continuation of program during summer	2
Request for swim lessons after school	12
Need for expansion of blood analysis	1
Addition of aerobic classes in smaller schools	
Visits with coordinator in small groups for individual evaluation and feedback	
Provision of discounts on ice skating and hockey programs	
Need for increased visibility of coordinator in buildings	
Increased communication about available program offerings	
Provision of outline to show individual progress regarding activity participation	
Motivation of administrators to involve more teachers at the building level	

(continued on following page)

Table 28. (continued) Summary of Mason City District Employee Suggestions for Wellness Program Improvement: 1983-1984 Survey Results

Focus of Suggestion	Number of similar responses (from sample of 51 respondents)
Concern about content of school lunches (need for dietary or wellness foods)	
Provision of fitness magazines in lounges for inspiration	
Reduction in participation fees for spouses	
Addition of class in diabetes management	1
Addition of jazzercise class	1

report. The most often repeated suggestion related to program scheduling clarification or need for additional time blocks. Three other suggestions were referred to more than once: continuation of program during the summer, need for expansion of blood analysis, and need for dietary or wellness foods in school lunches. Fifteen other responses occurred one time each on the survey; however, two of these were very similar in that they reflected concern about individual progress and feedback. The other suggestions included requests for various additional classes; information on cholesterol levels, road races in the area, and program offerings; requests for discounts on ice skating and hockey programs; reduction of fees for spousal participation; advice about motivation of building administrators to involve teachers; and provision of fitness magazines in the lounges for inspiration. Summary of Wellness Coordinator's Statements about Internal Investigation (1984-1985)

Evaluative material generated toward the end of the second year of the program (1984-1985) consists of a review of statements recorded by the coordinator based on his direct knowledge about the program's two-year existence. The information was obtained for use in this study from a preliminary report prepared by the coordinator for the business consultant who was hired (spring 1985) to assist in future program efforts. The researcher felt that this

material should be included as evaluative evidence because it generated a firsthand basis for ultimate feedback from the business consultant regarding an operating plan for the forthcoming school year (1985-1986). The coordinator prepared an account of statistical information about persons who completed health audit procedures the first year. Further, he recorded his perceptions about the program including deliberations about areas of concern. Details of the information may be reviewed beginning on page 221 of this chapter. Table 29 summarizes this material for the reader.

As evidenced in Table 29 the coordinator was concerned about many things related to factors stemming from the two-year evolution of the program. Basically, there was a need to increase participation and a need to provide incentives for maintaining employee interest. Related concerns were (a) how to motivate people to take care of themselves by reducing risk factors and exercising, (b) how to motivate physical education teachers to improve their fitness levels and become better role models for students, and (c) ways to provide continual programs that generate immediate measurable benefits. Other information includes concern about the wellness program's role in a developing employee assistance plan and how to justify the expense of employing motivational speakers in program activities.

Table 29. Summary of Coordinator Comments; Internal Assessment of
Mason City Wellness Program's First Two-Year Period of Operation

Focus of Comment	Concern
High participation level by many persons in nearly all program offerings	content of further programming; motivational techniques to increase and maintain employee interest
Identification of persons at risk based on blood pressure readings by school nurse	implementation of ways to convince targeted persons to contact their physicians and to improve their conditions
Lack of participation due to coaching and other school-related functions or second jobs	methods to include these persons in program
High interest/need for physical fitness improvement on survey	under-use of added stationary bicycles in each building
Poor role models in physical education teachers	appropriate action to reach this group
Survey data recorded only on group basis over the two years	greater personalization of program to meet individual needs
Lack of use of well-equipped weight room (during second year)	ways to stimulate interest about possible benefits of weightlifting
Evidence of employee lack of regular exercise unless in a scheduled group situation	where use of facilities and equipment should be organized
(continued on following page)	

Table 29. (continued) Summary of Coordinator Comments:
Internal Assessment of Mason City's Wellness Program's First Two-Year
Period of Operation

Focus of Comment	Concern
Reluctance of spouses to try something new, such as more healthful eating habits or regular exercise	ways to increase spousal participation (which could promote positive mutual influence between partners)
Lack of continual programs to generate immediate and measurable health benefits	identification of appropriate programs; availability of package deals for purchase
Development of employee assistance plan by district officials	the role of the wellness program therein
Use of motivational speakers	justification to employees and others concerning significant amounts of money required for speakers
Incentives for employees to reduce risk factors	development of appropriate financial incentive system
Incentives for employees to increase aerobic fitness levels	development of point system based on financial rewards

On-site Survey of Program by the Researcher, Conducted in April
1986

During site visitation of the Mason City School District in April 1986, the researcher attempted to gain evaluative evidence about the wellness program. Procedures included (a) formal interviews with a randomly chosen stratified sample of participants; (b) formal interviews with a randomly chosen sample of participants who assumed program personnel duties; (c) formal interviews with randomly chosen nonparticipants; (d) administration of questionnaire to participant interviewees; (e) formal interviews with the superintendent, wellness coordinator, and wellness committee chairperson; and (f) a review of district records regarding absenteeism, productivity, morale, and cost savings.

Information regarding estimated cost savings was discussed earlier in this chapter, beginning on page 234; however, review of all the data collected revealed no baseline information regarding absenteeism, productivity, turnover, morale, and cost savings. In the following presentation of evaluative data that were collected, a series of tables is referred to in the attempt to summarize and clarify information for the reader.

Results of formal interviews with a randomly chosen sample of program participants. Fourteen interviewees were selected through stratified random sampling which yielded

specific categories of program participants: (a) three teachers with more than ten years of experience, (b) three teachers with less than ten years of experience, (c) three teachers who were active prior to implementation of the district wellness program, (d) three teachers who were inactive before implementation of the district program, and (e) two teachers who assumed program personnel duties. The participants were asked to respond to open-ended questions relating to their participation in the program (i.e., "Why did you become active in the wellness program? How (is) (is not) the program meeting your expectations? What input did you have regarding the program planning? What do you see as (strengths) (weaknesses) of the program? If you were one of the key "decision makers, what would you do differently?") Each person was interviewed one time for a minimum of 20 minutes.

Table 30 summarizes interview information obtained from three teachers with more than ten years of experience. Each of the three persons had different reasons for becoming active in the program. The first person's reasons included enjoyment of exercise in group situations and a desire to promote the importance of teachers as role models for students. The second person was influenced by his spouse. The third person took the advice of his physician, which was to reduce high risk level blood pressure, and joined the

Table 30. Summary of Interview Information from Mason City Employees about District Wellness Program; Responses to Open-ended Questions from Three Teachers with More than Ten Years of Experience

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>FIRST person: to enjoy group situations involving exercise and to feel like part of the effort in fitness promotion for teachers as role models for students</p> <p>SECOND person: due to influence from participant spouse</p> <p>THIRD person: following advice of physician to reduce blood pressure</p>
Ways program was meeting expectations	<p>FIRST person: provision of on-site ways to keep fit and have fun too</p> <p>SECOND person: direct^ positive influence on effort to exercise and eat properly</p> <p>THIRD person: direct cause of behavior change which led to reduction of problematic blood pressure level</p>
Ways program was not meeting expectations	<p>FIRST person: lack of active support among most administrators</p> <p>SECOND person: lack of active support among most administrators</p> <p>THIRD person: lack of monitored exercise programs with feedback and record keeping; lack of enthusiasm among central administrators</p>

(continued on following page)

Table 30. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Three Teachers with More than Ten Years of Experience

Focus of Question	Focus of Response
Level of input regarding program content	FIRST person: open opportunity to contact wellness personnel to offer suggestions; surveys SECOND person: meetings at building level allow any employee to offer suggestions that almost always are used (subject to wellness committee approval) THIRD person: coordinator encourages input from all employees in newsletter and asks for personal calls or office calls; survey
Strengths of program	FIRST person: effective communication between coordinator and wellness committee; nice budget SECOND person: desirable level of coordinator assertiveness; strong group effort of wellness committee; adequate budget THIRD person: autonomy of wellness committee and coordinator to try things; big budget;
Weaknesses of program	FIRST person: lack of communication between central administration and wellness committee; resentment by many older faculty members about loss of full insurance coverage

(continued on following page)

Table 30. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Three Teachers with More than Ten Years of Experience

Focus of Question	Focus of Response
Weaknesses of program (continued)	<p>SECOND person: lack of wellness education by many administrators; dissension among many employees about loss of full insurance coverage; absence of individual fitness plan with monitored progress</p> <p>THIRD person: resentment by many staff members due to large program budget while district cuts abound in other areas; program not year-round; program as part of master contract</p>
What would do differently as a key decision maker	<p>FIRST person: allow flex-scheduling to encourage greater participation; organize special health education workshops for administrators and require attendance</p> <p>SECOND person: develop flex-scheduling system within each building; hire physician to design and monitor individual fitness plans; require active support of all administrators</p> <p>THIRD person: promote operation of program on through summer months; allow flex-scheduling</p>

wellness program to seek assistance.

The interviewees were asked to discuss ways in which the program was meeting their expectations. The first person indicated that the program provided on-site ways to keep fit and have fun too. Another person indicated that the program was a direct personal influence on his effort to exercise and eat properly. The third person stated that the program was a direct influence on his behavior change which brought about reduction of high blood pressure.

When asked to talk about ways the program was not meeting their expectations, two of the persons indicated concern about administration; one saying there was lack of active support among most administrators, the other saying there was lack of enthusiasm among central administrators. A third response was that there was lack of monitored exercise programs with feedback and record keeping.

All three persons indicated that there were ample ways for employees to have input into the program. Referred to more than once among the three persons was that open opportunity existed for employees to contact the coordinator, wellness office, or building representative. Also mentioned more than once was that surveys were used to obtain employee input into the program.

All three persons gave similar responses on program strengths. The first person talked about effective communication between the coordinator and the wellness

committee; the second person mentioned that the coordinator had a desirable level of assertiveness and also that there was a strong wellness committee effort; the third person emphasized as a strength the existing autonomy of the committee and the coordinator to try things. All three persons mentioned the budget as a strength of the program.

When asked about weaknesses of the program, two persons mentioned that unrest still existed among some staff members due to loss of full insurance coverage. The first person indicated that there was lack of communication between central administration and the wellness committee. The second person indicated that there was lack of wellness education among many administrators. Other weaknesses mentioned once included absence of individual fitness plans with monitored progress, presence of some staff resentment about the big program budget, lack of year-round program operation, and the fact that the program was part of the master contract.

When asked what they would do differently as key decision makers, all three persons said they would allow a broad flex-scheduling system. Two persons mentioned participation of administrators as a goal to work toward. One person indicated he would hire a physician to design and monitor individual fitness plans. Another person indicated that he would promote year-round operation of the program.

Table 31 summarizes interview information obtained from three teachers with less than ten years of experience. All three of these interviewees referred to group socialization as a reason for becoming active in the wellness program. Two indicated that their use of the program was an addition to established personal exercise routines. To take advantage of the financial reward system was another reason for one person's participation in the program.

All three persons referred to different ways in which the program was meeting their expectations. One person lost unwanted weight and was maintaining the lower weight; further, the person indicated presence of enhanced feelings about herself.- The second person referred to overall happier working conditions and stated that participating colleagues looked better and seemed to feel better. The third person emphasized that interesting classes were also available for those persons who already were engaged in a personal exercise routine.

When asked to discuss ways the program was not meeting their expectations, all three persons referred to lack of involvement by administrators. The second person also mentioned that there was lack of participation among physical education teachers.

Two persons emphasized that employees were encouraged to offer program input. Ways included direct contact with committee members or wellness office personnel and use of

Table 31. Summary of Interview Information from Mason City Employees about District Wellness Program: Responses to Open-ended Questions from Three Teachers with Less than Ten Years of Experience

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>FIRST person: to enjoy enthusiasm of others while adding to exercise program</p> <p>SECOND person: to be around other fitness-conscious people; to take advantage of financial reward system</p> <p>THIRD person: handy means of adding to already existing personal exercise program; enjoyment of group situation</p>
Ways program was meeting expectations	<p>FIRST person: lost unwanted weight and keeping it off through nutrition education and weight-loss programs; generally feel better about self</p> <p>SECOND person: generation of enthusiasm in buildings makes overall happier conditions to work in; colleagues look better and act like they feel better</p> <p>THIRD person: classes interesting to persons who already have personal exercise programs</p>
Ways program was not meeting expectations	<p>FIRST person: lack of participation by many administrators</p> <p>SECOND person: lack of wellness education among building administrators; lack of participation among physical education teachers</p> <p>THIRD person: appalled at number of administrators who don't participate</p>

(continued on following page)

Table 31. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program;
Responses for Open-ended Questions from Three Teachers with Less Than Ten Years of Experience

Focus of Question Level of input regarding program content	Focus of Response
Strengths of program	<p>FIRST person: free to offer suggestions on survey form; contact wellness committee members or program secretary</p> <p>SECOND person: offered suggestions for flex-scheduling but not approved; professional advice about running/jogging offered to groups by request</p> <p>THIRD person: anyone can offer input anytime; use of questionnaire to express wants</p>
Weaknesses of the program	<p>FIRST person: strong leadership from coordinator and wellness committee; good image for district; raised health awareness of all employees whether they participate or not</p> <p>SECOND person: addition of new incentive program; coordinator</p> <p>THIRD person; provides activity on the spot; appropriate facilities, equipment</p> <p>FIRST person: image problem due to circumstances at time of implementation; lack of general administrative support, especially at building level</p> <p>SECOND person: lack of adequate flex-scheduling</p> <p>THIRD person: lack of active administrative support</p>

(continued on following page)

Table 31. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program;
Responses to Open-ended Questions from Three Teachers with Less than Ten Years of Experience

Focus of Question	Focus of Response
What would do differently	<p>FIRST person: employ as a key decision maker physician to evaluate individual fitness progress and provide feedback</p> <p>SECOND person: provide adequate amount of flex-scheduling; require health education sessions for administrators and physical education teachers</p> <p>THIRD person: expand competitions to increase participation in each building</p>

surveys. The second person referred to a personally offered suggestion about flex-scheduling that was not approved. This person also offered input regularly as an advisor to groups interested in jogging or running.

Two of the persons indicated that the coordinator was a strength of the program; one of these persons also included the wellness committee. The third person emphasized the convenience of activity on-site and the provision of appropriate facilities and equipment. Other strengths mentioned were that the program presented a good image for the district and that the program was a means that raised the health awareness level of all employees whether or not they were participants.

Two persons mentioned that lack of administrative support was a weakness of the program; one person added that there was an image problem due to circumstances at the time of initial implementation. Another person stated that lack of adequate flex-scheduling was a weakness of the program.

When asked what they would do differently as key decision makers, the first person emphasized the employment of a physician to evaluate individual fitness progress and provide feedback. The second person indicated that she would devise a flex-scheduling plan and would also require administrators and physical education teachers to attend health education classes. The third person indicated he would expand the competition activities.

Table 32 summarizes interview information from three teachers who were active prior to program participation. Reasons for becoming active in the program were similar among these three persons. Responses focused on general health promotion and fun. One person mentioned the importance of teachers as role models for students.

When asked to discuss ways in which the program was meeting their expectations, two persons referred to strong leadership by the coordinator. One person mentioned the variety of programs offered and the on-site socialization factor. Another referred to personal gain of knowledge about nutrition and food preparation. Also mentioned by one person was the notion that health awareness had increased among all employees.

When asked to discuss ways the program was not meeting their expectations, two persons indicated lack of administrative participation; one of these persons added that the program had failed to significantly influence most physical education teachers. The third person expressed concern about lack of a definite way to monitor the honor system regarding the new incentive program.

When asked about level of input regarding program content, all three persons indicated personal input through various means. The first person organized running/jogging groups after school; the second person volunteered as a

Table 32. Summary of Interview Information from Mason City Employees about District Wellness Program: Responses to Open-ended Questions from Three Teachers Who Were Active Prior to Program Participation

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>FIRST person: to be part of a program that finally brought the wellness concept to the school district</p> <p>SECOND person: to enjoy other people's newly found awareness about fitness; to take advantage of offerings to supplement own program</p> <p>THIRD person: joined for fun; to promote district effort toward a healthier group of employees as role models for students</p>
Ways program was meeting expectations	<p>FIRST person: increased health awareness of all employees; effective coordinator leadership</p> <p>SECOND, person: variety of programs for everyone to benefit from; strong leadership by coordinator and wellness committee; time at school site to socialize about running, walking, swimming, skiing</p> <p>THIRD person: additional personal knowledge about nutrition and food preparation</p>

(continued on following page)

Table 32. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program;
Responses to Open-ended Questions from Three Teachers Who Were Active Prior to Program Participation

Focus of Question	Focus of Response
Ways program was not meeting expectations	FIRST person: expected more participation by administrators SECOND person: open lack of commitment among many building administrators; failure of program to influence most physical education teachers significantly THIRD person: lack of definite way to monitor honesty of incentive system
Level of input regarding program content	FIRST person: organization of running/jogging groups after school SECOND person: volunteer as building level representative to initiate enthusiasm; provide information for newsletter about local runs and jog-a-thons
Strengths of program	THIRD person: provide suggestions for team competitions and volunteer team coach FIRST person: motivation efforts by coordinator; ample amount of money SECOND person: monetary reward system; coordinator; big budget THIRD person: increased health awareness level among most employees; full-time leader; strong wellness committee; building-level representation

(continued on following page)

Table 32. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Three Teachers Who Were Active Prior to Program Participation

Focus of Question	Focus of Response
Weaknesses of program	<p>FIRST person: resentment of staff participation by certain building principals; continued dissension among many about no full-coverage insurance SECOND person: scheduling problems? hardly any active support from central administration; not enough emphasis on cardio fitness that offers fitness plans and feedback THIRD person: inadequate way of monitoring honesty of incentive system among some employees</p>
What would do differently as a key decision maker	<p>FIRST person: continue program through summer; reduce budget and ask employees to share cost of program; initiate action to remove program as part of master contract SECOND person: work with all administrators to design a district-wide flex-scheduling system to increase participation THIRD person: organize wellness education activities especially for administrators; hire medical expert to design cardio-fitness plans and give feedback to individuals; ask for employee input for design of monitoring plan for incentive program</p>

building level representative and provided newsletter information; and the third person provided suggestions for team competitions, and volunteered as a team coach.

All three persons indicated that the coordinator was a strength of the program. Two persons emphasized the program budget as a strength. The third person referred to the increased health awareness level among most employees and also mentioned building level representation as a strength.

The three persons indicated different responses regarding weaknesses of the program. The first person referred to resentment of staff participation by certain building principals; further, the person added that dissension among many employees still existed about absence of full-coverage insurance. The second person emphasized existence of scheduling problems, lack of central administrative support, and lack of cardiovascular fitness focus with feedback procedures. The third person stressed that a weakness of the program was the lack of an adequate way of monitoring honesty among some employees regarding the financial reward incentive plan.

When asked what they would do differently as key decision makers, the first person indicated that plans would include continuance of the program through the summer, reduction of the program budget and establishment of an employee cost-sharing plan, and initiation of action to remove the program from the master contract. The second

person indicated she would include design of a new scheduling system. The third person indicated he would include a focus on wellness education for administrators, employment of a medical expert to design and monitor cardiovascular fitness plans, and obtainment of employee input into the design of a monitoring plan for the incentive program.

Table 33 summarizes interview information from three teachers who were inactive prior to program participation. Reasons for joining the program varied among the three interviewees. The first person chose to participate in wellness program activities in the attempt to reduce high blood pressure. The second person decided to stop delaying the effort to become fit and took advantage of exercising in a planned group situation. The third person wanted to do something good for herself and had a desire to identify with a fitness-conscious spouse. Socialization was a factor also mentioned by the third person.

When asked about ways the program was meeting expectations, the first person indicated that a personal reduction in blood pressure level occurred as a result of participation in the nutrition and weight-control programs. • Further, this person experienced enhanced feelings about himself, and noticed increased liveliness among colleagues. Lastly, the program had positively influenced the spouse.

Table 33. Summary of Interview Information from Mason City Employees about District Wellness Program: Responses to Open-ended Questions from Three Teachers Who Were Inactive Prior to Program Participation

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>FIRST person: declined participation initially but was happy for others to join; joined later due to diagnosis of high blood pressure by family physician in a routine exam</p> <p>SECOND person: to stop delay in ever becoming fit; to exercise with other people in a planned situation</p> <p>THIRD person: to do something good for self; to identify with spouse who is fitness-conscious; to socialize while working out</p>
Ways program was meeting expectations	<p>FIRST person: significant drop in blood pressure through nutrition and weight control programs; feel better about self; increased liveliness among colleagues;</p> <p>good program for spouse because now they walk together in the early mornings and evenings</p> <p>SECOND person: efforts of coordinator to expand and improve the program;</p> <p>development of regular exercise habits because of program influence</p> <p>THIRD person: employees have input about what is offered;</p> <p>follow through of promises by coordinator</p>

(continued on following page)

Table 33. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program;
Responses to Open-ended Questions from Three Teachers Who Were Inactive Prior to Program Participation

Focus of Question	Focus of Response
Ways program was not meeting expectations	<p>FIRST person: expected more active participation by building administrators</p> <p>SECOND person: clear lack of working relationship between wellness committee and central administration</p> <p>THIRD person: expected better aerobic fitness program with individual feedback</p>
Level of input regarding program content	<p>FIRST person: chance to indicate requests on questionnaire? encouragement through newsletter to offer any new ideas about any aspect of the program</p> <p>SECOND person: directly involved in decision making at the building level for competition groups</p> <p>THIRD person; offer suggestions to more verbal colleagues who talk a lot with wellness committee members; occasionally offer to assist with preparation of nutritious snacks for lounge</p>
Strengths of program	<p>FIRST person: creative reasonable coordinator; big budget</p> <p>SECOND person: opportunity to help self; takes away from hum-drum routine</p>

(continued on following page)

Table 33. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Three Teachers Who Were Inactive Prior to Program Participation

Focus of Question	Focus of Response
Strengths of program (continued)	THIRD person: availability of adequate funds for program operation; increased health awareness among all employees
Weaknesses of program	FIRST person: bitterness among some employees about loss of full insurance coverage SECOND person: program did not originate at control of central administration; lack of communication between wellness committee and central administration; little association between community and wellness program
What would do differently as a key decision maker	THIRD person: lack of understanding about wellness concept among many administrators FIRST person: promote the fun part of fitness; expand incentive system; have special classes to educate administrators and P.E. teachers SECOND person: make program more community oriented; initiate more promotional activities to gain spouse participation THIRD person: separate the wellness program from the master contract; invite senior citizens to join the program at a nominal fee

The second person mentioned that the coordinator attempted to expand and improve the program. Further, the program had been the reason for this person's development of regular exercise habits. The third person emphasized that employees had input into program offerings and that the coordinator followed through with promises he made.

When asked about ways the program was not meeting expectations, two persons referred to administration; the first person expected more active participation by building administrators, and the second person indicated that there was lack of a working relationship between the wellness committee and central administration. Third person expected a better aerobic fitness program with individual feedback.

When asked about their level of input regarding program content, the first person indicated that employees could state requests during surveys by the wellness office or could freely offer program suggestions anytime. The second person was directly involved in decision making at the building level for group competitions. The third person offered program suggestions to colleagues who passed them on to program personnel; further, this person occasionally assisted with preparation of nutritious snacks for the lounge.

When asked about strengths of the program, the first person indicated that the coordinator was creative and reasonable and was allowed to operate within a big budget.

The second person emphasized that the opportunity was constantly available for employees to improve themselves; further, the person stressed that the program offered freedom from the dull routine. The third person stated that adequate funds were available for program operation and that the health awareness level of all employees had increased.

When asked about weaknesses of the program, two persons referred to administration; one person indicated that the program did not originate under total control of central administration, which resulted in lack of communication between central administration and the wellness committee; the other indicated that there was a lack of understanding about the wellness concept among many administrators. One person stated that bitterness about loss of full-coverage insurance still existed among some employees. Another added that there was little association between the community and the wellness committee.

When asked what they would do differently as key decision makers, the three persons gave different responses. The first person indicated he would promote the fun aspect of fitness, expand the incentive system, and would offer special classes to educate administrators and physical education teachers. The second person indicated she would make the program more community oriented and would initiate more promotional activities to gain spousal participation.

The third person indicated she would separate the wellness program from the master contract, and would invite senior citizens to join the program at a nominal fee.

Results of formal interviews with a randomly chosen sample of participants who assumed personnel duties. Two participants who assumed wellness program personnel duties, were also interviewed. Table 34 summarizes interview information related to the set of open-ended questions asked at the beginning of the session. The first person chose to participate in the program in an attempt to exercise regularly and to lose some weight while enjoying the socialization aspect of the program. The second person wanted to learn more about nutrition, further reasons were to promote aerobic exercise benefits, and to encourage spousal participation.

When asked to discuss ways the program was meeting their expectations, the first person stated that there was a high level of enthusiasm among participants and that the program was a positive influence on nonparticipants. The second person emphasized that increased personal awareness about food preparation had occurred during program participation; further, the person indicated that the coordinator and wellness committee continually tried to offer ways to increase the fitness levels of some physical education teachers and building principals.

When asked about ways the program was not meeting their

Table 34. Summary of Interview Information from Mason City Employees about District Wellness Program: Responses to Open-ended Questions from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>FIRST person: to exercise regularly and lose a few pounds along the way; socialization with others interested in same thing</p> <p>SECOND person: to learn more about nutrition; to encourage spouse to join the activities; to promote aerobic exercise benefits</p>
Ways program was meeting expectations	<p>FIRST person: high level of enthusiasm among participants; positive influence even on nonparticipants</p> <p>SECOND person: raised awareness about food preparation; efforts of committee -and coordinator to keep trying ways to reach people such as out-of-shape physical education teachers and overweight principals</p>
Ways program was not meeting expectations	<p>FIRST Person: near absence of central administration real support; lack of medical expertise in fitness planning, testing, and follow-up</p> <p>SECOND person: expected more encouragement from administrators at building level; lack of scheduling means to include busy, interested colleagues</p>

(continued on following page)

Table 34. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses from Open-ended Questions from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Focus of Response
Level of input regarding program content	<p>FIRST person: organization of group activities such as volleyball and cycling; volunteer to assist wherever and whenever needed</p> <p>SECOND person: leadership of aerobic activities on-site; work at YMCA with swim groups involving district employees; assist with building-level meetings to obtain employee input about activities</p>
Strengths of program	<p>FIRST person: creativity of coordinator; relationship between coordinator and wellness committee; adequate money supply; promotes more aggressive image for district</p>
Weaknesses of program	<p>SECOND person: variety of program offerings; coordinator</p> <p>FIRST person: lack of communication between central administration and wellness committee; bitterness held by many older faculty members about loss of some insurance coverage</p> <p>SECOND person: lack of communication between employees and building-level administrators; lack of program operation in the summer</p>

(continued on following page)

Table 34. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Focus of Response
What would do differently as a key decision maker	<p>FIRST person; would emphasize importance of well-being as opposed to the dollar/arrange graduate or continuing education credit for completion of health education courses; put more money into expansion of the incentive program and share cost program cost with employees</p> <p>SECOND person: provide more monitored classes in aerobic fitness with individual counseling and feedback; hire medical person to keep confidential progress records</p>

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expectations, the first person stressed that there was a lack of central administrative support and lack of medical expertise in fitness planning, testing, and feedback. The second person expected more encouragement from administrators at the building level and expected a more adequate schedule that would allow participation by interested colleagues who had second jobs or school obligations such as coaching.

Regarding level of input into program content, the first person was responsible for organization of group activities such as volleyball and cycling; this person also volunteered to assist with other program offerings as needed. The second person led aerobic activities on-site, worked at the YMCA with swim groups involving district employees, and assisted with building-level meetings to obtain employee input about activities.

When asked to discuss program strengths, both persons referred to the coordinator. The first person also indicated that the relationship between the coordinator and the wellness committee was a strength; further, the person mentioned the money supply and the aggressive image of the district as strengths. The second person emphasized that the program boasted a variety of offerings.

Both persons referred to administration when asked to discuss weaknesses of the program. The first person indicated that there was lack of communication between

central administration and the wellness committee. The second person referred to lack of communication between employees and building administrators. The first person added that there was bitterness among many older faculty members about the loss of full-coverage insurance. The second person referred to the lack of program operation in the summer.

When asked what they would do differently as key decision makers, the first person indicated that there would be emphasis on employee personal well-being, rather than emphasis on the dollar; the incentive program would be expanded and a system developed for employee program cost-sharing; and there would be continuing education credit for completion of health education courses. The second person indicated that she would provide additional monitored aerobic fitness classes and would offer individual feedback and counseling; further, the person said she would hire a medical expert to maintain confidential records of individuals' progress.

Results of formal interviews with a randomly chosen sample of nonparticipants. Four wellness program nonparticipants were also interviewed. These persons were asked to discuss two basic points: (a) why they chose not to participate in the program and (b) their general perceptions of the program. Each interview session lasted

in approximately 15 minutes.

Table 35 summarizes interview information from the four: nonparticipants. Two opposed the program and two advocated the program. When asked why they chose not to participate in the program, two persons indicated that they resented the loss of full insurance coverage, one of the two adding that fitness should be a concern outside the workplace. One of the advocates stated simply that there was not time to participate; further discussion revolved around all that she had to do. The other advocate indicated that he was already an exercise enthusiast on a regular personal program and did not have time for wellness program activities.

When asked to describe their general perceptions of the program, one of the persons who opposed the program, indicated that the program was a waste of money and planning time; further, the person charged that the program was a source of public ridicule and that the coordinator was not really qualified because he lacked teaching experience. The same person offered the thought that the program should be dissolved and another instituted for after-school operation by local hospital personnel; employees should share expenses and the district should reinstate the full-coverage insurance plan. The second person against the program stated that the loss of insurance coverage was directly caused by the decision to implement a wellness program; further, the person charged that the coordinator had an easy

Table 35. Summary of Interview Information from Mason Cit: Employees about District Wellness Program: Responses to Open-ended Questions from Four Teachers Who Were Nonparticipants

Focus of Question	Focus of Response
Why the choice not to participate in the wellness program	<p>FIRST person: resent loss of full insurance coverage; fitness should be a concern outside the workplace</p> <p>SECOND person: no extra time to participate</p> <p>THIRD person: simply no time for such activities; already fitness enthusiast and regular exerciser</p> <p>FOURTH person: to demonstrate statement of negative attitude toward loss of full-coverage insurance</p>
General perception of program	<p>FIRST person: waste of money; source of public ridicule; encourages teachers to waste valuable planning time; wellness coordinator not qualified due to lack of teaching experience; program should be dissolved and new one instituted for after-school hours in conjunction with local hospital with employees sharing expenses</p> <p>SECOND person: program is good idea; colleagues look better and appear to feel better; had to do something about skyrocketing health insurance rate; hopes to join weight-loss and nutrition programs next year</p> <p>THIRD person: advocate of program; good image for district; team competitions sound like fun; might attend weight-loss program</p>

(continued on following page)

Table 35. (continued) Summary of Interview Information from Mason City Employees about District Wellness Program:
Responses to Open-ended Questions from Four Teachers Who Were Nonparticipants

Focus of Question	Focus of Response
General perception of program (continued)	FOURTH person: program is too expensive; caused loss of valuable insurance coverage; heard negative comments about program from some colleagues who participate; coordinator has cream puff job and gets paid well for it; program should definitely be discontinued; waste of time; health is individual's concern, not school district's concern

job and was getting paid well. The same person indicated that the program should definitely be discontinued, and that health is an individual's responsibility. One of the persons who indicated that she was a program advocate, explained that the program was a good idea, that colleagues looked better and appeared to feel better, that something had to be done to combat the increasing insurance premium rates, and that a personal hope was to make room in a busy schedule for the next year's weight-loss and nutrition classes. The other program advocate indicated that the program promoted a good image for the district; further, the person thought the team competitions sounded like fun and thought that he might eventually make time to attend the weight-loss classes.

Results of questionnaires completed by interviewees. For this case study, a stratified random sample of teachers was selected for interview purposes. The total (18) included 14 persons who were program participants and four who were not program participants. Each of the 14 participants was asked the same set of specific open-ended questions during the first part of the interview session. (The results of this procedure have been discussed in this chapter in narrative and tabular forms.) Following open-ended questioning, the researcher asked each respondent to complete a district-tailored questionnaire pertaining to the wellness program. (The four nonparticipants responded to

specific open-ended questions; they were not asked to complete a questionnaire.) Subsequent information is presented to clarify questionnaire results relevant to the stratified sample of program participants.

Table 36 summarizes the questionnaire information obtained from three teachers with more than ten years of experience. The teachers shared commonalities which included (a) participation in the program on a regular basis; (b) participation in specific program offerings, which included blood pressure screening, nutrition education, stress management classes; (c) involvement in an endurance program; (d) improvement of health and fitness level due to program participation; (e) perception of provision for social/group interaction with peers; (f) satisfaction with program offerings for themselves; (g) perception that properly trained personnel conducted all program activities; (h) perception that there was personal growth evaluation with feedback procedures; and (i) perception of personally enhanced job performance due to program participation.

Interesting responses mentioned once included (a) perception that more communication existed mainly between administrators as opposed to the idea that more communication existed between administrators and staff members; and (b) perception that the wellness committee, not

Table 36. Summary of Information from Mason City Employees
about Wellness Program Responses on District-tailored
Questionnaire from Three Teachers with More than Ten Years of
Experience

Focus of Question	Response
Level of participation on regular bas	FIRST person: yes SECOND person: yes THIRD person: yes
Specific program elements involved in	FIRST person: blood pressure screening; nutrition education; stress management SECOND person: all-blood pressure screening; smoking cessation; nutrition education; weight control classes; stress management; back care; support groups; even exercise away from school too THIRD person: blood pressure screening? smoking cessation? nutrition education; stress management
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70 percent of maximum heart rate)	FIRST person: yes SECOND person: yes THIRD person: yes
Cigarette smoker	FIRST person: no SECOND person: not regularly THIRD person: no
If a smoker, indicate comparison level between amount smoked prior to and after program participation	FIRST person: N/A SECOND person: Less THIRD person: N/A

(continued on following page)

Table 36. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers with More than Ten Years of Experience

Focus of Question	Response
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	FIRST person: ideal SECOND person: closer to ideal THIRD person: ideal
Comparison of prior stress level with stress level after participation	FIRST person: Less SECOND person: Same THIRD person: Less
Items improved due to influence of program participation	FIRST person: health; fitness level, weight/appearance; energy level SECOND person: health; fitness level THIRD person: health; fitness level; energy level
Desired additional program activities	FIRST person: basketball; more group activities SECOND person: no data THIRD person: no data
Program schedule convenience for your participation	FIRST person: not always but personally make it so SECOND person: THIRD person:
Opportunity for social/group interaction with peers	FIRST person: yes SECOND person: yes THIRD person: yes; (teams)
Satisfaction with program offerings for self	FIRST person: yes SECOND person: yesYes THIRD person: yes

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Table 36. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers with More than Ten Years of Experience

Existence of properly trained personnel who conduct all activities	FIRST person:	yes
	SECOND person:	yes
	THIRD person:	yes
Adequate physical environment for your activity participation	FIRST person;	yes
	SECOND person;	yes
	THIRD person:	no
Existence of personal growth evaluation and feedback	FIRST person:	yes
	SECOND person:	yes
	THIRD person:	yes
Suggestions to improve program	FIRST person:	no data
	SECOND person:	no data
	THIRD: person:	people need to take advantage of what's there now

Focus of Question	Response	
Existence of intentional program design to enhance personal interrelationships among all participants	FIRST person:	yes
	SECOND person:	no
	THIRD person:	questionable
Existence of intentional program design to enhance professional interrelationships among all participants	FIRST person:	yes
	SECOND person:	no
	THIRD person:	questionable
Existence of more communication between administrators and other staff members	FIRST person:	between administrators
	SECOND person;	mainly
	THIRD person:	yes
		yes

(continued on following page)

Table 36. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers with More than Ten Years of Experience

Focus of Question	Response
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	FIRST person: yes SECOND person: yes THIRD person: not sure that district is committed, but the wellness committee is
Existence of feeling that job performance is enhanced due to program participation	FIRST person: yes SECOND person: yes THIRD person: yes

district administration, recognized the importance of employee health status.

Table 37 summarizes district-tailored questionnaire information obtained from three teachers with less than ten years of experience. All three teachers shared commonalities which included (a) participation in the program on a regular basis; (b) participation in blood pressure screening; (c) involvement in an endurance program; (d) indication of status as nonsmokers; (e) improvement of health and fitness levels due to program participation; (f) indication that the program schedule was convenient for their participation; (g) perception that the program provided opportunity for social/group interaction with peers; (h) satisfaction with program offerings for themselves; (i) perception that properly trained personnel conducted all program activities; (j) perception that adequate physical environment existed for activity participation; (k) perception that no increased communication had occurred between administrators and staff members as a result of program implementation; and (l) perception of personally enhanced job performance due to program participation.

Interesting responses mentioned one time included (a) a suggestion that the program needed to show it was cost effective and (b) perception that the program was intentionally designed to enhance professional

Table 37. Summary of Information from Mason City Employees about Wellness Program; Responses on District-tailored Questionnaire from Three Teachers with Less than Ten Years of Experience"

Focus of Question	Response
Level of participation on regular basis	FIRST person: yes SECOND person: yes THIRD person: yes
Specific program elements involved in	FIRST person: blood pressure screening; nutrition education; stress management SECOND person: blood pressure screening; stress management THIRD person: blood pressure screening
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70 percent of maximum heart rate)	FIRST person: yes SECOND person: yes THIRD person: yes
Cigarette smoker	FIRST person: no SECOND person: no THIRD person: no
If a smoker, indicate comparison level between amount smoked prior to and after program participation	FIRST person: N/A SECOND person: N/A THIRD person: N/A
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	FIRST person: closer to ideal SECOND person: improved THIRD person: closer to ideal

(continued on following page)

Table 37. (continued) Summary of Information from Mason City Employees about Wellness Program; Responses on Pi strict-tailored Questionnaire from Three Teachers with Less than Ten Years of Experience

Focus of Question	Response
Comparison of prior stress level with stress level after participation	FIRST person: Less SECOND person: Same THIRD person: Less
Items improved due to influence of program participation	FIRST person: health; fitness level, weight/appearance; energy level SECOND person: health; fitness level; energy level THIRD person: health; fitness level; weight/appearance; energy level
Desired additional program activities	FIRST person: no data SECOND person: ski trips or other weekend trips organized via wellness program THIRD person: provision for directed exercise during work days
Program schedule convenience for your participation	FIRST person: yes SECOND person: yes THIRD person: yes
Opportunity for social/group interaction with peers	FIRST person: yes SECOND person: yes THIRD person: yes
Satisfaction with program offerings for self	FIRST person: yes SECOND person: yes THIRD person: yes

(continued on following page)

Table 37. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers with Less Than Ten Years of Experience

Focus of Question	Response
Existence of properly trained personnel who conduct all activities	FIRST person: yes SECOND person: yes THIRD person: yes
Adequate physical environment for your activity participation	FIRST person: yes SECOND person: yes; create own environment THIRD person: yes
Existence of personal growth evaluation and feedback	FIRST person: yes SECOND person: yes THIRD person: yes
Suggestions to improve program	FIRST person: program needs to show how it is cost effective SECOND person: achievement of reduced insurance premiums for individuals THIRD person: no data
Existence of intentional program design to enhance personal interrelationships among all participants	FIRST person: yes SECOND person: yes THIRD person: not necessarily
Existence of intentional program design to enhance professional interrelationships among all participants	FIRST person: yes, but don't think that administrators show active participation willingly SECOND person: unsure THIRD person: not necessarily

(continued on following page)

Table 37. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers with Less Than Ten Years of Experience

Focus of Question	Response
Existence of more communication between administrators and other staff members	FIRST person: no SECOND person: no THIRD person: no
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	FIRST person: yes SECOND person: yes, only for insurance costs; no, otherwise except for personal satisfaction gained from reaching goals THIRD person: yes
Existence of feeling that job performance is enhanced due to program participation	FIRST person: yes SECOND person: yes THIRD person: yes

interrelationships among all participants, but that administrators did not show active participation willingly.

Table 38 summarizes district-tailored questionnaire information obtained from three teachers who were active prior to program participation. All three teachers shared commonalities which included (a) participation in the program on a regular basis, (b) involvement in an exercise endurance program, (c) indication of status as nonsmokers, (d) indication of weight level as ideal, (e) indication of improved health due to program influence, (f) indication that program was convenient for their participation, (g) indication that opportunity existed for social/group interaction with peers, (h) indication that properly trained personnel conducted all program activities, (i) indication that properly trained personnel conducted all program activities, (j) indication of adequate physical environment for activity participation, (k) indication that personal growth evaluation and feedback existed in the program, and (l) perception of enhanced feelings toward job due to fact that health status was recognized as important by district. Interesting responses mentioned one time included (a) indication that the lifestyle change programs were not needed personally, but joined for the incentive program; and (b) a suggestion that the program could be improved by adding educational courses about aerobic training effects.

Table 39 summarizes district-tailored questionnaire

Table 38. Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Active Prior to Program Participation

Focus of Question	Response
Level of participation on regular basis	FIRST person: yes SECOND person: yes THIRD person: yes
Specific program elements involved in	FIRST person: no need to join lifestyle change programs; joined Incentive Program SECOND person: blood pressure screening; nutrition education; stress management; back care THIRD person: blood pressure screening; nutrition education; stress management
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate)	FIRST person: yes SECOND person: yes THIRD person: yes
Cigarette smoker	FIRST person: no SECOND person: no THIRD person: no
If a smoker, indicate Comparison level between amount smoked prior to and after program participation	FIRST person: N/A SECOND person: N/A THIRD person: N/A
t If applicable to reasons for participation, compare weight level prior to with weight level after program participation	FIRST person: ideal SECOND person: ideal THIRD person: ideal

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(continued on following page)

Table 38. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Active Prior to Program Participation

Focus of Question	Response
Comparison of prior program stress level with stress level after participation	FIRST person: same SECOND person: less THIRD person: same, but handle it better
Items improved due to influence of program participation	FIRST person: health SECOND person: health; fitness level; weight/appearance; energy level THIRD person: health; fitness level; weight/appearance; energy level
Desired additional program activities	FIRST person: none SECOND person: 10K fun-run at end of year for points; summer programs; 12-month wellness program THIRD person: satisfied—variety is good
Program schedule convenience for your participation	FIRST person: yes SECOND person: yes THIRD person: yes
Opportunity for social/group interaction with peers	FIRST person: yes SECOND person: yes THIRD person: yes
Satisfaction with program offerings for self	FIRST person: yes SECOND person: yes THIRD person: would like more flexibility in scheduling to allow more running

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Table 38. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Active Before Program Participation

Focus of Question	Response
Existence of properly trained personnel who conduct all activities	FIRST person: yes SECOND person: yes THIRD person: yes
Adequate physical environment for your activity participation	FIRST person: yes SECOND person: yes THIRD person: yes
Existence of personal growth evaluation and feedback	FIRST person: yes SECOND person: yes THIRD person: yes
Suggestions to improve program	FIRST person: need to educate participants about aerobic training effects-how to achieve them and what they can mean SECOND person: weighing in at the beginning and end of year; flexibility and endurance testing THIRD person: work with lunch program to provide truly nutritious food; continue reimbursement program
Existence of intentional program design to enhance personal interrelationships among all participants	FIRST person: yes SECOND person: yes THIRD person: could be
Existence of intentional program design to enhance professional interrelationships among all participants	FIRST person: yes SECOND person: yes THIRD person: could be

(continued on following page)

Table 38. (continued) Summary of Information from Mason City Employees about Wellness Program; Responses on District-tailored Questionnaire from Three Teachers Who Were Active Before Program Participation

Focus of Question	Response
Existence of more communication between administrators and other staff members	FIRST person: no SECOND person: yes THIRD person: no
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	FIRST person: yes SECOND person: yes THIRD person: yes
Existence of feeling that job performance is enhanced due to program participation	FIRST person: job performance enhanced by fitness activities, but not necessarily since entering wellness program SECOND person: yes THIRD person: yes

Table 39. Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Inactive Prior to Program Participation

Focus of Question	Response
Level of participation on regular basis	FIRST person: yes SECOND person: yes THIRD person: yes
Specific program elements involved in	FIRST person: blood pressure screening; nutrition education; weight control classes; stress management SECOND person: nutrition education; weight control classes; stress management THIRD person: blood pressure screening; nutrition education; weight control classes; stress management
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate)	FIRST person: yes SECOND person: yes THIRD person: yes
Cigarette smoker	FIRST person: no SECOND person: no THIRD person: no
If a smoker, indicate comparison level between amount smoked prior to and after program participation	FIRST person: N/A SECOND person: N/A THIRD person: N/A

(continued on following page)

Table 39. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Inactive Prior to Program Participation

Focus of Question	Response
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	FIRST person: closer to ideal SECOND person: closer to ideal-5 pounds away THIRD person: closer to ideal
Comparison of prior stress level with stress level after participation	FIRST person: less SECOND person: less THIRD person: same
Items improved due to influence of program participation	FIRST person: health; fitness level; weight/appearance; energy level SECOND person: health; fitness level; weight/appearance; energy level THIRD person: health; fitness level; weight/appearance; energy level
Desired additional program activities	FIRST person: no data SECOND person: weight maintenance; target heart rate training THIRD person: swimming technique class; advanced weight training; speed walking
Program schedule convenience for your participation	FIRST person: yes, because it is individual SECOND person: yes THIRD person: yes

(continued on following page)

Table 39. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Inactive Before Program Participation

Focus of Question	Response
Opportunity for social/group interaction with peers	FIRST person: yes SECOND person: yes THIRD person: yes
Satisfaction with program offerings for self	FIRST person: yes—our director is the main PLUS of our program SECOND person: yes THIRD person: yes
Existence of properly trained personnel who conduct all activities	FIRST person: yes SECOND person: yes THIRD person: yes
Adequate physical environment for your activity participation	FIRST person: no, but working on it SECOND person: yes THIRD person: yes
Existence of personal growth evaluation and feedback	FIRST person: yes SECOND person: yes THIRD person: yes
Suggestions to improve program	FIRST person: need to find new ways to involve nonparticipants; implement ways to keep participants active in the program SECOND person: try to provide needs as people identify them THIRD person: more administrative involvement

(continued on following page)

Table 39. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Three Teachers Who Were Inactive Before Program Participation

Focus of Question	Response
Existence of intentional program design to enhance personal interrelationships among all participants	FIRST person: no SECOND person: yes THIRD person: yes
Existence of intentional program design to enhance professional interrelationships among all participants	FIRST person: no SECOND person: yes THIRD person: yes
Existence of more communication between administrators and other staff members	FIRST person: yes SECOND person: no THIRD person: yes
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	FIRST person: yes SECOND person: yes THIRD person: yes
Existence of feeling that job performance is enhanced due to program participation	FIRST person: yes SECOND person: yes THIRD person: yes

information obtained from three teachers who were inactive prior to program participation. The commonalities among the three persons included (a) participation in the program on a regular basis; (b) participation in nutrition education, weight control classes, stress management classes; (c) involvement in an exercise endurance program; (d) indication of status as nonsmoker; (e) indication that weight level was closer to ideal due to program participation; (f) improvement in health, weight/appearance, fitness and energy levels; (g) indication that program schedule was convenient for their participation; (h) perception of opportunity available for social/group interaction with peers; (i) satisfaction with program offerings for themselves; (j) indication that properly trained personnel conducted all program activities; (k) indication that personal growth evaluation and feedback existed in the program; (l) perception of enhanced feelings toward job due to fact that health status was recognized as important by district; and (m) perception that personal job performance was enhanced due to program participation. Interesting responses mentioned one time included (a) indication that periods of stress were the same, regardless of program participation; (b) indication that the program schedule was convenient for participation because it was on an individual basis; and (c) indication that improvements of the program should include new ways to

involve nonparticipants and keep them participating.

Table 40 summarizes district-tailored questionnaire information obtained from two teachers who assumed personnel duties. Commonalities between the two persons included (a) participation in the program on a regular basis; (b) participation in specific program offerings such as blood pressure screening, nutrition education, and weight control classes; (c) involvement in an exercise endurance program; (d) indication of status as nonsmokers; (e) improvement of health, weight/appearance, and energy and fitness levels due to program participation; (f) indication that program schedule was convenient for their participation; (g) indication that opportunity existed for social/group interaction with peers; (h) indication of satisfaction with program offerings for self; (i) indication that properly trained personnel conducted all program activities; (j) indication that the physical environment was adequate for their activity participation; (k) indication that personal growth evaluation and feedback existed within the program; (l) indication of belief that increased communication did not occur between administrators and staff members due to program influence; and (m) perception of enhanced feelings toward job due to fact that health status is recognized as important by district.

Interestingly, one of the interviewees indicated that

Table 40. Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Response
Level of participation on regular basis	FIRST person: yes SECOND person: yes
Specific program elements involved in	FIRST person: blood pressure screening; nutrition education; weight control classes; Incentive Program SECOND person: blood pressure screening; nutrition education; weight control classes; blood work analysis, aerobics classes, introduction to weight-lifting, hydrostatic weighing procedure to determine percentage of body fat
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate)	FIRST person: yes SECOND person: yes
Cigarette smoker	FIRST person: no SECOND person: no
If a smoker, indicate comparison level between amount smoked prior to and after program participation	FIRST person: N/A SECOND person: N/A

(continued on following page)

Table 40. (continued) Summary of Information from Mason City Employees about Wellness Program; Responses on District-tailored Questionnaire from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Response
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	FIRST person: closer to ideal SECOND person: N/A
Comparison of prior stress level with stress level after participation	FIRST person: same SECOND person: less
Items improved due to influence of program participation	FIRST person: health; fitness level; weight/appearance; energy level SECOND person: health; fitness level; weight/appearance; energy level
Desired additional program activities	FIRST person: inter-school competition SECOND person: weekend excursions; organized team sports; building challenges; end of the year culmination activity
Program schedule convenience for your participation	FIRST person: yes SECOND person: yes
Opportunity for social/group interaction with peers	FIRST person: yes SECOND person: yes

(continued on following page)

Table 40. (continued) Summary of Information from Mason City Employees^ about Wellness Program: Responses on District-Tailored Questionnaire from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Response
Satisfaction with program offerings for self	FIRST person: yes SECOND person: yes
Existence of properly trained personnel who conduct all activities	FIRST person: yes SECOND person: yes, basically
Adequate physical environment for your activity participation	FIRST person: yes SECOND person: yes
Existence of personal growth evaluation and feedback	FIRST person: yes SECOND person: yes, particularly with blood analysis
Suggestions to improve program	FIRST person: continually improves each year SECOND person: promote more Togetherness
Existence of intentional program design to enhance personal interrelationships among all participants	FIRST person: yes SECOND person: no, a big product
Existence of intentional program design to enhance professional interrelationships among all participants	FIRST person: yes SECOND person: no

(continued on following page)

Table'40. (continued) Summary of Information from Mason City Employees about Wellness Program: Responses on District-tailored Questionnaire from Two Teachers Who Assumed Program Personnel Duties

Focus of Question	Response
Existence of more communication between administrators and other staff members	FIRST person: no SECOND person: no, but has among staff members
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	FIRST person: yes SECOND person: yes
Existence of feeling that job performance is enhanced due to program participation	FIRST person: yes SECOND person: N/A

the question about job performance and program participation was not applicable.

Results of formal interview with the superintendent.

The researcher requested and was granted a formal interview with the superintendent. Initial discussion was related to general demographics which are presented earlier in this chapter (p. 199). Subsequent program information evolved during the course of the conversation.

The superintendent described himself as an advocate and an active participant of the wellness program. When asked about specific participation, the leader explained that he attended meetings, worked with building administrators regarding the program, and that he took part in group exercise sessions.

The superintendent expressed concern about the program having been initially implemented with such a great emphasis on health care cost reduction as opposed to a more appropriate amount of emphasis on employee personal well-being. He further indicated that resentment about the program continued to exist among many persons at varying levels throughout the district. He described some reasons for the resentment: (a) perception of some people that the wellness committee was a negative power superstructure; (b) common knowledge that the wellness program budget had not been cut despite the fact that all other district programs had suffered severe budget cuts for 13 consecutive

years; (c) belief that the 62% hike in the proposed full-coverage insurance premium for 1983-1984 occurred as a result of three fluke situations (involving car accidents and a severe illness) which caused all employees in the relatively small system to suffer; and (d) the fact that the program was part of the master contract.

When asked how district administration planned to address these resentments, the superintendent explained that a wellness program budget cut could be proposed for the next year and that, possibly, the position of coordinator would become half-time. Further, he explained that his original position was really assistant superintendent and that he was only acting as superintendent until June 1 (1986) and could not speculate about what would ultimately happen with the program following employment of a new superintendent.

When asked to discuss strengths of the program, the superintendent credited the coordinator with possession of extraordinary organizational skills and the ability to work well with large groups of people. The superintendent further noted that he had observed evidence of positive lifestyle change among many program participants. He also mentioned that the large program budget created a well financed setting for implementation of a wide variety of program offerings.

Toward the end of the interview, the superintendent

stated that he enjoyed participation in the program, especially the competition activities which resulted in rewards. Further, the leader expressed the opinion that the program had raised the health awareness level of nearly every district employee.

Results of formal interviews with the wellness coordinator. Upon arrival at the wellness office (which was located in the central administration building), the researcher was greeted by the coordinator who introduced himself and his secretary. Subsequently, the coordinator led the way to a nearby room that had been especially prepared as office space for the researcher to use during the week of the case study. At this time, a formal conversation about the wellness program ensued.

Aside from discussion about general demographics of the district (which are presented on page 199 in this chapter), the coordinator added information about the city. He stated that the community was extremely family oriented and consisted of mostly very old families and very young families. The nontransient community was lacking in middle groups (such as 28 to 38-year-olds). The coordinator felt that this contributed to the near absence of progression toward health risk factor awareness accompanied by measures to effect lifestyle change. Geographically, a complication was the long winter periods of inclement weather. The coordinator emphasized that no community organization

existed to offer appropriate outdoor fitness-related activities; also, very little else was available to assist anyone who might desire to become fitness-conscious.

When asked why he accepted the position at Mason City (since he was originally from another state), the coordinator replied that he possessed a bachelor's degree in business and a master's degree in recreation with emphasis in fitness/wellness program design; his desire was to pursue further experience about wellness which would ultimately aid in the establishment of a privately owned company.

The coordinator explained that when he first accepted his current position, he was somewhat nervous about not having had previous employment experience in an educational setting. However, that feeling subsided when he discovered that the wellness committee chairperson, who was a classroom teacher/fitness enthusiast, was proving to be extremely helpful in establishing effective communication procedures between the wellness office and the employees. The coordinator further credited the chairperson with having precise organizational skills which were used to initiate action and to follow through with plans efficiently.

When asked about strengths of the program, the coordinator stated that he and the wellness committee had virtually complete autonomy regarding program components and implementation. They made decisions about such things as

selection of ways to assess employee health needs and requests, implementation of procedures to address the needs/wants, and judgment of how the program budget should be spent. Also, the coordinator emphasized the amount of the budget as being a main strength.

When asked about weaknesses of the program, the coordinator explained that an image problem prevailed, which related to negative attitudes about the program held by some faculty members who were still bitter about the loss of full-coverage insurance. Further, the coordinator expressed concern about lack of open communication between the wellness committee and some central administrators. Also mentioned was the problem of scheduling activities to suit a majority of the participants while remaining in compliance with school law.

During the course of the week the researcher engaged in numerous conversations with the coordinator. Since the coordinator was also the program evaluator and financial advisor, discussions took place which included the information about estimated cost savings which is presented earlier in this chapter. The coordinator indicated that one of the future goals was to establish procedures that would result in a set of data that would reflect the program's actual influence on employee absenteeism, productivity, morale, and ultimate cost savings over an extended (several-year) period.

Results of formal interview with the wellness committee chairperson. The researcher requested and was granted an interview with the chairperson of the wellness committee. The person was a classroom teacher and was interested in improved fitness levels for herself and for all other district employees. Further, she had been a member of the district insurance committee that proposed the two-pronged offer which included reduced insurance benefits and a wellness program in place of funding a 62% rate hike to maintain full-coverage insurance for employees.

The chairperson indicated that the wellness committee was comprised of seven union members and seven nonunion members and that the coordinator was not allowed to vote with the committee on any program issues. She further explained that the wellness program became part of the master contract as a result of a 2-to-1 vote by district employees and subsequent approval of the school board.

When asked about needs of the program, the chairperson indicated that central administration needed to open up more because the community and most employees perceived central administration as a separate entity. She further indicated that the program originated by way of a committee; therefore, some administrators held resentment because they were not in control of program aspects, including the budget. The implication was that this

situation prevented lack of effective communication between certain administrators and the wellness committee.

The committee leader indicated that high hopes were held (by committee members and others) that the new superintendent would promote implementation of a district-wide, community-wide marketing plan to upgrade the school district and the wellness program. She stated that the program was positively affecting her and her spouse's overall health and fitness levels; further, she knew of numerous colleagues who had lost unwanted weight, reduced problematic blood pressure, and who were exercising regularly due to influence of the wellness program.

Summary and Analysis of Mason City Wellness Program

Information in this section attempts to depict an overall view of the Mason City wellness program. For clarification purposes, the researcher begins with contextual information and proceeds with analysis of all the data obtained throughout the case study. Presentation of the material is based on the following framework of variables:

1. Context: This includes the demographics of the organization. Data were collected from interviews with the superintendent and the wellness coordinator, and from observation of records. Also included are the needs assessments of the potential program participants. Data

were collected from interviews with the wellness coordinator, observation of records, interviews with program participants, and from participant questionnaire results. Contextual material also includes the goals held for the program participants. Data were collected from interviews with the superintendent, the wellness coordinator, the wellness committee chairperson, and from observation of records.

2. Input: This includes the facilities available for use in the program. Data were collected from on-site observation. Also included are the selection and assignment of staff to administer the program. Data were collected from interviews with the superintendent and the wellness coordinator. The scope of the program, which denotes the overall plan including budgets, schedules, and alternatives, is also part of input evaluation. Data were collected from interviews with the superintendent and the wellness coordinator, and from observation of records. The focus of the program, which refers to resources utilized for goal attainment, is also included. Data were collected from interviews with the wellness coordinator and from observation of program records.

3. Process: This includes dissemination for the purpose of informing potential participants about the program. Data were collected from interviews with the wellness coordinator and participants, and from observation

of records. Also included are the support activities and services to help program participants achieve goals. Data were collected from interviews with the wellness coordinator, program participants, and the wellness committee chairperson; from observation of records; and from analysis of participant questionnaire results.

4. Product: This includes cost savings. Data were collected from interviews with the wellness coordinator, and from observation of records. Also, changes in participant self-perception are included. Data were collected from interviews with program participants, and from questionnaire results. Participant satisfaction with the program is also part of outcome information. Data were collected from interviews with program participants, from questionnaire results, and from observation of records. Another outcome variable for this study is change in morale. Data were collected from interviews with program participants, from questionnaire results; and from observation of records. Other outcome variables, change in rate of absenteeism and change in productivity level, were included for study. A conclusion was reached based on interviews with the wellness coordinator, and from observation of records. Employee turnover is also an outcome variable concerning wellness program evaluation. Conclusions were reached based on interviews with the wellness coordinator. Finally, change

in the health status of participants is included in outcome evaluation. Data were collected from interviews with participants, and from questionnaire results.

Tables supplement the narrative form in a further attempt to summarize and clarify information for the reader.

Context

Mason City School District is located in northern Iowa and serves a city population of 30,000. Full-time staff members consist of 540 persons who work with 4800 students. There are six elementary schools, two middle schools, and two high schools (one alternative, one senior high).

Implementation of the Mason City wellness program (fall 1983) resulted as part of a two-pronged effort by a specially appointed employee committee to combat inflation of district employee health care cost. Along with implementation of the wellness program, came adoption of an insurance plan that offered less than full coverage and thus avoided a 62% rate hike for the 1983-1984 school year. The total package was approved by a majority of district employees (2-to-1 vote margin) and was approved by the board. Subsequently, a full-time wellness expert who possessed a master's degree with emphasis in wellness program design, was hired to assume direction of the program. The specially appointed insurance committee became known as the wellness committee and operated as an entity to establish and maintain employee ownership into the program.

Further, the wellness committee functioned as an advisory/governing board in that key decisions involving the program were subject to committee approval.

The main goal held by district officials was the reduction of employee health care expenditures. The plan was to accomplish the main goal through effecting lifestyle change among employees. Administrative objectives were (a) to increase staff awareness of the wellness concept, (b) to acquire individual health profile analyses for determining overall district needs and wants, (c) to provide educational classes and fitness programs as determined by analyses of needs assessments, and (d) to establish evaluation procedures for the overall program as well as for individual participants.

Potential participant needs assessments were conducted. Information obtained from blood screening/analysis procedures, annual health audit surveys, interviews with the wellness coordinator and program participants, and participant questionnaire results, indicated consistent employee need/interest in the areas (a) hypertension control; (b) weight control, nutrition education; (c) cardiovascular fitness; (d) health education; (e) smoking cessation; and (f) stress management.

Input

On-site, the Mason City wellness program initially

offered access to swimming pools, gymnasiums, empty classrooms, and shower facilities. As the program progressed other items were added, such as stationary bicycles in each school, a well-equipped weight room at the high school, and a fitness trail was installed near the senior high school.

Periodically, wellness program services were arranged for participants to use off-site management and facilities, such as the local YMCA. The program budget offered financial assistance for participants who were interested in the off-site services.

Selection and assignment of staff for the wellness program began in spring 1983. When his official employment began in the Mason City district (July 1983), the wellness coordinator requested and was granted permission by the school board to select a secretary to assume clerical duties solely for wellness program services. Following advertisement and interview procedures (by the coordinator), a person was selected by the coordinator and hired by the school board to assume program duties such as word processing, answering the telephone, making appointments, maintaining employee files, and assisting with any other clerical aspects of various program components.

The coordinator and wellness committee agreed that outside consultants would be employed to conduct special classes and activities commensurate with employee

needs/wants and committee approval. The coordinator assumed the responsibility of research duties needed to acquire contact names and phone numbers of such health/fitness experts.

Over the three-year period of the program, extensive services were obtained from a local community organization called Health Consultation Services (HCS). The organization provided health promotion programs (such as stress management workshops) and testing procedures (such as blood screening/analysis) at a specified cost.

Other experts included a business consultant and a local psychologist; local aerobic dance teachers; representatives from the YMCA, two local health clubs, local community college, area extension office, and the American Cancer Society; and instructors from the University of Wisconsin at La Crosse.

At the onset of wellness program implementation, instant funding was provided from money saved due to change in insurance plans. This amount of \$89,000 was redirected to launch the program. During the first year, 1983-1984, the program was free of charge to full-time employees and spouses; however, the program has since expanded to include all employees and their spouses, for certain activities, though there is a charge to part-time employees and spouses; however, the program has since expanded to include all

employees and their spouses, for certain activities, though there is a charge to part-time employees (25 hours a week or less) and their spouses.

The program budget is approximately \$75,000, renewable each year. It is part of the budget for the entire school district and includes the salary of the wellness coordinator and the program secretary. Consulting fees and other monies for wellness activities are managed within the program budget.

Program scheduling has been a problematic area throughout the existence of the wellness program. The first year, participation policies were left to the discretion of individual building administrators. This caused dissension among employees across the district and posed in-house problems for administrators. An experimental district-wide policy was designed and implemented at the beginning of the second year. While this created a uniform plan, a majority of program participants has continued to express dissatisfaction with the lack of flex-scheduling. They contend that overall participation would increase through adequate flex-scheduling as an alternative because it would allow persons who have second job commitments, coaching jobs, or other school-related duties to take part in the program. Although greater flex-scheduling may have been desirable for program participation, a concern of the program coordinator and wellness committee was the local and

state guidelines within which the school system must operate regarding instruction hours and teacher planning time. According to the policy which was implemented the second year, teachers were allowed to use some time during the day for individual exercise activities. This time was during planning periods or when no students were under the supervision of the teacher. No organized program activities were held during instruction hours or planning periods; rather/ these activities took place in the mornings before school, in the afternoons immediately after school, or in the late evenings. Program activities were also provided on employee in-service days. The program did not operate during the summer months.

Two main resources were utilized to assist with program efforts toward overall goal attainment. HCS was employed consistently to provide various program offerings. For example, this organization provided the blood screening/analysis and health audit procedures described by the coordinator as the core of the program. Other services were provided by the organization as the program progressed.

Toward the end of the second year, the coordinator, operating with approval of the wellness committee, hired an outside business consultant to assist in program management. The expert was hired to (a) promote the development, improvement, and expansion of the program; (b) help HCS and

the school district to work together to achieve the goals of program development, improvement, and expansion; and (c) to help HCS identify, develop, and implement effective programs to address district needs.

Process

The first year of the program (1983-1984), on back-to-school in-service day, the coordinator conducted an introductory presentation about the wellness program, to increase awareness of the wellness concept, slides were shown and health educational literature emphasizing identification of health risk factors and benefits of lifestyle change was distributed. Employees were encouraged to register for the upcoming blood screening/analysis and health audit procedures. A similar back-to-school session occurred at the beginning of the second year of the program. By the third year, the in-service procedure focused on explanation of a newly devised operating plan which outlined program items, such as goals, objectives, and estimated cost savings. Each employee was given a copy of the operating plan and encouraged to participate in open discussion following the presentation.

Throughout all three years of the program's existence, attempts were made to keep employees informed about program services and progress. A newsletter, specially designed by the coordinator, was sent to each district employee on a regular basis (at least monthly and usually more often).

Additionally, building-level meetings were held with program representatives available to keep everyone advised of program happenings and to obtain employee input regarding program activities. Further, program volunteers assumed such duties as decoration of hallway bulletin boards with wellness themes, posting of announcements about school and community wellness-related events in the lounges, and distribution of various health education pamphlets and brochures.

Support activities and services to help program participants achieve goals mainly included (a) blood screening/analysis procedures and (b) classes in blood pressure control, weight control, nutrition education, back care, smoking cessation, stress management, and aerobic dance. Other offerings became available relative to assessed needs/requests, such as (a) cooking classes, (b) presentation on self-examination of the breast, (c) group fitness activities, (d) support group meetings, and (e) an incentive program based on a monetary reward system.

Product

Interviews with the coordinator and observation of records revealed that there were no base-line data available regarding the factors of cost savings, absenteeism, turnover, productivity, and morale. The outcomes of this

study are focused on participant change in self-perception, participant satisfaction with the program, and change in participant health status. Material presented in this section resulted from analytical review of evaluative data obtained from three sources: (a) a sample of employee attitude survey results as reported by the wellness coordinator (1983-1984), (b) recorded statements by the coordinator about internal investigation (1984-1985), and (c) information obtained on-site by the researcher through interview procedures and through completion of questionnaire by participants (April 1986). Sample of Employee Attitude Survey Results

The sample of employee attitudes taken at the end of the first year of wellness program implementation (1983-1984), as reported by the wellness coordinator, represented a total of 51 respondents. The number of negative comments (Table 26, p. 245) and positive comments (Table 27, p. 247) was almost evenly divided. The most frequently indicated negative comment was that the program was a waste of money. Nearly as many responses indicated that one's health status is an individual responsibility. The next most frequent response was regret about the loss of full-coverage insurance. Other negative responses mentioned at least a few times (four or more) included concern about scheduling problems and concern about the accuracy of screening results. On the other hand, a larger percentage of the

positive comments indicated general appreciation of the program, and nearly as many responses indicated appreciation of all parts of the program. Additionally, the next most frequent response was that health awareness had increased among employees. Other often mentioned responses related to appreciation of offerings such as blood screening/analysis procedures and classes in stress management and weight loss.

Despite the fact that the wellness program had materialized after a 2-to-1 vote margin of approval by district employees, for various reasons some employees chose to alienate themselves from the project and therefore did not utilize what was termed as a benefit attached to their master contract. By the end of the first year of the program, resentments about circumstances surrounding initial implementation were still there, as evidenced in the preceding paragraph. The program had been offered with foremost emphasis on its role as a way to curtail employee health care expenditures; also, the accompanying reduced coverage insurance plan emphasized further district concern about dollar savings. Perhaps most significant of all the comments reported was the positive one suggesting that increased health awareness had occurred. Heightened awareness must have occurred among nonbelievers as well as among program participants. Seemingly, through further

health education resulting in positive outcomes over a period of time, more employees and administrators would have a chance to be convinced that positive lifestyle change would not only reduce health care expenditures, but would simply do such things as make people physically feel and look better, increase self-confidence, and facilitate work performance.

On the employee attitude survey form/ employees were asked to indicate suggestions for program improvement (see Table 28, p. 248). The most often cited suggestion was the need for program scheduling clarification or need for additional time blocks. The problem about lack of scheduling-clarification was addressed for the beginning of the second year of the program. A special committee was appointed by the superintendent to design a district-wide policy governing wellness program participation. Each employee received a copy of the policy through the program newsletter. Implementation of the policy achieved uniformity; however, problems persisted regarding lack of flex-scheduling or lack of additional time blocks.

Other ways to improve the program (mentioned more than once) included (a) continuation of the program during the summer, (b) expansion of blood analysis, and (c) improvement of school lunches. As of the time this case study occurred (April 1986), the program had not been under consideration for summertime operation. Blood analysis procedures were

changed the second year to better accommodate employees' schedules; however, any expansion of analysis was not noted in the material reviewed by the researcher. Similarly, no information was reviewed regarding the wellness program's role in the school lunch program.

While employee suggestions about ways to improve the program were requested by the coordinator, expectedly not all of them would be practical or possible to implement due to forces such as constraints pertaining to finances, central administrative policy, school law, or lack of sufficient interest among employees to warrant the change. Moreover, direct correlation needed to be maintained between program changes and assessed needs of the district as a whole.

The attempt to assess employee attitudes about the program's first year of operation was worthwhile because it established some basis of evaluation that could be used in at least two ways: (a) to assist in program planning for the following year and (b) to assist as a comparative baseline for future evaluation procedures.

Recorded Statements by the Coordinator about Internal
Investigation

Recorded statements by the coordinator about an internal investigation that he conducted in the second year of the program offered insight into the two-year evolution.

The statements were part of a preliminary report prepared by the coordinator for a business consultant who was hired (spring 1985) to assist with program management. Analysis of the concerns listed in this chapter in Table 29 (p. 252) revealed that basically there was need for increased participation and need for ways to keep participants interested in the program. Related concerns were (a) how to motivate people to take care of themselves by reducing health risk factors and exercising, (b) how to motivate physical education teachers to improve themselves as role models for students, and (c) how to provide continual programs that generate immediate measurable benefits. Another concern was about what the wellness program's role should be in the forthcoming district employee assistance program. Also, the coordinator was puzzled about ways to justify to employees and others the expense of employing motivational speakers for program activities. Other persisting challenges related to scheduling, record keeping, location of activities, spousal participation, personalization of the program to meet individual needs, and the development of an incentive system.

The internal investigation culminated with an intricately detailed preparation of comments which indicated that the wellness coordinator was acutely abreast of what was happening with the program. While there was subjective evidence that good things were resulting through the

program, there was irrevocable evidence that some overall problem areas needed to be addressed to ensure future program stability. At this point, the size of the program budget afforded the coordinator and wellness committee the means to hire the business consultant to assist with future program efforts.

Following employment by the coordinator (spring 1985) , the business consultant conducted an evaluation of the wellness program in the attempt to assist with program planning for the third year (1985-1986). The researcher was not allowed a personal copy of the contents of the final report due to obligations of the wellness coordinator to keep the report confidential; however, on-site view of records and other available documents revealed that the wellness program plan for the third year was based directly on information obtained from the business consultant.

Program implementation for the third year (1985-1986), hinged from an official operating plan that was designed and printed for distribution to each employee. Special in-service activities conducted by the coordinator introduced the new plan to all employees. The explanatory booklet included program interns such as overview, description of the 1985-1986 plan, school district needs and wants, strengths and weaknesses of the program, objectives for 1985-1986, resources and personnel, financial plan and budget, time

schedule of activities, explanation of estimated cost savings, and estimate of cost savings. The plan is described in detail beginning on page 226 in this chapter.

When reviewing the three-year operation of the program, evidence of expansion is clear. Following employment in the district, the coordinator had two months to design a wellness program. By the beginning of the second year (1984-1985), the coordinator and wellness committee had altered the program to accommodate employees, providing more adequate scheduling of activities, additional fitness equipment, organization of specially requested classes and workshops, and coordination of group activities. By the beginning of the third year, the coordinator (with input from the business consultant and the wellness committee) had set forth a sophisticated design called an official program operating plan (copies were printed and distributed to each district employee).

The third year (1985-1986) operating plan was especially significant because it was designed to address not only current district and employee needs and requests, but also to address a two-year accumulation of problematic issues that were program-related. Additionally, the plan included further expansion intentions, such as (a) greater use of awareness techniques; (b) use of more assessment techniques; (c) implementation of a wider variety of workshops and behavior modification classes; (d) use of

ongoing techniques for lifestyle change maintenance, and (e) implementation of an incentive program. Also, involvement of the community became a new priority.

At the end of the third year (1985-1986) of the program, the business consultant once again conducted an evaluation; however, the results did not offer base-line data about actual cost savings, absenteeism, turnover, morale, and productivity. The core of the consultant's report was preparation of estimated cost savings and advice about future planning, which are discussed in detail beginning on page 237 in this chapter.

While the consultant's third-year (1985-1986) program report was potentially useful in the attempt to convince district administrators and the school board that the program should continue, the coordinator was still faced with the challenge of determining the program's total effectiveness in bottom dollar terms. A fair assumption is that district administrators and program officials felt a significant level of pressure about evaluation efforts in light of the size of the program budget, coupled with the fact that it had never suffered cutbacks even though all other district program budgets had consistently undergone such procedures for 13 years. Seemingly, more program implementation time was needed to discover effective evaluation procedures that would result in base-line

outcomes (helpful information regarding the subject of wellness program evaluation in school systems is virtually nonexistent in the literature). Clearly, the wellness coordinator was exerting continual efforts to expand and improve the program. The estimated cost savings effort was a step toward evaluation of the program's three-year impact. Further on-target attempts would require time and trial and error; a needed main element would be risk-taking.

Information Obtained On-site by the Researcher

Information was obtained on-site by the researcher through interview procedures and through completion of questionnaires by participants, in April 1986. A detailed description of the data is described beginning on page 254 in this chapter. The following analysis begins with (a) discussion of information acquired through the procedure of open-ended questioning with participants and continues with discussion of (b) interviews with nonparticipants; (c) participant questionnaire results; and (d) interviews with the superintendent, wellness coordinator, and the wellness committee chairperson.

Information acquired through the procedure of open-ended questioning with participants. Stratification of the sample of participant interviewees resulted in little variance among responses to open-ended questions about the program, as can be observed in Table 30 through Table 34, presented in this chapter, beginning on page 256. Table 41

Table 41. Information from Fourteen Mason City School Employees about District Wellness Program: Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
Reasons for becoming active in the wellness program	Enjoyment of group situation 8 To be part of effort to improve teachers as role models for students 2 To reduce high blood pressure 2 To take advantage convenience 2 Due to influence from spouse 1 For fun 1 To do something for self 1 To identify with fit spouse 1 To encourage spouse to join 1 To exercise and lose weight 1 To capitalize on a planned situation for exercise 1 To learn more about nutrition 1 To promote aerobic exercise 1

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program; Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
Ways program was meeting expectations	Effective leadership by coordinator 3
	Positive influence on colleagues generally 3
	Efforts of coordinator and wellness committee 2
	Variety of program options 2
	Development of positive behavior change for self 1
	Opportunity for socialization about fitness 1
	Lost unwanted weight 1
	Direct influence on personal effort to exercise and eat properly 1
	Provision of on-site ways to keep fit 1
	Direct cause of increased health awareness among all employees 1
	Happier working environment 1
	Provision for employee input 1
	Better feelings about self 1

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program: Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
Ways program was not meeting expectations	Lack of support, enthusiasm, participation by central administration
	6
	Lack of support, enthusiasm, participation by building administrators
	4
	Lack of participation among physical education teachers
	2
	Presence of inadequate monitoring system regarding incentive program points
1	
Lack of working relationship between the wellness committee and central administration	
1	
Lack of adequately monitored exercise program with feedback and recordkeeping	
1	
Lack of medical expertise in fitness planning, testing, and follow-up	
1	

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program: Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
Level of input regarding program content	Open opportunity for employees to submit suggestions to coordinator or wellness office
	5
	Survey method available for assessment of needs/requests
	5
	Personal offers of running/jogging advice to interested groups
	3
	Volunteer building representative
	3
	Volunteer group leader for group activities
	2
Volunteer team coach	
1	
Volunteer nutritional snack preparer for lounge	
1	
Offers of suggestions to verbal colleagues who communicate well with wellness committee members	
1	
Input available through building meetings or representatives	
1	

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program: Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
Weaknesses of program	Resentment among some employees about loss of full-coverage insurance 5
	Lack of general administrative support 4
	Lack of communication between central administration and wellness committee 3
	Lack of wellness education among many administrators 2
	Absence of individual fitness plans with monitoring and feedback procedures 2
	Lack of adequate scheduling 2
	Lack of year-round operation 2
	Resentment about absence of wellness program budget cuts while other district programs suffer regular cuts 1
	Program as part of master contact 1
	Inadequate monitoring system regarding incentive program 1
	Little association between wellness program and community 1

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program: Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
What would do differently as a key decision maker	Implement flex-scheduling policy 5
	Organize health education classes for administrators 4
	Employ medical expert to design and monitor individual fitness plans with feedback procedures 4
	Promote year-round program operation 2
	Expand incentive program 2
	Expand incentive program and require employee cost sharing 1
	Expand competitions to encourage participation in each building 1
	Reduce budget and require employee cost sharing 1
	Design new monitoring system for incentive program 1
	Promote fun aspect of wellness 1
	Organize special wellness education classes for physical education teachers 1

(continued on following page)

Table 41. (continued) Information from Fourteen Mason City School Employees about District Wellness Program; Frequency of Responses to Open-ended Questions

Focus of Question	Focus of Response and number of occurrences
What would do differently as a key decision maker (continued)	Remove program as part of master contract 1 Include senior citizens 1 Include community in program 1 Initiate more activities for spouses 1 Emphasize importance of personal well-being 1 Arrange for graduate or continuing education credit to be given for completion of health education courses 1

shows the focus and frequency of responses across the total group of 14 persons, including two who assumed program personnel duties. Of the 14 participants interviewed, eight persons indicated enjoyment of group situations as a reason for becoming active in the program. Three other reasons were cited more than once: (a) to be part of an effort to improve teachers as role models for students, (b) to reduce high blood pressure, and (c) to take advantage of on-site program convenience. Other interesting responses (mentioned one time) related to the fun aspect of wellness, doing something for oneself, and capitalizing on a planned situation for exercise.

Three of the 14 persons interviewed referred to effective leadership by the coordinator as a way the program was meeting their expectations. The same number indicated that the program was a positive influence on colleagues generally. Two persons recognized combination efforts of the coordinator and the wellness committee. The variety of program options was also mentioned two times. Other interesting responses, mentioned one time each, referred to positive behavior change, increased health awareness among all employees, happier working environment, and better feelings about themselves.

When asked to discuss ways the program was not meeting their expectations, six persons indicated that there was lack of support, enthusiasm, or participation by central

administration. Four persons indicated the same about building administrators. Two people referred to a lack of participation among physical education teachers. One person mentioned that there was lack of a working relationship between the wellness committee and central administration. Two other responses were similar to each other in that they referred to the lack of expertly monitored fitness plans involving record keeping and feedback procedures.

Five persons mentioned that employee opportunity to offer input into the program was ever-present through the coordinator or wellness office. The same number indicated that the use of a survey method was also available for employees to offer program input. Another person indicated that input was available through building meetings or representatives. Three persons indicated that they offered running/jogging advice to interested groups. Three persons indicated that they were volunteer building representatives. Two persons were volunteer group activity leaders, and one person was a volunteer team coach. Another person volunteered to make nutritional snacks for the lounges.

Eight of the 14 persons interviewed indicated coordinator leadership as a program strength. The same number referred to the size of the program budget as a strength. Mentioned three times each were references to the strong wellness committee, increased health awareness and

provision on on-site resources. Two persons indicated that there was effective communication between the coordinator and the wellness committee. Also mentioned two times was reference to the program as a positive image for the district.

When asked to discuss weaknesses of the program, five persons indicated there was resentment among some employees about loss of full-coverage insurance. Four responses were about lack of general administrative support. Similarly, three persons referred to a lack of communication between central administration and the wellness committee. Also, two persons mentioned that there was a lack of wellness education among many administrators. Other responses mentioned two times referred to absence of individual fitness plans with monitoring and feedback procedures, lack of adequate scheduling, lack of year-round operation, and resentment about absence of wellness program budget cuts.

As key decision makers, five persons indicated that they would implement a broader flex-scheduling policy. Four persons said they would organize health education classes for administrators. The same number of persons indicated that they would employ a medical expert to design and monitor individual fitness plans with feedback procedures. Two persons indicated they would promote year-round operation of the program and two said they would expand the incentive program. An interesting response mentioned one

time referred to reduction of the budget and implementation of an employee cost-sharing plan. Another interesting idea mentioned one time was reference to arrangement for graduate or continuing education credit to be given for satisfactory completion of health education courses.

An interesting conclusion about the aforementioned responses is that most of the participants joined wellness program activities for group identification reasons and not to reduce health risk factors. The latter reason was expected to be the primary response cited as the reason for participation.

Expectedly, participants indicated that the program was meeting their expectations through effective leadership from the wellness coordinator and wellness committee. Since many persons stated that direct program leadership from the wellness coordinator and wellness committee. Since many persons stated that direct program leadership was effective, the other responses are not at all surprising. If the program was a positive influence generally, an implication is that positive behavior change occurred through increased health awareness among employees. A further implication is that this created a spin-off effect that promoted enhanced self-perceptions and promoted a happier working environment among at least some district employees.

Surprisingly, most of the persons interviewed referred

to lack of central administrative support and/or lack of building administrative support as ways the program was not meeting their expectations. Implications are: (a) The program operated virtually independent of direct administrative assistance, (b) the high level of autonomy afforded the coordinator and wellness committee is apparent, and (c) a wide communication gap existed between wellness personnel and administrative personnel, particularly at the top of the hierarchy.

The reference to lack of expertly monitored fitness plans involving record keeping and feedback procedures was somewhat surprising because the program was in its third year. Seemingly, there had been time and money available for employment of experts to address this very important aspect of the wellness program. However, one should note the coordinator's concerns that were addressed earlier in this chapter (p. 221) . Attempts over the first two years to get people to engage in regular fitness exercise activities proved less than adequate for the district as a whole; thus, the coordinator was faced with the familiar national fitness realm dilemma: how to handle the motivation factor. To justify allocating money for employment of medical experts to design and monitor individual exercise fitness plans, there certainly needed to be existing evidence of active interest among a sufficient number of employees.

All the participants interviewed indicated that all

employees had ample opportunities to offer input into the program. This was expected of a modern-day model program because employee ownership is a nationally recognized positive feature of effective wellness programs in the 1980s. Responses about employee volunteer service for program duties were also expected.

Understandably, responses about program strengths coincide somewhat with previously described responses about ways the program was meeting expectations. References about direct effective leadership, increased health awareness levels, and the program as a positive image for the district clearly are fitting to both open-ended questions.

Similar to the parallel responses in the preceding paragraph, responses about weaknesses of the program were akin to ways the program was not meeting expectations. For both questions, at least half the persons interviewed referred negatively to administration regarding the wellness program. Another repeated response was reference to absence of monitored fitness plans.

Reference to scheduling difficulty was expected. Such a program cannot possibly be managed by a participation policy that suits everyone's busy schedule; therefore, rules and regulations governing participation should be flexible. Mason City officials exerted an attempt to clarify scheduling procedures by implementing a policy the second

year (1984-1985) of *the* program. Emphasis was on the policy as experimental, which indicated that officials were willing to change the policy as deemed necessary for facilitation of program participation without compromising instruction time.

As another weakness of the program, many interviewees indicated that resentment about loss of full-coverage insurance existed. Even though this was indicated at the end of the program's third year (1985-1986), it was not surprising. Circumstances surrounding initial implementation (1983-1984) left some persons with an indelible image of the program as something that took away personal security (full-coverage insurance). Augmentation of that image occurred due to complications that arose from cases of severe illnesses among a few district employees following program implementation. The district's newly adopted reduced-coverage insurance plan did not fully cover the expenses related to these illnesses. A safe assumption is that the aforementioned cases drew sympathy from some fellow employees, which probably led to some dissension about the program's image as partial replacement for full-coverage insurance. Further, unlike other in-house programs, the wellness program had not suffered budget cutbacks. This also created resentment among some employees.

Interestingly, although responses across the open-ended questions consistently related to lack of administrative

support and other administrative difficulties, as key decision makers, the persons did not indicate responses that would directly address these issues if the actions they recommended were set in motion. Five of the 14 persons indicated that they would implement a broader flex-scheduling policy. A smaller number of responses indicated that organization of health education classes for administrators would be a way to attempt achievement of greater administrative active involvement. While other responses were interesting, it seems that more references targeted at concerns dealing with central administration would have occurred.

Two recommendations were particularly interesting. A budget cut with an accompanying employee cost-sharing system seems like a viable plan for a school system that has been plagued with rising health care expenditures and restrictive budgets in the other district-wide programs. Further, arrangement to offer graduate or continuing education credit for satisfactory completion of health education courses would seemingly initiate incentive for increased participation and would simultaneously increase health awareness levels.

Interviews with nonparticipants. Discussion of interview information obtained from four program non-participants was presented earlier in this chapter (p. 282).

Two of the persons were program advocates and two were totally against the program. Expectedly, reasons for advocacy related to the program as a good image for the district and as a good influence on participating colleagues. Lack of time was noted as the reason for not participating. On the other hand, the two persons against the program referred to it as a waste of money and time and felt that it should be dissolved and full-coverage insurance reinstated.

Some information obtained from the nonparticipants confirmed statements obtained in interview sessions with participants. Though the sample of nonparticipants was small, collected information allowed a basis on which generalizations could be built. For example, the time factor is important to virtually all people. The nonparticipant advocate responses implied that wellness promotion was certainly good for everyone; however, getting time to participate was a problem. One of the advocates was already on a personal fitness program and did not wish to use more time doing the same at school. The other advocate indicated that she had too much job-related work to do and could not find time to join wellness program activities. A common generalization is that some people just never seem to get time to exercise. The implication from analysis of participant information is that personal health and well-being has to become a priority in order for one to find the

time to exercise or to participate in wellness program activities. As for the regular independent exerciser and others like him, time is usually not allowed to become a real problem. The two persons against the program gave responses that substantiated earlier participant statements about existing dissension among some employees concerning loss of full-coverage insurance.

Participant questionnaire results. Table 42 summarizes questionnaire responses from the same group of 14 wellness program participants that answered open-ended questions. The focus of each question and the corresponding frequency of responses are noted.

All respondents participated in the program on a regular basis. Most of the persons were involved in the program elements, including blood pressure control, nutrition education, and stress management. Nearly half of the group participated in the weight-control program. Four persons were involved in the new incentive program (implemented at the beginning of the third year, 1985-1986) . Only two persons indicated participation in smoking cessation classes and two were active in the aerobics classes.

All persons indicated that they were involved in an endurance program which typically offered activity at least three days per week, 20 to 30 minutes in duration, at a

Table 42. Information from Fourteen Mason City School District Employees about District Wellness Program: Frequency of Responses on Questionnaire

Focus of Question		Focus of Response and number of occurrences
Level of participation on regular basis	Yes	14
Specific program elements involved in	Blood pressure control	12
	Nutrition education management	11 Stress
	Weight control	9
	Back care	6
	Smoking cessation	2
	Incentive program	2
	Aerobics classes	4
		2
	Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70 percent of maximum heart rate)	Yes
No		13
Cigarette smoker	Not regularly	

(continued on following page)

Table 42. (continued) Information from Fourteen Mason City School District Employees about District Wellness Program: Frequency of Responses on Questionnaire

Focus of Question	Focus of Response and number of occurrences
If a smoker, indicate comparison level between amount smoked prior to and after program participation	N/A Less 13
	1
	Closer to ideal 8 Ideal 5
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	N/A
Comparison of prior stress level with stress level after participation	Less
	Same 6
	More 0
Items improved due to influence of program participation	Health 14
	Fitness level 13
	Energy level 12
	Weight/appearance 10
Desired additional program activities	No data 4
	Group activities 2
	More competitions 2
	Weekend trips 2
	2

(continued on following page)

Table 42. Information from Fourteen Mason City School District Employees about District Wellness Program; Frequency of Responses on Questionnaire

Focus of Question	Focus of Response and number of occurrences
Desired additional program activities (continued)	Basketball
	Ski trips
	1
	None 10K
	1
	run
	Summer programs
	1
	Weight maintenance
	1
	Target
	heart rate training
	1
	Swim-
	technique classes
	1
	Advanced weight-training
	1
	Speed walking
	1
	Year-end activity
	1
Program schedule convenience for your participation	Yes
	12
	Not always, but make it so
	1
	Usually
	1
Opportunity for social/group interaction with peers	Yes
	14

(continued on following page)

Table 42. (continued) Information from Fourteen Mason City School District Employees about District Wellness Program: Frequency of Responses on Questionnaire

Focus of Question		Focus of Response and number of occurrences
Satisfaction with program offerings for self	Yes	13
	Needs more flexibility in scheduling	1
Existence of properly trained personnel who conduct all activities	Yes	14
Adequate physical environment for your activity participation	Yes	12
	No	
	No, but working on it	1
Existence of personal growth evaluation and feedback	Yes	14
Suggestions to improve Program	No data	3
	Need to take advantage of current program offerings	1
	Need to show cost effectiveness evidence	1
	Achievement of reduced insurance premiums for individuals	1
	Addition of aerobic conditioning education	1

(continued on following page)

Table 42. (continued) Information from Fourteen Mason Cit] School District Employees about District Wellness Program: Frequency of Responses on Questionnaire

Focus of Question	Focus of Response and number of occurrences
Suggestions to improve program (continued)	Weigh-in, flexibility and endurance testing at beginning of year 1
	Assist with improvement of school lunches 1
	Continue reimbursement program 1
	Find ways to increase participation and to keep persons interested 1
	Provide needs as they're requested 1
	Initiate more administrative involvement 1
	improves each year 1 Program
	more togetherness 1 Promote
	1
Existence of intentional program design to enhance personal interrelationships among all participants	Yes 10 No 3 Questionable
Existence of intentional program design to enhance professional interrelationships among all participants	Yes 1 No 7 Questionable
	5
	2

(continued on following page)

Table 42. (continued) Information from Fourteen Mason City School District Employees about District Wellness Program: Frequency of Responses on Questionnaire

Focus of Question	Focus of Response and number of occurrences		
Existence of more communication between administrators and other staff members	Yes	4	
	No	7 Mainly	
	Yes, but don't think administrators show active participation willingly	1	between administrators
		1	administrators show active participation willingly
Unsure	1	1	
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	Yes	12	
	Yes, for insurance cost only	1	
	No	1	
Existence of feeling that job performance is enhanced due to program participation	Yes	12	
	No	1	
	N/A	1	

minimum intensity of 70% of maximum heart rate. All except one of the group were not cigarette smokers. The one smoker indicated a reduction in smoking, after program participation. All but one of the persons indicated that their weight level had improved since they began program participation; yet, only six indicated that they were active participants in the weight-control program. This suggests that the program unexpectedly influenced some of the persons to lose unwanted weight due to the combination of increased activity and healthier eating habits, since most of them indicated involvement in the nutrition education program and all of them indicated involvement in an endurance program at least three times per week.

Just over half the persons responding to the questionnaire indicated that after they began program participation their periods of stress seemed less. Nearly half indicated there was no difference in the amount of stress for them.

Expectedly, all the persons indicated improved health as a result of having been involved in the program. Similarly, most indicated improvement in their fitness and energy levels, weight, and appearance.

In response to the questions asking what activities they would like added to the program, most respondents focused on group situations such as competitions, weekend trips, and basketball. Other desired program additions

included summer programs, weight maintenance classes, cardiovascular fitness training, and advanced weight lifting. In light of all the aforementioned desired activities, an implication is that participants wanted to elicit the fun element of fitness through planned socialization efforts. Also, some of the activities mentioned indicate there was evidence of achievement already and that the persons wanted to move forward. For example, this is evidenced through the indication of desired activities such as summer programs, weight maintenance classes, advanced weight training, target heart rate training, and speed walking. Clearly, the program was ready for expansion for some people in order for them to maintain interest and to continue their participation. Of the 14 persons interviewed, four did not indicate activities they would like added to the program.

Nearly all the persons indicated on the questionnaire that the program was convenient for their participation. This conflicts with responses to open-ended questions, which indicated severe dissatisfaction with program scheduling. One person probably described the situation most accurately as he indicated that the program schedule was not always convenient for his participation but that he made it convenient. The implication is that program participation must be a personal priority.

All respondents indicated that the program provided opportunity for group/peer socialization. All but one participant indicated personal satisfaction with program offerings.

All respondents indicated that properly trained personnel conducted all program activities. Nearly all participants indicated that the physical environment was adequate for program participation.

All the respondents indicated that there was existence of personal growth evaluation and feedback. This suggests that program personnel were making the effort to establish and maintain adequate communication levels with individual participants. Further, most people indicated that the program was intentionally designed to enhance personal interrelationships among all participants; however, four persons did not agree.

Half the persons responding to the questionnaire indicated that the program had been intentionally designed to enhance professional interrelationships among all participants; interestingly, the other half did not agree. A fair suggestion is that, since half the persons did not agree, there was a carryover effect related to circumstances that surrounded initial implementation of the program. Prior to and during initial program implementation, stern emphasis was placed on reduction of employee health care expenditures. The factor of employee personal well-being

was not really stressed.

Half the persons indicated that increased communication had not occurred between administrators and staff members since the program had been implemented. Three others indicated that they were uncertain about this. This measure of responses is in agreement with responses indicated during open-ended questioning, wherein interviewees indicated that there was a general lack of administrative support and participation concerning the wellness program.

Nearly all the questionnaire respondents indicated that they had enhanced feelings toward their job because their health status was recognized as important by the district. One person did not agree, and one person said, "Yes, for insurance purposes only." Perhaps to a large majority the initial cause for district concern (cost savings) was not offensive, since the overall focus ultimately related to the goal of healthier lifestyle achievement (well-being) among employees.

Nearly all the persons responding to the questionnaire indicated that their job performance was enhanced due to influence of the wellness program. This is in agreement with previously discussed responses related to overall satisfaction with the program and indications of improvement in health, weight, appearance, and energy and fitness levels.

Suggestions to improve the program were very similar to responses regarding desired additional program elements. Interesting responses, not previously mentioned, included concern about cost effectiveness, administrative involvement, and reduction of individual insurance premiums.

Interviews with superintendent, wellness coordinator, and wellness committee chairperson. Information gained from interviews with the superintendent, wellness coordinator, and the program chairperson reflected commonalities. All three persons were concerned about the program's image problem due to factors associated with initial implementation (i.e., committee control, reduction of insurance coverage, a lack of communication between some central administrators and wellness committee members). Also, each interviewee indicated that the wellness committee was a powerful unit with much autonomy. Two of the persons (coordinator and chairperson) stressed lack of communication between the wellness committee and central administration. The superintendent and the chairperson credited the coordinator with being the main strength of the program. Reference to the generous program budget was made by the coordinator and the superintendent. The chairperson and the superintendent mentioned observation of lifestyle change among some employees.

Overall, the superintendent seemed positive about the program. His expression of concern about specific factors

did not appear off-target, considering the circumstances. As chief administrator of the school district, a very important responsibility for him was the entire budget; therefore, his concern about how to alter the large wellness program budget was warranted. Since other district program budgets had suffered cutbacks for 13 consecutive years, pressure existed to reduce the wellness program budget in an attempt to channel money into areas lacking appropriate funding. Seemingly, this problem and others could have been resolved if central administrators and wellness program officials had worked together and supported each other.

The coordinator very much believed in the program. He had accepted a position in an educational setting, which was something unfamiliar to him, considering that he had never been a school employee. Other challenges included adjustment to a nontransient community and to a geographical location with long harsh winters and little outdoor recreation for fitness-conscious persons. Along with the challenges came many positive things. The program budget was large and the wellness committee provided powerful assistance, the chairperson being a great asset. Also, the coordinator exercised a great deal of autonomy when operating the program. Two major challenges facing the ([coordinator were the communication issue and the program image issue. Another problematic area was scheduling of

program activities. These concerns had been present since the time of initial program implementation.

The wellness committee chairperson had been a member of the original insurance committee; therefore, she had strongly supported the design and implementation of a wellness program. Her belief in the program stemmed from researching the literature and from observing positive changes in herself and her spouse following program participation. Further, she had observed positive lifestyle change among colleagues who had joined the program. Although the committee leader recognized the lack of communication between central administrators and wellness program officials, she retained positive attitudes about the program in relation to the forthcoming superintendent. Hopes were that a district-wide, community-wide marketing plan would be implemented to upgrade the district and the wellness program.

CHAPTER IV.
ST. LOUIS PARK SCHOOL DISTRICT
WELLNESS PROGRAM

This chapter contains information obtained from a case study of the wellness program in the St. Louis Park School District. The chosen site was based on program characteristics that adhered to the following guidelines:

- (a) The demographics were of a medium-sized district;
- (b) the program was recommended by members of an expert panel; and
- (c) any special characteristics of the community were avoided (i.e., programs centered in locations with Olympic or professional athletic training centers).

Subsequent information in this chapter is divided into three sections: (a) Methodology of Case Study, (b) Description of St. Louis Park Wellness Program, and (c) Summary and Analysis of St. Louis Park Wellness Program. Tables supplement the narrative form in an attempt to summarize and clarify information for the reader. •

Methodology of Case Study

The researcher initially became aware of the St. Louis Park program from reading an article (Kaldy, 1985) that appeared in The School Administrator. Kaldy discussed possible benefits of school wellness programs and provided

testimonials from personnel who were currently assisting with program implementation. St. Louis Park school communications coordinator, director of the district wellness program, was quoted as declaring that the district's wellness program was proving to be successful and that 90% of the employees had participated at one time or another (p.13).

During interviews with the expert panel, three members described the St. Louis Park program as exemplary and highly recommended it for case study. The researcher telephoned the St. Louis Park communications coordinator, explained the research project, and requested permission to study the wellness program. Within a few days, the coordinator contacted the researcher and explained that she had met with the superintendent and his staff and had obtained permission for case study of the wellness program. Following this contact, the researcher sent an explanatory letter which outlined details of the project: (a) overview of the project (i.e., background information); (b) purpose of the case study (i.e., guideline formulation for school program designs); (c) methodology of on-site procedures (i.e., sample selection, interview processes, observation of records); and (d) thanks for permission to use the site for one week as an external evaluator employing direct observation, interviews with participants and

nonparticipants, and on-site observation of documents such as written programs/proposals and insurance plans. Prior to arrival at the site, the researcher engaged in multiple telephone conversations with the district communications coordinator. Full cooperation of the central office staff was assured. Direct secretarial assistance was planned for case study methodological procedures. On-site, the researcher was given a preselected (randomly chosen by central office staff) list of persons for interview purposes. An executive secretary offered to contact the interviewees, to schedule appointments for the researcher with administrative officials, and to make available any noteworthy documents and materials related to the program. The author worked with the coordinator and executive secretaries in preparing the outline of activities for the week which included (a) interview schedules, detailed with names, times, and procedures; (b) appointment times for review of budgets and insurance- plans; and (c) plans for visitation of workout centers and general observation of the site.

Description of St. Louis Park Wellness Program

Case study information is presented according to a framework of characteristics judged to be most suitable for describing this wellness program. These characteristics are:

- (a) background,
- (b) rationale,
- (c) administrative objectives,
- (d) financial structure,
- (e) facility availability,
- (f) staffing,
- (g) implementation,
- (h) elements,
- (i) incentives,
- (j) evaluation.

The case study description begins with an introduction to familiarize the reader with specific contextual information.

Introduction

St. Louis Park has a population of 42,640 and is a suburb of Minneapolis, Minnesota. The school system employs 575 full-time staff members who are in charge of 4,417 students. There are four elementary schools, one junior high school, and one senior high school.

Background

During the last decade, the St. Louis Park school system experienced some drastic changes. Major growth in the city had peaked at 51,000 in the early 1970s and nearly 12,000 students were enrolled in the public school system. By the end of the 1970s, the population had dropped to 43,000 and the school enrollment totaled approximately

5,000. (Enrollment at the time of this case study (1986) was 4,417 students.) Local government aid to the city declined sharply and the drop in school enrollment forced the school district to suffer drastic budget cuts (\$2.8 million, one year). Subsequently, the number of staff members decreased, along with the decline in financial resources. Added to these changes was concern for the fact that St. Louis Park had one of the state's most senior staffs (the average age was 52 years). The greatest worry of district officials became the issue of plummeting staff morale.

By the spring of 1979, effects of the decline had become so worrisome that district administrators, the school board, and staff members initiated action to turn the situation around. The superintendent spearheaded a committee comprised of representatives from all employee groups. The decision was made to conduct a comprehensive staff morale study.

The extensive morale study was conducted by a University of Minnesota doctoral candidate at no cost to the district. The study involved all licensed and classified personnel and included in-depth personal interviews as well as completion of a detailed survey instrument.

During the 1979-1980 school year, findings of the study were presented to employees at building-level meetings.

In the spring of 1980, a formal report was issued to the school board. The report included the following conclusions: (a) Staff members distrusted district administration, (b) nonparent lack of interest in school and school programs was frustrating, (c) in-service programs were not relevant, (d) there was a lack of rewards (other than salary) for employee self-improvement, (e) staff members were rarely told whether or not they were doing good work, (f) administration was perceived as disinterested in personal welfare, and (g) there was an overemphasis on administrative trivia. This information became the basis for the extensive staff public relations/staff development program currently in progress in the St. Louis Park school system.

Following the morale survey report in the spring of 1980, the superintendent and specially appointed committee made initial decisions about overall leadership and planning for a total staff development (SD) program. A district-wide committee known as the Staff Development/Self Development (SD2) committee was appointed and was comprised of representatives from all employee groups. This committee, chaired by the district personnel director, was responsible for the planning and organization of wellness and morale activities. Initial funding (\$10,000) for the program was allocated by the school board and managed by the SD2 committee. (To clarify, for purposes of this case study

description, focus is on the SD2 program which is known as the St. Louis Park wellness program. Another program, known as SD1, exists for the improvement of instruction and is comprised of a cross section of teacher groups.)

Rationale

The original purpose of the wellness program was to improve employee overall well-being and morale. The plan was to analyze the needs for personal and professional development within the certified and classified staffs, and to develop a program that was responsive to those needs. All participation was to be on a voluntary basis with many expenses paid by the SD2 committee budget.

Administrative Objectives

Objectives for the SD2 program were designed by the SD2 committee members: (a) to create an element of celebration and pride in the organization, (b) to establish a system of recognition for employees who have demonstrated special efforts, (c) to work toward open, continuous communication between administration and employee groups as well as among all employees, (d) to aid all employees with self-improvement by providing wellness activities in which the employee groups have ownership, and (e) to establish an evaluation procedure for the internal public relations/morale-boosting activities.

Financial Structure

The St. Louis Park school board continues (1986) to support and fund the SD2 program based on periodic, satisfactory internal evaluation reports of the program's success relative to its goals and objectives. A sum such as \$10,000 (typically) is allotted for the school year program's general budget; however, if extra monies are requested during the year, the board provides appropriate allowances based on assessed employee needs and requests. Occasionally, employees are asked to pay fees for certain activities such as aerobic exercise classes. Also, additional funding for the SD2 program has been obtained through grant awards from various sources such as the Apple Computer Company and the Minnesota State Department of Education.

Facility Availability

At the inception of the program, availability of on-site resources included (a) closed school buildings for use as school/community project centers, (b) empty classrooms for use as individual conference rooms available during various SD2 workshops and seminars, (c) a spacious junior high library for use as a lecture hall during and after school hours, (d) a junior high cafeteria for use as an employee meeting place for breakfast meetings on SD2 workshop days, (e) an elementary school gymnasium for use as an aerobic center during after-school hours, (f) exercise

bicycles in each building/ (g) a junior high choir room for use after school as a spacious seminar hall, (h) a senior high weightlifting room for use as a workshop center, and (h) shower facilities in workout areas.

Occasionally, St. Louis Park's SD2 events/activities take place away from school property. Other sites that have been utilized by program participants include (a) local restaurants for special brunches, (b) local hotel conference rooms and entertainment halls for special seminars and dinners, (c) the local YWCA for specific instruction on various topics related to fitness/health, and (d) the local nature center for activities such as running/walking, birdwatching, and animal tracking (showers and lockers available).

Staffing

At St. Louis Park, the attempt to improve employee well-being and morale became a top priority. In 1980, all departments began working together to achieve this common goal. The superintendent interviewed and recommended a communications coordinator who was hired by the school board to direct the SD2 program and to assume other public relations responsibilities. Credentials included a master's degree in Public Relations. The main purpose of the coordinator was to facilitate an improved workplace culture by developing and administering programs designed to improve

the morale of district employees.

To fulfill clerical needs of the SD2 program, arrangements were made for a member of the central office secretarial staff to assist the communications coordinator on a full-time basis. Duties included word processing, answering the telephone, making appointments, maintaining program files, and general typing of correspondence such as newsletters and business letters. Although one secretary generally handles SD2 program clerical responsibilities, others offer assistance when extra need arises.

Several on-site specialists assist in operation of the SD2 program. These experts include (a) school district social workers, (b) a coordinator of instructional computing, (c) an elementary program specialist, (d) a gifted and talented program specialist, (e) an electronic media coordinator, (f) school counselors, and (g) an experienced aerobics dance instructor (physical education teacher).

The SD2 program at St. Louis Park employs the services of many outside experts. These professionals conduct special classes and activities commensurate with employee needs/wants and SD2 committee approval. The district has hosted outside specialists that include the following:

- (a) a bargain hunting expert for the Twin Cities;
- (b) an interior decorator;
- (c) a registered nurse from the YWCA;

- (d) marketing specialists;
- (e) financial planning experts;
- (f) a professional comedienne;
- (g) the executive secretary of the Minnesota Horticulture Society;
- (h) licensed psychologists;
- (i) professional family counselors;
- (j) physician/wellness program experts;
- (k) fitness specialists;
- (l) local television reporters/newscasters;
- (m) an alcohol and drug abuse specialist/instructor from the University of Minnesota;
- (n) a nationally known psychiatrist/author (expert on change);
- (o) a color and image consultant;
- (p) career counselors;
- (q) City Hall employees;
- (r) a patient educator from a local hospital;
- (s) Minnesota State Department of Education Representatives;
- (t) a Minnesota zoo employee;
- (u) a local attorney.

Implementation

Program implementation is described with emphasis on the SD2 program as intertwined in a multifaceted effort to

revitalize employee morale through alteration of the workplace culture. In the evolution of the total staff improvement plan (from 1980 to time of case study-1986), SD2 and other district program goals and objectives overlapped which necessitated working harmony of key administrators and program personnel. SD2 program records (at the time of case study) in the central office did not consist of a systematically organized, detailed description of program operation since its inception. Therefore, the following information is presented according to a compilation of material organized by the researcher. The attempt is made to address program objectives and decision making procedures regarding the elements provided for participant needs and requests. The First Year of the Program (1980-1981)

At the beginning of the 1980-1981 school year, an all-staff member orientation event launched the SD2 program. A presentation was given on the wellness concept, followed by small group discussion sessions during which wellness-related literature was disseminated. Each group represented a cross section of district employees and was facilitated by SD2 committee members. During these sessions, all persons were asked to provide information for a Personal/Professional Needs and Interest Survey upon which subsequent SD2 activities were based.

SD2 committee and program action. During the weeks

following the orientation event/ SD2 committee members met on a regular basis with other interested staff members to plan for upcoming activities based on the Needs and Interest Survey results. During these meetings about planning/ six subcommittees developed. The subcommittees were named for a wellness wheel concept which focuses on six aspects of wellness: (a) physical, (b) spiritual/philosophical, (c) environmental, (d) relationship, (e) job-related, and (f) psychological.

Continuing into the school year, the SD2 committee (with assistance from the subcommittees) took much action:

- (a) Implemented activities included workshops on topics such as stress management, career development, and retirement;
- (b) exercise bicycles were purchased and placed in each building;
- (c) interested staff members attended wellness seminars;
- (d) SD2 committee members participated in a national conference on wellness;
- (e) a newsletter, "You Don't Have to be Sick to Get Better", was developed;
- (f) ongoing weekly aerobic exercise classes were organized;
- (g) lunch hour timed-mileage walking groups evolved; and
- (h) special staff recognition socials were organized.

SD2 involvement in long-range planning. By April 1981, the superintendent and executive committee initiated action for design of Project '85. This project, as stated by the superintendent, was "designed to carry out

a fundamental redesign of the educational system in St. Louis Park, the major elements of which will be in place by 1985, which will ensure the kind of educational system and program necessary for the transition of our community into the 21st century" (Meskan, 1981, p. 1). The SD2 program was to be an integral part of Project '85. The St. Louis Park school system and the city community at large were to join forces to achieve goals of the project. Six area committees were organized: educational program, students, community, facilities, technology, and staff/administration/organization. Each committee consisted of a 20-25 member cross section of school and community individuals and was co-chaired by a member of the community and a school representative.

SD2 program evaluation. To facilitate continual program planning and action, immediately following each SD2 program activity or event, participants were asked to complete an evaluation form that elicited specific opinions and suggestions which would be used in future planning. Feedback from the completed forms was given to all participants at the building level. Throughout the first year of the program, this procedure was used to offer employees, on a continuing basis, wellness and morale boosting activities that were responsive to individual needs and requests.

An attempt to assess the overall impact of the SD2 program the first year was also undertaken. An SD2 five-

member (secretary, psychologist, physical education teacher, team reading coordinator, administrator, plus an outside consultant) ad hoc committee was appointed to evaluate the program's effectiveness on employees for the first seven to eight months of implementation. The purpose of the informal evaluation was to provide direction for future needs and to help formulate ongoing strategies for achieving SD2 program goals. Informal evaluation results were impressive enough to warrant an additional \$10,000 from the school board for the following school year (1981-1982). The Middle Years of the Program (1981-1985)

During the middle years (1981-1985) the SD2 program continued to operate in much the same manner as the first year. The communications coordinator directed the program in cooperation with the SD2 committee which rotated membership of interested persons representing a cross section of district employees.

SD2 committee and program action. Committees and subcommittees worked together to organize various workshops, seminars, and fitness activities. Continuing activities were planned according to assessed needs and requests of participants. Special employee appreciation and recognition plans also evolved. Periodically, outside consultants were used to offer expertise in specific wellness areas such as stress management, family living, and self esteem.

Publications increased from a monthly newsletter, "You Don't Have to be Sick to Get Better", to include "Swap Shop" which allowed employees the opportunity to advertise items monthly for exchange or sale.

SD2 involvement in Project '85. The SD2 program expanded largely due to its increasing involvement in Project '85. District/community goals overlapped within departments which encouraged the combination of resources to achieve overall goals and objectives. The SD2 committee joined forces with district community education personnel, SD1 (staff development for instructional improvement program) personnel, and other on-site specialists to implement plans that included involvement of community members (all ages) in school functions, various educational workshops and wellness activities.

SD2 program evaluation. Evaluation procedures were the same as the first year; following each activity, participants were asked to evaluate by completing a written form. Immediate feedback occurred for participants at the building level. Implementers and decision makers continued to operate the program based on individual needs and requests as assessed by informal surveys and activity evaluation results. The board of education continued to fund the SD2 program based on favorable formal reports of these results.

The Sixth Year of the Program (1985-1986)

By the time this case study occurred (spring 1986), the total staff development plan at St. Louis Park had become a model for use by other districts in and outside the state of Minnesota. The SD2 program had been especially recognized as an outstanding constituent. Records about activities that occurred during the sixth year provided the researcher with assistance in understanding the program's operation.

SD2 committee and program action. Still acting on the goal for improved employee morale, the SD2 committee kicked off the 1985-1986 school year with an organized back-to-school celebration workshop for all employees. The year's theme (to be used throughout the school year to express pride in the organization) was "St. Louis Park Public Schools-A+ for Learning". Each employee received a T-shirt with the A+ logo to wear as a symbol of pride. Welcome activities included minisessions about the year's coming events and talks with all central office staff and board members. Press and television coverage spread news of the celebration throughout the community.

Aside from the usual kinds of activities that had occurred in the program during the previous five years, SD2 committee members and subcommittee members, under the direction of the communications coordinator, brainstormed and acted on several new ways to make previously used ideas

even more interesting for 1985-1986:

1. During the evolution of the middle years of the program, a special week set aside to celebrate education emerged. The goal was to improve morale through fellowship and fun. For this year's Pride Week, the SD2 committee emphasized the theme, "A+ for Learning." Each building planned special celebration activities which included (a) distribution of buttons, (b) design of special posters and helium balloons, (c) recognition of each employee group, (d) parent/staff breakfasts, (e) secret pals, (f) staff socials, (g) baby picture contests, (h) talent shows, (i) presentations of essays on school pride, and (j) treats served to staff by the school board.

2. During the year, staff socials and treats increased in number from previous years. Special committees were appointed to make these occasions fun and meaningful.

3. More workshop celebrations were planned. A staff celebration committee was formed to ensure that these gatherings would have an element of celebration.

4. Staff member special recognition efforts increased. A+ awards were given to employees (nominated by colleagues) for special A+ effort. The prestigious Class Act award was given to 12 teachers (nominated by colleagues) for excellence in instruction. A recognition dinner was held in honor of persons who received awards; service pins

were presented. The School Board Spotlight featured staff and student accomplishments twice each month.

5. Communication in the St. Louis Park system had become extensive by the 1985-1986 school year. Methods included (a) "Staffletter", published every other week following school board meetings; (b) "You Don't Have to be Sick to Get Better," the wellness newsletter, published monthly; (c) "Swap Shop", staff want ads, published monthly; (d) Administrative Adopt a School Project, each district office administrator adopted a school for the year; and (e) Staff Forum, question/answer sessions offered with the Board. Other communication activities included special workshops for new employees and public relations seminars for all staff members.

6. SD2 and SD1 committees worked together to provide special workshops for new employees, which included both professional development and morale boosting activities. The committees also provided these services to mentors of new employees.

SD2 involvement in long-range planning. Planning efforts for the SD2 committee and other district program experts revolved around the goal of ensuring employee ownership of the organization. Methods to attempt this goal included (a) negotiations for employees; (b) a minigrant program to allow money for special projects; (c) the Innovative Classroom Practices Program (ICP), for which grant money was

available for special projects; and (d) staff surveys.

SD2 program evaluation. Evaluation procedures for the SD2 program continued in much the same manner as previous years. Continual participant assessment of program activities occurred and immediate feedback was given to employees at the building level. In addition to these procedures, readership surveys were also conducted in 1985-1986, and an increasing amount of informal feedback was offered by students, staff and community members. Based on all these methods of in-house evaluation, input from subcommittees and other on-site experts, the SD2 committee and communications coordinator planned to develop activities for the following school year (1986-1987) with full support (including monetary) from the school board. (In September 1985, the executive committee selected the staff development program as the outstanding program to be featured at the Association of Metropolitan School Districts (AMSD) Expo in October for school board members and legislators.)

Elements

SD2 program records (at the time of case study, 1986) in the central office did not offer a systematic, detailed description of how and when the elements evolved each of the six years since the program's inception. Therefore, the following information is presented in a generalized sense.

During the first year (1980-1981) of the SD.2 program,

the main focus was introduction to the wellness concept as described according to the wellness wheel model. Based on an employee needs/requests survey, implemented workshops and other activities and events included emphasis on the following topics: (a) time management, (b) career management, (c) stress management, (d) retirement, and (e) aerobic exercise. A wellness newsletter, "You Don't Have to be Sick to Get Better," was developed. Special staff member recognition activities were also organized.

During subsequent years, many different workshops and events were planned to meet assessed employee changing needs and wants. Topics continued to include emphasis on areas such as stress management, retirement, self esteem, change, and aerobic exercise. Special methods of staff member recognition increased and the SD2 program became increasingly involved in the district total staff development effort. The following list includes many of the SD2 activities/events that occurred from the fall of 1984 to the spring of 1986:

1. In 1984-1985, the following program elements were included:

- (a) workshops—"The Classroom as a Family System" (licensed consulting psychologist, provider); "How to Plan/Implement Your Own Wellness Program" (physician, provider); "Managing Your Stress and Enjoying It Through Massage" (licensed therapist, provider); "Investigative

Reporting: Tips to Tube" (television newsman, provider); "Signs of Depression in Adults and Students" (psychologist, provider); "Working with the Resistant Student" (psychologist/counselor, provider); "Handling Change in Life: Death and Dying" (physician/author, provider); "A Blooming Good Time" (Minnesota Horticulture Society, provider); "The Impact of Color" (image consultant, provider); "Dealing with Anger" (SD2, Community Education and Honeywell personnel, providers); "Building Self-Esteem" (SD2, Community Education and Honeywell personnel, providers); "Aloneness/Loneliness" (SD2, Community Education and Honeywell personnel, providers); and "Parenting" (SD2, Community Education and Honeywell personnel, providers), (b) activities—Third Annual Walk/Run at Westwood Hills Nature Center (This activity included a trip through the woods followed by a continental breakfast. Then, other activities included animal tracking, bird watching, a tour of the Center, and just walking/mixing with friends.); aerobic exercise sessions (These included 10 classes and were conducted by a professional, in-house instructor who was a district physical education teacher.); and Pride Week (This was a district-wide event wherein each building participated to offer employee group recognition, parent/staff breakfasts, staff socials, secret pal correspondence, baby picture contests, talent shows, essays

on school pride, and school board treat/service for staff members.).

(c) publications—"Swap Shop" (This was a monthly publication for employees which featured staff member want ads.); and "You Don't Have to be Sick to Get Better" (This was the wellness newsletter sent to all employees each month. Tips were featured on diet, nutrition, exercise, and other health/fitness-related topics.).

2. In 1985-1986, SD2 program elements included the following:

(a) workshops—"A Blooming Good Time" (Minnesota Horticulture Society, provider); "Financial Planning" (finance expert, provider); "Stepfamilies: Challenges, Myths and Realities" (licensed consulting psychologist, provider); "Common Sense Management: Maximize Your Assets" (finance expert, provider); "Hypnosis: Facts and Myths" (psychologist, provider); "Get in Touch, Keep in Touch" (registered nurse/instructor in YWCA's post mastectomy program, provider); "Interior Decorating" (professional interior decorator, provider); "Humor Workshop" (professional comedienne, provider); and "Bargain Hunting in the Twin Cities" (shopping expert, provider).

(b) activities—Fourth Annual Walk/Run at Westwood Hills Nature Center (same plan as 1984-1985); aerobic exercise (Ten sessions were offered by the same instructor as the previous year.); Pride Week (The 1984-1985 planning

procedure was followed. The theme for 1985-1986 was "A+ for Learning."); A+ awards (The A+ award was given monthly to employees, nominated by colleagues, who made an A+ effort of "going above and beyond". Each winner received a gold A+ pen, a certificate, Board recognition, and a building level gala in his or her honor.).

(c) publications—"Swap Shop", and "You Don't Have to be Sick to Get Better".

Incentives

The main purpose of the SD2 program was to increase overall employee well-being and morale. Since the inception of the program, incentives have existed in various forms. Continuous employee recognition is evident in the material discussed thus far in this case study (e.g., staff socials, Pride Week activities, special awards, Board recognition, celebration workshops, employee program ownership through specific methods of input, open communication with central office personnel). Other incentives for employee participation in SD2 activities included (a) a free lunch period for fitness or other wellness activities, (b) conversion of emergency leave time to personal leave time for attendance at local and state-wide wellness workshops and conventions, (c) grant awards for special wellness and instructional improvement projects, (d) a wide variety of activities and events in which to

participate, and (e) continual evidence that central office administrators and board members actively supported and participated in the program.

Evaluation

Information in this section is discussed according to material obtained from study of on-site activities conducted by the researcher in May 1986. There were no actual base-line data to report concerning cost savings, turnover, absenteeism, and productivity.

On-site Study of Program by the Researcher, Conducted in May 1986

During site visitation of the St. Louis Park School District in May 1986, the researcher attempted to gain evaluative evidence about the wellness program. Procedures included (a) formal interviews with a preselected sample of participants; (b) informal interviews with a sample of nonparticipants; (c) administration of a questionnaire to participant interviewees; (d) formal interviews with the superintendent and communications coordinator; and (e) a discussion of district records regarding absenteeism, productivity, turnover, morale, and cost savings.

Results of formal interviews with a preselected sample of program participants. As explained in Chapter 1 of this project, SD2 administrative procedures in sample preselection did not result in a stratified sample of participants for this study. Personnel explained that this was mainly due to

the staff being a senior one; all case study interviewees had more than ten years of experience and had not been fitness oriented before program development. Also, most of the interviewees had shared program personnel duties. Table 43 summarizes interview information obtained from the 14 staff members. The process of open-ended questioning was used.

The most common reasons for becoming active in the SD2 program related to searching for something refreshing about the job situation and to offering personal commitment in the district effort to improve instruction and morale.

The interviewees were asked to discuss ways in which the program was meeting their expectations. Usual responses included positive comments about active participation by central office administration, a wide variety of activities, and evidence of improved attitudes among colleagues.

When asked to talk about ways the program was not meeting their expectations, common responses focused on lack of fitness programs.

All interviewees indicated that there were ample ways for employees to have input into the program. A common response related to the open communication between administrators and all levels of staff members.

Common responses about program strengths included superintendent and school board support, the coordinator,

Table 43. Summary of Interview Information from St. Louis Park School Employees about District SD2 Program; Responses to Open-ended Questions from Fourteen Participants

Focus of Question	Focus of Response
Reasons for becoming active in the SD2 program	<p>Most common: to create a lift for self or share something new with other staff members; to be part of district-wide commitment to increase employee morale</p> <p>Other: to decrease feeling of isolation; to find out what the publicity was all about; to lessen boredom</p>
Ways program was meeting expectations	<p>Most common: demonstration of central office commitment; wide variety of activities and events; evidence of improved colleague attitudes</p> <p>Other: publicized continuous planning; increase evidence of staff appreciation</p>
Ways program was not meeting expectations	<p>Most common: lack of emphasis on fitness programs</p> <p>Other: little turnover of committee members; not enough active participation by some school principals</p>
Level of input regarding program content	<p>Most common: open chance to offer ideas to any administrator or committee; SD2 committee membership</p> <p>Other: open building-level communication</p>

(continued on following page)

Table 43. (continued) Summary of Interview Information from St. Louis Park School Employees about District SD2 Program: Responses to Open-ended Questions from Fourteen Participants

Focus of Question	Focus of Response
Strengths of program	<p>Most common: superintendent and school board support; quick turnover in activities; the coordinator; individual autonomy of all employees; a sense of employee ownership</p> <p>Other: ongoing evaluation and feedback; financial support from school board</p>
Weaknesses of program	<p>Most common: little emphasis on cardiovascular fitness; scheduling of most activities after school or on weekends; too many events at same time</p> <p>Other: EAP is not considered as part of the SD2 wellness concept; lack of organized summer activities</p>
What would do differently as a key decision maker	<p>Most common: employ fitness consultants to design individual programs for cardiovascular fitness; arrange more effective scheduling of activities</p> <p>Other: incorporate EAP into SD2 program; develop a flex-scheduling plan; develop a summer program</p>

individual employee autonomy, and a sense of district-wide employee ownership.

Weaknesses of the program were discussed. Common responses related to lack of emphasis on cardiovascular fitness, scheduling problems, and implementation of too many events.

The interviewees were asked what they would do differently as key decision makers. The most common answers related to implementation of an individualized cardiovascular fitness program and the arrangement of more effective scheduling.

Results of informal interviews with nonparticipants.

Table 44 summarizes interview information from persons who were SD2 nonparticipants. As explained in Chapter 1 of this project, preselected sample selection at St. Louis Park did not yield a formal stratified sample; therefore, a category of nonparticipants did not exist. However, the researcher, on-site, sought out a number of persons who had chosen not to participate in the SD2 program except when mandatory workshops were held. These persons agreed to discuss the program in an informal manner.

The four nonparticipants were asked why they chose not to participate in the SD2 program except for mandatory workshops. The most common response related to the time element as a factor. Inconvenient scheduling of activities was also mentioned more than once.

Table 44. Summary of Informal Interview Information from St. Louis Park School Employees about District SD2 Program: Responses to Open-ended Questions from Four Nonparticipants

Focus of Question	Focus of Response
Why the choice not to participate in the SD2 program	Most common: not enough time Other: not personally important; inconvenient scheduling of activities
General perception of SD2 program	Most common: good idea for entire district; good for community/school relations Other: too time consuming; should not obtain a separate budget from school board

When asked to discuss their general perceptions of the SD2 program, the majority of the nonparticipant interviewees stated that they thought the program was probably a good idea for the district, overall, and that the program was good for community/school relations. However, mentioned more than once, were thoughts that the program was too time consuming for employees.

Results of questionnaires completed by SD2 program participants. For this case study, a preselected (by central office staff) sample of SD2 program participants was used for interview purposes. The total (14) represented a cross section of district employees, though the sample was not stratified to yield specific categories (as explained in Chapter 1 of this study). These 14 persons were interviewed for a minimum of 20 minutes. Each was asked the same set of open-ended questions during the first part of the interview session. (The results of this procedure have been discussed in this chapter in narrative and tabular forms.) Immediately following the process of open-ended questioning with the 14 program participant interviewees, each person was asked to complete a district-tailored questionnaire. Table 45 summarizes information obtained from this procedure.

As shown in Table 45, groups of the 14 participants shared commonalities which included (a) participation in the SD2 program on a regular basis; and (b) participation in

Table 45. Summary of Information from St. Louis Park School Employees about SD2 Program; Responses on District-tailored Questionnaire from Fourteen Participants

Focus of Question	Response
Level of participation in SD2 on regular basis	yes: (12) irregularly: (2)
Specific SD2 workshops involved in	gardening: (6) aerobics: (5) financial management, nature walk, stress management: (4) humor: (3) color awareness: (3) note: none of the other 27 listed workshops was given by more than two respondents; 16 were listed by only one person
Items improved due to influence of SD2 program participation	increased overall well being awareness: (14) acquired knowledge through wellness newsletter: (5) personal mental health: (3)
Desired additional program activities	continue as is: (3) no real change needed: (2) more fitness activities: (1) no response: (8)
SD2 program schedule convenience for your participation	yes: (14)
Opportunity for social/group interaction with peers	yes: (14)
Satisfaction with program offerings for self	yes: (14)
Existence of properly trained personnel who conduct all activities	yes: (14)

(continued on following page)

Table 45. (continued) Summary of Information from St. Louis Park School Employees about SD2 Program; Responses on District-tailored Questionnaire from Fourteen Participants

Focus of Question	Response
Adequate physical environment for your activity participation	yes: (14)
Existence of personal growth evaluation and feedback	yes: (13) no: (1)
Existence of intentional program design to enhance personal interrelationships among all participants	yes: (13) no: (1)
Existence of intentional program design to enhance professional interrelationships among all participants	yes: (13) no: (1)
Existence of more communication between administrators and other staff members	yes; (13) no: (1)
Existence of enhanced feelings toward job due to fact that health status is recognized as important by district	yes: (14)
Existence of feeling that job performance is enhanced due to SD2 program participation	- N/A: (1)
Suggestions for SD2 program improvement	offer classes on workshop days: (1) offer another survey of needs: (1) continue to fund and have administration encourage: (1) note: no responses (11)

financial management, humor, and color awareness. All respondents indicated that (a) The program schedule was convenient for their participation, (b) the opportunity for social/group interaction with peers existed, (c) they were satisfied with what the program offered for them, (d) properly trained personnel conducted all activities, (e) the physical environment was adequate for their activity participation, and (f) their feelings toward their job had enhanced because their health status was recognized as important by district. All but one of the 14 respondents indicated that (a) there was existence of personal growth evaluation and feedback, (b) they believed the SD2 program had been intentionally designed to enhance personal and professional interrelationships among all participants, (c) they felt there existed increased communication between administrators and other staff members, and (d) their job performance had enhanced due to SD2 program participation.

Results of formal interview with the superintendent. The researcher requested and was granted a formal interview with the superintendent. Initial discussion was related to general demographics which are presented earlier in this chapter. Subsequent program information evolved during the course of the conversation.

The superintendent shared his philosophy about educational leadership roles. He emphasized that he relies

on the expertise of other staff members to aid him in his role. He referred to the district as a family with joys and responsibilities. Importance of trust and individual autonomy was stressed. As a very active participant in the SD2 program, the superintendent indicated that he continually noticed that district employees were having fun with the various program activities. He further stated that he received dozens of comments from parents pleased with the excitement and enthusiasm generated by staff members, following a back-to-school workshop. "Students even noticed a difference," he said, "St. Louis Park Senior High students surprised all staff members with flowers and individually handwritten notes thanking them for a great start of school."

The superintendent explained that when he was hired two years before, the district had undergone much change, including implementation of a vast staff development program. He described his role as a consultant and emphasized the importance of open communication between administration and other staff employees. The leader expressed his belief that the SD2 program is successful due to a number of reasons which are restated and summarized:

1. There is full support (including financial) and active participation by the school board.
2. The creativity of the communications coordinator is

outstanding.

3. There is active participation by all building-level administrators.

4. There is effective communication among various building-level subcommittees that ultimately affects SD2 committee planning, and thus maintains worker ownership.

5. The evaluation and feedback system allows SD2 program planning to offer what the employees need and request.

6. The strong Community Education and SD1 program activities are intertwined with those of the SD2 program often, which produces a total effort supporting the St. Louis Park education system, and also promotes a sense of pride and celebration throughout the employee population.

7. The central office secretarial staff consists of professionally trained people who are extremely adept in their skills and share them in such ways that offer top quality production of various SD2 communications such as newsletters, brochures, programs, survey results, and other program correspondence. Also, staff representatives take part in SD2 program activity planning.

8. Many employees take advantage of the freedom to apply for various grants which offer extra monies for staff development projects. In this way, these employees not only enhance the SD2 program, but they also attain an increased sense of professionalism.

9. The SD2 program exists for all levels of employees—"staff means everybody."

The superintendent explained that he encouraged colleagues and all other employees to try new things and that a failure was urged to be treated as a challenge and learning opportunity.

When asked about weaknesses of the program, the superintendent talked about absence of individually planned fitness programs with medical expertise. He indicated that this type of plan would be implemented in the future. Also, the superintendent discussed formal, bottom line evaluation. He explained that many researchers frown upon such a program not being able to show evidence of success in terms of dollars and figures concerning employee turnover, absenteeism, and productivity. The leader further explained that evidence of the SD2 program's success is nationally recognized and that it hasn't been important to express this success in terms of insurance policy dollars and cents, that the important issue is employee well-being and morale. He ended this particular phase of the conversation by indicating that the entire staff development program was currently being studied by an outside research firm. Plans were to use the final report for increased improvement purposes.

Results of formal interviews with the communications coordinator. Upon arrival in St. Louis Park, Minnesota, the day before this case study was to begin, the researcher was invited to dinner by the school district communications coordinator. During dinner, a formal conversation about the SD2 program occurred.

Aside from discussion about general demographics of the district, the coordinator added other pertinent information. She talked about the community being an older one which had been somewhat isolated from the school system. A bitter issue in the 1970s had been about certain school buildings that were permanently closed due to insufficient enrollment. The coordinator continued the conversation with details about the morale study and further action which is discussed in the Background section early in this chapter.

On the first morning of the case study week, the coordinator introduced the researcher to all central office personnel who extended a warm welcome. Provisions had been made for the researcher to occupy a vacant office for the entire week of study. During the complete week, the communications coordinator worked closely with the researcher. Her role also included administrative duties pertaining to evaluation and financial advising for the SD2 program. Information obtained from the coordinator provided the researcher with the necessary knowledge to thoroughly understand how the St. Louis Park wellness program operated

within the school system and community.

When asked about reasons why the program was regarded as such a highly successful one, the coordinator made several comments which are restated and summarized:

1. The superintendent, school board and building level administrators not only support the SD2 program, they actively participate in the activities.

2. Individual autonomy for the communications coordinator is encouraged and respected by the superintendent and the school board. Excitement, rather than fear, accompanies implementation of new ideas.

3. The school board is always ready to discuss financial requests from the SD2 committee and makes necessary allotments based on employee needs/wants and executive committee approval. Money problems are worked out so that the SD2 program does not suffer from lack of appropriate funding.

4. The superintendent is visible and encourages open communication between central office personnel and other employees.

5. The building level committees do a thorough job in conveying the needs and wants of the different employee levels to the SD2 committee for program ongoing planning purposes.

6. The district philosophy is one that emphasizes

caring, pride and celebration in the organization; employee commitment; employee ownership; and employee recognition.

7. The main concern at St. Louis Park is employee morale, not insurance dollars or the absenteeism rate. Consequently, employees feel valued.

8. There is full cooperation among all employees in the central office, concerning SD2 program events. Secretaries share their duties and skills depending upon where and when they are needed.

9. Importantly, at St. Louis Park, fun abounds and the celebration/pride philosophy really has caught on. Everyone (including all staff members, students, and many community members) often wears a T-shirt that boasts A+ for Learning—St. Louis Park Public Schools, a gift from central office.

10. Central administration promotes change and encourages building-level administrators and employees to freely offer ideas or suggestions that result in action that benefits instruction (productivity) and boosts employee morale.

The communications coordinator explained that weaknesses of the program could be related to absence of sophisticated individual fitness plans and absence of year-round activities. She indicated that both these concerns were under consideration by the SD2 committee.

During many different conversations with the

communications coordinator, she emphasized that SD2 goals were reached through the combined efforts of central administration and employee input. On one occasion, the coordinator stressed, "What is the secret of the most successful corporations in America? The answer is simple—confidence and caring. St. Louis Park will continue working to maintain an A+."

Discussion of district records regarding absenteeism, productivity, morale, and cost savings. As stated earlier in this chapter, there were no base-line data concerning absenteeism, productivity, and cost savings. However, subjective material has been described which supports the core of the philosophy and overall goal of the entire St. Louis Park school system—improved employee morale.

Summary and Analysis of St. Louis Park School Wellness Program

Information in this section attempts to depict an overall view of the St. Louis Park SD2 program. For clarification purposes, the researcher begins with contextual information and proceeds with analysis of all the data obtained throughout the case study. Presentation of the material is based on the following framework of variables: .

1. Context: This includes the demographics of the organization. Data were collected from interviews with the superintendent and the communications coordinator, and from

observation of records. Also included are the needs assessments of the potential program participants. Data were collected from interviews with the superintendent and the communications coordinator, observation of records, interviews with program participants, and from participant questionnaire results. Contextual material also includes the goals held for the program participants. Data were collected from interviews with the superintendent and the communications coordinator, and from observation of records.

2. Input: This includes the facilities available for use in the program. Data were collected from on-site observation. Also included are the selection and assignment of staff to administer the program. Data were collected from interviews with the superintendent and the wellness coordinator. The scope of the program, which denotes the overall plan including budgets, schedules, and alternatives, is also part of input evaluation. Data were collected from interviews with the superintendent and the wellness coordinator, and from observation of records. The focus of the program, which refers to resources utilized for goal attainment, is also included. Data were collected from interviews with the communications coordinator and from observation of program records.

3. Process: This includes dissemination for the purpose of informing potential participants about the

program. Data were collected from interviews with the communications coordinator and participants, and from observation of records. Also included are the support activities and services to help program participants achieve goals. Data were collected from interviews with the communications coordinator and program participants; from observation of records; and from analysis of participant questionnaire results.

4. Product: This includes cost savings. Information was collected from interviews with the superintendent and communications coordinator, and from observation of records. Also, changes in participant self-perception are included. Data were collected from interviews with program participants, and from questionnaire results. Participant satisfaction with the program is also part of outcome information. Data were collected from interviews with program participants, from questionnaire results, and from observation of records. Another outcome variable for this study is change in morale. Data were collected from interviews with program participants, from questionnaire results, and from observation of records. Other outcome variables, change in rate of absenteeism and change in productivity level, were included for study. A conclusion was reached based on interviews with the communications coordinator, and from observation of records. Employee turnover is also an outcome variable concerning wellness

program evaluation. Conclusions were reached, based on interviews with the superintendent and the communications coordinator. Finally, change in the health status of participants is included in outcome evaluation. Information was collected from interviews with participants and from questionnaire results.

Context

St. Louis Park has a population of 42,640 and is a suburb of Minneapolis, Minnesota. The school system employs 575 full-time staff members who are in charge of 4,417 students. There are four elementary schools, one junior high school, and one senior high school.

Due to severe decline of the city population in the 1970s, school enrollment also dropped drastically (from nearly 12,000 to approximately 5,000 by 1979). Along with this decline came a great loss of staff and financial resources which gave impetus to plummeting school employee morale. Following an extensive, district-wide morale study in 1979 by an outside expert (initiated by the superintendent and a specially appointed committee comprised of a cross section of district employees), design of the St. Louis Park SD2 (wellness) program came under the direction of a another specially appointed committee, chaired by the district personnel director, and comprised of interested staff members representing a cross section of

all employees. A full-time communications coordinator was hired to oversee the entire program and to assume public relations duties. The SD2 program was implemented in the fall of 1980 as part of a district-wide staff development plan to increase employee morale and overall well-being.

The main goal held by district officials was to increase morale and overall well-being of all employees.

Administrative objectives were (a) to create an element of celebration and pride in the organization, (b) to establish a system of recognition for employees who have demonstrated special efforts, (c) to work toward open, continuous communication between administration and employee groups as well as among all employees, (d) to aid all employees with self-improvement by providing wellness activities in which the employee groups have ownership, and (e) to establish an evaluation procedure for the internal public relations/morale-boosting activities.

Potential participant needs assessments were conducted. Information obtained from the Personal/Professional Needs and Interest Survey became the basis for initial planning of program activities. Subcommittees were organized (from a cross section of interested employees) to address employee needs and requests as reflected in the survey results. Activity planning focused on the wellness wheel concept which emphasizes six aspects of wellness: (a) physical, spiritual/philosophical, (c) environmental, (d) relationship,

(e) job-related, and (f) psychological. According to the needs survey results, immediate attention was requested in areas such as stress management, self-monitored fitness activities, career development, and retirement. As the SD2 program progressed, activity planning occurred relative to employee requests and needs as reflected by their evaluations of each implemented event.

Input

On-site, the St. Louis Park SD2 program offered access to closed school buildings for use as school/community project centers, empty classrooms for use as individual conference rooms available during various workshops and seminars, a spacious junior high library for use as a lecture hall during and after school hours, a junior high cafeteria for use as an employee meeting place for breakfast meetings on SD2 workshop days, an elementary school gymnasium for use as an aerobic center during after school hours, exercise bicycles in each building, a junior high choir room for use after school as a spacious seminar hall, a senior high weightlifting room for use as a workshop center, and shower facilities in workout areas.

Occasionally, SD2 program activities occur off-site. Other sites used, have included local restaurants for special brunches, local hotel conference rooms and entertainment halls for special seminars and dinners, the

local YWCA for specific instruction on various topics related fitness/health, and the local nature center for activities such as running/walking, birdwatching, and animal tracking (shower and locker facilities available).

Selection and assignment of staff for the SD2 program began in spring 1980. The superintendent appointed a committee, chaired by the central office personnel director, and comprised of 20 district employees who represented a cross section of interested staff members. A communications coordinator with a master's degree in public relations was hired (in the fall of 1980) to oversee the program and to assume school public relations duties. Coordinator responsibilities included research tasks necessary to provide assistance concerning items such as contact names and phone numbers in hiring outside experts for various program needs. Arrangement was made for a member of the central office secretarial staff to assist the communications coordinator on a full-time basis. Duties included word processing, answering the telephone, making appointments, maintaining program files, and general typing of correspondence such as newsletters and business letters.

Over the six-year period of the program, several on-site specialists assisted in SD2 program operation. These specialists included school social workers, a coordinator of instructional computing, an elementary program specialist, a gifted and talented program specialist, an electronic media

coordinator, school counselors, and an experienced aerobics dance instructor (physical education teacher).

Over the SD2 program's evolution, many outside experts have been used to assist with program services. These professionals conducted special classes and activities commensurate with employee needs/wants and SD2 committee approval. Examples of these outside experts include a bargain hunting expert for the Twin Cities, an interior decorator, a registered nurse from the YWCA, marketing specialists, financial planning experts, licensed psychologists, professional family counselors, physician/wellness program experts, fitness specialists, an alcohol and drug abuse specialist/instructor from the University of Minnesota, and a nationally known psychiatrist/author who is an expert on change.

At the onset of the SD2 program, the school board allocated \$10,000 for the program budget to be managed by the SD2 committee. Each year (through the time of case study, 1986) the board continued to allocate the \$10,000 budget; however, if extra monies were requested during the school year, the board provided appropriate allowances based on assessed employee needs and requests. Occasionally, employees were asked to pay fees for certain activities such as aerobic exercise classes. Also, additional funding has been obtained through grant awards from various sources such

as the Apple Computer Company and the Minnesota State Department of Education.

Program scheduling had been somewhat of a problematic area throughout the existence of the SD2 program. Arrangement of mandatory workshops had not been difficult because week days were normally used and school was not in session for students. However, most other organized activities occurred either before or after school hours; instruction time was not interrupted for SD2 activities, though employees had free lunch time to engage in self-monitored fitness activities if they desired. Many times, organized SD2 activities took place on weekends, which many employees didn't attend because they wanted their weekends free for travel or whatever.

There were several main resources utilized to assist with SD2 program efforts toward overall goal attainment. Since the program was an integral part of a system-wide staff development effort to increase employee morale and overall well-being, many times, departmental personnel joined forces in planning and implementing a wide range of activities. The communications department often worked closely with other departments such as community education, curriculum and instruction, counseling and social work, and the athletic department. Also, outside specialists were hired when needed, commensurate with employee request and SD2 committee approval.

Process

The first year of implementation (1980-1981), an all staff member orientation event launched the SD2 program. A presentation was given on the wellness concept, followed by small group discussion sessions during which, wellness-related literature was disseminated. All persons were asked to provide information for a Personal/Professional Needs and Interest Survey upon which future SD2 activities were based. At the beginning of subsequent school years, back-to-school SD2 workshops were held that featured an element of celebration and continuing emphasis on employee increased morale and well-being. A district-wide theme, such as A+ for Learning-St. Louis Park Schools (1985-1986), was established for the event and for use throughout the year. T-shirts were central office gifts to each student and employee of the school system. These events came to be known as St. Louis Park back-to-school celebrations. All central office administrators and entire staff (including the school board) participated. Press and television coverage was extensive.

Throughout the existence of the SD2 program, attempts were made to keep employees informed about program services and progress. A newsletter, "You Don't Have to be Sick to Get Better," was sent to each employee and community member. Another publication, "Swap Shop" featured employee want ads.

Additionally, many other publications and communication lines through other departments were made available. Also, the SD2 committee worked closely with SD2 subcommittees and community education committees to compile and disseminate information to the district employees and community members. Building-level SD2 committees were also organized to ensure that each employee had access to program news. Importantly, there was ongoing feedback of results from employee evaluations of program activities. Building-level committee members also distributed SD2 theme items such as balloons, pins, hats, and brochures; bulletin boards through the buildings stayed decorated with theme-related paraphernalia.

Support activities and services to help achieve SD2 program goals included implementation of many workshops which focused on the wellness wheel concept that emphasizes six aspects of wellness: (a) physical, (b) spiritual/philosophical, (c) environmental, (d) relationship, (e) job-related, and (f) psychological. Specific workshops related to topics such as time management, career management, stress management, retirement, and aerobic exercise. Special staff recognition activities and events were integral in SD2 program operation. Examples of these include Pride Week, A+ awards, special dinners, School Board Spotlight, and Class Act awards. Other offerings became available relative to assessed needs/requests, such as seminars about death and

dying, and courses in self-esteem, image building, parenting, and change. Fitness activities included aerobic exercise, an annual walk/run event, and self-monitored exercise during free lunch periods.

Product

Interviews with the coordinator and observation of records revealed that there were no base-line data available regarding the factors of cost savings, absenteeism, turnover, and productivity. The outcomes of this study are focused on participant change in self-perception, participant satisfaction with the program, and change in participant morale. Material presented in this section resulted from analytical review of evaluative data obtained on-site by the researcher through interview procedures and through the completion of questionnaires by 14 program participants. Information Obtained On-site by the Researcher

Information was obtained on-site by the researcher through interview procedures and through completion of questionnaires by participants, in May 1986. The following analysis begins with (a) discussion of information acquired through the procedure of open-ended questioning with participants and continues with discussion of (b) interviews with nonparticipants; (c) participant questionnaire results; and (d) interviews with the superintendent and the

communications coordinator.

Information acquired through the procedure of open-ended questioning with participants. As indicated in Table 43, page 395 in this chapter, most of the 14 interviewees indicated that they became active in the SD2 program because they wanted to experience something new or good for themselves. Also, a common answer related to themselves as being part of a district-wide commitment for improvement of employee morale. Others stated that they sought to decrease a feeling of isolation or job boredom. From all these responses, it is obvious that some St. Louis Park employees were ready to help bring about a positive change in a system that had been plagued with much negative change during the preceding decade. This active readiness could only have been felt following news about administrative plans in the making. Most assuredly, the extensive morale survey that was conducted prior to SD2 program development, sparked much curiosity and attention among employees. By the time the first program event occurred (fall 1980) , many persons probably already felt a I sense of hope. An interesting, understandable note is that |not one interviewee mentioned emphasis on physical fitness

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is a reason for joining the SD2 program. This could have seen mainly due to highly publicized emphasis on the overall of increased morale. Physical fitness was stressed as the sixth of the wellness wheel concept.

Expectedly, in the study of a model program, most of the interviewees indicated that the program was meeting their expectations through evidence of central office commitment, a wide variety of activities, and evidence of improved colleague attitudes. An inference is that the program was working.

Somewhat of a surprise was that when asked to discuss ways the program was not meeting their expectations, the most common response referred to lack of physical fitness programs. This was surprising because earlier in the interview, these persons did not mention fitness as a priority for becoming program participants. It is possible that the program seemed very fulfilling in so many respects that these persons were now primed to concentrate on an individualized physical fitness plan, which previously had been of secondary importance.

Expectedly, a majority of the interviewees indicated that they had much freedom regarding program input. Impressive was the statement that they felt free to consult any administrator about program operation. The implication is that clear communication lines were open all the way to central office.

The most common responses regarding strengths of the program were about superintendent and school board support, the quick turnover in activities, the coordinator,

individual autonomy of all employees, and a sense of employee ownership. Implications are clear: (a) The SD2 program originated- and continued to evolve through a firm foundation of central administrative backing; (b) with a quick turnover in activities, implementers were actively protecting against program stagnation; (c) the coordinator was highly respected as a leader; (d) employees were trusted by administration; and (e) ownership instilled a sense of pride.

Lack of emphasis on cardiovascular fitness was commonly perceived among the 14 interviewees as a weakness of the program. This corresponds with responses (previously discussed) to the question about ways the program was not meeting expectations. Problems about scheduling were also commonly mentioned as a weakness. This is really understandable when one considers state and local regulations about instruction time and official planning periods. There is no system that can possibly work out a program schedule that is going to suit everyone's needs. Implementers at St. Louis Park did what seemed to cause the least hassle; they scheduled activities during virtually anytime an employee was not expected on the job. That is one reason why such a large variety and range of activities existed. (This included free lunch periods for self-monitored fitness activities.)

When asked what they would do differently as key

decision makers, the most common answers were about employment of fitness consultants to design individual programs for cardiovascular fitness, and arrangement for more effective scheduling of activities. These answers paralleled those about program weaknesses and ways the program was not meeting expectations; they were not surprising.

Interviews with nonparticipants. Discussion of interview information obtained from four program nonparticipants was presented earlier in this chapter. When asked why they chose not to be a regular participant in the SD2 program, the most common answer related to lack of time (Table 44, p. 398). Other responses were about the program not being personally important or about inconvenient scheduling. Conclusions are: (a) In any program, there are individuals who just aren't interested in active participation, and this is for no particular reason; and (b) time really isn't a factor because people find time to do what they want to do. (Most of the St. Louis Park employees chose to actively participate in the SD2 program by making time to do so.)

When asked to discuss their general perceptions of the SD2 program, the nonparticipants commonly responded that the program was a good idea for the district and [community/school relations. Other responses were that the

program was too time consuming for employees and that the program budget should not be funded by the school board. Conclusions are: (a) Although some persons chose not to actively participate regularly, they maintained a passive support for the program; (b) increased morale may occur in some nonparticipants by association of themselves as part of a system that innovates; and (c) true nonbelievers in effecting change exist in every organization.

Participant questionnaire results. Questionnaires were completed by the same 14 participants who were asked to respond to open-ended questions. Results were discussed earlier in this chapter. Table 45, page 400, shows the focus of each question and the responses.

Nearly all of the respondents indicated that they participated in the SD2 program on a regular basis. This was not surprising, since the sample had been preselected from a list of active participants and most of them had assumed program personnel duties at one time or another.

When asked about specific workshops they were involved in, gardening was the most common response. However, the next most common response was aerobics. Seemingly, this indicates that more people in the school system may have been more interested in physical fitness than was assumed by I program personnel.

On the questionnaire, persons were asked to list items they felt they had improved due to SD2 program

participation. All respondents indicated that they had increased awareness about their overall well-being. This alone, is evidence of the program's effectiveness. Awareness precedes action. Many expressed that they had acquired knowledge through the wellness newsletter. A few persons indicated that the program had been good for their mental health. A conclusion is that the program was making a positive difference.

Most of the respondents did not list desired additional program activities. Surprisingly, only one person indicated desire for more fitness-related activities. Seemingly, from review of responses given during open-ended questioning about weaknesses of the program and ways the program was falling short of expectations, more responses would have been geared toward the fitness arena.

Despite open-ended discussion about scheduling difficulties, all 14 respondents indicated (on the questionnaire) that the program schedule was convenient for their participation. This is interesting because the respondents had let program participation become a personal priority, despite obvious problems that existed.

Extremely interesting is the following information which reflects strong evidence of the SD2 program's effectiveness. All respondents answered yes to questions that convert to the following statements:

1. There is opportunity for social/group interaction with peers.

2. I am satisfied with what the program offers for me.

3. Properly trained personnel conduct all program activities.

4. The physical environment is adequate for my activity participation.

5. My feelings toward my job have enhanced due to the fact that my health status is recognized as important by the district.

All but one. of the 14 respondents, answered yes to questions that convert to the following statements:

1. I feel that the program offers procedures of personal growth evaluation and feedback.

2. I believe that the program was intentionally designed to enhance personal interrelationships among all participants.

3. I believe that the program was intentionally designed to enhance professional interrelationships among all participants.

4. I believe there is increased communication between administrators and other staff members due to program influence.

5. I feel that my job performance is enhanced due to my participation in the SD2 program.

The researcher can only conclude that the preceding

evaluative material was generalizable for most of the St. Louis Park school employee population at the time of case study (May 1986). In July 1986, the researcher received a letter from the St. Louis Park communications coordinator in which she included announcement that the district had received a Gold Medallion Award from the National School Public Relations Association (NSPRA). The award recognized St. Louis Park for the outstanding staff morale program in the nation. The Gold Medallion is the highest award NSPRA gives, recognizing a total planned program. The award was presented to the superintendent and the school board at a national seminar in Boston.

Interviews with superintendent and communications coordinator. Information gained from separate interviews with the superintendent and the communications coordinator reflected commonalities. Both interviewees emphasized that there was constant active support from the superintendent and the school board. The existence of open communication between central office administrators and district employees was also stressed by both leaders. They both discussed building-level commitment and worker ownership. Also emphasized was existence of an outstanding clerical staff for all program purposes. Another important item discussed by both administrators was the district-wide A+ theme that had really caught on with the elements of pride and

celebration. They both talked about fun, pride, caring, ownership, and celebration in the organization. Both emphasized that employees had much autonomy to try new ideas. (Their ideas were encouraged through grant aid arranged by central administrative initiation.) Each leader referred to lack of individually planned fitness programs and indicated that this issue was under consideration.

The superintendent had come into a situation where the wellness program had been implemented three years before his arrival. The program had been implemented as an integral part of a massive district-wide effort to increase employee morale and well-being. He brought with him a philosophy that facilitated such an undertaking. This philosophy stressed factors such as commitment, autonomy, open communication, innovation, evaluation, fun, caring, and pride. During the interview, the superintendent commended the communications coordinator for her creativity. He also emphasized that the community education program was important in SD2 program operation. When asked about evaluation in bottom line figures, he indicated that insurance rates and other such concerns were not issues in the SD2 program; rather, the issue was increased employee morale.

The communications coordinator had also joined the central office staff three years following initial implementation of the SD2 program (another coordinator

existed previously). Her philosophy about organizations was similar to the superintendent's, discussed in the preceding paragraph. Emphasis was on factors such as commitment, autonomy, open communication, innovation, evaluation, caring, pride, and lots of fun and celebration. During one interview, the coordinator expressed that excitement rather than fear, accompanied innovation at St. Louis Park. She indicated that the school board was always willing to help resolve financial problems concerning program planning. The coordinator also stressed that the superintendent, besides being an active SD2 participant, was highly visible generally, and encouraged open communication between central office personnel and other employees. Throughout many conversations with the coordinator, she consistently emphasized to the researcher that SD2 goals were reached through the combined efforts of central administration and employee input. On one occasion, the coordinator expressed, "What is the secret of the most successful corporations in America? The answer is simple—confidence and caring. St. Louis Park will continue working to maintain an A+."

CHAPTER V.
CENTENNIAL SCHOOL DISTRICT
WELLNESS PROGRAM

This chapter contains information obtained from a case study of the wellness program in the Centennial School District. The chosen site was based on program characteristics that adhered to the following guidelines:

(a) The demographics were of a medium-sized district;
(b) the program was recommended by members of an expert panel; and (c) any special characteristics of the community were avoided (i.e., programs centered in locations with Olympic or professional athletic training centers).

Subsequent information in this chapter is divided into three sections: (a) Methodology of Case Study, (b) Description of Centennial Wellness Program, and (c) Summary and Analysis of Centennial Wellness Program. Tables supplement the narrative form in an attempt to summarize and clarify information for the reader.

Methodology of Case Study

During interview sessions with the panel members, three of the experts discussed Oregon as a health-related progressive state and commented about involvement of the

Oregon state education department in an annual state-wide project to assist school administrators in the organization and implementation of school wellness programs. One of the experts named an Oregon state department official who was the founder and current director of a state-wide wellness event known as the Seaside Conference, held annually in the northern coastal resort city of Seaside. The researcher immediately contacted the official's office in Salem, and was told that the expert was on his way to Cincinnati, Ohio, to attend a national conference by the American Alliance of Health, Physical Education, Recreation, and Dance (AAHPERD). The researcher attended the conference to seek out this state official. Ultimately, an arranged meeting took place during which the Centennial school district wellness program was recommended by the official as an outstanding one for case study.

The author telephoned the Centennial central office to arrange an appointment for a teleconference with the superintendent to explain the research project, to discuss the past contact with the Oregon state department official, and to request permission to visit the site for one week to conduct a case study. The executive secretary listened and then explained that the superintendent was not available and that she could not make such an appointment for the administrator without his consent; however, she agreed to give him details of the conversation, and assured immediate

follow-up. Within a few days, the researcher received a note from the superintendent which stated that the district was not prepared to host visitors to study the district wellness program. Because of positive information given by the expert panel members about Oregon school wellness programs, and because of already having had contact with the Oregon state official, the researcher once again contacted the same Oregon health education expert and asked for recommendation of a different district wellness program to study. The expert was adamant about Centennial's program being outstanding for a study project and insisted upon contacting the superintendent to discuss the situation. Within a few days, the researcher received a letter of permission (to conduct a case study of the wellness program) from the Centennial district superintendent.

After notice of permission to study the Centennial program was received, the researcher followed up with an explanatory letter which outlined details of the project:

- (a) overview of the project (i.e., background information);
- (b) purpose of the case study (i.e., guideline formulation for school program designs);
- (c) methodology of on-site procedures (i.e., sample selection, interview processes, observation of records); and
- (d) thanks for permission to use the site for one week as an external evaluator employing direct observation, interviews with participants and

nonparticipants, and on-site observation of documents such as written programs/proposals and insurance plans.

Prior to arrival at the site, the researcher engaged in telephone conversations with the Centennial superintendent. General instructions were given by him as to the conduct of case study procedures, which culminated with requests that the researcher be as unobtrusive as possible and that study activities be completed by early Friday morning. The superintendent followed up the last telephone contact with a formal letter of welcome that included a tentative schedule for the week of study.

On-site, the researcher was greeted by the executive secretary before meeting with the superintendent to discuss activities for the week. During the meeting with the superintendent, the researcher was given a preselected (by central office personnel) list of program participants (and their school phone numbers) and program personnel to telephone for interview scheduling purposes. Program-related materials were also supplied. An office, not used by a staff member during certain hours of the day, was offered for the researcher to use while arranging (a) interview schedules, detailed with names, times, and procedures and (b) plans for visitation of workout centers and general observation of the site.

Description of Centennial Wellness Program Case study information is presented according to a framework of characteristics judged to be most suitable for describing this wellness program. These characteristics are:

- (a) background,
- (b) rationale,
- (c) administrative objectives,
- (d) financial structure,
- (e) facility availability,
- (f) staffing,
- (g) implementation,
- (h) elements,
- (i) incentives,
- (j) evaluation.

The case study description begins with an introduction to familiarize the reader with specific contextual information.

Introduction

Centennial School District is located in Gresham, a suburb of Portland, Oregon. Gresham has a population of approximately 37,000. The school system employs nearly 600 staff members who are in charge of about 5,000 students. There are five elementary schools, one junior high school, and one senior high school.

Background

In the spring of 1983, the idea for implementation of a wellness program at Centennial originated primarily from the efforts of a classroom teacher in the district. Interest in personal fitness and overall well-being prompted the teacher (and a few colleagues) to arrange discussion meetings with the superintendent and his staff in an attempt to gain top level administrative commitment and active support concerning such a program. Encouraged by success stories about other district wellness programs around the state, and by first hand information obtained from the health promotion specialist in the Oregon health education state department (the same expert as discussed earlier in this chapter in Methodology of Case Study), the superintendent, other central office personnel, and the school board ultimately agreed to embark on an overall plan of development. The first step was to send the interested group, spearheaded by the classroom teacher, to the annual nationally known Seaside Health Education Conference, held at the ocean beach resort, Seaside, located in northwestern Oregon about 130 miles from Gresham. This conference was founded (by the previously mentioned state department expert) in 1977 to assist school administrators and interested staff members in the design, implementation, and evaluation of district-wide wellness programs to achieve healthier lifestyles of all school employees and students in the state of Oregon.

During the June 1983 Seaside Conference, the Centennial classroom teacher and colleagues worked with experts to outline a tentative plan of action for wellness program implementation that would begin in the fall of 1983-1984. A main element included in the outline was appointment of a district wellness team comprised of a cross section of interested employees to organize and oversee program processes. Following the week of the Seaside Conference, Centennial administrators and the teacher group that attended the conference met to discuss the tentative plan of action. Subsequently, the school board approved the plan and allotted \$5,000 to launch the program. The \$5,000 budget was to be managed by the district wellness team (based on administrative approval).

Rationale

The original purpose of the wellness program was to improve overall well-being (through voluntary participation) of all school employees and students in the district. Emphasis was on ultimate improved fitness/well being levels for students by firstly achieving the same goal for employees as role models.

Administrative Objectives

Because the Centennial wellness program had a separate plan of action for each year of its existence, administrative objectives are presented for each plan. For

the first year (1983-1984), Seaside Conference experts assisted Centennial district representatives in formulating specific objectives: (a) to create awareness of the wellness concept among all district employees, (b) to establish a district wellness team comprised of interested representatives from each building, (c) to organize building-level wellness teams and plans, (d) to develop a district action plan for the year to suit employee needs and wants, (e) to offer activities and other support services commensurate with district overall plan and building-level plans, (f) to conduct district-wide in-service on wellness, (g) to send the district wellness team to the Seaside Conference to learn new program ideas and to obtain first-year program evaluation information and a plan for improvement.

Centennial wellness program objectives for the second year (1984-1985) were (a) to continue staff awareness of the wellness concept; (b) to involve wellness in the student curriculum; (c) to introduce teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement and glucose tolerance testing; (d) to provide testing for grades 5, 8, and 11 -in stress management and personal commitment; (e) to promote wellness activities in the community; and (f) to obtain evaluation feedback and a plan for improvement at the June Seaside Conference.

Centennial wellness program third year (1985-1986) objectives were (a) to continue ways to increase staff awareness of the wellness concept through offering a variety of presentations about wellness topics and to implement more teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement and glucose tolerance testing; (b) to continue incorporation of wellness education into the student curriculum and provide testing for grades 5, 8, and 11 concerning the areas of drug/alcohol education, nutrition, physical fitness, stress management, and personal commitment; (c) to coordinate district-wide and building-level activities especially for community involvement; and (d) to obtain evaluation feedback and a plan for improvement at the annual Seaside Conference.

Financial Structure

Funding for school systems in Oregon is based mainly on annual local levy. During the past decade, Oregon has been plagued with a sagging state-wide economy primarily due to decline in the timber and agricultural industries. Difficulty has arisen when education officials have attempted to propose local tax increases for extras such as wellness programs or sports activities. At Centennial, the wellness program became a district priority; therefore, each year (from 1983 through the time of case study in 1986), at

least some program money was made available from the district budget. The amount varied relative to needs as reflected by annual reports from Seaside Conference evaluation experts and by input from district program participants. The wellness program budget averaged less than \$5,000 for each year and was managed by the district wellness team (as approved by the district executive committee). Often, program participants were asked to pay fees for certain support activities such as aerobic dance classes and various workshops.

Facility Availability

At the inception of the Centennial wellness program, availability of on-site resources included (a) the district coliseum for fairs and other festivities; (b) a gymnasium in each building for activities such as aerobic dance classes, seminars, and luncheons (showers and lockers available); empty classrooms for small group meetings; (c) a weightlifting room at the high school; (d) outdoor running/walking tracks; (e) a large well-staffed instructional media center at one school; (f) a swimming pool at the high school; and (g) tennis courts at the high school.

As needed, program equipment and materials were added which included (a) exercise bikes; (b) wellness instruction units on various topics such as nutrition, cardiovascular fitness, and stress management; and (c) media materials such

as health-related films and slides.

Occasionally, Centennial wellness activities and events occurred away from school property. During the first three years of the program, other sites that were utilized by program participants included (a) the local YMCA (special rates, (b) local health clubs (special rates), (c) local ski resorts, (d) marked running/jogging trails, and (e) Cascade Mountain hiking trails.

Staffing

Leadership duties of the Centennial wellness program were assumed voluntarily by the classroom teacher who originally initiated district interest in the innovation. She became known as the wellness program coordinator and was paid a \$500 stipend in addition to her teaching salary. The coordinator and district wellness team worked together in acquiring and implementing district-tailored Seaside Action Plans. All policies, strategies, and other aspects of the program were subject to approval of the superintendent and the school board.

To fulfill clerical needs of the wellness program, arrangements were made for a member of the central office secretarial staff to assist the wellness team whenever possible. Duties included general typing of correspondence such as newsletters and business letters, scheduling of activities, and maintaining program records.

Other in-house staff members contributed their expertise to the program processes periodically. These persons included (a) the district athletic director; (b) an electronic media coordinator; (c) school counselors; (d) teachers with expertise in the fields of nutrition, chemistry, and health; (e) the school nurse; (f) physical education teachers; and (g) a central office financial advisor.

Due to family relocation, the classroom teacher/wellness coordinator left the Centennial district before the third year of the program. Her leadership role became the responsibility of the district wellness team president, the team leader. At the time of case study (May 1986), a plan had been organized for the nonsalaried position of district wellness team leader to rotate among team members on an annual basis. This arrangement included provision for the leader to receive a stipend and to report directly to the district athletic director, liaison to the executive committee.

The Centennial wellness program relied heavily on outside experts to assist with implementation. Much assistance was offered at the annual Seaside Conference which is attended by school administrators and district wellness team representatives. During the conference, professionals from virtually all disciplines of the health/fitness/wellness arena offer presentations, workshops, and consultation periods,

Other outside specialists were periodically hired for district-wide in-service as well as for small group purposes. These persons offer expertise relating to wellness areas such as smoking cessation, weight loss, and stress management. During the first three years of the wellness program's existence, these experts included (a) a licensed massage therapist/instructor, (b) consultants from the Northwest Intervention Consortium, (c) American Red Cross personnel, (d) Metro Hospital personnel, (e) Kaiser Health Services Research Center Associates, and (f) Portland State University instructors.

Implementation

Program implementation is described with separate emphasis on each of the three years, from the program's beginning through the time of this case study (May 1986). Information addresses program objectives and decision making procedures regarding the elements provided for participant needs and requests. The First Year of the Program (1983-1984)

During the first year, the program was initially operated by a classroom teacher/wellness coordinator and the superintendent. Following organization of a district wellness team early in the year, major leadership duties were assumed by the team with direction from the coordinator. Individual employee participation in wellness

activities was on a strict voluntary basis. Most wellness activities occurred before or after school hours. Special workshops, classes and seminars were scheduled at night, as in-service activities, or on a time-release scheduling system relative to individual building policies.

The overall district goal was improvement of employee well-being. The objectives were (a) to create awareness of the wellness concept among all district employees, (b) to establish a district wellness team comprised of interested representatives from each building, (c) to organize building-level wellness teams and plans, (d) to develop a district action plan for the year to suit employee needs and wants, (e) to offer activities and other support services commensurate with district overall plan and building-level plans, (f) to conduct district-wide in-service on wellness, (g) to send the district wellness team to the Seaside Conference to learn new program ideas, and (h) to obtain first-year program evaluation information and a plan for improvement at the Seaside Conference.

The first objective. The first objective, to create awareness of the wellness concept among all district employees, was addressed by building-level presentations to small groups of staff members. The wellness coordinator and a few interested colleagues organized showings of videos and slides related to wellness topics such as nutrition, smoking cessation, exercise, and stress management. Additionally,

printed materials were distributed. Open-ended discussion ensued.

The second objective. The second objective was to establish a district wellness team comprised of interested representatives from each building. The superintendent appointed a committee (team) that included selection of persons from all worker groups. Leadership responsibilities of the team included (a) organization and implementation of events and activities to achieve improved employee well being and (b) management of the program budget.

The third objective. The third objective was to organize building-level wellness teams and plans. Building principals established teams comprised of interested employees representing a cross section of all worker groups in the building. Each building team elected a leader to assume managerial responsibilities. Team duties included (a) dissemination of activities about the wellness concept, (b) organization and implementation of a building-level plan which included support activities to achieve goals of individual participants, (c) assistance with implementation of district-wide wellness events and activities, and (d) development of communication procedures with the district wellness team to ensure employee ownership of the total program.

The fourth objective. The fourth objective was to

develop a district action plan for the year to suit employee needs and wants. District team members worked with building-level teams to informally survey needs and requests of all district employees who were interested in wellness program participation. Results indicated that employees needed and wanted individualized wellness plans; district-wide events which included workshops on topics such as smoking cessation, weight reduction, aerobic exercise, stress management, and blood pressure control; and methods of evaluation and feedback. The overall district plan of action included measures to assist employees with their needs and requests.

The fifth objective. The fifth objective was to offer activities and other support services commensurate with the district overall plan and building-level plans. A beginning wellness class was offered (through Portland State University) which included a computerized Health Appraisal and Fitness Evaluation; assistance with individual goal setting and self-management; lectures on fitness, nutrition, stress management, drug use and abuse; information on wellness computer software and films; and data analysis projecting options for future wellness program direction. The class cost was assumed by individual participants (\$89 for three graduate credits, \$20 for audit, \$15 for the textbook, and \$15 for the optional health appraisal and fitness evaluation).

Building-level plans evolved through the direction of the wellness team leader and input from employee group representatives. Emphasis was on organization and implementation of on-site activities to assist individuals with goal achievement. Such activities included group efforts to lose weight sensibly, to attempt smoking cessation, to physically exercise by walking, jogging, or swimming, and to increase enjoyment of wellness activities through group competitions.

District-wide wellness events implemented the first year included (a) aerobics classes featured three times weekly, taught by a professional instructor (Fees were paid by the participants.); (b) fitness pretesting and posttesting procedures (including feedback); (c) a wellness T-shirt sale; (d) a smoking cessation class that offered four meetings and three short follow-up sessions, taught by an expert from a health service research center (No fee was charged; however, there was a required \$50 deposit per person which was fully refundable to each person attending all sessions.); (e) group blood screenings and feedback procedures conducted by experts from a local hospital > (Individual participants assumed the cost which was \$9 for the 20-item blood analysis or \$11 for the 20-item test and a \$ test for anemia.); and (f) the first annual Eaglefest 10K Run for staff, students, and community.

Other activities the first year included

- (a) monthly presentations of building-level reports about activities and successes (to the district team) and
- (b) monthly breakfast meetings for all wellness team members.

The sixth objective. The sixth objective was to conduct district-wide inservice on wellness. This event consisted of presentations by experts about wellness areas such as the effects of fitness on stress management, smoking cessation, and blood pressure. Emphasis was on motivation.

The seventh objective. The seventh objective was to send the district wellness team to the Seaside Conference to learn new ideas. The team attended the conference (at the expense of the school district) and worked with wellness experts to formulate a plan of action for the following year.

The eighth objective. The eighth objective was to obtain first-year evaluation information and a plan for improvement, at the Seaside Conference. At the conference, the Centennial district team gained evaluative information through analysis of the program as determined by responses to questions that focused on factors such as, support from top level and building-level administration, involvement of all employee levels, use of in-service, organization of teams and building-level plans, and provision of resources to achieve employee needs and wants as determined by

assessments. Based on first-year program analysis, Conference experts assisted team members in the formulation of a district action plan for the next school year (1984-1985). The plan was submitted to the Centennial school board in early August and received approval along with nearly \$5,000 for budgeting purposes.

The Second Year of the Program (1984-1985)

In the second year, the program continued to operate under the direction of the classroom teacher/wellness coordinator with input from the wellness committee and direct assistance from the superintendent. The twofold goal was improved employee well-being and lifestyle improvement among all district students. The objectives were (a) to continue staff awareness of the wellness concept; (b) to involve wellness in the student curriculum; (c) to introduce teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement and glucose tolerance testing; (d) to provide testing for grades 5,8, and 11 in the stress management and personal commitment; (e) to involve the community in wellness activities; (f) to obtain evaluation feedback and a plan for improvement at the annual Seaside Conference. The first objective. The first objective was to

^increase staff awareness of the wellness concept. The
e
district wellness team organized a video and slide

presentation for employees in each building. Focus was on interested employees who had not participated the previous year. Small group discussions occurred with representatives of the district team. Distribution of wellness literature included information about topics such as cardiovascular fitness, blood screening, stress management, weight reduction, and smoking cessation.

To supplement knowledge gained from program participation, or to interest nonparticipating employees, updated wellness information was sent to all staff members in a specially designed quarterly newsletter. (Students and community members also received the news bulletin.)

The second objective. The second objective was to involve wellness in the student curriculum. District team members presented the following recommendations (from the Seaside plan of action) during a specially organized K-12 Health Education Curriculum workshop: (a) incorporate drug/alcohol education and intervention programs in grades 4-12; (b) develop a health communications class using high school students to teach health-related concepts to elementary and middle school students (e.g., refusal skills, drug/alcohol education, nutrition education, coping skills); and (c) develop a criterion-referenced testing program in wellness concept areas. The recommendations were accepted and building-level teams volunteered to help implement these additions of the wellness program. Each teacher involved in

health instruction used a Health Curriculum Guide which included a purpose statement, program goals and the scope and sequence. General wellness categories included (a) safety, (b) first aid, (c) mental health, (d) interpersonal/family relations, (e) community health, and (f) physical health.

In addition to the regular classroom wellness instruction, a college three-credit course in wellness education (from Portland State University) was offered to high school students at no charge and was designed to introduce the students to basic concepts. (The class fee was prepaid by the district.) Students paid \$15.10 for textbooks and \$20 for pretesting and posttesting procedures related to fitness and nutrition areas.

The third objective. The third objective was to introduce teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement, and glucose tolerance testing. Special workshops were arranged under the direction of experts from a local hospital, and were conducted at the building level.

The fourth objective. The fourth objective was to provide criterion-referenced testing for grades 5, 8, and 11 in the areas of stress management and personal commitment. This procedure was organized and completed by the classroom

health instructors with direction from a high school counselor.

The fifth objective. The fifth objective was to promote community involvement in district wellness activities. The district wellness team, building-level teams, and the superintendent organized a district-wide wellness fair and invited the community to participate. The public media covered the event which resulted in a great amount of positive publicity. The community was invited to attend subsequent building-level and district-wide workshops. The sixth objective. The sixth objective was to obtain evaluation feedback and a plan for improvement at the annual Seaside Conference. The district team and representatives from the building-level wellness teams attended the Seaside Conference (mostly at the expense of the Centennial school district) . During the conference, wellness experts reviewed synopses of various school district programs. Plans of action were judged according to criteria that concerned factors such as administrative commitment, employee ownership, resource availability, and team leadership. The Centennial 1984-1985 Action Plan was selected as the best plan state-wide and copies were sent to health education leaders in California, Arizona, Washington, Alaska, and Idaho. Additionally, Seaside experts asked the Centennial wellness coordinator to present the action plan at an upcoming national wellness conference in Arizona. Also

during the conference, experts assisted the Centennial team members in designing a district plan of action for the next school year, 1985-1986. The plan was submitted to the Centennial school board in early August and was approved. Nearly \$5,000 was allocated for the program's budget. The Third Year of the Program (1985-1986)

Due to family relocation, the classroom teacher/wellness coordinator left the Centennial school district before the third year of wellness program implementation. Another coordinator was not appointed; rather, the program continued operating with leadership duties maintained by the district team (largely the team leader who was awarded a stipend) with overall managerial direction by the district athletic director.

District goals for the third year were continued staff awareness of the wellness concept, continued incorporation of wellness activities into the student curriculum, and increased involvement of the community in the district wellness program. The objectives were (a) to continue ways to increase staff awareness of the wellness concept through offering a variety of presentations about wellness topics and to implement more teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement and glucose tolerance testing; (b) to continue incorporation of

wellness education into the student curriculum and provide testing for grades 5, 8, and 11 concerning the areas of drug/alcohol education, nutrition, physical fitness, stress management, and personal commitment; (c) to coordinate district-wide and building-level activities especially for community involvement; and (d) to obtain evaluation feedback and a plan for improvement at the annual Seaside Conference.

The first objective. The first objective was to continue ways to increase staff awareness of the wellness concept through offering a variety of presentations about wellness topics and to implement more teacher training programs in the areas of blood pressure measurement, target heart rate estimate, blood cholesterol measurement and glucose tolerance testing. The district team and the district electronics media coordinator designed films and slides for presentations focusing on self-awareness. Emphasis was on importance of the individual and how to make the most of everyday life. Additionally, experts were hired to assist with wellness in-service for employees. Following the formal presentations, small group discussions occurred with members of the district team. Brainstorming was encouraged to gain input for future workshops related to personal well-being. Updated wellness literature was distributed. Arrangements for implementation of specified teacher training programs were made with professionals at a local hospital. Building-level scheduling was used for these activities.

The second objective. The second objective was to continue incorporation of wellness education into the student curriculum and provide testing for grades 5, 8, and 11 concerning the areas of drug/alcohol education, nutrition, physical fitness, stress management, and personal commitment. Aerobic classes were organized which included dancing, walking, running and jogging. Additionally, experts were hired to conduct special workshops that focused on student requests. A health fair was held at the high school and included presentations by students, informational booths, slide and film presentations, and healthy snacks. During each semester, criterion-referenced testing was also administered to students in all wellness areas of the curriculum.

The third objective. The third objective was to coordinate district-wide and building-level activities especially for community involvement. The community was invited to participate in exercise classes that included dancing, jogging/walking, tennis, and swimming. An open invitation was extended to community members to participate in a district-wide health fair held at the high school. The fair featured presentations by students and health education experts, informational booths, and healthy snacks. Also, community members were sent the quarterly wellness newsletter which provided such variety as updated news about

wellness areas and, advertisements about upcoming program events, and wellness program progress reports. Additionally, the electronics media coordinator arranged scheduling with a local cable television station which provided videos about wellness awareness and related activities happening in the school system. This procedure encompassed a broad viewing area that included other communities and school districts.

The fourth objective. The fourth objective was to obtain evaluation feedback and a plan for improvement at the annual Seaside Conference. At the time of case study, May 1986, the district team had made plans to attend the Seaside Conference the following June. Presumably, processes were similar to those that occurred during the previous two years.

Elements

Due to recorded changes as the program evolved over the three years, the description of program elements is divided into separate lists by year.

1. The first year (1983-1984), program elements
(Included the following:

- (a) building-level presentations about the concept wellness;
- (b) informal and formal needs surveys;
- (c) classes in wellness, aerobic dance, smoking cessation;

- (d) fitness testing procedures;
- (e) a wellness T-shirt sale;
- (f) group blood screenings with feedback procedures;
- (g) the first annual Eaglefest 10K Run;
- (h) monthly presentations of building-level reports about activities and successes (to the district team);
- (i) visits and reports by Seaside Conference experts;
- (j) monthly breakfast meetings for all wellness team members;
- (k) district-wide in-service;
- (l) evaluation and feedback procedures.

2. The second year (1984-1985), program elements included the following:

- (a) building-level presentations about the concept of wellness;
- (b) informal and formal needs surveys;
- (c) building-level plans and a formal overall district plan of action;
- (d) advanced wellness class for staff members;
- (e) a quarterly wellness newsletter;
- (f) a wellness curriculum for students;
- (g) a college three-credit course in wellness instruction for students;
- (h) a district-wide wellness fair that included open

- (i) building-level and district-wide workshops focusing on community involvement;
 - (j) classes in aerobic dance, jogging/walking, smoking cessation, weight loss, wellness education;
 - (k) group blood screenings with feedback procedures;
 - (l) the second annual Eaglefest 10K Run;
 - (m) monthly presentations of building-level reports about activities and successes (to the district team);
 - (n) visits and reports by Seaside Conference experts;
 - (o) district-wide in-service;
 - (p) evaluative and feedback procedures,
3. The third year (1985-1986), program elements included the following:
- (a) building-level presentations about the wellness concept;
 - (b) informal and formal needs surveys;
 - (c) building-level plans and a formal overall district plan of action;
 - (d) wellness classes;
 - (e) a quarterly newsletter;
 - (f) teacher training programs in the areas of blood pressure measurement, target heart rate estimate, and blood cholesterol measurement and glucose tolerance testing;
 - (g) additional wellness activities for students

including aerobic classes in dancing, walking, running and jogging;

(h) special workshops for students based on their requests;

(i) a district-wide health fair with open invitation to the community;

(j) wellness videos offered via cable television;

(k) classes for community and staff in clogging/square dancing, aerobics, smoking cessation, weight loss;

(l) the third annual Eaglefest 10K Run;

(m) organized ski and hiking trips;

(n) monthly presentations of building-level reports about activities and successes (to the district team);

(o) visits and reports by Seaside Conference experts;

(p) district-wide in-service;

(q) wide community publicity about Centennial wellness activities;

(r) evaluation and feedback procedures.

Incentives

The main purpose of the Centennial wellness program was to increase overall employee well-being and ultimately improve the lifestyles of students. Incentives for employee participation included (a) flex-scheduling at the building level to allow employees opportunities for individual

and group exercise activities; (b) active program participation by central and building-level administrators; (c) individual fitness evaluation and feedback procedures; (d) overall program evaluation and feedback procedures; (e) special group rates at local health clubs; (f) employee ownership through district and building wellness teams; and (g) organized support groups.

Evaluation

Information in this section is discussed according to material obtained from study of on-site activities conducted by the researcher in May 1986. There were no actual baseline data to report concerning cost savings, turnover, absenteeism, productivity, and morale.

On-site Study of Program by the Researcher, Conducted in May 1986

During site visitation of the Centennial School District in May 1986, the researcher attempted to gain evaluative evidence about the wellness program. Procedures included (a) formal interviews with a preselected sample of participants; (b) informal interviews with a sample of nonparticipants; (c) administration of a questionnaire to participant interviewees; (d) formal interviews with the superintendent, the district team leader, the financial director, and the athletic director.

Results of formal interviews with a preselected sample of program participants. As explained in Chapter I of this

project, Centennial district administrative procedures in sample preselection did not result in a randomized, stratified sample of 14 participants for this study. Administrators emphasized importance on interview participation by representatives from each building. The eight-member (six other members were not available for interview purposes due to absence or time/scheduling constraints) sample reflected that (a) all persons selected were wellness program participants (i.e., there was not a category of nonparticipants), (b) the participants represented various district employee groups, (c) all interviewees had previously managed program duties, and (d) all interviewees had been at least intermittently physically active prior to program implementation. During the interview sessions, the process of open-ended questioning was used.

The most common reasons for becoming active in the wellness program related to taking advantage of worksite opportunities to increase fitness levels and to socialize with colleagues who shared the same interest.

The interviewees were asked to discuss ways in which the program was meeting their expectations. Usual responses included comments about having lost unwanted weight, having experienced positive socialization with colleagues, having been kept abreast of program plans, and having seen evidence

of active participation by administrators.

When asked to talk about ways the program was not meeting their expectations, common responses focused on inadequate follow-up with individual fitness plans and a lack of incentive variety.

All interviewees indicated that there were ample ways for employees to have input into the program. Common responses focused on the district and building-level teams and the team leaders.

Common responses about program strengths focused on the Seaside Conference, and superintendent and school board support.

Weaknesses of the program were discussed. Common responses related to a lack of variety in activities, a lack of continued motivation, and absence of a full-time fitness coordinator.

The interviewees were asked what they would do differently as key decision makers. The most common answers related to employment of a full-time fitness coordinator and conduct of district-wide needs surveys. Table 46 summarizes interview information obtained from the eight staff members who were preselected by central office staff for interview purposes.

Results of informal interviews with nonparticipants. Table 47 summarizes interview information from four persons

Table 46. Summary of Interview Information from Centennial School Employees about District Wellness Program: Responses to Open-ended Questions from Eight Participants

Focus of Question	Focus of Response
Reasons for becoming active in the wellness program	<p>Most common: to take advantage of worksite opportunities to increase fitness level; to mingle with colleagues</p> <p>Other: to become a better role model for students</p>
Ways program was meeting expectations	<p>Most common: desired weight loss; good socialization; reliable organization; active participation by administrators</p> <p>Other: informative Seaside Conference</p>
Ways program was not meeting expectations	<p>Most common: inadequate follow-up with individual fitness plans; lack of a variety of incentives</p> <p>Other: lack of consistent participation by some building administrators</p>
Level of input regarding program content	<p>Most common: opportunities at building and district team levels; through team leaders</p> <p>Other: phone calls to district leader</p>
Strengths of program	<p>Most common: the Seaside Conference; superintendent and school board support</p> <p>Other: district team leader</p>

(continued on following page)

Table 46. (continued) Summary of Interview Information from Centennial School Employees about District Wellness Program; Responses to Open-ended Questions from Eight Participants

Focus of Question	Focus of Response
Weaknesses of program	<p>Most common: lack of variety in activities; lack of continued motivation; lack of full-time coordinator</p> <p>Other: lack of medical monitoring concerning individual fitness plans</p>
What would do differently as a key decision maker	<p>Most common: employee a full-time fitness coordinator; conduct district-wide needs surveys</p> <p>Other: increase district office record keeping of wellness program activities</p>

Table 47. Summary of Informal Interview Information from Centennial School Employees about District Wellness Program: Responses to Open-ended Questions from Four Nonparticipants

Focus of Question	Focus of Response
Why the choice not to participate in the wellness program	Most common: not enough time Other: already on an individual fitness program
General perception	Most common: good for staff and students Other: need of financial support from the state department

who were wellness program nonparticipants. As explained in Chapter 1 of this project, the sample preselection method at Centennial did not yield a formal stratified sample; therefore, a category of nonparticipants did not exist. However, the researcher, on-site, sought out a number of persons who had chosen not to participate in the wellness program. These persons agreed to discuss the program in an informal manner.

The four nonparticipants were asked why they chose not to participate in the wellness program. The most common response related to the time element as a factor. One person indicated that he was already involved in an individualized fitness program.

When asked to discuss their general perceptions of the wellness program, the majority of the nonparticipant interviewees stated that they thought the program was good for the staff and students. One person emphasized that the state education department should furnish financial assistance for the wellness program.

Results of questionnaires completed by wellness program participants. For this case study, a preselected (by central office staff) sample of wellness program participants was used for interview purposes. The total (eight) represented various groups of district employees from each building, though the sample was not randomized or stratified (as explained in Chapter 1 of this study). These

eight persons were interviewed for a minimum of 20 minutes. Each was asked the same set of open-ended questions during the first part of the interview session. (The results of this procedure have been discussed in this chapter in narrative and tabular forms.) Immediately following the process of open-ended questioning with the eight program participant interviewees, each person was asked to complete a district-tailored questionnaire. Table 48 summarizes information obtained from this procedure.

As shown in Table 48, all respondents indicated that (a) They participated in the program on a regular basis, (b) they were involved in a typical endurance program, (c) they had improved their overall health, (d) opportunity existed for social/group interaction with peers, (e) they were satisfied with what the program offered for them, (f) they believed there was more communication between administrators and other staff members due to influence of the wellness program, and (g) they believed their job performance was enhanced due to program participation. All but one of the eight respondents indicated that (a) they participated in nutrition education classes, (b) they were nonsmokers, (c) they experienced fewer periods of stress due to wellness program influence, (d) they had improved their fitness and energy levels, (e) they had improved their appearance, (f) the program schedule was convenient for

Table 48. Summary of Information from Centennial School Employees about Wellness Program; Responses on District-tailored Questionnaire from Eight Participants

Focus of Question	Response
Level of participation on regular basis	yes:
Specific program elements involved in	blood pressure testing: (6) smoking cessation classes (1) nutrition education: (7) weight control classes: (2) stress management classes: (6)
Involvement in endurance program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70 percent of maximum heart rate)	yes: (8)
Cigarette smoker	no: (7) yes: (1)
If a smoker, indicate comparison level between amount smoked prior to and after program participation	N/A: (1)
If applicable to reasons for participation, compare weight level prior to with weight level after program participation	ideal: (2) closer to ideal N/A: (3) (3)
Comparison of prior stress level with stress level after participation	(7) 1 (1) e
	ss: N/A:

(continued on following page)

Table 48. (continued) Summary of Information from Centennial School Employees about Wellness Program: Responses on District-tailored Questionnaire from Eight Participants

Focus of Question	Response
Items improved due to influence of program participation	overall health: (8) fitness level: (7) weight/appearance: (3) energy level: (7)
Desired additional program activities	walking program: (3) more weight control activities: (3) staff competitions among schools (3)
Program schedule convenience for your participation	yes: (7) no: (1)
Opportunity for social/group interaction with peers	yes: (8)
Satisfaction with program offerings for self	yes: (8)
Existence of properly trained personnel who conduct all activities	yes: (7) no: (1)
Adequate physical environment for your activity participation	yes: (7) no response: (1)
Existence of personal growth evaluation and feedback	yes: (7)
Suggestions to improve program	no: (1) more money: (1) get top administrators really behind the program: (1) implement more self-help programs: (1)

(continued on following page)

Table 48. (continued) Summary of Information from Centennial School Employees about Wellness Program; Responses on District-tailored Questionnaire from Eight Participants

Focus of Question	Response
Existence of intentional program design to enhance personal interrelationships among all participants	yes: (7) no: (1)
Existence of intentional program design to enhance professional interrelationships among all participants	yes: (3) no: (5)
Existence of more communication between administrators and other staff members	yes: (8)
Existence of enhanced feelings-toward job due fact that health status is recognized as important by district	yes: (7) no: (1) to
Existence of feeling that job performance is enhanced due to program participation	yes: 18)

their participation, (g) properly trained personnel conducted all activities, (h) there existed personal growth evaluation and feedback procedures, (i) they believed the program had been intentionally designed to enhance personal interrelationships among all participants, and (j) their feelings toward their job had been enhanced due to wellness program influence. More than half of the respondents indicated certain commonalities: (a) participation in blood pressure testing and stress management classes and (b) indication of their belief that the program had not been intentionally designed to enhance professional interrelationships among all participants.

Results of formal interview with the superintendent. The researcher requested and was granted a formal interview with the superintendent. Initial discussion was related to general demographics which are presented earlier in this chapter. Subsequent program information evolved during the course of the conversation.

The superintendent explained that the district had suffered financially over the past decade, due mainly to the decline in the timber and agricultural industries. He added that Oregon does not have a state sales tax and that school systems rely mostly on local levy for funding. The superintendent emphasized that despite money problems of the district, implementation of a wellness program had become a top priority of the administration and the school

board.

The superintendent expressed concern about not being financially able to afford a full-time, specially trained wellness coordinator. His opinion was that such a person is valuable as a prime motivator to create ongoing enthusiasm that is needed for increased program participation.

When asked to describe his role in the wellness program, the superintendent called himself a supporter for the building principals and all the wellness teams. He emphasized that his duties included making sure that resources were available to keep the program an ongoing concern.

The superintendent also shared his opinions concerning program evaluation. Although base-line cost savings data were yet to be realized, he stated that some positive outcomes have occurred due to the wellness program efforts. For example, the program has provided incentive for implementation of adult education programs that have included smoking cessation and stress management classes. Also organized, were community/school classes regarding drug/alcohol education and intervention plans. The superintendent further added that news about the Centennial program had favorably influenced other districts, in and out of the state of Oregon, in developing similar programs.

When asked what he thought contributed mainly to the program's current (May 1986) success, the superintendent indicated that the Seaside Conference was the core. He further emphasized that other factors included (a) support from key administrators and the school board, (b) team leadership, and (c) a grassroots approach.

Results of formal interviews with the district team leader. On the first morning of the case study week, the researcher and team leader were introduced by the superintendent. A time was scheduled that afternoon for an official interview. During this interview, the team leader discussed general demographics and talked about how much the Portland area had to offer in terms of fitness-related activities. He also discussed the duties he had incurred as a result of the district no longer having the teacher/coordinator who had been director of the wellness program. His responsibilities included duties related to his role as (a) district team chairman, (b) liaison to central administration (through the athletic director), (c) coordinator of special district-wide events, and (d) a representative at the Seaside Conference and other special conferences.

During the week, the researcher had several conversations with the district team leader. When asked why he thought the program was regarded by many experts as outstanding, the team leader made several comments which are

restated and summarized.

1. The superintendent and the school board are supportive.

2. The wellness program is related to overall district goals.

3. Seaside Conference experts generate a new district plan of action each year, based on their evaluation of program processes that occurred during the previous year.

4. The superintendent is visible when many program activities occur.

5. The district athletic director is an active participant and acts as liaison to the executive committee.

6. Building-level teams obtain input from all employee groups which creates employee ownership of the program.

7. Building principals support the program.

When asked about weaknesses of the program, the team leader stated that lack of money caused much difficulty. He quickly added that really interested persons were usually willing to pay fees for various activities they had requested.

Results of formal interview with the financial director.

At Centennial, the director of personnel also assumed the role of district financial advisor. During the interview, the administrator discussed various issues and

policies regarding district insurance plans and the wellness program.

The financial advisor explained that Oregon is a strong collective bargaining state which offers teacher associations the opportunity to possibly acquire their own insurance programs. However, at Centennial, the district pays for employee insurance offered through Health Maintenance Organizations (HMOs). Dental and vision coverages are also part of the plan. The district offer includes five choices in which the HMO and coverage for certified staff are composite; however, this coverage does not pertain to classified staff because those persons usually hold only part-time positions, therefore, the premium is individualized and is paid by the district.

The advisor emphasized that insurance plans, staff development plans, and the wellness program are all separate entities. He explained that plans for the district wellness program were not initiated to necessarily achieve cost savings results; rather, they were devised to assist employees and students in improving their lifestyles.

The financial advisor acknowledged that base-line data were not available concerning impact of the Centennial wellness program on employee absenteeism, productivity, cost savings, and morale. However, the administrator stressed that although such information did not exist, employees and students were participating on a

regular basis and the program was making an overall positive difference.

During further discussion about the wellness program, the financial advisor explained that central administrators meet weekly to brainstorm ways to promote increased employee participation. He stated that during these meetings, a work-release time plan had been recently designed and approved for the advantage of all district employees. Compliance with the work-release plan was encouraged for building principals (though final decisions about implementation were left to their discretion.)

Long-range district planning was discussed by the financial advisor. He explained that an Employee Assistance Plan (EAP) was being developed and would include 24-hour counseling services which would be financed by the district. The administrator emphasized that further planning was needed in figuring what role, if any, would be assumed by the wellness program in the EAP.

Results of formal interview with athletic director. A formal interview with the district athletic director was requested and granted. Aside from background information about the Centennial wellness program, the administrator discussed his role concerning program processes. He explained that he was asked by the superintendent to assume administrative liaison duties for the district wellness team, due to relocation of the teacher/coordinator who had

originally directed the program. His responsibilities included meeting regularly with the district team and working directly with the team leader in planning and implementing district-wide events and activities. Additionally, the athletic director was responsible for presentation of regular progress reports to the executive committee.

When asked about long-range planning, the athletic director emphasized that an EAP was being developed and that hopefully the wellness program would play a major role therein. He added that consideration was being given to implementation of a medically monitored cardiovascular fitness program that would focus on individualized plans for employees. The director also mentioned that future planning would probably include provisions for computerized record keeping and procedures for measuring factors such as district cost savings, employee absenteeism, productivity, and morale.

When asked to discuss strengths of the wellness program, the athletic director indicated that enthusiasm generated by the district team leader was invaluable. He also credited the superintendent with excellent ability to organize and implement innovative strategies. Further, the director emphasized that the superintendent/school board relationship was extremely strong, and that the school board would continue supporting the wellness program as long as

the superintendent recommended it as a district priority.

Summary and Analysis of Centennial School
District Wellness Program

Information in this section attempts to depict an overall view of the Centennial wellness program. For clarification purposes, the researcher begins with contextual information and proceeds with analysis of all the data obtained throughout the case study. Presentation of the material is based on the following framework of variables:

1. Context: This includes the demographics of the organization. Data were collected from interviews with the superintendent, the district team leader, the financial advisor/ and the athletic director and from observation of records. Also included, are the needs assessments of the potential program participants. Data were collected from interviews with the superintendent, the district team leader, the financial advisor, and the athletic director; from observation of records; from interviews with program participants; and from participant questionnaire results. Contextual material also includes the goals held for the program participants. Data were collected from interviews with the superintendent, the district team leader, the financial advisor, and the athletic director, and from observation of records.

2. Input: This includes the facilities available for

use in the program. Data were collected from on-site observation. Also included are the selection and assignment of staff to administer the program. Data were collected from interviews with the superintendent and the district team leader. The scope of the program, which denotes the overall plan including budgets, schedules, and alternatives, is also part of input evaluation. Data were collected from interviews with the superintendent, the district team leader, and the financial advisor, and from observation of records. The focus of the program, which refers to resources utilized for goal attainment, is also included. Data were collected from interviews with the superintendent and from observation of program records.

3. Process: This includes dissemination for the purpose of informing potential participants about the program. Data were collected from interviews with the superintendent, the district team leader, and the program participants, and from observation of records. Also included are the support activities and services to help program participants achieve goals. Data were collected from interviews with the superintendent, the district team leader, and program participants, from observation of records, and from analysis of participant questionnaire results.

4. Product: This includes cost savings. Information was collected from interviews with the superintendent, the

district team leader, the financial advisor, and the district athletic director, and from observation of records. Also, changes in participant self-perception are included. Data were collected from interviews with program participants, and from questionnaire results. Participant satisfaction with the program is also part of outcome information. Data were collected from interviews with program participants, from questionnaire results, and from observation of records. Another outcome variable for this study is change in morale. Data were collected from interviews with program participants and from questionnaire results. Other outcome variables, change in rate of absenteeism and change in productivity level, were included for study. A conclusion was reached, based on interviews with the superintendent and the financial advisor, and from observation of records. Employee turnover is also an outcome variable concerning wellness program evaluation. Conclusions were reached, based on interviews with the superintendent and the financial advisor. Finally, change in the health status of participants is included in outcome evaluation. Information was collected from interviews with participants and from questionnaire results.

Context

Centennial School District is located in Gresham, a suburb of Portland, Oregon. Gresham has a population of approximately 37,000. The school system employs nearly 600

staff members who are in charge of about 5,000 students. There are five elementary schools, one junior high school, and one senior high school.

In the spring of 1983, a classroom teacher in the district was inspired by a personal interest in fitness to initiate, among colleagues, discussion about reported positive effects of employee wellness programs that had been implemented by some school districts around the state. Ultimately, the teacher and a few interested others arranged similar discussion meetings with the superintendent and executive committee which culminated in an offer of top level support for possible development of such a program. Initial steps included a trip to the Seaside Conference, an annual week-long health education event, wherein Centennial employee representatives joined hundreds of other interested persons (from districts in and outside the state of Oregon) in seeking assistance from health promotion experts adept in the design, implementation and evaluation of school wellness programs. At this conference, the Centennial representatives obtained an outline for a plan of action regarding wellness program implementation for the coming school year (1983-1984). In early August, the outline was approved by the school board upon recommendation by the superintendent and the executive committee. Additionally, the school board allotted \$5,000 to launch the program. The

classroom teacher who had initiated interest in the project, agreed to direct the program in addition to her teaching duties. For the additional responsibilities, she was awarded a stipend of \$500.

The main goal of district officials was to improve overall well-being (through voluntary participation) of all school employees and students in the district. Emphasis was on ultimate improved fitness/well-being levels for students by firstly achieving the same goal for employees as role models. Administrative objectives over the three years included (a) to create awareness of the wellness concept among all district employees, (b) to establish a district wellness team comprised of interested representatives from each building, (c) to organize building-level wellness teams and plans, (d) to develop a district action plan for the year to suit employee needs and wants, (e) to offer activities and other support services commensurate with district overall plan and building-level plans, (f) to conduct district-wide in-service on wellness, (g) to incorporate wellness activities into the student curriculum, (h) to involve the community in district wellness activities, and (i) to send the district wellness team to the Seaside Conference to learn new program ideas and to obtain program evaluation information and a plan for improvement.

Potential participant needs assessments were conducted.

Building-level surveys indicated wellness needs and interests of all interested employees. Also, a wellness class was provided through Portland State University wherein participants completed a computerized Health Appraisal and Fitness Evaluation. Individual plans were designed with assistance from Portland State University wellness class instructors and were approved by building wellness teams under the direction of the principals, team leaders, and district team representatives. Survey results focused on need for activities in the areas of smoking cessation, weight loss, aerobic exercise, stress management, blood pressure control, and methods of evaluation and feedback. As the wellness program progressed, activity planning occurred relative to needs and requests as reflected in building team reports and input from Seaside Conference experts.

Input

On-site, the Centennial wellness program offered access to the district coliseum for fairs and other festivities; a gymnasium in each building for activities such as aerobic dance classes, seminars, and luncheons (showers and lockers available); empty classrooms for small group meetings; a weightlifting room at the high school; outdoor running/walking tracks; a large well-staffed instructional media center; and a swimming pool and tennis courts at the

high school. As needed, program equipment and materials were added which included exercise bikes; wellness instruction units on various topics such as nutrition, cardiovascular fitness, and stress management; and media materials such as health-related films and slides.

Occasionally, Centennial wellness activities and events occur away from school property. Other sites have included the local YMCA and other health clubs (special rates), local ski resorts, marked running/jogging trails, and Cascade Mountain hiking trails.

Selection and assignment of staff for the Centennial wellness program began in the summer of 1983. The superintendent appointed the classroom teacher (who had originated initial interest in development of the wellness program) as wellness coordinator. Responsibilities of the coordinator were in addition to her teaching duties, therefore, her assistance was part-time and included a stipend of \$500. Wellness program responsibilities included leadership of the district wellness team which entailed implementation of support activities to meet the wellness needs and requests of employees. (Core direction came from Seaside Conference experts.) Arrangement was made for an executive secretary from the central office staff to assist the coordinator and district wellness team whenever possible. Duties included general typing of correspondence such as newsletters and business letters, scheduling of

activities, and maintaining program records.

Over the three-year period of the program, several on-site specialists assisted in Centennial wellness program operation. These specialists included the district athletic director; an electronics media coordinator; school counselors; teachers with expertise in the fields of nutrition, chemistry, and health; the school nurse; physical education teachers; and a central office financial advisor.

Due to family relocation, the classroom teacher/wellness coordinator left the Centennial district before the third year of the program. Her leadership role became the responsibility of the district wellness team president, the team leader. A plan was organized for the nonsalaried position of district wellness team leader to rotate among team members on an annual basis. This arrangement included provision for the leader to receive a stipend and to report directly to the district athletic director, liaison to the executive committee.'

The Centennial wellness program relied mainly on assistance from Seaside Conference wellness experts for core program planning and direction. During the annual conference, professionals from virtually all disciplines of the health/fitness/wellness arena offer presentations, workshops and consultation periods. The experts also offer district visitation and consultation sessions during the

school year.

Other outside specialists have also assisted in the implementation of program activities at Centennial. These experts have included a licensed massage therapist/instructor, consultants from the Northwest Intervention Consortium, American Red Cross personnel, Metro Hospital personnel, Kaiser Health Services Research Center Associates, and Portland State University instructors.

At the onset of the Centennial wellness program, the school board allocated \$5,000 for the program budget, to be managed by the district wellness team as approved by the executive committee. Each year (from 1983 through the time of case study in 1986) the board continued to allocate a sum near \$5000 for continued program operation. Often, employees were asked to pay fees for certain activities such as aerobic exercise classes and various workshops.

Program scheduling was initially problematic due to arrangement of the majority of program activities occurring either before or after school hours. By the latter part of the third year, the executive committee had devised a time-release plan for the advantage of employees concerning wellness program participation. Building principals were encouraged, but not forced, to comply with the new policy.

The main resource utilized to assist with Centennial wellness program efforts toward goal accomplishment was input from specialists at the annual Seaside Conference and

from ongoing assistance of the conference experts throughout the school year. Other important resources included on-site experts and outside specialists who assisted with implementation of activities and events commensurate with employee needs and requests.

Process

The first year of implementation (1983-1984), attempts were made to create awareness of the wellness concept among all district employees. Building-level presentations were conducted to small groups of staff members. The wellness coordinator and interested colleagues organized showings of videos and slides that related to wellness topics such as nutrition, smoking cessation, exercise, and stress management. Additionally, printed materials were distributed. Open-ended discussion occurred. Informal surveys of employee attitudes about wellness needs and interests were conducted. Following analysis of these needs surveys, a beginning wellness class was offered through Portland State University in which participants completed a health appraisal and fitness evaluation procedure. District planning occurred based largely on results of this process. At the beginning of subsequent school years, awareness activities were implemented that were similar to those of the first year. The district team, building teams, principals and central administrators assisted with

district-wide planning.

Throughout the existence of the Centennial wellness program, attempts were made to keep employees informed about program services and progress. A newsletter was designed as a communication tool. Building teams met regularly with employees to gain their input for additions and changes in activities at the building level. Team leaders in turn met regularly with the district team to present summaries of building activities and progress reports. Accounts of these meetings were published in the wellness newsletter and sent to all district employees, students, and community members. Also instrumental in the wellness communication process among employees, students, and community members was cable television networking involving special shows and videos about wellness concepts and Centennial wellness program happenings. This was arranged by the district electronics media expert and encompassed a large viewing area which included other communities and school districts.

Support activities and services to help achieve wellness program goals included implementation of various workshops and activities that focused on areas such as smoking cessation, weight reduction, aerobic exercise, stress management, blood pressure control, and methods of evaluation and feedback. Other offerings included special in-service training and additional workshops as requested by employee groups. Wellness activities were also incorporated

into the student curriculum and included drug/alcohol education and intervention programs, a college credit wellness class, testing procedures in wellness areas, and specially requested workshops. Employees, students, administrators, and wellness team representatives joined forces to organize a district-wide health fair to which the community was invited. The fair included focus on virtually all aspects of wellness and featured slide and film presentations, informational booths, and nutritious snacks. Other annual district-wide events included a wellness T-shirt sale, and the Eaglefest 10K Run.

Product

Interviews with the superintendent, the district team leader, the financial advisor, and the athletic director, and observation of records revealed that there were no baseline data available regarding the factors cost savings, absenteeism, turnover, productivity, and morale. The outcomes of this study are focused on participant change in self-perception, participant satisfaction with the program, and change in participant morale. Material presented in this section resulted from analytical review of evaluative data obtained on-site by the researcher through interview procedures and through completion of questionnaires by eight program participants.

Information Obtained On-site by the Researcher

Information was obtained on-site by the researcher through interview procedures and through completion of questionnaires by participants, in May 1986. The following analysis begins with discussion of information acquired through the (a) procedure of open-ended questioning with participants; (b) interviews with nonparticipants; (c) review of participant questionnaire results; and (d) interviews with the superintendent, the district team leader, the financial advisor, and the district athletic director.

Procedure of open-ended questioning with participants. As indicated in Table 46, page 463 in this chapter, most of the eight interviewees indicated that they became active in the wellness program to take advantage of worksite opportunities to improve their fitness levels and/or to mingle with colleagues. A clear implication is that interest in self-improvement involving fitness is more appealing to employees if worksite convenience for activity is provided and there is presence of others sharing in the same effort.

Expectedly, in the study of a model program, most of the interviewees indicated that the program was meeting their expectations through desired personal goal outcomes (such as weight loss), provision for good socialization with others, reliable organization of activities, and evidence of participation by administrators.

When asked to discuss ways the program was not meeting their expectations, the most common responses related to inadequate follow-up with individual fitness plans, and lack of a variety of incentives. During interviews with Centennial administrators, these same concerns were acknowledged. District-level planning was underway to facilitate individualized fitness programming and evaluation, and to increase motivational techniques. These issues were to be addressed at the next Seaside Conference during which assistance would be gained from wellness experts. A conclusion is that top level administration was attentive to program operation and was aware of some main problematic areas that needed corrective measures.

Expectedly, the program demonstrated evidence of employee ownership. When asked about level of employee input regarding program content, common responses related to existence of ample opportunities at the building and district team levels for interested persons to offer ideas.

The Seaside Conference was discussed as a great strength of the program. Other common responses included positive comments about the superintendent and school board support. Although initial enthusiasm for implementation of such a program occurred at the district level, the core of operation and planning really relied on an outside source. Interestingly, this continued even after completion of

preliminary planning and implementation stages. A conclusion is that the hub of dynamics occurred away from the district site and from all the employees except for the 10 to 20 representatives who attended the annual Seaside Conferences.

When asked to discuss program weaknesses, common responses referred to a lack of variety in activities, a lack of continued motivation, and absence of a full-time coordinator. One clear implication is that presence of a full-time coordinator could virtually ensure a variety of activities and could result in generated enthusiasm throughout the district in creative ways that would increase and maintain employee participation and motivation.

When asked what they would do differently as key decision makers, the most common answers were about employment of a full-time fitness coordinator and conduct of district-wide needs surveys. These answers are akin to those that were given in response to the question about weaknesses of the program; they were not surprising.

Interviews with nonparticipants. Discussion of interview information obtained from four program nonparticipants was presented earlier in this chapter (p. 462). When asked why they chose not to be participants in the wellness program, the most common response related to lack of time (Table 47, p. 465). A majority of the Centennial district employees were wellness

program participants who took advantage of worksite offerings to help themselves become better overall. Seemingly, time is not a negative factor in the pursuit of goals related to personal priorities.

When asked to discuss their general perceptions of the wellness program, the nonparticipants commonly responded that the program was good for the staff and students. One person even said that the program should be financially supported by the state education department. Implications are: (a) in any new optional program, some people do not make a conscious choice not to participate, they just don't pay much attention for whatever reasons and (b) when asked to discuss their general feelings about such a program, some nonparticipants will say they support the program for the district as a whole, probably because they have heard or read about information relating to positive outcomes and they feel a sense of ownership because they are part of the group for whom the program was originally implemented.

Review of participant questionnaire results.

Questionnaires were completed by the same eight participants who were asked to respond to open-ended questions. Results were discussed earlier in this chapter. Table 48, page 468, shows the focus of each question and the responses.

Expectedly, all the respondents indicated that they

participated in the program on a regular basis.

When asked about program elements they were involved in, most responses focused on nutrition education, blood pressure testing, and stress management classes. This is understandable since these are prime high risk areas that concern overall physical well-being.

When asked if they were involved in a typical endurance program (e.g., at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate), all respondents said they were. This indicates that these persons were not only consistently physically active, but also implies that as regular wellness program participants, they were a potentially positive influence on peers who were either participants or nonparticipants.

Seven of the eight respondents indicated that they were nonsmokers. One respondent indicated that he was a smoker, but that he had reduced the amount he smoked after having participated in the wellness program. A reasonable assumption is that wellness program smoking cessation classes were also having a positive effect on other district employees.

Five of the respondents indicated that due to program participation they had achieved a more desired level of body weight. A direct implication is that the weight-loss classes were effective. Another possibility is that some

persons inadvertently lost weight due to having become involved in a typical endurance program, and not due to actually having joined a weight reduction class.

Seven of the eight respondents indicated that they experienced fewer periods of stress as a result of having participated in the wellness program. Implications are that: (a) participants experienced an increased positive awareness about personal well-being, (b) physical exercise from participation in regular endurance programs caused the body to function more efficiently in all biological and mental respects and therefore simply made the person feel better, and (c) actual coping skills were learned from participation in wellness program stress management classes taught by experts.

All of the respondents indicated that they had improved their overall health through participation in the wellness program. All but one of the eight respondents specifically indicated that they had improved their fitness and energy levels, and their weight/appearance. A conclusion is that the wellness program clearly produced positive personal effects for many employees.

Desired additional program activities included walking programs, more weight control activities, and staff competitions among schools. Clearly, employee interest existed for personal physical improvement. The suggestion

about staff competitions among schools implies need for motivational and fun elements.

Program scheduling did not seem to be very problematic for wellness program participants. Seven of the eight respondents indicated that program activities were convenient for their participation. The district had adopted a time-release system for operation at the building level which assisted employees in creating time to engage in program offerings.

Extremely interesting is the following information which reflects strong evidence of the Centennial wellness program's effectiveness. All respondents answered yes to questions that convert to the following statements:

1. There is opportunity for social/group interaction with peers.
2. I am satisfied with what the program offers for me.
3. I believe there is increased communication between administrators and other staff members due to program influence.
4. I feel that my job performance is enhanced due to my participation in the program.

All but one of the eight respondents, answered yes to questions that convert to the following statements:

1. I feel that properly trained personnel conduct all program activities.
2. The physical environment is adequate for my

participation.

3. I feel that the program offers procedures of personal growth evaluation and feedback.

4. I believe that the program was intentionally designed to enhance personal interrelationships among all participants.

5. My feelings toward my job have enhanced due to the fact that my health status is recognized as important by the district.

The researcher can only conclude that the preceding evaluative material was generalizable for most of the Centennial school employee population at the time of case study (May 1986). After its second year (1984-1985), the program was selected by Oregon state education department experts as the outstanding wellness program in the state, and copies of the 1984-1985 district action plan were sent to health education leaders in other states including California, Arizona, Alaska, Idaho, and Washington. The district classroom teacher/wellness coordinator was asked by state (Arizona) health education officials to present the program as a model to educators at a national wellness conference in Arizona. During the third year of the Centennial program, the superintendent was invited by conference planners to present the program as a model at the American Association of School Administrators Conference in

San Francisco. Also, the Centennial superintendent and wellness program personnel offered ongoing assistance to neighboring district administrators who demonstrated interest in wellness program implementation.

Interviews with superintendent, district team leader/ district financial advisor, and district athletic director. Information gained from separate interviews with the superintendent, team leader, financial advisor, and athletic director reflected commonalities. All the interviewees emphasized that there was constant support from the school board and key administrators. Team leadership and influence of the Seaside Conference were discussed as program strengths. The wellness program was referred to as a top priority despite district financial problems. Readily acknowledged by the interviewees, was the absence of baseline evaluative data regarding employee absenteeism, turnover, productivity, and morale; however, references were made to subjective evidence of the program's positive effects. The following specific reflections are to assist the reader in obtaining insight into the development and operation of the wellness program at Centennial.

1. The superintendent demonstrated active interest in implementation of a wellness program when the district classroom teacher/fitness enthusiast and a few colleagues initiated general discussion about such a plan. Joined by interested employee group representatives and the executive

committee, the superintendent spearheaded effort to elicit approval of the school board for development of a district-wide wellness program. During planning and implementation phases of the program, the superintendent maintained the role of supporter and consultant to ensure that resources were made available to make the program an ongoing concern of district administration, building administration, and all district employees. During the interview with the superintendent, he attributed the program's success mainly to the Seaside Conference, key on-site administrative support, team leadership and a grassroots approach.

2. The district wellness team leader had accepted key leadership responsibilities of the wellness program largely due to family relocation of the classroom teacher/wellness coordinator. These responsibilities included coordination of special district-wide events and reporting to the district athletic director on a regular basis regarding program processes. The team leader emphasized that the program was successful largely due to the Seaside Conference, on-site key administrative support, and employee ownership.

3. The financial advisor was also the director of personnel. He, too, had been an active supporter of the wellness program since its inception. The advisor's duties concerning the wellness program consisted of mainly offering

budgeting advice to the school board relative to the program's role in overall district spending for priorities. The expert explained that insurance plans, staff development plans, and the wellness program are all separate entities at Centennial. He further stated that the program existed to assist employees and students in improving their lifestyles, not necessarily to achieve district cost savings. 4. The district athletic director accepted responsibility for general direction of the wellness program when the classroom teacher/wellness coordinator left the Centennial school district due to family relocation. The director's added duties included assisting the team leader with the coordination and implementation of activities and events, and he was also responsible for regular progress reports to the superintendent and executive committee. The athletic director had been an active supporter and promoter of the program since its inception and agreed to assume directive responsibilities of the program in order for the district to avoid personnel problems and further financial difficulties. Interestingly, the athletic director commented that consideration was being given to future implementation of a medically monitored cardiovascular fitness program that would focus on individualized plans for employees. The director also mentioned that future planning would probably include provisions for computerized record keeping and procedures for measuring factors such as

district cost savings, employee absenteeism, productivity, and morale. This implies that long-range planning was underway for extensive program expansion in an attempt to achieve district and individual goals. Significantly, the director emphasized that the superintendent/school board relationship was extremely strong, and that the school board would continue supporting the wellness program as long as the superintendent recommended it as a district priority.

CHAPTER VI.
COMPARISON AND ANALYSIS OF
EMPLOYEE WELLNESS PROGRAMS IN
BUSINESS AND SCHOOLS

The purpose of this descriptive study was to devise a set of guidelines for use by school administrators in the design and implementation of employee wellness programs. Data collection primarily resulted from (a) a review of ten corporate programs selected from the literature and (b) completion of case studies of three school district programs. Information in this chapter is presented to determine interrelationships of specific variables and to clarify their impact on outcomes of the school and business wellness programs targeted in this research project. Subsequent information in this chapter is divided into two major sections: (a) Comparison of General Characteristics of Employee Wellness Programs in Three School Districts and (b) Cross Analysis of Employee Wellness Programs in School Districts and Business. Tables supplement the narrative form in an attempt to summarize and clarify information for the reader.

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Comparison of General Characteristics of
Employee Wellness Programs in Three
School Districts

The three case studies focused on examination of the school wellness programs according to a specific framework

of characteristics judged to be most suitable for describing total operation. These characteristics are:

- (a) background,
- (b) rationale,
- (c) administrative objectives,
- (d) financial structure,
- (e) facility availability,
- (f) staffing,
- (g) implementation,
- (h) elements,
- (i) incentives,
- (j) evaluation.

Similarities and differences among the three programs are discussed concerning each characteristic.

Background

Table 49 summarizes major details about background information of each program. At the time of case study, spring 1986, two of the programs were three years old and one had been in operation six years. The impetus behind program origination was different in all three cases. Interestingly, only one of the programs originated due to concern about health care costs.

Table 49. Summary of Major Details About Background Information of Employee Wellness Programs in Three School Districts

Program	Background (major details)
Mason City	<p>(a) Origin: 1983 (b) Impetus: insurance rate hike (c) Initial action: meetings by administrators, appointment of insurance committee (comprised of employee group representatives), research, twofold recommendation to reduce insurance coverage and implement wellness program, majority vote by employees for twofold recommendation, approval of school board, insurance committee name change to wellness committee, instant initial funding through \$89,000 saved from insurance coverage reduction, employment of full-time wellness coordinator</p>
St. Louis Park	<p>(a) Origin: 1980 (b) Impetus: plummeting staff morale (c) Initial action: meetings by administrators, appointment of special committee (comprised of employee group representatives), conduct of extensive morale study, planning of a total staff development program (including wellness activities), funding of \$10,000 (for wellness program) by school board, employment of full-time communications coordinator</p>

(continued on following page)

Table 49. (continued) Summary of Major Details About Background Information of Employee Wellness Programs in Three School Districts

Program	Background (major details)
Centennial	<p>(a) Origin: 1983</p> <p>(b) Impetus: active interest of a district classroom teacher</p> <p>(c) Initial action: meetings between interested employees and superintendent, executive meetings, Seaside Conference attendance by classroom teacher and a few interested colleagues, development of action plan at conference with assistance from wellness experts, approval of school board, funding of \$5,000 by school board, appointment of classroom teacher as part-time wellness coordinator (additional to position as classroom teacher)</p>

Initial action in all three programs reflects similarity concerning administrative meetings and approval of the school board. Instances of increased similarity can be noticed by looking at combinations of two of the programs. These likenesses are about committee appointment, funding by the school board, employment of a full-time coordinator, and the program origin having been dilemma-related. Uniquely, major planning action of one program occurred at a conference with assistance from wellness experts.

Rationale

Table 50 summarizes descriptions of rationale behind the three school wellness programs. Two of the programs emphasized personal well-being from the onset of implementation. Uniquely, one rationale placed major importance on reduction of health care expenditures.

Administrative Objectives

Table 51 shows that all three programs placed intended emphasis on support activities and evaluation. One of the programs clearly stands out in that the objectives focus primarily on morale-related intentions.

Financial Structure

Table 52 summarizes major details about the financial structure in the three school programs. Two specific programs shared many similarities, such as comparable allotments offered by the school board on a continued basis,

Table 50. Summary of Descriptions of Rationale Behind Employee Wellness Programs in Three School Districts

Program	Rationale (description)
Mason City	Original: to achieve reduction in district health care expenditures
St. Louis Park	Original: to improve employee morale and well- being
Centennial	Original: to improve employee well-being

Table 51. Summary of Administrative Objectives of Employee Wellness Programs in Three School Districts

Program	Administrative Objectives
Mason City	to increase staff awareness of wellness concept, to acquire individual health profiles, to provide educational classes and fitness programs, to establish evaluation procedures
St. Louis Park	to create celebration and pride in organization, to establish system of employee recognition, to work toward open communication between administrators and staff and among staff generally, to facilitate employee ownership of program, to offer support activities, to establish evaluation system
Centennial	to create and expand staff awareness of wellness concept, to establish and maintain wellness teams at district and building levels, to develop district action plan, to develop building plans, to offer support services, to conduct district-wide in-service, to send representatives to the annual Seaside Conference for new ideas and assistance with program planning and evaluation
	(Note: Centennial objectives expanded after the first year to specifically include students and community.)

Table 52. Summary of Major Details About Financial Structure of Employee Wellness Programs in Three School Districts

Program	Financial Structure (major details)
Mason City	<p>(a) Initial funding: \$89,000 instant budget from savings of reduced coverage insurance plan</p> <p>(b) Continued funding: \$75,000 renewable each year (part of district budget)</p> <p>(c) Expenditures: salaries of wellness coordinator and secretary, virtually all costs for employee and spousal participation in most activities</p> <p>(d) Role of insurance plan: major</p>
St. Louis Park	<p>(a) Initial funding: \$10,000 allotted by school board</p> <p>(b) Continued funding: annual lump sum such as \$10,000, followed by additional aid relative to requests based on needs assessments; various grants</p> <p>(c) Expenditures: support activity costs (shared with participants)</p> <p>(d) Role of insurance plan: nonexistent</p>
Centennial	<p>(a) Initial funding: \$5,000 allotted by school board</p> <p>(b) Continued funding: approximately \$5,000 annually allotted by school board; some state aid</p> <p>(c) Expenditures: support activity costs (shared with participants)</p> <p>(d) Role of insurance plan: nonexistent</p>

additional assistance from an outside source, a system of participant cost-sharing of program expenses, and the role of the insurance plan as nonexistent. Outstandingly different from the other two, one program boasted a large budget that assumed virtually all program costs including salaries for the coordinator and secretary, and the role of the insurance plan was major.

Facility Availability

Table 53 shows much similarity across the three programs concerning on-site and off-site resources. Commonly featured are gymnasiums, showers, swimming pools, empty classrooms, local health clubs, restaurants, and the YMCA. One program was different in that planning included taking advantage of easy accessibility to a wide variety of outdoor fitness-related activities.

Staffing

As shown in Table 54, all three school programs relied on a variety of outside experts to assist with operation. Two of the programs were directed by an on-site full-time coordinator with accompanying secretarial assistance. Interestingly, each full-time coordinator had a master's degree, but in different fields; one was fitness-related and one was in public relations. Additionally, one of these full-time coordinators had not had prior experience as an employee in an educational setting; the other one had taught in public schools. Also, two programs were similar in that

Table 53. Summary of Descriptions About Facility Availability in Wellness Programs in Three School Districts

Program	Facility Availability (description)
Mason City	(a) On-site resources: swimming pools, gymnasiums, empty classrooms, stationary bicycles, fitness trail, weightlifting room, showers (b) Off-site resources: YMCA (special rates), other local health clubs
St. Louis Park	(a) On-site resources: closed buildings, empty classrooms, spacious library, cafeteria, gymnasium, exercise bicycles, choir room, weightlifting room, shower facilities (b) Off-site resources: local restaurants, hotel conference halls, YWCA, nature center
Centennial	(a) On-site resources: district coliseum, gymnasiums, showers and lockers, empty classrooms, weightlifting room, outdoor track, large instructional media center, swimming pool, tennis courts, exercise bicycles, wellness instruction units, special media materials (b) Off-site resources: YMCA (special rates), health clubs (special rates), ski resorts, running/jogging trails, Cascade Mountain hiking trails, restaurants

Table 54. Summary of Major Details About Staffing in
Employee Wellness Programs in Three School Districts

Program	Staffing (major details)
Mason City	<p>(a) On-site: full-time wellness coordinator with a master's degree in a health-related field (no prior experience in educational settings), full-time secretary, school nurse</p> <p>(b) Outside: experts from Health Consultation Services (HCS), YMCA representatives, local health club fitness instructors, psychologist/counselor, community college instructors, aerobic dance teachers, county extension agents, American Cancer Society representatives, instructors from University of Wisconsin at LaCrosse</p>
St. Louis Park	<p>(a) On-site: full-time communications coordinator with master's degree in public relations (prior public school teaching experience), full-time secretarial assistance, school district social workers, coordinator of instructional computing, elementary program specialist, gifted and talented program specialist, electronics media coordinator, school counselors, experienced aerobics dance instructor/physical education teacher</p> <p>(b) Outside: examples such as marketing specialists, financial planning experts,</p>

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Table 54. (continued) Summary of Major Details About Staffing in Employee Wellness Programs in Three School Districts

Program	Staffing (major details)
St. Louis Park (continued)	psychologists, family counselors, physician/wellness program experts, fitness specialists, local television reports, alcohol/drug abuse specialist, City Hall employees, image consultant, Minnesota state department officials, zoo employees, local attorney
Centennial	<p>(a) On-site: part-time assistance of district classroom teacher as wellness coordinator for two years, then assistance from district employee who was chairman (team leader) of district wellness committee (team); athletic director; some assistance from executive secretary; electronics media coordinator; school counselors; teachers with expertise in health-related fields; school nurse; physical education teachers; .central office financial advisor</p> <p>(b) Outside: Seaside Conference experts, licensed massage therapist/instructor, consultants from Northwest Intervention Consortium, American Red Cross personnel, Metro Hospital personnel, Kaiser Health Services Research Center Associates, Portland State University instructors</p>

they capitalized on expertise of a wide variety of in-house personnel. One program was unique in that an on-site full-time coordinator was not employed to oversee the program; rather, major direction came from a team of off-site wellness program experts.

Implementation

Table 55 summarizes major details about implementation of the three wellness programs. In all three programs, implementation management involved committees comprised of employee group representatives, and two of the programs also had full-time coordinators. Similarity is reflected across some processes and types of activities that occurred in the three programs; however, each program was unique in that one focused on physical fitness-related processes with evaluation targeted at attempts for acquiring base-line data, another program emphasized processes based on the wellness wheel concept (six major aspects of total well being) with evaluation targeted at subjective information, and finally, another program focused on basic wellness-related activities as outlined annually by experts who also evaluated the program.

Elements

As shown in Table 56, the three programs share commonalities concerning the major elements that were included in ongoing operation. One program was unique in that it offered a wide variety of special incentives.

Table 55. Summary of Major Details About Implementation of Wellness Programs in Three School Districts

Program	Implementation (major details)
Mason City	<p>(a) Management: by full-time wellness coordinator with aid from district wellness committee comprised of persons from all employee groups</p> <p>(b) Activities: organization of back-to-school in-service days with focus on staff awareness of the wellness concept; dissemination of literature; design of newsletter; obtainment of individual health profiles through contracts with HCS; fitness evaluations by coordinator and school nurse; offerings in areas including stress management, aerobic exercise, weight loss, smoking cessation; development of policy on participation; contracts made with outside evaluation consultant; development of formal district action plan; design of incentive program</p> <p>(c) Evaluation: ongoing by participants at building level, with reports to district committee for planning purposes; informal investigations by coordinator; formal studies by outside expert (estimates)</p>
St. Louis Park	<p>(a) Management: by full-time communications coordinator with aid from district SD2 (wellness) committee and subcommittees (employees)</p>

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Table 55. (continued) Summary of Major Details About Implementation of Wellness Programs in Three School Districts

Program	Implementation (major details)
St. Louis Park (continued)	<p>(b) Activities: organization of an all-staff back-to-school event with emphasis on a district theme such as "St. Louis Park Schools-A+ for Learning"; special presentations by administrators and board members; dissemination of literature; offerings (from wellness wheel concept) in areas including stress management, career development, retirement, aerobics, change; design of newsletters; coordination of incentive events such as staff socials, special recognition dinners, Pride Week; involvement of community and students; involvement in a complex, districtwide staff development plan; design of flex-scheduling system; contracts with outside experts</p> <p>(c) Evaluation: ongoing by participants following each SD2 activity; informal overall investigations by coordinator and committees</p>
Centennial	<p>(a) Management: by district teacher the first two years, by district wellness team leader (district employee) thereafter, with aid from athletic director and district wellness team (employee representatives)</p>

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Table 55. (continued) Summary of Major Details About Implementation of Wellness Programs in Three School Districts

Program	Implementation (major details)
Centennial (continued)	<p>(b) Activities: organization of district and building teams and plans; development of policy on participation and time-release scheduling; building-level presentations about wellness awareness to small groups; dissemination of literature; design of newsletter; informal and formal needs surveys; offerings in areas including smoking cessation, weight loss, aerobic exercise, stress management, fitness testing, wellness education classes; organization of district-wide health fairs with student and community involvement; attendance of district representatives at the annual Seaside Conference</p> <p>(c) Evaluation: ongoing by participants at building level, with reports to district team; regular progress reports from district team leader to athletic director, liaison to executive committee; formal evaluation of overall program by Seaside Conference experts</p>

Table 56. Summary of Major Elements Included in Wellness Programs in Three School Districts

Program	Major Elements
Mason City	blood draw and analyses; health audit questionnaires; workshops and classes in areas of stress management, aerobic exercise, nutrition education, weight loss, back care, blood pressure education, cancer, smoking cessation; newsletter; incentive program; in-service; reimbursement plan; evaluation and feedback
St. Louis Park	wellness concept awareness presentations; needs surveys; workshops and classes in areas including time management, career management, stress management, retirement, aerobic exercise, change, financial management; newsletters; incentive activities such as special recognition awards and dinners, Pride Week; inservice; evaluation and feedback
Centennial	wellness concept awareness presentations; building and district plans; informal and formal needs surveys; workshops and classes in wellness, aerobics, smoking cessation, weight loss; wellness activities and classes for students and community members; in-service; newsletter; district-wide events for staff, students, community; teacher training programs; evaluation and feedback

Incentives

Table 57 summarizes major details about incentives that were offered in the three programs. All three programs reflected evidence of employee ownership through employee involvement in program basic operation. Two of the programs had been formally recognized state-wide and nationally. Interestingly, two of the programs had established specific incentive systems; however, they were acutely different by comparison. One of the incentive systems was a formal, detailed plan based on points with assigned monetary value so that, for example, participants could exercise, earn points, and eventually be rewarded with fitness-related merchandise. In the other case, a formal, detailed incentive plan was not devised; rather, the whole wellness program was based on morale boosting processes which provided ongoing incentive for participation. Other incentives in two of the programs included continued active participation by central administrators. One program was unique in that it included emphasis on a wide variety of special individual recognition processes.

Evaluation

To clarify evaluative information, this section is discussed according to two specific processes: (a) Evaluation Conducted within the Programs and (b) Evaluation Conducted through Case Study. Tabular summaries accompany the text.

Table 57. Summary of Major Details about Incentives
Included in Wellness Programs in Three School Districts

Program	Incentives (major details)
Mason City	<p>(a) Initial: individual evaluation and feedback; employee ownership through committees; competitions among and between groups/buildings; T-shirts</p> <p>(b) Later: formal plan designed on a point system which offered monetary value for exercising; program recognized as exemplary by experts</p>
St. Louis Park	<p>(a) Initial: administrative active emphasis on improved employee well-being and morale; active participation by chief administrators and school board members; staff appreciation activities; grant awards for special wellness and instructional improvement projects; ownership in a district-wide, multifaceted staff development program</p> <p>(b) Later: increased number of ways to recognize staff for accomplishments; free lunch periods for participation; conversion of emergency leave to personal leave for attendance at local and state-wide wellness events; increased choices; continued evidence of active participation by central administrators; continued positive program evaluation reports; program awarded state-wide and nationally</p>

(continued on following page)

Table 57. (continued) Summary of Major Details about Incentives Included in Wellness Programs in Three School Districts

Program	Incentives (major details]
Centennial	<p>(a) Initial: active support and participation by central administrators and school board members; employee ownership of program through building and district teams; evaluation and feedback procedures</p> <p>(b) Later: flex-scheduling for program participation; special rates at local health clubs; organized support groups; continued evidence of active central administrative support; continued positive feedback from experts about program; program recognized state-wide and nationally as a model</p>

Evaluation Conducted within the Three Programs

Table 58 summarizes major details about evaluation in the three programs. All three programs were informally and formally evaluated. This included ongoing program evaluation by participants, internal investigations by program personnel, some individual fitness testing, and official opinions by wellness experts. The programs were continued mainly based on positive reports of subjective data. There was no evidence of base-line data in the three cases, though one program had records of estimated base-line data regarding cost savings. Evaluation Conducted through Case Study

Table 59 summarizes major details about case study evaluation of the three programs. The same basic procedures of interviewing, observing the site, examining records, and administering questionnaires were conducted in each case. There were some similarities shared by all three programs in that surveys were used to obtain employee needs/requests, program operation included the element of employee ownership through allowing input either from individual participants and/or from committees comprised of employee group representatives, there were continued efforts to evaluate and improve the program, and there were participant self-perceptions of general satisfaction with the program, improved health awareness levels, enhanced feelings toward their job/district, and improved work performance. Two of

Table 58. Summary of Major Details about Evaluation in
Wellness Programs in Three School Districts

Program	Evaluation (major details]
Mason City	<p>(a) Internal: surveys by coordinator to obtain participant perceptions; ongoing evaluations by participants at building level with reports to district committee; individual evaluations by coordinator, school nurse, and other experts involving fitness testing, blood screenings, and blood pressure testing; ongoing feedback to participants</p> <p>External: formal evaluations by specially hired consultant; immediate feedback</p> <p>(c) Results: no base-line data regarding cost savings, turnover, productivity, absenteeism, morale; continuance of program based on subjective evidence</p>
St. Louis Park	<p>(a) Internal: evaluation by participants following each SD2 activity; readership surveys by coordinator; immediate feedback</p> <p>(c) External: evaluated by experts as part of district-wide staff development plan; feedback</p> <p>(d) Results: no base-line data regarding cost savings, turnover, productivity, absenteeism, morale; continuance of program based on subjective evidence</p>

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Table 58. (continued) Summary of Major Details about Evaluation in Wellness Programs in Three School Districts

Program	Evaluation (major details)
Centennial	(a) Internal: ongoing by participants; surveys by district team and building teams; feedback (b) External: formal evaluation by Seaside Conference experts (c) Results: no base-line data regarding cost savings, turnover, productivity/ absenteeism, morale; continuance of program based on subjective evidence

Table 59. Summary of Major Details about Case Study Evaluation in Wellness Programs in Three School Districts

Program	Case Study Evaluation (major details)
Mason City	<p>(a) Procedures: interviews, administration of questionnaires, observation of records and general site</p> <p>(b) Evidence of: complete autonomy of coordinator and wellness committee; open communication between program personnel and participants; wide variety of activities based on needs surveys; participant self-perceptions of increased health awareness, enhanced feelings toward job/district, improved work performance, fewer periods of stress; participant indication of positive change in health status; participant general satisfaction with program offerings; action by coordinator to improve program; continual input by participants; detailed logs of program operation; ongoing evaluation attempts to obtain subjective and base-line data; lingering image problem due to circumstances surrounding initial implementation; lack of initial emphasis on personal well-being; administrative perception of budget as disproportionate with those of other in-house programs; lack of communication between central administrators and program personnel; participant perception of disinterest among administrators</p>

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Table 59. (continued) Summary of Major Details about Case Study Evaluation in Wellness Programs in Three School Districts

Program	Case Study Evaluation (major details)
St. Louis Park	<p>(a) Procedures: interviews, administration of questionnaires, observation of records and general site</p> <p>(b) Evidence of: initial administrative emphasis on employee well-being and morale; program as part of complex district-wide staff development plan; complete autonomy of coordinator and SD2 committee; open communication among program personnel, administrators and participants; much involvement with other in-house departments and community; wide variety of activities based on surveys; participant self-perceptions of increased wellness awareness, enhanced feelings toward job/district, improved work performance; participant perception of continual active interest by central administrators, improved attitudes among colleagues; participant general satisfaction with program offerings; constant participant input; ongoing evaluation and long-range planning; constant action by coordinator to improve program; minor emphasis on cardiovascular fitness; absence of health care cost emphasis; absence of systematic account of operation</p>

(continued on following page)

Table 59. (continued) Summary of Major Details about Case Study Evaluation in Wellness Programs in Three School Districts

Program	Case Study Evaluation (major details)
Centennial	<p>(a) Procedures: interviews/administration of questionnaires, observation of records and general site</p> <p>(b) Evidence of: initial emphasis on employee fitness and well-being; open communication among district, team, administration, and participants; offered activities based on employee needs/requests; active participation by central administrators; participant self-perception of increased wellness awareness, improved health/fitness/energy levels, enhanced feelings toward job/district; fewer periods of stress, improved work performance; participant perception of active interest by administrators; participant perception of general satisfaction with program offerings; general loss of motivation among many persons due to relocation of original teacher/coordinator; dependence on off-site source for major decision making, planning, and evaluation (program hub of dynamics occurring annually for a few district representatives over 100 miles away from program site); a general lack of incentives; administrative perception of wellness program as separate entity regarding current development of EAP</p>

the programs were directed by full-time coordinators (with committee input) who exercised virtually complete autonomy, though only one was actively supported by central administration. Each of the three programs was unique by comparison of specific pieces of evidence, and is discussed:

1. In one case, evidence indicated that there was constant effort by the coordinator to improve the program, to obtain formal base-line data regarding cost savings, and to keep detailed, accurate logs about program operation. Evidence in this case also suggested that circumstances surrounding initial implementation of the wellness program had caused a lingering image problem. There was also evidence that some chief administrators perceived the wellness program budget as being disproportionate to those of other in-house programs. Evidence indicated that initial administrative emphasis had not been placed on personal well-being. Additionally, there was evidence of participant perception that disinterest existed among administrators.

2. In another case, there was evidence that the program was strongly intermingled in a complex district-wide staff development plan wherein key personnel of many departments joined forces to obtain district goals. There was also evidence of open communication generally among program personnel, chief administrators, school board members, and program participants. Evidence suggested that there was constant action by the coordinator to improve the

program and to motivate employees through implementation of constantly changing ideas. Other evidence indicated seemingly minor emphasis on cardiovascular fitness, and absence of a focus on health care costs. Also/ evidence revealed absence of an organized, detailed chronological account of the program's evolution.

3. In the other case, evidence indicated that off-site wellness program experts not only designed the program, but continued major involvement in that they planned, monitored, and annually evaluated it. Carefully considering this piece of evidence, a fair suggestion is that the hub of dynamics occurred away from the program site and the district employee population at large. Also, evidence indicated that a general loss of motivation among many persons had occurred due to relocation of the employee who had been instrumental in the program's origination. Further evidence suggested that there was a lack of special incentives for participation. • Particularly interesting to the researcher, was indication of the perception by some chief administrators that in-house programs were all separate entities and that development of an EAP had begun and would not include the wellness program. The implication is that various program operations were not encouraged to pool resources.

Cross Analysis of Employee Wellness Programs in School Districts and Business

Early in this document (Chapter II), information is presented about the secondary source for this study, business wellness programs. The material, presented in narrative and tabular form, offers a review of ten effective corporate wellness programs, a review of three documented accounts of corporate wellness program constituents, a summary of interview information from an expert panel, and a set of guidelines for wellness programs in business. The following discussions construct a cross analysis of key information obtained from results of the secondary source survey and the three case studies.

For clarification purposes, the ten business programs and the three school district programs are discussed according to the following shared characteristics:

- (a) rationale,
- (b) financial structure,
- (c) facility availability,
- (d) staffing,
- (e) planning/decision making
- (f) promotion
- (g) testing/screening,
- (h) elements,
- (i) incentives,
- (j) evaluation.

Rationale

The rationale behind business programs placed major emphasis on personal well-being, though concern about cost savings was a factor. Quite differently, the rationale behind two of the school programs placed major emphasis on personal well-being, and cost savings was not mentioned as a factor of concern.

Financial Structure

Like the majority of effective programs in business, two of the school programs operated on an employee cost-sharing basis. Contrary to most programs in business, the school programs avoided much expense due to instant and continued availability of free on-site facilities and use of in-house experts in a variety of wellness-related fields.

Facility Availability

School districts had great advantage over the businesses in relation to facilities for use by wellness program participants. The school structures had been originally designed with in-house gymnasiums, swimming pools, shower/locker areas, and various other resources. Businesses generally had to build facilities, pay fees for use of off-site resources, or engage in renovation projects; all of which cost at least some money.

Staffing

Like most of the businesses, two of the school districts employed an on-site full-time major leader (with

clerical support) to direct the wellness program. However, quite differently, most of the business programs also usually included an on-site physician or medical director to assist with specific medically-related aspects of operation. Interestingly, some businesses contracted with university students, training in fitness-related fields, to assist with program processes. Noticeably, school districts had the advantage over businesses regarding instant availability of many in-house experts to assist with program operation. Expectedly, the school and business programs were similar in that they used several outside specialists for assistance with specific program offerings.

Planning/Decision Making

School districts and businesses shared commonalities concerning procedures about wellness program planning and decision making. Processes included formulation of special committees; discussion meetings among management; decision making about program components and fees; surveys of employee attitudes, needs and requests; and use of promotional activities, such as advertisement in a newsletter or in system-wide campaigns. Although commonality existed in the types of processes that were implemented concerning planning and decision making, the unique cultures of the worksites necessitated that actual operation occur within a specific framework of interrelated variables. At

the school sites, such variables (foreign to corporate program operation) included local and state school law, school board approval, classroom instruction schedules, various school building programs/events, other district-wide programs, and students and curriculum. Similarly, the business programs operated within a realm of cultural variables unique to the corporate setting. The corporate variables changed with respect to the type of organization involved, whether it was a trucking company, an insurance firm, a hospital, or whatever. An implication is that wellness programs at the school worksite are unique among wellness programs generally, largely because the overall cultural variables are, for the most part, globally consistent.

Promotion

The business and school programs reflected much similarity in methods of promotion. Activities included special campaigns, seminars, and workshops; dissemination of promotional materials such as newsletters and brochures; presentation of films and slides; open house for employees and their families; coordination of participation contests; organization of health fairs; and administration of health risk questionnaires.

Testing/Screening

School districts and most of the businesses shared similar testing/screening procedures, such as the evaluating

of blood pressure and cholesterol levels. One of the school programs was very similar to the business programs in that components, aside from physical testing/screenings, also included fitness evaluations and design of health risk appraisals/profiles. Unlike most of the programs in business, the school programs did not focus on a centralized system of formal record keeping of information about individual lifestyle changes.

Elements

The business and school programs offered similar behavior enhancement classes and community oriented programs; however, some business programs offered other services such as wellness education classes for retirees and their spouses, fitness programs, and intertwined Employee Assistance Plans (EAPs).

Incentives

The business and school programs alike, used evaluation and feedback as a form of incentive, however; additional incentives were added to encourage participation. Such incentives included newsletter recognition, competitions, T-shirts, monthly award luncheons, peer support groups, system-wide festivals, and monetary-based reward systems. .

Evaluation

The school programs and most of the business ones were very similar in that they operated based on subjective

evaluation data; thus, success was measured in terms of how many employees participated in the program and met their goals or by other criteria such as self-report information. Unlike the school cases, a few of the corporate programs had undergone long-range extensive evaluation; base-line findings consistently indicated the following: (a) decrease in absenteeism; (b) decrease in risk factors such as hypertension, smoking addiction, hypercholesterolemia; (c) lower medical claim rate; (d) increase in fitness levels; (e) improved work performance; (f) self-reports of increased sense of well-being, greater alertness, more positive attitude toward the job, and increased physical activity away from the workplace; and (g) long-term overall cost savings for the company.

Case study evaluations of the three school programs revealed self-report results similar to those discussed in the preceding paragraph (item f).

CHAPTER VII.
GUIDELINES FOR EMPLOYEE WELLNESS PROGRAMS
IN SCHOOL CORPORATIONS

This chapter consists of guidelines unique to the educational setting, devised to assist school district personnel in the design, implementation, and maintenance of effective employee wellness programs. The guidelines were formulated based on conclusions reached through the completion of specific research procedures: (a) review of ten effective business wellness programs selected from the literature, (b) review of three documented accounts of business wellness program constituents, (c) selection and interview of a panel of wellness experts, (d) design of business wellness program guidelines, (e) conduct of three case studies of exemplary school district wellness programs, and (f) comparison and cross analysis of wellness programs in school districts and business. The guidelines are presented according to major processes that are reflected in the development and operation of effective wellness programs: (a) preplanning and decision making, (b) implementation, and (c) evaluation.

Preplanning and Decision Making

When interest has ultimately been established among central administrators in embarking on implementation of an

employee wellness program, at least six to eight months of action regarding preplanning and decision making can be effective based on outcomes of specific steps: (a) administrative meetings, (b) committee selection, (c) investigation of available facilities and related resources, (d) survey of interest and needs, (e) selection and assignment of primary staff, (f) design of financial structure, (g) development of a rationale, (h) formulation of administrative goals and objectives, (i) design of a participation policy, (j) development of an incentive plan, and (k) design of a district action plan.

Administrative Meetings

Administrative meetings (including central staff, school board members, building principals, and invited members of the community), spearheaded by the superintendent, can result in clarification about specific issues, such as potential sources for initial funding and staffing for the program. These meetings culminate in full-fledged commitment to the program as a district priority.

Committee Selection

An effective strategy is to establish employee program ownership early in the preplanning stages. A district wellness committee, appointed by the superintendent and comprised of representatives from all employee groups (including central and building administration), can serve many useful purposes. Responsibilities may include

assistance in decision making about who should direct the program and how expenditures should be handled; development of a rationale; establishment of goals and objectives; dissemination processes; and the design and implementation of a plan of action. To further personalize ownership of the program, subcommittees can be formed to focus on research and input concerning specific areas of wellness, such as mental well-being, cardiovascular fitness, and basic health education.

Investigation of Available Facilities
and Related Resources

An effective approach in determining facility and related resource availability is the delegation of responsibility to committee members for surveying on-site and off-site possibilities. On-site Possibilities

Nearly always, school sites have many available facilities and related resources that are needed for effective wellness program operation. These could include gymnasiums with shower and locker areas, a weightlifting room, swimming pools, outdoor running tracks, empty classrooms, an electronic media center, cafeterias, and an auditorium. Off-site Possibilities

Effective use can be made of off-site resources to

supplement the wellness program by adding a variety of participant choices. These resources include local health clubs that usually offer discounted rates to school wellness program participants, the local YM/WCA, public nature centers with walking/jogging/hiking trails, public tennis courts, local restaurants for special luncheons or dinners, and local hotels with conference and entertainment halls.

Survey of Interests and Needs

District-wide interests/needs surveys are necessities in determining the most appropriate support services that can be offered to achieve district and individual goals. Also, results of such surveys can provide a base that will later prove to be valuable for evaluation purposes.

Selection and Assignment of Primary Staff

A crucial strategy is the employment of a full-time coordinator (preferably, early in the preplanning stage) to help design the program and directly oversee its implementation. Such a person not only assumes the major responsibilities of total program operation, he or she also exercises necessary autonomy to be a prime motivator for employee participation. Prior experience as an employee in an educational setting provides a coordinator with inherent insight that may positively influence his or her effectiveness as a leader at the school worksite.

Ongoing, efficient clerical support is needed to ensure smooth operation of the program. Secretarial

duties include computerized record keeping of procedures, activities, and progress reports; word processing/typing of documents, newsletters, and general office correspondence; answering the telephone and making appointments; and assisting with any other clerical aspects of the program.

Design of Financial Structure

An effective financial structure is usually designed through combined efforts of the coordinator, superintendent, school board, and the wellness committee. Specific issues are considered: sources for initial funding, the employee's role, the role of the insurance plan, and sources for continued funding.

Sources for Initial Funding

An allotted sum by the school board that is in proportion to budgets of other in-house efforts can be managed by the coordinator and district committee to effectively launch the program. A reasonable amount may be in the range of \$5,000 to \$10,000 (excluding salaries and fees for use of some facilities/equipment). Additionally, possibilities for grant awards may be explored by program personnel. Sources for such awards can be the state education department and/or various companies used by the school district for supply of health-related educational materials.

The Employee's Role

A system of employee cost-sharing of program expenses

is recommended not only as an economical gesture, but also as an attempt to establish an employee sense of ownership (through individual acceptance of partial responsibility for the program's financial security).

The Role of the District Insurance Plan

Although health care cost reduction may be of concern in school districts with effective wellness programs, direct emphasis on the insurance plan is generally not reflected in wellness program planning. As a district-wide concern for overall budget savings, some school districts use Health Maintenance Organizations (HMOs) as a way to reduce medical costs (incidental to wellness program operation).

Sources for Continued Funding

Continued funding for effective school wellness programs is based on needs assessments and positive evaluation outcomes. Generally, the school board continues to allot a specific annual sum, such as \$5,000 to \$10,000, and may appropriate additional monies during the school year, under special circumstances. Additionally, a plan of employee cost-sharing continues as the program matures. Also, continued grant awards are generally attainable. The coordinator and district committee assume ongoing management responsibilities of the wellness program budget.

Development of Rationale

Effective wellness programs are perceived as important

by administration and employees, with major emphasis on overall personal well-being and voluntary participation. Additionally, concern about cost savings is .appropriately reflected in the rationale, since the nation's alarmingly high rise in overall healthcare costs is directly related to lifestyle. Also, the establishment of a wellness theme with a slogan featuring the name of the district can be very effective in conveying the intentions of the district as a whole.

Formulation of Administrative Goals and Objectives Goals and objectives are formulated by the coordinator and the district wellness committee, and reflect the district rationale and results of needs/interests surveys. General focus is necessarily on staff wellness awareness, support services, and evaluation. The scope includes overall wellness-related aspects: physical, spiritual/philosophical, environmental, relationship, job-related, and psychological.

Design of Policy on Participation

An effective strategy is to design a central policy on participation. Due to the hectic, interrelated schedules of the school culture, decisions that result in effective scheduling of wellness activities are flexible, within certain guidelines. The coordinator, superintendent, building principals, and wellness committee representatives

can devise a plan that makes for the greatest convenience possible for all employees, without compromising instructional time or school laws. Effective ideas include flex-scheduling and free lunch time for participation in various activities such as walking/jogging, swimming, or aerobic dance. Organized activities can also be conducted before and immediately after school hours and on weekends. Since spouses can be a direct positive influence on lifestyle, they are encouraged to participate in the program (usually at a nominal fee).

Development of Incentive Plan

In effective wellness programs, usual incentives include evidence of continued active participation and support by key administrators, and evaluation and feedback. To encourage and maintain participation, special incentives are also used. These may include ideas such as the transfer of emergency leave to personal leave for attendance at various state and national wellness conferences, the allowance of continuing education credit for successful completion of wellness-related courses, organization of staff socials, wellness newsletter recognition, events for the staff sponsored by administrators, organized competitions, and formalized point systems with earned merchandise rewards.

Design of a District Action Plan

A formally devised plan of action gives direction and

overall credibility to the program. Such a plan is designed by the coordinator with assistance from the district wellness committee and subcommittees. During the effective design process, important responsibilities include strategies such as conduct of research activities and reports to the committees by the coordinator, brainstorming sessions of all committee members, presentations to committee members by contracted wellness experts, and active participation by the superintendent. The final plan, administratively approved and in the form of a written document, offers an overview of the program including rationale, goals and objectives, intended procedures and proposed activities, plans for incentives, a financial structure with projected expenditures, a policy on participation, and plans for evaluation and feedback.

Implementation

Implementation of effective wellness programs is generally directed by a full-time, on-site wellness coordinator with input from the district wellness committee and various subcommittees. Much consideration is given to interaction with other in-house programs and the community in an effort to pool resources for maximal efforts toward individual and overall district goal achievement. Other factors of concern are participant convenience and a wide, changing variety of choices.' Processes include emphasis on

staff awareness, lifestyle improvement, and evaluation. Initial and subsequent implementation focus on district-wide and building-level activities.

First Year

First-year activities are crucial in providing a solid foundation for positive program image development among employees. Both district-wide and building-level action reflects commitment to reestablished district goals and objectives as determined by surveys of needs and interests.

District-wide Action

To attempt achievement of the goals toward wellness awareness and lifestyle improvement, effective district-wide action during the first year focuses on (a) a program launching activity, (b) special in-service, (c) additional leadership assistance, (d) support services, (e) ongoing promotion, (f) special incentives, and (g) evaluation.

Launching activity. The types of district-wide activities offered to achieve initial staff awareness include promotional activities such as a launching event that features an element of fun. During this type of campaign festival, capitalization is made on the district wellness theme established during the preplanning period. Effective ideas include display and distribution of posters, balloons, banners, hats, T-shirts, and educational literature with an inscription of the school name and wellness logo. Presentations featuring films and slides are

given by experts to small groups (that include a district committee representative). A copy of the district formal plan of action is then given to each person within the group, and discussion sessions follow. A questionnaire is also administered during the promotional event in an attempt to assess individual perceptions about the concept of wellness as related to lifestyle change. Other ideas to increase staff awareness throughout the year may include presentations by way of a cable television/school district networking system, designed for classroom and home viewing; staff socials; and regularly held seminars featuring motivational speakers and wellness instruction.

Special in-service. Special in-service days that include presentations by the superintendent and school board members are effective in conveying to employees an element of caring and commitment on the part of administration, for employee personal well-being. Other elements featured in special in-service may include wellness instruction by experts and a nutritious meal for all participants.

Additional leadership assistance. Effective wellness programs benefit from in-house experts regarding assistance with various program offerings. The experts include persons such as school nurses, physical education teachers, school social workers, chemical specialists, counselors, electronic media experts, and athletic directors. In-house personnel

are generally offered stipends for their contributions of expertise. A variety of outside experts is also hired to assist with program operation. These persons usually include a medical expert to oversee physical testing/screening and feedback procedures and any other medical aspects of the program, psychologists, financial planning experts, exercise physiologists, licensed family counselors, and nutritionists/weight reduction experts. Personnel from the American Cancer Society and various other organizations frequently offer professional health-related services at no charge.

Support services. In assisting employees with lifestyle improvement, district-wide focus is on support in the high risk areas of wellness that typically include hypertension, excess mental stress, smoking addiction, obesity, hypercholesterolemia, and back injury. Services include testing and screening procedures with development of individual health risk profiles, assistance with design of individual fitness plans, organization of district-wide workshops and classes, and evaluation and feedback procedures at regular intervals.

Ongoing promotion. Ongoing promotional activities are integral to effective wellness program operation. Strategies include the dissemination of wellness educational literature, articles about the program featured in the local newspaper, community presentations by key

administrators, regular socials for staff and community featuring nutritious snacks, and district-wide competitions and other events that include emphasis on attendance by community members and the media.

Special incentives. Special district-wide incentives are used to boost employee morale and to provide an element of celebration about the wellness concept. Effective strategies may include specially designed awards for individual goal accomplishment; a special week set aside during the year for special treatment of each staff member; T-shirts imprinted with the district name and wellness logo, presented as gifts from central administration to all staff members and students; recognition dinners; periodic attendance by representatives at state and national wellness conferences; and organized staff socials.

Evaluation. In effective wellness programs, participants evaluate each district-wide event immediately following its completion. Simple questionnaires are used to elicit critical information about the activity, such as perceptions of how the instructors/experts conducted the activity and what was gained from personal participation. As the program matures, district-wide attitude surveys are conducted to keep an ongoing account of needs and interests for determination of necessary program changes. Following all processes of evaluation, immediate results are compiled

for administrative and employee feedback purposes. The feedback is presented during district and building meetings and is also included in the wellness newsletter to district employees and community members. Building Action

Effective first-year action at the building level provides establishment of employee personalized ownership of the wellness program. Emphasis is on staff awareness, individual improvement, and evaluation. Focus is on (a) committee selection, (b) development of an overall building action plan, (c) testing and screening procedures, (d) design of fitness profiles and individual improvement plans, (e) support services (f) ongoing promotion, (g) special incentives, and (h) evaluation.

Committee selection. A wellness committee, comprised of representatives from all employee groups, is appointed and spearheaded by the building principal. A committee leader is elected by the members, and committee responsibilities include the facilitation of employee input at the grassroots level, assistance in the design of building and individual wellness plans, efforts toward the development of a networking system with other building committees and the community, development and maintenance of a building campaign system, and assistance with district committee responsibilities. The committee leader meets at regular intervals with the district committee to discuss

progress reports.

Development of a building action plan. An effective strategy is for the building committee and wellness leader to work with a representative of the district wellness team in designing an overall building plan for wellness program action. The written document includes basic elements that may be offered and a tentative schedule of times and procedures. Copies of the document are distributed by program personnel to employees in small groups, and discussion occurs.

Testing and screening procedures. The district committee and building committees work together in the arrangement for individual testing and screening procedures to occur at times most convenient for the majority of employees in each building. The school nurse and local hospital experts may be employed on a contractual basis to conduct the activities (with employees sharing the cost). Completion of these procedures culminates in the design of individual fitness profiles and improvement plans. The improvement plans are expertly monitored with periodic evaluation and feedback procedures. Confidential record keeping is assured, and is maintained at the district level.

Support services. Special activities are offered at the building level based on overall analysis of individual

testing and screening procedures. These services usually include support in the high risk areas of wellness such as excess stress, smoking addiction, hypertension, and undesirable body weight levels. Common activities include the organization of miniexercise groups in aerobic dance, walking/jogging, and swimming; conduct of special presentations by wellness experts; and the development of support groups which meet regularly.

Ongoing promotion. Ongoing promotional activities in the buildings are necessary to sustain a sense of liveliness about the wellness concept at the grassroots level. Such promotion prohibits staleness that often tends to set in, following initial implementation of an innovation. Effective ideas include campaigns that focus on dissemination of wellness literature to staff members; decoration of bulletin boards with emphasis on wellness-related themes; development of a building wellness newsletter; provision of nutritional snacks in the lounges on particular days of the week; and posting of coming event information and results of competitions (using colorful chart paper) on the walls of the main entrance hall and in corridors throughout the building.

Special incentives. Effective incentives at the building level boost individual morale and enhance participant image of the program and building plan. Activities may include building-level newsletter

recognition, weekly socials in honor of individuals who are adhering to their individual fitness plans, team competitions with monetary rewards, shared activities with other buildings, building representation at district and state conferences, free lunch time to engage in exercise activities, specially designed awards by the principal for outstanding individual achievement, and monthly celebrations featuring nutritious potluck dinners.

Evaluation. Ongoing evaluation at the building level provides individual and program information necessary for overall effectiveness in the achievement of goals. Participants evaluate each building activity or event through completion of simple questionnaires. Responses convey information about mechanics of implementation and any personal benefits that resulted from participation. The building wellness leader and committee members compile detailed results for presentation to the district committee at regular intervals. Periodically, individual fitness evaluations are conducted by medical experts with immediate feedback to participants. Confidential records are kept for individual planning purposes.

Subsequent Years

Effective implementation during subsequent years mainly involves necessary expansion of processes that were directed toward achievement of overall goals and objectives during

the first year. Focus is on increased wellness awareness, improved lifestyle, and continual evaluation. Strategies are similar but change is reflected according to results of needs assessments, fitness evaluations, attitude surveys, and overall program evaluation of the previous year. As the program matures, ongoing trial and error methods are necessary to effectively meet constant challenges and to maintain vitality.

Overall Evaluation

Evaluation is integral to the effective wellness program because the outcomes are used for continued planning and improvement purposes, which in turn, allow a basis for justification and continuation of the program. Although continued operation (for a number of years) is mainly based on positive outcomes of subjective evaluations at the building and district levels, over the long haul, baseline information may be acquired.

Building-level Evaluation Processes

At the building level, participants undergo physical testing and screening procedures, and fitness profiles are designed. Periodic evaluation and feedback are featured, and confidential records are maintained. Building-level activities are evaluated by participants, and reports are given to the district committee at regular intervals. Simple questionnaires are normally used which elicit critical responses about the activities and significant

amounts of self-report information. Detailed accounts of program happenings are maintained by members of the building committee to assist in building-level and district-wide program evaluation, planning, and improvement.

District-level Evaluation Processes The coordinator assumes chief responsibility for thorough evaluation of the overall program. Specific action includes delegation of duties to district committee members (including subcommittees) regarding immediate evaluation by participants following each district-wide event and review of tabulated responses and feedback to participants in the newsletter and at building-level meetings with the committees. Other evaluation includes district-wide employee attitude surveys and formal evaluation by an outside expert. The coordinator, with assistance of the district committee and clerical staff, compiles all evaluation data into detailed, chronologically correct records which are kept to provide a strong basis for continued program improvement and ultimate achievement of base-line information concerning factors such as absenteeism, productivity, turnover, morale, and cost savings. An annual, formal evaluation by an outside expert offers an objective analysis of program impact including weaknesses and strengths, and suggestions for improvement. Such an investigation not only helps create a strong

database for bottom line information, but also adds credibility to the overall program.

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APPENDIX

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APPENDIX A: EXPERT PANEL INTERVIEW QUESTIONS

INTERVIEW QUESTIONS: PANEL MEMBERS

1. What are some of the commonalities across effective wellness programs?
2. What usually generates interest for a system-wide wellness program?
3. What are the most requested activities reflected in needs assessments?
4. What are some obvious pitfalls which should be avoided in designing programs?
5. How is the cost of the programs usually handled?
6. Cite the most commonly found errors in program implementation.
7. Describe the types of facilities most commonly used.
8. Describe preferred processes of participant evaluation and feedback.
9. How is program evaluation usually conducted in effective programs?
10. How long are programs usually in effect before a reduction in insurance rates is reflected?

APPENDIX B: OPEN-ENDED QUESTIONS FOR
PARTICIPANTS AND NONPARTICIPANTS

OPEN-ENDED QUESTIONS: PROGRAM PARTICIPANTS

1. Why did you become active in the program?
2. How (is) (is not) the program meeting your expectations?
3. What input did you have regarding program planning?
4. What do you see as (strengths) (weaknesses) of the program?
5. If you were one of the key decision makers, what would you do differently?

OPEN-ENDED QUESTIONS: PROGRAM NONPARTICIPANTS

1. Why did you choose not to become active in the program?
2. What are your general perceptions of the program?

APPENDIX C: MASON CITY DISTRICT-TAILORED
QUESTIONNAIRE

MASON CITY SCHOOL DISTRICT WELLNESS

PROGRAM PROCESS: PARTICIPANT RESPONSE

Please respond to the following items in the manner specified by each.

1. Do you participate in the health/fitness program on a regular basis?

Yes No

2. Please check (✓) aspects of the program in which you participate:

Blood pressure screening _____

Smoking cessation _____

Nutrition education

Weight control classes

Stress management

Back care

Other (please list) _____

3. Are you on an endurance exercise program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate)?

Yes No

4. Do you smoke cigarettes?

Yes No _____

5. If you smoke, do you smoke more, less or about the same in comparison to the time prior to program participation?

More Less Same

6. If applicable, in comparison to the time before program participation, is your weight ideal or closer to the ideal prescribed standard weight for your age, height, and body frame?

Ideal Closer to ideal

7. In comparison to the time before program participation, are periods of stress more, less, or about the same?

More Less Same

8. Please check (✓) the items you feel that you are improving as a result of your participation in the program:

Your health

Your fitness level

Your weight/appearance _____

Your energy level _____

9. What activities, if any, would you like added to the program?

Please list:

10. Is the program schedule convenient for your participation?

Yes No

11. Does the program allow for social/group interaction with peers?

Yes No

If no, explain:

12. Are you satisfied with what the program offers for you?

Yes No

13. Do you feel that properly trained people direct all the various daily activities?

Yes No

14. is the physical environment adequate for the program activities in which you participate?

Yes No

15. Does the program provide for personal growth evaluation and feedback?

Yes No

16. Please list any suggestions you have as to how this program could be improved: _____

17. Do you feel that this program was designed in part to enhance personal interrelationships among all participants?

Yes No

18. Do you feel that this program was designed in part to enhance professional interrelationships among all participants?

Yes No

19. Do you think that program participation facilitates increased communication between administrators and other staff members?

Yes No

20. Does the fact that your health status is recognized as important by your district, enhance your feelings toward your job?

Yes No

21. Do you feel that as a result of your participation in the program your job performance is enhanced?

Yes No

APPENDIX D: ST. LOUIS PARK DISTRICT-TAILORED
QUESTIONNAIRE

ST. LOUIS PARK PUBLIC SCHOOLS WELLNESS

PROGRAM PROCESS: PARTICIPANT RESPONSE

Please respond to the following items in the manner specified by each.

1. Do you participate in the SD2 program on a regular basis?

Yes No

2. Please list workshops in which you have-participated;

3. Please list ways in which you feel that you are improving as a result of your participation in the SD2 program:

4. What activities, if any, would you like added to the SD2 program?

5. Is the SD2 program schedule convenient for your participation?

Yes No

6. Does the program allow for social/group interaction with peers?

Yes_ No

If no,
explain:

7. Are you satisfied with what the SD2 program offers you?

Yes No _____

8. Do you feel that properly trained people direct SD2 workshops/activities?

Yes No

9. Is the physical environment adequate for the program activities in which you participate?

Yes No

10. Does the SD2 program provide for personal growth evaluation and feedback?

Yes No

11. Do you feel that this program was designed in part to enhance personal interrelationships among all participants?

Yes No

12. Do you feel that this program was designed in part to enhance professional interrelationships among all participants?

Yes No

13. Do you think that program participation facilitates increased communication between administrators and other staff members?

Yes No

14.4. Does the fact that your health/morale is recognized as important by your district, enhance your feelings toward your job?

Yes No

15. Do you feel that as a result of your participation in the program your job performance is enhanced?

Yes No

16. Please list any suggestions you have as to how this program could be improved: _____

APPENDIX E: CENTENNIAL DISTRICT-TAILORED
QUESTIONNAIRE

CENTENNIAL COMMUNITY SCHOOLS WELLNESS

PROGRAM PROCESS: PARTICIPANT RESPONSE

Please respond to the following items in the manner specified by each.

1. Do you participate in the health/fitness program on a regular basis?

Yes No

2. Please check (✓) aspects of the program in which you participate:

Blood pressure screening

Smoking cessation

Nutrition education

Weight control classes

Stress management

Back care

Other (please list) _____

3. Are you on an endurance exercise program (e.g., typically at least three days per week, 20 to 30 minutes in duration, at a minimum intensity of 70% of maximum heart rate)?

Yes No

4. Do you smoke cigarettes?

Yes No _____

5. If you smoke, do you smoke more, less or about the same in comparison to the time prior to program participation?

More Less Same

6. If applicable, in comparison to the time before program participation, is your weight ideal or closer to the ideal prescribed standard weight for your age, height, and body frame?

Ideal Closer to ideal

7. In comparison to the time before program participation, are periods of stress more, less, or about the same?

More Less Same

8. Please check (✓) the items you feel that you are improving as a result of your participation in the program:

Your health

Your fitness level_

Your weight/appearance_____

Your energy level _____

9. What activities, if any, would you like added to the program?

Please list:

10. Is the program schedule convenient for your participation?

Yes No

11. Does the program allow for social/group interaction with peers?

Yes No

If no, explain:

12. Are you satisfied with what the program offers for you?

Yes No

13. Do you feel that properly trained people direct all the various daily activities?

Yes No

14. Is the physical environment adequate for the program activities in which you participate?

Yes No

15. Does the program provide for personal growth evaluation and feedback?

Yes No

16. Please list any suggestions you have as to how this program could be improved:

17. Do you feel that this program was designed in part to enhance personal interrelationships among all participants?

Yes No

18. Do you feel that this program was designed in part to enhance professional" interrelationships among all participants?

Yes No

19. Do you think that program participation facilitates increased communication between administrators and other staff members?

Yes No

20. Does the fact that your health status is recognized as important by your district, enhance your feelings toward your job?

Yes No

21. Do you feel that as a result of your participation in the program your job performance is enhanced?

Yes No

APPENDIX F: RESEARCHER VISITATION SCHEDULE
MASON CITY SCHOOL DISTRICT

RESEARCHER VISITATION SCHEDULE

MASON CITY SCHOOL DISTRICT

APRIL 28 TO MAY 2, 1986

Monday

1. The researcher met with the wellness coordinator for an initial formal interview.
2. Following the formal interview with the coordinator, the researcher selected a random sample of participants from records that had been provided.
3. Following the process of sample selection, the coordinator arranged scheduling of interviews with chosen persons while the researcher reviewed program materials.
4. Upon completion of interview schedules, the researcher and coordinator worked together to outline activities for the remainder of the week.
5. The first two individual, formal interview sessions with program participants took place in the afternoon.
6. The researcher privately tape recorded recollections of each activity that occurred during the day (for ultimate computerized journal purposes).

Tuesday

1. The researcher met with the superintendent for a formal interview. The process of open-ended questioning was used.
2. Following the interview session with the superintendent, the researcher met with the wellness program district committee chairperson for interview purposes.
3. The researcher attended a wellness video session with the coordinator. The video featured testimonials from district employees who had achieved their goals and were adhering to their fitness plans.
4. Individual, formal interviews occurred with two program participants in the afternoon.
5. The researcher visited each school site and

surveyed the types of facilities and related resources that were available for wellness program use.

6. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Wednesday

1. The researcher met with the coordinator to discuss financial planning and other program variables such as absenteeism, cost savings, morale, turnover, and productivity. Records were reviewed.

2. Five individual, formal interview sessions took place with program participants.

3. The researcher privately tape recorded recollections of each completed activity (for computerized journal purposes).

Thursday

1. Five individual, formal interview sessions occurred which included two nonparticipants.

2. The researcher met with the coordinator and wellness program secretary for general discussion about the program.

3. Following general discussion with the coordinator and the secretary, the researcher explored the city and sought out off-site resources that were being used by Mason City wellness program participants.

4. The researcher privately recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Friday

1. Formal interviews were conducted with two more program nonparticipants. Informal conversations occurred with three other nonparticipants and with other school employees generally.

2. The researcher once again reviewed program materials and documents that were not to be taken from the site, and final questions for the coordinator were formulated.

3. The researcher met with the coordinator for a final discussion of the program and the activities that had occurred during the week.

4. The researcher privately tape recorded recollections of each activity that occurred (for computerized journal purposes).

5. Following the final tape recording session, the researcher reviewed the data collected during the week and finalized the organization of files pertaining to the Mason City School District wellness program.

6. Following finalization of file organization, the researcher left Mason City, Iowa, to travel to the next case study site.

APPENDIX G: RESEARCHER VISITATION SCHEDULE
ST. LOUIS PARK SCHOOL DISTRICT

ST. LOUIS PARK SCHOOL DISTRICT

MAY 5 TO MAY 9, 1986

Monday

1. The researcher attended an executive committee meeting where she was formally introduced by the communications coordinator and welcomed by the central office staff. (Through contact with the communications coordinator the evening before, an invitation to attend the meeting was extended.)

2. Following the committee meeting, the researcher and communications coordinator formally discussed aspects of the program and upcoming plans for the week.

3. The researcher was invited to have lunch with the communicators coordinator, the assistant superintendent of instruction, and an executive secretary. During the lunch meeting, program operations were formally discussed. Researcher intentions were once again indicated, regarding activities such as sample selection, and site observation.

4. Following the lunch meeting, the researcher and executive secretary discussed detailed scheduling of researcher activities.

5. Sample selection occurred and the executive secretary arranged interview schedules while the researcher reviewed program materials.

6. Introductory meetings occurred with other members of the district. General conversations ensued.

7. The researcher privately tape recorded recollections of each activity that occurred during the day (for ultimate computerized journal purposes).

Tuesday

1. The researcher attended a program planning meeting featuring input by the assistant superintendent in charge of instruction, the communications coordinator, the assistant superintendent in charge of personnel, and the community education coordinator.

2. By special invitation, the researcher had lunch with the communications coordinator and the superintendent. Relaxed (yet formal) discussion occurred about leadership

philosophy, the district as a whole, and the wellness program generally. (The invitation resulted in response to the researcher's request for a formal interview with the superintendent.)

3. Following the lunch meeting, the researcher was taken on a tour of the city and the school site.

4. One formal interview occurred with a program participant in the afternoon.

5. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Wednesday

1. Six individual, formal interviews with program participants were conducted over the entire day.

2. The researcher met with the executive secretary to discuss program records concerning absenteeism and turnover.

3. The re-searcher met with the communications coordinator to discuss the role of the insurance plan in the SD2 program, and program financial planning.

4. Informal conversations about the program occurred with two persons who were not program participants (except for the activities that were mandatory, such as district-wide in-service).

5. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Thursday

1. Five individual, formal interviews occurred with program participants over the entire day.

2. The researcher attended a district wellness committee meeting. Discussion was about the next year's launching activity.

3. Informal conversations occurred with various central office personnel, regarding the SD2 program's role in conjunction with other in-house programs.

4. The researcher reviewed additional program

materials that were made available by directors of different in-house programs.

5. By invitation, the researcher attended an after-school social hour for employees.

6. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Friday

1. Six individual/ formal interviews with participants and two informal conversations with nonparticipants occurred over the entire day.

2. The researcher met with the communications coordinator and executive secretary to finalize discussion about the program generally.

3. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

4. Following the final tape recording session, the researcher reviewed the data had been collected during the week and finalized the organization of files pertaining to the St. Louis Park School District wellness program.

APPENDIX H: RESEARCHER VISITATION SCHEDULE
CENTENNIAL SCHOOL DISTRICT

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RESEARCHER VISITATION SCHEDULE

CENTENNIAL SCHOOL DISTRICT

MAY 12 TO MAY 16, 1986

Monday

1. The researcher met with the superintendent for an initial formal interview. Plans for the week were also discussed.

2. Following the formal interview, the researcher was introduced to other central office staff members and the program district team leader. General discussions about the district and the program occurred. Program materials were presented to the researcher for review.

3. The researcher arranged interview schedules from sample information provided by the superintendent.

4. The researcher was invited to have lunch with the superintendent and the athletic director. More discussion about the wellness program and the district occurred.

5. Program materials were reviewed and a list of activities for the week was completed.

6. By invitation, the researcher joined the district team leader in a long run (after school hours), during which, information was gained about the district and the wellness program.

7. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Tuesday A formal interview

1. occurred with the athletic director.

2. Two individual, formal interviews occurred with program participants.

3. The researcher toured the entire district site and surveyed available resources for wellness program use.

4. Informal conversations were held with two persons who were not program participants.

5. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Wednesday

1. Six individual, formal interviews occurred with program participants over the entire day.

2. The researcher reviewed additional materials that were supplied by the district team leader.

3. The researcher privately tape recorded recollections of each activity that occurred during the day (for computerized journal purposes).

Thursday

1. By invitation, the researcher attended a district wellness team breakfast meeting. Planning occurred regarding the annual Eaglefest 10K run.

2. The researcher formally interviewed the financial director.

3. Following the interview with the financial director, the researcher reviewed records that were supplied by him.

4. Upon completing review of program-related materials, the researcher took time to seek out a company located in the city for Xeroxing purposes. (Permission had been obtained from the superintendent to copy certain materials.)

5. Informal conversations were held with two more district employees who were not program participants.

6. At the superintendent's request, the researcher had scheduled a 3:00 p. m. wrap-up session? however, due to complications, the superintendent needed to postpone the session until Friday morning. The 3:00 p. m. block of time that was open for the researcher proved to be useful in that the additional time was used to explore off-site resources that were being used by wellness program participants.

7. The researcher privately tape recorded recollections of each activity that occurred during the day

vita

Betty Ann Joseph Kotowski was born in southeastern Kentucky, on September 13, 1951, where she attended both elementary school and high school. In 1972, she graduated from Eastern Kentucky University in Richmond, Kentucky, with a B.S. degree in elementary education. After graduating, she was employed as a classroom teacher at Viper Elementary School in Viper, Kentucky. While teaching, she attended Eastern Kentucky University in pursuit of a master's degree in elementary education with emphasis in reading instruction. Upon award of the M.A. degree in 1974, she was employed as a reading specialist for grades K-8 at Viper Elementary School. In the summer of 1975, she relocated to western Kentucky and worked as a classroom teacher at Hanson Elementary School for three years. For the fall of 1978, she accepted a position as reading specialist in the Warrick County School District in southern Indiana. In the spring of 1979, she resigned from teaching to pursue interest in another field for five years. In January 1984, she enrolled at Eastern Kentucky University to update graduate course work for acceptance (in August) into the doctoral program of Educational Leadership and Policy Studies at Indiana University in Bloomington. While working toward the doctoral degree, she served as a graduate assistant in the Educational Placement Office. In August 1986, she relocated to southwestern Oregon where she has been working toward completion of the doctoral dissertation, serving as a student member of the Board of Directors for the Pacific Northwest Region of the Association for Fitness in Business, working as a private fitness consultant and distance running coach, serving as a research associate to an author for the Oregon Coast Magazine, and pursuing personal and professional interests in writing/publishing, wild mushroom identification, big game hunting, and travel.